

**CalViva Health
QI/UM Committee
Meeting Minutes**
February 16, 2017

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

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)
✓	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Amy Schneider, RN, Director of Medical Management Services
✓	Brandon Foster, PhD, Family Health Care Network	✓	Brandi Ferris, 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
✓	Nicholas Nomicos, 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 10:33am.	
#2 Approve Consent Agenda - Committee Minutes: November 17, 2016 - Medical Policies Q3 & Provider Update Q4 - CCS Report - Standing Referrals Report - Provider Preventable Conditions Report - A&G Classification Report - Provider Office Wait Time Report Q3 & Q4 - Public Programs Report (Attachments A-H)	The November minutes were reviewed and highlights from the consent agenda items were discussed including a review of the Medical Policies and the Provider Office Wait Time reports.	Motion: Approve Consent Agenda (Nomicos/Foster) 5-0-0-2

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<p>Action Patrick Marabella, M.D., Chair</p> <p>#3 QI Business Appeals & Grievances: - Dashboard - Executive Summary - Quarterly Member Report (Attachment I-K)</p> <p>Action Patrick Marabella, M.D., Chair</p>	<p><i>Dr. Lee arrived at 10:34am.</i></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.</p> <p>In the fourth quarter report the following items were noted:</p> <ul style="list-style-type: none"> ➤ Member Appeals and Grievances - ➤ There were a total of 56 appeals. All cases were pre-service appeals. ➤ There were 220 grievances. ➤ New members are being educated about standards and expected timelines. <p>Access Grievances -</p> <ul style="list-style-type: none"> ➤ There were 17 Access to Care - Availability of Appointment with PCP. Exempt Grievances - the categories have been expanded for better trending of exempt grievances. <p>Inter-rater Reliability -</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%. The audit score threshold is 95%. No action required at this time. <p><i>Dr. Cardona arrived at 10:40am.</i></p>	<p>Motion: Approve Appeals & Grievances Reports (Nomicos/Lee) 6-0-0-1</p>
<p>#3 QI Business Emergency Drugs Report (Attachment L)</p> <p>Action Patrick Marabella, M.D., Chair</p>	<p>This report provides a summary of monitoring activities associated with the provision of prescription medications to members post Emergency Room visit as required by state regulations.</p> <ul style="list-style-type: none"> ➤ The goal of 90% compliance was met overall for all counties in Quarter 3 2016. ➤ Continue to monitor Provision of Emergency Medications and report results to QI/UM Committee twice per year. 	<p>Motion: Approve Emergency Drugs Report (Lee/Nomicos) 6-0-0-1</p>
<p>#3 QI Business Potential Quality Issues Q4 (Attachment M)</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 activities. Data was reviewed including the follow up actions taken when indicated.</p>	<p>Motion: Approve Potential Quality Issues Report (Nomicos/Zweifer) 6-0-0-1</p>
<p>#5 Quality Improvement/Utilization Management Business - 2016 UM Evaluation & Summary</p>	<p><i>Dr. Marabella presented the 2016 Quality Improvement and Utilization Management Case Management Work Plan Evaluations, Executive Summaries and 2017 Utilization Management Case Management Program Description.</i></p> <p>The Utilization Management & Case Management focus for 2016 consisted of the following:</p> <ul style="list-style-type: none"> • Compliance with Regulatory & Accreditation Requirements: 	<p>Motion: Approve 2016 Utilization Management</p>

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<p>- 2017 UM Program Description</p> <p>- 2016 QI Evaluation & Summary (Attachment N-P)</p> <p>Action</p> <p>Patrick Marabella, M.D., Chair</p>	<ul style="list-style-type: none"> o Licensing and credentialing requirements maintained. o Documents and policies incorporate new regulatory requirements into practice. o DHCS Medi-Cal Managed Care Division Medical Director meetings attended by CMO. • Monitoring the UM Process: <ul style="list-style-type: none"> o Turn-around times with prior authorizations are monitored with a goal of 100%; currently averaging approximately 95%. o Appeal rates are reviewed including: Overturns, Partial Upholds, Upholds, and Withdrawals. In addition, the turn-around-time compliance rate is also monitored. Rates have been consistent year to year. • Monitoring Utilization Metrics: <ul style="list-style-type: none"> o The Key Indicator Report is presented at each Commission meeting. o The Transition Care Management (TCM) program continues. o PPG Profiles are reviewed to monitor how they are performing. • Monitoring Coordination with Other Programs and Vendor Oversight: <ul style="list-style-type: none"> o Case Management moved to an Integrated Case Management (ICM) model eliminating vendor relationship for Complex Case Management (CCM), and is now conducted in-house. o Perinatal Case Management saw increased participation in 2016. o MHN participates in weekly rounds with HN case managers and MD to integrate and coordinate care. o MHN continues to track metrics associated with Autism Spectrum Disorder (ASD). • Monitoring Activities for Special Populations: <ul style="list-style-type: none"> o Continued monitoring for CCS Identification. o SPD, CBAS, and Mental Health tracking is ongoing. <p>The Utilization Management & Case Management Program Description changes for 2017 include the following:</p> <ul style="list-style-type: none"> • Inpatient Facility Concurrent Review - a summary of program's goals and responsibilities has been added. • Removed Complex Case Management and added Integrated Case Management. • Updates to the Population Based Programs have been made and are more comprehensive. This portion has not officially launched due to filing with State agencies. Anticipated date of launch is Q2 2017. • Updated Medical Management titles have been made in the Organizational Structure and Resources section. • Additional edits throughout the document have also been made. <p>The 2016 Annual Quality Improvement Work Plan Evaluation planned activities for 2016 included the following:</p> <ul style="list-style-type: none"> • Access, Availability and Service: <ul style="list-style-type: none"> o Data validation for the 2016 Provider Appointment Availability Survey is currently pending. The Provider Office Wait Time met overall goal for 30 minutes or less for all three counties in Q4. o 90% standard was met in MY2015 for emergency instructions, however, the call-back within 30 minutes for urgent issues after hours, was not. Corrective Action Plans were required from all 255 non-compliant providers. 	<p>Case Management Annual Evaluation (Zweifer/Cardona) 6-0-0-1</p> <p>Motion: Approve 2017 Utilization Management Case Management Program Description (Cardona/Nomikos) 6-0-0-1</p> <p>Motion: Approve 2016 Quality Improvement Annual Evaluation (Nomikos/Foster) 6-0-0-1</p>

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	<p>Resurvey results from Q4 2016 After Hours Survey are pending.</p> <ul style="list-style-type: none"> o Summary of results for the full CAHPS Survey conducted in 2016 is pending. • Quality and Safety of Care: The External Accountability Set includes 16 measures that must be evaluated for Full Scope of Medi-Cal Managed Care Plans in California; within those 16 measures there are six that are selected as Default Enrollment Measures: <ul style="list-style-type: none"> o Childhood Immunization Combo 3: Fresno and Madera Counties exceeded DHCS MPL. Kings County fell below the MPL. o Well Child Visits 3-6 years: All three counties exceeded the MPL. o Prenatal Care: All three counties exceeded the MPL. o HbA1c Testing: Madera county exceeded the MPL. Fresno and Kings counties fell below the MPL. o Controlling High Blood Pressure: Kings and Madera Counties exceeded the MPL. Fresno County fell below. o Cervical Cancer Screening: Fresno and Kings Counties are above the MPL. Madera County fell below the MPL. • Performance Improvement Projects (PIPs): The two PIPs for 2016 were: <ul style="list-style-type: none"> o Comprehensive Diabetes Care - HbA1c Testing: CVH has been working with a targeted provider group in Kings County to improve testing rates. o Timeliness of Postpartum Care: The goal for this project was to improve the health of new mothers by encouraging them to attend their postpartum visit at a targeted provider in Kings County. Visit completion rates are trending upward and final results will be reported in June 2017. • Ongoing Workplan Activities 	
<p>#4 UM Business Key Indicator Report (Attachment N) Action Patrick Marabella, M.D., Chair</p>	<p>The Key Indicator Report reflects data as of December 31, 2016. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➢ Membership increased in 2016 over 2015. ➢ ER visits on average for 2016 were comparable to the previous year, however, SPD volume is noted to have decreased since 2015. ➢ Bed Days Acute - PTMPY decreased from 2015 to 2016. SPD's in this category have also decreased from the previous year. ➢ Turnaround times have improved in recent months. 	<p>Motion: Approve Key Indicator Report (Cardona/Nomicos) 6-0-0-1</p>
<p>#4 UM Business Turnaround Time Report (Attachment O) Action Patrick Marabella, M.D., Chair</p>	<p>The UM Turn-around Time Report was reviewed which provides an analysis of and actions taken to address timeliness metrics that do not meet standards. This report provides ongoing analysis of monthly audit scores.</p>	<p>Motion: Approve Turnaround Time Report (Cardona/Nomicos) 6-0-0-1</p>
<p>#4 UM Business Specialty Referrals Report -</p>	<p>This report provides a summary of Specialty Referral Services that require prior authorization in the tri-county area for HN. This includes evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva</p>	<p>Motion: Approve Specialty Referrals Report</p>

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<p>HN Q4 (Attachment R) Action Patrick Marabella, M.D., Chair</p>	<p>Health members. Results will continue to be monitored over time.</p>	<p>(Cardona/Nomikos) 6-0-0-1</p>
<p>#4 UM Business Utilization Management Concurrent Review Report (Attachment P) Action Patrick Marabella, M.D., Chair</p>	<p>The 2016 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Q4 2016. Focus is on improving member health care 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"> ➤ The increase in membership has impacted inpatient utilization. Increased enrollment of the MCE population which is new to managed care and may have had limited access to primary healthcare services previously, has contributed to higher acute admission rates and bed days ➤ The Transitional Care Management (TCM) program continues to demonstrate positive results focusing on members at high risk for readmission. TCM staff initiate proactive TCM referrals within 1 day of inpatient review to facilitate proactive and successful engagement at the time of acute hospitalization. <p><i>Dr. Zweifler left at 11:44am.</i></p>	<p>Motion: Approve Utilization Management Concurrent Review Report (Cardona/Nomikos) 6-0-0-1</p>
<p>#7 Compliance Update</p>	<p>Mary Beth Corrado presented the Compliance Update:</p> <ul style="list-style-type: none"> ➤ CalViva Health Oversight Meetings - Health Net: CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. Health Net Oversight Audits: During 2016, the Plan completed audits of the following Health Net functions: Access and Availability, Continuity of Care, Marketing, Claims, Emergency Services, Pharmacy, Quality Improvement, Privacy and Security, Utilization Management, Provider Disputes and Provider Network. The Claims, Provider Disputes, Utilization Management and Marketing CAPs have been accepted. The following CAPs remain open: Access and Availability, and Provider Network ➤ Beginning with the Spring Volume 1, 2017 Provider Directory the directory has been expanded to include most of the providers in the Plan's network. CalViva Health will provide members with a printed provider directory. CalViva Health members are also able to view or conduct a search online of the provider directory at http://www.calvivahealth.org. ➤ Effective January 6, 2017 CalViva members requiring certain types of specialty drugs must obtain them from a contracted Plan specialty pharmacy of the Plan's choice. AcariaHealth is the preferred specialty pharmacy of CalViva's choice. ➤ Alternative Access Standards have been approved by the state for zip codes related to PCP and hospital access. ➤ Additional requests may be required. ➤ Final reports from the 2016 DMHC/DHCS Audits have been received. Formal improvement plans have been submitted for approval. DMHC will conduct a follow up audit in 14-16 months. ➤ CalViva received notification from the DHCS of their intention to conduct an audit of the Plan from April 17th - 	

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<p>April 28th, 2017.</p> <p>➤ The Public Policy Committee had a meeting on December 7, 2016. The Public Policy Committee was provided information on the enrollment, health education, cultural and linguistic, appeals, grievances and complaints, the results of HEDIS measures for 2016, the new Federal Affordable Care Act Non-Discrimination Requirements and an update on the Plan's 2016 DHCS/DMHC Medical Audit. There were no items requiring action by the Commission. The next Public Policy Committee meeting is scheduled for March 1, 2017, 11:30 a.m. at 7625 N. Palm Ave., Suite 109, Fresno, CA 93711.</p>		
<p>#8 Old Business</p>	<p>None.</p>	
<p>#9 Announcements</p>	<p>Dr. Marabella announced a new QIUM Committee member: Dr. Rajeev Verma, UCSF Fresno Medical Center.</p>	
<p>#10 Public Comment</p>	<p>None.</p>	
<p>#11 Adjourn Patrick Marabella, M.D, Chair</p>	<p>Meeting was adjourned at 11:56am.</p>	

NEXT MEETING: March 16th, 2017

Submitted this Day: March 16, 2017
 Submitted by: Amy Schneider
 Amy Schneider, RN, Director-Medical Management

Acknowledgment of Committee Approval:


 Patrick Marabella, MD Committee Chair