

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health**  
**QI/UM Committee**  
**Meeting Minutes**  
September 19, 2013

**Kings County Government Center**  
**Administration Building**  
**1400 W 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) (arrived at 11:20 am)
	Aftab Naz, M.D., At-large Appointee, Madera County	✓	Amy Schneider, RN, Director of Medical Management Services
✓	Henry Cisneros, DDS, Family Health Care Network (arrived at 11:14am)		Morgan Essenheimer, Compliance Analyst
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Brandi Leyva, Medical Administrative Coordinator
✓	Jonathan Forncrook, D.O., Camerena Health Center (arrived at 11:28am)		
✓	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			
✓	Maria Ortega, Quality Improvement Specialist, Health Net (by telephone)	✓	Diana Oviedo-Cavazos, M.D. Sierra Vista Family Medicine Residency Program

✓ = 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 11:08 am.	
#2 Approve Consent Agenda Committee Minutes 7/18/13 Provider Updates - Medical Policies: Second Qtr 2013 - Pharmacy: Recommended Drug List (Attachments A, B, C) <b>Action</b> 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 4-0 (Cardona/Chao)

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 QI Business                      Appeals and Grievances                      - Dashboard                      - Executive Summary                      - Quarterly Analysis of Grievances                      - Inter-rater Reliability (Attachments D-G)                      Informational                      Patrick Marabella, M.D</p>	<p>The Appeals and Grievances Dashboard.                      This report is current through July 2013 and there are two major categories: Appeals and Grievances. This report provides monthly data to facilitate monitoring for trends in the number and types of cases over time. There have been refinements to improve the information contained in this report including the addition of trending for populations such as TLIC and CBAS.</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 23 grievances received and 22 grievances resolved in the month of July 2013.</li> <li>➤ 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.</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 14 appeals received in the month of July 2013 and 21 appeals were resolved in this month.</li> </ul> <p>Resolved appeals are broken down into two categories: Pre-service and Post service. No actionable trends were identified.</p> <p>No trends identified for the population specific tabs included in the report.                      County specific tabs will be presented periodically to the QIUM Committee for review.</p> <p>The Appeals and Grievances Executive Summary and Quarterly Analysis of Grievances.                      This is a written record of 2013 second quarter appeals and grievances to assess for emerging patterns, compliance to turnaround time, and to formulate potential Plan policy/process changes and procedural improvements.</p> <p><u>Analysis/Finding/Outcomes:</u></p> <p>Member Appeals and Grievances –</p> <ul style="list-style-type: none"> <li>- There were a total of 50 appeals. Most of these were pre-service appeals.</li> <li>- An increase in grievances was noted for this quarter which may be attributed to increases in membership and a change with the methodology used to capture cases with a unique identifier. We will continue to track and monitor.</li> </ul> <p>Turnaround Time and Volume –</p> <ul style="list-style-type: none"> <li>- There were a total of 50 appeals. There were a total of 94 grievances. There was 1 case that was out of compliance. This could be attributed to an internal processing error. Follow up has occurred.</li> </ul> <p>Access Grievances –</p> <ul style="list-style-type: none"> <li>- The majority of Access to Care grievances were related to PCP – Referral for services. No trends identified.</li> </ul>	

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	<p>Exempt Grievances –            There were a total of 111 exempt grievances. The most common reason noted for exempt grievances was attitude/service. No actionable trends identified.</p> <p>Inter-rater Reliability –</p> <ul style="list-style-type: none"> <li>- This report evaluates clinical and non-clinical A&amp;G staff adherence to regulatory requirements and internal policies and procedures established for handling appeals and grievances. The second quarter overall score averaged 97%. No action required at this time.</li> </ul>	
<p>#3 QI Business            Potential Quality Issues Report            (Attachment H)  <b>Informational</b>            Patrick Marabella, M.D,            Chair</p>	<p>The Potential Quality Issues Report.            The purpose of this report is to provide a summary of Potential Quality Issues (PQI's) identified during the reporting period which could potentially result in substantial harm to a CalViva Health member. These cases come from three sources:</p> <p>Non Grievance (Not initiated by Member) -</p> <ul style="list-style-type: none"> <li>- Three issues originated from two distinct hospitals for quality of care. Upon review no quality of care issues were identified and all cases were closed.</li> <li>- One issue required a corrective action plan. This case is scheduled for committee review.</li> </ul> <p>Quality of Care Grievance (Initiated by Member)</p> <ul style="list-style-type: none"> <li>- 26 cases identified. All cases were closed.</li> </ul> <p>Peer Review Grievances</p> <ul style="list-style-type: none"> <li>- 7 cases were reviewed by the Peer Review Committee.</li> </ul>	
<p>#3 QI Business            Initial Health Assessment Report            (Attachment I)  <b>Informational</b>            Patrick Marabella, M.D,            Chair</p>	<p>The Initial Health Assessment Report.            This report summarizes the first and second quarter 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). CalViva Health's IHA outreach attempts consist of:</p> <ol style="list-style-type: none"> <li>1. Notification of the IHA in the new member packet mailed to Medi-Cal members upon enrollment.</li> <li>2. New member welcome call conducted within 2 weeks of enrollment.</li> <li>3. IHA postcard mailed to new members within 42 days of enrollment.</li> </ol> <p>CalViva Health demonstrated 99% compliance with the three-pronged outreach effort for IHA.</p>	
<p>#3 QI Business            - DMHC Case Activity Evaluation            - DHCS State Fair Hearing Case Activity Evaluation            (Attachment J, K)  <b>Informational</b>            Patrick Marabella, M.D,            Chair</p>	<p>The 2013 Evaluation of DMHC Case Activity.  <u>Summary of 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 Health Plan information (RHPI) form. 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 assure compliance with resolution turnaround times. Cases are also reviewed to identify case outcomes and trends.</p> <ul style="list-style-type: none"> <li>- Four submissions pertained to Durable Medical Equipment (DME).</li> </ul>	

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	<p>- Two submissions pertained to denial for services deemed "not medically necessary".</p> <p><u>Next Steps:</u> CalViva Health will continue to monitor and track DMHC case submissions in 2013 and report to the QI/UM Committee.</p> <p>The 2013 Evaluation of State Fair Hearing Case Activity.</p> <p><u>Summary of 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. 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 assure 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"> <li>- Five cases pertained to the denial of DME.</li> <li>- Six cases were related to the denial of authorization for various services.</li> <li>- Two cases were related to member eligibility.</li> </ul> <p><u>Next Steps:</u> CalViva Health will continue to monitor and track DMHC case submissions in 2013 and report to the QI/UM Committee.</p>	
<p><b>#3 QI Business</b></p> <ul style="list-style-type: none"> <li>- HEDIS Update (Attachment L)</li> </ul> <p><b>Informational</b></p> <ul style="list-style-type: none"> <li>- 2013 Quality Improvement Mid-Year Executive Summary &amp; Evaluation</li> </ul> <p><b>Action</b></p> <p>(Attachment M) Patrick Marabella, M.D., Chair</p>	<p><u>HEDIS Report:</u> HEDIS is a standard set of nationally reported measures that are used to assess the quality of care provided to members as required for Managed Care Plans (MCPs). The External Accountability Set (EAS) measures are selected by the DHCS to evaluate the quality of care delivered to members in California by the MCP's. MCPs are required to meet the Minimum Performance Levels (MPLs) set by DHCS as benchmarks. When performance levels are below the MPL the Plan must develop and implement an improvement plan. This improvement plan must be submitted to DHCS and Health Services Advisory Group (HSAG) for approval. HEDIS data is submitted annually. CalViva Health has submitted the 2012 first measurement year of data to DHCS. The 2013 report is now under review by CalViva Health staff. Preliminary results are favorable for all three counties in meeting MPL with the exception of Medication Monitoring, Diabetes Measures, and Cervical Cancer Screening for Madera and Kings Counties. Since this is CalViva's baseline data year corrective action plans are not required for submission to the state, however, opportunities for improvement will begin to be addressed now to improve scores for next year.</p> <p><i>Dr. Marabella informed the committee that to facilitate discussion of the 2013 Quality Improvement Mid-Year Evaluation, a Power Point presentation will be utilized. The Power Point presentation will be used only as a</i></p>	

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	<p><i>discussion tool and copies were made available to committee attendees. The full mid-year evaluation is included in the meeting packet.</i></p> <p>2013 Quality Improvement Mid-Year Summary &amp; Evaluation.                      The Quality Improvement (QI) Work Plan Mid-Year Evaluation provides evidence of monitoring of the overall effectiveness of the QI activities and processes, and identifies barriers and opportunities for improvement. The QI Department planned 10 initiatives/projects in 2013. Nine of the ten initiatives are on track to be completed by the end of year 2013. The Breast Cancer Screening (BCS) initiative is an ongoing initiative from 2012 that has had to delay its planned activities due to new HIPAA standards and potential budget constraints.</p> <p>Planned Activities and QI Focus for 2013:</p> <ol style="list-style-type: none"> <li>1. Chronic Care/Disease Management</li> <li>2. Access, Availability and Service</li> <li>3. Quality and Safety of Care</li> <li>4. Wellness, Preventative Health</li> <li>5. Quality Improvement Projects</li> </ol> <p>Mid-Year Highlights:</p> <ol style="list-style-type: none"> <li>1. Completed the DHMC Timely Access Reporting (TAR) in March 2013</li> <li>2. Developed and distributed the Provider Update on the results from the 2012 Provider Appointment Availability and After-Hours Access Survey. Providers who did not meet the requirements were provided with educational opportunities in Q2 of 2013. Over 141 providers received training.</li> <li>3. Initial Health Assessment outreach attempts reported at over 99% compliance following the 3 pronged approach approved by the state.</li> <li>4. Developed barrier analysis for Statewide All Cause readmission (ACR) QIP and Individual QIP on Diabetic Retinal Exams (DRE).</li> </ol> <p>Updates for CalViva Health 2013 Quality Improvement Projects:</p> <ul style="list-style-type: none"> <li>- CalViva Health Individual QI Plan: Diabetic Retinal Eye Exam: The barrier analysis has been completed and submission of DRE QIP was finalized and submitted in August 2013.</li> <li>- State-wide Collaborative QIP: All-Cause Readmissions: The barrier analysis and interventions were submitted to DHCS and HSAG in January 2013. Annual report due September 30<sup>th</sup>, 2013.</li> </ul>	<p>Motion: Approve 2013 Quality Improvement Mid-Year Evaluation 6-0 (Cisneros/Cardona)</p>
<p><b>#4 UM Business</b>                      Key Indicator Report (Attachment N)  <b>Informational</b>                      Patrick Marabella, M.D,                      Chair</p>	<p>Key Indicator Report reflects data as of July 20<sup>th</sup>, 2013.</p> <p>Highlights provided:</p> <ol style="list-style-type: none"> <li>1. Inpatient Utilization Metrics Non-SPD (TANF) and SPD Readmissions - increase for CalViva Health overall. Complex and Ambulatory Case Management tactics are in progress to address the readmissions rate including the re-initiation of concurrent rounds.</li> <li>2. ER Utilization – 90 day lag of data</li> <li>3. Inpatient Utilization Non-SPD (TANF) Days/1000- Target goals set per county:</li> </ol>	

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	<ul style="list-style-type: none"> <li>- Fresno County slightly over the goal</li> <li>- Kings County below the goal</li> <li>- Madera County above the goal</li> </ul> <p>No other trends identified.</p>	
<p>#4 <b>UM Business</b>            CCS Report            (Attachment O)  <b>Informational</b>            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 <b>UM Business</b>            Authorization Tracking            Report            (Attachment P)  <b>Informational</b>            Patrick Marabella, M.D,            Chair</p>	<p>The Authorization Tracking Report.            The purpose of this activity is to develop a procedure to track and monitor prior authorization requests submitted by directly contracted providers.  <u>Findings/Outcomes:</u></p> <ul style="list-style-type: none"> <li>- For second quarter, the Concurrent Denial metric was below the goal in March, April and May due to increased volumes. A process focusing on the Concurrent Review Denials has been implemented in order to return to goal.</li> </ul> <p>Interventions Taken:</p> <ul style="list-style-type: none"> <li>- Created a simplified version of Notice of Action 101 training documents</li> <li>- Re-training and audits of all staff on turnaround time (TAT) regulatory compliance requirements.</li> </ul> <p>Interventions were successful and we returned to targets in June which has been sustained in July and August. Continue to audit NOA events requiring special focus on Deferrals and Urgents.</p>	
<p>#4 <b>UM Business</b>            2013 Utilization            Management Mid-Year            Executive Summary &amp;            Evaluation            (Attachment Q)  <b>Informational</b>            Patrick Marabella, M.D,            Chair</p>	<p><i>Dr. Marabella informed the committee that to facilitate discussion of the 2013 Utilization Management Mid-Year Executive Evaluation, a Power Point presentation will be utilized. The Power Point presentation is will be used only as a discussion tool and copies were made available to committee attendees. The full mid-year evaluation is included in the meeting packet.</i></p> <p>The 2013 Utilization Management Mid-Year Summary &amp; Evaluation.            The Work Plan encompasses a review of medical management activities through the documentation of current and future strategic initiatives and goals, tracks key performance metrics, regulatory compliance, and provides for an assessment of our progress and identifies critical barriers.</p> <p><u>Major Categories:</u></p> <ol style="list-style-type: none"> <li>1. Compliance with Regulatory and Accreditation Requirements               <ul style="list-style-type: none"> <li>- National Committee for Quality Assurance (NCQA) 2<sup>nd</sup> quarter audit completed</li> <li>- Medical Management reviewed and incorporated new legislation into policy and procedure</li> </ul> </li> <li>2. Monitoring of the UM Process               <ul style="list-style-type: none"> <li>- TAT: 98%</li> <li>- Underwent Inter-rater Reliability (IRR) Testing</li> </ul> </li> </ol>	<p>Motion: Approve 2013 Utilization Management Mid-Year Evaluation 6-0 (Hodge/Forncrook)</p>

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	<ul style="list-style-type: none"> <li>- Appeals Tracking: 99% TAT</li> <li>3. Monitoring Utilization Metrics                             <ul style="list-style-type: none"> <li>- Complex Case Management Audit McKesson: 98% overall score</li> <li>- Under/Over Utilization tracking through workgroups and Hospital Readmission QIP</li> </ul> </li> <li>4. Monitoring Coordination with Other Programs and Vendor Oversight                             <ul style="list-style-type: none"> <li>- Tracking of Ambulatory Case Management metrics</li> <li>- Perinatal and Complex Case Management Tracking and Reporting</li> <li>- Monitoring of Disease Management Programs</li> </ul> </li> <li>5. Monitoring Activities for Specific Populations                             <ul style="list-style-type: none"> <li>- CCS Identification and reporting</li> <li>- SPD Tracking and Reporting</li> <li>- CBAS Tracking and reporting</li> </ul> </li> </ul>	
<p><b>#5 Pharmacy Reports</b>                      - Executive Summary                      - Operations Metrics Report  <b>Informational</b>                      - RDL Formulary 2<sup>nd</sup> Quarter  <b>Action</b>                      - Top 30 Prior Authorizations (Attachments R-U)  <b>Informational</b>                      Patrick Marabella, M.D, Chair</p>	<p>The Pharmacy Executive Summary.                      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.  <u>Pharmacy Operations Metrics:</u>                      &gt; All quarter 2 2013 prior authorization operational metrics met standard                      &gt; All quarter 2 2013 pharmacy provider call metrics met standard  <u>Top Pharmacy Prior Authorizations:</u>                      &gt; No barriers to medication access through PA process were identified.  <u>2<sup>nd</sup> Quarter 2013 Recommended Drug List (RDL) Provider Update Highlights:</u>                      &gt; Combivent Respimat inhalation spray placed on RDL to replace Combivent MDI which is being discontinued for containing chlorofluorocarbons (CFCs)                      &gt; Auvi-Q auto injectors added to the RDL as a new dosage form of epinephrine for the emergency treatment of allergic reactions, including anaphylaxis                      A copy of the complete Recommended Drug List under consideration for review and approval was available at the meeting.</p>	<p>Motion: Approve the 2<sup>nd</sup> Quarter Recommended Drug List Formulary 6-0 (Cardona/Cisneros)</p>
<p><b>#6 Compliance Update</b>                      - Audit Update                      - Public Policy Committee Report  <b>Informational</b>                      Mary Beth Corrado, CCO</p>	<p>Compliance Update.  <u>Audit Update:</u>                      There have been two Audits (DHCS/DMHC) conducted this year. DHCS has released their final report from their Full Service Medical Survey Audit and the DMHC SPD Audit. MB Corrado reviewed the findings and recommendations by category. A corrective action plan is required for each finding and was submitted to DHCS on September 16, 2013. Several of the actions have been implemented.</p>	

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	<p>DHCS has finalized the report for the 2011 – 2012 Performance Evaluation. This evaluation included results of HEDIS® Compliance Audits, DHCS, Member Rights /Program Integrity Monitoring Reviews, and a review of the plan's Quality Improvement Program. CalViva Health was required to provide a response addressing the findings and describe actions taken to implement the recommendations in the report. CalViva will be conducting an annual oversight audit of Health Net beginning in October.</p> <p><u>Public Policy Committee Update:</u> The Public Policy Committee met on June 5, 2013 in Madera County. A quorum was present. The Committee reviewed several reports including enrollment, appeals and grievances, marketing, and CalViva Health's website.</p>	
<p><b>#7 Old Business</b> QIP fishbone Diagrams - Diabetic Retinal Eye Exam - All-Cause Readmissions (Attachments V, W)</p>	<p><i>Copies of the fishbone diagrams for both QIPs were provided in the meeting packet.</i></p> <p><u>Quality Improvement Projects (QIP's) Report:</u> MCP's must participate in a minimum of two QIP's per year. The DHCS-led state collaborative QIP – All Cause Readmissions, and an internal QIP – Diabetic Retinal Eye Exams.</p> <p>All Cause Readmissions Status –</p> <ul style="list-style-type: none"> <li>- This QIP definition includes any patient re-admitted to the hospital within 30 days for any reason.</li> <li>- Barrier Analysis and Initial Interventions have been submitted and approved by DHCS and HSAG.</li> <li>- Seniors and Persons with Disabilities (SPD's) are recognized as the greatest opportunity for improvement.</li> <li>- CVH's annual report for this QIP will be submitted by September 30<sup>th</sup>, 2013.</li> </ul> <p>Diabetic Retinal Eye Exams –</p> <ul style="list-style-type: none"> <li>- Gathering information from providers to understand challenges and barriers associated with CVH diabetic patients getting their annual eye exam.</li> <li>- Initial interventions to be implemented in 2014.</li> </ul> <p><u>Criteria for Tuberculosis Referrals:</u> In follow up to discussion at the last meeting regarding Tuberculosis Referrals Dr. Marabella reported that Primary Care Providers (PCPs are responsible for TB screening and treatment services for their assigned Medi-Cal members. PCPs must report known or suspected cases of TB to the Local Health Department TB Control Program office within one day of identification. CalViva Health's PCPs coordinate and collaborate with the local health department for TB screening, diagnosis, treatment, compliance and follow-up of their members." CalViva Health will report to the QI/UM Committee with updates regarding the Tuberculosis Referrals through the Public Health Update Report.</p>	
<p><b>#8 Announcements</b></p>	<p>None.</p>	
<p><b>#9 Public Comment</b></p>	<p>None.</p>	
<p><b>#10 Adjourn</b> Patrick Marabella, M.D, Chair</p>	<p>Meeting was adjourned at 12:45pm. NEXT MEETING: October 17th, 2013</p>	



Submitted this Day: 11/21/13

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

Acknowledgment of Committee Approval:

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