

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

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

May 17<sup>th</sup>, 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)
✓	Fengfaly 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)		
	<b>Guests/Speakers</b>		
✓	Aamer Hayat, First Choice Medical Group	✓	Lali Witrago, Health Net, C&L
✓	James Cruz, First Choice Medical Group	✓	Lori Norman, CalViva Health, Compliance

✓ = 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 10:34 am.	
#2 Approve Consent Agenda - Committee Minutes: March 15, 2018 - Pharmacy Update Qtr. 1 - Pharmacy Update Qtr. 2 - CCC DMHC Expedited Grievance Report - CCS Report - Appeals and Grievances Classification Audit Report	The March 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  (Cardona/Hodge) 5-0-0-3

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AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li>- A&amp;G Inter Rater Reliability Report</li> <li>- Quarterly Letter Monitoring Report</li> <li>- Pharmacy Formulary List Condensed Version (April)</li> <li>(Attachments A-I)</li> <li>Action</li> </ul> <p>Patrick Marabella, M.D Chair</p>	<p>***Dr. Lee arrived at 10:52 AM***</p> <p>The A &amp; G reports provide monthly and quarterly data to facilitate monitoring for trends in the number and types of cases over time.</p> <p>Dr. Marabella presented the Appeals and Grievances Dashboard and the Executive Summary of A &amp; G cases for Quarter 1 of 2018.</p> <ul style="list-style-type: none"> <li>• The number of Grievances for Q1 2018 is noted to have increased compared to prior quarters, primarily related to an increase in quality of service and exempt grievances in March.</li> <li>• The number of Quality of Care Grievances has remained comparable to previous months and quarters.</li> <li>• The increase in Exempt grievances is primarily related to the EHS transition.</li> <li>• The inclusion of Transportation related grievances in quarter 1, an expanded benefit in the past several months, has also contributed to the increased volumes.</li> <li>• The total number of Appeals received and resolved in quarter 1 and particularly in March is noted to have increased. An increase is noted in the "Other" category and is primarily related to a new prior authorization process for advanced imaging studies and allergy treatments. It is anticipated these numbers will decrease with provider education.</li> <li>• Inter-rater Reliability results were also reviewed with good compliance.</li> </ul>	<p>Motion: Approve Appeals &amp; Grievances Report - Dashboard Executive Summary Quarterly Member Report (Hodge/Verma) 6-0-0-2</p>
<p>#3 QI Business</p> <ul style="list-style-type: none"> <li>- Appeals &amp; Grievances: Dashboard</li> <li>- Executive Summary Qtr. 1</li> <li>- Quarterly Member Report</li> </ul> <p>(Attachment J-L)</p> <p>Action</p> <p>Patrick Marabella, M.D, Chair</p>	<p>CalViva Health delegates the responsibility (administrative and financial) for arranging transportation services for CalViva Health members to Health Net. Health Net has contracted with Logisticare to arrange/provide Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) services. Logisticare, in turn, contracts with independent transportation companies that provide medical and/or non-medical transport.</p> <ul style="list-style-type: none"> <li>➢ There was a total of 262 exempt grievances and 16 formal grievances resolved during the 2017 review period.</li> <li>➢ Of the 262 exempt grievances, 227 were Fresno, 2 Kings, and 33 Madera County.</li> <li>➢ There were 16 formal grievances resolved in 2017 and 15 were Fresno county, 1 Kings and zero for</li> </ul>	<p>Motion: Approve Transportation Grievances Summary 2017 (Hodge/Verma) 6-0-0-2</p>
<p>#8 QI Business</p> <ul style="list-style-type: none"> <li>- Transportation Grievances Summary 2017</li> </ul> <p>(Attachment M)</p> <p>Action</p> <p>Patrick Marabella, M.D, Chair</p>		

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	<p>Madera county.</p> <p>Monthly monitoring of transportation related grievances will be performed going forward through the A &amp; G Dashboard and quarterly grievance reports.</p>	
<p>#3 QI Business</p> <p>- ER Drug Report (Attachment N)</p> <p>Action</p> <p>Patrick Marabella, M.D., Chair</p>	<p>This report provides a summary of monitoring activities on a semi-annual basis 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"> <li>➢ The goal of 90% compliance was met overall for all counties in Quarter 2 and Quarter 3 of 2017. The delay in reporting is due to ER claims lag.</li> </ul> <p>The committee approved the recommendation to reduce the frequency of monitoring to once per year continuing with current sample sizes.</p>	<p>Motion: Approve ER Drug Report (Lee/Foster) 6-0-0-2</p>
<p>#3 QI Business</p> <p>- Potential Quality Issues Report Qtr. 1 (Attachment O)</p> <p>Action</p> <p>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.</p>	<p>Motion: Approve Potential Quality Issues Report Qtr. 1 (Hodge/Cardona) 6-0-0-2</p>
<p>#3 QI Business</p> <p>- IHA Quarterly Audit Report (Attachment P)</p> <p>Action</p> <p>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:</p> <ul style="list-style-type: none"> <li>➢ Medical Record Review (MRR) via onsite provider audits</li> <li>➢ Monitoring of claims and encounters</li> <li>➢ Member outreach</li> </ul> <p>The current report covers Quarter 4, 2017. Of the total adult records reviewed during onsite visits, 84% were found compliant, while of the total pediatric records 100% were found in compliance in the fourth quarter. Overall, 98% of the records included in the review were compliant with IHA standards.</p> <ul style="list-style-type: none"> <li>➢ Claims and encounters monitoring for the first half of 2017 revealed lower compliance rates compared to record review, however, coding enhancements continue when opportunities are found.</li> <li>➢ Overall compliance with member outreach was good.</li> </ul> <p>Health plans are required to monitor waiting times in providers' offices to validate timely access to care and services. This report provides a summary that focuses on Quarter 1 2018 monitoring for Fresno, Kings and Madera Counties. All counties are within the 30-minute office wait time threshold for both mean and median metrics. Outliers are tracked and results of monitoring have been reported back to the participating providers. Monitoring and analysis will continue in 2018 to identify opportunities for improvement associated with specific providers.</p>	<p>Motion: Approve IHA Quarterly Audit Report (Lee/Hodge) 6-0-0-2</p>
<p>#3 QI Business</p> <p>- Provider Office Wait Time Qtr. 1 2018 (Attachment Q)</p> <p>Action</p> <p>Patrick Marabella, M.D., Chair</p>	<p>Health plans are required to monitor waiting times in providers' offices to validate timely access to care and services. This report provides a summary that focuses on Quarter 1 2018 monitoring for Fresno, Kings and Madera Counties. All counties are within the 30-minute office wait time threshold for both mean and median metrics. Outliers are tracked and results of monitoring have been reported back to the participating providers. Monitoring and analysis will continue in 2018 to identify opportunities for improvement associated with specific providers.</p>	<p>Motion: Approve Provider Office Wait Time Qtr. 1 (Foster/Cardona) 6-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Chair</p> <p>#4 C&amp;L/HE Business</p> <ul style="list-style-type: none"> <li>- 2017 C&amp;L Annual Evaluation &amp; Summary</li> <li>- 2018 C&amp;L Program Description &amp; Summary</li> <li>- 2018 C&amp;L Work Plan &amp; Summary</li> <li>- Language Assistance Program Report</li> <li>- 2017 HE Annual Evaluation &amp; Summary</li> <li>- 2018 HE Program Description</li> <li>- 2018 HE Work Plan</li> <li>- Performance Improvement Project Updates (Attachment R-X)</li> </ul> <p>Action</p> <p>Patrick Marabella, M.D., Chair</p>	<p>Dr. Marabella presented the Cultural and Linguistic 2017 Work Plan Annual Evaluation, the 2018 Program Description and the 2018 Work Plan.</p> <p>For 2017, 100% of the Work Plan activities were completed in all four areas.</p> <ul style="list-style-type: none"> <li>• Language Assistance Services: Posted Non-Discrimination Notices and Taglines on website; and completed the C &amp; L Geo Access report.</li> <li>• Compliance Monitoring: Investigated and completed follow up on eight grievances in 2017; and assisted with coordinator of four Public Policy Committee meetings.</li> <li>• Communication, Training and Education: Updated the Quick Reference Guide and Desk Top procedure to support ongoing training for A &amp; G staff; and conducted five cultural competency trainings for the Call Center, Provider Relations, and Provider Network staff.</li> <li>• Health Literacy and Cultural Competency &amp; Health Equity: Conducted Key Informant Interviews aimed at identifying barriers to postpartum care in rural Fresno County in support of Postpartum Disparity Project.</li> </ul> <p>The 2018 Program Description has been updated to include:</p> <ul style="list-style-type: none"> <li>• Objectives: Added a statement regarding the HHS guidelines for Section 1557 requirement for non-discrimination including monitoring use of taglines and notices.</li> <li>• Interpreter Services: Added reference to non-discrimination compliance standards.</li> <li>• Alternate Formats: Added language regarding obtaining member preference for alternate formats and storing this information in health plan databases and providing all required materials in the preferred format.</li> <li>• Oversight of Contracted Services &amp; Monitoring Quality: Added language regarding monitoring and oversight.</li> <li>• Cultural Competency Training for staff: updated description of the Annual Heritage Event for staff.</li> <li>• Clear and Simple Guide: Added description of this reference document for staff.</li> <li>• Roles and Responsibilities was updated.</li> <li>• Other minor edits and/or updates were completed throughout the document.</li> </ul> <p>The 2018 Work Plan activities will continue with an emphasis in the following areas:</p> <ul style="list-style-type: none"> <li>• Creating cultural awareness through education and consultation with an emphasis on non-discrimination.</li> <li>• Oversight and consultation for operational activities.</li> <li>• Enhance and expand on training for staff and providers inclusive of disparity reduction efforts.</li> </ul>	<p>Motion: Approve C&amp;L/HE Program Documents (Cardona/Verma) 6-0-0-2</p>

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	<p>Dr. Marabella presented the Health Education 2017 Work Plan Annual Evaluation, the 2018 Program Description, and the 2018 Work Plan.</p> <p>Overall, seven of the eleven Program Initiatives were completed in 2017. Four of the initiatives were partially met. Some sub-elements were not completed.</p> <p>The seven initiatives that were fully met are:</p> <ol style="list-style-type: none"> <li>1) Perinatal Initiative</li> <li>2) Community Health Education</li> <li>3) Member Newsletter Initiative</li> <li>4) Public Policy Committee</li> <li>5) Tobacco Cessation Program</li> <li>6) Compliance: Staying Healthy Assessment, Oversight and Reporting</li> <li>7) Materials Update, Development &amp; Inventory.</li> </ol> <p>The four initiatives partially met are:</p> <ol style="list-style-type: none"> <li>1) Digital Education Programs (DHCS did not approve the Lifeline program)</li> <li>2) Member Engagement for Improved Health (Member contact information was not current)</li> <li>3) Promotores Health Network (Materials were delayed)</li> <li>4) Obesity Prevention Initiative (No member requests and no direct promotion completed)</li> </ol> <p>Follow up is planned for these areas in 2018.</p> <p>Changes to the 2018 Program Description include:</p> <ol style="list-style-type: none"> <li>1) Replaced Pregnancy Matters<sup>o</sup> with new Healthy Pregnancy Program</li> <li>2) California Smokers' Helpline: Removed detailed description</li> <li>3) Nurse Advise Line: Added description of Audio Library</li> <li>4) Digital Health Education: Revised description of T2X Program and added MyStrength, a website and mobile application to help members manage depression, anxiety, stress, substance use and pain management.</li> <li>5) Health Promotion Incentive Programs: Added description of Incentive Program</li> <li>6) Know Your Numbers: Added description of purpose and events.</li> <li>7) List of Available Resources: Added the MyStrength</li> <li>8) Roles &amp; Responsibilities was updated</li> <li>9) Department Listing: Added MemberConnections</li> <li>10) Other minor edits and updates were completed throughout the document.</li> </ol>	

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	<p>The 2018 Work Plan initiatives will continue with the following enhancements:</p> <ol style="list-style-type: none"> <li>1) Obesity Prevention -               <ol style="list-style-type: none"> <li>a. Identify high-risk members and promote program/resources.</li> </ol> </li> <li>2) Smoking Cessation - California Smokers' Helpline:               <ol style="list-style-type: none"> <li>a. Educate and encourage providers to use the e-referral into the Helpline in order to track enrollment status.</li> </ol> </li> <li>3) Well Care &amp; General Health Promotion:               <ol style="list-style-type: none"> <li>a. Obtain updated contact information from secondary sources before initiating outreach;</li> <li>b. Continue HEDIS® improvement member incentives.</li> <li>c. Increase follow up calls to encourage appointment attendance.</li> </ol> </li> <li>4) Digital Education Programs:               <ol style="list-style-type: none"> <li>a. Continue promotion of T2X campaign to increase participation;</li> <li>b. Increase text messaging programs to improve reach rates and engagement.</li> </ol> </li> </ol>	
<p><b>#4 C&amp;L/HIE Business</b></p> <ul style="list-style-type: none"> <li>- Performance Improvement Project Updates (Attachment Y) Action Patrick Marabella, M.D., Chair</li> </ul>	<p>Quality Improvement Initiative activity summaries were presented for three of the CalViva Health projects in progress in 2018 including two Performance Improvement Projects (PIPs) and one PDSA.</p> <ul style="list-style-type: none"> <li>- Childhood Immunizations (CIS-3) Performance Improvement Project</li> <li>- Postpartum Visit Disparities Performance Improvement Project</li> <li>- Annual Monitoring for Patients on Persistent Medications (PDSA)</li> </ul>	<p>Motion: Approve Performance Improvement Project Updates (Cardona/Verma) 6-0-0-2</p>
<p><b>#5 UM Business</b></p> <ul style="list-style-type: none"> <li>- Key Indicator Report &amp; TAT Report (Attachment Z) Action Patrick Marabella, M.D., Chair</li> </ul>	<p>Dr. Marabella presented the Key Indicator report through March 2018.</p> <ul style="list-style-type: none"> <li>• Membership and acute admissions have remained consistent.</li> <li>• ER utilization has also remained steady.</li> <li>• Bed Days PTMPY have increased slightly. This may be related to the EHS transition.</li> <li>• Turn Around Time (TAT) Compliance for Preservice Routine authorizations has decreased in February and March due to higher volumes associated with the EHS transition. Actions focused on improvement are in progress.</li> <li>• Case Management rates are stabilizing with an increase in engagement and Total Cases Managed in March.</li> </ul> <p>The 2018 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Q1 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"> <li>➤ The increase in membership has impacted inpatient utilization. Upward trends in the MCE and SPD</li> </ul>	<p>Motion: Approve Key Indicator Report &amp; TAT Report (Lee/Verma) 6-0-0-2</p>
<p><b>#5 UM Business</b></p> <ul style="list-style-type: none"> <li>- Utilization Management Concurrent Review Report Qtr. 1 (Attachment AA)</li> </ul>		<p>Motion: Approve Utilization Management Concurrent Review Report Qtr. 1</p>

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<p>Action Patrick Marabella, M.D., Chair</p>	<p>populations may be attributable to the rate of homelessness in the Expansion population and lack of community resources to sustain the SPD population upon discharge. Further analysis is required.</p>	<p>(Cardona/Ramirez) 6-0-0-2</p>
<p><b>#5 UM Business</b> - Case Management &amp; TCM Report (Attachment BB) Action Patrick Marabella, M.D., Chair</p>	<p>This report provides a summary of Case Management (Integrated and Perinatal) and Transitional Care Management activities in quarter 1, 2018. The effectiveness of the case management program is based upon:</p> <ul style="list-style-type: none"> <li>➢ Readmission rates</li> <li>➢ ED utilization</li> <li>➢ Overall health care costs</li> <li>➢ Member Satisfaction</li> </ul> <p>Positive results are noted for these measures in quarter 1. Members enrolled in Perinatal Case Management demonstrated improved compliance with a timely first prenatal visit and timely postpartum visit. Transitional Care Management is focused on a successful transition from acute hospitalization to home with an emphasis on a timely PCP visit post discharge. TCM staff are working closely with Concurrent Review to improve referral rates.</p> <p>The Concurrent Review IRR report provides a summary of routine audit activities performed to evaluate the consistency, accuracy, and timeliness of medical management decisions in order to promote improved member outcomes. Monitoring of the concurrent review process includes the following components:</p> <ul style="list-style-type: none"> <li>➢ Turn-around-times (TAT) of medical decisions (within 24 hours of receipt of request)</li> <li>➢ Documentation of proactive discharge planning and collaboration</li> <li>➢ Application of standardized criteria (i.e. McKesson InterQual®, and /or evidence-based medical policies and technical assessment tools)</li> </ul> <p>All measures met or exceeded the 90% threshold for quarter 1.</p>	<p>Motion: Approve Case Management &amp; TCM Report  (Cardona/Ramirez) 6-0-0-2</p>
<p><b>#5 UM Business</b> - 2018 Concurrent Review QJ IRR Report - Qtr. 1 (Attachment CC) Action Patrick Marabella, M.D., Chair</p>	<p>The Concurrent Review IRR report provides a summary of routine audit activities performed to evaluate the consistency, accuracy, and timeliness of medical management decisions in order to promote improved member outcomes. Monitoring of the concurrent review process includes the following components:</p> <ul style="list-style-type: none"> <li>➢ Turn-around-times (TAT) of medical decisions (within 24 hours of receipt of request)</li> <li>➢ Documentation of proactive discharge planning and collaboration</li> <li>➢ Application of standardized criteria (i.e. McKesson InterQual®, and /or evidence-based medical policies and technical assessment tools)</li> </ul> <p>All measures met or exceeded the 90% threshold for quarter 1.</p>	<p>Motion: Approve 2018 Concurrent Review QJ IRR Report - Qtr. 1  (Cardona/Ramirez) 6-0-0-2</p>
<p><b>#6 Pharmacy Business</b> - Executive Summary - Operations Metrics Report - Top 30 Prior Authorizations (Attachment DD - FF) Action Patrick Marabella, M.D., Chair</p>	<p>Pharmacy reports for quarter 1 2018 include Executive Summary, Operation Metrics, and Top Medication Prior Authorization Requests, changes to assess for emerging patterns in authorization requests, compliance around prior authorizations, and consistency of decision making in order to formulate potential process improvements.</p> <ul style="list-style-type: none"> <li>➢ Pharmacy prior authorization (PA) metrics were within 5% of standard for first quarter 2018. Effective 7/1/2017, the PA turnaround time requirement changed to 24 hours from 24 hours or 1 business day.</li> <li>➢ First quarter 2018 top medication PA requests varied minimally from fourth quarter 2017.</li> <li>➢ The results from first quarter 2018 top 30 medication PA requests varied minimally from fourth quarter 2017.</li> </ul>	<p>Motion: Approve Executive Summary Operations Metrics Report Top 30 Prior Authorizations  (Cardona/Ramirez) 6-0-0-2</p>

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Chair		
#7 Compliance Update	<p>MB Corrado presented the Compliance report.</p> <p>The Plan received DHCS' Final Report on 2/28/2018 for the 2017 DHCS audit and filed its response to the CAP on 3/30/18. DHCS accepted the CAP and closed it in a 5/8/2018 report. The Final Audit Report and CAP will be posted on the DHCS website and available for public review.</p> <p>DHCS completed its on-site audit of Plan activities on 4/19/18 and completed onsite provider visits the week of 4/23/2018. Preliminary DHCS exit conference comments focused on IHA tracking documentation, Specialty Access in Kings and other counties, and network integrity. We are awaiting the DHCS' formal Preliminary Report findings.</p> <p>DMHC notified CalViva Health on 4/17/18 that the follow-up survey to the three deficiency findings from the 2016 audit have all been corrected. The Final Report will be posted on the DMHC website and available for public review</p> <p>DHCS issued a Corrective Action Plan to CalViva Health on December 26, 2017 identifying that the volume of encounter data submitted for Kings and Madera counties in 2015 and 2016 had trended down even though enrollment was increasing. Subsequent to the Plan's CAP response to DHCS on January 10, 2018, the DHCS has granted an extension for submitting the 2015-16 data in question until 5/30/18.</p> <p>The next Public Policy Committee meeting is scheduled for June 13, 2018, 11:30 a.m. in Kings County.</p> <p>A final enforcement action was received from DMHC regarding the Timely Access filing for 2014 data that was submitted in 2015. The final result is a \$2500 sanction primarily for technical violations regarding certain data that was not submitted correctly on the first submission.</p> <p>Coalinga Regional Hospital announced the closure of their facility effective June 15, 2018.</p> <p>A detailed Executive Summary was reported to the Committee regarding the 2017 Oversight Audits of Health Net Community Solutions, and their sub-contracted arrangements.</p>	
#7 Old Business	None.	
#8 Announcements	None.	
#9 Public Comment	None.	
#10 Adjourn Patrick Marabella, M.D., Chair	Meeting was adjourned at 12:24 pm.	

NEXT MEETING: July 19<sup>th</sup>, 2018



Submitted this Day: July 19<sup>th</sup> 2018

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

Acknowledgment of Committee Approval:



Patrick Marabella, MD Committee Chair