

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

CalViva Health
7625 North Palm Avenue; Suite #109
Fresno, CA 98711
Attachment A

February 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, Ph.D. 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, Compliance Project Manager |
| ✓ | John Zweifler, MD., At-large Appointee, Kings County | | Melissa Mello, Medical Management Specialist |
| ✓ | Joel Ramirez, 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 | | | |
| ✓ | Amy Wittig, Director QI Health Net | | |

✓ = in attendance

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| #1 Call to Order Patrick Marabella, M.D., Chair | The meeting was called to order at 10:36 am. Dr. Ramirez was welcomed as a new member of the QI/UM Committee. | |
| #2 Approve Consent Agenda - Committee Minutes: December 8, 2017 - Provider Update Medical Policies-Q3 - California Children's Service Report (CCS) - Specialty Referrals Reports Adventist, EHS, First Choice, IMG, La Salle | <i>Dr. Cardona joined at 10:38 AM.</i> The December minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full Formulary/Recommended Drug List was available for review at the meeting. | Motion: Approve Consent Agenda (Zweifler/Cardona) 6-0-0-1 |

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| <ul style="list-style-type: none"> - Health Education Incentive Program - A&G Inter Rater Reliability Report (IRR) - A&G Classification Audit Report - Provider Preventable Conditions Report-Q4 - Provider Office Wait Time Report Q3 & Q4 - Public Programs Report-Q4 - Pharmacy Formulary List Condensed Version (January) (Attachments A-K) <p>Action Patrick Marabella, M.D Chair</p> | | |
| <p><i>Mary Beth Corrado joined at 10:59 AM</i></p> <p>#3 QI Business Appeals & Grievances: - Dashboard - Executive Summary Q4 - Quarterly Member Report (Attachment L-N) Action Patrick Marabella, M.D, Chair</p> | <p>The A & G reports provide monthly and quarterly data to facilitate monitoring for trends in the number and types of cases over time. The Dashboard included data through the end of December 2017. Year to Date Turn-around time standards not met for some ack/resolution letters in July. Corrective actions have been implemented and improvements noted.</p> <p>Dr. Marabella presented the Appeals and Grievances Dashboard for year-end 2017. New categories for Continuity of Care were added under both appeal and grievance categories in 2017.</p> <p>Dashboard: <u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ An increase in total raw number of grievances filed was noted in 2017 compared to 2016. This increase was primarily related to an increase in Quality of Care and Exempt Grievances. <p>The rate of total grievances PTMPM increased slightly in 2017. Appeals:</p> <ul style="list-style-type: none"> ➤ The appeals are broken down into two categories: Expedited and Standard. ➤ An increase in the raw number of both standard and expedited appeals was noted in 2017 compared to 2016 end of year results. ➤ The rate of appeals PTMPM remained the same in 2017 compared to 2016. <p><u>Quarterly Reports:</u></p> | <p>Motion: Approve Appeals & Grievances Report - Dashboard (Lee/Foster) 6-0-0-1</p> |

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| | <p><u>Member Appeals and Grievances</u></p> <ul style="list-style-type: none"> ➢ There were a total of 79 appeals. 76 cases were pre-service in Q4 2017. ➢ There were 229 grievances. ➢ We will continue to monitor volume fluctuation over the next quarter. <p><u>Access Grievances -</u></p> <ul style="list-style-type: none"> ➢ There were 12 Access to Care - PCP Referral for Services ➢ There were 6 Access to Care-Avail of Appt w/ PCP ➢ There were 5 Access to Care-Avail of Appt w/ Specialist <p><u>Turnaround Time</u></p> <ul style="list-style-type: none"> ➢ One grievance acknowledgement letter was out of compliance, however compliance rates remained high. ➢ Two Appeal Acknowledgement Letters resulted out of compliance with overall compliance high. <p><u>Inter-rater Reliability:</u></p> <ul style="list-style-type: none"> ➢ 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 fourth quarter overall score averaged 99.65%. The audit score threshold is 95%. No action required at this time. | |
| <p>#8 QI Business - Quarterly A&G Member Letter Monitoring Report (Attachment O) Action Patrick Marabella, M.D., Chair</p> | <p><i>Dr. Lee stepped out at 10:47AM and stepped back in at 10:54 AM.</i></p> <p>This report was created as part of a Corrective Action Plan (CAP) associated with CalViva's Appeal & Grievance processes and 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 October, November or December. Any identified errors are corrected prior to mailing.</p> | <p>Motion: Approve Quarterly A&G Member Letter Monitoring Report (Lee/Foster) 6-0-0-1</p> |
| <p>#8 QI Business CCC DMHC Expedited Grievance Member Report (Attachment P) Action Patrick Marabella, M.D., Chair</p> | <p>This report was created as part of a Corrective Action Plan (CAP) associated with CalViva's Appeal & Grievance processes. As part of this CAP, the Customer Contact Center (CCC) staff is required to read a script to notify members of their rights when filing any type of grievance, to specifically include expedited grievances.</p> <p>Compliance monitoring began in November 2016 and improvement has been noted over time. Staff training, coaching and reminders have been completed. Opportunities to improve the process will continue to be explored.</p> | <p>Motion: Approve CCC DMHC Expedited Grievance Member Report (Lee/Foster) 6-0-0-1</p> |
| <p>#8 QI Business - Initial Health Assessment Q3</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. CalViva has developed a multi-pronged approach to evaluating completion rates and encourage assessment completion to include the following:</p> | <p>Motion: Approve Initial Health Assessment Q3 (Zweifler/Cardona)</p> |

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| <p>(Attachment Q) Action Patrick Marabella, M.D., Chair</p> | <p>1. Three Step Outreach Attempt Process ➤ Notification of the IHA in the New Member Packet ➤ A New Member welcome call ➤ An IHA postcard mailed to new members</p> <p>2. FSR/MRR Audit Process-evaluation of IHA completion rates during Medical Record Reviews conducted at the time of the Facility Site Review. Follow up occurs with providers identified to be non-compliant.</p> <p>3. Claims and encounter data analysis is also performed. Data for 2017 revealed a slightly higher completion rate for adult members when compared to pediatric members. An improvement was noted in the percentage of IHA's completed when comparing Q4 2016 to Q3 2017 with 84% of IHA's within 120 days. Quarterly reporting will continue.</p> | <p>6-0-0-1</p> |
| <p>#3 QI Business - Potential Quality Issues Q4 (Attachment R) 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. Peer review activities include cases with a severity code level of III or IV or any case the CVH CMO requests to be forwarded to Peer Review. Data was reviewed for all case types including the follow up actions taken when indicated. The volume of cases remained consistent for quarter 4 compared to previous quarters.</p> | <p>Motion: Approve Potential Quality Issues Q4 (Zweifler/Lee) 6-0-0-1</p> |
| <p>#4 QI/UM Business - QI Executive Summary & 2017 Work Plan Annual Evaluation (Attachment S) Action Patrick Marabella, M.D., Chair</p> | <p>Dr. Marabella presented the Annual Quality Improvement Work Plan Evaluation.</p> <p>The planned activities and Quality Improvement focus for 2017 included the following:</p> <p>I. Access, Availability and Service:</p> <p>a) Improve Access to Care:</p> <ul style="list-style-type: none"> ▪ CVH did well on Provider Appointment Availability with only one measure out of compliance: Urgent care appointments not requiring prior authorization within 48 hours. ▪ Corrective Action Plans were issued to all non-compliant PPGs. Telephone audits were conducted for providers noncompliant for two consecutive years. ▪ Provider Office Wait Time met overall goal for 30 minutes or less for all three counties in Q4. <p>b) Improve Compliance with After Hours Access to Care:</p> <ul style="list-style-type: none"> ▪ 90% standard was met in RY2017 for emergency instructions in all three counties ▪ 90% standard was not met for call-back within 30 minutes for urgent issues. ▪ Corrective Action Plans were issued for all non-compliant providers and on-site audits were performed. Awaiting results of RY18 Appointment Availability and After-Hours Surveys. <p>I. Quality and Safety of Care:</p> <p>a) All three counties exceeded the DHCS Minimum Performance Level (MPL) in all six Default Enrollment Measures:</p> | <p>Motion: Approve QI Executive Summary & 2017 Work Plan Annual Evaluation (Cardona/Zweifler) 6-0-0-1</p> |

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| | <ul style="list-style-type: none"> o Childhood Immunization Combo 3 o Well Child Visits 3-6 years o Prenatal Care o HbA1c Testing o Controlling High Blood Pressure o Cervical Cancer Screening <p>I. Performance Improvement Projects (PIPs): The two PIPs for 2017 were:</p> <p>a) Comprehensive Diabetes Care - HbA1c Testing: CVH worked with a provider with clinic sites in Fresno and Kings counties to improve testing rates by supplying a Provider Profile of members in need of testing. A member incentive was also utilized to improve HbA1c testing rates. The project concluded in June 2017 with all documentation submitted to DHCS/HSAG in August 2017 and the project was formally closed.</p> <p>b) Timeliness of Postpartum Care: The focus for this project was to educate members on the importance of postpartum care. A new process for obtaining accurate member contact information was initiated at the Kings County hospital and postpartum visits were scheduled prior to discharge from the hospital. A member incentive was implemented at the point of service for completing a timely postpartum visit. This project also completed in June 2017 with final closure in August 2017.</p> | |
| <p>#4 QI/UM Business - UM/CM Executive Summary & 2017 Work Plan Annual Evaluation (Attachment T) Action Patrick Marabella, M.D., Chair</p> | <p>Dr. Marabella presented the Annual Utilization Management Case Management Work Plan Evaluation. Utilization Management & Case Management focused on the following areas for 2017:</p> <ul style="list-style-type: none"> • Compliance with Regulatory & Accreditation Requirements: <ul style="list-style-type: none"> o Licensure and credentialing requirements maintained. o Program documents and policies were updated to incorporate new regulatory requirements into practice. o DHCS Medi-Cal Managed Care Division Medical Director meetings attended by Medical Directors and CVH CMO. • Monitoring the UM Process: <ul style="list-style-type: none"> o Turn-around times for prior authorizations were monitored with a goal of 100%; the average for 2017 was 97%. o Annual trends for Appeal rates were reviewed including: Overturns, Partial Upholds, Upholds, and Withdrawals. In addition, the turn-around-time compliance rate was reviewed. Compliance rates have been consistent year to year. | <p>Motion: Approve UM/CM Executive Summary & 2017 Work Plan Annual Evaluation (Lee/Foster) 6-0-0-1</p> |

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| | <ul style="list-style-type: none"> • Monitoring Utilization Metrics: <ul style="list-style-type: none"> ○ PPG Profiles and Over/Under Utilization metrics are reviewed on a quarterly basis to evaluate UM activities. ○ Expansion of On-site Concurrent Review staff presence at local hospitals is planned to enhance discharge planning and member engagement ○ Inpatient Case Management continues efforts to identify members early and coordinate care and referrals according to patient needs. • Monitoring Coordination with Other Programs and Vendor Oversight: <ul style="list-style-type: none"> ○ Integrated Case Management (ICM) provides services for all members along the continuum of care including critical and complex. This change occurred in Q4 2016 and the program continued to stabilize in 2017. ○ Behavioral Health members continue to be referred bi-directionally based upon symptoms, acuity and need for routine mild-moderate versus specially moderate-severe behavioral health services. PCPS are offered opportunities to collaborate with MHN MDs for guidance on treating routine psychiatric conditions. • Monitoring Activities for Special Populations: <ul style="list-style-type: none"> ○ CCS, SPD, CBAS, and Mental Health tracking and monitoring is ongoing. Concurrent Review RNs collaborate directly with the local CCS office to ensure coordinated services and expedited access to care through CCS paneled providers and/or Specialty Care Centers. | |
| <p>#5 UM Business</p> <ul style="list-style-type: none"> - Key Indicator Report (Attachment U) <p>Action Patrick Marabella, M.D., Chair</p> | <p>Dr. Marabella presented the Key Indicator report for year-end 2017.</p> <ul style="list-style-type: none"> • SPD and Expansion members increased slightly in 2017 over 2016. • ER utilization for 2017 remained steady. • Overall utilization remains consistent with a slight increase in membership for 2017. • Total Cases Managed under Integrated Case Management is trending upward. | <p>Motion: Approve Key Indicator Report (Zweifler/Foster) 6-0-0-1</p> |
| <p>#5 UM Business</p> <ul style="list-style-type: none"> - Case Management and Transitional Care Management Q4 (Attachment V) <p>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 fourth quarter. Our goal is to identify members who would benefit from case management and transitional care management and engage the members in the appropriate program. There are two case management programs included in this report:</p> <ul style="list-style-type: none"> ➤ Integrated Case Management(ICM)- <ul style="list-style-type: none"> ○ Volume of referrals increased from 156 in Q3 to 301 in Q4 ○ Outcomes – The effectiveness of the program is evaluated based on some of the following measures: | <p>Motion: Approve Case Management Q4 (Zweifler/Foster) 6-0-0-1</p> |

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| | <ul style="list-style-type: none"> ▪ Readmission rates-decreased this reporting period ▪ ED utilization-decreased this reporting period <p>➤ Perinatal Case Management (PCM)- this program seeks to identify high risk mothers during the prenatal period in order to provide services and resources reduce risks and improve outcomes.</p> <ul style="list-style-type: none"> ○ During Q4 the volume of referrals increased <ul style="list-style-type: none"> ▪ Members enrolled in the Perinatal Program demonstrated: <ul style="list-style-type: none"> • 4.7% greater compliance in completing the first prenatal visit within their first trimester • 11% greater compliance in completing their post-partum visit <p>➤ Transitional Care Management (TCM) Program. 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.</p> <ul style="list-style-type: none"> ○ Referral volume decreased slightly in Q4 ○ Percentage of members who had a PCP follow-up appointment within 7 days of discharge was 21.5% in Q4, up from 13% in Q3. | |
| #6 Compliance Update | <p>MB Corrado provided the following compliance update:</p> <ul style="list-style-type: none"> ➤ CVH continues to perform Oversight Audits of HN: The A & G and Provider Relations Audits were recently finished and the Claims, Provider Dispute and UMCM Audits are currently in progress. ➤ DHCS Audit from April of 2017. Exit conference completed last week. Three findings are expected related to: Specialty Access, State Supported Services and CCS ER Claims. Awaiting final written report. ➤ CVH notified of April 2018 Annual DHCS Medical Audit. New areas of focus will be transportation and behavioral health services. ➤ DMHC follow up Audit is in progress. This is an A&G Desk Review Audit No updates at this time. ➤ EHS- DHCS issued Cease and Desist Orders on 12/22/17 and 12/26/17. All Plans are required to terminate their relationships with EHS by 2/1/18. Action plans are in development for CVH effected members. A Provider Update has been distributed to providers. Additional updates will be provided at future meetings. ➤ The last Public Policy Committee meeting was on 12/6/17. There were no recommendations or requests of the Committee at that time. The next meeting is on 3/7/18. All are welcome to attend. | |
| #7 Old Business | None. | |
| #8 Announcements | None. | |
| #9 Public Comment | None. | |

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| #10 Adjourn Patrick Marabella, M.D., Chair | Meeting was adjourned at 12:08 pm. | |

NEXT MEETING: March 15, 2018

Submitted this Day: March 15th 2018

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair