

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

May 21st, 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, Medical Management Specialist
	John Zweifler, MD., At-large Appointee, Kings County		Lori Norman, Compliance Manager
✓●	Joel Ramirez, M.D., Camarena Health Madera County	✓	Hyasha Anderson, Medical Management Coordinator
	Rajeev Verma, M.D., UCSF Fresno Medical Center	✓	Mary Martinez, Medical Management Nurse Analyst
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
	Guests/Speakers		
✓●	Brian McKenna		

✓ = In attendance

* = Arrived late/left early

● = Attended via Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D., Chair	The meeting was called to order at 10:32 am. A quorum was present.	
#2 Approve Consent Agenda - Committee Minutes: March 19, 2020 - Appeals and Grievances IRR	The March 19 th , 2020 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 May Formulary (PDL) was available for review at the meeting.	Motion: Approve Consent Agenda (Cardona/Lee) 3-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Report (Q1)</p> <ul style="list-style-type: none"> - Appeals and Grievances Classification Audit Report (Q1) - CCC DMHC Expedited Grievance Report - Concurrent Review Report (IRR) Report (Q1) - Specialty Referrals Report – HN (Q4) - Pharmacy Provider Update (Q1) - Formulary (May PDL) <p>Action</p> <p>Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard (March) - Executive Summary (Q1) - Quarterly Member Report (Q1) (Attachment H-J) <p>Action</p> <p>Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the Appeals & Grievances Dashboard through March 2020.</p> <p>Appeals & Grievances Data:</p> <ul style="list-style-type: none"> ➤ The total number of grievances through March 31, 2020 is consistent with 2019 data. ➤ The majority of Quality of Service grievances were noted in the areas of Administrative and Transportation. Transportation is now broken down into Access, Behavior and Other to better understand the basis for these grievances. ➤ The Quality of Care grievances remain consistent with the previous year’s data. ➤ The Exempt grievance categories were expanded to better analyze the data. This is the first report with new categories. We will monitor for trends. ➤ The total number of Appeals Received/Resolved per month remains higher than the previous year’s data. These results are attributable primarily to advanced imaging and pharmacy denials. Follow up to address the advanced imaging cases is underway. The Overturn Rate is improving. 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard (March) - Executive Summary (Q1) - Quarterly Member Report (Q1) <p>(Ramirez/Foster) 4-0-0-2</p>

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	<p>The Executive Summary and Quarterly Member Report for Q1 were also presented and reviewed. Additional trends/results include:</p> <ul style="list-style-type: none"> ➢ Appeals and Grievances Inter-Rater Reliability audit for January 1, 2020, through March 31, 2020 averaged an overall score of 99.1% and the audit score threshold is 95%. ➢ Access to care-Availability of Appointment with Specialist was a top trend. We are now identifying the specialty type for these cases and will monitor for trends. 	
<p>#3 QI Business - Quarterly A & G Member Letter Monitoring Report (Q1) (Attachment K) Action Patrick Marabella, M.D, Chair</p>	<p>The Quarterly A & G Member Letter Monitoring Report for Q1 was presented and reviewed.</p> <p>This report provides a summary of results of the daily audits of Appeals and Grievances letters to ensure compliance with standards and regulations. Letters audited include final letters, acknowledgement letters, and final position statement. Letters are audited prior to sending so that corrections can be made real-time to prevent errors reaching the recipient.</p> <ul style="list-style-type: none"> ➢ The following letter elements were reviewed: Required bolding of DMHC and Plan phone numbers in A&G acknowledgement and resolution letters, Correct branding, and Appeal Resolution Letters are clear and concise and outlines the appropriate criteria. ➢ Of the 1,181 total letters reviewed, there were 41 letters that required editing prior to mailing and were corrected before the final letter was sent out. 	<p>Motion: Approve - Quarterly A & G Member Letter Monitoring Report (Q1) (Lee/Cardona) 4-0-0-2</p>
<p>#3 QI Business - California Children's Service Report (CCS) (Q1) (Attachment L) Action Patrick Marabella, M.D, Chair</p>	<p>The California Children's Service Report (CCS) (Q1) was presented and reviewed.</p> <p>This report was expanded to include additional information regarding the process for identifying CCS-Eligible cases from the CalViva under-21 active membership.</p> <ul style="list-style-type: none"> ➢ Provider Network Management and Public Programs plans to offer training on new CCS criteria for appropriate staff. ➢ Public Programs will be issuing a provider communication regarding where to submit claims. This is a reminder as this has not changed. 	<p>Motion: Approve - California Children's Service Report (CCS) (Q1) (Cardona/ Lee) 4-0-0-2</p>
<p>#3 QI Business - PQI (Q1) (Attachment M)</p>	<p>Potential Quality Issues (PQI) Report 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</p>	<p>Motion: Approve - PQI (Q1) (Ramirez/Lee)</p>

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<p>Action Patrick Marabella, M.D., Chair</p>	<p>review actions. 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"> ➤ Non-member initiated PQI category cases were in range when compared to the last four quarters. ➤ There were no cases generated from Provider Preventable Conditions (PPCs). ➤ PQI and PPC cases will continue to be tracked, monitored and reported. 	<p>4-0-0-2</p>
<p>#3 QI Business - IHA Quarterly Audit Report (Q1) (Attachment N) Action Patrick Marabella, M.D., Chair</p>	<p>The Department of Health Care Services (DHCS) requires completion of the Initial Health Assessment (IHA) for new Medi-Cal members within 120 days of enrollment. The Individual Health Education Behavioral Assessment (IHEBA) is a component of the IHA and must also be completed within the 120-day timeframe. The current approach to monitoring has three components:</p> <ol style="list-style-type: none"> 1. Medical Record Review (MRR) via onsite provider audits. 2. Monitoring of claims and encounters data. 3. Member outreach following a three-step methodology. <p><u>FSR/MRR Data:</u></p> <ul style="list-style-type: none"> ➤ Data from Quarter 4 FSR/MRRs reviewed. ➤ Combined IHA/IHEBA completion and compliance rates were noted to be higher for pediatric patients compared to adult patients. ➤ A total of ten sites were audited during Q4 2019 to complete FSRs/MMRs, and of those sites audited, six sites were compliant. <p>Outreach attempts for 2019 Quarter 4 were 85.55% which is a decrease when compared to the same time period in 2018 Q4 at 94.64%. An IHA Workgroup has been formed to identify barriers and opportunities for improved IHA completion and monitoring.</p>	<p>Motion: Approve - IHA Quarterly Audit Report (Q1) (Cardona/Lee) 4-0-0-2</p>
<p>#4 Cultural & Linguistics/Health Education Business (PowerPoint Presentation - Presentation handouts available at meeting) - 2019 C & L Work Plan</p>	<p>The Cultural and Linguistic 2019 Executive Summary and Annual Evaluation; 2020 change Summary and Program Description; and 2020 Executive Summary and Work Plan were presented and reviewed.</p> <p>All Work Plan activities for 2019 with the exception of one, were completed in the following areas:</p> <ul style="list-style-type: none"> ➤ Language Assistance Services: 146 translation reviews completed; and bilingual certification/re-certification completed for 101 staff. ➤ Compliance Monitoring: Investigated and completed follow up on 35 grievances in 2019; and updated all C & L Policies. 	<p>Motion: Approve - 2019 C & L Work Plan End of Year Evaluation & Executive Summary - 2020 Cultural & Linguistics</p>

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<p>End of Year Evaluation & Executive Summary</p> <ul style="list-style-type: none"> - 2020 Cultural & Linguistics Program Description with Change Summary - 2020 Cultural & Linguistics Work Plan - Cultural and Linguistics Language Assistance Program Report (Attachment O-R) <p>Patrick Marabella, M.D., Chair</p>	<ul style="list-style-type: none"> ➤ Communication, Training and Education: Trained new hires on C & L services; and conducted two trainings on coding & resolution of C & L related cases for A & G Coordinators. ➤ Health Literacy, Cultural Competency & Health Equity: Supported nine (9) Mobile Mammography events for the BCS Improvement Project; and coordinated three (3) Motivational Interviewing training sessions for staff and providers in Mendota. <p>The 2020 Program Description is consistent with 2019, in addition has incorporated the following:</p> <ul style="list-style-type: none"> ➤ Added the Population Needs Assessment (PNA) reporting requirements (formerly GNA). ➤ Updated the GeoAccess section with current methodology and follow up on findings. ➤ Continue to expand training and consulting services to support appropriate use of language assistance and reduce health disparities. <p>The 2020 Work Plan is consistent with 2019, while incorporating and enhancing the following:</p> <ul style="list-style-type: none"> ➤ Incorporating the Population Needs Assessment (PNA) reporting and action plan development requirements. ➤ Enhancing Language Assistance Program reporting activities specifically C & L GeoAccess findings and follow up. ➤ Implement the Aunt Bertha platform and coordination of social service referrals. ➤ Support health disparity reduction efforts for Breast Cancer Screening in Fresno County. <p>The Language Assistance Program annual evaluation analyzes and compares language service utilization at the end of each year. Year over year comparisons are also made. The conclusions from the Language Assistance Program annual report are:</p> <ul style="list-style-type: none"> ➤ Spanish and Hmong continue to be CalViva Threshold Languages. Spanish is highest volume. ➤ Most interpretation is done via telephonic interpreters (89%) with Sign language a low volume service at 3%. ➤ C & L staff review grievances related to language services and perceived discrimination. They also assist with development and implementation of related corrective actions. ➤ Limited English and non-English membership remain high for CVH population and therefore interpreter services are integral to maintaining safe, high quality care. 	<p>Program Description with Change Summary</p> <ul style="list-style-type: none"> - 2020 Cultural & Linguistics Work Plan - Cultural and Linguistics Language Assistance Program Report (Foster/Ramirez) 4-0-0-2

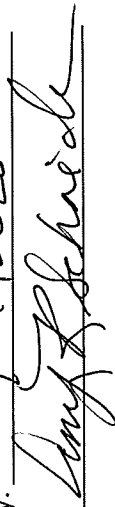
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<p>#4 Cultural & Linguistics/Health Education Business <i>(PowerPoint Presentation - Presentation handouts available at meeting)</i></p> <ul style="list-style-type: none"> - 2019 Health Education Work Plan End of Year Evaluation & Executive Summary - 2020 Health Education Program Description and Change Summary - 2020 Health Education Work Plan (Attachment S-U) <p>Patrick Marabella, M.D., Chair</p>	<p>The Health Education Executive Summary, the 2019 Annual Evaluation, the 2020 Change Summary and Program Description, and the 2020 Work Plan were presented and reviewed. Overall, 9 of the 16 key Program Initiatives met or exceeded the year-end goal. Seven initiatives partially met the year-end goal and will continue into or be modified for 2020. Some sub-elements were not completed.</p> <p>The nine initiatives that were fully met are:</p> <ol style="list-style-type: none"> 1. Community Partnerships 2. Digital Health Ed Program 3. Health Equity Projects 4. Immunization Initiative 5. Member Newsletter 6. Obesity Prevention 7. Perinatal Education 8. Compliance Oversight & Reporting 9. Health Ed Operations <p>The seven initiatives partially met were:</p> <ol style="list-style-type: none"> 1. Chronic Disease Education 2. Member Engagement 3. Behavioral Health 4. Promotores Network 5. Tobacco Cessation Program 6. Health Ed Materials Development 7. Health Ed Operations <p>The barriers identified are related to:</p> <ul style="list-style-type: none"> ➤ Finalizing vendor or service contracts ➤ Regulatory changes/delays ➤ Delays that were unanticipated or out of the control of the Plan. ➤ Action plans have been developed for each barrier and are included in the 2020 Work Plan. <p>Changes to the 2020 Program Description include:</p> <ol style="list-style-type: none"> 1. Programs & Resources: Updated language and terms to reflect current programs. 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - 2019 Health Education Work Plan End of Year Evaluation & Executive Summary - 2020 Health Education Program Description and Change Summary - 2020 Health Education Work Plan (Foster/Ramirez) <p>4-0-0-2</p>

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	<p>2. Population & Resource Needs Assessment: Updated terminology and descriptions.</p> <p>3. Health Promotion Programs and Standards: Updated terminology and expanded upon education methodology.</p> <p>4. Public Policy Committee: Added provision for PPC member to give input into PNA and receive updates on progress.</p> <p>5. Staff Resources/Public Policy Committee: Added PNA and revised team descriptions to be more general. Removed term "HEDIS" and replaced with general "quality performance" descriptions.</p> <p>6. Program Evaluations/Internal Monitoring: Updated terminology and added the DHCS Texting Program and Campaign Submission form to be submitted prior to implementation.</p> <p>The 2019 Work Plan initiatives will continue in 2020 with the following enhancements:</p> <ol style="list-style-type: none"> 1. Fluvention - strategies to improve flu vaccinations 2. Pediatric Education – develop resources for providers and members 3. Women’s Health – Coordinate with “Every Woman Counts” for classes. 4. Enhancing Phone Education – conduct phone education and schedule appointments. 	
<p>#5 UM/CM Business</p> <ul style="list-style-type: none"> - Key Indicator Report & Turn Around Time Report (March) (Attachment V) Action <p>Patrick Marabella, M.D, Chair</p>	<p>Key Indicator Report through March 31, 2020.</p> <ul style="list-style-type: none"> ➤ Admits, Bed days, and length of stay have remained consistent with the prior year with some decline in March. Will follow for Q2 and COVID impact. ➤ UM Turn-around times have improved. Anticipate CAP to close soon. ➤ Case Management volumes remain high with positive trends in all areas. 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Key Indicator Report & Turn Around Time Report (March) (Lee/Cardona) 4-0-0-2
<p>#5 UM/CM Business</p> <ul style="list-style-type: none"> - UM Concurrent Review Report (Q1) (Attachment W) Action <p>Patrick Marabella, M.D, Chair</p>	<p>The Quarterly UM Concurrent Review Report presented inpatient data and clinical concurrent review activities such as authorization for inpatient admissions, discharge planning and medical appropriateness during 1st Quarter 2020.</p> <ul style="list-style-type: none"> ➤ TANF & MCE admissions increased in Q1 2020 in comparison to Q1 2019. ➤ SPD & TANF comparison of Q1 2019 to Q1 2020 indicates a similar trend with increase in ER Visits and Admissions. ➤ The average length of stay continues to demonstrate variation in all populations. <p>Continue with Onsite Discharge Navigator for Saint Agnes & CRMC and Daily Multidisciplinary Huddles. Weekly</p>	<p>Motion: Approve</p> <ul style="list-style-type: none"> - UM Concurrent Review Report (Q1) (Cardona/Lee) 4-0-0-2

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<p>#5 UM/CM Business - PA Member Letter Monitoring Report (Q1) (Attachment X) Action Patrick Marabella, M.D., Chair</p>	<p>Huddles with Saint Agnes and CRMC UM leadership have also been initiated.</p> <p>The PA Member Letter Monitoring Report (Q1) was presented and reviewed. This is a new report for Q1/UM Committee but represents data that has been monitored over time. Monitoring of Notice of Action (NOA) letters includes Prior Authorizations, Concurrent, and Post Service denials.</p> <p>All metrics are expected to meet standard of 100% compliance. A random sample of 30 letters are audited per review type monthly. If any case fails then an additional 20 cases are audited for the specific review type. This applies to TAT and Letter Audits.</p> <ul style="list-style-type: none"> ➢ Overall Letter element scores show improvement from 2019 Q4 results, specifically regarding clear and concise verbiage and appropriate criteria and/or guidelines. ➢ Deferral letters scored 100% each month in the quarter which is also an improvement. <p>We will continue to monitor for trends.</p>	<p>Motion: Approve - PA Member Letter Monitoring Report (Q1) (Ramirez/Foster) 4-0-0-2</p>
<p>#5 UM/CM Business - Case Management and CCM Report (Q1) (Attachment Y) Action Patrick Marabella, M.D., Chair</p>	<p>The Case Management and CCM Report for Quarter 1 was presented. This report summarizes the case management, transitional care management, MemberConnections, and palliative care activities for 2020 through first quarter.</p> <ul style="list-style-type: none"> ➢ All programs have demonstrated an increase in referrals and open cases over the past 4 quarters. Some increases were significant. ➢ Engagement rates have remained strong. 	<p>Motion: Approve - Case Management and CCM Report (Q1) (Lee/Cardona) 4-0-0-2</p>
<p>#6 Compliance Update - Compliance Regulatory Report (Attachment Z) Action Patrick Marabella, M.D., Chair</p>	<p>Mary Beth Corrado presented the Compliance Report.</p> <p>There were four (4) Fraud, Waste & Abuse cases received in May, bringing the total for the year to 10. Those cases are reported to the State. Three (3) cases were provider-related and one (1) was member reported.</p> <p>DHCS informed the Plan that they will issue the Preliminary Audit Report and have requested an exit conference for 5/28/2020.</p> <p>In reference to the 2019 DHCS Medical Audit, The Plan submitted its last CAP update on 5/2/20. On 5/11/20, DHCS notified the Plan that the CAP has been closed.</p> <p>In reference to the DMHC 2019 Medical Audit, CalViva submitted its final CAP response on 5/8/20. We are</p>	

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	<p>awaiting DMHC acceptance of the CAP.</p> <p>Regarding the DHCS Annual Network Certification, as a result of follow-up letters from DHCS on these filings, the Plan will be submitting revised ANC and POA filings within the next 2 weeks.</p> <p>Links to the Governor's Full May Revision and the DHCS May Revision Highlights were provided to the Commission via the Compliance Report.</p> <p>The Plan continues to receive All Plan Letters and other regulatory guidance from DMHC and DHCS, and continues to report provider site closures, positive COVID-19 tests and hospitalizations on a daily basis. CalViva Health staff and our administrator's staff continue to carry out operations on a remote basis. We are assessing the remote working situation on a weekly basis.</p> <p>The next Public Policy Committee meeting will be held on June 10, 2020, 11:30 a.m. via telephone conference due to the COVID-19 state of emergency.</p> <p>The 2019 Oversight Audit results were presented to the Commission. Specific call-outs where CAPs were issued include: Claims, Pharmacy, Provider Disputes (Annual), and Provider Disputes (Quarterly). For those audits requiring CAPs, CalViva Health has received and approved Health Net's corrective actions.</p>	
#7 Public Comment	None	
#8 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 11:38 am.	

NEXT MEETING: July 16th, 2020

Submitted this Day: July 16, 2020
 Submitted by: 

Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:



Patrick Marabella, MD Committee Chair