

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

February 28<sup>th</sup>, 2020

CalViva Health  
7625 North Palm Avenue; Suite #109  
Fresno, CA 93711  
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)
	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Amy Schneider, RN, Director of Medical Management Services
✓	Brandon Foster, PhD, Family Health Care Network	✓	Mary Lourdes Leone, Director of Compliance
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Ashelee Alvarado, BS, Medical Management Specialist
	John Zweifler, MD., At-large Appointee, Kings County	✓	Lori Norman, Compliance Manager
✓	Joel Ramirez, M.D., Camarena Health Madera County		
	Rajeev Verma, M.D., UCSF Fresno Medical Center		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
	<b>Guests/Speakers</b>		

✓ = 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 10:01 am. A quorum was present.	
#2 Approve Consent <b>Agenda</b> - Committee Minutes: November 21, 2019 - Medical Policies - Provider Update (Q3) - California Children's Service Report (CCS) (Q4) - Customer Contact	The November 21, 2019 QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Any item on the consent agenda may be pulled out for further discussion at the request of any committee member. The full February Formulary (PDL) was available for review at the meeting.	Motion: Approve Consent Agenda (Cardona/Foster) 4-0-0-3

QI/UM Committee Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Center (CCC) DMHC Expedited Grievance Report (Q4)</p> <ul style="list-style-type: none"> <li>- Member Incentive Programs Semi-Annual Report</li> <li>- Appeals &amp; Grievances Inter-Rater Reliability Report (IRR) (Q4)</li> <li>- Appeals &amp; Grievances Classification Audit Report (Q4)</li> <li>- Quarterly A&amp;G Member Letter</li> <li>- Monitoring Report (Q4)</li> <li>- Pharmacy Provider Update (Q4 2019 &amp; Q1 2020)</li> <li>- Full February PDL (Attachments A-I) Action</li> </ul> <p>Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business</p> <ul style="list-style-type: none"> <li>- Appeals &amp; Grievances Dashboard (December)</li> <li>- Appeals &amp; Grievances Executive Summary (Q4)</li> </ul>	<p>Dr. Marabella presented the Appeals &amp; Grievances Dashboard through December 2019.</p> <p><b>Appeals &amp; Grievances Data:</b></p> <ul style="list-style-type: none"> <li>➤ The total number of grievances received in 2019 increased compared to 2018 data.</li> <li>➤ The majority of Quality of Service grievances were noted in the areas of Access to PCP, Access to Specialist, and Transportation.</li> <li>➤ Quality of Care grievances increased in the areas of Access to Specialist and PCP care.</li> </ul>	<p>Motion: Approve</p> <ul style="list-style-type: none"> <li>- Appeals &amp; Grievances Dashboard (December)</li> <li>- Appeals &amp; Grievances</li> </ul>

QI/UM Committee Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Appeals &amp; Grievances Quarterly Member Report (Q4) (Attachment J-L) Action Patrick Marabella, M.D., Chair</p>	<ul style="list-style-type: none"> <li>➤ A significant decrease was noted in Exempt grievances for 2019.</li> <li>➤ An increase in the total number of Appeals Received/Resolved is also noted in 2019. This increase is attributable primarily to advanced imaging, pharmacy denials, and surgery denials.</li> <li>➤ Overall, an evaluation of the per thousand member per month rates for grievances and appeals when comparing 2018 to 2019, the rate for grievances increased from 0.23 to 0.30 and appeals increased from 0.12 to 0.21.</li> </ul>	<p>Executive Summary (Q4) - Appeals &amp; Grievances Quarterly Member Report (Q4) (Ramirez/Cardona) 4-0-0-3</p>
<p>#3 QI Business - County Relations Quarterly Report (Q4) (Attachment M) Action Patrick Marabella, M.D., Chair</p>	<p>County Relations Quarterly Report (Q4) This report provides a summary of the relevant Public Health, Behavioral Health (BH) and Regional Center Activities, initiatives and updates for Fresno, Kings and Madera Counties. This Report will be augmented over time due to the Governor's implementation of the CalAIM Initiative Which involves Public Health Agencies and Behavioral Health for each county.</p> <p>Highlights for this Quarter include:</p> <ul style="list-style-type: none"> <li>➤ Fresno County Department of Behavioral Health (FCDBH) continues to engage the MCPs in on-going discussions to improve care coordination for Fresno County members suffering from mental health and substance use disorders. FCDBH and the MCPs continue to exchange feedback regarding the bidirectional referral process, as well as any challenges with linking members to services, etc.</li> <li>➤ The Fresno County Suicide Prevention Collaboration continues with a series of no-cost trainings in collaboration with the California School-Based Health Alliance for educators, clinicians, school-based health providers, and other professionals working with young people. These trainings will be offered throughout 2020.</li> <li>➤ Fresno Unified School District (FUSD) is planning the expansion of their school-based health clinic services.</li> <li>➤ Kings County Behavioral Health Department (KCBHD) will begin to also share their behavioral health utilization data at future quarterly meetings.</li> <li>➤ In Kings County, on average for Q4, around 5.22% or 15,298 of the Medi-Cal population were under the age of 21 years old. Of the 15,298 Medi-Cal members, 1,097 (7.17%) are CCS eligible.</li> <li>➤ Madera County Behavioral Health Department (MCBHD) provided an update regarding the results from their Triennial Review, advising that they are currently working through some of the items on the resulting Plan of Correction.</li> <li>➤ Sexually Transmitted Disease (STD) program highlighted the continued challenges with syphilis and</li> </ul>	<p>Motion: Approve - County Relations Quarterly Report (Q4) (Ramirez/Foster) 4-0-0-3</p>

QI/UM Committee Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>#3 QI Business</b>                      - Provider Preventable Conditions Report (Q4) (Attachment N)                      Action                      Patrick Marabella, M.D,                      Chair</p>	<p>congenital syphilis.</p> <p>Quarter 4 data for BH referrals and CCS enrollment in Fresno, Kings and Madera counties were also reviewed.</p> <p>Provider Preventable Conditions (PPC) (Q4 2019)                      This report provides a summary of member impacted Provider Preventable Conditions (PPC). PPCs are identified via four (4) mechanisms:</p> <ol style="list-style-type: none"> <li>1. Provider / Facility confidential submission of DHCS Form 7107</li> <li>2. Monthly Claims Data review</li> <li>3. Monthly Encounter Data review (POA/ Indicator Report)</li> <li>4. Confidential Potential Quality Issue (PQI) submission of identified/suspected quality cases</li> </ol> <p>➤ There were five reported CalViva PPCs during the fourth quarter 2019. All cases have been closed. It is important to note that although 5 cases closed during the quarter, they did not all occur in the quarter. These is a lag time for claims data and to obtain medical records from the facility where the event occurred. We continue to monitor and report.</p>	<p>Motion: Approve                      - Provider Preventable Conditions Report (Q4) (Cardona/ Ramirez) 4-0-0-3</p>
<p><b>#3 QI Business</b>                      - Potential Quality Issues Report (Q4) (Attachment O)                      Action                      Patrick Marabella, M.D,                      Chair</p>	<p><u>Potential Quality Issues (PQI) Report</u>                      This report provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member or peer review activities. Peer review activities include cases with a severity code level of III or IV or any case the CVH CMO requests to be forwarded to Peer Review. Data was reviewed for all case types including the follow up actions taken when indicated.</p> <ul style="list-style-type: none"> <li>➤ Non-member initiated PQI category cases were in range when compared to the last three Quarters. There were no cases generated from Provider Preventable Conditions (PPCs).</li> <li>➤ Member generated PQI's have slightly decreased compared to the previous two Quarters.</li> <li>➤ The number of peer review cases varies from quarter to quarter. Follow up has been initiated when appropriate. PQI and PPC cases will continue to be tracked, monitored and reported.</li> </ul> <p>The Quality Improvement Project to address Breast Cancer Screening (BCS) was reviewed with the committee. The report summarizes quality improvement activities associated with HEDIS® measures that have performed below the minimum performance level. The BCS project was focused in Fresno County and the BCS QI Summary described multidisciplinary team formation, barrier analysis and plans for initial intervention. Periodic updates will be provided on the progress of the project.</p>	<p>Motion: Approve                      - Potential Quality Issues Report (Q4) (Cardona/Foster) 4-0-0-3</p>
<p><b>#3 QI Business</b>                      - Performance Improvement Project Update (Q4) (Attachment P)                      Action</p>	<p>The Quality Improvement Project to address Breast Cancer Screening (BCS) was reviewed with the committee. The report summarizes quality improvement activities associated with HEDIS® measures that have performed below the minimum performance level. The BCS project was focused in Fresno County and the BCS QI Summary described multidisciplinary team formation, barrier analysis and plans for initial intervention. Periodic updates will be provided on the progress of the project.</p>	<p>Motion: Approve                      - Performance Improvement Project Update (Ramirez/Cardona) 4-0-0-3</p>

QI/UM Committee Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Patrick Marabella, M.D., Chair</p> <p><b>#4 Quality Improvement/Utilization Management/Case Management Business</b> <i>(PowerPoint Presentation - available at meeting)</i></p> <p>- QI Executive Summary &amp; 2019 Work Plan End of Year Evaluation (Attachment P-Q) Action Patrick Marabella, M.D., Chair</p>	<p>Dr. Marabella presented the 2019 Annual Quality Improvement Work Plan Evaluation.</p> <p>The planned activities and Quality Improvement focus for 2019 included the following:</p> <ul style="list-style-type: none"> <li>➤ Access, Availability and Service: <ul style="list-style-type: none"> <li>○ Improve Access to Care: <ul style="list-style-type: none"> <li>▪ Provider Appointment Availability Survey assessment.</li> <li>▪ Corrective Action Plans were issued to all non-compliant PPGs and telephone audits were conducted for providers identified to be non-compliant for two years in a row.</li> <li>▪ Provider Office Wait Time met overall goal for 30 minutes or less for all three counties in Q2.</li> <li>▪ Pending results for RY 2020 Appointment Availability &amp; After-Hours Survey.</li> </ul> </li> </ul> </li> <li>➤ Quality and Safety of Care: All three counties exceeded the DHCS Minimum Performance Level (MPL) in five of the six Default Enrollment Measures; The six measures are: <ul style="list-style-type: none"> <li>○ Childhood Immunization Combo 3</li> <li>○ Well Child Visits 3-6 years</li> <li>○ Prenatal Care</li> <li>○ HbA1c Testing</li> <li>○ Controlling High Blood Pressure</li> <li>○ Cervical Cancer Screening</li> </ul> <p>Only Fresno County fell below the MPL for both Breast Cancer Screening and HbA1c testing.</p> </li> <li>➤ Performance Improvement Projects (PIPs): The two PIPs closed in 2019 were: <ul style="list-style-type: none"> <li>○ Childhood Immunizations (CIS-3)</li> <li>○ Postpartum Care Disparity Project (PPC)</li> </ul> </li> </ul> <p>Dr. Marabella presented the Annual Utilization Management Case Management Work Plan Evaluation.</p> <p>Utilization Management &amp; Case Management focused on the following areas for 2019:</p>	<p>Motion: Approve - QI Executive Summary &amp; 2019 Workplan End of Year Evaluation (Ramirez/Cardona) 4-0-0-3</p>
<p><b>#4 Quality Improvement/Utilization Management/Case Management Business</b></p>	<p>Utilization Management &amp; Case Management focused on the following areas for 2019:</p>	<p>Motion: Approve - UM/CM Executive Summary &amp; 2019 Work Plan End of Year Evaluation</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>(PowerPoint Presentation - <i>Presentation handouts available at meeting</i>)                      - UM/CM Executive Summary &amp; 2019 Work Plan End of Year Evaluation (Attachment R)                      Action                      Patrick Marabella, M.D., Chair</p>	<ul style="list-style-type: none"> <li>➤ Compliance with Regulatory &amp; Accreditation Requirements:                             <ul style="list-style-type: none"> <li>○ Licensure and credentialing requirements maintained.</li> <li>○ Program documents and policies were updated to incorporate new regulatory requirements into practice.</li> <li>○ DHCS Medi-Cal Managed Care Division Medical Director meetings attended by Medical Directors and CVH CMO.</li> </ul> </li> <li>➤ Monitoring the UM Process:                             <ul style="list-style-type: none"> <li>○ Turn-around times for Prior Authorizations fell below the 100% goal for certain metrics. A formal Corrective Action Plan has been implemented and is being monitored.</li> <li>○ Annual trends for Appeal rates were reviewed including: Overturns, Partial Upholds, Upholds, and Withdrawals. In addition, it was noted that the turn-around-time compliance rate increased in 2019 from previous years even as volumes have increased each year.</li> </ul> </li> <li>➤ Monitoring Utilization Metrics:                             <ul style="list-style-type: none"> <li>○ All UM metrics for Monitoring Utilization met the objectives.</li> <li>○ Comparison of Q1-Q3 2019 to Q1-Q3 2018 demonstrates a 13.5% reduction in acute admissions, exceeding the goal.</li> <li>○ A barrier was encountered when attempting to capture the data for discharge to recuperative/alternative care. This measure will be reassessed for 2020 including data capture.</li> <li>○ Challenges continue in this area due to fragmented aftercare and inadequate placement options for patients with multiple social determinants of health.</li> </ul> </li> <li>➤ Monitoring Coordination with Other Programs and Vendor Oversight:                             <ul style="list-style-type: none"> <li>○ All metrics for Behavioral Health met goal with the exception of Behavioral Health Performance Measures.</li> <li>○ Timeliness non-compliance was for non-ABA requests. A Corrective Action Plan has been implemented</li> <li>○ Network Availability not met due to Open Practice metric for Behavioral Health in Q3. Q4 data pending.</li> </ul> </li> <li>➤ Monitoring Activities for Special Populations:                             <ul style="list-style-type: none"> <li>○ CCS, SPD, CBAS, and Mental Health tracking and monitoring is ongoing.</li> <li>○ All monitoring activities met goals.</li> </ul> </li> </ul>	<p>(Cardona/Ramirez) 4-0-0-3</p>
<p>#4 Quality</p>	<p>Dr. Marabella presented the 2020 Utilization Management Program Description.</p>	<p>Motion: Approve</p>

QI/UM Committee Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>Improvement/Utilization Management/Case Management Business</b>  <i>(PowerPoint Presentation - Presentation handouts available at meeting)</i></p> <ul style="list-style-type: none"> <li>- Utilization Management Program Description 2020 (Attachment S)</li> </ul> <p>Action            Patrick Marabella, M.D.,            Chair</p>	<ul style="list-style-type: none"> <li>➤ Utilization Management Program Description Changes include:               <ul style="list-style-type: none"> <li>○ Updated Utilization decision Criteria.</li> <li>○ Health Plan leadership titles.</li> <li>○ Other minor updates.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Utilization Management Program Description 2020 (Foster/Cardona) 4-0-0-3</li> </ul>
<p><b>#4 Quality Improvement/Utilization Management/Case Management Business</b>  <i>(PowerPoint Presentation - Presentation handouts available at meeting)</i></p> <ul style="list-style-type: none"> <li>- Case Management Program Description 2020 (Attachment T)</li> </ul> <p>Action            Patrick Marabella, M.D.,            Chair</p>	<p>Dr. Marabella presented the 2020 Case Management Program Description.</p> <ul style="list-style-type: none"> <li>➤ Case Management Program Description Changes include:               <ul style="list-style-type: none"> <li>○ Goals of Case Management Program.</li> <li>○ Care Team Staffing Model.</li> <li>○ Screening &amp; Assessments.</li> <li>○ Condition specific Case Management &amp; Disease Management programs.</li> <li>○ Updated Health Plan leadership titles.</li> </ul> </li> </ul>	<p>Motion: Approve</p> <ul style="list-style-type: none"> <li>- Case Management Program Description 2020 (Ramirez/Cardona) 4-0-0-3</li> </ul>

QI/UM Committee Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>#5 Access Business</b>                      - Specialty Referrals                      Reports: La Salle, First Choice, IMG, Adventist, Central Valley Medical Physicians, Sante (Q4)                      (Attachment U)                      Action                      Patrick Marabella, M.D,                      Chair</p>	<p>The following delegated entities provided a summary of Specialty Referral Services for Quarter 4 in the tri-county area: La Salle, First Choice, IMG, Adventist, Central Valley Medical Physicians, and Sante. Delegation Oversight staff continue to improve the accuracy and consistency of reporting.</p> <p>These reports provide evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members.</p> <p>Referral and denial rates are monitored on a quarterly basis and compared over time. Top priority medical specialties are tracked along with turn-around times. Trends will continue to be monitored and follow up initiated when indicated. These reports will be monitored via the PPG Dashboard for Delegated Entities beginning with Q1 2020 reports.</p>	<p>Motion: Approve                      - Specialty Referrals                      Reports: La Salle, First Choice, IMG, Adventist, Central Valley Medical Physicians, Sante (Q4)                      (Cardona/Ramirez)                      4-0-0-3</p>
<p><b>#6 UM Business</b>                      - Key Indicator Report &amp; Turn Around Time Report (November)                      (Attachment V)                      Action                      Patrick Marabella, M.D,                      Chair</p>	<p>Dr. Marabella presented the Key Indicator Report through December 31, 2019.</p> <ul style="list-style-type: none"> <li>➤ Admission and Readmission rates are down slightly from 2018.</li> <li>➤ ER Visits remain consistent.</li> <li>➤ Admits and Bed Days for SPD PTMPY have decreased from 2018.</li> <li>➤ Outreach and Engagement for Case Management categories show a significant increase when compared to previous year.</li> </ul> <p style="text-align: right;"><b>Dr. Cardona stepped out at 11:00 am; returned at 11:03 am.</b></p>	<p>Motion: Approve                      - Key Indicator Report &amp; Turn Around Time Report (November)                      (Ramirez/Foster)                      4-0-0-3</p>
<p><b>#6 UM Business</b>                      - Inter-Rater Reliability Results (IRR) for Physicians and non-Physicians                      (Attachment W)                      Action                      Patrick Marabella, M.D,                      Chair</p>	<p>The Inter-Rater Reliability Report for Physicians and Non-physicians is an annual evaluation of UM physicians and staff to ensure InterQual® Clinical Decision Support Criteria along with other evidence-based policies and guidelines are used consistently during clinical reviews for medical necessity.</p> <ul style="list-style-type: none"> <li>➤ The passing score is 90% for both physicians and non-physicians.</li> <li>➤ Staff and Physicians who do not pass are required to retake the exam.                             <ul style="list-style-type: none"> <li>○ The Utilization Management Department 2019 passed with 98% on all modules.</li> <li>○ The Medical Affairs Department for 2019 passed with 91% on all modules.</li> </ul> </li> </ul>	<p>Motion: Approve                      - Inter-Rater Reliability Results (IRR) for Physicians and non-Physicians (Ramirez/Cardona)                      4-0-0-3</p>
<p><b>#7 Compliance Update</b></p>	<p>Mary Beth Corrado presented the Compliance Report.</p>	



AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Compliance Regulatory Report (Attachment X) Action Patrick Marabella, M.D., Chair</p>	<p><b><u>Fraud, Waste, &amp; Abuse Activity</u></b> The California Department of Justice (DOJ) has open cases on four (4) of the sixteen (16) cases reported by CVH and requested information from the Plan. The Plan cooperated with the DOJ requests. There were no cases referred to other law enforcement agencies by the Plan.</p> <p><b><u>Independent Medical Reviews (IMRs) and State Hearings</u></b> Increase in volumes noted and anticipate continued increase.</p> <p><b><u>Department of Health Care Services (“DHCS”) 2020 Medical Audit</u></b> DHCS was onsite at CalViva Health the week of February 3, 2020 to conduct their annual Medical Audit. The Plan is currently responding to some post onsite requests for documents. DHCS will issue a Preliminary Report of their findings later in 2020.</p> <p><b><u>Department of Health Care Services (“DHCS”) Annual Network Certification CAP</u></b> DHCS issued a letter to the Plan dated July 9, 2019 communicating DHCS findings regarding the Plan’s 2019 Annual Network Certification (ANC) submission and requested a CAP related to non-compliant time and distance standards.</p> <p><b><u>Department of Health Care Services (“DHCS”) 2019 Medical Audit</u></b> DHCS issued its Final Report to the Plan on October 29, 2019 citing three deficiencies. The Plan submitted its CAP on December 3, 2019. The Plan is currently submitting monthly progress reports to DHCS regarding the status of CAP implementation.</p> <p><b><u>Department of Managed Health Care (“DMHC”) 2019 Medical Survey</u></b> The DMHC issued their Final Report on February 5, 2020 citing two deficiencies as corrected and two deficiencies uncorrected. DMHC will conduct an 18-month follow-up audit to validate corrective actions have been implemented.</p> <p><b><u>Medi-Cal Healthier California for All (MCHCA)</u></b></p>	

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	<p>In October 2019, the DHCS introduced MCHCA, a proposed framework that encompasses a broader delivery system, program and payment reform across the Medi-Cal program. MCHCA contains 20+ initiatives that will be phased in over several years. A table at the end of the report was reviewed as it outlined the planned initiatives associated with it. Periodic updates will be provided.</p> <p><b><u>Behavioral Health Integration (BHI) Incentive Program</u></b>                      The 2019 Budget Act authorized DHCS to develop the Behavioral Health Integration (BHI) Incentive Program as part of its Proposition 56 Value-Based Payment initiatives in Medi-Cal managed care. By January 21, 2020, eligible Medi-Cal providers had to submit applications to managed care plans in order to promote behavioral health integration.                      CalViva Health received three (3) applications that are currently being reviewed to determine if the proposed programs will qualify for the BHI program.</p> <p><b><u>Preventive Care Outreach Project</u></b>                      DHCS is implementing a Preventive Care Outreach project. The California State Auditor conducted an audit of DHCS' oversight of the delivery of preventive services to children in the Medi-Cal Program in 2018. The audit concludes that millions of children do not receive preventive services to which they are entitled. As a result, DHCS is implementing this Outreach Project.                      ➤ Phase 1- Outreach will be accomplished via mail and call campaign followed by a survey. Project to be completed by 12/31/20.</p> <p><b><u>Public Policy Committee</u></b>                      The Public Policy Committee (PPC) met in Fresno County on December 4, 2019. A number of program documents were approved and routine reports such as the A&amp;G Report were presented.</p>	
#10 Public Comment	None.	
#11 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 11:37 am.	

NEXT MEETING: March 19, 2020

Submitted this Day: March 19th, 2020

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

Acknowledgment of Committee Approval:



Patrick Marabella, MD Committee Chair