

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
QI/UM Committee  
Meeting Minutes**  
September 21<sup>st</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
	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	✓	Mary Lourdes Leone, Chief Compliance Officer
	Carolina Quezada, M.D., Family Health Care Network	✓	Maria Sanchez, Compliance Manager
✓	DeAnna Waugh, Psy.D., Adventist Health, Fresno County	✓	Patricia Gomez, Senior Compliance Analyst
✓	Joel Ramirez, M.D., Camarena Health Madera County	✓	Norell Naoe, Medical Management Administrative Coordinator
	Rajeev Verma, M.D., UCSF Fresno Medical Center		Zaman Jennaty, Medical Management Nurse Analyst
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
<b>Guests/Speakers</b>			
	None		

✓ = 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 10:30 a.m. A quorum was present.	
#2 Approve Consent Agenda - Committee Minutes: July 20 <sup>th</sup> , 2023 - QIUM Committee Meetings Calendar 2024 - Appeals & Grievances Classification Audit Report (Q2) - Appeals & Grievances Inter Rater Reliability Report (IRR) (Q2)	July 20 <sup>th</sup> , 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.  Dr. Marabella noted that due to the NCQA Accreditation process, the format of the meeting and minutes will be changing slightly to ensure we capture committee discussions for the lookback period beginning November 2023 to allow us to demonstrate full compliance here forward. The consent agenda will be longer to allow more time for committee discussion and feedback. Therefore, as always it is vital that all documents are read prior to the meeting.  A link for Medi-Cal Rx Contract Drug List was available for reference.	Motion: <i>Approve</i> Consent Agenda  (Lee/Ramirez) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li>- Quarterly Appeals &amp; Grievances Member Letter Monitoring Report (Q2)</li> <li>- Customer Contact Center (CCC) DMHC Expedited Grievance Report (Q2)</li> <li>- Member Incentive Programs - Semi-Annual Report (Q1 &amp; Q2)</li> <li>- PA Member Letter Monitoring Report (Q2)</li> <li>- Performance Improvement Project Updates (PIPS &amp; SWOT)</li> <li>- California Children's Service Report (CCS) (Q2)</li> <li>- Initial Health Appointment Quarterly Audit Report (Q1)</li> <li>- Concurrent Review IRR Report (Q2)</li> <li>- County Relations Quarterly Update (Q2)</li> <li>- MedZed Report (Q2)</li> <li>- NIA/Magellan (Q2)</li> <li>- QIUM Committee Charter 2023</li> </ul> <p>(Attachments A-P)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>		

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>#3 QI Business</b></p> <ul style="list-style-type: none"> <li>- Appeals &amp; Grievances Dashboard and TAT Report (July)</li> <li>- Appeals &amp; Grievances Executive Summary (Q2)</li> <li>- Appeals &amp; Grievances Quarterly Member Report (Q2)</li> </ul> <p>(Attachments Q-5)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented and reviewed the <b>Appeals &amp; Grievances Dashboard</b> through midyear 2023 compared to calendar year 2022 totals. He reminded the committee members of the annual comparison he presented in May and that standardized criteria are used to classify each case in order to include them in the appropriate area on the monthly dashboard. Today he will emphasize trends we are seeing so far in 2023.</p> <ul style="list-style-type: none"> <li>• The total number of grievances received increased in Q2 compared to Q1 and the PTMPM is on an upward trend. The 2023 YTD total received is 897, and in the 2022 full year 1183 were received. Most grievances in Q2 were Quality-of-Service (QOS) with notably 42 in the “other” category for the month of June alone. These 42 grievances were associated with balanced billing from which a formal work plan has been put in place to address these issues as well as streamline the Prior Authorization process. Another trend noted in Q2 QOS grievances were related to Transportation issues. Previously the highest volume of late/no-show cases were resolved by phone as Exempt grievances, but in 2023 we are seeing a trend for more formal grievances associated with late/no show and fewer Exempt cases. A formal grievance includes a more extensive review and written response to the member.</li> <li>• Quality of Care (QOC) grievances have shown a gradual increase month over month as well.</li> <li>• Exempt Grievances decreased when compared to last quarter. Balanced billing complaints continue to increase in this category.</li> <li>• Total Appeals received remained consistent with prior years when adjusted for PTMPM basis. Advanced imaging (MRIs) appeals continue to be a trend.</li> <li>• Trends in the July A &amp; G Dashboard are consistent with the above.</li> </ul> <p><b>Appeals &amp; Grievances Executive Summary (Q2)</b> through June 2023 was presented noting the following trends:</p> <ul style="list-style-type: none"> <li>• Total Appeals &amp; Grievances have increased from Q2 2022 compared to Q2 2023.</li> <li>• Total Exempt Grievances, including Attitude/Service, Transportation, and PCP Assignment Grievances have decreased from Q2 2022 to Q2 2023. Other/Member Billing showed a slight increase.</li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Appeals &amp; Grievances Dashboard and TAT Report (July)</li> <li>- Appeals &amp; Grievances Executive Summary (Q2)</li> <li>- Appeals &amp; Grievances Quarterly Member Report (Q2)</li> </ul> <p>(Ramirez/Lee) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>For Q2 2023, there were 96 Total Appeals &amp; 499 Total Grievances reported.</li> <li>Top Access Grievances were Prior Authorization Delay, Specialist Referral and Transportation/Missed Appointment.</li> <li>MODIVCARE has rolled out an app to aid members with viewing the status of their assigned drivers. It is anticipated that increased use of the app will improve member-driver communication and thereby reduce missed/late appointments.</li> </ul> <p><b>Appeals &amp; Grievances Quarterly Member Report (Q2)</b> through June 2023 was presented noting the following trends:</p> <ul style="list-style-type: none"> <li>Total number (on a PTMPY basis) of Appeals is lower and Grievances are higher than in 2022.</li> <li>Pre-Service Appeals were mainly related to Diagnostic MRIs, and Surgery (Arthroscopy).</li> <li>Quality of Service (QOS) Grievances: Balanced Billing, Prior Authorization, and Transportation were the top grievances in all three counties.</li> </ul>	
<p><b>#3 QI Business</b>                      - Potential Quality Issues (Q1, Q2)                      (Attachment T)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p>The <b>Potential Quality Issues (PQI) Report (Q1, Q2)</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> <p>Beginning in 2023, peer review results reported for cases with severity code levels 0, I, or II include reporting on further actions taken to address identified issues, such as practitioner/provider education, case management, health equity review, and network management involvement. PQI and PPC cases will continue to be tracked, monitored, and reported.</p> <ul style="list-style-type: none"> <li>The Q1 report was previously presented but is included here with the addition of the further actions taken in Table 4. There were twenty-seven further action peer review cases in Q1.</li> <li>There were zero non-member PQIs in Q2.</li> <li>There were one-hundred-five (105) member-generated PQIs in Q2. Most of these cases were scored a level zero, followed by level one and then level two. Three cases were at level three and sent to Peer Review.</li> <li>There were ten cases sent to Peer Review in Q2; with five cases closed and five remaining open.</li> </ul>	<p>Motion: <i>Approve</i>                      - Potential Quality Issues (Q1, Q2)                      (Lee/Ramirez)                      4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>There were thirty-eight (38) further actions taken in Q2. Seven cases were closed and nine remained open. PQI monitoring and reporting will continue.</li> </ul>	
<p><b>#3 QI Business</b>                      - Lead Screening Quarterly Report (Q1)                      (Attachment U)  <b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p>The <b>Lead Screening Quarterly Report (Q1 2023)</b> is a Quarterly Assessment of Blood Lead Screening in Children compliance to ensure that CalViva members receive blood lead level testing and follow-up when indicated and that parents/caregivers receive anticipatory guidance related to blood lead poisoning prevention from providers.</p> <p>The Q1 2023 report provides CalViva Health’s performance on blood lead level screenings and anticipatory guidance monitoring from Q1 2022 – Q1 2023.</p> <ul style="list-style-type: none"> <li>In Q1 2023 the compliance for CPT Code 83655 (lead screening only) ranged from:                             <ul style="list-style-type: none"> <li>9.3% (Q1 2022) - 80.03% (Q4 2022) in members 6-17 months of age</li> <li>14.89% (Q1 2022) - 84.60% (Q4 2022) in members 18-30 months of age</li> <li>75.99% (Q1 2022) - 95.04% (Q4 2022) in members 31-72 months of age</li> </ul> </li> <li>In Q1 2023 Anticipatory Guidance Coding remains low (below 6%). A trend is noted for lower compliance in the 18–30-month age group. This trend is attributed to the COVID-19 pandemic which spanned from March 2020 – May 2023. Members in this age group were born amidst the pandemic which impacted appointment availability and member adherence to medical appointments affecting compliance with testing frequency and parent education.</li> </ul> <p><b>Discussion:</b>  <i>Dr. Ramirez noted that coding and documenting anticipatory guidance is challenging.</i></p> <ul style="list-style-type: none"> <li>Action Plan for improvement includes:                             <ul style="list-style-type: none"> <li>Point of Care testing by supplying high-volume providers with the necessary equipment.</li> <li>Educating all providers on the correct billing codes for testing and anticipatory guidance.</li> <li>Formal DHCS CAP has been closed, as steps for improvement have been implemented, however close monitoring continues as this is a formal HEDIS® measure and we are held to the 50<sup>th</sup> percentile for compliance.</li> </ul> </li> </ul>	<p>Motion: <i>Approve</i>                      - Lead Screening Quarterly Report (Q1)                      (Ramirez/Waugh)                      4-0-0-3</p>
<p><b>#4 Key Presentations</b>                      - Quality Improvement Work Plan Mid-Year Evaluation and Executive</p>	<p><b>Quality Improvement Work Plan Mid-Year Evaluation and Executive Summary 2023</b>                      The 2023 Mid-Year Work Plan has a new organization and format.                      1. All Activities are now scored and determined to be “Off Track” or “On Track”. (75% complete = On Track)</p>	<p>Motion: <i>Approve</i>                      - Quality Improvement Work Plan Mid-Year Evaluation and Executive</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Summary 2023  (Attachment V)  <b>Action</b> Patrick Marabella, M.D Chair</p>	<p>2. At the Mid-Year 87% of activities were complete and:</p> <ul style="list-style-type: none"> <li>○ Ten (10) Activities are “On Track.”</li> <li>○ Three (3) are “Off Track.”</li> <li>○ One (1) is NA as this is the baseline year.</li> </ul> <p>3. The remaining activities and those planned for July to December will be completed by the end of the year.</p> <p>Performance Improvement Projects (PIPs) Breast Cancer Screening &amp; Childhood IZs:</p> <ul style="list-style-type: none"> <li>● Final Analyses of 2020-2022 PIPs submitted to HSAG &amp; DHCS in April 2023.</li> <li>● June 2023, CVH received notification from HSAG that both PIPs met all reporting criteria, and they were both determined to receive the highest confidence level indicating: <ul style="list-style-type: none"> <li>○ “The PIP was methodologically sound, the SMART Aim goal and statistically significant improvement were achieved, at least one of the tested interventions could reasonably result in the demonstrated improvement, and the Plan accurately summarized the key findings and conclusions.”</li> </ul> </li> </ul> <p>Planned Activities and QI Focus for 2023 consist of:</p> <p>1. Behavioral Health - On Track</p> <ul style="list-style-type: none"> <li>○ Improve Follow-up Care for members after ED Visits for Substance Use/Mental Health issues (FUA/FUM). <ul style="list-style-type: none"> <li>▪ Follow up within 7 days.</li> <li>▪ New CalViva Non-Clinical PIP 2023-2026</li> <li>▪ Focus on referrals to Community Supports</li> <li>▪ Initial submission to HSAG/DHCS due 9/8/23</li> <li>▪ In Planning Phase.</li> </ul> </li> </ul> <p>2. Chronic Conditions – 2/3 On Track</p> <ul style="list-style-type: none"> <li>○ Improve Asthma Medication Ratio – Off Track <ul style="list-style-type: none"> <li>▪ Asthma Education Mailer</li> <li>▪ In-Home Asthma Support Program.</li> </ul> </li> <li>○ Improve Management of Blood Pressure – On Track <ul style="list-style-type: none"> <li>▪ Provider Tip Sheet</li> <li>▪ Pharmacist Outreach.</li> </ul> </li> <li>○ Improve Management of Diabetes – On Track <ul style="list-style-type: none"> <li>▪ Care Gap Calls</li> </ul> </li> </ul>	<p>Summary 2023 (Lee/Waugh) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>▪ Distribute Diabetes Pocket Guide.</li> <li>3. Maternal/Women’s Health -Off Track               <ul style="list-style-type: none"> <li>○ Improve Prenatal/Postpartum Care                   <ul style="list-style-type: none"> <li>▪ Perinatal Care Training for Provider Engagement on Measures and Best Practices</li> <li>▪ Provider Engagement to educate Providers</li> <li>▪ CalViva Pregnancy Program – refer based on risk</li> <li>▪ Refer all African American Pregnant Women to the CVH Pregnancy Program.</li> </ul> </li> </ul> </li> <li>4. Member Engagement &amp; Experience – On Track               <ul style="list-style-type: none"> <li>○ Increase compliance with Initial Health Appointment (IHA) within 120 days                   <ul style="list-style-type: none"> <li>▪ Send letters to non-compliant Providers</li> <li>▪ Provider Engagement Re-educates low performing Providers</li> <li>▪ Update IHA Materials</li> <li>▪ IHA Quarterly Reporting.</li> </ul> </li> <li>○ Improve Member Satisfaction                   <ul style="list-style-type: none"> <li>▪ Annual Member Newsletter</li> <li>▪ Year Over Year Analysis</li> <li>▪ PPG Webinar</li> <li>▪ CAHPS Playbook</li> <li>▪ Provider Training Webinar and CME.</li> </ul> </li> </ul> </li> <li>5. Hospital Quality &amp; Patient Safety – On Track               <ul style="list-style-type: none"> <li>○ Monitor Hospital Quality and Safety                   <ul style="list-style-type: none"> <li>▪ Major focus on Patient Safety and C-Section rates</li> <li>▪ Collaborate with local hospitals to improve scores</li> <li>▪ Identify and work with Low Performing Hospitals – Collaboratives</li> <li>▪ Track &amp; Produce Hospital Quality Scorecard.</li> <li>▪ Focus on hospital-acquired infections and other safety metrics.</li> </ul> </li> </ul> </li> <li>6. Pediatric – ½ On Track               <ul style="list-style-type: none"> <li>○ Improve Infant Well-Child Visits – Off Track                   <ul style="list-style-type: none"> <li>▪ CVH New Clinical PIP</li> <li>▪ Focus on the African American Population in Fresno County</li> <li>▪ Initial submission to HSAG/DHCS due 9/8/23</li> </ul> </li> </ul> </li> </ul>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>▪ Planning Phase</li> <li>○ Pediatric SWOT – On Track               <ul style="list-style-type: none"> <li>▪ Improve Well-Child Visits and Childhood Immunizations for children under 2 years.</li> <li>▪ Working with two FQHCs to test Converting sick visits to well visits and completing chart prep to immunize at every visit.</li> <li>▪ Next Report Due to DHCS 11/30/23</li> </ul> </li> <li>7. Preventive Health – On Track               <ul style="list-style-type: none"> <li>○ Improve Cancer Screening                   <ul style="list-style-type: none"> <li>▪ Promote Every Woman Counts for BCS/CCS Screening</li> <li>▪ 19 Mobile Mammography Events</li> <li>▪ Incentives for Radiology Providers to close care gaps.</li> </ul> </li> <li>○ Improve Childhood Blood Lead Screening                   <ul style="list-style-type: none"> <li>▪ Point of Care Lead Screening Analyzers for High Volume Pediatricians</li> <li>▪ Provider Education</li> <li>▪ Update Written Materials.</li> </ul> </li> </ul> </li> <li>8. Provider Engagement – On Track               <ul style="list-style-type: none"> <li>○ Evaluating Data to Generate Excellence (Quality EDGE)                   <ul style="list-style-type: none"> <li>Support Providers to Overcome Barriers to Improving Performance                       <ul style="list-style-type: none"> <li>▪ Support Obtaining Equipment Needed for Physical Accessibility standards (PARS) for High Volume Specialists</li> <li>▪ Blood Lead Screening equipment or other opportunities.</li> </ul> </li> </ul> </li> </ul> </li> </ul> <p><b>HEDIS® Default Measures (50<sup>th</sup> percentile)</b></p> <ul style="list-style-type: none"> <li>• Childhood Immunizations: Madera County above MPL of 34.79% Fresno &amp; Kings below. SWOT in Fresno/Kings.</li> <li>• Controlling High Blood Pressure: All three counties exceeded the MPL of 59.85%.</li> <li>• Timeliness of Prenatal Care: All three counties exceeded MPL of 85.40%</li> <li>• Comprehensive Diabetes Care – HbA1c testing: All three counties exceeded the MPL of 39.90%. (Inverted measure)</li> <li>• Cervical Cancer Screening: Kings &amp; Madera Counties exceeded the MPL of 57.64%. Fresno County did not. Barely missed it at 57.08%.</li> </ul> <p><b>Discussion:</b></p>	



AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Dr. Marabella asked Dr. Waugh if she had any suggestions on how we should address the Behavioral Health Non-Clinical PIP (Completing follow-up visit within 7 days after being seen in the ER for FUA/FUM diagnosis). Considering that our data shows that most often this is their first and only visit to the ER within a year. Also noting that Kings County was the only one of CalViva's Counties to meet the MPL for this measure in MY2022.</i></p> <p><i>Dr. Waugh stated that Adventist Health in Kings County received a grant to have an LCSW (hybrid position) working in their ER to help screen patients on the level of follow-up care needed and will connect them to providers or schedule a follow-up directly with the LCSW. The LCSW is the personal connection to the member as the LCSW can provide patient education on the behavioral health system, so the outreach and recovery process isn't as intimidating which has been found to help increase patient compliance.</i></p> <p><i>Dr. Marabella agreed that our analysis of the data did demonstrate that the best results occurred when the follow-up happened the same day as the ER visit and with many, there is only one chance to make a difference as we may never see that patient again.</i></p> <p><i>Amy Schneider shared with the committee that our initial data analysis evaluating many variables such as race/ethnicity, age, gender, housing or food insecurity, language did not identify any statistically significant differences to help focus the team on a particular subpopulation. We did identify some interesting commonalities for age groups and certain zip codes where a majority of these members live, but we are continuing our efforts to learn more through interviews. We will continue to provide updates as the team progresses.</i></p>	
<p><b>#4 Key Presentations</b></p> <ul style="list-style-type: none"> <li>- Utilization Management /Case Management Work Plan Mid-Year Evaluation and Executive Summary 2023</li> </ul> <p>(Attachment W)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the <b>2023 Mid-Year Utilization Management Case Management Work Plan Evaluation and Executive Summary.</b></p> <p>Activities in 2023 Focus on:</p> <ol style="list-style-type: none"> <li>1. Compliance with Regulatory and Accreditation Requirements</li> <li>2. Monitoring the Utilization Management Process</li> <li>3. Monitoring Utilization Metrics</li> <li>4. Monitoring Coordination with Other Programs and Vendor Oversight</li> <li>5. Monitoring Activities for Special Populations</li> </ol> <p>Utilization Management processes have remained consistent. Case Management and Disease Management continue to monitor the effectiveness of programs to better serve our members.</p> <p>Key metrics:</p> <ul style="list-style-type: none"> <li>• Turn-around Time for processing authorizations from January – June was 99.6%.</li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Utilization Management/ Case Management Work Plan Mid-Year Evaluation and Executive Summary 2023</li> </ul> <p>(Ramirez/Lee) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Turn-around Time for appeals January – June was 100%.</li> <li>• Bed days/1000 had a decrease in Q1 and Q2 2023.</li> <li>• Admits/1000 remains consistent.</li> <li>• Average Length of Stay (ALOS) remains consistent.</li> <li>• Readmit 30 Day had a decrease in Q1 and Q2 2023.</li> </ul> <p>Metrics Too Soon to Tell if they will meet the target:</p> <ul style="list-style-type: none"> <li>• Only one metric was classified as “Too soon to Tell” at the mid-year. 3.3 PPG Profile - Activities related to PPG Profile performance and monitoring. One PPG fell below target (95%) on turn-around times in the first quarter. Provisions added to address urgent cases during office closures for holidays.</li> </ul> <p>Activities on target to meet year-end goals:</p> <ol style="list-style-type: none"> <li>1. Compliance with licensure and periodic audits.</li> <li>2. Review, revise, and updates to Program Descriptions, Work Plans, and Policies at least annually.</li> <li>3. Creation of new Population Health documents for NCQA accreditation preparation.</li> <li>4. A Long-Term Care (LTC) Specialist Social Worker based in Fresno was onboarded in 2023 to support the LTC transition.</li> <li>5. Health Information Forms (HIF) completed or Outreached Jan to Jun was 3,751 with 541 members referred to Case Management.</li> <li>6. 2,529 members managed through Q2 in physical, behavioral, and transitional case management. Up from 1,739 for the same time last year.</li> <li>7. 565 Members managed in the High-Risk Pregnancy Program through Q2. Engagement is steady at 43%.</li> <li>8. 419 Members managed in Behavioral Health CM through Q2. Engagement rate at 68% this year.</li> </ol>	
<p><b>#4 Key Presentations</b>                      - PHM Strategy Program Description 2023                       (Attachment X)   <b>Action</b></p>	<p>The <b>PHM Strategy Program Description 2023</b> was presented. The PHM Program is designed to ensure that all members have access to a comprehensive set of services based on their needs and preferences across the continuum of care, free from barriers, using the Health Equity (HE) Improvement Model to identify and design community-anchored interventions which lead to longer, healthier, and happier lives, improved outcomes, and health equity which is the guiding principle. PHM Program categories include Developmental, Physical, Mental Health, SUD, LTSS, Palliative Care, Oral Health, Vision, and Pharmacy.</p>	<p>Motion: <i>Approve</i>                      - PHM Strategy Program Description 2023                      (Ramirez/Lee)                      4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Patrick Marabella, M.D Chair</p>	<p>PHM Data Activities:</p> <ul style="list-style-type: none"> <li>• Gathering member information; risk stratification; providing services and support.</li> <li>• Population Needs Assessment inclusive of inputs from CBOs, Local Health Jurisdictions, Schools; Higher education, Hospitals, and MCPs.</li> </ul> <p>Population Health Management is the framework to achieve health and wellness for all, free from barriers, using the Health Equity Improvement Model to identify and design community-anchored interventions.</p> <p>PHM Program Core Aspects include:</p> <ul style="list-style-type: none"> <li>• Basic Population Health               <ul style="list-style-type: none"> <li>○ Access, Utilization, and Engagement with Primary Care</li> <li>○ Care Coordination, Navigation, and Referrals Across All Health and Social Services, Including Community Supports</li> <li>○ Information Sharing and Referral Support Infrastructure</li> <li>○ Integration of Community Health Workers (CHWs) in PHM</li> <li>○ Wellness and Prevention Programs</li> <li>○ Programs Addressing Chronic Disease</li> <li>○ Programs to Address Maternal Health Outcomes</li> <li>○ PHM for Youth and Children under 21 years of age</li> </ul> </li> <li>• Risk Stratification, Segmentation &amp; Tiering (RSST) is an important aspect of PHM.               <ul style="list-style-type: none"> <li>○ Algorithms include clinical and sociodemographic variables, bias testing, and UM data to stratify the entire population (many data sources utilized).</li> <li>○ Classify members into low, medium, and high-risk categories and Case Management Levels 1-5. In order to assign appropriate resources, interventions, and programs.</li> </ul> </li> </ul> <p>Care Management Enhancements include:</p> <ul style="list-style-type: none"> <li>• Complex Care Management (CCM)</li> <li>• Enhanced Care Management (ECM) with contracted providers outside of the Health Plan. CalAIM</li> <li>• Transitional Care Services (TCS) - Transitions are defined as when a member transitions from one level of care or setting to another, including acute care, SNF, CBAS, home, or Community Supports.               <ul style="list-style-type: none"> <li>○ Under PHM and in line with CalAIM, MCPs are accountable for enhancing TCS beginning on 1/1/23, and fully implementing for <u>all members</u> by 1/1/24, across all</li> </ul> </li> </ul>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>settings and delivery systems, ensuring members are supported from discharge planning until they have been successfully connected to all needed services and supports.</p> <p>CVH PHM Model</p> <ul style="list-style-type: none"> <li>• PH/BH Care Management                             <ul style="list-style-type: none"> <li>○ Enhanced</li> <li>○ Complex</li> <li>○ Transitional (May apply to other tiers)</li> <li>○ Homebound</li> </ul> </li> <li>• PHM Outreach                             <ul style="list-style-type: none"> <li>○ Member Connections</li> <li>○ Clinical Pharmacy</li> <li>○ Medication Reconciliation</li> <li>○ Care Coordination/Social Work</li> <li>○ QI Intervention Strategies</li> </ul> </li> <li>• Basic Pop Health Management (BPHM)                             <ul style="list-style-type: none"> <li>○ Tech-Enabled Solutions</li> <li>○ Community Resource Information</li> <li>○ Health &amp; Wellness Programs</li> <li>○ Member Connections</li> <li>○ Cozeva</li> </ul> </li> </ul> <p>PHM Monitoring Plan</p> <ul style="list-style-type: none"> <li>• DHCS will review the holistic performance of PHM Program implementation by monitoring performance across multiple PHM categories including specific populations such as Children and Youth, Birthing Populations, and Individuals with Behavioral Health Needs.</li> <li>• Categories are organized by the following monitoring domains: PHM program areas/themes, populations, and cross-cutting priorities.</li> <li>• DHCS will monitor equity across all monitoring domains and categories.</li> <li>• DHCS will conduct routine engagement with MCPs throughout each year on MCPs' PHM programs to ensure regular, bidirectional communication on implementation challenges and successes.</li> </ul>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Integrated Approach covers all stages of life from birth to severe illness with Palliative/hospice care always with a focus on Equity and considering the following:</p> <ul style="list-style-type: none"> <li>○ Housing/food/nutrition</li> <li>○ Safety/security</li> <li>○ Transportation</li> <li>○ Justice Involved/Foster Care</li> <li>○ Psychosocial</li> <li>○ Health literacy</li> <li>○ Interpreter/translation/language</li> <li>○ Financial/socioeconomic</li> <li>○ Cultural/social/familial</li> <li>○ LGBTQIA+</li> <li>○ Rural/access deserts</li> <li>○ Homebound/disabilities</li> </ul> <ul style="list-style-type: none"> <li>● Members will be supported in the following ways: <ul style="list-style-type: none"> <li>○ Provider, Patient Navigator, Promotores</li> <li>○ Prescription Support, Medication Reconciliation, Adherence Counseling</li> <li>○ Home visits, CHWs, Doulas, Street Medicine</li> <li>○ Coordination of Care (PCP, Specialty, ER, UC, IP, PCP, LTC/SNF, NH)</li> <li>○ Chronic Disease and BHM</li> <li>○ CM, ECM, CCM, CS</li> <li>○ Telehealth Kiosks, Self-Service Tablets/Tools, Emergency Support</li> <li>○ Health Education/Wellness/SDoH</li> </ul> </li> </ul> <p>CVH Population Health Management (PHM) as aligned with DHCS Model:</p> <ul style="list-style-type: none"> <li>● Gather Member information through various methods, Claims, ADT, Authorizations, Assessments, Initial Screenings, Data Feeds, etc.</li> <li>● Understanding Risk through PHM Categorization, SDoH Reporting, Care Alert Reporting, to CalAIM Populations Of Focus (POF) and Community Supports (CS) POF. Taking all of this information on factors that contribute to risk, you complete:</li> <li>● Risk Tiering on a scale of 0-10, low to high</li> <li>● Finally, identifying the Programs for Members and the Community including Case Management, Chronic Disease Management, Enhanced Care Management, Community</li> </ul>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Supports, Community Health Workers, and other programs and Digital Tools.</p> <p><b>Discussion:</b>  <i>Dr. Marabella stated that Population Health Management is the overarching framework we will use to achieve health and wellness in our CalViva population. It requires a focus on Health Equity to identify and remove barriers in order to support and create a healthy community. It is a heavy lift for the Plans and will require a lot of coordination, communication, and management by the many different points of care and service available for members to access. The services offered go beyond traditional care to address other social issues for high-risk populations. Some of the initial plans for this endeavor include things like adding a Case Manager in high-volume ERs to help with the transitions of care, "bedside enrollment," and obtaining access to ADT data from all participating hospitals to allow for timely intervention. The goal is to have more members access needed services like ECM and Community Supports seamlessly from wherever they are.</i>  <i>Dr. Lee stated that the burden of care falls on the doctor but, her motto is "help me to help you." Some patients don't follow through on recommendations made by their providers. The language barriers, transportation barriers, missed appointments, and follow-through by members are real roadblocks to better care for a subset of members. For the majority, the additional resources like case management will be helpful.</i>  <i>Dr. Ramirez stated that initially, the SDoH screenings determined what members needed like transportation, food, or financial help. The challenge became what resources could be identified in the community to address these needs. However, now that the health plans and the state are addressing this need for support implementation should be more successful.</i></p>	
<p><b>#4 Key Presentations</b>                      - Integrated Accessibility Report (Member &amp; Provider Satisfaction)                       (PowerPoint)   <b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p><b>Integrated Accessibility Report (Member &amp; Provider Satisfaction)</b> CalViva Health (CVH) has established care standards and goals to meet compliance requirements to:</p> <ul style="list-style-type: none"> <li>• Ensure adequate member access to health care services.</li> <li>• Meet DMHC &amp; DHCS regulatory requirements related to timely access.</li> </ul> <p>In order to assess compliance, we need to monitor and evaluate:</p> <ul style="list-style-type: none"> <li>• Access to Medical and Behavioral Health Care Providers</li> <li>• Access to Ancillary services</li> <li>• Provider Satisfaction with Access</li> <li>• Member Experience with Access</li> <li>• Telephone Wait Times</li> <li>• Member Grievances</li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Integrated Accessibility Report (Member &amp; Provider Satisfaction) (Ramirez/Lee)</li> </ul> <p>4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>A component of this monitoring is Satisfaction Surveys and that is the focus of this report: Member and Provider Satisfaction Surveys.</p> <p>2022 CalViva Health Provider Survey Tool (PSS)</p> <ul style="list-style-type: none"> <li>• Administered via mail/internet &amp; telephone from 6/2022-9/2022 – by SPH Analytics</li> <li>• Random sample of high-volume providers. Response rate significantly down this year at 2.6% (2021 6.2%).</li> <li>• There are seven (7) access related measures in the CVH Provider Survey this year (MY22).</li> <li>• The overall (composite) score was slightly lower at 69.7% compared to 70.3% in 2021.</li> <li>• Access to Urgent Care, Non-Urgent Primary Care and Current and Accurate Provider Directory data all improved over the last year.</li> <li>• Referral and/or Prior Authorization satisfaction is down this year at 65.5% compared to 72.9% last year. This is consistent with the increase in grievances associated with prior authorizations we have seen recently.</li> <li>• The two remaining measures were slightly lower.</li> <li>• Root cause analysis of grievances is performed quarterly with reporting of results to stakeholders for follow up.</li> </ul> <p>2022 MHN Provider Behavioral Health Survey Tool (PSS)</p> <ul style="list-style-type: none"> <li>• Administered via email – via Qualtrics from 6/2022 – 9/2022. Response rate is up this year at 51% (2021 44%).</li> <li>• There are six (6) access related measures in the BH Provider Survey this year (MY22).</li> <li>• Perspective on concerns with compliance with the Urgent Care standard (% No) increased over last year.</li> <li>• All other measures reported decreased satisfaction compared to last year.</li> <li>• MHN is currently working on some actions to improve provider satisfaction and reporting on these in their quarterly PIR report.</li> </ul> <p>Member Satisfaction Survey (MSS)</p> <ul style="list-style-type: none"> <li>• CVH Member Annual survey to assess enrollee satisfaction with health care:</li> <li>• Follows NCQA protocol for administering the CAHPS®</li> <li>• Random sample of CVH members who meet CAHPS® eligibility criteria.</li> </ul> <p>The survey was conducted by telephone by SPH Analytics on 4/5/2022 – 4/26/2022.</p> <ul style="list-style-type: none"> <li>• Six (6) questions were asked related to access.</li> </ul>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Ability to get routine care and ability to get care, tests and treatment easily improve slightly over 2021 results.</li> <li>• Ease to see a specialist decreased over the last year down to 47% from 65% in 2021. This is consistent with survey results from PCPs and our grievance data.</li> <li>• Two measures decreased slightly (1 to 2%) related to urgent care access and rescheduling a routine appointment.</li> <li>• Behavioral Health member satisfaction survey tool is called Experience of Care and Health Outcomes (ECHO):</li> <li>• Annual survey to assess enrollee satisfaction with behavioral health care services.</li> <li>• MHN-specific survey tool</li> <li>• Randomly sample members meeting eligibility criteria.</li> <li>• Administered by mail in 7/2022 – 9/2022</li> <li>• Results were broken down by county.</li> <li>• Kings and Madera counties had low sample sizes limiting the ability to analyze the results.</li> <li>• Fresno County’s volume of responses was similar to last year. Non-urgent appointments with a psychiatrist improved over last year.</li> <li>• Two questions were new this year and therefore did not have comparative data from last year.</li> <li>• Three measures decreased compared to last year related to non-urgent follow up appointments with psychiatrist, non-urgent initial and follow up appointments with non-physician.</li> </ul> <p>MHN is currently working on some actions to improve provider issues which will also impact member satisfaction issues. They are reporting on these in their quarterly PIR report.</p>	
<p><b>#5 Access Business</b></p> <ul style="list-style-type: none"> <li>- Access Workgroup Committee Minutes May 30th, 2023</li> <li>- Access Workgroup Quarterly Report (Q2)</li> </ul>	<p>The <b>Access Workgroup Committee Minutes for May 30<sup>th</sup>, 2023</b> were presented and reviewed. The minutes have been approved and accepted by the Access Workgroup and will be brought to this Committee for review and approval going forward. <i>There were no questions regarding the minutes.</i></p> <p>The <b>Access Workgroup Quarterly Report</b> provides the QI/UM Committee with an update on the CalViva Health Access Workgroup activities in Quarter 2 of 2023. Reports and topics discussed</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Access Workgroup Committee Minutes May 30th, 2023</li> <li>- Access Workgroup Quarterly Report (Q2)</li> </ul>



AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>(Attachments Y - Z)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>focus on access-related issues, trends, and any applicable corrective actions. Reports reviewed include:</p> <ul style="list-style-type: none"> <li>• Appeals &amp; Grievances Executive Report - Q1 2023</li> <li>• Behavioral Health Performance Indicator- Q1 2023</li> <li>• Long-Term Support Services (LTSS) - Q1 2023</li> <li>• Member Services Call Center Metrics Report - Q1 2023</li> <li>• MHN Triage and Screening Report-Q1 2023</li> <li>• Network Adequacy Report - Q1 2023</li> <li>• Open Practice Report - Q1 2023</li> <li>• Provider Office Wait Times Report- Q1 2023</li> <li>• Provider Over Capacity Grievance Report – Q1 2023</li> <li>• Triage and Screening Report - Q 1 2023</li> <li>• CCC Exempt Grievances Access to Care Trend Report - Q 1 2023</li> <li>• 274 Monthly Data Quality Check – February &amp; March</li> <li>• PPG Dashboard &amp; Access Narrative -Q4 2022</li> <li>• Telehealth Program</li> <li>• MY 2021 PAAS and After-Hours CAP and Evaluation – Update                             <ul style="list-style-type: none"> <li>• It takes a year to collect and analyze data and CAPs.</li> </ul> </li> <li>• 2022 DHCS Annual Network Certification</li> <li>• MY2022 DHCS Subnetwork Certification</li> <li>• MY2022/RV2023 DMHC TAR/ANR Filing</li> <li>• APL 22-007 and APL 22-026 Timely Access and Network Reporting Regulations</li> </ul>	<p>(Ramirez/Lee) 4-0-0-3</p>
<p><b>#6 UM/CM/PHM Business</b></p> <ul style="list-style-type: none"> <li>- Key Indicator Report and TAT Report (July)</li> <li>- Utilization Management Concurrent Review Report (Q2)</li> </ul> <p>(Attachments AA-BB)</p>	<p>Dr. Marabella presented the <b>Key Indicator Report and Turn Around Time Report</b> through July. A summary was shared that provided the most recent data for Admissions, Bed Days, Average Length of Stay, and Readmissions through July 2023.</p> <ul style="list-style-type: none"> <li>• <b>Membership</b> shows an increase for Expansion population, slight decrease for TANF, and an increase in the SPD population of approximately 12,500 members.</li> <li>• For <b>Acute Admissions</b> (adjusted PTMPY), the Expansion population had an increase and then slight decrease in the first 6 months of 2023 and is decreased compared to 2022. TANF slightly decreased compared to 2022, and SPD decreased compared to 2022.</li> <li>• <b>Bed Days</b> (adjusted PTMPY) decreased for all three populations.</li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Key Indicator Report and TAT Report (July)</li> <li>- UM Concurrent Review Report (Q2)</li> </ul> <p>(Lee/Ramirez) 4-0-0-3</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>• <b>Acute Length of Stay</b> (adjusted PTMPY) decreased slightly for Expansion and SPD populations and remained the same for TANF population.</li> <li>• <b>Readmits within 30 days</b> (adjusted PTMPY) decreased slightly for Expansion and SPD populations and increased slightly for TANF.</li> <li>• <b>ER Visits</b> (adjusted PTMPY) are lower for Expansion and SPD populations through Q2 and slightly increased for TANF.</li> <li>• Perinatal Case Management results have shown a slight increase in referrals in Q2, and the engagement rates have remained consistent.</li> <li>• Integrated Case Management (CM) and Transitional CM have seen an increase in both referrals and engagement rates.</li> <li>• Palliative Care shows an increase in referrals but a decrease in engagement rate. Community Hospital has a new program where Fellows will work with our Palliative Care staff.</li> <li>• Behavioral Health referrals have fluctuated in recent months, but we have started to work with the HN Behavioral Health Team in hopes of improving referrals and engagement rates.</li> </ul> <p><b>Utilization Management Concurrent Review Report</b> presents inpatient utilization data and clinical concurrent review activities for Q2 2023. The emphasis of the UM team 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>• Data trends are consistent with those described above for KIR.</li> </ul> <p>Except for SPD, all Utilization goals have been met (SPD ALOS and Bed Days YTD actuals did not meet set goals).</p>	
<p><b>#6 UM/CM/PHM Business</b> - Case Management &amp; CCM Report(Q2)  (Attachment CC)  <b>Action</b> Patrick Marabella, M.D Chair</p>	<p><b>The Case Management Report and CCM Report (Q2)</b> summarizes the Integrated Case Management, Perinatal Case Management, Transitional Care Management, MemberConnections, Palliative Care, Behavioral Health Case Management, and Emergency Department (ED) Diversion activities for Q2 2023 and utilization-related outcomes through 06/30/23.</p> <ul style="list-style-type: none"> <li>• After enrollment in Case management, Readmission rates, and ED Claims are noted to decrease consistently. Q2 data continues to reflect positive outcomes.</li> <li>• Those enrolled in Perinatal Case Management show improved outcomes in timeliness of first pre-natal visit, pre-term deliveries, and post-partum visits. Although pre-term delivery</li> </ul>	<p>Motion: <i>Approve</i> - Case Management &amp; CCM Report (Q2) (Vaugh/Lee) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>improvement was lower than seen previously this quarter, all measures showed positive outcomes.</p>	
<p><b>#6 UM/CM/PHM Business</b>                      - ECM &amp; Community Supports Performance Report (Q1 &amp; Q2)                       (Attachment DD)   <b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p><b>ECM &amp; Community Supports Performance Report(Q1 &amp; Q2)</b> is a new report that summarizes the CalAIM (California Advancing and Innovating Medi-Cal) initiative to improve the quality of life and health outcomes of Medi-Cal Members by implementing a broad delivery system and program and payment reform. A key feature of CalAIM is the introduction of Enhanced Care Management (ECM) as well as a new menu of Community Supports (CS) services, which can serve as cost-effective alternatives to covered Medi-Cal services. Medi-Cal managed care plans (MCPs) are responsible for administering both ECM and CS services.</p> <p>Between January through June 2023, there has been a steady increase in both ECM and CS uptake, including authorization and claims submissions.</p> <ul style="list-style-type: none"> <li>• For ECM, of 19,074 members were assigned in the three CVH counties, 6,784 were successfully enrolled, accounting for a 36% enrollment rate.</li> <li>• The average assignment to enrollment percentage remains above average in Fresno (34%) and Madera (71%), and slightly below the 25% threshold in Kings County (22%).</li> <li>• For CS, a total of 790 authorizations were submitted between January to June 2023, with 1,312 total claims paid.</li> <li>• 50% of the paid CS claims were for services related to Housing Transition/Navigation Services, followed by 32% for Asthma Remediation, and 14% for Recuperative Care.</li> <li>• Fresno (89%) accounted for the most referrals, followed by Madera (6%) and Kings (5%).</li> </ul> <p>Barriers to ECM and CS uptake continue to be focused on lack of accurate or available member contact information, difficulty finding members to refer into the program, lack of awareness by members and other providers of the program, inconsistent engagement with providers by the Plan’s provider liaison, and training and technical assistance needs on operational functions.</p> <p>Next steps include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Partner with the Population Health and Clinical Operations (PHCO) team to systematically screen, engage, and refer members to ECM and CS services.</li> <li>• Engage targeted ECM and CS providers to outreach and enroll members and close authorization to claims gap.</li> <li>• Support CS providers to submit timely claims submission and confirm services rendered relative to their authorizations.</li> <li>• Support ECM and CS providers to cross-refer to one another through a series of monthly</li> </ul>	<p>Motion: <i>Approve</i></p> <p>- ECM &amp; Community Supports Performance Report (Q1 &amp; Q2)                      (Lee/Ramirez)                      4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>“Connecting the Dots” webinar series in partnership with Health Management Associates (HMA).</p>	
<p><b>#6 UM/CM/PHM Business</b>                      - Medical Policies Complete List &amp; Provider Updates (Q2)                       (Attachment EE)   <b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p><b>Medical Policies Complete List &amp; Provider Updates (Q2)</b>                      The <b>Medical Policies Provider Updates</b> (Q2) 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. Updated policies include but are not limited to:</p> <ul style="list-style-type: none"> <li>• CP.BH.1 – ADHD Assessment Testing</li> <li>• CP.MP.37 – Bariatric Surgery</li> <li>• CP.BH.201 – Deep Transcranial Magnetic Stimulation for Obsessive Compulsive Disorder</li> <li>• CP.MP.106 – Endometrial Ablation</li> <li>• CP.MP.134 – Evoked Potential Testing</li> <li>• CP.MP.248 – Facility-Based Sleep Studies for Obstructive Sleep Apnea</li> <li>• CP.MP.130 – Fertility Preservation</li> <li>• CP.MP.209 – Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing</li> <li>• CP.MP.496 – Gender Affirming Procedures</li> <li>• CP.MP.113 – Holter Monitors</li> <li>• CP.MP.58 – Intestinal and Multivisceral Transplant</li> <li>• CP.MP.123 – Laser Therapy for Skin Conditions</li> <li>• CP.MP.244 – Liposuction for Lipedema</li> <li>• CP.MP.91 – Obstetrical Home Health Programs</li> <li>• CP.MP.188 – Pediatric Oral Function Therapy</li> <li>• CP.MP.181 – Polymerase Chain Reaction Respiratory Viral Panel Testing</li> <li>• CP.MP.210 – Repair of Nasal Valve Compromise</li> <li>• CP.MP.146 – Sclerotherapy and Chemical Endovenous Ablation for Varicose Veins</li> <li>• CP.MP.185 – Skin Substitutes for Chronic Wounds</li> <li>• CP.MP.97 – Testing for Select Genitourinary Conditions</li> <li>• CP.MP.87 – Therapeutic Utilization of Inhaled Nitric Oxide</li> <li>• CP.BH.200 – Transcranial Magnetic Stimulation for Treatment-Resistant Major Depressive Disorder</li> <li>• CP.MP.38 – Ultrasound in Pregnancy</li> </ul>	<p>Motion: <i>Adopt</i>                      - Medical Policies Complete List &amp; Provider Updates (Q2)                       (Lee/Ramirez)                      4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• CP.MP.98 – Urodynamic Testing</li> <li>• CP.MP.46 – Ventricular Assist Devices</li> <li>• CP.MP.99 – Wheelchair Seating</li> <li>• Updated policies include but are not limited to:</li> <li>• HNCA.CP.MP.349/CA.MP.MP.349 - Artificial Retina</li> <li>• CP.MP.128 - Optic Nerve Decompression</li> </ul>	
<p><b>#7 Pharmacy Business</b></p> <ul style="list-style-type: none"> <li>- Pharmacy Executive Summary (Q2)</li> <li>- Pharmacy Operations Metrics (Q2)</li> <li>- Pharmacy Top 25 Prior Authorizations (Q2)</li> <li>- Pharmacy Inter-Rater Reliability Results (IRR) (Q2)</li> <li>- Pharmacy Provider Updates (Q2)</li> </ul> <p>(Attachments FF-JJ)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>The <b>Pharmacy Executive Summary Q2</b> 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 (TAT) metrics, and to formulate potential process improvements.</p> <ul style="list-style-type: none"> <li>• Pharmacy Operations Metrics               <ul style="list-style-type: none"> <li>○ Pharmacy Prior Authorization (PA) metrics were within 5% of the standard for Q2.</li> <li>○ Overall, TAT for Q4 was 98.5%. PA TAT was higher in Q2 than in Q1.</li> <li>○ PA volume was slightly higher in Q2 compared to Q1.</li> </ul> </li> <li>• Medication Trend Updates and Formulary Changes were included.</li> </ul> <p>The <b>Pharmacy Operations Metrics (Q2)</b> 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 Q2 2023. Overall, TAT for Q2 2023 was 98.5%.</p> <p>The <b>Pharmacy Top 25 Prior Authorizations (Q2)</b> identifies the most requested medications to the Medical Benefit PA Department for CalViva Health members and assesses potential barriers to accessing medications through the PA process.</p> <ul style="list-style-type: none"> <li>• Top 25 PA requests in Q2 2023 were consistent with the top 10 drugs in Q1, with a few placement variations.</li> <li>• The drug denied most frequently was Elfapegrastim, a new non-preferred agent for the prevention of infection in cancer patients. There are two other drugs preferred first, when indicated.</li> </ul> <p>The <b>Pharmacy Inter-Rater Reliability Results Q2</b> A sample of 10 prior authorizations (4 approvals</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Pharmacy Executive Summary (Q2)</li> <li>- Pharmacy Operations Metrics (Q2)</li> <li>- Pharmacy Top 25 Prior Authorizations (Q2)</li> <li>- Pharmacy Inter-Rater Reliability Results (IRR) (Q2)</li> <li>- Pharmacy Provider Updates (Q2)</li> </ul> <p>(Ramirez/Waugh) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>and 6 denials) per month are reviewed quarterly to ensure that they are completed timely, accurately, and consistently according to regulatory requirements and established health plan guidelines. The target goal of this review is 95% accuracy or better in all combined areas with a threshold for action of 90%.</p> <ul style="list-style-type: none"> <li>• 90% threshold met. 95% goal not met; the overall score was 94.17%</li> <li>• Zero cases missed TAT; Five cases criteria misapplied; One case letter language unclear; One case with a questionable denial or approval.</li> <li>• Criteria application was the main issue in Q2 similar to Q1 2023. PA Managers will continue to make sure the criteria are applied correctly.</li> </ul> <p>The <b>Pharmacy Provider Updates</b> describes the formulary changes and medication safety issues for this quarter.</p>	
<p><b>#8 Credentialing &amp; Peer Review Activities</b>                      - Credentialing Sub-Committee Quarterly Report (Q3)                      (Attachment KK)    <b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p><b>CalViva Health Credentialing Sub-Committee Report</b>                      The Credentialing Sub-Committee met on July 20, 2023. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q1 2023 were reviewed for delegated entities, and Q2 2023 for MHN and Health Net. There were four cases to report for the Q2 2023 Credentialing Report from Health Net. Outcomes include in two (2) cases the provider was placed on annual monitoring for compliance with the Board’s orders; one (1) case the provider was placed on semi-annual monitoring for compliance with the Medical Board’s order; one case was pended awaiting the Medical Board’s decision and actions.</p> <p>The <b>2023 Adverse Events Report</b> is a new report for the Credentialing Sub-Committee this year. This report provides a summary review of ongoing monitoring for potential quality issues and Credentialing Adverse Action cases during the reporting period. There were two (2) cases identified for Q2 2023 with adverse outcomes associated with a contracted practitioner. One (1) case was placed on annual monitoring and one case remained open for Board decision. There were no incidents or patterns of non-compliance resulting in substantial harm to a member or members due to access to care issues in Q2. There were no (0) cases identified outside of the ongoing monitoring process in which an adverse injury occurred during a procedure by a contracted practitioner in Q2. (NCQA CR.5. A. 4)</p>	<p>Motion: <i>Approve</i>                      - Credentialing Sub-committee Report (Q3)                      (Waugh/Ramirez)                      4-0-0-3</p>
<p><b>#8 Credentialing &amp; Peer Review Activities</b></p>	<p><b>CalViva Health Peer Review Sub-Committee Report</b>                      The Peer Review Sub-Committee met on July 20, 2023. The county-specific Peer Review Sub-</p>	<p>Motion: <i>Approve</i>                      - Peer Review Sub-</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Peer Review Sub-Committee Quarterly Report (Q3)</p> <p>(Attachment LL)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>Committee Summary Reports for Q2 2023 were reviewed for approval. There were no significant cases to report.</p> <p>The <b>2023 Adverse Events Report</b> is a new report for the Peer Review Sub-Committee in 2023. There were five (5) cases identified for Q2 2023 with adverse outcomes. Three (3) cases involved a practitioner, and two (2) cases involved a provider. Outcomes included: Two (2) cases were tabled, and three (3) were closed to track and trend. There were no (0) cases that met the pattern of non-compliance for access to care in Q2. There were three (3) cases identified outside of the ongoing monitoring process, in which an adverse injury occurred during a procedure by a contracted practitioner in Q2. (NCQA CR.5. A. 4) There were 34 cases identified that required further outreach. Outreach can include but is not limited to an advisement letter (site, grievance, contract, or allegation), case management referral, or notification to Provider Network Management.</p> <p>The Q2 2023 Peer Count Report was presented with a total of ten (10) cases reviewed. There were five (5) cases closed and cleared. There were two (2) cases pending closure for Corrective Action Plan compliance. There were three (3) cases tabled for further information.</p> <p>Ongoing monitoring and reporting will continue.</p>	<p>Committee Report (Q3) (Ramirez/Lee) 4-0-0-3</p>
<p>#9. Compliance Update</p> <p>- Compliance Regulatory Report</p> <p>(Attachment MM)</p>	<p>Mary Lourdes Leone presented the <b>Compliance Report</b>.</p> <p><b>The CalViva Health Oversight &amp; Monitoring Activities</b></p> <p>CalViva Health’s management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings, and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG-level data in the following areas: financial viability data, claims, provider disputes, access and availability, specialty referrals, utilization management data, grievances, and appeals, etc.</p> <p><b>Oversight Audits</b></p> <p>The following annual audits are in progress: Pharmacy, Appeals &amp; Grievances, Claims/PDR, UMCM, and Privacy &amp; Security.</p> <p>The following audits have been completed since the last Commission report: FWA (No CAP)</p> <p><b>Fraud, Waste &amp; Abuse Activity</b></p> <p>Since the 7/20/23 Compliance Regulatory Report to the Committee, there have not been any new MC609 cases filed.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><b>REGULATORY REVIEWS/AUDITS AND CAPS</b></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 Managed Health Care (“DMHC”) 2022 Medical Audit</b> The Plan is awaiting DMHC’s 2022 Preliminary Audit Report.</p> <p><b>Department of Health Care Services (“DHCS”) 2022 Medical Audit</b> After submitting all the monthly CAP updates, DHCS closed the CAP on 7/27/2023.</p> <p><b>Department of Health Care Services (“DHCS”) 2023 Medical Audit</b> The DHCS held its exit conference with the Plan on 8/24/23. The DHCS’ draft 2023 Final Report for the State Supported Services Audit had no findings. The DHCS’ draft 2023 Medical Audit Report cited one finding: “The Plan did not classify, process, review, or resolve all expressions of dissatisfaction as grievances.” The DHCS’ recommendation to the Plan was to revise policies and procedures to monitor inquiry calls and ensure all member expressions of dissatisfaction are classified, processed, reviewed, and resolved as grievances. On 9/1/23, the Plan responded to DHCS stating that we agreed with the finding. The Plan is awaiting DHCS’s Final Report and to see if the Department will issue a formal CAP.</p> <p><b>NEW REGULATION /CONTRACTUAL REQUIREMENTS/DHCS Initiatives</b></p> <p><b>California Advancing and Innovating Medi-Cal (CalAIM)</b></p> <p><b>Enhanced Care Management (ECM) * Community Supports (CS)</b> The next ECM MOC submission scheduled for 10/2/23 will focus on the Justice Involved POF and Birth Equity MOC questions that will go live on 1/1/24.</p> <p><b>Population Health Management and Population Needs Assessment (PNA)</b> Effective January 1, 2023, MCPs are no longer required to submit an annual PNA and PNA Action Plan as previously required. The annual PNA Action Plan deliverable to DHCS is to be replaced by the annual PHM Strategy, which is informed by the redesigned PNA process. The new annual PHM Strategy requires MCPs to demonstrate that they are meaningfully responding to community needs as well as provide other updates on the PHM Program to inform DHCS’ monitoring efforts. To that end, the DHCS is requiring plans to submit their first “modified PHM Strategy” by the end of 2023 (CalViva’s initial PHM Strategy document was approved on 12/27/22). CalViva’s Plan Administrator, Health Net, has begun to reach out to the LHDs in Fresno, Kings, and Madera Counties.</p> <p><b>Transition to Statewide Exclusively Aligned Eligibility (EAE)-D-SNP</b></p>	



AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>In August of 2023, the Plan submitted two Amendments to the DMHC under its Knox-Keene license application. These were related to the Plan’s request to co-brand with Health Net in support of HN’s Exclusively Aligned Enrollment (“EAE”) Dual Special Needs Plan (“D-SNP”) in which CalViva Health is the affiliated Medi-Cal plan in Fresno, Kings, and Madera Counties. Health Net holds the SMAC contract with the DHCS. The Plan’s co-branding request would not apply to the RHA’s Medi-Cal Managed Care Plan activities and obligations as required by its own contract with DHCS. As part of these amendments, the Plan provided to the DMHC HN’s DHCS and DMHC-approved integrated Member materials (i.e., EOC, Member ID Card, the Annual Notice of Change, and Summary of Benefits). The Plan is waiting for DMHC’s approval.</p> <p><b>Member Handbook/Evidence of Coverage</b>                      The Plan submitted the 2024 CalViva version EOC and Member ID Card on 8/31/24 to DHCS and DMHC and is awaiting approval from both Departments.</p> <p><b>PLAN ADMINISTRATION</b></p> <p><b>DHCS 2024 Operational Readiness Work Plan &amp; Contract</b>                      The Plan has completed the monthly filings to DHCS of the various policies and other required documents through August 2023 and has received approvals on most but is still responding to additional DHCS information requests for some of the items. On 9/1/23, the DHCS informed the Plan’s CEO that it is approved to go live on 1/1/24 contingent on closing out any Outstanding Operational Readiness Contract deliverables.</p> <p><b>New DHCS Regulations/Guidance</b>                      Please refer to Appendix A for a complete list of DHCS and DMHC All Plan Letters (APLs) that have been issued in CY 2023 as of September 2023.</p> <p><b>Public Policy Committee</b>                      The PPC meeting was held on September 6, 2023, at 11:30 in the Camarena Health Conference Room, 344 E. Sixth Street, Madera, CA 93638. The PPC did not have a quorum which rendered the meeting agenda/reports as “informational only”. Informational items presented consisted of the Enrollment Dashboard, Member Incentive Program Semi-Annual Report, and the Q2 2023 Appeals and Grievance Report. Dr. Marabella presented the A&amp;G Dashboard and discussed trends.                      [Note: Due to the lack of quorum on 9/6/23, a separate ad-hoc PPC meeting has been scheduled for 9/27/23 @ 11:00 AM in CalViva Health’s Commission Room, 7625 N. Palm Ave., Fresno, CA 93711. The following action items will be presented: the 6/7/23 Meeting Minutes, the Proposed 2024 PPC Meeting Calendar, and the Annual PPC Charter.]</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#10 Old Business	None.	
#11 Announcements	Next meeting October 19th, 2023	
#12 Public Comment	None.	
#13 Adjourn	Meeting was adjourned at 12:47 p.m.	

**NEXT MEETING: October 19<sup>th</sup>, 2023**

Submitted this Day: October 19, 2023

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

**Acknowledgment of Committee Approval:**



Patrick Marabella, MD Committee Chair