

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
QI/UM Committee  
Meeting Minutes**  
September 16<sup>th</sup>, 2021

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

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Patrick Marabella, M.D., CalViva Chief Medical Officer, Chair	✓	Amy Schneider, RN, Director of Medical Management Services
✓●	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Ashelee Alvarado, Medical Management Specialist
✓●	Brandon Foster, PhD. Family Health Care Network	✓	Iris Poveda, Medical Management Administrative Coordinator
✓●	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Mary Lourdes Leone, Chief Compliance Officer (CCO)
	Raul Ayala, MD, Adventist Health, Kings County		Maria Sanchez, Compliance Manager
	Joel Ramirez, M.D., Camarena Health Madera County	✓	Lori Norman, Senior Compliance Analyst
	Rajeev Verma, M.D., UCSF Fresno Medical Center		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
<b>Guests/Speakers</b>			

- ✓ = in attendance
- \* = Arrived late/left early
- = Attended via Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>#1 Call to Order</b> Patrick Marabella, M.D Chair	The meeting was called to order at 10:38 am. A quorum was present.	
<b>#2 Approve Consent Agenda</b> Committee Minutes: July 15, 2021 - Appeals & Grievances Classification Audit Report (Q2) - Appeals & Grievances Inter Rater Reliability Report (Q2) - Appeals & Grievances Validation Audit Summary Report (Q2) - Concurrent Review IRR Report (Q2)	The July 15 <sup>th</sup> , 2021 QIUM 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 August Formulary (PDL) was available for review upon request.	Motion: <i>Approve</i> Consent Agenda (Foste/Lee) 4-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li>- Customer Contact Center DMHC Expedited Grievance Report (Q2)</li> <li>- Member Incentive Programs – Semi Annual report (Q1-Q2)</li> <li>- California Children’s Service Report (Q2)</li> <li>- County Relations Quarterly Update (Q2)</li> <li>- Medical Policies Provider Updates (Q2)</li> <li>- CalViva Health Pharmacy Call Report (Q2)</li> <li>- Pharmacy Provider Updates (Q2) (Attachments A-L)</li> </ul> <p><b>Action</b> Patrick Marabella, M.D Chair</p>		
<p><b>#3 QI Business</b></p> <ul style="list-style-type: none"> <li>- Appeals &amp; Grievances Dashboard (July)</li> <li>- Appeals &amp; Grievances Executive Summary (Q2)</li> <li>- Appeals &amp; Grievances Quarterly Member Report (Q2)</li> <li>- Quarterly Appeals &amp; Grievances Member Letter Monitoring Report (Q2) (Attachments M-P)</li> </ul> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the <b>Appeals &amp; Grievances Dashboard</b> through July 2021.</p> <ul style="list-style-type: none"> <li>➤ The total number of grievances through July 2021 has increased compared to last year. However, the total number of grievances this year is similar to 2019 results.</li> <li>➤ Quality of Service (QOS) for Access, Administrative, and Transportation continue to represent the majority of these grievances.</li> <li>➤ The volume of Quality of Care (QOC) grievances has remained consistent.</li> <li>➤ Exempt Grievances have increased slightly compared to year.</li> <li>➤ The total number of Appeals Received through Q2 2021 has remained consistent.</li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Appeals &amp; Grievances Dashboard (July)</li> <li>- Appeals &amp; Grievances Executive Summary (Q2)</li> <li>- Appeals &amp; Grievances Quarterly Member Report (Q2)</li> <li>- Quarterly Appeals &amp; Grievances</li> </ul>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
		Member Letter Monitoring Report (Cardona/Lee) 4-0-0-2
<p><b>#3 QI Business</b>                      - Initial Health Assessment                      Quarterly Audit Report (Q4-2020)                      (Attachments Q)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p>The Department of Health Care Services (DHCS) requires that newly enrolled Medi-Cal members have an <b>Initial Health Assessment (IHA)</b> and Individual Health Education Behavioral Assessment (IHEBA) completed within the first 120 days of enrollment. 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"> <li>➤ Medical Record Review (MRR) via onsite provider audits.</li> <li>➤ Monitoring of claims and encounters data.</li> <li>➤ Member outreach following a three-step methodology.</li> </ul> <p>The Q4 2020 IHA Quarterly Report demonstrates CalViva Health’s performance on IHA/IHEBA compliance monitoring from January – December, 2020.</p> <ul style="list-style-type: none"> <li>➤ Because COVID-19 prevented Facility Site Review audits from occurring from March 2020 to date, FSR/MRR audits only occurred for 7 sites in 2020. IHA/IHEBA completion rates were 64% for pediatric IHA visits and 40% for adult visits.</li> <li>➤ Member outreach completed by the Plan resulted in a range of 48.45% - 69.91% plan outreach compliance for January – December, 2020.</li> <li>➤ In response to a DHCS audit finding CalViva decided to take a quality improvement approach to increasing IHA/IHEBA completion. Working with a high volume, low performing clinic in Madera County, the IHA Improvement Team established a process for providers to obtain their list of new members, contact them to schedule an initial appointment and appropriately document (including coding) when an IHA/IHEBA has been completed.</li> <li>➤ The IHA report will be modified to document the continued efforts to improve IHA completion as the new process is shared and monitored with providers throughout the three CalViva Health counties.</li> </ul>	<p>Motion: <i>Approve</i>                      - Initial Health                      Assessment                      Quarterly Audit                      Report (Q4-2020)                      (Foster/Lee)                      4-0-0-2</p>
<p><b>#3 QI Business</b>                      - Potential Quality Issues (Q2)                      (Attachments R)</p>	<p><b>Potential Quality Issues (PQI) Report</b> provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member or peer review-activities. Peer review</p>	<p>Motion: <i>Approve</i>                      - Potential Quality                      Issues (Q2)</p>

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<p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>activities include cases with a severity code level of III or IV or any case the CVH CMO requests to be forwarded to Peer Review. Data for Q2 was reviewed for all case types including the follow up actions taken when indicated.</p> <ul style="list-style-type: none"> <li>➤ Non-member initiated PQI category cases were in range when compared to the last three Quarters. Of the 13 cases closed, zero were documented as being generated from provider preventable conditions (PPCs).</li> <li>➤ Member generated PQI’s slight increased based on previous quarters with a total of 72 cases.</li> </ul> <p>The number of peer review cases varies from quarter to quarter independent of the other case types. Follow up has been initiated when appropriate.</p>	<p>(Foster/Lee) 4-0-0-2</p>
<p><b>#4 Quality Improvement/Utilization Management Business</b></p> <ul style="list-style-type: none"> <li>- Quality Improvement Wok Plan Mid-Year Evaluation and Executive Summary 2021</li> <li>- Utilization Management (UM)/Case Management (CM) Work Plan Mid-Year Evaluation and Executive Summary 2021 (Attachments S-T)</li> </ul> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the <b>2021 Quality Improvement Work Plan Mid-Year Evaluation</b>.</p> <p>Initiatives on track to be completed by year end include:</p> <ul style="list-style-type: none"> <li>➤ Access, Availability, and Service: <ul style="list-style-type: none"> <li>○ Improve Access to Care by continuing to monitor appointment access via the Provider Appointment Availability Survey (PAAS). After-hours access (urgent &amp; emergent services) is monitored via the Provider After Hours Access Survey (PAHAS).</li> <li>○ Corrective Action Plans (CAPs). A targeted PPG approach will be used to address non-compliance with an established escalation process for non-responding PPGs. Educational packets will be distributed to Fee for Services (FFS) and Direct Network providers who are non-compliant. Any providers in this group who are non-compliant for 2 years in a row will be required to complete a CAP.</li> <li>○ Mandatory webinars will be required for non-compliant PPGs.</li> </ul> </li> <li>➤ Quality &amp; Safety of Care <ul style="list-style-type: none"> <li>○ Default Measures: Fresno and Kings Counties fell below the MPL in Childhood Immunizations. Fresno County fell below the MPL for Controlling High Blood Pressure. All three counties exceeded MPL in Timeliness of Prenatal Care. Fresno and Madera counties fell below the MPL in HbA1c testing. And Fresno County fell below the MPL for Cervical Cancer Screening.</li> </ul> </li> <li>➤ Performance Improvement Projects (PIPs): <ul style="list-style-type: none"> <li>○ Childhood Immunizations (birth to 2 years) CIS-10: Modules 1, 2 &amp; 3 are</li> </ul> </li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Quality Improvement Wok Plan Mid-Year Evaluation and Executive Summary 2021</li> <li>- Utilization Management (UM)/Case Management (CM) Work Plan Mid-Year Evaluation and Executive Summary 2021 (Cardona/Foster)</li> </ul> <p>4-0-0-2</p>

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	<p>complete and approved. The first intervention will utilize text messaging to attempt to engage parents in dialogue and encourage them to schedule an appointment for immunizations. The first messages were sent September 14th.</p> <ul style="list-style-type: none"> <li>○ Breast Cancer Screening Disparity: Modules 1 &amp; 2 are complete and approved. Module 3 has been submitted and is pending approval. The first intervention is an in-person educational event including a physician speaker, video in Hmong, testimonials, and staff from Imaging Center. The first event is scheduled for September 24th.</li> <li>○ Several metrics have been established for each intervention to evaluate their success.</li> </ul> <p>Dr Marabella also presented the <b>2021 Utilization Management (UM)/Case Management (CM) Work Plan Mid-Year Evaluation.</b></p> <ul style="list-style-type: none"> <li>➤ Activities focused on:               <ul style="list-style-type: none"> <li>○ Compliance with Regulatory &amp; Accreditation Requirements</li> <li>○ Monitoring the UM Process</li> <li>○ Monitoring Utilization Metrics</li> <li>○ Monitoring Coordination with Other Programs and Vendor Oversight</li> <li>○ Monitoring Activities for Special Populations</li> </ul> </li> <li>➤ Data metrics               <ul style="list-style-type: none"> <li>○ Turn Around Times for Processing Authorizations: Jan-June 99.5% (CAP monitoring in progress).</li> <li>○ Turn Around Times for Appeals: Jan-Jun 99.76%</li> </ul> </li> <li>➤ Additional key findings include the following               <ul style="list-style-type: none"> <li>○ Compliance activities are on target for year-end completion.</li> <li>○ Too Soon to Tell if monitoring of Turn-around Times for authorization requests will meet goals.</li> <li>○ PPG specific dashboard reports continue to be refined and include Bed Days/K, Admits/K and Average Length of Stay (ALOS). They are produced and reviewed quarterly.</li> <li>○ Too Soon to Tell if 10% goal to reduce admissions year over year and reduced LOS will be met in 2021.</li> <li>○ Integrated Case Management Outcome Measures show Positive results when</li> </ul> </li> </ul>	

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	<p>evaluated 90 days prior and 90 days post services. Member satisfaction is high.</p> <ul style="list-style-type: none"> <li>○ MHN (Behavioral Health) authorization timeliness improved and Bi-directional referrals remain consistent.</li> <li>○ Activities for monitoring Special Populations such as CCS and SPD are on target. CCS issues related to delayed surgeries/authorizations has been addressed. Health Risk Assessment timeliness at 100% year to date.</li> </ul> <p><b>HEDIS Update 2021-2022</b></p> <p>The measures that reported results from the Managed Care Accountability Set (MCAS) that were below the minimum performance level (MPL) or 50th percentile, were:</p> <ul style="list-style-type: none"> <li>○ Antidepressant Medication Management (AMM), for both the Acute Phase and the Continuation Phase, for all three counties.</li> <li>○ Breast Cancer Screening for Fresno and Kings Counties.</li> <li>○ Cervical Cancer Screening for Fresno County.</li> <li>○ Chlamydia Screening for Fresno and Madera Counties.</li> <li>○ Childhood Immunizations – Combo 10 for Fresno and Kings Counties.</li> <li>○ HbA1c Poor Control (&gt;9%) for Fresno and Madera Counties.</li> <li>○ Controlling High Blood Pressure for Fresno County.</li> <li>○ Weight Assessment and Counseling – BMI Percentile for Fresno County.</li> <li>○ Well-Child Visits in the first 15 months of life for all three counties.</li> <li>○ The two (2) Performance Improvement Projects (PIPs) on Breast Cancer Screening and Childhood Immunizations started in 2020 will continue through 12/31/2022.</li> </ul> <p><b>Managed Care Accountability Set Requirements – September 2021</b></p> <ul style="list-style-type: none"> <li>○ DHCS will not impose sanctions or Corrective Action Plans (CAPs) for failure to meet MPLs for measurement year (MY) 2021.</li> <li>○ No more than three (3) PDSA rapid cycle improvement projects will be required for each MCP this year. CalViva is required to do two (2) PDSA projects this year and these will focus on Cervical Cancer Screening and Comprehensive Diabetes Care- HbA1c &lt; 9. Additionally, the State is continuing the COVID-19 Quality Improvement Plan (QIP) this year. This involves the selection of three (3) improvement strategies that demonstrate how the Plan has adapted to improve the health/wellness of its members during the COVID 19</li> </ul>	

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	<p>Emergency. Two reports per year are required. Medical Management has selected AMM outreach in Kings and Madera Counties and Well Child Visits with Chlamydia Screening in Fresno County for this year’s COVID-19 QIP.</p>	
<p><b>#5 Access Business</b>                      - Provider Appt Availability &amp; After-Hours Access Survey Results (Attachment U)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p><b>The 2020 annual Provider Appointment Availability Survey (PAAS) and Provider After-Hours Access Survey (PAHAS)</b> results are used to monitor provider compliance with timely access and after-hours regulations, and evaluate the effectiveness of the network to meet the needs and preferences of CalViva Health members.</p> <p>The following DMHC and DHCS appointment access metrics did not meet the performance goal of 90%:</p> <ul style="list-style-type: none"> <li>➤ Urgent care appointment with PCP within 48 hours.</li> <li>➤ Urgent care appointment with specialist that requires prior authorization within 96 hours</li> <li>➤ Non-urgent appointment with PCP within 10 business days.</li> <li>➤ Non-urgent appointment with specialist within 15 business days.</li> <li>➤ Preventive health or well-child appointment with PCP within 10 business days.</li> <li>➤ Physical exam/wellness check appointment with PCP within 30 calendar days.</li> <li>➤ Initial prenatal appointment with PCP/specialist within two weeks.</li> </ul> <p><b>After Hours Availability</b> metrics both declined this year, but the <i>Appropriate Emergency Instructions</i> metric still exceeded the goal overall. The <i>Call-back within 30 minutes</i> metric did not meet the 90% performance goal at 84% overall.</p> <p>Corrective action plans are issued to contracted PPGs and providers who do not meet the timely access standards. Reasonable access to care and services is important for patient safety. CalViva offers a number of resources to assist providers. Monitoring will continue annually.</p>	<p>Motion: <i>Approve</i></p> <p>- Provider Appt Availability &amp; After-Hours Access Survey Results (Cardona/Lee)                      4-0-0-2</p>
<p><b>#6 UM/CM Business</b>                      - Key Indicator Report and TAT Report (June)                      - PA Member Letter Monitoring Report (Q2)                      - MedZed Report (Q2)                      (Attachments V-X)</p> <p><b>Action</b></p>	<p>Dr. Marabella presented the <b>Key Indicator Report and TAT Report</b> through June 2021.</p> <ul style="list-style-type: none"> <li>➤ In-hospital utilization rates have decreased when compared to Q1 2021. The admission rate has slightly increased. However, utilization rates are likely to increase again in Q3 based upon recent activity.</li> <li>➤ Turn-around-time compliance improved in Q2 in all metrics with the exception of Deferrals – Urgent. The volume of Deferrals is low and therefore the rate is highly sensitive to variations.</li> <li>➤ Case Management results remain strong and demonstrate positive results in all areas consistent with previous months.</li> </ul>	<p>Motion: <i>Approve</i></p> <p>- Key Indicator Report and TAT Report (June)                      - PA Member Letter Monitoring Report (Q2)                      - MedZed Report (Q2)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Patrick Marabella, M.D Chair</p>	<p><b>PA Member Letter Monitoring Report</b> Quarter 2 was presented and reviewed. This report monitors Notice of Action (NOA) letters including Prior Authorizations (PAs), Concurrent, and Post Service denials. Findings are discussed with UM Management Directors on a monthly basis. All metrics are expected to meet standard of 100% compliance. Medical Management Monitoring and Reporting Team collects CAP information on metrics that fall below the 100% threshold. All categories had audit scores above 95%. Medical Management has implemented several Actions to sustain the improvements, including:</p> <ul style="list-style-type: none"> <li>➤ Weekly audit meeting for any identified failures.</li> <li>➤ Weekly progressive coaching to staff with any opportunities identified during audits.</li> <li>➤ Deferral letter templates reviewed by the Letter Compliance team to identify any opportunities.</li> <li>➤ Deferral letter training given to Referral Specialists and Nurses in January.</li> <li>➤ In August, training given to all PA staff to review clinical notes for referring physician for DME requests</li> <li>➤ In August, PA team implemented 100% leadership review of letters prior to mailing.</li> </ul> <p><b>MedZed Report</b> Quarter 2 was presented. This report monitors the volume and engagement of members referred to the MedZed Care Management program. This program is designed as a bridge and support for member engagement and focuses on members that are high utilizers with complex needs who are not engaged in care management. Once located, the goal is to build a trusting relationship and work to re-engage the member with their PCP.</p> <p>Results were as follows:</p> <ul style="list-style-type: none"> <li>• 788 Cases being managed at this time.</li> <li>• Engagement rate decreased compared to Q1 2021 from 39% to 25%</li> <li>• However, an increase in referrals is noted in Q2.</li> </ul> <p>The only metric that did not meet established goals is related to the timeliness (within 72 hours) of the initial post-discharge in-home appointment. They have experienced difficulty with contacting the member to schedule, members rescheduling and member no shows. MedZed will continue to engage Community Health Navigators for urgent field outreach (face-to-face/door knocks) following one unsuccessful phone attempt, while also reminding members about the importance of keeping their post-discharge appointments.</p>	<p>(Lee/Foster) 4-0-0-2</p>
<p>#7 Pharmacy Business - Pharmacy Executive Summary (Q2)</p>	<p>The <b>Pharmacy Reports</b> for Q2 2021 are presented in order to assess for emerging patterns in authorization requests, evaluate compliance for prior authorizations, and to evaluate the</p>	<p>Motion: <i>Approve</i> - Pharmacy</p>



AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Pharmacy Operations Metrics (Q2)                      - Pharmacy Top 30 Prior Authorizations (Q2)                      - Pharmacy Inter-Rater Reliability Results (IRR) (Q2)                      (Attachments Y-BB)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p>consistency of decision making in order to formulate potential process improvement recommendations.</p> <ul style="list-style-type: none"> <li>➤ Pharmacy Prior Authorizations (PA) metrics were within 5% of standard for the 2<sup>nd</sup> Quarter of 2021.</li> <li>➤ Overall TAT for Q2 was 96.66%</li> <li>➤ Total PA requests were comparable to Q1 2021.</li> </ul> <p><b>Top 30 Prior Authorization</b> 2nd Quarter 2021 top 30 medication PA requests were slightly lower compared to 1st Quarter 2020.</p> <ul style="list-style-type: none"> <li>➤ No significant differences seen in 2nd Quarter 2021 compared to 1st Quarter 2021.</li> <li>➤ Opioid and Diabetes control medications continue to be the top drivers of PA volume.</li> </ul> <p><b>Inter-Rater Reliability Results for Q2 2021</b></p> <ul style="list-style-type: none"> <li>➤ 95% accuracy (90% threshold met)</li> <li>➤ Follow up to occur when opportunities for improvement are identified both on an individual and team basis.</li> </ul>	<p>Executive Summary (Q2)                      - Pharmacy Operations Metrics (Q2)                      - Pharmacy Top 30 Prior Authorizations (Q2)                      - Pharmacy Inter-Rater Reliability Results (IRR) (Q2)                      (Lee/Cardona)                      4-0-0-2</p>
<p><b>#8 Policy &amp; Procedure</b>                      - Public Health Policies and Procedures                      (Attachment CC)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p><b>The Public Health Policies and Procedures</b> were presented to the committee. The majority of the policies were updated with minor or no changes per the Policy Grid.</p> <ul style="list-style-type: none"> <li>• Three (3) policies were noted to be transitioning to the UM function to address upcoming changes in regulations.</li> <li>• One (1) policy was retired related to <i>Transportation for SPDs</i> as this was incorporated into the overall Transportation policy.</li> <li>• One (1) other policy is currently under revision in order to address regulatory changes related to <i>Major Organ Transplant</i> which will no longer be a carved-out benefit as of January 1, 2022.</li> <li>• <i>Non-Emergency, Non-Medical Transportation (NEMT) Assistance and Coordination</i> Policy was included for committee review related to the inclusion of SPD member issues, changes to the advance notice requirements for non-urgent medical services and other minor edits.</li> </ul>	<p>Motion: <i>Approve</i>                      - Public Health Policies and Procedures (Foster/Lee)                      4-0-0-2</p>
<p><b>#9 Credentialing and Peer Review Subcommittee Business</b></p>	<p><b>Credentialing Sub-Committee Quarterly Report</b> was presented.                      In Quarter 3 the Credentialing Sub-Committee met on July 15, 2021. Routine credentialing and re-</p>	<p>Motion: <i>Approve</i>                      - Credentialing Sub-</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Credentialing Sub-Committee Quarterly Report (Attachment DD)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>credentialing reports were reviewed for both delegated and non-delegated services. Reports covering the first quarter for 2021 were reviewed for delegated entities and the second quarter 2021 reports were reviewed for Health Net. The Credentialing Sub-Committee 2021 Charter was reviewed and approved without changes.</p> <p>The Credentialing/Recredentialing Oversight Audit of HN was in progress during Quarter 3 and is expected to close by the end of September. Generally good compliance is noted and any issues of non-compliance will be addressed with a corrective action plan.</p> <p>There was no case activity to report for the Quarter 2 2021 Credentialing Report from Health Net.</p>	<p>Committee Quarterly Report (Foster/Lee) 4-0-0-2</p>
<p><b>#9 Credentialing and Peer Review Subcommittee Business</b></p> <p>- Peer Review Sub-Committee Quarterly Report (Attachment EE)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p><b>Peer Review Sub-Committee Quarterly Report</b> was presented.</p> <p>The Peer Review Sub-Committee met on July 15, 2021. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 2 2021 were reviewed and approved. There were no significant cases to report. The Quarter 2 2021 Peer Count Report was presented at the meeting with a total of 3 cases reviewed. The outcomes for these cases are as follows: All three (3) cases were closed and cleared. There were no (0) cases pending closure for Corrective Action Plan compliance. There were no cases (0) with outstanding CAPs. There were no (0) cases pending for further information.</p> <p>Follow up will be completed to close out cases and ongoing monitoring and reporting will continue.</p>	<p>Motion: <i>Approve</i></p> <p>- Peer Review Sub-Committee Quarterly Report (Lee/Foster) 4-0-0-2</p>
<p><b>#10 Compliance Update</b></p> <p>- Compliance Regulatory Report (Attachment FF)</p>	<p>Mary Lourdes Leone presented the <b>Compliance Report</b>.</p> <ul style="list-style-type: none"> <li>➤ <u>Privacy &amp; Security</u>: One new high-risk case was reported in which only one member’s PHI was impacted.</li> <li>➤ <u>Fraud, Waste &amp; Abuse</u>: There has not been any new MC609 filings with DHCS; 22 cases still open for investigation.</li> <li>➤ <u>Oversight Audits</u>: Provider dispute resolution audit (CAP), Fraud, waste &amp; abuse audit (No CAP).</li> <li>➤ <u>Regulatory Reviews/Audits and CAPS</u> <ul style="list-style-type: none"> <li>○ 2021 DMHC 18-Month Follow-Up Audit – Audit Interviews were held 3/30/21 and we are still awaiting the Final Report; Next DMHC Audit scheduled for September 2022.</li> <li>○ 2020 DHCS Audit CAP - The Plan filed its “Final CAP Update” 8/27/21.</li> <li>○ DHCS Annual Network Certification (ANC) - 8/12/21 DHCS notified the Plan that it passed the ANC with no deficiencies.</li> <li>○ DHCS Subcontracted Network Certification (SNC) Readiness Plan – Initially filed</li> </ul> </li> </ul>	

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	<p>5/27/21; three separate requests for additional information with the last one submitted 8/17/21. We are awaiting DHCS' final determination.</p> <ul style="list-style-type: none"> <li>○ U. S. Health and Human Services (HHS) – On 8/16/21 the Plan received correspondence from the U.S. Department of Human Services' Office of Civil Rights (OCR) stating that it was in receipt of a breach notification report filed on March 25, 2021. The breach notification was related to the Plan's Administrator's (Health Net's) business associate, Accellion, that reported it had been a victim of a cyber-attack.</li> <li>○ U. S. Health and Human Services (HHS) – On 8/16/21 the Plan received correspondence from the U.S. Department of Human Services' Office of Civil Rights (OCR) stating that it was in receipt of a breach notification report filed on March 25, 2021. The breach notification was related to the Plan's Administrator's (Health Net's) business associate, Accellion, that reported it had been a victim of a cyber-attack. OCR's intent to investigate whether the Plan is compliant with the applicable Federal Standards for Privacy and/or the Security Standards.</li> </ul> <p>➤ <u>New Regulations / Contractual Requirements</u></p> <ul style="list-style-type: none"> <li>○ Medi-Cal Rx Transition – Effective 1/1/2022</li> <li>○ California Advancing and Innovating Medi-Cal (CalAIM). Enhanced Care Management (ECM) and In lieu of Services (ILOS) – Effective 1/1/22 in Kings County, and 7/1/22 in Fresno &amp; Madera Counties.</li> <li>○ DHCS Pre-Approved ILOS: CalViva through its Plan Administrator is planning to offer new services beginning 1/1/22 in Kings County.</li> <li>○ Major Organ Transplant (MOT) carve-in – Effective 1/1/22 for all CalViva counties and membership. The Plan submitted its MOT Network Certification listing California transplant centers on 9/2/21.</li> </ul> <p>➤ <u>Public Policy Committee:</u> The Public Policy Committee met on September 1, 2021, via telephone conference due to the COVID-19 state of emergency. The following reports were presented: Q2 2021 Grievance and Appeals; Health Education Q1 &amp; Q2 Member Incentive Programs Semi-Annual Report. A Population Needs Assessment Update was also provided to the Committee. There were no recommendations for referral to the Commission. The next meeting will be held on December 1, 2021.</p>	
#9 Old Business	None.	
#10 Announcements	Next meeting October 21 <sup>st</sup> , 2021	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#11 Public Comment	None.	
#12 Adjourn	Meeting was adjourned at 12:08pm	

NEXT MEETING: October 21<sup>st</sup>, 2021

Submitted this Day: Oct 21, 2021

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

Acknowledgment of Committee Approval:

Patrick Marabella

Patrick Marabella, MD Committee Chair