

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
March 20, 2014

Madera County Resource Management Agency
Conference Room A-7
2037 West Cleveland Avenue
Madera, CA 93637

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., Camarena Health Center arrived 11:12am		✓ David Marquardt, Quality Analyst	
✓ Conrad Chao, M.D., At-large Appointee, Fresno County UCSF/CCMG arrived 11:21am			
✓ 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		

✓ = 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 11:09 am.	
#2 Approve Consent Agenda Committee Minutes 2/20/2014 (Attachments A) Action Patrick Marabella, M.D., Chair	All items on the Consent Agenda were approved as submitted. The February minutes were reviewed briefly. There were no questions.	Motion: Approve Consent Agenda (Bernstein/Cardona) 6-0-0-1
#3 QI Business Appeals and Grievances - Dashboard - Executive Summary 4 th Quarter - Quarterly Report - Inter-rater Reliability	<u>Dashboard:</u> This report provides monthly data to facilitate monitoring for trends in the number and types of cases over time. <u>Grievances:</u> ➤ 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 38 grievances received and 36 grievances resolved in the month of January 2014. ➤ Grievances are further broken down into three categories: Quality of Service QOS (Administrative),	

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<p>(Attachment B-E) Informational Patrick Marabella, M.D</p>	<p>Quality of Care QOC (Clinical), and Exempt Grievances. No actionable trends identified.</p> <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 8 appeals received in the month of January 2014 and 4 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>Mental Health related appeals and grievances will be included on this dashboard and other A & G reports in 2014 in accordance with the change in coverage for Medi-Cal Managed Care that occurred in January 2014. No trends were identified for the county specific results (Fresno, Kings, Madera) included in the report.</p> <p><u>The Appeals and Grievances Executive Summary and Quarterly Analysis of Grievances.</u> This is a summary of 2013 fourth quarter appeals and grievances to assess for emerging patterns, compliance to turnaround time, and to identify opportunities for improvement.</p> <p><u>Analysis/Finding/Outcomes:</u></p> <p>Member Appeals and Grievances –</p> <ul style="list-style-type: none"> - There were a total of 24 appeals in quarter 4. Majority of these were pre-service appeals. - There were 93 grievances. We will continue to track and monitor. - There was a decrease in overall counts for both appeals and grievances when comparing quarter 4 to previous 2013 quarters. <p>Turnaround Time and Volume –</p> <ul style="list-style-type: none"> - There were no cases that were out of compliance. <p>Access Grievances –</p> <ul style="list-style-type: none"> - The majority of Access to Care grievances were related to PCP – Referral for services. No trends identified. <p>Inter-rater Reliability –</p> <ul style="list-style-type: none"> - This report evaluates clinical and non-clinical A&G staff adherence to regulatory requirements and internal policies and procedures established for handling appeals and grievances. The fourth quarter overall score averaged 98%. The audit score threshold is 95%. No action required at this time. 	
<p>#3 QI Business - 2013 DMHC Case Activity Annual Summary Report - 2013 State Fair Hearing Annual Summary Report (Attachment F, G) Informational Patrick Marabella, M.D,</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 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>	

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Chair	<p><u>Analysis/Findings/Outcomes:</u></p> <ul style="list-style-type: none"> ➤ There were a total of 20 RHPI Cases in 2013. ➤ Eight cases related to DME. ➤ Seven cases were related to Medical Necessity. <p>Next Steps: CalViva Health will continue to monitor and track DMHC case submissions for trends and patterns.</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 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 34 SFH requests submitted to CalViva Health in 2013. ➤ Twenty-one cases were related to authorization denials. ➤ 10 cases were related to authorization for medication. ➤ Eight of the cases were related to denials of Durable Medical Equipment (DME). <p>Next Steps: CalViva Health will continue to monitor and track SFH case notifications for timeliness and trends.</p>	
<p>#3 QI Business Initial Health Assessment (Attachments H) Informational Patrick Marabella, M.D, Chair</p>	<p>This report summarizes the 2013 results of CalViva Health's three outreach efforts to contact and notify Medi-Cal members to schedule an Initial Health Assessment (IHA) with their primary care physician (PCP) upon enrollment. CalViva Health's IHA outreach attempts consist of:</p> <ol style="list-style-type: none"> 1. Notification of the IHA in the new member packet mailed to Medi-Cal members upon enrollment. 2. New member welcome call conducted within 2 weeks of enrollment. 3. IHA postcard mailed to new members within 42 days of enrollment. <p>CalViva Health demonstrated 99% compliance with the three-pronged outreach effort for IHA. It was noted that there was an increase in failed attempted contacts in September; however, overall compliance for the month remained at 99.3%. The committee will continue to monitor for trends.</p> <p>➤</p>	
<p>#3 QI Business 2014 Quality Improvement/Utilization Management Committee Charter</p>	<p>The 2014 Quality Improvement Utilization Management Committee Charter was presented to the committee for review. There were no questions or suggested revisions.</p> <ul style="list-style-type: none"> ➤ Dr. MacLean suggested the addition of a CCS physician representative to the Quality Improvement Utilization Management Committee to address CCS issues within the CalViva Health member population. 	

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(Attachment I) Informational Patrick Marabella, M.D, Chair	All committee members are encouraged to nominate a CCS physician or other potential committee members who may enhance member representation at the QIUM committee.	
#3 QI Business - 2014 Quality Improvement Program Description - 2014 Quality Improvement Annual Work Plan (Attachment J, K) Action Patrick Marabella, M.D, Chair	<p><i>Dr. Marabella informed the committee that to facilitate discussion of the Annual Program Documents for QI and UMCM 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 2014 Program Description for Quality Improvement includes the following changes:</p> <ul style="list-style-type: none"> ➤ Disease Management <ul style="list-style-type: none"> ○ Reflecting the program expansion to 5 chronic conditions ➤ Complex Case Management <ul style="list-style-type: none"> ○ Updated to be consistent with current program processes ➤ Behavioral Health Services <ul style="list-style-type: none"> ○ New section outlining Mental Health Services now being offered ➤ Delegation <ul style="list-style-type: none"> ○ Broadened language to reflect other delegated entities ➤ Access and Availability <ul style="list-style-type: none"> ○ Added monitoring of Behavioral Health Services <p>The 2014 QI Work Plan activities will focus on:</p> <ul style="list-style-type: none"> ➤ Access, Availability, and Service <ul style="list-style-type: none"> ○ Monitor provider appointment access ○ Improve compliance with after-hours access to care ○ Improve member satisfaction ➤ Quality & Safety of Care <ul style="list-style-type: none"> ○ Continue activities from 2013 to maintain and improve HEDIS® performance levels ○ Decrease percent of members with multiple narcotic prescriptions ➤ Quality Improvement Projects <ul style="list-style-type: none"> ○ Diabetic Retinal Eye Exam – continued from 2013 ○ All Cause Readmission – Statewide collaborative continued from 2013 	Motion: Approve 2014 Quality Improvement Program Description & Annual Work Plan (Hutchison/Bernstein) 7-0-0-0
#4 UM Business Key Indicator Report (Attachment L) Informational	Key Indicator Report reflects data as of February 20, 2014. Highlights provided: 1. Inpatient Utilization Metrics for Non-SPD (TANF) and SPD were reviewed. Increasing trends were noted in several areas. Complex and Ambulatory Case Management and Transitional Care	

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Patrick Marabella, M.D, Chair	<p>Management tactics are in progress including the re-initiation of concurrent rounds to reverse these trends. The need to compare current results to last 6 months of 2013 was discussed.</p> <ol style="list-style-type: none"> 2. ER Utilization – 90 day lag of data 3. New goals have been determined for Inpatient Utilization Metrics for Non-SPD and SPD members. The new goals are blended CalViva overall rates utilizing evidence based criteria as applied statewide. 	The prior year (2013) “Year-to-Date Totals” column will be added to the Key Indicator Report for comparative purposes.
#4 UM Business Authorization Tracking Report (Attachment M) Informational Patrick Marabella, M.D.	<p>Authorization Tracking Report This report provides a procedure to track and monitor prior authorization requests submitted by directly contracted providers. Results reflect good compliance overall. Quarter 4 compliance indicators for Turn Around Time (TAT) were all within goal of 95% or higher. No action required at this time.</p>	
#4 UM Business Care Case Management Review Monitoring Report 4 th Quarter (Attachment N) Informational Patrick Marabella, M.D, Chair	<p>This report provides a summary of monthly audits to validate that the Care/Case Managers (CM) are producing consistent, credible, timely medical management records consistent with established criteria. <u>Data/Results:</u></p> <ul style="list-style-type: none"> ➤ The overall average UM audit score has been 92-98% for the year. Results noted to be slightly lower in 4th quarter. This can be attributed to reporting changes, new staff and reorganization of duties. ➤ Focused training opportunities will continue to ensure a 95% score or higher in 2014. 	
#4 UM Business InterQual Inter-rater Reliability Testing Summary Report (Attachment O) Informational Patrick Marabella, M.D, Chair	<p>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. <u>Analysis/Findings/Outcomes:</u> 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.</p>	
#4 UM Business - 2014 Utilization Management Program Description - 2014 Utilization Management Annual Work Plan (Attachment P, Q) Action Patrick Marabella, M.D, Chair	<p><u>The Utilization Management Program Description</u> includes the following changes in 2014:</p> <ul style="list-style-type: none"> ➤ Health Net process changes associated with the 2013 reorganization of the UM function. ➤ Behavioral Health Care Services <ul style="list-style-type: none"> ○ New sections have been added to outline the expanded mental health services that are now offered <p><u>The 2014 Utilization Management Work Plan.</u> The UM Work Plan activities will focus on:</p> <ul style="list-style-type: none"> ➤ Compliance with Regulatory & Accreditation Requirements <ul style="list-style-type: none"> ○ Continue with internal/external audits ➤ Monitoring the UM Process <ul style="list-style-type: none"> ○ Continue to monitor prior authorizations 	Motion: Approve 2014 Utilization Management Program Description & Annual Work Plan (Foster/Chao) 7-0-0-0

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	<ul style="list-style-type: none"> ○ Turn-around Times ○ Inter-rater Reliability Testing ○ Appeals Tracking ➤ Monitoring the Utilization Metrics <ul style="list-style-type: none"> ○ Under/Over Utilization Tracking ○ Provider Dispute Reviews ○ PPG Profile ➤ Monitoring Coordination with Other Programs and Vendor Oversight <ul style="list-style-type: none"> ○ Case Management monitoring ○ Disease Management ○ Behavioral Health Management ➤ Monitoring Activities for Special Populations <ul style="list-style-type: none"> ○ CCS Identification ○ SPD and CBAS Tracking 	
#5 Compliance Update	<p>The Public Policy Committee met March 5th, 2014. The meeting was an informational meeting as a quorum was not present. There are currently three vacancies on this committee. The next meeting is scheduled for June 4th, 2014.</p>	
<p>#6 Pharmacy Reports</p> <ul style="list-style-type: none"> - Executive Summary - Inter-rater Reliability Report - Operations Metrics Report - Top 30 Prior Authorizations Report <p>Informational</p> <ul style="list-style-type: none"> - Recommended Drug List Formulary 4th Quarter (Attachments R-V) <p>Action</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 4 2013 prior authorization operational metrics met standard ➤ All quarter 4 2013 pharmacy provider call metrics met standard <p><u>Top Pharmacy Prior Authorizations:</u></p> <ul style="list-style-type: none"> ➤ Fourth quarter 2013 top medication prior authorization requests varied minimally from last quarter <p><u>Inter-rater Reliability Test Results:</u></p> <ul style="list-style-type: none"> ➤ Fourth quarter 2012 through third quarter 2013 overall standard was met for both QA committee selected medications and the random review in each quarter. <p><u>Fourth Quarter Recommended Drug List (RDL):</u> The Fourth Quarter 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.</p>	<p>Motion: Approve the Fourth Quarter Recommended Drug List Formulary (Bernstein/Cardona) 7-0-0-0</p>
#7 Old Business	None.	
#8 Announcements	None.	
#9 Public Comment	None.	

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#10 Adjourn Patrick Marabella, M.D., Chair	Meeting was adjourned at 12:38 pm.	

NEXT MEETING: May 15th, 2014

Submitted this Day: May 15, 2014

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

Acknowledgment of Committee Approval:

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