

Fresno-Kings-Madera  
Regional Health Authority

CalViva Health  
QI/UM Committee  
Meeting Minutes

August 11, 2016

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)
✓	Terry Hutchison, 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		
✓	Fenglaly Lee, M.D., Central California Faculty Medical Group		
	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 10:37am.	
#2 Approve Consent Agenda - Committee Minutes 5/19/16 - Pharmacy Provider Update Q2 - Health Education Incentive Programs Report - Public Programs Report - Provider Preventable Conditions - Standing Referrals Report - Provider Office Wait Time	The May minutes were reviewed and highlights from the consent agenda items were discussed. The full RDL was available at the meeting.	Motion: Approve Consent Agenda (Lee/Cardona) 5-0-0-1

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- CCS Report Q1 &amp; Q2 - Pharmacy Recommended Drug List (Attachments A-I) <b>Action</b> Patrick Marabella, M.D, Chair</p>		
<p><b>#3 QI Business</b> - Appeals &amp; Grievances Dashboard (Attachment J) <b>Informational</b> Patrick Marabella, M.D, Chair</p>	<p>This report 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 June 2016.</p> <p><u>Grievances:</u></p> <ul style="list-style-type: none"> <li>➤ The grievances are broken down into two categories: Expedited and Standard</li> <li>➤ Grievance metrics are reported according to cases received and cases resolved within the time period. There were 175 grievances received and 195 grievances resolved in quarter 2 2016.</li> <li>➤ Grievances are further broken down into three categories: Quality of Service QOS (Administrative), Quality of Care QOC (Clinical), and Exempt Grievances.</li> <li>➤ A downward trend was noted for both QOS and QOC cases.</li> </ul> <p><u>Appeals:</u></p> <ul style="list-style-type: none"> <li>➤ The appeals are broken down into two categories: Expedited and Standard. An increase in expedited appeals was noted over the past 6 months.</li> <li>➤ Appeal metrics are reported by received date and resolved date. There were 50 appeals received in quarter 2 2016 and 44 appeals were resolved.</li> <li>➤ It was noted that the most common type of appeal for quarter 2 was Pre-Service Pharmacy. This is consistent with prior months as the management of Hepatitis C continues to evolve.</li> </ul>	
<p><b>#3 QI Business</b> Emergency Drugs Report (Attachment K) <b>Informational</b> Patrick Marabella, M.D, Chair</p>	<p><i>Dr. Hutchison arrived at 11:02AM.</i></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"> <li>➤ The goal of 90% compliance was met overall for all counties in Quarter 4 2015 and Quarter 1 2016. Continue to monitor Provision of Emergency Medications and report results to QI/UM Committee.</li> </ul>	
<p><b>#3 QI Business</b> Initial Health Assessment Audit Comprehensive Report (Attachment L)</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. IN follow up to our 2016 DHCS Audit CaViva has initiated a more comprehensive and in-depth assessment of our IHA completion rates. This new multi-pronged approach includes the following:</p> <ul style="list-style-type: none"> <li>➤ Medical Record Review (MRR) via onsite provider audits</li> </ul>	

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<p><b>Informational</b> Patrick Marabella, M.D, Chair</p>	<ul style="list-style-type: none"> <li>➤ Monitoring of claims and encounters</li> <li>➤ Member outreach</li> </ul> <p>This new expanded report covers Quarter 1, 2016 for MRR with 64 records of new members audited. 100% of pediatric and 100% of adult records demonstrated compliance. Annual results for 2015 Member Outreach were reviewed. The initial analysis of claims and encounters data for 2015 revealed a higher completion rate for pediatric members when compared to adult members. An initial PPG report has been created to be used to provide feedback to providers on their completion rates. Quarterly reporting will continue as we refine our new reporting processes.</p>	
<p><b>#3 QI Business</b> Access After-Hours Survey Results Provider Update (Attachment M) <b>Informational</b> Patrick Marabella, M.D, Chair</p>	<p>The Provider Appointment Availability &amp; After-Hours Access Survey Results Provider Update was reviewed by the committee. This Update included results of both the Provider Appointment Availability (PAAS) and After-Hours Surveys. Results of the PAAS conducted in 2015 which focuses on appointment scheduling were positive many appointment access metrics met or exceeded the goal of 80%. Providers not meeting the established standards will be required to complete a corrective action plan.</p> <p>Results for the After-Hours Access Survey were as follows:</p> <ul style="list-style-type: none"> <li>➤ Overall survey results for Fresno, Kings, and Madera counties show 92% of those surveyed provided clear instructions for emergency situations.</li> <li>➤ 86% of provider offices surveyed provided simple and comprehensive instructions on how to contact the on-call physician or qualified health care professional within the standard of 30 minutes for urgently needed services.</li> </ul> <p>Providers not meeting standards will be required to complete a corrective action plan. Both of these surveys will be repeated in 2016 to evaluate the effectiveness of actions taken.</p>	
<p><b>#3 QI Business</b> Potential Quality Issues Report Q1 (Attachment N) <b>Informational</b> 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. Trends were noted to be positive.</p>	
<p><b>#3 QI Business</b> Top 10 Diagnosis Report (Attachment O) <b>Informational</b> Patrick Marabella, M.D, Chair</p>	<p>The Top 10 Diagnosis Report summarizes on an annual basis the volumes for the most common conditions recorded as principal discharge diagnoses for inpatient admissions. Data is obtained from paid claims for our Medi-Cal Fee For Service and Shared Risk Membership.</p> <ul style="list-style-type: none"> <li>➤ Summary tables were reviewed comparing high volume diagnoses both when including and excluding pregnancy related conditions and diagnoses for the SPD and TANF populations for 2014 and 2015.</li> <li>➤ The report discusses interventions already underway for these high volume diagnoses.</li> <li>➤ No additional recommendations were provided by the committee membership.</li> </ul>	

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<p><b>#4 Quality Improvement Projects</b></p> <ul style="list-style-type: none"> <li>- Cervical Cancer Screening QI Summary</li> <li>- Childhood Immunizations QI Summary</li> <li>- HEDIS® Results (Attachment P-R)</li> </ul> <p><b>Action</b> Patrick Marabella, M.D, Chair</p>	<p>➤ This report will continue to be prepared on an annual basis.</p> <p><i>P. Marabella, MD presented the HEDIS Reporting Year 2016 Update.</i></p> <p>Dr. Marabella reviewed two QI Summaries for the committee covering Cervical Cancer Screening and Childhood Immunizations. Both projects were focused in Kings County and described improvement interventions, results, and recommendations. Positive results have been identified for both projects.</p> <p><u>HEDIS® Data:</u></p> <ul style="list-style-type: none"> <li>➤ External Accountability Set (EAS) Performance Measures – The Department of Health Care Services (DHCS) selects a set of performance measures annually to evaluate the quality of care delivered to Med-Cal members in California.</li> <li>➤ In 2016, MCP’s report on 14 HEDIS® rates and the All-Cause Readmissions measure, a non-HEDIS measure for EAS performance.</li> <li>➤ DHCS uses certain EAS measures to assign members to a health plan in each county. Default enrollment impacts the percentage of enrollment of members that are assigned to CalViva Health and the other health plan in each Medi-Cal County. Default Enrollment Measures include: <ul style="list-style-type: none"> <li>▪ Childhood Immunizations</li> <li>▪ Well-Child Visits</li> <li>▪ Prenatal Care</li> <li>▪ HbA1c Testing</li> <li>▪ Controlling High Blood Pressure</li> <li>▪ Cervical Cancer Screening</li> </ul> </li> <li>➤ Managed Care Plans (MCP’s) are required to meet MPLs and if performance levels are below MPLs (25th Percentile) an improvement plan must be developed and implemented.</li> <li>➤ CVH’s performance on the RY2016 HEDIS® measures were reviewed and opportunities for improvement identified.</li> </ul>	
<p><b>#5 UM Business</b></p> <p>Key Indicator Report &amp; Turnaround Time Report (Attachment S)</p> <p><b>Informational</b> Patrick Marabella, M.D, Chair</p>	<p>The Key Indicator Report reflects data as of July 31, 2016. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> <li>➤ The Managed Care Expansion (MCE) population continues to rise</li> <li>➤ ER data issues previously identified have been reconciled, however the visit rate continues to rise. This appears to be impacted by the MCE population.</li> <li>➤ Bed days/1000 and ALOS are demonstrating downward trends</li> <li>➤ Health Net will be adopting Centene’s model and software for case management which is a more locally managed model.</li> <li>➤ There will no longer be a division between Ambulatory and Complex Case Management from the member’s perspective. Reporting of data will be modified to address these changes.</li> </ul>	

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	<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.</p>	
	<p><i>Dr. Hutchison left at 12:01PM.</i></p>	
<p><b>#5 UM Business</b> Specialty Referrals Report Qtr 1 EHS, Qtr 2 Health Net (Attachment T, U) <b>Informational</b> Patrick Marabella, M.D., Chair</p>	<p>These reports provide a summary of Specialty Referral Services that require prior authorization in the tri-county area for HN, EHS, La Salle, IMG and First Choice. 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 over time.</p>	
	<p><i>Dr. Hutchison returned at 12:06PM.</i></p>	
<p><b>#5 UM Business</b> Utilization Management Concurrent Review Report (Attachment V) <b>Informational</b> 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 Q1 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"> <li>➤ 100% of members engaged for Transitional Care Management (TCM) received a personal health record, medication reconciliation along with other key services aimed at reducing the likelihood of hospital readmission for high risk members.</li> <li>➤ For UM, 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 increased acute admission rates and increased bed days.</li> <li>➤ Medical Management system enhancements have been implemented to support identification of acute care discharge barriers.</li> </ul>	
<p><b>#5 UM Business</b> Case Management &amp; CCM Report (Attachment W) <b>Informational</b> Patrick Marabella, M.D., Chair</p>	<p>The Case Management program provides an evidence based process for the medical management of members, including assessment, care plans and evaluation of care effectiveness. This report covers three case management programs: Ambulatory (ACM), Complex (CCM), and Perinatal (PCM). Transition to the Centene model to begin in September.</p> <p><u>ACM Analysis/Outcomes:</u></p> <ul style="list-style-type: none"> <li>➤ Q1 2016 acceptance rate increased from the previous quarter. Call process timeframe has been extended to allow additional time to reach and engage members.</li> </ul> <p><u>CCM Analysis/Outcomes:</u></p> <ul style="list-style-type: none"> <li>➤ Focus for this quarter was to identify and engage the highest risk members for enrollment.</li> <li>➤ The number of open cases decreased in Quarter 1.</li> </ul> <p><u>PCM Analysis/Outcomes:</u></p> <ul style="list-style-type: none"> <li>➤ The acceptance rate has decreased from the previous quarter. This may be attributed to being</li> </ul>	

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	<p>unable to reach the member.</p> <ul style="list-style-type: none"> <li>➤ Challenges in maintaining a consistent stream of new referrals from the provider community and internal sources continues.</li> </ul>	
<p><b>#6 Pharmacy Business</b>                      - Executive Summary                      - Operations Metrics Report                      - Top 30 Prior Authorizations Report                      - Pharmacy Policy Grid &amp; Policies: RX-003, RX-101, RX-110, RX-114                      (Attachment X-AA)  <b>Informational</b>                      Patrick Marabella, M.D., Chair</p>	<p>Pharmacy quarterly reports include Operation Metrics, Top Medication Prior Authorization Requests, and quarterly Recommended Drug List changes to assess for emerging patterns in authorization requests and compliance around prior authorization and Call Center metrics, and to formulate potential process improvements.</p> <p><u>Operations Metrics:</u></p> <ul style="list-style-type: none"> <li>➤ All second quarter 2016 pharmacy prior authorization metrics were within 5% of standard.</li> <li>➤ All second quarter 2016 pharmacy call metrics met standard with the exception of Average Answer Speed for April 2016. Follow-up actions have been initiated.</li> </ul> <p><u>Top 30 Prior Authorizations:</u></p> <ul style="list-style-type: none"> <li>➤ Second quarter 2016 top medication prior authorization requests varied minimally from last quarter.</li> </ul> <p><u>Pharmacy Policy Grid:</u>                      The 2016 Pharmacy Policies were available at the meeting.                      Four policies were discussed:</p> <ol style="list-style-type: none"> <li>1. RX-003 – Updated to include additional detail regarding reporting parameters.</li> <li>2. RX-101 – Revised to update language and provide additional information on reasons for formulary updates</li> <li>3. RX-110 – Revised to include procedure for our-of-network pharmacies.</li> <li>4. RX-114 – Policy revised based on a change in eligibility systems.</li> </ol>	<p>Motion: Approve the Pharmacy Policy Grid (Hutchison/Cardona)                      6-0-0-0</p>
<p><b>#7 Compliance Update</b></p>	<p>MB Corrado presented the Compliance report.</p> <ul style="list-style-type: none"> <li>➤ CalViva Health is awaiting our final reports from both DHCS and DMHC related to 2016 audits.</li> <li>➤ The CVH Annual Performance Evaluation received from DHCS for time period July 1 2015 to June 31 2016. This report covers the QI Program Description, Encounter Data, HEDIS Data, etc. Findings identified with the Encounter Data and CAP's in place to address findings.</li> <li>➤ Status of Oversight audits of Health Net:                             <ul style="list-style-type: none"> <li>▪ Access &amp; Availability currently in progress</li> <li>▪ Continuity of Care currently in progress</li> <li>▪ Claims - CAP required, and accepted by CVH</li> <li>▪ Emergency Services – completed, no CAP required</li> <li>▪ Pharmacy Audit – completed, no CAP required</li> <li>▪ Provider Dispute – CAP required, and accepted by CVH</li> <li>▪ Quality Improvement – completed, no CAP required</li> <li>▪ UM – CAP required and will be implemented in stages</li> </ul> </li> </ul>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#8 Old Business	None.	
#9 Announcements	None.	
#10 Public Comment	None.	
#11 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:40pm.	

**NEXT MEETING: October 20<sup>th</sup>, 2016**

Submitted this Day: October 20, 2016

Submitted by:   
Amy Schneider, RN, Director Medical Management

**Acknowledgment of Committee Approval:**

  
Patrick Marabella, MD Committee Chair