

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
May 20th, 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	✓	Maria Sanchez , Compliance Manager
✓●	Joel Ramirez, M.D. , Camarena Health Madera County	✓	Iris Poveda , Medical Management Administrative 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)	✓	Lori Norman , Senior Compliance Analyst
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 10:38 am. A quorum was present.	
#2 Approve Consent Agenda Committee Minutes: March 18, 2021 - Appeals and Grievances IRR Report (Q1) - Appeals and Grievances Classification Audit Report (Q1) - CCC DMHC Expedited Grievance Report	March 18, 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. Attachments A to H were approved.	Motion: <i>Approve</i> - Consent Agenda (Cardona/Ramirez) 6-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> - Concurrent Review (IRR) Report (Q1) - California Children’s Service Report (CCS) (Q1) - Medical Policies Provider Update (Q1) - Pharmacy Provider Updates (Q2) (Attachments A-H) Action Patrick Marabella, M.D Chair	<p>*Dr. Verma arrived at 10:40 am.</p>	
<p>#3 QI Business (PowerPoint Presentation - Presentation handouts available at meeting)</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard (March) - Appeals & Grievances Executive Summary (Q1) - Appeals & Grievances Quarterly Member Report (Q1) - Quarterly A&G Member Letter Monitoring Report (Q1) - Appeals & Grievances Validation Audit Summary (Q4 2020) (Attachment I-M)	<p>Dr. Marabella presented the Appeals & Grievances Dashboard through March 2021.</p> <p>Appeals & Grievances Data</p> <ul style="list-style-type: none"> ➤ The Appeals & Grievances Dashboard through March 2021 was presented and discussed. In January there were 99 total grievances received and then it increased to 144 in March, for a total of 360 in the first quarter. In contrast with 1107 grievances in all of 2020. ➤ In terms of compliance, 2 acknowledgement letters were out of compliance in February. ➤ In general terms, March was the busiest month and although there are more members, data have improved and stayed on track and remained in compliance. ➤ Transportation category reviewed. Trends noted and cases of missed/late to appointment discussed. Transportation providers with these types of issues are either on an improvement plan or corrective action plan (CAP). Continue to monitor for improvement. Those situations have been elevated to the management and vendors to make sure improvement plans have in place. ➤ Attitude/Service Provider category. 88 grievances for Q1, slightly increased from last year. ➤ Advanced Imaging. Identified an increase in MRI appeals ➤ Pharmacy appeals. Continue with provider education. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard - Appeals & Grievances Executive Summary - Appeals & Grievances Quarterly Member Report - Quarterly A&G Member Letter Monitoring Report - Appeals & Grievances Validation Audit

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Action Patrick Marabella, M.D Chair</p>	<p>The Appeals & Grievances Executive Summary for Quarter 1 was presented and reviewed.</p> <ul style="list-style-type: none"> ➤ When comparing cases from Q1 2021 to Q1 2020, the total number of grievances and appeals decreased to 510 compared to 606 respectively. This decline is believed to be related to the decrease in office visits associated with the pandemic. <p>The Member Report for Quarter 1 was presented and reviewed.</p> <ul style="list-style-type: none"> ➤ There was a decrease in appeals and an increase in Grievances when comparing Q4 2020 to Q1 2021 data. ➤ Pharmacy Denial-RX does not meet Prior Authorization Guidelines and not Medically Necessary-MRI, both continue to be top trends. <p>The Member Letter Monitoring Report for Quarter 1 was presented with the following trends noted:</p> <ul style="list-style-type: none"> ➤ Of the 1,028 Total Letters reviewed, there were 61 letters that required editing prior to mailing. ➤ In review of the 2021 Q1 letter monitoring report the ongoing primary issue appears to be the use of medical terminology. ➤ All errors are corrected prior to mailing to the member. <p>The Appeals & Grievances Validation Audit Summary report for Quarter 4 2020 was also presented.</p> <ul style="list-style-type: none"> ➤ Total Cases Audited is 565. ➤ 493 of 565 cases or 87% of cases had no issues and met all compliance standards. ➤ All documents received and issues resolved before cases are closed. 	<p>(Cardona/Verma) 6-0-0-2</p>
<p>#3 QI Business - Potential Quality Issues (PQI) (Q1) (Attachment N)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Potential Quality Issues (PQI) Report</p> <p>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 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 Committee. Data for Quarter 1 was reviewed for all cases including the follow up actions taken when indicated.</p> <ul style="list-style-type: none"> ➤ Non-Member Source. No serious quality issues were reported. ➤ Member Source. All of them under level 2 without additional care. ➤ Peer Review. Total of 5 for the quarter. 2 cases are closed and 3 cases open. 	<p>Motion: <i>Approve</i> - Potential Quality Issues Report (Ramirez/Foster) 6-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 QI Business - Provider Office Wait Time Report (Q1) (Attachment O)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Provider Office Wait Time Report (Q1 2021)</p> <p>Health plans are required to monitor waiting times in providers’ offices to validate timely access to care and services. This report provides a summary that focuses on Quarter 1 2021 wait times for Fresno, Kings and Madera Counties. All counties are within the 30-minute office wait time threshold for both mean and median metrics. Outliers are being tracked. Monitoring and analysis will continue in 2021 to identify opportunities for improvement and any provider specific trends.</p> <ul style="list-style-type: none"> ➤ For a total of 1,253 patients and 59 providers, the Max Wait Time was 2 hours. ➤ Short staffing the first week of January was one of the most significant causes for the extended wait time. 	<p>Motion: <i>Approve</i> - Provider Office Wait Time Report (Foster/Verma) 6-0-0-2</p>
<p>#4 Cultural & Linguistics / Health Education Business (PowerPoint Presentation - Presentation handouts available at meeting)</p> <ul style="list-style-type: none"> - 2020 Culture & Linguistics Work Plan End of Year Evaluation and Executive Summary - 2021 Cultural & Linguistics Program Description with Change Summary - 2021 Cultural & Linguistics Work Plan - 2021 Cultural & Linguistics Language Assistance Program Report (Attachment P-S) <p>Action Patrick Marabella, M.D Chair</p>	<p>The 2020 Cultural and Linguistics Work Plan End of Year Evaluation and Executive Summary, 2021 Cultural & Linguistics Program Description with Change Summary; 2021 Cultural & Linguistics Work Plan; and 2021 Cultural & Linguistics Language Assistance Program were presented and reviewed.</p> <p>2020 Work Plan End of Year Evaluation- Executive Summary report provides information on the Cultural and Linguistic (C&L) Services Department work plan activities for 2020, which are based on providing cultural and linguistic support and maintaining compliance with regulatory and contractual requirements. The C&L Work Plan is divided into four sections: 1) Language Assistance Services, 2) Compliance Monitoring, 3) Communication, Training and Education, and 4) Health Literacy, Cultural Competency, and Health Equity. The following is the summary of activities accomplished and improvements made over the last calendar year.</p> <ul style="list-style-type: none"> ➤ Language Assistance Services ➤ 116 translation reviews completed. ➤ Bilingual certification/re-certification completed for 81 staff (97% pass rate). ➤ Compliance Monitoring ➤ Investigated and completed follow up on 60 grievances in 2020. ➤ Updated all C & L Policies. ➤ Communication, Training and Education ➤ Nine (9) Call Center new hire classes (129 staff in attendance). ➤ Two trainings on coding & resolution of C & L related cases for A & G Coordinators. ➤ Health Literacy, Cultural Competency, & Health Equity ➤ Coordinated Heritage/CLAS Month activities with almost 3,000 staff engaged. 	<p>Motion: <i>Approve</i> - 2020 Culture & Linguistics Work Plan End of Year Evaluation and Executive Summary - 2021 Cultural & Linguistics Program Description with Change Summary - 2021 Cultural & Linguistics Work Plan - 2021 Cultural & Linguistics Language Assistance Program Report (Cardona /Ramirez) 6-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ➤ Twelve (12) Staff Trainings covering a variety of topics such as Social Determinants of Health (SDoH), gender neutral language, Adverse Childhood Experiences (ACE), and more. ➤ Breast Cancer Screening Disparity Performance Improvement Project has been restarted. As part of the foundational efforts, C & L team trained 16 staff from The Fresno Center/AmeriCorp on Cultural Competency and Community Resources. <p>2021 C&L Program Description is consistent with 2020, in addition has incorporated the following:</p> <ul style="list-style-type: none"> ➤ Added Video Remote Interpreting (VRI) services to the list of interpreter services available. ➤ Updated “protected classes” to the expanded standard comprehensive list. ➤ Other minor edits including department and individual title/name changes. <p>2021 C&L Work Plan is consistent with the 2020 Work Plan while incorporating and enhancing the following:</p> <ul style="list-style-type: none"> ➤ Complete the Action Plan activities that were identified by the 2020 Population Needs Assessment (PNA) to expand language assistance program awareness and utilization. ➤ Develop behavioral health/Adverse Childhood Experiences (ACE) resources and tools for providers. ➤ Implement two (2) part Provider Implicit Bias Training Series offering up to four CME/CE credits. ➤ Develop a series of Cultural Tip Sheets for providers on various health topics providing culturally competent patient care guidance. 	
<p>#4 Cultural and Linguistics / Health Education Business <i>(PowerPoint Presentation - Presentation handouts available at meeting)</i></p> <ul style="list-style-type: none"> - 2020 Health Education Work Plan end of Year Evaluation and Executive Summary - 2021 Health Education Program Description - 2021 Health Education 	<p>2020 Health Education Work Plan End of the Year Evaluation and Executive Summary and 2021 Health Education Work Plan were presented and reviewed.</p> <p>Health Education Work Plan end of Year Evaluation. Overall, 11 of 19 key Program Initiatives met or exceeded the year-end goal. Eight initiatives partially met the year-end goals.</p> <p>The eleven initiatives that were fully met are:</p> <ol style="list-style-type: none"> 1. Chronic Disease-Asthma 2. Community Health 3. Health Equity Projects 4. Immunization Initiative 5. Member Newsletter 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - 2020 Health Education Work Plan end of Year Evaluation and Executive Summary - 2021 Health Education Program Description - 2021 Health

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Work Plan (Attachment T-V)</p> <p>Action Patrick Marabella, M.D Chair</p>	<ol style="list-style-type: none"> 6. Behavioral Health 7. Pediatric Education 8. Perinatal Education 9. Compliance 10. Department Promotion & Materials 11. Operations <p>The eight initiatives partially met were:</p> <ol style="list-style-type: none"> 1. Chronic Disease Education: Diabetes 2. Digital Health 3. Fluvention 4. Know Your Numbers 5. Obesity Prevention 6. Promotores Health Network 7. Tobacco Cessation Program 8. Women’s Health <p>The barriers identified are related to:</p> <ul style="list-style-type: none"> ➤ Regulatory approval delays ➤ Pandemic preventing in-person sessions <p>Action plans have been developed for each and are included in the 2021 Work Plan.</p> <p>Changes to the 2021 Program Description include:</p> <ol style="list-style-type: none"> 1. Updated Goals & added Vision Statement 2. Removed FFFL Community Classes, Know Your Numbers, myStrength, and updated Disease Management. Added myStrength as its own program. 3. Deleted Community Health Fairs, Updated Health Ed Class Description, and Added Information on Krames online – 4,000 topics. 4. Changed “disease management program” to Diabetes Prevention Program. 5. Added “Population Needs Assessment” to QI description. 6. Other minor edits throughout including correction of department names, individual titles, and a description of “Community Engagement”. 	<p>Education Work Plan (Foster/Verma) 6-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>2021 Health Education Work Plan. 2020 initiatives will continue in 2021 with the following enhancements:</p> <ol style="list-style-type: none"> 1. Implement Asthma In-Home visitation program with CCAC (Central California Asthma Collaborative) 2. Launch Diabetes Prevention Program 3. Launch Fluvention & COVID 19 Communication Campaign 4. Enhance offerings for Behavioral Health Services. 5. Explore and launch email campaigns for wellness promotion. <p>Collaborate with Marketing to update Educational Resources.</p>	
<p>#5 UM/CM Business</p> <ul style="list-style-type: none"> - Key Indicator Report & Turn Around Time Report (March) - UM Concurrent Review Report (Q1) - PA Member Letter Monitoring Report (Q1) - TurningPoint Musculoskeletal Utilization Review (Q4) <p>(Attachment W-Z)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Key Indicator Report & Turn Around Time Report were presented by Dr. Marabella through March 31st. 2021. Overall membership continues to increase.</p> <ul style="list-style-type: none"> ➤ In-hospital utilization rates increased in March compared to previous months. ➤ The readmission rate slightly decreased in March. ➤ The number of ER Visits for Q1 2021 represents a slight decrease from previous year. ➤ The average "Length of Stay" decreased in March, compared to previous months. <ul style="list-style-type: none"> ➤ Turn-around-time compliance dropped slightly to 98% in 3 metrics due to technical and training issues. Technical and training issues have been addressed. ➤ Case Management results for Q1 2021 demonstrate positive results in all areas consistent with previous months. <p>The Utilization Management Concurrent Review Report (Q1) presents inpatient data and clinical concurrent review activities such as authorization for inpatient admissions, discharge planning and medical appropriateness during Quarter 1 2021.</p> <ul style="list-style-type: none"> ➤ TANF, SPD, and MCE show increase in admits per 1000 and bed days per 1000 when compared to Quarter 4, 2020. The admission fluctuations are likely to be related to the pandemic. ➤ The average length of stay showed a slight increase in all areas. We attribute these fluctuations to an increase in ICU admissions related to COVID-19. ➤ Readmissions show decreases in all populations. <p>The Concurrent review department will continue with the above steps taken and report impact as identified above. Planning pilot Non-clinical Discharge Navigators in Quarter 2 2021.</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Key Indicator Report & Turn Around Time Report (March) - UM Concurrent Review Report (Q1) - PA Member Letter Monitoring Report (Q1) - TurningPoint Musculoskeletal Utilization Review (Q4) <p>(Ramirez/Foster) 6-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The PA Member Letter Monitoring Report (Q1) represents data that has been monitored over time. Monitoring of Notice of Action (NOA) letters includes Prior Authorizations, Concurrent, and Post Service denials. Internal goal for all metrics is 100% each month. 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 categories had audit scores above 95% except one. ➤ Medical Management implemented and/or continues the following: <ul style="list-style-type: none"> • Weekly audit meeting for any identified failures. • Weekly progressive coaching to staff with any opportunities identified during audits. <p>The 2020 TurningPoint Musculoskeletal Utilization Review (Q4) monitors compliance with the musculoskeletal prior authorization (PA) utilization review performance standards as set forth by the health plan.</p> <ul style="list-style-type: none"> ➤ TurningPoint finalized 113 authorizations in Q4. The denial rates decreased from 46% in Q3 to 25% in Q4 2020. ➤ Call Center service level agreement (SLA) criteria were met. <p>Provider education on the TurningPoint criteria continues along with ongoing monitoring.</p>	
<p>#6 Policy and Procedure Business - Quality Improvement Policy Review 2021 (Attachment AA) Action Patrick Marabella, M.D Chair</p>	<p>The Quality Improvement Annual Review Policy & Procedure grid was presented to the committee. Nine policies were presented:</p> <ul style="list-style-type: none"> ➤ 7 were reviewed without changes ➤ 1 had minor edits ➤ The Initial Health Assessment (IHA) policy is pending some additional information before final edits can be completed. It will be brought to a future committee meeting for approval. 	<p>Motion: <i>Approve</i> - Quality Improvement Policy Review 2021 (Cardona/Ramirez) 6-0-0-2</p>
<p>#7 Pharmacy Business - Pharmacy Executive Summary (Q1) - CalViva Health Pharmacy Call Report (Q1) - Pharmacy Operations Metrics (Q1) - Pharmacy Top 30 Prior Authorizations (Q1)</p>	<p>Pharmacy Executive Summary, CalViva Health Pharmacy Call Report, Pharmacy Operations Metrics, Pharmacy Top 30 Prior authorizations and Pharmacy Inter-Rater Reliability Results for Quarter 1 were presented and reviewed.</p> <p>The Pharmacy Executive Summary (Q1) reviews pharmacy quarterly reports on operational metrics, top medication prior authorization (PA) requests, and quarterly formulary changes to assess emerging patterns in PA requests and compliance around PA turnaround time metrics, and to formulate potential process improvements.</p>	<p>Motion: <i>Approve</i> - Pharmacy Executive Summary (Q1) - CalViva Health Pharmacy Call Report (Q1) - Pharmacy Operations</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Pharmacy Inter-Rater Reliability Results (IRR) (Q1) (Attachment BB- FF)</p> <p>Action Patrick Marabella, M.D Chair</p>	<ul style="list-style-type: none"> ➤ Overall TAT for Q1 was 99.77%, met standards. ➤ Opioid and Diabetes control medications continue to be the top drivers of PA volume. ➤ Provider and Formulary Update 21-109 <ul style="list-style-type: none"> • FDA seeks withdrawal of Makena and its generic from the market. • New prescribing and CURES reporting rules for controlled substances. <p>The Pharmacy Call Report (Q1) reviews quarterly reports on operational metrics for the Call Center and reviews the call logs, action items, and resolutions to look at potential trends or barriers to service and to formulate process improvements as needed.</p> <ul style="list-style-type: none"> ➤ From a total of 3126 calls, 3 calls abandoned. It is in compliance. <p>The Pharmacy Operations Metrics (Q1) provides key indicators measuring the performance of the PA Department in service to CalViva Health members.</p> <ul style="list-style-type: none"> ➤ Pharmacy prior authorization (PA) metrics were within 5% of standard for the 1st Quarter 2021. ➤ Turnaround time (TAT) expectation is 100% with a threshold of 95%. TAT requirement for all pharmacy requests is within 24 hours of receipt by the plan. <p>The Pharmacy Top 30 Prior Authorizations (Q1) identifies the most requested medications to the PA Department for CalViva Health members, and assess potential barriers to access of medications through the PA process.</p> <ul style="list-style-type: none"> ➤ 1st Quarter 2021 top 30 medication PA requests were slightly lower compared to 4th Quarter 2020. ➤ Narcotic Pain Medication requests were lower in 1st Quarter 2021 compared to 4th Quarter 2020. ➤ Diabetes management Prior Auth requests continue to be high and closely behind Narcotic Pain Medications. <p>The Pharmacy Inter-Rater Reliability Results (Q1) provides a quarterly summary of a sample of prior authorization denials that are reviewed quarterly to ensure that they are completed timely, accurately, and consistently according to regulatory requirements and established health plan guidelines.</p> <ul style="list-style-type: none"> ➤ 95% accuracy is the goal and 90% is the minimum threshold. This was met. ➤ Follow up was completed on all outliers. 	<p>Metrics (Q1)</p> <ul style="list-style-type: none"> - Pharmacy Top 30 Prior Authorizations (Q1) - Pharmacy Inter-Rater Reliability Results (IRR) (Q1) (Foster/Cardona) 6-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#8 Compliance Update - Compliance Regulatory Report (Attachment GG)</p> <p>Information Patrick Marabella, M.D Chair</p>	<p>Mary Beth Corrado presented the Compliance Report.</p> <ul style="list-style-type: none"> ➤ Due to the COVID-19 declaration of emergency, no on-site audits were conducted in 2020. ➤ Overall, Health Net and their subcontractors performed well and fully complied with most requirements. ➤ Audit deficiencies requiring CAPs did not rise to a level that could potentially result in a failure to pass the audit. Issues primarily affected only one or two individual elements within the overall area audited. All other audits were favorable. ➤ For Fraud, Waste and Abuse activity, there have not been any new MC609 cases filed in 2021. 	
<p>#9 Old Business</p>	<p>None.</p>	
<p>#10 Announcements</p>	<p>Next meeting July 15th, 2021</p>	
<p>#11 Public Comment</p>	<p>None.</p>	
<p>#12 Adjourn</p>	<p>Meeting was adjourned at 12:08pm.</p>	

NEXT MEETING: July 15th, 2021

Submitted this Day: July 15th, 2021

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

Acknowledgment of Committee Approval:

Patrick Marabella
 Patrick Marabella, MD Committee Chair