

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
QI/UM Committee  
Meeting Minutes**  
October 21<sup>st</sup>, 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	✓	Amy Schneider, RN, Director of Medical Management Services
✓●	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Ashelee Alvarado, Medical Management Specialist
✓●	Brandon Foster, PhD, Family Health Care Network	✓	Iris Poveda, Medical Management Administrative Coordinator
✓●	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Tommi Romagnoli, Medical Management Nurse Analyst
✓●*	Raul Ayala, MD, Adventist Health, Kings County	✓	Mary Lourdes Leone, Chief Compliance Officer (CCO)
✓●*	Joel Ramirez, M.D., Camarena Health Madera County	✓	Maria Sanchez, Compliance Manager
	Rajeev Verma, M.D., UCSF Fresno Medical Center	✓	Lori Norman, Senior Compliance Analyst
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
<b>Guests/Speakers</b>			

✓ = in attendance

\* = Arrived late/left early

● = Attended via Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D Chair	The meeting was called to order at 10:32 am. A quorum was present.	
#2 Approve Consent Agenda Committee Minutes: September 16, 2021 - Provider Preventable Conditions (PPC) (Q2) - Standing Referrals Report (Q2) (Attachments A-C)  <b>Action</b> Patrick Marabella, M.D Chair	The September 16 <sup>th</sup> , 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 October Formulary (PDL) was available for review.  *Dr. Ramirez announced his presence at 10:44 am. *Dr. Ayala announced his presence at 10:49 am and call dropped at 10:53am.	Motion: <i>Approve</i> Consent Agenda (Foster/Cardona) 6-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>#3 QI Business</b></p> <ul style="list-style-type: none"> <li>- Appeals &amp; Grievances Dashboard and TAT Report (August)</li> <li>- MHN Performance Indicator Report (Q2)</li> <li>- SPD HRA Outreach (Q2)</li> <li>- Provider Office Wait Time Report (Q3)</li> <li>- QIUM 2022 Meeting Schedule (Attachments D-H)</li> </ul> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the <b>Appeals &amp; Grievances Dashboard</b> through August 2021.</p> <ul style="list-style-type: none"> <li>➤ The total number of grievances received in August decreased compared to recent months, however the number resolved remained consistent.</li> <li>➤ An increase was noted in the number of <i>Quality-of-Care</i> grievances resolved in August, mainly attributable to ancillary services and specialist care as members obtain services postponed due to the pandemic.</li> <li>➤ One (1) grievance Ack Letter and one (1) Expedited Appeal were noted to be out of compliance. Follow up discussed.</li> <li>➤ Appeals continue to demonstrate variation with the majority of cases related to Advanced Imaging and Pharmacy consistent with last month.</li> </ul> <p>The <b>MHN Performance Indicator Report for Behavioral Health Services (Q2 2021)</b> was presented. 15 out of the 15 metrics met or exceeded their targets. The ABA authorization timeliness metric result was slightly below 100% but exceeded the threshold for action at 95%. Utilization appears to be up this year with an increase in members seeking services for mild to moderate issues. The raw number of PQIs has returned to baseline this quarter. The majority of Provider Disputes were noted to have been submitted by one provider. This provider has been re-educated and monitoring for improvement will continue.</p> <p>The <b>SPD Health Risk Assessment</b> report for Q2 was presented. This is a state mandated member outreach activity intended to identify higher risk new members and offer case management and other care coordination services and resources. A minimum of 3 outreach calls within 45 days are attempted for high-risk individuals and 3 outreach calls to low-risk individuals attempted within 90 days of enrollment in the Plan.</p> <p>Results for Quarter 2 2021 include the following:</p> <ul style="list-style-type: none"> <li>➤ the completion rate for HRAs increased from 1.71% in Q1 to 4.29% in Q2.</li> <li>➤ 6,736 members were outreached (100% on time)</li> <li>➤ 289 completed HRAs, 4.29% completion rate (tracked for program quality; not a regulatory requirement).</li> </ul> <p>The <b>Provider Office Wait Time</b> Report for Q3 was presented. Health plans are required to monitor waiting times in providers' offices to validate timely access to care and services. This report</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Appeals &amp; Grievances Dashboard and TAT Report (August)</li> <li>- MHN Performance Indicator Report (Q2)</li> <li>- SPD HRA Outreach (Q2)</li> <li>- Provider Office Wait Time Report (Q3)</li> <li>- QIUM 2022 Meeting Schedule (Cardona/Lee) 5-0-0-3</li> </ul>

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	<p>provides a summary that focuses on Quarter 3 2021 monitoring for Fresno, Kings and Madera Counties. All counties were within the 30-minute office wait time threshold for both mean and median metrics.</p> <ul style="list-style-type: none"> <li>➤ The number of providers per county who submitted data in Quarter 3 is as follows: Fresno-44, Kings-3, and Madera-5 for a total of 52 providers and 977 patients monitored.</li> <li>➤ The number of providers submitting data decreased slightly in Quarter 3 2021 for all counties combined when compared to Q2 2021 which had 58 providers, and 1055 patients.</li> </ul> <p>Two (2) providers were identified this quarter to have an overall average rate above the 30-minute standard. Both providers were from Fresno County with an average wait time of 31 and 38 minutes each. No trends identified as neither provider had an average wait time beyond 30 minutes in Q2.</p> <p>The <u>2022 QI/UM Committee Meeting schedule</u> was presented and reviewed. No concerns were raised by committee members with the schedule as proposed.</p>	
<p><b>#4 Culture &amp; Linguistics / Health Education</b></p> <ul style="list-style-type: none"> <li>- Culture &amp; Linguistics 2021 Work Plan Mid-Year Evaluation &amp; Executive Summary</li> <li>- Culture &amp; Linguistics 2021 Language Assistance Program Mid-Year Report</li> <li>- Health Education Work Plan Mid-Year Evaluation &amp; Executive Summary</li> </ul> <p>(Attachments I - K)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the <u>2021 Culture &amp; Linguistics Work Plan Mid-Year Evaluation and Executive Summary</u></p> <p>The 4 categories for the 2021 Work Plan are:</p> <ul style="list-style-type: none"> <li>➤ Language Assistance Services (LAP)</li> <li>➤ Compliance Monitoring</li> <li>➤ Communication, Training and Education</li> <li>➤ Health Literacy, Cultural Competency and Health Equity</li> </ul> <p>By June 30, 2021 all activities were on target.</p> <p>Some of the activities completed consist of:</p> <ul style="list-style-type: none"> <li>○ Population Needs Assessment was completed in collaboration with Health Ed and QI. (Formerly GNA)</li> <li>○ C &amp; L related grievances reviewed. Follow up completed including four (4) interventions.</li> <li>○ Completed and disseminated a Member Newsletter on how to access language services.</li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Culture &amp; Linguistics 2021 Work Plan Mid-Year Evaluation &amp; Executive Summary</li> <li>- Culture &amp; Linguistics 2021 Language Assistance Program Mid-Year Report</li> <li>- Health Education Work Plan Mid-</li> </ul>

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	<ul style="list-style-type: none"> <li>○ Four Call Center trainings conducted.</li> <li>○ Collaborated on BCS PIP intervention development.</li> <li>○ Conducted Motivational Interviewing training.</li> </ul> <p>All of the Work Plan activities continue on target for completion by the end of calendar year 2021. C &amp; L staff will continue to assess circumstances to modify plans as needed in order to continue to implement, monitor and track C&amp;L related services and activities.</p> <p><b><u>Health Education Work Plan Mid-Year Evaluation &amp; Executive Summary</u></b>            Dr. Marabella presented the 2021 Health Education Work Plan Mid-Year Evaluation.            Two areas of focus for 2021 consist of:</p> <ul style="list-style-type: none"> <li>➤ Programs and Services</li> <li>➤ Department Operations, Reporting and Oversight</li> </ul> <p>Of the 17 Program Initiatives, 12 are on track to meet year-end goals. These consist of:</p> <ul style="list-style-type: none"> <li>➤ Chronic Disease Education: Asthma</li> <li>➤ Hypertension</li> <li>➤ Community Health</li> <li>➤ Fluvention - Flu Vaccine Campaign</li> <li>➤ Health Equity Project</li> <li>➤ Member Newsletter</li> <li>➤ Obesity Prevention</li> <li>➤ Pediatric Education</li> <li>➤ Perinatal Education</li> <li>➤ Promotores Health Network: Diabetes Classes</li> <li>➤ Oversight and Reporting</li> <li>➤ Materials Development, Utilization and Inventory</li> </ul> <p>The five (5) initiatives that are off track consist of:</p> <ul style="list-style-type: none"> <li>➤ Chronic Disease: Diabetes Prevention Program – finalize contract and obtain approvals.</li> <li>➤ Mental Health: Educate members to increase ACEs screenings.</li> <li>➤ Tobacco Cessation: complete program enhancement and obtain approvals.</li> <li>➤ Women’s Health: Evaluate outcomes of other email/IVR programs before proceeding.</li> <li>➤ Geographic Information Systems: Outreach to departments to identify activities that might benefit from spatial analysis.</li> </ul>	<p>Year Evaluation &amp; Executive Summary            (Foster/Ramirez)            5-0-0-3</p>

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	<p>Barriers to full implementation of planned activities have been identified and are being addressed. 2021 initiatives will continue to be implemented in order to meet or exceed year end goals.</p> <p><b><u>Culture &amp; Linguistics Language Assistance Program Mid-Year Report</u></b></p> <p>This Report provides information on the language service utilization by CalViva Health members for January 1<sup>st</sup> to June 30<sup>th</sup>, 2021. The Language Assistance Program incorporates MHN Services' Mental Health/Behavioral Health language utilization for the same reporting period. It also evaluates telephonic and in-person interpretation services, Sign Language and document translations.</p> <ul style="list-style-type: none"> <li>➤ Member Services Department representatives handled a total of 52,783 calls across all languages. Of these, 8,960 (17%) were handled in Spanish and Hmong languages.</li> <li>➤ A total of 1,706 interpreter requests were fulfilled for CalViva Health members, 1,290 (76%) of these requests were fulfilled utilizing telephonic interpreter services with 368 (22%) for in-person, 48 (3%) for sign language interpretation, and zero requests for video remote interpreting.</li> <li>➤ A total of 12 grievance cases were received and reviewed by C&amp;L.</li> <li>➤ Elements unique to MHN Services are the following: Calls handled by MHN Services' member services, telephone, face to face and sign language utilization, and requests for written, oral and alternate format translations. All other language service elements utilized by members receiving MHN Services are incorporated as part of the C&amp;L LAP report.</li> </ul>	
<p><b>#5 Access Business</b>                      - Culture &amp; Linguistics 2021 Geo Access Report                      (Attachments L)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the <b><u>2021 Culture &amp; Linguistics Geo Access Report.</u></b></p> <p>The purpose of the Geo Access Assessment of Culture and Linguistic Needs Report is to examine race, ethnicity and language of CalViva Health's members and provider network for the prior year and examine the concordance of provider languages spoken in the office with member language needs.</p> <p>The data illustrates counties where members who identified as speaking a given language did not live within an appropriate time and distance parameter.</p> <ul style="list-style-type: none"> <li>➤ Gaps were identified for various languages for PCPs and specialists or both except for Spanish.</li> </ul>	<p>Motion: <i>Approve</i></p> <p>- Culture &amp; Linguistics 2021 Geo Access Report                      (Ramirez/Lee)                      5-0-0-3</p>

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	<ul style="list-style-type: none"> <li>➤ All members identified as Spanish-speaking members residing in Fresno, Kings and Madera counties had their access needs met.</li> <li>➤ Madera appears to be the county with the least gaps.</li> <li>➤ The Culture and Linguistics Services Department staff developed and executed a plan to address the gaps in provider language capabilities and member language needs with the goal of increasing awareness and utilization of the language support services that are available through CalViva Health. Monitoring and reporting will continue.</li> </ul>	
<p><b>#6 UM/CM Business</b></p> <ul style="list-style-type: none"> <li>- Key Indicator Report and TAT Report (August)</li> <li>- Utilization Management Concurrent Review Report (Q2)</li> <li>- Case Management &amp; CCM Quarterly Report (Q2)</li> <li>- TurningPoint Musculoskeletal Utilization Review (Q2)</li> </ul> <p>(Attachments M-P)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p><b>Key Indicator Report and TAT Report (August)</b> were presented and reviewed. The following trends were noted:</p> <ul style="list-style-type: none"> <li>➤ Acute Care Admission rates for SPDs remain low, however they appear to be increasing for the Family/Adult and Expansion populations.</li> <li>➤ Length of Stay remains higher than prior years for Family/Adult and Expansion populations.</li> <li>➤ Turn-around Times for Prior Authorizations were noted to have some opportunities for improvement this month. An increase in the number of requests submitted as “urgent” was noted along with some COVID-related staffing issues. Adjustments in progress, anticipate improvement next month.</li> </ul> <p><b>UM Concurrent Review Report.</b> This report presents inpatient data metrics and clinical concurrent review activities and interventions for April 1, 2021 – June 30, 2021 (Quarter 2). Health Net Medical Management supports Concurrent Review (CCR) activities for CalViva Health to optimize health outcomes across the care continuum for all members.</p> <ul style="list-style-type: none"> <li>➤ 2020-2021 data is not following normal patterns due to the COVID-19 pandemic. The COVID pandemic restrictions across the region and state are affecting the overall utilization patterns.</li> <li>➤ The average length of stay declined in all major populations (SPDs, TANFs and MCEs) Members that have been delaying treatments and are now seeking care due to loosening of restrictions.</li> </ul> <p>Readmissions have also declined for all populations with the exception of SPDs. Concurrent Review actions include Daily UM huddles (with Care Management, Member connections, Public Programs and Medical Directors), weekly telephonic huddles with local hospitals’ Care</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Key Indicator Report and TAT Report (August)</li> <li>- Utilization Management Concurrent Review Report (Q2)</li> <li>- Case Management &amp; CCM Quarterly Report (Q2)</li> <li>- TurningPoint Musculoskeletal Utilization Review (Q2)</li> </ul> <p>(Ramirez/Foster) 5-0-0-3</p>

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	<p>Management Departments, and Emergency department telephonic support to prevent admissions when appropriate.</p> <p>The <b>Case Management and CCM Report</b> for Quarter 2 was presented. This report summarizes the case management, transitional care management, MemberConnections, palliative care and Emergency Department activities for 2021 through second quarter.</p> <ul style="list-style-type: none"> <li>➤ Most of these programs have demonstrated an increase in referrals and open cases over recent months or remained consistent except for Perinatal Case Management with their referral rate decreasing about the same this quarter as last.</li> <li>➤ Outcome measures have been established for all programs with most metrics demonstrating positive results.</li> <li>➤ Telephonic outreach to members referred to some CM programs with limited success due to incorrect phone numbers.</li> <li>➤ Potential alternate sources and systems reviewed with staff regarding obtaining member contact information including: utilization and pharmacy data, and OMNI.</li> <li>➤ Plan in development for provider education on CM referral process.</li> </ul> <p><b>TurningPoint Musculoskeletal Utilization Review Q2 2021</b> is a newer report established to evaluate compliance with the prior authorization (PA) performance standards for TurningPoint which began processing PAs for CalViva members in July 2020.</p> <ul style="list-style-type: none"> <li>➤ Compliance was achieved for turnaround times and Pre-service urgent and non-urgent authorization determination.</li> <li>➤ Prior authorization denial rates are monitored.</li> <li>➤ Call Center functioning metrics for provider support were also met.</li> </ul> <p>A number of denials were noted 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.</p>	
<p><b>#7 Compliance Update</b> - Compliance Regulatory Report</p>	<p>Mary Lourdes Leone presented the <b>Compliance Report</b>. <b>Oversight Activities:</b> CalViva Health's management team continues to review monthly/quarterly</p>	

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<p>(Attachment Q)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>reports of clinical and administrative 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><b>Oversight Audits:</b> The following annual audits are in-progress: Access and Availability, Credentialing, Call Center, Appeals &amp; Grievances, Continuity of Care, and Provider Network/ Provider Relations. The following audits have been completed since the last Commission report: Claims (CAP) Pharmacy (No CAP) and Emergency Services (No CAP).</p> <p><b>2021 DMHC 18-Month Follow-Up Audit:</b> The DMHC follow-up audit interviews were held 3/30/21. The Plan is awaiting the DMHC final report findings. The next routine DMHC medical survey for CalViva will be on 9/19/22.</p> <p><b>Department of Health Care Services (“DHCS”) 2020 Medical Audit – CAP:</b> On 8/27/2021, the Plan submitted its final CAP Update to DHCS indicating that all corrective actions have been implemented, and that the results of the actions can be reviewed by DHCS at the next Medical Audit in 2022. Based on this final update, the Plan requested DHCS to accept it as final and close the CAP. We are still awaiting DHCS’ response. The next routine DHCS medical audit for CalViva is expected to be in April 2022 and will cover a 2-year look-back period as the 2021 audit was deferred due to the COVID-19 PHE.</p> <p><b>California Advancing and Innovating Medi-Cal (CalAIM):</b> CalViva Health continues to participate in DHCS calls, association calls and working with Health Net to implement the following key initiatives:</p> <ul style="list-style-type: none"> <li>➤ Enhanced Care Management (ECM) and In lieu of Services (ILOS) – Effective 1/1/22 in Kings County, and 7/1/22 in Fresno &amp; Madera Counties.</li> <li>➤ Major Organ Transplant (MOT) carve-in – Effective 1/1/22 for all CalViva counties and membership.</li> </ul> <p><b>COVID-19 Novel Coronavirus:</b> Our downtown office for walk-ins is still closed. Our administrator Health Net has indicated they will still continue to carry out operations on a semi-remote basis until March 2022.</p> <p><b>Public Policy Committee:</b> The next meeting will be held on December 1, 2021, at 11:30am and it is still to be determined if the meeting will be in person or if it will be a teleconference due to COVID-19.</p>	



AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#8 Old Business	None.	
#9 Announcements	Next meeting November 18 <sup>th</sup> 2021	
#10 Public Comment	None.	
#11 Adjourn	Meeting was adjourned at 11:35am	

**NEXT MEETING: November 18<sup>th</sup>, 2021**

Submitted this Day: November 18<sup>th</sup>, 2021

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

**Acknowledgment of Committee Approval:**

Patrick Marabella  
 Patrick Marabella, MD Committee Chair