Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
May 16th, 2024

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.**, Emergency Medicine, CalViva Chief Medical Officer, Chair	✓	**Amy Schneider, RN, Senior** Director of Medical Management Services
	David Cardona, M.D., Family Medicine, Fresno County At-large Appointee, Family Care Providers	✓**	**Iris Poveda**, Medical Management Services Manager
✓	**Christian Faulkenberry-Miranda, M.D.,** Pediatrics, University of California, San Francisco	✓	**Mary Lourdes Leone,** Chief Compliance Officer
✓	**Ana-Liza Pascual, M.D.,** Obstetrics/Gynecology, Central Valley Obstetrics/Gynecology Medical Group	✓	**Maria Sanchez**, Senior Compliance Manager
✓	**Carolina Quezada, M.D.,** Internal Medicine/Pediatrics, Family Health Care Network		**Patricia Gomez,** Senior Compliance Analyst
✓	**Joel Ramirez, M.D.,** Family Medicine/Sports Medicine, Camarena Health, Madera County	✓	**Zaman Jennaty**, Medical Management Nurse Analyst
✓	**DeAnna Waugh, Psy.D.,** Psychology, Adventist Health, Fresno County	✓	**Norell Naoe,** Medical Management Administrative Coordinator
	David Hodge, M.D., Pediatric Surgery, Fresno County At-large Appointee, Chair of RHA **(Alternate)**		
	Guests/Speakers		
	None were in attendance.		

✓ = 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. Dr. Marabella introduced Ana-Liza Pascual, M.D., as a new member of the QI/UM Committee. Dr. Pascual specializes in Obstetrics & Gynecology here in Fresno. The committee members introduced themselves and welcomed Dr. Pascual.	

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#2 **Approve Consent Agenda** Committee Minutes: March 21, 2024 - A&G Inter-Rater Reliability Report (Q1) - Quarterly A&G Member Letter Monitoring Report (Q1) - CCC DMHC Expedited Grievance Report (Q1) - Concurrent Review IRR Report (Q1) - Pharmacy Provider Updates (January and March) - Provider Office Wait Time Report (Q1) - California Children's Services Report (Q1) - TurningPoint Musculoskeletal Utilization Review (Q4) - PA Member Letter Monitoring Report (Q1) (Attachments A-J) **Action** Patrick Marabella, M.D Chair	The March 21st, 2024, QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Any item on the consent agenda may be pulled out for further discussion at the request of any committee member. A link for Medi-Cal Rx Contract Drug List was available for reference.	**Motion**: *Approve* Consent Agenda (Ramirez/Quezada) 5-0-1-1
#3 **QI Business** - A&G Dashboard (March) - A&G Executive Summary (Q1) - A&G Quarterly Member Report (Q1) - A&G Classification Audit Report	The **Appeals & Grievances Dashboard** through March 2023 was presented. Dr. Marabella explained 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	**Motion**: *Approve* - A&G Dashboard (March) - A&G Executive Summary (Q1) - A&G Quarterly

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(Q1) - A&G Validation Audit Summary (Q4) (Attachments K-O) **Action** Patrick Marabella, M.D Chair	about their issue and its resolution. These data logs are included on tabs such as Formal Resolved, CCC Exempt Grievances, and MHN Exempt. The Outlier tab provides an analysis of the data trends. There was a total of 149 grievances received this month, 448 total for Q1, consistent with 2023. • For Q1, most grievances (390) were Quality of Service related: Fifty-nine (59) Access-Other mostly Prior Authorization delays, ninety (90) Administrative for prior authorizations; thirty-five (35) Transportation Access; and categorized as Other- eighty-three (83) related to balanced billing. Monitoring to continue. • Exempt Grievances are resolved over the phone within one business day. They remained consistent in March compared to last month, except for balanced billing which increased to sixty-one (61) this quarter. • For Q1, there were seventeen (17) Transportation Provider No-Shows reported under QOS and five (5) late arrivals causing the member to be late to their appointment. • Seventy-seven (77) Total Standard Appeals for Q1 with thirty (30) cases related to Advanced Imaging (MRI, PET scans, and Cardiac imaging): both trending downwards. • The ratio of upholds to overturns for Q1 was 34%/60% which is the opposite of our goal. The overturns are high because once providers submit the required documentation, the request is approved. However, providers have not consistently changed their procedures when educated to submit the correct documentation from the start. The **Appeals & Grievances Executive Summary Q1 and Appeals & Grievances Quarterly Member Report Q1** through March 2024 were presented noting the following trends: • Total Appeals have decreased when Q1 2023 is compared to Q1 2024, however, the Total Grievances in this same comparison have increased. • For Q1 2024, there were sixty-four (64) Total Appeals & 442 Total Grievances reported. • Total Exempt Grievances, particularly Member Billing, have increased when Q1 2023 is compared to Q4 2023, but PCP Assignment grievances have decreased. • There was a total of four (4) exempt grievances related to Mental Health which are now being tracked as MHN's services have now been integrated under HN as of January. • In Q1, seventy-two (72) formal and forty-one (41) exempt grievances were transportation-related, seventeen (17) were access-related (missed appointment/provider no-show), and fifty-five (55) were related to behavioral issues (for example, late, general vendor complaint,	Member Report (Q1) - A&G Classification Audit Report (Q1) - A&G Validation Audit Summary (Q4) (Quezada/Ramirez) 6-0-0-1

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	reimbursement).
	• Delay in referral by PCP is the top Quality of Care Grievance.
	• Top Access Grievances were Prior Authorization Delay, PCP, and Specialist availability.
	• The turnaround times for Acknowledgement and Resolution letters across all categories met the standard at 100%.
	• The A&G Inter-rater Reliability audit results for Q1 averaged ninety-eight percent (98%).
	
	The **Appeals & Grievances Classification Audit Report (Q1)** is a review of a random sample of grievance logs and grievance classification while the case is still open to ensure appropriate disposition of grievances.
	• Out of 226 cases reviewed by A&G Clinical staff this quarter, 203 cases were classified correctly, yielding a ninety percent (90%) accuracy rate.
	• Out of twenty-three (23) misclassified cases:
	  • Eight (8) were classified as QOS instead of QOC.
	  • Five (5) were misclassified as appeals instead of QOS.
	  • Four (4) cases were duplicate complaints.
	  • One (1) was misclassified as a QOS instead of an appeal.
	  • Five (5) were invalid because they were opened w/o member consent and/or providers grieving against a member.
	All case classifications were corrected prior to case closure.
	
	The **Appeals & Grievances Validation Audit Report Q4 2023** was presented. CVH conducts weekly A&G case validations to ensure each Grievance or Appeal case contains the appropriate documentation and evidence necessary for standard and expedited Quality of Service (QOS), Quality of Care (QOC), and Appeal cases.
	• Seventy-six percent (76%) of cases (439/577) met compliance standards upon receipt. Documents were missing primarily in the Standard QOS and QOC categories.
	  o Of the variety of document types identified as missing, most commonly: Case Review forms (116), and closed Case Files twenty (20) make up seventy-one percent (71%) of the total missing documents by type. On further assessment, it was determined that files were not being properly PDF'd and compiled for CVH review due to newly hired	

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	staff. Staff was retrained. o Twelve (12) cases were found to be missing evidence of the DMHC script being read to the members, down from thirty-one (31) in Q3 2023. ▪ The team has been refreshed on the internal policy requirement to read the DMHC script on all cases. ▪ Individual staff have been coached. ▪ Random spot-check audits were implemented prior to case closure. ▪ Added as an audit element for CVH in A&G monthly case file audit review. All documents identified to be missing from the cases were obtained and inserted to complete the files before closing out the month. ***Discussion:*** *Dr. Ramirez inquired about the progress of the CAP for transportation.* *Dr. Marabella indicated that CVH reviews a monthly report at our Management Oversight Meeting on all transportation-related activities and conducts internal audits of the various subcontractors. An area of focus was transportation for members receiving dialysis because it can have an untoward outcome for the member. Now only certain subcontractors will drive dialysis or oncology patients to their scheduled appointments and there has been an improvement for this subgroup of members. Considering there are 35 to 40,000 transports a month just in our three counties, we do investigate the small number of complaints to find out what appointments were missed. Transportation for our members is a free service that not all take advantage of. Providing transportation with the correct type of car seat(s) for our members with families is another hurdle to overcome.*	
#3 **QI Business** - Potential Quality Issues (Q1) (Attachment P) **Action** Patrick Marabella, M.D Chair	**The Potential Quality Issues (PQI) Report** provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member, or Peer Review activity. 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 the follow-up actions taken when indicated. • There were five (5) non-member-generated PQIs in Q1. Three (3) cases scoring a level II. • Member-generated PQIs decreased based on previous quarters with a total of fifty-two (52) cases. Two (2) cases scoring a level III. • A total of thirteen (13) Peer Review generated cases. Six (6) cases are closed, and seven (7)	**Motion**: *Approve* - Potential Quality Issues (Q1) (Faulkenberry/ Ramirez) 6-0-0-1

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	cases are open. Nine (9) scoring a level II. The number of peer review cases varies from quarter to quarter independent of the other case types. Follow-up has been initiated when appropriate.	
#4 **Key Presentations** - Heath Equity Work Plan End of Year Evaluation & Executive Summary 2023 - Health Equity Program Description & Change Summary 2024 - Health Equity Work Plan & Executive Summary 2024 - Health Equity Language Assistance Program Report 2023 (Attachments Q-T) **Action** Patrick Marabella, M.D Chair	The **Health Equity 2023 Executive Summary and Annual Work Plan Evaluation; 2024 Change Summary and Program Description; and 2024 Executive Summary and Work Plan** were presented. All Work Plan activities for 2023 were completed in the following areas: • **Language Assistance Services:** Newsletter informing members on how to access language services completed and disseminated; eighty-six (86) staff completed Bilingual assessment/re-assessment; twenty-eight (28) translation reviews were completed in 2023; and successfully integrated sexual orientation gender identity (SOGI) and preferred pronouns and name into OMNI. • **Compliance Monitoring**: HEQ reviewed four (4) interpreter complaints and forty-five (45) grievance cases with three (3) interventions identified and two (2) findhelp trainings were completed with 753 overall new programs added to the platform. • **Communication, Training, and Education**: One (1) A&G training completed on coding and resolution of grievances; Conducted nine (9) Call Center Training sessions with training decks updated; and a Language identification poster for provider offices was remediated and posted in the provider library. • **Health Literacy, Cultural Competency & Health Equity**: Completed six (6) cultural competency trainings for 350 providers. Trainings include two (2) Healthcare Barriers for Gender Diverse Populations, two (2) Implicit Bias, two (2) Special Needs and Cultural Competency; Completed three (3) live cultural competency trainings for staff; 191 staff attended live trainings; Conducted annual Heritage/CLAS Month with fourteen (14) live attendees and 4,300 staff who read the newsletter; Successfully co-led and supported the completion of quality projects. Projects targeting the following HEDIS® measures: CIS-10, WCV, and CDC. The **2024 Program Description** changes include: • P4. Expanded and added an introduction to the Mission, Goals, and Objective section to align with the Health Equity Accreditation requirements. Added Vision to section. • P5. Removed and enhanced mission and replaced with the following bullets: • Ensure language services meet regulatory requirements and achieve metric goals.	**Motion**: *Approve* - Heath Equity Work Plan End of Year Evaluation & Executive Summary 2023 - Health Equity Program Description & Change Summary 2024 - Health Equity Work Plan & Executive Summary 2024 - Health Equity Language Assistance Program Report 2023 (Ramirez/Pascual) 6-0-0-1

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	• Achieve appropriate reading grade level requirements and cultural appropriateness at market and product levels. • Complete staff and provider trainings for required topics. • Address health disparities through targeted cross-collaborative projects. • Implement social needs assistance strategies with integrated approaches for mitigating social risks. • P8. Expanded on CLAS standards and the requirements it meets. • P16. Added, "Social needs and social risks all play into determining appropriate partners, selecting, engaging and taking initiatives with partners." • P19. Expanded on the roles and objectives of the Governing Body and QI/UM Committee. • P22. Broaden how data will be collected including SOGI data. • P24. Added Equity Officer's role and responsibilities. The CVH Health Equity Officer begins on May 28th. The **2024 Work Plan** is consistent with 2023 while incorporating and enhancing the following: • Added measurable objectives to Findhelp oversight based on the Public Policy Committee's recommendation. • Updated the method for obtaining C&L materials to Provider Library. • Added "online" as a way for staff to complete C & L training. • Expanded and consolidated cultural competency trainings. • Updated Quality Projects and included SUD/MH Nonclinical PIP (Project includes Fresno and Madera Counties.) o Working with Community Regional Medical Center (CRMC) which has substance use navigators and psychiatry liaisons on-site to connect with members in the ED and capture correct coding and HEDIS® data. • Added IHI/DHCS Child Health Equity Sprint project. o Working with Clinica Sierra Vista The **2023 Language Assistance Program** Annual Evaluation analyzes and compares language service utilization at the end of each calendar year. A year-over-year analysis is also performed. The conclusions from the Language Assistance Program annual report are: • Spanish and Hmong continue to be CalViva Threshold Languages. Spanish at ninety-seven percent (97%) consistently has the highest volume and Hmong was three percent (3%) of calls.	

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	• Interpretation was performed via the following:
	  • Eighty-four percent (84%) telephonic interpreters up from seventy-four percent (74%) in 2022
	  • Twenty percent (20%) face-to-face – down from twenty-four percent (24%) in 2022
	  • Three percent (3%) Sign language – up from two percent (2%) in 2022
	  • Video Remote Interpretation was zero (0) in 2023.
	• Behavioral Health (MHN) results demonstrate similar language outcomes.
	• Limited English and non-English membership remain high for the CVH population and therefore interpreter services are integral to maintaining safe, high-quality care.	

#4 **Key Presentations** - Health Education Work Plan End of Year Evaluation & Executive Summary 2023 (Attachment U) **Action** Patrick Marabella, M.D Chair	The **2023 Health Education Executive Summary and Annual Work Plan Evaluation** were presented. We are closing out the separate Health Education Program Documents at this time. Health Education has been incorporated into the QI Program Documents in 2024. Overall, there were fifteen (15) initiatives with forty (40) measurable objectives. Twenty-five (25) met or exceeded the year-end goals. One (1) was partially attained and seven (7) objectives did not meet the year-end goals. Two (2) were suspended given the Quality Department's quadrant analysis and five (5) were canceled. The seven (7) initiatives that were fully met are: 1. Community Engagement 2. Behavioral Health 3. Preventative Health 4. Perinatal Education 5. Member Newsletter 6. Compliance 7. Department Promotion The seven (7) initiatives did not meet, were suspended, or canceled: 1. Chronic Disease-Asthma: Email and mailing campaigns were canceled as of 12/31/2023 because they have limited impact and are resource-intensive. Team members are reviewing alternative ways to promote programs and health education resources through providers and QR codes/links to program content. 2. Chronic Disease-Diabetes: Outreach campaigns to promote new DPP in progress as of 12/31 2023. Implementation will be contingent upon DHCS approval of the program. Continue the process of onboarding new DPP vendor through Q1-Q2 2024. Task is dependent on DHCS	Motion: *Approve* - Health Education Work Plan End of Year Evaluation & Executive Summary 2023 (Ramirez/Quezada) 6-0-0-1

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	approval of new DPP. FFFL home edition, used as a weight management tool, was offered in 2023. 3. Chronic Disease Education: Hypertension: As of 12/31/2023, the promotion of Cardiovascular Health resources is in progress. The strategy to promote HHHL toolkit is being considered via vendors. Hypertension health education was promoted in the member newsletter. 4. Pediatric Education: As of 12/31/2023, an increase in member engagement by five percent (5%) for the WCV Measure via call outreach to members was not conducted. The concierge program was not implemented in CalViva Health Counties. However, the Family Unit HEDIS outreach calls were made in CVH counties in 2023. Thirty-four percent (34%) of those members reached self-reported that they will schedule a WCV or have already completed it. 5. Undocumented Outreach: The initiative is canceled. 6. Obesity Prevention: Only four (4) members were enrolled as of 12/31/2023. No members were enrolled in the Healthy Habits for Health People (HHHP) self-paced program. Team members are reviewing alternative ways to promote programs and health education resources through providers and QR codes/links to program content. 7. Tobacco Cessation: The email campaign was canceled because email campaigns have limited impact, are resource intensive, and low volume of emails provided by members. The focus will continue the promotion of Kick It California via the State and alternative modes through providers and QR/code links to content.	
#4 **Key Presentations** - PHM Effectiveness Analysis Report - PHM Strategy Description & Change Summary 2024 (Attachments V, W) **Action** Patrick Marabella, M.D Chair	The **PHM Effectiveness Analysis Report** was presented as the plan that has been established to analyze the effectiveness of the population health management programs. The programs relate to the four focus areas CalViva selected and are listed below with the program measure (Clinical, Utilization, or Member feedback), the program goal, and the projected timeframe for analysis. The following programs will be evaluated later in 2024 under NCQA Accreditation: PHM.6.A.1-3 requirements and reported back to this committee: • Improve Preventive Health: Flu Vaccinations • Tobacco Cessation • Breast Cancer Screening • Diabetes Management Program • CalViva Pregnancy Program (CPP) / High-Risk Obstetrics (OB) CM • Improve Behavioral Health: Depression and Antidepressant Medication Management • Cardiac + Diabetes (formerly Cardio-Protective Bundle Project – SHAPE)	Motion: *Approve* - PHM Effectiveness Analysis Report - PHM Strategy Description & Change Summary 2024 (Quezada/Ramirez) 6-0-0-1

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	• Care Management The **PHM Strategy Description & Change Summary 2024** was presented. The Population Health Management (PHM) Program is designed to ensure that all members have access to a comprehensive set of services based on their needs and preferences across the continuum of care, which leads to longer, healthier, and happier lives, improved outcomes, and health equity. Core aspects of PHM program areas include: • Basic Population Health Management (BPHM) • Risk Stratification, Segmentation & Tiering (RSST): The Risk Stratification, Segmentation & Tiering (RSST) approach and Health Equity Improvement Model (HEIM) are designed to avoid and reduce biases to prevent the exacerbation of health disparities and address inequities in a variety of ways, including: o Urban vs. rural o Race, ethnicity, language and o The unhoused and special needs population Algorithms include clinical and sociodemographic variables, bias testing, and UM data to stratify the entire population (many data sources utilized). Classify into Risk: Low, Medium, High, and Case Management Level: from one (1) to five (5). Basic Population Health for 2024 includes: • Access, Utilization, and Engagement with Primary Care • Care Coordination, Navigation, and Referrals Across All Health and Social Services, Including Community Supports • Information Sharing and Referral Support Infrastructure • Integration of Community Health Workers (CHWs) into PHM • Wellness and Prevention Programs • Programs Addressing Chronic Disease • Programs to Address Maternal Health Outcomes • PHM for Children Changes to the **2024 Strategy Description** include: • Updated Transitions of Care Program (TOC) to Transitional Care Services (TCS). • P 3-4. Added information on the Public Policy Committee (PPC) and a description of its role and	

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	actions to the Stakeholder Engagement section. • P 11. Added ambulatory visits, vaccinations, and immunizations (e.g., COVID-19, Flu, and Pneumococcal) to key aspects of member navigation support. • P 13. Added "Conducting initial outreach to members while they are inpatient to engage in the program and complete an inpatient discharge risk assessment" and "Coordinate care with hospital staff as needed to support a safe transition to a lower level of care" to list what the TCS program includes. • P 14. Removed the Palliative program. • P 16-17. Updated Program services to include social media, multi-gap call outreach, tipsheets, Provider Best Practices guide, and Provider collaboration. • P 17. Updated Programs goal(s) from "CDC >9" to "Glycemic Status >9". • P 23. Changed "annual" assessments to "at least annually or when the Member experiences a significant change in condition" within the LTC section. • P 31. Added Disengaged/housing insecure or homeless member support information within the Standardized Protocols for Unable to Reach Members section.	
#4 **Key Presentations** - Continuity & Coordination Medical & Behavioral Healthcare Report 2023 - Continuity & Coordination Medical & Behavioral Healthcare 2024 (Attachment X) **Action** Patrick Marabella, M.D Chair	The **Continuity & Coordination Medical & Behavioral Healthcare Report 2023** was presented to provide information on strategies used to facilitate collaboration among medical and behavioral health providers, and CalViva leaders and managers. The following categories were selected for assessment and improvement in 2023: • Antidepressant medication management – acute through continuation phase of treatment (Appropriate diagnosis, treatment, and referral of Behavioral disorders commonly seen in primary care.) o Effectiveness: Observing slight year-over-year directional improvement for CVH; however, due to ongoing reporting issues, 2023 interventions were not impactful. o Actions: Continued live member outreach only for a portion of the year due to technical issues. o Next Steps: Identify a new metric/measure for MCL quantifying improvement in this opportunity area that aligns with changes in priority. • Depression screening and follow-up for adolescents and adults (DSF-E) (Preventive Behavioral Healthcare Program Implementation) o Effectiveness: Initial screening rates could only improve between RY2021 and RY2022	**Motion**: *Approve* - Continuity & Coordination Medical & Behavioral Healthcare Report 2023 - Continuity & Coordination Medical & Behavioral Healthcare 2024 (Pascual/Ramirez) 6-0-0-1

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	for CVH; starting rate was zero percent (0%.) Barriers to data collection persist – not able to capture all screenings resulting in small denominators and large swings in performance; therefore 2023 interventions were not effective. o Actions: Try to improve utilization of myStrength for CVH membership through the Call Center, social media, and email. o Next Steps: Maintain improvement actions. Select a new opportunity area that focuses on Exchange of Information and Coordination of Care which could improve screening and follow-up. • Follow-up after depression screening for adolescents and adults (DSF-E) o Given that there are no national benchmarks, the internal goal is achieving directional improvement. CalViva Health did show directional improvement from RY2022 to RY2023. Due to the low screening rate, the eligible populations for this metric remained small in RY2023. ***Discussion:*** *Dr. Faulkenberry asked what myStrength is.* *Dr. Marabella explained that it is an app or self-help tool that members can use. It includes educational information and tools such as biofeedback, journaling, etc.* *Amy Schneider added that the program has limitations as many of our members have limited or no internet access.* A summary of quality metrics and goals that met with an improved directional change were reviewed: • Timeliness of information received from Primary Care Physicians on the MHN Provider Survey • HEDIS® Follow-up care for children prescribed ADHD medication: C&M (ADD) • HEDIS® Diabetes monitoring for people with diabetes and schizophrenia (SMD) • **Depression screening – ages twelve (12) and older (DSF-E)** • HEDIS® Diabetes screening for members diagnosed with bipolar disorder or schizophrenia prescribed antipsychotic medications (SSD) The quality metrics and goals that met with a decrease in directional change were: • Timeliness of information received from Behavioral Health Practitioners on the HN Provider Survey • **HEDIS® Antidepressant medication management: Acute (AMM)**	

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	• **HEDIS® Antidepressant medication management: Continuation (AMM)** • HEDIS® Follow-up care for children prescribed ADHD medication: INT (ADD) • **Depression screening follow-up– ages twelve (12) and older (DSF-E)** **Bold** text identified opportunity in 2023. The **Continuity & Coordination Medical & Behavioral Healthcare for 2024** was presented to review and confirm activities selected for 2024, to discuss specific barriers to improvement, and to share information/brainstorm applicable initiatives or potential actions that should be executed. The committee reviewed two identified opportunities and potential actions for 2024: • Opportunity #1 Appropriate diagnosis, treatment, and referral of behavioral disorders commonly seen in primary care. o Quantifiable Metric(s): HEDIS® Follow-Up After Emergency Department Visit for Mental Illness (FUM) and HEDIS® Follow-Up After Emergency Department Visit for Substance use (FUA) o Barriers: Timely provider notification of MH & SUD ED visits; Lack of provider/member awareness of best practices for follow-up after MH & SUD ED visits; Limitations to relying on ADT reports for ED visits; Member resistance to BH & SUD treatment; Additional Federal regulations on SUD data sharing o Potential Actions: Continue live member outreach calls after MH & SUD ED visits; CVH Non-clinical PIP (PIP focuses on increasing provider notifications of ED visits for MH/ SUD - should improve FUM/A rates downstream); Improve member reach rate; Implement Cozeva enhancements to increase timely, comprehensive provider notifications about MH/SUD ED visits; Engage in industry collaboratives to improve data exchange and coordination of care; Distribute FUM/FUA Tip Sheets to Providers during site visits o Metrics to Evaluate Effectiveness: Meeting goal (50th Percentile) for both HEDIS® Follow-Up After Emergency Department Visit for Mental Illness (FUM) and Follow-Up After Emergency Department Visit for Substance Use (FUA) • Opportunity #2 Exchange of Information o Quantifiable Metric(s): Provider satisfaction with the timeliness of information exchanged between medical and behavioral healthcare providers, from the Provider Satisfaction Surveys	

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	○ Barriers: Ambiguities around sharing of information within privacy parameters; Provider beliefs that patient may be sharing the necessary information with the other provider on their own; Medical and Behavioral Health providers are on separate systems and/or locations. Makes it difficult for PCP to contact BHP; Lack of time to sufficiently exchange information in a timely way. ○ Potential Actions: Engage in industry collaboratives to improve data exchange and coordination of care; Promote and increase implementation of PCP BH Integration models. ○ Metrics to Evaluate Effectiveness: Meeting internal goals for provider satisfaction with timeliness of information exchange. ***Discussion:*** *Dr. Pascual asked if Clovis Community Medical Center uses SUNs in their Emergency Department (ED) as well.* *Dr. Marabella indicated that they do use SUNs and asked Dr. Faulkenberry if they have a separate pediatric ED.* *Dr. Faulkenberry indicated that they have a separate area, but only one pediatric psychiatrist who doesn't see any cases in the ED.* *Dr. Marabella asked how the PCPs were notified that a pediatric patient was seen in the ED.* *Dr. Faulkenberry indicated that she would be informed through ER notes or only if she was listed as the PCP in EPIC and through ADT data. If a clinic name was listed as the PCP, then she would not get the notification and does not know who would then be notified of the visit.* *Dr. Ramirez added that they are notified of an ED visit the next day, but it is a manual pull of information by his staff and not an automatic push of information or notification.*	
#5 **UM/CM Business** - Key Indicator & TAT Report (March) - Utilization Management Concurrent Review Report (Q1) - Revised NCQA UM System Controls Appeals & Denials Oversight Report - Medical Policies (Q1)	The **Key Indicator Report and Turn Around Time Report** through March were presented. • Membership has slightly increased. • Utilization for most risk types increased slightly in March 2024, and SPDs remained consistent. • Acute Admits PTMPY for TANF populations increased in March, while Expansion and SPD populations declined. • Bed Days for SPDs have remained low and ER visits remained consistent. • Case Management results remained robust in most categories. TCS numbers are down because they refer cases elsewhere. Behavioral Health referrals have shown variation. • The new First Year of Life program focuses on transitioning members from the Perinatal	Motion: *Approve* - Key Indicator & TAT Report (March) - Utilization Management Concurrent Review Report (Q1) - Revised NCQA UM System Controls

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(Attachments Y-BB) **Action** Patrick Marabella, M.D Chair	program into the first year after delivery emphasizing Well-Child visits, immunizations, and other preventive health with a current engagement rate of 100%. • Turnaround Times were not met for Pre-Service Urgent in March 2024, because the staff did not follow the established work process which did not explicitly provide guidance for the timestamp of the determination. Educational materials have been updated and staff refreshed on process steps. The **Utilization Management Concurrent Review Report** presents inpatient data and clinical concurrent review activities such as authorization for inpatient admissions, discharge planning, and medical appropriateness during Q1 2024. • MCE and TANF populations for Average Acute Monthly Admits increased in Q1 while the SPD population decreased for admissions. • It was noted that annual goals need to be recalculated as these are based on pre-COVID experience but have been included in this report to show the disparity. • Most Q1 metrics are in line with 2023 as stated above in the KIR. • Q1 Readmissions are lower than the 2023 average. • Collaboration between Clinical Concurrent Review nursing staff and the Transitional Care Services (TCS) Team around greater at-risk inpatient cases may have contributed to this reduction in readmission rates. • TCS representatives are onsite meeting with inpatients for a discharge risk assessment. • The CalAIM team will join the weekly UM Rounds to facilitate appropriate ECM and Community Support referrals. The **NCQA UM System Controls Appeals & Denials Oversight Report** was presented to demonstrate 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 Policy includes the following: • Defines the date of receipt consistent with NCQA requirements. • Defines the date of written notification consistent with NCQA requirements. • Describes the process for recording dates in systems.	Appeals & Denials Oversight Report - Medical Policies Provider Updates (Q1) (Faulkenberry/ Quezada) 6-0-0-1

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	• Specifies titles or roles of staff who are authorized to modify dates once initially recorded and circumstances when modification is appropriate. • Specifies how the system tracks modified dates. • Describes system security controls in place to protect data from unauthorized modification. • 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. The **Medical Policies** (Q1) were presented to the committee. Dr. Marabella recommended that committee members review the new Medical Policies and updates for their awareness and especially those specific to each practitioner's specialty and provide any comments or feedback. The Medical Policies are compiled based on a national review by physicians and sent monthly to providers featuring new, updated, or retired medical policies for the Plan. New policies include: • BH.CP.105 –ABA Documentation Requirements Updated policies include but are not limited to: • CP.MP.40 – Gastric Electrical Stimulation • CP.MP.91 – OB Home Programs • CP.MP.132 – Heart-Lung Transplant • CP.MP.102 – Pancreas Transplantation • CP.MP.141 – Non-Myeloablative Allogeneic Stem Cell Transplants • CP.MP.162 – Tandem Transplantation • CP.MP.250 – Lantidra • HNCA.CP.MP.150 – Benign Skin Lesion Removal • CP.MP.22 – Stereotactic Body Radiation Therapy • CP.MP.55 – Assisted Reproductive Technology • CP.MP.62 – Hyperhidrosis Treatments • CP.MP.82 – NICU Apnea Bradycardia Guidelines • CP.MP.85 – Neonatal Sepsis Management • CP.MP.129 – Fetal Surgery in Utero for Prenatally Diagnosed Malformations • CP.MP.173 – Implantable Intrathecal or Epidural Pain Pump	

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	• CP.MP.190 – Outpatient Oxygen Use • CP.MP.243 – Implantable Loop Recorder • CP.MP.248 – Facility-based Sleep Studies for Obstructive Sleep Apnea • CP.MP.99 – Wheelchair Seating • CP.MP.105 – Digital EEG Analysis • CP.BH.104 – Applied Behavioral Analysis • HNCA.CP.MP.61 – Dental Anesthesia Genetic Testing Policy Updates • V1.2024 – CG Hereditary Cancer Susceptibility • V1.2024 – CG Metabolic, Endocrine, and Mitochondrial Disorders • V1.2024 – CG Prenatal and Preconception Carrier Screening Inactive policies include but are not limited to: • HNCA.CP.MP.375 - Central Auditory Processing Disorder • HNCA.CP.MP.436 - Intraperitoneal Hyperthermic Chemotherapy for Abdominopelvic Cancers • HNCA.CP.519 - Fecal Bacteriotherapy	
#6 **Pharmacy Business** - Pharmacy Executive Summary (Q1) - Pharmacy Operations Metrics (Q1) - Pharmacy Top 25 Prior Authorizations (Q1) - Quality Assurance Reliability Results (IRR) for Pharmacy (Q1) (Attachments CC-FF) **Action** Patrick Marabella, M.D Chair	The **Pharmacy Executive Summary Q1** provides a summary of the quarterly pharmacy reports presented to the committee on operational metrics, top medication prior authorization (PA) requests, and quarterly formulary changes to assess emerging patterns in PA requests, compliance around PA turnaround time metrics, and to formulate potential process improvements. • Pharmacy Operations Metrics o Pharmacy Prior Authorization (PA) metrics were within five percent (5%) of the standard for Q1. o Overall, TAT for Q1 was ninety-eight-point five percent (98.5%.) PA TAT was slightly lower in Q1 than in Q4 2023. o PA volume was slightly lower in Q1 compared to Q4 and there were some drug-specific differences. January had a higher volume compared to all other months in Q1 2024. The **Pharmacy Operations Metrics Q1** provides key indicators measuring the performance of the PA Department in service to CalViva Health members. The turnaround time (TAT) expectation is 100% with a threshold for action of ninety-five percent (95%.) • Pharmacy prior authorization (PA) metrics were within five percent (5%) of the standard for Q1	Motion: *Approve* - Pharmacy Executive Summary (Q1) - Pharmacy Operations Metrics (Q1) - Pharmacy Top 25 Prior Authorizations (Q1) - Quality Assurance Reliability Results (IRR) for Pharmacy (Q1) (Ramirez/Pascual) 6-0-0-1

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	at ninety-eight-point five percent (98.5%.) • PA approval rate was higher in March 2024 compared to January and February. Volume was higher in January 2024 compared to February and March. Trending in volume and TAT will be monitored to ensure consistent procedures by the PA team. The **Pharmacy Top 25 Prior Authorizations Q1** identifies the most requested medications to the PA Department for CVH members and assesses potential barriers to accessing medications through the PA process. The top ten (10) denials of the quarter by percentage and total number are consistent with recent quarters except for a few placement variations. More variance is seen in the top 15th to 25th. • Interestingly, testosterone requests increased in January and February 2024 although there was no change in PA requirement. • IV Iron requests continue to be high in Q1 similar to Q4 due to criteria change. As of 04/09/24, those criteria have been amended to reduce PA volume for some agents based on provider feedback and it is expected that in Q2 those PA request numbers will decrease. Approximately ninety-five percent (95%) of IV Iron requests were denied this quarter. The **Quality Assurance Reliability Results (IRR) for Pharmacy (Q1)** evaluates the medical benefit drug prior authorization requests for the health plan. A sample of ten (10) prior authorizations (four (4) approvals and six (6) denials) from each month in the quarter are reviewed 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 ninety-five percent (95%) accuracy or better in all combined areas with a threshold for action of ninety percent (90%.) • Ninety percent (90%) threshold met. Ninety-five percent (95%) goal not met; overall score was ninety percent (90.00%.) • Three (3) cases missed TAT. • Three (3) cases the criteria used were not applied or documented appropriately after plan review. • Three (3) cases had letter language that could have been clearer to the member and/or MD after plan review. • Three (3) cases were determined to have a questionable denial or approval after plan review. Results have been shared with PA Managers in order to provide review and feedback with	

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	individual staff involved in the decisions. Feedback includes Criteria Application review expectations as well as proper documentation of clinically relevant information.	
#7 **Policy & Procedure Business** - A&G Policy & Procedure Annual Review (Attachment GG) **Action** - Patrick Marabella, M.D Chair	The **Appeals & Grievances Policy & Procedure Annual Review** was presented to the committee. The annually reviewed policies were updated to comply with APL 21-011 and other minor edits. The following policy edits were discussed and approved: • AG-001 Member Grievance Process o Added member rights to file a grievance when an expedited request is denied. • AG-002 Member Appeal Process o Added member rights to file a grievance when an expedited request is denied. • AG-004 Handling DMHC Calls Regarding Urgent Grievances o Updated Definitions section to include Title 28, CCR 1300.68. • AG-005 Managing DMHC Cases o Updated Definition section to include Title 28, CCR 1300.68(a) (2). Updated to include language and accessibility language set forth in APL 21-004.	Motion: *Approve* - A&G Policy & Procedure Annual Review (Ramirez/Quezada) 6-0-0-1
#8 **Oversight Audits** - UMCM Oversight Audit 2023 - Quality Management Oversight Audit 2024 - Behavioral Health Oversight Audit 2024 (Attachment HH-JJ) **Action** Patrick Marabella, M.D Chair	The **UMCM Oversight Audit 2023** of Health Net Community Solutions (HNCS) Utilization Management and Case Management functions for CalViva Health were presented and reviewed. The audit review period was Jan. 1, 2021, through Dec. 31, 2022, with case reviews primarily in 2022. The audit was conducted from Sept. 2023 through April 2024. A new audit tool was developed and implemented for the first time for this oversight audit to be consistent with NCQA standards and other recent regulations. • A total of 463 randomly selected case files of various types were reviewed covering key case types to validate that the established policies and procedures, regulations, and laws were implemented and followed when providing care and services for CalViva Health members. o The following case types were reviewed with 100% compliance: CCS Coordination Files, Complex Case Management (Physical + Behavioral) Files, Perinatal Case Management Files, Terminal Illness Denial Files, Palliative Care, Continuity of Care, Transitional Care Management, and Sensitive Services Denials. o Sterilization Claim Files from Health Net, Adventist, CVMP, LaSalle, Meritage, and Sante were reviewed for inclusion of PM330 form with compliance of fifty-six percent (56%) overall of the 179 paid claims. Additionally, 102 total denied claims were reviewed and denial for lack of PM330 form was inconsistent. o Prior Authorization Denial case files demonstrated 99% compliance overall with a total	Motion: *Approve* - UMCM Oversight Audit 2023 - Quality Management Oversight Audit 2024 - Behavioral Health Oversight Audit 2024 (Pascual/Quezada) 6-0-0-1

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	of 110 cases reviewed. Each element of the review is given one (1) point to establish the compliance rate. The goal is 100% compliance with the threshold for action at 95%. Cases included Health Net, Meritage, MHN, NIA/Magellan, LaSalle, Adventist, Sante, CVMP, and IMG. • Overall, this assessment included fourteen (14) categories of review including, but not limited to, program structure, clinical criteria, appropriate professionals, system controls, communication, sensitive services, carve-out programs, delegation of UM, and mental health services. • Overall HNCS demonstrated excellent compliance with almost all the standards evaluated for this function with a ninety-seven percent (97%) compliance rate for the 127 standards evaluated. • Results for Prior Authorization denial review had positive results overall at 99% and at the PPG level met compliance standards at 100%, except for one case. • There were three (3) denials for investigational or research treatments or services for terminally ill members identified during the audit period. Therefore, all three (3) cases were reviewed and were found to meet standards for communication to members regarding the reason for denial and options associated with appeal procedures. • Care Management files for Complex, Perinatal, CCS, and Transitional Services met all required elements. • Opportunity for improvement requiring corrective action was identified (note: Final corrective actions determination is pending final decision): o Section 3A-1: Staff are available: Three call attempts were made during business hours to call the phone number provided in provider denial letters, and the call went automatically to voicemail each time saying that if you are requesting a peer review, please send an email. Monitoring data for this process is under review. o Section 4A-1: Affirmative Statement About Incentives: In a sample of thirty (30) physicians and staff, twenty-two (22) individuals had evidence of attestation regarding separation of financial concerns and medical decisions for a seventy-three percent (73%) compliance rate. o Section 5A: Prior Authorization Case Denials: LaSalle's compliance rate is ninety-three percent (93%) for 30 files reviewed, with 2 non-compliant cases identified. A corrective action plan is required for this PPG only.	

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	○ Section 12B: Informed Consent-PM330: In a review of 179 claims paid for sterilization procedures for both men and women the PM330 form was obtained/reviewed and included in the case file in fifty-six percent (56%) of cases reviewed. The **Quality Management Oversight Audit 2024** of Health Net Community Solutions' (HNCS) support of the Quality Management function for CalViva Health was presented and reviewed. The audit review period was Jan. 1, 2023, through Dec. 31, 2023. The audit was conducted from Dec. 2023 through Feb. 2024. • Program Descriptions, Annual Work Plans, and Mid-year and Annual Evaluations were reviewed to provide evidence of compliance with several standards. Additionally, several policies and procedures, reports, contracts, and other documentation were reviewed as evidence of compliance with established standards and regulations. • Based upon review of these documents and ongoing communication with appropriate leadership and staff from QI, UM, and Population Health and through the QI/UM Workgroup and other formal and informal improvement teams CalViva Health observed overall a ninety-eight percent (98%) compliance rate for this function. • One standard was identified as not compliant, QM.5.A-1 which states, "The Plan demonstrates there is no financial incentive or gain to the Plan providers and/or others to delay or withhold appropriate care." Although only one standard was cited, the ability of the Plan to meet some of the other standards within section SA may have been impacted as well, but is difficult to quantify (5.A 4), therefore only 5. A-1 was counted as non-compliant. • Opportunity for improvement requiring corrective action was identified for: ○ QM.5. A-1 No financial incentive or gain to the Plan providers and/or others to delay or withhold appropriate care: In a sample of thirty (30) physicians and staff, twenty-two (22) individuals had evidence of attestation regarding separation of financial concerns and medical decisions for a seventy-three percent (73%) compliance rate. The **Behavioral Health Oversight Audit 2024** of Health Net Community Solutions (HNCS) Behavioral Health functions which during the audit year was MHN, a subsidiary of Health Net was presented and reviewed. The audit review period was Jan. 1, 2023, through Dec. 31, 2023. The audit was conducted from March through April 2024. • The audit covered ten (10) different categories including but not limited to Access &	

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	Availability, Utilization Management, Customer Service, Appeals & Grievances, Quality Improvement, Health Equity, and more. • A variety of document types were provided and reviewed including the PHM Program Description, MHN UM Program Description, Workplan and Annual Evaluation, several policies and procedures, reports and data analyses, logs, and other documentation as evidence of compliance with established standards and regulations. • A total of forty-three (43) randomly selected case files were selected and reviewed covering key case types to validate that the established policies and procedures, regulations, and laws were implemented and followed when providing care and services for CalViva Health members. • This is CalViva's first year conducting a separate standalone Behavioral Health Oversight audit and MHN demonstrated 100% compliance with the 110 standards evaluated therefore no corrective action is required at this time. Note that two categories in the audit were marked N/A: Pharmacy, due to Medi-Cal Rx most prescribed medications for the population served are managed by the state and MHN does not delegate services, therefore delegation standards were not applicable. o The following case types were reviewed with 100% compliance: Case Management of ABA Cases, Prior Authorization Case Denials, Inbound calls, Referral request calls, PQI Case files, and Crisis Call management.	
#9 **Access Business** - Access Workgroup Minutes 01/30/2024 (Attachment KK) **Action** Patrick Marabella, M.D Chair	**Access Work Group Minutes from 01/30/2024** were presented and reviewed. The list of HN-generated reports that the Access Work Group routinely reviews at their meeting was discussed. • Access & After-Hours CAP & Evaluation - MY 2022: o Some CAP Improvement Plans have been received timely within 30 days, a few were delayed and escalated to Provider Network Management (PNM) and with Regional Medical Directors (RMDs). Completed review and validation of all CAP Improvement Plans and received additional and supporting documentation to close out the CAPs. o Required non-compliant PPGs and providers to attend the Timely Access provider training webinars and submit webinar completion certificate. • Telehealth Program - Q4 2023: CalViva is getting ready to file for approval to begin work with TelAdoc. • Practitioner Availability Report: This report measures the network availability of PCPs reviewing two aspects for geo access which has an internally set standard of 90% within time	Motion: *Approve* - Access Workgroup Minutes 01/30/2024 (Ramirez/Waugh) 6-0-0-1

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	or distance. • Accuracy of Prior Authorization (PA) and Referrals Information: The report verifies that the PA and referral information are clear and accurate, and that this information is available for members on the CalViva website. • 10% Significant Network Change: Filed with DMHC on 01/15/24. We have not received feedback to date. • Workgroup Functions & Responsibilities and Matrix: For NCQA purposes, the structure of the workgroup and reporting functions to the QIUM Committee as well as the report Matrix were reviewed, revised, and approved.	
#10 **Compliance Update** - Compliance Regulatory Report (Attachment LL)	Mary Lourdes Leone presented the **Compliance Report**. **CalViva Health Oversight Activities: Health Net:** CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings, and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical 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: UMCM, Marketing, Claims/PDR, and Health Equity. The following audits have been completed since the last Commission report: Credentialing (CAP) and Behavioral Health. **Fraud, Waste & Abuse Activity.** Since the 3/21/2024 Compliance Regulatory Report to the Commission, there were 3 new MC609 cases filed that involved: 1) a non-participating provider, who is not enrolled as a Medi-Cal Fee-for-Service, who was identified for allegedly performing laboratory tests that their CLIA does not authorize, and for collecting payment from beneficiaries up front and not billing Medicare; 2) a non-participating laboratory was identified via data mining for billing a non-covered service; and 3) a CalViva member who allegedly has been placing fraudulent transportation requests for approximately three years. **Department of Managed Health Care ("DMHC") 2022 Medical Audit.** The Plan received the 2022 DMHC Final Audit Report on April 18, 2024, noting two findings. 1) The Plan failed to identify PQIs in exempt grievances and 2) The Plan inappropriately denies post-stabilization care. The DMHC has referred the post-stabilization deficiency to the Office of Enforcement to assess the Plan's	

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	noncompliance with post-stabilization laws. DMHC will be conducting a follow-up audit within 18 months to address these findings. The Plan is in the process of issuing a CAP to Health Net to begin to immediately remediate both these deficiencies. **Department of Health Care Services ("DHCS") 2023 Medical Audit.** The Plan submitted the final 2023 Audit CAP response to DHCS on 3/27/2024, and DHCS closed the CAP on 4/19/2024. There was a single finding (CAP) regarding the plan's ability to capture all expressions of grievances in our exempt cases. For the past year, we've been providing our corrective actions in terms of updating Health Net, updating policies and work aids for the Call Center in addition to more routine monitoring of those calls. **Department of Health Care Services ("DHCS") 2024 Medical Audit.** The Plan submitted all the Pre-Audit Documentation on 4/12/2024, and Verification Files on 5/3/2024. The Audit Entrance Conference will be held on 5/20/2024 via video teleconference and all interview sessions and file reviews will go through 5/31/2024. **California Advancing and Innovating Medi-Cal (CalAIM)** • **Enhanced Care Management (ECM):** On 2/2/24, DHCS issued to CalViva (and many other MCP plans) a "Pre-Cap" related to the Justice Involved POF with a focus on developing adequate provider networks and increasing uptake for this POF. The Plan responded to the Pre-CAP on 3/18/24 and has not heard back. • **Community Supports (CS):** DHCS approval is still pending for the Community Supports MOC submitted on 1/29/24 for those services going live 7/1/24 [Sobering Centers and Short-term Post-Hospitalization Housing (Fresno, Kings, and Madera Counties; and Recuperative Care (Madera County]. **Long-Term Care (LTC) Carve-In Deliverable List – Phase II (ICF/DD and Subacute Care facilities:** Effective 1/1/2024, LTC-ICF/DD and Subacute Care services were carved into MCPs statewide. The Plan submitted to DHCS the deliverables associated with LTC-ICF/DD facilities and Subacute facilities on 11/27/23 and 1/29/24, respectively. The Plan is awaiting DHCS approval of this submission. As it regards ICF/DD Network Readiness, the Plan submitted Phase I (i.e., must contract with at least one ICF/DD in the county) on 3/25/24, and received approval on 4/18/24. Phase II Network Readiness deliverables (i.e., additional attempts to contract and execute contracts) are due by 6/28/24. **Memorandum of Understanding (MOU):** DHCS requires each MCP to submit quarterly updates on the status of the multi-party MOUs with third-party entities (LGAs, LEAs, LHDs, and other MCPs in the	

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	county). The Plan's upcoming Q2 Status Report will indicate that CalViva executed a DMC-ODS MOU with Fresno County on 4/22/24. **Annual Network Certifications:** • **2023 Subnetwork Certification (SNC)** – The Plan filed all the required documentation on 1/5/24. DHCS completed their initial review and asked for additional information on 2/20/2024 and 4/30/2024. The Plan submitted the additional information on 2/23/2024 and 5/3/2024 and is awaiting DHCS response. • **2023 Annual Network Certification (ANC)** – The Plan submitted the required documentation by 3/25/24 and is awaiting DHCS response. **Timely Access and Annual Network Reporting (TAR):** • **RY 2024 MY 2023**- The Plan submitted the annual Timely Access Report (TAR) and Annual Network Report (ANR) on 5/1/2024 and is awaiting DMHC's response. • **RY 2023 MY 2022**- DMHC issued a Network Findings Report with two findings related to Geographic Access and Data Accuracy. The Plan's response is due to the DMHC by September 9, 2024. **2024 Network Adequacy Validation (NAV) Audit:** DHCS' external auditor, Health Systems Advisory Group (HSAG), sent notification on 3/15/2024 that they will be conducting a new annual Network Adequacy Validation (NAV) audit of MCPs per CMS requirements. The Plan must submit the required documentation by 5/15/2024. The audit will take place between 6/3/2021-7/26/2024. **DMHC Subdelegated Contract Review:** On 4/24/24, DMHC requested CalViva to submit, under its DMHC license, Health Net's subdelegated contracted vendor agreements for vendors that perform various Knox-Keene functions on behalf of CalViva. The Plan will need to submit all current 19 vendor contracts as separate amendments to the DMHC and any new future subdelegated contracts. Note, this was the first time since DMHC approved CalViva's license in 2010 that it is requiring these subcontract vendor agreements. **NCQA Plan Accreditation:** On 5/6/24, Health Net, on behalf of CalViva, submitted CalViva's NCQA Audit documentation. CalViva anticipates filing the NCQA Health Equity Accreditation documents by 3/11/25. **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 2024. **Public Policy Committee (PPC):** The next PPC meeting will be held on June 5, 2024, at 11:30 am in the CalViva Health Conference Room, 7625 N. Palm Ave., Suite 109, Fresno, CA 93711	

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#11 **Old Business**	None.	
#12 **Announcements**	Dr. Fenglaly Lee retired after serving on the QIUM Committee for 10 years. Dr. Ana-Liza Pascual has been appointed to the Committee and is an OB/GYN with the Central Valley OB/GYN Medical Group. Iris Poveda, Medical Management Services Manager will be leaving CVH at the end of the month and is training her successor Nicole Foss, MBA, MSN, RN. Next meeting is July 18th, 2024.	
#13 **Public Comment**	None.	
#14 **Adjourn**	Meeting adjourned at 12:38 p.m.	

NEXT MEETING: July 18th, 2024

Submitted this Day: July 18th 2024

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

Acknowledgment of Committee Approval:

X
Patrick Marabella, MD Committee Chair