

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**

July 21st, 2022

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	✓	Iris Poveda , Medical Management Administrative Coordinator
✓	Paramvir Sidhu, M.D. , Family Health Care Network	✓	Tommi Romagnoli , Medical Management Nurse Analyst
✓	David Cardona, M.D. , Fresno County At-large Appointee, Family Care Providers	✓	Mary Lourdes Leone , Chief Compliance Officer
✓	Raul Ayala, MD , Adventist Health, Kings County	✓	Maria Sanchez , Compliance Manager
✓	Joel Ramirez, M.D. , Camarena Health Madera County	✓	Patricia Gomez , Senior Compliance Analyst
	Rajeev Verma, M.D. , UCSF Fresno Medical Center		
	David Hodge, M.D. , Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			

✓ = in attendance

* = Arrived late/left early

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D Chair	The meeting was called to order at 10:31am. A quorum was present.	
#2 Approve Consent Agenda Committee Minutes: May 19, 2022 - Clinical Practice Guidelines 2022 - Facility Site & Medical Records and PARS Reviews (Q3-Q4 2021) - Provider Preventable Conditions (Q1) - County Relations Quarterly Update (Q1) - SPD HRA Outreach (Q1) - Breast Cancer Screening QI	The May 19 th , 2022 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. A link for Medi-Cal Rx Contract Drug List was available for reference.	Motion: <i>Approve</i> Consent Agenda (Ramirez/Sidhu) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Activity Summary - Childhood Immunizations QI Activity Summary - Pharmacy Provider Updates (Q1) (Attachments A-I)</p> <p>Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business - Appeals & Grievances Dashboard (May) (Attachment J)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Appeals & Grievances Dashboard through May 2022.</p> <ul style="list-style-type: none"> • The total number of grievances remained consistent with prior months. The majority of grievances were Quality-of-Service related. • Quality of Care Grievances in May were also consistent with previous months. • Exempt Grievances remain consistent when compared to recent months and last year. • Appeals through May 2022 have remained consistent with recent months, but fewer than previous years. 	<p>Motion: <i>Approve</i> - A&G Dashboard (May) (Cardona/Sidhu) 5-0-0-2</p>
<p>#3 QI Business - Initial Health Assessment (IHA) Quarterly Report (Q4 2021) (Attachment K)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Department of Health Care Services (DHCS) requires that newly enrolled Medi-Cal members have an Initial Health Assessment (IHA) and Individual Health Education Behavioral Assessment (IHEBA) completed within the first 120 days of enrollment. CalViva Health is required to facilitate and support members and providers through this process. The current approach to monitoring has three components:</p> <ul style="list-style-type: none"> ➤ Medical Record Review (MRR) via onsite (or virtual) provider audits. ➤ Monitoring of claims and encounters data. ➤ Member outreach utilizing a three-step methodology. <p>The Q4 2022 IHA Quarterly Report demonstrates CalViva Health’s performance on IHA/IHEBA compliance monitoring from January 2021 through December 2021.</p> <ul style="list-style-type: none"> ➤ Because COVID-19 prevented Facility Site Review audits from occurring beginning in March 2020 through June 30th 2021, no FSR/MMR audits occurred until Q3 2021. Therefore, fewer audits were completed for this review period. ➤ Member Outreach was also impacted during this review period. In order to be compliant 	<p>Motion: <i>Approve</i> - Initial Health Assessment (IHA) Quarterly Report (Q4 2021) (Ayala/Ramirez) 5-0-0-2</p>

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	<p>with new APL 21-004, all NDN/NOLA taglines had to be replaced with the full NDN/NOLA. To address this issue, the self-mailer postcard (the 3rd outreach attempt) was replaced with a second phone call.</p> <ul style="list-style-type: none"> ➤ CalViva took a QI approach to improve its IHA/IHEBA completion rates during Q1-Q3 2021 in partnership with a provider organization. In Q1-Q2 2021, an IHA workgroup designed and implemented a successful process for completing member outreach and visit completion and documentation within the pilot provider’s offices. In Q3-Q4, CalViva spread the resulting best practices throughout its provider network with a total of 308 provider sites trained by 12/31/21. The results of this effort are not demonstrated in the data for this reporting period. ➤ Improvement in IHA/IHEBA completion is anticipated with the closure of the Public Health Emergency and ongoing provider training and feedback in follow up to the initial training provided in 2021. ➤ 	
<p>#3 QI Business - MHN Performance Indicator Report for Behavioral Health (Q1) (Attachment L)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The MHN Performance Indicator Report for Behavioral Health Services (Q1 2022) provides a summary of an array of indicators in order to evaluate the behavioral health services provided to CalViva members. Fourteen (14) out of the fifteen (15) metrics met or exceeded their targets this quarter.</p> <ul style="list-style-type: none"> ➤ There were 36 non-ABA reviews in Q1 2022. The overall performance rate was 91.7%, which did not meet the 100% target and was below the threshold for action of 95%. ➤ There were 35 Pre-Service-Non-Urgent cases and 33 (94.3%) were compliant with the timeliness standards. Two preservice cases were mishandled by a single staff person who misunderstood when the clock starts on these requests. The Management team coached and educated staff that the clock starts when any department receives the request. ➤ There was 1 post-service case and it was not compliant with the timeliness standard. Because of a system error, the case was held by MHN Claims for over 30 days before being forwarded for review which was beyond the timeliness standard. The system issue was resolved on 05/06/2022. 	<p>Motion: <i>Approve</i> - MHN Performance Indicator Report for Behavioral Health (Q1) (Ayala/Cardona) 5-0-0-2</p>
<p>#4 QI & HEDIS Business - QI & HEDIS Update (Power Point Presentation)</p>	<p>The final HEDIS® results for CalViva for MY2021 have been received. Dr. Marabella provided an update noting that Madera County met the 50th percentile benchmark for all required measures; 100% met goal. Kings County achieved the 50th percentile goal for 73% of measures with Childhood Immunizations, Immunizations for Adolescents, and Well-Child & Adolescent Visits</p>	

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	<p>coming in under the benchmark. Fresno County also achieved the 50th percentile goal for 73% of measures with Breast Cancer Screening, Childhood Immunizations, and Well-Child & Adolescent Visits coming in under the benchmark.</p> <p>CalViva has recently completed two (2) PDSA Improvement Projects:</p> <ul style="list-style-type: none"> • Cervical Cancer Screening: <ul style="list-style-type: none"> ○ Multi-disciplinary team formed with high volume, low compliance clinic in Fresno County. ○ Successful Outreach and Education Effort. ○ 125 out of 249 Pap Tests were performed from 02/16/22 to 06/15/22. ○ PDSA was submitted to DHCS 07/11/22; awaiting feedback. • Comprehensive Diabetes Care: <ul style="list-style-type: none"> ○ Multi-disciplinary team formed with high volume, low compliance clinic in Fresno County. ○ Challenging project with useful tools and process established. ○ Data analysis revealed a small population of members with HbA1c >9% at the targeted clinic. ○ Dietitian Education & Counseling Sessions for 22 members to reduce A1c values. ○ Identified a dietitian to provide sessions. ○ Geo-mapping used to determine a convenient location for classes. ○ Education & Counseling Process Established. ○ Member incentives at designated intervals. <p>The two Performance Improvement Projects (PIPs) are scheduled to close 12/31/22:</p> <ul style="list-style-type: none"> • Childhood Immunizations 0-2 years: <ul style="list-style-type: none"> ○ Initiated Text Messaging Campaign Sep '21 ○ CIS-10 Rate in Fresno County & Clinic declining ○ Began analysis to identify any trends or determine if flu vaccine is bringing rate down. ○ Discovered first HepB shot missing for many newborns and not in CAIR. Software issue. ○ When HepB data added into rates, the baseline and SMART Aim goal needed to be revised. A statistically significant improvement has been attained and sustained since this project was initiated. • Breast Cancer Screening Disparity Project: <ul style="list-style-type: none"> ○ Hmong Sisters Educational Event at The Fresno Center (TFC) On 09/24/21 	

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	<ul style="list-style-type: none"> o Unable to schedule mammograms at the event & the Women’s Imaging Center was unable to contact the women to schedule their mammogram after the event. o Ultimately the event produced only ONE (1) mammogram! o BCS Rates continued to Decline o Second intervention initiated, mobile mammography at the targeted FQHC o With mobile mammogram events completion rates have increased currently to 33% with a goal of 47.8% o In an effort to convince more Southeast Asian women to complete their mammograms, a video was created to showcase testimonials of three local Southeast Asian women telling their personal stories with mammography and breast cancer. The videos are in Hmong, Lao and English. o Our videos will be shown on Hmong TV, YouTube, and in local provider offices. <p>Projects going forward consist of:</p> <ul style="list-style-type: none"> • The two PIPs through December 31, 2022 with the final analysis due April 2023. • Awaiting guidance from DHCS on Projects for 2022-2023. 	
<p>#5 UM/CM Business</p> <ul style="list-style-type: none"> - Key Indicator & TAT Report (May) - Specialty Referrals Report -HN (Q1) - UM Report – Top 10 Diagnoses (Attachments M-O) <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Key Indicator Report and Turn Around Time Report through May. A summary was shared that provided the most recent data for Admissions, Bed Days, Average Length of Stay, and Readmissions through May 2022. Membership continues to increase; Utilization for TANFs and SPDs has leveled off.</p> <p>ER Utilization rates remained steady in Q1 2022 when compared to Q2 2020.</p> <p>Case Management results through May 2022 have shown increased referrals and engagement and demonstrate positive outcomes in all areas (Integrated, Perinatal, Transitional, and Behavioral).</p> <p>Specialty Referral Report Q1 2022. This report provides a summary of Specialty Referral services that required prior authorization in the three-county area (Fresno, Kings, and Madera) for the first quarter of 2022. This report captures three utilization case types:</p> <ul style="list-style-type: none"> ➤ Key services that while within the service area and within the network require clinical review ➤ Services recognized as out of the tri-county area, but within the provider network 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Key Indicator & TAT Report (May) - Specialty Referrals Report -HN (Q1) - UM Report – Top 10 Diagnoses (Sidhu/Ramirez) <p>5-0-0-2</p>

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	<ul style="list-style-type: none"> ➤ Out of network requests <p>This 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. At this time, due to changes in system capabilities the plan is unable to capture the data for this report consistent with prior years.</p> <p>The UM Top 10 Diagnoses Report 2021 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 opportunities for collaboration and outcome improvement.</p> <p><i>Analysis/Findings/Outcomes/Actions</i></p> <ul style="list-style-type: none"> ➤ COVID-19 ranked as the top inpatient admitting diagnosis for both TANF and MCE populations and ranked second for SPDs next to “Other sepsis”. ➤ In 2021, Medical Management continued focused review of all admitting diagnoses. Our integrated care teams consisting of Concurrent Review, Public Programs, Medical Directors and Case Management continued daily rounds in 2021 to review all inpatient cases. ➤ These teams work together to create a safety net of services and cultivate alliances with community resources such as Disease Management, Community Based Adult Service (CBAS) facilities and behavioral health care services with hands-on interventions through the MemberConnections team to impact health care outcomes in this complex environment. ➤ With the impact of COVID-19 on the hospitals, we continued the surge process with daily outreach to those hospitals that were surging. The nurses continued working with hospitals to improve follow up appointments upon discharge. 	
<p>#5 UM/CM Business - PA Member Letter Monitoring Report (Q1) (Attachment P)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The PA Member Letter Monitoring Report (Q1 2022) was presented to the committee. This report monitors Notice of Action (NOA) letters including Prior Authorizations, Concurrent, and Post Service denials. 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"> ➤ There was a total of 12- unique denial letters and 2 unique deferral letters impacted by letter opportunities. 	<p>Motion: <i>Approve</i> - PA Member Letter Monitoring Report (Q1) (Ramirez/Cardona) 5-0-0-2</p>

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	<ul style="list-style-type: none"> ➤ A number of the issues identified were related to the transition of letter completion to one dedicated team. <p>In follow up, Medical Management updated education materials to be more user friendly and clear for the dedicated Letter Team to review. Monitoring is ongoing with 100% audits for staff/physicians with multiple errors.</p>	
<p>#5 UM/CM Business - TurningPoint Musculoskeletal Utilization Review (Q1) - CalViva Prior Authorization Requirements 2022 - MedZed Report (Q1) - NIA/Magellan (Q1) (Attachments Q-T)</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) for Q1 2022.</p> <ul style="list-style-type: none"> ➤ Compliance (100%) was achieved for Expedited and Standard Prior Authorization (PA) turnaround times (TAT). ➤ All Call Center service level agreement (SLA) criteria were met. ➤ Many elective surgeries continued to be deferred in Q1. <p>TP continues to provide additional training as required and/or requested by the providers.</p> <p>CalViva Prior Authorization Requirements 2022 – The CalViva list of services that require prior authorization were provided as a reference for the committee members. These 2022 requirements include the new Medical Benefit Pharmaceuticals that require prior authorization since Medi-CalRx went into effect in January. Previously these would have been listed in the formulary, but CalViva no longer has a formulary.</p> <p>MedZed Integrated Care Management Report – Q1 2022 The Quarterly MedZed Integrated Care Management Report monitors the volume and engagement of members referred to MedZed Care Management Program. The program’s designed as a bridge and support for member engagement in care plan goals and ultimately to engage the member with their assigned Primary Care Physician. Provided in this report are results for Quarter 1 2022.</p> <ul style="list-style-type: none"> ➤ 33% average engagement rate. ➤ Anticipate that average engagement rate will increase over time with ongoing outreach efforts. ➤ It was noted that referrals dropped significantly this quarter. This is currently being investigated. Metric #1 regarding first post-discharge appointment within 72 hours has been an ongoing challenge due to a number of factors related to both the member and the provider. MedZed continues to engage Community Health Navigators for urgent field outreach (face-to-face/door knocks) following one unsuccessful phone attempt in an 	<p>Motion: <i>Approve</i> -TurningPoint Musculoskeletal Utilization Review (Q1) - CalViva Prior Authorization Requirements 2022 - MedZed Report (Q1) - NIA/Magellan (Q1)</p> <p>(Sidhu/Cardona) 5-0-0-2</p>

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	<p>attempt to meet this standard. This metric is under review and may be modified in future reports.</p> <p>The NIA/Magellan Report (Q1) is a summary of cardiology and radiology imaging PA determinations resolved by National Imaging Associates (NIA) on CalViva’s behalf. 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 denial I rate in Q1 for radiology and cardiology combined increased from 28.93% to 29.88%. ➤ The denial rate for radiology in Q1 increased from 26.83% to 28.32% and cardiology clinical disapprovals decreased from 35.57% to 34.67% ➤ Initial denials are often related to the requesting provider’s lack of clinical information submission with the request. 	
<p>#6 Pharmacy Business</p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q1) - Pharmacy Operations Metrics (Q1) - Pharmacy Top 25 Prior Authorizations (Q1) - Pharmacy Inter-Rater Reliability Results (IRR) (Q1) (Attachments U-X) <p>Action Patrick Marabella, M.D Chair</p>	<p>The Pharmacy Executive Summary (Q1 2022) provides a summary of the quarterly pharmacy reports presented to the committee 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>The Pharmacy Operations Metrics (Q1) provides key indicators measuring the performance of the PA Department in service to CalViva Health members. Pharmacy prior authorization (PA) metrics were not within 5% of standard for Q1 2022. Overall, TAT for Q1 2022 was 85.5%. Results were lower than expected due to staffing and volume challenges associated with the implementation of Medi-Cal Rx on 1/1/22. Compliance did improve month over month. These metrics will be monitored closely for improvement. The Pharmacy Top 25 Prior Authorizations (Q1) identifies the most requested medications to the Medical Benefit PA Department for CalViva Health members, and assesses potential barriers to access of medications through the PA process.</p> <ul style="list-style-type: none"> ➤ Top 25 PA requests in 1st Quarter 2022 were fairly uniform when the top 10 drugs are reviewed, however variance is seen as we move from the top 15 to 25 drugs. Some variances can be explained by intervals between treatment and length of auth assigned per criteria. ➤ There were a higher number of authorizations in January versus the rest of the 1st Quarter and is likely attributed to the Medi-Cal Rx transition that created some confusion among 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q1) - Pharmacy Operations Metrics (Q1) - Pharmacy Top 25 Prior Authorizations (Q1) - Pharmacy Inter-Rater Reliability Results (IRR) (Q1) (Sidhu/Ramirez) 5-0-0-2

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	<p>providers regarding the continued responsibility of the plan versus Medi-Cal Rx.</p> <p>The Pharmacy Inter-Rater Reliability Results (Q1) A sample of 5 prior authorizations (2 approvals and 3 denials) per month are reviewed quarterly to ensure that they are completed timely, accurately, and consistently according to regulatory requirements and established health plan guidelines. The target goal of this review is 95% accuracy or better in all combined areas with a threshold for action of 90%.</p> <ul style="list-style-type: none"> ➤ 90% threshold not met. 95% goal not met; overall score was 85.00% ➤ Criteria application was the main issue in Q1. ➤ Authorizations were moved to a new software system this quarter and a new PA team reviewed these authorizations. <p>For future reporting, the sample size will be increased to better reflect compliance and results will be shared with PA Managers. CalViva will continue to monitor top Medical Benefit PA requests in 2022 and present report quarterly to this committee.</p>	
<p>#7 Policy & Procedure Business</p> <ul style="list-style-type: none"> - Quality Improvement Policy Annual Review 2022 (Attachment Y) <p>Action</p> <ul style="list-style-type: none"> - Patrick Marabella, M.D Chair 	<p>The Quality Improvement Policy Annual Review Grid was presented to the committee. The policy edits were discussed and approved. Most policies were reviewed without changes.</p> <ul style="list-style-type: none"> ➤ QI-005 Medi-Cal Quality & PI Program Requirements was updated to include updated PIP forms, PDSA Worksheets and PIP Modules. ➤ QI-018 Initial Health Assessment (IHA) and Individual Health Education Behavioral Assessment (IHEBA)/Staying Healthy Policy was included for committee review due to various changes. <ul style="list-style-type: none"> • Changed Provider Relations to Provider Engagement; • Added immunizations as part of the IHA; added electronic, verbal, or virtual education as options for educational opportunities for issues found during facility site or medical record reviews; • Made changes to PNM’s role in low provider performance follow up. • Revised the third member notification to be a live phone call and other minor changes. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Quality Improvement Policy Annual Review 2022 (Ayala/Ramirez) 5-0-0-2
<p>#8 Credentialing & Peer Review Subcommittee Business</p> <ul style="list-style-type: none"> - Credentialing Sub-Committee Quarterly Report - Peer Review Sub-Committee Quarterly Report 	<p>Credentialing Sub-Committee Quarterly Report was presented.</p> <p>In Quarter 3 the Credentialing Sub-Committee met on May 19, 2022. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering the fourth quarter for 2021 were reviewed for delegated entities and the first quarter 2022 reports were reviewed for Health Net and MHN.</p> <p>The 2022 Credentialing Sub-Committee Charter was reviewed and approved without changes.</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Credentialing Sub-Committee Quarterly Report - Peer Review Sub-Committee Quarterly

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<p>(Attachments Z-AA)</p>	<p>There was no case activity to report for the Quarter 1 2022 Credentialing Report from Health Net. Peer Review Sub-Committee Quarterly Report was presented.</p> <p>The Peer Review Sub-Committee met on May 19, 2021. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 1 2022 were reviewed for approval. There were no significant cases to report.</p> <p>The 2022 Peer Review Sub-Committee Charter was reviewed and approved without changes.</p> <p>The Quarter 1, 2022 Peer Count Report was presented at the meeting with a total of three (3) cases reviewed. The outcomes for these cases were as follows:</p> <ul style="list-style-type: none"> ➤ There was one (1) case closed and cleared. ➤ There were no cases pending closure for Corrective Action Plan compliance or cases with outstanding CAPs. ➤ There were two (2) cases pended for further information. <p>Follow up will be completed to close out cases and ongoing monitoring and reporting will continue.</p>	<p>Report (Sidhu/Ramirez) 5-0-0-2</p>
<p>#9 Compliance Update - Compliance Regulatory Report (Attachment BB)</p>	<p>Mary Lourdes Leone presented the Compliance Report.</p> <p>CalViva Health Oversight Activities. CalViva Health's management team continues to review monthly/quarterly 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. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances and appeals, etc.</p> <p>Oversight Audits. The following annual audits are in-progress: Access and Availability, Provider Network/ Provider Relations, Emergency Services, and Utilization Management. The following audits have been completed since the last Commission report: Appeals & Grievances (CAP); Q1 2022 PDR (No CAP).</p> <p>Fraud, Waste & Abuse Activity. Since the last report, there have not been any new MC609 cases filed.</p> <p>2021 Department of Managed Health Care (“DMHC”) 18-Month Follow-Up Audit. The Plan is still awaiting the DMHC’s final determination on our 2021 CAP response.</p>	

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	<p>Department of Health Care Services (“DHCS”) 2020 Medical Audit – CAP. The Plan is still awaiting DHCS’ final response in order to close the 2020 CAP.</p> <p>Department of Health Care Services (“DHCS”) 2022 Medical Audit. The Plan has not yet received word from DHCS as to a specific date for the 2022 DHCS Exit Conference. It was last estimated to be “mid-July”.</p> <p>Department of Managed Health Care (“DMHC”) 2022 Financial Audit. DMHC issued its Final Report findings on 7/13/22. Of the two findings the DMHC previously noted in its Preliminary report, the DMHC stated that the Plan had corrected the one related untimely acknowledgement of provider disputes and no further action is required. Regarding the finding related to inaccurate reimbursement of claims, the DMHC stated that the Plan’s submitted response was not fully responsive to the corrective action and therefore is required to complete the claims remediation by 8/5/22, and submit monthly status reports to the DMHC until the CAP is completed.</p> <p>Department of Managed Health Care (“DMHC”) 2022 Medical Audit. The Plan submitted all pre-site documents by 6/3/22. On 7/13/22, the Plan received the DMHC’s request for several hundred case files to be submitted by 7/29/22 for DMHC’s review in preparation of the 9/19/22 audit interviews. The audit interviews are still anticipated to be conducted remotely.</p> <p>Public Policy Committee. The Public Policy Committee (PPC) was held on June 1, 2022 at 11:30am in the Plan’s Administrative Office however a quorum was not present. Consequently, the Minutes to the march 2, 2022 PPC meeting and the 2022 Public Policy Committee Charter will be presented for approval at the 9/7/22 PPC meeting. The following informational reports were presented: Health Education 2021 Work Plan Evaluation, 2022 Health Education Program Description, 2022 Health Education Work Plan, Q1 2022 Appeals & Grievance Report, 2021 Health Equity Work Plan Evaluation, 2021 Language Assistance Program, 2022 Health Equity Program Description, and the 2022 Health Equity Work Plan. There were no recommendations for referral to the Commission. The next meeting will be held on September 7, 2022 at 11:30am in the Plan’s Administrative Office.</p>	
#10 Old Business	None.	
#11 Announcements	Next meeting September 15, 2022	
#12 Public Comment	None.	
#13 Adjourn	Meeting was adjourned at 11:56am	

NEXT MEETING: September 15th, 2022

Submitted this Day: September 15, 2022

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair