

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission
Meeting Minutes**
February 18, 2016

Meeting Location
CalViva Health
7625 N. Palm Ave., #109
Fresno, CA 93711

Commission Members			
✓	David Cardona , M.D., Fresno County At-large Appointee	✓	Joe Neves , Vice Chair, Kings County Board of Supervisors
	Aldo De La Torre , Community Medical Center Representative	✓●	Harold Nikoghosian , Kings County At-large Appointee
✓	Van Do-Reynoso , Director, Madera Co. Dept. of Social Services	✓●	David Pomaville , Director, Fresno County Dept. of Public Health
✓*	John Frye , Commission At-large Appointee, Fresno	✓●	Deborah Poochigian , Fresno County Board of Supervisor
✓	Soyla Griffin , Fresno County At-large Appointee	✓	Stephen Ramirez , Fresno County At-large Appointee
✓*	Derrick Gruen , Commission At-large Appointee, Kings County	✓	David Rogers , Madera County Board of Supervisors
✓	David Hodge , M.D., Chair, Fresno County At-large Appointee	✓	David Singh , Valley Children's Hospital Appointee
✓	Aftab Naz , Madera County At-large Appointee	✓	Paulo Soares , Commission At-large Appointee, Madera County
		✓●	Keith Winkler , Director, Kings County Dept. of Public Health
Commission Staff			
✓	Gregory Hund , Chief Executive Officer (CEO)	✓	Amy Schneider , R.N., Director of Medical Management
✓	William Gregor , Chief Financial Officer (CFO)	✓	Jeff Nkansah , Director, Compliance and Privacy/Security
✓	Patrick Marabella , M.D., Chief Medical Officer (CMO)	✓	Cheryl Hurley , Commission Clerk
✓	Mary Beth Corrado , Chief Compliance Officer (CCO)	✓	Daniel Maychen , Director of Finance & MIS
General Counsel and Consultants			
✓	Jason Epperson , General Counsel		
✓ = Commissioners, Staff, General Counsel Present,			
* = Commissioners arrived late/or left early			
● = Attended via Teleconference			

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:31 pm. A quorum was present.	
#2 Roll Call Cheryl Hurley, Clerk to the Commission	A roll call was taken for the current Commission Members.	<i>A roll call was taken</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#3 Reappointed Board of Supervisors Commissioners	Fresno County has re-appointed Supervisor Deborah Poochigian as Commissioner, and Supervisor Brian Pacheco as alternate. Kings County has re-appointed Supervisor Joe Neves as Commissioner and Supervisor Doug Verboon as alternate. Madera County has re-appointed Supervisor David Rogers as Commissioner and Supervisor Brett Frazier as alternate.	
#4 Valley Children’s Hospital Reappointment	David Singh was re-appointed as the representative from Valley Children’s Hospital for a three-year term, ending January 2019.	<p>Motion: <i>Approve Valley Children’s Hospital Reappointment</i></p> <p>13 – 0 – 1 – 3 (Naz / Neves)</p> <p><i>A roll call was taken</i></p>
#5 Fresno County At-Large Seat Nominations	Two applications were received for the Fresno County At-Large Commission seat. One application received was from current Commission member John Frye, whose term expired January 2016. The second application received was from Shantay Renee Davies. A nomination to re-appoint John Frye was received and approved. Mr. Frye was re-appointed to the Commission for a three-year term, ending February 2019.	<p>Motion: <i>Approve Fresno County At-Large Seat</i></p> <p>14 – 0 – 0 – 3 (Naz / Rogers)</p> <p><i>A roll call was taken</i></p>
#6 Kings County At-Large Reappointment	<p>Derrick Gruen was re-appointed as the Kings County At-Large representative for a three-year term, ending in February 2019.</p> <p><i>Derrick Gruen arrived @ 1:35 pm</i></p>	<p>Motion: <i>Approve Kings County At-Large Reappointment</i></p> <p>14 – 0 – 1 – 2 (Neves / Griffin)</p> <p><i>A roll call was taken</i></p>
<p>#7 Consent Agenda</p> <p>a) Commission Minutes 11/19/2015</p> <p>b) Finance Committee</p>	All consent items were presented and accepted as read.	<p>Motion: <i>Approve Consent Agenda</i></p> <p>15 – 0 – 0 – 2 (Neves / Naz)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Minutes 10/15/2015 c) QI/UM Committee Minutes 10/15/15 d) Public Policy Committee Minutes 9/2/15 e) Compliance Report</p> <p>Action David Hodge, M.D., Chair</p>		<p><i>A roll call was taken</i></p>
<p>#8 Annual Administration</p> <p>Information David Hodge, M.D., Chair</p>	<p>Dr. Hodge reminded the Commission the Form 700 is due on an annual basis and all Commissioners will receive a notification from the Commission Clerk via email. In addition, if anyone is due for an updated Ethics Certification, they will be notified as well.</p>	
<p>#9 Annual Utilization Management Program Review</p> <p>#10 2015 Annual Quality Improvement Work Plan Evaluation</p> <p>Action Dr. Marabella, M.D.</p>	<p>Dr. Marabella presented the 2015 Quality Improvement Work Plan Evaluation.</p> <p>Access to Care:</p> <ul style="list-style-type: none"> • CalViva participated in the ICE Single Vendor Provider Appointment Availability Survey. 2015 results are pending. • Provider Office Wait Times: Goal for 30 minutes or less average wait time was met in all three counties in all locations monitored. • For RY 2015, the After Hours Access Standards were met for After Hours Emergency Instructions and not met for the Qualified Health Professional 30 minute Call Back (for urgent issues). <ul style="list-style-type: none"> ○ A Corrective Action Plan (CAP) was implemented to 	<p>Motion: <i>Approve 2015 QI Work Plan Evaluation; 2015 UM Work Plan Evaluation; 2016 UM Program Description; and 2016 UM Work Plan</i></p> <p>16 – 0 – 0 – 1 (Cardona / Ramirez)</p> <p><i>A roll call was taken</i></p>

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	<p>ensure providers comply with the standards.</p> <ul style="list-style-type: none"> ○ Corrective action plans were submitted by approximately 63% of non-compliant Providers. ○ The After Hours survey for 2015 concluded 12/31/15. Results are pending and follow up will be based upon survey findings. <ul style="list-style-type: none"> ● A full member satisfaction (CAHPS) survey will be conducted in 2016 ● Quality and Safety of Care: <p>HEDIS® Minimum Performance Level (MPL) Default Measures.</p> <ul style="list-style-type: none"> ● CalViva met the minimum performance levels (MPLs) for all measures in all three counties except Kings County did not meet the MPL for Childhood Immunizations, Well Child Visits, HbA1c testing and Cervical Cancer Screening. <p>Quality Improvement Projects (QIPs):</p> <p>There were two QIPs in 2015:</p> <ul style="list-style-type: none"> ● All Cause Readmissions – The State closed this as a Quality Improvement Project. ● CVH selected Diabetic Retinal Eye Exam as its Individual QIP. All three counties improved in 2014 and 2015 and are above the minimum performance level. This QIP is also closed. <p>For 2016, the Quality Improvement Projects (QIPs) have been changed to Performance Improvement Projects (PIPs). CalViva has selected</p>	

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	<p>Postpartum Care and Comprehensive Diabetes Care for the required PIPs.</p> <p>CalViva had four additional Quality Improvement projects in 2015 and these will continue into 2016:</p> <ul style="list-style-type: none"> • Cervical Cancer Screening • Kings Bundle (Immunizations & Well Child visits) • Medication Management for Asthma • Annual Monitoring of Patients on Persistent Medications <p><i>John Frye arrived @ 1:40 pm</i></p> <p>Dr. Marabella presented the 2015 Work Plan Annual Utilization Management / Case Management Evaluation Summary.</p> <p>The five categories for reporting are:</p> <ul style="list-style-type: none"> • Compliance with Regulatory Requirements: <ul style="list-style-type: none"> ○ All requirements for licensing and credentialing have been maintained. • Monitoring the UM process: <ul style="list-style-type: none"> ○ The Turn-Around Time (TAT) for processing prior authorization requests has been in compliance to be timely with an overall score averaging 97.5% for 2015. • Monitoring UM Metrics: <ul style="list-style-type: none"> ○ All items in the Work Plan were met with the exception of 1) acute inpatient performance, and 2) over/under utilization. These will be addressed in 2016. 	

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	<ul style="list-style-type: none"> • Coordination with other programs: <ul style="list-style-type: none"> ○ The Transition Care Management program demonstrated some success in preventing hospital readmissions. Onsite Nurses are available at hospitals in all three counties. • Monitoring activities of special populations include: <ul style="list-style-type: none"> ○ CCS ○ SPD tracking ○ CBAS ○ Mental Health tracking <p>Additionally, Dr. Marabella presented the 2016 UM Program documents and noted the following:</p> <ul style="list-style-type: none"> • Utilization Management Program Description, which summarizes our policy, processes, and standards. This document is updated annually. The changes for the PD include: <ul style="list-style-type: none"> ○ Sections for behavioral healthcare services. ○ Changes in language for disease management. • The Work Plan for Utilization Management is essentially the same with only minor changes. 	
<p>#11 2015 Annual Compliance Evaluation</p> <p>#12 2016 Compliance Plan</p> <p>#13 2016 Code of Conduct</p>	<p>MB Corrado reported the 2015 Annual Compliance Evaluation.</p> <p>All employees passed the mandatory trainings for 2015. For Oversight Audits, several functions that are delegated to Health Net were audited in 2015 and all areas passed with favorable results, with minor corrective actions. A detailed summary will be provided in March.</p>	<p>Motion: <i>Approve 2015 Compliance Evaluation, 2016 Compliance Plan, Code of Conduct, Anti-Fraud Plan, and Privacy and Security Program Description.</i></p>

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<p>#14 2016 Anti-Fraud Plan</p> <p>#15 2016 Privacy and Security Program Description</p> <p>Action M.B. Corrado, CCO</p>	<p>74 Provider Dispute cases were audited over a three quarter period with three cases having a non-compliant element related to timeliness.</p> <p>The 2015/2016 member handbook was published in English, Spanish and Hmong. There were 55 Provider Updates, 3 new Provider Toolkits were approved, and 2,003 provider visits and events occurred throughout Fresno, Kings and Madera Counties.</p> <p>Last year there were 10 potential fraud and abuse cases reported to DHCS; 6 of which were potential provider billing practices, and 4 cases involved potential member incidents.</p> <p>J. Nkansah presented Privacy and Security. The Risk Management Team monitored the processes and practices. The team succeeded in conducting scans both internally and externally of systems and were successful in conducting scans related to technical controls at an IT level and evaluated it against industry standard HIPAA related controls. The team will continue to meet to review scans from 2015 and will be looking to enhance activities.</p> <p>In 2015 the team monitored privacy and security related incidents that occurred throughout the year, as a result there were 57 incidents reported to the DHCS and to Health and Human Services agencies. Of the 57, 54 were considered low/no risk and 3 were considered high risk of which members were contacted.</p> <p>MB Corrado reported there were a number of regulatory audits and</p>	<p>16 – 0 – 0 – 1 (Rogers /Frye)</p> <p><i>A roll call was taken</i></p>

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	<p>performance evaluations conducted by DHCS and DMHC in 2015. Overall, the Plan performed well with minimal corrective actions. Where there were actions, the issues have been corrected. In a few cases, the corrective action is still ongoing.</p> <p>Highlights from a Compliance standpoint in reference to operational statistics that are monitored are:</p> <ul style="list-style-type: none"> • Member Service Call Center: <ul style="list-style-type: none"> ○ Overall performance standards were either met or exceeded. ○ Call volumes increased approximately 21% over 2014. • Appeal and Grievance Resolution Activity: <ul style="list-style-type: none"> ○ 2,550 appeals and grievances cases were received ○ Increase of 716 cases over the total 1,834 cases received in 2014. • Provider Disputes: <ul style="list-style-type: none"> ○ 16,058 Provider Disputes were received. ○ 98% of the cases met the resolution turnaround time. <p>Looking ahead in 2016 there will be more audits and performance monitoring from both Department of Health Care Services and the Department of Managed Health Care.</p> <p>Minor revisions have been made to the following Compliance Program Descriptions:</p> <ul style="list-style-type: none"> • Compliance Plan • Code of Conduct • Anti-Fraud Plan 	

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	<ul style="list-style-type: none"> Privacy and Security 	
<p>#16 Standing Reports</p> <ul style="list-style-type: none"> Finance Report William Gregor, CFO Medical Management Patrick Marabella, M.D., CMO 	<p><u>Finance</u></p> <p>W. Gregor presented the financials as of January 31, 2016. Current assets are 129.4M and current liabilities are 107.4M, which provides a current ratio of 1.2. TNE stands at 33.5M, which compares to the DMHC minimum required TNE of 12.3M. This puts us at 272% of the minimum required TNE required by DMHC.</p> <p>Revenues through January 31, 2016 are 627M and are 100M ahead of budget. The budget overage amount will decrease by approximately 40M in the coming months as DHCS is in the process of recouping overpayments related to expansion rates. The net increase is attributed to actual increase in enrollment compared to what was budgeted. This has caused medical costs of 565.7M, which is approximately 91M more than budgeted. Administrative Services Agreement fees of 25.7M is approximately 1.6M greater than budgeted. Premium taxes of 28.8M which is approximately 6.1M more than originally budgeted. The net impact of all other expenses is 113K below budget through January 2016. The net income is 6.7M, which is 1.7M ahead of budget as of the end of January.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances</p> <p>Dr. Marabella presented the Appeals and Grievances Dashboard for the calendar year 2015.</p>	<p>Motion: Approve Standing Reports</p> <p>16 – 0 – 0 – 1 (Neves / Soares)</p> <p><i>A roll call was taken</i></p>

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	<ul style="list-style-type: none"> • Total grievance numbers and rates increased from calendar year 2014. This may be due to the increase in membership and the new Medi-Cal Expansion group has different needs and characteristics. • Turn-around times varied slightly from 2014 to 2015. • Exempt grievance categories are currently under evaluation and will be updated to be more consistent with the categories used for other grievances. • The number of appeals reported for 2015 did not increase significantly. • The most notable increase in appeals was in pharmacy and primarily relates to Hepatitis C drugs. <p style="text-align: center;"><i>Soyla Griffin stepped out at 2:20 pm</i></p> <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report.</p> <ul style="list-style-type: none"> • The Key Indicator Report presented was for year-end 2015. • There were technical issues preventing two data elements from populating. These should be addressed prior to the next report. • Expansion membership population has increased significantly during the past year. • Admits and Readmits are stable. <p style="text-align: center;"><i>Soyla Griffin returned at 2:25 pm</i></p>	

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	<p>Quality Improvement/Utilizations Management Quarterly Summary Report</p> <p>Dr. Marabella provided the QI/UM Quarter 4 update. One meeting was held during this reporting period, November 19, 2015.</p> <p>Reports reviewed included Appeals and Grievances, Pharmacy Provider Updates, MHN Performance Indicators, Emergency Drugs Report, and the Potential Quality Issues Report.</p> <p>Additional Utilization Management Reports reviewed included the Key Indicator Report, Specialty Referrals Report, and the 2015 Utilization Management/Medical Management Concurrent Review Report.</p> <p>HEDIS[®] Activity includes the Kings County Bundle, Monitoring Persistent Medications, Cervical Cancer Screening, and Medication Management for People with Asthma. A HEDIS[®] audit is scheduled for March 2016.</p> <p>The Access and Availability workgroup meets quarterly and reviews timely access, after-hours access, and emergency access data and reports. The Timely Access Report (TAR) filing is due to DMHCat the end of March.</p> <p>Third quarter 2015 Kaiser reports were reviewed and no significant findings were identified.</p>	

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<ul style="list-style-type: none"> Executive Report G. Hund, CEO 	<p><u>Executive Report</u></p> <p>G. Hund presented the Executive Dashboard. Membership growth between December 2015 and January 2016 is relatively flat; approximate net is 400 members. Due to the backlog of redetermination of eligibility this offset new membership growth. There has been additional growth in February, and it is expected to continue.</p> <p>The annual report has been emailed to all Commissioners, and a hard copy provided today.</p>	
<p>#17 Final Comments from Commission Members and Staff</p>	<p>None.</p>	
<p>#18 Announcements</p>	<p>The March Commission meeting will be held at Valley Children’s Hospital. All were advised to allow enough time as parking can be a challenge at times.</p>	
<p>#19 Public Comment</p>	<p>There was one public comment during this time. Dr. Kanwar Gill of Fresno addressed two specific areas of concern. The first being specific to the Call Center. He stated his concern regarding call center employees giving advice that meets elements of practicing medicine. This is an issue he discussed in the past which he feels has not yet been addressed.</p> <p>The second issue of concern is access to care. Patients have represented that they do not have Medi-Cal so they pay cash only to find out they do have Medi-Cal. Dr. Gill recommended members be educated on their use of urgent care, rather than having to use ED’s. And, in addition, further provide information as to which clinics accept</p>	

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	CalViva Health so that there is no unnecessary burden on members and/or providers that do not accept CalViva Health.	
#20 Adjourn	<p>The meeting was adjourned at 2:44 pm</p> <p>The next Commission meeting is scheduled for March 17, 2016 in Madera County.</p>	

Submitted this Day: March 17, 2016

Submitted by: Cheryl Hurley
 Cheryl Hurley
 Clerk to the Commission