

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
November 18th, 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	✓	Tommi Romagnoli, Medical Management Nurse Analyst
	Raul Ayala, MD, Adventist Health, Kings County	✓	Mary Lourdes Leone, Chief Compliance Officer (CCO)
✓●	Joel Ramirez, M.D., Camarena Health Madera County	✓	Maria Sanchez, Compliance Manager
	Rajeev Verma, M.D., UCSF Fresno Medical Center		Lori Norman, Senior Compliance 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 10:36 am. A quorum was present.	
#2 Approve Consent Agenda Committee Minutes: October 21, 2021 - Standing Referrals Report (Q3) - Preventative Health Guidelines - Appeals & Grievances Inter-Rater Reliability Report (Q3) - Appeals & Grievances Classification Audit Report (Q3) - Customer Contact Center DMHC	The October 21 st , 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 November Formulary (PDL) was available for review.	Motion: <i>Approve</i> Consent Agenda (Foster/Ramirez) 4-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Expedited Grievance Report (Q3)</p> <ul style="list-style-type: none"> - California Children’s Service Report (Q3) - Concurrent Review Inter-Rater Reliability Audit Report (Q3) - Facility Site & Medical Record & PARS Review Report - MHN Performance Indicator Report for Behavioral Health Services (Q3) - County Relations Quarterly Report (Q3) - NIA/Magellan (Q3) - Medical Policies Update (Q3) - Pharmacy Prior Authorization Update - Pharmacy Provider Updates (Q4) (Attachments A-O) <p>Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard and TAT Report (September) - Appeals & Grievances Executive Summary (Q3) - Appeals & Grievances Quarterly Member Report (Q3) - Quarterly A&G Member Letter Monitoring Report (Q3) (Attachments P-S) 	<p>Dr. Marabella presented the Appeals & Grievances Dashboard through September 2021.</p> <ul style="list-style-type: none"> ➤ The total number of grievances received in August decreased compared to recent months, however the number resolved remained consistent. ➤ An increase was noted in the number of <i>Quality-of-Care</i> grievances resolved in August, mainly attributable to ancillary services and specialist care as members obtain services postponed due to the pandemic. ➤ One (1) grievance Ack Letter and one (1) Expedited Appeal were noted to be out of compliance. Follow up completed. ➤ Exempt Grievances had a slight increase from previous months. ➤ Appeals continue to demonstrate variation with the majority of cases related to 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard and TAT Report (September) - Appeals & Grievances Executive Summary (Q3) - Appeals &

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<p>Action Patrick Marabella, M.D Chair</p>	<p>Advanced Imaging and Pharmacy consistent with last month.</p> <ul style="list-style-type: none"> ➤ The Q3 Appeals and Grievances Letter Monitoring report presented provides a summary of the results of the daily audits of Appeal and Grievance acknowledgment and resolution letters and any related corrective actions taken. In review of the 2021 Q3 letter monitoring report, the ongoing primary issue appears to be grammatical in nature. All errors were corrected prior to mailing. Follow up occurs with staff and physicians as indicated based upon the source of the errors. 	<p>Grievances Quarterly Member Report (Q3) - Quarterly A&G Member Letter Monitoring Report (Q3) (Lee/Ramirez) 4-0-0-2</p>
<p>#3 QI Business - Potential Quality Issues Report (Q3) - Provider Preventable Conditions (Q3) (Attachments T-U)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Potential Quality Issues (PQI) 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 reviews may be initiated by a member, non-member or peer review-activities. Peer review 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 Q3 was reviewed for all case types including the follow up actions taken when indicated.</p> <ul style="list-style-type: none"> ➤ Of the six (6) cases closed, zero were documented as being generated from provider preventable conditions (PPCs) ➤ Member generated PQI's slightly increased based on previous quarters with a total of 87 cases. <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>Provider Preventable Conditions are identified via four mechanisms: Provider/Facility, Monthly Claims Data review, Monthly Encounter Data review and Confidential Potential Quality Issue submission of identified/suspected quality cases.</p> <ul style="list-style-type: none"> ➤ The eight (8) potential PPC Cases reviewed in Quarter 3 do not represent reportable events that occurred in Quarter 3, but rather cases ready for review in Q3 after records have been received and initial review completed. ➤ Five (5) cases were found to meet PPC criteria for reporting to DHCS via the secure online portal. The five (5) cases were reported accordingly. 	<p>Motion: <i>Approve</i> - Potential Quality Issues Report (Q3) - Provider Preventable Conditions (Q3) (Foster/Ramirez) 4-0-0-2</p>

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<p>#3 QI Business - Initial Health Assessment Quarterly Audit Report (Q2) (Attachment V)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Department of Health Care Services (DHCS) requires that newly enrolled Medi-Cal members have an Initial Health Assessment (IHA) 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"> ➤ Medical Record Review (MRR) via onsite (or virtual) provider audits. ➤ Monitoring of claims and encounters data. ➤ Member outreach utilizing a three-step methodology. <p>The Q2 2021 IHA Quarterly Report demonstrates CalViva Health’s performance on IHA/IHEBA compliance monitoring from July 2020 – June 2021.</p> <ul style="list-style-type: none"> ➤ The Report also describes CalViva’s efforts to improve its IHA/IHEBA completion rates during Q1-Q3, 2021 in partnership with a provider organization. In Q1-Q2 2021, an IHA workgroup designed and implemented a successful process for completing member outreach and visit completion and documentation within the pilot provider’s offices. In Q3 CalViva spread the resulting best practices throughout its provider network. ➤ Results of this initiative will be monitored and reported on in future IHA Quarterly Audit Reports. ➤ 	<p>Motion: <i>Approve</i></p> <p>- Initial Health Assessment Quarterly Audit Report (Q2) (Lee/Ramirez) 4-0-0-2</p>
<p>#4 Access Business - Specialty Referrals Report – HN (Q2) - Specialty Referrals Report – HN (Q3) (Attachments W-X)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Specialty Referral Report Q2 & Q3 2021. This report provides a summary of Specialty Referral services that required prior authorization in the three-county area (Fresno, Kings, and Madera) for the second and third quarters of 2021. This report captures three utilization case types:</p> <ul style="list-style-type: none"> ➤ Key services that while within the service area and within the network require clinical review ➤ Services recognized as out of the tri-county area, but within the provider network ➤ 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. At this time, due to changes in system capabilities the plan is unable to capture the data for this report consistent with prior years. The Data Analytics team continues to investigate options and the plan will amend Q1-3 of this report if appropriate. In the meantime, monitoring will continue with the data available.</p>	<p>Motion: <i>Approve</i></p> <p>- Specialty Referrals Report – HN (Q2) - Specialty Referrals Report – HN (Q3) (Foster/Ramirez) 4-0-0-2</p>

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<p>#5 UM/CM Business - Key Indicator Report and TAT Report (September) - Utilization Management Concurrent Review Report (Q3) (Attachments Y-Z)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Key Indicator Report and TAT Report through September 2021.</p> <ul style="list-style-type: none"> ➤ Acute Care Admission rates for SPDs remain low, however they appear to be increasing for the Family/Adult and Expansion populations. ➤ Length of Stay remains higher than prior years for Family/Adult and Expansion populations. ➤ Turn-around Times for Prior Authorizations were noted to have some opportunities for improvement this month. An increase in the number of requests submitted as “urgent” was noted along with some COVID-related staffing issues. ➤ The volume of Deferrals is low and therefore the rate is highly sensitive to variations. ➤ Adjustments are in progress, anticipate improvement next month. <p>The Utilization Management Concurrent Review Report presents inpatient data and clinical concurrent review activities such as authorization for inpatient admissions, discharge planning and medical appropriateness during Quarter 3 2021.</p> <ul style="list-style-type: none"> ➤ TANF and MCE populations experienced an increase in Admits in Q3. TANF bed days/1000 also increased in Q3. ➤ The SPD population experienced a decrease in readmissions during Q3 compared to prior months. ➤ Overall increases in bed days are attributable to increases in acuity for COVID-19 patients with a high percentage of these members requiring specialty care such as ICU upon admission. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Key Indicator Report and TAT Report (September) - Utilization Management Concurrent Review Report (Q3) (Foster/Lee) <p>4-0-0-2</p>
<p>#5 UM/CM Business - PA Member Letter Monitoring Report (Q3) (Attachment AA)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>PA Member Letter Monitoring Report Quarter 3 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. All categories had audit scores were above 95% except for one. Improved scores have been noted in recent months for several metrics and Medical Management has implemented several Actions to sustain these, including:</p> <ul style="list-style-type: none"> ➤ Weekly audit meetings for any identified failures ➤ Weekly progressive coaching of staff with any opportunities identified during internal audits. ➤ Physician Coaching during individual and team meetings. The Senior Medical Director has met with several of the Medical Director to review determinations. They review the NCQA 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - PA Member Letter Monitoring Report (Q3) (Foster/Lee) <p>4-0-0-2</p>

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<p>#5 UM/CM Business - Case Management and CCM Report (Q3) (Attachment BB)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>requirements, focusing on clear and concise determinations.</p> <p>The Case Management and CCM Report Q3 2021 report summarizes the Integrated Case Management, Transitional Care management, Behavioral Health Case Management, Perinatal Case Management, MemberConnections, Palliative Care, and Emergency Department (ED) diversion activities for 2021 through the third quarter and utilization related outcomes through second quarter 2021.</p> <p>Barriers/Issues identified included:</p> <ul style="list-style-type: none"> ➤ Decreased referrals to some programs <ul style="list-style-type: none"> ○ Fewer CCR referrals due to COVID related complications for Members (members in ICU, discharging to SNF or Rehabs, expiring) ➤ Limited successful telephonic outreach to members referred to some CM programs due to incorrect phone numbers ➤ Changes in TCM staffing and work process ➤ Staffing constraints <p>Actions Taken/Next Steps</p> <ul style="list-style-type: none"> ➤ Partner with Quality staff on provider education regarding CM referral process ➤ Reassignment of staff as needed and referral volume assessment to determine if additional resources are needed <p>Re-educated staff on various sources and systems to obtain current member contact information.</p>	<p>Motion: <i>Approve</i> - Case Management and CCM Report (Q3) (Foster/Ramirez) 4-0-0-2</p>
<p>#6 Pharmacy Business - Pharmacy Executive Summary (Q3) - Pharmacy Operations Metrics (Q3) - Pharmacy Top 30 Prior Authorizations (Q3) - CalViva Health Pharmacy Call Report (Q3) - Pharmacy Inter-Rater Reliability Results (IRR) (Q3) (Attachment CC-GG)</p>	<p>The Pharmacy Reports for Q3 2021 are presented in order to assess for emerging patterns in authorization requests, evaluate compliance for 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 3rd Quarter of 2021. ➤ Overall TAT for Q3 was 97.2% ➤ The TAT recovered in September of 2021 to 99.5% ➤ 3rd Quarter 2021 top medication PA requests were similar to 2nd Quarter 2021. <p>Top 30 Prior Authorization Quarter 3 2021 top 30 medication PA requests were slightly lower compared to 2nd Quarter 2021.</p>	<p>Motion: <i>Approve</i> - Pharmacy Executive Summary (Q3) - Pharmacy Operations Metrics (Q3) - Pharmacy Top 30 Prior Authorizations (Q3) - CalViva Health</p>

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<p>Action Patrick Marabella, M.D Chair</p>	<ul style="list-style-type: none"> ➤ Narcotic Pain Medication requests were lower in 3rd Quarter 2021 compared to 2nd Quarter 2021. ➤ Diabetes management Prior Auth request continue to be high and slightly ahead of Narcotic Pain Medications in Q3 2021 ➤ The approval rate of Prior Authorizations was lower than 2nd Quarter 2021. <p>Pharmacy Call Report Quarter 3 2021 reviews quarterly operational metrics for the CVS Caremark Call Center. All Call metrics met standard for this quarter. Inter-Rater Reliability Results for Q3 2021</p> <ul style="list-style-type: none"> ➤ 90% threshold met. 95% goal not met, overall score was 94.17% ➤ Follow up to occur when opportunities for improvement are identified both on an individual and team basis. 	<p>Pharmacy Call Report (Q3) - Pharmacy Inter-Rater Reliability Results (IRR) (Q3) (Lee/Ramirez) 4-0-0-2</p>
<p>#7 Policy & Procedure Business - UMCM Policy Grid and Attachments (Attachment HH)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Utilization Management and Case Management Policies 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"> ➤ UM-007 Major Organ Transplant: Developed to cover organ transplants for all major organs. Benefit will no longer be “carved out” as of 01/01/2022. ➤ CMP-107 Care Coordination / Case Management Services- significant edits. ➤ CMP-500 Enhanced Care Management Program Overview and Requirements: developed to support CalAIM rollout of ECM/Community Supports. ➤ CMP-501 Administration of CalAIM In Lieu of Services: developed to support CalAIM rollout of ECM/Community Supports. 	<p>Motion: <i>Approve</i> - UMCM Policy Grid and Attachments (Lee/Foster) 4-0-0-2</p>
<p>#8 Credentialing & Peer Review Subcommittee Business - Credentialing Subcommittee Report (Q4) - Peer Review Subcommittee Report (Q4) (Attachment II-JJ)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Credentialing Sub-Committee Quarterly Report was presented. In Quarter 4 the Credentialing Sub-Committee met on October 21, 2021. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering the second quarter for 2021 were reviewed for delegated entities and the third quarter 2021 reports were reviewed for Health Net. The Credentialing Sub-Committee 2021 Charter was reviewed and approved without changes. There was no case activity to report for the Quarter 3 2021 Credentialing Report from Health Net.</p> <p>Peer Review Sub-Committee Quarterly Report was presented. The Peer Review Sub-Committee met on October 21, 2021. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 3 2021 were reviewed and approved. There were no significant cases to report. The Quarter 3 2021 Peer Count Report was presented at the meeting with a total of 5 cases reviewed. The outcomes for these cases are as follows: All five (5) cases</p>	

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	<p>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 pended for further information.</p> <p>Follow up will be completed to close out cases and ongoing monitoring and reporting will continue.</p>	
<p>#9 Compliance Update - Compliance Regulatory Report (Attachment KK)</p>	<p>Mary Lourdes Leone presented the Compliance Report.</p> <p>Oversight Audits The following annual audits are in-progress: Access and Availability, Credentialing, Appeals & Grievances, Continuity of Care, Quality Improvement and Provider Network/ Provider Relations. The following audits have been completed since the last Commission report: Call Center (No CAP), and Provider Disputes (No CAP).</p> <p>Fraud, Waste, & Abuse Activity Since the last report, there have not been any MC609 cases filed. There were no cases that needed to be referred to other law enforcement agencies by the Plan.</p> <p>2021 DMHC 18-Month Follow-Up Audit On 11/2/21, the Plan received DMHC’s “Follow-Up Report of the 2021 Routine Full-Service Survey”. Of the two deficiencies cited, the DMHC noted the Plan corrected the one dealing with written responses to grievances not being clear and concise and not containing all required information. However, with regards to the second deficiency related to not deeming requests for post-stabilization care authorized when the Plan fails to timely respond to requests from non-contracting hospitals, the Report indicated the Plan has not yet corrected this. Specifically, the DMHC stated they were not able to assess whether the Plan corrected this deficiency, and at the Plan’s next routine survey, the Department will conduct a full evaluation of the Plan’s post-stabilization processes.</p> <p>Department of Health Care Services (“DHCS”) 2020 Medical Audit – CAP On 8/27/2021, the Plan submitted its final CAP Update to DHCS indicating that all corrective actions have been implemented, and that the results of the actions can be reviewed by DHCS at the next Medical Audit in 2022. Based on this final update, the Plan requested DHCS to accept it as final and close the CAP. We are still awaiting DHCS’ response.</p> <p>California Advancing and Innovating Medi-Cal (CalAIM) CalViva Health continues to participate in DHCS calls, association calls and working with Health Net to implement the following key initiatives by 1/1/22:</p> <ul style="list-style-type: none"> ➤ Enhanced Care Management (ECM) and In lieu of Services (ILOS) – Effective 1/1/22 in Kings County, and 7/1/22 in Fresno & Madera Counties. ➤ Major Organ Transplant (MOT) carve-in – Effective 1/1/22 for all CalViva counties and 	

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	<p>membership.</p> <p>Behavioral Health Incentive (BHI) Program the Plan received the Q3 BHI Milestone Report on 11/8/21 and is reviewing it. It must be submitted to DHCS by 11/29/21.</p> <p>COVID-19 Novel Coronavirus Our downtown office for walk-ins is still closed. Our administrator Health Net has indicated they will continue to carry-out operations on a semi-remote basis until March 2022.</p> <p>Public Policy Committee The next meeting will be held on December 1, 2021, at 11:30am and it is still to be determined if the meeting will be in person or if it will be a teleconference due to COVID-19.</p>	
#10 Old Business	None.	
#11 Announcements	Next meeting February 17 th , 2022	
#12 Public Comment	None.	
#13 Adjourn	Meeting was adjourned at 12:21pm	

NEXT MEETING: February 17th, 2022

Submitted this Day: February 17, 2022

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

Acknowledgment of Committee Approval:

Patrick Marabella
 Patrick Marabella, MD Committee Chair