

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
March 21st, 2024

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

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Patrick Marabella, M.D. , Emergency Medicine, CalViva Chief Medical Officer, Chair	✓	Amy Schneider, RN , Director of Medical Management Services
✓	David Cardona, M.D. , Family Medicine, Fresno County At-large Appointee, Family Care Providers	✓**	Iris Poveda , Medical Management Services Manager
✓	Chrisitan Faulkenberry-Miranda, M.D. , Pediatrics, University of California, San Francisco	✓	Mary Lourdes Leone , Chief Compliance Officer
	Ana-Liza Pascual, M.D. , Obstetrics/Gynecology, Central Valley Obstetrics/Gynecology Medical Group	✓	Maria Sanchez , Compliance Manager
✓ *	Carolina Quezada, M.D. , Internal Medicine/Pediatrics, Family Health Care Network	✓	Patricia Gomez , Senior Compliance Analyst
✓	Joel Ramirez, M.D. , Family Medicine/Sports Medicine, Camarena Health, Madera County	✓	Zaman Jennaty , Medical Management Nurse Analyst
✓	DeAnna Waugh, Psy.D. , Psychology, Adventist Health, Fresno County	✓	Norell Naoe , Medical Management Administrative Coordinator
	David Hodge, M.D. , Pediatric Surgery, Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			
	None were in attendance.		

✓ = in attendance

* = Arrived late/left early

** = Attended virtually

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D Chair	The meeting was called to order at 10:31 am. A quorum was present. Dr. Marabella introduced Dr. Christian Faulkenberry-Miranda a new QIUM Committee member whose specialty is Pediatrics with the University of California, San Francisco. She will be replacing Dr. Verma who resigned from the Committee in February.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#2 Approve Consent Agenda Committee Minutes:</p> <ul style="list-style-type: none"> - February 15th, 2024 - Specialty Referrals Report (Q4) - Standing Referrals Report (Q4) - Initial Health Appointment (IHA) Quarterly Report (Q3) - SPD HRA Outreach (Q4) - NIA/Evolent (Q4) - MedZed Integrated Care Management Report (Q4) - MHN Performance Indicator Report for Behavioral Health Services (Q4) - Pharmacy Provider Updates (Q4) (Q1) - Performance Improvement Project Updates – Non-Clinical PIP - PA Member Letter Monitoring Report (Q4) - Enhanced Care Management and Community Supports Performance Report (Q4) <p>(Attachments A-L)</p> <p>Action</p>	<p>February 15th, 2024, 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 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>Motion: <i>Approve</i> Consent Agenda</p> <p>(Ramirez/Cardona) 6-0-0-1</p>

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<p>Patrick Marabella, M.D Chair</p> <p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard Report (January) - Appeals & Grievances Validation Audit Summary (Q3) <p>(Attachment M-N)</p> <p>Action</p> <p>Patrick Marabella, M.D Chair</p>	<p>The Appeals & Grievances Dashboard Report through January 2024 was presented noting the following trends:</p> <ul style="list-style-type: none"> o There was a total of 160 grievances received this month which has remained consistent over time. o The majority of resolved cases (153) were Quality of Service related: (21 of 25) Administrative claims were balanced billing related; (18) Transportation Access. Transportation Grievances have decreased as Dialysis and other high-risk patients have been given priority transportation. Monitoring to continue. <ul style="list-style-type: none"> o Providers and entities who are having the most difficulty are targeted with education and training. Members are also educated to always bring their physical membership card with them as many offices don't have a way to read the I.D. from a phone and members could be billed as a result of not having their card with them. o Quality of Care Grievances (20) also remained consistent compared to previous months. o Exempt Grievances, balanced billing (28) will continue to be monitored. <ul style="list-style-type: none"> o There were seven (7) Transportation Provider No Shows. o Total Appeals (24) are consistent with previous months. Eleven (11) cases related to Advanced Imaging (PET/CAT/Cardiac imaging.) <ul style="list-style-type: none"> o Uphold and Overturn rates were approximately half upheld (44.4%) and half overturned (50%). <p>The Appeals & Grievances Validation Audit Report Q3 was presented. CVH conducts weekly A&G case validations to ensure each Grievance or Appeal case contains the appropriate documentation and evidence necessary for standard and expedited Quality of Service (QOS), Quality of Care (QOC), and Appeal cases.</p> <ul style="list-style-type: none"> o 74% of cases met compliance standards upon receipt. A rise in missing documents is noted this quarter. Documents were missing primarily in the Standard QOS and QOC categories. <ul style="list-style-type: none"> o Of the variety of document types identified as missing, most commonly: Case Review forms (81), and ack letters (25) make up 64% of the total missing documents by type. On further assessment, it was determined that files were not 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard Report (January) - Appeals & Grievances Validation Audit Summary (Q3) <p>(Cardona/Ramirez) 6-0-0-1</p>

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	<p>being properly PDF'd and compiled for CVH review due to new staff, retraining occurred.</p> <ul style="list-style-type: none"> ○ Thirty-one (31) cases were found to be missing evidence of the DMHC script being read to the members. The team has been refreshed on the internal policy requirement to read the DMHC script on all cases. <p>All documents identified to be missing from the cases were obtained and inserted to complete the files before closing out the month.</p>	
<p>#3 QI Business - Blood Lead Screening Quarterly Report (Q3) (Attachment O)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Blood Lead Screening Quarterly Report Q3 was presented and describes clinical guidelines for blood lead screening, reporting requirements related to blood lead screening and, to ensure Medi-Cal members receive anticipatory guidance related to blood lead poisoning prevention and blood lead level testing and follow-up services from providers.</p> <ul style="list-style-type: none"> • The Q3 Blood Lead Level Screening (LSC) Report shows CalViva Health's performance on blood lead level screenings and anticipatory guidance monitoring from Q1 - Q3 2023. <ul style="list-style-type: none"> ○ Q3 compliance for CPT Code 83655 (lead screening only) demonstrates an upward trend of approximately 4% compared to the Q2 2022 rates and approximately a 5% increase compared to Q2 2023. ○ Q3 Anticipatory Guidance Codes rates demonstrate a slight downward trend of approximately 0.20% compared to the Q3 2022 rates and approximately 0.20% increase from Q2 2023. • Barriers to LSC testing include: <ul style="list-style-type: none"> ○ Incorrect coding used by the providers. ○ Low point of care (POC) LSC testing in provider offices. ○ Members do not want to go to lab locations for services due to impeded processes and lack of transportation. ○ Members do not show up for scheduled appointments. ○ Providers need to implement the workflow process and obtain regulatory approval for setting up the complete capillary screening at the provider's office. <p><i>Discussion:</i> Dr. Ramirez asked if any counties in the state are doing well on this HEDIS® measure. Dr. Marabella indicated that integrated health plans are seeing better results, but overall, COVID affected the number of members seeking in-person care, and a secondary effect of COVID has reduced the healthcare workforce. Previously CVH had a CAP for this measure and some</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Blood Lead Screening Quarterly Report (Q3) <p>(Ramirez/Cardona) 6-0-0-1</p>

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	<p><i>opportunities for improvement were identified, but currently, we’re researching best practices amongst our practitioners and will model their efforts with other high-volume, low-performing providers for this metric.</i></p>	
<p>#3 QI Business - QI/UM Committee Charter 2024 (Attachment P) Action Patrick Marabella, M.D Chair</p>	<p>The 2024 QI/UM Committee Charter was presented for annual review and approval. Additions or changes include:</p> <ul style="list-style-type: none"> • Committee Responsibilities: <ul style="list-style-type: none"> ○ Health Education will now be combined with QI for the Program Description and Work Plan. ○ Updated terminology from Social <i>Determinants</i> of Health (SDoH) to Social <i>Drivers</i> of Health (SDoH.) ○ Separated Credentialing Sub-Committee from Peer Review Sub-Committee. • Composition: <ul style="list-style-type: none"> ○ Replaced that the CVH Health Equity Officer “is a member of” the QI/UM Committee with “will attend” the QI/UM Committee Meetings. ○ Updated Participating Practitioners from other specialty areas shall be “consulted” as necessary to provide specialty input. <p><i>Discussion:</i> Dr. Ramirez noted that the new CVH Health Equity Officer will begin to attend the QIUM Committee meetings. Dr. Marabella indicated that the CVH Health Equity Officer is being onboarded and will start in early April. The new Equity Officer has a background in culture and linguistics and has career experience in equity.</p>	<p>Motion: <i>Approve</i> - QI/UM Committee Charter 2024 (Cardona/Ramirez) 6-0-0-1</p>
<p>#4 Key Presentations - Quality Improvement/ Health Education Annual Program Description 2024 - Quality Improvement/ Health Education Annual Work Plan 2024 (Attachment Q, R) (PowerPoint Presentation)</p>	<p>The 2024 Quality Improvement/Health Education Annual Program Description was presented to the committee for approval. Updates include:</p> <ul style="list-style-type: none"> • Updated QI Program and QI Work Plan to QI and Health Education (QIHed) Program and Work Plan (Throughout). • Updated Social Determinates of Health to Social Drivers of Health (SDoH) (Throughout). • Information Systems and Analysis (pg. 5) Added ECHO behavioral health survey and provider satisfaction survey to the scope of analytics. • Health Promotion Programs (pgs. 13-15) Added use of QR codes to promote HEd programs. Revised the CalViva Pregnancy Program, Health Promotion Incentive Program, and Member Newsletter descriptions. 	<p>Motion: <i>Approve</i> - Quality Improvement/ Health Education Annual Program Description 2024 - Quality Improvement/ Health Education Annual Work Plan 2024 (Quezada/Ramirez) 6-0-0-1</p>

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<p>Action Patrick Marabella, M.D Chair</p>	<ul style="list-style-type: none"> • MemberConnections® Program (pg. 16): Added clinical pharmacy to the scope of the program. Added HEDIS Care Gap Reports as a tool used to engage members. Teams will also work in hospitals with members to connect them to Transitional Care Services. • Health Management Programs (pgs. 17-18): Added social needs data to data sources used for PHM assessments. Added additional details on risk stratification, segmentation, and tiering methodologies to identify changes in members’ health status and connect them to health management programs. • Health Plan Performance (pgs. 25-26): Revised description to include additional details of performance metrics and standards that are monitored by the plan to improve health outcomes. Also, details were added on how performance data and ratings are shared with members and providers. • Delegation (pg. 28): Added statement regarding QI functions that are delegated. • QI Process (pgs. 38-39): Replaced SWBHC with CAHPS/ECHO Survey. Added REL, SOGI, and social needs status under demographics with risks. Moved information regarding communication with members and providers into its own section (pg. 56). • Behavioral Health Medical Director (pg. 47): Removed MHN reference. Clarified the role of the BH Medical Director (Dr. Sidrak) who functions as an advisor to the QI/UM Committee. • Health Education (pg. 48): Revised the population needs assessment from conducted annually to every three years. • Corrective Actions (pg. 57): A new section was added for corrective actions taken for problems identified. • QIHed Program Information Availability (pg. 59): A new section was added regarding how the QIHed program is communicated to members and/or providers. • Other minor edits throughout. <p>The 2024 Quality Improvement/Health Education Annual Work Plan was presented with a new format to standardize and better delineate processes and outcomes to meet NCQA accreditation standards.</p> <p>Activities for 2024 Focus on:</p> <ul style="list-style-type: none"> • Work Plan Initiatives: Implement activities to improve performance measures. • Ongoing Work Plan Activities 	

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	<p>QI Work Plan more comprehensive and inclusive of key areas for QI Work - 8 Initiative sections: (Each section has specific initiatives for a total of 13)</p> <p>1. Behavioral Health: Improving Behavioral Health (Mental Health and Substance Use) Outcomes Objective: Meet directional improvement of 1-5% from the prior year or \geq 50th percentile. FUA-30 (target 36.34), FUM-30 (target 54.87). MY2022:</p> <ul style="list-style-type: none"> • FUA-30: (33%, 1/3) • FUM-30: (33%, 1/3) <p>2. Chronic Conditions: Objective: Meet directional improvement of 1-5% from the prior year or \geq 50th percentile.</p> <ul style="list-style-type: none"> • Diabetes: CDC >9 – HbA1c to below 9 • Heart Health: Control Blood Pressure <p>3. Hospital Quality / Patient Safety: Monitoring for hospital-acquired conditions MY2022:</p> <ul style="list-style-type: none"> • CAUTI: SIR=<1.0: 50% • CLABSI: SIR=<1.0: 25% • C.Diff: SIR=<1.0: 100% • MRSA: SIR=<1.0: 50% • SSI-Colon: SIR=<1.0: 50% • NTSV C-sections: Rate $=<23.6\%$: 20% <p>4. Member Engagement and Experience: Improve New Member completion IHA under 120 days.</p> <p>5. Pediatric and Maternal Health Programs:</p> <ul style="list-style-type: none"> • Well-Child Visits • Childhood Immunization • Prenatal and Postpartum Care • Lead Screenings <p>Providers are supported to engage with immunization registries and the Vaccines for Children Program.</p> <p>6. Pharmacy: Pharmacy Medical Drug Benefit</p> <p>7. Preventive Health:</p> <ul style="list-style-type: none"> • Cancer Screening (MCAS) 	

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	<ul style="list-style-type: none"> ○ BCS – Breast Cancer Screening ○ CCS - Cervical Cancer Screening ● Flu Campaign <p>8. Provider Communication:</p> <ul style="list-style-type: none"> ● Improving Member Experience (CAHPS) – Provider and Plan Focus ● Improving Provider Survey Results <p>Quality Improvement Tracking System Activities Include:</p> <p>1. Behavioral Health: Conduct live outreach to Medi-Cal members who had an ED visit for MH, SUD, or Drug Overdose. Uses ADT reports to conduct member outreach calls to close gaps. This activity is also being addressed in our Non-Clinical PIP with Community Regional Medical Center (CRMC) utilizing their Substance Use Navigators (SUNs.)</p> <p>2. Chronic Conditions: Diabetes Prevention Program (DPP) Vendor Onboarding. Multiconditions: KED Tip Sheet.</p> <p>3. Hospital Quality/ Patient Safety: Hospital outreach about patient safety, C-section overuse, and maternal health issues, Hospital Quality Scorecard program, Participation in Leapfrog Partners Advisory Committee, and Engagement with external collaboratives to promote hospital quality.</p> <p>4. Member Engagement and Experience: Annual Member Newsletter- CalViva, IHA Quarterly Reporting and focus on Low Performing Providers.</p> <p>5. Pediatric/ Adolescents: First Year of Life Program – FYOL, QI Referrals to the CalViva Health Pregnancy Program, Peds+ POD Action Plan Reviews, Pediatric/Perinatal/ Dental Provider HEDIS Tip Sheets, Provider Engagement and CPM Training on Pediatric MCAS measures for MY 2024. The Well Child Visit Disparity PIP is an adjunct to the postpartum program. The focus is to get African American/Black infants to see the pediatrician or the primary care doctor for the first baby visits, subsequent well-child visits, and receive immunizations. Partnering with Black Infant Health to focus on this target demographic.</p> <p>6. Pharmacy: Multi-Gap Family Unit (MCL) Live Call Outreach, KIC Smoking Cessation Newsletter, Community Supports Asthma Remediation Email Campaign, Provider Flyer.</p> <p>7. Preventive Health: PARS for High Volume Specialists, Ancillary, CBAS, and Behavioral Health providers.</p> <p>8. Provider Engagement: IHQC – Project Management Training and Fundamentals of QI Training.</p> <p><i>Discussion:</i></p>	

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	<p><i>Dr. Ramirez asked if the California Data Exchange Framework would help with obtaining information from hospitals that are reluctant to share information.</i></p> <p><i>Dr. Marabella indicated that the goal is for everyone to freely exchange data, there are even state-funded incentive programs to encourage hospitals and clinics to data share.</i></p>	
<p>#4 Key Presentations</p> <ul style="list-style-type: none"> - Population Segmentation Report - PHM Assessment Report (Attachments S, T) (PowerPoint Presentation) <p>Action Patrick Marabella, M.D Chair</p>	<p>The Population Segmentation Report was presented as a snapshot in time (December 2023) as a part of CVH’s ongoing programs and activities aimed at targeting specific subpopulations. The Population Segmentation is recorded to understand the portions of the population targeted by each Population Health Management program per NCQA Accreditation: PHM 2 requirements. A four-column chart was shared listing each program along with a description of the program’s eligible populations, the raw number of eligible members, and the total percentage of eligible members that would meet the program’s criteria for participation as of December 2023.</p> <p>The PHM Assessment Report was presented and reviewed. The purpose of this report is to:</p> <ol style="list-style-type: none"> 1. Assess the needs and characteristics of the enrolled population, including a review of the impact of Social Determinants/Drivers of Health (SDoH). <ul style="list-style-type: none"> o Needs & Characteristics: Social Determinants/Drivers of Health (SDoH) and Health Outcomes According to the County Health Rankings and Roadmaps (www.countyhealthrankings.org) CVH counties experience higher rates compared to other CA Counties of the following social economic contributing factors. Refer to the full comparison in Appendix B: <ul style="list-style-type: none"> ▪ premature death ▪ percentages of adult smoking ▪ adult obesity ▪ physical inactivity ▪ excessive drinking ▪ teen births ▪ children in poverty ▪ injury deaths ▪ air pollution ▪ ratio of population to primary care physicians and mental health providers (limited access) ▪ Fresno and Kings counties experience higher sexually transmitted infections. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Population Segmentation Report - PHM Assessment Report <p>(Ramirez/Waugh) 6-0-0-1</p>

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	<ul style="list-style-type: none"> ○ CalViva counties compared to California overall have lower rates of: <ul style="list-style-type: none"> ▪ access to exercise opportunities. ▪ Kings and Madera counties experience a lower percentage of flu vaccination completion. ▪ education (High school and college completion) ▪ social associations 2. Identify key sub-populations and determine their needs. <ul style="list-style-type: none"> ○ Language and Limited English: Written and spoken languages of preference have similar rates. Approximately 34% have limited English with most of this category as Spanish Speakers. ○ Race & Ethnicity: (Note: Data directly from enrollment data.) <ul style="list-style-type: none"> ▪ Race & Ethnicity vary by region in California, with Hispanic/Latino comprising 40% of the state population. ▪ CalViva counties serve 55-60% Hispanic population. ▪ In Fresno, nearly 11% of the population is Asian with the White population representing 27% (lowest in F, K, M). ▪ Kings County has a Black/AA population of 6% (highest). ▪ Madera has the highest Hispanic (60.3%) and White (31.7%) populations. 3. Assess the needs of child and adolescent members. 4. Assess the needs of members with disabilities. 5. Assess the needs of members with serious persistent mental illness (SPMI). 6. Evaluate the extent to which current organization-wide population health management activities and resources address the needs identified in this analysis and determine if modifications are needed to better meet the needs of the enrolled population. <ul style="list-style-type: none"> ○ Actions taken since 2021 to address identified gaps were considered as part of this analysis. ○ Almost 40 actions were identified that address opportunities for improvement. Examples include but are not limited to: <ul style="list-style-type: none"> ▪ Heart Health: Cardiac + Diabetes Social media post to create awareness among members and community for heart health, diabetes, and medication adherence. ▪ Pregnancy and Birth: Outreach to newly delivered moms to address post-partum needs including encouraging follow-up visits with OB, screening for depression, and 	

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	<p>referral to BH. Explore timely treatment options for pregnant mothers with substance use disorder.</p> <ul style="list-style-type: none"> ▪ Pulmonary-related admissions: Enrollment of members who are active smokers to the Smoking/Vaping Cessation app via Clinical Pharmacist outreach. ▪ Healthy or At-Risk behavioral health: Calls to adult members diagnosed with major depression and demonstrating refill gaps, to improve medication adherence. ▪ Pulmonary- adults, children, and disabled: Partner with school districts to hold vaccination clinics for school-age youth focusing on low vaccination regions. <p>7. Evaluate the integration of community resources into population health management activities to address member needs not covered by the benefit plan and make recommendations if changes are needed.</p> <ul style="list-style-type: none"> ○ CVH connects members with community resources and promotes community programs that actively respond to members’ assessed needs. ○ All Care Managers have access to and utilize a central directory for local community resources (FindHelp) for this purpose and educate members on available resources. ○ A community resources link by county is available on the CVH website for staff and members. <p>Methodology and Time Period: Data is combined from multiple sources and is stored in data warehouses. Data from the warehouse is extracted into a predictive modeling tool, (Impact Pro, a licensed proprietary model). The following data is pulled from the main data warehouse into the risk stratification tool housed in Impact Pro: (Timeframe: January through December 2023)</p> <ul style="list-style-type: none"> • Medical and behavioral claims/encounters • Pharmacy claims • Laboratory results • Health appraisal results • Electronic health records • Data from health plan UM and/or CM programs • Advanced data sources such as all-payer claims databases or regional health information. <p>The Population Analysis reflects the following key findings (from Purposes 1-5):</p> <ul style="list-style-type: none"> • Top social determinants/drivers of health (SDoH) factors impacting CalViva Health: Smoking, Teen Birth, Air Pollution • Top needs of child and adolescent members: Pulmonary conditions 	

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	<ul style="list-style-type: none"> • Top needs of members with disabilities: Cardiovascular and Pulmonary conditions • Top needs of members with serious and persistent mental illness (SPMI): Anxiety and Mood disorders • Top Race/Ethnicity: Hispanic, White, Black, Asian • Top language groups with Limited English Proficiency: Hispanic, Asian (SE Asian/Laotian Other) • Top Health Conditions: Pulmonary, Cardiac and Pregnancy 	
<p>#4 Key Presentations</p> <ul style="list-style-type: none"> - NCQA Non-Behavioral Health Member Experience Report - NCQA Behavioral Health Member Experience Report (Attachments U, V) (PowerPoint Presentation) <p>Action Patrick Marabella, M.D Chair</p>	<p>NCQA Non-Behavioral Health Member Experience Report and NCQA Behavioral Health Member Experience Report monitor member experience data for Behavioral Health and Non-Behavioral Health populations. Member Survey data is combined with appeal and grievance data to identify member pain points and opportunities for improvement. Behavioral Health and Non-Behavioral Health results are reported separately. (NCQA ME.7)</p> <p>NCQA Non-Behavioral Health Member Experience Report 2023 (MY2022)</p> <ul style="list-style-type: none"> • The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is used to assess member satisfaction. • Follows scientific principles for survey design and development. Nationally recognized. • Going forward this will be conducted annually for CalViva membership. • Early in 2023, the survey was conducted to assess 2022. Appropriate sampling methodology was used. • All member appeals and grievances are also considered for the analysis. There is no sampling. • Grievances are reported as formal grievances (written), informal grievances (by phone), and appeals. <ul style="list-style-type: none"> ○ NCQA Categories of Grievances Issues Further Classifies, MY2022 with volume: <ul style="list-style-type: none"> ▪ Quality of Care, 194 ▪ Access, 290 ▪ Attitude of Service, 170 ▪ Billing and Financial Issues, 90 (denied as not medically necessary) ▪ Quality of Office Practitioner Site, 1 ○ Grievance Trends: The Top grievance categories for MY2022 were Access, followed by Quality of Care and Attitude and Service. Top 5 Formal grievances MY2022 with volume: 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - NCQA Non-Behavioral Health Member Experience Report - NCQA Behavioral Health Member Experience Report <p>(Waugh/Faulkenberry) 6-0-0-1</p>

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	<ul style="list-style-type: none"> ▪ Access to Care – Prior Authorization delay, 104 ▪ PCP – Delay in referral by PCP, 63 ▪ PCP – Inadequate Care, 42 ▪ Access to Care – Availability of appointment with PCP, 39 ▪ Access to Care – PCP Referral for Services, 39 ○ For My2022, the largest Informal and Formal Grievances category was Attitude and Service. Attitude and Service grievances are driven by Customer Service issues, provider office-staff communication, translation and interpreter issues, and eligibility issues. ○ Access grievances are a result of member barriers to Availability of Appointments with PCP, accessing care, tests, or treatments, accessing facilities, delays in referral and prior authorization, and delays in treatment. ○ Appeal Trends: Appeal types are presented below to identify any patterns and areas of opportunity. The only appeal category in MY2022 was Billing and Financial Issues. The largest issues for MY2022 were with Diagnostics - MRI, followed by CAT Scan, and Myocardial Perfusion. Top 5 Appeals, MY2022 with volume: <ul style="list-style-type: none"> ▪ Diagnostic – MRI, 58 ▪ Diagnostic – CAT Scan, 20 ▪ Diagnostic – Myocardial Perfusion, 13 (a decrease from prior years) ▪ Other – Self-Injectable Medication, 10 ▪ Outpatient – Procedure, 8 ● CAHPS® Survey Results MY2022: A chart was shared listing five measures with corresponding percentages, % rank, sample size, and QC Ave %. CalViva’s measures fell between 71.9% and 86.3% which aligns with other Health Plans. ● Some Opportunities Identified <ul style="list-style-type: none"> ○ Short Term: <ul style="list-style-type: none"> ▪ Routine customer service training to member-facing teams within the organization. ▪ Regular monitoring of the Medi-Cal network (PCPs and specialists) to ensure members do not have a limited network to choose from. ▪ Routine training done with the Customer Contact Center on relevant member pain points particularly around how to address provider communication issues, access issues, and any referral and prior authorization delays. ▪ Regular monitoring of prior authorization and referral processes. 	

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	<ul style="list-style-type: none"> ○ Long Term: <ul style="list-style-type: none"> ▪ Utilize contract language to incentivize provider groups to improve on member experience measures. ▪ Create provider incentives around improving member experience. ▪ Work directly with provider groups to review and identify ways to make the prior authorization and referral process less burdensome on the member. ▪ Create a specialized Call Center Team that focuses primarily on the Medi-Cal population and addresses unique concerns/issues. ▪ Collaborate with state and other Medi-Cal health plans to address trending issues for the overall Medi-Cal population. <p>NCQA Behavioral Health Member Experience Report 2023 (MY2022) The Experience of Care and Health Outcomes (ECHO®) annual survey is used to assess member satisfaction for the Behavioral Health population.</p> <ul style="list-style-type: none"> • Early in 2023, the survey was conducted to assess MY2022. • All members’ grievances and appeals are also evaluated. • Significance testing was conducted to test the significance between MY2022 and MY2021 ECHO survey results because of a history of ECHO survey and barrier analysis. • No significance testing for appeals and grievances. • Data Trends for Behavioral Health: <ul style="list-style-type: none"> ○ The BH grievances, appeals, and ECHO survey data point to similar opportunities. ○ The volume of data is small and while patterns may not be identified for CVH, the general trend is that the most impactful member pain points are around Access and Billing/Financial issues. ○ There is a strong focus on BH member outcomes (clinical improvement) and the ECHO results are demonstrating its effectiveness. ○ ECHO results specifically indicate that the areas of opportunity are related to Getting Treatment Quickly, Customer Service, Getting Treatment Options and Information about the Health Plan or Provider, and How Well Providers Communicate. • Actions Taken or In Progress: Through a barrier analysis of the ECHO results, several opportunities were identified with the following actions taken (or being implemented): <ul style="list-style-type: none"> ○ Grow BH Network: 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ▪ Increase rates for newly contracted providers and providers willing to accept new patients. ▪ Focus growth in areas of need – highest numbers of OON requests. ▪ Focus on telehealth options to eliminate geo access challenges. ▪ Improve Provider Satisfaction through improved speed and accuracy of claims processing and immediate feedback on member complaints/concerns. ○ Greater promotion of Collaborative Care Model options and resources for PCPs treating BH. ○ Improve Provider Directory Accuracy. ○ Leverage the staggered roll-out of the BH system migration to test/learn and improve process documentation, learn/apply best practices, and minimize negative impacts (Smaller market [Marketplace] system migration to occur 6 months before large market [Medi-Cal and Commercial] system migration.) ○ Eliminate/reduce silos between medical and BH starting with Plan-wide BH integration: resources, systems, staff, and network. ○ Greater collaboration and BH data exchange with Medi-Cal counties without violating privacy rules. ○ Give more feedback to CVH BH providers about member experience and provide resources to make improvements. • Barrier(s) being addressed: <ul style="list-style-type: none"> ○ Reduction in stigma leading to greater demand and BH network options not growing at the same pace. ○ Delays in routine access to care/appointments rooted in member preference, compatibility, and scheduling needs and not enough options. ○ Network availability issues limit provider choice and provider-member compatibility. ○ No BH provider “assignment” and limited Value-based payment and/or incentives for BH providers. ○ Inaccuracies in provider directory information can lead to delays in finding a provider accepting new patients. ○ Temporary Health Plan staff knowledge and process gaps and delays during major migration to new systems and processes. ○ Administrative barriers: 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ▪ There is no secure member BH portal. ▪ Members cannot find information about the BH care they need or BH care they obtained without calling the Plan or provider. ▪ The secure BH provider portal has limited features. ▪ Systemic silos between medical and BH do not help members obtain information and options in an easy, seamless manner. ○ Privacy regulation concerns limiting collaboration and BH data exchange between Medi-Cal service delivery entities. ○ Providers might need more frequent reminders or feedback about member perception/experience. <p>*Dr. Cardona left the meeting at 11:25 AM and returned at 11:27 AM. A quorum was maintained. *Dr. Quezada left the meeting at 11:35 AM. A quorum was maintained.</p>	
<p>#5 UM/CM Business</p> <ul style="list-style-type: none"> - Key Indicator Dashboard (January) - Case Management and CCM Report (Q4) - Inter-Rater Reliability Results (IRR) for Physicians and Non-Physicians 2023 (Attachment W- Y) (Attachment Z was intentionally left blank) <p>Action Patrick Marabella, M.D Chair</p>	<p>The Key Indicator Dashboard through January was presented.</p> <ul style="list-style-type: none"> • Utilization for all risk types remained consistent in January 2024, but membership will decline as redeterminations continue and Kaiser Permanente has now entered the market and will edge into CVH’s market share. • SPD Admits and Bed Days remain low, and Acute Admits and Bed Days remain consistent. • ER visits per thousand members per year have remained consistent. • Turnaround Times were met in all areas in January 2024. • Case Management results remained robust in the Perinatal and Integrated categories and remained consistent in all others. • All members discharged from the hospital receive Transitional Care Services (TCS) first and then are redirected to other case management services as needed. • Palliative Care is no longer a care management offering, it is now a benefit available through prior authorization. • Behavioral Health outreach has increased and has a 50% engagement rate. • The new “First Year of Life” program to engage parents to bring their children to well-child visits and get immunized is seeing success. <p>The Case Management and CCM Report Q4 summarizes the Case Management (CM), Transitional Care Services (TCS), MemberConnections, Palliative care, and Emergency Department (ED)</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Key Indicator Dashboard (January) - Case Management and CCM Report (Q4) - Inter-Rater Reliability Results (IRR) for Physicians and Non-Physicians 2023 <p>(Cardona/Ramirez) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>diversion activities for 2023 through the fourth quarter. This includes referral volume, member engagement, and an evaluation of Program effectiveness. Findings below are as of January 20, 2024:</p> <ul style="list-style-type: none"> • From Q3 to Q4, ICM referral volume dropped 33%, managed TCS cases decreased 27%, and BH CM total referral volume dropped 18%. • The engagement rate for TCS increased to 91% because members are now contacted prior to discharge. • Managed cases increased in both Integrated Care Management (ICM) and Perinatal CM in Q4. • Emergency Department Diversion completed the year with an overall 22.2% success rate of reaching members, a slight improvement over 21.8% in 2022. This program focuses on telephonic outreach to members with three or more visits in 90 days. • Overall, across all programs, members who are engaged in Care Management programs show a lower readmission rate and better outcomes than those not enrolled. • 90% of members surveyed are satisfied with their Care Management Program. <p>InterQual Inter-Rater Reliability (IRR) Results for Physicians and Non-Physicians 2023 was presented. UM staff use InterQual® Clinical Decision Support Criteria along with other evidence-based medical policies, clinical support guidelines, and technical assessment tools approved by the Medical Advisory Council to assist clinical reviewers in reviewing medical criteria with consistency. Following InterQual (IQ) IRR preparatory training in Q3-2022, the Optum (formerly Change Healthcare) InterQual IRR modules were administered to the physician reviewers and the non-physician clinical staff requiring a minimum score of 90% to pass. Below are the results of testing completed in Q4-2023.</p> <ul style="list-style-type: none"> • The initial overall pass rate was 82%. • Following remediation and retesting, the final overall pass rate was 97%. • For all physician and non-physician reviewers who failed to pass the retesting, the Plan initiated documented coaching in Q1-2024. 	
<p>#6 Pharmacy Business - Pharmacy Executive Summary (Q4) - Pharmacy Operations</p>	<p>The Pharmacy Executive Summary Q4 provides a summary of the quarterly pharmacy reports presented to the committee on operational metrics, top medication prior authorization (PA) requests, and quarterly formulary changes to assess emerging patterns in PA requests, compliance around PA turnaround time metrics, and to formulate potential process</p>	<p>Motion: <i>Approve</i> - Pharmacy Executive Summary (Q4) - Pharmacy Operations</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Metrics (Q4)</p> <ul style="list-style-type: none"> - Pharmacy Top 25 Prior Authorizations (Q4) - Quality Assurance Reliability Results (IRR) for Pharmacy (Q4) <p>(Attachment AA-DD)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>improvements.</p> <ul style="list-style-type: none"> • Pharmacy Operations Metrics <ul style="list-style-type: none"> ○ Pharmacy Prior Authorization (PA) metrics were within 5% of the standard for Q4. ○ Overall, TAT for Q4 was 98.6%. PA TAT was higher in Q4 than in Q3. ○ PA volume was slightly lower in Q4 compared to Q3. No outliers were found in Q4. <p>The Pharmacy Operations Metrics Q4 provides key indicators measuring the performance of the PA Department in service to CalViva Health members. The turnaround time (TAT) expectation is 100% with a threshold of 95%.</p> <ul style="list-style-type: none"> • Pharmacy prior authorization (PA) metrics were within 5% of the standard for Q4 at 98.6%. • PA approval rate was lower in Q4 2023 compared to Q3 2023 and overall volume was slightly lower in Q4 2023 compared to Q3 2023. Trending in volume and TAT will be monitored to ensure consistent procedures by the PA team. <p>The Pharmacy Top 25 Prior Authorizations Q4 identifies the most requested medications to the PA Department for CVH members and assesses potential barriers to accessing medications through the PA process. The top ten (10) denials of the quarter by percentage and total number are consistent with recent quarters except for a few placement variations. More variance is seen in the top 15th to 25th.</p> <ul style="list-style-type: none"> • IV Iron requests increased significantly in Q4 compared to Q3 due to a change in criteria that redirects to preferred agents leading to the high denial rates seen. <p>The Quality Assurance Reliability Results (IRR) for Pharmacy (Q4) evaluates the medical benefit drug prior authorization requests for the health plan. A sample of 10 prior authorizations (4 approvals and 6 denials) from each month in the quarter are reviewed to ensure that they are completed timely, accurately, and consistently according to regulatory requirements and established health plan guidelines. The target goal of this review is 95% accuracy or better in all combined areas with a threshold of 90%.</p> <ul style="list-style-type: none"> • 90% threshold met. 95% goal not met; overall score was 93.33%. • Two (2) cases missed TAT. • Four (4) cases the criteria used were not applied or documented appropriately after plan review. 	<p>Metrics (Q4)</p> <ul style="list-style-type: none"> - Pharmacy Top 25 Prior Authorizations (Q4) - Quality Assurance Reliability Results (IRR) for Pharmacy (Q4) <p>(Cardona/Faulkenberry) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Zero (0) cases had letter language that could have been clearer to the member and/or MD after plan review. • Two (2) cases were determined to have a questionable denial or approval after plan review. • Criteria Application was the main issue in Q4 2023 similar to Q3 2023. Incorrect criteria were used in 2 cases resulting in likely improper decisions (1 approval and 1 denial). A more detailed review and QA on cases in Q4 2023 has been performed and results have been shared with PA management to address concerns noted. Quarterly reviews will continue to monitor for improvement. 	
<p>#7 Access Business - Access Work Group Quarterly Report (Q1) (Attachment EE)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Access Work Group Quarterly Report (Q1) was presented and reviewed. This report is to provide the RHA Commission with an update on the CalViva Health Access Workgroup activities in Quarter 1 of 2024. Reports and topics discussed focus on access-related issues, trends, and any applicable corrective actions.</p> <p>274 Monthly Data Quality Check November and December Reports were reviewed and approved at the November 28, 2023, meeting.</p> <p>The following are some of the key standing reports/matters approved and discussed:</p> <ul style="list-style-type: none"> • MY 2022 Access and After-Hours CAP Evaluation: CAPS were issued to 10 Tier 1 PPGs and 11 direct network providers. Educational Packets were issued to a total of 54 Tier 2 PPGs and 42 direct network providers. At the end of 2023, all PPG and Direct Network providers had submitted their Improvement Plans which were reviewed and validated by the Plan. Additionally, 15 Timely Access webinars were held, of which 873 participants attended (190 CVH affiliation). CAP was officially closed on 2/8/24. • Q4 2023 Telehealth Program: Request made for CVH to implement Teledoc in its service area. Teledoc is a telephone medical advice line staffed with physicians who provide general medical consultation. Mary Lourdes reported that CVH hadn't yet filed with DMHC and DHCS for permission to use Teledoc pending DMHC guidance on what to include in the filing. • Practitioner Availability Report: This is a new NCQA required report that included data from 1/1/2022 to 12/31/2022 which measured network availability of PCP including Family Practice, General Practice, Internal Medicine, and Pediatrics, and includes high volume specialties identified as OBGYN Oncology and Hematology. The report looks at two aspects for geo-access with an internally set standard of 90% within time or distance: PCP within 10 miles or 30 min, and 45 miles or 75 min for high-volume Specialists. Overall, in terms of time and distance the Plan met the standard. Additionally, physician-to-member ratios were reviewed 	<p>Motion: <i>Approve</i></p> <p>- Access Work Group Quarterly Report (Q1) (Ramirez/Cardona) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>for PCPs (Family practice, General Practice, Internal Medicine & Pediatrics), and high-volume Specialists (OB and Hematology/Oncology), 1:2,500 (PCPs), 1:3,000 (OB), and 1:8,000 (Oncology/Hematology). CVH did not meet the ratio standards for Family Practice, General Practice, Internal Medicine, and Oncology/Hematology. It was noted that these specialties and ratios are NCQA-specified.</p> <p><i>Discussion:</i> <i>Dr. Ramirez queried if the ratio standards were acceptable since CVH did not meet them.</i> <i>Dr. Marabella indicated that NCQA standards differ from the State’s standards of which CVH is in compliance. CVH does not have enough providers in certain geographic areas and anytime there is a 10% or greater change in the number of PCP specialists, mental health, or other contracted providers, CHV must inform the DMHC and submit a separate filing. We will continue to work toward improving access over time.</i></p> <ul style="list-style-type: none"> • Accuracy of Prior Authorization and Referrals Information: This is a new NCQA-required report to assess the quality and accuracy of the Prior Authorization (PA) List. The accuracy of the PA list was compared to the Member Handbook list and there were no adverse findings. For quality, an internal survey was conducted using randomly identified staff to review and verify the information on the website. Results were primarily positive except for the information that is available for referrals. Two (2) out of nine (9) people couldn’t determine whether services required a referral or not for a provider outside the network. Referral information was verified as available and accurate on the web. However, there seemed to be confusion as to the difference between referrals and authorizations. • 10% Significant Network Change: The Committee was informed that CVH submitted a Significant Network Change filing to DMHC on 1/15/24 that indicated the Plan experienced a 10% change in PCPs, Specialists, Mental Health, and Other Contracted Providers. • APL 22-026 Implementation of TA Regulation Amendments: The Committee was informed that on 10/27/23 DMHC approved the Plan’s filing of all the deliverables evidencing compliance with the new Timely Access regulations per DMHC APL 22-026. The second part that has to do with the Accessibility requirements was filed on 1/16/24. <p>Access Workgroup Functions and Responsibilities: Annual review of the Access Workgroup Functions & Responsibilities was completed. Recommendations for edits were provided and the revised document will be brought back for final approval in March. Reports covering all pertinent areas have been reviewed and evaluated according to the established schedule to facilitate the</p>	

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	ongoing monitoring of CalViva members’ access to care. Except for the Access Workgroup Functions and Responsibilities, all reports were accepted by the Workgroup.	
<p>#8 Policy & Procedure Business - Pharmacy Policy Review (Attachments FF)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Pharmacy Policy Review (2024) was presented to the committee. The following policies were up for annual review with no changes made:</p> <ul style="list-style-type: none"> • RX-001 Medication Prior Authorization • RX-002 Program Metrics Review • RX-003 Pharmacy Program • RX-007 Injectable Medication Review • RX-008 Mental Health Parity • RX-120 Drug Utilization Review <p>The following policies were up for annual review and were approved with the following changes:</p> <ul style="list-style-type: none"> • RX-005 Pharmacy Prior Authorization and Medical Necessity Criteria: Deleted California Health and Wellness reference. • RX-006 Specialty Pharmacy Program: Updated policy reference. 	<p>Motion: <i>Approve</i> - Pharmacy Policy Review (Cardona/Waugh) 5-0-0-2</p>
<p>#9 Credentialing & Peer Review Subcommittee Business - Credentialing Subcommittee Report (Q1) - Peer Review Subcommittee Report (Q1) (Attachments GG-HH)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Credentialing Sub-Committee Quarterly Report (Q1) was presented. The Credentialing Sub-Committee met on February 15, 2024. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities.</p> <ul style="list-style-type: none"> • Reports covering Q3 were reviewed for delegated entities. • Q4 reports were reviewed for MHN and Health Net. • There were no (0) Adverse Action cases for October, November, or December for CVH. • The Q4 2023 Adverse Events Report is a new report for the Credentialing Sub-Committee in 2023 and provides a summary review of ongoing monitoring for potential quality issues and Credentialing Adverse Action cases during the reporting period. <ul style="list-style-type: none"> ○ There were no (0) cases identified for Q4 2023 with adverse outcomes associated with a contracted practitioner. ○ There were no (0) incidents or patterns of non-compliance resulting in substantial harm to a member or members because of access to care issues. ○ There were no (0) cases identified outside of the ongoing monitoring process this quarter. (NCQACR.5.A.4) • There were six (6) Credentialing Policies reviewed by the committee with edits: Both Policy CR-101 Delegation Evaluation and Policy CR-140 Adverse Action had: 	<p>Motion: <i>Approve</i> - Credentialing Subcommittee Report (Q1) - Peer Review Subcommittee Report (Q1) (Ramirez/Waugh) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Minor edits throughout the policy. <p>Policy CR-109 Ongoing Monitoring of Sanctions-Complaints:</p> <ul style="list-style-type: none"> ○ Added email as a mechanism for result distribution. ○ Added section regarding “Identifying, reviewing, and forwarding PQI/QOC incidents of non-compliance with Appointment Availability.” <p>Policy CR-110 Credentialing and Recredentialing:</p> <ul style="list-style-type: none"> ○ Clarified the role of the Credentialing Chairperson or designee to approve clean files. ○ Removed CalAIM section, requirements are in CR-120. ○ Updated Attachments B, D, and E. ○ Full policy included in meeting materials will all attachments. <p>Policy CR-120 Organizational Providers:</p> <ul style="list-style-type: none"> ○ Added four more types of suppliers. <p>Policy CR-160 Appeal Process:</p> <ul style="list-style-type: none"> ○ Minor edits throughout the policy to strengthen and streamline language. <ul style="list-style-type: none"> ● The NCQA System Controls Oversight Report was presented and reviewed. The purpose of this report is to identify any incidents of non-compliance with the credentialing policies on information management. NCQA standards require that the organization's credentialing policy describe: <ol style="list-style-type: none"> 1. How primary source verification information is received, dated, and stored. 2. How modified information is tracked and dated from its initial verification. 3. Titles or roles of staff who are authorized to review, modify, and delete information, and circumstances when modification or deletion is appropriate. 4. Security controls that are in place to protect the information from unauthorized modification. 5. How the organization monitors its compliance with the policies and procedures in factors 1–4 at least annually and takes appropriate action when applicable. <p>Quarterly audits were performed with no modifications to CalViva provider records during 2023, therefore no cases to audit. The Health Net audit results provided to CalViva reflect 100% compliance with audit criteria.</p> <p>The Peer Review Sub-Committee Quarterly Report (Q4) was presented. The Peer Review Sub-Committee met on February 15th, 2024.</p> 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • The county-specific Peer Review Sub-Committee Summary Reports for Q4 were reviewed for approval. No significant cases to report. • The 2023 Adverse Events Report is a new report for the Peer Review Sub-Committee in 2023 and provides a summary review of ongoing monitoring for potential quality issues and Credentialing Adverse Action cases during the reporting period. <ul style="list-style-type: none"> ○ There were nine (9) cases identified in Q4 that met the criteria for reporting and were submitted to the Peer Review Committee. Three (3) cases involved a practitioner and six (6) cases involved organizational providers (facilities). ○ Of the nine (9) cases, three (3) were tabled, one (1) was tabled with a letter of education, zero (0) were placed on a CAP, three (3) were closed with a letter of education, and two (2) were closed to track and trend. There were no (0) incidents or patterns of non-compliance resulting in substantial harm to a member or members because of access to care issues. ○ There was one (1) case identified outside of the ongoing monitoring process this quarter, in which an adverse injury occurred during a procedure by a contracted practitioner. (NCQA CR.5.A.4) ○ There were 37 cases identified that required further outreach. Outreach can include but is not limited to an advisement letter (site, grievance, contract, or allegation), case management referral, or notification to Provider Network Management. • The following Peer Review Policies were presented to the committee for review, discussion, and approval: <ul style="list-style-type: none"> ○ PR-001 Peer Review Protected Information <ul style="list-style-type: none"> ▪ Definitions section updated. ○ PR-100 Peer Review Committee Policy <ul style="list-style-type: none"> ▪ Added Pending Closure definition. Updated language for clarity throughout the policy. • The Access & Availability Substantial Harm Report Q4 2023 is another new report for the Peer Review Committee in 2023. The purpose of this report is to identify incidents related to appointment availability resulting in substantial harm to a member or members as defined in Civil Code section 3428(b)(1). Assessments include all received and resolved Quality of Care (QOC) and Potential Quality Issues (PQIs) related to identified appointment availability issues and are ranked by severity level. <ul style="list-style-type: none"> ○ Sixteen (16) cases were submitted to the Peer Review Committee in Q4 2023. There were 	

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	<p>zero (0) incidents found involving appointment availability issues resulting in substantial harm to a member or members. One (1) case was associated with significant harm without appointment availability issues.</p> <ul style="list-style-type: none"> • The Q4 Peer Count Report was presented at the meeting with a total of twenty (20) cases reviewed. The outcomes for these cases are as follows: <ul style="list-style-type: none"> ○ There were ten (10) cases closed and cleared. There were five (5) cases tabled for further information. There was one (1) case with CAP outstanding and none (0) were pending closure for CAP compliance. Follow-up was initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue. <p>*Dr. Cardona left the meeting at 12:04 PM and returned at 12:08 PM. A quorum was maintained.</p>	
<p>#10 Compliance Update - Compliance Regulatory Report (Attachment II)</p>	<p>Mary Lourdes presented the Compliance Regulatory Report.</p> <p>CalViva Health Oversight Activities. HealthNet. CVH’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. CVH and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CVH. The reports cover PPG-level data in the following areas: financial viability data, claims, provider disputes, access and availability, specialty referrals, utilization management data, grievances, appeals, etc.</p> <p>Oversight Audits. The following annual audits are in progress: Credentialing, UMCM, and Behavioral Health.</p> <p>The following audits have been completed since the last Commission report: Emergency Room (CAP), and Quality Improvement (CAP).</p> <p>Fraud, Waste & Abuse Activity. Since the 2/15/2024 Compliance Regulatory Report to the Committee, there were 6 new MC609 cases filed by the end of Feb 2024 that involved: 1) A participating provider specializing in case management services who allegedly billed for services not rendered according to a member complaint; 2) A participating provider who specializes in pediatrics for billing a high volume of the non-medically necessary service; 3) A participating DME provider who was referred by DHCS for upcoding services and not providing documentation to support the billing; 4) A participating behavioral health provider for possible services not rendered and conflicting “rendering provider” documentation; 5) A participating provider specializing in radiology service for knowingly rendering a non-covered service to a Medi-Cal member and billing the member; and 6) A participating pain management provider for allegedly billing services not</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>rendered.</p> <p>Department of Managed Health Care (“DMHC”) 2022 Medical Audit. Awaiting DMHC's response to the initial CAP response submitted on 12/15/23.</p> <p>Department of Health Care Services (“DHCS”) 2023 Medical Audit. The Plan submitted its March CAP update on 2/26/24. DHCS has requested the Plan’s final CAP response by 3/20/24.</p> <p>Department of Health Care Services (“DHCS”) 2024 Medical Audit. On 2/29/2024 the Plan received DHCS audit notification and pre-audit request. The audit is to take place from 5/20/2024 through 5/31/2024 covering the review period of 4/1/2023 through 3/31/2024. All pre-audit information is due by 4/12/2024.</p> <p>California Advancing and Innovating Medi-Cal (CalAIM):</p> <ul style="list-style-type: none"> • Enhanced Care Management (ECM): On 1/19/24 the Plan submitted an updated Justice Involved ECM network and capacity report. • Community Supports (CS): On 1/29/24, the Plan submitted an updated 2024 Community Supports Model of Care (MOC) for those services going live 7/1/24: Sobering Centers and Short-term Post-Hospitalization Housing (Fresno, Kings, and Madera Counties; and Recuperative Care (Madera County.) <p>Long-Term Care (LTC) Carve-In Deliverable List – Phase II (ICF/DD and Subacute Care facilities.) 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 11/27/23 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>Memorandum of Understanding (MOU). 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. DHCS will require quarterly status updates on the execution of those MOUs. Q1 2024 is due 4/30/2024.</p> <p>Annual Network Certifications.</p> <ul style="list-style-type: none"> • 2023 Subnetwork Certification (SNC) – The Plan filed all the required documentation on 1/5/24 and is awaiting DHCS determination. • 2023 Annual Network Certification (ANC) – The Plan is scheduled to file the required documentation by 3/25/24. 	

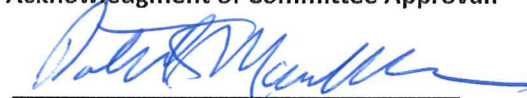
AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • <u>2022 Annual Network Certification (ANC)</u> – The Plan was informed on 3/13/24 that its Alternate Access Standard (AAS) requests were approved by DHCS and have been posted as required on the CalViva Health website. <p>New DHCS Regulations/Guidance. Please refer to Appendix A for a complete list of DHCS and DMHC All Plan Letters (APLs) that have been issued in CY 2024.</p> <p>Public Policy Committee. The PPC met on March 6, 2024, at 7625 N. Palm Ave Suite 109, Fresno, CA 93711. The following programs and reports were presented: the 2024 Annual Compliance Report; the Q4 2023 Grievance & Appeals Report; and the Semi-Annual (Q3 and Q4 2023) Member Incentive Programs Report. Additionally, CVH’s 2023 Annual Report was presented and posted on the Plan’s website. The next Public Policy Committee meeting will be June 5, 2024, 11:30 am-1:30 pm located at 7625 N. Palm Ave Suite 109, Fresno, CA 93711.</p>	
#11 Old Business	<p>Designation of Grievance Source: Member Vs. Family</p> <p>Dr. Marabella confirmed that the source of the grievance is designated on the form (member Vs representative) and should be included in the information submitted to the attending provider.</p>	
#12 Announcements	<p>Dr. Marabella announced that Dr. Lee has resigned from the QIUM Committee and Dr. Ana-Liza Pascual will take her place and will be attending the May meeting. Dr. Pascual is an OB/GYN with the Central Valley Obstetrics/Gynecology Medical Group.</p> <p>The DHCS will be conducting an audit from 5/20/2024 through 5/31/2024 covering the review period of 4/1/2023 through 3/31/2024.</p>	
#13 Public Comment	None.	
#14 Adjourn	The meeting was adjourned at 12:20 pm	

NEXT MEETING: May 16th, 2024

Submitted this Day: May 16, 2024

Submitted by: Amy Schneider R.N.
 Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:


 Patrick Marabella, MD Committee Chair