

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

July 16th, 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, 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
- * = Arrived late/left early
- = Attended via Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D., Chair	The meeting was called to order at 10:33 am. A quorum was present. <i>Dr. Verma announced his attendance at 10:48 am.</i>	
#2 Approve Consent Agenda - Committee Minutes: May 21 st , 2020 - Clinical Practice Guidelines - Standing Referrals	The May 21 st , 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 July Formulary (PDL) was available for review upon request.	Motion: Approve Consent Agenda (Ramirez/Cardona) 4-0-0-2

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AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Report (Q1)</p> <ul style="list-style-type: none"> - Medical Policies (Q1) - Pharmacy Provider Updates (Q2) - Provider Office Wait Time Report (Q4 2019) - Full Formulary (July PDL) <p>(Attachments A-F) Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard (May) (Attachment G) <p>Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the Appeals & Grievances Dashboard through May 2020.</p> <p>Appeals & Grievances Data:</p> <p>Appeals & Grievances Data:</p> <ul style="list-style-type: none"> ➤ The total number of grievances for May has increased slightly from April, however the total number of grievances per month in quarter 2 thus far are fewer than quarter 1. The decreased volume is likely attributable to the decline in overall utilization associated with the COVID 19 pandemic. ➤ The majority of Quality of Service grievances this month were noted to be under the Administrative category. ➤ Consistent with other grievance types, the Quality of Care grievances reported in May were fewer compared to previous months. ➤ The Exempt grievance categories were recently expanded to better analyze the data. The number of transportation grievances has decreased from previous months. ➤ The total number of Appeals Received/Resolved seems to have decreased so far in quarter 2. ➤ Appeal decision rates are noted to have improved. ➤ The majority of Quality of Service grievances were noted in the areas of Administrative and Transportation 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard (May) (Cardona/Foster) 4-0-0-2

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<p>#3 QI Business - Facility Site & Medical Record and PARS Report (Q3 & Q4 2019) (Attachment H) Action Patrick Marabella, M.D., Chair</p>	<p>The Facility Site & Medical Record and PARS Report (Q3 & Q4 2019) was presented and reviewed. There were 20 Facility Site Reviews (FSR) and 19 Medical Record Reviews (MRR) completed in the 3rd and 4th Quarters of 2019. The overall mean FSR score for the three CVH Counties was 97% for the 3rd&4th Quarters of 2019.</p> <ul style="list-style-type: none"> ➢ The overall mean MRR score for the 3rd & 4th Quarters of 2019 was 93%. ➢ The Pediatric Preventative Care mean score for the 3rd and 4th Qtrs of 2019 was 91% and 87% for Adults. ➢ The CE CAP submission compliance rate within 10 business days was 100% in the 3rd&4th Qtrs 2019. FSR and MRR CAP's were also closed at a 100% rate within 45 days of the audit. ➢ 12 FSRs and 6 MRRs required CAP's to verify correction during this time period in 2019. <p>Continue to monitor and report results.</p>	<p>Motion: Approve - Facility Site & Medical Record and PARS Report (Q3 & Q4 2019) (Ramirez/Cardona) 4-0-0-2</p>
<p>#3 QI Business - MHN Performance Indicator Report for Behavioral Health (Q1) (Attachment I) Action Patrick Marabella, M.D., Chair</p>	<p>The MHN Performance Indicator Report for Behavioral Health Services (Q1 2020) was presented. 14 out of the 15 metrics met or exceeded their targets. Opportunity for improvement was identified in the Network availability measures.</p> <ul style="list-style-type: none"> ➢ The Behavioral Health Practitioner (BHP) Open Practice performance rate has demonstrated quarter over quarter improvement since it was added as a new metric 3 quarters ago. In Q1 the rate was 82% which is 3% below target. ➢ Several interventions have been initiated including outreach efforts to increase the number of providers accepting new patients. Contract negotiations have included efforts to enhance rates for new and existing providers. If the trend of improvement continues, it is anticipated that Q2 2020 performance will meet the target. 	<p>Motion: Approve - MHN Performance Indicator Report for Behavioral Health (Q1) (Foster/Ramirez) 4-0-0-2</p>
<p>#3 QI Business - County Relations Quarterly Report (Q1) (Attachment J) Action Patrick Marabella, M.D., Chair</p>	<p>County Relations Quarterly Report (Q1) was presented. This report provides a summary of the relevant Public Health, Behavioral Health (BH) and Regional Center Activities, initiatives and updates for Fresno, Kings and Madera Counties.</p> <p>Highlights for this quarter include:</p> <ul style="list-style-type: none"> ➢ Some of the routine meetings held in each county did not convene or held abbreviated meetings as COVID 19 became an issue. ➢ Key issues addressed that were common to all three counties included transition of all non-crisis staff to work remotely or through the use of telephonic or telehealth/video visits in response to COVID 19. Crisis and 5150 services to remain field based or in-person services. ➢ Services continued to provide emotional and coping support to community members. Including 	<p>Motion: Approve - County Relations Quarterly Report (Q1) (Foster/Ramirez) 5-0-0-2</p>

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	<p>supportive listening, practical coping and information on how to get connected to behavioral health services.</p> <ul style="list-style-type: none"> ➤ Sexually Transmitted Diseases (STD) Chlamydia, Gonorrhea and Syphilis continue to be prevalent. A rise in cases at the local jails has been identified. State funds are being used to push for more outreach and education to this population. ➤ Central Valley Regional Center (CVRC) continues to see a rise in members requesting BHT services and psychiatric evaluations for members needing ABA referrals. 	
<p>#3 QI Business - Provider Preventable Conditions (Q1) (Attachment K) Action Patrick Marabella, M.D., Chair</p>	<p>Provider Preventable Conditions (PPC) (Q1) This report provides a summary of member impacted Provider Preventable Conditions (PPCs). These PPC's are assessed via four (4) mechanisms:</p> <ol style="list-style-type: none"> 1. Provider/Facility confidential submission of DHCS filed Form 7107; 2. Monthly Claims Data review 3. Monthly Encounter Data review (POA/Indicator Report) 4. Confidential Potential Quality Issues (PQI) submission of identified/suspected quality cases <p>In the 1st Quarter of 2020, there were four (4) potential PPC cases reviewed in total. CalViva identified/impacted cases are submitted for clinical review. Case processing, including the review and handling, is maintained according to the CalViva PPC procedure. The four (4) potential Cases reviewed in Quarter 1 do not reflect reportable events that occurred in Q1, but rather cases ready for review in Q1 after records have been received and initial review completed. One (1) case was found to meet PPC criteria and was reported to DHCS via the secure online portal. We will continue to meet and discuss cases, case handling and workflow specific to PPCs as needed.</p> <p>The Department of Health Care Services (DHCS) requires that newly enrolled Medica-Cal members have an Initial Health Assessment (IHA) completed within the first 120 days of enrollment. This is to include the Individual Health Education Behavioral Assessment (IHEBA) as a component of the IHA and must also be completed within the 120-day timeframe. CalViva Health is required to facilitate and support members and providers through this process. The current approach to monitoring has three components:</p> <ul style="list-style-type: none"> ➤ Medical Record Review (MRR) via onsite provider audits. ➤ Monitoring of claims and encounters data. ➤ Member outreach following a three-step methodology. <p><u>FSR/MRR Data:</u></p> <ul style="list-style-type: none"> ➤ Data from Quarter 1 FSR/MRRs reviewed. 	<p>Motion: Approve - Provider Preventable Conditions (Q1) (Ramirez/Cardona) 5-0-0-2</p>
<p>#3 QI Business - IHA Quarterly Audit Report (Q1) (Attachment L) Action Patrick Marabella, M.D., Chair</p>		<p>Motion: Approve - IHA Quarterly Audit Report (Q1) (Cardona/Ramirez) 5-0-0-2</p>

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<p>#3 QI Business - SPD HRA Outreach (Q1) (Attachment M) Action Patrick Marabella, M.D., Chair</p>	<p>➤ Combined IHA/IHEBA completion and compliance rates were noted to be higher for pediatric patients compared to adult patients. ➤ A total of seven sites were audited during Q1 2020 to complete FSRs/MMRs, and of those sites audited, three sites were compliant. The member outreach data is pending at this time and will be provided on the next report. Due to COVID-19 public health emergency, DHCS released All Plan Letter (APL) 20-004 to temporarily halt requirements to complete IHA's within 120 days for new members enrolled from December 1, 2019 to the end of the public health emergency. This is expected to impact IHA completion rates. An IHA Workgroup has been formed to address persistent barriers, improve IHA monitoring and develop communication improvements for providers and members. Opportunities to improve and interventions implemented via the IHA Work Group will be monitored and reported to this committee. SPD HRA Outreach Report Envolv People Care (EPC) performs outreach and completes SPD HRAs for CalViva members. Provided in this report are outreach results for Q1 2020 showing CalViva SPD HRA findings. This report provides outreach results for the first quarter of 2020: ➤ Timely outreach of 100% was achieved within the compliance due date for Q1 2020. ➤ The percentage of members that completed an HRA for both high and low risk in Q1 2020 is 15%, which is slightly higher than Q1 2019 at 13%. ➤ To improve data submission, EPC plans to implement a new outbound call process called Performance Outreach Manager (POM). Inputs from the new call system will provide an automated more streamlined reporting solution for EPC. The new call system should be implemented in Q3 2020. ➤ Opportunities to increase the HRA completion rates and decrease unable to reach members are being explored. One issue identified is phone number accuracy to allow phone interviews and including texting/emailing members. The plan will continue to meet with EPC on a regular basis to monitor and ensure outreach service levels are being met within the required timeframe.</p>	<p>Motion: Approve - SPD HRA Outreach (Q1) (Foster/Cardona) 5-0-0-2</p>
<p>#4 UM Business - Key Indicator Report & Turn Around Time Report (May) (Attachment N) Action Patrick Marabella, M.D.,</p>	<p>The Key Indicator Report was presented for May 2020: ➤ Membership through May has trended upward potentially attributed to enrollment associated with COVID 19. ➤ In-hospital utilization decreased beginning in March in association with the pandemic; utilization rates have since begun to rise as hospitals begin allowing elective procedures to resume. ➤ Turn-around time compliance for Preservice Urgent improved in May over previous two months. Post-</p>	<p>Motion: Approve - Key Indicator Report & Turn Around Time Report (May) (Verma/Cardona) 5-0-0-2</p>

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<p>Chair</p>	<p>service turn-around time compliance decreased in May.</p> <ul style="list-style-type: none"> ➤ Bed days and Length of Stay rates remain consistent with 2019. ➤ Case Management results in 2020 thus far, continue to demonstrate positive trends in all areas. 	
<p>#4 UM Business - Specialty Referrals Report- HN (Q1) (Attachment O) Action Patrick Marabella, M.D, Chair</p>	<p>The Specialty Referrals Report- HN (Q1) was presented. This report provides a summary of Specialty Referral services that require prior authorization in the three-county area (Fresno, Kings, Madera) for the first quarter of 2020.</p> <p>This report includes three areas: (1) key services that while within the service area and within the network require clinical review (potential CCS condition, cosmetic service or benefit interpretation); (2) those services recognized as out of the tri-county service area, but within the provider network; and (3) out of network requests. This report provides evidence of a system-wide process for tracking and following up on member referrals requiring prior authorization, and includes a breakdown of SPD and Non-SPD Member Specialty Referral Requests.</p> <p>No issues identified, continue monitoring and reporting.</p>	<p>Motion: Approve - Specialty Referrals Report- HN (Q1) (Foster/Verma) 5-0-0-2</p>
<p>#4 UM Business - UM Report- Top 10 Diagnoses (Attachment P) Action Patrick Marabella, M.D, Chair</p>	<p>The UM Report- Top 10 Diagnoses was presented and reviewed. The purpose of this report is to track and monitor the volume of admissions per one thousand (Adm/k), bed days per one thousand (Days/k) and average length of stay (ALOS) of the top 10 diagnoses, recorded as principal discharge diagnoses, for acute hospital stays among the TANF, SPD, and MCE populations.</p> <p>Top 10 diagnoses comparison data for CY 2018 to CY 2019 are also presented. Diagnoses statistics presented in this report may include admissions for CCS eligible children for non – CCS eligible conditions not within the CCS authorizations scope. Identification of utilization trends provides a source from which to establish opportunities for collaboration and outcome improvement.</p> <p>Analysis/Findings/Outcomes/Actions:</p> <ul style="list-style-type: none"> ➤ In 2019 sepsis continued to rank as the number one non pregnancy related diagnosis and had a 5.5% increase in admissions per thousand compared to the prior year. ➤ In 2018 the Medical Management team assessed top diagnosis for targeted interventions. The team instituted targeted process reviews in 2019 for the top 10 to ensure the DRG is appropriately applied. Each case was reviewed critically by the CCR Nursing Staff/Manager as well as the Medical Director. ➤ In 2020, Medical Management will continue to focus on the top ten diagnosis. ➤ The CalViva Central Medical Director has initiated activities to engage primary care physicians in this partnership to examine barriers and identify ways to increase patient participation in timely post discharge follow up appointments. 	<p>Motion: Approve - UM Report- Top 10 Diagnoses (Ramirez/Cardona) 5-0-0-2</p>

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<p>#5 Pharmacy Business</p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q1) - Pharmacy Operations Metrics (Q1) - Pharmacy Top 30 Prior Authorizations (Q1) - Pharmacy Inter Rater Reliability Results (IRR)(Q1) - Quality Assurance (QA) Results for Pharmacy (Attachment Q-U) <p>Action Patrick Marabella, M.D., Chair</p>	<p>The Pharmacy Business Reports for Q1 2020 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.</p> <ul style="list-style-type: none"> ➤ Pharmacy Prior Authorizations (PA) metrics were within 5% of standard for the 1st Quarter of 2020. Overall TAT for Q1 2020 was 99.94% and TAT requirement for all pharmacy requests were within 24-hour of receipt by the plan. ➤ Total PA requests were slightly decreased for Q1 2020 versus Q4 2019. The number of PA requests were similar to the totals in 4th Quarter 2019. ➤ Quarter 1 2020 top medication PA requests has increased compared to Q4 2019. ➤ Narcotic Pain Medication requests were also lower overall compared to 4th quarter 2019. Diabetes management Prior Auth requests continue to be high and closely behind Narcotic Pain Medications. Approval and Denial rates of Prior Auth appeared to normalize back to rates seen prior to 4th Quarter 2019. Overall trends for total drug fill volume decreased in 1st Quarter 2020 due to COVID-19, however PA volume remained steady. ➤ A sample of 10 prior authorization denials per month are reviewed quarterly to ensure that they are completed timely, accurately, and consistently according to regulatory requirements and establish health plan guidelines. The target goal of this review is 95% accuracy or better in all combined area with a threshold of 90%. The 90% threshold met for this quarter. ➤ The Quality Assurance (QA) results for 1st quarter 2019 through 4th quarter 2019 show that the overall (cumulative) threshold was met for the random requests reviewed in each quarter. Continual feedback is given to improve consistency and accuracy with which pharmacists apply criteria in UM decision making, and how they communicate those decisions. 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q1) - Pharmacy Operations Metrics (Q1) - Pharmacy Top 30 Prior Authorizations (Q1) - Pharmacy Inter Rater Reliability Results (IRR)(Q1) - Quality Assurance (QA) Results for Pharmacy (Ramirez/Verma) 5-0-0-2
<p>#6 Credentialing & Peer Review Subcommittee Business</p> <ul style="list-style-type: none"> - Credentialing Subcommittee Report (Q2) - Peer Review 	<p>Credentialing Sub-Committee Quarterly Report In Quarter 2 the Credentialing Sub-Committee met on May 21, 2020. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering the fourth quarter for 2019 were reviewed for delegated entities and the first quarter 2020 reports were reviewed for both Health Net and MHN. The Credentialing Sub-Committee 2020 Charter was reviewed and approved without changes.</p> <p>Peer Review Sub-Committee Quarterly Report The Peer Review Sub-Committee met on May 21, 2020. The county-specific Peer Review Sub-Committee</p>	<p>Motion: Approve</p> <ul style="list-style-type: none"> - UM Report- Top 10 Diagnoses (Cardona/Foster) 5-0-0-2

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<p>Subcommittee Report (Q2) (Attachment V-W) Action Patrick Marabella, M.D, Chair</p>	<p>Summary Reports for Quarter 2 2020 were reviewed for approval. There were no significant cases to report. The Quarter 2, 2020 Peer Count Report was presented at the meeting with a total of 13 cases reviewed. There were nine (9) cases closed and cleared. There were three (3) more cases pending for further information and one (1) case with an outstanding CAP. There were zero (0) cases pending closure for Corrective Action Plan Compliance. Follow up will be initiated to obtain additional information for the tabled cases and ongoing monitoring and reporting will continue.</p>	
<p>#7 Compliance Update - Compliance Regulatory Report (Attachment X) Action Patrick Marabella, M.D, Chair</p>	<p>Mary Beth Corrado presented the Compliance Report.</p> <p>Oversight Meetings: (Health Net) 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 continues to review ongoing updates on Health Net's efforts to improve specialty provider access for CalViva Health members.</p> <p>Oversight Audits: The following annual audits are in-progress: Appeals & Grievances, Marketing, Utilization Management & Case Management, Provider Dispute Resolution and Claims, Call Center; Privacy & Security. The following audit has been completed since the last report: Provider Network (No CAP).</p> <p>Fraud, Waste & Abuse Activity: There were eleven (11) Fraud, Waste & Abuse cases reported to DHCS. There was one (1) provider-related case that reflected potential FWA circumstances and a MC609 report was filed with the DHCS. This case involved a provider billing automated lab tests. There were no cases that needed to be referred to other law enforcement agencies by the Plan.</p> <p>Department of Health Care Services ("DHCS") 2020 Medical Audit: The Plan received the DHCS' Final 2020 Audit Report on 06/30/20. There were two (2) findings; one related to provider completion of the Individual Health Education Behavioral Assessment (IHEBA) as part of the Initial Health Assessment (IHA) within 120 day of enrollment; and the second finding indicated the Plan did not have escalation policies and procedures to impose prompt effective corrective actions to bring non-compliant delegated entities into compliance. The Plan's CAP is due to DHCS on 07/31/20.</p> <p>Department of Managed Health Care ("DMHC") 2019 Medical Survey: DMHC has scheduled an 18-month follow-up audit starting 03/01/21 to validate corrective actions have been implemented on some of the deficiencies from the 2019 audit.</p> <p>Department of Health Care Services ("DHCS") Annual Network Certification:</p>	

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	<p>The Plan submitted the ANC filing on 04/20/20. As part of the ANC, the Plan submitted its Plan of Action (POA) on 04/03/20 describing its readiness efforts in preparation for the 2021 Subcontracted Network Certification. As a result of follow-up letters from DHCS on these filings, the Plan submitted revised ANC and POA filings in May and early June. DHCS approved the POA on 06/15/20. DHCS completed its initial assessment of CalViva Health's 2020 ANC and identified some deficiencies. As a result of the deficiencies, the Plan must submit applicable documentation to remediate each deficiency by 07/13/20.</p> <p>Department of Managed Health Care ("DMHC") MY2019 Timely Access Report:</p> <p>The Plan submitted the MY19/R20 DMHC TAR on 05/01/20 and are awaiting DMHC's Final Report.</p> <p>Gov. Newsom's May Budget Revision for 2020-21:</p> <p>The May Budget Revision for 2020-21 reflects significant impacts from the COVID-19 pandemic effects on California's economy. However, lawmakers rejected many of the intended cuts to Medi-Cal programs. The Governor signed the 2020 Budget Act on 06/29/20. Some items restored by the enacted Budget Act that had been cut in the May Revision Budget proposal include:</p> <ul style="list-style-type: none"> • Prop 56 supplemental payment, the Behavioral Health Integration Incentive Program and other supplemental payment programs remained in the budget but suspends payments on July 1, 2021 unless specified state fiscal conditions exist. • Keeps Adult Dental and Other Optional Benefits that were effective 01/01/20. <p>California Advancing and Innovating Medi-Cal (CAIIM):</p> <p>The enacted 2020 Budget Act delays ECM and ILOS CalAIM proposals.</p> <p>COVID-19 Novel Coronavirus</p> <p>The plan continues to receive All Plan Letters and other regulatory guidance from DMHC and DHCS, and continues to report provider site closures, positive COVID-19 tests and hospitalizations on a daily basis. CalViva Health staff have returned to work at the Palm office. Our administrators staff continue to carry out operation on a remote basis.</p> <p>Public Policy Committee:</p> <p>The Public Policy Committee met on June 10, 2020, via telephone conference due to the COVID-19 state of emergency. The following reports were presented: Q1 2020 Grievance and Appeals; the 2019 End-of-Year Health Education Work Plan; and the 2019 End-of-Year Cultural & Linguistics Work Plan. There were no recommendations for referral to the Commission. The next meeting will be held 09/2/20 at 11:30AM in Madera County presumably via teleconference.</p>	
#8 Public Comment	None	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#9 Adjourn Patrick Marabella, M.D., Chair	Meeting was adjourned at 11:53 am.	

NEXT MEETING: September 17th, 2020

Submitted this Day: September 17, 2020
 Submitted by: Amy B. Schneider
 Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:

 Patrick Marabella, MD Committee Chair