

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health**  
**QI/UM Committee**  
**Meeting Minutes**  
November 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	
✓	<b>Patrick Marabella, M.D.</b> , CalViva Chief Medical Officer, Chair	✓	<b>Amy Schneider, RN</b> , Director of Medical Management Services
	<b>Fenglaly Lee, M.D.</b> , Central California Faculty Medical Group	✓	<b>Iris Poveda</b> , Senior Medical Management Administrative Specialist
✓	<b>Paramvir Sidhu, M.D.</b> , Family Health Care Network		<b>Mary Lourdes Leone</b> , Chief Compliance Officer
✓	<b>David Cardona, M.D.</b> , Fresno County At-large Appointee, Family Care Providers	✓	<b>Maria Sanchez</b> , Compliance Manager
✓	<b>Raul Ayala, MD</b> , Adventist Health, Kings County	✓	<b>Norell Naoe</b> , Medical Management Administrative Coordinator
✓ *	<b>Joel Ramirez, M.D.</b> , Camarena Health Madera County	✓	<b>Patricia Gomez</b> , Senior Compliance Analyst
	<b>Rajeev Verma, M.D.</b> , UCSF Fresno Medical Center	✓	<b>Zaman Jennaty</b> , Medical Management Nurse Analyst
	<b>David Hodge, M.D.</b> , Fresno County At-large Appointee, Chair of RHA (Alternate)		
<b>Guests/Speakers</b>			
✓ *	<b>Homer Anazaldua</b> , Medzed, Fresno		

✓ = in attendance

\* = Arrived late/left early

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>#1 Call to Order</b> Patrick Marabella, M.D Chair	The meeting was called to order at 10:32am. A quorum was present.	
<b>#2 Approve Consent Agenda</b> Committee Minutes: October 20 <sup>th</sup> , 2022 - Standing Referrals Report (Q3) - California Children's Service Report (Q3) - Concurrent Review Inter-Rater Reliability Report (Q3) - MHN Performance Indicator Report for Behavioral Health Services (Q3)	The October 20 <sup>th</sup> , 2022 QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved.  A link for Medi-Cal Rx Contract Drug List was available for reference.  Dr. Ramirez arrived at 10:35am.	Motion: <i>Approve</i> Consent Agenda (Sidhu/Carmona) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li>- County Relations Quarterly Report (Q3)</li> <li>- NIA/Magellan (Q3)</li> <li>- Appeals &amp; Grievances Inter-Rater Reliability Report (Q3)</li> <li>- Appeals &amp; Grievances Classification Audit Report (Q3)</li> <li>- Customer Contact Center DMHC Expedited Grievance Report (Q3)</li> <li>- Preventive Health Guidelines</li> <li>- Medical Policies Update (Q3)</li> <li>- Pharmacy Provider Updates (Attachments A-M)</li> </ul> <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 (September)</li> <li>- Appeals &amp; Grievances Executive Summary (Q3)</li> <li>- Appeals &amp; Grievances Quarterly Member Report (Q3)</li> <li>- Quarterly A&amp;G Member Letter Monitoring Report (Q3) (Attachments N-Q)</li> </ul> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the <b>Appeals &amp; Grievances Dashboard</b> through September 2022.</p> <ul style="list-style-type: none"> <li>➤ The total number of grievances through August and September 2022 has increased slightly compared to last year.</li> <li>➤ Quality of Service (QOS) for Access, Administrative, and Transportation represents the majority of grievances.</li> <li>➤ The volume of Quality of Care (QOC) grievances is comparable to last year.</li> <li>➤ Provider Late and No Shows Grievances have increased in the Transportation category. Working with vendors to improve rates.</li> <li>➤ PCP QOC has increased. Delay and Specialist Care will be monitored.</li> <li>➤ The total number of grievances are up in Quarter 3, along with membership.</li> </ul> <p><b>Appeals &amp; Grievances Executive Summary (Q3)</b> through September 2022 was presented noting the following trends:</p> <ul style="list-style-type: none"> <li>➤ Appeals &amp; Grievances have decreased from Q3 2021 to Q3 2022.</li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Appeals &amp; Grievances Dashboard (September)</li> <li>- Appeals &amp; Grievances Executive Summary (Q3)</li> <li>- Appeals &amp; Grievances Quarterly Member Report (Q3)</li> </ul>

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	<ul style="list-style-type: none"> <li>➤ Transportation Grievances have increased from Q3 2021 to Q3 2022.</li> <li>➤ Transportation Grievances have increased slightly for Q3. 50 formal and 87 exempt further broken down into Access and Behavior categories. Out of 23 access, 6 were missed appointments, 17 were late and 27 behavior related grievances.</li> </ul> <p><b>Appeals &amp; Grievances Quarterly Member Report (Q3)</b> through September 2022 was presented noting the following trends:</p> <ul style="list-style-type: none"> <li>➤ Total number of Appeals decreased from last year.</li> <li>➤ Total number of Grievances decreased from last year, but are trending upwards in Q2 &amp; Q3. Will continue to monitor.</li> <li>➤ Pre-Service Appeals were mainly MRI and CAT Scan with none relating to Pharmacy.</li> <li>➤ Quality of Care (QOC) Grievances: Delay in referral by PCP and Specialists.</li> </ul> <p><b>Quarterly A&amp;G Member Letter Monitoring Report (Q3).</b> This report provides a summary of the results of the daily audits of Appeal and Grievance (A&amp;G) acknowledgment and resolution letters and any related corrective actions taken. For Q3 the following actions were noting to maintain compliance in sending out member communications:</p> <ul style="list-style-type: none"> <li>○ Required <b>bolding</b> of DMCH and Plan Phone numbers</li> <li>○ Correct branding. Should be branded as CalViva Health.</li> <li>○ Communication to members regarding decision documentation must be clear and concise (AG Letter 09). 12 Letters failed to meet these criteria.</li> </ul> <ul style="list-style-type: none"> <li>➤ Decision criteria and rationale are determined by the Medical Reviewers and must be fully referenced to the criterion on which the appeal or decision was based. (AG Letter 10). 24 letters failed to meet these criteria.</li> <li>➤ Working with Medical Directors and nurses to rectify noncompliance.</li> </ul>	<ul style="list-style-type: none"> <li>- Quarterly A&amp;G Member Letter Monitoring Report (Q3) (Cardona/Sidhu) 5-0-0-2</li> </ul>
<p><b>#3 QI Business</b></p> <ul style="list-style-type: none"> <li>- Potential Quality Issues Report (PQI) (Q3)</li> <li>- Provider Preventable Conditions (PPC) (Q3) (Attachment R - S)</li> </ul> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p><b>Potential Quality Issues (PQI) Report (Q3)</b> provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member or peer review-activities. Peer review activities include cases with a severity code level of III or IV or any case the CVH CMO requests to be forwarded to Peer Review. Data for Q3 was reviewed for all case types including the follow up actions taken when indicated.</p> <ul style="list-style-type: none"> <li>➤ 3 non-member PQIs for (Q3) in Fresno County: Substandard care, surgical site infection or surgical complications. No PQIs in Kings or Madera counties.             <ul style="list-style-type: none"> <li>○ There was one in level 0; one in level 2 and one in level 4.</li> </ul> </li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Potential Quality Issues Report (PQI) (Q3)</li> <li>- Provider Preventable Conditions (PPC) (Q3) (Ayala/Ramirez)</li> </ul>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>○ Of the three cases closed, zero were documented as being generated from Provider Preventable Conditions (PPCs).</li> <li>➤ 94 members related OQI-Total Grievances which is consistent with the previous quarters. 81 Grievances in Fresno County, 8 in Kings County and 5 in Madera County.</li> <li>➤ There were 6 Peer Review cases in Fresno County, 0 in Kings County and 1 in Madera County.</li> </ul> <p><b>Provider Preventable Conditions (PPC) (Q3)</b>                      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"> <li>1. Provider / Facility confidential submission of DHCS Form 7107</li> <li>2. Monthly Claims Data review</li> <li>3. Monthly Encounter Data review</li> <li>4. Confidential Potential Quality Issue (PQI) submission of identified/suspected quality cases</li> </ol> <p>The three (3) potential PPC Cases reviewed in Quarter 3 do not represent reportable events that occurred in Quarter 3, but rather cases ready for review in Q3 after records have been received and initial review completed. Two (2) cases were found to meet PPC criteria and were reported to DHCS via the secure online portal.</p>	<p>5-0-0-2</p>
<p><b>#3 QI Business</b>                      - Initial Health Assessment Quarterly Audit Report (Attachment T)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p><b>The Initial Health Assessment (IHA) Report for Quarter 2 2022</b> was presented. The Department of Health Care Services (DHCS) requires that newly enrolled Medi-Cal members have an Initial Health Assessment (IHA) and Individual Health Education Behavioral Assessment (IHEBA) completed within the first 120 days of enrollment. CalViva Health is required to facilitate and support members and providers through this process. The current approach to monitoring has three components:</p> <ul style="list-style-type: none"> <li>➤ Medical Record Review (MRR) via onsite (or virtual) provider audits.</li> <li>➤ Monitoring of claims and encounters data.</li> <li>➤ Member outreach utilizing a three-step methodology.</li> </ul> <p>The Q2 2022 report shows CalViva Health’s performance on IHA/IHEBA compliance monitoring from Q2 2021 through Q2 2022.</p> <ul style="list-style-type: none"> <li>➤ Member outreach completed by the Plan resulted in a range of 56.20% – 58.39% compliance for January 2022 – March 2022 and 27.37% - 57.55% for April 2022 - June 2022.</li> <li>○ Discontinued the self-mailer postcards and implementing a second phone call for the third</li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Initial Health Assessment Quarterly Audit Report (Sidhu/Cardona)</li> </ul> <p>5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>outreach attempt to members.</p> <ul style="list-style-type: none"> <li>➤ In Q2 2022, IHA visits rates within 120 days of enrollment, with or without a completed IHEBA, range from 21.46 % (June 2022) – 24.67% (May 2022).</li> <li>➤ Facility Site Review/Medical Records Review Q2 2022:               <ul style="list-style-type: none"> <li>○ Pediatrics IHA/IHEBA shows 68% Compliant, Adult IHA/IHEBA shows 64% Compliant.</li> <li>○ Site Reviews were not conducted during the height of Covid, nor were they required by the State at that time.</li> </ul> </li> <li>➤ Improvement Activities:               <ul style="list-style-type: none"> <li>○ CalViva has conducted ongoing IHA/IHEBA Best Practice training. Trainings that occurred between April – June 2022.</li> <li>○ CalViva is monitoring low performing providers and will be offering training and additional interventions to resolve barriers to IHA/IHEBA completion.</li> <li>○ There are financial incentives for low performing providers to improve practices by using the Cozeva system to record data.</li> </ul> </li> </ul>	
<p><b>#4 UM/CM Business</b>            - Key Indicator Report and TAT Report (September) (Attachments U)</p> <p><b>Action</b>            Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the <b>Key Indicator Report and TAT Report</b> through September 2022.</p> <ul style="list-style-type: none"> <li>➤ Membership has steadily increased.</li> <li>➤ Admission rates for Acute Care has been steady.</li> <li>➤ Average Length of Stay remains steady for Acute and SPD populations and decreased for Expansion and Family/Adult populations.</li> <li>➤ ER Visits have remained consistent.</li> <li>➤ Integrated Case Management has seen a steady increase in the number of members referred and more members are assigned a case manager.</li> <li>➤ In general, Case Management results remain strong and demonstrate positive results in all areas consistent with previous months. Behavioral Health Case Management numbers have fluctuated as more behavioral health issues have been reported.</li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Key Indicator Report and TAT Report (September) (Ramirez/Sidhu) 5-0-0-2</li> </ul>
<p><b>#4 UM/CM Business</b>            - Utilization Management Concurrent Review Report (Q3)            - PA Member Letter Monitoring</p>	<p>The <b>Utilization Management Concurrent Review Report</b> presents inpatient data metrics and clinical concurrent review activities and interventions for Quarter 3 2022. Health Net Medical Management supports Concurrent Review (CCR) activities for CalViva Health to optimize health outcomes across the care continuum for all members. Includes Direct Network Only.</p> <ul style="list-style-type: none"> <li>➤ All Lines of Business (TANF, SPC, MCE) met goal for bed days for Q3 2022.</li> <li>➤ Utilization Admits decreased in Q3: TANF decreased by 5.21%, SPD decreased by 20.11%, and</li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Utilization Management Concurrent Review Report</li> </ul>

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<p>Report (Q3) (Attachment V -W)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>MCE decreased by 44.25%.</p> <ul style="list-style-type: none"> <li>➤ Average Length of Stay: TANF decreased by 30.06%; the others remained roughly the same.</li> <li>➤ Readmissions were variable.</li> <li>➤ 2022 Inpatient utilization patterns are slowly returning to pre-pandemic levels. Hospitals in the region of the CalViva primary membership are seeing a decrease in COVID patients.</li> <li>➤ Daily UM rounds continue, to discuss member needs for discharge, which include Care Management, Member connections, Public Programs and Medical Directors.</li> </ul> <p><b>PA Member Letter Monitoring Report</b> Quarter 3 was presented and reviewed. This report is a summary of letter audits conducted by the Medical Management Monitoring and Reporting Team. Universe volume fluctuates due to the number of denials and deferrals audited during the Quarter. As a reminder, one letter can fail for multiple metrics. All metrics are expected to meet standard of 100% compliance.</p> <ul style="list-style-type: none"> <li>➤ Denial/Deferral Letters did not meet the 95% standard. <ul style="list-style-type: none"> <li>○ There was a total of 3 decision letters that did not meet regulatory requirements and one (1) pre-auth letter that failed due to Health Net references not being removed due to Associate error.</li> <li>○ There were one (1) deferral letters that did not have clear and concise language in training process.</li> </ul> </li> </ul> <p>In follow up, Medical Management continues to monitor letters through monthly random audits and monitoring is ongoing with 100% audits for staff/physicians with multiple errors.</p>	<p>(Q3)</p> <ul style="list-style-type: none"> <li>- PA Member Letter Monitoring Report (Q3)</li> </ul> <p>(Ayala/Ramirez) 5-0-0-2</p>
<p><b>#4 UM/CM Business</b></p> <ul style="list-style-type: none"> <li>- Case Management and CCM Report (Q3)</li> </ul> <p>(Attachment X)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>The <b>Case Management and CCM Report</b> Q3 2022 report summarizes the case management, transitional care management, Member Connections, palliative care, and Emergency Department (ED) diversion activities for 2022 third quarter and utilization related outcomes through 6/30/22. CM continued to support member education related to COVID-19 and provided vaccine information during outreach.</p> <ul style="list-style-type: none"> <li>➤ There was an increased in referral volume for Integrated Case Management, Transitional Care Management, Transitional Care and Palliative care from Q2 to Q3.</li> <li>➤ There was a decreased in volume for Behavioral Health and Perinatal from Q2 to Q3.</li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Case Management and CCM Report (Q3)</li> </ul> <p>(Ayala/Sidhu) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>#5 Pharmacy Business</b></p> <ul style="list-style-type: none"> <li>- Pharmacy Executive Summary (Q3)</li> <li>- Pharmacy Operations Metrics (Q3)</li> <li>- Pharmacy Top 30 Prior Authorizations (Q3)</li> <li>- Pharmacy Inter-Rater Reliability Results (IRR) (Q3) (Attachments Y-BB)</li> </ul> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>The <b>Pharmacy Reports</b> for Q3 2022 are presented to assess for emerging 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> <ul style="list-style-type: none"> <li>➤ Pharmacy Operations Metrics               <ul style="list-style-type: none"> <li>○ Pharmacy prior authorization (PA) metrics were within 5% of standard for Q3 2022.</li> <li>○ Overall, TAT for Q3 2022 was 97.0%.</li> <li>○ PA volume appears to have varied in Q3 2022 compared to Q2 2022. August had an unusually high PA request count.</li> </ul> </li> <li>➤ Top Pharmacy PA Requests               <ul style="list-style-type: none"> <li>○ 3<sup>rd</sup> Quarter 2022 top medication were based on Medical Benefit Drug requests due to the Medi-Cal RX Transition effective 1/1/2022.</li> <li>○ The top requests in Q3 2022 were mostly consistent when compared to Q2 2022.</li> </ul> </li> </ul> <p><b>Pharmacy Operation Metrics</b></p> <ul style="list-style-type: none"> <li>➤ In Q1 2022, TAT was lower than threshold in all months. The lower-than-expected results were primarily due to staffing and volume challenges with the implementation of the Medi-Cal Rx program effective 1/1/2022.</li> <li>➤ In Q2 2022 PA volume stabilized and met goal, April 96.1%, May 94.6%, and June 96.1%.</li> <li>➤ Q3 2022 PA volume varied with an unusually high number in August (180 total PAs), and decreased in September but were within 5% of the standard.</li> <li>➤ Overall TAT was at 97% for Q3 2022.</li> </ul> <p><b>Top 25 Prior Authorization</b> Q3 2022 top 25 medical benefit drug PA requests to the PA team.</p> <ul style="list-style-type: none"> <li>➤ Top 25 PA requests in Q3 2022 were mostly consistent for July, August and September when the top 10 drugs are reviewed with a few placement variations.</li> <li>➤ 92% Denial rate for Viscosupplement/Pegfilgrastim</li> </ul> <p><b>Pharmacy Inter-Rater Reliability Results (IRR) (Q3)</b></p> <p>Involve Pharmacy Solutions is the delegated to review medical benefit drug prior authorization requests for the health plan. A sample of 10 prior authorizations (4 approvals and 6 denials) per month are reviewed quarterly to ensure that they meet 10 metrics. Top metrics for review are timeliness, criteria applied appropriately, clear and appropriate language, and agreed with decision 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%.</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Pharmacy Executive Summary (Q3)</li> <li>- Pharmacy Operations Metrics (Q3)</li> <li>- Pharmacy Top 30 Prior Authorizations (Q3)</li> <li>- Pharmacy Inter-Rater Reliability Results (IRR) (Q3)</li> </ul> <p>(Ayala/Cardona) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>➤ Analysis/Findings/Outcomes:                             <ul style="list-style-type: none"> <li>○ 2 cases were determined to have a questionable denial and/or were likely denied inappropriately after plan review (should clearly based on documentation.)</li> <li>○ 1 case missed TAT</li> <li>○ 6 cases were noted that criteria used was not applied appropriately after plan review (notes not there and clear.) Top category out of compliance at 80%.</li> <li>○ 90% threshold met. 95% goal not met; overall score was <b>92.50%</b></li> </ul> </li> <li>➤ Barrier Analysis:                             <ul style="list-style-type: none"> <li>○ <b>Criteria Application</b> continues to be the main issue in Q3 2022. Results will be shared with PA managers for review and feedback, and the Director will continue monitoring for improvement.</li> </ul> </li> </ul>	
<p><b>#6 Policy &amp; Procedure</b>                      - UM/CM Public Health Policy Grid                      (Attachment CC)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p><b>The UM/CM Public Health Policies and Procedures</b> were presented to the committee. The majority of the policies were updated. without changes or minor changes.</p> <ul style="list-style-type: none"> <li>➤ UM-001 Post Stabilization Inpatient Care Requested by Non-Contracted Hospitals: Added reference to APL 22-011 No Surprises Act and updated language regarding availability of health plan physician 24/7 and within 30 minutes for consultation or member transfer.</li> <li>➤ UM-012 Discharge Planning: Updated Medical Necessity definition to be consistent with APL 22-006.</li> <li>➤ UM-013 Provision of Enteral Nutritional Supplements/Replacements: Updated to be consistent with Medi-Cal RX, the plan is responsible for medical benefit only (not pharmacy).</li> <li>➤ UM-023 Mental Health Services: Transitioned to Public Health (PH-020) and retired UM-023. Re-assigned to Public Health to be consistent with other Behavioral Health policies.</li> <li>➤ UM-024 Behavioral Health Treatment Services-autism spectrum disorder: Will be updated and transitioned to Public Health (PH-025) consistent with above.</li> <li>➤ UM-050 Communications and Accessibility to UM: Added statement regarding process for Call Center staff to contact UM staff when Regional Call Center is unable to respond to inquiry.</li> <li>➤ UM-100 Emergency Care and Services: New policy. Emergency Rooms are open 24/7, no prior authorizations required, if care requires admission, then criteria to admit will be required. Content was part of post stabilization but has been separated out.</li> <li>➤ Updated Medical Necessity definition to be in complaint with APL 22-006 for the following:                             <ul style="list-style-type: none"> <li>○ UM: 103 Continuity of Care</li> <li>○ UM-119 Concurrent Review</li> </ul> </li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- UMCM Public Health Policy Grid (Sidhu/Carmona) 5-0-0-2</li> </ul>




AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>○ UM-120 Hospice Care Services</li> <li>○ UM-121 Dental Services and IV Sedation and General Anesthesia</li> <li>○ UM-210 Referrals to Non-Participating Practitioners/Providers</li> <li>➤ UM-212 Transgender Services: Added Sensitive Services definition to be consistent with Assembly Bill 1184. An underage member can receive Sensitive Services without parental consent.</li> <li>➤ UM-300 CBAS Authorization Process: Updated Medical Necessity definition to be compliant with APL 22-006.</li> <li>➤ CMP-009 SPD Member Process to Request a Specialist as a Primary Care Provider: Transitioned to Member Services (MS-009) and retired CMP-009.</li> <li>➤ CMP-015 Seniors and Persons with Disabilities (SPDs) Health Risk Stratification and Assessment: Added Attachment A: Health Information Form (CA Screening Health Risk Assessment). Added Member Services and Medical Management Sections.</li> <li>➤ CMP-107 Care Coordination/Case Management Services: Added digital care option throughout. Added statement regarding identification of high-risk members using physical and BH risk scoring systems.</li> <li>➤ Three (3) new policies were included in the meeting packet and reviewed with the committee:               <ul style="list-style-type: none"> <li>○ UM-060 UM Decisions and Timely Access to Care</li> <li>○ UM-100 Emergency Care and Services</li> <li>○ CMP-050 Developmental Disability and Community Resources Linkage</li> </ul> </li> </ul>	
<p><b>#7. Credentialing &amp; Peer Review Subcommittee Business</b>            - Credentialing Subcommittee Report (Q4)            - Peer Review Subcommittee Report (Q4)            (Attachment DD - EE)</p> <p><b>Action</b>            Patrick Marabella, M.D Chair</p>	<p><b>Credentialing Sub-Committee Quarterly Report</b> was presented.            In Q4 the Credentialing Sub-Committee met on October 20, 2022. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q2 for 2022 were reviewed for delegated entities and Q3 2022 reports were reviewed for both Health Net and MHN.</p> <p><b>Second Quarter 2022 Credentialing/Recredentialing Totals:</b></p> <ul style="list-style-type: none"> <li>➤ Sante: 49 Initial credentialing</li> <li>➤ ChildNet: 4 Initial credentialing; 44 Recredentialing</li> <li>➤ MHN: 35 Initial credentialing; 18 Recredentialing</li> <li>○ Overall Total: 198 Initial credentialing; 139 Recredentialing, Total 337 There was one (1) case for Q4 2022 CalViva Adverse Action Credentials Report from Health Net, covering July to September 2022. This case involved the early termination of monitoring for compliance with</li> </ul>	<p>Motion: <i>Approve</i>            - Credentialing Subcommittee Report (Q4)            - Peer Review Subcommittee Report (Q4)            (Ayala/Sidhu)            5-0-0-2</p>


AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>the Medical Board of California (MBOC) probation associated with a 2017 decision. The MBOC granted early termination indicating that the practitioner’s probation was complete and his license fully restored. The 2023 Credentialing Sub-Committee meeting schedule was reviewed and approved.</p> <p><b>Peer Review Sub-Committee Quarterly Report</b> was presented.</p> <p>The Peer Review Sub-Committee met on October 20, 2022. The county-specific Peer Review Sub-Committee Summary Reports for Q3 2022 were reviewed and approved. There were no significant cases to report. The Q3 2022 Peer Count Report was presented at the meeting with a total of 7 cases reviewed. The outcomes for these cases are as follows:</p> <ul style="list-style-type: none"> <li>➤ Three (3) cases were closed and cleared.</li> <li>➤ There was one (1) case with an outstanding CAP.</li> <li>➤ There were three (3) cases pending for further information.</li> </ul> <p>The 2023 Peer Review Sub-Committee meeting schedule was reviewed and approved.</p>	
<p><b>#8. Compliance Update</b> - Compliance Regulatory Report (Attachment FF)</p>	<p>Maria Sanchez presented the <b>Compliance Regulatory Report</b>.</p> <p><b>CalViva Health Oversight Activities.</b> 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.</p> <p><b>Oversight Audits.</b> The following annual audits are in-progress: Credentialing, Access and Availability, Emergency Services, and Utilization Management. Annual Claims &amp; PDR (CAP) have been completed since the last commission report.</p> <p><b>Fraud, Waste &amp; Abuse Activity.</b> Since the 10/20/22 Compliance Regulatory Report to the QIUM Committee, there have been two new MC609 cases filed. One case 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. Another was filed due to SIU receiving a referral from the health plan stating a member’s father received a bill for DME products that were not received or needed.</p> <p>Note: There was an MC609 case filed in June 2022 that was inadvertently left off the 9/15/22 and 10/20/22 Compliance Regulatory Reports. This case involved a member complaint about billing they received from a DME provider when they had not seen the provider since 2018. We will continue to work with SIU on these cases.</p>	

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	<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.</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.</p> <p><b>Department of Health Care Services (“DHCS”) 2022 Medical Audit.</b> The Plan received the DHCS’ draft 2022 Audit Final Report on 9/29/22, held its Exit Conference with the Plan on 10/4/22. The Report identified three audit findings: two concerned lack of documentation related to the provision of blood lead screening of young children, and one related to lack of documentation of a Physician Certification Statement (PCS) form for member’s request for non-emergency medical transportation (NEMT). On 10/19/22, the Plan provided responses to these draft findings. DHCS’ Final Report is pending.</p> <p><b>Department of Managed Health Care (“DMHC”) 2022 Medical Audit.</b> The DMHC “on-site” audit was conducted via teleconference on 9/19/22 and 9/20/22. Since then, the Plan has been responding to several “Post-Onsite” audit requests from the DMHC. Preliminary report still pending.</p> <p><b>New Regulations / Contractual Requirements/DHCS Initiatives.</b></p> <ul style="list-style-type: none"> <li>➤ <b>California Advancing and Innovating Medi-Cal (CAAIM) Enhanced Care Management &amp; Community Supports:</b> On 10/25/22, the Plan submitted updated MOC documents to ensure the Plan’ and its subcontractors’ policy and procedures related to ECM/CS authorizations are aligned to minimize administrative burden on the ECM/CS providers. Response pending. Long-Term Care (LTC) Carve-In: On 10/14/22, the Plan received written confirmation from DHCS that the Plan was compliant with the SNF network readiness requirements. Population Health Management: On 10/28/22, the Plan filed its PHM Program Deliverable with DHCS. Approval is pending. CVH will continue to supply any necessary documents to receive NCQA Accreditation.</li> </ul> <p><b>DHCS 2024 Operational Readiness Work Plan &amp; Contract.</b> On 6/30/22, the DHCS issued its 2024 Procurement Contract “Operational Readiness Work Plan”. The work plan contains 238 deliverables that must be submitted during the following phases:</p> <ul style="list-style-type: none"> <li>○ Phase 1: August 12, 2022 – December 8, 2022</li> <li>○ Phase 2: December 15, 2022 - March 31, 2023</li> <li>○ Phase 3: April 20, 2023 - July 31, 2023</li> </ul> <p>The Plan has completed the 9/12/22 filing of documents and some have come back with errors. CVH has responded to the errors and a response from DHCS is pending. CVH is in the process to complete the 12/19/22 required filing.</p>	

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	<b>Public Policy Committee.</b> The next meeting will be held on December 7, 2022 at 11:30am in the Plan’s Administrative Office.	
#10 Old Business	None.	
#11 Announcements	<ul style="list-style-type: none"> <li>➤ Dr. Marabella introduced new staff, Zaman Jennaty, Medical Management Nurse Analyst, and Norell Naoe, Medical Management Administrative Coordinator.</li> <li>➤ Conference room AV equipment will be remodeled during the break.</li> <li>➤ Next meeting February 16th, 2023</li> </ul>	
#12 Public Comment	None. Homer Anzaldua from MedZed introduced himself.	
#13 Adjourn	Meeting was adjourned at 11:42 AM	

**NEXT MEETING: February 16<sup>th</sup>, 2023**

Submitted this Day: 2/23/2023  
 Submitted by:   
 Amy Schneider, RN, Director Medical Management

**Acknowledgment of Committee Approval:**  
  
 Patrick Marabella, MD Committee Chair