

**CalViva Health
QI/UM Committee
Meeting Minutes**

March 19, 2015

Madera County Library
Blanche Galloway Room
121 N G Street
Madera, CA 93637
Attachment A

Fresno-Kings-Madera
Regional Health Authority

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 <i>(arrived at 11:18am)</i>	✓	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		
✓	Michael Mac Lean, M.D., At-large Appointee, Kings County <i>(arrived at 11:28am)</i>		
	Fenglay Lee, M.D., Central California Faculty Medical Group		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
	Guests/Speakers		

✓ = 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 11:11 am.	
#2 Approve Consent Agenda - Committee Minutes 2/19/2015 - Pharmacy Provider Qtr 4 - CalViva Health QIUM Committee Charter - Utilization Management Policy Grid (Attachments A-D) Action Patrick Marabella, M.D., Chair	The February minutes were reviewed and highlights from the consent agenda items were discussed. The Quality Improvement policies were available for review at the meeting. Policies with significant changes were included in the packet.	Motion: Approve Consent Agenda (Bernstein/Foster) 4-0-0-3

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<p>#3 QI Business Appeals & Grievances Dashboard - Executive Summary Quarterly Member Report - Classification Audit Report (Attachment E-H) Informational Patrick Marabella, M.D</p>	<p>A & G Dashboard. This report provides monthly data to facilitate monitoring for trends in the number and types of cases over time. An increase in grievances was noted for 2014 compared to previous years which may be due to increased membership in 2014, changes in membership characteristics and changes in tracking methodology. Grievances: ➤ 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 98 grievances received and 75 grievances resolved in the month of January 2015. ➤ Grievances are further broken down into three categories: Quality of Service QOS (Administrative), Quality of Care QOC (Clinical), and Exempt Grievances. Appeals: ➤ The appeals are broken down into two categories: Expedited and Standard. ➤ Appeal metrics are reported by received date and resolved date. There were 18 appeals received in January 2015 and 21 appeals were resolved. ➤ Resolved appeals are broken down into two categories: Pre-service and Post-service. No actionable trends were identified. ➤ Exempt grievance reporting in 2015 will include both SPD and non-SPD cases. This type of grievance is resolved within 1 business day and does not require a written acknowledgement or resolution letter to the member. Appeals and Grievances Executive Summary and Quarterly Member Report. This is a written record of 2014 fourth quarter appeals and grievances to assess for emerging patterns, compliance to turnaround time, and to initiate improvements when indicated. Member Appeals and Grievances – - There were a total of 67 appeals. All of these were pre-service appeals. - There were 258 grievances. - A slight increase in pharmacy appeals was noted related to Hepatitis C medications. Dr. Marabella briefly reviewed the criteria for Harvoni for the committee. Continue to monitor volume fluctuation over the next quarter. Access Grievances: - The majority of Access to Care grievances were related to Availability of Appointment with PCP. No other trends identified. Inter-rater Reliability: - 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>	

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	<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 October to December 2014 were evaluated on a weekly basis for appropriate classification. A total of 60 cases were audited, and none of those cases were classified incorrectly or required follow up. Weekly concurrent audits will continue with follow up action when indicated.</p> <p><i>Dr. Hutchison arrived at 11:18am.</i></p>	
<p>#3 QI Business MHN Performance Indicator Report (Attachment I) Informational Patrick Marabella, M.D., Chair</p>	<p>The MHN Performance Indicator Report provides a written record of an array of performance indicator metrics, surveying the topics of access by risk rating, authorization decision timeliness, potential quality issues, network availability and network adequacy.</p> <ul style="list-style-type: none"> ➤ For quarter 4 2014, out of 8 metrics with targets, all met or exceeded their targets. 	
<p>#3 QI Business PM-160 Report (Attachment J) Informational Patrick Marabella, M.D., Chair</p>	<p><i>Dr. Mac Lean arrived at 11:29am.</i></p> <p>PM-160 Report.</p> <p>This report provides an update on provider compliance with required submission of Child Health and Disability Prevention Program (CHDP) PM-160 INF forms. The data provided on the PM 160 forms allow CalViva Health to track preventative services for members under the age of 21 and complies with the Department of Health Care Services (DHCS) requirements.</p> <p><u>Analysis/Findings/Outcomes:</u></p> <ul style="list-style-type: none"> ➤ Overall submission rates have improved. The number of providers with a less than 40% submission rate continues to decrease due to ongoing outreach and education efforts. ➤ However, Kings County did not improve as much as Fresno and Madera counties. CVH is working with the high-volume, low compliance provider in Kings County through a rapid cycle improvement project to address their unique issues. <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> ➤ Provider Relations Department will continue with provider education using the revised PM-160 instructional booklet. ➤ Continue monitoring compliance, and report to the QI/UM Committee on a quarterly basis. <p>❖ Dr. Marabella noted that PM-160 submission activities may be changing in the near future. We are waiting for further guidance from the state.</p>	
<p>#3 QI Business FSR & MRR Report Qtr 3 & 4</p>	<p>Facility Site & Medical Records Review Quarter 3 & 4 2014. This report displays completed activity and results of the DHCS required Facility Site Review (FSR) and Medical Records Review (MRR) for the tri-county area.</p>	

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<p>(Attachment K) Informational Patrick Marabella, M.D., Chair</p>	<p>➢ There were 17 FSR's completed in the 3rd and 4th quarters 2014. ➢ There were 13 MRR's completed in the 3rd and 4th quarters 2014. ➢ 9 FSR's and 4 MRR's required CAP's to verify correction during this time period. ➢ 140 Physical Accessibility Review Survey (PARS) have been completed since 2011, of which 43% have Basic Level access.</p>	<p>Motion: Approve 2015 Quality Improvement Annual Program Description & Work Plan (Bernstein/Hutchison) 6-0-0-1</p>
<p>#4 2015 Quality Improvement & Utilization Management Annual Program Description and Work Plans (Attachments L-O) Action Patrick Marabella, M.D., Chair</p>	<p><i>Copies of the presentation were made available to committee members and the full document of the information covered is included in the meeting packet.</i> P Marabella, MD presented the 2015 Quality Improvement Program which includes two components: 1) The 2015 Quality Improvement Program Description which provides the roadmap for structure, resources and monitoring of quality activities, and 2) The 2015 Quality Improvement Work Plan that provides tactics and strategies for the upcoming year.</p> <p>Key changes to the Program Description for 2015 were highlighted including the following: 1) Behavioral Health Services was expanded to include Autism which is now a covered benefit. 2) Cultural and Linguistics section was modified slightly to be consistent with current processes. 3) Program Structure and Resources section was revised to update staff position titles. The Quality Improvement Work Plan activities for 2015 will focus on similar areas compared to 2014 with the following modifications and enhancements: 1. Access, Availability, and Service. <ul style="list-style-type: none"> ▪ Provider appointment access for both urgent and non-urgent appointments will continue to be monitored. Interventions for improvement will be updated. ▪ After-hours access to care standards compliance will continue to be monitored. An updated corrective action plan will be implemented in 2015. ▪ Improving member satisfaction will continue to be an area of focus. The Patients Experience Toolkit is being updated with tools and strategies for providers. ▪ The Rainbow Guide is a new provider reference and resource tool which includes both key member resources and provider resources is currently being distributed. 2. Quality and Safety of Care. <ul style="list-style-type: none"> ▪ Meeting and exceeding HEDIS minimum performance levels for default enrollment measures continues to be a priority area. 2014 activities will be maintained and a new project on Asthma medication adherence will be added. 3. Quality Improvement Projects (QIP). <ul style="list-style-type: none"> ▪ The first QIP is on comprehensive diabetes care focusing on 5 high-volume, low compliance clinics with three clinics in Fresno, one in Kings and one in Madera. The goal of this project is to improve compliance with best practice guidelines for diabetic members. Targeted interventions will continue with providers and a new member incentive will be added this year. </p>	

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	<p>The second QIP is the All Cause Readmission Collaboration which will be transitioned to a new format in July 2015. Interventions to enhance the coordination of care and appropriate use of resources will continue for this project.</p> <p>P Marabella, MD presented the Utilization Management and Case Management 2015 Program. The two components of the program include the UCM Program Description summarizing policies, processes and standards and the UCM Work Plan for monitoring activities to be conducted throughout 2015.</p> <p>Highlighted Program Description changes for the 2015 were:</p> <ol style="list-style-type: none"> 1) Inpatient Facility Concurrent Review and Discharge Planning have been updated to be consistent with current procedures and activities. 2) Transitional Care Management has an updated description of the program. 3) Behavioral Health Care Services updated to include Behavioral Health Treatment for members diagnosed with autism. 4) Committee updates, a section on delegation and medical technology updates were also included in the highlighted changes. <p>The UCM Work Plan covers five standard areas of activity. These areas include:</p> <ol style="list-style-type: none"> 1) Compliance with Regulatory and Accreditation Requirements 2) Monitoring the UM Process 3) Monitoring Utilization Metrics 4) Monitoring Coordination with Other Programs and Vendor Oversight 5) Monitoring Activities for Special Populations <p>The UCM Work Plan activities were updated for 2015 to ensure adequate oversight monitoring of this function and to meet regulatory requirements.</p> <p><u>Discussion:</u></p> <ul style="list-style-type: none"> ❖ Dr. Mac Lean suggested a focus on the day of discharge when analyzing readmission cases. He has identified a number of opportunities in this area during his own review of cases in Kings County. ❖ Dr. Mac Lean also suggested the addition of a mental health focused QI Project in the next year. The use of anxiolytics, anti-depressants and hypnotics should be considered as an area of opportunity for improvement. The CVH Medical Management team is considering the addition of a mental health project in the next 1-2 years and will take this into consideration. 	<p>Motion: Approve 2015 Utilization Management Annual Program Description & Work Plan (Bernstein/Hutchison) 6-0-0-1</p>
<p>#5 UM Business Key Indicator Report (Attachment P) Informational Patrick Marabella, M.D.</p>	<p>Key Indicator Report reflects data as of February 20, 2015. The following items were noted:</p> <ul style="list-style-type: none"> ➤ Inpatient utilization (days/1000) for non SPD and SPD members has increased from 2013. ➤ Medical Management is looking into the increase of days/1000 rates. ➤ Two Key Indicator Reports were reviewed covering 2014 and 2015 YTD. The initial report presented was 	

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<p>Chair</p>	<p>a full report for the 2014 calendar year. The clinical team updated the report to address administrative days, CCS, and other data affected by time lags.</p> <ul style="list-style-type: none"> ➤ The 2015 calendar year report followed including updates through 3/9/2015. Complex Case Management and Ambulatory Case Management are being refocused to more accurately allocate resources to members with the greatest need. There is a period of transition with Complex Case Management numbers transferring to Ambulatory Case Management. Subsequently the allocation will be equilibrated. 	
<p>#5 UM Business Standing Referrals Report Qtr 4 (Attachment Q) Informational Patrick Marabella, M.D., Chair</p>	<p>Standing Referrals Report. Standing Referral is defined as 2 or more office visits with a single provider when the primary diagnosis is a chronic condition such as those listed in the report. The report tracks any denied standing referrals for the quarter and validates any additional visits with the same provider in a rolling 12 month period.</p> <ul style="list-style-type: none"> ➤ For quarter 4 2014 there were no standing referral denials. 	
<p>#5 Pharmacy Business - Executive Summary - Operations Metrics Report Qtr 4 - Top 30 Prior Authorizations - Inter-rater Reliability Report (Attachment R-U) Informational Patrick Marabella, M.D., Chair</p>	<p>Pharmacy Executive Summary. The CaViva Health QI/UM Committee reviews pharmacy quarterly reports on operation metrics, top medication prior authorization requests, and quarterly Recommended Drug List changes 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>Operations Metrics:</u></p> <ul style="list-style-type: none"> ➤ All fourth quarter 2014 pharmacy prior authorization metrics were within 5% of standard. ➤ All fourth quarter 2014 pharmacy call metrics met standard with the exception of Average Answer Speed for October 2014. This increase in the average seconds to answer a call was due to increased call volume associated with a new pharmacy network that was implemented in June 2014 and changed demographics of newly eligible and enrolled members. <p><u>Top 30 Prior Authorizations:</u></p> <ul style="list-style-type: none"> ➤ Fourth quarter 2014 top medication prior authorization requests varied minimally from last quarter <p><u>Inter-rater Reliability Test Results for Pharmacy:</u></p> <ul style="list-style-type: none"> ➤ For fourth quarter 2013 through third quarter 2014, the overall standard was met for both QA Committee selected medications and the random medication review in each quarter. ➤ Pharmacist and other departmental staff training is ongoing to improve consistency and accuracy with UM decision making. 	
<p>#6 Credentialing & Peer Review Subcommittee Reports - Credentialing</p>	<p><u>Credentialing Subcommittee Report.</u> This report provides the QI/UM Committee and RHA Commission with a summary of the fourth quarter 2014 CVH Credentialing Subcommittee activities.</p> <ol style="list-style-type: none"> 1. The Credentialing Subcommittee met in October 2014. At the October 16th meeting routine credentialing 	<p>Motion: Approve Credentialing Subcommittee Report (Bernstein/Cardona)</p>

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<p>Subcommittee Report Qtr 4 - Peer Review Subcommittee Report Qtr 4 (Attachments V, W)</p>	<p>and recredentialing reports were reviewed for both delegated and non-delegated services. 2. There were 69 initial credentialing, 173 recredentialing, 0 suspensions, 7 terminations, and 0 resignations. 3. Count specific Credentialing Sub-committee reports were reviewed for the months of June through September 2014. There were no cases identified with significant issues.</p> <p><u>Peer Review Subcommittee Report.</u> This report provides the QI/UM Committee and RHA Commission with a summary of the fourth quarter 2014 CVH Peer Review Subcommittee activities. All Peer Review information is confidential and protected under law.</p> <ol style="list-style-type: none"> 1. The Peer Review sub-committee met in October 16th 2014. The county specific Peer Review Summary reports for June, July, August, and September 2014 were reviewed and approved. There were no significant cases to report. 2. The third quarter 2014 Peer Review Count report was reviewed and approved by the Peer Review Subcommittee. There were no Peer Review cases closed and cleared in the reporting period. Three cases with a CAP outstanding. No significant quality of care issues noted. All cases closed to a normal track and trend. 	<p>6-0-0-1</p> <p>Motion: Approve Peer Review Subcommittee Report (Bernstein/Cardona) 6-0-0-1</p>
<p>#7 Compliance Update</p>	<p>MB Corrado discussed the highlights of the Compliance Report.</p> <ul style="list-style-type: none"> ➤ As of January and February 16 low risk potential privacy and security breach cases were reported to DHCS. ➤ 1 potential fraud case was identified and reported to DHCS as of 2015. ➤ CalViva Health is currently conducting oversight audits with Health Net with a look back period of July 2013 through July 2014. ➤ Provider Dispute Resolution case audits Q2 are in progress. ➤ The Public Policy Committee had a meeting on March 4, 2015 in Fresno. Committee members discussed enrollment, the annual report, appeals, grievances and complaints. The CalViva Health Vision policy, health education, operations and the 2015 DHCS Medical Survey Audit were also discussed. The Committee had no recommendations for consideration by the Commission. The next Public Policy Committee meeting will be held on June 3, 2015 in Kings County in the Hanford location. ➤ CVH conducted an oversight audit of activities delegated to Health Net. The look back period was from January 2012 to June 2013. Overall Health Net performed well and fully complied with most requirements. Health Net passed all 16 areas and remains in full compliance with most audit elements. ➤ Deficiencies requiring a Corrective Action Plan were found in three functional areas and 2 areas with deficiencies previously implemented corrective action upon other oversight activities. 	
<p>#8 Old Business</p>	<p>None.</p>	
<p>#9 Announcements</p>	<p>None.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#10 Public Comment	None.	
#11 Adjourn Patrick Marabella, M.D., Chair	Meeting was adjourned at 12:29 pm.	

NEXT MEETING: May 28th, 2015

Submitted this Day: May 28, 2015
 Submitted by: Amy B. Schneider
 Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:

 Patrick C. Marabella, MD Committee Chair