

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
QI/UM Committee  
Meeting Minutes**  
October 17<sup>th</sup>, 2024

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

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

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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>#1 Call to Order</b> Patrick Marabella, M.D Chair	The meeting was called to order at 10:06 am. The meeting began with the informational section of the meeting, see section <b>#9 Compliance Update</b> until a quorum was reached at 10:09 A.M. with the arrival of Dr. Waugh.	
<b>#2 Approve Consent Agenda</b> Committee Minutes: September	The September 19th, 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	<b>Motion: Approve</b> Consent Agenda

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>17, 2024</p> <ul style="list-style-type: none"> <li>- Standing Referrals Report (Q2 2024)</li> <li>- Specialty Referrals Report- HN (Q2 2024)</li> <li>- Provider Preventable Conditions (Q2 2024)</li> <li>- TurningPoint Musculoskeletal Utilization Review (Q2 2024)</li> <li>- SPD HRA Outreach Report (Q2 2024)</li> <li>- QIUM Committee Meeting Calendar 2025 (Revised)</li> </ul> <p>(Attachments A-G)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>for further discussion at the request of any committee member.</p> <p>A link for Medi-Cal Rx Contract Drug List was available for reference.</p>	<p>(Cardona/Quezada) 4-0-0-3</p>
<p><b>#3 QI Business</b></p> <ul style="list-style-type: none"> <li>- A&amp;G Dashboard and Turnaround Time Report (August 2024)</li> </ul> <p>(Attachments H)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>The <b>Appeals &amp; Grievances Dashboard and Turnaround Time Report</b> through August 2024 were presented.</p> <p>The total Grievances received for August 2024 was 190, and July was 197.</p> <ul style="list-style-type: none"> <li>• There were 161 Quality of Service Grievances: 23 Prior Authorizations; 39 Administrative; 11 where the PPG and the PCPs were reassigned due to changes in contracting; and nine Transportation Access with six being No Shows.</li> <li>• There were 20 Quality of Care Grievances.</li> <li>• There were 219 Exempt Grievances, with only one Transportation No Show, and 22 Balanced Billing.</li> </ul> <p>There were 42 total Appeals received in August.</p> <ul style="list-style-type: none"> <li>• There were 21 Advanced Imaging: mostly cardiac.</li> <li>• The uphold rate was 33.3% and the overturn rate was 62.5%.                             <ul style="list-style-type: none"> <li>○ The Plan is working to improve the prior authorization process for imaging based on the Corrective Action Plan.</li> </ul> </li> </ul>	<p><b>Motion:</b> <i>Approve</i></p> <ul style="list-style-type: none"> <li>- A&amp;G Dashboard and Turnaround Time Report (August 2024)</li> </ul> <p>(Waugh/Cardona) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>There was one Turn Around Time Acknowledgement Letter out of compliance relating to transportation.</p>	
<p><b>#3 QI Business</b>                      - Behavioral Health Performance Indicator Report (Q2 2024)                       (Attachment I)   <b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p>The <b>Behavioral Health Performance Indicator Report Q2 2024</b> provides a summary to evaluate some elements of the behavioral health services provided to CalViva members. The behavioral health potential quality issues, provider disputes, and network availability and adequacy metrics were previously included in this report but are now included in other reports as part of an organizational change that resulted in the integration of behavioral health into the Plan effective 01/01/2024:</p> <p>In Q2 2024, all five metrics met or exceeded their targets. The non-ABA review timeliness metric met the 100% target. Therefore, a barrier analysis and an improvement plan were not required.</p> <ul style="list-style-type: none"> <li>• CalViva overall membership for Q2 2024 was 436,457 (a 0.1 % decrease from Q1 2024).</li> <li>• The Q2 2024 behavioral health utilization rate (# of unique members with at least one behavioral health claim) was 3%. (This metric has a 1-quarter lag.)</li> <li>• There were zero Life-Threatening Emergent cases.</li> <li>• There were zero Non-Life-Threatening Emergent cases.</li> <li>• There was one Urgent case.</li> <li>• There were 52 non-ABA reviews in Q2 2024, and all were compliant with timeliness standards.</li> <li>• There were 803 ABA reviews in Q2 2024, 802 were compliant with the timeliness standards resulting in a 99.9% compliance rate.</li> <li>• Q2 2024 accuracy results for CVH ABA approvals were 100%.</li> </ul> <p><i>Dr. Faulkenberry arrived at 10:27 to hear this full report.</i></p>	<p><b>Motion: Approve</b>                      - Behavioral Health Performance Indicator Report (Q2 2024)                       (Waugh/Cardona)                      5-0-0-2</p>
<p><b>#3 QI Business</b>                      - Health Equity 2024 Language Assistance Program Report (Semi-Annual)                       (Attachment J)   <b>Action</b></p>	<p>The <b>Health Equity 2024 Language Assistance Program Report (Semi-Annual)</b> provides information on the language service utilization by CalViva Health members from January 1st to June 30th, 2024, as well as updates on the Language Assistance Program (LAP) areas. This report also incorporates Behavioral Health language utilization by CalViva Health members for the same reporting period. Member Services Department representatives handled a total of 77,218 calls across all languages during this reporting period. Of these, 22% (16,912) were handled in Spanish and Hmong languages.</p> <ul style="list-style-type: none"> <li>• A total of 5,743 interpreter requests were fulfilled for CalViva Health members, 88% (5,036) of these requests were fulfilled utilizing telephonic interpreter services with 11% (630) for in-person, 1% (77) for sign language interpretation, and no requests for video remote</li> </ul>	<p><b>Motion: Approve</b>                      -Health Equity 2024 Language Assistance Program Report (Semi-Annual)                       (Faulkenberry/Quezada)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Patrick Marabella, M.D Chair</p>	<p>interpreting.</p> <ul style="list-style-type: none"> <li>• Behavioral Health’s (BH) Member Services Department representatives handled a total of 1,804 calls across all languages and 16% (294) calls handled in a language other than English (Arabic, Armenian, Mandarin, Punjabi, and Russian) with 95% (278) handled in Spanish and 0.3% (1) handled in Hmong.</li> <li>• One-hundred-twenty requests for interpreter services were fulfilled with BH. Of these 120 requests, 84% (101) were fulfilled for in-person, 3% (4) for sign language interpretation, 9% (11) for telephone interpretation, and 3% (4) for Video Remote Interpretation.</li> <li>• One alternate format request was received from CalViva Health members during this reporting period.</li> <li>• A total of 28 English material reviews were completed for CalViva Health documents/materials, including the member newsletter.</li> <li>• A total of 20 grievance cases were received and reviewed by the Health Equity Department.</li> <li>• As of June 30, 2024, CalViva Health membership totaled 434,7601 members with 69% Latino/Hispanic, 11% White/Caucasian, 9% Asian/Pacific Islander, and 5% African American/Black.</li> <li>• Of the 158,171 members with Limited English Proficiency (LEP), 54% (84,847) identified as female and make up 36.4% of the overall membership. There is a total of 46% (73,324) who are identified as male, they make up 36.5% of the overall membership. The majority of members with LEP are female, while both males and females with LEP make up a nearly equal part of the overall membership.</li> <li>• The Member Services Department ensures that bilingual representatives and/or interpreters are available to speak with members in their own language. Spanish calls accounted for 95% (12,097) and Hmong calls accounted for 5% (661).</li> <li>• A total of 20 grievance cases were received and reviewed by the Health Equity Department. Of these, 8 were coded as “culture perceived discrimination”, 4 were coded as “culture non-discriminatory”, none were coded as “linguistic perceived discrimination”, 8 were coded as “linguistic non-discriminatory”. These cases were reviewed and adjudicated through the Appeals and Grievances process.</li> <li>• The Heath Equity's language assistance program updates are mostly consistent with previous reporting periods except for the utilization volume. Interpreter requests and call volume for CalViva Health increased significantly compared to the same reporting period in</li> </ul>	<p>5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>2023. A factor that may contribute to this increase in utilization is the number of members with LEP, the volume has increased by roughly 8,000 since the end of 2023.</p> <p><b>Discussion:</b>  <i>Dr. Cardona asked who can initiate the use of an interpreter?</i>  <i>Dr. Marabella stated that anyone could initiate the use of interpreter services. The patient or the provider. When obtaining consent or other high-risk communications, it is best to use the health plan interpreter services rather than office staff from a risk management perspective.</i></p>	
<p><b>#3 QI Business</b>                      - Facility Site &amp; Medical Records and PARS Review Report (Q1 and Q2 2024)</p> <p>(Attachment K)</p> <p>Action                      Patrick Marabella, M.D Chair</p>	<p>The <b>Facility Site &amp; Medical Records and PARS Reviews (Q1 and Q2 2024) report</b> displays completed activity and results of the DHCS-required PCP Facility Site (FSR) and Medical Record Reviews (MRR). All CalViva counties are using the New FSR/MRR tools and standards. The results of Physical Accessibility Review Survey (PARS) assessments of providers are also provided. The results are analyzed for monitoring and improving the performance of PCPs against DHCS and CalViva Health standards.</p> <ul style="list-style-type: none"> <li>• Eleven FSRs and six MRRs were completed during the 1st and 2nd Quarters of 2024.                             <ul style="list-style-type: none"> <li>o The FSR mean rate for Q1-Q2 2024 was 97%.</li> <li>o The MRR mean rate for Q1-Q2 2024 was 91%.                                     <ul style="list-style-type: none"> <li>▪ The Adult Preventive Care mean score over all counties for Q1-Q2 was 90%.</li> <li>▪ The Pediatric Preventive Care mean score over all counties for Q1-Q2 was 84%.</li> </ul> </li> </ul> </li> <li>• Interim Review is a DHCS-required monitoring activity to evaluate the PCP site between the 3-year periodic FSR cycle. In Q1 and Q2 2024, 11 interim reviews were completed in the 3 CalViva counties. All 11 interim reviews were completed as fax backs.</li> <li>• There was one “dirty office” complaint received. The FSR department conducts a site visit for provider sites that have three complaints in a rolling six-month period per FSR and Credentialing policies.</li> <li>• For the table on page 3, 60 records were reviewed for this reporting period but the numbers represented in parentheses did not equal the number of cases that qualified for each measure (denominator). In the future, the number in parentheses will reflect the true denominator for each measure.</li> <li>• Corrective Action Plans (CAPs) have three components, FSR Critical Element (CE) CAP, FSR CAP and MRR CAP. CE CAPs are due in 10 business days from the date of the FSR. FSR and MRR CAPs are due in 30 calendar days from the date of the review. PCPs with FSR scores greater than or equal to 90% with no Critical Element (CE) deficiencies and MRRs greater than or equal</li> </ul>	<p><b>Motion: Approve</b>                      - Facility Site &amp; Medical Records and PARS Review Report (Q1 and Q2 2024)</p> <p>(Waugh/                      Faulkenberry)                      4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>to 90% do not have to submit a CAP (exempt pass).</p> <ul style="list-style-type: none"> <li>• Eight PARS were completed in Q1 and Q2 2024 with all eight PARS having Basic level access.</li> <li>• Certified Site Review Nurses provide educational training prior to the actual FSR/MRR evaluation. Educational Trainings allow provider sites to become familiar with the DHCS regulations and FSR/MRR processes and can be done on site if requested. There were seven onsite educational trainings completed in the 1st and 2nd Quarters 2024.</li> </ul>	
<p><b>#4 Key Presentations</b>                      - Health Equity 2024 Work Plan Mid-Year Evaluation &amp; Executive Summary                       (Attachment L)                       Action                      Patrick Marabella, M.D Chair</p>	<p>The <b>Health Equity 2024 Work Plan Mid-Year Evaluation &amp; Executive</b> Summary was presented and reviewed. The Plan is working towards NCQA accreditation for Health Equity and must show the specific activities completed by CVH Health Equity staff to meet NCQA standards. By June 30<sup>th</sup> all activities were on target for end-of-year completion with some already completed. All the Work Plan activities are on target for completion by the end of the calendar year 2024. Will continue to assess circumstances to modify plans as needed in order to continue to implement, monitor, and track Health Equity-related services and activities. <b>The 2024 Work Plan is divided into four Categories:</b></p> <ul style="list-style-type: none"> <li>• Language Assistance Program</li> <li>• Compliance Monitoring</li> <li>• Communication, Training, and Education</li> <li>• Health Literacy, Cultural Competency &amp; Health Equity</li> </ul> <p><b>Some Completed Activities Include:</b></p> <ul style="list-style-type: none"> <li>• Completed audit requirements for Behavioral Health and Health Equity Oversight. LAP Annual Assessment was completed.</li> <li>• Amended three language vendors’ contracts to include tactile and CART services.</li> <li>• One hundred forty-five staff completed bilingual assessments or were reassessed.</li> <li>• Twenty grievance cases reviewed with no interventions and four interpreter complaints.</li> <li>• Eight hundred-seventy-one CVH referrals made in Findhelp, 147 members received help, and 584 new programs were added to the entire platform.</li> <li>• Provider materials available in the provider’s library including the LAP program and “Findhelp How-To” guide.</li> <li>• Training completed: Readability, EMR Database in Q2 2024 with 93 attendees Cultural Competency &amp; Implicit Bias Training on track to complete in Q3-4 2024 for staff and Providers.</li> <li>• Key informant interviews and focus groups completed for W30-6+ and MH/SUD PIP.</li> </ul>	<p><b>Motion: Approve</b>                      - Health Equity 2024 Work Plan Mid-Year Evaluation &amp; Executive Summary                       (Quezada/Waugh)                      5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><b>CalViva Health Equity Activities Include:</b></p> <ul style="list-style-type: none"> <li>• Enhancing DEI for CVH through Surveys and practices (Planned to start November 2024)</li> <li>• DEI training for all staff (Cultural Competency, Implicit bias, Historical trauma and how it influences modern medical practices, CVH members and how they are impacted) Planned for November 1, 2024</li> <li>• Community engagement:               <ul style="list-style-type: none"> <li>○ NIC (Network Improvement Committee)</li> <li>○ Assisting MH/SUDs PIP working with trusted CBO- Binational</li> </ul> </li> </ul> <p>There were no questions or comments from committee members.  <i>Dr. Cardona left the meeting at 10:47 A.M. and returned at 10:49 A.M.</i></p>	
<p><b>#4 Key Presentations</b>            - Quality Improvement and Health Equity Transformation Program (QIHETP) 2024             (Attachment M)             Action            Patrick Marabella, M.D Chair</p>	<p>The <b>Quality Improvement and Health Equity Transformation Program (QIHETP) 2024</b> was presented and reviewed. The Program was created in 2023 because it was required for the 2024 DHCS Contract to address the integration of Health Equity into Quality Improvement in Medi-Cal Managed Care Plans. It provides guidelines on integrating health equity practices throughout the health plan, among providers, and with Members.</p> <p><b>In keeping with NCQA Accreditation Standards, CalViva’s Health Equity Mission is to:</b></p> <ul style="list-style-type: none"> <li>• Improve structural determinants of health equity, by working within and across societal institutions and systems.</li> <li>• Improve neighborhood-level social determinants of health, by working with and across institutions in defined geographic communities.</li> <li>• Improve institutional drivers of health equity, by working within our institution and with providers, and other key stakeholders.</li> <li>• Improve individual &amp; household-level social needs &amp; networks, by improving access, quality, and value of services for our members.</li> </ul> <p><b>Quality Improvement and Health Equity Goals:</b></p> <ul style="list-style-type: none"> <li>• CalViva Health’s Health Equity goals are based on providing support, maintaining compliance, and creating cultural awareness through education and consultation.</li> <li>• These goals support the overall goal of promoting cultural responsiveness between Plan staff, members, and contracted providers.</li> </ul> <p><b>Enhancing Current Processes and Practices:</b>            Already in Place:</p>	<p><b>Motion: Approve</b>            - Quality Improvement and Health Equity Transformation Program (QIHETP) 2024             (Waugh/            Faulkenberry)            5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>○ Quality Improvement Program &amp; Work Plan</li> <li>○ Health Equity Program &amp; Work Plan</li> <li>○ Performance Improvement Projects (PIPs, Lean Projects and Collaboratives)                             <ul style="list-style-type: none"> <li>▪ Examples of cultural projects include Breast Cancer Screenings with the Hmong population; Hispanic Educational Awareness training with ED Staff for our current FUM/FUA Non-Clinical PIP &amp; Lean Projects</li> </ul> </li> <li>○ Population Needs Assessment</li> </ul> <p>The QIHETP further integrates the two programs by utilizing the Health Equity Model to reduce Disparities.</p> <p>Leadership is charged with monitoring the health equity activities, medical management, and quality of care and services provided to members to promote equity through:</p> <ul style="list-style-type: none"> <li>● Encounter Data</li> <li>● Grievances and Appeals</li> <li>● Utilization Data</li> <li>● Satisfaction Surveys (CAHPS)</li> </ul> <p>With an Emphasis on:</p> <ul style="list-style-type: none"> <li>● Member &amp; Family Engagement</li> <li>● Community Engagement</li> <li>● Reducing Disparities</li> </ul> <p>Updates for 2024:</p> <ul style="list-style-type: none"> <li>● Updated Dates throughout from 2023 to 2024</li> <li>● Section 4.1B. (page 5) Quality Improvement Activities: revised the eight categories included to assess performance to be consistent with the 2024 QI &amp; Health Ed Work Plan.</li> <li>● Section 7.1 (page 10) Health Equity Model: revised list of demographic elements used in data analysis to reduce disparities to be consistent with NCQA terminology. (Race/ethnicity, language, gender identity, and sexual orientation are analyzed to develop targets for disparity reduction efforts and specific interventions to address the disparities and the barriers associated with that.)</li> <li>● Updated (page 6 &amp; page 13) to indicate that CalViva has obtained NCQA Health Plan Accreditation rather than planning to obtain accreditation.</li> </ul>	



AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#5 <b>UM/CM/PHM Business</b></p> <ul style="list-style-type: none"> <li>- Key Indicator Report and Turnaround Time Report (August 2024)</li> <li>- Medical Policies (August 2024)</li> </ul> <p>(Attachments N - O)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>There were no questions or comments from committee members.</p> <p>The <b>Key Indicator Report and Turnaround Time Report</b> through August 2024 were presented.</p> <ul style="list-style-type: none"> <li>• Overall, Membership levels have stabilized.</li> <li>• Utilization has fluctuated over the previous months. Expansion utilization has been on a downward trend, and SPD has an upward trend.</li> <li>• Acute Admissions, Bed Days, and Acute Length of Stay (all adjusted PTMPY), for all categories have decreased. This may indicate that the acuity or the burden of illness of members being admitted is not as great as it was immediately after COVID-19.             <ul style="list-style-type: none"> <li>○ Hospital stays are shorter, which may be a result of CalAIM activities as well as a robust case management or Transitional Care Services (TCS) program to help people transition out of the hospital and connect to other services.</li> </ul> </li> <li>• The turnaround times were 100% except for Preservice Urgent which was 98%.</li> <li>• Perinatal Case Management referrals have an 84% engagement rate for 137 referrals.</li> <li>• Physical Health Case Management referrals have a 46% engagement rate for 274 referrals.</li> <li>• Transitional Care Services' (TCS) engagement rate is back up to 68%. Referral numbers have steadily increased from the beginning of the year to 610 for August. TCS receives all the Care Management cases initially and then refers to the different departments accordingly.</li> <li>• Behavioral Health Case Management referrals have a 74% engagement rate with 121 referrals.</li> <li>• First Year of Life Case Management referrals have demonstrated variation, but they have a 100% engagement rate for the 34 referrals for August.</li> </ul> <p><i>Discussion:</i></p> <p><i>Dr. Cardona asked if it could be determined which activity has been the most fruitful in reducing hospital utilization.</i></p> <p><i>Dr. Marabella indicated that it is likely multifactorial, but he feels that the TCS program with staff in the hospital and case managers telephonically to coordinate post-discharge services that has had the biggest impact on reducing ALOS and readmission rates. All members receive a TCS case manager prior to discharge from the hospital.</i></p> <p>The <b>Medical Policies</b> (August) 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.</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Key Indicator Report and Turnaround Time Report (August 2024)</li> <li>- Medical Policies (August 2024)</li> </ul> <p>(Cardona/Quezada) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>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.</p> <p>Updated policies for August 2024 include but are not limited to:</p> <ul style="list-style-type: none"> <li>• CP.BH.300 – Biofeedback for Behavioral Health Disorders</li> <li>• CP.MP.203 – Diaphragmatic/Phrenic Nerve Stimulation</li> <li>• CP.MP.194 – Osteogenic Stimulation</li> <li>• CP.MP. 165 – Selective Nerve Root Blocks and Transforaminal Epidural Steroid Injections</li> <li>• CP.MP.169 – Trigger Point Injections for Pain Management</li> </ul> <p>New Policies include:</p> <ul style="list-style-type: none"> <li>• Sleep Studies, Adult</li> <li>• Sleep Studies, Pediatric</li> </ul>	
<p><b>#6 Policy &amp; Procedure Business</b>                      - Public Health Policy &amp; Procedure Annual Review                       (Attachments P)                       Action                      Patrick Marabella, M.D Chair</p>	<p>The <b>Public Health Policy &amp; Procedure Annual Review</b> was presented to the committee. The following policies were presented for annual review with no changes made:</p> <ul style="list-style-type: none"> <li>• PH-001 Electronic Visit Verification</li> <li>• PH-003 Adult Preventive Services</li> <li>• PH-010 Dental Care</li> <li>• PH-014 Immunization Program</li> <li>• PH-016 Local Education Agency (LEA)</li> <li>• PH-018 Access to Certified Nurse Practitioners</li> <li>• PH-019 Minor Consent</li> <li>• PH-020 Mental Health Services</li> <li>• PH-021 Mental Health Dispute Resolution</li> <li>• PH-023 Non-Specialty Mental Health Services</li> <li>• PH-024 Eating Disorder Treatment Services</li> <li>• PH-026 MHN Behavioral Health</li> <li>• PH-028 Responsibilities for Behavioral Health Treatment Coverage for Members under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits</li> <li>• PH-041 Department of Developmental Services (DDS) Administered Home and Community Based Waiver Program</li> <li>• PH-053 In-home Supportive Services Program Waiver (IHHS)</li> <li>• PH-062 Non-Emergency, Non-Medical Transportation Assistance and Coordination</li> </ul>	<p>Motion: Approve                      - Public Health Policy &amp; Procedure Annual Review                       (Waugh/Quezada)                      5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• PH-089 Community Health Worker Guidelines</li> <li>• PH-101 Perinatal Care</li> <li>• PH-102 Doula Services</li> </ul> <p>The following policies were presented for annual review and were approved with minor edits:</p> <ul style="list-style-type: none"> <li>• PH-002 In-Home Operations Waiver and Home and Community-Based Alternatives (HCBA) Waiver</li> <li>• PH-004 Pediatric Preventive Care Services</li> <li>• PH-006 Vision Care</li> <li>• PH-009 School-Based Health Programs</li> <li>• PH-013 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Supplemental Services</li> <li>• PH-017 Communicable Disease Reporting</li> <li>• PH-025 Behavioral Health Treatment Services autism spectrum disorder</li> <li>• PH-042 HIV Testing and Counseling</li> <li>• PH-043 Sexually Transmitted Diseases (STD) Services</li> <li>• PH-048 Regional Centers Coordination</li> <li>• PH-050 California Children’s Services (CCS)</li> <li>• PH-051 Genetically Handicapped Persons Program (GHPP)</li> <li>• PH-052 Children with Special Health Care Needs (CSHCN)</li> <li>• PH-088 Public Health Coordination</li> <li>• PH-103 Access to Freestanding Birth Centers and the Provision of Midwife Services</li> <li>• PH-104 Family Planning Services</li> <li>• PH-105 Pregnancy Termination</li> </ul> <p>The following policies were presented for annual review and were approved with the following changes:</p> <ul style="list-style-type: none"> <li>• PH-008 Early Start Program: Added information about LEA and CHW.</li> <li>• PH-015 Sensitive Services: Added confidentiality section.</li> <li>• PH-022 Alcohol and Drug Treatment Services: Additions to policy section for members 16 years and younger.</li> <li>• PH-027 Dyadic Services and Family Therapy: Removed reference and information about Family Therapy. Updated benefits and eligibility of family members.</li> </ul> <p>The following is a new policy that was approved:</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>PH-029 Behavioral Health Screening, Assessment, Care Coordination, and Exchange of Information. This policy was created to facilitate effective communication and exchange of information between the physical and mental health care of a member as now required by the State. The full policy can be referenced in the packet.</li> </ul>	
<p><b>#7 Oversight Audits</b>                      - Appeals and Grievances Oversight Audit                       (Attachment Q)                       Action                      Patrick Marabella, M.D Chair</p>	<p>The <b>Appeals and Grievances Oversight Audit</b> was presented and reviewed. The overall compliance rate for HNCS for the Appeal and Grievance function is 91% based upon the number of compliant standards divided by those reviewed in the audit grid 20/22 including positive overall file review results of 97% compliance. Following the 8/30 rule a review of 106 randomly selected digital and audio cases was completed from the audit period of January 2023 to December 2023. The breakdown of cases is as follows:</p> <ul style="list-style-type: none"> <li>Thirty Standard Appeal &amp; Grievance Cases</li> <li>Eight Exempt Grievance Cases – Customer Contact Center (CCC)</li> <li>Eight Exempt HIPAA compliance verification audio files</li> <li>Eight Exempt Grievance Cases – ModivCare</li> <li>Seventeen Exempt Grievance Cases- MHN</li> <li>Thirty Expedited Appeal &amp; Grievance Cases</li> <li>Four State Fair Hearing (SFH) Cases</li> <li>One Independent Medical Review (IMR) Overturn Cases</li> </ul> <p>A total of four State Fair Hearing cases were completed in MY2023. CalViva Health noted 42 potential cases overall for the calendar year (including withdrawn cases) while Health Net identified 39 cases during the same period identifying an opportunity for improvement. Additional opportunities for improvement were identified related to the forwarding of Proof of Service Certificates to CalViva Health in a timely manner. Because Proof of Service Certificates were not provided CalViva could not confirm the timeliness of services for any of three cases with one case not applicable due to no jurisdiction. CAP required.</p> <p>A list of all Independent Medical Review (IMR) Overturn cases for CalViva during the audit period (January 1, 2023, through December 31, 2023) was requested from Health Net; yielding a total of one case, which was found to be 100% compliant. The overall file review compliance rate is 97% (102/105).</p> <p>Corrective Action Plan (Review Element/Standard 9A-2 State Fair Hearing):</p> <ul style="list-style-type: none"> <li>Complete documentation and Proof of Service Certificates are not consistently being sent to</li> </ul>	<p>Motion: Approve                      - Appeals and Grievances Oversight Audit                       (Cardona/                      Faulkenberry)                      5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>CalViva Health. Specifically, we were unable to verify if SOPs were mailed within two working days prior to the scheduled hearing date. Also, the reconciliation of potential SFH cases does not match from HN (39) to CVH (42).</p> <ul style="list-style-type: none"> <li>• Additional findings are under review.</li> </ul>	
<p><b>#8 Access Business</b></p> <ul style="list-style-type: none"> <li>- Provider Appointment Availability &amp; After-Hours Access Survey Results (2023) (Provider Update)</li> <li>- Access Workgroup Quarterly Report (Q4 2024)</li> <li>- Access Workgroup Minutes 07/30/2024</li> </ul> <p>(Attachment R-T)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The <b>Provider Appointment Availability &amp; After-Hours Access Survey Results 2023 (Provider Update)</b> were presented and reviewed. The results are used to monitor physicians' and other providers' compliance with timely access and after-hours regulations and to evaluate the effectiveness of the network to meet the needs and preferences of CalViva Health members. The results of the 2023 PAAS survey for DMHC and the DHCS appointment access standards indicated that the Plan met all standards except for the following:</p> <ul style="list-style-type: none"> <li>• Urgent care appointment with a psychiatrist.</li> <li>• Non-urgent care appointment with a psychiatrist.</li> <li>• Urgent care appointment with a specialist -- that requires prior authorization -- within 96 hours.</li> <li>• Non-urgent appointment with a specialist within 15 business days.</li> </ul> <p>Failure to meet one or more timely appointments and after-hours access standards, as indicated, will result in a corrective action plan (CAP).</p> <p>The <b>Access Work Group Quarterly Report (Q4 2024)</b> 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 access-related issues, trends, and any applicable corrective actions.</p> <p>On 7/30/24, the following <b>MY 2023 DMHC Timely Access Reports (TAR)</b> were approved:</p> <ul style="list-style-type: none"> <li>• MY2023 Availability Report</li> <li>• MY2023 Accessibility Report</li> <li>• MY2023 Access &amp; After-Hours CAP</li> <li>• MY2023 PQI Access to Care Report</li> <li>• MY2022 Behavioral Health Member Experience Report CalViva Health Medi-Cal (ECHO)</li> <li>• MY2023 Behavioral Health Provider Satisfaction Survey Report</li> <li>• MY2023 Provider Satisfaction Survey with Access and Availability for Medical Providers</li> <li>• MY 2023 Member Satisfaction Survey with Access Report - Medical Providers</li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Provider Appointment Availability &amp; After-Hours Access Survey Results (2023) (Provider Update)</li> <li>- Access Workgroup Quarterly Report (Q4 2024)</li> <li>- Access Workgroup Minutes 07/30/2024</li> </ul> <p>(Quezada/ Waugh) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>See summary above for results of <u>the <b>Provider Appointment Availability &amp; After-Hours Access Survey Results 2023.</b></u></p> <p>Regarding PQIs related to access to care, a thorough review of all measurement year 2023 PQI/QOC cases indicated there were no cases related to appointment availability incidents of non-compliance resulting in substantial harm.</p> <p>The following are some of the key standing reports/matters approved:</p> <ul style="list-style-type: none"> <li>• Member Services Call Center Metrics Report (HN &amp; MHN) – (Q2 2024)</li> <li>• Telehealth Program (April Data)</li> <li>• PPG Dashboard &amp; Access Narrative – (Q1 2024)</li> <li>• 274 Monthly Provider Data Quality Check – May-June</li> <li>• MY2023 Alternate Access Network Adequacy</li> <li>• 2023 Subnetwork Certification Summary Report</li> </ul> <p><b>Access Work Group Minutes from 07/30/2024</b>, lists reports that the Access Work Group routinely reviews, and key reports were presented with additional detail to the QI/UM Committee in the <b>Access Work Group Quarterly Report (Q4 2024).</b></p> <p><i>Dr. Cardona left the meeting at 11:20 A.M. and returned at 11:21 A.M.</i></p>	
<p><b>#9 Compliance Update</b> - Compliance Regulatory Report  (Attachment U)</p>	<p>Mary Lourdes Leone presented the <b>Compliance Report</b> at the beginning of the meeting as the quorum was not yet met.</p> <p><b>CalViva Health Oversight Activities: Health Net:</b> 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 &amp; availability, specialty referrals, utilization management data, grievances, and appeals, etc.</p> <p><b>Oversight Audits.</b> The following annual audits are in progress: UMCM, ER, Provider Network, Claims, FWA, Call Center, Health Education, COC, and Privacy and Security. The following annual</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>audits have been completed since the last Commission report: PDR (CAP Required), A&amp;G (CAP Required)</p> <p><b>Fraud, Waste &amp; Abuse Activity.</b> Since the 9/19/2024 Compliance Report to the Committee, there have not been any new MC609 filings.</p> <p><b>Department of Health Care Services (“DHCS”) 2023 Focused Audit for Behavioral Health and Transportation.</b> On 9/6/24, the Plan received DHCS’s final Report findings and formal CAP request. There were nine deficiencies in total (four for behavioral health and five for transportation). The Plan submitted the initial CAP response on October 7, 2024. The Plan is required to submit monthly updates on all CAP activities. All corrective actions must be implemented within 6 months from the date of the CAP request.</p> <p><b>Department of Health Care Services (“DHCS”) 2024 Medical Audit.</b> On 9/16/2024, the Plan had the Exit Conference with DHCS. On 10/3/2024 DHCS sent out the Final Audit Report and CAP request. There were two findings:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The Plan did not ensure that all preliminary reports of suspected FWA were reported to DHCS within 10 working days.</li> </ul> <p>The Plan’s first response to the CAP is due by November 2, 2024.</p> <p><b>2024 Network Adequacy Validation (NAV) Audit.</b> On 9/30/2024 the Plan received notice that HSAG has officially closed out the audit noting all items have been resolved. HSAG is working with DHCS on finalizing plan-specific validation rating determinations, which will be shared in late November 2024.</p> <p><b>California Advancing and Innovating Medi-Cal (CalAIM)</b>  On 10/9/2024, the Plan submitted an updated Community Supports Provider Capacity and Final Elections report to confirm that the Plan will be able to provide the following additional CS services in Kings and Madera counties:</p> <ul style="list-style-type: none"> <li>• Kings County <ul style="list-style-type: none"> <li>o Recuperative Care: CityServe (Services on track to go live 1/1/2025)</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>• Madera County                             <ul style="list-style-type: none"> <li>o Recuperative Care: SOUL Housing (Services on track to go live 7/1/2025)                                     <ul style="list-style-type: none"> <li>▪ Short-Term Post Hospitalization: RH Builders (Services on track to go live 1/1/2025)</li> </ul> </li> <li>o Sobering Center: RH Builders went live earlier for this service</li> </ul> </li> </ul> <p><b>Memorandum of Understanding (MOU):</b> Since the last Commission Meeting the Plan has not executed any additional MOUs.</p> <p><b>Annual Network Certifications:</b></p> <ul style="list-style-type: none"> <li>• <b>2023 Subnetwork Certification (SNC)</b> – On 9/25/2024, the Plan received the 2024 SNC Landscape Analysis request. The Plan must submit a response by 10/25/2024.</li> <li>• <b>2023 Annual Network Certification (ANC)</b> – The Plan is awaiting final DHCS approval of its AAS request as revised and submitted on 9/18/2024.</li> </ul> <p><b>Timely Access and Annual Network Reporting (TAR):</b></p> <ul style="list-style-type: none"> <li>• <b>RY 2023 MY 2022-</b> The Plan is still awaiting the Department’s response to the Plan’s response to the Network Findings Report which was submitted on 8/1/2024.</li> <li>• <b>RY2024 MY 2023</b> – Results of the 2023 DMHC Timely Access Provider Appointment Availability Survey (PAAS) and the Provider After-Hours Survey (PAHAS). See the results above.</li> </ul> <p><b>New DHCS Regulations/Guidance:</b> 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><b>Public Policy Committee (PPC):</b> 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 November 21 <sup>st</sup> , 2024.	
#13 Public Comment	None.	
#14 Adjourn	The meeting adjourned at 11:21 p.m.	

**NEXT MEETING: November 21<sup>st</sup>, 2024**



Submitted this Day: November 21, 2024

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

Acknowledgment of Committee Approval:

X Patrick Marabella  
Patrick Marabella, MD Committee Chair