

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
December 8th, 2017

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

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)
	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Amy Schneider, RN, Director of Medical Management Services
✓	Brandon Foster, PhD. Family Health Care Network	✓	Melissa Holguin, Medical Management Administrative Coordinator
	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Mary Lourdes Leone, Director of Compliance
✓	John Zweifler, MD., At-large Appointee, Kings County	✓	Melissa Mello, Medical Management Specialist
	Kenneth Bernstein, M.D., Camarena Health		
	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 12:35 PM	
#2 Approve Consent Agenda - Committee Minutes: October 19th, 2017 - Standing Referrals Report - Facility Site & Medical Record & PARS Review Report - Concurrent Review IRR Report - Provider Preventable Conditions - Pharmacy Formulary Drug List Condensed	The October QI/UM minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full Recommended Drug List was available for review at the meeting.	Motion: Approve Consent Agenda (Zweifler/Foster) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Version (September) (Attachments A-F) Action Patrick Marabella, M.D Chair		
<p>#3 QI Business Appeals & Grievances: - Dashboard (September) - Executive Summary Q3 - Inter-Reliability Report (IRR) - Quarterly Member Report - Classification Audit Report</p> <p>(Attachment G - K) Action Patrick Marabella, M.D, Chair</p>	<p><i>John Zwieller joined at 12:52 PM</i></p> <p>Dr. Marabella presented the Appeals and Grievances Dashboard through September 30, 2017.</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 2017. There were 103 grievances received and 102 grievances resolved in September. There were 26 appeals received in September and 19 appeals were resolved.</p> <p><u>Member Appeals and Grievances (Q3):</u> In the third quarter report the following items were noted:</p> <ul style="list-style-type: none"> ➤ Grievance metrics are reported according to cases received and cases resolved within the time period. There were 250 total grievances and 50 appeals ➤ Opportunity for improvement noted for timeliness of Ack Letters. A & G staff are reviewing. ➤ New members are being educated about standards and timelines. ➤ New Continuity of Care categories have been added for tracking and trending. ➤ Exempt Grievances - the categories have been expanded for better trending of exempt grievances. <p><u>Access Grievances:</u> There were 3 Top Access Grievance Classifications: Availability of Appointment with Specialist, PCP Referral to Services and Appointment with PCP. These grievances are reviewed further at the Access Workgroup.</p> <p><u>Inter-rater Reliability -</u> This report evaluates clinical and non-clinical A&G staff adherence to regulatory requirements and internal policies and procedures established for handling appeals and grievances. The third quarter overall score averaged 99%. The audit score threshold is 95%. No action required at this time.</p> <p><u>Classification Audit -</u> Initial classifications are logged by the A&G Coordinators. The clinical audit oversight is conducted by A&G clinical staff on a weekly basis. A&G Clinical staff will notify Member A&G should any misclassifications be identified to make necessary corrections. Out of 101 cases reviewed by A&G Clinical Staff, all 101 were classified correctly, yielding a 100% accuracy ratio. No action required at this time</p>	<p>Motion: Approve Appeals & Grievances Report - Dashboard, Executive Summary Q3, Inter-Reliability Report (IRR), Quarterly Member Report (Foster/Hodge) 4-0-0-3</p>

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 QI Business - CVH Daily Letter Review Logs & CAP Summary Report (Attachment L) Action Patrick Marabella, M.D, Chair</p>	<p>This report provides a summary of daily A & G letter audits performed to ensure approved templates are used and other key requirements are correctly implemented. No errors identified in July, August, or September. Any identified errors are corrected prior to mailing.</p>	<p>Motion: Approve CVH Daily Letter Review Logs & CAP Summary Report (Foster/Hodge) 4-0-0-3</p>
<p>#3 QI Business - PM160 Report Q3 (Attachment M) Action Patrick Marabella, M.D, Chair</p>	<p>This report provides an update on provider compliance with required submission of Child Health and Disability Prevention Program (CHDP) PM-160 INF forms. The data provided on the PM 160 forms allow CalViva Health to track preventative services for members under the age of 21 and complies with the Department of Health Care Services (DHCS) requirements.</p> <ul style="list-style-type: none"> ➤ Data is provided on reports submitted vs visits expected for children 0-2 years and 2-20 years. <p>The next steps include to identify and analyze providers with low submission rates. CalViva was recently notified that DHCS plans to eliminate the requirements related to PM160 submissions for Managed Care Plans. This change will be phased in since PM160 data is currently used for HEDIS measures. The phase-out plan is as follows:</p> <ul style="list-style-type: none"> ➤ 2018 Paper & Electronic forms accepted ➤ 2019 Electronic forms only ➤ 2020 Forms eliminated <p>Updates will be provided at future meetings.</p>	<p>Motion: Approve PM160 Report Q3 (Hodge/Zweifler) 4-0-0-3</p>
<p>#3 QI Business - Potential Quality Issues Q3 (Attachment N) 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 activities. Data was reviewed including the follow up actions taken when indicated.</p>	<p>Motion: Approve Potential Quality Issues Q3 (Zweifler/Foster) 4-0-0-3</p>
<p>#3 QI Business - MHN Performance Indicator Report (Attachment O) Action Patrick Marabella, M.D, Chair</p>	<p>The MHN Performance Indicator Report was presented and reviewed. In Q3 2017, all 17 measures met or exceeded their targets. No action at this time.</p>	<p>Motion: Approve MHN Performance Indicator Report (Hodge/Foster) 4-0-0-3</p>

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<p>#3 QI Business - Public Programs Report (Attachment P) Action Patrick Marabella, M.D, Chair</p>	<p>Public Programs Report Quarter 3, 2017</p> <ul style="list-style-type: none"> ➤ This report has been reformatted in an attempt to better provide details and descriptions for each County's activities and initiatives, meetings, County Updates/Projects and education associated with Public Health and Public Programs. This is challenging due to the volume of information. ➤ Data collection and reconciliation is in progress. ➤ Actions taken and next steps were reviewed. ➤ The report will continue to be adjusted to meet reporting needs. 	<p>Motion: Approve Public Programs Report (Zweifler/Foster) 4-0-0-3</p>
<p>#4 UM Business - Key Indicator Report (Attachment Q) Action Patrick Marabella, M.D, Chair</p>	<p>The Key Indicator Report reflects data as of September 30th, 2017. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➤ Membership remains stable. ➤ ER visits have started to average out over the year. ➤ Bed days per thousand for SPD's have increased minimally. ➤ Turn-around times are acceptable. ➤ Case Management continues with efforts to improve member engagement including partnering with the new Member Connections team. 	<p>Motion: Approve Key Indicator Report (Hodge/Zweifler) 4-0-0-3</p>
<p>#4 UM Business - Case Management and TCM Report (Attachment R) Action Patrick Marabella, M.D, Chair</p>	<p>The Case Management(CM) program provides an evidence-based process for the medical management of members, including assessment, care plans and evaluation of care effectiveness. This report summarizes the case management and transitional care management activities for the second quarter.</p> <p>There are two case management programs included in this report:</p> <ul style="list-style-type: none"> ➤ <u>Integrated Case Management(ICM)</u>- ICM services are provided to members along the continuum of care including times of critical/complex acuity. Top One Percent (TOPs) team integrated into TruCare. Focusing on reducing variation in staff process for researching member phone numbers. ➤ <u>Perinatal Case Management (PCM)</u>- this program seeks to identify high risk mothers during the prenatal period in order to provide services and resources reduce risks and improve outcomes. Focusing on reducing variation in staff processes. ➤ Another program included in this report is the <u>Transitional Care Management (TCM) Program</u>. The purpose of the TCM Program is to provide a comprehensive, integrated transition process that supports members during movement between levels of care. The overriding goal of the TCM nurse is to improve care transitions by providing members with the tools and support that promote knowledge and self-management of their transition that will ultimately reduce avoidable re-admissions. Focus at this time is on improving collaboration with Concurrent Review staff to improve outreach efforts. Improving communication with local hospitals as well. 	<p>Motion: Approve - Case Management and TCM Report (Hodge/Zweifler) 4-0-0-3</p>

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	Data from Quarter 3, 2017 were reviewed for each program including key indicators such as total volumes, cases opened/closed, engagement rates, etc. Next steps were discussed including modifications to some of the monitoring parameters.	
<p>#4 UM Business - Specialty Referrals Reports: EHS, La Salle, IMG, Adventist (Q3) (Attachment S) Action Patrick Marabella, M.D, Chair</p>	<p>These reports provide a summary of Specialty Referral Services that required prior authorization in the tri-county area for EHS, La Salle, IMG, Adventist, and First Choice (FCMG) in the third quarter of 2017. These reports provide evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members. Results will continue to be monitored and trended over time.</p>	<p>Motion: Approve - Specialty Referrals Reports: EHS, La Salle, IMG, Adventist, First Choice (Q3) (Hodge/Foster) 4-0-0-3</p>
<p>#5 Pharmacy Business - Executive Summary (Attachment T) Action Patrick Marabella, M.D, Chair</p>	<p>Pharmacy quarterly reports reviewed included Operation Metrics, Top Medication Prior Authorization Requests, and the Inter-rater Reliability reports in order to assess for emerging patterns in authorization requests and compliance around prior authorization turnaround time metrics. The Executive Summary provides a summary of these reports including the following findings:</p> <ul style="list-style-type: none"> ➤ All third quarter 2017 pharmacy Prior Authorization (PA) metrics were within 5% of standard. ➤ The third quarter 2017 top medication PA requests varied minimally from second quarter 2017. 	<p>Motion: Approve Executive Summary (Zweifler/Hodge) 4-0-0-3</p>
<p>#5 Pharmacy Business Operations Metrics Report (Q3) (Attachment U) Action Patrick Marabella, M.D, Chair</p>	<p><u>Operations Metrics:</u></p> <ul style="list-style-type: none"> ➤ All third quarter 2017 pharmacy prior authorization metrics were within 5% of standard. No action required. Continue to monitor. 	<p>Motion: Approve Pharmacy Operations Metrics Report (Q3) (Zweifler/Hodge) 4-0-0-3</p>
<p>#5 Pharmacy Business Top 30 Prior Authorizations (Q3) (Attachment V) Action Patrick Marabella, M.D, Chair</p>	<p><u>Top 30 Prior Authorizations:</u> Third quarter 2017 top medication Prior Authorization requests varied minimally from second quarter. The Provider Update for 3rd Quarter was also included in the meeting materials (attachment W)</p>	<p>Motion: Approve Top 30 Prior Authorizations (Q3) (Zweifler/Hodge) 4-0-0-3</p>

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<p>#6 Credentialing Review Sub-Committee Business (Attachment X) Action Patrick Marabella, M.D, Chair</p>	<p><u>Credentialing Subcommittee Report</u> This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Credentialing activities.</p> <ol style="list-style-type: none"> 1. The Credentialing Sub-committee met in October 2017. At the October 19th, 2017 meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. 2. Reports covering the second quarter for 2017 were reviewed for delegated entities, third quarter 2017 reports were reviewed for MHN and Health Net. 3. The Quarter 3 2017 Credentialing report was reviewed with one case tabled for a follow up chart review in 6 months. Other County-specific Credentialing Sub-Committee reports were reviewed and approved. No significant cases were identified on these reports. 	<p>Motion: Approve Credentialing Subcommittee Report (Zweifler/Hodge) 4-0-0-3</p>
<p>#6 Peer Review Sub-Committee Business (Attachment Y) Action Patrick Marabella, M.D, Chair</p>	<p><u>Peer Review Subcommittee Report</u> This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Peer Review Subcommittee activities. All Peer Review information is confidential and protected under law.</p> <ol style="list-style-type: none"> 1. The Peer Review sub-committee met on October 19th, 2017. The county specific Peer Review Summary reports were reviewed and approved. 2. The Q3 Peer Count Report was presented indicating that there were nine cases closed and cleared. There were no cases with an outstanding corrective action plan. Five cases were pended for further information. 3. No significant quality of care issues noted. Follow up will be initiated to obtain additional information for tabled cases and ongoing monitoring and reporting will continue. 	<p>Motion: Approve Peer Review Subcommittee Report (Foster/Hodge) 4-0-0-3</p>
<p>#7 Compliance Update</p>	<p>Mary Beth Corrado provided a verbal Compliance update:</p> <ul style="list-style-type: none"> ➤ DMHC follow up Audit scheduled for January. This will be an A&G Desk Review Audit. ➤ DHCS Audit from April of 2017. Awaiting findings report. ➤ Kaiser Undertakings in process. Reporting continues as required. Not a significant impact on the CalViva provider network. ➤ New requirement is going into effect beginning 01/01/18 related to Provider Enrollment. Provider communication will be distributed soon. Providers will need to be enrolled in Medi-Cal by 5/1/18 or will be terminated from the network. Enrollment renewal is required every three to five years. CalViva is awaiting a gap analysis to determine the impact of this change. More information is forthcoming. 	
<p>#8 Old Business</p>	<p>None.</p>	
<p>#9 Announcements</p>	<p>None.</p>	
<p>#10 Public Comment</p>	<p>None.</p>	
<p>#11 Adjourn Patrick Marabella, M.D,</p>	<p>Meeting was adjourned at 1:52 PM</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Chair		

NEXT MEETING: February 15th, 2018

Submitted this Day: Feb 15, 2018

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

Acknowledgment of Committee Approval:

Patrick Marabella

Patrick Marabella, MD Committee Chair