

**REGULATORY COMPLIANCE AND QUALITY COMMITTEE MINUTES**

**October 28, 2021**

**2:30 - 4:00 p.m.**

*The Regulatory Compliance & Quality Committee of the Board of Directors of Vaya Health held a regular meeting on October 28, 2021 at the Crown Plaza Hotels & Resort 1 Resort Drive, Asheville, NC 28806; with PUBLIC ACCESS via electronic communication only (real-time two-way audio and/or visual communication, i.e. telephone and Webex).*

<b>Committee Members:</b>	<b>Attending:</b>	<b>Apologies:</b>
<b>Billy Kennedy, Chair</b>	X (by phone)	
<b>Josh Kennedy, Vice Chair</b>		X
<b>Carson Ojamaa</b>		X
<b>Pat McGinnis</b>	X	
<b>Dr. Tim Fitzsimons</b>	X	

**Also attending the October 28, 2021 Regulatory Compliance & Quality Committee meeting:**

*Dr. Craig Martin, Chief Medical Officer; Kate Glance, Performance Reporting Manager; Dr. Patty Wilson, VP of Network Performance and Integrity; Marvin Sanders, VP of Compliance and Quality; Megan Mise, Quality Director; Melissa Brown, Executive Assistant; Kathy Fifield, Recorder; and Yvonne French, DHHS Liaison.*

**A. Call to Order:**

Mr. Billy Kennedy, Regulatory Compliance and Quality Committee Chair, called the meeting to order at 2:30 p.m.

**B. Approval of Agenda and June 24, 2021 Meeting Minutes:**

Mr. Billy Kennedy called for a motion to approve the agenda and the previous meeting minutes, as presented. Ms. Pat McGinnis made the motion. Dr. Tim Fitzsimons seconded the motion.

Motion unanimously approved.

**C. Semi-Annual Provider Non-Compliance Trends**

Dr. Patty Wilson, VP of Network Performance & Integrity, presented the Semi-Annual Provider Non-Compliance Trend Report to the committee. NCQA CR 5 stipulates the requirement for Vaya to develop and implement policies and procedures for ongoing monitoring of practitioner sanctions, complaints, and quality issues between recertifying cycles and takes appropriate action against practitioners when it identifies occurrences of poor quality. The report included one finding of a practitioner with three or more findings of non-compliance for the same or similar reason in a six (6) month period. The two most frequent investigation referral issue categories were Quality of Care, and Health and Safety. The full report is on file in the RCQC folder for October 28, 2021.

**D. Operational Performance Measures**

Ms. Kate Glance, Performance Reporting Manager, presented the Operational Performance Measures to the committee. The report includes updates on Super Measures, NC DHHS LME/MCO Scorecard Q4, Operational Performance Measures regarding persons served, inpatient admissions and readmissions, ED admissions and readmissions, and the percentage of individuals on the registry of unmet needs that are receiving services versus not receiving services. The report demonstrated strong performance overall and highlighted Vaya's top tier performance across the Super Measures. The full report is on file in the RCQC folder for October 28, 2021.

**E. Quarterly Performance Indicators**

**1. Compliance Report**

Mr. Marvin Sanders, VP of Compliance & Quality, and Dr. Patty Wilson, VP of Network Performance & Integrity, presented the compliance report to the committee. The report included updates on the compliance tacking log, internal compliance, external compliance, incident reporting, investigation oversight, and privacy and security. Mr. Sanders informed the committee, Vaya received confirmation from CCME that both the 2019 EQR Review and 2020 EQR Review have been closed. Following successful dispute resolution by Vaya regarding CCME's 2020 EQR Review, CCME updated Vaya's report showing all areas met at 100%. Mr. Sanders and Dr. Wilson informed the committee of their new roles as the VP of Regulatory Affairs and VP of Learning & Development respectively, and the succession plan for the Compliance and Quality Departments. The full report is on file in the RCQC folder for October 28, 2021.

**2. Quality Improvement Committee**

Dr. Craig Martin, Chief Medical Officer, presented the Quality Improvement Committee report to the committee. Dr. Martin informed the committee of his impending planned retirement, and successor Dr. Richard Zenn. The report included annual delegation evaluation reports for Prest & Associates, and Alliance Health. Vaya recommends the continued use of Prest & Associates and Alliance Health. The report continued with updates regarding access to care and call center statistics, critical incident review, grievances and complaints, member service request denials and appeals, credentialing, I/DD services, network access and accessibility, and quality improvement activities. The full report is on file in the RCQC folder for October 28, 2021.

**F. Perceptions of Care and Provider Satisfaction Surveys**

Ms. Kate Glance, Performance Reporting Manager, presented the perceptions of care and provider satisfaction survey results to the committee. Ms. Glance noted both surveys were administered virtually in response to COVID-19 restrictions. The perceptions of care survey results included the number of surveys completed, changes to content from the last survey, statewide trends, access, treatment planning, quality & appropriateness of care, cultural sensitivity, outcomes, functioning, social connectedness, general satisfaction, and telehealth services. The provider satisfaction survey results included response rates, provider demographics, service types, populations served, changes to content from the last survey,

achievement scores, potential areas for improvement, and an LME/MCO comparison. The full report is on file in the RCQC folder for October 28, 2021.

**G. Other Business**

No other business was discussed.

**H. Adjournment**

Mr. Billy Kennedy called for a motion to adjourn. Ms. Pat McGinnis made the motion. Dr. Tim Fitzsimons seconded the motion.

Motion unanimously approved.

Meeting adjourned at 4:00 p.m.

A handwritten signature in blue ink, appearing to read "Kathleen Fifield", is written over a horizontal line.

Kathleen Fifield,  
Recorder