

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

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

November 19th, 2020

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)
	Fengly 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 10:32 am. A quorum was present.	
#2 Approve Consent Agenda - Committee Minutes: October 15 th , 2020 - Provider Preventable Conditions (Q3) - Standing Referrals	The October 15 th , 2020 QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. An update was provided on the MediCalRx transition (pharmacy function) which has been delayed to 04/01/2021 due to state focus on COVID issues over recent months. Also, CalViva will have a DMHC 18-month Follow-up Audit on 03/01/2021. Any item on the consent agenda may be pulled out for further discussion at the request of any committee member.	Motion: Approve Consent Agenda (Foster/Ayala) 5-0-0-2

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<p>Report (Q3)</p> <ul style="list-style-type: none"> - Appeals & Grievances Inter-Rater Reliability Report (Q3) - Appeals & Grievances Classification Audit Report (Q3) - Customer Contact Center DMHC Expedited Grievance Report (Q3) - California Children's Service Report (Q3) - Pharmacy Provider Update (Q3) - Compliance Update <p>(Attachments A-1)</p> <p>Action</p> <p>Patrick Marabella, M.D Chair</p>	<p>Dr. Ayala arrived at 10:35 am.</p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through the end of Q3 2020.</p> <ul style="list-style-type: none"> ➤ The total number of grievances through Q3 has remained relatively consistent with Q2, but is noted to be lower than Q1 2020 and previous quarters. ➤ The majority of grievances were due to Exempt grievances followed by Quality-of-Service issues. ➤ Quality of Care grievances have decreased from both Q1 and Q2 2020. 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard (September) - Appeals & Grievances Executive Summary (Q3) - Appeals & Grievances Quarterly Member Report (Q3) - Quarterly A&G Member
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard (September) - Appeals & Grievances Executive Summary (Q3) - Appeals & Grievances Quarterly Member 	<p>Dr. Ayala arrived at 10:35 am.</p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through the end of Q3 2020.</p> <ul style="list-style-type: none"> ➤ The total number of grievances through Q3 has remained relatively consistent with Q2, but is noted to be lower than Q1 2020 and previous quarters. ➤ The majority of grievances were due to Exempt grievances followed by Quality-of-Service issues. ➤ Quality of Care grievances have decreased from both Q1 and Q2 2020. 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard (September) - Appeals & Grievances Executive Summary (Q3) - Appeals & Grievances Quarterly Member Report (Q3) - Quarterly A&G Member

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<p>Report (Q3) - Quarterly A&G Member Letter Monitoring Report (Q3) (Attachment J-M) Action Patrick Marabella, M.D, Chair</p>	<p>The Exempt grievances for Q3 have remained consistent with Q2 2020. The two categories stated as “PCP Assignment/Transfer” that were labeled incorrectly have been modified to better reflect the issues.</p> <p>The total number of Appeals Received as of the end of Q3 2020 has demonstrated variation quarter to quarter with increased volumes compared to the prior year. Opportunities to further evaluate these appeals and educate providers have been identified, and training has been conducted.</p>	<p>Letter Monitoring Report (Q3) (Verma/Ramirez) 6-0-0-2</p>
<p>#3 QI Business - Potential Quality Issues Report (Q3) (Attachment N) Action Patrick Marabella, M.D, Chair</p>	<p><u>Potential Quality Issues (PQI) Report</u> This report provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI issues originate during the provision of care or services when the omission or commission of care interventions results in potential harm to the member. PQI issues may be identified during the Utilization Management, Care Management, Appeal and Grievance review processes or other activities such as the Provider Preventable Conditions reporting process, which includes Health Care Acquired Conditions (HCAC) or Other Preventable Provider Conditions (OPPCs). PQI reviews are separated into three types: member generated, non-member generated, or identified through peer review activities.</p> <ul style="list-style-type: none"> ➢ Non-member initiated PQI category cases are lower for Q3 2020 when compared to the last three Quarters. None (0) of these cases were generated from Provider Preventable Conditions (PPCs). ➢ Member generated PQI raw numbers have also decreased when compared to the previous three Quarters. ➢ There were eight (8) peer review cases processed during this reporting period. Follow up has been initiated when appropriate. PQI and PPC cases will continue to be tracked, monitored and reported. 	<p>Motion: Approve - Potential Quality Issues Report (Q3) (Ramirez/Foster) 6-0-0-2</p>
<p>#3 QI Business - MHN Performance Indicator Report for Behavioral Health</p>	<p>The MHN Performance Indicator Report for Behavioral Health Services (Q3 2020) was presented. 15 out of the 15 metrics met or exceeded their targets.</p> <ul style="list-style-type: none"> ➢ Timeliness was acceptable for ABA authorization decisions. Although the measure did not meet the 100% target, it exceeded the threshold for action of 95%. 	<p>Motion: Approve - MHN Performance Indicator Report for Behavioral Health</p>

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<p>Services (Q3) (Attachment O) Action Patrick Marabella, M.D, Chair</p>	<p>➤ The Q2 2020 utilization rate was 2.2%. Utilization of services is demonstrating quarter over quarter increases over the past 12 months. (one quarter lag) ➤ There were three non-life-threatening emergent cases and the appointment access standard was met. There were two life-threatening emergent cases and the appointment access standard was met. ➤ There were two PQI cases in Q3 2020 and they were resolved within timeliness standards. MHN Provider Relations staff have implemented several interventions to increase the percentage of providers accepting new CalViva members.</p>	<p>Services (Q3) (Foster/Ramirez) 6-0-0-2</p>
<p>#3 QI Business - Facility Site & Medical Record Reviews & PARS Review Report (Q1 & Q2) (Attachment P) Action Patrick Marabella, M.D, Chair</p>	<p>The Facility Site Review (FSR) & Medical Record Review (MRR) & PARS Report was presented and reviewed for the first and second Quarters of 2020. ➤ There were eight (8) Facility Site Reviews (FSR) and eight (8) Medical Record Reviews (MRR) completed in the 1st and 2nd Quarters of 2020. ➤ The overall mean FSR score for Fresno, Kings and Madera Counties was 99% for the 1st and 2nd Quarters of 2020 and the mean FSR score for the 3rd and 4th Quarters of 2019 was 97%. ➤ The overall mean MRR score for Fresno, Kings and Madera Counties was 91% for the 1st and 2nd Quarters of 2020. The mean MRR score for the 3rd and 4th Quarters of 2019 was 93%. ➤ The Pediatric Preventive Care section mean score was 83%. ➤ The Adult Preventive Care section mean score was 86%. ➤ Due to COVID-19, the onsite Facility Site Reviews were stopped after March 13, 2020. The data above reflects sites reviewed prior to stoppage.</p>	<p>Motion: Approve - Facility Site & Medical Record Reviews & PARS Review Report (Q1 & Q2) (Verma/Ramirez) 6-0-0-2</p>
<p>#3 QI Business - Initial Health Assessment Quarterly Audit Report (Q3) (Attachment Q) Action Patrick Marabella, M.D, Chair</p>	<p>The Department of Health Care Services (DHCS) requires completion of the Initial Health Assessment (IHA) for new Medi-Cal members within 120 days of enrollment. A multi-faceted approach to monitoring is performed for CalViva members to facilitate IHA completion and includes the following: 1. Medical Record Review (MRR) via onsite provider audits. 2. Monitoring of claims and encounters data. 3. Member outreach following a three-step methodology. <u>FSR/MRR Data:</u> Due to the COVID-19 public health emergency, the DHCS APL 20-004 to temporarily halt requirements to complete IHA's from December 1, 2019 to the end of the public health emergency currently in effect. Additionally, there were no on-site medical record reviews completed due to COVID-19.</p>	<p>Motion: Approve - Initial Health Assessment Quarterly Audit Report (Q3) (Ramirez/Cardona) 6-0-0-2</p>

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<p>#3 QI Business - County Relations Quarterly Update Report (Q3) (Attachment R) Action Patrick Marabella, M.D., Chair</p>	<p><u>Member Outreach:</u> Three Step outreach includes: 1. Notification of the IHA in the New Member Packet 2. A new member welcome call 3. An IHA postcard mailed to new members</p> <p>Based upon a DHCS Corrective Action Plan (CAP) CalViva is developing a quality improvement activity for IHA/IHEBA completion. This is being accomplished through collaboration with a low-performing IHEBA provider and a high-performing IHEBA provider to identify barriers and test interventions for improvement. Focus at this time is on obtaining the <u>New Member List</u> and addressing coding issues for IHEBA.</p> <p>County Relations Quarterly Report Q3 2020</p> <p>This report provides a summary of the relevant Public Health (PH), County Behavioral Health (BH) and Regional Center (RC) activities, initiatives and updates for Fresno, Kings and Madera Counties. The report also provides CalViva Health with information that includes but is not limited to; care coordination updates, PH/BH referral data, tuberculosis data and ABA services data. All these activities support CalViva Health's compliance with requirements of the Memorandum of Understanding between CalViva Health and the Central Valley counties (Fresno, Kings, and Madera).</p> <p>Some Highlights for this Quarter include: Q3 2020 updates for the Fresno County Department of Behavioral Health (FCDBH):</p> <ul style="list-style-type: none"> ➢ Many of the FCDBH staff are still primarily working remotely or working from home but where in-person services are required, those services are being provided with PPE, social distancing, etc. ➢ FCDBH advised that their Crisis Continuum has remained fully operational throughout the COVID-19 pandemic: <ul style="list-style-type: none"> ○ Crisis Stabilization Center ○ Crisis Rehabilitation Treatment Program ○ Psychiatric Health Facilities (PHFs) ➢ FCDBH advised that their Crisis Residential Treatment Program and Inpatient Psychiatric Health Facilities have remained constantly full and that they have explored the possibility of expanding capacity to include spaces for youth. They inquired on whether or not DHCS would grant them a 	<p>Motion: Approve - County Relations Quarterly Update Report (Q3) (Foster/Ramirez) 6-0-0-2</p>

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	<p>waiver to include spaces for youth. This was in response to local hospitals reporting an increase in the number of youths being admitted for suicide attempts.</p> <ul style="list-style-type: none"> ➤ KCBHD continues to collaborate with the Office of Education and School Districts in Kings County to ensure that school staff, parents and children have the proper behavioral health supports during distance learning ➤ KCBHD continues to work on the transition to Wellpath/California Forensic Medical Group (CFMG) as their new healthcare provider for the jail and juvenile center. Wellpath/CFMG is providing behavioral healthcare, as well as substance use disorder treatment in the county jail and juvenile center. ➤ Madera Community Hospital receive a Bridge Program Grant and will now have a BH counselor/navigator in their ED 7 days a week. ➤ MCBHD advised that Turning Point has now gone live with it's First-Episode Psychosis Program and MCBHD will be working very closely with this program to refer youth for services. Turning Point will work with the children to help provide linkage to services, with a special focus on keeping them in services. The goals of this program are as follows: <ul style="list-style-type: none"> ○ Reduce Hospitalizations ○ Increase linkage to psychiatric services ○ Increase engagement in services ○ Turning Point will provide Mental Health First Aid to families, psychoeducation, etc. ➤ The CVRC office remain closed due to COVID-19, but remains fully operational with staff working remotely and providing services virtually. There are some limited services being offered face-to-face within the CVRC offices and within some CVRC vendor offices. <p>Quarter 3 data for BH referrals, TB screening and CCS enrollment in Fresno, Kings and Madera counties were also reviewed.</p>	
<p>#4 Access Business - Provider Office Wait Time Report (Q3) (Attachment S) Action</p>	<p>Provider Office Wait Time Report (Q3 2020) Health plans are required to monitor waiting times in providers' offices to validate timely access to care and services. This report provides a summary that focuses on Quarter 3 2020 wait times for Fresno, Kings and Madera Counties. All counties are within the 30-minute office wait time threshold for both mean and median metrics. Outliers are tracked with follow up occurring when thresholds are passed. Results of monitoring are reported back to the participating providers. Monitoring and analysis will continue in 2021</p>	<p>Motion: Approve - Provider Office Wait Time Report (Q3) (Ayala/Cardona) 6-0-0-2</p>

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Patrick Marabella, M.D, Chair	to identify opportunities for improvement associated with specific providers.	
<p>#4 Access Business - Specialty Referrals Report – HN (Q3) (Attachment T) Action Patrick Marabella, M.D, Chair</p>	<p>Specialty Referrals Report – HN (Q3) The Health Net Specialty Referrals Report provides a summary of Specialty Referral Services that require prior authorization in the tri-county area, (Fresno, Kings, Madera) for the third quarter of 2020. This report provides evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members in 3 areas:</p> <ul style="list-style-type: none"> o Key services that while within the service area and within the network require clinical review o Services recognized as out of the tri-county area, but within the provider network o Out of network requests <p>These reports provide 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>CalViva specialty referrals will continue to be monitored quarterly by the CalViva Health Quality Improvement/Utilization Management Committee in collaboration with the CalViva Chief Medical Officer to assess for network adequacy and appropriate quality specialty care for CalViva members.</p>	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Specialty Referrals Report – HN (Q3) (Verma/Cardona) 6-0-0-2
<p>#5 UMI Business - Key Indicator Report (September) - Utilization Management Concurrent Review Report (Q3) - Concurrent Review IRR Audit Report (Q3) (Attachment U-W) Action</p>	<p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report through Q3, 2020.</p> <ul style="list-style-type: none"> ➢ In-hospital utilization rates have dipped in all areas in Q3. The lower admission numbers may be related to the spikes in COVID-19 cases throughout the year. ➢ Turn-around time compliance in Q3 was 100% ➢ Case Management results in 2020 continue to demonstrate positive trends in all areas. ➢ The Concurrent Review IRR Report provides a summary of the quarterly CCR audit performed to ensure consistent, credible and timely medical management decisions. Overall results were positive at 98% compliance for the quarter. 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Key Indicator Report (September) - Utilization Management Concurrent Review Report (Q3) - Concurrent Review IRR Audit Report (Q3) (Foster/Cardona) 6-0-0-2

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Patrick Marabella, M.D, Chair		
<p>#5 UM Business</p> <ul style="list-style-type: none"> - Case Management and CCM Report (Q3) (Attachment X) <p>Action Patrick Marabella, M.D, Chair</p>	<p>The Case Management and CCM Report for Quarter 3 was presented. This report summarizes the case management, transitional care management, MemberConnections, and palliative care activities for 2020 through third quarter.</p> <ul style="list-style-type: none"> ➢ All programs have demonstrated an increase in referrals and open cases over recent months, except Perinatal Case Management with their referral rate staying about the same this quarter compared to last. Some increases were significant. ➢ Engagement rates have remained strong. ➢ Case Management Outcome measures have been established for all programs. 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Case Management and CCM Report (Q3) (Foster/Cardona) 6-0-0-2
<p>#6 Policy & Procedure</p> <ul style="list-style-type: none"> - Public Health & County Relations Policy Grid (Attachment Y) <p>Action Patrick Marabella, M.D, Chair</p>	<p>Public Health Policy and Procedure Review grid was presented to the committee. The majority of policies were updated without changes or had minor edits.</p> <ul style="list-style-type: none"> ➢ Departmental responsibility changed for some policies from Public Programs to County Relations. ➢ The Family Planning Policy had language updated to be consistent with APL 20-013 Proposition 56 Direct Payments for Family Planning Services which allows for add-on payments to providers for certain family planning services. <p>The policy edits were discussed and the Public Health and County Relations policies were approved.</p>	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Public Health & County Relations Policy Grid (Verma/Foster) 6-0-0-2
<p>#6 Pharmacy Business</p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q3) - CalViva Health Pharmacy Call Report (Q3) - Pharmacy Operations Metrics (Q3) - Top 30 Prior Authorizations (Q3) 	<p>Pharmacy reports for Quarter 3 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 third Quarter 2020. PA turnaround time is monitored to identify PA requests that are approaching required turnaround time limits. ➢ Third Quarter 2020 top medication PA requests were similar to second Quarter 2020. ➢ Third Quarter 2020 Opioid and Diabetes control PA requests continue to be the top driver of PA volume. ➢ Belviq and Belviq XR were withdrawn from the market due to cancer safety risk. 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q3) - CalViva Health Pharmacy Call Report (Q3) - Pharmacy Operations Metrics (Q3) - Top 30 Prior Authorizations (Q3)

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<p>- Pharmacy Inter Rater Reliability Report (IRR)(Q3) (Attachment Z-DD) Action Patrick Marabella, M.D, Chair</p>	<p>➤ The Interrater Reliability Report summarizes an evaluation of a sample of 10 prior authorization denials per month which are reviewed quarterly to ensure 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%. Results met the 95% threshold. Results are shared with PA managers.</p>	<p>- Pharmacy Inter Rater Reliability Results (IRR)(Q3) (Ramirez/Cardona) 6-0-0-2</p>
<p>#6 Credentialing and Peer Review Subcommittee Business - Credentialing Subcommittee Report Q2 - Peer Review Subcommittee Report Q2 (Attachment EE-FF) Action Patrick Marabella, M.D, Chair</p>	<p>In Quarter 4 the Credentialing Sub-Committee met on October 15, 2020. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q2 2020 were reviewed for delegated entities; the second and third quarters for MHN and Q3 2020 reports were reviewed for Health Net. There was 1 (one) ongoing case to report on the Quarter 3 2020 Credentialing Report from Health Net. This is related to ongoing monitoring of a case in Fresno County following a denial for re-entry into the network. Next report on this case will be in 6 months.</p> <p>The Peer Review Sub-Committee met on October 15, 2020. The county-specific Peer Review Subcommittee Summary Reports for Q3 2020 were reviewed for approval. There were no significant cases to report. The Q3 2020 Peer Count Report was presented with a total of 8 cases reviewed. There were three (3) cases closed and cleared. There were no cases pending closure for Corrective Action Plan compliance. There were five (5) cases pending for further information. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue. No significant compliance issues have been identified. Oversight and monitoring processes will continue.</p>	<p>Motion: Approve - Credentialing Subcommittee Report Q2 - Peer Review Subcommittee Report Q2 (Cardona/Foster) 6-0-0-2</p>
<p>#7 Public Comment</p>	<p>None</p>	
<p>#8 Adjourn Patrick Marabella, M.D, Chair</p>	<p>Meeting was adjourned at 11:59 am.</p>	

NEXT MEETING: February 18th, 2021

Submitted this Day: February 18th 2021

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

Acknowledgment of Committee Approval:



Patrick Marabella, MD Committee Chair