

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
November 16th, 2023

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

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Patrick Marabella, M.D., CalViva Chief Medical Officer, Chair	✓	Amy Schneider, RN, Director of Medical Management Services
✓	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			

- ✓ = in attendance
- * = Arrived late/left early
- ** = Attended virtually

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.	
#2 Approve Consent Agenda Committee Minutes: October 19 th , 2023 - Standing Referrals Report (Q3) - Specialty Referrals Report (Q3) - California Children's Service Report (CCS) (Q3)	October 19 th , 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 (Cardona/Quezada) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> - Concurrent Review IRR Report (Q3) - County Relations Quarterly Update (Q3) - NIA/Evolent (Q3) - SPD HRA Outreach (Q2) - Appeals & Grievances Inter Rater Reliability Report (IRR) (Q3) - Appeals & Grievances Validation Audit Summary Report (Q2) - Customer Contact Center (CCC) DMHC Expedited Grievance Report (Q3) - Potential Quality Issues (Q3) - Provider Preventable Conditions (PPC) (Q3) - Provider Office Wait Time Report (Q3) - PA Member Letter Monitoring Report (Q3) - Initial Health Appointment Quarterly Audit Report (Q2) <p>(Attachments A-P)</p> <p>Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances 	<p>The Appeals & Grievances Dashboard through September 2023 was presented noting the following trends:</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Appeals & Grievances

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Dashboard (September)</p> <ul style="list-style-type: none"> - Appeals & Grievances Executive Summary (Q3) - Appeals & Grievances Quarterly Member Report (Q3) - Appeals & Grievances Classification Audit Report (Q3) - Quarterly Appeals & Grievances Member Letter Monitoring Report (Q3) <p>(Attachment Q-U)</p> <p>Action Patrick Marabella, M.D Chair</p>	<ul style="list-style-type: none"> • The total number of grievances through September 2023 is higher than 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. • Quality of Care (QOC) grievances demonstrate some variation with a small decrease in Q3 compared to last quarter. • Exempt Grievances also demonstrate random variation and have decreased compared to last quarter. The number of Balanced Billing Grievances shows a downward trend month over month in Q3. • Total Appeals received through Q3 2023 are fewer this year compared to last year, while the uphold and overturn rates remain consistent. Advanced imaging (MRI & CT), and Surgery (Bariatrics & Ortho) appeals continue to be a trend for case type. <p>Appeals & Grievances Executive Summary and Appeals & Grievances Quarterly Member Report (Q3) through September 2023 were presented noting the following trends:</p> <ul style="list-style-type: none"> • The PTMPY rate for Appeals decreased in Q3 2023 compared to Q3 2022, but the overall PTMPY rate of Grievances has increased in that same period. • Total Exempt Grievances, including Transportation, and PCP Assignment Grievances have decreased from Q3 2022 to Q3 2023. Other/Member Billing showed a slight increase representing some of the balanced billing issues. • For Q3 2023, there were 86 Total Appeals & 535 Total Grievances reported. • Top Access Grievances were Prior Authorization Delay, PCP availability, and Transportation/Missed Appointment. • In Q3, 77 exempt grievances were transportation-related, of those, 49 were access-related, and 28 were related to behavioral issues associated with transportation. <p>Appeals & Grievances Classification Audit Report (Q3) is a review of a random sample of grievance logs and grievance classification while the case is still open to ensure appropriate categorization and disposition of grievances.</p> <ul style="list-style-type: none"> • Eleven (11) cases were misclassified as QOS instead of QOC, three (3) cases were misclassified as appeals instead of QOS, and two (2) cases were identified as duplicates. These cases were misclassified due to new reps learning the triaging process. <p>Quarterly A & G Member Letter Monitoring Report provides a summary of the daily audits of</p>	<p>Dashboard (September)</p> <ul style="list-style-type: none"> - Appeals & Grievances Executive Summary (Q3) - Appeals & Grievances Quarterly Member Report (Q3) - Appeals & Grievances Classification Audit Report (Q3) - Quarterly Appeals & Grievances Member Letter Monitoring Report (Q3) <p>(Cardona/Waugh) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>acknowledgment and resolution letters to ensure:</p> <ul style="list-style-type: none"> • Required bolding of DMHC and Plan Phone numbers and branding • Use of clear and concise language. • Decision criteria and rationale are fully referenced. <p>All errors identified by the A & G team in Table 1 were corrected before mailing. The clinical team will continue to monitor and track acknowledgment and resolution letters.</p>	
<p>#3 QI Business - MHN Performance Indicator Report for Behavioral Health Services (Q3) (Attachment V)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The MHN Performance Indicator Report for Behavioral Health Services (Q3) 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"> • Utilization of behavioral health services is showing an increasing trend over time. • There were no (0) 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. • Q3 ABA accuracy of approvals was 99.7%, and accuracy of ABA denials was 94.4% • Both ABA and Non-ABA were 100% compliant on Timeliness. • MHN is also working on improving: <ul style="list-style-type: none"> ○ Communication with members through a targeted BH provider newsletter, sent on 9/11/23 based upon member recommendations for improved communication that reinforces the importance of cultural competency. ○ Data exchange with the County Mental Health Plans. Adding substance use disorder data was NOT approved. This is an ongoing challenge when attempting to coordinate services for these members. 	<p>Motion: <i>Approve</i></p> <p>- MHN Performance Indicator Report for Behavioral Health Services (Q3) (Waugh/Quezada) 4-0-0-3</p>
<p>#3 QI Business - Preventive Health Guidelines (Attachment W)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>CalViva Health’s Preventive Screening Guidelines* were presented and reviewed.</p> <ul style="list-style-type: none"> • The screening guidelines list the schedule of immunizations for children aged 0 through 18 years and adults aged 19-65+ • The screening guidelines listed the schedule of recommended screenings for the following categories of members: <ul style="list-style-type: none"> ○ Children aged 0 to 18 ○ Adults aged 19 to 65+ ○ Women aged 19 to 65+ ○ Men aged 19 to 65+ 	<p>Motion: <i>Approve</i></p> <p>- Preventive Health Guidelines (Cardona/Quezada) 4-0-0-3</p>

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	<p>*Based on National Guidelines</p> <p>Discussion:</p> <p><i>Dr. Cardona asked how health plans in general will be immunizing members against COVID-19 due to the cost and availability of the vaccine. Smaller providers don't have the capability to provide all-day COVID-19 vaccination clinics. Dr. Cardona anticipates there will be pushback from smaller providers.</i></p> <p><i>Dr. Marabella felt that for now, pharmacies would pick up the additional workload as they have contracts with the pharmaceutical companies to provide vaccines. The pharmaceutical manufacturers will need to bring drug costs down if COVID rates begin to surge again. Dr. Marabella feels that the COVID-19 vaccine will become routine and offered annually like a flu shot in providers' offices in the future.</i></p>	
<p>#3 QI Business</p> <p>- Lead Screening Quarterly Report (Q2) (Attachment X)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Lead Screening Quarterly Report (Q2 2023) 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 Q2 2023 report provides CalViva Health's performance on blood lead level screenings and anticipatory guidance monitoring from Q2 2022 – Q2 2023.</p> <ul style="list-style-type: none"> • In Q2 2023 the compliance for CPT Code 83655 (lead screening only) demonstrates an upward trend of approximately 4% compared to the Q2 2022 rates across all three age groups. • In Q2 2023 Anticipatory Guidance Code rates demonstrate a slight downward trend of approximately 0.36% compared to the Q2 2022 rates. (This data only captures if they've used the correct coding (administrative data) and not if they have documentation elsewhere in the chart.) • The Plan has researched the Age 2-member group and results show other Managed Care Accountability Set (MCAS) measures that focus on this age group, such as W30-30, also have lower than average completion rates. The Plan attributes this disparity among the Age 2-member 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, member attendance at medical appointments, and completion of preventive screenings. 	<p>Motion: <i>Approve</i></p> <p>- Lead Screening Quarterly Report (Q2) (Quezada/Waugh) 4-0-0-3</p>
<p>#4 Key Presentations</p> <p>- CalViva Quality</p>	<p>Dr. Marabella presented the CalViva Quality Improvement/HEDIS® Update 2023-2024. Medi-Cal managed care health plans are required to meet a minimum performance level (MPL) the 50th</p>	<p>Motion: <i>Approve</i></p> <p>- CalViva Quality</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Improvement/HEDIS® Update (PowerPoint)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>percentile, on selected measures chosen annually by the DHCS. The selected measures for MY 2024 are as follows (categorized by domain):</p> <p>Child & Adolescent Preventative Health:</p> <ul style="list-style-type: none"> • Child and Adolescent Well-Care Visits • Childhood Immunization Status: Combination 10 • Developmental Screening in the First Three Years of Life • Immunizations for Adolescents: Combination 2 • Lead screening in Children • Topical Fluoride for Children • Well-Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 Months • Well-Child Visits in the First 30 Months of Life - Well-Child Visits for Age 15 Months - 30 Months <p>Reproductive Health:</p> <ul style="list-style-type: none"> • Chlamydia Screening in Women • Prenatal and Postpartum Care: Postpartum Care • Prenatal and Postpartum Care: Timeliness of Prenatal Care • <i>Postpartum Depression Screening and Follow-up</i> • <i>Prenatal Depression Screening and Follow-up</i> • <i>Prenatal Immunization Status</i> <p>Behavioral Health:</p> <ul style="list-style-type: none"> • Follow-Up After Emergency Department (ED) Visit for Mental Illness –30 days • Follow-Up After ED Visit for Substance Abuse – 30 days • <i>Depression Remission or Response for Adolescents and Adults</i> • <i>Depression Screening and Follow-Up for Adolescents and Adults</i> • <i>Pharmacotherapy for Opioid Use Disorder</i> <p>Chronic Diseases:</p> <ul style="list-style-type: none"> • Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) • Controlling High Blood Pressure • Asthma Medication Ratio <p>Cancer Prevention:</p> <ul style="list-style-type: none"> • Breast Cancer Screening (BCS) • Cervical Cancer Screening (CCS) 	<p>Improvement/HEDIS® Update (Cardona/Waugh) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • <i>Colorectal Cancer Screening (COL)</i> <p><i>*Italicized formatting indicates a new measure</i></p> <p>The results of MY 2022 are as follows: CVH for Fresno County is below the State or regional median or average in two (2) domains (Child Preventative Health and Behavioral Health) resulting in an orange tier classification. CVH for Madera and Kings County is below the State or regional median or average in any domain (Madera, Behavioral Health; Kings, Child Preventative Health) resulting in a green tier status. Due to the results of the performance measures, CVH has opportunities for improvement and is working on the following: Clinical PIP: Well Child (W30-6+) in Fresno County Non-clinical PIP: Follow up after ED Visit for MH/SUD in Fresno & Madera Counties SWOT: Well Child & CIS-10 Project in all three Counties. Closing soon. 2024: Anticipate A3 Projects in Madera & Kings Counties using a fishbone diagram. SWOT Project in Fresno County. Quarterly collaborative calls led by DHCS for MCPs.</p> <p>Discussion: <i>Dr. Cardona queried why Kings’ is meeting the performance measure for Behavioral Health? Dr. Marabella indicated that in Kings County a major provider has a Behavioral Health Specialist like an LCSW working directly in the ER to connect members to needed services and interventions. Our Non-Clinical PIP will model this strategy in an effort to improve meeting the measures of a follow-up with members within the 7 days of an ER visit within Fresno County.</i> <i>Dr. Cardona queried why Madera was doing well with Well Child visits? Dr. Marabella indicated that Children’s Hospital (the largest in the Central Valley) is in Madera and also Camarena has a lot of clinics in Madera and Camarena has been very successful with their outreach and “One Stop clinics”.</i></p>	
<p>#5 Access Business - Access Work Group Quarterly Report (Q3) (Attachment Y)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Access Work Group Quarterly Report (Q3) was presented and reviewed. This report is to provide the RHA Commission with an update on the CalViva Health Access Workgroup activities in Quarter 3 of 2023. Reports and topics discussed focus on access-related issues, trends, and any applicable corrective actions.</p> <p>The following validated MY 2022 TAR Reports were approved at the July 25, 2023, meeting:</p> <ul style="list-style-type: none"> • Behavioral Health Member Satisfaction Survey • Behavioral Health Provider Satisfaction Survey 	<p>Motion: <i>Approve</i></p> <p>- Access Work Group Quarterly Report (Q3) (Quezada/Waugh) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • C&L Provider Satisfaction Survey • Integrated Availability Report • Integrated Accessibility Report • PQI Access to Care Report <p>The following are some of the additional reports approved and discussed:</p> <ul style="list-style-type: none"> • Q1 2023 PPG Dashboard • Q1 2023 Transportation Oversight Report • Q2 2023 Call Center Exempt Grievances Access to Care Trend Report • Q2 2023 Member Services Call Center Reports (MHN and Health Net) <p>The following reports were approved and discussed at the September 29, 2023, meeting:</p> <ul style="list-style-type: none"> • MY 2022 Access & After-Hours CAP Evaluation • Q2 2023 Network Adequacy Report • Q2 2023 Open Practice Report • Q2 2023 Long-Term Support Services (LTSS) • Access Workgroup report Matrix • Access Workgroup Meeting Checklist <p>Key issues in timely access to care, balance billing, and provider late/no-show occurrences have been identified. CAPs, Plan oversight, monitoring, and remediation efforts will continue.</p>	
<p>#6 UM/CM Business</p> <ul style="list-style-type: none"> - Key Indicator Report (September) - Utilization Management Concurrent Review Report (Q3) - Case Management & CCM Report(Q3) <p>(Attachments Z-BB)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Key Indicator Report through September.</p> <p>A summary was shared that provided the most recent data for Admissions, Bed Days, Average Length of Stay, and Readmissions through September 2023.</p> <ul style="list-style-type: none"> • Membership has leveled off due to the end of the public health emergency. • For Acute Admissions, Bed Days, and Acute Length of Stay (adjusted PTMPY), all populations had a slight decrease. • Readmits within 30 days (adjusted PTMPY) fluctuated amongst the 3 populations. • Turnaround Time (TAT) rates are in compliance at 100% for the past two months. • Perinatal, Behavioral Health Case Management, (and Integrated Case Management (CM) results have shown a decrease in referrals but an increase in engagement rates for Q3. • Transitional CM (TCM) has seen an increase in referrals due to the new process for hospital discharge in which all patients start in TCM and are referred to other CM services as needed. • Palliative Care showed a decrease in referrals and engagement rate. Education about 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Key Indicator Report (September) - Utilization Management Concurrent Review Report (Q3) - Case Management & CCM Report(Q3) <p>(Cardona/Quezada) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Palliative care is now a focus.</p> <p>Utilization Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Q3 2023. The emphasis of the UM team is on improving member healthcare outcomes, minimizing readmission risk, and reducing Post-Acute Care gaps in the delivery of services via proactive discharge planning and expeditious linkages to medically necessary health and support services. Data trends are consistent with those described above for KIR.</p> <ul style="list-style-type: none"> • SPD was slightly over the annual goal for Bed Days (+0.2%). SPD and MCE were slightly over the goal for Average Length of Stay (SPD +0.3%, MCE +0.1%). All other metrics are in line to meet annual goals. • Member Connections representatives are in training for a pilot program to start by the end of Q1 2024. Member Connections representatives will meet with inpatient members to assist with referrals and provide resource materials as well as liaison with the hospital discharge navigators. <p>The Case Management Report and CCM Report (Q3) summarizes the Integrated Case Management (ICM), Transitional Care Management (TCM), Behavioral Health Case Management (BH CM), MemberConnections, Palliative Care, and Emergency Department (ED) Diversion activities for Q3 2023 and utilization-related outcomes through 10/20/23.</p> <ul style="list-style-type: none"> • From Q2 to Q3, ICM referral volume dropped 30%, managed TCM cases increased 23%, and BH CM total referral volume dropped 30%. • ED Diversion call volume in the second half of the year is projected to be 11% lower than the first half due to a dip in call volume in July, and call success rates are, so far, 15% lower in the second half of the year. • Referral volumes decreased for ICM, BH CM, and Palliative Care due to integration with TCM. • The First Year of Life Program was restructured to increase member compliance. • Outcomes measures: If a member participates in CM, readmission rates, ED claims/utilization, and pregnancy complications, all measures show a decrease. 	
<p>#6 UM/CM Business - Medical Policies Provider</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</p>	<p>Motion: <i>Adopt</i> - Medical Policies Provider</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Updates (Q3) (Attachment CC)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>distributed monthly to providers via facsimile featuring new, updated, or retired medical policies for the Plan.</p> <p>New policies for Q3 include but are not limited to the following:</p> <ul style="list-style-type: none"> • CP.MP.250 Lantidra (donislecel) Allogenic Pancreatic Islet Cellular Therapy • HNCA.CP.MP.679 Palliative Care Eligibility Criteria <p>Updated policies for Q3 include but are not limited to the following:</p> <ul style="list-style-type: none"> • CP.MP.101 Donor Lymphocyte Infusion • CP.MP.248 Facility-Based Sleep Studies for Obstructive Sleep Apnea • CP. MP.69 Intensity-Modulated Radiotherapy • CP.MP.57 Lung Transplantation • CP.MP.246 Pediatric Kidney Transplant • CP.MP.133 Posterior Nerve Stimulation for Voiding Dysfunction • CP.MP. 166 Sacroiliac Joint Interventions for Pain Management <p>The following policies have been retired:</p> <ul style="list-style-type: none"> • CP.MP.158 Ambulatory Surgery Center Optimization • ADHD Clinical Practice Guideline 	<p>Updates (Q3) (Cardona/Quezada) 4-0-0-3</p>
<p>#7 Pharmacy Business</p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q3) - Pharmacy Operations Metrics (Q3) - Pharmacy Top 25 Prior Authorizations (Q3) - Pharmacy Inter-Rater Reliability Results (IRR) (Q3) (Attachment U) - Pharmacy Provider Updates (Q3) <p>(Attachments DD-HH)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Pharmacy Executive Summary (Q3) 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>The Pharmacy Operations Metrics (Q3) 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 Q3 2023. Q3 2023 TAT was met overall with an average of 99.5%. PA approval rate was slightly higher in Q3 2023 compared to Q2 2023 and overall volume was higher in Q3 2023 compared to Q2 2023, especially in August. Trending in volume and TAT will be monitored to ensure consistent procedures by the PA team.</p> <p>The Pharmacy Top 25 Prior Authorizations (Q3) identifies the most requested medications to the Medical Benefit PA Department for CalViva Health members and assesses potential barriers to</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q3) - Pharmacy Operations Metrics (Q3) - Pharmacy Top 25 Prior Authorizations (Q3) - Pharmacy Inter-Rater Reliability Results (IRR) (Q3) (Attachment U) - Pharmacy Provider Updates (Q3) <p>(Quezada/Waugh) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>accessing medications through the PA process.</p> <ul style="list-style-type: none"> • Top 25 PA requests in Q3 2023 were uniform when the top 25 drugs were reviewed in Q2 2023, 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 (Q3) 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 93.33% • Zero (0) cases missed TAT; Six (6) cases criteria misapplied; One (1) case letter language unclear; one (1) case with a questionable denial or approval. • Criteria application was the main issue in Q3 similar to Q2 2023. <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>The Pharmacy Provider Update (Q3) provides a review of formulary changes and medication safety issues.</p> <ul style="list-style-type: none"> • Patent expiration for commonly used brand-name medication. • FDA withdrawal of brand Makena and its generics. • FDA approved over-the-counter Narcan® nasal spray. • Changes to the Health Net*, on behalf of CalViva Health, Medi-Cal Preferred Drug List (PDL) for Q3 2023. 	
<p>#8 Policy & Procedure - UCMCM Annual Policy & Procedure Review (Attachment II)</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>The following policies were up for annual review with no changes made:</p> <ul style="list-style-type: none"> • UM-003 Standing Referral to Specialty Care • UM-004 Delegation Evaluation and Determination of UM • UM-010 Second Opinion • UM-050 Communications and Accessibility to UM 	<p>Motion: <i>Approve</i></p> <p>- UCMCM Annual Policy & Procedure Review (Cardona/Waugh) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • UM-117 Clinical Practice Guideline Development • UM-212 Transgender Services • UM-300 CBAS Authorization Process • CMP-015 Seniors and Persons with Disabilities (SPDs) Health Risk Stratification and Assessment • CMP-030 Tuberculosis Services and the Local Health Department (LHD) Direct Observed Therapy (DOT) • CMP-040 HIV/AIDS Coordination with HCBS Waiver Program • CMP-110 Targeted Case Management • CMP-123 Case Management Program Effectiveness • CMP-500 Enhanced Care Management Program Overview and Requirements • CMP-501 Administration of CalAIM Community Supports <p>The following policies were up for annual review and updated with minor edits:</p> <ul style="list-style-type: none"> • UM-001 Post Stabilization Inpatient Care Requested by Contracted/Non-Contracted Hospitals • UM-030 Potential Over and Under Utilization • UM-118 Separation of Medical Management from Administrative and Financial Management • CMP-108 Referrals to Specialty Mental Health, Alcohol and Substance Abuse Treatment Services • CMP-109 Transitional Care Management <p>The following policies were up for annual review and had updated Definitions sections:</p> <ul style="list-style-type: none"> • UM-211 Experimental and Investigational Services • CMP-124 CalViva Pregnancy Program (CVPP) Case Management Services <p>The following policies were up for annual review and had updates as described:</p> <ul style="list-style-type: none"> • UM-002 Pre-Certification and Prior Authorization updated Definitions section. Added reference CA HSC § 1374.17 (a). • UM-005 Specialty Referral System updated Purpose, Definitions section and updated statement regarding out-of-network specialist. • UM-011 Long Term Care added statement regarding requirements for Licensed and Certified Facilities and reference to medical necessity exceptions. Updated Definitions section. • UM-012 Discharge Planning expanded on the CCRN Role in Discharge Planning and Transition of Care. Updated Definitions section. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • UM-013 Provision of Enteral Nutritional Supplements/Replacements updated Definitions section. Added reference CVH Policy PH-050. • UM-060 UM Decisions and Timely Access to Care updated Definitions section. Added NOA statement. • UM-100 Emergency Care and Services updated Definitions section. Added 22 CCR section 1300.67(g) reference. • UM-103 Continuity of Care added statement regarding block transfers. Added information about Special Populations, Authorizations, Transfer and Transitioning Members, Access to Out-of-Network providers and Provider types eligible for COC for providers. <i>Included in meeting materials.</i> • UM-111 Identification and Referral of CCS Members added CCR Title 22 reference. Updated Definitions section. Changed Case Management to Care Management through the policy. • UM-113 Criteria for Utilization Management Care Management Decisions updated policy Purpose. Added APL 23-005 in Authority section. • UM-116 Clinical Criteria for Medical Management Decisions added Medically Necessary definition. • UM-119 Concurrent Review updated Definitions Section. Added SB 987 California Cancer Equity Act. • UM-120 Hospice Care Services updated Medically Necessary Definition to be in compliance with APL23-005. • UM-121 Dental Services and IV Sedation and General Anesthesia updated Definitions section. Added Hospital outpatient surgical services among list of the covered services. • UM-210 Referrals to Non-Participating Practitioners/Providers spelled out "Specialty Mental Health Services", Non-Specialty Mental Health Services, and "Mental Health Plan". Added reference to timely access requirements. Updated Out-of-Network Providers section. • CMP-050 Developmental Disability and Community Resources Linkage Updated EPSDT to EPSDT (Medi-Cal for Kids and Teens). Updated APL 19-010 superseded by APL 23-005. Updated Definitions section. Minor changes through the policy. • CMP-051 Coordination of Care for Children in Foster Care added Definitions section. Minor edits through the policy. • CMP-102 WIC Coordination updated Definitions section. Changed to gender-neutral term 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Parents/People.</p> <ul style="list-style-type: none"> • CMP-112 Medi-Cal Disease Management Programs updated Definitions section. Deleted statement regarding satisfaction survey. • CMP-125 Case Management and Members Under 21 Receiving Private Duty Nursing Services changed “case management” to “care management” through the policy. Updated EPSDT (Medi-Cal for Kids and Teens) services to be in compliance with APL 23-005. • CMP-400 Palliative Care Program updated Policy section. Updated Eligibility Criteria and Palliative Care Program Services. Deleted Referral, Denial sections Appeals & Grievances and Monitoring sections. Updated APL 18-020. Included in meeting materials. <p>Two policies are in review and will be presented at a future meeting:</p> <ul style="list-style-type: none"> • UM-007 Major Organ Transplant • CMP-107 Care Coordination/Case Management Services <p>Four new policies were included in the meeting packet and reviewed with the committee:</p> <ul style="list-style-type: none"> • UM-014 Long-Term Care Transition to Managed Care • UM-015 Management of Enrollees in Subacute Long-Term Care • UM-208 Appropriate Professionals and Use of Board-certified Physicians in UM decision making. • CMP-401 Advance Directives <p>UM-065 Skilled Nursing Facilities was retired by HN and replaced with UM-014 & UM-015.</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 UM/CM policies. There were no questions or concerns raised by committee members.</i></p>	
<p>#9 Credentialing & Peer Review Subcommittee Business</p> <ul style="list-style-type: none"> - Credentialing Subcommittee Report (Q4) 	<p>The Credentialing Sub-Committee Quarterly Report (Q4) was presented. The Credentialing Sub-Committee met on October 19, 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 Q2 were reviewed for delegated entities. • Q3 reports were reviewed for MHN and Health Net. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Credentialing Subcommittee Report (Q4) - Peer Review

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Peer Review Subcommittee Report (Q4) (Attachments JJ-KK)</p> <p>Action Patrick Marabella, M.D Chair</p>	<ul style="list-style-type: none"> • There were no (0) Adverse Action cases for July, August, or September for CalViva Health. • 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. There were no (0) cases identified for Q3 2023 with adverse outcomes associated with a contracted practitioner. • There were two Credentialing Policies reviewed by the committee with edits: <ul style="list-style-type: none"> Policy CR-110 Credentialing and Recredentialing: <ul style="list-style-type: none"> ○ Updated references to the sub-committees from, “Credentialing/Peer Review Sub Committee” to “Peer Review Sub-Committee and Credentialing Sub-Committee” to clearly distinguish as two separate committees throughout policy. This does not reflect an organizational change, only language clarification. ○ Added information regarding the Credentialing Committee Process and the Chairperson's responsibilities. ○ Updated Attachment A, C, D, E, and F. Policy CR-160 Appeal Process: <ul style="list-style-type: none"> ○ Updated references to the sub-committees from, “Credentialing/Peer Review Sub Committee” to “Peer Review Sub-Committee and Credentialing Sub-Committee” to clearly distinguish as two separate committees throughout policy. This does not reflect an organizational change, only language clarification. ○ Clarified reference to provider notices. • The Practitioner Right of Review Evidence Letter (CR.1.B) was presented and reviewed. Template letters for 2022 and 2023 approval letters for initial credentialing and inclusion in the provider network were presented to the committee for review and adoption. The documents were explained, discussed, and adopted by committee members present. <p>Peer Review Sub-Committee Quarterly Report (Q4) was presented. The Peer Review Sub-Committee met on October 19th, 2023.</p> <ul style="list-style-type: none"> • The county-specific Peer Review Sub-Committee Summary Reports for Q3 were reviewed for approval. No significant cases to report. • 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. 	<p>Subcommittee Report (Q4) (Waugh/Quezada) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ There were thirteen (13) cases identified in Q3 that met the criteria for reporting and were submitted to the Peer Review Committee. Seven (7) of these cases involved a practitioner and six (6) cases involved organizational providers (facilities). ○ Of the thirteen (13) cases, two (2) were tabled, one (1) was tabled with a letter of education, one (1) was placed on a CAP, one (1) was closed with a letter of concern, and eight (8) were closed to track and trend. ○ There were no (0) incidents or patterns of non-compliance resulting in substantial harm to a member or members because of access to care issues. ○ There were no (0) cases identified outside of the ongoing monitoring process this quarter, in which an adverse injury occurred during a procedure by a contracted practitioner. (NCQA CR.5.A.4) ○ There were 38 cases identified that required further outreach. Outreach can include but is not limited to an advisement letter (site, grievance, contract, or allegation), case management referral, or notification to Provider Network Management. ● The Q3 Peer Count Report was presented at the meeting with a total of twenty (20) cases reviewed. The outcomes for these cases are as follows: <ul style="list-style-type: none"> ○ There were thirteen (13) cases closed and cleared. There were four (4) cases tabled for further information. There was one (1) case with CAP outstanding and two (2) were pending closure for CAP compliance. <p>Follow-up was initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p>	
<p>#10 Compliance Update - Compliance Regulatory Report (Attachment LL)</p>	<p>Mary Lourdes presented the Compliance Regulatory Report. CalViva Health Oversight Activities. HealthNet. 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 & availability, specialty referrals, utilization management data, grievances, and appeals, etc. Oversight Audits. The following annual audits are in-progress: Appeals & Grievances, Emergency Room, UCMC, Continuity of Care, Health Education, Privacy & Security.</p>	

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	<p>The following audits have been completed since the last Commission report: Pharmacy (No CAP) Fraud, Waste & Abuse Activity. Since the 10/19/23 Compliance Regulatory Report to the Committee, there have not been any new MC609 cases filed.</p> <p>Department of Managed Health Care (“DMHC”) 2022 Medical Audit. The Plan received the 2022 DMHC Preliminary Audit Report on 11/1/2023 which included a CAP request covering 11 deficiencies. The Plan is reviewing these and must submit a response to the CAP by 12/15/2023. The main finding is regarding how CVH processes requests for post-stabilization. CVH will have to review prior claims and re-adjudicate to make sure claims were paid or denied appropriately.</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. The Plan submitted its initial response on 10/20/23 and is awaiting feedback.</p> <p>California Advancing and Innovating Medi-Cal (CalAIM). Enhanced Care Management (ECM): On 11/7/23, DHCS approved the Plan’s Birth Equity MOC which demonstrated readiness for the Birth Equity POF that is going live 1/1/2024.</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 received DHCS approval on 10/23/23 and DMHC approval on 10/31/23 for the 2024 EOC and Member ID card. These must be provided to members by 1/1/24.</p> <p>DHCS 2024 Operational Readiness(“OR”) Work Plan & Contract. The Plan has completed the required OR Workplan filings to DHCS. The only remaining documents to be submitted are the DHCS “bespoke” MOU templates that must be sent to the various Local Health Departments, LEAs, Regional Center, WIC Agencies, County Behavioral Health Departments, etc., by 12/31/23 for their review and execution. In 2024, DHCS will require quarterly status updates on the execution of those MOUs.</p> <p>On 11/1/23, The Plan received the Final 2024 DHCS Contracts (i.e., Primary and Secondary) with a start date of 1/1/24 and an end date of 12/31/24. The Plan must execute the contracts by 12/12/23.</p> <p>DMHC Enforcement Matter (22-724). On 8/10/23, the Plan received a DMHC Subpoena</p>	

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	requesting documents related to a member appeal for services. The Plan complied with the subpoena and submitted all documents on 10/4/23. The Plan has not heard back from the DMHC on this matter. 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. Next Public Policy Committee meeting will be December 6, 2023, 11:30am-1:30pm located at 7625 N. Palm Ave Suite 109, Fresno, CA 93711.	
#11 Old Business	None.	
#12 Announcements	None.	
#13 Public Comment	None.	
#14 Adjourn	The meeting was adjourned at 12:08 pm	

NEXT MEETING: February 15th, 2024

Submitted this Day: February 15th 2024

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

Acknowledgment of Committee Approval:



Patrick Marabella, MD Committee Chair