

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes
May 15, 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, arrived at 11:47AM		✓ Amy Schneider, RN, Director of Medical Management Services	
✓ Brandon Foster, PhD, Family Health Care Network		✓ 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	
✓ 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		✓ Rick Frees, Bayer Healthcare	
✓ Jeff Nkansah, Compliance Analyst, CalViva Health		✓ Maria Elena Avila-Toledo, Health Net	
✓ Nancy Nkansah, UCSF CalViva Health Consultant			

✓ = 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 11:00 am.	
#2 Approve Consent Agenda - Committee Minutes 3/20/2014 - Medical Policies: 1 st quarter 2014 - Provider Updates: RDL 2 nd quarter 2014 - Health Education Incentive Programs Report 4 th quarter 2013 - Language Assistance Program 2013 End of Year Report - CCS Report - Standing Referrals Report	Dr. Marabella reminded the QI/UM Committee members that this meeting is subject to the Brown Act. According to the Brown Act, every open meeting must reflect accurate voting of the committee. Attendance taken at the beginning of each meeting will be used as the number of voters for each approval required i.e. approve, deny, abstain, or absent. In order to allow for more discussion of the most pertinent reports by the QI/UM Committee members, some reports have been placed on the Consent Agenda. The reports on the Consent Agenda can always be moved to the regular agenda for full discussion upon request. Committee members are asked to review all materials including those on the Consent Agenda prior to the meeting. The February minutes were reviewed briefly. There were no questions. April 2014 Recommended Drug List (RDL): The April 2014 RDL was presented to the QI/UM Committee for approval. A condensed version of the RDL was provided in the meeting packet and a copy of the complete Recommended Drug List under consideration for review and approval was available at the meeting. There were no requests to move consent items to the full agenda. All items on the Consent Agenda were approved as submitted.	Motion: Approve Consent Agenda (Bernstein/Cardona) 4-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- 2014 Pharmacy Policy Summary Annual Review - Recommended Drug List: April 2014 (Attachments A-I) Action Patrick Marabella, M.D, Chair</p>		
<p>#3 QI Business Appeals and Grievances - Dashboard - DHCS Monthly Audit Classification Summaries (Attachment J, K) Informational Patrick Marabella, M.D</p>	<p>This report provides monthly data to facilitate monitoring for trends in the number and types of cases over time.</p> <p><u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ The grievances are broken down into two categories: Expedited and Standard. ➤ Grievance metrics are reported according to cases received and cases resolved within the time period. There were 121 grievances received and 108 grievances resolved in quarter 1 2014. ➤ 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><u>Appeals:</u></p> <ul style="list-style-type: none"> ➤ The appeals are broken down into two categories: Expedited and Standard. ➤ Appeal metrics are reported by received date and resolved date. There were 39 appeals received in quarter 1 2014 and 30 appeals were resolved in this quarter. <p>Resolved appeals are broken down into two categories: Pre-service and Post-service. No actionable trends were identified.</p> <p>A "Mental Health" tab will be added to this report in order to track and trend appeals and grievances associated with behavioral health services.</p> <p>No trends were identified for the county specific results (Fresno, Kings, Madera) included in the report.</p> <p><u>DHCS Monthly Audit Classification Summaries (October 2013 – March 2014).</u></p> <p><u>Purpose of Activity:</u> The Appeals and Grievances Clinical staff audits a random sample of grievance logs and grievance classifications to ensure appropriate disposition of all grievances. This new clinical audit process is part of a DHCS corrective action plan from a 2013 CalViva audit.</p> <p><u>Monthly Results:</u> Six monthly summary reports evaluating grievance classification of open cases on a weekly basis were reviewed for October 2013 through March 2014. In October, November and January a total of 4 cases were classified incorrectly and required follow up. All audited cases in December, February and March were classified correctly. Weekly concurrent audits will continue with follow up action when indicated. Monthly reports will be prepared and reported to this committee.</p>	
<p>#3 QI Business</p>	<p><u>Purpose of Activity:</u></p>	

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<p>Provider Preventable Conditions Report 1st Quarter 2014 (Attachment L) Informational Patrick Marabella, M.D., Chair</p>	<p>To report Provider Preventable Conditions (PPCs) associated with CalViva Health members. PPC's are identified via four mechanisms:</p> <ol style="list-style-type: none"> 1. Provider/Facility confidential submission of DHCS filed form 7107 2. Monthly Claims Data review 3. Monthly Encounter data review 4. Confidential Potential Quality Issues (PQI) submission of identified/suspected quality cases <p>There were no documented PPC's reported during 1st quarter 2014.</p>	
<p>#3 QI Business Facility Site Review & Medical Records Review Report 3rd & 4th Quarter 2013 (Attachments M) Informational Patrick Marabella, M.D., Chair</p>	<p>This report displays completed activity and results of the DHCS required PCP Facility Site Review (FSR) and Medical Records Review (MRR) for CalViva Health in all contracted Medi-Cal counties for 3rd and 4th Quarters of 2013. It also summarizes the results to date of the Physical Accessibility Review Survey (PARS) for CVH. The PARS survey evaluates 6 specific accessibility indicators for members with disabilities.</p> <p><u>Summary:</u></p> <ul style="list-style-type: none"> ➤ There were 12 FSR's and 10 MRR's completed. ➤ Overall mean scores for FSR for all counties was 98% and MRR was 94%. ➤ Twenty-seven percent of FSRs and MRRs required onsite focused reviews to verify corrections during 2013. ➤ Improvement opportunities were identified for Adult Preventive Care and Initial Health Assessments. ➤ A total of 100 PARS reviews have been completed between March 2011 and December 2013. <p><u>Interventions Taken:</u></p> <ul style="list-style-type: none"> ➤ Corrective Action Plans are required for providers with scores below 90% in either FSR or MRR and for deficiencies in Critical Elements. ➤ Education for FSR and MRR is offered to PCPs before and after site visits. ➤ A pre-packet of materials is given to the PCP prior to the scheduled FSR/MRR. 	
<p>#3 QI Business Provider Office Wait Time Report 1st Quarter 2014 (Attachment N) Informational Patrick Marabella, M.D., Chair</p>	<p>This is a summary of CalViva Health's monitoring of a component of access and availability, provider office wait time. This monitor and reporting was developed as part of a DHCS Corrective Action Plan in follow up to a 2013 DHCS audit. CalViva Health staff reviews written time logs submitted by provider offices each month to assess in-office patient wait times with a goal of 30 minutes or less.</p> <p><u>Data/Results:</u></p> <ul style="list-style-type: none"> ➤ Fresno County average wait time of 19 minutes. ➤ Kings County average wait time of 24 minutes. ➤ Madera County average wait time of 25 minutes. <p><u>Analysis/Findings:</u></p> <ul style="list-style-type: none"> ➤ Outliers have been identified at various provider sites with individual member wait times greater than 30 minutes. ➤ CalViva Health will track and trend these outliers and provide feedback to all providers who have submitted data. 	

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<p>#3 QI Business Potential Quality Issues Report 4th Quarter 2013 & 1st Quarter 2014 (Attachment O) Informational Patrick Marabella, M.D, Chair</p>	<p>➤ Monitoring and reporting will continue quarterly.</p> <p>The Potential Quality Issues (PQI) Report provides a summary of PQI's that closed during the reporting period that may result in substantial harm to a CalViva Health member. PQI's are identified through both member (grievance) and non-member (UMCM staff and medical directors) sources. When indicated cases are forwarded through the Peer Review Process for assessment and further action. Data from 4th Quarter 2013 and 1st Quarter 2014 was presented. All cases reported become part of tracking and trending for at least 6 months.</p>	
<p>#3 QI Business Disease Management & Nurse Advice Line Report (Attachment P) Informational Patrick Marabella, M.D, Chair</p>	<p>This Annual Program Overview provides high-level information regarding the performance of the CalViva Health <i>Be In Charge!</i> programs. The goal of these programs is to engage eligible members to actively participate in managing their health.</p> <p><u>Analysis/Findings for January through December 2013 include:</u></p> <p>Nurse Advice Line –</p> <ul style="list-style-type: none"> ➤ 4,170 total calls to NAL ➤ 84% of callers with a pre-intent of ER were directed to a more appropriate level of care <p>Complex Case Management –</p> <ul style="list-style-type: none"> ➤ 169 cases managed this period ➤ 109 days – average length of a case <p>Disease Management –</p> <ul style="list-style-type: none"> ➤ 1,265 members actively managed ➤ Most common barrier was finding a behavioral health home <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> ➤ Launch joint case review sessions ➤ Data improvement projects underway ➤ Increase collaboration and communication between Health Net, CalViva Health, and McKesson <p>Dr. Cardona requested consideration of the following:</p> <ul style="list-style-type: none"> • Comparison of overall membership to volume of NAL calls may indicate members are not aware of the availability of the NAL. Additional education may be needed. • Consider a metric of the ratio of ER volumes to NAL advice to seek alternate level of care. <p><i>Dr. Hutchison arrived at 11:47am.</i></p>	
<p>#3 QI Business Provisions of Emergency Drugs Report (Attachment Q) Informational Patrick Marabella, M.D,</p>	<p>This report summarizes monitoring activities associated with the provision of prescription medications to members post Emergency Room visit as required by state regulations. This report provides a summary of initial data analysis, barriers encountered and plans for ongoing monitoring and reporting.</p> <p><u>Analysis/Findings:</u></p> <p>The results of our initial audit provides evidence that in both Madera and Kings counties members are</p>	

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<p>Chair</p>	<p>consistently filling prescriptions after an Emergency Department visit and the goal is met at 90%. At the time of report preparation a full assessment of the Fresno county cases was not complete. Hospital medical record review was needed to clarify events. Additionally, it was noted that initial sampling may have included too broad of a definition.</p> <p><u>Actions Taken:</u></p> <ul style="list-style-type: none"> ➤ Modify report request to narrower case selection to improve identification of cases that require medication prescription. ➤ Explore capability to obtain clinical medical record. <p><u>Next Steps:</u></p> <p>Continue to monitor Provision of Emergency Medications quarterly and report results to the QI/UM Committee.</p>	
<p>#3 QI Business Health Education Reports - Executive Summary - 2013 Work Plan Annual Evaluation - 2014 Program Description - 2014 Work Plan (Attachment R-U) Action Patrick Marabella, M.D, Chair</p>	<p><i>Dr. Marabella informed the committee that to facilitate discussion of the Annual Program Documents for Health Education a PowerPoint presentation will be utilized. The full documents under discussion are included in the meeting packet. The PowerPoint presentation is not an official part of the committee's records but will be used only as a discussion tool. Copies of the presentation were made available to committee members. Approval of each official document is required.</i></p> <p>The highlights of the 2013 Health Education Work Plan Annual Evaluation include:</p> <ul style="list-style-type: none"> ➤ Fourteen (14) initiatives were completed successfully in 2013. Three (3) initiatives required modification or were delayed. <p>Major initiatives included:</p> <ul style="list-style-type: none"> ➤ Fit Families for Life: 69 participants ➤ Health Education Classes: 1835 participants ➤ Quit for Life Smoking Cessation: 188 participants ➤ Member Orientation Classes: 114 participants <p>The 2014 HE Program Description review included highlights of the following changes:</p> <ul style="list-style-type: none"> ➤ Clarification of HN and CVH Relationship <ul style="list-style-type: none"> -Language and staff roles and responsibilities clarified -Added CVH Committees ➤ Goals, programs and services were updated <ul style="list-style-type: none"> -Formatting and grammatical changes -Language regarding Staying Healthy Assessments (SHA) or other approved tool added -Removed references to conducting informal PCP assessments ➤ Changes to address the current operational environment <ul style="list-style-type: none"> -Added language regarding subcontracted entities -Replaced the term "associate" with "staff" 	<p>Motion: Approve 2013 Work Plan Evaluation Health Education Report (Foster/Cardona) 5-0-0-1</p> <p>Motion: Approve 2014 Program Description Health Education Report (Foster/Cardona) 5-0-0-1</p>

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	<p>The 2014 Work Plan highlights include:</p> <ul style="list-style-type: none"> ➤ The 2014 Work plan was reformatted and revised to provide additional detail including performance goals and prior year's performance. ➤ The majority of 2013 activities will continue with enhancements in 2014. <p>Health Ed programs will consist of:</p> <ul style="list-style-type: none"> -Obesity Prevention -Perinatal Initiative -Quit for Life Smoking Cessation -Member Engagement -Chronic Disease Education <p>Other activities will include member newsletters, oversight of the SHA implementation, and Group Needs Assessment.</p>	<p>Motion: Approve 2014 Work Plan Health Education Reports (Foster/Cardona) 5-0-0-1</p>
<p>#3 QI Business Cultural & Linguistics Reports - 2013 Work Plan Annual Evaluation & Summary - 2014 Program Description & Summary - 2014 Work Plan & Summary (Attachment V-X) Action Patrick Marabella, M.D, Chair</p>	<p><i>Dr. Marabella informed the committee that to facilitate discussion of the Annual Program Documents for Culture and Linguistics a PowerPoint presentation will be utilized. The full documents under discussion are included in the meeting packet. The PowerPoint presentation is not an official part of the committee's records but will be used only as a discussion tool. Copies of the presentation were made available to committee members. Approval of each official document is required.</i></p> <p>Ninety-seven percent of Work Plan activities were completed in the following areas:</p> <ul style="list-style-type: none"> ➤ Language Assistance Services: 757 requests for interpreter services were completed and 184 staff members were assessed for bilingual skills. ➤ Compliance Monitoring: The GEO Access Report and Group Needs Assessment update were completed to assess CalViva Health member access to providers and services and to identify member health risks/needs in order to prioritize health education, C&L services, and quality improvement programs and resources. ➤ Communication, Training, and Education: In-services were completed and four provider updates were distributed. ➤ Health Literacy and Cultural Competency: hosted the Annual Heritage Day in which staff participates to promote cultural awareness. <p>The 2014 C&L Program Description was presented highlighting the following changes:</p> <ul style="list-style-type: none"> ➤ Clarification of HN and CVH Relationship <ul style="list-style-type: none"> -Language and staff roles and responsibilities clarified -CVH Committees added ➤ Goals, objectives, and scope of programs and services were updated ➤ Changes to address the current operational environment 	<p>Motion: Approve 2013 Work Plan Evaluation Culture & Linguistics Report (MacLean/Cardona) 5-0-0-1</p> <p>Motion: Approve 2014 Program Description Culture & Linguistics Report (MacLean/Cardona) 5-0-0-1</p>

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	<p>-Adding language related to sub-contracted entities, removing confidentiality statements and the term "associates"</p> <p>All activities for 2014 Work Plan will continue to focus on:</p> <ul style="list-style-type: none"> ➢ Language assistance services: interpreter services ➢ Compliance Monitoring: following up on grievances and data reporting/analysis ➢ Communication, Training, and Education: education and training for members, providers, and staff ➢ Health Literacy and Cultural Competency: enhance materials and conduct Heritage Days 	<p>Motion: Approve 2014 Work Plan Culture & Linguistics Report (MacLean/Cardona) 5-0-0-1</p>
<p>#4 UM Business Key Indicator Report (Attachment Y) Informational Patrick Marabella, M.D, Chair</p>	<p>Key Indicator Report reflects data as of April 20, 2014. Highlights provided:</p> <ol style="list-style-type: none"> 1. Inpatient utilization for non-SPD members is currently under the goal of 222 while the SPD members is currently at the goal of 1244.8 2. Ambulatory Case Management metrics have been expanded to more clearly reflect activity in this area. 	
<p>#4 UM Business Specialty Referrals Report 3rd & 4th Quarter 2013 (Attachment Z) Informational Patrick Marabella, M.D.</p>	<p>This report provides a summary of Specialty Referral services that require prior authorization in the tri-county area. This is a new report for CalViva. These areas include:</p> <ol style="list-style-type: none"> 1. Key services that while within the service area and within the network require clinical review 2. Those services recognized as out of the tri-county service area but within the provider network 3. Out of network requests <p>This report provides evidence of a system-wide process for tracking and following up on member referrals requiring prior authorization. Data for third and fourth quarters of 2013 were reviewed covering services approved, denied and modified. There were no questions from committee membership. CalViva Health Specialty Referrals will continue to be monitored quarterly by the CVH QI/UM Committee. Beginning with first quarter 2014, this data will also be broken down by SPD vs. non-SPD members. A PPG Specialty Referrals Report is currently in development.</p>	
<p>#4 UM Business Top 10 Diagnosis Report (Attachment AA) Informational Patrick Marabella, M.D, Chair</p>	<p>The Top 10 Diagnosis Report summarizes on an annual basis the volumes for the most common conditions recorded as principal discharge diagnosis for inpatient admissions. Data is obtained from paid claims for our Medi-Cal Fee For Service and Shared Risk Membership. Summary tables were reviewed comparing high volume diagnoses when including/excluding pregnancy related conditions and diagnoses for the SPD and TANF populations in both 2012 and 2013. The report discusses interventions already underway for these high volume diagnoses. No additional recommendations were provided by the committee membership. This report will continue to be reported on an annual basis.</p>	
<p>#4 Credentialing Business Credentialing Subcommittee Report 4th Quarter 2013 (Attachment AB)</p>	<p>This report provides the QI/UM Committee and RHA Commission with a summary of the fourth quarter 2013 CVH Credentialing Subcommittee activities.</p> <ol style="list-style-type: none"> 1. The Credentialing Sub-committee met in February 2014. Routine credentialing and recredentialing 	<p>Motion: Approve Credentialing Subcommittee Report</p>

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<p>Action Patrick Marabella, M.D, Chair</p>	<p>reports were reviewed for both delegated and non-delegated services.</p> <ol style="list-style-type: none"> 2. There were 78 initial credentialing, 128 recredentialing, 0 suspensions, 1 termination, and 0 resignations. 3. County specific Credentialing Sub-committee reports were reviewed for the months of October through December 2013 and January 2014. There were no cases identified with significant issues. 	<p>(Cardona/Foster) 5-0-0-1</p>
<p>#4 Peer Review Business Peer Review Subcommittee Report 4th Quarter 2013 (Attachment AC) Action Patrick Marabella, M.D, Chair</p>	<p>This report provides the QI/UM Committee and RHA Commission with a summary of the fourth quarter 2013 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 in February 2014. The county specific Peer Review Summary report for October through December 2013 and January 2014 were reviewed and approved. There were no significant cases to report. 2. The Provider Assessment Review Form and Peer Review Committee Case Coding Form were reviewed by the committee membership to educate new committee members on the tools used for case review and coding to educate new members and refresh current members on the established process. 3. The Quarter 4 Peer Review Count report was reviewed and approved by the Peer Review Subcommittee. There were a total of 2 Peer Review cases closed and cleared in the reporting period. Two cases with a CAP remained open. No significant quality of care issues were noted. Closed cases return to normal track and trend. 	<p>Motion: Approve Peer Review Subcommittee Report (Cardona/Foster) 5-0-0-1</p>
<p>#5 Compliance Update</p>	<p>Mary Beth Corrado provided a verbal update of Compliance activities including:</p> <ul style="list-style-type: none"> ➤ Potential privacy and security breach cases <ul style="list-style-type: none"> ○ There have been 3 high-risk cases and 24 no/low risk cases ➤ Oversight Audits – Annual Oversight Audit of Health Net is in progress. Several of the functional areas have been completed with only three areas needing Corrective Action Plans (Claims, Marketing, and Cultural and Linguistics). Remaining functions will continue to be audited on schedule. ➤ DHCS 2012-2013 Performance Evaluation Report for CVH – has been completed and will become available to the public via the DHCS website. ➤ Public Policy Committee – there will be a meeting in Kings County on June 4, 2014. There are currently three vacancies on this committee. 	
<p>#6 Pharmacy Reports - Executive Summary - Operations Metrics Report - Top 30 Prior Authorizations Report Informational (Attachments AD-AF) Patrick Marabella, M.D,</p>	<p>The quarterly pharmacy reports include an evaluation of operational metrics, and top medication prior authorization (PA) requests. These reports allow the committee to assess for emerging patterns in authorization requests and compliance with prior authorization and call center metrics.</p> <p><u>Pharmacy Operations Metrics:</u></p> <ul style="list-style-type: none"> ➤ All quarter 1 2014 prior authorization operational metrics met standard ➤ All quarter 1 2014 pharmacy provider call metrics met standard <p><u>Top Pharmacy Prior Authorizations:</u></p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Chair	➤ First quarter 2014 top medication prior authorization requests varied minimally from last quarter	
#7 Old Business	None.	
#8 Announcements	None.	
#9 Public Comment	None.	
#10 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:22 pm.	

NEXT MEETING: August 7th, 2014

Submitted this Day: August 7th, 2014

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

Acknowledgment of Committee Approval:

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