

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
September 19th, 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 | ✓ | Mary Lourdes Leone , Chief Compliance Officer |
| ✓ | Christian Faulkenberry-Miranda, M.D. , Pediatrics, University of California, San Francisco | ✓ | Sia Xiong-Lopez , Equity 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 | ✓ | Nicole Foss, RN , Medical Management Services Manager |
| ✓ | DeAnna Waugh, Psy.D. , Psychology, Adventist Health, Fresno County | ✓ | Zaman Jennaty, RN , Medical Management Nurse Analyst |
| | David Hodge, M.D. , Pediatric Surgery, Fresno County At-large Appointee, Chair of RHA (Alternate) | ✓ | Norell Naoe , Medical Management Administrative Coordinator |
| | 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 10:33 am. A quorum was present. Dr. Marabella introduced the CalViva staff and members of the QIUM Committee. | |
| #2 Approve Consent Agenda Committee Minutes: July 18, 2024 | The July 18th, 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. | Motion: <i>Approve</i> Consent Agenda (Cardona/Pascual) |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|--|---|----------------|
| <ul style="list-style-type: none"> - QIUM Committee Meeting Calendar 2025 - A&G Classification Audit Report (Q2 2024) - A&G Inter-Rater Reliability Report (Q2 2024) - Quarterly A&G Member Letter Monitoring Report (Q2 2024) - A&G Validation Audit Summary (Q1 2024) - CCC DMHC Expedited Grievance Report (Q2 2024) - Member Incentive Programs – Semi-Annual Report (Q1&Q2 2024) - PA Member Letter Monitoring Report (Q2 2024) - Performance Improvement Project Updates – PIPs - California Children’s Services Report (Q2 2024) - Initial Health Appointment (IHA) Quarterly Audit (Q1 2024) - Concurrent Review IRR Report (Q2 2024) - County Relations Quarterly Update (Q2 2024) - MedZed Report (Q2 2024) - Evolent (NIA) Report (Q2 2024) - Provider Office Wait Time Report (Q2 2024) -ECM & Community Supports | <p>A link for Medi-Cal Rx Contract Drug List was available for reference.</p> | <p>7-0-0-0</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|---|---|---|
| <p>Performance Report (Q2 2024)</p> <p>(Attachments A-R)</p> <p>Action Patrick Marabella, M.D Chair</p> | | |
| <p>#3 QI Business</p> <ul style="list-style-type: none"> - A&G Dashboard (July 2024) - A&G Executive Summary (Q2 2024) - A&G Quarterly Member Report (Q2 2024) <p>(Attachments S-U)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>The Appeals & Grievances Dashboard through July 2024 was presented. Dr. Marabella explained the process in which members and providers submit grievances via phone, fax, email, or online, and how each of these grievances is categorized and reported on the dashboard, with supportive narratives in the separate quarterly reports. Monthly Excel files include lists and/or logs identifying each member who submitted a grievance during the reporting period (monthly) with a narrative description of the grievance and including the resolution.</p> <p>A total of five-hundred-ninety-nine (599) grievances were received during the current quarter (Q2 2024), an increase from Q1 2024 which reported four-hundred-forty-eight (448) grievances. We continue to analyze the data to identify trends and opportunities to improve.</p> <p>For Q2 2024, four-hundred-ninety-three (493) grievances were categorized as Quality of Service (QOS). A new process was recently implemented to have a medical director confirm at the time of triage that each quality-of-care grievance has been correctly categorized.</p> <p>The current 2024 QOS grievance count through June 30th is eight-hundred-eighty-four (884). In 2023 there was a total of one-thousand-four-hundred-sixty-eight (1468) cases for the entire year indicating approximately two hundred more cases so far this year.</p> <p>The breakdown of the 2024 YTD grievances is:</p> <ul style="list-style-type: none"> • Administrative two-hundred-four (204) YTD 2024 compared to one-hundred-eighty-six (186) for 2023. • Balanced Billing one-hundred-forty-five (145) YTD 2024, this category was added in 2024, and not previously tracked. Q2 2024 category total ninety (90) an increase from Q1 2024 which was fifty-five (55). Balanced Billing issues may be related to member ID cards that were either not brought to the appointment or not yet received by the member. In other situations, the provider has incorrectly billed the member for the remaining balance after receiving payment from the Plan. Provider Engagement is working with Network Providers to reduce incorrect billing. • Interpersonal grievances have seen increases with ninety-eight (98) YTD 2024 compared to one | <p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - A&G Dashboard (July 2024) - A&G Executive Summary (Q2 2024) - A&G Quarterly Member Report (Q2 2024) <p>(Quezada/Ramirez) 7-0-0-0</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-------------------------|--|--------------|
| | <p>hundred twenty-two (122) for all of 2023.</p> <ul style="list-style-type: none"> • Transportation Access has seen a decrease from 2023 counts of one-hundred-seventy-five (175) to sixty-three (63) YTD 2024, since the Plan has been working with the transportation provider to address trends and high-risk transportation-related grievances. <p>The 06/30/2024 QOC grievance count of one-hundred-thirty-seven (137) represents a decrease compared to three-hundred-sixty-one (361) for 2023. However, it is important to note that there has been an increase from Q1 2024 at fifty-two (52) compared to Q2 2024 at eighty-five (85).</p> <ul style="list-style-type: none"> • PCP Care QOC grievances nearly doubled from Q1 2024 at eighteen (18) compared to Q2 2024 at thirty-three (33). <p>Exempt Grievances are a separate category from QOS and QOC and are resolved over the phone within one (1) business day. The volumes for this category increased in Q2 2024 (620):</p> <ul style="list-style-type: none"> • The Attitude/Service Provider category has increased from forty-three (43) in 2023 to eighty (80) in 2024 through Q2. • The "Transportation Provider No Show" category has decreased from sixty-five (65) in 2023 to nineteen (19) in 2024 through Q2. <p><i>Discussion:</i> <i>Dr. Quezada asked how grievances are categorized.</i> <i>Dr. Marabella responded that grievance processing is managed in a software program (Prime) that has a wide variety of potential categories to choose from and based upon keywords (which are verified/updated at least annually) each case is appropriately categorized. To ensure the correct category has been selected, triage staff can consult with a clinical supervisor, we have a quarterly classification audit that is performed real-time, and Inter-rater Reliability studies are also performed quarterly with staff follow-up as indicated. In addition to the initial categorization, Dr. Marabella reviews all appeals and QOC grievances. If a member grieves about more than one issue during a call, such as service versus quality of care, separate grievances are initiated to ensure all issues are addressed.</i></p> <p>Total Appeals Resolved were three-hundred-sixty-one (361) for all of 2023 with one-hundred-seventy-six (176) resolved in 2024 through Q2 [one-hundred thirteen (113) in Q2]. Pre-Service categories for 2024 of note are Consultation eleven (11) (a new category); Advanced Imaging seventy-three (73) with forty-four (44) of those in Q2; and the "Other" category with twenty-one (21) which will need to be evaluated further.</p> | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-------------------------|---|-------------------------------|
| | <p>In reviewing the data, a new trend has emerged for appeals. This trend is associated with providers discontinuing contracted services with the members’ assigned PPG and the attempt by the member to remain with that provider. A letter was sent to members explaining their change in provider care, but a letter may provide additional barriers to care, namely: did the member receive the letter, read it, understand it, and act on any instructions regarding the change?</p> <ul style="list-style-type: none"> • Long Term Care is a new benefit that we’re seeing appeals for the medical necessity of the extended stay. • The ratio of upholds to overturns for Q2 2024 was fifty to forty percent (50% to 40%) respectively. • Turnaround times met compliance criteria. <ul style="list-style-type: none"> • The Appeals & Grievances Executive Summary Q2 and Appeals & Grievances Quarterly Member Report Q2 through June 2024 were presented. Trends were noted as above with the following additional issues identified: <ul style="list-style-type: none"> • There were five (5) exempt grievances related to Mental Health which are now being tracked under Behavioral Health instead of MHN. • In Q2 2024, sixty-seven (67) formal and twenty-four (24) exempt grievances were transportation-related, seventeen (17) were access-related (missed appointment/provider no-show), and fifty (50) were related to behavioral issues (for example, late, general vendor complaints, reimbursement issues). • Care by PCP is the top Quality of Care Grievance type. • Top Quality of Service Grievances continue to be Balanced Billing and Access to Care-Prior Authorization Delays. • Top Access Grievances were Prior Authorization Delay, PCP referral, and availability. • Top Pre-Service Appeals continue to be MRIs and CAT Scans. • The turnaround times for Acknowledgement letters across all categories met the standard at one hundred percent (100%). Except for Standard Grievances at ninety-nine-point eight percent (99.8%), Resolution Letters met all timeliness standards at 100%. • The A&G Inter-rater Reliability audit results for Q2 2024 were slightly lower at ninety-seven percent (97%). | |
| #3 QI Business | The Potential Quality Issues (PQI) Report provides a summary of Potential Quality Issues (PQIs) | Motion: <i>Approve</i> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|--|---|---|
| <p>- Potential Quality Issues (Q2 2024)</p> <p>(Attachment V)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>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 Q2 2024 was reviewed for all case types including the follow-up actions taken when indicated.</p> <ul style="list-style-type: none"> • There was one (1) non-member-generated PQI in Q2 scoring a level III. • Member-generated PQIs decreased based on previous quarters with a total of eighty-four (84) Physical Health cases and one (1) Behavioral Health case. PCP-related cases were reported at forty-nine (49), Specialist related cases were reported at twenty-six (26), and Hospital/ER cases were reported at six (6). The remaining four (4) cases were categorized as Cultural, Behavioral Health, and Skilled Nursing related cases. Outcome scores were reported as sixty-four (64) level zero, thirteen (13) level I, and eight (8) cases scored at level II. • There was a total of fifteen (15) Peer Review generated cases (none were Behavioral Health). Eight (8) cases are closed, and seven (7) cases are open. | <p>- Potential Quality Issues (Q2 2024)</p> <p>(Ramirez/Cardona) 7-0-0-0</p> |
| <p>#3 QI Business</p> <p>- Lead Screening Quarterly Report (Q1 2024)</p> <p>(Attachment W)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>The Lead Screening Quarterly Report (Q1 2024) 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 Q1 2024 report provides CalViva Health’s performance on blood lead level screenings and anticipatory guidance monitoring from Q2 2023 – Q1 2024.</p> <ul style="list-style-type: none"> • In Q1 2024 the overall compliance rate was fifteen-point forty-five percent (15.45%), which is consistent with the Q1 2023 rates. However, this is approximately fourteen percent (14%) lower than Q4 2023. This is felt to be due to the cumulative effect of this measure because age-group assignments reset at the beginning of each calendar year. Therefore, a decline is expected at the start of each calendar year. • In Q1 2024 Anticipatory Guidance Code rates continue to demonstrate low compliance with only slight variation when compared to Q4 2023 rates. Due to this persistent low compliance rate, the QI team met recently to explore potential barriers and solutions. The team will provide additional information and recommendations in the Q2 report. • To date the Plan has provided funding for thirty-three (33) Point of Care (POC) lead analyzers and kits: twenty-eight (28) were for Fresno County and five (5) were for Madera County. Due to the distributor’s back-order of POC lead analyzers some providers experienced a delay in | <p>Motion: Approve</p> <p>- Lead Screening Quarterly Report (Q1 2024)</p> <p>(Pascual/Ramirez) 7-0-0-0</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-------------------------|---|-----------------|
| | <p>receiving the equipment.</p> <p><i>Discussion:</i></p> <p><i>Dr. Ramirez asked if locations with lead analyzers had increased performance.</i></p> <p><i>Dr. Marabella indicated that yes, sites with analyzers had increased blood tests, but this did not correlate with an increase in anticipatory guidance.</i></p> <p><i>Amy Schneider indicated that the State was consulted when the Plan determined that an electronic way to document the anticipatory guidance was needed and potential codes were identified. It is felt there may be a problem with the recommended codes for anticipatory guidance in combination with a well-child visit code. This will be investigated further.</i></p> <p><i>Dr. Pascual asked who informs the providers on which codes to use and whom they can ask for help.</i></p> <p><i>Amy Schneider indicated that Provider Engagement trains providers on the use of codes and ways to improve on HEDIS® measures, but we’re not seeing effectiveness from that.</i></p> <p><i>Dr. Marabella indicated that due to the lag in the distribution of the POC testing equipment, the training time and learning curve for usage, and getting the proper supplies for the analyzers, we anticipate seeing improvements in rates by Q1 2025. Additionally, if they don’t already have it, providers need to be certified to do waived testing to operate this equipment in their office or clinic. This is what is considered a “waived test”.</i></p> <p><i>Dr. Cardona asked if the analyzers were venous.</i></p> <p><i>Dr. Marabella indicated that they’re capillary testing, a finger or heel stick.</i></p> <p><i>Amy Schneider indicated that supplies for the analyzers are expensive, so some sites stopped using the equipment altogether and prefer to send their patients to a lab which also has compliance issues since many times parents choose not to complete the testing the day of the office visit and then they forget to do it.</i></p> <p><i>Dr. Quezada asked to clarify the documentation of the lead test itself was CPT code 83655, but anticipatory guidance is CPT code 83655 along with code 99401-99404.</i></p> <p><i>Dr. Faulkenberry indicated that, in her experience, the secondary codes (99401-99404) are not being captured.</i></p> <p><i>Dr. Marabella indicated that although Provider Engagement is educating the clinics/providers on coding, the issue may be with the computer systems if they do not capture all the correct codes.</i></p> | |
| #3 QI Business | The CA Operations Oversight Audit of Call Center Inquiry Calls (Q2 2024) report is conducted to | Motion: Approve |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|--|---|--|
| <p>- CA Operations Oversight Audit of Call Center Inquiry Calls (Q2 2024)</p> <p>(Attachment X)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>ensure all member expressions of dissatisfaction are properly identified and processed as grievances and ensures the proper handling and/or routing of grievances to the Appeals and Grievances department where the Oversight team will implement a quarterly internal audit. A monthly audit of a randomized sample of ten (10) inquiry call audio files are evaluated against established criteria. If an individual audio file is not auditable or is otherwise unavailable, a replacement file will be selected for the audit. Both English and Spanish calls will be evaluated.</p> <ul style="list-style-type: none"> • During Q2 2024, a total of thirty (30) cases were audited on a monthly basis. All cases were audited and passed except for two (2) that occurred in April 2024, prior to the change in the auditing process that ensured replacement of cases that can't be audited (June). The corrective action plan will not be closed until a full quarter audit of 30 cases is completed with satisfactory results. <p><i>Discussion:</i> <i>Dr. Cardona asked if this was similar to the actions taken to address the misclassification of grievances?</i> <i>Dr. Marabella indicated yes, but that these are grievances being identified during inquiry calls (non-grievance calls) where the previous corrective action related to the appropriate classification of cases identified as grievances.</i></p> | <p>- CA Operations Oversight Audit of Call Center Inquiry Calls (Q2 2024)</p> <p>(Ramirez/Pascual) 7-0-0-0</p> |
| <p>#4 Key Presentations</p> <p>- RY2024 HEDIS® Results & Quality Improvement Update</p> <p>(Attachment Y)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>The RY2024 HEDIS® Results & Quality Improvement Update was presented and reviewed. HEDIS® Measures: The Managed Care Accountability Set (MCAS) is a set of performance measures that DHCS selects for annual reporting by Medi-Cal Managed Care health plans (MCPs). Generally, HEDIS® measures.</p> <ul style="list-style-type: none"> • High Performance levels (HPLs) are used as performance goals and to recognize MCPs for outstanding performance, national Medicaid 90th percentile. • Minimum Performance Levels (MPLs) are set at the national Medicaid 50th percentile. MCPs are contractually required to perform at or above MPLs. DHCS will impose sanctions on MCPs that fail to meet the MPLs. • For RY2024 (MY2023), MCPs were required to meet the MPL on eighteen (18) measures in each county in four (4) Domains: <ul style="list-style-type: none"> ○ Child & Adolescent Preventive Health ○ Reproductive Health & Cancer Prevention ○ Behavioral Health ○ Chronic Diseases | <p>Motion: Approve</p> <p>- RY2024 HEDIS® Results & Quality Improvement Update</p> <p>(Pascual/ Faulkenberry) 7-0-0-0</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-------------------------|---|--------------|
| | <ul style="list-style-type: none"> • Fresno County did not meet the MPL for RY2024 in the following Measures: CIS-10, FUM, FUA, AMR, TFL-CH, DEV, LSC, W30-6+, and W30-2+. Fresno County did not meet the MPL by the following Domains: Child & Adolescent and Behavioral Health. • Kings County did not meet the MPL for RY2024 in the following Measures: CIS-10, FUM, FUA, AMR, TFL-CH, DEV, IMA-2, LSC, WCV, W30-6+, and W30-2+. Kings County met the HPL for the following Measures: HBD and CBP. Kings County did not meet the MPL by the following Domains: Child & Adolescent and Behavioral Health. • Madera County did not meet the MPL for RY2024 in the following Measures: FUM, and FUA. Madera County met the HPL for the following Measures: CCS, CIS-10, WCV, and W30-2+. Madera County did not meet the MPL with the following Domain: Behavioral Health. • Performance Improvement Projects (PIPs) <ul style="list-style-type: none"> ○ PIP #1: Improve Well Child Visits (WCV) for African American/Black (AA/B) Children 0 to 15 months in Fresno County. <ul style="list-style-type: none"> ▪ Referring all caregivers/mothers of B/AA children to Black Infant Health to encourage and facilitate WCV. ▪ QI Tools and Processes to Identify Interventions Complete ▪ Member Incentive Planned ▪ Initial Analysis and Baseline data submitted to HSAG on September 11, 2024. ○ PIP#2: Improve Follow-up with Provider after ED Visit for Mental Health/Substance Use Disorder (MH/SUD) in Fresno and Madera Counties. <ul style="list-style-type: none"> ▪ Working with Acute Care Hospitals in Fresno County ▪ QI Tools and Processes to Identify Interventions Complete ▪ Two Interventions: <ul style="list-style-type: none"> • Educational Intervention for Hospital staff on Coding of Services for MH/SUD in the ED (SUNs, CHWs, LCSWs, etc.). • Cultural Training (working with Binational) to Improve Treatment Compliance for the Hispanic population. ▪ Initial Analysis and Baseline data due to HSAG on September 25th, 2024. ○ #3: Lean Health Equity Quality Improvement Projects in Kings and Madera Counties. <ul style="list-style-type: none"> ▪ Madera County (Behavioral Health Domain) Focusing on the Hispanic population to improve follow-up care after ED Visits for MH/SUD. ▪ Kings County (Childhood Domain) Develop and share data reconciliation policy and | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|--|--|--|
| | <p>tools to close care gaps. Focus on the Hispanic population to address the identified disparity in Kings County.</p> <ul style="list-style-type: none"> ▪ DHCS Submissions due 9/30/24. ○ #4: Comprehensive Health Equity Quality Improvement Project in Fresno County. <ul style="list-style-type: none"> ▪ Increase member access to evidence-based health education resources on well-child visits, screenings, and immunizations through provider offices using QR codes. ▪ Develop and test an internal step-by-step process for an e-campaign that communicates with providers on how to reconcile their data for pediatric well-care measures and ensure all completed services and encounters are received by CalViva Health. ▪ DHCS Submission is due on 10/18/24. ○ #5: Institute for Healthcare Improvement (IHI) Collaborative Project to Improve Well Child Visits for Hispanic Children zero to fifteen (0-15) months in Fresno County. <ul style="list-style-type: none"> ▪ Working with Clinica Sierra Vista Elm Street clinics ▪ Five Interventions are scheduled from April 2024 to March 2025: <ol style="list-style-type: none"> 1. Equity & Transparent, Stratified and Actionable Data 2. Understanding the Provider and Patient/Caregiver Experience 3. Reliable & Equitable Scheduling Process* (*Currently in progress) 4. Asset Mapping and Community Partnerships 5. Partnering for Effective Education and Communication <p>Additional Improvement Activities:</p> <ul style="list-style-type: none"> • Kings County – Developmental Screening Tool implemented and monitoring shows improvement. • FQHCs in Fresno and Kings Counties holding special events with member incentives for Well-Care Visits and Other Preventive Care. • Received approval from HSAG to count Well Baby visits completed at the hospital as the first Well-Child Visit. | |
| <p>#4 Key Presentations - Quality Improvement and Health Education Work Plan Mid-Year Evaluation and</p> | <p>The Quality Improvement and Health Education Work Plan Mid-Year Evaluation 2024 and Executive Summary was presented and reviewed by the Committee. Planned Initiatives and Eight (8) Areas of QI Focus for 2024 include:</p> <ul style="list-style-type: none"> • Behavioral Health, Chronic Conditions, Pharmacy and Related Measures, Member Engagement | <p>Motion: Approve - Quality Improvement and Health Education</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|---|---|--|
| <p>Executive Summary 2024 (Attachment Z) Action Patrick Marabella, M.D Chair</p> | <p>and Experience, Hospital Quality and Patient Safety, Pediatric/Perinatal/Dental, Preventive Health, and Provider Engagement/Communication.</p> <p>Eighty-four (84) Measurable Objectives: (Programs that did not meet their objectives were Behavioral Health, Pediatric/Perinatal/ Dental, Pharmacy, and Provider Engagement/Communication. Ongoing activities continue.)</p> <ul style="list-style-type: none"> • Sixty-six (66) objectives completed at mid-year • Thirty-six of sixty-six (36/66) objectives were met • Thirty of sixty-six (30/66) objectives were not met • Eighteen (18) additional objectives scheduled for Q3-Q4 2024 and on track at mid-year <p>One hundred twenty-three (123) Total Activities planned for the year:</p> <ul style="list-style-type: none"> • Thirty-one of thirty-five (31/35) activities completed • Four (4) activities under Chronic Conditions and Provider Engagement/Communication off-track and not completed. • Eighty-eight (88) activities plus four (4) off-track are planned for July to December and are on track for completion by the end of the year. <p>QIHed Mid-Year Performance Progress (refer to Table 1. In the PowerPoint presentation):</p> <ul style="list-style-type: none"> • Behavioral Health, Hospital Quality/Patient Safety, Pediatric/Perinatal/Dental, and Provider Communication/Engagement have not yet met their objectives, but have year-end activities planned. <p>QIHed Mid-Year Work Plan Activities (refer to Table 2. In the PowerPoint presentation):</p> <ul style="list-style-type: none"> • Behavioral Health, Chronic Conditions, Pediatric/Perinatal/Dental, and Preventative Health have multiple year-end activities planned. <p>Access, Availability, and Service:</p> <p>Access to Care:</p> <ul style="list-style-type: none"> ○ Provider Appointment Availability Survey – PAAS <ul style="list-style-type: none"> ▪ PCP Urgent and Non-Urgent exceeded the seventy percent (70%) threshold. ▪ Specialist Urgent & Non-Urgent improved but did not meet the seventy percent (70%) threshold. ▪ Ancillary non-urgent exceeded the seventy percent (70%) threshold. ○ Provider After Hours Access Survey – PAHAS <ul style="list-style-type: none"> ▪ Appropriate Emergency Instructions exceeded ninety percent (90%) but Contact On-Call MD did not at eighty-five-point nine percent (85.9%). | <p>Work Plan Mid-Year Evaluation and Executive Summary 2024</p> <p>(Ramirez/Cardona) 7-0-0-0</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-------------------------|---|--------------|
| | <p>Access Actions:</p> <ul style="list-style-type: none"> ○ All non-compliant providers will receive Corrective Action Plans in August. ○ Ten (10) Mandatory Provider Training Webinars from July to December. <p>Member Satisfaction: Consumer Assessment of Healthcare Providers and Systems – CAHPS Survey conducted by the state in 2024.</p> <ul style="list-style-type: none"> ○ Report in November ○ Quarterly Root Cause Analysis of A and G Data ○ Sullivan Luallin Webinar Trainings for Providers <p>RY2024 HEDIS® Results (Refer to the chart on page nine (9) of the PowerPoint):</p> <ul style="list-style-type: none"> ● Fresno County did not meet the Minimum Performance Level (MPL) for RY24 in the following measures: AMR, CIS-10, FUM, FUA, LSC, W30-15, and W30-30. ● Kings County did not meet the MPL for RY24 in the following measures: AMR, CIS-10, FUM, FUA, IMA, LSC, WCV, W30-15, and W30-30 but met the High-Performance Level (HPL) for CDC>9%, CBP, PPC-Pre. ● Madera County did not meet the MPL for RY24 in the following measures: FUM, and FUA, but met the HPL for CCS, CIS-10, WCV, and W30-30. <p>Performance Improvement Projects (PIPs and Other Projects) All On Track - Two PIPs:</p> <ul style="list-style-type: none"> ● Clinical - Well Child Visits in First Thirty (30) Months of Life Fresno County. Annual Submission 9/11/2024 ● Non-Clinical – Improve Provider Notifications after ED Visit for SUD/MH Fresno and Madera Counties. Annual Submission 09/25/2024 <p>Other Projects:</p> <ul style="list-style-type: none"> ● IHI Well Child Visit Collaborative ● IHI Behavioral Health Collaborative ● DHCS Lean Project Madera County (BH Domain) ● DHCS Lean Project Kings County (Child Domain) ● DHCS Comprehensive Project Fresno County (BH and Child Domain) <p>Health Education Activities and Actions (July to December 2024):</p> <ul style="list-style-type: none"> ● Continuing Member incentive strategy. ● Promote Digital Resources including QR Codes and Links. ● Member Services to inform Members of Health Education programs and materials that are | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|---|---|---|
| | <p>available.</p> <ul style="list-style-type: none"> • Review and Update materials following DHCS Guidelines. • Complete ED analysis for the 2023 Central California Asthma Collaborative asthma project. • Continue partnership and promotion of BCS and CCS screenings at <i>Every Woman Counts</i>. • Continue promotion of the Kick It California tobacco cessation program. • Obtain DHCS approval for the Diabetes Prevention Program with the new Provider. <ul style="list-style-type: none"> ○ Develop and launch two (2) Member Outreach campaigns to promote the new Diabetes Prevention Program. ○ Develop and launch one (1) Provider Outreach campaign to promote the new Diabetes Prevention Program. <p>There were no questions or comments from committee members.</p> | |
| <p>#4 Key Presentations - Utilization Management/Care Management Work Plan Mid-Year Evaluation & Executive Summary 2024 (Attachment AA) Action Patrick Marabella, M.D Chair</p> | <p>The Utilization Management/Care Management Work Plan Mid-Year Evaluation 2024 & Executive Summary was presented and reviewed by the Committee. Utilization Management processes have remained consistent. Case Management & Disease Management continue to monitor the effectiveness of programs to better serve our members. Activities in 2024 Focus on Five Areas:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory and Accreditation Requirements <ul style="list-style-type: none"> ○ All Compliance Activities are on target for the Mid-Year. ○ Separation of Medical Decisions from Fiscal Considerations – Q1 2024 CalViva conducted an UMCM Oversight Audit and requested evidence of attestations for Affirmative Statement regarding Incentives. Seventy-three percent (73%) Compliance. <ul style="list-style-type: none"> ▪ CAP issued and resolved in Q2. ▪ A job aid was updated to assign Attestations as an element of annual training. 2. Monitoring the UM Process <ul style="list-style-type: none"> ○ All Activities related to Monitoring the UM Process are on Target at the Mid-Year. ○ All Turn-around Times (TAT) met or exceeded the threshold for action of ninety-five percent (95%). <ul style="list-style-type: none"> ▪ Pre-Service Routine, Pre-Service Routine with Extension/Deferral, and Pre-Service Expedited met or exceeded the threshold for action of ninety-five to one hundred percent (95% - 100%) for Q1 and Q2 2024. ▪ Pre-Service Expedited with Extension/Deferral, Post Service, and Concurrent exceeded the threshold for action at 100% for Q1 and Q2 2024. | <p>Motion: Approve - Utilization Management/Care Management Work Plan Mid-Year Evaluation & Executive Summary 2024 (Ramirez/Cardona) 7-0-0-0</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-------------------------|--|--------------|
| | <ul style="list-style-type: none"> ○ All cases that didn't meet TAT were addressed. 3. Monitoring Utilization Metrics <ul style="list-style-type: none"> ○ All Monitoring Utilization Metrics are on target at the Mid-Year except 3.3 PPG Profile. ○ Acute inpatient on target to meet goals for a two percent (2%) reduction in average length of stay and readmissions eight to thirty (8-30) days. ○ The following metrics all demonstrated improvement when Jan to Jun 2024 was compared to 2023, except Acute Admits which remained essentially unchanged.: <ul style="list-style-type: none"> ▪ Bed Day PTMPY (-4%) ▪ Admits PTMPY (0.3%) ▪ ALOS (-3.7%) ▪ Readmit Thirty (30) Day (-8.8%) ▪ Readmit Eight to Thirty (8-30) Day (-9.54%) ○ 3.3 PPG Profile Too Soon To Tell <ul style="list-style-type: none"> ▪ Specialty Access continues to be a challenge. (Action: Collaboration with PPG, FQHC & the Plan) ▪ Extension Letter Accuracy (Action: CAP Issued) ▪ TAT on Denials (Action: CAP Issued) 4. Monitoring Coordination with Other Programs <ul style="list-style-type: none"> ○ All Activities related to Monitoring Coordination with other programs are on track. <ul style="list-style-type: none"> ▪ Some Barriers Being Addressed: <ul style="list-style-type: none"> ○ Care Management Program – noted fewer than expected member satisfaction surveys. Obtaining member-preferred contact methods and encouraging completion. ○ Behavioral Health Care Management – referrals reduced due to some cases going to the Transitional Care Services Team. Outreaching using other sources. 5. Monitoring Activities for Special Populations <ul style="list-style-type: none"> ○ All Monitoring Activities for Special Populations on target at the Mid-Year. No Barriers Identified. ○ 2024 California Children's Services (CCS) Monthly Identification Rates averaged between 7.56% to 8.57% for Fresno, Kings, and Madera Counties from Jan-Jun 2024. The goal is to identify at least five percent (5%) of the total population. | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|---|---|---|
| <p>#5 UM/CM/PHM Business</p> <ul style="list-style-type: none"> - Key Indicator Report (July 2024) - UM Concurrent Review Report (Q2 2024) - Care Management & CCM Report (Q2 2024) - Medical Policies (June & July 2024) - Prior Authorization Requirements (August 2024) <p>(Attachments BB - FF)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>There were no questions or comments from committee members.</p> <p>The Key Indicator Report through July 2024 was presented.</p> <ul style="list-style-type: none"> • Overall, Membership levels have fluctuated but are now leveling off. • Utilization has remained consistent or increased slightly over the previous months. SPD utilization remains low. • Acute Admissions, Bed Days, and Acute Length of Stay (all adjusted PTMPY), for TANF, MCE, and SPDs remain consistent with recent months with the following exceptions: <ul style="list-style-type: none"> ○ For Bed Days (adjusted PTMPY), SPDs show steady decline month over month. ○ Acute Length of Stay (adjusted PTMPY) decreased in July in all four categories. • Turnaround times are back up to one hundred percent (100%). • The CCS ID rate for July is eight-point-five percent (8.5%) • Perinatal Case Management referrals have fluctuated but have rebounded with an eighty-eight percent (88%) engagement rate. • Physical Health Case Management referrals follow a similar pattern to Perinatal. • Transitional Care Services' (TCS) engagement rate is back up to sixty-eight (68%). Referral numbers have steadily increased from the beginning of the year to almost five-hundred (500) for July. TCS receives all the Care Management cases initially and then refers to the different departments accordingly. <p>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 Q2 2024.</p> <ul style="list-style-type: none"> • Overall Admit volume decreased, but MCE Admits increased by four percent (4%). Bed Days decreased for all three populations, most significantly for SPD (down nine percent (9%), Q1 to Q2). • Q2 2024 Inpatient ALOS was lower than the 2023 average and Annual Goal for all three populations. • Q2 2024 Readmissions are lower than the 2023 average. • Recuperative care and medically tailored meal utilization have both increased. • All members with community support authorizations receive an ECM referral. • Discharged members from the hospital, who were not reached by Non-Clinical TCS and not | <p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Key Indicator Report (July 2024) - UM Concurrent Review Report (Q2 2024) - Care Management & CCM Report (Q2 2024) - Medical Policies (June & July 2024) - Prior Authorization Requirements (August 2024) <p>(Ramirez/Quezada) 7-0-0-0</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-------------------------|--|--------------|
| | <p>active in CM are referred by CCRN to Transitional Care Services.</p> <ul style="list-style-type: none"> • The Senior Resource Specialist connects members to TeleHealthDocs when they are unable to obtain a follow-up appointment with their primary care physician within seven (7) days of discharge. <p>The Care Management and CCM Report for Q2 2024 was presented to provide an overview of Physical Health Care Management (PH CM), Transitional Care Services (TCS), Behavioral Health Care Management (BH CM), Perinatal (PCM), and First Year of Life activities. This includes referral volume, member engagement, and an evaluation of Program effectiveness.</p> <ul style="list-style-type: none"> • In general, Care Management activity has been very positive with referral volume increasing in Physical Health, Behavioral Health, and TCS. • PCP visits within thirty (30) days of referral increased from Q4 2023 to Q1 2024. • When a member is in care management, readmission rates, ED visits, and costs decrease while positive outcomes increase. ED claims per one-thousand (1,000) members per year decreased by five-hundred-four (504) (twenty percent (20%) for Q1). • Perinatal Outcomes demonstrated increases in compliance rates for prenatal and postpartum visits and decreased pre-term deliveries for high-risk members. • Twenty-two (22) members completed a Member Satisfaction Survey, with ninety-one percent (91%) being satisfied with the Care Management program. • There were no (0) member complaints regarding CM in Q2. <p>The Medical Policies (June and July) were presented to the committee. Dr. Marabella recommended that committee members review the new Medical Policies and updates for their awareness, especially those specific to each practitioner’s specialty, and provide any comments or feedback. 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. Updated policies for June and July 2024 include but are not limited to:</p> <ul style="list-style-type: none"> • CP.MP.114 – Disc Decompression Procedures – Percutaneous and Laser • CP.MP.107 – Durable Medical Equipment and Orthotics and Prosthetics Guidelines • CP.MP.184 – Home Ventilators • CP.MP.58 – Intestinal and Mult visceral Transplant | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|---|---|--|
| | <ul style="list-style-type: none"> • CP.MP.91 – Obstetrical Home Health Programs • CP.MP.120 – Pediatric Liver Transplant • CP.MP.126 – Sacroiliac Joint Fusion • CP.MP.117 – Spinal Cord, Peripheral Nerve and Percutaneous Electrical Nerve Stimulation • CP.MP. 93 – Bone Anchored Hearing Aids (BAHA) • CP.MP.171 – Facet Joint Interventions • CP.MP. 129 – Fetal Surgery in Utero for Prenatally Diagnosed Malformations • CP.MP. 54 – Hospice Services • CP.MP. 48 - Neuromuscular Electrical Stimulation • CP.MP. 51 – Reduction Mammoplasty and Gynecomastia Surgery <p>The Prior Authorization (PA) Requirements were presented and reviewed by the Committee. Services, procedures, and equipment are subject to PA requirements as indicated (the complete list of PA requirements can be referenced in the attachment.)</p> <p>Key updates for this publication include:</p> <ul style="list-style-type: none"> • Acupuncture must go through American Specialty Health Plans, Inc. (ASH Plans). • Palliative Care has been added. • Intravenous IV Iron and Hypertension drugs are listed. • A list of Community Supports (refer to the “CalAIM Resources for Providers” page on the HN portal www.healthnet.com for more detail) has been added. | |
| <p>#6 Pharmacy Business</p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q2 2024) - Pharmacy Operations Metrics (Q2 2024) - Pharmacy Top 25 Prior Authorizations (Q2 2024) - Quality Assurance Reliability Results (IRR) for Pharmacy (Q2 2024) - Pharmacy Provider Updates | <p>The Pharmacy Executive Summary Q2 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.</p> <ul style="list-style-type: none"> • Pharmacy Operations Metrics <ul style="list-style-type: none"> ○ Pharmacy Prior Authorization (PA) metrics were within five percent (5%) of the standard for Q2 2024. ○ Overall, TAT for Q2 was ninety-eight-point four percent (98.4%.) PA TAT remained the same as Q1 2024. ○ PA volume was slightly lower in Q2 compared to Q1 and there were some drug-specific differences. May had a higher volume compared to all other months in Q2 2024. | <p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q2 2024) - Pharmacy Operations Metrics (Q2 2024) - Pharmacy Top 25 Prior Authorizations (Q2 2024) - Quality Assurance Reliability Results |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|---|---|---|
| <p>(Q2, July 2024)</p> <p>(Attachments GG-KK)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>The Pharmacy Operations Metrics Q2 2024 provides key indicators measuring the performance of the PA Department in service to CalViva Health members. The turnaround time (TAT) expectation is one hundred percent (100%) with a threshold for action of ninety-five percent (95%).</p> <ul style="list-style-type: none"> • In-patient Pharmacy prior authorization (PA) averaged around two hundred (200). • Approval rates are in the mid-sixties (60's) and denial rates are in the mid-thirties to forties (30's to 40's). • The average Turnaround time met the standard with ninety-eight-point four percent (98.4%). <p>The Pharmacy Top 25 Prior Authorizations Q2 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 fifteenth to twenty-fifth (15th to 25th).</p> <ul style="list-style-type: none"> • IV Iron, Pegfilgrastim, and testosterone requests continue to be high in Q2 similar to Q1. • Botulinum toxin increased in April for migraine use. • The top drugs denied are IV Iron and Pegfilgrastim. IV Iron requests for non-preferred agents were higher than expected in Q2 2024 in light of the criteria changes in April, however, the total number is lower than in Q1 2024 and decreased each month from May to July. <p><i>Discussion:</i> <i>Dr. Cardona asked if these drugs are managed by the state through Medi-Cal Rx?</i> <i>Dr. Marabella answered that they are not part of the Medi-Cal Rx, they are considered part of the medical benefits under utilization management and are therefore the responsibility of the Plan.</i></p> <p>The Quality Assurance Reliability Results (IRR) for Pharmacy (Q2) 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%).</p> <ul style="list-style-type: none"> • Ninety percent (90%) threshold met. Ninety-five percent (95%) goal was not met; the overall score was ninety-five- percent (95.83%). | <p>(IRR) for Pharmacy (Q2 2024)</p> <p>- Pharmacy Provider Updates (Q2, July 2024)</p> <p>(Cardona/ Faulkenberry) 7-0-0-0</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|---|--|--|
| | <ul style="list-style-type: none"> • No (0) cases missed TAT. • In three (3) cases the criteria used were not applied or documented appropriately after Plan review. • One (1) case had letter language that could have been clearer to the member and/or MD after Plan review. • One (1) case was determined to have a questionable denial or approval after Plan review. Results were shared with the PA Managers for review and feedback to the reviewers. <p>The Pharmacy Provider Updates (Q2, July) were presented. Please refer to the attachments for the complete lists of PA changes for Medi-Cal fee-for-service physicians and other providers.</p> <ul style="list-style-type: none"> • This list covers all the injectable medications, new CPT codes, and any new medical outpatient pharmaceuticals like dental anesthesia. | |
| <p>#7 Credentialing & Peer Review Subcommittee Business - Credentialing Subcommittee Report (Q3 2024) (Attachments LL)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>The Credentialing Sub-Committee Quarterly Report was presented. The Credentialing Sub-Committee met on July 18, 2024. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering the first quarter of 2024 were reviewed for delegated entities and for the second quarter of 2024 for Health Net (HN) and HN Behavioral Health (BH). A summary of the first quarter of 2024 data was presented.</p> <ul style="list-style-type: none"> • The Credentialing Adverse Actions report for Q2 2024 for CalViva from the HealthNet Credentialing Committee was presented. One (1) case was presented for discussion. The case remains open in pending status, awaiting the Medical Board of California decision. • The Adverse Events Q2 2024 report was presented. <ul style="list-style-type: none"> ○ Credentialing submitted one (1) case to the Credentialing Committee in the second quarter of 2024. It was not a behavioral health case. ○ There were no (0) reconsiderations or fair hearings during the second quarter of 2024. ○ There were no (0) incidents involving appointment availability issues resulting in substantial harm to a member or members in the second quarter of 2024. ○ There were zero cases identified outside of the ongoing monitoring process, in which an adverse injury occurred during a procedure by a contracted practitioner in the second quarter of 2024 • The Access & Availability Substantial Harm Report Q2 2024 was presented and reviewed. This report aims to identify incidents of appointment availability resulting in substantial harm to a member or members as defined in Civil Code section 3428(b)(1). Assessments include all | <p>Motion: <i>Approve</i> - Credentialing Subcommittee Report (Q3 2024) (Ramirez/Pascual) 7-0-0-0</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|---|---|--|
| | <p>received and resolved Quality of Care (QOC) and Potential Quality Issues (PQIs) related to identified appointment availability and are ranked by severity level.</p> <ul style="list-style-type: none"> ○ After a thorough review of all second quarter 2024 PQI/QOC cases, the Credentialing Department identified zero new cases of appointment availability resulting in substantial harm as defined in Civil Code section 3428(b)(1). ● The 2024 Credentialing Oversight Audit Corrective Action Plan of Health Net Community Solutions (HNCS) Credentialing/Re-Credentialing function was presented and reviewed at the May 2024 Credentialing Sub-Committee Meeting. The audit review period was Jan. 1, 2023, through Dec. 31, 2023. Two (2) issues were identified during the audit that required corrective action: <ul style="list-style-type: none"> ○ Timeliness of attestations in the Recredentialing files for one PPG, and ○ Timeliness of Re-Credentialing within thirty-six months for HealthNet. ● A corrective action plan was submitted by HealthNet and approved. Re-monitoring will occur with the next annual Oversight Audit. | |
| <p>#7 Credentialing & Peer Review Subcommittee Business - Peer Review Subcommittee Report Q3 2024 (Attachment MM)</p> <p>Action Patrick Marabella, M.D Chair</p> | <p>Peer Review Sub-Committee Quarterly Report was presented. The Peer Review Sub-Committee met on July 18, 2024.</p> <ul style="list-style-type: none"> ● The county-specific Peer Review Sub-Committee Summary Reports for Q2 2024 were reviewed for approval. No significant cases to report. ● The Q2 2024 Adverse Events Report was presented. This report provides a summary of potential quality issues (PQIs), and Credentialing Adverse Action (AA) cases identified during the reporting period. <ul style="list-style-type: none"> ○ Six (6) cases involved a practitioner, and four (4) cases involved organizational providers (facilities). ○ Of the ten (10) cases, two (2) were tabled, one (1) was tabled with a letter of concern, one (1) was placed on monitoring, two (2) were closed to track and trend with a letter of concern, and four (4) were closed to track and trend. ○ Nine (9) cases were quality of care grievances, one (1) was a potential quality issue, zero (0) were lower-level cases, and zero (0) were track and trend. ○ Three (3) cases involved seniors and persons with disabilities (SPDs). ○ Zero (0) cases involved behavioral health. ● There were no incidents (0) involving appointment availability issues resulting in substantial harm to a member or members in Q2 2024. | <p>Motion: Approve - Peer Review Subcommittee Report Q3 2024 (Ramirez/Pascual) 7-0-0-0</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|---|--|--|
| | <ul style="list-style-type: none"> • There was one (1) case 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 thirty-six (36) 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 Access & Availability Substantial Harm Report for Q2 2024 was also presented. This report aims to identify incidents related to appointment availability resulting in substantial harm to a member or members as defined in Civil Code section 3428(b)(1). Assessments include all received and resolved grievances Quality of Care (QOC) and Potential Quality Issues (PQIs) related to identified appointment availability issues and they are ranked by severity level. <ul style="list-style-type: none"> ○ Fifteen (15) cases were submitted to the Peer Review Committee in Q2 2024. There was one (1) incident found involving appointment availability issues without significant harm to a member. Three (3) cases were determined to be related to significant harm without appointment availability issues. No cases (0) were related to behavioral health issues. ○ There were zero (0) incidents involving appointment availability issues resulting in substantial harm to a member or members in Q2 2024. • The Q2 2024 Peer Count Report was presented and discussed with the committee. There was a total of fifteen (15) cases reviewed. There were eight (8) cases closed and cleared. No (0) cases were closed/terminated. There were two (2) cases with a Corrective Action Plan (CAP) outstanding. There were three (3) cases tabled pending further information and two (2) pending closure for CAP compliance. The Sub-Committee members agreed with the recommendations. | |
| <p>#8 Access Business</p> <ul style="list-style-type: none"> - Access Workgroup Minutes 06/13/2024, 06/27/2024 - Access Workgroup Quarterly Report (Q3 2024) <p>(Attachment NN-00)</p> | <p>Access Work Group Minutes from 06/13/2024, and 06/27/2024 lists reports that the Access Work Group routinely reviews, and key reports were presented with additional detail to the QI/UM Committee in the Access Work Group Quarterly Report (Q3 2024).</p> <p>The Access Work Group Quarterly Report (Q3 2024) was presented and reviewed. This report is to provide the QI/UM Committee with an update on the CalViva Health Access Workgroup activities since the last report to the QI/UM Committee. Reports and topics discussed focus on</p> | <p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Access Workgroup Minutes 06/13/2024, 06/27/2024 - Access Workgroup Quarterly Report |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|---|---|---|
| <p>Action Patrick Marabella, M.D Chair</p> | <p>access-related issues, trends, and any applicable corrective actions. On 6/13/24, the following Standing Reports were approved:</p> <ul style="list-style-type: none"> • Network Adequacy Report - Q1 2024 • MHN Services Triage and Screening Report - Q4 2023- Q1 2024 • Appeals and Grievances Executive Report (Full and Executive Summary) - Q1 2024 • CCC Exempt Grievance / Access to Care Trend Reporting - Q1 2024 • Member Services Call Center Metrics Report (HN & MHN) - Q1 2024 • Open Practice Report - Q1 2024 • Provider Over Capacity Grievance Report - Q1 2024 • Specialty Referrals Report - Q4 2023 • Provider Over Capacity Grievance Report - Q1 2024 • Triage and Screening Report - Q1 2024 • Telehealth Program • PPG Dashboard and Access Narrative (Dashboards to include Access and Network Adequacy) - Q3 2023 • Behavioral Health Performance Indicator -Q1 2024 • Provider Office Wait Times Report - Q1 2024 • Long-Term Support Services (LTSS) - Q1 2024 • 274 Monthly Provider Data Quality Check - March & April • Transportation Oversight Report – Q1 2024 <p>On 6/27/24 (“Ad Hoc” meeting), several draft Standing Reports related to the MY 2023 DMHC TAR filing were reviewed and discussed but were not approved as “final reports” as they are typically brought back at the 7/30/24 meeting for approval. Therefore, they will not be discussed in this report.</p> <ul style="list-style-type: none"> • Member Satisfaction Survey with Access Report - Medical Providers MY2023 • Availability Report MY2023 • MY2022 Behavioral Health Member Experience Report CalViva Health Medi-Cal • MY2023 Behavioral Health Provider Satisfaction Survey Report • MY2023 PQI Access to Care Report • Provider Satisfaction Survey with Access and Availability for Medical Providers MY2023 <p>The following are some of the key standing reports/matters approved and discussed:</p> | <p>(Q3 2024)</p> <p>(Ramirez/ Faulkenberry) 7-0-0-0</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-------------------------|---|--------------|
| | <ul style="list-style-type: none"> • Network Adequacy Report (Q4 2023) - This report measures geographic distribution standards for member distance and drive times to PCPs / Specialists in accordance with DMHC and DHCS standards (the ten (10) miles or thirty (30) minutes PCPs/forty-five (45) miles and seventy-five (75) minutes Specialists.) The DMHC standard is one hundred percent (100%) for PCPs and the internal standard of ninety percent (90%) for specialists is set by the Plan to meet “reasonable” access requirements by the DMHC. DHCS PCP analyses are separately assessed according to Adult and Pediatric specialties, and by “core specialties” by county. The DHCS standard is one hundred percent (100%) for PCPs and defined core specialists. Alternative access is requested when the standard is not met. The Q1 2024 analysis indicated the following. DMHC Analysis: <ul style="list-style-type: none"> ○ PCP: DMHC PCP standard met for Kings County. Fresno County does not meet the standard, access percentage remains the same from Q4 2023 to Q1 2024 at ninety-nine point two (99.2%). Madera County did not meet the standard, access percentage remained the same from Q4 2023 to Q1 2024 at ninety-nine point seven (99.7%). Alternative Access has been requested through 2023 Materials Modification. ○ Specialties by Combined Counties: All specialties in all counties met the internal standard of ninety percent (90%). ○ Specialties by County: All specialties in Fresno and Madera Counties met internal standards. Anesthesiology, Cardiovascular Surgery, Geneticists, HIV/AIDS, Maternal/Fetal Medicine, and Neonatology specialties are below standard in Kings County. The six specialties above that did not meet the ninety percent (90%) standards remained the same access percentage from Q4 2023 to Q1 2024 except for Cardiovascular Surgery which changed from eighty-nine-point three percent to eighty-point eight percent (89.3% to 80.8%). DHCS Analysis: <ul style="list-style-type: none"> ○ The access percentages for PCPs in Fresno, Kings, and Madera County remained the same from Q4 2023 to Q1 2024. <ul style="list-style-type: none"> ▪ Adult PCP: DHCS standards were not met in Fresno ninety-eight-point six percent (98.6%) and Madera ninety-nine-point seven percent (99.7%) Counties. Kings County met the standard. The list of zip codes not meeting standards is in the appendix attachment, Table 1. | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|---|--|--------------|
| | <ul style="list-style-type: none"> ▪ Pediatric PCP: DHCS standards were not met in Fresno ninety-eight-point six percent (98.6%) and Madera ninety-nine-point seven percent (99.7%) Counties. Kings County met standards. The list of zip codes not meeting standards is in the appendix attachment, Table 1. • Specialty Referrals Report - Q4 2023: <ul style="list-style-type: none"> ○ From Q3 to Q4 2023, total specialty referrals decreased by nine percent (9%) (to one-hundred-fifty-eight (158) in Q4), which is consistent with seasonal behavior. • Behavioral Health Performance Indicator Report – Q1 2024: <ul style="list-style-type: none"> ○ Due to the integration of Managed Health Network (MHN) into Health Net Community Solutions, Inc., the Behavioral Health Performance Indicator Report was modified as sections of the report will now be reported through different departments. • The other Standing Reports reviewed did not have any significant access-related issues. <p><i>Discussion:</i> <i>Dr. Ramirez asked if the Access standard is one hundred percent (100%).</i> <i>Dr. Marabella answered yes, the Access expectation standard is one hundred percent (100%) compliance.</i></p> | |
| <p>#9 Compliance Update - Compliance Regulatory Report (Attachment PP)</p> | <p>Mary Lourdes Leone presented the Compliance Report.</p> <p>CalViva Health Oversight Activities: Health Net: CalViva Health's management team continues to review monthly and quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings, and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG-level data in the following areas: financial viability data, claims, provider disputes, access and availability, specialty referrals, utilization management data, grievances, and appeals, etc.</p> <p>Oversight Audits. The following annual audits are in progress: UMCM, ER, A and G, Provider Network, Claims/PDR, FWA, Call Center, Health Education, and Privacy and Security. The following audits have been completed since the last Commission report: Marketing (no CAP), Health Equity (no CAP), and Member Rights (no CAP). In August 2024, the annual "Compliance Audit" was conducted with the cooperation of the Clerk</p> | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-------------------------|---|--------------|
| | <p>of the Commission/HR Director. The Compliance Audit ensures that all legal/regulatory documents concerning the Plan’s Commissioners, Committee members, and staff are complete, accurate, and on file with the Plan. No CAP was issued.</p> <p>Fraud, Waste & Abuse Activity. Since the 7/18/2024 Compliance Regulatory Report to the Committee, there were three (3) new MC609 cases filed that involved: 1) A participating DME provider billing for services not rendered, upcoding of wheelchairs, and excessive billing of TENS unit supplies; 2) A participating provider specializing in podiatry for alleged fraudulent billing of services; and 3) A participating provider specializing in pediatrics for billing a high volume of non-medically necessary services per health plan policy and frequently billing high level of E/M services despite previous education.</p> <p>Department of Health Care Services (“DHCS”) 2023 Focused Audit for Behavioral Health and Transportation. On 9/3/2024 DHCS issued a formal response to the Plan’s responses and rebuttals to each of the nine Focused Audit findings. DHCS stated that the Plan’s responses did not contain sufficient information to affect the preliminary findings. On 9/6/2024 the Plan received a DHCS Focus Audit CAP Request. The Plan’s initial response is due by October 6, 2024.</p> <p>Department of Health Care Services (“DHCS”) 2024 Medical Audit. On 9/12/24, the Plan received the DHCS 2024 Preliminary Audit Report. There were two findings:</p> <ul style="list-style-type: none"> • The Plan did not ensure the delegate, Health Net, met the contractual requirement that written PA extension notices specify the information Health Net requested but did not receive. • The Plan did not ensure that all preliminary reports of suspected FWA were reported to DHCS within ten working days. <p>The audit Exit Conference is scheduled for 9/16/2024.</p> <p>2024 Network Adequacy Validation (NAV) Audit. Awaiting an official response from HSAG for the (NAV) audit conducted on 6/18/24.</p> <p>California Advancing and Innovating Medi-Cal (CalAIM) DHCS has issued its Transitional Rent Concept Paper for public comment:</p> <ul style="list-style-type: none"> • DHCS is seeking to provide coverage of rent/temporary housing to members who are experiencing or at risk of homelessness and meet certain additional eligibility criteria. • California seeks to begin providing coverage of rent/temporary housing as a Medi-Cal service—to be known as “Transitional Rent”—on January 1, 2025. | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-------------------------|--|--------------|
| | <ul style="list-style-type: none"> Coverage of Transitional Rent will be optional for Medi-Cal managed care health plans (MCPs) beginning on January 1, 2025, and required for MCPs on January 1, 2026. <p>Long-Term Care (LTC) Carve-In Deliverable List – Phase II (ICF/DD and Subacute Care facilities): On 7/24/2024 the Plan received DHCS approval on Phase II Network Readiness deliverables related to executing contracts.</p> <p>Memorandum of Understanding (MOU): Since the last Commission Meeting the Plan has executed and submitted to DMHC & DHCS the following MOUs:</p> <ul style="list-style-type: none"> Fresno County SMHS- SUD MOU Fresno County WIC MOU Kings County MHP -MOU <p>As required by the DHCS contract, these MOUs have also been posted on the CalViva Health website under Key Documents and Forms: www.calvivahealth.org/meeting-agenda/procedures-forms/</p> <p>Annual Network Certifications:</p> <ul style="list-style-type: none"> 2023 Subnetwork Certification (SNC) – As required by the DHCS, the Plan continues to follow up with PPGs on the status of all CAPS the Plan previously issued for not meeting time and distance standards in their networks. The next quarterly update submission is due by 10/1/2024. 2023 Annual Network Certification (ANC) – As part of the 2023 ANC, the Plan had requested several alternate access standard (AAS) requests to the DHCS. The Plan received a response to the AAS on 9/5/2024. DHCS denied 44 zip code requests from across the Plan’s service area. The Plan is reviewing the DHCS findings and will need to make any revisions to the AAS request by 9/19/2024. <p>Timely Access and Annual Network Reporting (TAR):</p> <ul style="list-style-type: none"> RY 2023 MY 2022- DMHC issued a Network Findings Report with two findings related to Geographic Access (i.e., time and distance) and Data Accuracy (i.e., eleven (11) addresses for a single physician). The Plan acknowledged the Departments Time and Distance findings and reanalyzed the data for 2024. The re-analysis indicated all the time and distance standards are being met. The Plan disagreed with the data quality issue stating that we followed MY 2022 instructions to report all the physical practice addresses where the specialists delivered in-person services on an outpatient basis. The Plan awaits the Department’s response. | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-------------------------|--|--------------|
| | <p>NCQA Health Equity Plan Accreditation: The Plan has begun to review NCQA Health Equity standards and prepare for the 3/11/2025 Health Equity submission.</p> <p>New DHCS Regulations/Guidance: Please refer to Appendix A for a complete list of DHCS and DMHC All Plan Letters (APLs) that have been issued in CY 2024.</p> <p>Public Policy Committee (PPC): The Public Policy Committee meeting was on September 4, 2024. The following reports were presented: Health Education Semi-Annual Member Incentive Programs, Appeals and Grievance Report, and Population Health Management Collaboration Update. Dr. Marabella gave an overview of the Q2 2024 A and G Dashboard, noting certain types of grievances reported. The revised PPC Charter was approved to be submitted to the Commission for board approval. Mary Lourdes Leone presented an overview of SB 1019 regarding required member outreach for Non-Specialty Mental Health Services, and the PPC members provided suggestions/recommendations on how best to conduct the outreach. The next Public Policy Committee meeting will be held December 4, 2024, 11:30 am -1:30 pm located at 7625 N. Palm Ave Suite 109, Fresno, CA 93711.</p> | |
| #11 Old Business | None. | |
| #12 Announcements | The next meeting is October 17 th , 2024. | |
| #13 Public Comment | None. | |
| #14 Adjourn | The meeting adjourned at 12:27 p.m. | |

NEXT MEETING: October 17th, 2024

Submitted this Day: October 17th 2024

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

Acknowledgment of Committee Approval:

X Patrick Marabella
 Patrick Marabella, MD Committee Chair