

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health**  
**QI/UM Committee**  
**Meeting Minutes**  
October 20<sup>th</sup>, 2022

**CalViva Health**  
**7625 North Palm Avenue; Suite #109**  
**Fresno, CA 93711**  
Attachment A

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

✓ = in attendance

\* = Arrived late/left early

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>#1 Call to Order</b> Patrick Marabella, M.D Chair	The meeting was called to order at 10:33am. A quorum was present.	
<b>#2 Approve Consent Agenda</b> Committee Minutes: September 15 <sup>th</sup> , 2022 - Standing Referrals Report (Q2) - Facility Site & Medical Record & PARS Review Report (Q1 & Q2) - Performance Improvement Project Updates (PDSA & PIPS) CDC-H9	The September 15 <sup>th</sup> , 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/Verma) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- SPD HRA Outreach (Q2) (Attachments A-E)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>		
<p><b>#3 QI Business</b> - Appeals &amp; Grievances Dashboard and TAT Report (August) (Attachment F)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p><b>Appeals &amp; Grievances Dashboard (August)</b> The <b>Appeals &amp; Grievances Dashboard</b> through August 2022 was presented noting the following trends:</p> <ul style="list-style-type: none"> <li>➤ The total number of grievances through August 2022 has increased slightly compared to last year.</li> <li>➤ Quality of Service (QOS) for Access, Administrative, and Transportation continue to represent the majority of these grievances.</li> <li>➤ The volume of Quality of Care (QOC) grievances has increased compared to last year.</li> <li>➤ Exempt Grievances have decreased compared to last quarter and last year.</li> <li>➤ The total number of Appeals Received through Q2 2022 has decreased compared to last year due to Medi-Cal Rx transition.</li> </ul>	<p>Motion: <i>Approve</i> - Appeals &amp; Grievances Dashboard and TAT Report (August) (Verma/Sidhu) 5-0-0-2</p>
<p><b>#3 QI Business</b> - MHN Performance Indicator Report for Behavioral Health Services (Q2) (Attachment G)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>The <b>MHN Performance Indicator Report for Behavioral Health Services (Q2)</b> 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"> <li>➤ CalViva Membership increased 1.3% from Q1 2022</li> <li>➤ There were 29 non-ABA reviews in Q2 2022 and all were complaint with the timeliness standards. There were 527 ABA reviews in Q2. Even though ABA authorization timeliness did not meet the 100% target at 99%, but did exceed the threshold for action of 95%.</li> <li>➤ 1 PQI case noted in Q2.</li> <li>➤ 162 provider disputes in Q2. All of them were resolved within timeliness standards, resulting in a 100% compliance rate.</li> </ul>	<p>Motion: <i>Approve</i> - MHN Performance Indicator Report for Behavioral Health Services (Q2) (Ramirez/Sidhu) 5-0-0-2</p>
<p><b>#3 QI Business</b> - Provider Preventable Conditions (PPC) (Q2)</p>	<p><b>Provider Preventable Conditions (PPC) (Q2)</b> This report provides a summary of member impacted Provider Preventable Conditions (PPC). PPCs are identified via four (4) mechanisms:</p>	<p>Motion: <i>Approve</i> - Provider Preventable Conditions (PPC) (Q2)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>(Attachment H)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<ol style="list-style-type: none"> <li>1. Provider / Facility confidential submission of DHCS Form 7107</li> <li>2. Monthly Claims Data review</li> <li>3. Monthly Encounter Data review</li> <li>4. Confidential Potential Quality Issue (PQI) submission of identified/suspected quality cases</li> </ol> <p>The six (6) potential PPC Cases reviewed in Quarter 2 do not represent reportable events that occurred in Quarter 2, but rather cases ready for review in Q2 after records have been obtained and initial review completed. Four (4) cases were found to meet PPC criteria and were reported to DHCS via the secure online portal.</p>	<p>(Ayala/Ramirez) 5-0-0-2</p>
<p><b>#4 Health Equity / Health Education</b></p> <ul style="list-style-type: none"> <li>- Health Equity Work Plan Mid-Year Evaluation and Executive Summary 2022</li> <li>- Health Equity Language Assistance Program Report (Semi-annual)</li> </ul> <p>(Attachments I-J)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the <b>2022 Mid-Year Health Equity Work Plan Evaluation</b>. 2022 Work Plan is divided into 4 Categories:</p> <ul style="list-style-type: none"> <li>➤ Language Assistance Program</li> <li>➤ Compliance Monitoring</li> <li>➤ Communication, Training, and Education</li> <li>➤ Health Literacy, Cultural Competency &amp; Health Equity</li> </ul> <p>By June 30th all activities were on target for end of year completion with some already completed. Some of the Activities Completed include:</p> <ul style="list-style-type: none"> <li>➤ Population Needs Assessment was completed in collaboration with Health Ed and QI.</li> <li>➤ Provided multiple training sessions for new hires, A&amp;G and Call Center.</li> <li>➤ Reviewed 27 grievances with 2 interventions identified.</li> <li>➤ Supported Breast Cancer Screening Disparity PIP including Mobile Mammography events.</li> <li>➤ Co-led internal BCS PIP Workgroup and Community Advisory Group (CAG).</li> <li>➤ Supported other Quality efforts including Immunization event (CIS-10) and Diabetes Project with Motivational Interviewing.</li> </ul> <p>The Annual Comparative Analysis of language service utilization was presented: Race/Ethnicity, Race/Ethnicity by Gender and Languages and interpreter utilization data.</p> <ul style="list-style-type: none"> <li>➤ Spanish and Hmong are CalViva Threshold Languages. Spanish is highest.</li> <li>➤ Most interpretation is done via telephonic interpreters but face-to-face increased to 26% from 22% at this same time last year.</li> <li>➤ MHN (behavioral health) language services are also monitored.             <ul style="list-style-type: none"> <li>○ 9% (207) of Calls were non-English</li> </ul> </li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Health Equity Work Plan Mid-Year Evaluation and Executive Summary 2022</li> <li>- Health Equity Language Assistance Program Report (Semi-annual)</li> </ul> <p>(Ramirez/Verma) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>○ 94% Spanish</li> <li>○ 2% Hmong</li> </ul> <p>All Work Plan activities continue on target for completion by end of calendar year 2022. Continue to assess circumstances to modify plans as needed in order to continue to implement, monitor and track Health Equity related services and activities.</p>	
<p><b>#4 Health Equity / Health Education</b></p> <ul style="list-style-type: none"> <li>- Health Education Work Plan Mid-Year Evaluation and Executive Summary 2022 (Attachment K)</li> </ul> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the <b>2022 Mid-Year Health Education Work Plan Evaluation</b>. The Work Plan has two Areas of Focus for 2022:</p> <ul style="list-style-type: none"> <li>➤ Programs and Services</li> <li>➤ Department Operations, Reporting and Oversight</li> </ul> <p>Health Education activities are selected based upon the Population Needs Assessment.</p> <p>Mid-Year outcomes:</p> <ul style="list-style-type: none"> <li>➤ Fifteen (15) Program Initiatives for 2022</li> <li>➤ Twelve (12) initiatives are on track to meet year-end goals.</li> <li>➤ Three (3) Initiatives are off track to meet year-end goals (Obesity Prevention, Tobacco Cessation and Compliance Oversight and Reporting).</li> </ul> <p>Barriers to full implementation of planned activities have been identified and are being addressed. Continue with implementation of 2022 initiatives to meet or exceed year end goals.</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Health Education Work Plan Mid-Year Evaluation and Executive Summary 2022</li> </ul> <p>(Sidhu/Ramirez) 5-0-0-2</p>
<p><b>#5 Access Business</b></p> <ul style="list-style-type: none"> <li>- Specialty Referrals Report (Q2) (Attachment L)</li> </ul> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p><b>Specialty Referral Report (Q2)</b>. This report provides a summary of Specialty Referral services that required prior authorization in the three-county area (Fresno, Kings, and Madera) for the second quarters of 2022. This report captures four utilization case types:</p> <ol style="list-style-type: none"> <li>1. Key services that while within the service area and within the network require clinical review.</li> <li>2. Services recognized as out of the service area, but within the provider network.</li> <li>3. Out of network requests, but in the service area.</li> <li>4. Requests that are out of network and out of service area.</li> </ol> <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.</p> <p>Denial rates remain consistent. Volumes are noted to be low in <u>Table 4: Specialist Referral</u> and will be monitored for trends.</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Specialty Referrals Report (Q2)</li> </ul> <p>(Ayala/Ramirez) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>#6 UM/CM Business</b></p> <ul style="list-style-type: none"> <li>- Key Indicator Report and TAT Report (August)</li> <li>- TurningPoint Musculoskeletal Utilization Review (Q2)</li> </ul> <p>(Attachments M-N)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p><b>Key Indicator Report (KIR)</b> through August was presented. The following trends were noted:</p> <ul style="list-style-type: none"> <li>➤ Membership continues to increase.</li> <li>➤ Acute admits remain consistent.</li> <li>➤ Overall length of stay has declined since the beginning of this year.</li> <li>➤ Turn-around times met the standard for all case types in August.</li> <li>➤ Case Management referrals increased for almost all programs (Perinatal, Integrated, Palliative and Behavioral) in August.</li> </ul> <p><b>TurningPoint Musculoskeletal Utilization Review</b> processes prior authorizations (PA's) for CalViva Direct network providers for certain orthopedic procedures such as hip/knee replacement, spinal fusion, certain pain management procedures, etc. The Q2 summary report provides an evaluation of compliance with prior authorization (PA) performance standards. TurningPoint reviewed 159 authorizations in Q2 which continues to be low. Many elective surgeries continue to be postponed due to the pandemic.</p> <p>Fewer appeals were submitted in Q2 and all were overturned which may indicate improved network familiarity with guidelines. The plan has updated the calculation for % Denials to reflect Finalized authorizations. This will increase the percent denied for this report going forward. TP continues to provide additional training as required and/or requested by the providers.</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Key Indicator Report and TAT Report (August)</li> <li>- TurningPoint Musculoskeletal Utilization Review (Q2)</li> </ul> <p>(Sidhu/Ramirez) 5-0-0-2</p>
<p><b>#7 Policy &amp; Procedure</b></p> <ul style="list-style-type: none"> <li>- Public Health Policy Grid</li> </ul> <p>(Attachment O)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p><b>The Public Health Policies and Procedures</b> were presented to the committee.</p> <ul style="list-style-type: none"> <li>• The majority of the policies were updated with minor or no changes per the Policy Grid.</li> <li>• PH-020 Mental Health Services and PH-021 Mental Health Dispute Resolution were updated to be consistent with APL 21-013 and APL 22-005.</li> <li>• Two (2) new policies were included in the meeting packet and reviewed with the committee:             <ul style="list-style-type: none"> <li>○ PH-023 Non-Specialty Mental Health Services</li> <li>○ PH-024 Eating Disorder Treatment Services</li> </ul> </li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Public Health Policy Grid</li> </ul> <p>(Ramirez/Ayala) 5-0-0-2</p>
<p><b>#9. Compliance Update</b></p> <ul style="list-style-type: none"> <li>- Compliance Regulatory Report</li> </ul> <p>(Attachment P)</p>	<p>Mary Lourdes presented the <b>Compliance Regulatory Report.</b></p> <p><b>CalViva Health Oversight Activities.</b> 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</p>	

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	<p>Health.</p> <p><b>Oversight Audits.</b> The following annual audits are in-progress: Access and Availability, Emergency Services, and Utilization Management. Annual Claims &amp; PDR (CAP) have been completed since the last commission report.</p> <p><b>Fraud, Waste &amp; Abuse Activity.</b> Since the last report to the Committee, there have been no new MC609 cases filed with DHCS.</p> <p><b>2021 Department of Managed Health Care (“DMHC”) 18-Month.</b> The Plan is still awaiting the DMHC’s final determination on our 2021 CAP response.</p> <p><b>Department of Health Care Services (“DHCS”) 2020 Medical Audit – CAP.</b> The Plan is still awaiting DHCS’ final response in order to close the 2020 CAP.</p> <p><b>Department of Health Care Services (“DHCS”) 2022 Medical Audit.</b> The Plan received the DHCS’ draft 2022 Audit Final Report on 9/29/22, held its Exit Conference with the Plan on 10/4/22. The Report identified three audit findings: two concerned lacks of documentation related to the provision of blood lead screening of young children, and one related to lack of documentation of a Physician Certification Statement (PCS) form for member’s request for non-emergency medical transportation (NEMT). The Plan has an opportunity to provide a response to these findings by 10/19/22.</p> <p><b>Department of Managed Health Care (“DMHC”) 2022 Medical Audit.</b> The DMHC “on-site” audit was conducted via teleconference on 9/19/22 and 9/20/22. Since then, the Plan has been responding to several “post-Onsite” audit requests from the DMHC.</p> <p><b>Member Handbook/Evidence of Coverage.</b> The Plan received DHCS and DMHC approval of its Member Handbook on 9/12/22 and 9/15/22, respectively. The Plan is required to provide the Member Handbook to members by 1/1/2023.</p> <p><b>DHCS 2024 Operational Readiness Work Plan &amp; Contract.</b> On 6/30/22, the DHCS issued its 2024 Procurement Contract “Operational Readiness Work Plan”. The work plan contains 238 deliverables that must be submitted during the following phases:</p> <ul style="list-style-type: none"> <li>• Phase 1: August 12, 2022 – December 8, 2022</li> <li>• Phase 2: December 15, 2022 - March 31, 2023</li> <li>• Phase 3: April 20, 2023 - July 31, 2023</li> </ul> <p>The Plan has completed the 9/12/22 filing of documents and is in the process to complete the 12/19/22 required filing.</p> <p><b>Public Policy Committee.</b> The next meeting will be held on December 7, 2022 at 11:30am in the</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Plan's Administrative Office.	
#10 Old Business	None.	
#11 Announcements	Next meeting November 17th, 2022	
#12 Public Comment	None.	
#13 Adjourn	Meeting was adjourned at 11:32am	

NEXT MEETING: November 17<sup>th</sup>, 2022

Submitted this Day: November 17, 2022

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

Acknowledgment of Committee Approval:

  
Patrick Marabella, MD Committee Chair