

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
July 15th, 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 10:34 am. A quorum was present.	
#2 Approve Consent Agenda Committee Minutes: May 20, 2021 - Clinical Practices Guidelines - Standing Referrals Report (Q1) - Provider Office Wait Time Report (Q2) - Facility Site & Medical Records and PARS Reviews - Provider Preventable	The May 20 th , 2021 QIUM 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 July Formulary (PDL) was available for review.	Motion: Approve Consent Agenda (Foster/Cardona) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Conditions (Q1) - County Relations Quarterly Update (Q1) - Pharmacy Provider Updates (Q2) (Attachments A-H)</p> <p>Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business - Appeals & Grievances Dashboard (May) - A&G Validation Audit Summary Report (Q1) (Attachments I-J)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Appeals & Grievances Dashboard through May 2021.</p> <p>Appeals & Grievances Data:</p> <ul style="list-style-type: none"> ➤ The total number of grievances received for May was 134, a slight increase from April. ➤ The highest number of Quality of Service grievances this month were noted to be under the Transportation category. Corrective action plan is in place with vendors, contractors and subcontractors with ongoing monitoring. ➤ The number of appeals remains consistent with highest volumes in the areas of advanced imaging, majority cardiac related and pharmacy for Psoriasis and Dialysis related medications. <p>The A&G Validation Audit Summary Report for Quarter 1 2021 was presented and reviewed. CalViva Health conducts weekly A&G case validations to ensure each Grievance or Appeal case contains the appropriate documentation and evidence necessary for standard and expedited Quality of Service (QOS), Quality of Care (QOC), and Appeal cases. This report provides a summary of Quarter 1 2021 case reviews, performed to evaluate whether cases met compliance standards and provided adequate evidence to fully support the grievance or appeal response or decision in a timely and complete manner. In Q1, 91% of cases were found to have met compliance standards when initially transferred to CalViva. All documents identified to be missing from the cases were obtained and inserted to complete the file before closing out the month. Trends in non-compliance are also monitored and addressed accordingly.</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard (May) - A&G Validation Audit Summary Report (Q1) (Cardona/Ramirez) 4-0-0-3
<p>#3 QI Business - MHN Performance Indicator</p>	<p>The MHN Performance Indicator Report for Behavioral Health Q1 2021 provides a summary of an array of indicators in order to evaluate the behavioral health services provided to CalViva members.</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - MHN

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<p>Report for Behavioral Health (Q1) (Attachment K)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Fifteen (15) out of the fifteen (15) metrics met or exceeded their targets this quarter.</p> <ul style="list-style-type: none"> ➤ Q1 2021 CalViva membership increased with MHN providing services for 2.3% of members in Q1. ➤ There was 1 Life-Threatening emergent case and 1 Non-Life-Threatening emergent case, and 6 Urgent cases, the appointment access standard was met for all cases. ➤ Authorization Decision Timeliness: there were 12 non-ABA reviews and 431 ABA reviews, all were compliant with timeliness standards. ➤ There were 3 PQI cases, all cases were resolved and had no adverse effects. ➤ There were 170 Provider Disputes in Q1. All were resolved within timeliness standards. 	<p>Performance Indicator Report for Behavioral Health (Q1) (Foster/Cardona) 4-0-0-3</p>
<p>#3 QI Business - SPD HRA Outreach (Q1) (Attachment L)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The SPD HRA Outreach Q1 2021 report was presented and reviewed. This report provides an analysis of compliance with SPD member outreach standards.</p> <ul style="list-style-type: none"> ➤ Outreach timeliness achieved 100% compliance for Q1 2021. ➤ The percentage of members that completed an HRA for both high and low risk in Q1 2021 was 1.7% (65) which represents a decline from 15% in Q1 2020. ➤ This decline appears to be related to the new POM system that was put in place last year. An analysis revealed lengthy scripts, member not transferred to live agent, and potential long hold times. ➤ Efforts to address these issues are in progress. Monitoring to continue. 	<p>Motion: <i>Approve</i> - SPD HRA Outreach (Q1) (Cardona/Ramirez) 4-0-0-3</p>
<p>#3 QI Business - Breast Cancer Screening QI Activity Summary - Chlamydia Screening QI Activity Summary - Childhood Immunizations QI Activity Summary (Attachments M - O)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Breast Cancer Screening Disparity Project QI Activity Summary provides a summary of quality improvement efforts to improve preventive screening rates. This project addresses Breast Cancer Screening (BCS) in Fresno County and is focused on Hmong speaking women age 50 to 74 years. CalViva Medical Management team is collaborating with the Greater Fresno Health Organization (GFHO), WISH Breast Imaging Center, and The Fresno Center, a community-based organization that supports the Hmong community.</p> <ul style="list-style-type: none"> ➤ First intervention is the “Hmong Sisters Educational Event”, an evening training session presented in a culturally and linguistically sensitive manner. ➤ Modules 2 and 3 are in development and must be approved prior to the event. <p>The Chlamydia Screening QI Activity Summary provides a summary of a PDSA improvement project aimed at increasing Chlamydia Screening (CHL) in young women in Madera County. CalViva Medical Management team is collaborating with a high volume, low performing FQHC.</p> <ul style="list-style-type: none"> ➤ The first PDSA cycle focused on the older sub-group, 21 to 24 years old with an intervention focused on integrating routine Chlamydia screening for any office visit into the clinic’s 	<p>Motion: <i>Approve</i> - Breast Cancer Screening QI Activity Summary - Chlamydia Screening QI Activity Summary - Childhood Immunizations QI Activity Summary (Cardona/Ramirez) 4-0-0-3</p>

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	<p>processes, rather than waiting for an annual women’s exam. A urine sample is all that is needed. This effort has been successful thus far and now the team is ready to test it with the younger sub-group of 17 to 20 years old.</p> <p>The Childhood Immunizations QI Activity Summary was presented and reviewed. CalViva Health Medical Management is leading a quality improvement project to address Childhood Immunizations in Fresno County in collaboration with Family HealthCare Network.</p> <ul style="list-style-type: none"> ➤ Module 1 and 2 have been approved and Module 3 is in progress. ➤ Module 3 is focused on the first intervention; an educational campaign that will utilize texting as its first method to engage parents. 	
<p>#4 UM/CM Business - Key Indicator Report and TAT Report (April) (Attachment P)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Key Indicator Report and TAT Report through April 2021.</p> <ul style="list-style-type: none"> ➤ Slight decrease in membership noted overall. ➤ In-hospital utilization rates have leveled off since March. The readmission rate continues to decrease. ➤ Turn-around-time compliance dropped slightly to 98% in only one metric; all others met goal at 100%. ➤ Case Management results remain strong and demonstrate positive results in all areas consistent with previous months. 	<p>Motion: <i>Approve</i> - Key Indicator Report (April) (Foster/Ramirez) 4-0-0-3</p>
<p>#4 UM/CM Business - Specialty Referrals Report -HN (Q1) (Attachment Q)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Specialty Referral Report provides a summary of specialty referrals that require prior authorization in the three-county area (Fresno, Kings, and Madera) for the first quarter of 2021. The report provides evidence of a system-wide process for tracking and following up on member referrals requiring prior authorization, and includes a breakdown of SPD and non-SPD member specialty referral requests. This report includes three areas:</p> <ul style="list-style-type: none"> ➤ Key services within the service area and within the network that require clinical review ➤ Services outside the tri-county area, but within the provider network ➤ Out of network requests. <p>Currently, due to a change in software only “in network” and “out of network” can be reported on. The information related to Service area is not available. Options to capture this data for future reports is under review.</p>	<p>Motion: <i>Approve</i> - Specialty Referrals Report -HN (Q1) (Cardona/Ramirez) 4-0-0-3</p>
<p>#4 UM/CM Business - UM Top 10 Diagnoses Report (Attachment R)</p>	<p>The UM Top 10 Diagnoses Report provides an annual evaluation of the volume of hospital admissions, bed days per one thousand and average length of stay for the top 10 diagnoses (recorded as principal discharge diagnoses, for acute hospital stays among the TANF, SPD, and MCE populations). Identification of utilization trends provides a source from which to establish</p>	<p>Motion: <i>Approve</i> - UM Top 10 Diagnoses Report (Cardona/Foster)</p>

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<p>Action Patrick Marabella, M.D Chair</p>	<p>opportunities for collaboration and outcome improvement.</p> <p><u>Analysis/Findings/Outcomes/Actions</u></p> <ul style="list-style-type: none"> ➤ In 2020 sepsis continued to rank as the number one non pregnancy related diagnosis. ➤ COVID-19 was a new diagnosis in 2020, ranked second in admissions and bed days per thousand and had the highest average length of stay out of the top diagnoses. ➤ With the impact of COVID-19 on the hospitals, CalViva implemented a surge process with daily outreach to those hospitals that were surging. Multiple programs were identified, such as, Project Room Key and brought to the attention of the hospitals to safely discharge or transfer members. 	<p>4-0-0-3</p>
<p>#4 UM/CM Business - Case Management and CCM Report (Q1) (Attachment S)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Case Management and CCM Report Q1 2021 report summarizes the Integrated Case Management, Transitional Care management, Behavioral Health Case Management, Perinatal Case Management, MemberConnections, Palliative Care, and Emergency Department (ED) diversion activities for 2021 through first quarter and utilization related outcomes through fourth quarter 2020.</p> <ul style="list-style-type: none"> ➤ A decrease in referrals was noted for Q1 for all areas except Palliative Care and Perinatal Case Management. ➤ Engagement rates increased in almost all areas. ➤ Case Management Outcomes data for Q4 2020 demonstrated: <ul style="list-style-type: none"> ○ Thirteen percent (13%) fewer readmissions for members in case management, fewer ED Visits, and lower costs than members who were not in case Management (Integrated and Behavioral CM and Transitional Care Management populations) ○ Greater compliance with the first pre-natal and postpartum visits, and fewer pre-term deliveries for high-risk moms (Perinatal Case Management). 	<p>Motion: <i>Approve</i> - Case Management and CCM Report (Q1) (Foster/Ramirez) 4-0-0-3</p>
<p>#4 UM/CM Business - TurningPoint Musculoskeletal Utilization Review (Q1) - MedZed Report (Q1) (Attachments T-U)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The TurningPoint Musculoskeletal Utilization Review Report provides a summary of monitoring activities associated with musculoskeletal related prior authorization (PA) utilization requests managed by TurningPoint(TP). TurningPoint began processing prior authorizations for CalViva members in July 2020.</p> <ul style="list-style-type: none"> ➤ Compliance was achieved with all performance goals in first quarter of 2021. ➤ TurningPoint finalized 128 authorizations and 31 were denied resulting in a denial rate of 24.2%, a slight decrease from 24.8% in Q4 2020. ➤ Due to COVID-19, the number of authorizations submitted continued to remain low in Q1 2021. <p>The TP program and clinical guidelines remain new to providers and it takes time for this adjustment.</p>	<p>Motion: <i>Approve</i> - TurningPoint Musculoskeletal Utilization Review (Q1) - MedZed Report (Q1) (Cardona/Ramirez) 4-0-0-3</p>

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	<p>Provider education is ongoing.</p> <p>The MedZed Integrated Care Management Report Q1 2021 was presented and reviewed. This 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 and is focused on members that are high utilizers with complex needs who are not engaged in care management or with their PCP. 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"> ➤ 715 cases being managed at this time. ➤ All service level measures are on track in Q1 except for performing the post-discharge, in-home visit within 72 hours. Issues relate to members rescheduling appointments outside the 72 hours for convenience or treatment related issues and low volumes are impacting the rate (90% is goal) <p>MedZed has implemented a new, more aggressive workflow for outreach to recently discharged members. They will send Community Health Navigators out for urgent face-to-face outreach for unsuccessful telephone attempts.</p>	
<p>#5 Credentialing & Peer Review Subcommittee Business - Credentialing Sub-Committee Quarterly Report (Attachment V)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>In Quarter 1 the Credentialing Sub-Committee met on May 20, 2021. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering the Q4 for 2020 for delegated entities and the Q1 2021 reports were reviewed for both Health Net and MHN. The 2021 Credentialing Sub-Committee Charter was presented and approved without changes. There were no cases to report on in the Quarter 1 2021 Credentialing Report from Health Net.</p>	<p>Motion: <i>Approve</i> - Credentialing Sub-Committee Quarterly Report (Cardona/Foster) 4-0-0-3</p>
<p>#5 Credentialing & Peer Review Subcommittee Business - Peer Review Sub-Committee Quarterly Report (Attachment W)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Peer Review Sub-Committee met on May 20, 2021. The county-specific Peer Review Sub-Committee Summary Reports for Q1 2021 were reviewed for approval. The 2021 Peer Review Sub-Committee Charter was reviewed and approved without changes. The Q1 2021 Peer Count Report was presented with a total of 5 cases reviewed. There were two (2) cases closed and cleared. There was one (1) case pending closure for Corrective Action Plan compliance, two (2) cases pending for further information, and no cases (0) with an outstanding CAP. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p>	<p>Motion: <i>Approve</i> - Peer Review Sub-Committee Quarterly Report (Cardona/Ramirez) 4-0-0-3</p>

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<p>#6 Compliance Update - Compliance Regulatory Report (Attachment X)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Mary Beth Corrado presented the Compliance Report.</p> <p><u>Oversight Activities</u> CalViva Health’s Management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint workgroup meetings and discuss any issues or questions during the monthly oversight meetings with HealthNet.</p> <p><u>Oversight Audits</u> The following annual audits are in-progress: Credentialing, Emergency Services, Claims & PDR Audit, Call Center and Provider Network and Provider Relations. Since the last meeting, no audits have been completed.</p> <p><u>Fraud, Waste, & Abuse Activity</u> There has been one MC609 filed. There were no cases that needed to be referred to other law enforcement agencies by the Plan.</p> <p><u>Department of Health Care Services (“DHCS”) subcontracted Network Certification (“SNC”)</u></p> <p><u>Readiness Plan</u> In preparation for the 2022 ANC, DHCS requested all plans to submit a “Subcontracted Network Certification Readiness Plan” by June 1, 2021. The plan submitted the SNC Readiness Plan on May 27, 2021. In response to a DHCS request for additional information, the Plan submitted a response on June 29, 2021.</p> <p><u>2019-20 Performance Evaluation Report of CalViva</u> On July 6, 2021 we received the Plan’s final 2019-20 Performance Evaluation Report from HSAG. They had three recommendations related to CalViva performance: 2020 DHCS Medical Audit and CAP, dual eligibility calculations related to continuous enrollment criteria for performance measures and two QI PIPs. The Plan must submit a description of the actions taken from 7/1/20 through 6/30/21 to address the findings.</p> <p><u>California Advancing and Innovating Medi-Cal (CalAIM)</u> DHCS has a list of approved ILOS that plans can implement. CalViva through its administrator Healthnet is planning to offer all the services (Please see attachment X for the list) on a phased in basis from 1/1/22 to 1/1/23 in our 3-county services areas.</p> <p><u>COVID-19 Novel Coronavirus</u> The Governor’s Office established a timeline and process to wind down provisions of the 58 COVID-related executive orders issued during pandemic. Due to easing of state and federal restrictions</p>	

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	<p>related to the public health emergency, we reopened the Palm office to members and public walk-in visitors on June 15, 2021. Downtown office for walk-ins is still closed and our administrator HealthNet has indicated they will still continue to carry out operations on a remote basis until at least September 2021.</p> <p>Public Policy Committee The Public Policy Committee met on June 9, 2021. No changes were needed and the Committee approved the Charter with a recommendation to forward it to the Commission for final approval. There were no other recommendations for referral to the Commission or the QI/UM Committee.</p>	
#9 Old Business	None.	
#10 Announcements	Next meeting September 16 th , 2021	
#11 Public Comment	None.	
#12 Adjourn	Meeting was adjourned at 11:51am	

NEXT MEETING: September 16th, 2021

Submitted this Day: September 16, 2021

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

Acknowledgment of Committee Approval:

Patrick Marabella
 Patrick Marabella, MD Committee Chair