

Fresno-Kings-Madera  
Regional Health Authority

CalViva Health  
QI/UM Committee  
Meeting Minutes  
July 18, 2013

CalViva Health  
1315 Van Ness Avenue, Building 103  
Fresno, CA 93721

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)	
Aftab Naz, M.D., At-large Appointee, Madera County		✓ Amy Schneider, RN, Director of Medical Management Services	
✓ Henry Cisneros, DDS, Family Health Care Network (arrived at 11:19am)		Morgan Essenheimer, Compliance Analyst	
✓ David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers		✓ Brandi Leyva, Medical Administrative Coordinator	
Jonathan Forncrook, D.O., Camerena Health Center			
✓ Conrad Chao, M.D., At-large Appointee, Fresno County UCSF/CCMG (arrived at 11:07 am)			
✓ Michael MacLean, M.D., At-large Appointee, Kings County			
David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)			
Guests/Speakers			
✓ Maria Ortega, Quality Improvement Specialist, Health Net			

✓ = 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 11:04 am. <i>Dr. Marabella introduced Dr. Michael MacLean, Kings County Public Health Department Health Officer as a new member to the QI/UM Committee. Dr. MacLean is replacing Dr. David Glossbrenner.</i>	
#2 Approve Consent Agenda Committee Minutes 5/16/13 Provider Updates - Medical Policies: Second Qtr 2013 (Attachments A, B) Action Patrick Marabella, M.D., Chair	All items on the Consent Agenda were approved as submitted. The minutes and Medical Policies were reviewed briefly. There were no questions.	Motion: Approve Consent Agenda 5-0 (Cardona/MacLean)
#3 QI Business Appeals and Grievances - Dashboard - Executive Summary - Quarterly Analysis of	The Appeals and Grievances Dashboard. This report is current through May 2013 and is broken down into two major categories: Appeals and Grievances. This report provides monthly data to facilitate monitoring for trends in the number and types of cases over time. There will be ongoing refinements to improve the information contained in this report.	

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<p>Grievances                      - Inter-rater Reliability                      (Attachment C-F)                      Informational                      Patrick Marabella, M.D</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 36 grievances received and 36 grievances resolved in the month of May 2013.</li> <li>➤ Grievances are further broken down into two categories: Quality of Service QOS (Administrative), and Quality of Care QOC (Clinical). There were 25 QOS resolved grievances for May 2013. There were 11 QOC resolved grievances.</li> <li>➤ Grievances are also broken down by county.</li> <li>➤ No actionable trends identified.</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.</li> <li>➤ Appeal metrics are reported by received date and resolved date. There were 8 appeals received in the month of January 2013 and 10 appeals were resolved in this month.</li> </ul> <p>Resolved appeals are broken down into two categories: Pre-service and Post service. All were pre-service appeals. No actionable trends were identified.</p> <p>Dashboards now include separate tabs to allow for tracking and trending of the following populations:</p> <ol style="list-style-type: none"> <li>1. Seniors and Persons with Disabilities (SPD)</li> <li>2. Community Based Adult Services (CBAS)</li> <li>3. Healthy Families (now called Targeted Low-Income Children-TLIC)</li> <li>4. On each of these tabs, including the general CalViva Health tab, "Exempt Grievances" has been included and are broken down into 5 categories.</li> <li>5. Outlier Summary – this tab will provide an explanation on all outlier appeals and grievances.</li> </ol> <p>County specific tabs will be presented periodically to the QIUM Committee for review.</p> <p><u>Discussion/Inquiries:</u></p> <p>Dr. MacLean questioned whether member complaints specific to the denial of permanent disability for the member are tracked. Primary care providers no longer determine if a member is permanently disabled. The members' primary care physician refers the member to the Social Security Department where physicians assess the member and determine the member disabled.</p> <p>The Appeals and Grievances Executive Summary and Quarterly Analysis of Grievances. This is a written record of 2013 first quarter appeals and grievances to assess emerging patterns, compliance to turnaround time and volume, and to formulate potential plan policy/process changes and procedural improvements.</p> <p><u>Analysis/Finding/Outcomes:</u></p> <p>Member Appeals and Grievances –</p> <ul style="list-style-type: none"> <li>- There were a total of 36 appeals. 28 were for services deemed not medically necessary. There were</li> </ul>	<p>The next narrative report presented to the QIUM Committee will include the percentage number of the increase in grievances.</p>

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	<p>no post service appeals.</p> <ul style="list-style-type: none"> <li>- There were a total of 107 grievances. This increase may be attributed to a change with the methodology used to capture cases with a unique identifier.</li> </ul> <p>Access Grievances –</p> <ul style="list-style-type: none"> <li>- The majority of Access to Care grievances were related to PCP – Referral for services. No trends identified.</li> <li>- CalViva Health has implemented monthly workgroups with the appropriate staff addressing all Access related issues including grievances. This workgroup is a standing meeting to ensure all Access related issues are discussed and resolved in a timely manner.</li> </ul> <p>Exempt Grievances –</p> <ul style="list-style-type: none"> <li>- There were a total of 74 grievances.               <ul style="list-style-type: none"> <li>o 39 grievances related to Attitude/Service</li> <li>o 31 grievances related to Access</li> <li>o No trends identified</li> </ul> </li> </ul> <p>Inter-rater Reliability –</p> <ul style="list-style-type: none"> <li>- This report evaluates clinical and non-clinical A&amp;G staff adherence to regulatory requirements and internal policies and procedures established for handling appeals and grievances. The first quarter overall score averaged 98%.</li> </ul> <p>The Inter-Rater Reliability Report.          The purpose of this report is to provide quality audit of post finalized transactions completed by the Appeals and Grievances Department to measure compliance with regulatory requirements, adherence to policies and procedures as well as assess the customer's experience.</p> <ul style="list-style-type: none"> <li>- For the first quarter audit periods, results for the appeals and grievances case reviews averaged 98%.</li> <li>- Final letter training was provided to the staff by the Quality and Training Department to enhance their skill sets. No other trends identified.</li> </ul>	
<p><b>#3 QI Business</b>            Cultural and Linguistics Geo Access Summary and Report            (Attachment G)  <b>Informational</b>            Patrick Marabella, M.D,            Chair</p>	<p><i>Dr. Cisneros arrived at 11:19am.</i></p> <p>The Cultural and Linguistics Geo Access Summary and Report.          The 2012 Demographic Assessment and Geo Access Cultural Linguistics Needs, utilizes both direct and indirect data collection method to examine the language, race, and ethnicity distribution of CalViva Health members and contracted provider network. This report also provides information on CalViva Health's Language Assistance Program (LAP) ensuring language services are available to all members and providers in order to improve access to health care services.  <u>Analysis./Findings/Outcomes:</u>          Language Needs Per County -</p>	

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	<ul style="list-style-type: none"> <li>- Fresno County language need: Armenian, Cambodian, Cantonese, and Hmong</li> <li>- Kings County language need: Arabic, and Armenian</li> <li>- Madera County language need: Armenian, Cambodian, Korean and Mandarin</li> </ul> <p>Threshold Criteria –                      The Department of Health Care Services (DHCS) has established threshold criteria for determining which languages require translation and language services:</p> <ul style="list-style-type: none"> <li>- 3,000 limited English speaking individuals eligible for services residing within one county</li> <li>- 1,000 individuals within one zip code</li> <li>- 1,500 within two contiguous zip codes</li> <li>- The criterion is based on the number of limited English speaking individual that may be eligible for services.</li> </ul> <p>Conclusion –                      The language assistance program utilization data presented on this report shows a 29% increase in the overall utilization of the LAP program and services from 2011 to 2012. Requests for interpreter services had the most significant increase.</p>	
<p>#3 QI Business                      Health Education Incentive Program                      (Attachment H)                      Informational                      Patrick Marabella, M.D,                      Chair</p>	<p><i>Mary Beth Corrado arrived at 11:24am.</i></p> <p>The Health Education Incentive Program.                      The purpose of this activity is to report the CalViva Health member participants and winner in quarter 1, 2013:</p> <ul style="list-style-type: none"> <li>- Quit For Life (QFL) telephonic smoking cessation: 25 participants from Fresno County, 5 from Madera County, and 3 from Kings County. This was a 31% decrease from quarter 1 2012 due to the lack of outreach calls made in quarter 1 2013.</li> <li>- Kids and Teens Challenge (KTC): All 4 participants were from Fresno County. KTC participants decreased by 50% due to the delay in well care reminder post card mailings.</li> <li>- Fit Families For Life (FFFL): 2 participants from Fresno County, and one participant from Madera County. There was a decrease in participation which may be due to the delay in the Provider Update mailings.</li> <li>- Member Orientation (MO): 18 participants from Fresno County, 11 from Kings County</li> </ul> <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> <li>- Distribute KTC posters to provider offices</li> <li>- Mail KTC reminder well care visit postcards to CalViva Health 11-12 year old members in quarter 3.</li> <li>- Schedule member orientation sessions in partnership with Community Based Organizations (CBOs)/schools within high member residence concentration areas in quarter 2 2013.</li> </ul>	
<p>#3 QI Business                      - Public Health Update                      (Attachment I)                      Informational</p>	<p>The Public Health Update.                      This report provides an update on the status of the MOU's and summary of the activities, outcomes, and the next steps provided in Fresno, Kings, and Madera Counties from the Public Programs Department for</p>	

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<p>Patrick Marabella, M.D, Chair</p>	<p>quarter 1 2013. This report provides Tuberculosis (TB) rates for CalViva Health members assessed at the County Chest Clinics for TB screenings and Direct Observed Therapy (DOT) services in quarter 1 in Fresno and Kings Counties. Madera County data will be included in the quarter 2 report. Each county received referrals to screen community members from a variety of provider's offices. The counties do not regularly track where the referrals originate.</p> <p>Fresno County programs include:</p> <ol style="list-style-type: none"> <li>1. Public Health Nursing and Community Health (CH)</li> <li>2. Child Health and Disability Prevention (CHDP)</li> <li>3. California Children's Program (CCS)</li> <li>4. EOC Women's Infant and Children (WIC)</li> </ol> <p>Kings County programs include:</p> <ol style="list-style-type: none"> <li>1. CHDP</li> <li>2. CCS</li> </ol> <p>Madera County programs include:</p> <ol style="list-style-type: none"> <li>1. CHDP</li> <li>2. CCS</li> <li>3. Communicable Disease (CD)</li> <li>4. Maternal Child and Adolescent Health (MCAH)</li> </ol> <p><u>Steps for Improvement:</u></p> <ul style="list-style-type: none"> <li>- Visit provider offices to review the policies and procedures on TB referrals and reporting.</li> <li>- Discuss the County Public Health Department methods of tracking and recording TB referrals</li> <li>- Improve provider participation on vision screening training in 2013.</li> </ul> <p><u>Discussion:</u></p> <p>Dr. MacLean requested the criteria for TB referrals. CalViva Health to discuss referral criteria with Selina Escobar, Public Health Administrator and develop a process of accumulating evidence that primary care physicians are referring members to the County to screen for TB.</p>	
<p>#3 QI Business - HEDIS Update - Quality Improvement Projects Patrick Marabella, M.D, Chair</p>	<p><i>Dr. Marabella informed the committee that to facilitate discussion of the Health Care Effectiveness Data and Information Set (HEDIS) and Quality Improvement Projects Update, a Power Point presentation will be utilized. The Power Point presentation is not an official part of the committee's records but will be used only as a discussion tool.</i></p> <p><u>HEDIS Report:</u></p> <p>HEDIS is a standard set of nationally reported measures that are used to assess the quality of care provided to members required by Managed Care Plans (MCPs). The External Accountability Set (EAS) measures are selected by the DHCS to evaluate the quality of care delivered to members in California by the MCP's. MCPs are required to meet the Minimum Performance Levels (MPLs) set by DHCS as benchmarks.</p>	

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	<p>Performance levels below the MPL's must develop and implement an improvement plan. This improvement plan must be submitted to DHCS and Health Services Advisory Group (HSAG) for approval. HEDIS data is submitted annually. CalViva Health has submitted the 2012 first measurement data to DHCS. The 2013 report will be available August 2013. Preliminary results are favorable for all three counties in meeting MPL with the exception of Medication Monitoring, Diabetes Measures, and Cervical Cancer Screening for Madera and Kings Counties. Improvement Plans will be submitted for all measures below MPL.</p> <p><u>Quality Improvement Projects (QIP's) Report:</u>                      MCP's must participate in a minimum of two QIP's per year. The DHCS-led state collaborative QIP – All Cause Readmissions, and an internal QIP – Diabetic Retinal Eye Exams.</p> <p>All Cause Readmissions Status –</p> <ul style="list-style-type: none"> <li>- This QIP is defined as a patient re-admitted to the hospital within 30 days for any reason.</li> <li>- Barrier Analysis and Initial Interventions have been submitted and approved by DHCS and HSAG.</li> <li>- Seniors and Persons with Disabilities (SPD's) are recognized as the greatest opportunity for improvement.</li> <li>- 2012 HEDIS Data Analysis Report available in August.</li> </ul> <p>Diabetic Retinal Eye Exams –</p> <ul style="list-style-type: none"> <li>- Gathering information from providers to understand challenges and barriers within QIP.</li> <li>- Initial interventions to be implemented in 2014.</li> <li>- Updated report due to DHCS and HSAG August 2013.</li> </ul>	<p>CalViva Health to submit the HEDIS and QIP "fishbone" diagrams to the QIUM Committee members for further review.</p>
<p><b>#4 UM Business</b>                      Key Indicator Report (Attachment J)                      Informational                      Patrick Marabella, M.D,                      Chair</p>	<p>Key Indicator Report reflects data as of June 20<sup>th</sup>, 2013.                      Highlights provided:</p> <ol style="list-style-type: none"> <li>1. Inpatient Utilization Metrics Non-SPD (TANF) Readmissions - slight increase for CalViva Health overall. Complex and Ambulatory Case Management tactics are in progress to address the readmissions rate.</li> <li>2. ER Utilization – 90 day lag of data</li> <li>3. Inpatient Utilization Non-SPD (TANF) Days/1000- Target goals set per county:                             <ul style="list-style-type: none"> <li>- Fresno County slightly over the goal</li> <li>- Kings County slightly above the goal</li> <li>- Madera County above the goal</li> </ul> </li> </ol> <p>No other trends identified.</p>	
<p><b>#4 UM Business</b>                      CCS Report (Attachment K)                      Informational                      Patrick Marabella, M.D,                      Chair</p>	<p>CCS Report.                      The CCS report was reviewed. Rates are improving. There are no significant issues to report.</p>	
<p><b>#4 UM Business</b></p>	<p>The Top 10 Diagnosis Report.</p>	

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<p>Top 10 Diagnosis Report (Attachment L)  <b>Informational</b>                      Patrick Marabella, M.D,                      Chair</p>	<p>The purpose of this report is to track and monitor the volume of the most common conditions recorded as principal discharge diagnosis for admissions. This data utilizes paid claims data for our Medi-Cal fee for Service and Shared Risk Membership.</p> <p><u>Findings/Outcomes:</u>                      This data is as of May 30, 2013.                      The SPD Population top 10 admission categories for 2012:</p> <ol style="list-style-type: none"> <li>1. Diabetes without complications</li> <li>2. Essential Hypertension – A new coding process may explain the appearance of this category from year 2011 to 2012.</li> <li>3. Diabetes with complications</li> <li>4. Septicemia</li> <li>5. CHF</li> <li>6. COPD</li> <li>7. Pneumonia</li> <li>8. Asthma</li> <li>9. Skin and Subcutaneous Tissue Infections</li> <li>10. Cognitive Disorders</li> </ol> <p>The Non-SPD Population top 10 admission categories for 2012:</p> <ol style="list-style-type: none"> <li>1. Asthma</li> <li>2. Appendicitis</li> <li>3. Pneumonia</li> <li>4. Acute Bronchitis</li> <li>5. Skin and Subcutaneous Tissue Infections</li> <li>6. Biliary Tract Disease</li> <li>7. Urinary Tract Infections</li> <li>8. Pancreatic Disorders</li> <li>9. Septicemia</li> <li>10. Fluid and Electrolyte Disorders</li> </ol> <p>The SPD impact had taken effect mid-2011, and not a full calendar year, therefore a comparison of 2011 to 2012 was unable to be done at this time. The QIUM Committee will continue to receive reports identifying the top 10 inpatient admission diagnosis.</p>	
<p>#4 <b>UM Business</b>                      Standing Referrals Report (Attachment M)  <b>Informational</b>                      Patrick Marabella, M.D,                      Chair</p>	<p>The SPD Implementation Report.                      This report provides an update on the SPD <i>Be In Charge!</i> Care Coordination Program for the 2012 third and fourth quarters.</p> <p><u>Results:</u></p> <ul style="list-style-type: none"> <li>- Approximately 45% of the high risk population enrolled in quarter 3 completed a risk assessment.</li> </ul>	

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	<p>- Approximately 28% of the high risk population enrolled in quarter 4 completed a risk assessment.</p> <p><u>Barrier Analysis:</u> The completion of HRA's is based on working addresses and telephone numbers. Invalid or incorrect telephone numbers and home addresses have been identified as a barrier. McKesson, a CalViva Health vendor, has been able to reach a high of 45% of the high risk population through in-person interviews.</p> <p><u>Next Steps:</u> CalViva Health will continue to work with McKesson to create a biannual comprehensive services report with December 2013 as a target date.</p>	
<p><b>#4 UM Business</b> PM-160 Report (Attachment N) <b>Informational</b> Patrick Marabella, M.D, Chair</p>	<p>The PM-160 Report. The purpose of this report is to report compliance with required submission of Child Health and Disability Prevention Program (CHDP) PM-160 INF forms. This report provides the opportunity to track preventative services for members under the age of 21, and complies with the DHCS requirements.</p> <p><u>Barrier Analysis:</u></p> <ul style="list-style-type: none"> <li>- Madera County clinic submits less than 5% of PM-160 forms.</li> <li>- Two clinics in Fresno County are submitting less than 20% of PM-160 submission forms.</li> </ul> <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> <li>- The PM-160 submission compliance for the Tri-Counties with CHDP will be discussed at the quarterly collaborative meeting.</li> <li>- A PM-160 Taskforce has been established to discuss barriers and methods of PM-160 submission improvement.</li> </ul>	
<p><b>#4 UM Business</b> Perinatal Case Management Report (Attachment O) <b>Informational</b> Patrick Marabella, M.D, Chair</p>	<p>The Perinatal Case Management Report. The purpose of this report is to identify member with high risk perinatal conditions and make referrals for appropriate sources.</p> <p><u>Barrier Analysis:</u></p> <ul style="list-style-type: none"> <li>- Approximately 25% of identified members are unreachable due to disconnected telephone numbers or members do not return the telephone call.</li> </ul> <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> <li>- Continue program interventions with the perinatal case managers to obtain current and accurate member contact information.</li> <li>- Provide support to Case/Care Managers regarding geographical specific perinatal care.</li> </ul>	
<p><b>#5 Credentialing and Peer Review Business</b> - Quarterly Credentialing Subcommittee Report (Attachments P) - Quarterly Peer Review Subcommittee Report</p>	<p>The Quarterly Credentialing Sub-Committee Report. This report is a new report summarizing the Credentialing Subcommittee meeting activities per quarter and will be reported to the QIUM Committee quarterly.</p> <p><u>First Quarter Activities:</u></p> <ol style="list-style-type: none"> <li>1. The Credentialing Sub-committee approved the annual review and updates to a number of credentialing policies. Revisions to these policies were generally minor.</li> </ol>	<p>Motion: Approve Quarterly Credentialing Subcommittee Report 5-0 (Chao/Cardona)</p>

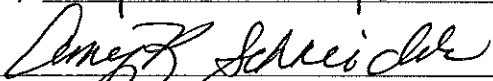


AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>(Attachment Q)  <b>Action</b>                      Patrick Marabella, M.D,                      Chair</p>	<ol style="list-style-type: none"> <li>2. The Credentialing Sub-committee Charter was presented for annual review and updates. Revisions to the Charter this year included separation of the Charter into two stand-alone documents. The charter was approved.</li> <li>3. The 2012 fourth quarter delegated entities initial credentialing, re-credentialing, suspensions, terminations, and resignations of each provider (EHS, Child Net, Sante, and Health Net) were reviewed.</li> <li>4. County specific Credentialing Sub-committee reports were reviewed for October through December 2012 and January/February 2013. One administrative case was identified and referred for further action due to non-compliance with Facility Site Review and Medical Record Review requirements.</li> </ol> <p>The Peer Review Sub-Committee Report.                      This report is a new report summarizing the Peer Review Subcommittee meeting activities per quarter and will be reported to the QIUM Committee quarterly.  <u>First Quarter Activities:</u></p> <ol style="list-style-type: none"> <li>1. The Peer Review Charter was presented for annual review and updates. Revisions to the Charter this year included separation of the Charter into two-stand-alone documents. The Charter was approved.</li> <li>2. County specific Peer Review Sub-committee reports were reviewed for October through December 2012 and January/February 2013. The 2012 End of Year Peer Review Summary Report was reviewed and approved.</li> <li>3. The quarter 1 Peer Review County report was reviewed and approved. There were four Peer Review cases presented to the HN Peer Review Committee in the first quarter 2013. County breakdown included three in Fresno County, and one in Madera County.</li> </ol>	<p>Motion: Approve                      Quarterly Peer Review                      Subcommittee Report                      5-0 (Cardona/Cisneros)</p>
<p><b>#6 Compliance Update</b>                      - Audit Update  <b>Informational</b>                      Mary Beth Corrado, CCO</p>	<p><b>Compliance:</b>                      M.B. Corrado provided a summary of Compliance activities for the committee.</p> <ul style="list-style-type: none"> <li>• CalViva Health received an increase in potential privacy and security breach cases and all were determined to be no/low risk.</li> <li>• CalViva Health received 6 potential fraud cases.</li> </ul> <p>CalViva Health is currently in the post-audit phase of the joint DMHC and DHCS Medical Survey audit. The final DHCS report was received July 18<sup>th</sup>. CalViva Health is currently waiting to receive the DMHC Medical Survey Audit report which will include all Corrective Action Plans (CAPs), if any, to address all opportunities for improvement. Once this report has been received, interventions will be developed and implemented to address opportunities for improvement.                      The Public Policy Committee will hold its next meeting on September 4<sup>th</sup> in Fresno County.</p>	
<p><b>#7 Old Business</b>                      - RDL Electronic Access</p>	<p>Per Dr. Cardona's suggestion, Nancy Nkansah, UCSF Clinical Pharmacy Director, explored the possibility of utilizing software systems to allow providers easy access to the CVH formulary while providing care to</p>	


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	CalViva members in a variety of settings in the community. As the investigation revealed, utilizing the software systems is not possible due to incompatibility with each systems' differentiating software.	
#8 Announcements	None.	
#9 Public Comment	None.	
#10 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:25pm.	

NEXT MEETING: September 19<sup>th</sup>, 2013

Submitted this Day: September 19<sup>th</sup>, 2013

Submitted by:   
Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:

  
Patrick C. Marabella, MD Committee Chair