

**CalViva Health
QI/UM Committee
Meeting Minutes**

**CalViva Health
7625 North Palm Avenue; Suite #109
Fresno, CA 93711
Attachment A**

November 15, 2018

Fresno-Kings-Madera
Regional Health Authority

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Patrick Marabella, M.D., CalViva Chief Medical Officer, Chair	✓	Mary Beth Corrado, Chief Compliance Officer (CCO)
✓	Fenglay Lee, M.D., Central California Faculty Medical Group	✓	Amy Schneider, RN, Director of Medical Management Services
	Brandon Foster, PhD, Family Health Care Network	✓	Mary Lourdes Leone, Director of Compliance
	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Melissa Mello, Medical Management Specialist
✓	John Zweifler, MD., At-large Appointee, Kings County	✓	Kari Willis, Administrative Coordinator, Temporary
✓	Joel Ramirez, M.D., Camarena Health Madera County		
	Rajeev Verma, M.D., UCSF Fresno Medical Center		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
	Guests/Speakers		

✓ = in attendance

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D., Chair	The meeting was called to order at 10:38 am. A quorum was present.	
#2 Approve Consent Agenda - Committee Minutes: October 18, 2018 - Standing Referrals Report (Q3) - Concurrent Review IRR Audit Report (Q3) - Provider Preventable Conditions (Q3) - A&G Inter-Rater Reliability Report (IRR). - A & G Classification	The October QI/UM minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full October Formulary (RDL) was available for review at the meeting.	Motion: Approve Consent Agenda (Ramirez/Zweifler) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Audit Report</p> <ul style="list-style-type: none"> - A&G Daily Letter Review Logs & CAP Summary Report - Pharmacy Provider Update (Q4) - PM 160 Report (Q3) - California Children's Service Report (CCS) (Q3) - Pharmacy Formulary Drug List (October) (Attachments A-K) <p>Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business</p> <p>Appeals & Grievances:</p> <ul style="list-style-type: none"> - Dashboard and Turnaround Time Report (September) - Executive Summary (Q3) - Quarterly Member Report (Q3) (Attachments L-N) <p>Action Patrick Marabella, M.D, Chair</p>	<p>The A & G Dashboard provides monthly data to facilitate monitoring for trends in the number and types of cases over time. The Dashboard included data through the end of September 2018.</p> <p><u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ There was a total of 88 grievances resolved in September with 67 Quality of Service grievances and 21 Quality of Care grievances. ➤ Number of grievances received in September slightly decreased compared to recent months. ➤ An increase is noted in Exempt grievances in September due to PPG related administrative issues. <p><u>Appeals:</u></p> <ul style="list-style-type: none"> ➤ Total number of Appeals Resolved decreased in September compared to recent months. <p>The Appeals and Grievances Executive Summary and Quarterly Member Report for Q3 were presented and reviewed.</p> <ul style="list-style-type: none"> ➤ The total number of appeals decreased in Q3 compared to Q2 2018. <ul style="list-style-type: none"> ○ All Q3 appeals were pre-service. ➤ The total number of grievances increased moderately in Q3 compared to Q2. <ul style="list-style-type: none"> ○ 211 Quality of Service (QOS) ○ 58 Quality of Care (QOC) 	<p>Motion: Approve Appeals & Grievances - Dashboard and Turnaround Time Report (September) Executive Summary Q3 Quarterly Member Report Q3 (Lec/Zweiffer) 4-0-0-3</p>

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	<p><u>Access Grievances</u></p> <ul style="list-style-type: none"> ➤ The top Access grievance classifications for Quarter 3 2018 are: <ul style="list-style-type: none"> ○ Availability of PCP ○ PCP Referral for Services grievances ○ Access to Care- Availability of Appointment with Specialist <p><u>Transportation Grievances</u></p> <p>All transportation related grievances are included in the Quarterly A & G Report. The transportation vendor tracks all exempt grievances and forwards any formal grievances to CalViva Health for processing.</p> <p><u>Exempt Grievances</u></p> <ul style="list-style-type: none"> ➤ The highest volume of exempt grievances in Q3 were: PCP Assignment, Transportation and Interpersonal Clinic/Provider staff. ➤ The number of exempt grievances reported in Q3 remained consistent with Q2. <p><u>Inter-rater Reliability Report</u></p> <ul style="list-style-type: none"> ➤ The Inter-rater Reliability audit evaluates clinical and non-clinical A&G staff adherence to regulatory requirements and internal policies and procedures established for the handling of appeals and grievances. ➤ For the audit period of July 1, 2018 through September 30, 2018, results for the appeals and grievances case reviews averaged an overall score of 99.90%. The audit score threshold is 95%. ➤ Feedback is provided to A&G staff on all audit findings. 	
<p>#3 QI Business -Potential Quality Issues (Q3) (Attachment O)</p> <p>Action Patrick Marabella, M.D., Chair</p>	<p>This report provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member, or peer review activity. Peer review activities include cases with a severity code level of III or IV or any case the CalViva Health Chief Medical Officer (CMO) requests to be forwarded to Peer Review.</p> <ul style="list-style-type: none"> ➤ There were no Non-member Source of PQIs resolved in Q3. ➤ Member Source of PQI's remained consistent in Q3. ➤ Peer Review PQI cases were lower in Q3 compared to previous quarters. <p>Data was reviewed for all case types including the follow-up actions taken when indicated.</p>	<p>Motion: Approve Potential Quality Issues Q3 (Ramirez/Lee) 4-0-0-3</p>
<p>#3 QI Business - MHN Performance Indicator Report (Q3)</p>	<p>The MHN Performance Indicator Report for Quarter 3 2018 was presented.</p> <ul style="list-style-type: none"> ➤ For Quarter 3 2018, 17 of the 18 metrics met or exceeded their targets. ➤ Performance was below target for Network Adequacy for Member Ratios of 	<p>Motion: Approve MHN Performance Indicator Report Q3</p>

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<p>(Attachment P) Action Patrick Marabella, M.D, Chair</p>	<p>BCaBA/paraprofessional. This was the first time this metric has fallen below target in the last 12 months. ➤ Barriers and challenges identified include: ABA groups have been resistant to provide DHCS required data on paraprofessionals and there are a limited number of ABA groups in the CalViva Health tri-county area. ➤ MHN Provider Relations will re-contact all CalViva Health contracted groups to obtain updated rosters containing all DMHC required elements.</p>	<p>(Ramirez/Lee) 4-0-0-3</p>
<p>#3 QI Business - Facility Site & Medical Record & PARS Review Report (Q1 & Q2) (Attachment Q) Action Patrick Marabella, M.D, Chair</p>	<p>This report displays completed activity and results of the DHCS required Facility Site Review (FSR), Medical Records Review (MRR), and Physical Accessibility Review Survey (PARS) for the tri-county area. ➤ There were 25 FSRs completed in the first and second quarters of 2018. ➤ There were 21 MRRs completed in the first and second quarters of 2018. ➤ The CE CAP submission compliance rate within 10 business days was 100% in the first and second quarters of 2018. FSR and MRR CAPs were also closed at a 100% rate within 45 days of the audit. ➤ 8 FSRs and 3 MRRs required CAPs to verify corrections during this time period in 2018. ➤ There were 25 PARS completed in the first and second quarters 2018, of which 48% had basic access.</p>	<p>Motion: Approve Facility Site & Medical Record & PARS Review Report Q1 & Q2 (Zweiffler/Lee) 4-0-0-3</p>
<p>#3 QI Business - Initial Health Assessment Quarterly Audit (Q3) (Attachment R) Action Patrick Marabella, M.D, Chair</p>	<p>The Department of Health Care Services (DHCS) requires completion of the Initial Health Assessment (IHA) for new Medi-Cal members within 120 days of enrollment. A multi-pronged approach to monitoring is performed and includes the following: ➤ Medical Record Review (MRR) via onsite provider audits ➤ Monitoring of claims and encounters ➤ Member outreach following a three step methodology <u>FSR/MRR Data:</u> ➤ Data from Quarter 3 FSR/MRRs reviewed. ➤ Combined IHA/IHEBA completion and compliance rates were noted to be higher for pediatric patients compared to adult patients. ➤ Non-compliant sites received a follow-up educational letter advising of the DHCS requirements for timely completion of the IHA.</p>	<p>Motion: Approve Initial Health Assessment Quarterly Audit Q3 (Zweiffler/Ramirez) 4-0-0-3</p>

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<p><u>Claims Data:</u></p> <ul style="list-style-type: none"> ➤ Pediatric completion within 120 days increased from 77.99% (1st half of 2017) to 85.68% (1st half of 2018). ➤ Adult IHA completion also increased from 73.37% to 81.11%. when comparing 1st half of 2017 to the 1st half of 2018. <p><u>Outreach Attempts:</u></p> <ul style="list-style-type: none"> ➤ Three Step outreach includes: Welcome Packet, Welcome Call and Welcome Postcard. ➤ Outreach attempts for Quarter 3 remained consistently above 95%. 	<p>The Key Indicator Report reflects data as of 9/30/2018. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➤ The number of ER visits and Inpatient admissions have normalized compared to quarters 1 and 2. ➤ Average Length of Stay and Readmission rates have remained consistent. ➤ There is an increase in the engagement rate for CalViva's Pregnancy Program, although the number of referrals has slightly decreased. ➤ Turn-around Times for Utilization Management are all above 95 % with 5 of 6 metrics at 100%. Continue to monitor all cases that do not meet standard through the Turn-around Time Report. ➤ Integrated Case Management and Transitional Case Management continue to demonstrate good engagement rates. These two teams work together to provide smooth care transitions. ➤ Outreach and engagement efforts for Behavioral Health Case Management continue to improve in September. 	<p>Motion: Approve Key Indicator Report & Turn-around time report (September) (Lee/Zweifler) 4-0-0-3</p>
<p>#4 UM Business</p> <ul style="list-style-type: none"> - Key Indicator Report & Turn-around Time Report (September) - Utilization Management Turn-around Time Report (Attachments S) <p>Action Patrick Marabella, M.D., Chair</p>	<p>The 2018 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Quarter 3 2018. Focus is on improving member healthcare outcomes, minimizing readmission risk, and reducing post-acute gaps in care delivery via proactive discharge planning and expeditious linkages to medically necessary health and support services.</p> <ul style="list-style-type: none"> ➤ An increase in utilization across all populations (TANF, Expansion, and SPD) for admissions and Emergency visits noted in Q1 and Q2 but has moved towards normalization in Q3. ➤ An analysis of admission types and emergency room visits for Q3 reveal Sepsis and Pneumonia to be the most common diagnoses with Diabetes the most common co-morbidity. ➤ The average length of stay for both the TANF and Expansion populations have continued to move 	<p>Motion: Approve Utilization Management Concurrent Review Report Q3 (Lee/Zweifler) 4-0-0-3</p>
<p>#4 UM Business</p> <ul style="list-style-type: none"> - Utilization Management Concurrent Review Report (Q3) (Attachments T) <p>Action Patrick Marabella, M.D., Chair</p>	<p>The 2018 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Quarter 3 2018. Focus is on improving member healthcare outcomes, minimizing readmission risk, and reducing post-acute gaps in care delivery via proactive discharge planning and expeditious linkages to medically necessary health and support services.</p> <ul style="list-style-type: none"> ➤ An increase in utilization across all populations (TANF, Expansion, and SPD) for admissions and Emergency visits noted in Q1 and Q2 but has moved towards normalization in Q3. ➤ An analysis of admission types and emergency room visits for Q3 reveal Sepsis and Pneumonia to be the most common diagnoses with Diabetes the most common co-morbidity. ➤ The average length of stay for both the TANF and Expansion populations have continued to move 	<p>Motion: Approve Utilization Management Concurrent Review Report Q3 (Lee/Zweifler) 4-0-0-3</p>

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	<p>downward as the Concurrent Review team continues to focus on enhanced discharge planning and a close scrutiny of levels of care.</p> <ul style="list-style-type: none"> ➤ Homelessness continues to be a major barrier to safe, appropriate discharge for CalViva members in all populations as the homeless rate continues to rise for the tri-county area. (Average homeless rate increased by 12% over 2017 based on report from Fresno/Kings/Madera County Point in Time Study conducted in January 2018). The Utilization Management team continues to explore new ways to mitigate the impact of homelessness on readmissions. 	
<p>#4 UM Business -Case Management Report (Q3) (Attachment U) Action Patrick Marabella, M.D., Chair</p>	<p>This report provides a summary of Case Management, Transitional Care Management, and Palliative Care activities for Quarter 3 2018. The goal of these programs is to identify members who would benefit from the services offered and to engage them in the appropriate program. The effectiveness of the case management program is based upon:</p> <ul style="list-style-type: none"> • Readmission rates • ED utilization • Overall health care costs • Member Satisfaction <p>Positive results continue for these measures in Quarter 3 2018. Effectiveness of the other program types are established and evaluated and included in the quarterly report.</p>	<p>Motion: Approve Case Management Report Q3 (Lee/Zweifler) 4-0-0-3</p>
<p>#4 UM Business - Specialty Referrals Reports: HN, La Salle, IMG, Adventist (Q3) - Specialty Referral Report: First Choice (Q2) (Attachments V-W) Action Patrick Marabella, M.D., Chair</p>	<p>These reports provide a summary of Specialty Referral Services in Quarters 2 & 3 2018 that required prior authorization in the tri-county area for Health Net, La Salle, IMG, Adventist and First Choice Medical Group. As parameters for these reports have recently been clarified with Delegation Oversight staff, there may be some edits or updates.</p> <p>These reports provide evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members.</p> <p>Results will continue to be monitored and reported over time.</p>	<p>Motion: Approve Specialty Referrals Reports: HN, La Salle, IMG, Adventist Q3 Specialty Referral Report: First Choice Q2 (Ramirez/Zweifler) 4-0-0-3</p>
<p>#5 Pharmacy Business -Executive Summary (Q3) -Operations Metrics Report (Q3) -Top 30 Prior Authorizations (Q3)</p>	<p>Pharmacy reports for Q3 2018 include Executive Summary, Operations Metrics, Top 30 Medication Prior Authorizations, and quarterly formulary changes. These reports are provided in order to assess for emerging patterns in authorization requests, compliance around prior authorizations, and to evaluate the consistency of decision making in order to formulate potential process improvement recommendations.</p> <ul style="list-style-type: none"> ➤ Pharmacy Prior Authorizations (PA) metrics were within 5% of standard for third quarter 2018. ➤ Third quarter 2018 top medication PA requests varied minimally from second quarter 2018. ➤ An All Plan Letter (APL 18-013) was released on 8/15/2018 providing updated guidance on the 	<p>Motion: Approve Executive Summary Q3 Operations Metrics Report Q3 Top 30 Authorizations Q3 (Zweifler/Lee) 4-0-0-3</p>

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<p>(Attachments X-Z)</p> <p>Action Patrick Marabella, M.D., Chair</p>	<p>treatment of Hepatitis C.</p> <p>➤ Effective 11/1/18, Admelog is the preferred Rapid Acting Insulin (Humalog removed from RDL).</p>	<p>Motion: Approve Credentialing Subcommittee Report Q4 (Ramirez/Lee) 4-0-0-3</p>
<p>#6 Credentialing and Peer Review Subcommittee Business</p> <p>-Credentialing Subcommittee Report (Q4) (Attachment AA)</p> <p>Action Patrick Marabella, M.D., Chair</p>	<p>This report provides the QI/UM Committee and RHA Commission with a summary of the CalViva Health Credentialing activities.</p> <p><u>Credentialing Subcommittee Report</u></p> <p>The Credentialing Sub-Committee met on October 18, 2018. Routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q2 2018 were reviewed for delegated entities and Q3 2018 was reviewed for Health Net. The 2019 Credentialing Sub-Committee draft meeting schedule was reviewed and accepted. The Q3 2018 Credentialing report was reviewed with one case cleared and closed to normal track and trend, one case was postponed, and one case was approved for network re-entry with monitoring and subsequently administratively terminated. Other county-specific Credentialing subcommittee reports were reviewed and approved. No significant cases were identified on these reports.</p>	<p>Motion: Approve Peer Review Subcommittee Report Q4 (Lee/Zweiffer) 4-0-0-3</p>
<p>#6 Credentialing and Peer Review Subcommittee Business</p> <p>-Peer Review Subcommittee Report (Q4) (Attachment BB)</p> <p>Action Patrick Marabella, M.D., Chair</p>	<p>This report provides the QI/UM Committee and RHA Commission with a summary of the CalViva Health Peer Review activities.</p> <p><u>Peer Review Subcommittee Report</u></p> <p>The Peer Review Subcommittee met on October 18, 2018. The county-specific Peer Review Sub-Committee Summary Reports for Q3 2018 were reviewed for approval. There were no significant cases to report. The 2019 Peer Review Sub-Committee draft meeting schedule was reviewed and accepted. The Q3 2018 Peer Count Report was presented and there were no cases closed and cleared. There was one case pending closure for Corrective Action Plan compliance. There was one case pending for further information. Follow up will be initiated to obtain additional information for the tabled case and ongoing monitoring and reporting will continue.</p>	<p>Motion: Approve Public Health Policy Review (Lee/Ramirez) 4-0-0-3</p>
<p>#7 Policy Review</p> <p>-Public Health Policy Review (Attachment CC)</p> <p>Action Patrick Marabella, M.D.,</p>	<p>Public Health Policy & Procedure Annual Review grid was presented to the committee. The majority of policies were updated without changes or had minor edits. Five policies that required more extensive review were included in the meeting packet:</p> <ul style="list-style-type: none"> ➤ PH-008 Early Start Program ➤ PH-013 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services ➤ PH-019 Minor Consent Services 	<p>Motion: Approve Public Health Policy Review (Lee/Ramirez) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Chair	<ul style="list-style-type: none"> ➤ PH-022 Alcohol and Drug Treatment Services ➤ PH-105 Pregnancy Termination 	
#8 Compliance Update (Attachment DD)	<p>The policy edits were discussed and the Public Health policies were approved.</p> <p>Mary Beth Corrado presented the Compliance report.</p> <ul style="list-style-type: none"> ➤ 2018 DHCS Medical Audit – An exit conference has been scheduled for 11/16/18 to review the DHCS’ Preliminary Findings Report. ➤ On 9/25/18 received written DHCS notification of a Quality Improvement Corrective Action Plan (CAP); Medical Management responded to the CAP and has a meeting with DHCS on 11/16/18 to discuss the CAP. ➤ The Plan will have a DMHC survey consisting of a pre-audit review of documentation and onsite interviews, file audits, and document review during the week of February 25, 2019. Over 800 pre-audit documents were submitted on 10/29/18. ➤ Public Policy Committee has appointed CalViva member, Kristi Hernandez to the “At-Large” seat. There is a new vacancy for the Madera County Seat. The Plan is actively seeking a replacement. ➤ Pediatric Palliative Care has been provided by DHCS under a waiver agreement with CMS. DHCS will end the PPC waiver on December 31, 2018 due to the inability to come to consensus with CMS on an alternate workable structure for the waiver. Children enrolled in the waiver program will receive their palliative care services through managed care plans effective January 1, 2019. DHCS is working directly with plans, the current PPC waiver providers, and county PPC waiver staff to facilitate the transition process. To date, CalViva has been notified that one member will be affected by this transition. Impacted members received a 60-day notice of this transition and a 30-day notice will be sent by December 1, 2018. ➤ The next Public Policy Committee meeting is scheduled for December 5, 2018 11:30 a.m. in Fresno County at the CalViva office on Palm Ave. 	
#9 Old Business	None.	
#10 Announcements	None.	
#11 Public Comment	None.	
#12 Adjourn Patrick Marabella, M.D., Chair	Meeting was adjourned at 12:12 pm.	

NEXT MEETING: February 21, 2019

Submitted this Day: February 21st, 2019

Submitted by: Amy B. Schneider
Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:



Patrick Marabella, MD Committee Chair