

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
February 18th, 2021

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 (arrived 10:38 am)	✓	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			

- ✓ = 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 10:35 am. A quorum was present.	
#2 Approve Consent Agenda - Committee Minutes: November 19 th , 2020 - California Children's Service Report (CCS) (Q4 2020)	The November 19, 2021 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 (Verma/Ramirez) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> - Member Incentive Programs Semi-Annual Report (Q3 & Q4) - Appeals & Grievances Inter-Rater Reliability Report (IRR) (Q4 2020) - Appeals & Grievances Classification Audit Report (Q4 2020) - Provider Office Wait Time Report (Q4 2020) - Provider Preventable Conditions Report (PPC) (Q4) - UM Concurrent Review IRR Report (Q4 2020) - SPD HRA Outreach Report (Q3) - Medical Policies (Q3) - Pharmacy Updates (Q4 2020) (Attachments A-K) Action Patrick Marabella, M.D Chair		
#3 QI Business <ul style="list-style-type: none"> - Appeals & Grievances Dashboard (December) - Appeals & Grievances Executive Summary (Q4 2020) - Appeals & Grievances 	Dr. Marabella presented the Appeals & Grievances Dashboard through December 2020. Appeals & Grievances Dashboard: Dr. Marabella presented the Appeals & Grievances Dashboard and the quarter 4 Appeals and Grievances reports through year end 2020. It was noted that the Dashboard requires some minor edits before it is finalized. The total number of grievances through year-end 2020 is noted to be lower than year-end 2019. The highest volume of grievances reported were in the “Exempt” grievance type, followed by “Quality of	Motion: Approve <ul style="list-style-type: none"> - Appeals & Grievances Dashboard (December) - Appeals & Grievances Executive Summary (Q4 2020) - Appeals & Grievances Quarterly Member

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Quarterly Member Report (Q4 2020)</p> <p>(Attachment L-N)</p> <p>Action</p> <p>Patrick Marabella, M.D, Chair</p>	<p>Service” grievance type. The volume of “Quality of Care” grievances decreased in 2020 when compared with 2019 volumes.</p> <p>The majority of Exempt Grievances fell under the category of “PCP Assignment/Transfer – Health Plan Assignment – Change Request”.</p> <p>The total number of Appeals Received through year end 2020 increased when compared with year-end 2019, with the majority falling under Pre-Service Appeals. The Uphold and Overturn ratio has improved.</p>	<p>Report (Q4 2020)</p> <p>(Foster/Ramirez)</p> <p>6-0-0-2</p>
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Quarterly A&G Member Letter Monitoring Report (Q4) - CCC DMHC Expedited Grievance Report (Q4 2020) <p>(Attachment O-P)</p> <p>Action</p> <p>Patrick Marabella, M.D, Chair</p>	<p>The Quarterly A & G Member Letter Monitoring Report for Q4 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 statements. 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 are reviewed: <ul style="list-style-type: none"> ○ Required bolding of DMHC and Plan phone numbers in A&G acknowledgment and resolution letters. ○ Correct branding. ○ Required decision documentation in Appeal Resolution Letters is clear and concise, and outlines the appropriate criteria. <p>In Q4 there was an overall decrease in the number of errors compared with Q3. The use of medical jargon continues to be the area in greatest need of improvement. A copy of the monthly report is provided to the Senior Medical Director to ensure appropriate follow up occurs.</p>	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Quarterly A&G Member Letter Monitoring Report (Q4) - CCC DMHC Expedited Grievance Report (Q4 2020) <p>(Cardona/Ayala)</p> <p>6-0-0-2</p>
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances Validation Audit Summary Report <p>(Attachment Q)</p> <p>Action</p> <p>Patrick Marabella, M.D, Chair</p>	<p>The A & G Validation Audit Quarterly Summary is a new report for CalViva. This report covers Q1 and Q2 2020 and the purpose of this report is to provide a summary of the results and findings associated with the weekly A&G file validations completed by CalViva Health to ensure compliance with regulatory requirements.</p> <p>For Q1 and Q2:</p> <ul style="list-style-type: none"> ➤ Total cases audited were 1,064. ➤ 926 of 1,064 cases or 87% of cases had no issues and met all compliance standards. <p>The most common issue identified was the inclusion of translated letters. This relates to the lag time for the Plan to receive translated letters. The file is often transferred prior to receipt of these letters. Cases</p>	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Appeals & Grievances Validation Audit Summary Report <p>(Ramirez/Verma)</p> <p>6-0-0-2</p>

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	<p>are not closed by Medical Management until the case is complete. Additional detail on the type of missing documents will be provided in future reports.</p>	
<p>#3 QI Business - County Relations Quarterly Report (Q4) (Attachment R) Action Patrick Marabella, M.D, Chair</p>	<p>County Relations Quarterly Report (Q4 2020) 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. Highlights for this Quarter include:</p> <ul style="list-style-type: none"> ➤ Many of the Fresno County Department of Behavioral Health (FCDBH) staff continue to work remotely. However, where in-person services are required, services are being provided with PPE, practicing social distancing, etc. ➤ The Medical Director and Nurse Management Team continue to provide some in-person services for critical medical services: <ul style="list-style-type: none"> ○ Injections and blood draws ○ Crisis Services ○ Individuals with complex needs who have been unsuccessful with virtual services ➤ The Fresno County DBH team advised that, with the surge of COVID-19 cases, they are experiencing increased difficulty maintaining in-person staff. ➤ The Pfizer vaccine will be allotted to the Fresno County Public Health Department (FCPHD) by December 15, 2020. The focus population will be health care workers at hospitals. Hospitals are at full capacity due to COVID numbers increasing. ➤ Kings County Behavioral Health Department (KCBHD) providers continue to adhere to the evolving COVID-19 priorities and guidelines. Due to the continued surge in COVID-19 cases, many services continue to be primarily offered through telephonic or telehealth video visit platforms. ➤ Beginning of Q4 2020 KCBHD hired a new program Manager for their Substance Use Disorder (SUD) Services. ➤ Kings County Public Health Department (KCPHD) staff have been working with the State, providers and clinics to provide COVID testing. ➤ Madera County Behavioral Health Department (MCBHD) and CalViva Health executed an addendum to the Behavioral Health MOU. The addendum provides updates/revisions to the Appeal Resolution Process and Non-discrimination language. ➤ The Madera County Public Health Department (MCPHD) Sexually Transmitted Disease Program special clinic has remained open daily for testing and treatment. 	<p>Motion: Approve - County Relations Quarterly Report (Q4) (Verma/Foster) 6-0-0-2</p>

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	<p>Quarter 4 data for BH referrals and CCS enrollment in Fresno, Kings and Madera counties were also reviewed.</p>	
<p>#3 QI Business - Potential Quality Issues Report (Q4) (Attachment S) Action Patrick Marabella, M.D, Chair</p>	<p>Potential Quality Issues (PQI) 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"> ➤ 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). ➤ Member generated PQI’s have remained consistent to the previous two Quarters. Some cases were noted to be missing the clinical data (Level, MD Name, RN Name), but the Enterprise Data Warehouse Team is attempting to obtain the information. An updated report will be provided when the data is available. ➤ The number of peer review cases varies from quarter to quarter independent of the other case types. Follow up has been initiated when appropriate. <p>PQI and PPC cases will continue to be tracked, monitored and reported.</p>	<p>Motion: Approve - Potential Quality Issues Report (Q4) (Ayala/Ramirez) 6-0-0-2</p>
<p>#4 Quality Improvement/ Utilization Management/Case Management Business - 2020 QI Work Plan End of Year Evaluation and Executive Summary (Attachment T) Action Patrick Marabella, M.D, Chair</p>	<p>The 2020 Annual Quality Improvement Work Plan Evaluation was presented. The planned activities and Quality Improvement focus for 2020 included the following:</p> <ul style="list-style-type: none"> ➤ Access, Availability and Service: <ul style="list-style-type: none"> • Improve Access to Care: <ul style="list-style-type: none"> ○Provider Appointment Availability Survey assessment. ○Revised Corrective Action Plans (CAPs) with targeted PPG approach. Seven (7) CAPs submitted for non-compliant PPGs. Two (2) CAPs outstanding for non-compliant PPGs. ○Education packets sent to non-compliant FFS and Direct Network providers. ○Ten (10) Provider Training Webinars conducted. ○Provider Office Wait Time data continues to reflect that providers meet the overall goal of 30 minutes or less for scheduled appointments in all three counties in Q4 2020. ➤ Quality and Safety of Care: All three counties met or exceeded the DHCS Minimum Performance Level (MPL) of the 50th percentile in four of the six Default Enrollment Measures. The six measures are: <ul style="list-style-type: none"> • Childhood Immunization Combo 3 (Kings & Fresno counties below) 	<p>Motion: Approve - 2020 QI Work Plan End of Year Evaluation and Executive Summary (Ayala/Cardona) 6-0-0-2</p>

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	<ul style="list-style-type: none"> • Well Child Visits 3-6 years • Prenatal Care • HbA1c Testing (Only Fresno County fell below the MPL) • Controlling High Blood Pressure • Cervical Cancer Screening ➤ Performance Improvement Projects (PIPs): The two PIPs initiated in 2020 were: <ul style="list-style-type: none"> • Childhood Immunizations (CIS-10) • Breast Cancer Screening Disparity Project Due to COVID-19 restrictions, both projects were closed by DHCS on June 30, 2020. ➤ Other 2020 QI Activities: <ul style="list-style-type: none"> • Chlamydia Screening in Madera County was initiated in 2020 and continues 	
<p>#4 Quality Improvement/Utilization on Management/Case Management Business - 2020 UM/CM Work Plan End of Year Evaluation and Executive Summary (Attachment U)</p>	<p>The Annual Utilization Management and Case Management Work Plan Evaluation was presented. Utilization Management & Case Management focused on the following areas for 2020:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory & Accreditation Requirements: <ul style="list-style-type: none"> • Licensure and credentialing requirements maintained. • Program documents and policies were updated to incorporate new regulatory requirements into practice. • DHCS Medi-Cal Managed Care Division Medical Director meetings attended by Medical Directors and CVH CMO. 2. Monitoring the UM Process: <ul style="list-style-type: none"> • Met all standards with the exception of Timeliness of Processing Authorization Requests. A formal Corrective Action Plan was closed in Q3 2020. Significant improvement noted this year. • Comparison of 2018 through 2020 Appeal cases demonstrates a significant increase in the volume of cases. 3. Monitoring Utilization Metrics: <ul style="list-style-type: none"> • This objective was not met due to an inability to accurately capture the data for specific DRGs, the impact COVID had on admissions and length of stay, as well as COVID related barriers to discharge. • Care management initiatives for all members continued in 2020. 4. Monitoring Coordination with Other Programs and Vendor Oversight: 	<p>Motion: Approve - 2020 UM/CM Work Plan End of Year Evaluation and Executive Summary (Verma/Ramirez) 6-0-0-2</p>

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	<ul style="list-style-type: none"> • All metrics met goal. <p>5. Monitoring Activities for Special Populations:</p> <ul style="list-style-type: none"> • CCS, SPD, CBAS, and Mental Health tracking and monitoring is ongoing. • All monitoring activities met goals. 	
<p>#4 Quality Improvement/Utilization on Management/Case Management Business - Utilization Management (UM) Program Description 2021 (Attachment V) Action Patrick Marabella, M.D, Chair</p>	<p>The Utilization Management Program Description was presented. The changes to the Utilization Management Program Description for this year include:</p> <ul style="list-style-type: none"> • Updated HN Mission and Purpose. • Removed reference to Home Health from prior authorization information. • Removed MHN from inpatient management. • Updated Utilization Decision Criteria references. • Re-ordered some sections, updated leadership titles, and made other minor updates. 	<p>Motion: Approve - Utilization Management (UM) Program Description 2021 (Ayala/Foster) 6-0-0-2</p>
<p>#5 UM Business - Key Indicator Report (December) (Attachment W) Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the Key Indicator Report year-end 2020.</p> <p>Overall membership for 2020 increased.</p> <p>In-hospital utilization rates decreased in all areas for year-end 2020 compared to 2019. The lower ER Visits and variation in inpatient admissions may be related to the COVID-19 pandemic and the aversion to the emergency department and delay of elective procedures.</p> <p>Case Management results for YTD 2020 demonstrated positive trends in all areas.</p>	<p>Motion: Approve - Key Indicator Report (December) (Ayala/Cardona) 6-0-0-2</p>
<p>#5 UM Business - TurningPoint Musculoskeletal Utilization Review (Q3)</p>	<p>TurningPoint Musculoskeletal Utilization Review Q3 2020 is a new report established to evaluate compliance with the prior authorization (PA) performance standards for TurningPoint which began processing PAs for CalViva members in July 2020. Compliance was achieved for turnaround times and Pre-service urgent and non-urgent authorization determination. In Q3 2020, TurningPoint finalized 73 authorizations and 34 prior authorizations were denied. Call Center functions for provider support were</p>	<p>Motion: Approve - TurningPoint Musculoskeletal Utilization Review (Q3) (Ayala/Foster)</p>

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(Attachment X) Action Patrick Marabella, M.D, Chair	also met. It was noted that a high number of requests were denied for this first quarter. This was attributed to the low number of authorizations submitted and also the fact that this is a new process for providers. It is anticipated that denials will decrease over time as volumes increase and providers become more familiar with the guidelines used by TurningPoint. Provider education on the guidelines and process is ongoing.	6-0-0-2
#5 UM Business - UM Concurrent Review Report (Q4) (Attachment Y) Action Patrick Marabella, M.D, Chair	The 2020 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Quarter 4 2020. Focus is on improving member healthcare outcomes, minimizing readmission risk, and reducing post-acute gaps in care delivery via proactive discharge planning and expeditious linkages to medically necessary health and support services. <ul style="list-style-type: none"> ➤ A decrease in utilization across all populations (TANF, Expansion, and SPD) for admissions and Emergency visits noted in Q4 when compared to Q3 2020 and Q4 2019 due to respiratory and COVID admissions. Quarter 4 data will be re-reviewed in Quarter 1 to re-validate these declines. ➤ Readmissions show a slight decrease in all populations. ➤ 2020 data is not following normal patterns due to the COVID-19 pandemic. The COVID pandemic, holidays, and restrictions across the region and state impacted the overall utilization patterns. ➤ The average length of stay for SPDs showed a slight increase while remaining steady in TANF and MCE which aligns with what was noted, including fewer admissions and longer stays. Many members required alternative care, home health and/or telephonic care management after discharge from an acute care facility. 	Motion: Approve - UM Concurrent Review Report (Q4) (Ramirez/Verma) 6-0-0-2
#5 UM Business - Case Management & CCM Report (Q4) (Attachment Z) Action Patrick Marabella, M.D, Chair	The Case Management and CCM Report for Quarter 4 was presented. This report summarizes the case management, transitional care management, MemberConnections, and Palliative Care, and Emergency Department (ED) diversion activities for 2020 through fourth quarter and utilization related outcomes through third quarter 2020. All programs have demonstrated an increase in referrals and open cases over the past 4 quarters. Some increases were significant. <ul style="list-style-type: none"> ➤ Engagement rates have remained strong. ➤ Case Management (CM) outcomes measures include: <ul style="list-style-type: none"> ○ Readmission rates ○ ED utilization ○ Overall health care costs 	Motion: Approve - Case Management & CCM Report (Q4) (Foster/Ayala) 6-0-0-2

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	<ul style="list-style-type: none"> ○ Member Satisfaction <p>These outcomes measures have consistently demonstrated positive results and this has continued in Q4. Specific programs within CM have their own outcomes measures. These measures also demonstrate positive results.</p>	
<p>#5 UM Business - NIA/Magellan Report (Q3)</p> <p>(Attachment AA)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>The NIA/Magellan Report (Q3) is a summary of cardiology and radiology determinations resolved by National Imaging Associates (NIA) for services in the three-county area (Fresno, Kings, and Madera) for the 3rd quarter of 2020. This report summarizes monitoring activities and provides the opportunity to identify trends or opportunities for provider education.</p> <ul style="list-style-type: none"> ➤ The Clinical Disapproval (denial) rate for radiology increased slightly in Q3 while cardiology clinical disapprovals decreased slightly. Appeals have been noted to be decreasing over time. ➤ Providers have been submitting limited/no information in some cases making determinations difficult. Also, clinical information may be missing in the initial submission and then provided upon subsequent request. ➤ Clinical meetings are available to discuss specific cases and/or authorization denial patterns with a NIA Physician. Follow up has also been completed with NIA staff. Additional follow up for specific types of procedures with higher denial rates will occur as necessary. 	<p>Motion: Approve - NIA/Magellan Report (Q3) (Verma/Ayala) 6-0-0-2</p>
<p>#5 UM Business - MedZed Integrated Care Management Report (Q3)</p> <p>(Attachment BB)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>The MedZed Integrated Care Management Report monitors the volume and engagement of members referred to the MedZed Care Management program. This program is designed as a bridge and support for member engagement. This program is focused on members that are high utilizers with complex needs who are not engaged in care management. Once located, the goal is to build a trusting relationship and work to re-engage the member with their PCP.</p> <p>Results were as follows:</p> <ul style="list-style-type: none"> • 655 cases being managed at this time. • 2020 engagement rate increased compared to 2019 results. • Decrease in referrals noted starting in Q1 2020 with a pause in Q2 due to COVID-19 Emergency. Gradual reinstatement of process has begun. • Disenrollment continues to meet the goal of 5% or less. <p>During Q3 2020, MedZed went back into the community previously halted due to COVID. The gradual approach for community outreach has been slow to ensure safety to the members and the MedZed employees. Continue to monitor has volumes increase.</p>	<p>Motion: Approve - MedZed Integrated Care Management Report (Q3) (Ramirez/Cardona) 6-0-0-2</p>

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<p>#5 UM Business - PA Member Letter Monitoring Report (Q4) (Attachment CC)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>The PA Member Letter Monitoring Report (Q4) was presented and reviewed. This report monitors Notice of Action (NOA) letters including Prior Authorizations, Concurrent, and Post Service denials. Findings are discussed with entire UM Management Directors on a monthly basis.</p> <p>All metrics are expected to meet standard of 100% compliance. Medical Management Monitoring and Reporting Team collects CAP information on metrics that fall below the 100% threshold.</p> <ul style="list-style-type: none"> ➤ All metrics improved to 95% or higher compliance except one metric for Deferrals. ➤ Deferral letter audit scores decreased below 95% in Q4 2020 for the “clear and concise” measure. <ul style="list-style-type: none"> ○ The migration of CalViva deferral letters into a new software application required different workflows. The process for routing of letters was not yet established in the new system. <p>To ensure we continue to monitor the process Medical Management has implemented several Next Step Actions including:</p> <ul style="list-style-type: none"> ➤ PA nurse and non-clinical coordinator training regarding clear and concise language and process/workflows (January). ➤ Deferral letter templates being reviewed to identify any opportunities for improvement ➤ 100% review of all denial letters started November 2020. ➤ Weekly coaching of staff with any opportunities identified during audits. 	<p>Motion: Approve - PA Member Letter Monitoring Report (Q4) (Verma/Ramirez) 6-0-0-2</p>
<p>#6 Policy & Procedure Business - Appeals & Grievances Policy Review 2021 (Attachment DD)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>The Appeals and Grievances Policy & Procedure Annual Review grid was presented to the committee. The majority of policies were updated without changes or had minor edits.</p> <p>The policy edits were discussed and the Appeals and Grievances policies were approved.</p>	<p>Motion: Approve - Appeals & Grievances Policy Review 2021 (Foster/Cardona) 6-0-0-2</p>
<p>#7 Compliance Update - Compliance Regulatory Report (Attachment EE)</p>	<p>Mary Beth Corrado presented the Compliance Report. <u>Fraud, Waste, & Abuse Activity</u></p> <p>For 2020, there was a total of 14 (fourteen) cases reported to DHCS. Since the last report, there have not been any MC609 cases filed. Twelve (12) of the 2020 cases were provider-related and 2 were member related. DHCS closed six (6) of those cases. No cases needed to be referred to other law enforcement</p>	

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<p>Action Patrick Marabella, M.D, Chair</p>	<p>agencies by the Plan.</p> <p><u>Independent Medical Reviews (IMRs) and State Hearings</u> The majority of 2020 cases involved denial/delay of pain or other medication. All cases were resolved within the required turnaround times.</p> <p><u>Department of Health Care Services (“DHCS”) 2020 Medical Audit and Annual Certification CAP</u> DHCS issued the Plan a CAP on November 25, 2020 for failure to meet the 2020 Network Certification Requirements as it related to time and distance standards. Prior to the CAP notice, on November 24, 2020, the Plan had already responded to the DHCS’ Alternate Access Standards (AAS) requests but had not yet received a formal response. On December 28, 2020, the Plan provided additional CAP materials such as updated policies and training materials related to provider accessibility and these were all approved. On January 1, 2021, DHCS informed the Plan that it was 100% compliant. On February 8, 2021, DHCS sent a determination letter regarding the Plan’s 2020 Annual Network Certification Submission of AAS requests. This DHCS letter is being reviewed by the Plan. DHCS will be sending a separate email detailing the requirements of the AAS Validation process the Plan would have to undergo shortly.</p> <p><u>Medi-Cal Rx Transition</u> DHCS postponed the transition of pharmacy services from Medi-Cal managed care to FFS (Medi-Cal Rx) from January 1, 2021 to April 1, 2021. The Plan submitted all required policy deliverables by 1/9/21. The Plan is restarting its member outreach communications that were on hold during the delay.</p> <p><u>Behavioral Health Integration (BHI) Incentive Program</u> 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 and DHCS approved two (2) provider applicants covering three BHI programs for implementation.</p> <p><u>COVID-19 Novel Coronavirus</u> Health plan operations and compliance activities were significantly impacted in 2020 by the declaration of the public health emergency (PHE) due to the Novel Coronavirus Disease (COVID-19). In 2021, the Plan</p>	

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	<p>expects the California and Federal declarations of the COVID-19 PHE will continue to be renewed and have ongoing impacts on Plan activities.</p> <ul style="list-style-type: none"> ➤ The DMHC and DHCS are requiring new as well as continuing COVID-19 reporting related to provider network stability and closures, support provided by plan to providers, information on relaxing of administrative rules and processed to ease the burden on hospitals and providers, etc. ➤ Our administrators has extended the delay in their return to office date and their staff will continue to carry out operations on a remote basis until at least September 2021. <p>Public Policy Committee The Public Policy Committee (PPC) met in Fresno County on December 2, 2020 via teleconference due to COVID-19 precautions. A number of program documents were approved and routine reports such as the A&G Reports were presented. There were no referrals or recommendations for the QI/UM Committee.</p>	
#8 Public Comment	None	
#9 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:14 pm.	

NEXT MEETING: March 18th, 2021

Submitted this Day: March 18, 2021

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

Acknowledgment of Committee Approval:

Patrick Marabella
 Patrick Marabella, MD Committee Chair