

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
October 19th, 2023

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
✓*	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓ Iris Poveda, Senior Medical Management Specialist
	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓ Mary Lourdes Leone, Chief Compliance Officer
✓	Carolina Quezada, M.D., Family Health Care Network	✓ Maria Sanchez, Compliance Manager
✓	DeAnna Waugh, Psy.D., Adventist Health, Fresno County	✓ Patricia Gomez, Senior Compliance Analyst
✓*	Joel Ramirez, M.D., Camarena Health Madera County (arrived at 10:35 AM)	✓ Zaman Jennaty, Medical Management Nurse Analyst
✓	Rajeev Verma, M.D., UCSF Fresno Medical Center	✓ Norell Naoe, Medical Management Administrative Coordinator
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)	
	Guests/Speakers	
✓*	Dr. Anshul Dixit, HealthNet Regional Medical Director	

✓ = 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 10:32 am. A quorum was present. Dr. Marabella welcomed Dr. Dixit to today's meeting. Dr. Dixit is the HealthNet Regional Medical Director for our service area.	
#2 Approve Consent Agenda Committee Minutes: September 21 st , 2023 - Standing Referrals Report (Q2) - Specialty Referrals Report (Q2) - Provider Office Wait Time Report (Q2) - Provider Preventable	September 21 st , 2023, QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Dr. Marabella reminded the committee that any item on the consent agenda may be pulled out for further discussion at the request of any committee member. A link for the Medi-Cal Rx Contract Drug List was available for reference.	Motion: <i>Approve</i> Consent Agenda (Quezada/Verma) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Conditions (PPC) (Q2) - TurningPoint Musculoskeletal Utilization Review (Q2) (Attachments A-F)</p> <p>Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business - Appeals & Grievances Dashboard (August) (Attachment G)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Appeals & Grievances Dashboard through August 2023 was presented noting the following trends:</p> <ul style="list-style-type: none"> • The total number of grievances through August 2023 is increasing compared to previous years. Trends associated with this increase are being addressed. • Quality of Service (QOS) for Access (Prior Authorizations), Administrative, Other (Balanced Billing), and Transportation continue to represent most of these grievances. • The volume of Quality of Care (QOC) grievances has increased in August compared to last month. • Exempt Grievances have increased compared to last month. Balanced Billing Grievances have begun to decrease. • Total Appeals received through August 2023 have decreased, while the uphold and overturn rates remain consistent. Advanced imaging (MRI & CT) appeals continue to be a trend. 	<p>Motion: <i>Approve</i> - Appeals & Grievances Dashboard (August) (Verma/Cardona) 5-0-0-2</p>
<p>#3 QI Business - MHN Performance Indicator Report for Behavioral Health Services (Q2) (Attachment H)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The MHN Performance Indicator Report for Behavioral Health Services (Q2) provides a summary of an array of indicators to evaluate the behavioral health services provided to CalViva members. Fifteen out of the fifteen metrics met or exceeded their targets this quarter.</p> <ul style="list-style-type: none"> • CalViva Membership increased 1.8% from Q1 2023, utilization is 2.3%. • There were two (2) Life-Threatening Emergent cases and two (2) Non-Life-Threatening Emergent cases, and the appointment access standards were met. • There were ten (10) Urgent cases, and the appointment access standard was met for all cases. • Both Non-ABA and ABA were 100% compliant on timeliness. • There were seven (7) PQIs, with no quality issues found. • MHN is also working on improving: <ul style="list-style-type: none"> ○ Communication with members through a targeted provider newsletter, sent on 	<p>Motion: <i>Approve</i> - MHN Performance Indicator Report for Behavioral Health Services (Q2) (Ramirez/Quezada) 5-0-0-2</p>

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	<p>9/11/23 based upon member recommendations for improved communication.</p> <ul style="list-style-type: none"> ○ Data exchange with the County Mental Health Plans. 	
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Health Equity 2023 Language Assistance Program Report (Semi-annual) - Health Equity 2023 Geo Access Report & Executive Summary (Attachments I-J) <p>Action Patrick Marabella, M.D Chair</p>	<p>The Health Equity 2023 Language Assistance Program Report (Semi-annual) provides information on the language service utilization by CalViva Health members from January 1st to June 30th, 2023. The Language Assistance Program incorporates MHN Services’ Mental Health/Behavioral Health language utilization for the same reporting period. It also evaluates telephonic and in-person interpretation services, Sign Language, and document translations.</p> <ul style="list-style-type: none"> • Member Services Department representatives handled a total of 70,043 calls across all languages during this reporting period. Of these, 12,758 (18%) were handled in Spanish and Hmong languages. • A total of 2,440 interpreter requests were fulfilled for CalViva Health members, 1,743 (71%) of these requests were fulfilled utilizing telephonic interpreter services with 644 (26%) for in-person, 53 (2%) for sign language interpretation, and zero requests for video remote interpreting. • MHN Services’ Member Services Department representatives handled a total of 1,753 calls across all languages and 532 (31%) calls handled in a language other than English (Spanish, Hmong, Punjabi, Khmer, Mandarin, and Farsi) with 504 (94%) handled in Spanish and 4 (1%) handled in Hmong. • There were 120 requests for interpreter services with all fulfilled for MHN. Eighty-two (82) or 68% were fulfilled in-person, five (5), or 4% were for sign language interpretation, seven (7), or 6% were for telephone interpretation, and twenty-six (26) or 22% were for Video Remote Interpretation. • One written translation request was received from CalViva Health members during this reporting period. • A total of thirty-four (34) English material reviews were completed for CalViva Health documents/materials, including the member newsletter. • A total of seventeen (17) grievance cases were received and reviewed by the Health Equity Department. There were no follow-up interventions by Health Equity required for these cases. <p>Dr. Marabella shared with the committee that MHN has been an affiliate of HealthNet over the years to provide mild to moderate mental health services for CalViva members including ABA, but as of January 2024, MHN will be folded into HealthNet. This may impact the availability of certain data points and the appearance of some reports. A communication for providers and members is forthcoming regarding this change.</p> <p>The Health Equity 2023 Geo Access Report & Executive Summary examines the race, ethnicity, and</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Health Equity 2023 Language Assistance Program Report (Semi-annual) - Health Equity 2023 Geo Access Report & Executive Summary (Quezada/Verma) <p>5-0-0-2</p>

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	<p>language of CalViva Health’s members compared to the provider network for the prior year and examines the concordance of provider languages spoken in the office with member language needs.</p> <p>The data illustrates counties where members who identified as speaking a given language did not live within an appropriate time or distance parameter (10 to 30 miles or 30 to 60 minutes from a member’s residence depending on population density).</p> <ul style="list-style-type: none"> • Gaps were identified for various languages for PCPs and Specialists or both PCPs and Specialists. • All members identifying as Spanish-speaking and residing in Fresno, Kings, or Madera counties had their language access needs met. • Madera appears to be the county with the fewest gaps. • The Culture and Linguistics Services Department staff developed and executed a plan to address the gaps in provider language capabilities and member language needs with the goal of increasing awareness and utilization of the language support services that are available through CalViva Health. Monitoring and reporting will continue. <p>Discussion: <i>A discussion followed regarding the state’s lack of information about the provider’s languages spoken, which is captured upon initial credentialing with the Plan if it is reported but, unlike race and ethnicity, it has not been mandatory, therefore many data gaps exist.</i> <i>Dr. Cardona hopes that the state will remediate this gap through the recredentialing process.</i> <i>Dr. Marabella indicated that in the meantime, we attempt to address these gaps through in-person, telephonic, and VRI interpreters. HN is also attempting to collect more language and culture-specific data from their providers.</i> <i>Dr. Verma indicated that there will always be a language gap between the number of providers in each demographic and the needs of that community for in-person visits. The medical board would have to approve an equitable number of providers to match the target populations, which is impossible.</i> <i>For example, Amy Schneider indicated that it is surprising that there is a larger gap in Fresno County among its Hmong population as there are some Hmong-speaking practitioners but not enough are available throughout the county.</i></p>	
<p>#3 QI Business - Facility Site & Medical</p>	<p>The Facility Site & Medical Record & PARS Review Report (Q1 & Q2) was presented and reviewed for the first and second Quarters of 2023. New FSR/MRR tools and standards began on 7/1/22.</p>	<p>Motion: <i>Approve</i> - Facility Site & Medical</p>

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<p>Record & PARS Review Report (Q1 & Q2) (Attachment K)</p>	<ul style="list-style-type: none"> • There were twenty-four (24) Facility Site Reviews (FSR) and twenty-four (24) Medical Record Reviews (MRR) completed in the 1st and 2nd Quarters of 2023. • The mean rate FSR score for Fresno, Kings, and Madera Counties was 97% for the 1st and 2nd Quarters of 2023. • The mean rate MRR score for Fresno, Kings, and Madera Counties was 92% for the 1st and 2nd Quarters of 2023 with 250 records reviewed. • The Pediatric Preventive Care section's mean score was 88%. • The Adult Preventive Care section's mean score was 91%. • Forty-two (42) Physical Accessibility Review Surveys (PARS) were completed in the 1st and 2nd Quarters 2023. Twenty-nine (29) of the forty-two (42) PARS have Basic level access. 	<p>Record & PARS Review Report (Q1 & Q2) (Cardona/Ramirez) 5-0-0-2</p>
<p>#4 Key Presentations</p> <ul style="list-style-type: none"> - Health Equity Work Plan Mid-Year Evaluation and Executive Summary 2023 - Health Education Work Plan Mid-Year Evaluation and Executive Summary 2023 <p>(Attachments L-M)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Health Equity Work Plan Mid-Year Evaluation and Executive Summary 2023.</p> <p>The 2023 Work Plan is divided into 4 Categories:</p> <ul style="list-style-type: none"> • Language Assistance Program • Compliance Monitoring • Communication, Training, and Education • Health Literacy, Cultural Competency & Health Equity <p>By June 30th all activities were on target for end-of-year completion with some already completed. Some of the Activities Completed include:</p> <ul style="list-style-type: none"> • Provided training sessions for new hires and current A & G staff. • Completed fifteen (15) translation reviews. • Supported and provided Barrier Analysis data for new Clinical and Non-clinical PIPs. • Thirty-nine (39) staff completed their bilingual assessment or were reassessed. • Completed LAP assessment for TAR submission. • Reviewed seventeen (17) grievance cases with no interventions needed and two (2) interpreter complaints. • Supported Sexual Orientation & Gender Identity (SOGI) data field <i>go-live</i> to improve data capture. <p>The Annual Comparative Analysis of language service utilization was presented: Race/Ethnicity, Race/Ethnicity by Gender and Languages, and interpreter utilization data.</p> <ul style="list-style-type: none"> • Spanish and Hmong are CalViva Threshold Languages. Spanish is the highest with 95%. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Health Equity Work Plan Mid-Year Evaluation and Executive Summary 2023 - Health Education Work Plan Mid-Year Evaluation and Executive Summary 2023 <p>(Verma/Cardona) 5-0-0-2</p>

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	<ul style="list-style-type: none"> • Most interpretation is done via telephonic interpreters and face-to-face remained at 26% consistent with last year. • MHN (behavioral health) language services are also monitored. <ul style="list-style-type: none"> ○ 31% (532) of Calls were non-English compared to 9% (207) last year. ○ 94% of non-English Calls were in Spanish. <p>All Work Plan activities continue on target for completion by the end of calendar year 2023. Continue to assess circumstances to modify plans as needed to continue to implement, monitor, and track Health Equity-related services and activities.</p> <p>*Dr. Dixit left at 11:09 AM</p> <p>Dr. Marabella presented the Health Education Work Plan Mid-Year Evaluation and Executive Summary 2023. The Work Plan has two Areas of Focus for 2023:</p> <ul style="list-style-type: none"> • Programs and Services • Department Operations, Reporting, and Oversight <p>Health Education activities are selected based on the Population Needs Assessment. Mid-Year outcomes include:</p> <ul style="list-style-type: none"> • Fifteen (15) Program Initiatives for 2023 with Forty (40) Objectives <p>Objective Status:</p> <ul style="list-style-type: none"> ○ Twenty-one (21) objectives on track. ○ Seven (7) pending as contingent on other activities. ○ Five (5) suspended after QI Quadrant Analysis. ○ Three (3) in progress and expected to exceed the goal. ○ Two (2) are complete. ○ Two (2) are off track. <p>Barriers to full implementation of planned activities have been identified and are being addressed. Continue with the implementation of 2023 initiatives to meet or exceed year-end goals.</p> <p>Discussion: <i>Dr. Verma stated that there are an overwhelming number of metrics and QI measures now as compared to a limited set of core metrics implemented in years prior. Older primary care</i></p>	

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	<p><i>physicians have left the industry by the dozens and new physicians are having a tough time handling the workload.</i></p> <p><i>Dr. Marabella agreed that now the DHCS has stratified measures in attempts to meet the CalAIM requirements that the state has given to the Plans to implement.</i></p> <p><i>Dr. Cardona stated that there is already a reduction in access to care because there aren't enough primary caregivers in the workforce.</i></p>	
<p>#4 Key Presentations</p> <ul style="list-style-type: none"> - Quality Improvement Health Equity Transformation Program 2023 <p>(Attachment N)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Quality Improvement Health Equity Transformation Program (QIHETP) 2023 which is a new DHCS Requirement this year to address the integration of Health Equity with Quality Improvement in Medi-Cal Managed Care Plans.</p> <p>This Program provides guidelines on:</p> <ul style="list-style-type: none"> • Integrating health equity practices throughout the organization and among providers to reduce disparities. • Engaging members, their families, and communities with the Plan. <p><u>The Mission of this program is to:</u></p> <ul style="list-style-type: none"> • Improve structural determinants of health equity, by working within and across societal institutions and systems. • Improve neighborhood-level social determinants of health, by working with and across institutions in defined geographic communities. • Improve institutional drivers of health equity, by working within our institution with providers, and with other key stakeholders. • Improve individual and household-level social needs and networks, by improving access, quality, and value of services for our members. <p>CVH's Quality Improvement and Health Equity Goals include:</p> <ul style="list-style-type: none"> • Providing support, maintaining compliance, and creating cultural awareness through education and consultation. • Promoting cultural responsiveness between Plan staff, members, and contracted providers. <p>The QIHET Program enhances current processes and practices already in place, including:</p> <ul style="list-style-type: none"> • Quality Improvement Program & Work Plan • Health Equity Program & Work Plan • Performance Improvement Projects (PIPs) • Population Needs Assessment. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Quality Improvement Health Equity Transformation Program 2023 <p>(Quezada/Cardona) 5-0-0-2</p>

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	<p>The QIHETP further integrates the two existing programs and utilizes the Health Equity Model to reduce Disparities. Leadership is charged with monitoring the health equity activities, medical management, and quality of care and services provided to members to promote equity through: Encounter Data, Grievances and Appeals, Utilization Data, and Satisfaction Surveys (CAHPS). Emphasis of the QIHET program is:</p> <ul style="list-style-type: none"> • Member & Family Engagement • Community Engagement • Reducing Disparities. 	
<p>#4 Key Presentations - Appeals Review Job Descriptions (Attachment O) Action Patrick Marabella, M.D Chair -</p>	<p>The Appeals Review Job Description was presented and reviewed by the committee for approval. This job description utilized by Centene/HealthNet establishes the training, experience, and qualifications of any providers hired to review and adjudicate appeals and denials for CalViva Health members. The individual in this role is responsible for performing medical review activities pertaining to utilization review, quality assurance, and medical review of complex, controversial, or experimental medical services. They also provide medical expertise in the operation of approved quality improvement, and utilization management programs in accordance with regulatory, state, corporate, and accreditation requirements. <i>There were no questions or concerns raised by committee members regarding the job description as presented.</i></p>	<p>Motion: <i>Adopt</i> - Appeals Review Job Descriptions (Cardona/Ramirez) 5-0-0-2</p>
<p>#5 Access Business - Access Work Group Minutes from 7/25/23 - Provider Appointment Availability & After-Hours Access Survey Results (Provider Update) (Attachments P-Q) Action Patrick Marabella, M.D Chair</p>	<p>The Access Work Group Minutes for July 25th, 2023 were presented and reviewed. The minutes have been approved and accepted by the Access Workgroup and will be brought to this Committee for review and approval. At the July 25th meeting the Access & After-Hours CAP was reviewed, the Exempt Grievance Trend Report for Q2 was reviewed, the Call Center, PPG Dashboard & Access Narrative for Q1 2023 was reviewed, the 274 Data Check Report was discussed, and the Q1 Transportation Oversight Report was reviewed. The minutes from the previous meeting and the reports listed previously were approved (some with minor corrections or edits) including Consent items. The Telehealth Program and Specialty Referrals Reports were tabled for the next meeting.</p> <p>Provider Appointment Availability & After-Hours Access Survey Results (Provider Update) The 2022 annual Provider Appointment Availability Survey (PAAS) and Provider After-Hours Access Survey (PAHAS) results are used to monitor provider compliance with timely access</p>	<p>Motion: <i>Approve</i> - Access Work Group Minutes from 7/25/23 - Provider Appointment Availability & After-Hours Access Survey Results (Provider Update) (Verma/Ramirez) 5-0-0-2</p>

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	<p>and after-hours regulations and evaluate the effectiveness of the network to meet the needs and preferences of CalViva Health members.</p> <p>The following DMHC and DHCS appointment access metrics did not meet the performance goal of 70%:</p> <ul style="list-style-type: none"> • Urgent care appointment with PCP within 48 hours. • Urgent care appointment with Specialist that requires prior authorization within 96 hours. • Non-urgent appointment with PCP within 10 business days. • Non-urgent appointment with Specialist within 15 business days. • Preventive health or well-child appointment with PCP within 2 weeks. • Physical exam/wellness check appointment with PCP within 30 calendar days. • Initial prenatal appointment with PCP/specialist within two weeks. <p>A Corrective Action Plan (CAP) is issued to contracted PPGs and provider offices that fail any of the urgent or non-urgent metrics. PPGs and providers who receive a CAP are required to submit a written improvement plan (IP) within 30 days. Attendance at a training webinar is required as part of the IP. Upon review of the IP, additional information may be required to validate that corrective action steps were completed. PPGs are required to submit an attestation that they have notified their providers of the access to care standards that were not met.</p> <p>The performance goal of 90% for After-Hours Emergency Instructions was met in all three CalViva counties. A statistically significant increase was noted overall for all counties compared to MY 2021 for <u>Ability to Contact On-Call Physician After Hours</u>.</p> <p>For <u>After-Hours Emergency Instructions</u>, the performance goal of 90% was met in all counties with a slight decrease in Fresno County. The performance goal of 90% for After-Hours Emergency Instructions (Table 18) was met in all three CalViva counties. A statistically significant increase was noted overall for all counties compared to MY 2021 for Ability to Contact On-Call Physician After Hours.</p> <p>The MY2023 Provider Appointment Availability Survey and After-Hours Access Survey are currently underway.</p> <p>*Dr. Cardona left the meeting briefly from 11:44 AM – 11:48 AM.</p>	
<p>#6 UM/CM Business - Key Indicator Report (August) (Attachment R)</p>	<p>Dr. Marabella presented the Key Indicator Report through August.</p> <p>A summary was shared that provided the most recent data for Admissions, Bed Days, Average Length of Stay, and Readmissions through August 2023.</p> <ul style="list-style-type: none"> • Membership demonstrated a decline for TANF, SPD, and Expansion populations associated 	<p>Motion: <i>Approve</i></p> <p>- Key Indicator Report (August) (Ramirez/Quezada)</p>

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<p>Action Patrick Marabella, M.D Chair</p>	<p>with redeterminations and the unwinding of the Public Health Emergency.</p> <ul style="list-style-type: none"> • For Acute Admissions (adjusted PTMPY), the Expansion population had a slight increase. TANF and SPDs remained consistent. • Bed Days (adjusted PTMPY) for Expansion there was a slight increase, whereas TANF and SPD continue to decrease. • Acute Length of Stay (adjusted PTMPY) increased slightly for Expansion and decreased for both TANF and SPD populations. • Readmits within 30 days (adjusted PTMPY) decreased slightly for all three populations. • Turnaround Time (TAT) rates are in compliance. • Perinatal Case Management results have shown an increase in referrals and engagement rate in August. • Integrated Case Management (CM) and Transitional CM have seen an increase in referrals and the engagement rate increased for Transitional CM. • Palliative Care shows a decrease in referrals but an increase in engagement rate. • Behavioral Health CM shows an increase in both referrals and engagement rates. 	<p>5-0-0-2</p>
<p>#6 UM/CM Business - Clinical Practice Guidelines - Medical Policies Provider Updates (Q3) (Attachments S-T)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Clinical Practice Guidelines were presented and reviewed by the Committee. HN reviews and adopts guidelines from Centene’s National organization which are then available for CalViva review and adoption. CalViva QI/UM Committee members have the opportunity to provide feedback or ask questions prior to approval. 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>The Medical Policies Provider Updates (Q3) were presented to the committee. The Provider Update Newsletter is compiled based on a national review by physicians and distributed monthly to providers via facsimile featuring new, updated, or retired medical policies for the Plan.</p> <p>Updated policies for Q3 include but are not limited to the following:</p> <ul style="list-style-type: none"> • CP.MP.249 Omisirge (omidubicel) • CP.MP.92 Acupuncture • CP.MP.93 Bone Anchored Hearing Aids (BAHA) • CP. MP.14 Cochlear Implant Replacements 	<p>Motion: <i>Adopt</i></p> <ul style="list-style-type: none"> - Clinical Practice Guidelines - Medical Policies Provider Updates (Q3) <p>(Quezada/Cardona) 5-0-0-2</p>

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	<ul style="list-style-type: none"> • CP.MP.248 Facility-Based Sleep Studies for Obstructive Sleep Apnea • CP.MP.137 Fecal Incontinence Treatments • CP.MP.129 Fetal Surgery in Utero for Prenatally Diagnosed Malformations • CP.MP. 48 Neuromuscular Electrical Stimulation • CP.MP.49 Physical, Occupational, and Speech Therapy • CP.MP.51 Reduction Mammoplasty and Gynecomastia Surgery • CP.MP.126 Sacroiliac Joint Fusion • CP.MP.542 Testing for Drugs of Abuse <p><u>The following policies have been retired:</u></p> <ul style="list-style-type: none"> • CP.MP.148 Radial Head Implant • HNCA.CP.MP.502/ CA.CP.MP.502 Non-Medically Indicated Elective (Early) Delivery Before 39 Weeks. 	
<p>#7 Policy & Procedure - Public Health Policies and Procedures (Attachment U)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Public Health Policy Grid was presented to the committee.</p> <p>The following policies were up for annual review with no changes made:</p> <ul style="list-style-type: none"> • PH-006 Vision Care • PH-010 Dental Care • PH-015 Sensitive Services • PH-016 Local Education Agency (LEA) • PH-017 Communicable Disease Reporting • PH-018 Access to Certified Nurse Practitioners • PH-024 Eating Disorder Treatment Services • PH-025 Behavioral Health Treatment Services- autism spectrum disorder • PH-062 Non-Emergency, Non-Medical Transportation Assistance and Coordination <p>The following policies were up for annual review and updated with minor edits:</p> <ul style="list-style-type: none"> • PH-004 Pediatric Preventative Care Services • PH-014 Immunization Program • PH-019 Minor Consent • PH-042 HIV Testing and Counseling • PH-043 Sexually Transmitted Diseases (STD) Services 	<p>Motion: <i>Approve</i></p> <p>- Public Health Policies and Procedures (Verma/Ramirez) 5-0-0-2</p>

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	<p>The following policies were up for annual review and had updated Definitions sections:</p> <ul style="list-style-type: none"> • PH-009 School-Based Health Programs • PH-041 Department of Developmental Services (DDS) Administered Home and Community Based Waiver Program • PH-048 Regional Centers Coordination <p>The following policies were up for annual review and had updates as described:</p> <ul style="list-style-type: none"> • PH-002 In-Home Operations Waiver and Home and Community-Based Alternatives (HCBA) Waiver added Medi-Cal for Kids and Teens Services reference. Changed “Home and Community Based Alternatives (HCBA) Waiver” to “Home and Community Based Services (HCBS)” through the policy. • PH-003 Adult Preventative Services updated “Initial Health Assessment” to “Initial Health Appointment” through the policy. • PH-008 Early Start Program updated Definitions section. Added Medi-Cal for Kids and Teens through the policy to be in compliance with APL 23-005. Added Community Health Worker 2023 Process. PH-022 Alcohol and Drug Treatment Services deleted the IHEBA reference. • PH-013 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Supplemental Services updated ACE Screenings to be in compliance with APL 23-017. • PH-020 Mental Health Services added Definitions section and County Mental Health Responsibilities section. Updated Purpose. • PH-021 Mental Health Dispute Resolution added Definitions. Changed “The County Relations designated Community Liaisons or Manager’ to “The County Relations (Service Coordinator) designated Liaisons or Manager” through the policy. Updated to be consistent with APL 21-013. • PH-022 Alcohol and Drug Treatment Services added Departments that fall under the scope of the policy services. Deleted IHEBA reference. • PH-023 Non-Specialty Mental Health Services added Dyadic services reference. Added Information/Data Exchange section. • PH-050 California Children’s Services (CCS) added Medi-Cal for Kids and Teens to the EPSDT definition. • PH-064 Multipurpose Senior Services Program (MSSP) Waiver was retired by HN. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • PH-088 Public Health Coordination was updated to be in compliance with the 2024 DHCS contract. Added Clinical Liaisons section. • PH-101 Perinatal Care updated Purpose and Definitions section. • PH-103 Access to Freestanding Birth Centers and the Provision of Midwife Services updated Definitions section. Added process to locate out-of-network FBCs. • PH-104 Family Planning Services removed reference to APL 10-003 and 10-014. • PH-105 Pregnancy Termination updated Purpose and Definitions sections. <p>Four new policies were included in the meeting packet and reviewed with the committee:</p> <ul style="list-style-type: none"> ○ PH-001 Electronic Visit Verification ○ PH-052 Children with Special Health Care Needs (CSHCN) ○ PH-053 In-home Supportive Services Program Waiver (IHSS) ○ PH-102 Doula Services <p>PH-064 Multipurpose Senior Services Program (MSSP) Waiver was retired by HN and is pending.</p> <p><i>Committee members had the opportunity to review the contents of all new policies and any significant policy edits since the last review of the Public Health policies. There were no questions or concerns raised by committee members.</i></p>	
<p>#7 Policy & Procedure - UM/CM Policies and Procedures (Attachment V)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The following UM/CM Policies were presented to the committee for review, discussion, and approval:</p> <p>UM-113 Criteria for Utilization Management Care Management Decisions added characteristics for applying criteria and a statement regarding CalViva's UM criteria and procedures. This policy provides for clearly written, reasonable, and approved criteria that are based on evidence-based medical literature to appropriately and consistently evaluate clinical services for medical necessity when approving, modifying, or denying requests for UM/Care Management Determinations. It was pointed out that state policy and national medical necessity criteria are used to determine benefit coverage and medical necessity. Where national or state guidelines do not exist, CalViva allows Health Net to develop medical guidelines, using physician experts, medical literature, and usual standards of practice. Such medical policies developed through Health Net's Medical Advisory Council (MAC Policies) will be presented to the CalViva CMO (Chief Medical Officer) and CalViva's QI/UM committee for review and adoption. It was also pointed out that the Plan also</p>	<p>Motion: <i>Approve</i></p> <p>- UM/CM Policies and Procedures (Ramirez/Cardona) 5-0-0-2</p>

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	<p>uses Inter-Qual® Care Planning Criteria along with other company-wide evidence-based medical policies which are approved and updated by the Plan’s Medical Advisory Council. <i>Committee members were in agreement with the policy as stated and voiced no questions or concerns.</i></p> <ul style="list-style-type: none"> • UM-116 Clinical Criteria for Medical Management Decisions added characteristics for applying criteria. • One new policy was included in the meeting packet and reviewed with the committee: <ul style="list-style-type: none"> ○ UM-208 Appropriate Professionals and Use of Board-Certified Physicians in UM Decision Making. The purpose of this policy is to specify and standardize the application of licensed healthcare professionals and Board-Certified Physician Consultants to each level of utilization management decision-making. <p><i>There were no concerns with the new policy as written.</i></p>	
<p>#7 Policy & Procedure - A & G Policies and Procedures (Attachment W)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The A & G Policies were presented to the committee.</p> <ul style="list-style-type: none"> • AG-001 Member Grievance Process updated the Appeal definition, and Standard Grievances process section including enhancement of the procedures followed during case investigation and resolution. • AG-002 Member Appeal Process updated the purpose statement, added guidance for the Appeal reviewer regarding full investigation and documentation of findings, and clarified actions taken by the Plan during an investigation. Language was also added to further clarify when an expedited review is granted. <p><i>Committee members were in agreement with the policy changes as stated and voiced no questions or concerns.</i></p>	<p>Motion: <i>Approve</i> - A & G Policies and Procedures (Ramirez/Quezada) 5-0-0-2</p>
<p>#8. Compliance Update - Compliance Regulatory Report (Attachment X)</p>	<p>Mary Lourdes presented the Compliance Regulatory Report.</p> <p>CalViva Health Oversight 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 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. The reports cover PPG-level data in the following areas: financial viability data, claims, provider disputes, access and availability, specialty referrals, utilization management data, grievances, appeals, etc.</p> <p>Oversight Audits. The following annual audits are in progress: Pharmacy, Appeals & Grievances, UMCM 2019-2020 CAP Closed, UMCM 2021-2022 and Privacy & Security. The following audits</p>	

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	<p>have been completed since the last Commission report: Claims/PDR (Claims CAP, no PDR CAP) and Credentialing No CAP.</p> <p>Fraud, Waste & Abuse Activity. Since the last report to the Committee, there have been no new MC609 cases filed with DHCS.</p> <p>2021 Department of Managed Health Care (“DMHC”) 18-Month Follow-Up Audit. The Plan is still awaiting the DMHC’s final determination on our 2021 CAP response.</p> <p>Department of Managed Health Care (“DMHC”) 2022 Medical Audit. The Plan is awaiting DMHC’s 2022 Preliminary Audit Report.</p> <p>Department of Health Care Services (“DHCS”) 2023 Medical Audit. The Plan received DHCS’ Final Report on 9/20/23. DHCS has issued a final CAP because the Plan did not classify, process, review, or resolve all expressions of dissatisfaction as grievances. Our initial CAP response is due on 10/20/23 and DHCS will track our progress over a six-month period with monthly update submissions.</p> <p>California Advancing and Innovating Medi-Cal (CalAIM). Enhanced Care Management (ECM): On 9/26/23, the Plan submitted the Birth Equity MOC template to demonstrate operational readiness for the Birth Equity POF that is going live 1/1/2024.</p> <p>Transition to Statewide Exclusively Aligned Eligibility (EAE)-D-SNP. In August of 2023, the Plan submitted two Amendments to the DMHC under its Knox-Keene license application. These were related to the Plan’s request to co-brand with Health Net in support of HN’s Exclusively Aligned Enrollment (“EAE”) Dual Special Needs Plan (“D-SNP”). The Plan received DMHC approval on our submission on 9/21/2023.</p> <p>Long-Term Care (LTC) Carve-In Deliverable List – Phase II. Effective 1/1/2024 LTC services will be carved into MCPs statewide. The Plan is required to submit deliverables associated with APL 23-004: INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES and APL 23-027: SUBACUTE CARE FACILITIES to DHCS by 11/27/2023.</p> <p>Member Handbook/Evidence of Coverage. The Plan submitted the 2024 CalViva version EOC and Member ID Card on 8/31/23 to DHCS and DMHC and is awaiting approval from both Departments.</p> <p>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 September 2023 and has received approvals on most but is still responding to additional DHCS information requests for some of the items. On 9/1/23, the DHCS informed the Plan’s CEO that it is approved</p>	

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	to go live on 1/1/24 contingent on closing out any Outstanding Operational Readiness Contract deliverables. 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 October 2023. Public Policy Committee. The next meeting will be held on December 6, 2023, at 11:30 am -1:30 pm located at 7625 N. Palm Ave Suite 109, Fresno, CA 93711.	
#9 Old Business	None.	
#10 Announcements	At the DHCS Quality Conference yesterday in Sacramento, CalViva Health won a Certificate of Achievement "In recognition of our Hard Work and High Achievement on the Bold Goals aggregated quality factor score for the San Joaquin Valley Region for 2022-2023".	
#11 Public Comment	None.	
#12 Adjourn	The meeting was adjourned at 12:10 pm	

NEXT MEETING: November 16th, 2023

Submitted this Day: November 16, 2023

Submitted by: 
 Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:


 Patrick Marabella, MD Committee Chair