

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
May 19th, 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	✓	Iris Poveda, Medical Management Administrative Coordinator
✓	Paramvir Sidhu, M.D., Family Health Care Network	✓	Tommi Romagnoli, Medical Management Nurse Analyst
	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Mary Lourdes Leone, Chief Compliance Officer
✓	Raul Ayala, MD, Adventist Health, Kings County		Maria Sanchez, Compliance Manager
	Joel Ramirez, M.D., Camarena Health Madera County	✓	Patricia Gomez, Senior Compliance Analyst
✓	Rajeev Verma, M.D., UCSF Fresno Medical Center		
	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 10:35am. A quorum was present.	
#2 Approve Consent Agenda Committee Minutes: March 17, 2022 - CCC DMHC Expedited Grievance Report (Q1) - A&G Validation Audit Summary (Q1) - A&G Classification Audit Report (Q1) - A&G Inter Rater Reliability Report (Q1) - Specialty Referrals Report (Q1-	The March 17 th , 2022 QI/UM 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 (Verma/Sidhu) 4-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Q3 2021)</p> <ul style="list-style-type: none"> - Standing Referrals Report (Q1) - Concurrent Review IRR Report (Q1) - California Children’s Service Report (Q1) - Medical Policies Provider Updates (Q1) <p>(Attachments A-J)</p> <p>Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business</p> <ul style="list-style-type: none"> - A&G Dashboard (March) - A&G Executive Summary (Q1) - A&G Quarterly Member Report (Q1) - Quarterly A&G Member Letter Monitoring Report (Q1) <p>(Attachments K-N)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Appeals & Grievances Dashboard through March 2021.</p> <ul style="list-style-type: none"> ➤ The total number of grievances remains consistent. The majority of grievances were Quality-of-Service related. ➤ Quality of Care Grievances are higher when compared to last year’s end of year totals. ➤ Exempt Grievances remain consistent when compared to last year’s end of year totals. <p>As expected, Appeals for Q1 2022 have decreased when compared to last year due to the implementation of Medi-Cal Rx (medication related appeals are managed by the state) and improvement noted for Advanced Imaging (providers have become familiar with the criteria).</p> <p>Dr. Ayala asked about the timeframes for the Access Timeliness standards associated with some of the grievances reported. These standards will be emailed out to the committee members for their reference.</p> <p>The A & G Member Letter Monitoring Report provides a summary of the daily audits of acknowledgement and resolution letters. The most common issue in Q1 was related to CPT codes that needed to be removed. It was also noted that the Corrective Action Plan (CAP) related to use of “clear and concise” language from the 2019 DMHC audit has been cleared. The process for A & G letter monitoring going forward is currently under review.</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - A&G Dashboard (March) - A&G Executive Summary (Q1) - A&G Quarterly Member Report (Q1) - Quarterly A&G Member Letter Monitoring Report (Q1) <p>(Ayala/Sidhu) 4-0-0-2</p>

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<p>#3 QI Business - Potential Quality Issues (Q1) (Attachment O)</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 Q1 was reviewed for all case types including the follow up actions taken when indicated.</p> <ul style="list-style-type: none"> ➤ There were two (2) non-member-generated PQI's in Quarter 1, fewer than recent quarters. ➤ Member generated PQI's slightly decreased based on previous quarters with a total of 81 cases. ➤ Total of three (3) peer review generated cases. One (1) case closed and two (2) cases open. <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>Motion: <i>Approve</i> - Potential Quality Issues (Q1) (Sidhu/Verma) 4-0-0-2</p>
<p>#3 QI Business - Provider Office Wait Time Report (Q1) (Attachment P)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Provider Office Wait Time Report for Q1 was presented. Health plans are required to monitor waiting times in providers' offices to validate timely access to care and services. This report provides a summary that focuses on Quarter 1 2022 monitoring for Fresno, Kings and Madera Counties. All counties are within the 30-minute office wait time threshold for both mean and median metrics.</p> <ul style="list-style-type: none"> ➤ The combined number of providers per county who submitted data in Quarter 1 is as follows: Fresno-34, Kings-1, and Madera-5 for a total of 835 patients monitored. ➤ The number of providers submitting data decreased slightly in Quarter 1 2022 for all counties combined when compared to Q4 2021 which had 44 providers, but the number of patients monitored increased when compared to Q4 2021 which had 748 patients. 	<p>Motion: <i>Approve</i> - Provider Office Wait Time Report (Q1) (Ayala/Sidhu) 4-0-0-2</p>
<p>#4 Health Equity & Health Education Business - Health Equity Work Plan End of Year Evaluation & Executive Summary 2021 - Health Equity Program Description 2022 - Health Equity Work Plan 2022</p>	<p>Dr. Marabella presented the Health Equity 2021 Executive Summary and Annual Evaluation; 2022 Change Summary and Program Description; and 2022 Executive Summary and Work Plan.</p> <p>All Work Plan activities for 2021 were completed in the following areas:</p> <ul style="list-style-type: none"> • Language Assistance Services: 70 staff completed Bilingual assessment/re-assessment; and Population Needs Assessment was completed with Quality Improvement (QI) and Health Education (HE). • Compliance Monitoring: Investigated and completed follow up on 53 grievances in 2021 with 	<p>Motion: <i>Approve</i> - Health Equity Work Plan End of Year Evaluation & Executive Summary 2021 - Health Equity Program Description</p>

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<p>- Health Equity Language Assistance Program Report (Attachments Q-T)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>eight (8) interventions; and updated all Health Equity Policies.</p> <ul style="list-style-type: none"> • Communication, Training and Education: Conducted Fifteen (15) Call Center Training sessions; and implemented 2-part Implicit Bias Training & 2-part Motivational Interviewing training reaching over 600 providers. • Health Literacy, Cultural Competency & Health Equity: Completed review of 89 English materials; updated the Provider Health Literacy toolkit; and collaborated on the intervention development and implementation for the Breast Cancer Screening PIP. <p>The 2022 Program Description changes include the following:</p> <ul style="list-style-type: none"> • Department name changed from Cultural & Linguistics (C&L) to Health Equity. • Updated language regarding access to interpreters due to effects of pandemic. • Other minor edits included removing Chief Operating Officer from appendix and other updates related to Staff Resources. <p>The 2022 Work Plan is consistent with 2021, while incorporating and enhancing the following:</p> <ul style="list-style-type: none"> • Rebrand the Health Literacy Program and explore a new system to store EMR data. • Support the Childhood Immunizations Improvement Project. • Collaborate with partners to support the PDSA project efforts. <p>The Language Assistance Program Annual Evaluation analyzes and compares language service utilization at the end of each year. Year over year comparisons are also made. The conclusions from the Language Assistance Program annual report are:</p> <ul style="list-style-type: none"> • Spanish and Hmong continue to be CalViva Threshold Languages. Spanish consistently has the highest volume. • Most interpretation (68%) is done via telephonic interpreters (down from 83% in 2020) • 28% was face-to-face interpretation (up from 14% in 2020) • 4% was Sign language (up from 3% in 2020) • with Video Remote Interpreting (VRI) remaining a low volume service at less than 1%. <p>Limited English and non-English membership remain high for CVH population and therefore interpreter services are integral to maintaining safe, high-quality care.</p>	<p>2022</p> <ul style="list-style-type: none"> - Health Equity Work Plan 2022 - Health Equity Language Assistance Program Report (Verma/Sidhu) <p>4-0-0-2</p>

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<p>#4 Health Equity & Health Education Business</p> <ul style="list-style-type: none"> - Health Education Work Plan End of Year Evaluation & Executive Summary 2021 - Health Education Program Description 2022 - Health Education Work Plan 2022 <p>(Attachments U-W)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Health Education Executive Summary, the 2021 Annual Evaluation, the 2022 Change Summary and Program Description, and the 2022 Work Plan.</p> <p>Overall, twelve (12) of the seventeen (17) key Program Initiatives met or exceeded the year-end goal. Five initiatives with eleven (11) objectives partially met the year-end goals. Of the eleven (11) objectives, two (2) were canceled, two (2) were delayed for DHCS approval, and seven (7) did not meet performance goals.</p> <p>The twelve (12) initiatives that were fully met are:</p> <ol style="list-style-type: none"> 1. Chronic Disease-Asthma 2. Chronic Disease – HTN 3. Community Engagement 4. Fluvention & COVID-19 5. Health Equity Projects 6. Member Newsletter 7. Obesity Prevention 8. Pediatric Education 9. Perinatal Education 10. Promotores Health Network 11. Compliance 12. Department Promotion <p>The five (5) initiatives partially met were:</p> <ol style="list-style-type: none"> 1. Chronic Disease Education: Diabetes Prevention Program 2. Mental/Behavioral Health 3. Tobacco Cessation Program 4. Women’s Health 5. Operations: Geomaps <p>The barriers identified are related to:</p> <ul style="list-style-type: none"> • Regulatory approval delays. • Low enrollment. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Health Education Work Plan End of Year Evaluation & Executive Summary 2021 - Health Education Program Description 2022 - Health Education Work Plan 2022 <p>(Ayala/Sidhu) 4-0-0-2</p>

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	<ul style="list-style-type: none"> • Ended services with vendor. • Fewer mapping requests due to limited work in the field. <p>Changes to the 2022 Program Description include:</p> <ol style="list-style-type: none"> 1. Added mental health to education topics and statement that members may self-refer to education programs by calling the Health Education information line. 2. Updated language and description of several educational programs and services including: Diabetes Prevention Program, Pregnancy Program and “Kick it California” smoking cessation program. 3. Updated language for classes opens to the Community to include “telephonic” option and “available at no cost”. 4. Education Resources updated. 5. Other minor edits throughout including updated terminology such as replacing “C & L” with “Health Equity”, replacing “Disease Management” with “Chronic Condition Management”, and other minor edits. <p>The 2021 Work Plan initiatives will continue into 2022 with the following enhancements:</p> <ol style="list-style-type: none"> 1. Launch targeted member mailing for the Diabetes Prevention Program. 2. Implement Fluvention & COVID 19 Communication Campaign with focus on 5-11-yearold’s. Work with schools, CBO’s, etc. 3. Continue to promote mental health resources. 4. Launch Tobacco Cessation Nicotine Replacement Therapy kits pilot project. 5. Collaborate with community partners to address health disparities. 6. Submit the 2022 Population Needs Assessment to DHCS and update educational resources. 	
<p>#5 UM/CM Business</p> <ul style="list-style-type: none"> - Key Indicator & TAT Report (March) - Utilization Management Concurrent Review Report (Q1) - TurningPoint Musculoskeletal Utilization Review (Q4) - Case Management & CCM 	<p>Dr. Marabella presented the Key Indicator Report and Turn Around Time Report through March. A summary was shared that provided a comparison of Admissions, Bed Days, Average Length of Stay, and Readmissions in Q1 2022 compared to Q2 2020. All of these metrics demonstrated a decrease for this time period.</p> <ul style="list-style-type: none"> ➤ ER rates remained steady in Q1 2022 when compared to Q2 2020. ➤ Case Management results for Q1 2022 remain stable and demonstrate positive outcomes in all areas, consistent with previous months. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Key Indicator & TAT Report (March) - Utilization Management Concurrent Review Report (Q1) - TurningPoint

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<p>Report (Q1) (Attachments X-AA)</p> <p>Action Patrick Marabella, M.D Chair</p>	<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 1 2022.</p> <ul style="list-style-type: none"> ➤ 2022 Inpatient utilization patterns continue to be impacted by the COVID-19 pandemic. Hospitals in the CalViva region have experienced surges due to the increase in COVID patients. In Q1, hospitals also experienced serious staffing challenges which decreased hospital bed capacity. ➤ In the 1st quarter, Managed Care Expansion (MCE) and Seniors and Persons with Disabilities (SPD) populations demonstrated an increase in average Length of Stay. This was driven by an increase in ICU bed days associated with COVID admissions. <p>It is anticipated that in Q2 2022, the onsite hospital Discharge Navigator program will be enhanced with the addition of a non-clinical support person.</p> <p>TurningPoint Musculoskeletal Utilization Review for Q4 2021 provides a summary of compliance for the musculoskeletal prior authorization review process. TurningPoint reported the following results:</p> <ul style="list-style-type: none"> ➤ One-hundred-twenty-three (123) authorizations were finalized (Table 4). Elective surgeries were delayed due to COVID surge. Lowest volume in 2021. ➤ Thirty-six (36) authorizations denied (29.3% denial rate) consistent with previous quarter. <p>Four (4) appeals upheld and three (3) overturned. TurningPoint will continue to monitor denials and educate providers.</p> <p>The Case Management and CCM Report for Quarter 1 was presented. This report summarizes the case management, transitional care management, MemberConnections, palliative care, and Emergency Department (ED) diversion activities for 2022 first quarter and 2021 utilization related outcomes through 12/31/21. CM continued to support member education related to COVID-19 and provided vaccine information during outreach.</p> <ul style="list-style-type: none"> ➤ Variation in the number of referrals noted for some programs. TCM & Behavioral Health programs encountered some operational challenges. ➤ Limited success with telephonic outreach to members referred to some CM programs due to incorrect phone numbers. ➤ Staffing constraints secondary to COVID and absenteeism. <p>Next Steps:</p>	<p>Musculoskeletal Utilization Review (Q4)</p> <p>- Case Management & CCM Report (Q1) (Ayala/Sidhu) 4-0-0-2</p>

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	<ul style="list-style-type: none"> ➤ Begin evaluating our triage work process for areas to improve and ways to increase referrals to CM programs. ➤ Continue support of CalAIM activities. ➤ Monitor staff productivity and compliance with quality audits. ➤ Continue monitoring and manage process to meet goals. 	
<p>#6 Policy & Procedure Business - A&G Policy Annual Review 2022 (Attachment BB)</p> <p>Action - Patrick Marabella, M.D Chair</p>	<p>The Appeals & Grievances Policy Annual Review Grid were presented to the committee. The majority of policies were updated to be in compliance with APL 21-011 or with minor edits. The policy edits were discussed and approved.</p>	<p>Motion: <i>Approve</i> - A&G Policy Annual Review 2022 (Verma/Sidhu) 4-0-0-2</p>
<p>#7 Compliance Update - Compliance Regulatory Report (Attachment CC)</p>	<p>Mary Lourdes Leone presented the Compliance Report.</p> <p>Oversight Audits. The following annual audits are in-progress: Access and Availability, Appeals & Grievances, and Provider Network/ Provider Relations. The following audits have been completed since the last Commission report: Continuity of Care (No CAP)</p> <p>Fraud, Waste & Abuse Activity. Since the last report, there have not been any new MC609 cases filed.</p> <p>2021 Department of Managed Health Care (“DMHC”) 18-Month Follow-Up Audit. 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>Department of Health Care Services (“DHCS”) 2020 Medical Audit – CAP. 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>Department of Health Care Services (“DHCS”) 2022 Medical Audit. The 2022 DHCS Audit Entrance Conference was held on 4/18/22, and audit interviews continued through 4/29/22. Since then, the DHCS audit team has been requesting additional information and the Plan has been providing timely responses. Additionally, a DHCS Nurse Evaluator had been conducting phone interviews with 8 contracted providers. The DHCS has not yet set a date for the Exit Conference.</p> <p>Department of Managed Health Care (“DMHC”) 2022 Financial Audit. DMHC issued its</p>	

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	<p>Preliminary Report findings on 5/3/22. There were two findings, one related to inaccurate reimbursement of a sample of claims, and the other related to the untimely acknowledgement of a sample of provider disputes. Plan responses to the findings are due 6/13/22.</p> <p>Department of Managed Health Care (“DMHC”) 2022 Medical Audit. The Plan received notice on 4/21/22 of DMHC’s intent to conduct its triennial Medial Survey on September 19, 2022 via remote access. In preparation for the audit, the plan has begun to submit the requested pre-onsite documents. All pre-onsite documents must be filed by 6/3/22.</p> <p>California Advancing and Innovating Medi-Cal (CalAIM)</p> <p>A. Enhanced Care Management (ECM) and Community Supports (CS). These programs are next scheduled to become effective in Fresno and Madera counties by 7/1/2022. For these counties, the Plan developed and submitted the Models of Care (MOC) Parts 1 and, 2 on 2/15/22 and received DHCS approval on 4/14/22 for the ECM portion. On 4/15/22, the Plan submitted MOC Part 3 and is awaiting DHCS approval.</p> <p>B. Major Organ Transplant (MOT) Carve-In - This benefit became effective 1/1/22 for all CalViva counties. The Plan submitted its first Quarterly “Post-Transition Monitoring Report” on 5/5/22. The quarterly report is a new DHCS required report.</p> <p>Housing and Homelessness Incentive Program (HHIP). Housing and Homelessness Incentive Program (HHIP) In accordance with the Home and Community Based Services Spending Plan, DHCS is implementing the Housing and Homelessness Incentive Program (HHIP) over a 24-month period starting January 1, 2022 and concluding December 31, 2023 with Medi-Cal Managed Care Plans (MCPs). The HHIP aims to improve health outcomes and access to whole person care services by addressing housing insecurity and instability as a social determinant of health for the Medi-Cal population. The goals of HHIP are to:</p> <ol style="list-style-type: none"> 1. Reduce and prevent homelessness; and, 2. Ensure MCPs develop the necessary capacity and partnerships to connect their members to needed housing services. <p>CalViva Health submitted its Letter of Intent to participate in the HHIP on 4/1/22. The following are the maximum payment amounts that can be earned for Payment Years 1 and 2: Fresno (\$21.766.476), Kings (\$2.033.609) and Madera (\$2.681.819). A Local Homelessness Plan (LHP) must be submitted by 6/30/22 and accepted in order to earn Payment 1.</p> <p>COVID-19 Novel Coronavirus. The Plan’s satellite office on the downtown Fulton Mall has officially closed. It had been temporarily closed due to COVID-19 for close to three years. During that time,</p>	

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	traffic had been redirected to the Plan’s Administrative Office on Palm Ave. Our administrator, Health Net, has indicated they will continue operations on a semi-remote basis until further notice.	
#10 Old Business	None.	
#11 Announcements	Next meeting July 21 st , 2022	
#12 Public Comment	None.	
#13 Adjourn	Meeting was adjourned at 12:07pm	

NEXT MEETING: July 21st, 2022

Submitted this Day: July 21, 2022

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

Acknowledgment of Committee Approval:

Patrick Marabella
 Patrick Marabella, MD Committee Chair