

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
September 17th, 2020

CalViva Health
7625 North Palm Avenue; Suite #109
Fresno, CA 93711
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) |
| | 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 |
| | Raul Ayala, MD, Adventist Health, 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 | | | |
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| | | | |

- ✓ = In attendance
- * = Arrived late/left early
- = Attended via Teleconference

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| #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: July 16 th , 2020 - Appeals & Grievances Classification Audit Report (Q2) | The July 16 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 August Formulary (RDL) was available for review upon request. | Motion: Approve Consent Agenda (Foster/Ramirez) 5-0-0-2 |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| <ul style="list-style-type: none"> - Appeals & Grievances Inter Rater Reliability Report (Q2) - Customer Contact Center (CCC) DMHC Expedited Grievance - Member Incentive Programs - Semi Annual Report (Q3 & Q4 2019) - County Relations Quarterly Report (Q2) - Pharmacy Provider Updates (Q2) - Full Formulary (August PDL) (Attachments A-G) Action <p>Patrick Marabella, M.D Chair</p> | | |
| <p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard (June) - Appeals & Grievances Executive Summary (Q2) - Appeals & Grievances Quarterly Member Report (Q2) - Quarterly Appeals & | <p>Dr. Marabella presented the Appeals & Grievances Dashboard through June 2020.</p> <p>Appeals & Grievances Data:</p> <ul style="list-style-type: none"> ➤ The total number of grievances ending Q2 2020 has decreased slightly from Q2, 2019 presumably due to less interactions with providers. ➤ Both Quality of Service grievances and Quality of Care grievances were approximately half of what they were same time last year which is perhaps caused by COVID-19. ➤ The Exempt grievances decreased in Q2 when compared with Q1 2020. No one category of concern to report. | <p>Motion: Approve</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard (June) - Appeals & Grievances Executive Summary (Q2) - Appeals & Grievances |

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| <p>Grievances Member Letter Monitoring Report (Q2) (Attachment H-K) Action Patrick Marabella, M.D, Chair</p> | <ul style="list-style-type: none"> ➤ The total number of Appeals Received for Q1 and Q2 is on track to exceed 2019 numbers. ➤ Appeal decision rates have remained consistent through Q2. | <p>Quarterly Member Report (Q2) - Quarterly Appeals & Grievances Member Letter Monitoring Report (Q2) (Verma/Foster) 5-0-0-2</p> |
| <p>#3 QI Business - IHA Quarterly Audit Report (Q1) (Attachment L) 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. This is to include the Individual Health Education Behavioral Assessment (IHEBA) as a component of the IHA and must also be completed within the 120-day timeframe.</p> <p>CalViva Health is required to facilitate and support members and providers through the process. Initial Health Assessment monitoring occurs primarily through the onsite audits completed during the Facility Site Review (FSR) and Medical Record Review (MRR) process. A supplemental method is also utilized through monitoring of claims and encounters as a proxy to infer that an IHA/IHEBA has been completed. Lastly, CalViva Health executes three attempts to contact a member to complete the IA/IHEBA.</p> <p>The IHA is a complete assessment of past and potential health issues, a physical assessment, and also includes an assessment of behaviors (IHEBA) that may make the member at risk for future health issues. Individualized education opportunities may be identified as well as, an opportunity to identify and reinforce the preventive screening/exams for the individual.</p> <p>An IHA Work Group was established to identify and address persistent barriers and improve monitoring and reporting. DHCS identified this as an area for improvement during the CalViva 2020 Audit. A performance improvement approach is being taken by working with a high volume, low performing provider in Madera County and a high volume, high performing provider in Fresno County. Interventions will be tested and monitored at the low performing clinics with a goal of spreading successful interventions throughout our three-county area.</p> | <p>Motion: Approve - IHA Quarterly Audit Report (Q1) (Ramirez/Cardona) 5-0-0-2</p> |

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| | <p>Based on the monitoring of claims and encounters, the 2020 total compliance for pediatric IHA within 120 days reflects a slight decrease from the 2019 compliance rate. While we expect to see the rates increase with additional claims and encounters submissions (Q3), the decrease in member visits to providers due to the COVID-19 pandemic may have also impacted IHA/IHEBA completion.</p> <p>CalViva Health collects the IHA/IHEBA completion data from medical records reviews completed each quarter during the FSR/MRR process, to identify noncompliant sites for corrective action. Each site is audited every 3 years. Due to COVID-19, the Facility Site Reviews were stopped after March 13, 2020. CalViva Health also executes three attempts to contact a member to complete the IHA. CalViva Health's IHA outreach attempts consist of:</p> <ul style="list-style-type: none"> ➤ Notification of the IHA in the New Member Packet ➤ A new member welcome call ➤ An IHA postcard mailed to new members. <p>Efforts continue to facilitate IHA/IHEBA completion during this time. Monitoring and reporting is ongoing.</p> | |
| <p>#3 QI Business - California Children's Service Report (CCS) (Q2) (Attachment M) Action Patrick Marabella, M.D, Chair</p> | <p>The California Children's Service Report (CCS) (Q2) was presented and reviewed.</p> <p>This report provides a summary of CalViva's efforts in identifying CCS-Eligible cases from the CalViva under-21 active membership and submitting and maintaining applicable Service Authorization Requests with CCS County Offices (until the member ages out of the CCS program).</p> <ul style="list-style-type: none"> ➤ Due to COVID-19, facilities and providers stopped scheduling non-emergent surgeries and procedures, so the overall number of prior authorization submissions to the plan decreased ➤ Auth and new SAR volume is down, the CCS new SAR approval rate is up. Over the past year, the overall CCS approval rates increased 5% every quarter. ➤ Using the Health Places Index risk score metric to identify members most at-risk due to COVID-19, Public Programs identified and called 3,848 CalViva members. Assistance was provided to 510 CalViva members. <p>To ensure CalViva providers have the right information regarding where to submit claims, Public Programs will be issuing a provider communication, starting with all Central Valley providers, reminding them of the established process.</p> | <p>Motion: Approve - California Children's Service Report (CCS) (Q2) (Foster/Ramirez) 5-0-0-2</p> |
| <p>#3 QI Business - Emergency Drug Report</p> | <p>The Provision of Emergency Drugs Summary Report (Q3 2019) was presented to the committee.</p> <p>The purpose of this report is to provide a summary of monitoring activities associated with the provision of</p> | <p>Motion: Approve - Emergency Drug Report</p> |

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| <p>(Attachment N) Action Patrick Marabella, M.D, Chair</p> | <p>prescription medications to members post-Emergency Room visits as required by state regulations. CalViva Health has established policies and procedures outlining how this monitoring process will be accomplished. This report provides a summary of ongoing data analysis, barriers encountered and plans for ongoing monitoring and reporting.</p> <p>Health plans are required to ensure the drugs provided in association with an Emergency Room visit are sufficient to meet the member's needs. This report provides a summary of Quarter 3 2019 monitoring to determine whether access to needed medications is adequate for the CalViva Health service area. Analysis of pharmacy data for Quarter 3 2019 combined with medical record review (when indicated) revealed a compliance rate of 97% for all counties combined, thus exceeding the established goal of 90%. When county specific rates of compliance were analyzed, Fresno County met the goal at 98%, Kings County me the goal at 97%, and Madera County met the goal at 97%.</p> | <p>(Cardona/Fosters) 5-0-0-2</p> |
| <p>#3 QI Business - Potential Quality Issues (Q2) (Attachment O) Action Patrick Marabella, M.D, Chair</p> | <p>Potential Quality Issues (PQI) Report was presented and reviewed.</p> <p>The purpose of the Potential Quality Issues (PQI's) report is to summarize data collected during the reporting period that may cause substantial harm to a CalViva Health member.</p> <p>PQI's may be identified during the Utilization Management, Care Management, Appeal and Grievance review process or other activities such as the Provider Preventable Provider Conditions reporting process which includes Health Care Acquired Conditions (HCAC) or Other Preventable Provider Conditions (OPPC's). The data for Q2 was reviewed by the committee. Follow up will be implemented as indicated.</p> | <p>Motion: Approve - Potential Quality Issues (Q2) (Ramirez/Verma) 5-0-0-2</p> |
| <p>#4 QI/UM Business - Quality Improvement Mid-Year Work Plan Evaluation & Executive Summary (Attachment P) Action Patrick Marabella, M.D, Chair</p> | <p>Dr. Marabella presented the Quality Improvement Mid-Year Work Plan Evaluation & Executive Summary 2020.</p> <p>Initiatives on track to be completed by year end include:</p> <ul style="list-style-type: none"> o Access, Availability, and Service: <ul style="list-style-type: none"> o Improve Access to Care by continuing to monitor appointment access via the Provider Appointment Availability Survey (PAAS) and after-hours access (urgent & emergent services) is monitored via the Provider After Hours Access Survey (PAHAS). o Overall results were that three (3) out of nine (9) PAAS measures improved and six measures could not be compared to prior year due to change in sampling methodology. Both of the after-hours survey results improved. | <p>Motion: Approve - Quality Improvement Mid-Year Work Plan Evaluation & Executive Summary (Verma/Ramirez) 5-0-0-2</p> |

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| | <ul style="list-style-type: none"> ○ Corrective Action Plans (CAPs). A targeted PPG approach will be used to address non-compliance with a refined escalation process for non-responding PPGs. Educational packets will be sent to Fee For Services (FFS) and Direct Network providers who were non-compliant. Mandatory webinars will be instituted for non-compliant PPGs. ○ Quality & Safety of Care <ul style="list-style-type: none"> ○ Fresno and Kings counties fell below the MPL in Childhood Immunizations. All three counties exceeded MPL in Well Child Visits (3-6 yrs) Timeliness of Prenatal Care, and Cervical Cancer Screening. Fresno County fell slightly below the MPL in HbA1c testing. PDSAs were closed on 6/22/2020 without their final submission due to COVID 19. ● Performance Improvement Projects (PIPs): <ul style="list-style-type: none"> ○ Childhood Immunizations (birth to 2 years) CIS-10 ○ Breast Cancer Screening Disparity ○ DHCS closed PIPS on June 30, 2020 due to COVID. The team will update baseline data, re-evaluate plan under current circumstances, and resubmit the Modules per DHCS guidelines. | |
| <p>#4 QI/UM Business - Utilization Management (UM)/Case Management (CM) Work Plan Mid-Year Evaluation and Executive Summary (Attachment Q) Action Patrick Marabella, M.D, Chair</p> | <p>Dr. Marabella presented the 2020 CalViva Utilization Management/Case Management Work Plan Mid-Year Evaluation Executive Summary. Activities focused on:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory and Accreditation Requirements 2. Monitoring the Utilization Management Process 3. Monitoring the Utilization Management Metrics 4. Monitoring Coordination with Other Programs and Vendor Oversight 5. Monitoring Activities for Special Populations <p>Key findings:</p> <ul style="list-style-type: none"> ● Turn-around Time for processing authorizations from January – June was 99.5%. CAP established in 2019 is still in progress. ● Turn-around Time for appeals was 100%. ● TANF and MCE Bed days/1000 had a significant increase due to respiratory illnesses during Q1 & Q2 ● SPD Bed days/1000 was below the goal (lower is better). | <p>Motion: Approve - Utilization Management (UM)/Case Management (CM) Work Plan Mid-Year Evaluation and Executive Summary (Foster/Ramirez) 5-0-0-2</p> |

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| | <p>Additional key findings include the following:</p> <ul style="list-style-type: none"> • Compliance activities are on target for year-end completion. • PPG specific dashboard reports continue to be refined and are produced and reviewed quarterly. • Integrated Case Management outcome measures are monitored on a quarterly basis. Positive results for Physical & Behavioral Health and Transitional Care Management when evaluated 90 days prior and 90 days post services. Member satisfaction his high. • It remains too soon to tell if 10% goals to reduce admissions year over year and reduced length of stay (LOS) will be met in 2020. • Over and underutilization monitoring results are too soon to tell as utilization patterns have varied due to COVID-19. • Interventions identified to address MHN network availability and adequacy issues have been successful. • Due to COVID-19 non-urgent/emergent surgeries were not scheduled. As a result, a decrease was also seen for CCS eligible authorizations. Targeted education has been completed. • Evolve People Care (EPC) is implementing a new call system that will provide automated reporting which will improve the accuracy and efficiency of data capture of SPD outreach efforts. <p>Activities and initiatives will continue through December to meet 2020 year-end goals.</p> | |
| <p>#4 QI/UM Business - 2020 HEDIS Results (Attachment R) Action Patrick Marabella, M.D, Chair</p> | <p>Dr. Marabella reported the Managed Care Accountability Set (MCAS) measures for HEDIS®, reporting year (RY) 2020.</p> <p>The areas that reported results below the MPL are:</p> <ul style="list-style-type: none"> • Antidepressant Medication Management, for both the Acute Phase and the Continuation Phase, for all three counties. • Adolescent Well-Care Visit for Fresno County. • Breast Cancer Screening for Fresno County. • Chlamydia Screening for Madera County. • Childhood Immunization – Combo 10 for Fresno and Kings counties. • Well-Child Visits in the first 15 months of life for Fresno and Kings counties. | <p>Motion: Approve - 2020 HEDIS Results (Ramirez/Cardona) 5-0-0-2</p> |

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| | <p>The two (2) Performance Improvement Projects (PIPs) for RY 2020 consist of Childhood Immunization – Combo 10, and Breast Cancer Screening. These PIPs remain a priority; however, have been placed on hold due to COVID-19. It is anticipated they will restart this fall.</p> <p>There were no sanctions or Corrective Action Plans (CAPs) for failure to meet MPLs for RY 2020.</p> <p>The State is requiring each MCP to develop one PDSA rapid cycle improvement project from the MCAS measures. Additionally, each Plan is required to report on what is called the “COVID-19 Quality Improvement Plan (QIP)”. This is a selection of 3 or more improvement strategies that demonstrate how the Plan has/will adapt to improve the health/wellness of its members during the COVID 19 Emergency. These interventions are to be associated with preventive services, chronic illness and/or behavioral health.</p> <p>NCQA has released the Technical Specifications for MY20 & MY21 with a number of changes to address current circumstances.</p> | |
| <p>#5 Access Business - Provider Office Wait Time Report (Q1) (Attachment S) Action Patrick Marabella, M.D, Chair</p> | <p>Health plans are required to monitor waiting times in providers’ offices to validate timely access to care and services. The Provider Office Wait Time report provided a summary of Quarter 1 2020 monitoring for Fresno, Kings, and Madera Counties. Results indicate that all counties were within the 30 minutes office wait time threshold for both mean and median metrics. Outliers are tracked.</p> <p>CalViva Health Medical Management staff reviews written time logs from providers’ offices submitted after the first Tuesday of each month to assess in-office patient wait times.</p> <p><u>Analysis/Findings/Outcomes:</u></p> <ul style="list-style-type: none"> ➤ Office wait times per county have demonstrated variation over time however, average overall wait times have remained between 8 and 20 minutes for the past year. ➤ The combined number of providers per county who submitted data in Quarter 1 is as follows: Fresno-41, Kings-4, and Madera-5 for a total of 1,034 patients monitored. ➤ One provider was identified to have an overall average rate above the 30-minute standard. <p><u>Barrier Analysis</u></p> <ul style="list-style-type: none"> ➤ Tracking log submission may vary due to a number of factors including transitions of staff. New clinic staff are frequently unaware of the need to submit data to the Plan. ➤ Reminder emails and telephone calls did not occur during quarter 1 due to staff transitions. ➤ Samples submitted by offices for Q1 were noticeably less than past quarters. Incoming faxes were reviewed to confirm no samples were missed. | <p>Motion: Approve - Provider Office Wait Time Report (Q1) (Foster/Verma) 5-0-0-2</p> |

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| | <p>We will continue to monitor in-office patient wait times to identify provider specific trends, monthly reminders (telephone calls and emails), and review and update materials and resources sent to providers.</p> <p>The State of Emergency enacted in March due to the pandemic is expected to result in a decline in data submissions for Q2.</p> | |
| <p>#6 UM/CM Business</p> <ul style="list-style-type: none"> - Key Indicator Report and Turn Around Time Report (June) - Utilization Management Concurrent Review Report (Q2) - Concurrent Review IRR Report (Q2) - PA Member Letter Monitoring Report (Q2) - Case Management & CCM Quarterly Report (Q2) <p>(Attachment T-X) Action Patrick Marabella, M.D, Chair</p> | <p>The Key Indicator Report (KIR) provided data through June 30, 2020. A quarterly comparison was reviewed with the following results:</p> <ol style="list-style-type: none"> a. Membership through June has trended upward potentially associated with COVID 19. b. In-hospital utilization decreased beginning in March in association with the pandemic; utilization rates have since begun to rise as hospitals began allowing elective procedures to resume. c. Turn-around time compliance improved in June to 100%. d. Case Management results in 2020 thus far, continue to demonstrate positive trends in all areas. <p>UM Concurrent Review Report – provides an in-depth analysis of the KIR data for non-delegated services during Q2 2020. Some results include:</p> <ol style="list-style-type: none"> a. Similar trend is noted to last year with increase in respiratory illnesses including COVID 19, resulting in increased ED visits and inpatient admissions for TANF (Temporary Assistance for Needy Families) & Managed Care Expansion (MCE) populations. b. Average Length of Stay (ALOS) demonstrated improvement (decrease) for SPD and an increase for both TANF and MCE. <p>Onsite Discharge navigators converted to telephonic outreach during COVID. Daily Multidisciplinary UM Huddles continue and Emergency department telephonic support when indicated. Stated goals will be re-evaluated in light of COVID.</p> <p>UM Concurrent Review IRR Report – The purpose of the CCR audit is to ensure consistent, credible, and timely medical management decisions which promote improved member outcomes.</p> <p>Monitoring of the concurrent review process includes regulatory compliant components such as:</p> <ul style="list-style-type: none"> • Turn-around-times (TAT) of initial medical decisions within 24 hours of receipt • Documentation of proactive discharge planning and collaboration • Application of standardized criteria <p>Auditing results for Q2 were all above the 90%. Team continues to be monitored on a daily basis to ensure all cases have a determination made within the regulatory time frame. Weekend process continues to be an area of focus to identify opportunities to increase efficiency.</p> | <p>Motion: Approve</p> <ul style="list-style-type: none"> - Key Indicator Report and Turn Around Time Report (June) - Utilization Management Concurrent Review Report (Q2) - Concurrent Review IRR Report (Q2) - PA Member Letter Monitoring Report (Q2) - Case Management & CCM Quarterly Report (Q2) <p>(Verma/Cardona) 5-0-0-2</p> |

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| | <p>PA Member Letter Monitoring Report is currently focused on the Notice of Action (NOA) or Denial letters sent to members and providers when a Prior Authorization, Concurrent Review or Post-service request is denied. Clear and concise language is required in these communications and they must reference the specific criteria used to make the determination. Major Barriers to 100% compliance was found to be that staff are processing letters in two different clinical systems. Migration to one system is in progress. Analysis also found that additional training on the specific requirements within the letter was needed. Mandatory training sessions were held in June and July 2020.</p> <p>The Case Management and CCM Report for Quarter 2 was presented. This report summarizes the case management, transitional care management, MemberConnections, and palliative care activities for 2020 through second 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>#7 Pharmacy Business</p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q2) - Pharmacy Operations Metrics (Q2) - Pharmacy Top 30 Prior Authorizations (Q2) - Pharmacy Call Report (Q2) - Pharmacy Inter Rater Reliability Results (IRR)(Q2) <p>(Attachment Y-CC) Action Patrick Marabella, M.D,</p> | <p>The Pharmacy Reports for Q2 2020 are presented in order to assess for emerging patterns in authorization requests, evaluate compliance for prior authorizations, and to evaluate the consistency of decision making in order to formulate potential process improvement recommendations.</p> <ul style="list-style-type: none"> ➤ Pharmacy Prior Authorizations (PA) metrics were within 5% of standard for the 2nd Quarter of 2020. ➤ Overall TAT for Q2 was 99.94% ➤ Total PA requests were comparable to Q1 2020. <p>2nd Quarter top 30 medication PA request were steady compared to 1st Quarter 2020.</p> <ul style="list-style-type: none"> ➤ No significant differences seen in 2nd Quarter 2020 compared to 1st Quarter 2020. ➤ Opioid and Diabetes control medications continue to be the top drivers of PA volume. <p>Inter-Rater Reliability Results for Q2 2020</p> <ul style="list-style-type: none"> ➤ 95% accuracy and 90% threshold met ➤ Follow up to occur when opportunities for improvement are identified both on an individual and team basis. | <p>Motion: Approve</p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q2) - Pharmacy Operations Metrics (Q2) - Pharmacy Top 30 Prior Authorizations (Q2) - Pharmacy Call Report (Q2) - Pharmacy Inter Rater Reliability Results (IRR)(Q2) |

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| Chair | | (Cardona/Foster) 5-0-0-2 |
| <p>#8 Policy Section QI Grid - Quality Improvement Policy & Procedure Review 2020 (Attachment DD) Action Patrick Marabella, M.D, Chair</p> | <p>The Quality Improvement Policy & Procedure Annual Review grid was presented to the committee. The majority of the policies were updated with no or minor changes. There was one policy with more extensive edits that was included in the meeting packet for committee review:</p> <ul style="list-style-type: none"> ➤ Childhood Blood Lead Screening <p>The policy edits were discussed and the Quality Improvement policies were approved.</p> | <p>Motion: Approve - Quality Improvement Policy & Procedure Review 2020 (Verma/Ramirez) 5-0-0-2</p> |
| <p>#9 Credentialing & Peer Review Subcommittee Business - Credentialing Subcommittee Report (Q3) - Peer Review Subcommittee Report (Q3) (Attachment EE-FF) Action Patrick Marabella, M.D, Chair</p> | <p>Credentialing Sub-Committee Quarterly Report In Quarter 3 the Credentialing Sub-Committee met on July 16, 2020. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering the first quarter for 2020 were reviewed for delegated entities and the second quarter 2020 reports were reviewed for Health Net. The Credentialing Sub-Committee 2020 Charter was reviewed and approved without changes.</p> <p>Peer Review Sub-Committee Quarterly Report The Peer Review Sub-Committee met on July 16, 2020. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 2 2020 were reviewed and approved. There were no significant cases to report. The Quarter 2, 2020 Peer Count Report was presented at the meeting with a total of 8 cases reviewed. There were five (5) cases closed and cleared. There was one (1) more case pended for further information and no (0) case with an outstanding CAP. There were two (2) cases pending closure for Corrective Action Plan Compliance. Follow up will be initiated to obtain additional information for the tabled case and ongoing monitoring and reporting will continue.</p> | <p>Motion: Approve - Credentialing Subcommittee Report (Q3) - Peer Review Subcommittee Report (Q3) (Foster/Ramirez) 5-0-0-2</p> |
| <p>#10 Compliance Update - Compliance Regulatory Report</p> | <p>Mary Beth Corrado presented the Compliance Report.</p> <p>Oversight Meetings: Health Net CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative</p> | |

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| <p>(Attachment GG) Action Patrick Marabella, M.D, Chair</p> | <p>performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health.</p> <p>Oversight Audits: The following annual audits are in-progress: Access & Availability, Utilization Management & Case Management, Provider Dispute Resolution and Claims and Call Center. The following audits have been completed since the last report: Appeals & Grievances (CAP), Marketing (CAP) and Privacy & Security (No CAP).</p> <p>Fraud, Waste & Abuse Activity: For 2020 year to date, there have been a total of 13 cases reported to DHCS. Since the last report, the Plan identified one provider case and one-member case that reflect potential FWA circumstances. Two MC609 reports were filed with the DHCS.</p> <p>Department of Health Care Services (“DHCS”) 2020 Medical Audit: The Plan received the DHCS’ Final 2020 Audit Report on 06/30/20. There were two (2) findings; one related to provider completion of the Individual Health Education Behavioral Assessment (IHEBA) as part of the Initial Health Assessment (IHA) within 120 day of enrollment; and the second finding indicated the Plan did not have escalation policies and procedures to impose prompt effective corrective actions to bring non-compliant delegated entities into compliance with access and availability standards. The Plan’s CAP was submitted to DHCS on 07/31/20.</p> <p>Department of Health Care Services (“DHCS”) Annual Network Certification: DHCS completed its initial assessment of CalViva Health’s 2020 ANC submission and issued two reports. One report covered ANC preliminary findings and the other report identified some deficiencies regarding alternate access determinations. The Plan submitted its responses to DHCS on 08/11/20 and 08/28/20.</p> <p>Department of Managed Health Care (“DMHC”) MY2019 Timely Access Report: The Plan submitted the MY19/R20 DMHC TAR on 05/01/20 and are awaiting DMHC’s Final Report.</p> <p>COVID-19 Novel Coronavirus 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 have returned to work at the Palm office. However, some staff work remotely due to health issues or due to children at home as Fresno schools are on distance learning only. Our administrators’ staff will continue to carry out operations on a remote basis until at least January 2021.</p> <p>Public Policy Committee: The Public Policy Committee met on September 2, 2020, via telephone conference due to the COVID-19 state of</p> | |

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| | emergency. The following reports were presented: Q2 2020 Grievance and Appeals; the 2020 Population Needs Assessment; and the Semi-Annual Member Incentive Programs Report (Q1 and Q2). There were no recommendations for referral to the QI/UM Committee. The next meeting will be held 12/2/20 at 11:30AM in Fresno County presumably via teleconference. | |
| #11 Public Comment | None | |
| #12 Adjourn Patrick Marabella, M.D, Chair | Meeting was adjourned at 12:35pm. | |

NEXT MEETING: October 15th, 2020

Submitted this Day: October 15, 2020

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair