

Meeting Minutes
SCCHA Quality Improvement Committee
 Wednesday, February 08, 2017

Voting Committee Members	Specialty	Present Y or N
Nayyara Dawood, MD	Pediatrics	Y
Jennifer Foreman, MD	Pediatrics	N
Jimmy Lin, MD	Internist	Y
Ria Paul, MD	Geriatric Medicine	N
Jeff Robertson, MD, CMO	Managed Care Medicine	Y
Christine Tomcala, CEO	N/A	Y
Ali Alkoraishi, MD	Adult & Child Psychiatry	Y

Non-Voting Staff Members	Title	Present Y or N
Johanna Liu, PharmD	Director of Quality and Pharmacy	Y
Andres Aguirre, MPH	Quality Improvement Manager	Y
Lily Boris, MD	Medical Director	N
Jennifer Clements	Director of Provider Operations	Y
Darryl Breakbill	Grievance and Appeals Operations Manager	Y
Sandra Carlson, RN	Director of Health Services	Y
Carel Peterson, RN	Manager of Case Management	Y
Caroline Alexander	Administrative Assistant	N

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
Introductions	Ria Paul, MD Chairman was absent so Jeff Robertson, MD, CMO called the meeting to order at 6:05 p.m. Quorum was established.			
Review and Approval of November 09, 2016 minutes	The minutes of the November 09, 2016 Quality Improvement Committee Meeting were reviewed. It was moved, seconded to approve minutes as written.	Minutes of the November 09, 2016 meeting were approved as presented.		
Public Comment	No public comment.			
CEO Update	Christine Tomcala reported membership is currently at 278,843 members, down 2500 members in Medi-Cal. Plan has been notified by DHCS/DMHC audit to take place first two weeks of April. Installing QNXT as core claims system for Medi-Cal,			

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	<p>already in place for Cal MediConnect. One single core operating system, approximate implementation June 2017. Discussion of ACA replace/peel. Less dollars and more state control. Association is advocating for us. Governor's budget, because CCI but keep Cal MediConnect and move IHSS back to counties. Moving forward with D-SNP application in case Cal MediConnect goes away, due February 15th, 2 year Cal MediConnect.</p>			
<p>Action Items</p> <p>A. Review of Quality Improvement Policies</p> <p>B. Review of QI Program Description</p> <p>C. Review of Case Management Program Description</p> <p>D. Health Education Program Description</p> <p>E. Cultural and Linguistics Program Description</p>	<p>Two policies were presented to the committee: CM.10 Early Start Program (Early Intervention Services) QI.02 Clinical Practice Guidelines</p> <p>Dr. Liu presented the QI Program Description for review and approval.</p> <p>Ms. Petersen and Ms. Carlson presented the Case Management Program Description for review and approval. There are 4 levels of Case Management:</p> <ul style="list-style-type: none"> • Level 3 Complex Case Management • Level 2 Complex Case Management • Level 1 Moderate Case Management • Population Monitoring-Basic Case Management <p>New software program for Case Management.</p> <p>Mr. Aguirre presented the Health Education Program Description for review and approval. Increasing Health Education monitoring, utilization. More involvement with Consumer Advisory Committee (CAC). Add community classes as needed.</p> <p>Mr. Aguirre presented the Cultural and Linguistics Program Description for review and approval. Interpreter services and translation are available through the Language Line. The Cultural and Linguistics Program includes assessment, monitoring and enhancement of all services provided directly by the Health Plan, as well as all services provided by contracted providers, including pharmacies and ancillary services.</p>	<p>All policies were approved as presented.</p> <p>QI Program Description approved as presented.</p> <p>Case Management Program Description approved as presented.</p> <p>Health Education Program Description approved as presented.</p> <p>Cultural and Linguistics Program Description approved as presented.</p>		

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<p>Discussion Items</p> <p>A. Access and Availability</p> <p>B. Appeals and Grievances</p>	<p>Ms. Clements presented the Access and Availability report. Will routinely monitor Access and Availability:</p> <ul style="list-style-type: none"> • Surveys of appointment availability, partnered with ICE • Access and Availability Workgroup from different departments in house to identify additional issues not in the survey <p>Mr. Breakbill presented the Grievance and Appeals report for the 3rd and 4th Quarter of 2016. Total number of grievances for Medi-Cal decreased from 562 in 3rd Quarter to 469 in 4th Quarter. Total number of appeals for Cal Medi-Connect decreased from August 2016 to January 2017. Total number of grievances increased from August 2016 to January 2017. Cal MediConnect Part D Trends from July 2016 through January 2017:</p> <p>Ambien, Vistaril, and Lidocaine patches were the top 3 number of appeals for Part D.</p> <p>Part C Trends were as follows:</p> <p>MRI/PET/SPECT Scans: 10 appeals DME: 6 appeals Out of Network Provider Requests: 4 appeals</p>	<p>Report data and findings at next QIC</p> 	<p>Jennifer Clements</p>	<p>May 10, 2017</p>
<p>Committee Reports</p> <p>A. Credentialing Committee</p> <p>B. Pharmaceutical and Therapeutics Committee</p>	<p>Dr. Lin presented the December 07, 2016 Credentialing Committee Report. No issues to report. It was moved, seconded to approve Credentialing Committee report as presented.</p> <p>Dr. Lin presented the 3rd Quarter 2016 Pharmacy and Therapeutics Committee minutes. EpiPen generic is now available. Zepatier is formulary and Harvoni for Hep C.</p>	<p>Credentialing Committee report was approved as presented.</p> <p>3rd Quarter 2016 Pharmaceutical and Therapeutics Committee minutes were approved as presented.</p>		

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C. Utilization Management Committee	Dr. Lin presented the 4th Quarter 2016 Utilization Management Committee minutes. Summarized updates to the Medi-Cal Prior Authorization Grid. Inpatient admission will require prior authorization. Hemodialysis no longer requires prior authorization unless out of area. Non contracted providers require prior authorization. Oncology no longer requires prior authorization.	4th Quarter 2016 Utilization Management Committee minutes were approved as presented.		
D. Dashboard	Dr. Liu presented the 4th Quarter Dashboard report, including data through the end of 4 th Quarter 2016. HEDIS measures related to auto assignment. HEDIS measures related to quality withhold. Nine facility site reviews performed. 29 Potential Quality Issues reported. 23 Level 1: No quality issue determined. 6 Level 2: Opportunity for improvement. Initial Health Assessment Rate for 4 th Quarter was 39%.			

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Adjournment	Meeting adjourned by Dr. Jeff Robertson at 7:20 p.m.			

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Next Meeting	Wednesday, May 10, 2017- 6:00 PM	Calendar and attend.	All	

Reviewed and approved by:

S. Paul for Date 4-14-17

Ria Paul, MD
Quality Improvement Committee Chairperson

pending QIC meeting 5-8-17