

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes
May 28, 2015**

CalViva Health
1315 Van Ness Avenue; Suite #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)
✓	Terry Hutchison, M.D., Central California Faculty Medical Group (arrived at 11:39am)	✓	Amy Schneider, RN, Director of Medical Management Services
✓	Brandon Foster, PhD, Family Health Care Network	✓	Morgan Perez, Compliance Analyst
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Brandi Ferris, Medical Administrative Coordinator
✓	Kenneth Bernstein, M.D., Camarena Health Center		
✓	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			
✓	Selina Escobar, Public Health, HN	✓	Perla Macias, Administrative Assistant, HN
✓	Lali Witrigo, C&L Consultant, HN	✓	Kelly Kono, Quality Improvement, HN
✓	Claudia Blanco, Quality Improvement, HN		

✓ = 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 3/19/2015 - Medical Policies & Provider Updates Qtr 1 - Initial Health Assessment Report - Provider Office Wait Time Report - Health Education Incentive Program Qtr 4 2014	The March minutes were reviewed and highlights from the consent agenda items were discussed. The Recommended Drug List was available for review at the meeting. Policies with significant changes were included in the packet.	Motion: Approve Consent Agenda (Bernstein/Cardona) 5-0-0-2

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<ul style="list-style-type: none"> - C&L Language Assistance Program - CCS Report - Standing Referrals Report Qtr 1 - A&G Classification Audit Report Qtr 4 - PM-160 Report - Public Programs Report - Annual Recommended Drug List (Attachments A-L) <p>Action Patrick Marabella, M.D, Chair</p>		
<p>#3 QI Business Appeals & Grievances</p> <ul style="list-style-type: none"> - Dashboard - Executive Summary - Quarterly Member Report (Attachment M-O) <p>Informational Patrick Marabella, M.D</p>	<p>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. The Dashboard included data through the end of April and the Executive Summary and Quarterly Member report included grievances resolved in Quarter 1 2015. (Note correction to the agenda which incorrectly listed Quarter 4 2014). The increase in volume of grievances remains consistent in 2015 data to date.</p> <p><u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ 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 119 grievances received and 101 grievances resolved in the month of April 2015. ➤ There were 2 non-compliant Grievance acknowledgement letters sent due to new staff, operational issues, and a new system used for all grievances. ➤ An increase in Quality of Service Administrative Grievances was noted due to Kaiser service enrollment activity. ➤ Grievances are further broken down into three categories: Quality of Service QOS (Administrative), Quality of Care QOC (Clinical), and Exempt Grievances. <p><u>Appeals:</u></p> <ul style="list-style-type: none"> ➤ The appeals are broken down into two categories: Expedited and Standard. ➤ Appeal metrics are reported by received date and resolved date. There were 15 appeals received in 	

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	<p>April 2015 and 17 appeals were resolved.</p> <ul style="list-style-type: none"> ➤ There was 1 case incorrectly identified as non-compliant expedited appeal. This was a DHCS case and turnaround times for these cases are different than a standard appeal turnaround time process. This case was compliant. Report will be corrected. ➤ 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. <p><u>Access Grievances:</u> - The majority of Access to Care grievances were related to Availability of Appointment with PCP. No other trends identified.</p> <p><u>Inter-rater Reliability:</u> - 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 first quarter overall score averaged over 99%. The audit score threshold is 95%. No action required at this time.</p> <p><u>Discussion:</u> ❖ Dr. Cardona inquired whether specialist availability for consultation or referral could be made available on the CalViva Health website. CVH Medical Management staff will investigate and report back.</p>	
<p>#3 QI Business Mental Health Collaborative Summary Report (Attachment P) Informational Patrick Marabella, M.D., Chair</p>	<p><i>Dr. Hutchison arrived at 11:39am.</i></p> <p>CalViva Health participated in a 15 month QI Collaborative with Fresno County Department of Behavioral Health, Clinica Sierra Vista and the Ambulatory Care Center at CRMC to implement system changes to improve the coordination of services for individuals with serious mental illnesses.</p> <p><u>Major goals included:</u></p> <ol style="list-style-type: none"> 1. Increase the number of individuals who are seen by a PCP 2. Increase the number of individuals with shared care objectives for physical and mental health conditions 3. Increase the number of individuals with a care coordinator assigned to them 4. Reduce number of psychiatric hospitalizations and medical hospitalizations 5. Improve client satisfaction 6. Increase tracking/sharing of key health indicators <p>Some of the improvements the Fresno team was successful in establishing were the following:</p> <ul style="list-style-type: none"> ➤ A care coordinator assigned for all patients in the study population 	

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	<ul style="list-style-type: none"> ➤ A referral form to be used between mental health and the PCP clinics. ➤ Increased tracking and communication of key health indicators to PCP's ➤ A process for getting urgent as well as routine visits scheduled with the PCP when patients had physical health or visits with mental health provider for mental health issues. <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> ➤ Continue participation in new Behavioral Health Workgroup by Public Programs staff. ➤ Consider additional opportunities to partner with local providers and County Behavioral Health to improve care and services associated with the issues identified. ➤ Consider addition of CalViva Quality Initiative focused on Behavioral Health needs for our counties. 	
<p>#3 QI Business Provider Preventable Conditions Qtr 1 (Attachment Q) Informational Patrick Marabella, M.D, Chair</p>	<p>This report provides summary data on cases identified for potential reporting to DHCS as Provider Preventable Conditions. Case processing, review and handling are maintained according to the CalViva Health PPC procedure. There were 4 PPC's reported during the 1st quarter 2015. All cases were reported to DHCS according to regulations. No trends were identified.</p>	
<p>#3 QI Business Potential Quality Issues Report Qtr 4 2014 (Attachment R) Informational Patrick Marabella, M.D, Chair</p>	<p>The Potential Quality Issues Report (PQI) report provides a summary of PQI's identified during quarter 4 2014 that may result in substantial harm to a CalViva Health member. PQI reviews may be initiated by a member, non-member or peer review activities. Data was reviewed including the follow up actions taken when indicated.</p>	
<p>#3 QI Business 2015 QI/UM Committee Charter (Attachment S) Action Patrick Marabella, M.D, Chair</p>	<p>2015 Quality Improvement Utilization Management Committee Charter was reviewed with the following changes:</p> <ul style="list-style-type: none"> ➤ Section V: A (4) d "There shall be at least one representative from the following practice areas: OB/GYN, pediatrics, internal medicine or family practice" was deleted. ➤ Section V: B: 1 "Term of Committee Membership" previous language was deleted and "Appointments shall be made for 2 years" was added. ➤ No other changes were made to the 2015 QI/UM Committee Charter. 	<p>Motion: Approve 2015 Quality Improvement Utilization Management Committee Charter (Bernstein/Hutchison) 6-0-0-1</p>
<p>#4 2014 Cultural Linguistics Work Plan Evaluations, 2015 Annual Work Plans & 2015 Program Descriptions</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> <p>Dr. Marabella informed the committee that to facilitate discussion of the Annual Program Documents for both Culture and Linguistics and Health Education a PowerPoint presentation will be utilized. The full documents under discussion are included in the meeting packet. The PowerPoint presentation is not an official part of the committee's records but will be used only as a discussion tool. Copies of the presentation</p>	

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<p>(Attachments T-V) Action Patrick Marabella, M.D, Chair</p>	<p>were made available to committee members. Approval of each official document is required. The following activities were discussed: 1. 2014 C&L Work Plan Annual Evaluation: > Language Assistance Services ▪ 1,945 requests for interpreter services fulfilled ▪ 224 staff members assessed for bilingual skills > Compliance Monitoring ▪ Group Needs Assessment update completed ▪ Support for the Public Policy Committee provided > Communication, Training and Education ▪ In-services completed and 3 Provider Updates distributed > Health Literacy and Cultural Competency ▪ Annual Heritage Day event in August 2014 (65 staff) 2. 2015 C&L Program Description > Enhanced goals and objectives related to maintaining compliance, creating cultural awareness and addressing health equity. > Expanded consulting services with case managers, quality improvement and grievance coordinators. > Enhancements to Health Literacy and English material review (EMR) process. > Focus on providing training and resources for Transitional Care Management staff to reduce cultural barriers. 3. 2015 C&L Work Plan - Activities for 2015 will continue to focus on the following 4 areas: > Language Assistance Services – Interpreter Services > Compliance Monitoring – Grievance Follow Up, and Geo Access Report > Communication, Training and Education – education and training for members, providers and staff > Health Literacy, Cultural Competency, & Health Equity ▪ Enhance materials with emphasis on health literacy ▪ Reduce cultural barriers by providing consultations and trainings for departments and projects</p>	<p>Motion: Approve 2014 Cultural Linguistics Work Plan Evaluation (Bernstein/Hutchison) 6-0-0-1</p> <p>Motion: Approve 2015 Cultural & Linguistics Program Description (Bernstein/Cardona) 6-0-0-1</p> <p>Motion: Approve 2015 Cultural & Linguistics Annual Work Plan (Bernstein/Hutchison) 5-0-1-1, Mac Lean Abstain</p>
<p>#4 2014 Health Education Work Plan Evaluations, 2015 Annual Work Plans & 2015 Program Descriptions (Attachments W-Y) Action Patrick Marabella, M.D,</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> The following activities were discussed: 1. 2014 Work Plan Annual Evaluation > Overall 8 of 14 Program initiatives were completed > Six initiatives required modification or deferment to address challenges or barriers > Eight (8) initiatives fully met: ▪ HEDIS Outreach and Improvement Initiative ▪ Chronic Disease Education Initiative</p>	<p>Motion: Approve 2014</p>

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<p>(Attachment AA) Informational Patrick Marabella, M.D, Chair</p>	<p><u>ACM Analysis/Findings/Outcomes:</u></p> <ul style="list-style-type: none"> ➤ The number of new cases opened has increased since last quarter. ➤ The team continues to refine our case finding strategies to identify members to impact for case management outreach. <p><u>CCM Analysis/Findings/Outcomes:</u></p> <ul style="list-style-type: none"> ➤ Focus for this quarter was to identify and engage the highest risk and highest cost members to ensure enrollment of the most at risk members through weekly meetings. ➤ The majority of opened cases in the CCM program in Q4 2014 were for high risk/high cost members at 81%. <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> ➤ Identify, develop and implement strategies to improve member engagement. <p><u>PCM Analysis/Findings/Outcomes:</u></p> <ul style="list-style-type: none"> ➤ Outreach to provider community in an effort to receive referrals to the program in a timely manner. ➤ Some challenges in contacting members continue. <p><u>Discussion</u></p> <ul style="list-style-type: none"> ❖ Dr. Hutchison inquired as to what constitutes a "high cost" case. CVH Medical Management staff will research and report back to the committee on this issue. 	
<p>#5 UM Business Top 10 Diagnosis (Attachment BB) Informational Patrick Marabella, M.D, Chair</p>	<p>The Top 10 Diagnosis Report summarizes on an annual basis the volumes for the most common conditions recorded as principal discharge diagnosis for inpatient admissions. Data is obtained from paid claims for our Medi-Cal Fee For Service and Shared Risk Membership. Summary tables were reviewed comparing high volume diagnoses when including/excluding pregnancy related conditions and diagnoses for the SPD and TANF populations in both 2013 and 2014. The report discusses interventions already underway for these high volume diagnoses. No additional recommendations were provided by the committee membership. This report will continue to be reported on an annual basis.</p>	
<p>#5 UM Business - Specialty Referrals Report – HN Qtr 1 - Specialty Referrals Report – EHS Qtr 1 (Attachment CC, DD) Informational Patrick Marabella, M.D, Chair</p>	<p><i>Dr. Marabella left at 12:30PM.</i></p> <p>Specialty Referrals Report – Health Net Qtr 1</p> <p>This report provides a summary of Specialty Referral services that require prior authorization in the tri-county area for the first quarter 2015. It monitors appropriate access to specialty care referrals for CalViva Health members.</p> <ul style="list-style-type: none"> ➤ There were a total of 150 Specialty Referrals that were prior authorized during quarter 1 2015. ➤ Of the 140 Specialty Referrals for 1st quarter, 24% of the requests were for SPD members and 76% requests for Non-SPD members. ➤ 78 specialty services were reviewed because they were outside of CalViva Health's service area. ➤ 61 specialty service requests were within the In-Service area. <p><u>Next Steps:</u></p>	

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	<p>CalViva Health specialty referrals will continue to be monitored quarterly by the QI/UM Committee to assess for network adequacy and appropriate, quality specialty care for CalViva Health members.</p> <p>Specialty Referrals Report – EHS Qtr 1 This report provides a summary of Specialty Referral services that EHS requires prior authorization for in the tri-county area for first quarter 2015. It monitors appropriate access to specialty care referrals for CalViva Health members.</p> <p>➤ There were a total of 667 out of network referrals. This was an increase from prior quarter.</p> <p><u>Next Steps:</u> Continue to work with EHS to secure expanded data universe to include out-of-area referrals into the report.</p> <p><u>Discussion:</u> ❖ The committee recommends adding the overall denial rates to the charts in this report. There was discussion about barriers encountered in the Prior Authorization Process. Dr. Marabella will follow up.</p>	
<p>#6 Pharmacy Business - Executive Summary - Operations Metrics Report Qtr 4 - Top 30 Prior Authorizations - Pharmacy Policy Grid (Attachment EE-HH) Informational Patrick Marabella, M.D, Chair</p>	<p><i>Dr. Marabella returned at 12:32PM.</i></p> <p>The CalViva 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> ➤ All first quarter 2015 pharmacy prior authorization metrics were within 5% of standard. ➤ All first quarter 2015 pharmacy call metrics met standard with the exception of Average Answer Speed for January and February 2015.</p> <p><u>Top 30 Prior Authorizations:</u> ➤ First quarter 2015 top medication prior authorization requests varied minimally from last quarter</p> <p><u>Pharmacy Policy Grid:</u> The 2015 Pharmacy Policies were available at the meeting. Two policies were discussed: ➤ RX-108 – Language added to clarify the Prior Authorization processes and forms. ➤ RX-122 – New policy entitled “Excluded Provider Process”</p> <p><u>Discussion:</u> ❖ Dr. Mac Lean recommended follow up with providers in all CVH counties regarding new CURES requirement that mandates providers to sign up by January 1, 2016. CalViva is aware of this new requirement and Dr. Marabella informed the committee that there will be a formal communication to providers.</p>	<p>Motion: Approve Pharmacy Policies (Bernstein/Cardona) 6-0-0-1</p>

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#7 Compliance Update	<p>M.B. Corrado presented the Compliance report. Highlights of this report included:</p> <ul style="list-style-type: none"> ➤ A total of 6 new Potential Privacy and Security Breach cases were reported to DHCS, 2 were considered high risk due to misdirected mail which has since been corrected. ➤ CVH Oversight meetings continue to occur and review monthly reports with Health Net as well as joint operations meeting with Kaiser. No major compliance concerns have been identified. ➤ The 2013-2014 Claims, Provider Dispute and Health Education Oversight audits are complete. There were no findings that required corrective action plans for the audits. ➤ The 2013-2014 Credentialing, and 2014 Privacy and Security Oversight audits are currently in progress. ➤ The DHCS will conduct an exit conference on June 9, 2015 and will provide the draft audit findings to the Plan at this time. The Plan will have 10 days to respond to any factual errors in the report by providing evidence of compliance. ➤ The Public Policy Committee is on June 3, 2015 at 1400 W Lacey Blvd, Hanford, CA 93230 at the Kings County Government Center Administration. 	
#8 Old Business	None.	
#9 Announcements	Dr. Marabella announced Ruby Mateos has joined CalViva Health as the Medical Management Specialist.	
#10 Public Comment	None.	
#11 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:58 pm.	

NEXT MEETING: July 16th, 2015

Submitted this Day: July 16th 2015

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

Acknowledgment of Committee Approval:

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