

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
September 15th, 2022

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

Th	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 Specialist
	Paramvir Sidhu, M.D. , Family Health Care Network	✓ Susan Ramirez , Medical Management Administrative Coordinator
✓	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 10:34am. A quorum was present.	
#2 Approve Consent Agenda Committee Minutes: July 21 st , 2022 - Appeals & Grievances Classification Audit Report (Q2) - Appeals & Grievances Inter Rater Reliability Report (IRR) (Q2) - Customer Contact Center (CCC) DMHC Expedited Grievance Report (Q2)	The July 21 st , 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 (Ayala/Cardona) 4-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Member Incentive Programs - Semi-Annual Report (Q1 & Q2)</p> <p>- California Children’s Service Report (CCS) (Q2)</p> <p>- Initial Health Assessment Quarterly Audit Report (Q1)</p> <p>- Concurrent Review IRR Report (Q2)</p> <p>- County Relations Quarterly Update (Q2)</p> <p>- QIUM Committee Meetings Calendar 2023</p> <p>- Medical Policies Provider Updates (Q2)</p> <p>- Pharmacy Provider Updates (Q2)</p> <p>(Attachments A-L)</p> <p>Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business</p> <p>- Appeals & Grievances Dashboard and TAT Report (July)</p> <p>- Appeals & Grievances Executive Summary (Q2)</p> <p>- Appeals & Grievances Quarterly Member Report (Q2)</p> <p>- Quarterly Appeals & Grievances Member Letter Monitoring Report (Q2)</p> <p>(Attachments M-P)</p>	<p>Appeals & Grievances Dashboard and Quarterly Reports (Q2). The A & G Dashboard was presented as a comparison with the first 6 months of last year: The A & G Quarterly reports provide a written record of appeals and grievances on a quarterly basis to asses emerging patterns, compliance to turn around time and volumes, and to formulate potential plan policy/process changes and or procedural improvements.</p> <p>The following trends were noted:</p> <ul style="list-style-type: none"> • The total number of grievances remains consistent with prior year. • Quality of Service Grievances have a slight decrease from prior year. • Quality of Care Grievances have slightly increased from prior year. • Exempt Grievances remain consistent when compared to prior year. • Appeals through Q2 2022 have significantly decreased when compared to prior year, this is a result of the Pharmacy carve-out, Medi-Cal Rx. 	<p>Motion: <i>Approve</i></p> <p>- Appeals & Grievances Dashboard and TAT Report (July)</p> <p>- Appeals & Grievances Executive Summary (Q2)</p> <p>- Appeals & Grievances Quarterly Member Report (Q2)</p> <p>- Quarterly Appeals & Grievances Member Letter Monitoring Report (Q2)</p> <p>(Lee/Cardona)</p> <p>4-0-0-2</p>

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<p>Action Patrick Marabella, M.D Chair</p>	<p>Quarterly Appeals & Grievances Member Letter Monitoring Report (Q2) This report provides a summary of the results of the daily audits of Appeal and Grievance (A&G) acknowledgment and resolution letters and any related corrective actions taken.</p> <ul style="list-style-type: none"> • Letters are reviewed to ensure the correct letter template is used, correct branding, and clear and concise language is used to explain the decision. One Ack letter was sent on the incorrect letterhead and required follow up with staff. • In February 2022, the audit process for appeal letters was transitioned to become consistent with the Prior Authorization letter audit process and will be reported in a similar manner in the future. Decision criteria are determined by the Medical Directors and therefore potential issues are forwarded to Medical Director Leadership for validation and any corrective actions. 	
<p>#3 QI Business - Potential Quality Issues (Q2) (Attachment Q)</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 Q2 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 PQI's in Q2. Neither case was a provider preventable condition (PPC). • There were ninety (90) member-generated PQIs in Q2. The majority of these cases were scored a level zero, followed by level 1 and then level 2. One case was level 3. • There were sixteen (16) peer review PQI cases in Q2. Seven (7) cases were closed and nine (9) remained open. PQI monitoring and reporting will continue. 	<p>Motion: <i>Approve</i> - Potential Quality Issues (Q2) (Ayala/Cardona) 4-0-0-2</p>
<p>#4 Quality Improvement/Utilization Management Business - HEDIS/MCAS Update - Quality Improvement Work Plan Mid-Year Evaluation and Executive Summary 2022</p>	<p>HEDIS/MCAS Update The final HEDIS® results for CalViva for RY 2022 have been received. Dr. Marabella provided an update noting that Madera County met the 50th percentile benchmark for all required measures; 100% met goal. Kings County achieved the 50th percentile goal for 73% of measures with Childhood Immunizations, Immunizations for Adolescents, and Well-Child & Adolescent Visits coming in under the benchmark. Fresno County also achieved the 50th percentile goal for 73% of measures with Breast Cancer Screening, Childhood Immunizations, and Well-Child & Adolescent Visits coming in under the benchmark.</p>	<p>Motion: <i>Approve</i> - HEDIS/MCAS Update - Quality Improvement Work Plan Mid-Year Evaluation and Executive Summary 2022 (Cardona/Lee) 4-0-0-2</p>

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<p>(Attachments R-S)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Upcoming measures with no MPL established as of yet, include:</p> <ul style="list-style-type: none"> • Lead Screening in Children • Follow-Up after ED Visit for Mental Health Illness – 30 Days • Follow-Up after ED Visit for Substance Abuse – 30 Days <p>Managed Care Accountability Set 2022-23 Requirements at this time:</p> <ul style="list-style-type: none"> • Current Performance Improvement Projects (PIPs) will continue through 12/31/2022 • Final documentation on PIPs due 04/21/2023. • CalViva will initiate a project with a Well-Child Visit focus using SWOT format. • Awaiting Annual DHCS Notification. <p>Quality Improvement Work Plan Mid-Year Evaluation and Executive Summary 2022 Planned Activities and QI Focus for 2022 consist of:</p> <ul style="list-style-type: none"> • Access, Availability, & Service: <ul style="list-style-type: none"> ○ Improve Access to Care by continuing to monitor appointment access via <i>Provider Appointment Availability Survey (PAAS)</i>; monitor After-hours Access via <i>Provider After Hours Access Survey (PAHAS)</i> – Urgent & Emergent Care. ○ Improve Member Satisfaction; Annual survey conducted in early April 2022. ○ <i>Access Action Plans</i> consists of MY21 Access CAP which is on target; revamping process to create criteria to identify non-compliant PPGs/Providers; align CAPs with DMHC proposed 70% compliance; and focus CAPS on Urgent/Non-urgent metrics and After Hours. ○ <i>Member Satisfaction Survey</i> results shared with stakeholders. The actions taken include distribution of a Provider Tip Sheet, and tracking of improvement initiatives that may impact the member experience. • Quality & Safety of Care: <ul style="list-style-type: none"> ○ Default Measures: Fresno and Kings Counties fell below the MPL in Childhood Immunizations; Madera County was above the MPL in Childhood Immunizations. All three counties exceeded MPL in Controlling High Blood Pressure, Timeliness of Prenatal Care, comprehensive Diabetes Care – HbA1c testing, and Cervical Cancer Screening. • Performance Improvement Projects (PIPs): 	

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	<ul style="list-style-type: none"> ○ Childhood Immunizations: Under 2 years (CIS-10): The high volume, low compliance FQHC in Fresno County initiated this in Q1 2021. <ul style="list-style-type: none"> ▪ Progress made: Initiated Text Messaging Campaign Sep 2021; CIS-10 Rate in Fresno County & Clinic declining; began analysis to identify any trends or determine if flu vaccine is bringing rate down; discovered first HepB shot missing for many newborns and not in CAIR. Resolution in progress. ○ Breast Cancer Screening Disparity Project: The high volume, low compliance FQHC in Fresno County with an identified Southeast Asian disparity, the women’s imaging center, and The Fresno Center (TFC) agreed to continue our collaboration to improve BCS rates. <ul style="list-style-type: none"> ▪ Progress made: Hmong Sisters Educational Event at TFC On 09/24/21; Unable to schedule mammograms at the event & WISH unable to contact to schedule after the event; ultimately the event produced ONE (1) mammogram; decided to abandon our first intervention; received approval for second intervention mobile mammography events and held the first two-day event in March 2022, and second event was held June 22. Seventy-two (72) mammograms completed. Additionally, the team commissioned a new video that showcases testimonials from local Southeast Asian women presenting their personal experiences with mammography and breast cancer. Plan to show videos on Hmong TV, YouTube, and in local provider waiting rooms. <p>PIP Projects going forward consist of:</p> <ul style="list-style-type: none"> • Continue two PIPs through December 31, 2022. Final analysis due April 2023; • Initial guidance received from DHCS on Projects for 2022-2023 includes: One clinical & one non-clinical PIP; PIP Submission Form Annually; next submission September/October 2023. 	
<p>#4 Quality Improvement/Utilization Management Business</p> <ul style="list-style-type: none"> - Utilization Management /Case Management Work 	<p>Dr. Marabella presented the 2022 Mid-Year Utilization Management Case Management Work Plan Evaluation.</p> <p>Activities in 2022 Focus on:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory & Accreditation Requirements 2. Monitoring the Utilization Management Process 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Utilization Management/ Case Management Work Plan Mid-Year Evaluation and Executive Summary

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<p>Plan Mid-Year Evaluation and Executive Summary 2022 (Attachment T)</p> <p>Action Patrick Marabella, M.D Chair</p>	<ol style="list-style-type: none"> 3. Monitoring Utilization Metrics 4. Monitoring Coordination with Other Programs and Vendor Oversight 5. Monitoring Activities for Special Populations <p>Key metrics:</p> <ul style="list-style-type: none"> • Turn-around Time for processing authorizations from January – June was 99.6%. • Turn-around Time for appeals January – June was 100%. • Bed days/1000 had a decrease in Q1 & Q2 2022 from pre-COVID 2019. • Admits/1000 had a decrease in Q1 & Q2 2022 from pre-COVID 2019. • Average Length of Stay (ALOS) remains consistent. • Readmit 30 Day had a significant decrease in Q1 & Q2 1022 from pre-COVID 2019. <p>Metrics Too Soon to Tell if they will meet the target:</p> <ol style="list-style-type: none"> 1. Separation of Medical Decisions from Fiscal Considerations. 2. Timeliness of Processing Authorization Requests. 3. Behavioral Health Performance Measures. <p>Activities on target to meet year-end goals:</p> <ol style="list-style-type: none"> 1. Compliance with licensure & periodic audits. 2. Review, revision & updates to Program Descriptions, Work Plans and Policies at least annually. 3. Quarterly PPG Monitoring for Key Metrics. 4. Delegation Oversight provided denial review training for all PPGs. 5. Health Information Forms (HIF) completed Jan to Jun 2,014 with 573 members referred to Case Management. 6. 1,739 members managed through Q2 in physical, behavioral and transitional case management. 7. Members enrolled in High-Risk Pregnancy Program demonstrated 13.1% greater compliance with Postpartum visit and 1.8% fewer pre-term deliveries. 8. Continued bi-directional referral process between physical and behavioral health in all 3 counties. 	<p>2022 (Cardona/Lee) 4-0-0-2</p>

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<p>#5 Access Business - Provider Office Wait Time Report (Q2) (Attachment U)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Provider Office Wait Time Report for Q2 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 Q2 2022. Data is captured through provider submissions of wait time logs on a monthly basis.</p> <ul style="list-style-type: none"> • All three counties were below the 30-minute threshold. • Sample sizes improved for all counties this quarter as well with a total of 1088 patients monitored. • Provider Engagement (PE) staff periodically assist with reminding providers of their responsibility to submit their data each month. PE also assists us with obtaining names and contact information when there is staff turnover at the clinics. Individualized Q1 results were distributed to providers who submitted data. 	<p>Motion: <i>Approve</i> - Provider Office Wait Time Report (Q2) (Cardona/Ayala) 4-0-0-2</p>
<p>#6 UM/CM Business - Key Indicator Report and TAT Report (July) - Utilization Management Concurrent Review Report (Q2) - Case Management & CCM Report(Q2) (Attachments V-X)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Key Indicator Report (KIR) through July was presented with an emphasis on data through Q2 2022 compared to the last six months of 2021.</p> <p>A summary was shared that provided the most recent data for Admissions, Bed Days, Average Length of Stay, and Readmissions through Q2 2022. Membership continues to increase; Utilization for TANFs and SPDs has leveled off.</p> <p>Case Management results through Q2 2022 have shown increased referrals and engagement and demonstrate positive outcomes in all areas (Integrated, Perinatal, Transitional, and Behavioral).</p> <p>Utilization Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Quarter 2, 2022. The emphasis of the UM team 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. Data trends are consistent with those described above for KIR.</p> <ul style="list-style-type: none"> ○ Non-clinical Discharge Navigator is a new role designed to assist with calls to hospital CM for discharge needs, referral intake and to facilitate timely follow up appointments post hospital discharge. 	<p>Motion: <i>Approve</i> - Key Indicator Report and TAT Report (July) - UM Concurrent Review Report (Q2) - Case Management & CCM Report (Q2) (Lee/Cardona) 4-0-0-2</p>

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	<p>The Case Management Report and CCM Report (Q2) summarizes the Integrated Case Management, Transitional Care Management, MemberConnections, Palliative Care, and Emergency Department (ED) Diversion activities for 2022 second quarter and utilization related outcomes through 3/31/22.</p> <ul style="list-style-type: none"> • Referrals increased for all case types in Q2. • Engagement rates increased for all case types in Q2. • Member Satisfaction case management services were very positive with 100% (78/78) reporting CM exceeded their expectations. 	
<p>#6 UM/CM Business - PA Member Letter Monitoring Report (Q2) (Attachment Y)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>PA Monitoring Report (Q2) This Report is a summary of letter audits conducted by the Medical Management Monitoring and Reporting Team. Samples include all units (Prior Authorizations, Concurrent, and Post Service). Findings are discussed with UM Management/Directors monthly. Universe volume fluctuates according to the number of denials and deferrals in the Quarter. It is important to note that one letter can fail for multiple measures.</p> <ul style="list-style-type: none"> • Majority of metrics met the standard. • Use of clear and concise language and deferral letters were area of focus this quarter. • Issues related to physician documentation were forwarded to the medical directors for review. 	<p>Motion: <i>Approve</i> - PA Member Letter Monitoring Report (Q2) (Lee/Cardona) 4-0-0-2</p>
<p>#6 UM/CM Business - MedZed Report (Q2) (Attachment Z)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>MedZed Integrated Care Management Report Q2 2022 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 to achieve care plan goals and re-engage members with their PCP and traditional care.</p> <ul style="list-style-type: none"> • A decline in referrals was noted in Q1 caused by system and other issues, rate is back up close to previous volumes in Q2. Engagement rate is lower than previous and pend rate higher, under review. • All standards met except #1 which requires the first home visit within 72 hours of discharge. • This metric is impacted by many factors, some uncontrollable and it is therefore under review for revision to better evaluate the services provided. 	<p>Motion: <i>Approve</i> - MedZed Report (Q2) (Lee/Cardona) 4-0-0-2</p>

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<p>#6 UM/CM Business - NIA/Magellan (Q2) (Attachment AA)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>NIA/Magellan(Q2) This report provides a summary of cardiology and radiology determinations resolved by National Imaging Associates (NIA) for services in the three-county area (Fresno Kings and Madera).</p> <ul style="list-style-type: none"> • Turn-around times are consistent (>99%). • Approval rates demonstrate positive ratios with improvement noted for Cardiology in general. • Clinical meetings and education for providers is ongoing. 	<p>Motion: <i>Approve</i> - NIA/Magellan (Q2) (Lee/Cardona) 4-0-0-2</p>
<p>#7 Pharmacy Business - Pharmacy Executive Summary (Q2) - Pharmacy Operations Metrics (Q2) - Pharmacy Top 25 Prior Authorizations (Q2) - Pharmacy Inter-Rater Reliability Results (IRR) (Q2) (Attachments BB-EE)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Pharmacy Executive Summary (Q2) was presented. The pharmacy quarterly reports on operational metrics, top medication prior authorization (PA) requests, and quarterly formulary changes are reviewed to assess for emerging patterns in PA requests, compliance with PA turnaround time metrics, and to formulate potential process improvements. Since the implementation of Medi-Cal Rx in January of 2022, pharmacy activities are focused on Medical Benefit drugs.</p> <ul style="list-style-type: none"> • Pharmacy prior authorizations metrics were not within 5% of standard for the first quarter, mainly related to staffing and volume changes associated with Medi-Cal Rx transition. • However, PA metrics did improve in quarter 2 with an overall TAT of 95.6%. PA volumes seem to have stabilized in Q2. • Second quarter top medication requests were fairly consistent with quarter 1. Inter-rater Reliability results met 90% threshold for action, but did not meet 95% goal mainly due to application of criteria. A more detailed review and evaluation of quarter 2 cases is being performed. Detailing and results will be shared with PA leadership. 	<p>Motion: <i>Approve</i> - Pharmacy Executive Summary (Q2) - Pharmacy Operations Metrics (Q2) - Pharmacy Top 25 Prior Authorizations (Q2) - Pharmacy Inter-Rater Reliability Results (IRR) (Q2) (Ayala/Cardona) 4-0-0-2</p>
<p>#8 Credentialing & Peer Review Activities - Credentialing Sub-Committee Quarterly Report - Peer Review Sub-Committee Quarterly Report</p>	<p>CalViva Health Credentialing Sub-Committee Report The Credentialing Sub-Committee met on July 21, 2022. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q1 2022 were reviewed for delegated entities, and Q2 2022 for MHN and Health Net. There was no case activity to report for the Q2 2022 Credentialing Report from Health Net.</p> <p>CalViva Health Peer Review Sub-Committee Report The Peer Review Sub-Committee met on July 21, 2022. The county-specific Peer Review Sub-</p>	<p>Motion: <i>Approve</i> - Credentialing Sub-committee Report Q3 - Peer Review Sub-Committee Report Q3 (Ayala/Cardona) 4-0-0-2</p>

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<p>(Attachment FF-GG)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Committee Summary Reports for Q2 2022 were reviewed for approval. There were no significant cases to report.</p> <p>The Q2 2022 Peer Count Report was presented with a total of 16 cases reviewed. There were six (6) cases closed and cleared. There was one (1) case closed with administrative termination. There were no cases pending closure for Corrective Action Plan compliance or cases with outstanding CAPs. There were nine (9) cases pended for further information. Ongoing monitoring and reporting will continue.</p>	
<p>#9. Compliance Update - Compliance Regulatory Report (Attachment HH)</p>	<p>The Cal Viva Health Oversight & Monitoring 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 question during the monthly oversight meetings with Health Net.</p> <p>Oversight Audits The following annual audits are in- progress: Access and Availability, Emergency Services, Claims, Q4 2021 Provider Disputes, and Utilization Management. Th following audits have been completed since the last Commission report: Provider Network/Provider Relations (No CAP) Q1 2022 Provider Disputes (No CAP)</p> <p>Fraud, Waste & Abuse Activity Since the last report, there has been only one new MC609 Case Filed. This involved a participating group practice specializing in vascular surgery that was an outlier for billing a higher number of a particular HCPC code compared to peers.</p> <p>REGULATORY REVIEWS/AUDITES AND CAPS Department of Health Care Services (“DHCS”) 2022 Medical Audit The plan has not yet received date for the 2022 DHCS Exit Conference. Department of Managed Health Care (“DMHC”) 2022 Financial Audit DMHC closed the audit on 8/30/22 and nothing else is required of the plan. Department of Managed Health Care (“DMHC”) 2022 Medical Audit The plan submitted all pre-onsite documents by 6/3/22. Since then, plan has received several additional “Pre-Onsite DMHC Requests and the Plan has submitted timely responses. The DMHC “on-site” audit will begin 9/19/22. The audit will be conducted virtually.</p> <p>NEW REGULATION /CONTRACTUAL REQUIREMENTS Enhanced Care Management (ECM) * Community Supports (CS)</p>	

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	<p>On August 29, 2022, the Plan filed an updated ECM and CS Model of Care (MOC) with DHCS. As of August 2022, the Plan has contracted with 7 ECM providers who are serving all three counties (Kings, Fresno, Madera), and an additional 7 ECM providers who are serving on or two of the counties.</p> <p>As of August 2022, the Plan has contracted with 19 CS providers, 10 of which can serve all three counties and 9 which can serve one or two counties.</p> <p>PLAN ADMINISTRATION DHCS Primary 2023 Contract (10-87050) On 9/8/22, the Plan signed the DHCS Contract extension for the term of March 1, 2021 through December 31, 2023.</p> <p>DHCS 2024 Operational Readiness Work Plan & Contract On 6/3-0/22, the DHCS issued its 2024 procurement contract "Operation Readiness Work Plan". The work plan contains 238 deliverables that must be submitted during the following phases: Phase 1: August 12, 2022 – December 8, 2022 Phase 2: December 15, 2022 – March 31, 2023 Phase 3: April 20, 2023 – July 31, 2023 The plan also executed the required Operational Readiness Contract on 9/3/22.</p> <p>Public Policy Committee The Public Policy Committee was held on 9/8/22 in the Plan's Administrative Office a quorum was present. There were no recommendations for referral to the Commission or QI/UM Committee. The next Meeting will be held on December 7, 2022 at 11:30 am in the Plan's Administrative Office.</p>	
#10 Old Business	None.	
#11 Announcements	Next meeting October 20th, 2022	
#12 Public Comment	None.	
#13 Adjourn	Meeting was adjourned at 11:56am	

NEXT MEETING: October 20th, 2022

Submitted this Day: October 20, 2022

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair