

Fresno-Kings-Madera
Regional Health Authority

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

May 19, 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	✓	Ruby Mateos, Medical Management Specialist
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Brandi Ferris, Medical Management Administrative Coordinator
	Kenneth Bernstein, M.D., Camarena Health Center	✓	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			
	Jeff Nkansah, Director of Compliance/Privacy	✓	Lali Witrago, Cultural & Linguistics
✓	Maria Elena Avila Toledo, Health Education	✓	April Canetto, Cultural & Linguistics

✓ = 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 10:34am.	
#2 Approve Consent Agenda - Committee Minutes 3/17/16 - CVH QIUM Committee Charter - Provider Office Wait Time - Health Education Incentive Programs Report - Language Assistance Program Report - Appeals & Grievances Classification Report	The March minutes were reviewed and highlights from the consent agenda items were discussed. The full RDL was available at the meeting.	Motion: Approve Consent Agenda (Cardona/Foster) 4-0-0-3

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<p>- Pharmacy Recommended Drug List (Attachments A-G) Action Patrick Marabella, M.D, Chair</p>		
<p>#3 QI Business - Appeals & Grievances Dashboard - Executive Summary - Quarterly Report Q1 (Attachment H-J) Informational 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. In the first quarter report the following items were noted: Member Appeals and Grievances – <ul style="list-style-type: none"> ➤ There were a total of 30 appeals. All cases were pre-service appeals. ➤ Appeal rates have normalized. ➤ There were 233 grievances. ➤ Grievance rate for first quarter 2016 is below the 2015 rate. ➤ New members are being educated about standards and expected timelines. Access Grievances – <ul style="list-style-type: none"> ➤ There were 19 Access to Care – Availability of Appointment with PCP. Exempt Grievances – the categories have been expanded for better trending of exempt grievances. A relatively high number of cases were categorized as “Other”. Pharmacy related issues will be pulled out next month and we will monitor for further trends. ➤ Inter-rater Reliability – ➤ 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 third quarter overall score averaged 99%. The audit score threshold is 95%. No action required at this time. </p>	
	<p><i>Dr. Lee arrived at 10:38AM.</i></p>	
<p>#3 QI Business MHN Performance Indicator Report (Attachment K) Informational Patrick Marabella, M.D, Chair</p>	<p><u>Summary:</u> For Q1 2016, out of the 17 metrics with targets, all but one met or exceeded their targets. The one metric that did not meet targets relates to Autism Appointment Timeliness. The ASG provider did not receive one-member referral for services due to a mailbox error. The denominator for this metric is very small (4) and therefore the timely access standard was not met. This issue has been addressed. It was noted that MHN providers will be listed in the CVH Directory as of July 1st.</p>	
<p>#3 QI Business Facility Site & Medical Records Review Report</p>	<p>This report displays completed activity and results of the DHCS required Facility Site Review (FSR) and Medical Records Review (MRR) for the tri-county area. <ul style="list-style-type: none"> ➤ There were 20 FSR’s completed in the 3rd and 4th quarters 2015. </p>	

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(Attachment L) Informational Patrick Marabella, M.D, Chair	<ul style="list-style-type: none"> ➤ There were 14 MRR's completed in the 3rd and 4th quarters 2015. ➤ 11 FSR's and 3 MRR's required CAP's to verify correction during this time period. ➤ 189 Physical Accessibility Review Survey (PARS) have been completed since 2011, of which 39% have Basic Level access. 	
#3 QI Business Potential Quality Issues Report Q4 2015 (Attachment M) Informational Patrick Marabella, M.D, Chair	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. for. 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.	
#4 Cultural & Linguistics - 2015 Work Plan Evaluation & Summary - 2016 Program Description & Summary - 2016 Work Plan & Summary (Attachment N-P) Action Patrick Marabella, M.D, Chair	<p><i>P. Marabella, MD presented the Cultural and Linguistics (C&L) 2015 Annual Evaluation, 2016 Program Description, and the 2016 Work Plan.</i></p> <p>For 2015, 100% of the Work Plan activities were completed in all four areas:</p> <ul style="list-style-type: none"> ➤ Language Assistance Services: There has been a substantial increase in the requests for interpreter services in the past year. CVH was able to meet the requests, both telephonic and in-person. ➤ Compliance Monitoring: The Geo Access Report was completed to identify language needs. C & L staff provided support for the Public Policy Committee. ➤ Communication, Training and Education: Developed a Quick Reference Guide for Appeals and Grievances staff to support appropriate coding of cases. ➤ Health Literacy and Cultural Competency: Completed and disseminated a Health Literacy Toolkit. <p>The 2016 Program Description has been updated to include:</p> <ul style="list-style-type: none"> ➤ The Mission Statement will now include a statement regarding being an industry leader in health equity. ➤ Enhanced goals to maintain compliance and create cultural awareness throughout the organization and in our community. ➤ Continue the health literacy efforts. ➤ Expand consulting services to work with case managers, quality improvement and grievance coordinators. <p>The 2016 Work Plan will emphasize activities in the following areas:</p> <ul style="list-style-type: none"> ➤ Language Assistance Services: continue to promote and meet the requests for interpreter services. ➤ Compliance Monitoring: continue to follow up on all C & L related grievances and perform a full Group Needs Assessment. ➤ Communication, Training and Education: continue to train members, providers, and staff on C & L 	Motion: Approve 2015 C&L Work Plan Evaluation, 2016 C&L Program Description and 2016 Work Plan (Lee/Zweifler) 5-0-0-2

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	<p>issues.</p> <ul style="list-style-type: none"> ➤ Health Literacy, Cultural Competency and Health Equity: materials will be enhanced to emphasize Health Literacy in an attempt to reduce cultural barriers. 	
<p>#5 Health Education - Executive Summary - 2015 Work Plan Evaluation - 2016 Program Description - 2016 Work Plan (Attachment Q-T) Action Patrick Marabella, M.D, Chair</p>	<p><i>P. Marabella, MD presented the Health Education (HE) 2015 Annual Evaluation, 2016 Program Description and 2016 Work Plan.</i></p> <p>There were 15 program initiatives for the 2015 HE Work Plan. Eleven initiatives were completed:</p> <ol style="list-style-type: none"> 1. Chronic Disease Education 2. Healthy Hearts, Healthy Lives 3. Obesity Prevention 4. Well Care and Immunizations 5. Community Health Education 6. Group Needs Assessment 7. Member Newsletter 8. Public Policy Committee 9. State and County Collaboratives 10. Compliance: Staying Healthy Assessment, Oversight and Reporting 11. HE Department Materials Update, Development and Inventory <p>Three initiatives required modification:</p> <ol style="list-style-type: none"> 1. Member Engagement for Improved Health Initiative 2. Perinatal Initiative 3. Tobacco Cessation Program Initiative <p>One initiative was not completed:</p> <ol style="list-style-type: none"> 1. Lifeline Program – this was still in administrative review and not yet approved. <p>The initiatives that were only partially or not met will be addressed in 2016.</p> <p>Changes to the Program Description for 2016 will include:</p> <ol style="list-style-type: none"> 1. Updated Health Literacy section 2. Expanded and clarified the description of the health disparity reduction process. 3. Updated Staff Resources and Accountability section <p>The 2016 Work Plan will continue to include the 2015 initiatives with the following projects and priorities:</p> <ol style="list-style-type: none"> 1. Collaborate with the Quality Improvement and Provider Relations staff to provide targeted member education to improve HEDIS scores in diabetes, asthma, cervical cancer screening, and perinatal 	<p>Motion: Approve 2015 HE Work Plan Evaluation, 2016 HE Program Description and 2016 Work Plan (Zweifler/Cardona) 5-0-0-2</p>

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	<p>health.</p> <ol style="list-style-type: none"> 2. Coordinate with departments to promote high utilization of health education interventions by members. 3. Explore new electronic health education tools to communicate with members and increase member reach. 4. Streamline opportunities to work in a more integrative manner with the Fresno County Department of Public Health. 	
<p>#6 UM Business Key Indicator Report & Turnaround Time Report (Attachment U) Informational Patrick Marabella, M.D, Chair</p>	<p>The Key Indicator Report reflects data as of March 31, 2016. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➤ Membership through the end of 2015 gradually increased due to the Managed Care Expansion (MCE) population. ➤ UM metrics have stayed consistent from 2015 to 2016 ➤ ER visits have increased from last year but have been consistent with increased membership. Data has been confirmed as accurate with switch to new data management system. ➤ ER visits have decreased somewhat in 2016, ➤ Turnaround time compliance is on track compared to previous months. ➤ The CCS rate is still good at over 7%. ➤ OB numbers have remained consistent. ➤ Case management numbers have increased and will continue to be monitored. 	
<p>#6 UM Business Specialty Referrals Report Qtr 1 HN, EHS, La Salle, IMG and Qtr 3 & 4 First Choice (Attachment V, W) Informational 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 CaViva Health members. Results will be monitored over time.</p>	
<p>#6 UM Business Case Management & CCM Report (Attachment X) Informational 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).</p> <p><u>ACM Analysis/Outcomes:</u></p> <ul style="list-style-type: none"> ➤ Q4 2015 acceptance rate decreased from the previous quarter. This is attributed to volume of members unable to reach. Call process timeframe has been extended to allow additional time to reach and engage members. <p><u>CCM Analysis/Outcomes:</u></p>	

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	<ul style="list-style-type: none"> ➤ Focus for this quarter was to identify and engage the highest risk members for enrollment. ➤ The number of open cases decreased in Quarter 4. <p><u>PCM Analysis/Outcomes:</u></p> <ul style="list-style-type: none"> ➤ The acceptance rate has increased from the previous quarter. ➤ Challenges in maintaining a consistent stream of new referrals from the provider community and internal sources continues. 	
<p>#7 Pharmacy Business</p> <ul style="list-style-type: none"> - Executive Summary - Operations Metrics Report - Top 30 Prior Authorizations Report - Inter-rater Reliability Test Results for Pharmacy <p>(Attachment Y-BB) Informational 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"> ➤ All first quarter 2016 pharmacy prior authorization metrics were within 5% of standard with the exception of percentage of routine requests that met goal in March 2016 for Madera County. This was a result of a system issue and was resolved. ➤ All first quarter 2016 pharmacy call metrics met standard with the exception of Average Answer Speed for January through March 2016. Follow up actions have been initiated. <p><u>Top 30 Prior Authorizations:</u></p> <ul style="list-style-type: none"> ➤ First quarter 2016 top medication prior authorization requests varied minimally from last quarter. <p><u>Inter-rater Reliability Test Results for Pharmacy:</u></p> <ul style="list-style-type: none"> ➤ For fourth quarter 2014 through quarter 3 2015, the overall standard was met for the random request review in each quarter. ➤ Pharmacist and other departmental staff training is ongoing to improve consistency and accuracy with UM decision making. 	
<p>#8 Credentialing & Peer Review Subcommittee Business</p> <ul style="list-style-type: none"> - Credentialing Subcommittee Report - Peer Review Subcommittee Report <p>(Attachment CC, DD) Action Patrick Marabella, M.D, Chair</p>	<p>Credentialing Subcommittee Report. This report provides the QI/UM Committee with a summary of the CVH Credentialing Subcommittee activities.</p> <ol style="list-style-type: none"> 1. The Credentialing Sub-committee met on May 19th, 2016. At the May 2016 meeting routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. 2. County specific Credentialing Sub-committee reports were reviewed for first quarter 2016. There were no cases identified with significant issues. <p>Peer Review Subcommittee Report. This report provides the QI/UM Committee with a summary of the CVH Peer Review Subcommittee activities. All Peer Review information is confidential and protected under law.</p> <ol style="list-style-type: none"> 1. The Peer Review sub-committee met on May 19th, 2016. The county specific Peer Review Summary reports were reviewed and approved. There were no significant cases to report. 	<p>Motion: Approve Credentialing Subcommittee Report (Foster/Zweifler) 5-0-0-2</p> <p>Motion: Approve Peer Review Subcommittee Report (Lee/Cardona) 5-0-0-2</p>

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	<p>2. The first quarter 2016 Peer Review Count report was reviewed and approved by the Peer Review Subcommittee.</p>	
<p>#9 Compliance Update</p>	<p>MB Corrado presented the Compliance report. There were a total of three new Privacy and Breach security cases identified in April; one of which was high risk and two were no risk/low risk cases. In the high risk situation, the member was notified.</p> <p>Monthly oversight meetings with Health Net, and quarterly oversight meetings with Kaiser are ongoing. Due to the Health Net/Centene merger, an additional monthly meeting has been added to discuss the impact and/or changes that may affect our processes, policies, and procedures.</p> <p>DMHC provided results from the annual review of our provider network and the adequacy of the provider network. Deficiencies were found and will be addressed.</p> <p>DMHC and DHCS completed their onsite audit the last two weeks of April and will be submitting the preliminary report of findings within 30 – 60 days.</p> <p>New laws reported on include:</p> <ul style="list-style-type: none"> ➤ Mandating mental health parity for the Medicaid Managed Care programs effective May 31, 2016. This new law states cost sharing, copays, deductibles, any type of visit limitations, and mental health benefits must be the same as what is on the medical side and be on a parity basis. There is no expectation that this will affect the Plan. ➤ An additional new law, the Medicaid and Children’s Health Insurance Program (CHIP) issued by CMS last month, covers changes to both Medicaid and CHIP in an effort to modernize the law as they apply to Medicaid Managed Care. This will affect the Plan with quality improvement and reporting requirements. Updates, when available, will be provided to the Commission at future meetings. In regards to SB 137, Provider Directory Implementation, provider communications have gone out. The Commission was reminded the next Public Policy Committee meeting is scheduled for June 1, 2016 in Kings County. Results of the oversight audits of Health Net were reported. Seven oversight audits of various functions have been completed over the course of the last year. ➤ The functions reviewed were: ➤ Appeals and Grievances - CAP required regarding acknowledgement and resolution letters. ➤ Claims ➤ Credentialing ➤ Cultural and Linguistic Services ➤ Marketing – CAP required regarding distribution of 7-day requirement of member information. ➤ Privacy & Security – CAP required regarding timeliness in breach notification and reporting. ➤ Provider Dispute Resolution (PDR) – CAP required regarding resolution turnaround time standard. ➤ Utilization Management <p>Corrective actions have been received and accepted, with the exception of Marketing. The Marketing CAP was recently received and will be reviewed for acceptance.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#10 Old Business	None.	
#11 Announcements	None.	
#12 Public Comment	None.	
#13 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:08pm.	

NEXT MEETING: August 11th, 2016

Submitted this Day: August 11, 2016

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair