

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**

March 17, 2016

Valley Children's Hospital
9300 Valley Children's Place
Madera, CA 93636
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		✓ Ruby Mateos, Medical Management Specialist	
✓ David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers		✓ Brandi Ferris, Medical Management Administrative Coordinator	
✓ Kenneth Bernstein, M.D., Camarena Health Center		Mary Lourdes Leone, Compliance Project Manager	
John Zweifler, MD., At-large Appointee, Kings County			
Fenglaly Lee, M.D., Central California Faculty Medical Group			
✓ David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)			
Guests/Speakers			
	Jeff Nkansah, Director of Compliance/Privacy		

✓ = 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 10:44am.	
#2 Approve Consent Agenda - Committee Minutes 2/18/16 - Provider Update Q1 - Pharmacy Recommended Drug List (Attachments A-C) Action Patrick Marabella, M.D, Chair	The February minutes were reviewed and highlights from the consent agenda items were discussed. The full RDL was available at the meeting.	Motion: Approve Consent Agenda (Bernstein/Cardona) 4-0-0-3
#3 QI Business Appeals & Grievances Dashboard – January 2016	This report provides monthly data to facilitate monitoring for trends in the number and types of cases over time. The Dashboard included data through the end of January 2016. <u>Grievances:</u> ➤ The grievances are broken down into two categories: Expedited and Standard.	

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(Attachment D) Informational Patrick Marabella, M.D, Chair	<ul style="list-style-type: none"> ➢ Grievance metrics are reported according to cases received and cases resolved within the time period. There were 81 grievances received and 63 grievances resolved in the month of January 2016. ➢ Grievances are further broken down into three categories: Quality of Service QOS (Administrative), Quality of Care QOC (Clinical), and Exempt Grievances. <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 11 appeals received in January 2016 and 11 appeals were resolved. ➢ It was noted that the most common type of appeal in January was Pre-Service Pharmacy. This is consistent with prior months. These cases primarily relate to Hepatitis C treatments. <p>Exempt Grievances – The Exempt Grievances category list has been revised to more closely match the categories of the Standard Grievances. The March Dashboard will reflect the new Exempt Grievances categories list.</p>	
#3 QI Business MHN Performance Indicator Report (Attachment E) Informational Patrick Marabella, M.D, Chair	<p><i>Dr. Bernstein left at 11:03AM.</i></p> <p><u>Summary:</u> For Q4 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. This relates to an increase in membership and a static network capacity for ABA services. Actions are in place to increase network capacity.</p>	
#3 QI Business Provider Office Wait Time Qtr 4 (Attachment F) Informational Patrick Marabella, M.D, Chair	<p><i>Dr. Bernstein returned at 11:05AM.</i></p> <p>This report provides a summary of CalViva’s ongoing monitoring of provider office wait times as required by DHCS. This audit relies on submission of wait times by provider offices.</p> <p><u>Follow up Activities:</u></p> <ul style="list-style-type: none"> ➢ Provider-specific outliers will be monitored for trends and follow up initiated when indicated. ➢ Results will be shared with clinics/providers via reports emailed to clinic/office managers. 	
#4 Quality Improvement 2016 Program Description & Work Plan - 2016 QI Program Description	<p><i>Dr. Marabella presented the 2016 Quality Improvement Program Description and Work Plan. Copies of the presentation were made available to committee members and a summary of the information covered is included in the meeting packet.</i></p> <p>The highlights for changes to the Program Description in 2016 are:</p> <ul style="list-style-type: none"> ➢ Health Promotion/Disease Management; consisting of health education programs and updated 	Motion: Approve 2016 Quality Improvement

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<p>- 2016 QI Work Plan Action Patrick Marabella, M.D, Chair</p>	<p>language for Disease Management.</p> <ul style="list-style-type: none"> ➤ Complex Case Management; consisting of updated and expanded description of Complex Case Management. ➤ Culture & Linguistics; replaced this section with approved language from the C & L Program Description in order to be consistent among documents. <p>The activities for the 2016 Work Plan include:</p> <ul style="list-style-type: none"> ➤ Access, Availability, & Service: Improving access to care, timeliness of appointments, and member satisfaction. ➤ Quality & Safety of Care: Improvement plans to include Well Child visits and Immunizations in Kings County, laboratory monitoring of patients on persistent meds, cervical cancer screening in Kings County, and medication management for people with asthma. ➤ Performance Improvement Projects: The two formal projects are Postpartum, and Comprehensive Diabetes Care. 	<p>Program Description and Work Plan (Bernstein/Hodge) 4-0-0-3</p>
<p>#5 UM Business Key Indicator Report (Attachment I) Informational Patrick Marabella, M.D, Chair</p>	<p>The Key Indicator Report reflects data as of January 31, 2016. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➤ Expansion membership(MCE) has increased significantly since July 2015. ➤ ER visits have also increased since July 2015. This may be related to MCE membership, but this needs further investigation to verify the magnitude of the increase. ➤ Turnaround times for January are noted to have decreased due to high volumes, system outages, and staff error. Also, some metrics have small denominators. Corrective measures have been initiated. ➤ Maternity data is noted to be missing from the report. CalViva will follow up to add data on next report. ➤ No significant changes noted for case management 	
<p>#5 UM Business Specialty Referrals Report Qtr 4 HN, EHS, La Salle, IMG (Attachment J) Informational Patrick Marabella, M.D, Chair</p>	<p>These reports provide a summary of Specialty Referral Services that require prior authorization in the tri-county area for HN, EHS, La Salle, IMG and First Choice. These reports provide evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members. Results will be monitored over time.</p>	
<p>#5 UM Business UM Concurrent Review Report Qtr 4 (Attachment K) Informational</p>	<p>The 2015 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Q4 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 and support services.</p>	

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Patrick Marabella, M.D, Chair	<ul style="list-style-type: none"> ➢ Difficulty in contacting members continues to be an issue for Transitional Care Management (TCM). ➢ For UM, the increase in membership has impacted inpatient utilization. Increased enrollment of the MCE 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. 	
#5 UM Business 2015 Concurrent Review QI IRR Report (Attachment L) Informational Patrick Marabella, M.D, Chair	This report covers the 2015 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. <ul style="list-style-type: none"> ➢ The audit components include authorization processing, turnaround times, application of acute care criteria standards, and documentation of discharge collaboration. ➢ All elements met or exceeded the 90% goal. 	
#5 UM Business Inter-rater Reliability for Physicians & Non- Physicians Report (Attachment M) Informational Patrick Marabella, M.D, Chair	UMCM staff utilizes InterQual® Clinical Decision Support Criteria and other evidence based medical policies when reviewing authorization requests from a medical necessity perspective. UMCM Medical Directors and Registered Nurses all participate in annual inter-rater reliability testing. <ul style="list-style-type: none"> ➢ For InterQual IRR testing it is mandatory to obtain a passing score of 80% for non-physicians and 85% for physicians. All test participants received a passing score. Annual training and testing will continue. 	
#6 Pharmacy Business - Executive Summary - Operations Metrics Report - Top 30 Prior Authorizations Report (Attachment N-P) Informational Patrick Marabella, M.D, Chair	Pharmacy quarterly reports include 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. <u>Operations Metrics:</u> <ul style="list-style-type: none"> ➢ All fourth quarter 2015 pharmacy prior authorization metrics were within 5% of standard with the exception of percentage of routine requests that met goal in December 2015 for Kings County. Follow up action has been taken to ensure compliance. ➢ All fourth quarter 2015 pharmacy call metrics met standard with the exception of Average Answer Speed for December 2015. Follow up actions have been initiated. <u>Top 30 Prior Authorizations:</u> <ul style="list-style-type: none"> ➢ Fourth quarter 2015 top medication prior authorization requests varied minimally from last quarter 	
#7 Credentialing & Peer Review Subcommittee Business - Credentialing Subcommittee Report	Credentialing Subcommittee Report. This report provides the QI/UM Committee with a summary of the CVH Credentialing Subcommittee activities. <ol style="list-style-type: none"> 1. The Credentialing Sub-committee met in February 2016. At the February 2016 meeting routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. 	Motion: Approve Credentialing and Peer Review Subcommittee Reports (Bernstein/Cardona)

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<p>- Peer Review Subcommittee Report (Attachment Q-R) Action Patrick Marabella, M.D, Chair</p>	<p>2. County specific Credentialing Sub-committee reports were reviewed for fourth quarter 2015. There were no cases identified with significant issues.</p> <p>Peer Review Subcommittee Report. This report provides the QI/UM Committee with a summary of the 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 2016. The county specific Peer Review Summary reports were reviewed and approved. There were no significant cases to report. 2. The fourth quarter 2015 Peer Review Count report was reviewed and approved by the Peer Review Sub-committee. 	<p>4-0-0-3</p>
<p>#8 Compliance Update</p>	<p>MB Corrado presented the Compliance report.</p> <ul style="list-style-type: none"> ➢ For the first quarter 2016, there were ten potential security/privacy breaches reported to the State and there were no/low risk incidents. ➢ A marketing audit was completed and one non-compliant element was found. A corrective action plan has been requested. Additional audits in process consist of Pharmacy, Emergency Services, Utilization Management, and Q1 and Q2 Provider Dispute. The Plan is currently awaiting the onsite visit from DHCS and DMHC to conduct the joint audit. ➢ The Public Policy Committee held its first meeting of 2016 on March 2, 2016. Two new members were approved to join the Committee. The PPC Committee was polled at the request of DHCS on what is most important about their healthcare. Responses received consisted of concerns with timely access to care, timely access to referrals, the ability to see the same doctor, timely authorizations, and access to information on the requirements to apply or qualify for services. The next Public Policy Committee meeting is scheduled for June 1, 2016 in Kings County. ➢ The following new regulations for 2016 that will affect the health plan are: <ul style="list-style-type: none"> ○ AB 187 – California Children’s Services Program ○ AB 374 – Prescription Drugs – Step Therapy Override ○ SB 137 – Provider Directories ○ SB 147 – FQHC Alternative Payment Method ○ SB 276 – Local Education Agencies ○ SB 277 – Prescription Drugs 	
<p>#9 Old Business</p>	<p>None.</p>	
<p>#10 Announcements</p>	<p>Dr. Marabella announced that Dr. Bernstein, Chief Medical Officer at Camarena Health, will be retiring in the summer of 2016. His replacement will be named in coming months.</p>	
<p>#11 Public Comment</p>	<p>None.</p>	
<p>#12 Adjourn Patrick Marabella, M.D,</p>	<p>Meeting was adjourned at 12:05pm.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Chair		

NEXT MEETING: May 19th, 2016

Submitted this Day: May 19, 2016

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

Acknowledgment of Committee Approval:

 Patrick Marabella, MD Committee Chair