

Fresno-Kings-Madera
Regional Health Authority

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

July 20th, 2023

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

| Committee Members in Attendance | | CalViva Health Staff in Attendance | |
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| ✓ | Patrick Marabella, M.D. , CalViva Chief Medical Officer, Chair | ✓ | Amy Schneider, RN , Director of Medical Management Services |
| ✓ | David Cardona, M.D. , Fresno County, Family Care Providers, Family Practice | ✓ | Iris Poveda , Medical Management Services Manager |
| | Fenglaly Lee, M.D. , Central California Faculty Medical Group, OB-GYN | ✓ | Mary Lourdes Leone , Chief Compliance Officer |
| ✓ | Carolina Quezada, M.D. , Family Health Care Network, Fresno, Family Practice | ✓ | Maria Sanchez , Compliance Manager |
| ✓ | DeAnna Waugh, Psy.D. , Adventist Health, Fresno/Kings County, Psychologist | ✓ | Patricia Gomez , Senior Compliance Analyst |
| | Joel Ramirez, M.D. , Camarena Health Madera County, Family Practice | ✓ | Zaman Jennaty , Medical Management Nurse Analyst |
| | Rajeev Verma, M.D. , UCSF Fresno Medical Center, Pediatrics, Fresno County Public Health | | Norell Naoe , Medical Management Administrative Coordinator |
| | David Hodge, M.D. , Fresno County At-large Appointee, Chair of RHA (Alternate) | | |
| Guests/Speakers | | | |
| | None. | | |

✓ = in attendance

* = Arrived late/left early

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| #1 Call to Order Patrick Marabella, M.D Chair | The meeting was called to order at 10:34 am. A quorum was present. | |
| #2 Approve Consent Agenda - Committee Minutes: May 18, 2023 - Appeals & Grievances Validation Audit Summary Report (Q1) - Provider Preventable Conditions (Q1) - SPD HRA Outreach (Q1) - MHN Performance Indicator Report for Behavioral Health (Q1) - MedZed Report (Q1) | The May 18th, 2023, 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 (Cardona/Quezada) 4-0-0-3 |

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| <p>- Specialty Referrals Report- HN (Q1) - Standing Referrals Report (Q1) - Pharmacy Provider Updates (Q2) - TurningPoint Musculoskeletal Utilization Review (Q1) - NIA/Magellan (Q1) - Top 10 Inpatient Diagnoses (CY2022) (Attachments A-L)</p> <p>Action Patrick Marabella, M.D Chair</p> | | |
| <p>#3 QI Business - Appeals & Grievances Dashboard (May) (Attachment M)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>Dr. Marabella presented and reviewed the Appeals & Grievances Dashboard through May 2023.</p> <ul style="list-style-type: none"> • The total number of grievances received in May was 191 which is higher than in recent months. Most grievances were Quality-of-Service (179) with the remaining QOC (12). The majority of the Quality of Service (QOS) grievances were related to Access and Transportation issues. 23 grievances were associated with balanced billing from which a formal work plan has been put in place to address these issues. 170 grievances were resolved in May. One case was out of compliance for the timeliness of the acknowledgment letter. • The number of resolved Quality of Care Grievances in May was higher at 36 when compared with previous months. • Exempt Grievances remain consistent when compared to recent months and last year. <p>Discussion: <i>Dr. Quezada inquired as to whether the delay in Access to PCP/Specialists' care correlates to COVID such as Pulmonology or Cardiology or something else?</i> <i>Dr. Marabella indicated that when we analyzed the data, Orthopedics has often been an issue as we have more demand than providers. We generally have identified a Top 5 difficult-to-schedule specialists as you may have seen or will see in some of our reports.</i></p> | <p>Motion: <i>Approve</i> - A&G Dashboard (May)</p> <p>(Cardona/Quezada) 4-0-0-3</p> |

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| | <p><i>Dr. Cardona stated that it has been his experience that a language barrier has been a limiting factor for his patients with following through with specialist care referrals and the limited availability of referral appointments.</i></p> <p><i>Amy Schneider asked if the language preference is generally indicated on a patient’s referral form?</i></p> <p><i>Dr. Cardona stated that it is not always listed on the referral or chart.</i></p> <p><i>Dr. Quezada asked if it would be a deterrent for care if it is noted that the member is only Spanish-speaking, and the specialist doesn’t have anyone on staff to translate?</i></p> <p><i>Dr. Marabella indicated that CalViva does provide telephonic interpreter services free of charge 24 hours per day and there are often bilingual staff in the offices/clinics that can translate. In-person interpreters are also available but need to be scheduled ahead of time.</i></p> <p><i>In conclusion, Dr. Marabella informed committee members that CalViva is currently looking at expanding our network of orthopedics and other providers in the CalViva counties through contracting efforts with providers. There are specialty access reports regularly presented in subsequent meetings to track access.</i></p> | |
| <p>#3 QI Business - Initial Health Appointments (IHA Quarterly Audit Report (Q4 2022) (Attachment N)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>The Department of Health Care Services (DHCS) requires that newly enrolled Medi-Cal members have an Initial Health Appointment (IHA) and Individual Health Education Behavioral Assessment (IHEBA) completed within the first 120 days of enrollment. (Quarter 4 2022 was the last time that IHEBA component was required) 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"> • Medical Record Review (MRR) via onsite (or virtual) provider audits. • Monitoring of claims and encounters data. • Member outreach utilizing a three-step methodology. <p>The Q4 2022 IHA Quarterly Report demonstrates CalViva Health’s performance on IHA/IHEBA compliance monitoring from Q4 2021 through Q4 2022.</p> <ul style="list-style-type: none"> • Member outreach completed by the Plan in Q4 2022 resulted in a range of 50.63% - 58.77% plan outreach compliance for October 2022 – December 2022. • In Q4 2022, IHA visit rates within 120 days of enrollment, with or without a completed IHEBA, range from 24.14% (November 2022) – 27.17% (December 2022). • Percentages of IHA’s completed outside the 120-day window, which do not meet the definition of IHA/IHEBA compliance ranges from 2.31% (November 2022) – 3.27% (October 2022). • Facility Site Review/Medical Records Review results show that 75% of pediatric patients and | <p>Motion: <i>Approve</i> - Initial Health Appointment (IHA Quarterly Audit Report (Q4 2022)</p> <p>(Quezada/Waugh) 4-0-0-3</p> |

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| | <p>83% of adult patients completed their IHAs for the providers audited during Quarter 4. For providers who were found non-compliant during the review period, follow-up occurs via provider notification of IHA requirements and corrective action when indicated.</p> <ul style="list-style-type: none"> • Extensive provider training on the new IHA requirements has been completed in 2023. <p>No comments or questions from committee members.</p> | |
| <p>#3 QI Business -Facility Site & Medical Records and PARS Reviews (Q3-Q4 2022) (Attachment O)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>The Facility Site & Medical Records and PARS Reviews (Q3-Q4 2022) report displays completed activity and results of the DHCS-required PCP Facility Site (FSR) and Medical Record Reviews (MRR) in all CalViva counties using the New FSR/MRR tools and standards. The results of Physical Accessibility Review Survey (PARS) assessments of providers are also provided. The results are analyzed for the purpose of monitoring and improving the performance of PCPs against DHCS and CalViva Health standards. Comparative analysis of these new data points will be shown in future reports since this is the first report under the new standards and tools.</p> <ul style="list-style-type: none"> • 16 FSRs and 16 MRRs were completed during the 3rd and 4th Quarters of 2022. <ul style="list-style-type: none"> o The FSR mean rate for Q3-Q4 2022 was 97%. o The MRR mean rate for Q3-Q4 2022 was 94%. <ul style="list-style-type: none"> ▪ The Adult Preventive Care mean score over all counties for Q3 & Q4 was 92%. ▪ The Pediatric Preventive Care mean score over all counties for Q3 & Q4 was 93%. • Interim Review is a DHCS-required monitoring activity to evaluate the PCP site. In Q3 and Q4 2022, 4 interim reviews have been completed in the 3 CalViva counties. • There were no “dirty office” complaints received. • No onsite educational training was completed in Q3 & Q4. • 19 PARS were completed with 9 of the 19 PARS having Basic level access. <p>There were no questions or comments from committee members.</p> | <p>Motion: <i>Approve</i> -Facility Site & Medical Records and PARS Reviews (Q3-Q4 2022)</p> <p>(Cardona/Quezada) 4-0-0-3</p> |
| <p>#3 QI Business - Lead Screening Quarterly Report (Q4 2022) (Attachment P)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>The Lead Screening Quarterly Report (Q4 2022) is a Quarterly Assessment of Blood Lead Screening in Children compliance to ensure that CalViva members receive blood lead level testing and follow-up when indicated and that parents/caregivers receive anticipatory guidance related to blood lead poisoning prevention from providers.</p> <p>The Q4 2022 report provides CalViva Health’s performance on blood lead level screenings and anticipatory guidance monitoring from Q1 2022 – Q4 2022.</p> <ul style="list-style-type: none"> • In Q4 2022 the compliance for CPT Code 83655 (lead screening only) ranged from: <ul style="list-style-type: none"> o 97.5% (Q1) - 94.4% (Q4) in members 6-17 months of age | <p>Motion: <i>Approve</i> - Lead Screening Quarterly Report (Q4 2022)</p> <p>(Waugh/Cardona) 4-0-0-3</p> |

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| | <ul style="list-style-type: none"> o 59.7% (Q1) - 67.7% (Q4) in members 18-30 months of age o 99.4% (Q1) - 99.0% (Q4) in members 31-72 months of age <p>The Plan attributes this disparity among the Age 18-30 months group to the 2020 COVID-19 pandemic which spanned from March 2020 – May 2023. Members in this age group were born amidst the pandemic which impacted appointment availability and member adherence to medical appointments affecting compliance with testing frequency and parent education.</p> <p>Discussion: <i>Dr. Quezada inquired as to whether the lower lead test rate in the second age group- follows the same pattern for immunization rates?</i> <i>Dr. Marabella confirmed this to be true, decreased clinic/provider visits during this time due to closures and parents’ fear for safety impacted immunization and other preventive screening rates, not just in pediatrics.</i> <i>Dr. Cardona asked if the state provides data on Lead testing by County?</i> <i>Dr. Marabella reported that DHCS does have a report on its website. In urban areas, lead is primarily found in paint; in rural areas, lead can be found in the water.</i></p> <ul style="list-style-type: none"> • In Q4 2022 use of codes to document evidence of providing Anticipatory Guidance was poor ranging from 0.0% to 2.8% with no differences when broken out by age group. <p>The low compliance rate is due to a lack of code/reporting procedures which has been remedied by new education materials, education, training, and documentation enhancements provided to providers. Dr. Marabella also informed the committee that per the California Department of Public Health (CDPH) filter paper testing is no longer acceptable. Point-of-care testing is an option and support is being provided to high-volume pediatric providers to obtain this equipment.</p> | |
| <p>#3 QI Business - County Relations Quarterly Update (Q1)</p> <p>(Attachment Q)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>The County Relations Quarterly Report provides a summary of the relevant Public Health (PH), County Behavioral Health (BH), and Regional Center (RC) activities, initiatives, and updates for Fresno, Kings, and Madera Counties. The report also provides CalViva Health with information that includes but is not limited to; care coordination updates, Physical Health/Behavioral Health referral data, tuberculosis data, and ABA services data. All these activities support CalViva Health’s compliance with the requirements of the Memorandum of Understanding between CalViva Health and our three Central Valley counties.</p> <p>Some highlights for this Quarter include:</p> <ul style="list-style-type: none"> • FCDBH has officially hired/appointed the new Behavioral Health Director as well as 2-3 Deputy Director positions. | <p>Motion: <i>Approve</i> - County Relations Quarterly Update (Q1)</p> <p>(Vaugh/Quezada) 4-0-0-3</p> |

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| | <ul style="list-style-type: none"> • FCPHD reports that Hospitals are over capacity, especially with the closure of Madera Community Hospital. • FCPHD reports that their Fresno Community Health Improvement Partnership (FCHIP) Community Health Worker (CHW) model was approved by the board to increase to 50 CHWs. • KCBHD hosted a training on the implementation and proper use of the State required Screening Tools and Transition of Care tool. This new tool replaces the Bi-Directional tool. • KCPHD reported that they have now hired a new Program Manager for contract management. • KCDPH has begun its accreditation process. • MCBHD now has a Crisis Care Mobile Unit, secured through CalAIM grant funding – this program is run by their Division Manager over Crisis Services. • MCBHD reported that a new psychiatric hospital is going to open at River Vista Behavioral Health Care, it will be a 120-unit bed facility over by Valley Children’s Hospital. • Madera Community Hospital closed on Jan 3, 2023. • The Central Valley Regional Center (CVRC) reported that in the last 15 months, they have hired 150 Service Coordinators due to their high rate of growth. • CVRC hired a Registered Dental Hygienist who can work in Alternative Practices (RDHAP). • Quarter 1 data for BH referrals in Fresno, Kings, and Madera counties were also reviewed. <p>There were no questions or comments by committee members.</p> | |
| <p>#3 QI Business - QIUM Charter 2023 (Attachment R)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>The QIUM Charter 2023 was presented and reviewed by the Committee. The Charter was last reviewed and approved by the Committee in March of this year. Dr. Marabella reviewed the key updates and changes made including the following which he indicated were made in order to address NCQA and DHCS requirements: 2. I:</p> <ul style="list-style-type: none"> • Page 2. Added J: Analyze and evaluate the results of the QI and Health Equity activities including annual review of the results of performance measures, utilization data, consumer satisfaction surveys, and the findings and activities of other committees such as the Public Policy Committee and Community Advisory Groups. • Page 3. V: Added 3. The CalViva Health Equity Officer is a member of the Committee and functions in an advisory capacity. (This individual has yet to be hired.) <p>Dr. Marabella solicited any questions or concerns to ensure members understood their roles and responsibilities. There were no questions or concerns from the committee members.</p> | <p>Motion: <i>Approve</i> - QIUM Charter 2023</p> <p>(Cardona/Quezada) 4-0-0-3</p> |

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| <p>#4 QI & Population Health Management Business - Care Management Program Evaluation 2022 (Attachment S)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>The Care Management Program Evaluation 2022 & Executive Summary was presented and reviewed by the Committee. Care Management (CM) encompasses three main components: Physical Health (PH), Behavioral Health (BH), and Perinatal Wellness (PCM) with its purpose of achieving member wellness and autonomy through advocacy, communication, education, identification of service resources, and service facilitation. The CM goal is to provide quality health care along a continuum, decrease fragmentation of care across settings, enhance the members' quality of life, and efficient utilization of patient care resources.</p> <ul style="list-style-type: none"> • The CM Program Volumes by year has steadily increased over the past four years in PH and BH. PCM volumes have fluctuated. • Met and achieved the goal of increasing the number of cases managed in 2022 over 2021 in the following areas: Total Average per month and High-Risk Members. • CM Reduced Readmissions by 3.8% & reduced Emergency Department claims by-534 claims PTMPY. • Inpatient and Outpatient Claims decreased, but Pharmacy Claims increased due to medical adherence oversight. • High-risk OB members enrolled in CM saw a 3.9% increase in first prenatal visits in the 1st Trimester, a 2.1% decrease in Preterm deliveries, and a 9.5% increase in postpartum visits after delivery. • Of 149 responses to the 2022 Member Satisfaction Survey: <ul style="list-style-type: none"> ○ 90% positive response of Very Satisfied/Satisfied. ○ 8/9 Care Team-related Questions had 100% positive responses. ○ Question #9 91.4% CM was always available to speak with the member at times convenient for the member. ○ 100% of Members Reported, "Expectations were Exceeded". • Of the metrics not met: <ul style="list-style-type: none"> ○ Goal: 50% of high-risk moms in CM - Actual 37.22% (Up from 33.62% in 2021) ○ Goal: 10% of PH & BH are Complex - Actual 4.4 % PH & 3.7% BH ○ Goal: 7% of PCM are Complex - Actual 5.4% <ul style="list-style-type: none"> ▪ Staff will need to increase their overall and complex caseload and follow the correct processes in 2023. • Goals for 2023 include: <ul style="list-style-type: none"> ○ Support CalAIM Implementation of new Populations of Focus & Community Supports. | <p>Motion: Approve - Care Management Program Evaluation 2022</p> <p>(Quezada/Waugh) 4-0-0-3</p> |

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| | <ul style="list-style-type: none"> ○ Manage more Members across programs. ○ Enhance the Transition Care Management program as part of PHM Roadmap. ○ Regionalize the Care Management Program and staff to better support member needs. <p>Discussion: <i>Dr. Quezada inquired as to whether there is any correlation between reduced grievances when a member is assigned to CM?</i> <i>CalViva is not aware of a study of this type being completed, but it would be interesting to look for this type of correlation in 2024 when all hospitalized members will automatically be assigned a CM.</i> <i>Dr. Quezada asked what the timing is for the assignment of a CM to a member? Indicating that a better relationship may be built if a CM was assigned on arrival to the hospital rather than discharge.</i> <i>Amy Schneider reported that the TCM (or Transitions of Care [TOC]) team is just beginning to try to establish their first face-to-face meeting with members before discharge from the hospital. More information on the success of this program will be available next year.</i></p> | |
| <p>#4 QI & Population Health Management Business - PowerPoint Presentation QI & HEDIS® Update (Attachment T)</p> | <p>The PowerPoint Presentation QI & HEDIS® Update was presented and reviewed. The RY 2019-2023 HEDIS® Results Scorecard showing 15 new and existing HEDIS® measures in all 3 Counties was reviewed.</p> <ul style="list-style-type: none"> ● Fresno County did not meet the Minimum Performance Level (MPL) of the 50th percentile for the following existing measures: Cervical Cancer Screening, Childhood IZ – CIS 10, Lead Screening in Children - LSC, and Child and Adolescent Well-Care Visits- W30-6+ & WCV. ● Kings County did not meet the MPL of the 50th percentile for the following existing measures: Childhood IZs – CIS- 10, Immunizations for Adolescents – IMA 2, Lead Screening - LSC, and Child and Adolescent Well-Care Visits - W30-6+ & WCV. ● Madera County met the MPL of the 50th percentile for all existing measures. ● Of the newly added 6 measures, Kings County shows a high-performance level in 2 measures. <p>Discussion: <i>Dr. Cardona asked if the MPL for Fresno’s Cervical Cancer screening is 57.08%, isn’t that above the 50th percentile?</i> <i>Amy Schneider clarified that the MPL target for the year is in the far-right column on the chart and is 57.64% (it changes every year), so, we missed it by just a few patients in Fresno County. Last year we met the target in Fresno County. At that time, we had a Cervical Cancer Screening project in progress in Fresno and we tend to do better when we are focused on a measure.</i></p> | <p>Motion: Approve - PowerPoint Presentation QI & HEDIS® Update (Cardona/Quezada) 4-0-0-3</p> |

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| | <p><i>Dr. Marabella informed the committee that we need to improve in the Behavioral Health (BH) and Children’s Services domains. The DHCS has four domains for improvement measures: Women’s Health, Children’s Services, Chronic Conditions, and BH. We’re making some progress in Women’s Health particularly in Chlamydia and Breast Cancer Screenings due to a performance improvement project and our PIP (the mobile mammogram units).</i></p> <ul style="list-style-type: none"> • Three new upcoming HEDIS® Measures are as follows: <ul style="list-style-type: none"> ○ Asthma Medication Ratio, Topical Fluoride for Children, and Developmental Screening in the First Three Years of Life • Six retired HEDIS® Measures are as follows: <ul style="list-style-type: none"> ○ HbA1x Poor Control (>9.0%), Weight Assessment and Counseling – BMI Percentile, Counseling for Nutrition, Counseling for Physical Activity, Well-Child Visits in the First 15 Months of Life, Well Child Visits in 3-6th Years of Life, and Adolescent Well-Care Visits • Overall, 64% (29/45) of measures met or exceeded the MPL. • Six (6) of 45 (13%) at the HPL. • Sixteen (16) of 45 (36%) missed the MPL. – The State requires improvement projects for these. <ul style="list-style-type: none"> ○ SWOT is now in place for Well Child Visits and Immunizations. ○ PIPs will begin in the fall for Substance Use, Mental Health/ER visits. <p>There were no further questions or concerns from committee members.</p> | |
| <p>#4 QI & Population Health Management Business -PowerPoint Presentation Continuity & Coordination Medical & Behavioral Healthcare Discussion (Attachment T)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>The PowerPoint Presentation Continuity & Coordination Medical & Behavioral Healthcare Discussion was presented and discussed. This is a new component of our Population Health Management program with the intent of demonstrating how we facilitate “Continuity and Coordination” between Medical and Behavioral Healthcare for CalViva members. We are glad to have our Behavioral Health Committee position filled again as Dr. Waugh’s contribution to our discussion will be important. Purpose & Goals of this Project include the following:</p> <ul style="list-style-type: none"> • Facilitate collaboration among medical and behavioral health providers, and CalViva leaders and managers. • Discuss performance results that quantify continuity & coordination between medical and behavioral health care per the six factors/opportunity areas. • Identify opportunities based on results so far to identify and prioritize two opportunity areas for an annual cycle of corresponding actions. | <p>Motion: Approve - Continuity & Coordination Medical & Behavioral Healthcare Discussion</p> <p>(Cardona/Waugh) 4-0-0-3</p> |

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| | <ul style="list-style-type: none"> • Discuss specific barriers to improvement with reports and meeting minutes to demonstrate compliance. • Share information/brainstorm applicable initiatives or potential actions that should be executed. <p>Dr. Marabella reviewed the model we will use for this project:</p> <ol style="list-style-type: none"> 1. Identify measures and collect data for 6 opportunity areas (this step has been completed) 2. Review measure results and conduct qualitative/causal analysis for the measures that didn't meet goals. 3. Identify & prioritize two (2) opportunity areas based upon discussion. 4. Discuss/identify internal resources to implement two (2) corresponding actions. 5. Evaluate the effectiveness of the actions on performance. <p>Key Objectives for Today include:</p> <p>Data Discussion to confirm:</p> <ul style="list-style-type: none"> • Measures that should be used for each of the six opportunity areas. • Methodology (e.g., HEDIS[®], surveys, etc.) • Benchmarks/goals for identified measures. <p>Discussion of Data Collection Results:</p> <ul style="list-style-type: none"> • Review the results for measures from the data collected. • Qualitative/causal analysis of the measure results – update barriers to improvement. • Identify and prioritize improvement opportunities to present and finalize at a Q1 2024 QIUM Committee. • Brainstorm actions to address identified opportunities. <p>Confirming Quantifiable Measures, by Six (6) Opportunity Areas</p> <p>2022 Review: Identified Opportunities & Proposed Actions: In January 2023, clinical and non-clinical behavioral health and medical health care representatives met to establish the measures for data collection and identify the opportunities and actions.</p> <p>These are the measures we are proposing that we consider using to evaluate the success of our project:</p> <ol style="list-style-type: none"> 1. Exchange of Information <ul style="list-style-type: none"> • Provider satisfaction with the timeliness of information exchanged between medical and behavioral healthcare providers, from the HN Provider Satisfaction & MHN Practitioner Survey. Methodology: survey. | |

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| | <p>2. Appropriate diagnosis, treatment, and referral of behavioral disorders commonly seen in primary care.</p> <ul style="list-style-type: none"> • HEDIS® Antidepressant Medication Management: Acute and Continuation Phase of Treatment (AMM). Methodology: HEDIS® measure. <p>3. Appropriate use of psychotropic medications.</p> <ul style="list-style-type: none"> • HEDIS® Follow-Up Care for Children Prescribed ADHD Medication: Initiation (INT) and Continuation & Maintenance (C&M) Phase of Treatment (ADD). • HEDIS® Potentially Harmful Drug-Disease Interactions in Older Adults (DDE) – Dementia & Falls. Methodology: HEDIS® measures. <p>4. Management of treatment, access, and follow-up for members with coexisting medical and behavioral disorders.</p> <ul style="list-style-type: none"> • HEDIS® Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD). Methodology: HEDIS® measure. <p>5. Primary or secondary preventive behavioral healthcare program implementation.</p> <ul style="list-style-type: none"> • Depression Screening & Follow-up (CDF) (Methodology: NQF) • HEDIS® Depression Screening & Follow-Up (DSF-E). Methodology: HEDIS® measure. <p>6. Special needs of members with severe and persistent mental illness.</p> <ul style="list-style-type: none"> • HEDIS® Diabetes Screening for Members diagnosed with bipolar disorder or Schizophrenia Prescribed Antipsychotic Medications (SSD). Methodology: HEDIS® measure. <p>Each of the Six Areas above was reviewed and the measures were described. The Committee members had no questions and were supportive of utilizing these proposed measures for the assessment. <u>Two opportunities were identified:</u></p> <p>1. Appropriate diagnosis, treatment, and referral of behavioral disorders commonly seen in primary care. For Opportunity #1 the measures are:</p> <ul style="list-style-type: none"> • Antidepressant, Acute Phase with a goal of reaching the Quality Compass 50th percentile. Current compliance is at 48.66% with a goal of reaching 60.44%. • Antidepressant, Continuation Phase current compliance is at 31.35% with a goal to reach 42.96%. <p>2. Behavioral Health (BH) Prevention Program. For Opportunity #2 the measure will be HEDIS® Depression screening and follow-up with a</p> | |

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| | <p>goal of directional improvement since a specific benchmark is not currently available.</p> <p>Dr. Marabella led a discussion of barriers to successful results of the identified metrics. Qualitative Analysis for “Appropriate diagnosis, treatment and referral of behavioral disorders commonly seen in primary care”. The following Barriers & Opportunities were discussed:</p> <ol style="list-style-type: none"> 1. Member beliefs and attitudes: uncertainty about antidepressant medication effectiveness or unwillingness to rely on antidepressant medication at the initiation of care. <ol style="list-style-type: none"> a. Member education at initiation as well as referral to behavioral health providers or pharmacists to address negative beliefs and attitudes. 2. Member beliefs and attitudes: Lack of education about antidepressant medication treatment and side effects. <ol style="list-style-type: none"> a. Member education at initiation. 3. Member habits: Forgetfulness (filling subsequent medications) <ol style="list-style-type: none"> a. Pharmacy intervention to support these medication adherence barriers. 4. Resource limitations: Medical providers prescribe most antidepressant medications without the tools to monitor treatment adherence. <ol style="list-style-type: none"> a. Provider resources and/or tools to support treatment monitoring. 5. Due to the pandemic, lack of or delayed access to medications from fear of going to the pharmacy to pick up medications or having follow-up visits to have prescriptions refilled. <ul style="list-style-type: none"> o Member education that is culturally competent, facilitating continuity and coordination of care (e.g., primary care referral to a psychiatrist). <p>Based on pharmacy prescription refill data, the plan needs to educate its members through a follow-up phone call about the importance of taking and staying on their medication. MHN can make the follow-up calls, the challenge will be to reach members as the Plan has previously found that current contact information is available for roughly 65% of its members.</p> <p>Dr. Marabella led a discussion of barriers to successful results of the identified metrics for the primary or secondary preventive behavioral healthcare program. The following Barriers & Opportunities were discussed:</p> <ol style="list-style-type: none"> 1. Lack of consensus about who owns follow-up care for members with positive screens. Case Management/MHN follow-up for myStrength members that have a high PHQ9 score. <p><i>Dr. Waugh indicated that access to myStrength in more rural areas may be limited as those communities may not have smartphones or internet. Lower socioeconomic communities may not be able to access this type of care. The physicians present were not familiar with myStrength, so Dr.</i></p> | |

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| | <p><i>Marabella provided an explanation that it is a screening tool application.</i></p> <p><i>Dr. Marabella summarized that part of the issue then is knowledge about the program. If the providers don't know about it, the members will not know about it. Access is another issue as it is an electronic smartphone screening tool app.</i></p> <p><i>Amy Schneider inquired as to whether PHQ9s are being done consistently at provider offices/clinics? What is the follow-up if treatment is needed? Referrals?</i></p> <p><i>Dr. Cardona wasn't confident that the PHQ9s were being done consistently. Some are done. Whether follow-up is needed is a clinical judgment, not just based on the screening tool. Scoring may be repeated and further discussion with the patient. Access to mental health services in Fresno is very limited and many patients do not want to go to the places where services are provided. Many patients fear going to places where high-level disorders such as schizophrenia are treated. Patients would prefer their PCP to treat them without referral to BH.</i></p> <p><i>Dr. Waugh reported that in Selma, generally, patients have to wait two to three months to be seen after they make their appointment.</i></p> <ul style="list-style-type: none"> ○ Communication aids sent to providers to facilitate communication in conducting depression screening and behavioral health referrals. <p><i>Amy Schneider asked the Committee how members fill out the PHQ9? Is it on paper? Online?</i></p> <p><i>Dr. Waugh reported that clinic staff generally help members to fill it out during office visits. It is available electronically, but it is built into their EMR, so patients don't have access to enter their responses.</i></p> <p><i>Dr. Quezada indicated that in her clinic both paper and electronic versions are available, and they can be completed with or without staff help.</i></p> <p><i>Dr. Cardona stated it is the same at his office, staff assists patients and then staff enters it into the EMR.</i></p> <ul style="list-style-type: none"> ○ Promote Coordination of Care and Co-Management from internally established responsibilities <p>Current Actions for 2023 were discussed.</p> <p>Actions to be taken and completed in 2023 for Opportunity #1 - Appropriate Diagnosis, Treatment, And Referral will be live calls in two counties. <i>Amy Schneider shared with the Committee that CalViva previously initiated this type of improvement activity in Kings and Madera Counties called a COVID-19 QIP. At this time, we would like to recommend that the focus be placed on Fresno and Kings Counties since that is where the greatest opportunity lies. The committee</i></p> | |

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| | <p><i>members voiced agreement with the proposal to start with the lower complying counties of Fresno and Kings. For the Antidepressant, Acute Phase: The Goal is 60%. All three Counties are between 44%-54% for RY21 (MY20) & RY22 (MY21). For the Antidepressant, Continuation Phase the RY22 Goal is 60%. All three Counties are between 28%-36% for RY21 (MY20) & RY22 (MY21).</i></p> <p>Actions to be taken in 2023 for Opportunity #2 - Preventive Behavioral Healthcare Program will be to use myStrength PHQ9 data for DSF Screening with the recommendation to work on opportunities. Providers need to be educated about the myStrength program and how it can be accessed. A link can be found on the Plan’s website.</p> <p><i>In conclusion, the Committee members were asked if they had any questions or comments about our proposed two opportunities or any other suggestions on how to improve the coordination of care between physical health and BH?</i></p> <p><i>Dr. Waugh asked what the threshold is for referral? There could be inconsistency throughout the system if it is subjective.</i></p> <p><i>Dr. Cardona recommended that we test out the proposed interventions and get feedback (both positive and negative) to see what works and what doesn’t, and we can modify from there. Dr. Marabella thanked the committee members for their contributions and reinforced that this is a fluid process that is just beginning so please bring back any other suggestions to future meetings.</i></p> | |
| <p>#5 UM/CM Business</p> <ul style="list-style-type: none"> - Key Indicator & TAT Report (May) - Case Management & CCM Report (Q1) <p>(Attachments U, V)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>Dr. Marabella presented the Key Indicator Report and Turn Around Time Report through May. A summary was shared that provided the most recent data for Admissions, Bed Days, Average Length of Stay, and Readmissions through May 2023.</p> <ul style="list-style-type: none"> • Membership has leveled off due to the redetermination process; Utilization for Total Admits and Acute Admits have increased along with the population overall. Interestingly the PTMPY, Acute Admits, Bed Days, and Length of Stay for SPD have decreased, which could be because this membership group hasn’t increased significantly. There was one error that resulted in failure to meet turn-around time compliance that has been addressed. • Case Management results through May 2023 have shown a slight decrease in referrals but the engagement rates have remained consistent. Integrated CM has leveled off in both referrals and engagement. There has been a significant increase in referrals (164 to 304) for Transitional CM due to a process change whereby all members go through the Transition of Care (TOC) team before referral to others. The engagement rate in this area is skewed as we await updated reporting capability. Palliative Care shows a leveling off in referrals but an increase in engagement. Behavioral Health referrals have fluctuated in recent months, but engagement | <p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Key Indicator & TAT Report (May) -Case Management & CCM Report (Q1) <p>(Quezada/Waugh) 4-0-0-3</p> |

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| | <p>has increased.</p> <p>The Case Management and CCM Report for Q1 was presented. This report summarizes the Case Management, Transitional Care Management (TCM), MemberConnections, Palliative Care, and Emergency Department (ED) diversion activities for Q1 2023 and 2022 utilization-related outcomes through 12/31/22. CM continued to support member education related to COVID-19 and provided vaccine information during outreach.</p> <ul style="list-style-type: none"> • Referral volume increased in the following programs: Integrated CM, Behavioral Health, and Perinatal. Referral volume decreased in the following programs: Transitional Care and Palliative Care. • Average engagement increased for Perinatal and decreased slightly for all other programs. • Integrated, BH, and TCM Outcomes Post enrollment: The total number of admissions and readmissions decreased, the volume of ED decreased, and total healthcare costs decreased. • Perinatal Outcomes show increases in compliance rates for prenatal and postpartum visits and decreased pre-term high-risk deliveries. • Emergency Department (ED) Diversion Program reached 30.4% of members contacted with 94.1% of those completing an ED assessment. <p>Next Steps:</p> <ul style="list-style-type: none"> • Hired new Case Managers using a regional model. • Enhancements made to the Transition of Care (TOC) program. • Continue support of CalAIM activities. | |
| <p>#5 UM/CM Business - Clinical Practice Guidelines 2022 (Attachment W)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>The Clinical Practice Guidelines were presented and reviewed by the Committee. HN adopts guidelines from Centene’s National organization and then CalViva can review, provide feedback, or ask questions. The links to each guideline are listed in the attachment and are also available on the provider portal. No concerns or questions were raised after review and the clinical practice guidelines were adopted for CalViva Health.</p> | <p>Motion: <i>Adopt</i> - Clinical Practice Guidelines 2022 (Quezada/Cardona) 4-0-0-3</p> |
| <p>#6 Pharmacy Business - Pharmacy Executive Summary (Q1) - Pharmacy Operations Metrics (Q1)</p> | <p>The Pharmacy Executive Summary (Q1) provides a summary of the quarterly pharmacy reports 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>Motion: <i>Approve</i> - Pharmacy Executive Summary (Q1) - Pharmacy Operations Metrics</p> |

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| <p>- Pharmacy Top 25 Prior Authorizations (Q1) - Pharmacy Inter-Rater Reliability Results (IRR) (Q1) (Attachments X - AA)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>The Pharmacy Operations Metrics (Q1) provides key indicators measuring the performance of the PA Department in service to CalViva Health members. Pharmacy Prior Authorization (PA) metrics were within 5% of the standard for Q1 2023 except for January. Overall, TAT for Q1 2023 was 95.6%. PA TAT was slightly lower in Q1 2023 than in Q4 2022. PA volume was stable.</p> <p>The Pharmacy Top 25 Prior Authorizations (Q1) identifies the most requested medications to the Medical Benefit PA Department for CalViva Health members and assesses potential barriers to accessing medications through the PA process.</p> <ul style="list-style-type: none"> • Top 25 PA requests in Q1 2023 were uniform when the top 10 drugs were reviewed, however, variance is seen as we move from the top 15 to 25 drugs. Some variances can be explained by intervals between treatment and length of auth assigned per criteria. <p>The Pharmacy Inter-Rater Reliability Results Q1 A sample of 10 prior authorizations (4 approvals and 6 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 for action of 90%.</p> <ul style="list-style-type: none"> • 90% threshold met. 95% goal not met; the overall score was 91.67% • One case missed TAT; Four cases criteria misapplied; Two cases letter language unclear; Three cases with a questionable denial or approval. • Criteria application was the main issue in Q1 but was improved from Q4 2022. <p>CalViva will continue to monitor top Medical Benefit PA requests in 2023 and present reports quarterly to this committee. There were no questions or comments from committee members.</p> | <p>(Q1) - Pharmacy Top 25 Prior Authorizations (Q1) - Pharmacy Inter-Rater Reliability Results (IRR) (Q1) (Cardona/Quezada) 4-0-0-3</p> |
| <p>#7 Credentialing & Peer Review Subcommittee Business - Credentialing Subcommittee Report (Attachments BB)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>The Credentialing Sub-Committee Quarterly Report was presented. The Credentialing Sub-Committee met on May 18, 2023. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities.</p> <ul style="list-style-type: none"> • Reports covering Q4 were reviewed for delegated entities. • Q1 reports were reviewed for MHN and Health Net. • There were two Adverse Action cases for the March Credentialing Report from Health Net, both cases were pended awaiting the Medical Board’s decision and actions. • The 2023 Adverse Events Report is a new report for the Credentialing Sub-Committee and provides a summary review of ongoing monitoring for potential quality issues and Credentialing Adverse Action cases during the reporting period. Two cases were identified for Q1 2023 with adverse outcomes associated with a contracted practitioner. Both cases remain | <p>Motion: <i>Approve</i> - Credentialing Subcommittee Report (Quezada/Waugh) 4-0-0-3</p> |

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| | <p>open for review in the Peer Review Process.</p> <ul style="list-style-type: none"> • The 2023 Credentialing Sub-committee Charter was reviewed for annual approval. The following edits to the Charter were discussed: <ul style="list-style-type: none"> ○ Added NCQA to the list of credentialing and re-credentialing compliance activities. ○ The description of the composition of the physicians that make up the Credentialing Sub-Committee was revised to include, “external participating practitioners”. The revised Charter was approved. | |
| <p>#7 Credentialing & Peer Review Subcommittee Business - Peer Review Subcommittee Report Q2 (Attachment CC)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>Peer Review Sub-Committee Quarterly Report was presented. The Peer Review Sub-Committee met on May 18, 2023.</p> <ul style="list-style-type: none"> • The county-specific Peer Review Sub-Committee Summary Reports for Q1 were reviewed for approval. No significant cases to report. • The 2023 Peer Review Sub-committee Charter was reviewed for annual approval. The following edits to the Charter were discussed: <ul style="list-style-type: none"> ○ Added NCQA to the list of criteria and compliance activities to comply with. ○ The description of the composition of the physicians that make up the Peer Review Sub-Committee was revised to include, “external participating practitioners”. The revised Charter was approved. • The 2023 Adverse Events Report is a new report for the Peer Review Sub-Committee and provides a summary review of ongoing monitoring for potential quality issues and Credentialing Adverse Action cases during the reporting period. There were two cases identified for Q1 2023 with adverse outcomes associated with a contracted practitioner. Both cases remain open for review in the Peer Review Process. • The Q1 Peer Count Report was presented at the meeting with a total of twelve cases reviewed. The outcomes for these cases are as follows: <ul style="list-style-type: none"> ○ Six cases closed and cleared. One case pending closure for Corrective Action Plan compliance. ○ Five cases pended for further information. <p>Follow-up was initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p> | <p>Motion: <i>Approve</i> - Peer Review Subcommittee Report (Quezada/Waugh) 4-0-0-3</p> |
| <p>#8 Policy & Procedure Business - Quality Improvement Policy Grid 2023</p> | <p>The Quality Improvement Policy Grid was presented to the committee. The policy edits were discussed and approved.</p> <ul style="list-style-type: none"> • QI-005 Medi-Cal Quality & PI Program Requirements was updated to include updated PIP | <p>Motion: <i>Approve</i> - Quality Improvement Policy Annual Review</p> |

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| <p>(Attachment DD)</p> <p>Action - Patrick Marabella, M.D Chair</p> | <p>requirements and a redlined version of the policy was made available for committee members to review.</p> <ul style="list-style-type: none"> o Changed “Quality Performance Improvement Program (QPIP) to Quality Monitoring Improvement Program (QMIP)” through the policy. o Updated Quality Monitoring Performance Tiers. o Updated attachments 2023-2026. <ul style="list-style-type: none"> • QI-012 Physical Accessibility Review Survey. Minor edit. • QI-016D Access to Care: Monitoring of Provider Office Waiting Times <ul style="list-style-type: none"> o Updated Transferring Clinic Data to generate Quarterly Reports with Graphs section. o Added Quarterly Access Committee Report process. • QI-018 Initial Health Appointment (IHA) had minor changes throughout the policy to be in compliance with the APL 22-030. <p>The following policies were up for annual review with <u>no changes</u>:</p> <ul style="list-style-type: none"> • QI-006 Annual HEDIS Production and Reporting • QI-010 Medical Records Documentation Standards • QI-011 Medi-Cal PCP Facility Site Medical Record Review • QI-013 Medical Record Confidentiality & Release of Information • QI-014 Potential Quality Issues (PQI) Management Process • QI-017 Provider Preventable Conditions Program • QI-019 Childhood Blood Lead Screening <p>There were no questions or comments from committee members.</p> | <p>2023 (Quezada/Waugh) 4-0-0-3</p> |
| <p>#9 Compliance Update - Compliance Regulatory Report (Attachment EE)</p> | <p>Mary Lourdes Leone presented the Compliance Report and went through a PowerPoint handout given to the Committee indicating the number of regulatory filings submitted to the DHCS YTD, and the number of Potential Privacy & Security Breach Cases reported to DHCS YTD.</p> <p>Compliance Oversight & Monitoring Activities: CalViva Health Oversight Activities. Health Net 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</p> | |

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| | <p>projects or transitions that may affect CalViva Health. The reports cover PPG-level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances, and appeals, etc.</p> <p>Oversight Audits The following annual audits are in-progress: Fraud Waste & Abuse; Pharmacy, Appeals & Grievances; Emergency Room, and Privacy & Security The following audits have been completed since the last Commission report: Member Call Center (CAP)</p> <p>Fraud, Waste, and Abuse Since the 5/18/23 Compliance Report, there have been two new MC609 cases filed. One case involved a participating Applied Behavior Analysis (ABA) provider after a referral was received from DHCS. The provider billed all services under one credentialed Board-Certified Behavior Analyst (BCBA), but the services were rendered by two non-credentialed BCBA's. No additional information was provided. The other case involved a non-participating provider specializing in hospice services for suspected services not rendered or non-appropriate billing.</p> <p>Regulatory Reviews/Audits and CAPS: 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. Department of Managed Health Care ("DMHC") 2022 Medical Audit The Plan is awaiting DMHC's Preliminary Report. Department of Health Care Services ("DHCS") 2022 Medical Audit The Plan is awaiting DHCS' CAP closure. Department of Health Care Services ("DHCS") 2023 Medical Audit The Plan is awaiting the DHCS' Preliminary Final Report which is to be sent in advance of the formal "Exit Conference".</p> <p>New Regulations / Contractual Requirements/DHCS Initiatives: California Advancing and Innovating Medi-Cal (CalAIM) For the Populations of Focus (POFs) that went live on 7/1/23, specifically those pertaining to Children and Youth, CalViva received approval for its Community Supports Model of Care (MOC) and its Enhanced Care Management (ECM) MOC on 6/1/23 and 6/30/23, respectively. The next ECM MOC submission scheduled for 9/1/23 submission will focus on the Justice Involved POF that will go live 1/1/24.</p> | |

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| | <p>Transition to Statewide Exclusively Aligned Eligibility (EAE)-D-SNP Starting January 1, 2024, DHCS will expand the availability of Medi-Medi Plans (EAE D-SNPs) for dual eligible Medicare and Medi-Cal members to five additional Central Valley counties, including Fresno, Kings, and Madera. CalViva Health continues to work with Health Net as it stands up its EAE D-SNP product, "Wellcare by Health Net". Health Net and DHCS have recently executed the State Medicaid Agency Contract (SMAC) which is a care coordination and benefit coordination agreement. CalViva is waiting to obtain from Health Net the integrated Medicare Advantage/Medi-Cal member materials (i.e., EOC and Member ID card, member notices) for CalViva's submission to DMHC. CalViva must obtain DMHC approval to co-brand with Wellcare/Health Net.</p> <p>Member Handbook/Evidence of Coverage On 6/29/23, DHCS released the 2024 Model EOC. Plans must review and customize the EOC by 9/1/23.</p> <p>New DHCS Regulations/Guidance Please refer to Appendix A for a complete list of DHCS and DMHC All Plan Letters (APLs) that have been issued in CY 2023 as of July 2023.</p> <p>Plan Administration: DHCS 2024 Operational Readiness Work Plan & Contract The Plan has completed the monthly filings to DHCS of the various policies and other required documents through June 2023 and has received approvals on most but is still responding to additional DHCS information requests for some of the items. The Plan is on schedule to continue the required monthly filings through September 2023. As part of the 2024 Operational Readiness Work Plan, on 7/3/23 the DHCS issued new draft MOU agreement templates that plans will have to use when entering Third Party Entity relationships such as those with local public and behavioral health departments, and educational and governmental agencies such as those listed below:</p> <table border="1" data-bbox="506 1203 1696 1421"> <thead> <tr> <th data-bbox="506 1203 814 1240">Department</th> <th data-bbox="814 1203 1696 1240">Program</th> </tr> </thead> <tbody> <tr> <td data-bbox="506 1240 814 1312">County Behavioral Health Departments</td> <td data-bbox="814 1240 1696 1312">Specialty Mental Health Services</td> </tr> <tr> <td data-bbox="506 1312 814 1383">County Behavioral Health Departments</td> <td data-bbox="814 1312 1696 1383">Substance Use Disorder Services</td> </tr> <tr> <td data-bbox="506 1383 814 1421">Local Health</td> <td data-bbox="814 1383 1696 1421">Including, without limitation, California Children's Services (CCS),¹</td> </tr> </tbody> </table> | Department | Program | County Behavioral Health Departments | Specialty Mental Health Services | County Behavioral Health Departments | Substance Use Disorder Services | Local Health | Including, without limitation, California Children's Services (CCS), ¹ | |
| Department | Program | | | | | | | | | |
| County Behavioral Health Departments | Specialty Mental Health Services | | | | | | | | | |
| County Behavioral Health Departments | Substance Use Disorder Services | | | | | | | | | |
| Local Health | Including, without limitation, California Children's Services (CCS), ¹ | | | | | | | | | |

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| | Departments | Maternal, Child, & Adolescent Health (MCAH), TB Direct Observed Therapy | |
| | Local Health Departments | Women, Infants, & Children (WIC) | |
| | Regional Centers | Behavioral Health Treatment; Intermediate Care Facility – Developmentally Disabled Services | |
| | Local Government Agencies | In-Home Services and Supports (IHSS) | |
| | Local Government Agencies/County Social Services Departments | County Social Services programs and Child Welfare | |
| | Local Government Agency | Targeted Case Management | |
| | <p>Committee Report: Public Policy Committee (PPC) The PPC meeting was held on June 7, 2023, at 11:30 in the CalViva Health Conference Room, 7625 N. Palm Ave., Suite 109, Fresno, CA 93711. The following programs and reports were presented: 2022 Health Education (HE) Work Plan Summary, 2023 HE Program Description and 2023 HE Work Plan; 2022 Health Equity Work Plan Evaluation, 2022 Language Assistance Program Evaluation, 2023 Health Equity Program Description, and 2023 Health Equity Work Plan; and the Appeals and Grievances Report.</p> <p>Additionally, a discussion of the Appeals and Grievances report with the PPC members was led by Dr. Marabella which covered how the A&G data is derived, trended, compiled, and reported in the A&G Dashboard (which is also reviewed by the QIUM Committee and the Commission). Dr Marabella solicited questions and comments from members to confirm their understanding of the processes and follow up on issues raised from the grievance analysis.</p> <p>The next Public Policy meeting will be held on September 6, 2023, at 11:30 a.m. in the CalViva Health Conference Room.</p> | | |
| <p>#10 Old Business - Quarterly Appeals & Grievances Member Letter Monitoring</p> | <p>The Quarterly Appeals & Grievances Member Letter Monitoring Report Q1 was presented and reviewed.</p> <ul style="list-style-type: none"> Two appeals were not sent to the same or specialty review within two hours of the MD request | | <p>Motion: <i>Approve</i> - Quarterly Appeals & Grievances Member</p> |

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| Report Q1 (Attachment FF) | per our internal standard. Team members are not aware of the standard. Results were heavily impacted by a lower sample size. <ul style="list-style-type: none"> • Reference of criterion utilized for the appeal decision was incomplete or missing on 27 letters. Improved by approximately 10% over Quarter 4 2022. • Reviewer detail incomplete or missing in 11 appeal letters. Slight decrease from Quarter 4 2022 results. | Letter Monitoring Report Q1 (Quezada/Waugh) 4-0-0-3 |
| #11 Announcements | Next meeting September 21, 2023 | |
| #12 Public Comment | None. | |
| #13 Adjourn | Meeting was adjourned at 12:30 pm. | |

NEXT MEETING: September 21st, 2023

Submitted this Day: September 21, 2023

Submitted by: Amy J. Schneider
 Amy Schneider, RN, Director of Medical Management

Acknowledgment of Committee Approval:

Patrick Marabella
 Patrick Marabella, MD, Committee Chair