

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

October 15th, 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
✓*•	Raul Ayala, MD, Adventist Health, 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 10:35 am. A quorum was present.	
#2 Approve Consent Agenda - Committee Minutes: September 17 th , 2020 - Provider Preventable Conditions (PPC)(Q2) - CVH Preventative	The September 17 th , 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 September Formulary (RDL) was available for review upon request.	Motion: Approve Consent Agenda (Verma/Cardona) 4-0-0-2

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<p>Screening Guidelines 2020</p> <ul style="list-style-type: none"> - Standing Referrals Report - Medical Policies Provider Updates (Q2) - Full Formulary (September PDL) <p>(Attachments A-E) Patrick Marabella, M.D Chair</p>	<p>Dr. Ayala and Dr. Lee both announced their attendance at 10:43 am. Dr. Marabella welcomed Dr. Ayala as a new member to the committee and each member introduced themselves.</p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through August 2020.</p> <ul style="list-style-type: none"> ➤ The total number of grievances ending August 2020 has decreased slightly, presumably due to less interactions with providers. ➤ The majority of grievances were due to Quality of Service. ➤ The Exempt grievances decreased in August. It has been determined that the category “PCP Assignment/Transfer – Incorrect PCP assigned-Health Plan Error” has been incorrectly labeled, as these were found to be a request to change the assignment. The category label will be modified to better reflect the issue. <ul style="list-style-type: none"> a. The total number of Appeals Received as of the end of July was noted to have decreased from recent months, however, the number increased again in August. Further evaluation of these appeals related to pharmacy and advanced imaging in progress. Based upon results of analysis providers will be educated and any other recommendations addressed. Activities are underway. 	
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard and Turnaround Time Report (August) <p>(Attachment F) Patrick Marabella, M.D, Chair</p>		<p>Motion: Approve</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard (August) (Foster/Lee) 6-0-0-2

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<p>#3 QI Business - MHN Performance Indicator Report (Q2) (Attachment G) Action Patrick Marabella, M.D, Chair</p>	<p>The MHN Performance Indicator Report for Behavioral Health Services (Q2 2020) was presented. 15 out of the 15 metrics met or exceeded their targets.</p> <ul style="list-style-type: none"> ➤ Authorization Decision Timeliness exceeded the target for Provider Disputes. Quarter 2 2020 resolution timeliness was above target by 5%. All 150 disputes were resolved within timeliness standards, resulting in a 100% compliance rate. A number of interventions have been implemented by the MHN Dispute Unit to improve performance. ➤ Member appointment access data revealed no (0) Life-threatening Emergent cases.; there were two (2) Non-life-threatening Emergent cases and the access standard was met; there were two (2) Urgent case and the appointment access standard was met. ➤ There were 2 PQI cases in Quarter 2 2020, one with minimal adverse effect. Both were resolved within timeliness standards. 	<p>Motion: Approve - MHN Performance Indicator Report (Q2) (Foster/Lee) 6-0-0-2</p>
<p>#3 QI Business - SPD HRA Outreach (Q2) (Attachment H) Action Patrick Marabella, M.D, Chair</p>	<p>The SPD Health Risk Assessment report for Q2 was presented. This is a state mandated member outreach activity which is summarized in this report quarterly. The intent of this new member outreach is to identify higher risk individuals and offer case management and other care coordination services and resources. DHCS requires a minimum of 3 outreach calls within 45 days for high risk individuals and three outreach calls to low risk individuals within 90 days of enrollment in the Plan.</p> <p>Results for Quarter 1 and Quarter 2 2020 include the following:</p> <ul style="list-style-type: none"> ➤ All 5,421 members were outreached within the compliance due dates for Q2 2020. ➤ The focus of the regulation is timely outreach, which met 100% for all the records received back for Q2 2020. ➤ The percentage of members that completed a HRA for both high and low risk in Q2 2020 is 12.6% (709). <p>To streamline calling and reporting a new call system will be implemented to provide an automated and more streamlined reporting solution.</p> <p>Additional outreach methods are being explored such as emailing and texting members. Updates will be provided.</p> <p>The 2021 QI/UM Committee Meeting schedule was reviewed.</p>	<p>Motion: Approve - SPD HRA Outreach (Q2) (Foster/Lee) 6-0-0-2</p>
<p>#3 QI Business - QIUM 2021 Meeting Schedule (Attachment I)</p>		<p>Informational: - QIUM 2021 Meeting Schedule</p>

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<p>#4 Culture & Linguistics/Health Education/QI Business</p> <ul style="list-style-type: none"> - Culture & Linguistics Work Plan Mid-Year Evaluation & Executive Summary - Culture & Linguistics Language Assistance Program Report - Health Education Work Plan Mid-Year Evaluation & Executive Summary <p>(Attachment J-L)</p> <p>Action</p> <p>Patrick Marabella, M.D., Chair</p>	<p>Dr. Marabella presented the <u>2020 Cultural & Linguistics Work Plan Mid-Year Evaluation and Executive Summary</u>.</p> <p>The 4 categories for the 2020 Work Plan are:</p> <ul style="list-style-type: none"> • Language Assistance Services (LAP) • Compliance Monitoring • Communication, Training and Education • Health Literacy, Cultural Competency and Health Equity <p>By June 30, 2020 all activities were on target.</p> <p>Some of the activities completed consist of:</p> <ol style="list-style-type: none"> 1. Population Needs Assessment was completed in collaboration with Health Education and Quality Improvement. 2. C & L related grievances reviewed. Follow up completed when indicated. 3. Promoted Aunt Bertha platform as a member resource and included on Member Newsletter. 4. Four Call Center trainings conducted. 5. Collaborated on Breast Cancer Screening PIP intervention development. <p>All of the Work Plan activities continue on target for completion by the end of calendar year 2020.</p> <p><u>Culture & Linguistics Language Assistance Program Report</u></p> <p>This Report provides information on the language service utilization by CalViva Health members for January 1st to June 30th, 2020. The Language Assistance Program incorporates MHN Services' Mental Health/Behavioral Health language utilization for the same reporting period. It also evaluates, telephonic and in-person interpretation services, Sign Language and document translations.</p> <ul style="list-style-type: none"> ➤ C&L language reviewed 35 grievance cases with seven interventions identified. 2019 grievance trending report completed. ➤ In response to the CAP issued to A&G on incorrect application of C&L codes, the C&L grievance desktop was revised to ensure that A&G implemented and confirmed C&L code reclassifications. Virtual training was provided to A&G Case Coordinators on the desktop and quick reference guide. 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Culture & Linguistics Work Plan Mid-Year Evaluation & Executive Summary - Culture & Linguistics Language Assistance Program Report - Health Education Work Plan Mid-Year Evaluation & Executive Summary <p>(Cardona/Verma) 6-0-0-2</p>

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	<p>➤ Aunt Bertha URLs for staff and member facing access completed. Promotion of Aunt Bertha/coronavirus resources included on the member newsletter.</p> <p>➤ Four call center trainings conducted and training decks updated.</p> <p>➤ English material review completed for a total of 65 materials. Of these, six came from MHN.</p> <p>➤ Conducted eight staff trainings, attended by 191 staff on topic related to cultural competency, SDOH, Gender-neutral language, Health Literacy, ACE's, and Motivational Interviewing.</p> <p>➤ Leading workgroup meetings with local CBO partner to plan component of BCS PIP.</p> <p>Health Education Work Plan Mid-Year Evaluation & Executive Summary</p> <p>Dr. Marabella presented the 2020 Health Education Work Plan Mid-Year Evaluation.</p> <p>Two areas of focus for 2020 consist of:</p> <ol style="list-style-type: none"> 1. Programs and Services 2. Department Operations, Reporting and Oversight <p>Of the 19 Program Initiatives, 12 are on track to meet year-end goals. These consist of:</p> <ol style="list-style-type: none"> 1. Chronic Disease Education: Asthma 2. Community Health 3. Fluvention - Flu Vaccine Campaign 4. Health Equity Project 5. Immunizations 6. Member Newsletter 7. Mental Health 8. Pediatric Education 9. Perinatal Education 10. Oversight and Reporting 11. Department Promotion and Materials Update, Development, Utilization and Inventory 12. Operations: Geographic Information Systems <p>The seven (7) initiatives that are off track or have been canceled due to the pandemic, consist of:</p> <ol style="list-style-type: none"> 1. Chronic Disease: Diabetes. 	

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	<ol style="list-style-type: none"> 2. Digital Health. 3. Member Engagement. 4. Obesity: Members and Community 5. Promotores Health Network: Diabetes Classes 6. Tobacco Cessation 7. Women's Health <p>Barriers to full implementation of planned activities have been identified and are being addressed. 2020 initiatives will continue to be implemented in order to meet or exceed year end goals.</p>	
<p>#4 Culture & Linguistics/Health Education/QI Business - Quality Improvement Update</p> <p>Action Patrick Marabella, M.D., Chair</p>	<p>Dr. Marabella provided an update on HEDIS®: Managed Care Accountability Set (MCAS) Overall CaViva performed well on the new MCAS with the 50th percentile minimum performance level. Reporting Year 2020 (RY20) data reflects care and services provided during calendar year 2019. Some allowances were made for RY20 due to some of the limitations on data capture associated with the pandemic.</p> <p>All three counties were below the minimum performance levels (MPL) for Antidepressant Medication Management Acute Phase and Antidepressant Medication Continuation Phase. This is a new measure for this year. There is a new COVID-Quality Improvement Project (QIP) which will include a Member Outreach effort by Behavioral Health Case Managers in Kings and Madera counties to encourage medication adherence.</p> <p>Fresno County fell below the MPL for Adolescent Well-Care Visits. Fresno and Kings counties fell below for Well Child Visits-First 15 Months. This will also be addressed with our new COVID-Quality Improvement Project through a MemberConnections Outreach intervention.</p> <p>Fresno and Kings counties fell below the MPL for Breast Cancer Screening and Childhood Immunizations- Under 2 Years, two Performance Improvement Projects (PIPs) that were started approximately 1 year ago and placed on "pause" by the state due to the pandemic, will be restarted in the first quarter of 2021 to address these opportunities for improvement.</p> <p>Madera County fell below the MPL for Chlamydia Screening. A PDSA Improvement Project is being initiated with a high volume, low compliance provider in Madera County to improve compliance with this measure.</p> <p>Provider Office Wait Time Report (Q2) was presented.</p> <p>The Provider Office Wait Time report is required by DHCS to evaluate how long scheduled members are waiting to be seen in providers' offices. This Provider Office Wait Time report provided a summary of</p>	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Quality Improvement Update (Lee/Foster) 6-0-0-2
<p>#5 Access Business - Provider Office Wait Time Report (Q2)</p>		<p>Motion: Approve</p> <ul style="list-style-type: none"> - Provider Office Wait Time Report (Q2)

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<p>- Provider Appointment Availability and After-Hours Access Survey Results</p> <p>(Attachment M-N) Action Patrick Marabella, M.D, Chair</p>	<p>Quarter 2 2020 monitoring for Fresno, Kings, and Madera Counties. Results indicate that all counties were within the 30-minute office wait time threshold for both mean and median metrics. Outliers are tracked.</p> <ul style="list-style-type: none"> ➤ CalViva Health Medical Management staff reviews written time logs from providers' offices submitted after the first Tuesday of each month to assess in-office patient wait times. The elements tracked are: 1) Time of arrival 2) Time of scheduled appointments 3) Time the patient was escorted to an exam room. Walk-in patients are excluded from the study. ➤ Office wait times per county have demonstrated variation over time however, average overall wait times have remained between 6 and 20 minutes for the past year for all counties. ➤ Three (3) providers were identified to have an overall average rate above the 30-minute standard. <p>In Q2 with twenty-four (24) providers submitting samples, the State of Emergency associated with COVID 19 and its resultant clinic/office closures combined with the use of telehealth to perform urgent visits, caused a decline in office wait time submissions. We will continue to monitor in-office patient wait times to identify provider specific trends and report results to providers.</p> <p>Provider Appointment Availability and After-Hours Access Survey Results</p> <p>The annual 2019 Provider Appointment Availability Survey and Provider After-Hours Access Survey results were reviewed from the random sample of participating primary care physicians (PCPs), specialty care providers, ancillary providers, and non-physician mental health providers included in the survey. Data was gathered from August 2019 through December 2019.</p> <ul style="list-style-type: none"> ➤ Urgent care appointment access metrics did not meet the performance goal of 90%: ➤ Urgent care appointment with PCP within 48 hours (70.9%). ➤ Urgent care appointment with a specialist within 96 hours (52.2%). ➤ Non-urgent care appointment with a specialist within 15 business days (75.14%). ➤ Preventive or well-child appointment with PCP (76.9%). ➤ Initial prenatal appointment with PCP (88.4%). <p>DMHC regulations require that health plans investigate and request corrective action when timely access to care standards are not met. To comply with these requirements and meet the plan's compliance requirements, as delineated by CalViva Health's Accessibility of Providers and Practitioners policy, a CAP will be issued to contracted PPGs and provider offices who fail any of the urgent or non-urgent metrics.</p>	<p>- Provider Appointment Availability and After-Hours Access Survey Results (Ayala/Foster) 6-0-0-2</p>

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<p>#6 UM/CM Business - Key Indicator Report (July) (Attachment O) Action Patrick Marabella, M.D, Chair</p>	<p>The Key Indicator Report reflects data for the month of July in 2020. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➢ Membership through July has trended upward, potentially associated with COVID 19. ➢ In-hospital utilization rates have begun to rise in all areas with the exception of the SPD (Seniors and Persons with Disabilities) population. An evaluation of these populations has identified an increase in respiratory admissions in alignment with the COVID-19 health crisis which began in March. ➢ Turn-around time compliance improved in June to 100% and has continued at 100% through July 2020. ➢ Case Management results in 2020 thus far, continue to demonstrate positive trends in all areas. 	<p>Motion: Approve - Key Indicator Report (July) (Foster/Ayala) 6-0-0-2</p>
<p>#6 UM/CM Business - Specialty Referrals Report-HN (Q2) (Attachment P) Action Patrick Marabella, M.D, Chair</p>	<p><u>Specialty Referrals Report – HN (Q2)</u> was presented. This report provides a summary of Specialty Referral Services that require prior authorization in the tri-county area (Fresno, Kings, Madera) for the second quarter of 2020. The report includes three areas: 1) key services that while within the service area and within the network, require clinical review; 2) those services recognized as out 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 in member referrals requiring prior authorization, and includes a breakdown of SPD and Non-SPD Member Specialty Referral Requests. In Q2 volumes and denial rates have remained consistent.</p>	<p>Motion: Approve - Specialty Referrals Report-HN (Q2) (Foster/Ayala) 6-0-0-2</p>
<p>#6 UM/CM Business - MedZed Report (Attachment Q) Action Patrick Marabella, M.D, Chair</p>	<p><u>MedZed Integrated Care Management Report</u> was presented. This is a new report for quarter 2 2020. This program is designed as a bridge and support for member stabilization and then engagement into a traditional PCP relationship. Results included in this first report covered year-end 2019 and 2020 monthly and quarterly data. Initial focus is on volumes and engagement of members referred to the program. Results were as follows: a. 640 cases being managed at this time. b. 2020 engagement rate of 33% is consistent with 2019 results. c. Decrease in referrals noted (Q1-466 referrals, Q2-7 referrals). There was a pause in new referrals in Q2 due to COVID-19 Emergency. There was also a pause in in-home services due to COVID with those resuming as of August 2020. Discussions are in progress regarding when</p>	<p>Motion: Approve - MedZed Report (Foster/Ayala) 6-0-0-2</p>

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	<p>new referral acceptance will resume.</p> <p>d. Disenrollment continues to meet the goal of 5% or less.</p> <p>HEDIS® compliance and other outcome measures including readmissions and emergency department utilization for this population are in development.</p>	
<p>#7 Policies and Procedures - UMCM Policy Grid (Attachment R) Action Patrick Marabella, M.D, Chair</p>	<p>Utilization Management and Case Management Annual Review Policy grid was presented to the committee. The majority of policies were updated without changes or had minor edits. Thirteen (13) policies now have a new designation as Case Management (CM) policies instead of Utilization Management (UM) or Public Health (PH) policies. One new policy was included in the packetCM-125 Case Management and Members Under 21 Receiving Private Duty Nursing Services.</p> <p>The policy edits were discussed and the UM/CM policies were approved.</p>	<p>Motion: Approve - UMCM Policy Grid (Lee/Foster) 6-0-0-2</p>
<p>#8 Compliance Update - Compliance Regulatory Report (Attachment S) 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.</p> <p>Oversight Audits: The following annual audits are in-progress: Access & Availability, Utilization Management & Case Management, and Call Center. The following audits have been completed since the last report: 2019-2020 Claims & PDR Audit (CAPs). Fraud, Waste & Abuse Activity: For 2020 year to date, there have been a total of 14 cases reported to DHCS. Since the last report there was only one MC609 case filed. Department of Health Care Services ("DHCS") Annual Network Certification: DHCS completed its initial assessment of CalViva Health's 2020 ANC submission and issued two reports. One report covered ANC preliminary findings and the other report identified some deficiencies regarding alternate access determinations. The Plan submitted its responses to DHCS on 08/11/20 and 08/28/20. On 10/2/20, in response to the Plan's 08/28/20 filing, DHCS identified additional alternate access standard</p>	

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	<p>deficiencies for which the Plan will provide a response.</p> <p>COVID-19 Novel Coronavirus</p> <p>On October 2, 2020, the Department of Health and Human Services (HHSO) issued a renewal of the COVID-19 public health emergency (PHE) for a full 90-day extension through January 21, 2021. 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.</p> <p>Public Policy Committee:</p> <p>The Public Policy Committee met on December 2, 2020 at 11:30AM in Fresno County via telephone conference due to the COVID-19 state of emergency.</p>	
#9 Public Comment	None	
#10 Adjourn Patrick Marabella, M.D., Chair	Meeting was adjourned at 11:51AM.	

NEXT MEETING: November 19th, 2020

Submitted this Day: November 19, 2020

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

Acknowledgment of Committee Approval:


Patrick Marabella, MD Committee Chair