

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
 QI/UM Committee
 Meeting Minutes
 February 20, 2014

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)
✓	Terry Hutchison, M.D., Central California Faculty Medical Group	✓	Amy Schneider, RN, Director of Medical Management Services
✓	Brandon Foster, PhD. Family Health Care Network arrived 11:17 a.m.	✓	Morgan Essenheimer, Compliance Analyst
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Brandi Leyva, Medical Administrative Coordinator
✓	Kenneth Bernstein, M.D., Camarena Health Center	✓	David Marquardt, Quality Analyst
✓	Conrad Chao, M.D., At-large Appointee, Fresno County UCSF/CCMG		
✓	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 11:07 am.	
#2 Approve Consent Agenda - Committee Minutes 11/21/13 - Medical Policies – 4 th Quarter 2013 - Pharmacy Provider Updates – RDL 1 st Quarter 2014 (Attachments A-C) Action Patrick Marabella, M.D, Chair	All items on the Consent Agenda were approved as submitted. The November minutes and Medical Policies were reviewed briefly. There were no questions.	Motion: Approve Consent Agenda 7-0 (Bernstein/Cardona)
#3 QI Business Appeals and Grievances - Dashboard - Executive Summary 3 rd Quarter	This report provides monthly data to facilitate monitoring for trends in the number and types of cases over time. <u>Grievances:</u> ➤ The grievances are broken down into two categories: Expedited and Standard.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Quarterly Report - Inter-rater Reliability (Attachment D-G) Informational Patrick Marabella, M.D</p>	<p>➤ Grievance metrics are reported according to cases received and cases resolved within the time period. There were 29 grievances received and 32 grievances resolved in the month of December 2013.</p> <p>➤ Grievances are further broken down into three categories: Quality of Service QOS (Administrative), Quality of Care QOC (Clinical), and Exempt Grievances. No actionable trends identified.</p> <p><u>Appeals:</u></p> <p>➤ The appeals are broken down into two categories: Expedited and Standard.</p> <p>➤ Appeal metrics are reported by received date and resolved date. There were 3 appeals received in the month of December 2013 and 10 appeals were resolved in this month.</p> <p>Resolved appeals are broken down into two categories: Pre-service and Post service. No actionable trends were identified.</p> <p>No trends were identified for the county specific results (Fresno, Kings, Madera) included in the report.</p> <p>➤ Dr. Hutchison inquired regarding the CalViva Health abandonment rate tracking process within the call center. As a Medi-Cal health plan, it is required by regulatory requirements that the call center representatives must answer phone calls within the timeframe mandated. It was noted that there has been a higher call volume for the month of February due to new regulations and programs related to the Affordable Care Act (ACA).</p> <p>➤ Dr. MacLean inquired whether controlled substances were individually categorized on the dashboard. While they are not recorded individually on the dashboard, this information is available on the grievance log and they are captured in a general subcategory on the dashboard.</p> <p>The Appeals and Grievances Executive Summary and Quarterly Analysis of Grievances. This is a written record of 2013 third quarter appeals and grievances to assess for emerging patterns, compliance to turnaround time, and to formulate potential Plan policy/process changes and procedural improvements.</p> <p>Analysis/Finding/Outcomes: Member Appeals and Grievances –</p> <ul style="list-style-type: none"> - There were a total of 37 appeals. Most of these were pre-service appeals. - There were 101 grievances which was a slight decrease from the previous quarter. We will continue to track and monitor. <p>Turnaround Time and Volume –</p> <ul style="list-style-type: none"> - There were no cases that were out of compliance. <p>Access Grievances –</p> <ul style="list-style-type: none"> - The majority of Access to Care grievances were related to PCP – Referral for services. No trends identified. <p>Inter-rater Reliability –</p> <ul style="list-style-type: none"> - 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 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 QI Business Health Education Incentive Programs Report 3rd Quarter (Attachment H) Informational Patrick Marabella, M.D, Chair</p>	<p>overall score averaged 98%. The audit score threshold is 95%. No action required at this time.</p> <p>Health Education Incentive Program. The purpose of this activity is to report the CalViva Health member participants and winners in quarter 3, 2013:</p> <ul style="list-style-type: none"> ➤ Quit For Life (QFL) telephonic smoking cessation: 27 participants from Fresno County, 1 from Madera County, and 6 from Kings County. This was a 29% decrease from quarter 2 2013. CalViva Health noted that the State requires that there must be nicotine alternatives available to members that do not require prior authorization. This will be implemented during third quarter 2014. An update of the implementation will be given at a future meeting. ➤ Kids and Teens Challenge (KTC): All 13 participants were from Fresno County, 4 from Madera County and none from Kings County. KTC participation increased this quarter. ➤ Fit Families For Life (FFFL): 10 participants from Fresno County, and two participants from Madera County, and one from Kings County. There was a decrease in participation which may be due to the delay in the Provider Update mailings. ➤ Member Orientation (MO): 5 participants from Fresno County, and 2 from Kings County. There was a decrease in participation possibly due to pending DHCS approval for incentive program continuation. <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> ➤ QFL and FFFL Home Edition incentive programs exclusively for CalViva Health members are being implemented beginning quarter 1, 2014 ➤ Continue to pursue partnerships with CBO's and schools to implement Member Orientation classes in areas with high member concentration. ➤ Incorporate MO session with Madera County First 5 Family Resource Center's Coffee Hour and other existing parent classes. <p>Committee members questioned the effectiveness of these programs with such low participation.</p>	<p>This issue will be taken forward to the Commission with a request for re-evaluation of the programs' effectiveness.</p>
<p>#3 QI Business Disease Management & Nurse Advice Line 2013 Mid-Year Report (Attachments I) Informational Patrick Marabella, M.D, Chair</p>	<p>The Disease Management (DM) findings in this report are through first quarter 2013 due to significant program changes. The Nurse Advice Line findings are for first and second quarter 2013.</p> <p><u>Disease Management Analysis/Findings/Outcomes:</u> Results of this report need to be evaluated with caution due to small sample size as program changes were initiated.</p> <p>Of the five DM conditions, those that met clinical performance outcomes were:</p> <ul style="list-style-type: none"> ➤ Diabetes: 10 out of 12 ➤ Asthma 5 out of 5 ➤ Coronary Artery Disease (CAD): 6 out of 7 – small sample ➤ Chronic Obstructive Pulmonary Disorder (COPD): 3 out of 4 – small sample 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>➤ Heart Failure (HF): 3 out of 6 – small sample A new element added to the report provides a comparison of the DM results (patient report) with HEDIS® results (admin/clinical data) which were noted to be consistent. <u>Nurse Advice Line Analysis/Findings/Outcomes:</u> The goal of this program is to direct the patient to the correct level of care. For this reporting period the following results are provided:</p> <ul style="list-style-type: none"> ➤ 68% reduction in member's intention to go to the emergency room (ER). ➤ 27% increase in the member's intention to make an appointment with their PCP ➤ Timely access reporting performance measure of 75% or more of calls to be answered in 45 seconds was exceeded for quarter 1 and quarter 2. <p>Future reports will provide a better sample size and therefore more reliable results.</p>	
<p>#3 QI Business Public Programs Report (Attachment J) Informational Patrick Marabella, M.D, Chair</p>	<p>This report provides an update on the status of the MOU's and summary of the activities, outcomes, and the next steps in Fresno, Kings, and Madera Counties from the Public Programs Department for quarter 3 2013. <u>Data Provided:</u> TB rates for CVH members seen at the County Chest Clinics were presented. Tracking and reporting has been challenging. A template for tracking of data is being developed to assist with this process. Madera County data has not been made available to date. A summary report of activities by county was provided for third quarter: <u>Fresno County Public Health Department</u> quarter 3 meeting was held 9/6/2013. Reports/updates were provided for the following programs:</p> <ol style="list-style-type: none"> 1. Children's Medical Services (CMS) 2. Immunization and TB 3. Comprehensive Perinatal Services Program (CPSP) 4. Communicable Diseases Program (CD) <p>Fresno County Behavioral Health – follow up regarding Healthy Families transition and initial discussions regarding Mental Health transition. <u>Kings County Public Health Department:</u> Final version of the MOU submitted to Board of Supervisors for approval.</p> <ol style="list-style-type: none"> 1. CHDP- no coordination issues in quarter 3. 2. CCS – no CCS issues reported in quarter 3. 3. Women, Infant, and Children (WIC) - 7/19/2013 met with WIC director and RD's regarding Infant Nutrition Benefit. <p>Kings County Behavioral Health: Follow up regarding Healthy Families transition. No coordination issues identified. <u>Madera County:</u> Quarter 3 meeting 8/22/2013.</p> <ol style="list-style-type: none"> 1. CHDP- PM 160 submissions addressed. 2. CCS- No issues in quarter 3. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>3. Maternal Child Adolescent Health (MCAH) – CPSP – Preparations for quarterly provider roundtable meetings in 2014. Madera County Behavioral Health: Follow up regarding Healthy Families transition. <u>Next Steps:</u></p> <ul style="list-style-type: none"> - Provide PM-160 compliance updates at the CHDP tri-county quarterly meetings as a result of the established PM-160 task force. - Continue discussions with the County Public Health Departments regarding methods of tracking and recording TB referrals consistently will be ongoing until resolution. 	
<p>#3 QI Business 2013 Quality Improvement Annual Work Plan Evaluation & Summary (Attachment K) Action Patrick Marabella, M.D., Chair</p>	<p>The Quality Improvement (QI) Work Plan Evaluation provides evidence of monitoring of the overall effectiveness of the QI activities and processes, and identifies barriers and opportunities for improvement.</p> <ol style="list-style-type: none"> 1. Chronic Care/Disease Management <ul style="list-style-type: none"> - Asthma Control – Asthma patients used their controller medication at an increased rate of 70.53% - Diabetes - CVH met minimum performance levels(MPL) for most measures - Improvement plans will be required in 2014 for measures that do not meet the MPL such as HbA1c Control and Blood Pressure Control 2. Access to Care <ul style="list-style-type: none"> - Overall goals met for assessing provider compliance with standards - Improvement plans are required in 2014 to comply with after-hours access to care standards and member satisfaction survey results with access to care 3. Quality of Care & Patient Safety Initiatives <ul style="list-style-type: none"> - CVH exceeded HEDIS® MPL for Childhood Immunizations, Well Child Visits, Prenatal Care, and HbA1c Testing. Madera and Kings Counties are slightly below the MPL for Cervical Cancer Screening - Implementation plan to reduce the percent of members with multiple narcotic prescriptions will be initiated in 2014. 4. Wellness/Preventative Health <ul style="list-style-type: none"> - Breast cancer screening is at a rate of 49%, will continue to strive for improvement in 2014 5. Quality Improvement Projects (QIPs) <ul style="list-style-type: none"> - Comprehensive Diabetes Care – Eye Exam <ul style="list-style-type: none"> o Minimum Performance Levels is at 45.03%; 2 out of 3 counties are above o Initial barrier analysis and interventions have been completed - All Cause Hospital Readmissions – Statewide Collaborative <ul style="list-style-type: none"> o Average 30 day readmission rate by county statewide ranges from 8.8% to 21.1%; all 3 counties baseline results are at approximately 10% per the collaborative definition. o Initial barrier analysis complete and interventions have begun. 	<p>Motion: Approve 2013 Quality Improvement Annual Work Plan Evaluation 7-0 (Bernstein/Cardona)</p>
<p>#4 UM Business Key Indicator Report</p>	<p>Key Indicator Report reflects data as of January 20, 2014.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>(Attachment L) Informational Patrick Marabella, M.D, Chair</p>	<p>Highlights provided:</p> <ol style="list-style-type: none"> 1. Inpatient Utilization Metrics for Non-SPD (TANF) and SPD have increased These increases are being evaluated to better understand the factors involved. Complex and Ambulatory Case Management and Transitional Care Management tactics are in progress including the re-initiation of concurrent rounds to reverse these trends. County goals were achieved for 2013. 2. ER Utilization – 90 day lag of data <p>Continue to monitor. No other trends identified.</p>	
<p>#4 UM Business CCS Report (Attachment M) Informational Patrick Marabella, M.D.</p>	<p>CCS Report. The CCS report was reviewed. There are no significant issues to report.</p>	
<p>#4 UM Business Standing Referrals Report 4th Quarter (Attachment N) Informational Patrick Marabella, M.D, Chair</p>	<p>This report verifies member access to standing referrals for designated chronic conditions. The following chronic conditions are included in the reporting parameters:</p> <ol style="list-style-type: none"> 1. Congestive Heart Failure (CHF) 2. Asthma 3. Diabetes 4. Chronic Obstructive Pulmonary Disease (COPD) 5. End Stage Renal Disease (ESRD) 6. Coronary Artery Disease (CAD) 7. Human Immunodeficiency Virus (HIV) 8. Hypertension <p>Standing Referral is defined for this report as 2 or more visits with a single provider where the primary diagnosis is one of the chronic conditions listed above and the referral was denied. In network, there were no denials for a Standing Referral in quarter 4 2013. There was 1 Pre-Certification Out of Network Denial for Standing Referrals reported for quarter 4 2013. This was denied due to lack of medical necessity. Continue to monitor for trends.</p>	
<p>#4 UM Business Provider Preventable Conditions Report (Attachment O) Informational Patrick Marabella, M.D, Chair</p>	<p>The purpose of this activity is to report CalViva Health Provider Preventable Conditions (PPCs) for 4th quarter 2013. PPCs are assessed via 4 mechanisms:</p> <ol style="list-style-type: none"> 1. Provider 2. Monthly Claims Data review 3. Monthly Encounter Data review 4. Confidential Potential Quality Issue <p><u>Analysis/Findings:</u></p> <ul style="list-style-type: none"> ➤ There were 2 PPCs identified: <ul style="list-style-type: none"> - Case 1: No quality of care, case closed - Case 2: Known complication, case closed 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#4 UM Business Case Management Report (Attachment P) Informational Patrick Marabella, M.D, Chair</p>	<p>No action required at this time.</p> <p>The purpose of the Case Management Program is to provide an evidence-based process for the medical management of members, including assessment, care plans and evaluation of care effectiveness. This report represents all case management activities including Ambulatory Case Management (ACM), Complex Case Management (CCM), and Perinatal Case Management (PCM) for 4th quarter 2013.</p> <p><u>Ambulatory Case Management</u> - Expected program outcomes as a result of case management interventions include: <ul style="list-style-type: none"> ➤ The CM completes a comprehensive assessment of health care needs ➤ Educates: CM services, health care treatment options in coordination with the providers treatment plan, disease management, community resources. <u>Next Steps:</u> <ul style="list-style-type: none"> ➤ Case Managers continue to collaborate with the Concurrent Review team and the Transitional Care Team to identify high risk members at risk for re-admission and initiate ACM as soon as possible. <p><u>Complex Case Management</u> – This portion of the report is currently in development. An updated reporting format will be provided in 2014.</p> <p><u>Perinatal Case Management</u> – <ul style="list-style-type: none"> ➤ The Perinatal Case Manager (PCM) continues to encounter challenges with contacting members. Members identified to be “High Risk” are targeted by the PCM for up to 3 attempts to contact the member. Approximately 25% of identified members are unreachable. <u>Next Steps:</u> <ul style="list-style-type: none"> ➤ PCM works with physician offices to improve member contact. ➤ PCM interventions are being expanded to provide more comprehensive case management services. </p> </p>	
<p>#4 UM Business 2013 Utilization Management Annual Work Plan Evaluation & Summary (Attachment Q) Action Patrick Marabella, M.D, Chair</p>	<p>CalViva Health has delegated responsibilities for utilization management and case management (UM/CM) activities to Health Net Community Solutions (HNCS). The Work Plan encompasses a review of medical management activities through the documentation of current and future strategic initiatives and goals. The Work Plan tracks key performance metrics, regulatory compliance, provides for an assessment of our progress, and identifies critical barriers. Highlights from the UM Work Plan Evaluation include the following:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory & Accreditation Requirements: <ul style="list-style-type: none"> - All regulatory requirements were completed in regards to licensure, credentialing, policies and procedures, and inter-rater reliability testing 2. Monitoring the UM Process <ul style="list-style-type: none"> - Turnaround times for authorization requests were met - There were 152 appealed cases, breakdown was reviewed and turnaround compliance times were met 100% 	<p>Motion: Approve 2013 Utilization Management Annual Work Plan Evaluation 7-0 (Bernstein/Cardona)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#10 Public Comment	None.	
#11 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:30pm.	

NEXT MEETING: March 20th, 2014

Submitted this Day: March 20th, 2014

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

Acknowledgment of Committee Approval:

Patrick C. Marabella
Patrick C. Marabella, MD Committee Chair