

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
November 21, 2013

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	✓	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., Camerena 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			
✓	María 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 11:05 am. <i>Dr. Marabella introduced a new member to the Committee: Dr. Foster, a psychologist from Family Health Care Network.</i> Dr. Marabella provided a brief summary of the committee format, process and reporting structure.	
#2 Approve Consent Agenda - Committee Minutes 9/19/13 - Committee Minutes 10/17/13 - 2014 QIUM Committee Meeting Schedule - Pharmacy provider Updates – RDL 4 th Quarter (Attachments A-D) Action Patrick Marabella, M.D., Chair	All items on the Consent Agenda were approved as submitted. The September minutes were presented to the committee members to ensure minutes approval was confirmed by those present for the September meeting. The October minutes and Medical Policies were reviewed briefly. There were no questions.	Motion: Approve September 19 th , 2013 Committee Minutes 6-0 (Cardona/Chao) Motion: Approve October 17 th , 2013 Committee Minutes (6-0) (Cardona/Bernstein) Motion: Approve Consent Agenda 6-0 (Cardona/Bernstein)
#3 QI Business	This report provides monthly data to facilitate monitoring for trends in the number and types of cases over	

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<p>Appeals and Grievances Dashboard (Attachment E) Informational Patrick Marabella, M.D</p>	<p>time. <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 34 grievances received and 40 grievances resolved in the month of September 2013. ➤ 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 10 appeals received in the month of September 2013 and 12 appeals were resolved in this month. <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 population specific tabs (SPD, CBAS, TLIC) included in the report.</p>	
<p>#3 QI Business Facility Site/Medical Records Review Report (Attachment F) Informational Patrick Marabella, M.D, Chair</p>	<p>This report is a summary of the 2013 Facility Site Review (FSR's) and Medical Record Reviews (MRR's) for quarter 1 and 2. This report displays completed activity and results of the DHCS required PCP FSR and MRR for CalViva Health in Fresno, Kings, and Madera counties. FSRs/MRR's are completed for all new Medi-Cal providers, every three years after that and may be conducted if a provider has 3 or more grievances in a 6 month period of time.</p> <p><u>Summary of Report:</u> There were 22 FSR's completed with an overall mean FSR score of 96% compliance with standards. There were 20 MRR's with an overall mean score of 93% compliance. There have been 91 Physical Accessibility Review Survey (PARS) completed to date of which 36% meet Basic level access. Basic level access indicates a provider site demonstrates facility site access for the member with disabilities with access to specific accessibility indicators. Limited level access – a provider site has deficiencies in 1 or more Critical Elements</p> <p><u>Interventions Taken:</u></p> <ul style="list-style-type: none"> ➤ Education for FSR and MRR offered to PCP's. ➤ Interim reviews are completed on all PCP sites to monitor continued compliance of critical elements and maintenance of corrected deficiencies. 	
<p>#3 QI Business - State Fair Hearing Case Summary Report - Department of Managed Health Care Summary Report</p>	<p><u>The State Fair Hearing Case Activity Report.</u> CalViva Health members have the right to file a request for a State Fair Hearing (SFH) with the Department of Health Care Services (DHCS) for disputed services. DHCS notifies CalViva Health of a received case by forwarding an official notification to CalViva Health Compliance staff. The request is reviewed and a Statement of Position (SOP) is prepared and submitted to DHCS within the regulation turnaround time of 15</p>	

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<p>(Attachments G, H) Informational Patrick Marabella, M.D, Chair</p>	<p>business days. These SFH cases are logged and tracked upon receipt to ensure compliance with resolution turnaround times. Cases are also reviewed to identify case outcomes and trends.</p> <p><u>Analysis/Findings/Outcomes:</u></p> <ul style="list-style-type: none"> ➤ There were a total of 11 SFH requests submitted to CalViva Health during the 3rd quarter of 2013. Three of the cases were related to denials of Durable Medical Equipment (DME). ➤ Six cases were related to the denial of authorization for medication. <p><u>Next Steps:</u> CalViva Health will continue to monitor and track SFH case notifications.</p> <p><u>The Evaluation of Department of Managed Health Care Activity Report.</u> CalViva Health members have the right to file a request for an Independent Medical review (IMR) with the Department of Managed Health Care (DMHC) for denied services. DMHC notifies CalViva Health by forwarding a request for completion of a Health Plan information (RHPI) form for the case. DMHC utilizes the information provided on the RHPI response to determine if the member is eligible for an IMR. These DMHC cases are logged and tracked upon receipt to ensure compliance with resolution turnaround times. Cases are also reviewed to identify case outcomes and trends.</p> <p><u>Analysis/Findings/Outcomes:</u></p> <ul style="list-style-type: none"> ➤ One case related to DME. ➤ Three cases were related to Medical Necessity. <p><u>Next Steps:</u> CalViva Health will continue to monitor and track DMHC case submission.</p>	
<p>#3 QI Business PM-160 Encounter Data Report (Attachment I) Informational Patrick Marabella, M.D, Chair</p>	<p>This report provides an update to the Committee regarding provider compliance with and in-services related to submission of Child Health and Disability Prevention Program (CHDP) PM-160 INF forms for the period of July 2012 - June 2013. During this period, providers with opportunity for improvement were identified and outreach activities and PM-160 training were conducted for 12 providers. Submission rates will continue to be analyzed and it is expected that data will show improved rates by mid-2014.</p> <p><u>Analysis/Findings/Outcomes:</u></p> <ul style="list-style-type: none"> ➤ Provider Relations Manager completed training with two FQHC's and found that the Health Plan Code and the NPI numbers were being incorrectly placed on the PM-160 forms. ➤ Provider Relations Managers have PM-160 trainings scheduled with providers. <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> ➤ Discuss PM-160 submission compliance with CHDP representatives at the quarterly collaborative meetings in 2014. ➤ A PM-160 Tip Sheet and Provider Update will be distributed to providers. 	
<p>#3 QI Business Potential Quality Issues (Attachment J)</p>	<p>The purpose of this report is to provide a summary of Potential Quality Issues (PQI's) identified during the reporting period. PQI's represent events that could potentially result in substantial harm to a CalViva Health</p>	

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Informational Patrick Marabella, M.D, Chair	member. These cases come from three sources: 1) Non Grievance (Not initiated by Member) 2) Quality of Care Grievance (Initiated by Member) 3) Peer Review Grievances - All cases will be evaluated and actions taken as appropriate to the severity of the outcome and/or risk to the member.	
#4 UM Business Key Indicator Report (Attachment K) Informational Patrick Marabella, M.D, Chair	Key Indicator Report reflects data as of October 20 th , 2013. Highlights provided: 1. Inpatient Utilization Metrics Non-SPD (TANF) and SPD – increase in readmissions, days/1000 and Length of Stay noted for CalViva Health overall. Complex and Ambulatory Case Management tactics are in progress including the re-initiation of concurrent rounds. Several tactics including a Transitional Care Model are being initiated to address the readmission rates. Similar trends noted for county specific rates. 2. ER Utilization – 90 day lag of data Continue to monitor. No other trends identified.	
#4 UM Business Authorization Tracking Report (Attachment L) Informational Patrick Marabella, M.D, Chair	The purpose of this report is to demonstrate CalViva’s oversight, tracking and monitoring of prior authorization requests submitted by directly contracted providers. The report includes authorized, denied, deferred or modified referrals, and the timeliness of the referrals. <u>Findings/Outcomes:</u> Quarter 3 compliance was within goal with the exception of Concurrent Inpatient Denials. Overall the standard was met at 99% compliance. <u>Interventions Taken:</u> > Re-training and audits of all staff on turnaround time regulatory compliance requirements.	
#4 UM Business CCS Report (Attachment M) Informational Patrick Marabella, M.D.	CCS Report. The CCS report was reviewed. There are no significant issues to report.	
#4 UM Business Perinatal Case Management Report (Attachment N) Informational Patrick Marabella, M.D, Chair	The purpose of this activity is to identify members with high-risk perinatal conditions and make referrals for appropriate resources i.e. PPG Case Management, home fetal monitoring, health education materials, channel to network facilities for delivery, review for transition of care and provide individual case management for the highest risk mothers. <u>Analysis/Findings/Outcomes:</u> The Perinatal Case Manager (PCM) attempts to contact the member on at least three occasions. The PCM also addresses any gaps in the care plan that have not been addressed. <u>Next Steps:</u>	

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	<ul style="list-style-type: none"> ➤ Attend community workshops to promote CalViva Health Perinatal Case Management Program ➤ Monitor outcomes and report on Alere Home Monitoring for high risk OB. 	
<p>#4 UM Business Case Management Review Monitoring Report (Attachment O) Informational Patrick Marabella, M.D., Chair</p>	<p>This report provides a summary of the results of monthly case management audits. The audit supports the Case Manager (CM) in producing consistent, credible, timely medical management records that will facilitate accurate metrics, correct claims payment, support subsequent utilization decisions identify public program and case management referrals and meet the requirements of various regulators. This report is for 3rd quarter.</p> <p><u>Data/Results:</u></p> <ul style="list-style-type: none"> ➤ The average of the 2013 monthly audit scores year-to-date is 96.5%. ➤ Focused training is provided to staff when areas of opportunity for improvement are identified through the audits. 	
<p>#4 UM Business Standing Referrals Report (Attachment P) Informational Patrick Marabella, M.D., Chair</p>	<p>This report verifies member access to standing referrals for appropriate 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 3 2013. There were 2 Pre-Certification Out of Network Denials for Standing Referrals reported for quarter 3 2013. These were denied due to insufficient information provided to warrant a standing referral with a Non-Participating Provider. Continue to monitor for trends.</p>	
<p>#5 Pharmacy Reports Executive Summary Operations Metrics Top 30 Prior Authorizations (Attachments Q-S) Informational Recommended Drug List Formulary Quarter 3 (Attachment T) Action Patrick Marabella, M.D., Chair</p>	<p>The quarterly pharmacy reports include an evaluation of operational metrics, top medication prior authorization (PA) requests, and the quarterly Recommended Drug List (RDL) changes. 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 3 2013 prior authorization operational metrics met standard ➤ All quarter 3 2013 pharmacy provider call metrics met standard <p><u>Top Pharmacy Prior Authorizations:</u></p> <ul style="list-style-type: none"> ➤ Third quarter 2013 top medication prior authorization requests varied minimally from last quarter <p><u>3rd Quarter 2013 Recommended Drug List (RDL) Provider Update Highlights:</u></p>	<p>Motion: Approve 3rd Quarter Recommended Drug List 6-0 (Cardona/Chao)</p>

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	<p>study was to examine the accuracy and completeness of encounter data submitted by health plans. CVH performed better than average and their processes for aggregating and submitting claims and encounter data files adhere to industry best practices</p> <ul style="list-style-type: none"> ➤ The ACA expansion section 1202 PCP payments has not changed, still waiting for DHCS to implement rate increases therefore the compliance plan submission has been extended until December 1, 2013. ➤ The Low Income Health Plan transition will be transitioned on January 1, 2014. Approximately 1,800 members in Madera County and 2,100 members in Kings County will be affected. There is no LIHP program in Fresno County. ➤ Effective January 1, 2014 managed care plans will assume responsibility for providing some of the mental health and substance abuse services. A Material Modification filing will be submitted to DHCS by December 2, 2013. DMHC will give conditional approval to Plans' meeting this requirement. A complete filing will be due on March 3, 2014. Plans are currently waiting on DCHS guidance in regards to implementation. ➤ The next Public Policy meeting will be held December 4, 2013 in Fresno County. Dr. Chao requested the possibility of changing the Health Education Quit For Life Smoking Cessation raffle incentives in order to encourage potential participants to join the program. Committee members questioned the usefulness of current incentives. Incentives are re-evaluated each year and other options can be considered at that time in addition to program accessibility. 	
#8 Old Business	None.	
#9 Announcements	None.	
#10 Public Comment	None.	
#11 Adjourn Patrick Marabella, M.D., Chair	Meeting was adjourned at 12:45pm.	

NEXT MEETING: February 20th, 2014

Submitted this Day: February 20th, 2014

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

Acknowledgment of Committee Approval:

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