

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
February 17th, 2022

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
✓	Paramvir Sidhu, M.D., 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
✓*	Joel Ramirez, M.D., Camarena Health Madera County	✓	Maria Sanchez, Compliance Manager
	Rajeev Verma, M.D., UCSF Fresno Medical Center	✓	Patricia Gomez, Senior Compliance Analyst
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			

✓ = in attendance

* = Arrived late/left early

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D. Chair	The meeting was called to order at 10:32am. A quorum was present. Dr. Marabella welcomed our new Committee member, Paramvir Sidhu, M.D. from Family HealthCare Network (FHCN). Dr. Sidhu is a Family Practice provider and he has been with FHCN for several years. Dr. Sidhu is taking Dr. Foster's place. The committee members welcomed Dr. Sidhu.	
#2 Approve Consent Agenda Committee Minutes: November 18, 2021 - California Children's Service Report (Q4) - Member Incentive Programs Semi-Annual Report (Q4) - A&G Inter Rater Reliability Report	The November 18 th , 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. Dr. Sidhu noted a minor error under Attachment E. A & G Classification Audit. The "Total Classified Incorrectly", should read 2% rather than 98%. A & G report writer will be notified.	Motion: <i>Approve</i> Consent Agenda (Ayala/Sidhu) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>(IRR) (Q4 2021)</p> <ul style="list-style-type: none"> - A&G Classification Audit Report (Q4) - A&G Validation Audit Summary Report (Q3) - Provider Office Wait Time Report (Q4) - Concurrent Review IRR Report (Q4) - CCC DMHC Expedited Grievance Report (Q4) - SPD HRA Outreach Report (Q3) - Performance Improvement Project Updates - Medical Policies Updates (Q4) <p>(Attachments A-L)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>A link for Medi-Cal Rx Contract Drug List was available for reference.</p> <p> </p> <p>*Dr. Ramirez arrived at 10:37am.</p>	
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard and TAT Report (December) - Appeals & Grievances Executive Summary (Q4) - Appeals & Grievances Quarterly Member Report (Q4) - Quarterly A&G Member Letter Monitoring Report (Q4) <p>(Attachments M-P)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Appeals & Grievances Dashboard through December 2021.</p> <ul style="list-style-type: none"> ➤ The total number of grievances for 2021 increased in comparison to calendar year 2020. The majority of grievances were Quality-of-Service related. ➤ Quality of Care Grievances also increased in 2021 when compared to calendar year 2020. ➤ Exempt Grievances had a notable increase in 2021 compared to calendar year 2020. ➤ Appeals for calendar year 2021 decreased from 2020 with the majority of cases being related to Advanced Imaging, Durable Medical Equipment (DME), and Pharmacy. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - A&G Dashboard and TAT Report (December) - A&G Executive Summary (Q4) - A&G Quarterly Member Report (Q4) - Quarterly A&G Member Letter Monitoring Report (Q4) <p>(Sidhu/-Ramirez) 5-0-0-2</p>

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<p>#3 QI Business - County Relations Quarterly Report (Q4) (Attachment Q)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>County Relations Quarterly 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, Physical Health/Behavioral Health 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 our three Central Valley counties.</p> <p>Some highlights for this Quarter include:</p> <ul style="list-style-type: none"> ➤ Fresno County Department of Behavioral Health (FCDBH) is currently exploring the feasibility of increasing capacity in their Crisis Stabilization Center to help support local Emergency Departments who are operating at maximum capacity. ➤ FCDBH is working on an additional pilot program with the local Emergency Departments around service coordination for individuals who are no longer in crisis – establishing protocols for the social workers in the local EDs to refer these members to the FCDBH outpatient services. ➤ In Fresno County, based upon Q4 data, on average approximately 50% (159,207) of the Medi-Cal population are under the age of 21 years. Of these 159,102 Medi-Cal children 13,807 (8.7%) are CCS eligible. ➤ At the Kings County Behavioral Health Department (KCBHD) Q4 2021 meeting, the primary focus of discussion was regarding the bidirectional referral process. KCBHD presented on recent member-transition scenarios, highlighting instances where there were identified issues in the process. ➤ Key issues causing breakdowns in the bidirectional referral process appeared to stem from: <ul style="list-style-type: none"> ○ Member contact information changing ○ Members electing to receive lists of providers to do their own outreach, schedule their own appointments, etc. ➤ In Madera County, based upon Q4 data, on average, approximately 55% (23,597) of the Medi-Cal population are under the age of 21 years. Of the 23,597 Medi-Cal children, 1,857 (7.9%) are CCS eligible. ➤ The Central Valley Regional Center (CVRC) has recently hired 23 new service coordination staff – 13 hires are replacements and 10 are new positions. Five to six 	<p>Motion: <i>Approve</i> - County Relations Quarterly Report (Q4) (Ramirez/Sidhu) 5-0-0-2</p>

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	<p>new staff will be assigned to assist with new cases stemming from a new Provision of Eligibility regulation (AB136) which expands eligibility for children ages 3-5 with two or more chronic conditions/disabilities.</p> <ul style="list-style-type: none"> o CVRC is currently providing services to approximately 2,700 participants. o CVRC continues to grow and is one of the largest regional centers in the state. <p>Quarter 4 data for BH referrals and CCS enrollment in Fresno, Kings and Madera counties were also reviewed.</p>	
<p>#3 QI Business - Provider Preventable Conditions Report (Q4) - Potential Quality Issues Report (Q4) (Attachments R-S)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Provider Preventable Conditions (PPC) (Q4 2021) This report provides a summary of member impacted Provider Preventable Conditions (PPC). PPCs are identified via four (4) mechanisms:</p> <ol style="list-style-type: none"> 1. Provider / Facility confidential submission of DHCS Form 7107 2. Monthly Claims Data review 3. Monthly Encounter Data review 4. Confidential Potential Quality Issue (PQI) submission of identified/suspected quality cases <p>The six (6) potential PPC Cases reviewed in Quarter 4 do not represent reportable events that occurred in Quarter 4, but rather cases ready for review in Q4 after records have been received and initial review completed. Two (2) cases were found to meet PPC criteria for reporting to DHCS via the secure online portal. The two cases were reported.</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 was reviewed for all case types including the follow up actions taken when indicated.</p> <ul style="list-style-type: none"> ➤ For non-member initiated PQI category: of the five (5) cases closed, zero were documented as being generated from provider preventable conditions (PPCs). ➤ Member generated PQI category (QOC grievances) have increased in comparison to the previous two Quarters. ➤ The number of peer review cases varies from quarter-to-quarter independent of the other case types. There were two peer review cases presented to the Peer Review 	<p>Motion: <i>Approve</i> Provider Preventable Conditions Report (Q4) - Potential Quality Issues Report (Q4) (Cardona/Ramirez) 5-0-0-2</p>

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	<p>Committee. PQI and PPC cases will continue to be tracked, monitored and reported.</p>	
<p>#4 QI/UM/CM Business - QI Work Plan End of Year Evaluation and Executive Summary 2021 - UM/CM Work Plan End of Year Evaluation and Executive Summary 2021 - Utilization Management (UM) Program Description 2022 (Attachments T-V) Action Patrick Marabella, M.D Chair</p>	<p>The 2021 Quality Improvement Work Plan End of Year Evaluation was presented. The planned activities and Quality Improvement focus for 2020 included the following:</p> <ul style="list-style-type: none"> ➤ Access, Availability and Service: <ul style="list-style-type: none"> • Improve Access to Care: <ul style="list-style-type: none"> ○ <i>Provider Appointment Availability Survey</i> is the assessment tool used. Results from MY20 assessment became available in July 2021. ○ Urgent Care: scores declined compared to MY19. ○ Non-Urgent Care: PCP care improved slightly. Specialist Care demonstrated improvement in all 3 counties. ○ CAP Process with a Targeted PPG approach utilized. ○ A total of 19 Tier 1 CAPs were sent out with improvement plans due at the end of September thru mid-October. ○ All other noncompliant PPGs and Direct Network Providers were classified as Tier 2 and received education packets. Education packets were sent at the end of August to 42 PPGs and Direct Network providers. ○ For 2021, there were 13 Timely Access webinars conducted with a total of 51 participants from the CalViva Health area. Due to the impacts of COVID 19, a self-study option was offered in 2021 to those PPGs and providers unable to attend one of the webinars. Data from the self-study option will be available in Q1 2022. ○ Provider Office Wait Times continue to meet overall goal for 30 minutes or less with an average wait time of 11 minutes for all three counties combined in Q4 2021. <ul style="list-style-type: none"> • Variation noted in provider data submissions in recent months. This may be related to use of telehealth and clinic staffing issues. • Updating clinic contacts. ➤ Quality and Safety of Care: There are five (5) Default Enrollment Measures that health plans are evaluated on. The five measures are: <ul style="list-style-type: none"> • Cervical Cancer Screening • Childhood Immunization Combo 10 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - QI Work Plan End of Year Evaluation and Executive Summary 2021 - UM/CM Work Plan End of Year Evaluation and Executive Summary 2021 - Utilization Management (UM) Program Description 2022 (Ayala/Ramirez) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Comprehensive Diabetes Care HbA1c poor control • Controlling High Blood Pressure • Timeliness of Prenatal Care ➤ Performance Improvement Projects (PIPs): <ul style="list-style-type: none"> • <i>Childhood Immunizations (CIS-10)</i>. Initiated Text Messaging Campaign in September 2021. The CIS-10 rate continues to decline at the targeted clinic and in Fresno County. Text messaging has limitations, considering a second intervention to boost scores. • <i>Breast Cancer Screening Disparity Project</i> is focused on Hmong women 50-74 years. Hmong Sisters Event was the first intervention and was held on 09/24/21. Attempt to convince women to attend Imaging Center for mammogram. BCS rates continue to decline. Initiating a second intervention of mobile mammography with education at the targeted FQHC. Will continue with Events starting in April. ➤ Two PDSA Projects are also underway for Cervical Cancer Screening and Diabetes Care. ➤ The Utilization Management Program Description was presented. The changes to the Utilization Management Program Description for this year include: <ul style="list-style-type: none"> • Health Net mission updated. • Vision and Mission changed to Purpose. • Added “chronic condition management” to statements referencing disease management throughout the document. • Revised Pharmacy section to only apply to medical benefit medications due to Medi-Cal Rx • Re-wrote Evaluation of Medical Technologies • Updated Titles for certain positions • Updated Reporting review from bi-annual to quarterly 	
<p>#5 UM Business</p> <ul style="list-style-type: none"> - Key Indicator Report (December) - Utilization Management Concurrent Review Report (Q4) - MedZed Integrated Care 	<p>Dr. Marabella presented the Key Indicator Report year-end 2021.</p> <ul style="list-style-type: none"> ➤ Acute Care Admissions decreased slightly from Q3 to Q4 2021; with an increase in Average Length of Stay (ALOS). ➤ Utilization for all risk types increased in 2021. ➤ Turn Around Time was met in all areas for Q4 2021. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Key Indicator Report (December) - Utilization Management

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<p>Management Report (Q3) - TurningPoint Musculoskeletal Utilization Review (Q3) (Attachments W-Z)</p> <p>Action Patrick Marabella, M.D Chair</p>	<ul style="list-style-type: none"> ➤ Case Management results remain strong and demonstrate positive results in all areas consistent with previous months. <p>The Utilization Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Quarter 4 2021. Focus is on improving member healthcare outcomes, minimizing readmission risk, and reducing post-acute gaps in care delivery via proactive discharge planning and expeditious linkages to medically necessary health and support services.</p> <ul style="list-style-type: none"> ➤ SPD and MCE populations experienced increase in Admits in Q4. ➤ MCE population noted increase in Bed days in Q4. ➤ 2021 Inpatient utilization patterns continue to be impacted by the COVID-19 pandemic. Hospitals in the region of the CalViva primary membership have experienced surges due to the increase in COVID patients. ➤ In Q4 the hospitals also experienced serious staffing impacts which decreased the hospitals' bed capacity. <p>The MedZed Integrated Care Management Report Q3 2021 was presented and reviewed. 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 is focused on members that are high utilizers with complex needs who are not engaged in care management or with their PCP. 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"> ➤ Q3 2021 average engagement rate = 29% ➤ In Q3 2021, Service Level Agreement (SLA) #1 was not met for all three months in the quarter due to the limited timeframe for scheduling with patients just discharged from the hospital. ➤ All other service level measures are on track as of Q3 2021. Final evaluation of measures will be completed by the end of 2021. <p>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. The SLA #1 metric is under review due to challenges beyond the control of the provider.</p>	<p>Concurrent Review Report (Q4)</p> <ul style="list-style-type: none"> - MedZed Integrated Care Management Report (Q3) - TurningPoint Musculoskeletal Utilization Review (Q3) <p>(Sidhu/Ayala) 5-0-0-2</p>

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	<p>TurningPoint Musculoskeletal Utilization Review for Q3 2021 is an evaluation of compliance with prior authorization (PA) performance standards for orthopedic procedures.</p> <ul style="list-style-type: none"> ➤ Compliance was achieved for turnaround times (TAT) on pre-service urgent and non-urgent authorization determinations. ➤ Call Center service level agreement criteria were met. <p>Turning Point conducts educational outreach to all provider offices with an exhibited need. Success with education is monitored on an ongoing basis and reported to the Plan.</p>	
<p>#6 Policy & Procedure Business - Public Health & Utilization Management / Case Management Policy Grid (Attachment AA)</p> <p>Action - Patrick Marabella, M.D Chair</p>	<p>The Public Health & Utilization Management and Case Management Policy Grid were presented to the committee. The majority of policies were updated without changes or had minor edits. The policy edits were discussed and approved.</p>	<p>- Public Health & Utilization Management / Case Management Policy Grid (Ramirez/Cardona) 5-0-0-2</p>
<p>#7 Compliance Update - Compliance Regulatory Report (Attachment BB)</p>	<p>Mary Lourdes Leone presented the Compliance Report.</p> <p>CalViva Health Oversight Activities. CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances and appeals, etc.</p> <p>Oversight Audits. The following annual audits are in-progress: Access and Availability, Appeals & Grievances, Continuity of Care, and Provider Network/ Provider Relations. The following audits have been completed since the last Commission report: Call Center (No CAP), Credentialing (CAP), and the Q2 2021 PDRs (CAP).</p> <p>Fraud, Waste, & Abuse Activity. Since the last report, there has been two MC609 cases filed. One was specific to diabetic testing supplies and one was for a provider subscribing pain medication without conducting the proper protocols. There were no cases that needed to be referred to other law enforcement agencies by the Plan.</p>	

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	<p>2021 Department of Managed Health Care (“DMHC”) 18-Month Follow-Up Audit. The DMHC issued its Final Report on November 2, 2021. The report stated that one of the two outstanding deficiencies from the February 2019 audit had been corrected. The second deficiency remains uncorrected and under DMHC review and will be assessed at the next triennial DMHC Audit scheduled for September 2022.</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 DHCS has since requested additional information to which the Plan most recently responded on 2/4/22. We are still awaiting DHCS’ final response in order to close the CAP.</p> <p>Department of Health Care Services (“DHCS”) 2022 Medical Audit. On 1/25/22, the Plan received written notification from DHCS confirming the schedule of the DHCS’ 2022 Medical Audit. The audit will be conducted on 4/18/22 through 4/29/22. All pre-audit document requests are to be submitted to DHCS by 2/24/22.</p> <p>California Advancing and Innovating Medi-Cal (CalAIM).</p> <p>A. <u>Enhanced Care Management (ECM) and Community Supports (CS)</u> The Plan’s initial ECM and CS Models of Care (Parts 1, 2 and 3) were all approved by the DHCS, and these programs became effective 1/1/22 in Kings County. These programs are scheduled to become effective in Fresno and Madera counties by 7/1/2022. For these counties, the Plan continues to develop the Model of Care and associated provider capacities. The deliverable due date for these documents is 2/15/22.</p> <p>B. <u>Major Organ Transplant (MOT) Carve-In</u> - This benefit became effective 1/1/22 for all CalViva counties and membership. On 9/1/2021, the Plan submitted the required MOT Network Certification to DHCS. On 12/10/21, the Plan received DHCS’ notice of a corrective action plan for failure to comply with the CalAIM Benefit Standardization of Major Organ Transplants (MOT) network certification requirements. Specifically, the Plan failed to demonstrate a minimum of one executed contract with a Center of Excellence (COE) for the following organ types: bone marrow, heart, kidney-pancreas, liver and lung. It should be noted that the DHCS issued CAPs to all Managed Care plans as this issue resulted from the DHCS’ delay in establishing reimbursement rates for the COEs which are primarily California state universities. The Plan’s Administrator, Health Net, is delegated for contracting with all</p>	

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	COEs. Since the CAP notification, the Plan has submitted two monthly CAP updates reflecting Health Net’s progress to complete COE contracting. Monthly CAP updates will be required through 6/10/22.	
#10 Old Business	None.	
#11 Announcements	Next meeting March 17 th , 2022	
#12 Public Comment	None.	
#13 Adjourn	Meeting was adjourned at 11:59am	

NEXT MEETING: March 17th, 2022

Submitted this Day: March 17, 2022

Submitted by: 
 Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:


 Patrick Marabella, MD Committee Chair