

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
May 16, 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)
✓	Aftab Naz, M.D., At-large Appointee, Madera County	✓	Amy Schneider, RN, Director of Medical Management Services
✓	Henry Cisneros, DDS, Family Health Care Network	✓	Morgan Essenheimer, Compliance Analyst
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Brandi Leyva, Medical Management Administrative Coordinator
✓	Jonathan Forncrook, D.O., Camerena Health Center (arrived 11:12am)		
✓	Conrad Chao, M.D., Fresno County At-large Appointee, UCSF/CCMG (arrived at 11:07 am)		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			
✓	Maria Ortega, Quality Improvement Specialist, Health Net	✓	Nancy Nkansah, PharmD, Director of UCSF Medication Management Services, CalViva Health Pharmacy Consultant

✓ = 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 Dr. Henry Cisneros, Chief Clinical Officer from Family Health Care Network as a new member to the QI/UM Committee. Dr. Cisneros is replacing Dr. Steven Palmar.</i>	
#2 Approve Consent Agenda Committee Minutes 3/21/13 Provider Updates - Medical Policies: First Qtr 2013 (Attachments A, B) Action Patrick Marabella, M.D., Chair	All items on the Consent Agenda were approved as submitted. The minutes and Medical Policies were reviewed briefly. There were no questions.	Motion: Approve Consent Agenda 6-0 (Cardona/Naz)
#3 QI Business -Facility Site & Medical Record Review Report (Attachment C)	The Facility Site Review and Medical Record Review Report. This report displays completed activity and results of the Department of Health Care Services (DHCS) required Primary Care Physician (PCP) Facility Site Review (FSR) and Medical Records Review (MRR) for	

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<p>Informational Patrick Marabella, M.D</p>	<p>CalViva Health in the tri-county area.</p> <p><u>Results:</u></p> <ul style="list-style-type: none"> ➤ 16 FSR's and 17 MRR were completed in the 3rd and 4th quarters of 2012. ➤ A total of 42 FSRs and 46 MRRs were completed in 2012. ➤ The overall FSR score for Fresno, Kings, and Madera Counties was 98%. Compliance in all categories met the established standard (90%) except for Infection control (88%) in Madera during 3rd quarter which was reflective of only 1 provider site out of compliance. Corrective Action Plan was completed. ➤ The overall MRR score for Fresno, Kings, and Madera Counties was 96%. ➤ Opportunity for improvement noted for Adult Preventive Care (83%) <p><u>Corrective Action Plans (CAPS):</u> CAPS have 3 components: Critical Elements (CE) CAP, FSR CAP, and MRR CAP.</p> <ul style="list-style-type: none"> ➤ For all 3 counties, the CE CAP submission compliance rate within 10 business days was 100% in the 3rd and 4th quarters of 2012. ➤ FSR and MRR CAPs were also closed at a 100% rate within 45 business days of the audit. <p><u>Physical Accessibility Review Survey (PARS):</u> PARS reviews provide access level information for inclusion in the health plan provider directories. PARS reviews are performed every 3 years. There are two levels of accessibility per the PARS assessment:</p> <ul style="list-style-type: none"> ➤ Basic Access-- the provider site has demonstrated access for the disabled member for parking, building, elevator, doctor's exam room, restroom and medical equipment availability. To meet Basic level access, all Critical Elements must be met. ➤ Limited – Provider site has deficiencies in 1 or more Critical Elements. ➤ In the tri-county area, 98 PARS reviews have been completed, of which 34% have Basic level access. <p><u>FSR/MRR Educational Training for Provider Sites:</u> Certified Site Review Nurses are available to provide educational trainings prior to the actual FSR/MRR evaluation. These trainings allow provider sites to become familiar with DHCS regulations and FSR/MRR processes.</p> <ul style="list-style-type: none"> ➤ New Individual Health Education Behavioral Assessment (IHEBA), a state developed member assessment tool, and MMCD DHCS Policy Letter outlining the mandatory implementation guidelines is expected to be released in 2013. Providers will need to be educated on the use of the new tool. 	
<p>#3 QI Business Public Health Update (Attachment D) Informational Patrick Marabella, M.D, Chair</p>	<p>The Public Health Update report focused on two topics for this reporting period: Health Care Navigation Assistance Project and Transportation Assistance.</p> <p><u>1) Health Care Navigation Assistance Project:</u> The Public Health Programs Department created this project in partnership with Resources for Independence Central Valley (RICV) of Fresno County in March 2013 to assist SPD members accessing the Independent Living Center services, with guidance in understanding their health insurance.</p> <p><u>2) Transportation Assistance:</u></p>	

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	<p>Members requesting transportation assistance are assessed to establish those meeting criteria. Public Program Coordinators (PPCs) utilize regional and public transportation resources to coordinate services for these members.</p> <p>Requests for transportation remain high for the tri-county area. These requests are responded to through a variety of means including: transportation vendor, the CalViva Health van, providing the member with bus tokens/passes, arrangements by family members, or member referral to other community resources.</p> <p>Transportation services are arranged for members undergoing:</p> <ol style="list-style-type: none"> 1. Chemotherapy 2. Radiation therapy/dialysis 3. High-risk OB patients <p><u>Follow up Actions Taken:</u></p> <ol style="list-style-type: none"> 1) <u>Health Care Navigation Assistance Project:</u> The Public Health Programs Department is collaborating with the Health Education department to identify and coordinate health education workshops and materials for CalViva Health members accessing RICV services. 2) <u>Transportation Assistance:</u> Monthly passes covering out-of-pocket expenses for bus rides provided to members established with an ADA-funded transportation provider. <p>Dr. Chao and Dr. Naz emphasized to the committee that transportation is a significant issue for their patient populations and is essential to patient safety. Dedication of resources to ensure members are able to obtain needed services supports good outcomes and patient compliance with the treatment plan.</p>	<p>Committee support of efforts and resources to enhance transportation services will be communicated to the RHA Commission.</p>
<p>#3 QI Business Potential Quality issues Report (Attachment E) Informational Patrick Marabella, M.D, Chair</p>	<p>This is a new report for 2013 that provides a summary of Potential Quality Issues (PQIs) identified during the 1st quarter of 2013. PQIs originate during the provision of care or services when the omission or commission of care interventions results in potential harm to the member. PQI's may be identified during UMCM or Appeal & Grievance review processes or through other activities such as the Provider Preventable Conditions reporting process which includes Health Care Acquired Conditions or Other Preventable Provider Conditions as defined by federal and state regulations.</p> <p>Summary data was provided in three charts for PQIs identified as Non-grievance PQIs, Quality of Care PQIs and Peer Review Count cases.</p> <p>Review of the 1st quarter PQIs revealed some opportunities for improvement, some of which require CAPs and site visits to ensure critical elements are addressed properly. All other reportable incidents did not require action; however, oversight of activities will continue with tracking to identify any trends.</p>	
<p>#3 QI Business Access & Availability Reports: - Provider Update</p>	<p>The Access and Availability Reports. <u>Provider Update Availability and After Hours:</u> A 2012 Provider Appointment Availability and After-Hours Access survey was completed to comply with the</p>	

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<p>Availability & After Hours - Integrated Accessibility Report - Integrated Availability Report (Attachment F, G, H) Informational Patrick Marabella, M.D, Chair</p>	<p>Department of Managed Health Care (DMHC) and the Department of Health Care Services (DHCS) availability requirements, which ensure health care services are provided to patients in a timely manner appropriate for the nature of the patient's condition and consistent with good professional practice. Dr. Marabella explained the basic requirements associated with Access and Availability regulations in California, including the annual Timely Access Report submission to DHCS.</p> <p>2012 Survey Changes and Measures-</p> <ol style="list-style-type: none"> 1. Industry Collaborative Effort (ICE) survey tool questions were combined with the Medi-Cal limited scope primary care and specialty care appointment availability survey tools in order to minimize impact on providers. 2. The Medi-Cal Provider Appointment Availability survey asked primary care and specialist provider offices the timeframe for scheduling appointments for members. 3. The After-Hours Access survey measures whether the member is provided with: <ul style="list-style-type: none"> - Clear instructions for emergency situations - Clear instructions on how to connect with an on-call physician within 30 minutes for urgent services <p>Results-</p> <p>Overall results were favorable and standards were met. Areas with opportunity for improvement include:</p> <ul style="list-style-type: none"> • Emergency Care Instructions • Physician Availability within 30 Minutes <p>Corrective actions are underway to obtain improvement. As previously reported, an Access Workgroup was initiated for CalViva this year. This workgroup will monitor access and availability issues in an ongoing manner and implement strategies for improvement. Issues to be considered include over and underutilization of services and medical education services. The Access Workgroup will report findings and recommendations to this committee.</p> <p><u>Integrated Availability Report:</u> This report provides an evaluation of standardized geographic, ratio, and open practice standards, to ensure that CalViva Health has a network sufficient and adequate to provide its members with appropriate access to, and availability of practitioners, providers and health care services.</p> <p><u>Barrier Analysis reveals:</u></p> <ul style="list-style-type: none"> ➢ Insufficient availability of specialist physicians in rural areas of the counties ➢ Reluctance of providers to open practices to new members due to high panel volumes <p>All areas identified will be monitored by the CalViva Health Access Workgroup to ensure continued compliance and opportunities for further improvement are addressed.</p> <p><u>Actions Taken:</u> Beginning January 2013, CalViva Health contracted with additional specialty care providers in order to address the barrier of insufficient availability of specialty care providers.</p>	

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	<p><u>Next Steps:</u> Distribute results to relevant departments and continually follow up on deficient areas until resolution is achieved.</p>	
<p>#3 QI Business Cultural and Linguistics Services - Executive Summary (Informational) - 2012 Work Plan Evaluation (Action) - 2013 Program Description (Action) - 2013 Work Plan (Action) - Language Assistance Program (Informational) (Attachments I, J, K, L, M) Patrick Marabella; M.D, Chair</p>	<p><i>Dr. Marabella informed the committee that to facilitate discussion of the Annual Program Documents for Culture & Linguistics and Health Education a Power Point presentation will be utilized. The full documents under discussion are included in the meeting packet. The Power Point presentation is not an official part of the committee's records but will be used only as a discussion tool. Approval of each official document is required.</i></p> <p><u>There are three major components to the Cultural and Linguistics(C & L) Annual Program Documents:</u></p> <ol style="list-style-type: none"> 1) <u>2012 C & L Workplan Evaluation</u> 2) <u>2013 C & L Program Description</u> 3) <u>2013 C & L Workplan</u> <p><u>2012 Work Plan Evaluation.</u> 2012 Work Plan activities completed:</p> <ul style="list-style-type: none"> ➤ Language Assistance Services <ol style="list-style-type: none"> 1. Over 900 requests for interpreter services completed 2. Over 300 associates assessed for bilingual skills ➤ Compliance Monitoring <ol style="list-style-type: none"> 1. GEO Access Report 2. Group Needs Assessment ➤ Communication, Training and Education <ol style="list-style-type: none"> 1. Distributed materials and resources ➤ Health literacy and Cultural Competency <ol style="list-style-type: none"> 1. Annual Heritage Day – Educate staff on diverse cultures within the community <p><u>2013 Program Description.</u> Major Changes for 2013: This document was updated to reduce redundancy and enhance the Scope of Programs, Services, Oversight and Monitoring sections. Scope of Programs and Services section now includes –</p> <ol style="list-style-type: none"> 1. Language Assistance Program 2. Cultural Competency 3. Linguistic Services 4. Public Policy <p>Oversight and Monitoring now includes a description of the reports produced and is followed by a Data</p>	<p>Motion: Approve C&L 2012 Work Plan Evaluation 6-0 (Naz/Chao)</p> <p>Motion: Approve C&L 2013 Program Description 6-0 (Cisneros/Cardona)</p>

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	<p>Collection section. Other edits were minor including moving the staff roles section to an appendix.</p> <p><u>2013 Work Plan.</u> All activities will continue as established in 2012 with some enhancements:</p> <ol style="list-style-type: none"> 1. Language Assistance Services 2. Compliance Monitoring – Coordinate with Credentialing Department to respond to provider related grievances 3. Communication, Training, and Education 4. Health Literacy and Cultural Competency – Update the Diabetes and Culture Pocket Guide <p><u>Language Assistance Program.</u> This report provides information on language service utilization by CalViva Health members for the third and fourth quarter of 2012:</p> <ul style="list-style-type: none"> ➢ Calls handled by bilingual Member Services Department representatives averaged over 1,300 per month. ➢ A total of 66% of the requests for interpreter services were fulfilled utilizing telephonic interpreter services followed by 22% for in person interpretation and 13% for American Sign Language. ➢ CalViva Health's Limited English Proficient (LEP) members speak over twenty-three non-English languages with the top six as follows: <ol style="list-style-type: none"> 1. Spanish 2. Hmong 3. Lao 4. Cambodian 5. Armenian 6. Arabic <p>The Member Services Department experienced a higher than usual call volume in the areas of requests for CalViva Health plan information and CalViva Health retro provider change during Oct/Nov. Monitoring and trending of language utilization is ongoing to identify areas for improvement.</p>	<p>Motion: Approve C&L 2013 Work Plan 6-0 (Naz/Forncrook)</p>
<p>#3 QI Business Health Education Reports - Executive Summary (Informational) - 2012 Work Plan Evaluation (Action) - 2013 Program Description (Action) - 2013 Work Plan (Action) - QFL Incentive Program (Informational)</p>	<p>Health Education Reports. There are three major components to the Health Education Annual Program Documents:</p> <ol style="list-style-type: none"> 1) 2012 Health Education Work Plan Evaluation 2) 2013 Health Education Program Description 3) 2013 Health Education Workplan. <p>2012 Health Education Work Plan Evaluation – Analysis/Findings/Outcomes: ➢ Eighteen initiatives completed with minor modifications to some components to address challenges or</p>	<p>Motion: Approve 2012 Health Education Annual Evaluation (6/0) (Chao/Naz)</p>

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<p>(Attachment N, O, P, Q, R) Patrick Marabella, M.D, Chair</p>	<p>barriers.</p> <p>Actions Taken:</p> <ol style="list-style-type: none"> 1. Developed FFFL Coaching Incentive Program to be implemented in 2013 to address the barrier of low enrollment and the completion of the programs offered by the Health Education Department. 2. Developed new FFFL teen/adolescent focused curriculum to target youths in addressing childhood obesity issues. 3. Partner with McKesson staff to identify opportunities for improvement and increased promotion of the Nurse Advice Line. This action addressed the downward trend of HEDIS Asthma and Diabetes performance levels. <p>2013 Health Education Program Description Major changes for 2013 –</p> <ol style="list-style-type: none"> 1. Add incentive program to FFFL-Coaching Program 2. Update with new IHEBA forms 3. Add DHCS's requirement for Readability and Suitability of written health education resources and annual reporting for health education incentive program. <p>2013 Health Education Workplan Activities will continue as established in 2012 with some enhancements:</p> <ol style="list-style-type: none"> 1. Fit Families for Life – <ul style="list-style-type: none"> - Expand program materials and increase outreach efforts to members with BMI at or above the 85th percentile. - Coaching program: Incentives will be added to reward members with each successful coaching call to encourage members to complete all 5 calls. - An optional text messaging component promoting healthy choices and notifications of accrued incentives will allow participants to receive tips via their cell phone. - Provider Update to communicate enhancements and increase referrals. 2. Quit for Life – <ul style="list-style-type: none"> - Investigate a text messaging option to enhance enrollment and engagement 3. DM Programs – <ul style="list-style-type: none"> - Compare DM self-reported rates with county specific HEDIS rates - Work with McKesson to generate CVH county specific numbers for DM and Nurse Advice Line. <p>Health Education Incentive Program The summary report for the Health Education incentive programs for quarter 4, 2012 includes:</p> <ol style="list-style-type: none"> 1. Quit For Life (QFL) telephonic smoking cessation program: 42 participants – There was a 10% increase in members from quarter 3 2012 to quarter 4. 	<p>Motion: Approve 2013 Program Description 6-0 (Cardona/Naz)</p> <p>Motion: Approve 2013 Work Plan 6-0 (Naz/Cardona)</p>

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	<ol style="list-style-type: none"> 2. Kids & Teens Challenge (KTC) raffle for well care visits: 41 participants – There was a 52% increase in members from quarter 3 2012 to quarter 4. 3. Fit Families For Life (FFFL) – Home Edition weight management program: 25 participants – slightly lower than previous quarters 4. Member Orientation (ME) Class: 10 participants – The number of members enrolled doubled from quarter 3 to quarter 4. <p>Next steps:</p> <ol style="list-style-type: none"> 1. Investigate texting options to enhance QFL Program accessibility. 2. Establish a referral system with CBO's serving Medi-Cal members to improve member outreach and participation in member orientation classes. 	
<p>#4 UM Business Key Indicator Report (Attachment S) Informational Patrick Marabella, M.D, Chair</p>	<p>Key Indicator Report reflects data as of April 20th, 2013. Highlights provided:</p> <ol style="list-style-type: none"> 1. SPD Length of Stay and Readmissions are down 2. Inpatient Utilization Metrics Non-SPD (TANF) Readmissions - slight increase for CalViva Health overall 3. ER Utilization – 90 day lag of data 4. Inpatient Utilization Non-SPD (TANF) Days/1000- Target goals set per county: <ul style="list-style-type: none"> - Fresno County slightly over the goal - Kings County slightly above the goal - Madera County slightly above the goal, however, low volumes cause large variation from month to month <p>No other trends identified.</p>	
<p>#4 UM Business CCS Report (Attachment T) Informational Patrick Marabella, M.D, Chair</p>	<p>CCS Report. The CCS report was reviewed. Rates are improving. There are no significant issues to report.</p>	
<p>#4 UM Business Authorization Tracking Report (Attachment U) Informational Patrick Marabella, M.D, Chair</p>	<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. One case out of compliance noted in reporting period. <u>Actions Taken:</u></p> <ul style="list-style-type: none"> > Re-training and audits of all staff on turnaround time regulatory compliance requirements. > Create simplified Notice of Action (NOA) 101 training documents > Ongoing education of providers <p>Continue to audit all failed NOA events with special focus on Deferrals and Urgent cases.</p>	

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<p>#4 UM Business Standing Referrals Report (Attachment V) Informational Patrick Marabella, M.D., Chair</p>	<p>The Standing Referrals Report was presented to the QI/UM Committee. This report was created to verify member access to standing referrals for appropriate chronic conditions. Chronic Conditions include but are not limited to:</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>In network, there were no denials for Standing Specialty Referrals in quarter 1 2013. There were 6 Pre-Certification Out of Network Denials for Standing Specialty Referrals reported for quarter 1 2013. Five were denied due to services available in network, and 1 was denied for lack of medical necessity.</p>	
<p>#5 Pharmacy Executive Summary Pharmacy Reports (Attachments W, X, Y, Z) Informational Patrick Marabella, M.D., Chair</p>	<p>The pharmacy quarterly reports on operational metrics, top medication prior authorization (PA) requests, and the quarterly Recommended Drug List (RDL) changes allow the committee 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>Pharmacy Operations Metrics:</u></p> <ul style="list-style-type: none"> > All quarter 1 2013 prior authorization operational metrics met standard > All quarter 1 2013 provider call metrics met standard <p><u>Top Pharmacy Prior Authorizations:</u></p> <ul style="list-style-type: none"> > No barriers to medication access through PA process were identified. <p><u>4th Quarter 2012 RDL Provider Updates Highlights:</u></p> <ul style="list-style-type: none"> > Preferred brand of albuterol inhaler changed from ProAir® HFA to Ventolin®HFA > Prior Authorization restrictions were removed from a number of drugs <ul style="list-style-type: none"> - Dr. Cardona suggested maintaining the CalViva RDL in software commonly used at local hospitals and clinics such as EPIC in order to allow ready access and availability for providers when ordering medications for CalViva members and thereby improve efficiency. <p>A copy of the complete Recommended Drug List under consideration for review and approval was available at the meeting.</p>	<p>Motion: Approve Pharmacy RDL Formulary 6-0 (Chao/Forncrook) Nancy Nkansah, UCSF Clinical Pharmacy Director, will explore the possibility of utilizing software systems to allow providers easy access to the CVH formulary while providing care to CalViva members in a variety of settings in the community.</p>
<p>#6 Compliance Update - Audit Update Informational Mary Beth Corrado, CCO</p>	<p><u>Compliance:</u> M.B. Corrado provided a summary of Compliance activities for the committee.</p> <ul style="list-style-type: none"> • CalViva Health received an increase in potential privacy and security breach cases and all were determined to be no/low risk. • CalViva Health received 6 potential fraud cases. 	

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	<p>CalViva Health is currently in the post-audit phase of the joint DMHC and DHCS Medical Survey audit. DMHC and DHCS are in the stage of finalizing reports. DHCS has scheduled an exit interview with CalViva Health staff for June 11th, 2013.</p> <p>DHCS also performed a HEDIS Audit through the Health Services Advisory Group (HSAG). HSAG audited both CalViva Health and Health Net at the same time looking at HEDIS data collection methodology, analysis, reporting, and storage of the data. CalViva Health passed six of the seven areas, with 1 area being not applicable. The initial report was received on March 20th, 2013. All issues identified during the audit have to be resolved prior to final data submission on June 3rd, 2013.</p> <p>The Public Policy Committee will hold its next meeting on June 5th in Kings County.</p>	
<p>#7 Policy/Procedure Review -Utilization Management Summary -Pharmacy Summary (Attachment AA)</p>	<p><u>Utilization Management Summary</u> Utilization Management Policies reviewed with changes:</p> <ol style="list-style-type: none"> 1. "Standing Referral to Specialty Care" (UM-003) 2. "Delegation, Evaluation, and Determination of UM" (UM-004) 3. "Screening Criteria for Case Management" (UM-109) 4. "Inpatient Concurrent Utilization" (UM-119) – New Policy <p><u>Pharmacy Summary</u> Utilization Management Policies reviewed with changes:</p> <ol style="list-style-type: none"> 1. "Recommended Drug List" (Rx-101) 2. "Non-Preferred Drug Coverage" (Rx-106) 3. "Medication Prior Authorization" (Rx-108) 4. "Medication Denial of Coverage" (Rx-109) 5. "After-Hours Emergency Override" (Rx-110) 6. "Pharmacy QA inter-rater Reliability" (Rx-119) <p>A copy of all policies under consideration for review and approval were available at the meeting.</p>	<p>Motion: Approve Utilization Management and Pharmacy Policies 6-0 (Chao/Forncrook)</p>
<p>#8 Old Business</p>	<p>None.</p>	
<p>#9 Announcements</p>	<p>None.</p>	
<p>#10 Public Comment</p>	<p>None.</p>	
<p>#11 Adjourn Patrick Marabella, M.D, Chair</p>	<p>Meeting was adjourned at 12:34pm.</p>	

NEXT MEETING: July 18th, 2013

Submitted this Day: July 18, 2013

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

Acknowledgment of Committee Approval:



Patrick C. Marabella, MD Committee Chair