

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
 May 18th, 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
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Iris Poveda, Senior Medical Management Specialist
✓	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Zaman Jennaty, Medical Management Nurse Analyst
✓	Carolina Quezada, M.D., Family Health Care Network	✓	Mary Lourdes Leone, Chief Compliance Officer
✓	DeAnna Waugh, Psy.D., Adventist Health, Fresno 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	✓	Norell Naoe, Medical Management Administrative Coordinator
	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 10:35 am. A quorum was present.	
#2 Approve Consent Agenda Committee Minutes: March 16, 2023 - CCC DMHC Expedited Grievance Report (Q1) - A&G Classification Audit Report (Q1) - A&G Inter-Rater Reliability Report (Q1) - Concurrent Review IRR Report (Q1) - California Children's Services	The March 16 th , 2023, 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 (Cardona/Lee) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Report (Q1) - Pharmacy Provider Updates (April) (Attachments A-G)</p> <p>Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business - A&G Dashboard and Turnaround Time Report (March) - A&G Executive Summary (Q1) - A&G Quarterly Member Report (Q1) - Quarterly A&G Member Letter Monitoring Report (Q1) - A&G Validation Audit Summary (Q4) (Attachments H-L)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Appeals & Grievances Dashboard and Turnaround Time Report through March 2023 were presented. Dr. Marabella explained how Members and providers submit grievances via phone, fax, email or online and each of these are categorized and reported on the dashboard and in other narrative reports. Standardized criteria as outlined in our policies and procedures are used to classify each case in order to include them in the appropriate area on the monthly dashboard. Each monthly Excel file includes lists or logs identifying each member who submitted a grievance that month and details about their issue and its resolution. These data logs are included on tabs such as Formal Resolved, CCC Exempt Grievances, and MHN Exempt. The Outlier tab provides analysis of the data trends.</p> <p>There was a total of 144 resolved grievances this month, 366 total for Q1.</p> <ul style="list-style-type: none"> • For March, most grievances were Quality of Service related: Nineteen (19) Access-Other mostly Prior Authorization delays, six (6) Specialists, thirteen (13) Administrative; and Nineteen (19) categorized as Other- eleven (11) related to balanced billing. Monitoring to continue. • Exempt Grievances remained consistent compared to last month. • There were seven (7) Transportation Provider No-Shows reported under QOS and eleven (11) late arrivals causing the member to be late to their appointment. • Twenty-two (22) Total Standard Appeals for March with seventeen (17) cases related to Advanced Imaging: both trending downwards. • There were twelve (12) Surgery Appeals in March which is an increase compared to February (5). Seven (7) cases in March were Orthopedic procedures requiring documentation regarding smoking cessation and/or weight reduction guidance for approval. <p>Discussion:</p> <ul style="list-style-type: none"> ○ Dr. Cardona asked what documentation is needed to note smoking cessation. ○ Dr. Marabella indicated that providers need to document smoking status 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - A&G Dashboard and Turnaround Time Report (March) - A&G Executive Summary (Q1) - A&G Quarterly Member Report (Q1) - Quarterly A&G Member Letter Monitoring Report (Q1) - A&G Validation Audit Summary (Q4) <p>(Lee/Waugh) 5-0-0-2</p>

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	<p>(current/remote), provide patient education (may include referral or nicotine replacement therapy), and document this in the History & Physical or medical record.</p> <ul style="list-style-type: none"> • Behavioral Health Grievances also appear in this dashboard although in low numbers. CalViva is working to improve assessment, coordination, communication, and follow-up with Behavioral Health Services as state requirements continue to expand in this area. <ul style="list-style-type: none"> ○ DeAnna Waugh, Psy.D. has joined the Committee to aid with monitoring CalViva's efforts related to Behavioral Health Management. <p>The Appeals & Grievances Executive Summary Q1 through March was presented noting the following trends:</p> <ul style="list-style-type: none"> • Total Appeals have decreased in Q1 2023 compared to Q1 2022; at 93 down from 196. This was expected with the implementation of Medi-CalRx, the Pharmacy carve-out to the state. Total Grievances remained essentially unchanged at 320 compared to 314 in Q1 2022. • Total Exempt Grievances, Access, PCP Assignment, and Transportation Grievances have decreased in Q1 2023. The Transportation Exempt Grievances decreased but have shifted to formal (QOS) Grievances. • For Q1 2023, there were 93 Total Appeals & 320 Total Grievances reported. <ul style="list-style-type: none"> ○ Top Grievances for Quality of Service (QOS) include Transportation, Access, and Billing. ○ Top Grievances for Quality of Care (QOC) include QOC by PCP and Specialist and referral delay. • Transportation Grievances have increased slightly for Q1. No-shows remain an issue that is being monitored. • Turnaround Time and A&G IRR met standards. <p>The Appeals & Grievances Quarterly Member Report Q1 through March was presented noting the following additional trends:</p> <ul style="list-style-type: none"> • The total number of Appeals & Grievances decreased when compared to Q4 2022. Data is evaluated on a Per Thousand Member Per Year (PTMPY) basis. <p>The Quarterly A & G Member Letter Monitoring Report provides a summary of the daily audits of acknowledgment and resolution letters to ensure:</p> <ul style="list-style-type: none"> • Required bolding of DMCH and Plan Phone numbers 	

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	<ul style="list-style-type: none"> • Correct branding. Should be branded as CalViva Health • Communication to members regarding decision documentation in Appeal Resolution Letters must be clear and concise. • Decision criteria and rationale are fully referenced. <p>All errors identified by the A & G team in Table 1 were corrected prior to mailing. Analysis by the clinical team is pending. The updated report will be brought back to a future meeting.</p> <p>The Appeals & Grievances Validation Audit Summary Q4 2022 was presented. CVH conducts ongoing Appeals & Grievances 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"> • 398 cases were monitored this quarter with 95% of cases meeting compliance standards when initially submitted. • All documents identified to be missing from the cases were obtained and added to complete the file before closing. <p>There were thirty-six (36) cases with missing documents, with fifty-six (56) documents missing in total. The process of monitoring cases submitted is being computerized with an electronic <i>Data Entry Form</i> for easy data entry into an Access database where reports or Queries can be run to summarize results.</p>	
<p>#3 QI Business - Potential Quality Issues (Q1) (Attachment M)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Potential Quality Issues (PQI) Report 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 activity. 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 for Q1 was reviewed for all case types including the follow-up actions taken when indicated.</p> <ul style="list-style-type: none"> • There were zero non-member generated PQIs in Q1. • Member-generated PQIs decreased slightly based on previous quarters with a total of 87 cases. • A total of twelve Peer Review generated cases. Six cases are closed, and six cases are open. <p>The number of peer review cases varies from quarter-to-quarter independent of the other case types. Follow-up has been initiated when appropriate.</p>	<p>Motion: Approve - Potential Quality Issues (Q1) (Cardona/Lee) 5-0-0-2</p>

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<p>#3 QI Business - Provider Office Wait Time Report (Q1) -QIUM Committee Charter 2023 Update (Attachment N, O)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Provider Office Wait Time Report for Q1 was presented. Health plans are required to monitor waiting times in providers’ offices to validate timely access to care and services. This report provides a summary that focuses on Q1 2023 monitoring for Fresno, Kings, and Madera Counties. All counties are within the 30-minute office wait time threshold for both mean and median metrics.</p> <ul style="list-style-type: none"> • The combined number of providers per county who submitted data in Q1 is Fresno-55, Kings-6, and Madera-3 for a total of 64 providers and 1431 patients monitored. • The number of providers submitting data increased slightly in Q1 2023 for Fresno County but decreased for Kings and Madera Counties, and the number of patients monitored increased compared to 1039 patients in Q4 2022. Provider Engagement staff will be reminding providers to submit monthly data with an emphasis on Kings and Madera counties. • Providers are given reports of their submitted data twice a year as well as educational materials on improving office wait times and scheduling patients. <p>The QIUM Committee Charter 2023 Update was not reviewed at this meeting due to new DHCS and NCQA Accreditation requirements which are pending state approval. The Charter will be brought to a future meeting for final approval.</p>	<p>Motion: Approve - Provider Office Wait Time Report (Q1) (Quezada/Lee) 5-0-0-2</p>
<p>#4 Health Equity & Health Education Business - Health Equity Work Plan End of Year Evaluation & Executive Summary 2022 - Health Equity Program Description & Change Summary 2023 - Health Equity Work Plan & Executive Summary 2023 - Health Equity Language Assistance Program Report (Attachments P-S)</p>	<p>The Health Equity 2022 Executive Summary and Annual Evaluation; 2023 Change Summary and Program Description; and 2023 Executive Summary and Work Plan were presented.</p> <p>All Work Plan activities for 2022 were completed in the following areas:</p> <ul style="list-style-type: none"> • Language Assistance Services: 78 staff completed Bilingual assessment/re-assessment; Population Needs Assessment was completed with Quality Improvement (QI) and Health Education (HE); and participation in information technology projects to assist vendor record member gender identity, and preferred pronouns and name. • Compliance Monitoring: Investigated and completed follow-up on 53 grievances in 2022 with six interventions; and updated all Health Equity Policies. • Communication, Training, and Education: Conducted seven Call Center Training sessions; and 107 providers attended implicit bias training: Strengthening Cultural Humility, Dismantling Implicit Bias in Maternal Health. 	<p>Motion: Approve - Health Equity Work Plan End of Year Evaluation & Executive Summary 2022 - Health Equity Program Description & Change Summary 2023 - Health Equity Work Plan & Executive Summary 2023</p>

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<p>Action Patrick Marabella, M.D Chair</p>	<ul style="list-style-type: none"> • Health Literacy, Cultural Competency & Health Equity: Completed review of 29 English materials; conducted annual Heritage/CLAS Month with 3,952 attendees; and collaborated on the intervention implementation for the Breast Cancer Screening & Childhood Immunizations PIPs. <p>The 2023 Program Description changes include:</p> <ul style="list-style-type: none"> • Revised the Mission statement to remove “be an industry leader in ensuring health equity for all members and their communities.” <p><u>Added the following:</u></p> <ul style="list-style-type: none"> • Improve structural determinants of health equity, by working within and across societal institutions and systems. • Improve neighborhood-level social determinants of health, by working with and across institutions in defined geographic communities. • Improve institutional drivers of health equity, by working within our institution, all lines of business, with providers, and with other key stakeholders. • Improve individual & household-level social needs & networks, by improving access, quality, and value of services for our members. <ul style="list-style-type: none"> • Edited and expanded on the Health Equity areas. • Add Armenian as a language to monitor. • Added sex, ethnic group identification, gender identity, medical condition, genetic information, and mental disability or physical disability to cultural competency training. • Edited the frequency of the PNA report from annually to every 3 years. • Edited and updated the Health Equity Department staff. • Included the Chief Health Equity Officer’s role and responsibilities in this section. • Added CalViva Health Equity Officer as a new role section. Responsibility is listed as follows: <ul style="list-style-type: none"> • CalViva Health’s Health Equity Officer reports to the Chief Executive Officer and is responsible for providing leadership and health equity services across the organization. <p>The 2023 Work Plan is consistent with 2022 while incorporating and enhancing the following:</p> <ul style="list-style-type: none"> • Staff assignments are updated throughout the document. • Consolidated Population Needs Assessment activities into one element. 	<p>- Health Equity Language Assistance Program Report (Quezada/Lee) 5-0-0-2</p>

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	<ul style="list-style-type: none"> • Consolidated Provider Training activities. • Updated PIP projects and activities for the new 2023 PIPs Disparity Project for Childhood Immunizations & Well Child Visits in the African American population in Fresno County. • Replaced PDSAs with a SWOT analysis project for this year’s Childhood Immunizations. • Added Disparity Leadership Program (DLP) project to improve food security for Fresno County. <p>The Language Assistance Program Annual Evaluation analyzes and compares language service utilization at the end of each calendar year. A year-over-year analysis is also performed. The conclusions from the Language Assistance Program annual report are:</p> <ul style="list-style-type: none"> • Spanish and Hmong continue to be CalViva Threshold Languages. Spanish (95%) consistently has the highest volume. • Most interpretation (74%) is telephonic, up from 68% in 2021. • 24% was face-to-face interpretation (down from 28% in 2021). • 2% was Sign language (down from 4% in 2021). • Video Remote Interpretation was zero (0) in 2022. • MHN results demonstrate similar language outcomes with lower volumes. (MHN is the HN affiliate that provides Behavioral Health care for CalViva members.) <p>Limited English and non-English membership remain high for the CVH population and therefore interpreter services are integral to maintaining safe, high-quality care.</p> <p>Discussion: Dr. Lee asked if tracking individual interpreter identifiers in the medical record is required/recommended by CalViva, because hospitals are now requiring that information when consenting patients for surgical procedures. Tracking identifiers (name/identification number) of interpreters used was confirmed as best practice. Dr. Lee asked if Video Remote Interpretation is available. Video Remote Interpretation is available, but not widely used at this time.</p>	
<p>#4 Health Equity & Health Education Business - Health Education Work Plan End of Year Evaluation &</p>	<p>The Health Education Executive Summary, the 2022 Work Plan Annual Evaluation, the 2023 Change Summary and Program Description, and the 2023 Work Plan were presented.</p> <p>Overall, ten of the fifteen key Program Initiatives met or exceeded the year-end goals. Five</p>	<p>Motion: <i>Approve</i> - Health Education Work Plan End of Year Evaluation &</p>

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<p>Executive Summary 2022 - Health Education Program Description & Change Summary 2023 - Health Education Work Plan 2023 (Attachments T-V)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>initiatives with seven objectives did not meet the year-end goals. Of the seven objectives, one met the year-end goal, two partially met the year-end goal, and four did not meet performance goals.</p> <p>The ten (10) initiatives that were fully met are:</p> <ol style="list-style-type: none"> 1. Chronic Disease-Asthma 2. Chronic Disease – Diabetes 3. Fluvention & COVID-19 4. Member Newsletter 5. Behavioral health 6. Pediatric Education 7. Population Needs Assessment 8. Women’s Health 9. Compliance 10. Department Promotion <p>The five initiatives did not meet or partially met were:</p> <ol style="list-style-type: none"> 1. Chronic Disease Education: Hypertension 2. Community Engagement 3. Obesity Prevention 4. Perinatal Education 5. Tobacco Cessation <p>The barriers identified are related to low enrollment. Program enrollment will be enhanced through an emphasis on promotion in the CalViva Member newsletter and email campaigns. For Tobacco Cessation a data exchange program will be explored to improve outreach efforts and a nicotine replacement kit program will also be evaluated.</p> <p>Changes to the 2023 Program Description include:</p> <ul style="list-style-type: none"> • Removed references to IHEBA/SHA throughout the document. • Deleted Fit Families for Life and Healthy Habits for Healthy People Community Classes description from the Weight Management Programs section. • Added: Member Services phone number to the Nurse Advise Line section. Changed title 	<p>Executive Summary 2022 - Health Education Program Description & Change Summary 2023 - Health Education Work Plan 2023 (Cardona/Waugh) 5-0-0-2</p>

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	<p>description from myStrength Program to Behavioral Health Education.</p> <ul style="list-style-type: none"> • Added information about Adverse Childhood Experiences (ACEs) education and resources. • Added information about MMCD Policy Letter 16-005 Member incentive programs to promote positive health behaviors. • Added “and available online” to the Member Newsletter section. • Added information on MMCD Policy Letter 16-005 Member Incentive Programs. CalViva follows guidance from DHCS Texting Program and Campaign Submission Form and Plan’s Texting Policy to develop, administer and evaluate texting campaigns”. Edited/ revised the paragraph. • Rearranged Education standards. Deleted Nutrition & Exercise. • Other minor edits throughout the document such as updated titles, acronyms, and minor deletions. <p>The 2022 Work Plan initiatives will continue into 2023 with the following enhancements:</p> <ol style="list-style-type: none"> 1. Conduct patient-level evaluation once the Asthma In-Home program ends in July 2023. A study being conducted of a sub-group of CalViva members with asthma to see if remediation efforts have improved Asthma patient conditions. 2. Vet and onboard new vendor for the Diabetes Prevention Program. 3. Collaborate with community partners to address health disparities in breast cancer screening rates in Fresno, Kings, or Madera County. 	
<p>#5 UM/CM Business</p> <ul style="list-style-type: none"> - Key Indicator & TAT Report (March) - Utilization Management Concurrent Review Report (Q1) (Attachments W-X) <p>Action Patrick Marabella, M.D Chair</p>	<p>The Key Indicator Report and Turn Around Time Report through March were presented. Membership has leveled off but is expected to decline with the unwinding of the Public Health Emergency and the re-starting of the member redetermination process.</p> <ul style="list-style-type: none"> • Utilization for all risk types increased in March 2023 compared to last year but is consistent with January 2023 figures. • SPD population for Acute Admits and ALOS Acute did not follow trends of other populations in March with noted declines. • Turn- around Times were not met for Routine Deferrals in March 2023. The issue associated with this failure has been addressed and follow-up completed. • Case Management results remained robust in all categories except for Palliative Care, which remained consistent. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Key Indicator & TAT Report (March) - Utilization Management Concurrent Review Report (Q1) (Quezada/Lee) <p>5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The Utilization Management Concurrent Review Report presents inpatient data and clinical concurrent review activities such as authorization for inpatient admissions, discharge planning, and medical appropriateness during Q1 2023.</p> <ul style="list-style-type: none"> All Populations are better than the goal for bed days and admissions for Q1 2023. All Populations experienced a decrease in Q1 2023 for Average Length of Stay compared to Q4 2022. <p>Daily UM Huddles occur with Care Management, Member Connections, Public Programs, and Medical Directors including Pharmacy.</p> <p>There is an onsite Non-Clinical Discharge Navigator at Community Regional Medical Center to support this process with plans to expand to a similar process at Saint Agnes Medical Center in the near future.</p>	
<p>#5 UM/CM Business - TurningPoint Musculoskeletal Utilization Review (Q4) (Attachments Y)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>TurningPoint Musculoskeletal Utilization Review for Q4 2022 provides a summary of compliance for the musculoskeletal prior authorization review process. TurningPoint reported the following results:</p> <ul style="list-style-type: none"> One-hundred-forty-nine (149) authorizations were finalized (Table 4). Compliance was not achieved in Q1 for standard/non-urgent prior authorization turnaround times (TAT). A Corrective Action Plan (CAP) was issued in February 2023 to be completed by March 31, 2023. The Call Center established metrics were met. Forty-nine (49) authorizations were denied (32.9% denial rate) consistent with the previous quarter. <p>Two appeals were upheld and four were overturned. TurningPoint will continue to monitor denials and educate providers.</p>	<p>Motion: <i>Approve</i> - TurningPoint Musculoskeletal Utilization Review (Q4) (Cardona/Quezada) 5-0-0-2</p>
<p>#5 UM/CM Business - PA Member Letter Monitoring Report (Q1) (Attachments Z)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The PA Member Letter Monitoring Report Q4 monitors Notice of Action (NOA) letters for compliance with regulatory standards including Prior Authorizations, Concurrent, and Post Service denials. Findings are discussed with the 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 four unique denial letters and three unique deferral letters impacted by letter opportunities. 	<p>Motion: <i>Approve</i> - PA Member Letter Monitoring Report (Q1) (Lee/Quezada) 5-0-0-2</p>

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	<ul style="list-style-type: none"> Denial and Deferral LTR Codes 48, 49, & 57 will continue to be monitored. In follow-up, Medical Management implemented staff/physician coaching focused on the use of clear and concise language with no medical jargon. 	
<p>#5 UM/CM Business - Medical Policies Provider Updates (Q1) (Attachments AA)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Medical Policies Provider Updates (Q1) were presented to the committee. The <i>Provider Update</i> Newsletter is compiled based on a national review by physicians and sent monthly to providers featuring new, updated, or retired medical policies for the Plan. New policies include:</p> <ul style="list-style-type: none"> CP.MP.247 – Transplant Services Documentation Requirements CP.MP.248 – Sleep Center Polysomnography for Obstructive Sleep Apnea <p>Updated policies include but are not limited to:</p> <ul style="list-style-type: none"> CP.BH.104 – Applied Behavioral Analysis CP.BH.300 – Biofeedback for Behavioral Health Disorders CP.MP.91 – Obstetrical Home Care Program CP.MP.102 – Pancreas Transplant CP.MP.117 – Spinal Cord Stimulation CP.MP.120 – Pediatric Liver Transplant 	<p>Motion: <i>Adopt</i> - Medical Policies Provider Updates (Q1) (Cardona/Quezada) 5-0-0-2</p>
<p>#6 Policy & Procedure Business - A&G Policy & Procedure Grid (Attachment BB)</p> <p>Action - Patrick Marabella, M.D Chair</p>	<p>The Appeals & Grievances Policy Annual Review Grid was presented to the committee. The policies were updated to comply with APL 21-011 and other minor edits. The policy edits were discussed and approved.</p> <ul style="list-style-type: none"> AG-001 Member Grievance Process <ul style="list-style-type: none"> Added reference to ADA and section 508 of the Rehabilitation Act of 1973. AG-002 Member Appeal Process <ul style="list-style-type: none"> Added Deemed Exhaustion definition. AG-004 Handling DMHC Calls Regarding Urgent Grievances <ul style="list-style-type: none"> Annual review, no changes. AG-005 Managing DMHC Cases <ul style="list-style-type: none"> Added language regarding the RHPI and naming conventions for submission. Added RHPI form as an attachment. 	<p>Motion: <i>Approve</i> - A&G Policy Annual Review 2023 (Quezada/Lee) 5-0-0-2</p>
<p>#7 Compliance Update - Compliance Regulatory Report</p>	<p>Mary Lourdes Leone presented the Compliance Report.</p>	

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<p>(Attachment CC)</p>	<p>Oversight Audits. The following annual audits are in-progress: Waste & Abuse, and the Member Call Center. The following audits have been completed since the last Commission report: 2020-2021 Credentialing (CAP); Q3 2022 PDR (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> <p>Department of Managed Health Care (“DMHC”) 2022 Medical Audit. The Plan is awaiting DMHC’s Preliminary Report.</p> <p>Department of Health Care Services (“DHCS”) 2022 Medical Audit – CAP. The Plan received the DHCS’ CAP request on November 30, 2022. The CAP identified three audit findings: two concerned the lack of documentation related to the provision of blood lead screening of young children, and one related to the lack of documentation of a Physician Certification Statement (PCS) form for member’s request for non-emergency medical transportation (NEMT). The Plan will continue to file a monthly report on the transportation finding until the DHCS accepts the Plan’s actions as having been satisfactorily completed.</p> <p>Department of Health Care Services (“DHCS”) 2023 Medical Audit. The DHCS medical audit took place via teleconference from April 17, 2023, through 4/28/2023. The 2023 audit also included two additional “focus audits”: one related to Behavioral Health and the other to Transportation. In addition to the formal interview questions, there were many additional formal audit requests to which the Plan provided written responses. The Plan is awaiting the DHCS’ Preliminary Final Report which is to be sent in advance of the formal “Exit Conference”.</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, those pertaining to Children and Youth. The Plan is awaiting DHCS approval of the MOC.</p> <p>Medi-Cal Adult Expansion Effective January 1, 2024, full-scope eligibility will be expanded to include individuals who are 26 to 49 years of age, who do not have satisfactory immigration status (SIS) or who are unable to establish satisfactory immigration status (USI). The expected count by the county to transition to full-scope Medi-Cal is as follows: 13,994 (Fresno); Kings (1,468); 4,615 (Madera).</p> <p>Transition to Statewide Exclusively Aligned Eligibility (EAE)-D-SNP</p>	

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	<p>Starting January 1, 2024, DHCS will expand the availability of Medi-Medi Plans (EAE D-SNPs) for dually eligible Medicare and Medi-Cal members to five additional central valley counties, including Fresno, Kings, and Madera. The Plan continues to work with Health Net as it stands up its EAE D-SNP product that affiliates with CalViva’s Medi-Cal Managed Care plan for benefits not covered by Medicare (e.g., ECM/CS, CBAS, etc.). Health Net is responsible for executing its D-SNP contract with CMS and its SMAC with DHCS. CalViva has been in contact with both DHCS and DMHC to discuss its role in the implementation process and will make any required filings with each of the Departments, especially as it concerns member communications and co-branding.</p> <p>Member Handbook/Evidence of Coverage On 3/3/23, the Plan received DHCS’ 2023 EOC Errata A which included language related to the California Cancer Equity Act, and the removal of the word “brief” under Cognitive health assessments. The Plan posted the Errata A on its website on May 1, 2023 On April 10, 2023, the Plan received DHCS’ 2023 EOC Errata B which includes language related to Street Medicine. The Plan is required to post Errata B to its website by July 1, 2023. DHCS is planning to release the 2024 Model EOC by the end of May 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 next PPC meeting will be held on June 7, 2023, at 11:30 am in the CalViva Health Conference Room, 7625 N. Palm Ave., Suite 109, Fresno, CA 93711</p>	
#10 Old Business	None.	
#11 Announcements	Next meeting July 20 th , 2023	
#12 Public Comment	None.	
#13 Adjourn	Meeting adjourned at 11:57 pm.	

NEXT MEETING: July 20th, 2023

Submitted this Day: July 20th, 2023

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

Acknowledgment of Committee Approval:

X Patrick Marabella
Patrick Marabella, MD Committee Chair