

**CalViva Health
QI/UM Committee
Meeting Minutes**

March 19th, 2020

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

Fresno-Kings-Madera
Regional Health Authority

| Committee Members in Attendance | | CalViva Health Staff in Attendance | |
|---------------------------------|---|------------------------------------|--|
| ✓ | Patrick Marabella, M.D., CalViva Chief Medical Officer, Chair | ✓ | Mary Beth Corrado, Chief Compliance Officer (CCO) |
| ✓ | Fenglaly Lee, M.D., Central California Faculty Medical Group | ✓ | Amy Schneider, RN, Director of Medical Management Services |
| ✓ | Brandon Foster, PhD, Family Health Care Network | ✓ | Mary Lourdes Leone, Director of Compliance |
| ✓ | David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers | ✓ | Ashelee Alvarado, BS, Medical Management Specialist |
| ✓ | John Zweifler, MD., At-large Appointee, Kings County | ✓ | Lori Norman, Compliance Manager |
| | Joel Ramirez, M.D., Camarena Health Madera County | ✓ | Hyasha Anderson, Medical Management Coordinator |
| | Rajeev Verma, M.D., UCSF Fresno Medical Center | ✓ | Mary Martinez, Medical Management Nurse Analyst |
| | David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate) | | |
| | Guests/Speakers | | |
| | | | |
| | | | |

✓ = in attendance

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| #1 Call to Order Patrick Marabella, M.D., Chair | The meeting was called to order at 10:30 am. A quorum was present. | |
| #2 Approve Consent Agenda - Committee Minutes: February 28, 2020 - QI/UM Committee Charter 2020 - Medical Policies Provider Update (Q4 2019) - Standing Referrals | The February 28, 2020 QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Any item on the consent agenda may be pulled out for further discussion at the request of any committee member. The full March Formulary (PDL) was available for review at the meeting. | Motion: Approve Consent Agenda (Cardona/Foster) 5-0-0-2 |

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| <p>Report (Q4 2019) - Full March PDL (Attachments A-D) Action Patrick Marabella, M.D Chair</p> | | |
| <p>#3 QI Business - Appeals & Grievances Dashboard (January) (Attachment E) Action Patrick Marabella, M.D, Chair</p> | <p>Dr. Marabella presented the Appeals & Grievances Dashboard through January 2020.</p> <p>Appeals & Grievances Data:</p> <ul style="list-style-type: none"> ➤ The total number of grievances received through end of January 2020 is consistent with previous year's data. ➤ The majority of Quality of Service grievances were noted in the areas of Access to PCP, Access to Specialist, and Transportation. ➤ Medical Management staff is currently working with the A & G Work Group to better define the categories for exempt grievances. This includes transportation related grievances. An update on these efforts will be provided at the next committee meeting in May. ➤ The total number of Appeals Received/Resolved is consistent with previous year data. These results are attributable primarily to advanced imaging, and pharmacy denials. | <p>Motion: Approve - Appeals & Grievances Dashboard (January) (Cardona/Foster) 5-0-0-2</p> |
| <p>#3 QI Business - MHN Performance Indicator Report for Behavioral Health Services (Q4 2019) Action Patrick Marabella, M.D, Chair</p> | <p>The MHN Performance Indicator Report for Behavioral Health Services (Q4 2019) was presented. 12 out of the 15 metrics met or exceeded their targets.</p> <ul style="list-style-type: none"> ➤ Provider Disputes were below target by 5%. There was an increase in late provider dispute receipts due to technical issues involving mail being held at the United State Post Office, misrouting and delayed routing of PDR mail from other departments. ➤ The BHP Open Practice metric was 78%, which missed target by 7%. reported this indicator. Last quarter, BHP Open Practice metric was 73% which means MHN's efforts to improve the percentage of providers who are accepting new patients is having a positive effect. ➤ There was one PQI case with moderately severe adverse effects in Q4 2019 and it was resolved within timeliness standards. <p>Involve People Care (EPC) performs SPD Health Risk Assessments (HRAs) for CalViva members. The CalViva Health SPD HRA Assessment Outreach Report monitors compliance with member outreach performance standards.</p> | <p>Motion: Approve - MHN Performance Indicator Report for Behavioral Health Services (Q4 2019) (Zweifler/Foster) 5-0-0-2</p> |
| <p>#3 QI Business - SPD HRA Outreach</p> | | <p>Motion: Approve - SPD HRA</p> |

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| <p>(Q4 2019) (Attachment G) Action Patrick Marabella, M.D, Chair</p> | <p>This report provides results of outreach for all four Quarters of 2019, showing CalViva's SPD HRA findings. Efforts for Quarter 4 2019 include the following:</p> <ul style="list-style-type: none"> ➤ To impact reach rate, a full barrier analysis is in progress. Unable to reach members is a frequent barrier for the reach rate. ➤ Data presented doesn't appear to reflect the reason most members were not reached. ➤ In order to increase reach rate, CalViva will follow up with the report writer to better understand why members can't be reached. ➤ Medical Management staff has requested further exploration into additional modes of outreach, such as texting/email. ➤ Meetings with EPC will continue on a regular basis to ensure service levels are met in a timely manner. | <p>Outreach (Q4 2019) (Cardona/ Lee) 5-0-0-2</p> |
| <p>#3 QI Business - Quality Improvement Activity Summaries (Comprehensive Diabetes Care and Childhood Immunization Status Combo 10) (Attachment H) Action Patrick Marabella, M.D, Chair</p> | <p>Two Quality Improvement Activity Summaries were presented and reviewed with the Committee including: Comprehensive Diabetes Care and Childhood Immunization Status Combo 10. The QI Summaries quality improvement activities are associated with measures that have performed below the minimum performance level or when other opportunities for improvement have been identified. Both projects are focused in Fresno County. Our process has been to work with a high volume, low compliance clinic to identify strategies for improvement and support the clinic to implement and test the effectiveness of these interventions. Our goal is to improve clinic and county rates and share successful strategies with other clinics/providers in the service area.</p> <ul style="list-style-type: none"> ➤ Childhood Immunization Status Combo 10 (CIS-10) The CIS-10 HEDIS® PIP measure evaluates the percentage of children who complete their immunizations by the age of 2 years during the measurement year. This is a Performance Improvement Project (PIP) for CalViva. Our goal is to increase the targeted clinic's baseline rate of 32.4% to 39.0%, which is a statistically significant improvement. ➤ Comprehensive Diabetes Care (CDC) Comprehensive Diabetes Care (CDC) is a HEDIS® measure that evaluates the percentage of members 18-75 years of age with diabetes (type 1 and type 2) who have completed a number of screenings or tests that affect their disease. <ul style="list-style-type: none"> ○ Our QI project is focused on improving test rates for hemoglobin A1c (HbA1c) and then decreasing the number of members with results above 9.0% which represents poor control. ○ Our goal is to have at least 60% of the non-compliant diabetic members at the targeted clinic receive education by the clinic's L.V.N. using the approved Stoptight tool at the time of their scheduled HbA1c lab test. PCP follow up is then scheduled/confirmed. | <p>Motion: Approve - Quality Improvement Activity Summaries (Comprehensive Diabetes Care and Childhood Immunization Status Combo 10) (Zweifer/Cardona) 5-0-0-2</p> |

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| <p>#4 Quality Improvement/Utilization Management/Case Management Business (PowerPoint Presentation - Presentation handouts available at meeting)</p> <ul style="list-style-type: none"> - Quality Improvement Annual Work Plan 2020 - Quality Improvement Program Description 2020 (Attachment I-J) <p>Action Patrick Marabella, M.D., Chair</p> | <p>Dr. Marabella presented the 2020 Quality Improvement Annual Work Plan and the 2020 Quality Improvement Program Description.</p> <p>Activities for 2020 Quality Improvement Work Plan continue to focus on:</p> <ul style="list-style-type: none"> ➤ Improve Access to Care: <ul style="list-style-type: none"> ○ Continue to monitor Appointment Access and After-hours Access and educate providers using webinars and follow-up surveys. ○ Results from 2019 CAHPS Survey is pending; improvement strategies will be updated based upon results. ➤ Improve the Quality & Safety of Care: <ul style="list-style-type: none"> ○ Comprehensive Diabetes Care. ○ Utilize principles from Chronic Disease Self-Management Program to perform Planned Care Visits. ○ Scheduled lab tests and LVN education for members using a Spotlight Tool. ➤ There are two new formal 18-month Performance Improvement Projects (PIPs): <ul style="list-style-type: none"> ○ Childhood Immunizations project in Fresno County (CIS-10). ○ Breast Cancer Screening Disparity Project in Fresno County (BCS). <p>The highlights of changes for the 2020 QI Program Description include:</p> <ul style="list-style-type: none"> ➤ Changes in the Health Promotion Programs: <ul style="list-style-type: none"> ○ Removed redundancies, toolkit items and reference to the Health Promotion Incentive Program; and added Opioid and Postpartum Depression to Digital Health program. ➤ Transition Care Management Program: <ul style="list-style-type: none"> ○ Expanded description of transition care including details of the program’s model and impact on members. ➤ Palliative Care: <ul style="list-style-type: none"> ○ This new category was added to this document including objectives, eligibility criteria and services offered. ➤ Satisfaction: <ul style="list-style-type: none"> ○ Expanded section to include description of educational activities, member materials and new and ongoing activities. ➤ Access & Availability: | <p>Motion: Approve - Quality Improvement Annual Work Plan 2020 - Quality Improvement Program Description 2020 (Foster/Cardona) 5-0-0-2</p> |

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| <p>#4 Quality Improvement/Utilization Management/Case Management Business (PowerPoint Presentation - Presentation handouts available at meeting)</p> <ul style="list-style-type: none"> - Utilization Management / Case Management Work Plan 2020 (Attachment K) <p>Action Patrick Marabella, M.D., Chair</p> | <ul style="list-style-type: none"> o Provider Satisfaction Survey was added and the name of the "Telephone Answer Survey" was added. <p>Dr. Marabella presented the 2020 Utilization Management Case Management Work Plan.</p> <p>The areas of focus for the 2020 Utilization Management & Case Management Work Plan include:</p> <ul style="list-style-type: none"> ➢ Compliance with Regulatory & Accreditation Requirements: Ensure licensure, attestations and audits are current and complete. ➢ Monitoring the UM Process: Track and trend prior authorizations, conduct inter-rater reliability testing for clinical staff, and analyze appeals data to identify opportunities to remove or modify PA criteria. ➢ Monitoring Utilization Metrics: Track effectiveness of care management, monitor for over/under utilization, and continue to enhance PPG Profile monitoring. ➢ Monitoring Coordination with Other Programs and Vendor Oversight as it pertains to effectiveness of Case Management, Perinatal Case Management, and Behavioral Health Case Management. Maintain Disease Management, and monitor MD interactions with Pharmacy, and coordination between medical and behavioral health. <ul style="list-style-type: none"> o Monitoring Activities for Special Populations: Continue monitoring care of SPDs and CCS identification-additional analysis of CCS data will be included in the quarterly report. | <p>Motion: Approve</p> <ul style="list-style-type: none"> - Utilization Management / Case Management Work Plan 2020 (Zweifler/Cardona) 5-0-0-2 |
| <p>#5 UM/CM Business</p> <ul style="list-style-type: none"> - Key Indicator Report & Turn Around Time Report (January) (Attachment L) <p>Action Patrick Marabella, M.D., Chair</p> | <p>Dr. Marabella presented the Key Indicator Report through January 31, 2020.</p> <ul style="list-style-type: none"> ➢ Inpatient utilization is consistent with previous months. ➢ Turn-around time compliance has improved compared to previous year. ➢ Case Management numbers for January continue to be good. | <p>Motion: Approve</p> <ul style="list-style-type: none"> - Key Indicator Report & Turn Around Time Report (January) (Lee/Foster) 5-0-0-2 |
| <p>#5 UM/CM Business</p> <ul style="list-style-type: none"> - UM Concurrent Review Report (Q4 2019) (Attachment M) | <p>Dr. Marabella presented the UM Concurrent Review Report from October 1, 2019 through December 31, 2019. The Quarterly UM Concurrent Review Report presented inpatient data and clinical concurrent review activities such as authorization for inpatient admissions, discharge planning and medical appropriateness during 4th quarter 2019.</p> <ul style="list-style-type: none"> ➢ Increase noted in MCE Admissions. | <p>Motion: Approve</p> <ul style="list-style-type: none"> - UM Concurrent Review Report (Q4 2019) (Zweifler/Cardona) |

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| <p>Action Patrick Marabella, M.D, Chair</p> | <p>➤ The average lengths of stay (LOS) increased slightly in TANF and MCE, however SPDs are demonstrating improvement in LOS. ➤ Increase in 30 day re-admits for SPD and MCE populations for Q4. Will monitor for trends. ➤ Two of the Actions Taken were also noted and include: 1. Onsite Discharge navigators in place at St. Agnes and Community Regional Medical Center 2. Daily UM huddles which include Care Management, MemberConnections, Public Programs and Medical Directors.</p> | <p>5-0-0-2</p> |
| <p>#5 UM/CM Business - Case Management and CCM Review Report (Q4 2019) (Attachment N) Action Patrick Marabella, M.D, Chair</p> | <p>Dr. Marabella presented the Case Management and CCM Report for Quarter 4. This report summarizes the case management, transitional care management, MemberConnections, and palliative care activities for 2019 through fourth quarter. ➤ Integrated Case Management: The volume of referrals increased consistently quarter to quarter from 152 in Q1 to 301 in Q4. ➤ Transitional Care Management: The volume of referrals increased from 377 to 414. Preliminary data available for Q4. Q3 refreshed data shows follow-up within 30 days increased to 52.8%; of those ○ 20% within 7 days of discharge ○ 20% within 8-14 days of discharge ○ 12.8% within 15-30 days of discharge For Q4 PCP follow-up within 30 days was 47.1%; 20.6% within 7 days, 14.1% within 8-14 days and 12.4% within 15-30 days. ➤ Behavioral Health Case Management: Quarterly average engagement rate increased from 38% in Q3 to 45%. Total number of cases managed January through December 2019 is 181; increase from total managed in 2018 (42 for implementation June through December). ➤ Effectiveness of these programs is based upon readmission rates, ED utilization, overall health care cost, and member satisfaction which all demonstrated positive results in Q4. Dr. Cardona stepped out at 11:48 am and returned at 11:50 am.</p> | <p>Motion: Approve - Case Management and CCM Review Report (Q4 2019) (Lee/Zweifler) 5-0-0-2</p> |
| <p>#6 Pharmacy Business - Executive Summary (Q4 2019) - Pharmacy Operations Metrics Report (Q4</p> | <p>Pharmacy reports for Quarter 4 were reviewed in order to assess for emerging patterns in authorization requests, compliance around prior authorizations, and to evaluate the consistency of decision making in order to formulate potential process improvement recommendations. ➤ Pharmacy Prior Authorizations (PA) metrics were within 5% of standard for fourth Quarter 2019. Overall TAT for Q4 2019 was 99.94% and TAT requirement for all pharmacy requests were within 24-hours of</p> | <p>Motion: Approve - Executive Summary (Q4 2019) - Pharmacy</p> |

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| <p>2019)</p> <ul style="list-style-type: none"> - CalViva Health Pharmacy Call Report (Q4 2019) - Pharmacy Top 30 Prior Authorizations (Q4 2019) - Pharmacy Inter-Rater Reliability Test Results (Q3 and Q4 2019) <p>(Attachment O-S) Action Patrick Marabella, M.D, Chair</p> | <p>receipt by the plan.</p> <ul style="list-style-type: none"> ➤ Total PA requests were higher for Q4 2019 versus Q3 2019. The number of requests were similar to the totals in second Quarter 2019. The average number for fourth Quarter 2019 was approximately 560 more than third Quarter 2019. ➤ Fourth Quarter 2019 top medication PA requests had variances from third Quarter 2019. ➤ Fourth Quarter 2019 Opioid PA requests increased in total number of requests from 3rd Quarter 2019. This was mainly driven by the Preferred Drug List changes to opioid pain medication on October 15th 2019 that included updates to quantity limits and restrictions to meet Federal DUR standards as described in APL 19-012. As a result, diabetes medications as well as other brand name medication requests moved down the list of most frequently submitted for prior authorization and Opioid pain medications moved back to the top of the list. This trend was more similar to what was seen in Q2 and Q4 of 2019. | <p>Operations Metrics Report (Q4 2019)</p> <ul style="list-style-type: none"> - CalViva Health Pharmacy Call Report (Q4 2019) - Pharmacy Top 30 Prior Authorizations (Q4 2019) - Pharmacy Inter-Rater Reliability Test Results (Q3 and Q4 2019) <p>(Ramirez/Foster) 5-0-0-2</p> |
| <p>#7 Credentialing & Peer Review Subcommittee Business</p> <ul style="list-style-type: none"> - Credentialing Subcommittee Report (Q1 2020) - Peer Review Subcommittee Report (Q1 2020) <p>(Attachment T-U) Action Patrick Marabella, M.D, Chair</p> | <p>Credentialing Sub-Committee Quarterly Report</p> <p>In Quarter 1, 2020, the Credentialing Sub-Committee met on February 28, 2020. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q3 2019 were reviewed for delegated entities, Q4 2019 reports were reviewed for both Health Net and MHN. There were two (2) cases to report on in the Quarter 4 2019 Credentialing Report from Health Net.</p> <p>Peer Review Sub-Committee Quarterly Report</p> <p>The Peer Review Sub-Committee met on February 28, 2020. The county-specific Peer Review Sub-Committee Summary Reports for Q4 2019 were reviewed for approval. There were no significant cases to report. The Q4 2019 Peer Count Report was presented with a total of 16 cases reviewed. There were six (6) cases closed and cleared. There were two (2) cases pending closure for Corrective Action Plan compliance. There were eight (8) cases pending for further information, and no cases with an outstanding CAP. Follow up will be initiated to obtain</p> | <p>Motion: Approve</p> <ul style="list-style-type: none"> - Credentialing Subcommittee Report (Q1 2020) - Peer Review Subcommittee Report (Q1 2020) <p>(Zweiffler/Lee) 5-0-0-2</p> |

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| <p>#8 Compliance Update - Compliance Regulatory Report (Attachment V) Action Patrick Marabella, M.D., Chair</p> | <p>additional information on tabled cases and ongoing monitoring and reporting will continue.</p> <p>Mary Beth Corrado presented the Compliance Report.</p> <p>Mary Beth Corrado presented the Compliance Report. Year-to-date 2020 there have been six (6) fraud cases reported to DHCS as of the end of March, of which all six were provider issues.</p> <p>As a result of COVID-19 the State has issued delays and extensions on due dates for regulatory reports.</p> <p>The DHCS issued new requirements for the annual network certification. Plans must now meet both time and distance standard. The filing due date has been extended to 4/20/2020.</p> <p>Due to COVID-19, CalAIM and other proposed health care related initiatives are being reviewed and recalibrated at by the state due to the budgetary and economic crisis that is developing. Since DHCS has not yet issued official notice of specific CalAIM delays, changes or cancellations, the following status remains but will likely be changed by the next Commission meeting.</p> <p>CalViva Health received three (3) applications for the Behavioral Health Integration Incentive Program with one application covering two programs. All three (3) applications met the minimum qualifying criteria and the application packets have been submitted to DHCS for review. Due to the COVID-19 emergency, DHCS has deferred the start date of the BHI Incentive program to July 1, 2020.</p> <p>Preventive Care Outreach Project call campaign has been delayed due to COVID-19.</p> <p>The Plan has received numerous All Plan Letters and other regulatory guidance from DMHC and DHCS during the last month. DHCS requires MCPs to report provider site closures, positive COVID-19 tests and hospitalizations on a daily basis, including weekends. Both agencies have provided guidance to plans on ensuring access to testing, screening and treatment services, promoting telehealth services, ensuring members are not liable for COVID-19 balance bills from providers, etc. CalViva Health staff and our administrator's staff are carrying out operations on a remote basis. Remote work situation is assessed on a weekly basis.</p> <p>The Public Policy Committee (PPC) met in Fresno County on March 4, 2020. The following reports were presented:</p> | |

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| | <p>the Q4 2019 Grievance & Appeal report, the Annual 2019 Compliance Report, the Q3 and Q4 2019 Member Incentive Programs Report. There were no recommendations or requests referred to the Commission. The next meeting is scheduled for June 10, 2020, in Kings County, subject to change due to COVID-19.</p> <p>A comprehensive report on 2020 New California Health Care Laws was reported out.</p> | |
| #10 Public Comment | None. | |
| #11 Adjourn Patrick Marabella, M.D., Chair | Meeting was adjourned at 12:12 pm. | |

NEXT MEETING: May 21, 2020

Submitted this Day: May 21, 2020
 Submitted by: Amy Schneider
 Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:

 Patrick Marabella, MD Committee Chair