

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
September 20, 2018

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
	Sara Bosse, Director, Madera Co. Dept. of Public Health	✓	David Pomaville, Director, Fresno County Dept. of Public Health
✓	John Frye, Commission At-large Appointee, Fresno		Sal Quintero, Fresno County Board of Supervisor
✓*	Soyla Griffin, Fresno County At-large Appointee	✓	Joyce Fields-Keene, Fresno County At-large Appointee
✓	Derrick Gruen, Commission At-large Appointee, Kings County		David Rogers, Madera County Board of Supervisors
✓	Ed Hill, Director, Kings County Dept. of Public Health	✓	David Singh, Valley Children's Hospital Appointee
✓	David Hodge, M.D., Chair, Fresno County At-large Appointee	✓	Paulo Soares, Commission At-large Appointee, Madera County
✓	Aftab Naz, Madera County At-large Appointee		
Commission Staff			
✓	Gregory Hund, Chief Executive Officer (CEO)	✓	Amy Schneider, R.N., Director of Medical Management
✓	Daniel Maychen, Chief Financial Officer (CFO)	✓	Mary Lourdes Leone, Director of Compliance
✓	Patrick Marabella, M.D., Chief Medical Officer (CMO)	✓	Cheryl Hurley, Commission Clerk
✓	Mary Beth Corrado, Chief Compliance Officer (CCO)		
✓	Jeff Nkansah, Chief Operating Officer (COO)		
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 1:30 pm. A quorum was present.	
#2 Roll Call	A roll call was taken for the current Commission Members.	<i>A roll call was taken</i>

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Cheryl Hurley, Clerk to the Commission		
<p>#3 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes 7/19/18 b) Finance Committee Minutes 5/17/18 c) PPC Minutes 6/13/18 d) QI/UM Committee Minutes 5/17/18 <p>Action David Hodge, MD, Chairman</p>	All consent items were presented and accepted as read.	<p>Motion: <i>Approve Consent Agenda 13 – 0 – 0 – 4</i></p> <p><i>(Neves / Frye)</i></p>
<p>#4 Closed Session</p> <p>A. Report Involving Trade Secret Discussion of proposed service. Estimated date of public disclosure: November 2018 Per Government Code Section 54954.5</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session. The Board discussed item #4A, Report Involving Trade Secret, discussion of proposed service, per Government Code Section 54954.5. Direction was given to staff.</p> <p>Closed Session concluded at 1:38 pm.</p>	No Motion
<p>#5 Review of Fiscal Year End 2018 Goals</p> <p>Information Greg Hund, CEO</p>	<p>Greg Hund reported the results for fiscal year end 2018 goals. All goals were met.</p> <p>Further explanation was given in regards to the Funding of Community Support Program, and Direct Contracting. Nine grants were awarded resulting in four grant payments for recruited providers. The Kaiser member transition was completed August 31, 2018.</p>	No Motion

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<p>#6 Goals & Objective for Fiscal Year 2019</p> <p>Action Greg Hund, CEO</p>	<p>Greg Hund presented the goals and objectives for FY 2019.</p> <p><i>Soyla Reyna-Griffin arrived at 1:40 pm</i></p>	<p>Motion: <i>Approve FY 2019 Goals & Objectives</i></p> <p>14 – 0 – 0 – 3 <i>(Neves / Nikoghosian)</i></p>
<p>#7 Community Support Program</p> <p>Action Greg Hund, CEO</p>	<p>The ad-hoc committee met on August 13, 2018. A total of nine (9) grants were recommended. Seven grants are for recruitment of providers in underserved areas which include Clovis, Fresno, Oakhurst and Fowler. The grantees have the option to recruit either a primary care physician (PCP) or a physician extender to ensure there are providers in the areas of greatest need. The other grants recommended are for the Family Practice Residency program for UHC in Parlier, and the Fresno Glow Program which is an extension of the Preterm Birth Initiative.</p>	<p>Motion: <i>Approve Community Support Funding Recommendations</i></p> <p>14 – 0 – 0 – 3 <i>(Neves / Soares)</i></p>
<p>#8 HEDIS® Update Information P. Marabella, MD, CMO</p>	<p>Dr. Marabella reported on HEDIS® scores for reporting year (RY) 2018, which reflects data for all of calendar year 2017.</p> <p>On an annual basis, DHCS selects an External Accountability Set (EAS) of performance measures to evaluate the quality of care provided to Medi-Cal members.</p> <p>There are 16 HEDIS® based metrics and the All-Cause Readmission measure which is a non-HEDIS measure, for a total of 17 performance measures.</p> <p>The Default Measures for RY 2018 consist of:</p> <ol style="list-style-type: none"> 1. CIS-3: Childhood Immunizations – Combo 3 	<p>No Motion</p>

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	<ol style="list-style-type: none"> 2. W34: Well Child Visits in 3-6th Years of Life 3. PPC-Pre: Prenatal Care 4. CDC-HT: HbA1c Testing 5. CBP: Controlling High Blood Pressure 6. CCS: Cervical Cancer Screening <p>The Default Measures impact default enrollment or the percentage of new members that are assigned to CalViva Health or the other health plan in each county. CalViva Health met five (5) of the six (6) categories in all three counties. The exception being CDC-HT: HbA1c Testing for Fresno County.</p> <p>The minimum performance level (MPL) is the 25th percentile. If performance levels fall below the minimum performance level (MPL), the Plan is required to submit an improvement plan (IP).</p> <p>CalViva has improvement projects for the following measures in 2018:</p> <ul style="list-style-type: none"> • Monitoring Persistent Meds – Madera County • Avoidance of Antibiotics – Madera County • Breast Cancer Screening – Fresno County • Diabetes Care – HbA1c and Nephropathy Testing Fresno County 	
<p>#9 2018 Mid-Year Quality Improvement Work Plan Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2018 Mid-Year Quality Improvement Work Plan Evaluation.</p> <p>Initiatives on track at the mid-year point include:</p> <ul style="list-style-type: none"> • Access, Availability, and Service: 	<p>See Item #10 for combined motion</p>

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	<ul style="list-style-type: none"> ○ CVH continues to monitor appointment access and after-hours access at the provider level through the annual Provider Appointment Availability Survey (PAAS). ○ PPG and provider corrective action plans (CAPs) will be required for results below established standards. ● Quality and Safety of Care RY18: <ul style="list-style-type: none"> ○ Monitoring Patients on Persistent Medications (MPM) and Avoidance of Antibiotics in Adults with Bronchitis (AAB) did not meet the MPL for Madera County. Improvement plans will continue. ○ Low Back Pain was above the MPL for Madera County and will no longer require an improvement plan. ● Performance Improvement Projects (PIPs): <ul style="list-style-type: none"> ○ Postpartum Care Disparity in Fresno County. Two interventions are being initiated to improve Postpartum Visit completion rates. ○ Childhood Immunization Status – Combination 3 targeting two clinics in Fresno County. Two interventions are planned. 	
<p>#10 2018 Mid-Year Utilization Management Work Plan Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2018 Mid-Year Utilization Management Case Management Work Plan Evaluation through June 30, 2018.</p> <p>Activities focused on:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory and Accreditation Requirements 2. Monitoring the UM Process 3. Monitoring the UM Metrics 4. Monitoring Coordination with Other Programs and Vendor Oversight 5. Monitoring Activities for Special Populations 	<p>Motion: <i>Approve 2018 Mid-Year QI Work Plan Executive Summary and Work Plan Evaluation; and 2018 Mid-Year UM Work Plan Executive Summary and Work Plan Evaluation</i></p> <p>14 – 0 – 0 – 3</p> <p><i>(Naz / Fields-Keene)</i></p>

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	<p>Results of these activities:</p> <ul style="list-style-type: none"> • Turn-around Time for prior authorizations averaged at 95.65% • Turn-around Time for appeals was 97.59% • Utilization goals have been restated for 2018 based upon 3-year trends and were approved by the QI/UM Committee. • Increase in ED Utilization noted in Q1 related to Flu. • TANF and MCE Bed days/1000 exceeded goal • SPD Bed days/1000 was under goal. <p>Additional key findings include the following and will continue to meet 2018 year-end goals:</p> <ul style="list-style-type: none"> • Compliance activities are on target for year-end completion • PPG specific dashboard reports were developed • Integrated Case Management outcome measures are monitored on a quarterly basis and now include Transitional Case Management and Palliative Care • Perinatal Case Management has seen an increase in referrals compared to 2017 • Disease Management plans to insource • Complex Case Management was initiated for Behavioral Health • An internal workgroup has been assigned to assess opportunities to improve internal processes for CCS members • SPD member stratification is being conducted monthly to identify members appropriate for Case Management 	
#11 Standing Reports	<u>Finance</u>	Motion: <i>Approve Standing Reports</i>

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<ul style="list-style-type: none"> • Finance Report Daniel Maychen, CFO 	<p>Fiscal Year End 2018 Financial Report:</p> <p>Current assets are \$230.9M; current liabilities are \$181.9M, this gives a current ratio of 1.27. TNE as of the end of FY 2018 is approximately \$59.8M which is approximately 448% of the minimum required TNE by DMHC.</p> <p>Total premium capitation income was \$1.185B which is \$46.6M higher than what was budgeted due to membership, capitation rates, and taxes being higher than budgeted. Total costs of medical care expense, administrative service fees expense, and taxes are all above what was budgeted for the same reasons. All other line expense items, with the exception of Grants expense, are in line with budget for the year. Total net income for FY 2018 was \$10.2M, which is approximately \$1.8M more than budgeted.</p> <p>Financial Statements as of July 31, 2018:</p> <p>Total current assets were approximately \$248M; total current liabilities were approximately \$198M. Current ratio is 1.25. TNE as of July 31, 2018 was approximately \$60.6M, which is approximately 454% of the minimum DMHC required TNE amount.</p> <p>Total premium capitation income recorded was \$98.7M which is \$3.6M above budgeted amounts primarily due to capitation rates being higher than budgeted.</p>	<p>11-0-0-6 (Frye / Neves)</p>

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<ul style="list-style-type: none"> • Compliance M.B. Corrado, CCO 	<p>All other expense line items are in line with current year budget. Total net income for the first month of the fiscal year is approximately \$786K, which is approximately \$200K more than budgeted.</p> <p><u>Compliance</u></p> <p>MB Corrado presented the Compliance report. Filing activity has remained consistent. Fraud, Waste, & Abuse activity is back under Compliance. One provider case was turned into DHCS. 17 cases are currently open for investigation.</p> <p>The Kaiser transition has been completed as of 9/1/18.</p> <p>An update on annual Oversight Audits was provided. The Utilization Management, Privacy and Security, and Cultural & Linguistics have all recently been completed and no significant issues were found to require a CAP. Audits currently in progress consist of Call Center & Member Service Activity, Credentialing, Provider Network, and Q2 Provider Disputes. DMHC has notified CVH that we will have an onsite audit in February 2019; and the DHCS will be onsite in April 2019 for their audit.</p> <p>The CVH Member EOC/Handbook was mailed to members in July 2018.</p> <p>The Public Policy Committee (PPC) met on September 5, 2018. The Committee reviewed various standing reports, as well as Health Education Member Incentives Program, Appeals & Grievances Report, and the Postpartum Care Disparity Project. There were no</p>	

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<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<p>recommendations or action items requiring response of the Commission. The next PPC meeting will be held December 5, 2018.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Report Dr. Marabella presented the Appeals and Grievances Dashboard through July 2018.</p> <ul style="list-style-type: none"> • Number of Grievances received in July increased compared to recent months. • The number of Quality of Service Grievances and Quality of Care Grievances resolved in July remained stable. • An increase is noted in Exempt grievances received in July, which may be attributed in part to the tracking of transportation related grievances, new PPGs, and a change in relationships with current PPGs, • Total number of Appeals Received/Resolved has Remained consistent with previous months. <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator report through June 2018.</p> <ul style="list-style-type: none"> • Membership has remained consistent this year. • Admits, especially for the TANF population increased in Quarter 1 in association with the Flu season. • ER utilization has shown a slight decrease to date this year 	

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	<ul style="list-style-type: none"> • CCS rates remain steady. • Perinatal Case Management outreach attempts and engagement rates have increased. • Integrated Case Management and Transitional Case Management categories have been separated out for reporting purposes. Outreach attempts in both categories remain steady. • Behavioral Health Case Management has been added and outreach attempts are increasing. <p>QIUM Quarterly Summary Report</p> <p>Dr. Marabella provided the QI/UM Qtr. 3, 2018 update. One QI/UM meeting was held in Quarter 3 at the time of this report and it was on July 19, 2018.</p> <p>The following general documents were approved:</p> <ul style="list-style-type: none"> • Medical Policies Q1 • Performance Improvement Project Updates for Low Back Pain and Avoidance of Antibiotics in Adults with Bronchitis. • Pharmacy Annual Policy Review Grid & select policies. • Pharmacy Formulary (July, Full & Condensed) <p>Reports reviewed included the following Quality Improvement Reports: Appeals and Grievances Dashboard through May 2018, Facility Site & Medical Record & PARS Review Report, MHN Performance Indicator Report, Public Programs Report, and other QI reports.</p>	

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	<p>The Utilization Management & Case Management reports reviewed included the Key Indicator Report, Specialty Referral Reports, Top 10 Diagnosis Report, and the Standing Referrals Report.</p> <p>HEDIS® Activity:</p> <ul style="list-style-type: none"> • Final RY18 results became available during Q3 and analysis was initiated. Measures not meeting the MPL will continue into 2019 and two new projects will be initiated as per the results. • In Quarter 3, HEDIS® Performance Improvement Projects (PIPs) consisted of: <ul style="list-style-type: none"> ○ Childhood Immunizations. ○ Postpartum Care Disparity Project. <p>Monitoring of interventions and development of subsequent interventions is in progress.</p> <p>Quarter 2 2018 Kaiser reports were reviewed without any significant findings.</p> <p>Credentialing Sub-Committee Quarterly Report</p> <p>The Credentialing Sub-Committee met on July 19, 2018. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q1 2018 were reviewed for delegated entities, and the Q2 2018 report was reviewed for Health Net. The Q2 2018 Credentialing report was reviewed with one case of denied network re-entry. No significant cases were identified on these reports.</p> <p>Peer Review Sub-Committee Quarterly Report</p>	

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<ul style="list-style-type: none"> • Operations J. Nkansah, COO 	<p>The Peer Review Sub-Committee met on July 19, 2018. The county-specific Peer Review Sub-Committee Summary Reports for Q2 2018 were reviewed for approval. There were no significant cases to report. The Q2 2018 Peer Count Report was presented and there were four cases closed and cleared. There were no cases pending closure for Corrective Action Plan. There were four cases pending for further information. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p> <p><u>Operations Report</u></p> <p>Jeff Nkansah presented the Operations Report.</p> <p>The Overall Network Health Score increased is at 92%. There were no concerns or issues surrounding CalViva Health’s IT Communications and Systems.</p> <p>Year-to-date 2018, there have been 25 Privacy and Security cases. There were no concerns or issues surrounding CalViva Health’s Privacy and Security activities.</p> <p>Provider Network Activities include the tracking of Provider enrollment, as required by DHCS. Potential areas of concern are Behavioral Health, Acupuncture, and Transportation. This will continue to be monitored and an update will be provided at the October Commission meeting.</p>	

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<ul style="list-style-type: none"> • Executive Report G. Hund, CEO 	<p>Claims Processing of Behavioral Health Claims and some PPGs have not met timely payment standard as reported. Corrective Action Plans (CAPs) have been provided and continue to be monitored.</p> <p>Medical Provider Disputes did not meet goal for Quarter 2 2018. In addition, PPG 2 did not meet goal for Quarter 2 2018. These areas are a concern and corrective actions are continuing to be monitored.</p> <p><u>Executive Report</u></p> <p>Membership for the month of August declined. Market share is currently at 70.99%. Numbers remain consistent.</p>	
<p>#12 Final Comments from Commission Members and Staff</p>		
<p>#13 Announcements</p>	<p>The CalViva Annual Bike Ride is October 5, 2018, all are welcome.</p>	
<p>#14 Public Comment</p>	<p>None.</p>	
<p>#15 Adjourn</p>	<p>The meeting was adjourned at 2:48 pm The next Commission meeting is scheduled for October 18, 2018 in Fresno County.</p>	

Submitted this Day: 10-18-18

Submitted by: Cheryl Hurley

Cheryl Hurley
Clerk to the Commission