REPORT SUMMARY TO COMMITTEE

TO:	Fresno-Kings-Madera Regional Health Authority Commissioners
FROM:	Patrick C. Marabella, MD Chief Medical Officer Amy R. Schneider, RN Senior Director Medical Management
COMMITTEE DATE:	July 17th, 2025
SUBJECT:	CalViva Health QI, UMCM & Population Health Update of Activities Quarter 2 2025 (July 2025)

Purpose of Activity:

This report is to provide the RHA Commission with an update on the CalViva Health Quality Improvement, Utilization Management, Care Management, and Population Health Management performance, programs and regulatory activities in Quarter 2 of 2025.

I. Meetings

One QI/UM meeting was held in Quarter 2, on May 15th, 2025. The following **guiding documents** were approved at the May meeting:

1. 2024 Health Equity End of Year Evaluation
2. 2025 Health Equity Program Description
3. 2025 Health Equity Work Plan
4. 2024 Health Equity Language Assistance Program Report
5. 2025 Population Segmentation Report
6. 2025 Long Term Care: Quality Assurance & Performance Improvement Plan

In addition, the following **general documents** were adopted/approved at the meeting:

1. Medical Policies
2. Clinical Practice Guidelines
3. Appeals & Grievances Policies & Procedures Annual Review

II. QI Reports - The following is a summary of some of the reports and topics reviewed:

1. The **Appeal and Grievance Dashboard & Quarterly A & G Reports** through March 2025 were presented with a general overview. An explanation was provided of how Members and providers submit grievances via phone, fax, email, or online, and each of these is categorized and reported on the dashboard and in other narrative reports. Standardized criteria as outlined in our policies and procedures are used to classify each case in order to include them in the appropriate area on the monthly dashboard.

   Each monthly Excel file includes lists or logs identifying each member who submitted a grievance that month and details about their issue and its resolution. These data logs are included on tabs such as Formal Resolved, CCC Exempt Grievances, and BH Exempt. The Outlier tab provides an analysis of the data trends.

The Root Cause Analysis Member Satisfaction report for Quarter 1 was presented to highlight member satisfaction based on the resolved appeal and grievance cases and to identify potential areas for improvement.

Trends included:

a. **Grievances:** There was an increase in all the Top 5 Classifications compared to Q1 2024:
   i. Access to Care
   ii. Eligibility Issues
   iii. Administrative Issues
   iv. Balance Billing
   v. Transportation

b. **Appeals:** There was an increase in appeals volume for all 3 counties compared to Q1 2024. Increases were seen in four (4) out of five (5) appeal categories and there was the addition of a new category, medically tailored Meals from Community Supports.
   The Top 5 Appeal Classifications are:
   i. Self-Injectable Medications
   ii. Genetic Testing
   iii. CAT Scans
   iv. Outpatient Procedures
   v. Medically Tailored Meals

2. The **Potential Quality Issues (PQI) Report** provides a summary of issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member.
PQI reviews may be initiated by a member, non-member or peer review-activities. Peer review activities include cases with a severity code level of III or IV or any case the CVH CMO requests to be forwarded to Peer Review. Data for Q1 was reviewed for all case types including Behavioral Health and the follow up actions taken when indicated. The number of cases reviewed in Quarter 1 2025 was lower than recent quarters. Follow-up occurs when indicated.

3. Additional Quality Improvement Reports presented were A & G Interrater Reliability, Member Letter Monitoring, Expedited Grievance Report, A & G Classification Audit, Call Center Inquiry Calls, NCQA System Controls Credentialing Oversight Report, and the A & G Validation Audit Report and others scheduled for presentation at the QI/UM Committee during Q2.

III. UMCM Reports - The following is a summary of the reports and topics reviewed:

1. **The Key Indicator Report (KIR)** provided data through March 31st, 2025. Membership has remained consistent. Quarterly comparisons were reviewed with the following results:
   a. Utilization for most risk types decreased in February, but increased again in March 2025, except for SPDs which remained lower.
   b. Bed Days and length of stay for SPDs have remained lower than last year and ER visits remained consistent.
   c. Two (2) Deferral cases did not meet turnaround times.
   d. Care Management results also dipped in February but rebounded in March. Transitional Care Services had a high referral volume and a high engagement rate in March.

2. **NCQA System Controls Appeals & Denials Oversight Report 2024** demonstrates CalViva's oversight of information management and security standard compliance by HealthNet. Per NCQA standards, the report describes how UM Appeals & Denials information is received, stored, reviewed, tracked, and dated.
   The UM System Controls Policy includes the following:
   a. Defines the date of receipt consistent with NCQA requirements.
   b. Defines the date of written notification consistent with NCQA requirements.
   c. Describes the process for recording dates in systems.

      d. Specifies titles or roles of staff who are authorized to modify dates once initially recorded and circumstances when modification is appropriate.

      e. Specifies how the system tracks modified dates.

      f. Describes system security controls in place to protect data from unauthorized modification.

      g. Describes how the organization monitors its compliance with the policies and procedures in factors 1–6 at least annually and takes appropriate action, when applicable.

All cases audited met compliance standards for both Appeals and Denials. No actions at this time.

3. Additional UMCM Reports include Concurrent Review IRR Report, CCS Report, Turning Point, PA Member Letter Monitoring Report and others scheduled for presentation at the QI/UM Committee during Q2.

IV. Access Related Reporting for Q2 included the
    1. Access Work Group Quarterly Report.
    2. Provider Office Wait Time Q1

V. Pharmacy Quarterly Reports include Pharmacy Executive Summary, Operations Metrics, Top 25 Medication Prior Authorization (PA) Requests, and the Quality Assurance Reliability Results (IRR) which were all reviewed for Quarter 1. All metrics are expected to be within 5% of the standard or goal.

- **All metrics were within 5% of the goal** this quarter with an average turnaround time rate of 99.7%. Prior authorization volumes were higher in Q1 compared to Q4 2024 with no outliers identified.

Quality Assurance (Interrater Reliability) reports are based upon a sample of cases that are audited each month to ensure they are completed timely, accurately, and consistently according to regulatory requirements and established health plan guidelines. The goal is ninety-five percent (95%) with a threshold for action of ninety percent (90%.)

- Overall, the ninety percent (90%) threshold was met, but not the goal of 95%.
- No (0) sample cases missed turnaround time.
- Three (3) sample cases had potential criteria application or documentation issues.
- Three (3) sample cases had letter language that could have been clearer and more concise.
- One (1) sample was determined to have a questionable denial or approval after review.

Results have been shared with PA Managers in order to provide review and feedback with individual staff involved in the decisions. Feedback includes Criteria Application review of expectations as well as proper documentation of clinically relevant information.

VI. HEDIS® Activity

In Q2, HEDIS® related activities were focused on finalizing and preparing **Measurement Year (MY)2024 full HEDIS® Data for submission** to HSAG & DHCS for the Managed Care Accountability Set (MCAS) measures. Final Attestations and IDSS submission were completed on June 12th. Medi-Cal Managed Care (MCMC) health plans currently have 18 quality measures (MCAS) on which we will be evaluated this year. The Minimum Performance Level (MPL) remains at the 50th percentile.

Quality Improvement Activities

A. Two Performance Improvement Projects (PIPs):

    1. Clinical Disparity PIP - Improve Infant Well-Child Visits (WCV) in the Black/African American(B/AA) Population in Fresno County.

        ➢ Continuing **Intervention #1** to refer all B/AA pregnant or newly delivered members to Black Infant Health (BIH); added member incentives for attending.

        ➢ **Continue 2nd intervention** to utilize **CDC Milestones Tracker app** via BIH to support timely completion of WCV.

        ▪ Next **Submission due 08/07/2025**

2. **Non-Clinical PIP** - Improve Provider Notifications following ED Visit for Substance Use Disorder or Mental Health Issue.
    - Implementing <u>**three (3) interventions**</u> at Saint Agnes Medical Center:
        1. Staff Training on appropriate Coding to document services provided. Modifying to focus on "**Smart Phrases**" used in EPIC EMR.
        2. **Cultural Competency** focusing on the Hispanic Population to increase Follow up.
        3. Facilitate referrals to local CBO (**Resiliency Center**) for follow-up services.
    - Next **Submission due 08/07/2025**

B. *DHCS Collaboratives*
    1. *Institute for Healthcare Improvement (IHI) Equity Focused Well-Child Sprint Collaborative* Completed 5 Interventions in Phase 1 (March 2025); – Phase 2 begins in August 2025.
    2. *Institute for Healthcare Improvement (IHI) Behavioral Health Collaborative* Phase 1 concluded June 2025. Phase 2 begins in August 2025.

C. *DHCS County Projects- All projects in progress with submissions due in June/July 2025*
    a. *Fresno County – Transformational Equity Improvement Projects for 3 Domains*
        1. *Behavioral Health Domain*
        2. *Children's Domain*
        3. *Chronic Conditions Domain (Asthma)*
    b. *Kings County – Comprehensive Equity Improvement Projects for 2 Domains*
        1. Children's Domain (Submitted 06/13/25)
        2. Chronic Conditions Domain
    c. *Madera County - Lean Equity Improvement Project for 1 Domain*
        1. *Behavioral Health Domain*

VI. Findings/Outcomes

Reports covering all pertinent areas have been reviewed and evaluated according to the established schedule to facilitate the ongoing monitoring of the quality and safety of care provided to CalViva members. No significant compliance issues have been identified. Oversight and monitoring processes will continue.