

Fresno-Kings-Madera  
Regional Health Authority

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

March 17<sup>th</sup>, 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)		
<b>Guests/Speakers</b>			
✓	Linnea Koopmans, LHPC		

✓ = 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 introduced Linnea Koopmans, CEO of the Local Health Plans of California who attended as a guest at today's meeting. Linnea was touring the state to meet her constituents.	
#2 Approve Consent Agenda Committee Minutes: February 17, 2022 - QI/UM Committee Charter 2022 - Specialty Referrals Report (Q4) - Standing Referrals Report (Q4) - Performance Improvement Project Updates - Pharmacy Provider Updates (Q1)	The February 17 <sup>th</sup> , 2022 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.  A link for Medi-Cal Rx Contract Drug List was available for reference.	Motion: <i>Approve</i> Consent Agenda (Ramirez/Hodge) 4-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>(Attachments A-F)</p> <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 and TAT Report (January)</li> <li>- Appeals &amp; Grievances Validation Audit Summary (Q4) (Attachments G-H)</li> </ul> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the <b>Appeals &amp; Grievances Dashboard</b> through January 2021.</p> <ul style="list-style-type: none"> <li>➤ The total number of grievances remain consistent. The majority of grievances were Quality-of-Service related.</li> <li>➤ Quality of Care Grievances decreased when compared to previous months.</li> <li>➤ Exempt Grievances had a notable decrease compared to previous months.</li> <li>➤ Appeals for January 2022 decreased from previous months with the majority of cases being related to Advanced Imaging, and Pharmacy.</li> </ul> <p>The A &amp; G Validation Audit Report for Q4 was presented.</p> <ul style="list-style-type: none"> <li>➤ A higher volume of missing cases was noted in December 2021. This will be monitored in 2022.</li> <li>➤ A decline in translation delays is anticipated related to a new All Plan Letter from DHCS (APL 21-011) which was recently implemented. We will monitor for this in Q1.</li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- A&amp;G Dashboard and TAT Report (January)</li> <li>- A&amp;G Validation Audit Summary (Q4) (Hodge/-Ramirez)</li> </ul> <p>4-0-0-2</p>
<p><b>#3 QI Business</b></p> <ul style="list-style-type: none"> <li>- Initial Health Assessment (IHA) Quarterly Report (Q3) (Attachment I)</li> </ul> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p><b>The Initial Health Assessment (IHA) Report for Quarter 3 2021</b> was presented. 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. This Report also describes how CalViva took a QI approach 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.</p> <p>The Q3 2021 Report shows CalViva Health's performance on IHA/IHEBA compliance monitoring from January 2021 through September 2021.</p> <ul style="list-style-type: none"> <li>➤ Because COVID-19 prevented Facility Site Review audits from occurring from March 2020 on, no FSR/MMR audits occurred between January 1 – June 30, 2021.</li> <li>➤ Member outreach completed by the Plan resulted in a range of 26.99% – 62.32% compliance for July 2020 – August 2021.</li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- IHA Quarterly Report (Q3) (Hodge/Lee)</li> </ul> <p>4-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>➤ Due to the COVID public health emergency, the DHCS All Plan Letter (APL) 20-004 temporarily halted requirements to complete IHAs from December 1, 2019 to the end of the public health emergency. IHA/IHEBA visit completion rates, measured using claims and encounters data, showed an IHA visit compliance range of 22.51% - 29.10% for July 2020 – August 2021.</li> <li>➤ Compliance monitoring after implementation of the new best practices throughout the provider network is forthcoming.</li> </ul>	
<p><b>#3 QI Business</b>                      - MHN Performance Indicator Report for Behavioral Health Services (Q4)                      (Attachment J)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p>The <b>MHN Performance Indicator Report for Behavioral Health Services (Q4 2021)</b> provides a summary of an array of indicators in order to evaluate the behavioral health services provided to CalViva members. Fourteen (14) out of the fifteen (15) metrics met or exceeded their targets this quarter.</p> <ul style="list-style-type: none"> <li>➤ There were 452 ABA reviews in Q4 2021 and 448 were compliant with timeliness standards.</li> <li>➤ Even though ABA authorization timeliness did not meet the 100% target, at 99% it exceeded the threshold for action of 95%.</li> </ul>	<p>Motion: <i>Approve</i>                      - MHN Performance Indicator Report for Behavioral Health Services (Q4)                      (Ramirez/Hodge)                      4-0-0-2</p>
<p><b>#3 QI Business</b>                      - SPD Health Risk Assessment Outreach (Q4)                      (Attachment K)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p>The <b>SPD Health Risk Assessment Outreach Report</b> provides a summary of new member outreach success in order to identify higher risk individuals and offer case management and other care coordination services and resources to them. DHCS requires a minimum of 3 outreach calls within 45 days for high-risk individuals and three outreach calls to low-risk individuals within 90 days of enrollment in the Plan.</p> <p>Results for Quarter 4 2021 include the following:</p> <ul style="list-style-type: none"> <li>➤ 4,127 members were outreached (100% on time)</li> <li>➤ 142 completed HRAs, 3.4% completion rate (tracked for program quality; not a regulatory requirement)</li> <li>➤ A recent analysis shows that there has been an increase in calls rejected by phone networks as well as calls disconnected by member.</li> <li>➤ The Plan continues to seek improvements based on streamlined script changes.</li> </ul>	<p>Motion: <i>Approve</i>                      - SPD HRA Outreach (Q4)                      (Lee/Hodge)                      4-0-0-2</p>
<p><b>#4 QI/UM/CM Business</b>                      - Quality Improvement Annual</p>	<p>The <b>2022 Quality Improvement Program Description</b>, the <b>2022 Quality Improvement Annual Work Plan</b> were presented to the committee.</p>	<p>Motion: <i>Approve</i>                      - Quality</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Program Description 2022 - Quality Improvement Annual Work Plan 2022 (Attachments L-M)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>The highlights of changes for the <b>2022 Quality Improvement Program Description</b> include:</p> <ul style="list-style-type: none"> <li>➤ Disease Management: Changed disease management to chronic conditions management.</li> <li>➤ Population Health Management: Added information on Population Health Management (PHM) strategy, member satisfaction and performance metrics.</li> <li>➤ Health Promotion Programs: Updated listing of educational programs for 2022.</li> <li>➤ MemberConnections: Revised responsibilities including addressing SDOH and support on outreach programs such as PIPS &amp; PDSAs.</li> <li>➤ Clinical Practice Guidelines: Added that, “CPGs are approved through the HN Medical Advisory Council”.</li> <li>➤ Health Management Programs: Nurse Advice Line section removed, “Nurse advice line nurses may access support from a physician when needed as the nurse interacts directly with the member.”</li> <li>➤ Pharmacy: Revised the pharmacy activities to only include the medical benefit pharmacy information (MediCal Rx).</li> <li>➤ Satisfaction: Revised from member satisfaction to member experience, updated description to include CAHPS survey activities and removed the Customer Experience initiatives. Removed CAHPS from HEDIS® section.</li> <li>➤ Access &amp; Availability: Changed Access surveys from quarterly to annual.</li> <li>➤ Medical Records: Revised the description on how the plan monitors medical records and how the plan evaluates intervention effectiveness.</li> <li>➤ Health Equity: Changed Cultural and Linguistic Department to Health Equity Department.</li> <li>➤ Quality Committee: Added NCQA and contractual language changes regarding oversight of policy decision and changes and provider representation in the QI Committee.</li> <li>➤ Other minor edits</li> </ul> <p>Activities for <b>2022 Quality Improvement Annual Work Plan</b> to focus on:</p> <ul style="list-style-type: none"> <li>➤ Improve Access to Care: <ul style="list-style-type: none"> <li>○ Timely Appointments to Primary Care, Specialists, Ancillary Providers and After Hours Access – Continue to monitor Appointment Access and After Hours Access and educate providers using Provider Updates, webinars and follow up surveys.</li> </ul> </li> <li>➤ Improve member satisfaction— Results from 2020 CAHPS Survey and 2020 Access Survey used to update strategies with recommendations such as: <ul style="list-style-type: none"> <li>○ Provider Training Series Pilot (Lunch &amp; Learn and On-demand videos)</li> </ul> </li> </ul>	<p>Improvement Annual Program Description 2022 - Quality Improvement Annual Work Plan 2022 (Lee/Hodge) 4-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>○ Share Quarterly Root Cause Analysis results with Medical Management leadership.</li> <li>➤ Improve the Quality &amp; Safety of Care:               <ul style="list-style-type: none"> <li>● Cervical Cancer Screening – Multi-disciplinary team formed with high volume, low compliance clinic in Fresno County. Initial outreach effort with education and member incentive. Second intervention to focus on “unable to reach” group.</li> <li>● Comprehensive Diabetes Care-H9 – Multi-disciplinary team formed with high volume, low compliance clinic in Fresno County. Initial intervention to improve HbA1c testing rate. Second intervention to focus on education, appropriate referrals, and frequent monitoring to reduce A1c levels through lifestyle changes.</li> </ul> </li> <li>➤ Two Formal 2 Year Projects:               <ul style="list-style-type: none"> <li>● Childhood Immunizations Improvement Project in Fresno County (CIS-10) Initiating second intervention which will build upon the initial Texting Campaign with a <i>Special Immunization Event</i>.</li> <li>● Breast Cancer Screening Disparity Project in Fresno County (BCS). Second intervention being implemented. Plan to compare the effectiveness of mobile mammography event with education-only event.</li> </ul> </li> </ul>	
<p><b>#4 QI/UM/CM Business</b></p> <ul style="list-style-type: none"> <li>- Utilization Management / Case Management Work Plan 2022</li> <li>- Case Management Program Description 2022 (Attachments N-O)</li> </ul> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>The <b>Case Management Program Description 2022 and the Utilization Management/Case Management Work Plan 2022</b> were presented.</p> <p>The highlights of changes for the <b>2022 Case Management Program Description</b> include:</p> <ul style="list-style-type: none"> <li>➤ Complex CM Criteria. Modified criteria to identify members who will automatically be referred for CCM (to widen the net).</li> <li>➤ CM Criteria. Added members who reach a designated score from <i>HRA Screen</i> or if <i>individualized care team is requested</i> to be referred for CM.</li> <li>➤ Care Team Staffing Model. Modified <i>average active case load</i> from 70 cases to 73 cases.</li> <li>➤ Condition Specific CM &amp; DM Programs. Added Palliative Care to potential programs for referral.</li> <li>➤ Special Programs. Added CalAIM, including Enhanced Care Management (ECM) and</li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Utilization Management / Case Management Work Plan 2022</li> <li>- Case Management Program Description 2022 (Lee/Hodge)</li> </ul> <p>4-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Community Supports (CS)with brief description of services, counties and populations of focus. TCM program also updated. Other minor edits and updates throughout.</p> <p>The areas of Focus for <b>UM/CM 2022 Work Plan:</b></p> <ul style="list-style-type: none"> <li>➤ <i>Compliance with Regulatory &amp; Accreditation Requirements</i> <ul style="list-style-type: none"> <li>○ Ensure compliance with regulations and licensure requirements for clinical staff.</li> <li>○ Confirm and document separation of medical decisions from fiscal considerations (attestations).</li> <li>○ Conduct audits.</li> </ul> </li> <li>➤ <i>Monitoring the UM Process</i> <ul style="list-style-type: none"> <li>○ Track and trend prior authorizations including turn-around times.</li> <li>○ Conduct inter-rater reliability testing for clinical staff to evaluate how consistently criteria are applied.</li> <li>○ Analyze appeals data for trends to identify opportunities to remove or modify PA criteria.</li> </ul> </li> <li>➤ <i>Monitoring Utilization Metrics</i> <ul style="list-style-type: none"> <li>○ Track effectiveness of care management. Outcome’s metrics:                             <ul style="list-style-type: none"> <li>● 5% reduction in admissions over 2019</li> <li>● 5% reduction of length of stay over 2019</li> </ul> </li> <li>○ Monitor for Over/Under Utilization including PPGs to ensure appropriate use of services and address areas needing improvement.</li> <li>○ Continue to enhance PPG Profile to provide performance metrics for delegated PPGs.</li> </ul> </li> <li>➤ <i>Monitoring Coordination with Other Programs and Vendor Oversight</i> <ul style="list-style-type: none"> <li>○ Evaluate access to and quality of:                             <ul style="list-style-type: none"> <li>▪ Case Management, includes ECM &amp; Community Supports</li> <li>▪ Perinatal Case Management</li> <li>▪ Behavioral Health Case Management</li> </ul> </li> <li>○ Maintain Chronic Condition Management Program.</li> <li>○ Monitor MD interactions with Pharmacy.</li> <li>○ Monitor Coordination between physical and behavioral health.</li> </ul> </li> </ul>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>➤ <i>Monitoring Activities for Special Populations</i> <ul style="list-style-type: none"> <li>○ Monitor CCS Identification – continue to refine identification, referral and coordination processes.</li> <li>○ Monitor care for SPDs – continue to perform monthly risk stratification &amp; utilize care coordination/care management to meet needs.</li> </ul> </li> </ul>	
<p><b>#5 UM Business</b>                      - Key Indicator Report &amp; TAT report (January)                      (Attachment P)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the <b>Key Indicator Report and Turn Around Time Report</b> through January. Acute Care Admissions remain variable for the Expansion, and Family/Adult populations. A decrease in Acute Average Length of Stay (ALOS) is noted for Expansion population.</p> <ul style="list-style-type: none"> <li>➤ Utilization for all risk types increased in 2021.</li> <li>➤ Turn- around Times were met in all areas in January 2022 with the exception of post-service (98.0%).</li> <li>➤ Case Management results remain stable and demonstrate positive outcomes in all areas, consistent with previous months.</li> </ul>	<p>Motion: <i>Approve</i>                      - Key Indicator Report &amp; TAT report (January)                      (Hodge/Lee)                      4-0-0-2</p>
<p><b>#5 UM Business</b>                      - Case Management and CCM Report (Q4)                      (Attachment Q)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p>The <b>Case Management and CCM Report</b> for Quarter 4 was presented. This report summarizes the case management, transitional care management, MemberConnections, and Palliative Care, and Emergency Department (ED) diversion activities for 2021 through fourth quarter and utilization related outcomes through third quarter 2021. CM continued to support member education related to COVID-19 and provided vaccine information during outreach.</p> <ul style="list-style-type: none"> <li>➤ Decreased referrals to some programs. Fewer CCR referrals due to COVID related complications for Members (members in ICU, discharging to SNF or Rehabs, expiring)</li> <li>➤ Limited successful telephonic outreach to members referred to some CM programs due to incorrect phone numbers</li> <li>➤ Staffing constraints secondary to COVID and absenteeism</li> </ul> <p>Next Steps:</p> <ul style="list-style-type: none"> <li>➤ Address staffing constraints with new position approvals</li> <li>➤ Increase referrals through additional reports. For example, the BH CM team utilized a COVID testing report that is run monthly to identify co-morbidities.</li> </ul>	<p>Motion: <i>Approve</i>                      - Case Management and CCM Report (Q4)                      (Hodge/Ramirez)                      4-0-0-2</p>
<p><b>#5 UM Business</b>                      - Inter-Rater Reliability Results (IRR) for Physicians and Non-Physicians 2021                      - PA Member Letter Monitoring</p>	<p><b>InterQual Inter-Rater Reliability (IRR) Results for Physicians and Non-Physicians 2021</b>                      Utilization Management staff use InterQual Clinical Decision Support Criteria along with the other evidence-based medical policies, clinical support guidelines and technical assessment tools approved by the Medical Advisory Council to assist clinical reviewers in reviewing medical criteria, with consistency. All UM staff and physicians undergo InterQual training upon hire and annually,</p>	<p>Motion: <i>Approve</i>                      - Inter-Rater Reliability Results (IRR) for Physicians and Non-Physicians</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Report (Q4) - MedZed Report Integrated Care Management Report (Q4) (Attachments R-T)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>complete a “Summary of Changes” course that is conducted by InterQual instructors.</p> <ul style="list-style-type: none"> <li>➤ The Utilization Management Department: 96% pass rate on all modules.</li> <li>➤ The Medical Affairs Department: 100% pass rate on all modules</li> <li>➤ 2021 IRR season has been closed, at this time.</li> <li>➤ 2022 IRR continues with monthly InterQual (initial) and InterQual Refresher training, as needed.</li> </ul> <p>The <b>PA Member Letter Monitoring Report (Q4)</b> was presented and reviewed. This report monitors Notice of Action (NOA) letters including Prior Authorizations, Concurrent, and Post Service denials. Findings are discussed with entire 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.</p> <ul style="list-style-type: none"> <li>➤ There was a total of 10- unique denial letters and 7 unique deferral letters impacted by letter opportunities.</li> <li>➤ New influx of staff in Q4 is attributed to mistakes- additional training has been provided</li> </ul> <p>In follow up, Medical Management implemented staff/physician coaching focused on use of clear and concise language and no medical jargon. Continue to monitor.</p> <p><b>MedZed Integrated Care Management Report – Q4 2021</b> The Quarterly MedZed Integrated Care Management Report monitors the volume and engagement of members referred to MedZed Care Management Program. The program’s designed as a bridge and support for member engagement in care plan goals and ultimately to engage the member in a traditional, Managed Care, Care Management program. Provided in this report are results for Quarter 4 2021. New member referrals quadrupled in the last two quarters due to a new member lead referral process and the alignment of new member enrollments with member graduations.</p>	<p>2021</p> <ul style="list-style-type: none"> <li>- PA Member Letter Monitoring Report (Q4)</li> <li>- MedZed Report Integrated Care Management Report (Q4) (Ramirez/Lee)</li> </ul> <p>4-0-0-2</p>
<p>#5 <b>UM Business</b> - NIA/Magellan (Q4) (Attachment U)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>The <b>NIA/Magellan Report (Q4)</b> is a summary of cardiology and radiology determinations resolved by National Imaging Associates (NIA) for services in the three-county area (Fresno, Kings, and Madera) for the 4<sup>th</sup> quarter of 2021. This report summarizes monitoring activities and provides the opportunity to identify trends or opportunities for provider education.</p> <ul style="list-style-type: none"> <li>➤ Denials decreased for both radiology and cardiology this quarter. NIA offers clinical meetings to discuss specific cases and/or authorization denial patterns with the NIA Physician.</li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- NIA/Magellan (Q4) (Lee/Ramirez)</li> </ul> <p>4-0-0-2</p>
<p>#6 <b>Pharmacy Business</b></p>	<p>The <b>Pharmacy Executive Summary (Q4)</b> provides a summary of the quarterly pharmacy reports</p>	<p>Motion: <i>Approve</i></p>



AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Pharmacy Executive Summary (Q4)</p> <p>- CalViva Health Pharmacy Call Report (Q4)</p> <p>- Pharmacy Operations Metrics (Q4)</p> <p>- Pharmacy Top 30 Prior Authorizations (Q4)</p> <p>- Pharmacy Inter-Rater Reliability Results (IRR) (Q4)</p> <p>- Quality Assurance Results for Pharmacy (2021) (Attachments V-AA)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>presented to the committee on operational metrics, top medication prior authorization (PA) requests, and quarterly formulary changes to assess emerging patterns in PA requests and compliance around PA turnaround time metrics, and to formulate potential process improvements.</p> <p>The <b>Pharmacy Call Report</b> (Q4) reviews quarterly operational metrics for the Call Center. All measures met or exceeded established goals this quarter. This report will be retired for 2022 due to Medi-Cal RX implementation effective 1/1/2022.</p> <p>The <b>Pharmacy Operations Metrics</b> (Q4) provides key indicators measuring the performance of the PA Department in service to CalViva Health members. Pharmacy prior authorization (PA) metrics were not within 5% of standard for the 4th Quarter 2022. Turnaround time (TAT) expectation is 100% with a threshold of 95%. The lower than expected rates were primarily due to staffing challenges in response to the expected implementation of Medi-Cal Rx. Effective 01/01/22 Medi-Cal Rx will take over review of the majority of these medications. Further reporting will be based on medical benefit drugs and TAT.</p> <p>The <b>Pharmacy Top 30 Prior Authorizations</b> (Q4) identifies the most requested medications to the PA Department for CalViva Health members, and assess potential barriers to access of medications through the PA process.</p> <ul style="list-style-type: none"> <li>➤ 4th Quarter 2021 top medication PA requests were similar to 3rd Quarter 2021.</li> <li>➤ Opioid and Diabetes control medications continue to be the top drivers of PA volume</li> </ul> <p>The <b>Pharmacy Inter-Rater Reliability Results</b> (Q4) A sample of 10 prior authorization denials per month are reviewed quarterly to ensure that 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%. The overall score was 80% with the majority of issues related to TAT, criteria application and letter language. As stated above, the driving factor was variations in staffing levels. Results will be shared with PA managers for review and feedback, however, with the loss of the pharmacy benefit due to Medi-Cal Rx implementation there is no corrective action to take. Future reporting will be based upon top Medical Benefit PA requests.</p> <p>The <b>Quality Assurance Results for Pharmacy (2021)</b> evaluate the consistency and accuracy with which Envolve Pharmacy Solutions pharmacists apply prior authorization criteria in decision making and communicate the decisions to providers and patients. The overall target is a score of 95% or better in all areas with a threshold cumulative score requirement of 90% or greater for all</p>	<p>- Pharmacy Executive Summary (Q4)</p> <p>- CalViva Health Pharmacy Call Report (Q4)</p> <p>- Pharmacy Operations Metrics (Q4)</p> <p>- Pharmacy Top 30 Prior Authorizations (Q4)</p> <p>- Pharmacy Inter-Rater Reliability Results (IRR) (Q4)</p> <p>- Quality Assurance Results for Pharmacy (2021) (Ramirez/Lee) 4-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>quarters in the calendar year to be compliant.</p> <p>For quarters 1-3 the overall target goal was met and all individual categories also met threshold. In quarter four as previously described, variations in staffing related to the implementation of Medi-Cal Rx resulted in less-than-optimal results. Turnaround time, criteria application and letter language were the most common issues. After each quarter, results were shared with Pharmacy Managers and discussed at the Quarterly QA Committee meetings. Future reporting will focus on the medical benefit drugs using the same 4 categories described in this report.</p>	
<p><b>#7 Policy &amp; Procedure Business</b>                      - Pharmacy Policy Review 2022 (Attachment BB)</p> <p><b>Action</b>                      - Patrick Marabella, M.D Chair</p>	<p>The <b>Pharmacy Policy &amp; Procedure Review 2022</b> grid was presented to the committee. With the implementation of Medi-Cal Rx a number of policy changes were required.</p> <ul style="list-style-type: none"> <li>➤ There were <b>seven (7) new</b> policies created to address the medical benefit drugs including for example, Prior Authorization, Specialty Pharmacy Program, and Mental Health Parity. Major Organ Transplant was integrated into these new policies associated with the expanded responsibilities that Medi-Cal Health Plans have in this area as of January 2022.</li> <li>➤ <b>Eight (8) policies were reviewed</b> and remain in effect after Medi-Cal Rx implementation to address the medical benefit drugs. This included for example, Oversight of Pharmacy Services, CCS Program, and Drug Utilization Review.</li> <li>➤ <b>Twenty-four (24) policies were retired</b> that are no longer pertinent due to the implementation of Medi-Cal Rx program.</li> </ul> <p>The <b>Pharmacy Policies &amp; Procedures for 2022</b> were approved.</p>	<p>Motion: <i>Approve</i>                      - Pharmacy Policy Review 2022 (Ramirez/Lee)                      4-0-0-2</p>
<p><b>#8 Credentialing &amp; Peer Review Subcommittee Business</b>                      - Credentialing Subcommittee Report (Q1)                      - Peer Review Subcommittee Report (Q1)                      (Attachments CC-DD)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p><b>Credentialing Sub-Committee Quarterly Report</b>                      In Quarter 1 2022, the Credentialing Sub-Committee met on February 17, 2022. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q3 2021 were reviewed for delegated entities, Q3 &amp; Q4 2021 reports were reviewed for MHN and Q4 for Health Net.                      The 2022 Credentialing Sub-Committee annual policy and procedure review was completed with three (3) policies updated with minor or no changes. Three additional policies were revised to address CalAIM’s ECM &amp; Community Supports initiative, timeframe for re-application after termination/denial and the requirements related to in-person attendance at hearings. There were no cases to report on for the Quarter 4 2021 Credentialing Report from Health Net.</p> <p><b>Peer Review Sub-Committee Quarterly Report</b>                      The Peer Review Sub-Committee met on February 17, 2022. The county-specific Peer Review Sub-Committee Summary Reports for Q4 2021 were reviewed for approval. There were no significant</p>	<p>Motion: <i>Approve</i>                      - Credentialing Subcommittee Report (Q1)                      - Peer Review Subcommittee Report (Q1)                      (Hodge/Ramirez)                      4-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>cases to report.</p> <p>The 2022 Peer Review Sub-Committee annual policy and procedure review was completed with one (1) policy reviewed without changes and one (1) policy had more significant changes and was provided for the committee to review. The policies were approved.</p> <p>The Quarter 4, 2021 Peer Count Report was presented at the meeting with a total of two (2) cases reviewed. The outcomes for these cases are as follows: There was one (1) case closed and cleared. There were no cases pending closure for Corrective Action Plan compliance or cases with outstanding CAPs. There was one (1) case pended for further information.</p> <p>Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p>	
<p><b>#9 Compliance Update</b> - Compliance Regulatory Report (Attachment EE)</p>	<p>Mary Lourdes Leone presented the <b>Compliance Report</b>.</p> <p><b>Oversight Audits.</b> The following annual audits are in-progress: Access and Availability, Appeals &amp; Grievances, Continuity of Care, and Provider Network/ Provider Relations.</p> <p><b>Fraud, Waste, &amp; Abuse Activity.</b> Since the last report, there hasn't been any new MC609 case filings.</p> <p><b>2021 Department of Managed Health Care ("DMHC") 18-Month Follow-Up Audit.</b> The Plan is still awaiting the DMHC's final determination on our 2021 CAP response. It appears that the DMHC may wait until our next audit in September 2022 to reassess if the finding, related to processing post-stabilization requests/claims, has been corrected.</p> <p><b>Department of Health Care Services ("DHCS") 2020 Medical Audit - CAP.</b> The Plan is still awaiting DHCS' final response in order to close the 2020 CAP. It's possible that the DHCS is waiting until they complete the 2022 annual audit currently under way to reassess if the finding, related to provider's completion of IHAs/IHEBAs, has been corrected.</p> <p><b>Department of Health Care Services ("DHCS") 2022 Medical Audit.</b> All pre-audit document requests were submitted on 2/25/22. On 3/9/22, the Plan received DHCS' request for verification files. These are scheduled to be submitted by 3/18/22. The Audit Entrance Conference is scheduled for 4/18/22.</p> <p><b>Department of Managed Health Care ("DMHC") Financial Audit.</b> DMHC's financial audit Entrance Conference will take place on 3/15/22.</p> <p><b>COVID-19 Novel Coronavirus.</b> Our downtown office for walk-ins is still closed. Our administrator, Health Net, has indicated they will still continue to carry out operations on a semi-remote basis until further notice.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><b>Public Policy Committee.</b> The Public Policy Committee last met on 3/2/22. The meeting was held at CalViva’s Administrative Office location. The following reports were presented: The Health Education Semi-Annual Member Incentive Report (Q3 and Q4 2021), the 2021 Annual Compliance Report, and the Q4 2021 Appeals &amp; Grievance Report. There were no recommendations for referral to the Commission. The next meeting will be held on June 1, 2022 at 11:30am in the Plan’s Administrative Office.</p>	
#10 Old Business	None.	
#11 Announcements	Next meeting May 19 <sup>th</sup> , 2022	
#12 Public Comment	None.	
#13 Adjourn	Meeting was adjourned at 12:06pm	

**NEXT MEETING: May 19<sup>th</sup>, 2022**

Submitted this Day: May 19, 2022

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

**Acknowledgment of Committee Approval:**

Patrick Marabella  
 Patrick Marabella, MD Committee Chair