

Fresno-Kings-Madera  
Regional Health Authority

CalViva Health  
QI/UM Committee  
Meeting Minutes  
September 18, 2014

Kings County Government Center  
Administration Building  
1400 West Lacey Boulevard  
Hanford, CA 93230  
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	✓	David Marquardt, Quality Analyst
✓	Michael Mac Lean, M.D., 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			
	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 11:33 am. <i>Dr. Marabella introduced Dr. Fenglaly Lee, an OBGYN specialist from Fresno County, as a new member to the QI/UM Committee. Dr. Lee is replacing Dr. Conrad Chao.</i>	
#2 Approve Consent Agenda - Committee Minutes 8/7/2014 - Provider Updates Pharmacy Qtr 3 - Recommended Drug List (July 2014) - CCS Report - DMHC Case Summary Report Qtr 2 - DMHC State Fair Hearing Report Qtr 2 (Attachments A-F) Action Patrick Marabella, M.D., Chair	The August minutes were reviewed. July 2014 Recommended Drug List (RDL): The July 2014 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. There were no requests to move consent items to the full agenda. All items on the Consent Agenda were approved as submitted. There were no questions.	Motion: Approve Consent Agenda (Foster/Mac Lean) 4-0-0-3

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<p>#3 QI Business Appeals and Grievances - Dashboard - Classifications Audit Summary Qtr 2 (Attachment G, H) Informational Patrick Marabella, M.D</p>	<p><u>A &amp; G Dashboard.</u> This report provides monthly data to facilitate monitoring for trends in the number and types of cases over time.</p> <p><u>Grievances:</u></p> <ul style="list-style-type: none"> <li>➤ The grievances are broken down into two categories: Expedited and Standard.</li> <li>➤ Grievance metrics are reported according to cases received and cases resolved within the time period. There were 85 grievances received and 87 grievances resolved in the month of July 2014.</li> <li>➤ Grievances are further broken down into three categories: Quality of Service QOS (Administrative), Quality of Care QOC (Clinical), and Exempt Grievances. An increasing trend is noted in the overall number of grievances reported in recent months. Analysis of the data suggests that this increase may be associated with membership changes due to the Accountable Care Act (ACA) and Mental Health transition and the population characteristic changes associated with these new members. For example, 40% of July grievances were submitted by members new to CalViva since January 2014. Further analysis of the grievance data is underway.</li> </ul> <p><u>Appeals:</u></p> <ul style="list-style-type: none"> <li>➤ The appeals are broken down into two categories: Expedited and Standard.</li> <li>➤ Appeal metrics are reported by received date and resolved date. There were 21 appeals received in July 2014 and 14 appeals were resolved.</li> <li>➤ Resolved appeals are broken down into two categories: Pre-service and Post-service. No actionable trends were identified.</li> </ul> <p><u>Classification Audit Summary.</u> This audit process is part of a DHCS corrective action plan from a 2013 CalViva audit. Open cases from April to June were evaluated on a weekly basis for appropriate classification. A total of 51 cases were audited, and 3 cases were classified incorrectly and required follow up. Weekly concurrent audits will continue with follow up action when indicated.</p>	
<p>#3 QI Business Access Provider Updates (Attachments I) Informational Patrick Marabella, M.D, Chair</p>	<p><u>Access Provider Updates.</u> This Provider Update describes the results from the Medi-Cal 2013 Provider Appointment Availability and After-Hour Access Surveys.</p> <p><u>2013 Appointment Availability Survey Results:</u></p> <ul style="list-style-type: none"> <li>➤ 93% of providers indicate they are able to provide same-day appointments.</li> <li>➤ Of the remaining providers, 100% indicated they were able to provide urgent care appointments that require prior authorization within 96 hours, and 91% indicated they are able to make appointments that do not require prior authorization within 48 hours.</li> <li>➤ 100% of PCP's are able to offer non-urgent appointment within 10 business days, and 100% of specialists indicate they are able to offer non-urgent appointments within 15 business days of request.</li> </ul>	

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	<p>➤ The overall results for the DHCS-specific appointment access standards reveal that 96.3% of providers indicate they are able to provide well-child appointments within 10 business days of request.</p> <p><u>2013 After-Hours Access Survey Results:</u></p> <p>➤ Overall survey results for Fresno, Kings, and Madera counties show 86% of those surveyed provided clear instructions for emergency situations</p> <p>➤ 59% of provider offices surveyed provided simple and comprehensive instructions on how to contact the on-call physician or qualified health care professional within the standard for urgent services</p> <p>Corrective action plans (CAPs) have been initiated with those providers who did not meet the timely access standards. A letter has been sent to the providers' offices informing them of their deficiencies and that follow up visits will be conducted to provide additional information on CAP completion and resources available to assist.</p>	
<p>#3 QI Business                      Provider Preventable Conditions Report (Attachment J)                      Informational                      Patrick Marabella, M.D,                      Chair</p>	<p><u>Provider Preventable Conditions Report.</u></p> <p>The purpose of this report is to summarize the CalViva Health identified and reported Provider Preventable Conditions (PPC's) during Quarter 2 2014.</p> <p>➤ There were 4 PPCs reported to DHCS during Qtr 2 2014. All 4 cases were closed with no further action is required.</p> <p>➤ Continue to monitor and report as required by regulations.</p>	
<p>#4 2014 QI/UM Mid-Year Evaluations                      - Quality Improvement Work Plan Mid-Year Evaluation &amp; Summary                      - Utilization Management Work Plan Mid-Year Evaluation &amp; Summary                      (Attachment K, L)                      Action                      Patrick Marabella, M.D,                      Chair</p>	<p><i>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 2014 Quality Improvement Work Plan Mid-Year Evaluation was presented. Planned activities include three major areas of focus as follows:</p> <ol style="list-style-type: none"> <li>1. Access, Availability and Service                             <ul style="list-style-type: none"> <li>• CVH Medical Management staff continues to participate in the ICE Access Workgroup to establish a single vendor process for Provider Appointment and Availability Survey this year.</li> <li>Improve Compliance with After Hours: a corrective action plan for providers has been initiated to improve emergency instructions for members and member call-back within 30 minutes.</li> <li>• Member Satisfaction with Access: the 90% goal was not met for "needed care" and "urgent care" according to the CAHPS member satisfaction survey results. Medical Management is coordinating with Provider Relations staff to establish improvement initiatives.</li> </ul> </li> <li>2. Quality and Safety of Care - Meet or exceed HEDIS® Minimum Performance Levels for 6 Default Enrollment measures. All measures were met except 3 in Kings County. An Improvement Plan is in development.</li> <li>3. Quality Improvement Projects (QIPs)                              Health plans are required to participate in and report on at least two (2) QIPs per year.                             <ol style="list-style-type: none"> <li>a) Diabetic Retinal Eye Exam – The annual report was submitted to DHCS and HSAG on 8/30/14. Improvement was noted in 2014 HEDIS® Eye Exam completion rates in two of three counties.</li> </ol> </li> </ol>	<p>Motion: Approve 2014 Quality Improvement Work Plan Mid-Year Evaluation (Mac Lean/Foster)                      4-0-0-3</p>

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	<p>All counties are above the minimum performance level.</p> <p>b) All-Cause Readmission Collaborative – The annual report is due to DHCS and HSAG on 9/30/14. The following targeted interventions have been implemented to reduce hospital readmissions:</p> <ul style="list-style-type: none"> <li>• Transitional Care Management, focus on member transition to home.</li> <li>• Onsite Nurses at local Hospitals, identification of high-risk members.</li> <li>• Modifications to Ambulatory Case Management intervene with high-risk members.</li> </ul> <p>Dr. Mac Lean reminded the committee that Valley Fever is a prevalent disease in Kings County and may contribute to a longer length of stay for hospitalized patients.</p> <p>The 2014 Utilization Management/Case Management (UM/CM) Work Plan Mid-Year Evaluation was presented. CVH UMCM activities are focused in the following five areas:</p> <ol style="list-style-type: none"> <li>1. Compliance with Regulatory and Accreditation Requirements</li> <li>2. Monitoring the UM Process</li> <li>3. Monitoring Utilization Metrics</li> <li>4. Monitoring Coordination with Other Programs and Vendor Oversight</li> <li>5. Monitoring Activities for Special Populations</li> </ol> <p>All activities are on target except for two metrics which are <i>too soon to tell</i> for mid-year reporting and will be reported on in the year-end summary.</p> <p>Key data metrics reported include:</p> <ul style="list-style-type: none"> <li>• Turn Around Time (TAT) for Processing Authorizations for Jan through May 97.7%</li> <li>• TAT for Appeals Jan through July 97.7%</li> <li>• The inpatient days/1000 members is on track except for non-SPD in Kings County and SPD in Fresno County</li> </ul> <p>Additional Key Findings include:</p> <ul style="list-style-type: none"> <li>• New regulations incorporated into policies and procedures;</li> <li>• Participating Provider Group (PPG) report cards are in development.</li> <li>• Additional over/underutilization metrics are in review.</li> <li>• Increased staffing for prior authorization process to address increases in membership.</li> </ul>	<p>Motion: Approve 2014 Utilization Management Work Plan Mid-Year Evaluation (Lee/Mac Lean) 4-0-0-3</p>
<p>#5 UM Business Key Indicator Report (Attachment M) Informational Patrick Marabella, M.D,</p>	<p>Key Indicator Report reflects data as of August 20, 2014.</p> <p>The following items were noted:</p> <ul style="list-style-type: none"> <li>➢ Inpatient utilization (days/1000) for non-SPD members is currently over the goal of 222 and the SPD members is currently over the goal of 1244.8</li> <li>➢ The increasing trends in the rates may be attributed to increases in enrollment and demographics of</li> </ul>	

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<p>Chair</p>	<p>new members.</p> <ul style="list-style-type: none"> <li>➤ CVH has incorporated the 2013 YTD data column for purposes of comparison</li> <li>➤ Medical Management is looking into the increase in days/1000 rates</li> <li>➤ Complex Case Management has very few cases over the past 90 days due to an adjustment in the program.</li> </ul>	
<p>#5 UM Business Authorization Tracking Report Quarter 1 (Attachment N) Informational Patrick Marabella, M.D.</p>	<p>This report provides a mechanism to track and monitor prior authorization requests submitted by directly contracted providers. The data analyzed includes authorized, denied, deferred or modified referrals, and the timeliness of those referrals. Increasing workloads created by increasing membership have caused some metrics to be out of compliance for timeliness. Small denominators impact some rates significantly.</p> <p><u>Interventions Taken:</u></p> <ul style="list-style-type: none"> <li>➤ Additional staff recruited for increased volume of requests.</li> <li>➤ Ongoing education with staff to improve turnaround time and compliance.</li> </ul>	
<p>#5 UM Business Case Management Report Quarter 1 (Attachment O) Informational Patrick Marabella, M.D, Chair</p>	<p>The Case Management report covers Ambulatory, Complex, and Perinatal case management programs.</p> <p><u>Ambulatory Case Management (ACM):</u> A summary of ACM outreach numbers opened and closed cases for quarter 2 was reviewed. The CM focus has been to collaborate with the Concurrent Review team and the Transitional Care Team to identify high-risk members at risk for re-admission and initiate ACM. Caseloads have increased and member reach rate has improved due to Concurrent Review and CM interaction with the member prior to and post discharge.</p> <p><u>Complex Case Management (CCM):</u> A summary of CCM outreach numbers opened and closed cases for quarter 2 was reviewed. An outcome analysis by case type was also provided. Member engagement is an ongoing barrier with the majority of cases closing due to member refusing CM, member inaction and unable to locate member.</p> <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> <li>➤ Continue to work with McKesson on strategies to improve member engagement and suggestions for additional analysis.</li> <li>➤ Conduct authorization data testing to ensure case managers maximize use of new information.</li> </ul> <p><u>Perinatal Case Management (PCM):</u> A summary of Perinatal outreach numbers opened and closed cases for quarter 2 was reviewed. Overall program outcomes include assessing care to determine if the member is seeing appropriate specialists, keeping appointments, has plan to deliver at an appropriate level hospital, is in need of community referrals and the availability of transportation.</p> <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> <li>➤ Continue program interventions by PCM. Continue to participate in the Perinatal Initiative Workgroup</li> </ul>	

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	<p>meetings.</p> <ul style="list-style-type: none"> <li>➤ Attend community workshops to promote CalViva Health Perinatal Case Management Program, continue to build relationship with OB providers.</li> </ul>	
<p><b>#5 UM Business</b>                      Standing Referrals Report                      Qtr 2                      (Attachment P)                      Informational                      Patrick Marabella, M.D.,                      Chair</p>	<p>This report verifies member access to standing referrals for designated chronic conditions as defined in the report. A Standing Referral is two (2) or more visits with a single provider where the primary diagnosis is one of the chronic conditions included in the study parameters.</p> <ul style="list-style-type: none"> <li>• In network, there were no denials for a Standing Referral in quarter 2 2014.</li> <li>• There were 3 Pre-Certification Out-of-Network Denials for Standing Referrals reported for quarter 2 2014. Details regarding these denials are included in the report.</li> </ul> <p>Continue to monitor for trends and report.</p>	
<p><b>#5 UM Business</b>                      Specialty Referrals Report                      Qtr 1 &amp; 2                      - Health Net                      - EHS                      (Attachment Q, R)                      Informational                      Patrick Marabella, M.D.,                      Chair</p>	<p><u>Specialty Referrals Report – Health Net</u>                      These reports provide a summary of Specialty Referral services that require prior authorization in the tri-county area for quarter 1 &amp; 2 2014. The reports include three areas: (1) key services that while within the service area and within the network require clinical review; (2) those services recognized as out of the tri-county service area but within the provider network; (3) out of network requests.</p> <p><u>Analysis/Findings/Outcomes:</u></p> <ul style="list-style-type: none"> <li>➤ There was a total of 109 Specialty Referrals that were prior authorized during quarter 1 2014. There were a total of 126 Specialty Referrals for quarter 2 2014.</li> </ul> <p>Continue to monitor for trends.</p> <p><u>Specialty Referrals Reports – EHS.</u>                      These reports provide a summary of Specialty Referral services that EHS required prior authorization for in the tri-county area for quarter 1 &amp; 2 2014.</p> <p><u>Analysis/Findings/Outcomes:</u></p> <ul style="list-style-type: none"> <li>➤ There were a total of 8,573 EHS Specialty Referrals that were prior authorized during quarter 1. For quarter 2, there were a total of 10,857 EHS Specialty Referrals that were prior authorized.</li> <li>➤ There were a total of 1,365 out of network referrals for quarter 1. For quarter 2, there were a total of 1,612 out of network referrals.</li> </ul> <p>Continue to monitor for trends.</p>	
<p><b>#6 Pharmacy Reports</b>                      - Executive Summary                      - Operations Metrics                      Report Qtr 2                      - Top 30 Prior                      Authorizations Report Qtr                      2                      (Attachment S-U)                      Informational</p>	<p>The quarterly pharmacy reports include an evaluation of operational metrics, and top medication prior authorization (PA) requests. These reports allow the committee to assess for emerging patterns in authorization requests and compliance with prior authorization and call center metrics. Pharmacy Operations Metrics:</p> <ul style="list-style-type: none"> <li>➤ All quarter 2 2014 prior authorization operational metrics met standard</li> <li>➤ All quarter 2 2014 pharmacy provider call metrics met standard except Average Answer Speed in April</li> </ul> <p>Top Pharmacy Prior Authorizations:</p> <ul style="list-style-type: none"> <li>➤ Second quarter 2014 top medication prior authorization requests varied minimally from last quarter</li> </ul>	

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<p>Patrick Marabella, M.D, Chair</p> <p><b>#7 Credentialing &amp; Peer Review Subcommittee Reports</b>                      - Credentialing Subcommittee Report                      - Peer Review Subcommittee Report (Attachment V, W)  <b>Action</b>                      Patrick Marabella, M.D,                      Chair</p>	<p><u>Credentialing Subcommittee Report.</u>                      This report provides the QI/UM Committee and RHA Commission with a summary of the third quarter 2014 CVH Credentialing Subcommittee activities.</p> <ol style="list-style-type: none"> <li>1. The Credentialing Subcommittee met in May 2014. At the May 15<sup>th</sup> meeting routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services.</li> <li>2. There were 40 initial credentialing, 82 recredentialing, 0 suspensions, 0 terminations, and 0 resignations.</li> <li>3. Count specific Credentialing Sub-committee reports were reviewed for the months of February and March 2014. There were no cases identified with significant issues.</li> </ol> <p><u>Peer Review Subcommittee Report.</u>                      This report provides the QI/UM Committee and RHA Commission with a summary of the third quarter 2014 CVH Peer Review Subcommittee activities. All Peer Review information is confidential and protected under law.</p> <ol style="list-style-type: none"> <li>1. The Peer Review sub-committee met in May 2014. The county specific Peer Review Summary reports for February and March 2014 were reviewed and approved. There were no significant cases to report.</li> <li>2. The first quarter 2014 Peer Review Count report was reviewed and approved by the Peer Review Sub-committee. There was 1 Peer Review case closed and cleared in the reporting period. One case with a CAP outstanding. No significant quality of care issues noted. All cases closed to a normal track and trend.</li> </ol>	<p>Motion: Approve Credentialing Subcommittee Report (Mac Lean/Foster)                      4-0-0-3</p> <p>Motion: Approve Peer Review Subcommittee Report (Foster/Mac Lean)                      4-0-0-3</p>
<p><b>#8 Compliance Update</b></p>	<p>MB Corrado presented the Compliance report. Highlights of this report included:</p> <ul style="list-style-type: none"> <li>➤ Filings remain up to date</li> <li>➤ Potential Privacy Breaches                             <ul style="list-style-type: none"> <li>○ There have been 3 low risk cases between July and August.</li> <li>○ No New High risk cases since the last report.</li> </ul> </li> <li>➤ No new potential fraud cases were identified.</li> <li>➤ Oversight Audits – Annual Oversight Audits of Health Net continue to be in progress. Several of the audits have been completed with only two areas remaining which are expected to be completed within the next two weeks. When all audit activity is complete a full summary of the results of all audit areas will be presented to the Commission.</li> <li>➤ Quarter 4, 2013 Provider Dispute Resolution audit was completed with no corrective action needed. CVH is in the current process of completing Quarter 1, 2014.</li> <li>➤ CVH received the final DHCS 2012-13 EDV results on August 26, 2014. Overall, CVH performed very well and final results reflect the preliminary results that were presented at the November 21, 2013</li> </ul>	

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	<p>Commission Meeting.</p> <ul style="list-style-type: none"> <li>➤ DHCS also issued the 2012-13 Aggregate EDV report and the report is available to the public posted on the DHCS website.</li> <li>➤ Mental Health and Substance Use Disorders Benefits status was provided by MB Corrado. CVH's program is operating under a DMHC Conditional Order of Approval. Once Health Net and Kaiser filings have been approved CVH's filing can be approved as we utilize their networks for Mental Health Services.</li> <li>➤ All amendments to the Mental Health MOU's are in place and the program is operating smoothly with all three counties.</li> <li>➤ The Public Policy Meeting was held on September 3, 2014 and a quorum was met. The committee looked at enrollment, appeals and grievance data and received a presentation on the Mental Health Benefit. An update on the results of the State Medical Survey audits was presented to the Committee. The next Public Policy Meeting will be held in Fresno County on December 3, 2014.</li> </ul>	
#9 Old Business	None.	
#10 Announcements	None.	
#11 Public Comment	None.	
#12 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:52 pm.	

NEXT MEETING: October 16<sup>th</sup>, 2014

Submitted this Day: Oct 16, 2014

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

Acknowledgment of Committee Approval:

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