

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
QI/UM Committee  
Meeting Minutes**  
February 23<sup>rd</sup>, 2023

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 Specialist
	Paramvir Sidhu, M.D., Family Health Care Network	✓	Norell Naoe, Medical Management Administrative Coordinator
	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Zaman Jennaty, Medical Management Nurse Analyst
	Raul Ayala, MD, Adventist Health, Kings County	✓	Mary Lourdes Leone, Chief Compliance Officer
✓	Joel Ramirez, M.D., Camarena Health Madera County	✓	Maria Sanchez, Compliance Manager
✓	Rajeev Verma, M.D., UCSF Fresno Medical Center	✓	Patricia Gomez, Senior Compliance Analyst
	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 10:35am. A quorum was present.	
#2 Approve Consent Agenda Committee Minutes: November 17, 2022 - Member Incentive Programs Semi-Annual Report (2022) - California Children's Service Report (Q4) - Concurrent Review IRR Report (Q4) - A&G Inter Rater Reliability Report (IRR) (Q4) - A&G Classification Audit Report (Q4)	The November 17 <sup>th</sup> , 2022, QIUM minutes were reviewed and highlights from today's consent agenda items were discussed and approved.  The February 16 <sup>th</sup> meeting was cancelled due to lack of quorum and rescheduled for February 23, 2023.  A link for Medi-Cal Rx Contract Drug List was available for reference.	Motion: <i>Approve</i> Consent Agenda (Attachments A-L) (Ramirez/Lee) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li>- Provider Office Wait Time Report (Q4)</li> <li>- County Relations Quarterly Report (Q4)</li> <li>- CCC DMHC Expedited Grievance Report (Q4)</li> <li>- SPD HRA Outreach (Q3)</li> <li>- Provider Appointment Availability and After-Hours Survey Results</li> <li>- Pharmacy Provider Updates (Q3) (Attachments A-L)</li> </ul> <p><b>Action</b> Patrick Marabella, M.D Chair</p>		
<p><b>#3 QI Business</b></p> <ul style="list-style-type: none"> <li>- Appeals &amp; Grievances Dashboard (December)</li> <li>- Appeals &amp; Grievances Executive Summary (Q4)</li> <li>- Appeals &amp; Grievances Quarterly Member Report (Q4)</li> <li>- Quarterly A&amp;G Member Letter Monitoring Report (Q4) (Attachments M-P)</li> </ul> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the <b>Appeals &amp; Grievances Dashboard</b> through December 2022 comparing 2021 to 2022 end of year totals.</p> <ul style="list-style-type: none"> <li>➤ The total number of Grievances Received, Grievances Resolved and Quality of Service (QOS) for 2022 remained consistent in comparison to 2021.</li> <li>➤ Quality of Service (QOS) for Access, Administrative, and Transportation represents most grievances.</li> <li>➤ PCP Delay QOC has increased comparable to 2021.</li> <li>➤ Exempt Grievances decreased comparable to 2021.</li> <li>➤ Attitude of Service Provider and PCP Assignment/Transfer Grievances have declined comparable to 2021.</li> <li>➤ Exempt Transportation Grievances – Provider Late and No Shows increased.</li> <li>➤ Total Appeals Received decreased significantly due mostly to prescriptions are now managed by the Medical Rx.</li> <li>➤ Advanced Imaging Appeals decrease comparable to 2021 since Cardiology and Radiology/Primary Care have adjusted their practices to present required documents.</li> <li>➤ Pharmacy benefits Appeals have decreased significantly due to Medical Rx.</li> <li>➤ Surgery Appeals increased due to Bariatric documentation issues.</li> <li>➤ YTD Uphold Rate is 42.9%, a decrease from 2021. YTD Full Overturn Rate is 53.4%, an</li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- A&amp;G Dashboard (December)</li> <li>- A&amp;G Executive Summary (Q4)</li> <li>- A&amp;G Quarterly Member Report (Q4)</li> <li>- Quarterly A&amp;G Member Letter Monitoring Report (Q4)</li> </ul> <p>(Lee/Verma) 4-0-0-3</p>

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	<p>increase from 2021. Looking to be more 60 to 40%, but rate shows providers overturned when correct documents are resubmitted.</p> <p><b>Appeals &amp; Grievances Executive Summary (Q4)</b> through December 2022 was presented noting the following trends:</p> <ul style="list-style-type: none"> <li>➤ Total Appeals &amp; Grievances have decreased from Q4 2021 to Q4 2022.</li> <li>➤ Total Exempt Grievances, Access &amp; PCP Assignment Grievances have decreased significantly from Q4 2021 to Q4 2022.</li> <li>➤ For Q4 2022, there were 112 Total Appeals &amp; 340 Total Grievances reported.</li> <li>➤ Transportation Grievances have increased slightly for Q4.               <ul style="list-style-type: none"> <li>○ 34 Access Grievances: 20 were missed appointments/no shows; 10 were late; 1 no vehicle available.</li> <li>○ CAP in place with the transportation vendor. New oversight reports being brought to the monthly Management Oversight Meeting.</li> </ul> </li> <li>➤ Turnaround Time and A&amp;G IRR met standards.</li> </ul> <p><b>Appeals &amp; Grievances Quarterly Member Report (Q4)</b> through December 2022 was presented noting the following trends:</p> <ul style="list-style-type: none"> <li>➤ Total number of Appeals are lower and remain steady compared to 2021.</li> <li>➤ Total number of Grievances remain lower than 2021 but are slowly increasing each quarter.</li> <li>➤ Pre-Service Appeals were mainly Diagnostic MRI and CAT Scan., and Surgery (some bariatric cases needing information on nutrition training)</li> <li>➤ Quality of Service (QOS) Grievances: Access to Care Prior Authorization delay and Availability of Appointments with Specialists and PCP were top Grievances in Fresno County.</li> <li>➤ Transportation Grievances were noted in Kings and Madera Counties.</li> <li>➤ Quality of Care (QOC) Grievances: Delay in referral by PCP and PCP Inadequate Care which may be due to post pandemic staffing issues and work flows.</li> </ul> <p><b>Quarterly A&amp;G Member Letter Monitoring Report (Q4).</b> This report provides a summary of the results of the daily audits of Appeal and Grievance (A&amp;G) acknowledgment and resolution letters and any related corrective actions taken. For Q4 the following actions were noted to maintain compliance in sending out member communications:</p>	

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	<ul style="list-style-type: none"> <li>➤ Required <b>bolding</b> of DMCH and Plan Phone numbers - met criteria.</li> <li>➤ Correct branding. Should be branded as CalViva Health - met criteria.</li> <li>➤ Communication to members regarding decision documentation in Appeal Resolution Letters must be clear and concise (AG Letter 09). 5 Letters failed to meet these criteria.</li> <li>➤ Decision criteria and rationale are determined by the Medical Reviewers and must be fully referenced to the criterion on which the appeal or decision was based. (AG Letter 10). 38 letters failed to meet these criteria.</li> </ul> <p>Working with Medical Directors and nurses to rectify noncompliance and have made some improvements in documentation of clear and concise language.</p>	
<p><b>#3 QI Business</b>                      - Provider Preventable Conditions Report (Q4)                      - Potential Quality Issues Report (Q4) (Attachments Q-R)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p><b>Provider Preventable Conditions (PPC) (Q4 2022)</b>                      This report provides a summary of member impacted Provider Preventable Conditions (PPC). PPCs are identified via four (4) mechanisms:</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 zero (0) potential PPC Cases reviewed in (Q4).</p> <p><b>Potential Quality Issues (PQI) Report (Q4)</b> 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-activities. 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. Data was reviewed for all case types including the follow up actions taken when indicated.</p> <ul style="list-style-type: none"> <li>➤ Zero non-member PQIs for (Q4) in Fresno, Kings, and Madera Counties.</li> <li>➤ 88 members related PQI-Total Grievances which is consistent with the previous quarters.                         <ul style="list-style-type: none"> <li>○ Of which 72 Grievances in Fresno County, 7 in Kings County and 9 in Madera County with 4 cases scoring at a level 3 which automatically go to Peer Review.</li> </ul> </li> <li>➤ There were 3 Peer Review cases in Fresno County, 0 in Kings County and 0 in Madera County. 2 cases have been closed and 1 tabled for more information.</li> </ul> <p>PQI and PPC cases will continue to be tracked, monitored, and reported.</p>	<p>Motion: <i>Approve</i>                      Provider Preventable Conditions Report (Q4)                      - Potential Quality Issues Report (Q4) (Ramirez/Lee)                      4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#4 QI/UM/CM Business                      - QI Work Plan End of Year Evaluation &amp; Executive Summary 2022 (Attachment S)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p>The <b>2022 Quality Improvement Work Plan End of Year Evaluation &amp; Executive Summary</b> were presented.</p> <p>Planned activities and Quality Improvement focus for 2022 were:</p> <ul style="list-style-type: none"> <li>➤ Access, Availability and Service:                             <ul style="list-style-type: none"> <li>○ Improve Access to Care:                                     <ul style="list-style-type: none"> <li>• <i>Provider Appointment Availability Survey</i> MY21 results reported.   <ul style="list-style-type: none"> <li>○ <b>Urgent Care:</b> scores declined compared to MY20.</li> <li>○ <b>Non-Urgent Care:</b> PCP care decreased.</li> <li>○ <b>Specialist Care:</b> Decreased significantly with 13.6% points as compared to MY20.</li> </ul> </li> <li>• A CAP Process with a Targeted PPG approach is required for non-compliance on 1 or more metrics. 17 Tier 1 CAPs were requested with all improvement plans received. Most CAPs were closed out by 12/31/22 with one still outstanding and two remain open for supporting documentation and are closely monitored.</li> <li>• <i>Provider After Hours Access Survey:</i> Statistically significant increase noted for overall and county level scores for MY21 for Emergency Instructions. For After-Hours Physician Availability the performance goal of 90% was not met in Fresno and Kings County which fell slightly short of the goal. The goal was met for Madera County.</li> </ul> </li> <li>○ Improve Member Satisfaction:                                     <ul style="list-style-type: none"> <li>• The annual <i>CalViva Health Access Survey:</i> Results revealed that one of the four measures, Ease to Get Specialist Appointment increased from prior year. The other three measures declined year over year. Access to care continues to be the main driver of grievances filed, especially around prior authorization delays.</li> </ul> </li> </ul> </li> <li>➤ Quality and Safety of Care:                             <ul style="list-style-type: none"> <li>○ HEDIS Default Measures Rates for MY 2021 MPL:                                     <ul style="list-style-type: none"> <li>• Cervical Cancer Screening: three counties exceeded MPL of 59.12%</li> <li>• Childhood Immunization Combo 10: Madera exceeded MPL of 38.20%; Kings and Fresno counties fell below the MPL.</li> <li>• Controlling High Blood Pressure: three counties exceed MPL of 5.35%.</li> <li>• Timeliness of Prenatal Care: three counties exceeded the MPL of 85.89%.</li> </ul> </li> <li>○ Non-Default HEDIS MPL Rates for Measures:</li> </ul> </li> </ul>	<p>Motion: <i>Approve</i></p> <p>- QI Work Plan End of Year Evaluation &amp; Executive Summary 2022                      (Verma/Ramirez)                      4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Breast Cancer Screening: Kings and Madera counties exceeded the MPL of 53.93%; Fresno County (49.1) did not meet the MPL.</li> <li>• Child and Adolescent Well-Care Visits: Fresno and Madera counties exceeded the MPL of 45.31%. Kings (38.8) county fell below the MPL.</li> <li>• Comprehensive Diabetes Care: three counties exceeded the MPL of 43.19%.</li> <li>• Immunizations for adolescents: Madera and Fresno counties exceeded the MPL of 36.74%; Kings County (32.6) fell below the MPL.</li> <li>• Timeliness of Postpartum Care: three counties exceeded the MPL of 76.40%</li> <li>• Well-Child Visits in the first 15 months of Life: Kings and Madera counties exceeded the MPL of 54.92%; Fresno County (48.8) fell below the MPL.</li> <li>• Well-Child visits for age 15 months to 30 months: Madera County exceeded the MPL of 70.67%; Fresno (61.9) and Kings (54.4) counties fell below the MPL.</li> </ul> <p>➤ <b>Performance Improvement Projects (PIPs):</b></p> <ul style="list-style-type: none"> <li>○ Childhood Immunizations Under 2 years: <ul style="list-style-type: none"> <li>• During the project a total of 73 immunizations were given from the Provider Profile (non-compliant member list) and 149 members scheduled appointments which resulted in a 49.0% compliance rate. Overall Clinic compliance rate was 34.3% with a goal rate of 34.53% and a baseline rate of 28.03%. Resistance to the influenza and missing hospital Hep B vaccines at birth added to low immunization rates. Compliance rate improved with the inclusion of Hep B hospital data. The Performance Improvement Project CIS-10 ended December 31, 2022. The PIP Conclusion-Module 4 and the PIP/PDSA worksheet are due to DHCS in April 2023.</li> </ul> </li> <li>○ Breast Cancer Screening Disparity Project: <ul style="list-style-type: none"> <li>• 112 of 170 (65.9%) breast cancer screenings exams scheduled were completed from the Provider Profile during the mobile mammography events from a baseline rate of 38.4% to a (sustained) goal rate of 47.8%. Video testimonials were developed from three Southeast Asian breast cancer survivors and the videos are being shown to raise awareness of breast cancer. Health Education distributed educational materials on the importance of breast cancer. The use of member requested incentives (e.g., bags of rice and gift cards) was successful.</li> </ul> </li> </ul>	
#4 QI/UM/CM Business	The Utilization Management Case Management Work Plan End of Year Evaluation &	Motion: <i>Approve</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- UCMC Work Plan End of Year Evaluation &amp; Executive Summary 2022</p> <p>- UM Program Description &amp; Change Summary 2023 (Attachments T-U)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p><b>Executive Summary 2022</b> were presented. The planned activities and Utilization Management Case Management focus for 2022 included the following:</p> <ul style="list-style-type: none"> <li>➤ Compliance with Regulatory &amp; Accreditation Requirements:                             <ul style="list-style-type: none"> <li>○ All compliance activities met objectives for this end of year evaluation except for periodic audits for compliance with regulatory standards. Clear and concise letter content was not met due to use of clinical verbiage.</li> </ul> </li> <li>➤ Monitoring the UM Process:                             <ul style="list-style-type: none"> <li>○ Met standards except element 2.2 Timeliness of Processing Authorization Requests (TATs). Work process flow for staff was modified and implemented.</li> </ul> </li> <li>➤ Monitoring Utilization Metrics:                             <ul style="list-style-type: none"> <li>○ Objectives met except 3.1 Improve UM Acute In-Patient performance. Decrease Length of Stay for TANF met but not for SPD and MCE populations.</li> </ul> </li> <li>➤ Monitoring Coordination with Other Programs and Vendor Oversight:                             <ul style="list-style-type: none"> <li>○ All metrics for this section met goal.</li> </ul> </li> <li>➤ Monitoring Activities for Special Populations:                             <ul style="list-style-type: none"> <li>○ All monitoring activities for this section met goals.</li> </ul> </li> </ul> <p>The <b>Utilization Management Program Description &amp; Change Summary</b> were presented. The changes to the Utilization Management Program Description for this year include:</p> <ul style="list-style-type: none"> <li>➤ Changed "Medical Management" to "Population Health and Clinical Operations (PHCO)".</li> <li>➤ Added Basic Prenatal Care and Biomarker Testing to Scope of Utilization Management.</li> <li>➤ Changed "MHN" to "The Behavioral Health Administrator" throughout.</li> <li>➤ Updated Continuity and Coordination of Care section.</li> <li>➤ Updated Health Promotion Programs name and function.</li> <li>➤ Added Peer Review Investigation Team and Peer Review Committee references and roles.</li> <li>➤ Added Long Term Services and Supports and Waiver Programs</li> <li>➤ Added CalViva Health Quality Improvement/Utilization Management Committee description.</li> <li>➤ Updated HN titles and roles for certain positions.</li> </ul>	<p>- UCMC Work Plan End of Year Evaluation &amp; Executive Summary 2022</p> <p>- UM Program Description &amp; Change Summary 2023 (Ramirez/Lee) 4-0-0-3</p>
<p>#4 QI/UM/CM Business</p> <p>- UCMC Work Plan 2023 (Attachment V)</p>	<p>The <b>Utilization Management/Case Management Work Plan 2023</b> was presented.</p> <p>The areas of Focus for <b>UM/CM 2023 Work Plan:</b></p> <ul style="list-style-type: none"> <li>➤ Compliance with Regulatory &amp; Accreditation Requirements</li> </ul>	<p>Motion: <i>Approve</i></p> <p>- UCMC Work Plan 2023</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>Action</b> Patrick Marabella, M.D Chair</p>	<ul style="list-style-type: none"> <li>➤ Monitoring the UM Process</li> <li>➤ Monitoring Utilization Metrics</li> <li>➤ Monitoring Coordination with Other Programs and Vendor Oversight</li> <li>➤ Monitoring Activities for Special Populations</li> </ul> <p>No significant changes to the Work Plan have been made.</p>	<p>(Verma/Lee) 4-0-0-3</p>
<p><b>#4 QI/UM/CM Business</b> - CM Program Description &amp; Change Summary 2023 (Attachment W)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>The <b>Case Management Program Description &amp; Change Summary 2023</b> were presented. The highlights of changes for the 2023 Case Management Program Description include:</p> <ul style="list-style-type: none"> <li>➤ Changed "Case Management" to "Care Management"</li> <li>➤ Changed non-complex to Basic Population Health Management (BPHM). Added to the Complex Care Management definition to align with DHCS PHM roadmap.</li> <li>➤ Organizational Structure. Changed "Medical Management" to "Population Health and Clinical Operations (PHCO)." Changed job titles of SVP and VP from Medical Management to PHCO.</li> <li>➤ Condition Specific CM &amp; Chronic Condition Management. Added Transplant. Added First Year of Life.</li> <li>➤ Special Programs – CalAIM. Updated population of focus for CalAIM. Updated ECM definition to match DHCS PHM roadmap. Updated Community Supports population of focus and removed outdated info.</li> </ul>	<p>Motion: <i>Approve</i> - CM Program Description &amp; Change Summary 2023 (Lee/Verma) 4-0-0-3</p>
<p><b>#5 UM/CM Business</b> - Key Indicator Report and TAT Report (December) (Attachment X)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the <b>Key Indicator Report</b> and <b>TAT Report</b> year-end 2022 comparing 2021 to 2022 end of year data.</p> <ul style="list-style-type: none"> <li>➤ Membership has steadily increased. This will change mid-year as the Public Health Emergency ends, the redeterminations are completed, and Kaiser enters the market.</li> <li>➤ Admission rates for Acute Care and Readmits has been steady, but ER visits increased.</li> <li>➤ Bed Days in general decreased.</li> <li>➤ Average Length of Stay remains steady for Acute and Expansion populations; decreased for Family/Adult populations; increased for SPD populations.</li> <li>➤ Integrated Case Management has seen a steady increase in the number of members referred 1,313 to 1,942. Engagement rate is now at 72% with 1,299 new cases opened.</li> <li>➤ Transitional Case Management numbers have fluctuated but after a change in strategy Engagement rate is now at 78%.</li> <li>➤ Both Perinatal Case Management (38%) and Behavioral Health Management (66%) have higher Engagement rates over MY21. Palliative Care remained the same.</li> </ul>	<p>Motion: <i>Approve</i> - Key Indicator Report and TAT Report (December) (Ramirez/Lee) 4-0-0-3</p>



AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>#5 UM/CM Business</b></p> <ul style="list-style-type: none"> <li>- Utilization Management Concurrent Review Report (Q4)</li> <li>- MedZed Integrated Care Management Report (Q3)</li> <li>- TurningPoint Musculoskeletal Utilization Review (Q3)</li> </ul> <p>(Attachments Y-AA)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>The <b>Utilization Management Concurrent Review Report</b> presents inpatient utilization data and clinical concurrent review activities for Q4. Focus is on improving member healthcare outcomes, minimizing readmission risk, and reducing post-acute gaps in care delivery via proactive discharge planning and expeditious linkages to medically necessary health and support services.</p> <ul style="list-style-type: none"> <li>➤ All Populations data are better than goal for Bed Days and Admissions for Q4.</li> <li>➤ For Average Length of Stay, TANF, SPD, and MCE populations did not meet goal in Q4.</li> <li>➤ Readmissions remained the same.</li> <li>➤ Added a Non-Clinical Discharge Navigator to assist with CM discharge needs and improve Utilization outcomes.</li> </ul> <p>The <b>MedZed Integrated Care Management Report Q3</b> 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"> <li>➤ Total number of referrals has fluctuated quarterly.</li> <li>➤ Q3 2022 average engagement rate has increased to 36%.</li> <li>➤ There was a change in methodology for post-discharge in-home visits within 72 hours, now reaching a 100% compliance.</li> <li>➤ All other metrics are meeting standards of compliance.</li> <li>➤ MedZed restructured its clinical team and expanded health plan programs with vendors resulting in a lower engagement rate as less staff had time for member outreach. Staff outreach has resumed, and engagement rate has returned to normal for Q3.</li> </ul> <p><b>TurningPoint Musculoskeletal Utilization Review for Q3</b> is an evaluation of compliance with prior authorization (PA) performance standards for orthopedic procedures.</p> <ul style="list-style-type: none"> <li>➤ Compliance was not achieved for turnaround times on non-urgent prior authorization determinations and TurningPoint was made aware of this. <ul style="list-style-type: none"> <li>○ TurningPoint is analyzing existing documentation processes to improve reporting,</li> </ul> </li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Utilization Management Concurrent Review Report (Q4)</li> <li>- MedZed Integrated Care Management Report (Q3)</li> <li>- TurningPoint Musculoskeletal Utilization Review (Q3)</li> </ul> <p>(Verma/Ramirez) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>additionally training individual nurses as needed.</p> <ul style="list-style-type: none"> <li>➤ Call Center service level agreement criteria were met.</li> <li>➤ Top Denials by Procedure were Knee Replacement, Acromioplasty, Knee Arthroscopy, Spinal Fusion, and Hip Replacement.</li> <li>➤ The average number of days to process a Standard Prior Authorization was 4 and 1 day for Expedited PAs.</li> <li>➤ The Prior Authorization denial rate went up to 33%. Of those, 5 were appealed, 2 upheld and 3 overturned.</li> </ul>	
<p>#6 <b>Compliance Update</b>                      - Compliance Regulatory Report                      (Attachment BB)</p>	<p>Mary Lourdes Leone presented the <b>Compliance 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 Health.</p> <p><b>Oversight Audits.</b> The following annual audits are in-progress: Credentialing, Fraud, Waste &amp; Abuse, and the Member Call Center. The following audits have been completed since the last Commission report: Access &amp; Availability, Emergency Services, Utilization Management (CAP)</p> <p><b>Fraud, Waste, &amp; Abuse Activity.</b> Since the 11/17/22 Compliance Regulatory Report to the QIUM Committee, there have been no new MC609 cases filed.</p> <p><b>2021 Department of Managed Health Care (“DMHC”) 18-Month Follow-Up Audit.</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 DHCS closed the CAP on February 11, 2022, however they did not notify the Plan until January 17, 2023.</p> <p><b>Department of Health Care Services (“DHCS”) 2022 Medical Audit.</b> The Plan received the DHCS’ Final Report on November 17, 2022, and a corresponding CAP request on November 30, 2022. The CAP identified three audit findings: two concerned a lack 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 submitted its initial response to the CAP on December 30, 2022, and the first monthly follow-up report on February 1, 2023. The Plan must continue to submit monthly updates until the CAP is closed.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<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. The Plan is awaiting DMHC’s Preliminary Report.</p> <p><b>California Advancing and Innovating Medi-Cal (CalAIM).</b></p> <p><b><u>Long-Term Care (LTC) Carve-In:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Effective 1/1/23,</b> Medi-Cal Managed Care Plans became responsible for authorizing and covering medically necessary SNF services. The Plan has submitted all 15 of the DHCS-required policy deliverables associated with this carve-in and has received 14 approvals with one still pending.</li> <li>• <b>Effective 1/1/24,</b> the remaining LTC residents receiving care from adult and pediatric Subacute facilities and Intermediate Care Facilities for the Developmentally Disabled will be required to enroll in managed care.</li> </ul> <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: Phase 1: August 12, 2022 – December 8, 2022, Phase 2: December 15, 2022 - March 31, 2023, and Phase 3: April 20, 2023 - July 31, 2023.                      The Plan has completed the monthly filings of the various policies and other documents through January 2023 and has received approvals on most but is still responding to additional DHCS information requests for some of the items.                      The Public Policy Committee will meet on March 10<sup>th</sup> at CalViva Health.</p>	
#7 Old Business	None.	
#8 Announcements	Next meeting March 16 <sup>th</sup> , 2023	
#9 Public Comment	None.	
#10 Adjourn	Meeting was adjourned at 11:38am	

NEXT MEETING: March 16<sup>th</sup>, 2023

Submitted this Day: 3/16/2023

Submitted by:   
 Amy Schneider, RN, Director Medical Management

**Acknowledgment of Committee Approval:**



Patrick Marabella, MD Committee Chair