

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
QI/UM Committee  
Meeting Minutes**  
February 15<sup>th</sup>, 2024

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

| Committee Members in Attendance |                                                                                                                  | CalViva Health Staff in Attendance |                                                                    |
|---------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------|
| ✓                               | <b>Patrick Marabella, M.D.</b> , Emergency Medicine, CalViva Chief Medical Officer, Chair                        | ✓                                  | <b>Amy Schneider, RN</b> , Director of Medical Management Services |
| ✓                               | <b>David Cardona, M.D.</b> , Family Medicine, Fresno County At-large Appointee, Family Care Providers            | ✓**                                | <b>Iris Poveda</b> , Senior Medical Management Specialist          |
|                                 | <b>Fenglaly Lee, M.D.</b> , Obstetrics/Gynecology, Central California Faculty Medical Group                      | ✓                                  | <b>Mary Lourdes Leone</b> , Chief Compliance Officer               |
| ✓                               | <b>Carolina Quezada, M.D.</b> , Internal Medicine/Pediatrics, Family Health Care Network                         | ✓                                  | <b>Maria Sanchez</b> , Compliance Manager                          |
| ✓                               | <b>DeAnna Waugh, Psy.D.</b> , Psychology, Adventist Health, Fresno County                                        | ✓                                  | <b>Patricia Gomez</b> , Senior Compliance Analyst                  |
| ✓                               | <b>Joel Ramirez, M.D.</b> , Family Medicine/Sports Medicine, Camarena Health Madera County (arrived at 10:35 AM) | ✓                                  | <b>Zaman Jennaty</b> , Medical Management Nurse Analyst            |
|                                 | <b>Rajeev Verma, M.D.</b> , Pediatrics, UCSF Fresno Medical Center                                               | ✓                                  | <b>Norell Naoe</b> , Medical Management Administrative Coordinator |
|                                 | <b>David Hodge, M.D.</b> , Pediatric Surgery, Fresno County At-large Appointee, Chair of RHA (Alternate)         |                                    |                                                                    |
| <b>Guests/Speakers</b>          |                                                                                                                  |                                    |                                                                    |
|                                 | None were in attendance.                                                                                         |                                    |                                                                    |

- ✓ = In attendance
- \* = Arrived late/left early
- \*\* = Attended virtually

| AGENDA ITEM / PRESENTER                                 | MOTIONS / MAJOR DISCUSSIONS                                                                                                                                                                           | ACTION TAKEN                          |
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| <b>#1 Call to Order</b><br>Patrick Marabella, M.D Chair | The meeting was called to order at 10:32 am. A quorum was present.                                                                                                                                    |                                       |
| <b>#2 Approve Consent Agenda Committee Minutes:</b>     | November 16 <sup>th</sup> , 2023, QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Dr. Marabella reminded the committee that any item on the | Motion: <i>Approve</i> Consent Agenda |

| AGENDA ITEM / PRESENTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MOTIONS / MAJOR DISCUSSIONS                                                                                                                                                              | ACTION TAKEN                       |
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| <p>November 16<sup>th</sup>, 2023</p> <ul style="list-style-type: none"> <li>- Member Incentive Programs Semi-Annual Report (Q4)</li> <li>- California Children’s Service Report (CCS) (Q4)</li> <li>- Concurrent Review IRR Report (Q4)</li> <li>- Appeals &amp; Grievances Inter-Rater Reliability Report (IRR) (Q4)</li> <li>- Provider Preventable Conditions (PPC) (Q4)</li> <li>- Provider Office Wait Time Report (Q4)</li> <li>- County Relations Quarterly Report (Q4)</li> <li>- Customer Contact Center (CCC) DMHC Expedited Grievance Report (Q4)</li> <li>- SPD HRA Outreach (Q3)</li> <li>- Enhanced Care Management and Community Supports Performance Report (Q3)</li> <li>- TurningPoint Musculoskeletal Utilization Review (Q3)</li> <li>- MedZed Integrated Care Management Report (Q3)</li> </ul> <p>(Attachments A-M)</p> | <p>consent agenda may be pulled out for further discussion at the request of any committee member.</p> <p>A link for the Medi-Cal Rx Contract Drug List was available for reference.</p> | <p>(Quezada/Waugh)<br/>5-0-0-2</p> |

| AGENDA ITEM / PRESENTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MOTIONS / MAJOR DISCUSSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ACTION TAKEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <p><b>Action</b><br/>Patrick Marabella, M.D Chair</p> <p><b>#3 QI Business</b></p> <ul style="list-style-type: none"> <li>- Appeals &amp; Grievances Dashboard and Turnaround Time Report (December)</li> <li>- Appeals &amp; Grievances Executive Summary (Q4)</li> <li>- Appeals &amp; Grievances Quarterly Member Report (Q4)</li> <li>- Appeals &amp; Grievances Classification Audit Report (Q4)</li> <li>- Quarterly Appeals &amp; Grievances Member Letter Monitoring Report (Q4)</li> </ul> <p>(Attachments N-R)</p> <p><b>Action</b><br/>Patrick Marabella, M.D Chair</p> | <p><b>Appeals &amp; Grievances Dashboard and Turnaround Time Report</b> through December 2023 were presented noting the following trends:</p> <ul style="list-style-type: none"> <li>• The total number of grievances through December 2023 has increased compared to previous years. Trends associated with this increase are being addressed.</li> <li>• The increase noted can be attributed to the Quality of Service (QOS) category of grievances since Quality of Care, Exempt, and Appeals have all declined compared to previous years.</li> <li>• With the Quality of Service (QOS) category, the types of cases noted to contribute the most to the increase are Access (Prior Authorizations), Administrative, Other (Balanced Billing), and Transportation.</li> <li>• Transportation grievances have demonstrated variation over time, however, at the Plan’s request the transportation vendor has focused in recent months on high-risk transports such as dialysis, assigning their most reliable transportation providers to these trips, and conducting root cause analysis to identify and address core issues. Improvement is noted in Q4 for missed/late appointments for this sub-group.</li> <li>• The volume of Quality of Care (QOC) and Quality of Service (QOS) grievances have decreased in Q4 compared to Q3.</li> <li>• Exempt Grievances have decreased compared to last year. Both the Availability of Appointments with PCP and Exempt Transportation Grievances have improved when compared to last year. Balanced Billing Grievances have increased.</li> </ul> <p>Total Appeals received through Q4 2023 have decreased, while the uphold and overturn rates remain consistent. Advanced imaging cases represent the highest volume of appeal type and almost all appeals are pre-service. <i>Discussion:</i></p> <p><i>Dr. Cardona asked if a “Transportation – Provider Late” affected the ability of the member to see their provider.</i></p> <p><i>Dr. Marabella clarified the difference between the categories of no-show, late, and missed appointments. A no-show would affect the members’ ability to see their provider and late may or may not depending on whether the office can fit the member in. A missed appointment due to inadequate transportation is tracked.</i></p> <p><b>Appeals &amp; Grievances Executive Summary (Q4)</b> through December 2023 was presented noting</p> | <p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Appeals &amp; Grievances Dashboard and Turnaround Time Report (December)</li> <li>- Appeals &amp; Grievances Executive Summary (Q4)</li> <li>- Appeals &amp; Grievances Quarterly Member Report (Q4)</li> <li>- Appeals &amp; Grievances Classification Audit Report (Q4)</li> <li>- Quarterly Appeals &amp; Grievances Member Letter Monitoring Report (Q4)</li> </ul> <p>(Ramirez/Cardona)<br/>5-0-0-2</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ACTION TAKEN |
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|                         | <p>the following trends:</p> <ul style="list-style-type: none"> <li>• Total Appeals have decreased when Q4 2022 is compared to Q4 2023, but the Total Grievances in these same periods have increased.</li> <li>• For Q4 2023, there were 80 Total Appeals &amp; 453 Total Grievances reported.</li> <li>• Total Exempt Grievances, particularly Member Billing, have increased when Q4 2022 is compared to Q4 2023, but Exempt Transportation grievances have decreased.</li> <li>• In Q4, 70 formal and 34 exempt grievances were transportation-related, 14 were access-related (missed appointment/provider no-show), and 56 were related to behavioral issues (for example, late, general vendor complaint, reimbursement).</li> <li>• Top Access Grievances were Prior Authorization Delay, PCP, and Specialist availability.</li> <li>• The Turnaround Time Resolution letter compliance rate across all categories ranged from 98.7-100%.</li> </ul> <p><b>Appeals &amp; Grievances Quarterly Member Report (Q4)</b> through December 2023 was presented noting the following trends:</p> <ul style="list-style-type: none"> <li>• The Overall grievance rate on a PTMPY basis is higher in 2023 compared to 2022. While the PTMPY rate for appeals is lower.</li> <li>• There were seventy-nine (79) pre-service appeals and one post-service. Pre-service appeals were mainly related to Diagnostic MRIs, Self-Injectable Medication, and CAT Scans.</li> <li>• Quality of Care (QOC) Grievances: Delay in referral by PCP, Inadequate Care, and Delay in RX Refill were the top grievances in all three counties.</li> <li>• Quality of Service (QOS) Grievances and QOS Access Grievances: Balance Billing, Prior Authorization, and Transportation remain top grievances in all three counties.</li> <li>• Exempt Grievances: Sixty-seven (67) were Balanced Billing, thirty-four (34) for Transportation.</li> </ul> <p><b>Appeals &amp; Grievances Classification Audit Report (Q4)</b> is a review of a random sample of grievance logs and grievance classification while the case is still open to ensure appropriate disposition of grievances.</p> <ul style="list-style-type: none"> <li>• Six (6) cases were misclassified as QOS instead of QOC, six (6) cases were misclassified as appeals instead of QOS, and four (4) cases were identified as duplicates. These cases were misclassified due to one new rep learning the triaging process.</li> </ul> |              |

| AGENDA ITEM / PRESENTER                                                                                                                                                                    | MOTIONS / MAJOR DISCUSSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ACTION TAKEN                                                                                                                                              |
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|                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>○ A QOS Grievance goes to the State for a Fair Hearing decision versus appealing a decision that the member disagrees with.</li> <li>• Triagers received feedback/reteaching regarding processing errors.</li> </ul> <p><b>Quarterly A &amp; G Member Letter Monitoring Report</b> provides a summary of the daily audits of acknowledgment and resolution letters to ensure:</p> <ul style="list-style-type: none"> <li>• Required bolding of DMHC and Plan Phone numbers.</li> <li>• Correct branding should be branded as CalViva Health.</li> <li>• Communication to members regarding decision documentation in Appeal Resolution Letters must be clear and concise.</li> <li>• Decision criteria and rationale are fully referenced.               <ul style="list-style-type: none"> <li>○ This metric has continued to show improvement quarter over quarter throughout 2023.</li> </ul> </li> </ul> <p>All errors identified by the A &amp; G team in Table 1 were corrected prior to mailing. The clinical team will continue to monitor and track acknowledgment and resolution letters.</p>                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                           |
| <p><b>#3 QI Business</b></p> <ul style="list-style-type: none"> <li>- Potential Quality Issues Report (Q4) (Attachment S)</li> </ul> <p><b>Action</b><br/>Patrick Marabella, M.D Chair</p> | <p><b>Potential Quality Issues (PQI) Report (Q4)</b> provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member, or peer-review activities. Peer review activities include cases with a severity code level of III or IV or any case the CVH CMO requests to be forwarded to Peer Review. Data was reviewed for all case types including the follow-up actions taken when indicated.</p> <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>• There were six (6) non-member PQIs in Q4; one (1) Practitioner PQI, and five (5) Provider PQI. One case scored a level zero, and five (5) at level two.</li> <li>• There were seventy-five (75) member-generated PQIs in Q4. Most of these cases were scored a level zero, followed by level one and then level two. Two (2) cases were at level three and sent to Peer Review.</li> <li>• Sixteen (16) cases were sent to Peer Review in Q4; with eleven (11) cases closed and five (5) remaining open.</li> </ul> | <p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Potential Quality Issues Report (Q4)</li> </ul> <p>(Ramirez/Waugh)<br/>5-0-0-2</p> |

| AGENDA ITEM / PRESENTER                                                                                                                                                                 | MOTIONS / MAJOR DISCUSSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ACTION TAKEN                                                                                                                                                                                               |
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|                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>Forty-three (43) cases required further action with peer review in Q4. The cases are closed to track and trend.</li> </ul> <p><i>Discussion:</i><br/> <i>Dr. Cardona asked if grievances can be coded more specifically designating whether a family member filed the grievance versus the actual member to help PCPs provide better care and resolve issues.</i><br/> <i>Dr. Marabella will follow up to see if a check box can be added to the grievance documentation.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |
| <p><b>#3 QI Business</b><br/>                     - NCQA System Controls Oversight Report (Attachment T)</p> <p><b>Action</b><br/>                     Patrick Marabella, M.D Chair</p> | <p><b>NCQA System Controls CR Oversight Report 2023</b> identifies any incidents of non-compliance with the credentialing policies on information management. NCQA standards require that the organization's credentialing policy describe:</p> <ul style="list-style-type: none"> <li>How primary source verification information is received, dated, and stored.</li> <li>How modified information is tracked and dated from its initial verification.</li> <li>Titles or roles of staff who are authorized to review, modify, and delete information, and</li> <li>Circumstances when modification or deletion is appropriate.</li> <li>Security controls in place to protect the information from unauthorized modification.</li> <li>How the organization monitors its compliance with the policies and procedures in factors 1-4 at least annually and takes appropriate action when applicable.</li> </ul> <p>Quarterly audits were performed with no modifications to CalViva provider records during 2023, there were no cases to audit. The Health Net audit results provided to CalViva reflect 100% compliance with audit criteria therefore monitoring was determined to be adequate with full compliance with policy and procedure. No recommendations for improvement, continue to monitor and report.</p> | <p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>NCQA System Controls Oversight Report</li> </ul> <p>(Quezada/Ramirez)<br/>                     5-0-0-2</p>                            |
| <p><b>#4 QI/UM/CM Business-Key Presentation</b><br/>                     - 2023 QI Work Plan End of Year Evaluation &amp; Executive Summary (Attachment U) (PowerPoint)</p>             | <p><b>2023 Quality Improvement Work Plan End of Year Evaluation and Executive Summary</b> were presented and reviewed.</p> <p>The Quality Improvement (QI) Program Evaluation 2023 Year-End includes:</p> <p>tion 2023 Year-End includes:</p> <ol style="list-style-type: none"> <li>Summary of Overall effectiveness of QI Program</li> <li>Goals and Quality Indicators</li> <li>Overall Effectiveness of QI Work Plan Initiatives</li> <li>QI Reporting</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>2023 QI Work Plan End of Year Evaluation &amp; Executive Summary</li> </ul> <p>(Quezada/Ramirez)<br/>                     5-0-0-2</p> |

| AGENDA ITEM / PRESENTER                               | MOTIONS / MAJOR DISCUSSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ACTION TAKEN |
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| <p><b>Action</b><br/>Patrick Marabella, M.D Chair</p> | <p>5. Summary of Key Accomplishments<br/>6. Annual QI Program Changes</p> <p>CalViva’s Quality Improvement Committee Organizational Chart was presented and reviewed. Planned activities and Quality Improvement focus for 2023 were:<br/>Overall Goals and Quality Indicators for 2023, 46/67 Objectives Met with a completion rate of 68.66%.</p> <ul style="list-style-type: none"> <li>• Behavioral Health: focus on improving follow-up after E.D. visits for substance use or mental health disorder, measured by the HEDIS® metric FUA-30 and FUM-30. Thirty-three percent (33.3%) of the behavioral health objectives were met with one of three counties meeting or exceeding the minimum performance level (MPL). Overall, CalViva did not meet the 50th Percentile Quality Compass performance goal (MPL). Kings County did meet the MPL for both measures.               <ul style="list-style-type: none"> <li>○ Initiated Non-clinical PIP to focus on Fresno and Madera Counties.</li> <li>○ PIP topic is focused on improving provider notifications.</li> <li>○ Working with CRMC and HSAG to work out data-sharing issues.</li> <li>○ Project is ongoing through the end of 2025 with 90% of activities planned for 2023 completed.</li> </ul> </li> <li>• Chronic Conditions: Implement strategies to improve performance in Asthma Medication Ratio (AMR), Blood Pressure Control (CBP), and Diabetes (CDC &gt;9): 100% of activities completed and objectives met (MPL met or exceeded in all three counties).               <ul style="list-style-type: none"> <li>○ ECHO Program – 12 Weeks for PCP had positive results for satisfaction and increased confidence in diabetes management.</li> <li>○ Tip Sheets for Diabetes &amp; Controlling Blood Pressure</li> </ul> </li> <li>• Member Engagement and Experience: CAHPS Survey: 5/8 measures met the Outcome Quality Compass (QC) 25th percentile goal.               <ul style="list-style-type: none"> <li>○ The following three (3) outcomes were not met:                   <ul style="list-style-type: none"> <li>▪ Getting Needed Care 76.7%</li> <li>▪ Customer Service 86.3%</li> <li>▪ Rating of Health Plan 55.4%</li> </ul> </li> <li>○ The following 5 (5) outcomes were met:                   <ul style="list-style-type: none"> <li>▪ Getting Care Quickly 81.8%</li> <li>▪ How Well Doctors Communicate 93.5%</li> </ul> </li> </ul> </li> </ul> |              |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ACTION TAKEN |
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|                         | <ul style="list-style-type: none"> <li>▪ Rating of All Health Care 53.2%</li> <li>▪ Rating of Personal Doctor 64.8%</li> <li>▪ Rating of Specialist 69.6%</li> <li>○ 100% of activities completed and objectives met.</li> <li>● Hospital Quality/Patient Safety: CVH has five (5) facilities participating in this project in total. Work to ensure hospitals are providing appropriate, safe care to patients that avoid preventable harm, and provide guidance to members about informed choice when selecting a site. 100% of activities completed and 75% of objectives met.               <ul style="list-style-type: none"> <li>○ All hospitals submitted sufficient data to develop a scorecard.</li> <li>○ Improvement is still needed in hospital-acquired infections (MRSA &amp; SSI Colon did not improve). All hospitals continued to meet the goal for Clostridioides difficile (C. Diff).</li> <li>○ Most hospitals did not meet the goal for C-section rate (&lt;23.6%) however, most did show directional improvement.</li> </ul> </li> <li>● Pediatric/Children’s Health Program: Completed SWOT Project focused on increasing Well Child Visits and Childhood Immunizations. 33.3% of activities completed.               <ul style="list-style-type: none"> <li>○ Initiated PIP for Well-Child Visits in the First 30 Months of Life – 0 – 15 months – Six or More Well-Child Visits (W30-6+)                   <ul style="list-style-type: none"> <li>▪ Target Population: Black or African American members in Fresno County</li> <li>▪ PIP Submission: Steps 1-6 approved with 100% validation in January 2024.</li> <li>▪ Key Informant Interviews/Focus Group completed.</li> <li>▪ Process Map &amp; GIS Map in development.</li> <li>▪ Next steps are to identify interventions based on failures in the process and key drivers and begin intervention implementation in 2024.</li> </ul> </li> </ul> </li> <li>● Perinatal Health: All CalViva Health Counties exceed the 50th percentile for timely prenatal care, postpartum care, and Chlamydia screening; the 90th percentile for PPC-post. Fresno and Madera counties exceeded the 75th percentile for PPC-Pre. 80% of activities completed.</li> <li>● Pharmacy: Asthma Medication Ratio (AMR) is a new MCAS measure for MY 2023. 100% of activities completed with 66.6% of objectives met.               <ul style="list-style-type: none"> <li>○ In 2023 members with a gap were outreached and instructed to review their action plan with their MD.</li> <li>○ In 2024, an assessment of the effectiveness of these strategies will be made as well as modifications/additions to address the desired outcomes.</li> </ul> </li> </ul> |              |



| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ACTION TAKEN |
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|                         | <ul style="list-style-type: none"> <li>• Preventive Health: Cancer Screening: Breast Cancer, Cervical Cancer &amp; Chlamydia Screening had 100% of activities completed with 92.31% of objectives met.               <ul style="list-style-type: none"> <li>○ Two mobile mammography vendors contracted: Alinea and Pacific Coast.</li> <li>○ 20 Pacific Coast mobile mammography events that were completed for CalViva.</li> <li>○ A Mammography Incentive Program was also offered, and in 2023, eight provider groups opted into the radiology incentive program.</li> <li>○ A Mammography Incentive Program was also offered, and in 2023, eight provider groups opted into the radiology incentive program.</li> </ul> </li> <li>• Provider Engagement: 75% of activities completed with 54.55% of objectives met.               <ul style="list-style-type: none"> <li>○ Quality EDGE: Evaluating Data to Generate Excellence (EDGE)                   <ul style="list-style-type: none"> <li>▪ Provider Engagement action planning with Priority Providers– adult and pediatric measures to improve HEDIS® measure compliance.</li> <li>▪ Cozeva adoption for priority providers.</li> <li>▪ Focus on PARS assessment to identify office equipment needs.</li> </ul> </li> <li>○ Provider Access, Availability, and Service Results:                   <ul style="list-style-type: none"> <li>▪ PAHAS:                       <ul style="list-style-type: none"> <li>▪ Appropriate Emergency Instructions: 98.3%</li> <li>▪ Ability to Contact On-Call Physicians: 91.6%</li> </ul> </li> <li>▪ PAAS:                       <ul style="list-style-type: none"> <li>▪ PCP Urgent: 49.0%</li> <li>▪ PCP Non-Urgent: 74.4%</li> <li>▪ Specialists (All) Urgent: 37.6%</li> <li>▪ Specialists (All) Non-Urgent: 56.1%</li> <li>▪ Ancillary Non-Urgent: 89.5%</li> </ul> </li> </ul> </li> </ul> </li> <li>• Continuity/Coordination of Care: CalViva utilizes NCQA as a roadmap for improvement and how an organization can deliver high-quality care. Organizations use NCQA standards to perform a care gap analysis and align improvement activities with areas that are most important to the State and employers.</li> <li>• Access, Availability, and Service and Satisfaction:               <ul style="list-style-type: none"> <li>○ PAAS (DMHC + Non-DMHC Medi-Cal) Access Measure and Standard (Performance Goal = 70%)                   <ul style="list-style-type: none"> <li>▪ Urgent care Appointment within 48 hours of request (PCP) MY22: Fresno 50.2%, Kings</li> </ul> </li> </ul> </li> </ul> |              |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ACTION TAKEN |
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|                         | <p>62.7%, Madera 90.9%, Telehealth 42.2%, Total 49.0%</p> <ul style="list-style-type: none"> <li>▪ Non-Urgent Appointment within 10 business days of request (PCP) MY22: Fresno 76.8%, Kings 77.2%, Madera 73.2%, Telehealth 70.3%, Total 74.4%</li> <li>▪ Access to Preventative Health Check-Up/Well-Child Appointment within 10 business days of request (PCP) MY22: Fresno 62.9%, Kings 69.8%, Madera 68.6%, Telehealth 56.7%, Total 61.8%</li> <li>▪ Access to Physical Exams and Wellness Checks within 30 calendar days of request (PCP) MY22: Fresno 81.7%, Kings 84.6%, Madera 84.8%, Telehealth 76%, Total 80.3%</li> <li>▪ Access to First Prenatal Appointment within 2 weeks of request (PCP) MY22: Fresno 71.9%, Kings 82.1%, Madera 90%, Telehealth 66.7%, Total 72.6%</li> </ul> <ul style="list-style-type: none"> <li>○ Provider Access, Availability, and Satisfaction Survey Measures met the following goals: <ul style="list-style-type: none"> <li>▪ 100% of PAAS (DMHC) - Access to Ancillary measures.</li> <li>▪ 100% of Provider After-Hours Survey measures.</li> <li>▪ 50.82% of PAAS measures.</li> <li>▪ 50% of the Telephone Access Survey measures.</li> <li>▪ 44% of Provider Satisfaction Survey (PSS) measures and 50% of BH PSS measures.</li> <li>▪ 100% of Behavioral Health PAAS by Risk Rating measures.</li> </ul> </li> <li>● Final HEDIS Results RY2023: <ul style="list-style-type: none"> <li>○ Quality and Safety of Care: Overall, CalViva achieved 64% of MCAS measures above the MPL for MY 2022. With Fresno County at 47%, Kings County at 60%, and Madera County at 87%.</li> <li>○ HEDIS Default Measures Rates for MY 2022 MPL: <ul style="list-style-type: none"> <li>▪ Breast Cancer Screening: All three counties exceeded the MPL of 50.95%.</li> <li>▪ Cervical Cancer Screening: Kings and Madera counties exceeded the MPL of 57.64%, and Fresno almost met the MPL with 57.08%.</li> <li>▪ Childhood Immunization Combo 10: Madera exceeded MPL of 34.79%; Kings and Fresno counties fell below the MPL.</li> <li>▪ Follow-up After ED Visit for Mental Health Illness (54.51%)/Substance Use Disorder - 30 Days (21.24%): Both Fresno and Madera fell below the MPLs, Kings exceeded the MPL.</li> <li>▪ Lead Screening in Children: Fresno and Kings did not meet the MPL of 63.99%, Madera met the MPL.</li> </ul> </li> </ul> </li> </ul> |              |

| AGENDA ITEM / PRESENTER                                                                                                                                                                                                                                                                                     | MOTIONS / MAJOR DISCUSSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ACTION TAKEN                                                                                                                                                                                             |
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|                                                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>▪ Immunizations for adolescents: Fresno County met the MPL of 35.04%; Kings County fell below the MPL and Madera County exceeded the MPL.</li> <li>▪ Well-Child Visits in the first 15 months of Life: Madera County exceeded the MPL of 55.72%; Fresno and Kings counties fell below the MPL.</li> <li>▪ Well-Child visits for ages 15 months to 30 months: Madera County exceeded the MPL of 65.83%; Fresno and Kings counties fell below the MPL.</li> </ul> <p>Committee members agreed that Health Net met expectations as described above regarding the performance of delegated functions and in support of CalViva’s Quality Improvement efforts recommends continuing the relationship as currently established.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                          |
| <p><b>#4 QI/UM/CM Business-Key Presentation</b><br/>                     - 2023 UM/CM Work Plan End of Year Evaluation &amp; Executive Summary<br/>                     (Attachment V)<br/>                     (PowerPoint)</p> <p><b>Action</b><br/>                     Patrick Marabella, M.D Chair</p> | <p><b>2023 Utilization Management/Care Management Work Plan End of Year Evaluation and Executive Summary</b> were presented and the planned activities and focus for 2023 included the following:</p> <ul style="list-style-type: none"> <li>• Compliance with Regulatory &amp; Accreditation Requirements:                             <ul style="list-style-type: none"> <li>○ All compliance activities met objectives for this end-of-year evaluation except for 1.4 periodic audits for compliance with regulatory standards-Member Letters.                                     <ul style="list-style-type: none"> <li>▪ Additional training and coaching were completed regarding the use of clear and concise language.</li> <li>▪ Incorporated sample cases for denial letter language in group meetings to critique denial verbiage used and provided job aids to streamline the process.</li> <li>▪ The A&amp;G letter template correction was submitted to compliance for approval and subsequently moved to production in January 2024.</li> </ul> </li> </ul> </li> <li>• Monitoring the UM Process:                             <ul style="list-style-type: none"> <li>○ TAT was met with 99% or better in all areas and quarters except for Pre-Service Routine Deferrals.</li> <li>○ One deficiency in January 2023 resulting in a 96.85% TAT for the quarter but met the threshold for action of 95%.</li> </ul> </li> <li>• Monitoring Utilization Metrics:                             <ul style="list-style-type: none"> <li>○ Objectives met except 3.3 PPG Profile.                                     <ul style="list-style-type: none"> <li>▪ 2023 Goals: 2% reduction in admissions and length of stay compared to 2022.</li> </ul> </li> <li>○ Annual audit reviews resulted in corrective action plans (CAPs) for PPGs due to falling below turnaround time targets, denials, access to staff, appropriate professionals, and delegations.</li> </ul> </li> </ul> | <p>Motion: <i>Approve</i><br/>                     - 2023 UM/CM Work Plan End of Year Evaluation &amp; Executive Summary<br/>                     (Quezada/Ramirez)<br/>                     5-0-0-2</p> |

| AGENDA ITEM / PRESENTER                                                    | MOTIONS / MAJOR DISCUSSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ACTION TAKEN                                                                 |
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|                                                                            | <ul style="list-style-type: none"> <li>• Monitoring Coordination with Other Programs and Vendor Oversight:               <ul style="list-style-type: none"> <li>○ All metrics for this section met the objectives.</li> </ul> </li> <li>• Monitoring Activities for Special Populations:               <ul style="list-style-type: none"> <li>○ All monitoring activities for this section met the goals.                   <ul style="list-style-type: none"> <li>▪ CCS Tracking ongoing.</li> <li>▪ SPD Tracking ongoing.</li> <li>▪ CBAS Tracking ongoing.</li> <li>▪ Mental Health Tracking ongoing.</li> </ul> </li> </ul> </li> <li>• Adequacy of UMCM Program Resources:               <ul style="list-style-type: none"> <li>○ Utilization metrics met the goal of a 2% decrease in bed days, acute admissions, length of stay, and readmissions.</li> <li>○ Satisfaction data reports noted consistent results with previous years with some improvements and some opportunities identified.</li> <li>○ Improvement in the timeliness of referrals was identified as an opportunity and determined to be consistent with grievance data when analysis was performed.</li> </ul> </li> <li>• Program Scope, Processes, Information Sources:               <ul style="list-style-type: none"> <li>○ Annual DHCS survey (2023) which had only one deficiency identified, classifying grievances.</li> <li>○ Ongoing outreach and monitoring.</li> <li>○ Criteria used for decision-making were updated and approved.</li> </ul> </li> <li>• Practitioner Participation and Leadership Involvement in the UM Program:               <ul style="list-style-type: none"> <li>○ Contracted network providers participated in the QI/UM Committee and Credentialing and Peer Review Sub-Committees.</li> <li>○ Weekly Multi-disciplinary Care Rounds.</li> <li>○ Leadership and staff provided reports, participated in improvement activities, and attended monthly meetings.</li> </ul> </li> </ul> <p>Committee members agreed that Health Net met expectations as described above regarding the performance of delegated UMCM functions and recommended continuing the relationship as currently established.</p> |                                                                              |
| <p><b>#4 QI/UM/CM Business- Key Presentation</b><br/>- 2024 UM Program</p> | <p><b>2024 Utilization Management Program Description &amp; Change Summary</b> were presented and changes for this year include:</p> <ul style="list-style-type: none"> <li>• Clarified HN mission and updated value statements on page 6.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>Motion: <i>Approve</i><br/>- 2024 UM Program Description &amp; Change</p> |

| AGENDA ITEM / PRESENTER                                                                                                                                                                                                                                                                    | MOTIONS / MAJOR DISCUSSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ACTION TAKEN                                                                                                                                                                                           |
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| <p>Description &amp; Change Summary<br/>(Attachments W)<br/>(PowerPoint)</p> <p><b>Action</b><br/>Patrick Marabella, M.D Chair</p>                                                                                                                                                         | <ul style="list-style-type: none"> <li>• Changed “preauthorization” to “prior authorization” and “Policy” Letters to “All Plan” Letters on page 9.</li> <li>• Changed “Physician” to “Provider” and Added “Post Service” to section title and section, added “or retrospective” on page 13.</li> <li>• Removed “Change Healthcare’s InterQual Level of Care Criteria” on page 15.</li> <li>• Added Population Health Management key performance indicator metrics and Provider prescribing patterns including medication utilization metrics on page 21.</li> <li>• Added “and Health Equity” to the HN Quality Improvement on page 32.               <ul style="list-style-type: none"> <li>○ CalViva will be hiring a Health Equity Officer who will report to the CEO and will be included in this Committee meeting as CalViva staff.</li> </ul> </li> <li>• Added “PMH and Health Equity” on page 34.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>Summary<br/>(Waugh/Ramirez)<br/>5-0-0-2</p>                                                                                                                                                         |
| <p><b>#4 QI/UM/CM Business - Key Presentation</b></p> <ul style="list-style-type: none"> <li>- 2024 CM Program Description &amp; Change Summary</li> <li>- 2024 UM/CM Work Plan</li> </ul> <p>(Attachment X, Y)<br/>(PowerPoint)</p> <p><b>Action</b><br/>Patrick Marabella, M.D Chair</p> | <p><b>2024 Case Management Program Description &amp; Change Summary</b> were presented and changes for this year include:</p> <ul style="list-style-type: none"> <li>• Added CalViva QI/UM Committee information and organization, updated Health Net job titles (removed VP PHCO and added CM Director, VPMM changed to CMO), removed Member Connections. Added CVH Medical Management roles. Pages 7-10.</li> <li>• Updated Transitions of Care program section to reflect requirements for 2024. Page 24.</li> <li>• Palliative Care has changed to a prior auth benefit and has been updated to reflect this change. Page 26.</li> </ul> <p><b>2024 Utilization Management/Case Management Work Plan</b> was presented, and areas of focus include:</p> <ul style="list-style-type: none"> <li>• Compliance with Regulatory &amp; Accreditation Requirements</li> <li>• Monitoring the UM Process</li> <li>• Monitoring Utilization Metrics</li> <li>• Monitoring Coordination with Other Programs and Vendor Oversight</li> <li>• Monitoring Activities for Special Populations</li> </ul> <p>Major changes to the Work Plan include:</p> <ul style="list-style-type: none"> <li>• Additions to simplify documentation of compliance with NCQA standards.</li> <li>• Added Section 1.6 Review, revisions, and updates to program documents and policies and procedures at least annually.</li> </ul> | <p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- 2024 CM Program Description &amp; Change Summary</li> <li>- 2024 UMCM Work Plan</li> </ul> <p>(Ramirez/Quezada)<br/>5-0-0-2</p> |

| AGENDA ITEM / PRESENTER                                                                                                                                                                                                                                   | MOTIONS / MAJOR DISCUSSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ACTION TAKEN                                                                                                                                                                                             |
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|                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>Added Section 1.7 Annually review, approve, and update clinical criteria and clinical practice guidelines.</li> <li>Added Section 1.8 Evaluate inclusion of new technologies into benefits including medical, behavioral, and devices.</li> <li>Added Section 2.5 Review annual member and practitioner satisfaction surveys for UM processes and address areas of dissatisfaction.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                          |
| <p><b>#5 Access Business</b></p> <ul style="list-style-type: none"> <li>- Access Work Group Minutes from 11/28/2023</li> <li>- Access Work Group Quarterly Report (Q4) (Attachment Z-AA)</li> </ul> <p><b>Action</b><br/>Patrick Marabella, M.D Chair</p> | <p><b>Access Work Group Minutes from 11/28/2023</b> were presented and reviewed. The list of HN-generated reports that the Access Work Group routinely reviews at their meeting was discussed.</p> <ul style="list-style-type: none"> <li>New this year is the <i>New Member Understanding Report</i>, (part of NCQA Accreditation) to ensure that new members understand their coverage and can access information with ease within a timely manner.</li> </ul> <p>Mary Lourdes Leone, CCO indicated that we must now report contracting agreements relating to Telehealth to the DMHC, whereas historically, we have not had to submit delegated agreements with HN.</p> <p><i>Discussion:</i><br/><i>On the meeting roster, Amy Schneider would like to have the HN Departments listed next to their attendees going forward as it would be helpful to show the representation of all the different departments covered at this meeting.</i></p> <p><b>Access Work Group Quarterly Report (Q4)</b> provides an update on the CalViva Health Access Workgroup activities in Quarter 4 of 2023. Reports and topics discussed focus on access-related issues, trends, and any applicable corrective actions.</p> <p>The following reports were reviewed (and approved on 11/28/23):</p> <ul style="list-style-type: none"> <li>274 Monthly Data Quality Check – September and October</li> <li>Q3 2023 Behavioral Health Performance Indicator</li> <li>2022 C&amp;L Geo Access Report</li> <li>Q3 2023 Member Services Call Center Metrics Reports (HN and MHN)</li> <li>Q3 2023 Specialty Referrals Report</li> <li>Q3 2023 Telehealth Program</li> <li>MY 2022 Access &amp; After-Hours CAP Evaluation – The status of the corrective action plans</li> </ul> | <p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Access Work Group Minutes from 11/28/2023</li> <li>- Access Work Group Quarterly Report (Q4) (Quezada/Ramirez) 5-0-0-2</li> </ul> |

| AGENDA ITEM / PRESENTER                                                                                                                                                                                                                                              | MOTIONS / MAJOR DISCUSSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ACTION TAKEN                                                                                                                                                                                                           |
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|                                                                                                                                                                                                                                                                      | <p>(CAPs) was reported. CAPs were issued to 21 PPGs and direct network providers. Educational Packets were issued to a total of 54 PPGs and direct network providers.</p> <ul style="list-style-type: none"> <li>• Q3 2023 Network Adequacy Report</li> <li>• Q3 2023 Open Practice Report</li> <li>• Q3 2023 Provider Office Wait Times</li> <li>• Q3 2023 Long-Term Support Services (LTSS)</li> <li>• Q3 2023 Transportation Oversight Report</li> <li>• New Member Understanding Report – This is an NCQA-required report that was first presented at the 11/28/23 work group meeting. The Member Services Call Center routinely collects information from newly enrolled members within the first 3 months of their active policy. The goal is to improve communications and member satisfaction through continuous quality review and analysis.</li> </ul> <p>APL 23-020 – Amendments to Rule 1300.67.2.2, and updates to Annual Network Submission Instruction Manual and Annual Network Report Forms for Reporting Year 2024 were discussed.</p> <p>*Dr. Cardona left the meeting from 11:37 – 11:44. A quorum was maintained.</p>                                                                 |                                                                                                                                                                                                                        |
| <p><b>#6 UM/CM Business</b></p> <ul style="list-style-type: none"> <li>- Key Indicator Report (December)</li> <li>- Utilization Management Concurrent Review Report (Q4)</li> </ul> <p>(Attachments BB-CC)</p> <p><b>Action</b><br/>Patrick Marabella, M.D Chair</p> | <p><b>Key Indicator Report (December)</b> provides the most recent data for Admissions, Bed Days, Average Length of Stay, and Readmissions through December 2023.</p> <ul style="list-style-type: none"> <li>• Membership has decreased from the beginning of the year due to the redetermination process. It is expected that we will see an increasing trend again beginning in 2024 with the addition of the Adult Expansion and undocumented members.</li> <li>• Acute Admissions, Bed Days, and Acute Length of Stay (adjusted PTMPY), for SPDs have decreased.</li> <li>• Turnaround Time (TAT) rates are in compliance with two (2) months in a row at 100%.</li> <li>• Perinatal Case Management referrals have increased as well as the Inpatient Maternity Utilization.</li> <li>• Transition Care Services (TCS) (formerly Transitional Care Management) has seen an increase in referrals due to a program change so all hospitalized members begin with TCS at discharge, which has also affected the regular Care Management referrals.</li> <li>• Palliative Care shows a decrease in referrals and the program has closed as previously discussed however, the benefit remains.</li> </ul> | <p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Key Indicator Report (December)</li> <li>- Utilization Management Concurrent Review Report (Q4)</li> </ul> <p>(Ramirez/Quezada)<br/>5-0-0-2</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ACTION TAKEN |
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|                         | <ul style="list-style-type: none"> <li>• Behavioral Health has fluctuated but we anticipate it stabilizing in conjunction with the additional care coordination.</li> <li>• A new program called the <i>First Year of Life</i> has been added to ensure this population goes to their well-child visits and receives their immunizations. Since the launch in July, there has been a steady increase in referrals and increasing engagement rates.</li> </ul> <p><b>Utilization Management Concurrent Review Report</b> presents inpatient utilization data and clinical concurrent review activities for Q4 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. Data trends are consistent with those described above for KIR.</p> <ul style="list-style-type: none"> <li>• The average acute monthly admits for 2023 have been steady for TANF and SPDs. The MCE admits have decreased at year-end.</li> <li>• Utilization on a Per Thousand Members Per Year (PTMPY) basis, can be measured by reviewing the goals:             <ul style="list-style-type: none"> <li>○ Admits: TANF went over goal by 7.04%.</li> <li>○ Bed Days: SPD went over goal by 26.7%.</li> <li>○ Average Length of Stay: SPD went over goal by 29.2%, and MCE went over goal by 16.9%.</li> </ul> </li> <li>• Year-to-date readmission rates for all populations have stabilized.</li> <li>• In response to increased bed days and ALOS, refined Clinical Rounds to include Transition of Care (now referred to as “Transition Care Services” (TCS) to align with DHCS), Care Management (CM), MemberConnections, Public Programs, Medical Directors, and Clinical Pharmacy</li> <li>• Initiated CM and TCS referrals during Rounds to improve discharge planning and successful transitions.</li> <li>• The CalAIM team joined Clinical Rounds to facilitate appropriate ECM and Community Support referrals.</li> </ul> <p>Next Steps include:</p> <ul style="list-style-type: none"> <li>• Integrate the MemberConnections team into TCS.</li> <li>• Beginning Q1 2024, 100% of IP members will receive TCS outreach while in the hospital.</li> <li>• Beginning Q1 2024, place TCS staff in target hospitals to do bedside outreach and enrollment</li> </ul> |              |



| AGENDA ITEM / PRESENTER                                                                                                                                                                                     | MOTIONS / MAJOR DISCUSSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ACTION TAKEN                                                                                                                |
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| <p><b>#6 UM/CM Business</b><br/>                     - Medical Policies Update (Q4)<br/>                     (Attachment DD)</p> <p><b>Action</b><br/>                     Patrick Marabella, M.D Chair</p> | <p>in TCS, and better coordinate with hospital discharge planning/care management.</p> <p><b>Medical Policies Provider Updates (Q4)</b> were presented to the committee. The Provider Update Newsletter is compiled based on a national review by physicians and distributed monthly to providers via facsimile featuring new, updated, or retired medical policies for the Plan. Updated policies for Q4 include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>• CP.MP.186 Burn Surgery</li> <li>• CP.MP.145 Electric Tumor Treating Fields</li> <li>• CP.MP.180 Implantable Hypoglossal Nerve Stimulation</li> <li>• CP.MP.144 Mechanical Stretching Devices for Joint Stiffness and Contracture</li> <li>• CP.MP.181 Polymerase Chain Reaction Respiratory Viral Panel Testing</li> <li>• CP.MP.70 Proton and Neutron Beam Therapy</li> <li>• CP.MP.247 Transplant Service Documentation Requirements</li> <li>• CP.MP.142 Urinary Incontinence Devices and Treatments</li> <li>• CP.MP.108 Allogeneic Hematopoietic Cell Transplant for Sickle Cell Disease</li> <li>• CP.MP.101 Donor Lymphocyte Infusion</li> <li>• CP.MP.107 Durable Medical Equipment and Orthotics and Prosthetic Guidelines</li> <li>• CP.MP.53 Ferriscan R2-MRI</li> <li>• CP.MP.138 Pediatric Heart Transplantation</li> <li>• CP.MP.38 Ultrasound in Pregnancy</li> </ul> <p>The following policies have been retired:</p> <ul style="list-style-type: none"> <li>• HNCA.CP.MP.517 Implantable Miniature Telescope Screening for Age-Related Macular Degeneration</li> <li>• HNCA.CP.MP.203 Cardiac Risk Lab Tests</li> <li>• HNCA.CP.MP.432 Occipital Nerve Stimulation for Headache</li> </ul> | <p>Motion: <i>Adopt</i></p> <p>- Medical Policies Update (Q4)</p> <p>(Ramirez/Quezada)<br/>                     5-0-0-2</p> |
| <p><b>#7 Compliance Update</b><br/>                     - Compliance Regulatory Report<br/>                     (Attachment EE)</p>                                                                         | <p>Mary Lourdes presented the <b>Compliance Regulatory Report</b>.</p> <p><b>CalViva Health Oversight Activities. HealthNet.</b> CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings, and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG-level data in the following areas: financial viability data,</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ACTION TAKEN |
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|                         | <p>claims, provider disputes, access &amp; availability, specialty referrals, utilization management data, grievances, and appeals, etc.</p> <p><b>Oversight Audits.</b> The following annual audits are in progress: Credentialing, Emergency Room, UMCM, and Quality Improvement.</p> <p>The following audits have been completed since the last Commission report: Appeals and Grievances (No CAP), Continuity of Care (No CAP), Health Education (No CAP), Privacy and Security (No CAP).</p> <p>Due to NCQA requirements regarding oversight audits, starting this year, we're going to be implementing annual calendar year oversight audits of Health Net for all categories that we oversee. There will no longer be a "lookback" period to ensure more timely oversight of the previous calendar year.</p> <p><b>Fraud, Waste &amp; Abuse Activity.</b> Since the 10/19/23 Compliance Regulatory Report to the Committee, no new MC609 cases were filed by the close of CY 2023.</p> <p><b>Department of Managed Health Care ("DMHC") 2022 Medical Audit.</b> The Plan received the 2022 DMHC Preliminary Audit Report on 11/1/2023 which included a CAP request covering 11 deficiencies. Some were minor and some were more significant like post-stabilization where they found that claims were being inappropriately denied based on medical necessity and had to be re-adjudicated. The Plan submitted a response on 12/15/2023 and is awaiting DMHC's response.</p> <p><b>Department of Health Care Services ("DHCS") 2023 Medical Audit.</b> The Plan received the 2023 DHCS Final Report on 9/20/23. DHCS has issued a final CAP because the Plan did not classify, process, review, or resolve all expressions of dissatisfaction as grievances. The Plan submitted its initial response on 10/20/23 and has been submitting monthly updates until the CAP is closed.</p> <p><b>DMHC Enforcement Matter (22-724).</b> On 8/10/23, the Plan received a DMHC Subpoena requesting documents related to a member's appeal for services. The Plan complied with the subpoena and submitted all documents on 10/4/23. The Plan has not heard back from the DMHC on this matter.</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 and 2024 as of February 2024.</p> <p><b>California Advancing and Innovating Medi-Cal (CalAIM).</b></p> <ul style="list-style-type: none"> <li>• <b>Enhanced Care Management (ECM):</b> The DHCS approved the Plan's Birth Equity POF MOC on 11/7/23 and the Birth Equity Provider Capacity on 11/27/23 in preparation for the 1/1/24 effective date.</li> </ul> |              |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ACTION TAKEN |
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|                         | <p>On 10/16/23, the Plan submitted the Justice-Involved (“JI”) MOC. On 10/20/23, the DHCS announced it moved the JI initiative from 4/1/24 to 10/1/24. On 2/2/24, the Plan received a “Pre-Corrective Action Plan (“Pre-CAP”) letter from DHCS regarding its JI ECM provider capacity submission. The letter indicates that the Plan’s JI provider network capacity was inadequate and will need to address all inadequate benchmarks. <b>Note that all Local Health Plan Initiatives also received DHCS Pre-CAP letters.</b> A response is due on 3/22/24.</p> <ul style="list-style-type: none"> <li>• <b>Community Supports (CS):</b> On 12/27/23, DHCS approved the Plan’s January 2024 Community Supports MOC update, which included updated Community Supports Provider Capacity and Community Supports Final Elections.</li> </ul> <p><b>Long-Term Care (LTC) Carve-In Deliverable List – Phase II (ICF/DD and Subacute Care facilities).</b> Effective 1/1/2024, LTC-ICF/DD and Subacute Care services were carved into MCPs statewide. The Plan submitted deliverables associated with APL 23-004 (“Intermediate Care Facilities for Individuals with Developmental Disabilities”), and APL 23-027 (“Subacute Care Facilities”) to DHCS on 11/27/2023 and 1/29/24. The Plan is still working to complete Phase I of the ICF/DD network readiness requirements regarding contracting efforts.</p> <p>On 12/7/23, the DHCS approved Phase I of the Subacute Care Network Readiness requirements. Through post-transitional monitoring starting on 1/1/24, DHCS will evaluate plans for meeting Phase II of the Subacute Care Network Readiness which requires plans to attempt to contract with all Subacute Care facilities where their members reside.</p> <p><b>Memorandum of Understanding (MOU)</b> DHCS requires Plans and Third-Party Entities to submit updated MOU templates and to specify responsibilities under those MOUs. DHCS has provided base templates that the Plan must execute starting January 1, 2024, through January 1, 2025.</p> <p><b>Transition to Statewide Exclusively Aligned Eligibility (EAE)-D-SNP</b> Effective 1/1/24, CalViva and Health Net went live with an Exclusively Aligned Enrollment, Dual Eligible Special Needs Plan (“EAE-DSNP”) named, “WellCare CalViva Health Dual Align (HMO D-SNP)”. Health Net will be providing CalViva with high-level reports on oversight and utilization.</p> <p><b>Adult Expansion 26-49</b> Effective 1/1/24, DHCS expanded Medi-Cal eligibility to individuals who are 26 through 49 years of age. The Plan will be working with providers to maintain PCP assignments.</p> <p><b>Member Handbook/Evidence of Coverage.</b> The Plan’s 2024 Member Handbook/Evidence of Coverage was posted to the CalViva Health website on 1/1/24 as required.</p> <p><b>DHCS 2024 Operational Readiness(“OR”) Work Plan &amp; Contract.</b> The Plan has completed the</p> |              |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ACTION TAKEN |
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|                         | <p>required OR Workplan filings to DHCS. The only remaining documents to be submitted are the DHCS “bespoke” MOU templates that must be sent to the various Local Health Departments, LEAs, Regional Centers, WIC Agencies, County Behavioral Health Departments, etc., for their review and execution. In 2024, DHCS will require quarterly status updates on the execution of those MOUs.</p> <p>The 2024 DHCS Medi-Cal Managed Care Contract (“Primary Contract”) was executed on December 20, 2023, and the 2024 DHCS State Supported Services Contract (“Secondary Contract”) was executed on December 16, 2023.</p> <p><b>Public Policy Committee.</b> The PPC met on December 6, 2023, at 7625 N. Palm Ave Suite 109, Fresno, CA 93711. The following programs and reports were presented: 2023 Health Education Executive Summary and Work Plan Mid-Year Evaluation; 2023 Health Equity Executive Summary and Work Plan Mid-Year Evaluation; 2023 Language Assistance Program Mid-Year Report; 2022 Geo Access Executive Summary and Assessment Report; Quality Improvement &amp; HEDIS Update MY2022; Q3 2023 Grievance &amp; Appeals Report; 2023 DHCS Audit CAP Update; 2022 DMHC Audit Final Report and CAP.</p> <p>Additionally, Dr. Marabella reviewed in detail where the Plan met and did not meet the minimum performance levels for specific HEDIS measures and identified opportunities for improvement. The next Public Policy Committee meeting will be March 6, 2024, 11:30 am-1:30 pm located at 7625 N. Palm Ave Suite 109, Fresno, CA 93711.</p> |              |
| #11 Old Business        | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
| #12 Announcements       | Dr. Marabella informed the Committee that Dr. Verma has retired from the QIUM, Peer Review and Credentialing Committees and he will be looking for a replacement with a pediatric focus.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |
| #13 Public Comment      | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
| #14 Adjourn             | The meeting was adjourned at 12:06 pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |

**NEXT MEETING: March 21<sup>st</sup>, 2024**

Submitted this Day: March 21, 2024

Submitted by:   
 Amy Schneider, RN, Director Medical Management

**Acknowledgment of Committee Approval:**



Patrick Marabella, MD Committee Chair