

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
November 21st, 2019

CalViva Health
7625 North Palm Avenue; Suite #109
Fresno, CA 93711
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)
✓	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Amy Schneider, RN, Director of Medical Management Services
✓	Brandon Foster, PhD. Family Health Care Network	✓	Mary Lourdes Leone, Director of Compliance
	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers		Melissa Mello, MHA, Medical Management Specialist
✓	John Zweifler, MD., At-large Appointee, Kings County	✓	Ashelee Alvarado, Medical Management Administrative Coordinator
	Joel Ramirez, M.D., Camarena Health Madera County		Lori Norman, Compliance Manager
	Rajeev Verma, M.D., UCSF Fresno Medical Center		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			

✓ = 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 10:48 am. A quorum was present.	
#2 Approve Consent Agenda - Committee Minutes: October 17, 2019 - Provider Preventable Conditions (PPC) (Q3) - Standing Referrals Report (Q3) - Medical Policies Provider Update (Q3)	The October 2019 QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Any item on the consent agenda may be pulled out for further discussion at the request of any committee member. The full November Formulary (PDL) was available for review at the meeting.	Motion: Approve Consent Agenda (Zweifler/Lee) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> - Appeals & Grievances Inter-Rater Reliability Report (IRR) (Q3) - Appeals & Grievances Classification Audit Report (Q3) - Quarterly A&G Member Letter Monitoring Report (Q3) - Customer Contact Center (CCC) DMHC Expedited Grievance Report (Q3) - California Children's Service Report (CCS) (Q3) - Pharmacy Provider Update (Q3) - Provider Update: PDL Changes related to Opioid Abuse - Full November PDL (Attachments A-K) Action <p>Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard & Turn Around Time Report 	<p>The A & G Dashboard provides monthly data to facilitate monitoring for trends in the number and types of cases over time. This Dashboard included data through Quarter 3 2019.</p> <p>The following items were noted for Quarter 3 2019:</p>	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard &

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>(September) - Appeals & Grievances Executive Summary (Q3) - Appeals & Grievances Quarterly Member Report (Q3) (Attachment L-N) Action Patrick Marabella, M.D, Chair</p>	<p>Grievances:</p> <ul style="list-style-type: none"> ➤ There was a total of 367 grievances resolved in Quarter 3 2019 with 274 Quality of Service Grievances and 93 Quality of Care Grievances. ➤ Number of grievances received in Quarter 3 has increased compared to recent months due to transportation issues and PCP Care issues. ➤ An increase is noted in Exempt grievances in Quarter 3 due to Transportation, PCP Assignment and PPG related administrative issues. <p>Appeals:</p> <ul style="list-style-type: none"> ➤ The number of appeals received in Quarter 3 compared to Quarters 1 and 2 2019, has increased. The majority of this increase can be attributed to the areas of Advanced Imaging and Pharmacy. <p>The Appeals and Grievances Executive Summary and Quarterly Member Report for Q3 were presented and reviewed.</p> <p>Access Grievances</p> <ul style="list-style-type: none"> ➤ The top Access grievance classifications for Quarter 3 2019 are: <ul style="list-style-type: none"> ○ Access to Care- PCP Referral for Services ○ Access to Care- Availability of Appointment with Specialist ○ Access to Care- Availability of Appointment with PCP <p>Transportation Grievances</p> <p>All transportation related grievances are included in the Quarterly A & G Report. The transportation vendor tracks all exempt grievances and forwards any formal grievances to CalViva Health for processing.</p> <p>Exempt Grievances</p> <ul style="list-style-type: none"> ➤ There was a decrease of over 350 exempt grievances in Q3 2019 as compared to Q3 2018. ➤ Trends were similar for both Quarters. 	<p>Turn Around Time Report (September) - Appeals & Grievances Executive Summary (Q3) - Appeals & Grievances Quarterly Member Report (Q3) (Foster/Lee) 4-0-0-3</p>
<p>#3 QI Business - Potential Quality Issues Report (Q3) (Attachment O) Action Patrick Marabella, M.D, Chair</p>	<p>Potential Quality Issues (PQI) Report</p> <p>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. PQI reviews may be initiated by a member, non-member or peer review activities. Peer review activities include cases with a severity code level of III or IV or any case the CVH CMO requests to be forwarded to Peer Review. Data was reviewed for all case types including the follow up actions taken when indicated.</p> <ul style="list-style-type: none"> ➤ Non-member initiated PQI category cases were in range when compared to the last three Quarters. Two 	<p>Motion: Approve - Potential Quality Issues Report (Q3) (Zweifler/Foster) 4-0-0-3</p>

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	<p>cases were generated from Provider Preventable Conditions (PPCs).</p> <ul style="list-style-type: none"> ➤ Member generated PQI's have increased compared to the previous three Quarters. ➤ A decrease in the number of peer review cases processed was noted. Follow up has been initiated when appropriate. PQI and PPC cases will continue to be tracked, monitored and reported. 	
<p>#3 QI Business - MHN Performance Indicator Report for Behavioral Health Services (Q3) (Attachment P) Action Patrick Marabella, M.D, Chair</p>	<p>The MHN Performance Indicator Report for Behavioral Health Services (Q3 2019) was presented. 13 out of the 15 metrics met or exceeded their targets.</p> <ul style="list-style-type: none"> ➤ Performance was below target by 15% for Authorization Decision Timeliness for Non-ABA authorization decisions. This is the second time this indicator has fallen below target in the last 8 Quarters. A corrective action plan is in development. ➤ The Q2 2019 utilization rate was 1.9%. There was one non-life-threatening emergent case and the appointment access standard was met. ➤ There were 352 ABA reviews in Q3 2019 and 350 were compliant with timeliness standards. This results in a 99% performance rate, which is 4% above the target. ➤ There were two PQI cases in Q3 2019 and they were resolved within timeliness standards. ➤ MHN Provider Relations staff have implemented several interventions to increase the percentage of providers accepting new CalViva members. 	<p>Motion: Approve - MHN Performance Indicator Report for Behavioral Health Services (Q3) (Zweifler/Lee) 4-0-0-3</p>
<p>#3 QI Business - Facility Site & Medical Record & PARS Review Report (Attachment Q) Action Patrick Marabella, M.D, Chair</p>	<p>The Facility Site & Medical Record Review & PARS Report was presented and reviewed for the first and second Quarters of 2019.</p> <ul style="list-style-type: none"> ➤ There were 22 Facility Site Reviews (FSR) and 26 Medical Record Reviews (MRR) completed. ➤ The overall mean FSR score for Fresno, Kings and Madera Counties was 97% and the overall mean MRR score for Fresno, Kings and Madera Counties was 93%. ➤ The Pediatric Preventive Care section mean score was 93%. ➤ The Adult Preventive Care section mean score was 84%, which is consistent with previous reports. ➤ Pediatric Initial Health Assessment (IHA) compliance scores for the 3 counties averaged 96% and the Adult IHA scores averaged 74%. ➤ Pediatric SHA compliance was 77%. ➤ Adult SHA compliance was 47%. CAPs are required for metrics that do not meet standards. See the IHA Report for additional information. 	<p>Motion: Approve - Facility Site & Medical Record & PARS Review Report (Zweifler/Foster) 4-0-0-3</p>
<p>#3 QI Business - Initial Health Assessment Quarterly</p>	<p>The Department of Health Care Services (DHCS) requires completion of the Initial Health Assessment (IHA) for new Medi-Cal members within 120 days of enrollment. A multi-faceted approach to monitoring is performed and includes the following:</p>	<p>Motion: Approve - Initial Health Assessment</p>

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<p>Audit Report (Q3) (Attachment R) Action Patrick Marabella, M.D, Chair</p>	<ol style="list-style-type: none"> 1. Medical Record Review (MRR) via onsite provider audits. 2. Monitoring of claims and encounters data. 3. Member outreach following a three-step methodology. <p><u>FSR/MRR Data:</u></p> <ul style="list-style-type: none"> ➤ Data from Quarter 3 FSR/MRRs reviewed. ➤ Combined IHA/IHEBA completion and compliance rates were noted to be higher for pediatric patients compared to adult patients. ➤ In addition, total site compliance was reviewed. A total of nine sites were visited during Q3 2019 to complete FSRs/MMRs, and of those sites audited, three sites were compliant <u>Claims Data:</u> Both pediatric and adult completion rates improved in Q3 compared previous 6 months. <p><u>Outreach Attempts:</u></p> <ul style="list-style-type: none"> ➤ Three Step outreach includes: <ol style="list-style-type: none"> 1. Welcome Packet 2. Welcome Call and 3. Welcome Postcard. <p>Outreach attempts for Quarter 3 were 93.03% which is a slight decrease from previous Quarters.</p>	<p>Quarterly Audit Report (Q3) (Lee/Zweifler) 4-0-0-3</p>
<p>#3 QI Business - County Relations Quarterly Update Report (Q3) (Attachment S) Action Patrick Marabella, M.D, Chair</p>	<p>County Relations Quarterly Report (Q3) This report provides a summary of the relevant Public Health, Behavioral Health (BH) and Regional Center Activities, initiatives and updates for Fresno, Kings and Madera Counties. Highlights for this Quarter include:</p> <ul style="list-style-type: none"> ➤ Fresno County has elected to switch to a monthly meeting schedule to increase opportunities for more topic-specific meetings/discussions. ➤ Fresno County Suicide Prevention Collaborative updates: <ul style="list-style-type: none"> ○ Free Applied Suicide Intervention Skills Training (ASIST) being offered by Sanger Unified on January 28th and 29th 2020. ○ The Pacific Southwest Mental Health Technology Transfer Center (MHTTC) is also offering a series of no-cost trainings. ➤ Kings County Behavioral Health (KCBH) is developing a Medication Assisted Treatment (MAT) Symposium to educate Kings County (providers). ➤ KCBH recently started an acute care coordination meeting, which is comprised of their specialty mental health providers and is convened twice weekly. They will focus on 51/50's and discharge planning. 	<p>Motion: Approve - County Relations Quarterly Update Report (Q3) (Foster/Zweifler) 4-0-0-3</p>

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	<ul style="list-style-type: none"> ➤ Sexually Transmitted Infections (STIs) rates continue to rise and are a recurring issue. Kings County Public Health Department continues to provide clinical updates to community providers regarding the STI rates. KCPHD reported that they are in the State’s top 5 for STI’s. KCPHD is working on a STI response plan for the community. ➤ Madera County Behavioral Health (MCBH) continues to struggle with regard to staff retention. MCBH is currently interviewing for licensed clinicians to fill the open positions. ➤ MCPHD is working to become an accredited public health department. Site visit will be on January 2020. ➤ Sexually Transmitted Infection rates continue to be high in Madera County as well with similar challenges as Kings County. ➤ Central Valley Regional Center continues to see a rise in members requesting BHT services and psychiatric evaluations for members needing ABA referrals. <p>Quarter 3 data for BH referrals, TB screening and CCS enrollment in Fresno, Kings and Madera counties were also reviewed.</p>	
<p>#3 QI Business - SPD HRA Outreach Report (Q2) (Attachment T) Action Patrick Marabella, M.D, Chair</p>	<p>Envolve People Care (EPC) performs SPD Health Risk Assessments (HRAs) for CalViva members. The CalViva Health SPD HRA Assessment Outreach Report monitors compliance with member outreach performance standards.</p> <p>This report provides results of outreach for the first, second and third Quarter of 2019, showing CalViva’s SPD HRA findings. Efforts for Quarter 2 2019 include the following:</p> <ul style="list-style-type: none"> ➤ Between confirmed and completed data, timely outreach for both first and second Quarters was achieved with 100% compliance. ➤ Timely outreach has also been met at 100% for those records we have received back for Quarter 3. ➤ At the time of this report, 623 member records were yet to be returned to complete Quarter 3 results. ➤ Meetings with EPC will continue on a regular basis to ensure service levels are met in a timely manner. 	<p>Motion: Approve - SPD HRA Outreach Report (Q2) (Zweifler/Lee) 4-0-0-3</p>
<p>#4 Summary of 2019 PDSA & Performance Improvement Project Activities - (PowerPoint Presentation -</p>	<p>Six QI Summaries were reviewed with the committee including: Monitoring Persistent Medications, Avoiding Antibiotics for Bronchitis, Breast Cancer Screening, Comprehensive Diabetes Care, Childhood Immunizations Status Combo 3 and Postpartum Care Disparity Performance Improvement Project. The QI Summaries quality improvement activities are associated with measures that have performed below the minimum performance level or when other opportunities for improvement have been identified. Four projects were focused in Fresno County and two projects were focused in Madera County. Our process has been to work with a high volume, low</p>	<p>Motion: Approve - Summary of 2019 PDSA & Performance Improvement Project Activities</p>

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<p><i>Presentation handouts available at meeting)</i> Action Patrick Marabella, M.D, Chair</p>	<p>compliance clinic to identify strategies for improvement and support the clinic to implement and test the effectiveness of these interventions. Our goal is to improve clinic and county rates and share successful strategies with other clinics/providers in the service area. The QI presentation illustrates improvement interventions, results, and recommendations for each project. Positive results were noted for all measures.</p> <p>➤ <i>CalViva Health won the 2019 DHCS Health Equity Award for the Postpartum Visit Disparities Project with United Health Centers Mendota Clinic.</i></p>	<p>(Zweifler/Lee) 4-0-0-3</p>
<p>#5 Access Business - Provider Office Wait Time Report (Q3) - Specialty Referrals Report – HN (Q3) - Specialty Referrals Reports: La Salle (Q1-Q3), First Choice (Q1-Q3), IMG (Q3), Adventist (Q1-Q3), Central Valley Medical Physicians (Q1-Q3), Sante (Q3) (Attachment U-W) Action Patrick Marabella, M.D, Chair</p>	<p><u>Provider Office Wait Time Report (Q3 2019)</u> Health plans are required to monitor waiting times in providers’ offices to validate timely access to care and services. This report provides a summary that focuses on Quarter 3 2019 wait times for Fresno, Kings and Madera Counties. All counties are within the 30-minute office wait time threshold for both mean and median metrics. Outliers are tracked with follow up occurring when thresholds are passed. Results of monitoring are reported back to the participating providers. Monitoring and analysis will continue in 2020 to identify opportunities for improvement associated with specific providers.</p> <p><u>Specialty Referrals Report – HN (Q3)</u> The Health Net Specialty Referrals Report provides a summary of Specialty Referral Services that require prior authorization in the tri-county area. This report provides evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members.</p> <p>Similar reports are prepared for delegated entities serving CalViva members. Reports on specialty services requiring prior authorization were presented and reviewed for the following delegated entities: La Salle, First Choice, IMG, Adventist, Sante and Central Valley Medical Providers. Reporting parameters for these reports have recently been clarified with Delegation Oversight staff.</p> <p>These reports provide evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members.</p> <p>Referral and denial rates are monitored on a Quarterly basis and compared over time. Top priority medical specialties are tracked along with turn-around times. Trends will continue to be monitored and follow up initiated when indicated.</p>	<p>Motion: Approve - Provider Office Wait Time Report (Q3) - Specialty Referrals Report – HN (Q3) - Specialty Referrals Reports: La Salle (Q1-Q3), First Choice (Q1-Q3), IMG (Q3), Adventist (Q1-Q3), Central Valley Medical Physicians (Q1-Q3), Sante (Q3) (Zweifler/Foster) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#6 UM Business</p> <ul style="list-style-type: none"> - Key Indicator Report (September) - Utilization Management Concurrent Review Report (Q3) - Concurrent Review IRR Audit Report (Q3) and update on InterQual IRR Testing <hr/> <ul style="list-style-type: none"> - Case Management and CCM Report (Q3) (Attachment X-AA) <p>Action Patrick Marabella, M.D., Chair</p>	<p>The Key Indicator Report was presented with an overview of 2019 trends.</p> <ul style="list-style-type: none"> ➤ The Acute Admits per thousand for ER Utilization based on claims data shows a decrease for SPD's while Expansion rates are increasing. ➤ This trend shows improved management of SPDs due to the completion of HRAs and a local Case Management team. ➤ An increasing trend in the TANF population admission rate is noted for Quarter 2. Initial review of the data indicates the reason for this increase is frequently respiratory diagnoses for Quarter 3. ➤ The average length of stay rate demonstrate improvement for TANF and SPD populations. ➤ There was a decrease in 30 day re-admits for SPD population in Quarter 3 when compared to Quarter 2 and increases noted in MCE and TANF populations in Quarter 3. Will continue to monitor and analyze data to identify trends. ➤ Turnaround Times may be attributable to loss of staff and changes in the recruiting process. <p>The Concurrent Review Q3 Inter Rater Reliability (IRR) Report provides a summary of internal audits performed to ensure consistent, credible, and timely medical management decisions which promote improved member outcomes.</p> <p>Monitoring of the concurrent review process includes regulatory compliant components such as:</p> <ul style="list-style-type: none"> ➤ Turn-around-times (TAT) of initial medical decisions within 24 hours of receipt ➤ Documentation of proactive discharge planning and collaboration ➤ Application of standardized criteria (i.e. McKesson InterQual®, and /or evidence-based medical policies and technical assessment tools) <p>All criteria met established standard of 90% or greater compliance. Continue to monitor and follow up as indicated.</p> <hr/> <p>This comprehensive report also provides a summary of Case Management (CM), Transitional Care Management, Perinatal CM, Behavioral Health CM, MemberConnections and Palliative Care activities for Quarter 3 2019. A range of Case Management services are available to all CalViva members who may benefit. Members are assessed and referred to the appropriate program depending upon their needs. The effectiveness of each program is assessed using a variety of outcome and member satisfaction metrics.</p> <ul style="list-style-type: none"> ➤ Integrated Case Management (ICM): The volume of referrals increased from 258 in Q2 2019 to 290 in Q3 2019. During the same time period the average engagement rate has increased from 33% in Q2 to 39% in 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Key Indicator Report (September) - Utilization Management Concurrent Review Report (Q3) - Concurrent Review IRR Audit Report (Q3) and update on InterQual IRR Testing <hr/> <ul style="list-style-type: none"> - Case Management and CCM Report (Q3) (Lee/Zweifler) <p>4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Q3 2019.</p> <ul style="list-style-type: none"> ➤ Transitional Care Management (TCM): Percentage of members who had PCP follow-up within 30 days of discharge has been refreshed for Q2. Preliminary data is available for Q3. Q2 follow-up within 30 days increased to 60.9%; of those <ul style="list-style-type: none"> ○ 17.4% within 7 days of discharge ○ 4.3% within 8-14 days of discharge ○ 39.1% within 15-30 days of discharge ➤ Readmission rates and ED Utilization per 1,000 members per year for Case Management is lower (lower is better). ➤ Perinatal Case Management: A new outcome measure added comparing the rate of pre-term deliveries of high-risk pregnancies has been managed to high risk pregnancies not managed. This includes members who met the following criteria: continuous enrollment, enrolled during their first trimester (prenatal) and delivered through 6/30/2019 (post-partum). <ul style="list-style-type: none"> ○ 75 members met the outcome inclusion criteria for visits and 31 members met the inclusion criteria for the pre-term delivery measure ○ Members enrolled in the Perinatal Program demonstrated: <ul style="list-style-type: none"> ▪ 8.6% greater compliance in completing the first prenatal visit within their first trimester ▪ 9.0% greater compliance in completing their post-partum visit ▪ 7% fewer pre-term deliveries ➤ Palliative Care: Volume of referrals has increased from Q2 to Q3 (27 to 54) and the Quarterly average engagement rate was 89%. 	
<p>#7 Policy & Procedure - UM/CM Policy Grid (Attachment BB) Action Patrick Marabella, M.D, Chair</p>	<p>Utilization Management and Case Management Annual Review Policy grid was presented to the committee. The majority of policies were updated without changes or had minor edits. Eight policies that required more extensive review were included in the meeting packet.</p> <p>The policy edits were discussed and the UM/CM policies were approved.</p>	<p>Motion: Approve - UM/CM Policy Grid (Zweifler/Foster) 4-0-0-3</p>
<p>#7 Policy & Procedure - Pharmacy Policy Grid (Attachment CC) Action</p>	<p>Pharmacy Annual Policy Review grid was presented to the committee. The majority of policies were updated without changes or had minor edits. One policy required more extensive review and was included in the meeting packet:</p> <ul style="list-style-type: none"> ➤ RX-130 Early Refill for Lost, Stolen, Spilled, or Broken Medication 	<p>Motion: Approve - Pharmacy Policy Grid (Foster/Lee)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Patrick Marabella, M.D, Chair	The policy edits were discussed and the Pharmacy policy was approved.	4-0-0-3
<p>#8 Pharmacy Business</p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q3) - CalViva Health Pharmacy Call Report (Q3) - Pharmacy Operations Metrics (Q3) - Top 30 Prior Authorizations (Q3) (Attachment DD-GG) <p>Action Patrick Marabella, M.D, Chair</p>	<p>Pharmacy reports for Quarter 3 were reviewed in order to assess for emerging patterns in authorization requests, compliance around prior authorizations, and to evaluate the consistency of decision making in order to formulate potential process improvement recommendations.</p> <ul style="list-style-type: none"> ➤ Pharmacy Prior Authorizations (PA) metrics were within 5% of standard for third Quarter 2019. PA turnaround time is monitored to identify PA requests that are approaching required turnaround time limits. ➤ Total PA requests were lower for Quarter 3 2019 versus Quarter 2 2019. Third Quarter 2019 top medication PA requests had variances from second Quarter 2019. ➤ Third Quarter 2019 Opioid PA requests decreased significantly in total number of requests from second Quarter 2019. This was mainly driven by the Preferred Drug List changes in May 2019 that included updates to quantity limits and restrictions as well as additions to the list. As a result, diabetes medications as well as other brand name medication requests moved up the list. Appeals for diabetes medication requests also increased in third Quarter which is reflected in the PA request totals. ➤ Effective 10/15/2019, the Preferred Drug List was updated. The CalViva Health QI/UM Committee reviews Quarterly reports on operational metrics for the CVS Caremark Call Center and reviews the call logs, action items, and resolutions to look at potential trends or barriers to service and to formulate process improvements as needed. All metrics were within the standard. ➤ 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q3) - CalViva Health Pharmacy Call Report (Q3) - Pharmacy Operations Metrics (Q3) - Top 30 Prior Authorizations (Q3) <p>(Foster/Lee) 4-0-0-3</p>
<p>#9 Credentialing & Peer Review Subcommittee Business</p> <ul style="list-style-type: none"> - Credentialing Subcommittee Report (Q4) (Attachment HH) <p>Action Patrick Marabella, M.D, Chair</p>	<p>In Quarter 4 the Credentialing Sub-Committee met on October 17, 2019. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q2 2019 were reviewed for delegated entities and Q3 2019 reports were reviewed for both Health Net and MHN. No significant cases were identified on the Q3 2019 Credentialing Report.</p>	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Credentialing Subcommittee Report (Q4) <p>(Foster/Lee) 4-0-0-3</p>

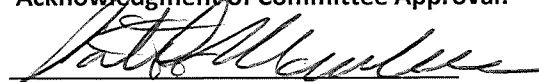
AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#9 Credentialing & Peer Review Subcommittee Business - Peer Review Subcommittee Report (Q4) (Attachment II) Action Patrick Marabella, M.D, Chair</p>	<p>The Peer Review Sub-Committee met on October 17, 2019. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 3 2019 were reviewed for approval. There were no significant cases to report.</p> <p>The Quarter 3, 2019 Peer Count Report was presented at the meeting with a total of 9 cases reviewed. The outcomes for these cases are as follows:</p> <ul style="list-style-type: none"> There were three (3) cases closed and cleared. There was one case pending closure for Corrective Action Plan compliance. There were four more cases pended for further information and one case with an outstanding CAP. <p>Follow up will be initiated to obtain additional information for the tabled cases and ongoing monitoring and reporting will continue.</p>	<p>Motion: Approve - Peer Review Subcommittee Report (Q4) (Lee/Zweifler) 4-0-0-3</p>
<p>#8 Public Comment</p>	<p>None.</p>	
<p>#9 Adjourn Patrick Marabella, M.D, Chair</p>	<p>Meeting was adjourned at 12:44 pm.</p>	

NEXT MEETING: February 20, 2020

Submitted this Day: February 28th, 2020

Submitted by: 
 Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:


 Patrick Marabella, MD Committee Chair