

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
March 16th, 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
	Raul Ayala, MD , Adventist Health, Kings County	✓	Norell Naoe , Medical Management Administrative Coordinator
✓	David Cardona, M.D. , Fresno County At-large Appointee, Family Care Providers		Zaman Jennaty , Medical Management Nurse Analyst
✓ *	Joel Ramirez, M.D. , Camarena Health Madera County	✓	Mary Lourdes Leone , Chief Compliance Officer
✓	Rajeev Verma, M.D. , UCSF Fresno Medical Center	✓	Maria Sanchez , Compliance Manager
	David Hodge, M.D. , Fresno County At-large Appointee, Chair of RHA (Alternate)	✓	Patricia Gomez , Senior Compliance Analyst
Guests/Speakers			
✓			

- ✓ = in attendance
* = Arrived late/left early
** = Via Telephone

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D Chair	The meeting was called to order at 10:34 am. A quorum was present.	
#2 Approve Consent Agenda - Committee Minutes: February 23, 2023 - Specialty Referrals Report (Q4) - Standing Referrals Report (Q4) - Initial Health Assessment (IHA) Quarterly Report (Q3) - SPD HRA Outreach (Q4) - NIA/Magellan (Q4) - Pharmacy Provider Updates (Q4)	The February 23 rd , 2023, QIUM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. A link for Medi-Cal Rx Contract Drug List was available for reference. *Dr. Ramirez arrived at 10:37 AM.	Motion: <i>Approve</i> Consent Agenda - Committee Minutes: February 23, 2023 - Specialty Referrals Report (Q4) - Standing Referrals Report (Q4) - Initial Health Assessment (IHA) Quarterly Report

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Medical Policies Provider Updates (Q4)</p> <p>(Attachments A-H)</p> <p>Action Patrick Marabella, M.D Chair</p>		<p>(Q3)</p> <ul style="list-style-type: none"> - SPD HRA Outreach (Q4) - NIA/Magellan (Q4) - Pharmacy Provider Updates (Q4) - Medical Policies Provider Updates (Q4) <p>(Verma/Lee) 5-0-0-1</p>
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard and Turn Around Time Report (January) - Appeals & Grievances Validation Audit Summary (Q3) <p>(Attachments I-J)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Appeals & Grievances Dashboard and Turn Around Time Report were presented through January 2023.</p> <ul style="list-style-type: none"> ➤ There was a total of 101 grievances this month which has remained consistent over time. ➤ The majority were Quality of Service related: 13 Access-Prior Authorization delays; 10 Administrative; 11 others. Monitoring to continue. ➤ Quality of Care Grievances also remained consistent compared to previous months. ➤ Exempt Grievances had a notable decrease compared to previous months. PCP delay for Prior Authorizations Specialty Referrals will continue to be monitored. ➤ There were eight (8) Transportation Provider No Shows. Transportation Grievances are expected to decrease over the next several months as tracking and oversight are implemented and monitored. ➤ 29 Total Appeals with 10 cases related to Advanced Imaging. ➤ Uphold and Overturn rates were upside down this month, this demonstrates that once providers are asked to clarify their requests, they receive approval. Tests are ordered 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - A&G Dashboard and Turn Around Time Report (January) - A&G Validation Audit Summary (Q3) <p>(Cardona/Ramirez) 5-0-0-1</p>

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	<p>appropriately, just not documented completely when initially submitted.</p> <p>The Appeals & Grievances Validation Audit Report Q3 was presented. CVH conducts weekly A&G case validations to ensure each Grievance or Appeal case contains the appropriate documentation and evidence necessary for standard and expedited Quality of Service (QOS), Quality of Care (QOC), and Appeal cases.</p> <ul style="list-style-type: none"> ➤ A decrease is noted in the number of cases monitored this quarter due to the use of sampling rather than 100% case review. 85% of cases met compliance standards when initially submitted. ➤ All documents identified to be missing from the cases were obtained and added to complete the file before closing. ➤ There were twenty-one (21) cases with missing documents, with thirty-five (35) documents missing in total. Two (2) acknowledgment letters were sent beyond the mandated 5-day time frame. 	
<p>#3 QI Business - MHN Performance Indicator Report for Behavioral Health Services (Q4)</p> <p>(Attachment K)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The MHN Performance Indicator Report for Behavioral Health Services Q4 provides a summary of an array of indicators to evaluate the behavioral health services provided to CalViva members. Fifteen out of the fifteen metrics met or exceeded their targets this quarter.</p> <ul style="list-style-type: none"> ➤ Q4 CVH membership was 418,917 with a 2.3% utilization rate. ➤ Behavioral Health Providers (BHP) Open Practice rate was at 96% with a member-to-BHP ratio of 302:1 (Target is at least 5000:1) ➤ Appointment Access standards were met for the two (2) Emergent and ten (10) Urgent cases. ➤ All ABA and non-ABA prior authorization requests met timeliness and accuracy standards for approvals and denials. ➤ There were three (3) Potential Quality Issues (PQI) cases, and zero (0) Untoward Events. All Provider Disputes were resolved within timeliness standards, resulting in a 100% compliance rate. Approximately half of the disputes were from two (2) providers, both were regarding incorrect documentation on unrelated issues. The providers were educated on the correct procedures. 	<p>Motion: <i>Approve</i></p> <p>- MHN Performance Indicator Report for Behavioral Health Services (Q4)</p> <p>(Ramirez/Lee) 5-0-0-1</p>
<p>#3 QI Business - Performance Improvement Project Updates – SWOT</p>	<p>The Performance Improvement Projects Update – SWOT was presented. The CVH Medical Management team is leading a QI project to address Childhood Immunizations and Well-Child Visits in Fresno and Kings counties. This CIS-10 HEDIS® measure evaluates the percentage of children who complete their immunizations by the age of 2 during the measurement year, and the</p>	<p>Motion: <i>Approve</i></p> <p>- Performance Improvement Project Updates –</p>

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<p>(Attachment L)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>W30 HEDIS® measure evaluates Well-Child Visits in the first 30 months of life. Three strategies and action items for the SWOT are as follows:</p> <ul style="list-style-type: none"> ➤ Retrieve the Hep B immunization data given to newborns in the hospitals. ➤ Increase the conversion of sick visits to well-care visits for children under 30 months of age. ➤ Identify five high-volume pediatric providers to partner with CVH to ensure all children under the age of 2 years receive needed immunizations at any provider visits. <p>Committee members agreed that it is difficult to provide all immunizations to the under 2 population as many families don't bring their children in for well-care visits, which becomes increasingly difficult the more children a family has. Another barrier is the CAIR registry: inconsistency with patient data and access to records between facilities makes it hard to track immunization history. National standardization of routine immunizations should be implemented.</p>	<p>SWOT</p> <p>(Verma/Ramirez) 5-0-0-1</p>
<p>#3 QI Business - Blood Lead Screening Quarterly Report (Q3)</p> <p>(Attachment M)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Blood Lead Screening Quarterly Report Q3 was presented and describes clinical guidelines for blood lead screening, reporting requirements related to blood lead screening and, emphasizes the importance of parents/caregivers receiving anticipatory guidance related to blood lead poisoning prevention, blood lead level testing, and follow-up services from providers.</p> <ul style="list-style-type: none"> ➤ The Q3 Blood Lead Level Screening Report shows CalViva Health's performance on blood lead level screenings and anticipatory guidance monitoring from Q1 - Q3 2022. <ul style="list-style-type: none"> ○ Q3 compliance for CPT Code (lead screening only) ranged from: <ul style="list-style-type: none"> • 97.2% (Q3) – 97.5% (Q1) in members 6-17 months of age • 59.9% (Q3) – 59.8% (Q2) in members 18-30 months of age • 99.3% (Q3) - 99.4% (Q1) in members 31-72 months of age ○ Q3 Documentation of Anticipatory Guidance using Codes was very low in all age groups.: ➤ Beginning Q1 2023, providers are being educated to document anticipatory guidance by using CPT codes along with preventative medicine counseling codes. We anticipate higher compliance for anticipatory guidance beginning of the Q1 2023 report. ➤ Additional barriers in Q1 2023 include the California Lead Poisoning Prevention Branch (CLPPB) of the California Department of Public Health (CDPH) declaring filter paper testing for lead in children is not an acceptable testing methodology. Filter paper testing has been the current economical methodology of testing amongst our providers. CVH working towards finding an acceptable testing methodology. 	<p>Motion: <i>Approve</i></p> <p>- Blood Lead Screening Quarterly Report (Q3)</p> <p>(Verma/Cardona) 5-0-0-1</p>

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<p>#3 QI Business - QI/UM Committee Charter 2023 (Attachment N) Action Patrick Marabella, M.D Chair</p>	<p>The 2023 QI/UM Committee Charter was presented for annual review and this year includes edits to meet NCQA Accreditation standards. Additions or changes include:</p> <ul style="list-style-type: none"> ➤ Purpose: <ul style="list-style-type: none"> ○ QIUM Committee role in the oversight and guidance for Health Equity (HE); and evaluation of the results of delegated, nondelegated, and collaborative QI and UM activities. ➤ Committee Focus: <ul style="list-style-type: none"> ○ Review of annual CM Program Evaluation. ○ Monitors key clinical and service performance indicators for QI, UM, HE, and Credentialing/Recredentialing activities (e.g., access & availability, over/under utilization, key UM and CM indicators, behavioral health, population health, A&G, HEDIS®, and CAHPS® measure results, provider satisfaction surveys, disease management, and public health programs activities, timeliness standards, etc.) ○ Analyze and evaluate the results of QI & HE activities. ○ Monitor the effectiveness of the language assistance services offered to support members with limited English proficiency and address identified health disparities, social risk, social determinants of health (SDoH), and community needs and makes ongoing recommendations. ○ Provide quarterly summary reports of QI, UM, HE, and Credentialing activities to the RHA Commission. Also ensuring that the Plan complies with state, federal, contractual, and NCQA requirements. ➤ Composition: <ul style="list-style-type: none"> ○ Added: QIUM Committee will be composed of external participating physicians. ➤ Subcommittees and Work Groups reporting to QI/UM: <ul style="list-style-type: none"> ○ Clarified the QIUM Committee reporting structures to include two subcommittees, Credentialing and Peer Review each with its own Charter. ○ There are three workgroups which consist of CVH and HN staff/leadership. <ul style="list-style-type: none"> • QI/UM Work Group <ul style="list-style-type: none"> ▪ A&G Work Group • Access Workgroup 	<p>Motion: <i>Approve</i> - QI/UM Committee Charter 2023 (Ramirez/Lee) 5-0-0-1</p>
<p>#4 QI Business - Quality Improvement Annual</p>	<p>The 2023 Quality Improvement Program Description was presented. Annual updates this year include edits to meet NCQA Accreditation standards:</p>	<p>Motion: <i>Approve</i> - Quality</p>

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<p>Program Description 2023 - Quality Improvement Annual Work Plan 2023 (Attachments O-P)</p> <p>Action Patrick Marabella, M.D Chair</p>	<ul style="list-style-type: none"> ➤ Updated HN Medical Management Department to Population Health and Clinical Operations (PHCO). ➤ Updated Initial Health Assessment to Initial Health Appointments. ➤ Revised Health Promotion Program descriptions for 2022. ➤ Revised MemberConnections’ responsibilities to expand role in Member Engagement. ➤ Changed Transition Care Management (TCM) to Transitional Care Services (TCS). ➤ Removed MHN references and replaced them with Behavioral Health Administrator. ➤ Added information that delegated activities are reports to the CalViva QIUM Committee. ➤ Revised committee description to include chairperson, delegated and nondelegated activities, and representatives from CalViva and HNCS departments. ➤ Revised description to separate out the Credentialing and Peer Review Subcommittees. ➤ Staff Resources and Accountability – Added Org Chart for Med Mgt. ➤ The A&G section was moved and revised to a workgroup description. ➤ Chart revised to include CalViva Workgroups. ➤ Updated the Chief Medical Officer description to include a chairperson and oversight of QIUM Program information. ➤ Other minor edits <p>The 2023 Quality Improvement Annual Work Plan was presented with a new format to standardize and better delineate processes and outcomes. This year includes edits to meet NCQA Accreditation standards:</p> <ul style="list-style-type: none"> ➤ 8 Key areas of QI Work and initiatives include: <ul style="list-style-type: none"> I. Behavioral Health (MCAS Measures) <ul style="list-style-type: none"> • FUA-30 –Follow up after ER visits for substance abuse. • FUM-30— Follow.up after ER visits for mental health. II. Chronic Conditions (MCAS Measures) <ul style="list-style-type: none"> • Respiratory -AMR—Asthma Medication Ration • Heart – CBP—Control Blood Pressure • Diabetes – CDC>9—HgbA1c to below 9 III. Maternal/Women’s Health (MCAS measures) <ul style="list-style-type: none"> • Perinatal Care—Prenatal (PPC-pre) and Post-partum (PPC-post) <ul style="list-style-type: none"> ○ Reduce disparities for Afro-American Women. IV. Member Engagement and Experience 	<p>Improvement Annual Program Description 2023 - Quality Improvement Annual Work Plan 2023 (Ramirez/Verma) 5-0-0-1</p>

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	<ul style="list-style-type: none"> • Initial Health Appointment (IHA) is under 120 days. • CAHPs Improvement <ul style="list-style-type: none"> ○ Access to Care ○ Customer Service ○ Doctor Communication ○ Care Coordination ○ Overall Rating Measures V. Hospital Quality/Patient Safety <ul style="list-style-type: none"> • Hospital Reportable Data Scorecard <ul style="list-style-type: none"> ○ CAUTI: Catheter-associated urinary tract infection ○ CLABSI: Central line-associated bloodstream infection ○ C. DIFF: Clostridium difficile infection ○ MRSA: Methicillin-resistant Staphylococcus aureus ○ SSI-COLON: Surgical site infections – Colon Surgery ○ NTSV C-sections: Nulliparous term singleton vertex VI. Pediatric <ul style="list-style-type: none"> • Well Child Visits-(W30-6+) • Childhood Immunization-MCAS (CIS10; W30) <ul style="list-style-type: none"> ○ CIS-10 Immunization Child <2 years old ○ Well Child Visits ○ SWOT Methodology VII. Preventative Health <ul style="list-style-type: none"> • Cancer Screening <ul style="list-style-type: none"> ○ BCS, Breast Cancer Screening ○ CCS, Cervical Cancer Screening ○ CHL, Chlamydia Screening • Childhood Blood Lead Screening and Anticipatory Guidance VIII. Provider Engagement <ul style="list-style-type: none"> • Quality EDGE – Evaluating Data to Generate Excellence <ul style="list-style-type: none"> ○ Increase MCAS year over year by 10%. • Provider Access, Availability, and Service <ul style="list-style-type: none"> ○ Improve Provider Appointment Access Survey (PAAS) and Provider 	

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	<p style="text-align: center;">After-Hours Availability Survey (PAHAS).</p> <p>Committee Members discussed the different Diabetic HgbA1c level measures such as < 7 for pediatrics, and < 8 or > 9 for adults. The National Committee on Quality Assurance (NCQA) includes several other Diabetic measures in its manual as well. The metric CVH is focused on currently is an attempt to address the highest-risk adult members with an HbA1c above 9. This measure follows NCQA guidelines and is a required measure for the Managed Care Accountability Set mandated by DHCS. We support all members in lowering their HbA1c level to below 7. Additional discussion occurred about challenges with obtaining current patient contact information to encourage members to complete preventive screenings. The Plan will increase the utilization of MemberConnections staff and Community Health Workers to improve outreach into the community to capture correct contact information. Roughly 35% of member contact information received from the state is inaccurate according to previous CalViva QI studies. This is a continuing problem for our HEDIS® projects. With the unwinding of the Public Health Emergency and reinstatement of member eligibility redeterminations, members are required to update their contact information. It is anticipated we will see some improvement in contact information through this process.</p>	
<p>#5 UM/CM Business</p> <ul style="list-style-type: none"> - Key Indicator Report & TAT report (January) - Case Management and CCM Report (Q4) - Inter-Rater Reliability Results (IRR) for Physicians and Non-Physicians 2022 - PA Member Letter Monitoring Report (Q4) - MedZed Report Integrated Care Management Report (Q4) 	<p>The Key Indicator Report and Turn Around Time Report through January were presented. Membership continues to rise but may decrease with the unwinding of the Public Health Emergency and redetermination process.</p> <ul style="list-style-type: none"> ➤ Utilization for all risk types decreased in January 2023 compared to last year but is consistent with December 2022 figures. ➤ Turn- around Times were met in all areas in January 2023. ➤ Case Management results remained robust in the Perinatal and Integrated categories and remained consistent in all others. <p>The Case Management and CCM Report Q4 summarizes the case management, transitional care management, MemberConnections, Palliative care, and Emergency Department (ED) diversion activities for 2022 through the fourth quarter and utilization-related outcomes through the third quarter of 2022. CM continued to support member education related to COVID-19 and provided vaccine information during outreach.</p> <ul style="list-style-type: none"> ➤ Decreased referrals to some programs. Fewer Concurrent Review (CCR) referrals due to the increase in Flu, RSV, and COVID cases. ➤ CM outcomes improved for Q3; Admissions and Readmissions decreased; ED Claims 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Key Indicator Report & TAT report (January) - Case Management and CCM Report (Q4) - Inter-Rater Reliability Results (IRR) for Physicians and Non-Physicians 2022 - PA Member Letter Monitoring Report (Q4) - MedZed Report

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<p>(Attachments Q-U)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>decreased; Total health care costs reduced for members participating in Case Management.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> ➤ Preparing for the implementation of the “First Year of Life” Program and referrals. ➤ Exploring the opportunity to move Care Management into a Regional model, to align with UM and allow staff to become more familiar with the region they cover. <p>InterQual Inter-Rater Reliability (IRR) Results for Physicians and Non-Physicians 2022 was presented. UM staff use InterQual® Clinical Decision Support Criteria along with other evidence-based medical policies, clinical support guidelines, and technical assessment tools approved by the Medical Advisory Council to assist clinical reviewers in reviewing medical criteria, with consistency. All UM staff and physicians undergo InterQual® training upon hire and annually, complete a “Summary of Changes” course that is conducted by InterQual® instructors.</p> <ul style="list-style-type: none"> ➤ The UM Department: 94% pass rate on all modules. ➤ The Medical Affairs Department: 96% pass rate on all modules ➤ 2023 IRR continues with monthly InterQual® (initial) and InterQual® Refresher training, as needed. <p>The PA Member Letter Monitoring Report Q4 monitors Notice of Action (NOA) letters including Prior Authorizations, Concurrent, and Post Service denials. Findings are discussed with the entire UM Management Directors monthly. All metrics are expected to meet the standard of 100% compliance. The 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 4 unique deferral letters impacted by letter opportunities. ➤ Denial and Deferral LTR Codes 48, 49, & 60 will continue to be monitored. <p>In follow-up, Medical Management implemented staff/physician coaching focused on the use of clear and concise language and no medical jargon. Committee Member discussion followed regarding the importance of clear and concise language in communications to members and best communication practices.</p> <p>MedZed Integrated Care Management Report Q4 monitors the volume and engagement of members referred to MedZed Care Management Program. The program is designed as a bridge and supports members to achieve care plan goals and reengage with traditional care (assigned PCP).</p>	<p>Integrated Care Management Report (Q4)</p> <p>(Cardona/Lee) 5-0-0-1</p>

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	<ul style="list-style-type: none"> ➤ Q4 average engagement rate = 56% which increased this quarter due to a change in referral frequency from quarterly to monthly. ➤ The average engagement rate will increase over time due to increasing outreach efforts. 	
<p>#6 Pharmacy Business</p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q4) - Pharmacy Operations Metrics (Q4) - Pharmacy Top 25 Prior Authorizations (Q4) - Pharmacy Inter-Rater Reliability Results (IRR) (Q4) - Quality Assurance Results for Pharmacy (2022) <p>(Attachments V-Z)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Pharmacy Executive Summary Q4 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, compliance around PA turnaround time metrics, and to formulate potential process improvements.</p> <ul style="list-style-type: none"> ➤ Pharmacy Operations Metrics <ul style="list-style-type: none"> •Pharmacy Prior Authorization (PA) metrics were within 5% of the standard for Q4. •Overall, TAT for Q4 was 96.4%. PA TAT was slightly lower in Q4 than in Q3. •PA volume was stable in Q4 compared to Q3. No outliers were found in Q4. <p>The Pharmacy Operations Metrics Q4 provides key indicators measuring the performance of the PA Department in service to CalViva Health members. Pharmacy prior authorization (PA) metrics were within 5% of the standard for Q4 at 96.4%. The turnaround time (TAT) expectation is 100% with a threshold of 95%.</p> <p>The Pharmacy Top 25 Prior Authorizations Q4 identifies the most requested medications to the PA Department for CVH members and assesses potential barriers to access of medications through the PA process.</p> <p>The top ten (10) denials of the quarter by percentage and total number are consistent with recent quarters except for a few placement variations. More variance is seen in the top 15th to 25th. Since reporting on medical benefit-only drugs is new this year, trending and analysis will continue to identify patterns. The Pharmacy Inter-Rater Reliability Results Q4 were presented. A sample of 10 prior authorization denials per month is 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 of 90%.</p> <ul style="list-style-type: none"> ➤ The overall score was 85.83% with most issues related to criteria application, letter language, and questionable denial. ➤ Criteria Application continues to be the main issue in Q4. In five cases, improper Criteria Application likely led to improper approval decisions by pharmacy technician reviewers. A more detailed review and QA on cases in Q4 has been performed and results have been shared with PA management to address this concern. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q4) - Pharmacy Operations Metrics (Q4) - Pharmacy Top 25 Prior Authorizations (Q4) - Pharmacy Inter-Rater Reliability Results (IRR) (Q4) - Quality Assurance Results for Pharmacy (2022) <p>(Verma/Lee) 5-0-0-1</p>

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	<p>The Quality Assurance Results for Pharmacy 2022 evaluate the consistency and accuracy with which MedPharm Pharmacy staff apply prior authorization criteria in decision-making and communicate the decisions to providers and patients. The overall target is a score of 95% or better in all areas with a threshold cumulative score requirement of 90% or greater for all quarters in the calendar year to be compliant.</p> <ul style="list-style-type: none"> ➤ The average criterion applied appropriately for 2022 was 73%. ➤ Detailed results have been shared with the leadership of the MedPharm team to ensure consistent, accurate, and timely reviews are being performed. As part of the oversight responsibilities, health plan pharmacy leadership will continue to escalate findings not meeting the target and threshold to the prior authorization management team to improve the quality of the reviews as well as expectations of the plan in the review of the medical benefit pharmacy requests. 	
<p>#7 Policy & Procedure Business - Pharmacy Policy Review 2023 (Attachment AA)</p> <p>Action - Patrick Marabella, M.D Chair</p>	<p>The Pharmacy Policy & Procedure Review 2023 grid was presented. With the implementation of Medi-Cal Rx, several policy changes were required:</p> <ul style="list-style-type: none"> ➤ Eight policies were reviewed and remain in effect after Medi-Cal Rx implementation to address the medical benefit drugs. This included, for example, Program Metrics Review, Specialty Pharmacy Program, and Drug Utilization Review. <ul style="list-style-type: none"> ○ Policy (RX-001) had a reference deleted (RX-110) since it was retired due to MediCal Rx Program. ➤ Four policies (RX-104, 113,119 &129) were retired that are no longer pertinent due to the Carve-Out. 	<p>Motion: <i>Approve</i> - Pharmacy Policy Review 2023 (Verma/Lee) 5-0-0-1</p>
<p>#8 Credentialing & Peer Review Subcommittee Business - Credentialing Subcommittee Report (Attachments BB)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Credentialing Sub-Committee Quarterly Report was presented. The Credentialing Sub-Committee met on February 23, 2023. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities.</p> <ul style="list-style-type: none"> ➤ Reports covering Q3 were reviewed for delegated entities. ➤ Q4 reports were reviewed for MHN and Health Net. ➤ The 2023 Credentialing Sub-Committee annual policy and procedure review was completed with one retired policy, one new policy, and five policies updated with minor or no changes. <p>The policies were revised as follows:</p> <ul style="list-style-type: none"> ○ New policy CR-109 Ongoing Monitoring of Sanctions-Complaints was provided for committee review. 	<p>Motion: <i>Approve</i> - Credentialing Subcommittee Report (Ramirez/Lee) 5-0-0-1</p>

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	<ul style="list-style-type: none"> ○ The Appeals Process policy was revised to add a health and safety precautions statement to assure the comfort levels of all fair hearing participants. ○ Policy CR-190 Medi-Cal Termination Appeals Process was retired and combined into CR-140. ➤ There was one Adverse Action case for the Q4 Credentialing Report from Health Net. 	
<p>#8 Credentialing & Peer Review Subcommittee Business - Peer Review Subcommittee Report (Attachments CC)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Peer Review Sub-Committee Quarterly Report was presented. The Peer Review Sub-Committee met on February 23, 2023.</p> <ul style="list-style-type: none"> ➤ The county-specific Peer Review Sub-Committee Summary Reports for Q4 were reviewed for approval. No significant cases to report. ➤ The 2023 Peer Review Sub-Committee annual policy and procedure review was completed with one policy reviewed without changes and one policy with more significant changes was provided to the committee to review. Both policies were approved. ➤ The Q4 Peer Count Report was presented at the meeting with a total of three cases reviewed. The outcomes for these cases are as follows: <ul style="list-style-type: none"> ○ Two cases closed and cleared. No cases pending closure for Corrective Action Plan compliance or cases with outstanding CAPs. ○ One case is pended for further information. <ul style="list-style-type: none"> ➤ Follow-up was initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue. 	<p>Motion: <i>Approve</i> - Peer Review Subcommittee Report (Cardona/Lee) 5-0-0-1</p>
<p>#9 Compliance Update - Compliance Regulatory Report (Attachment DD)</p>	<p>Mary Lourdes Leone presented the Compliance Report.</p> <p>Oversight Audits. The following annual audits are in-progress: Credentialing, Fraud, Waste & Abuse, and the Member Call Center. No oversight audits have been completed since the last Commission report.</p> <p>Fraud, Waste, & Abuse Activity. Since the last report, there have been two MC609 cases filed. One case was regarding a participating PCP who is routinely billing high-level Evaluation and Management (E/M) services at a rate that is significantly higher than peers. The other case was referred to the Plan by the California DOJ regarding a DME provider of pulmonary equipment.</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> <p>Department of Health Care Services (“DHCS”) 2023 Medical Audit - CAP. On 1/3/23, the Plan received DHCS’ written notice scheduling the Department’s medical audit of the Plan for the week of April 17, 2023. The 2023 audit will also include two additional “focus audits”, one related to</p>	

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	<p>Behavioral Health and the other to Transportation. The Plan submitted all Pre-Audit document requests on 3/3/23 and is currently responding to DHCS’ requests for specific sample case files used in the Department’s audit verification process.</p> <p>Department of Health Care Services (“DHCS”) 2022 Medical Audit. The Plan received the DHCS’ CAP request on November 30, 2022. The CAP identified three audit findings: two concerned lack the documentation related to the provision of blood lead screening of young children and one related to a lack of documentation of a Physician Certification Statement (PCS) form for a member’s request for non-emergency medical transportation (NEMT). Based on the Plan’s monthly submission of its CAP activities, the DHCS has accepted as completed the two associated with the blood lead screening. The Plan will continue to file a monthly report on the transportation findings until the DHCS accepts the Plan’s actions as having been satisfactorily completed.</p> <p>Department of Managed Health Care (“DMHC”) 2022 Medical Audit. The Plan is awaiting DMHC’s Preliminary Report.</p> <p>California Advancing and Innovating Medi-Cal (CalAIM). On 2/15/23, the Plan submitted an updated Model of Care (MOC) to DHCS in preparation for the new ECM population of focus (POF) that goes live on 7/1/23, specifically Children and Youth. The Plan is awaiting DHCS approval of the MOC.</p> <p>Member Handbook/Evidence of Coverage. On 3/3/23, the Plan received DHCS’ 2023 EOC Errata A which includes the following updates:</p> <ul style="list-style-type: none"> • Language regarding the California Cancer Equity Act • The removal of the word “brief” under Cognitive health assessments <p>The Plan is required to provide the Errata A to members electronically or by mail by May 1, 2023, and post a copy on its website no later than May 1, 2023.</p> <p>DHCS 2024 Operational Readiness Work Plan & Contract. The Plan has completed the monthly filings to DHCS of the various policies and other required 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 Plan is on schedule to continue the required monthly filings through August 2023.</p> <p>Public Policy Committee. The Public Policy Committee last met on 3/1/23. The meeting was held at CalViva’s Administrative Office location. The following reports were presented: the 2022 Health Education Executive Summary and Work Plan Mid-Year Evaluation; 2022 Health Equity Executive</p>	

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	Summary and Work Plan Mid-Year Evaluation; 2022 Summary and Language Assistance Program Mid-Year Evaluation; the Quality Improvement and HEDIS Update MY 2021; and the Q3 Quarterly Grievance Report. There were no recommendations for referral to the Commission. The next meeting will be held on June 7, 2023, at 11:30 am in the Plan's Administrative Office.	
#10 Old Business	None.	
#11 Announcements	Next meeting May 18 th , 2023	
#12 Public Comment	None.	
#13 Adjourn	Meeting was adjourned at 11:58 pm	

NEXT MEETING: May 18th, 2023

Submitted this Day: May 18 2023

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

Acknowledgment of Committee Approval:

Patrick Marabella
 Patrick Marabella, MD Committee Chair