

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health**  
**QI/UM Committee**  
**Meeting Minutes**  
November 19, 2015

**CalViva Health**  
**1315 Van Ness Avenue; Suite #103**  
**Fresno, CA 93721**  
Attachment A

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	<b>Patrick Marabella, M.D.</b> , CalViva Chief Medical Officer, Chair		<b>Mary Beth Corrado</b> , Chief Compliance Officer (CCO)
✓	<b>Terry Hutchison, M.D.</b> , Central California Faculty Medical Group	✓	<b>Amy Schneider, RN</b> , Director of Medical Management Services
✓	<b>Brandon Foster, PhD.</b> Family Health Care Network	✓	<b>Ruby Mateos</b> , Medical Management Specialist
✓	<b>David Cardona, M.D.</b> , Fresno County At-large Appointee, Family Care Providers	✓	<b>Brandi Ferris</b> , Medical Administrative Coordinator
✓	<b>Kenneth Bernstein, M.D.</b> , Camarena Health Center		<b>Mary Lourdes Leone</b> , Compliance Project Manager
✓	<b>John Zweifler, MD.</b> , At-large Appointee, Kings County		
✓	<b>Fenglaly Lee, M.D.</b> , Central California Faculty Medical Group		
	<b>David Hodge, M.D.</b> , Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			
✓	<b>Jeff Nkansah</b> , Director of Compliance/Privacy		

✓ = in attendance

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>#1 Call to Order</b> Patrick Marabella, M.D, Chair	The meeting was called to order at 11:06 am.	
	<i>Dr. Zweifler arrived at 11:07 am.</i>	
<b>#2 Approve Consent Agenda</b> - Committee Minutes 10/15/2015 - Medical Policies & Provider Update Q3 - Standing Referrals Report - Health Education Incentive Programs Report - Initial Health Assessment Report - Provider Preventable Conditions Report	The October minutes were reviewed and highlights from the consent agenda items were discussed. The Recommended Drug List was available for review at the meeting.	Motion: Approve Consent Agenda (Bernstein/Hutchison) 7-0-0-0

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Pharmacy Recommended Drug List Formulary (Attachments A-G)  <b>Action</b>                      Patrick Marabella, M.D, Chair</p>		
<p><b>#3 QI Business</b>                      Appeals &amp; Grievances                      - Dashboard                      - Executive Summary                      - Quarterly Member Report Q3                      - Classification Audit Report (Attachment H-K)  <b>Informational</b>                      Patrick Marabella, M.D, Chair</p>	<p>The A &amp; G reports provide monthly and quarterly data to facilitate monitoring for trends in the number and types of cases over time. An increase in grievances was noted for 2015 which may be due to increased membership in 2015 as well as changes in tracking methodology.</p> <ul style="list-style-type: none"> <li>➤ Turn-around time issues noted during the first half of the year have improved in Q3.</li> <li>➤ A decline in the number of grievances reported in July may have been related to a system migration within the Health Net data management system during that month. The number of cases reported stabilized during August and September and issues have been rectified.</li> <li>➤ The number of appeals reported was not impacted by the data migration and have not changed significantly since the last report.</li> <li>➤ An increase in pharmacy appeals is noted and is primarily related to Hepatitis C drugs. The standards associated with these medications have changed resulting in an increase in overturns.</li> </ul> <p>In the 3<sup>rd</sup> quarter report the following items were noted:                      Member Appeals and Grievances –</p> <ul style="list-style-type: none"> <li>➤ There were a total of 61 appeals. All of these were pre-service appeals.</li> <li>➤ There were 230 grievances.</li> </ul> <p>Access Grievances -</p> <ul style="list-style-type: none"> <li>➤ The majority of Access to Care grievances were related to Availability of Appointment with PCP. No other trends identified.</li> </ul> <p>Inter-rater Reliability -</p> <ul style="list-style-type: none"> <li>➤ This report evaluates clinical and non-clinical A&amp;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.</li> </ul> <p><u>Classification Audit Summary:</u>                      This audit process is part of a DHCS corrective action plan from a 2013 CalViva audit. Open cases from June to September 2015 were evaluated on a weekly basis for appropriate classification. A total of 83 cases were audited, and one of those cases was classified incorrectly or required follow up. Weekly concurrent audits will continue with follow up action when indicated.</p>	
<p><b>#3 QI Business</b>                      Initial Health Assessment</p>	<p>The Department of Health Care Services requires completion of the IHA for new Medi-Cal members within 120 days of enrollment.</p>	

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Quarterly Audit Report Q1-Q3 2015 (Attachment L) <b>Informational</b> Patrick Marabella, M.D, Chair	<u>Analysis/Findings/Outcomes:</u> ➤ Sites reviewed in Q1 and Q2 2015 met the standard for IHA completion in both Pediatric and Adult medical records documentation with a 100% compliance rate. ➤ In Q3 2015, there were 2 sites that demonstrated 5 incidents of noncompliance with timely completion of the IHA. ➤ A letter will be sent to both PCP sites identified as non-compliant advising of the DHCS requirements for timely completion of the IHA.	
<b>#3 QI Business</b> MHN Performance Indicator Report Q3 (Attachment M) <b>Informational</b> Patrick Marabella, M.D, Chair	<u>Summary:</u> For Q3 2015, 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 availability of ABA providers for ASD members. There was an improvement in this metric compared to Q2 2015 and it is expected that the target will be met by the end of 2015.	
<b>#3 QI Business</b> Emergency Drugs Report (Attachment N) <b>Informational</b> Patrick Marabella, M.D, Chair	This report provides a summary of monitoring activities associated with the provision of prescription medications to members post Emergency Room visit as required by state regulations. ➤ The goal of 90% compliance was met overall for all counties in Q2 2015. ➤ The sample size was expanded to 105 cases, and 20 medical records were requested and reviewed to complete audit. ➤ Continue to monitor Provision of Emergency Medications and report results to QI/UM Committee.	
<b>#3 QI Business</b> Potential Quality Issues Report (Attachment O) <b>Informational</b> 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 Q2 2015. 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.	
<b>#4 UM Business</b> Key Indicator Report (Attachment P) <b>Informational</b> Patrick Marabella, M.D, Chair	Key Indicator Report reflects data as of September 30, 2015. This report includes key metrics for tracking utilization and case management activities. ➤ An explanation of the numbers reported was provided with reference to the new report format. ➤ The Medi-Cal Expansion population is now identified as a separate category which better delineates the populations served by CalViva. ➤ Monitoring of the effectiveness of interventions and activities will be more easily accomplished with the new reporting format. ➤ The new report will include goals beginning early 2016.	

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<p><b>#4 UM Business</b> Specialty Referrals Report HN Q3 (Attachment Q) <b>Informational</b> Patrick Marabella, M.D, Chair</p>	<p>This report provides a summary of Specialty Referral services that require prior authorization in the tri-county area for the third quarter 2015, excluding referrals submitted to PPGs. This report provides evidence of the tracking process in place to ensure appropriate access to specialty care referrals for CalViva Health members. Similar reports for the following PPG's are in development: EHS, La Salle, IMG and First Choice and will be presented at a future meeting.</p> <p>There were a total of 328 Specialty Referrals that were prior authorized during quarter 3 2015 for both SPD and Non-SPD members. Specialty referrals included in this report are:</p> <ul style="list-style-type: none"> <li>➤ In-Service Area/In-Network</li> <li>➤ Out of Service Area/In-Network</li> <li>➤ Out of Network</li> </ul> <p>The 5 top priority specialties identified for CalViva are: orthopedics, neurology, neurosurgery, dermatology and oncology. All referrals in quarter 3 within these specialties met turn-around time compliance.</p>	
<p><b>#4 UM Business</b> Utilization Management Review Report Q3 (Attachment R) <b>Informational</b> Patrick Marabella, M.D, Chair</p>	<p>The 2015 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Q3 2015. Focus is on improving member health care outcomes, minimizing readmission risk and reducing post-acute gaps in care delivery via proactive discharge planning and expeditious linkages to medically necessary health services and member value support services.</p> <p><u>Barrier Analysis:</u></p> <ul style="list-style-type: none"> <li>➤ For Transitional Care Management (TCM), 7% of members who were outreached to did not participate in TCM</li> <li>➤ For UM, the increase in membership related to the Medi-Cal Expansion (MCE) under the ACA has impacted inpatient utilization. Increased enrollment of this population which is new to managed care and may have had limited access to primary healthcare services previously, has contributed to increased acute admission rates and increased bed days.</li> </ul> <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> <li>➤ Continue to explore opportunities to improve member outcomes, improve utilization patterns, and reduce readmissions through timely linkages to member support programs such as TCM, CM, home and community based services and wellness programs.</li> <li>➤ New benchmarks or target goals for the TANF and MCE population will be evaluated in 2016.</li> </ul>	
<p><b>#4 UM Business</b> Case Management &amp; CCM Report (Attachment S) <b>Informational</b> Patrick Marabella, M.D, Chair</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 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"> <li>➤ There was an increase in total number of members outreached.</li> <li>➤ The Q3 acceptance rate was 63% which is an improvement over the previous quarter.</li> </ul> <p><u>CCM Analysis/ Outcomes:</u></p>	

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	<ul style="list-style-type: none"> <li>➤ Focus for this quarter was to identify and engage the highest risk members for enrollment</li> <li>➤ The number of new cases opened increased this quarter</li> </ul> <p><u>PCM Analysis/ Outcomes:</u></p> <ul style="list-style-type: none"> <li>➤ Perinatal Case Management had an average of 36 cases managed per month during quarter 3.</li> <li>➤ Challenges in maintaining a consistent stream of new referrals from the provider community and internal sources continues.</li> </ul>	
<p><b>#4 UM Business</b>            Concurrent Review Monitoring Inter-rater Reliability Report (Attachment T)  <b>Informational</b>            Patrick Marabella, M.D, Chair</p>	<p>This report covers the activities of the CCR Audit Review process and results. The goal of the CCR audit is to ensure the CCR process supports consistent, credible and timely medical management decisions and records that will facilitate improved member outcomes, minimize post discharge gaps in care, and ensure reliable and regulatory compliant member and provider communications.</p> <ul style="list-style-type: none"> <li>➤ The audit components include authorization processing, turnaround times, application of acute care criteria standards, and documentation of discharge collaboration.</li> <li>➤ All elements met or exceeded the 90% goal.</li> </ul>	
<p><b>#5 Pharmacy Business</b>            - Executive Summary            - Operations Metrics Report            - Top 30 Prior Authorizations Report (Attachment U-W)  <b>Informational</b>            Patrick Marabella, M.D, Chair</p>	<p>The CalViva Health QI/UM Committee reviews pharmacy quarterly reports on 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"> <li>➤ All third quarter 2015 pharmacy prior authorization metrics were within 5% of standard.</li> <li>➤ All third quarter 2015 pharmacy call metrics met standard with the exception of Average Answer Speed for July 2015.</li> </ul> <p><u>Top 30 Prior Authorizations:</u></p> <ul style="list-style-type: none"> <li>➤ Third quarter 2015 top medication prior authorization requests varied minimally from last quarter</li> </ul>	
<p><b>#6 Credentialing &amp; Peer Review Subcommittee Business</b>            - Credentialing Subcommittee Report            - Peer Review Subcommittee Report (Attachment X, Y)  <b>Action</b>            Patrick Marabella, M.D, Chair</p>	<p>Credentialing Subcommittee Report.            This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Credentialing Subcommittee activities.</p> <ol style="list-style-type: none"> <li>1. The Credentialing Sub-committee met in October 2015. At the October 15<sup>th</sup> meeting routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services.</li> <li>2. There were 76 Initial, 161 Recredentialing, 0 Suspensions, 7 Terminations, and 0 resignations.</li> <li>3. County specific Credentialing Sub-committee reports were reviewed for the second and third quarters of 2015. There were no cases identified with significant issues.</li> </ol> <p>Peer Review Subcommittee Report.            This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Peer Review Subcommittee activities. All Peer Review information is confidential and protected under law.</p>	<p>Motion: Approve Credentialing Subcommittee Reports (Bernstein/Cardona)            7-0-0-0</p> <p>Motion: Approve Peer Review Subcommittee</p>

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	<ol style="list-style-type: none"> <li>The Peer Review sub-committee met on October 15<sup>th</sup>, 2015. The county specific Peer Review Summary reports were reviewed and approved. There were no significant cases to report.</li> <li>The second and third quarter 2015 Peer Review Count reports were reviewed and approved by the Peer Review Sub-committee. No significant quality of care issues were noted.</li> </ol>	Reports (Bernstein/Cardona) 7-0-0-0
<b>#7 Compliance Update</b>	J. Nkansah reported on Compliance. <ul style="list-style-type: none"> <li>➤ There are no concerns in relation to the Regulatory Filings, Privacy &amp; Security, and Fraud, Waste &amp; Abuse.</li> <li>➤ The DHCS contract extension has officially been signed and executed with a date of December 31, 2016. In terms of reapplying, there is no additional information from the compliance side as to how this process will occur as of yet. The process will be looked at in the first quarter of 2016.</li> <li>➤ The measurement of the quality of encounter data is a new activity which DHCS is using to monitor CalViva's encounter data submission processes. This monitoring will also impact member auto-assignment for the Plan. The first two quarters of 2016 will provide baseline information, and moving forward DHCS will begin their evaluation. Future activities will be reported.</li> <li>➤ For enrollment expansion, members are newly eligible for Medi-Cal because they:                             <ul style="list-style-type: none"> <li>○ are no longer eligible for Covered California;</li> <li>○ are newly eligible from the pregnant women expansion; or</li> <li>○ the new Senate Bill 75.</li> </ul> </li> </ul>	
<b>#8 Old Business</b>	None.	
<b>#9 Announcements</b>	None.	
<b>#10 Public Comment</b>	None.	
<b>#11 Adjourn</b> Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:35pm.	

**NEXT MEETING: February 18<sup>th</sup>, 2016**

Submitted this Day: February 18, 2016

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

**Acknowledgment of Committee Approval:**

Patrick Marabella  
 Patrick Marabella, MD Committee Chair