AGENDA

Fresno-Kings-Madera Regional Health Authority
Commission Meeting
May 18, 2017
1:30pm - 3:30pm
Meeting Location: CalViva Health
7625 N. Palm Ave., Suite 109
Fresno, CA 93711

Teleconference Locations:

Kings County Government Center
Administration Conference Room
1400 W. Lacey Blvd.
Hanford, CA 93230

Fresno County Administrative Office
Third Floor, Room 304
2281 Tulare Street
Fresno, CA 93721

Item	Attachment #	Topic of Discussion	Presenter
1		**Call to Order**	D. Hodge, MD; Chair
2		**Roll Call**	C. Hurley, Clerk
3 Action	No Attachment	**Chair and Co-Chair Nominations for Fiscal Year 2018** *Action: Approve Appointments*	G. Hund, CEO
4 Information	No Attachment	**Fresno County At-Large Appointment/Reappointment**	D. Hodge, MD; Chair
5		**Closed Session:** **The Board of Directors will go into closed session to discuss the following item:** **A. Government Code section 54954.5 – Report Involving Trade Secret –** Discussion of service, program, or facility. Estimated date of disclosure: July 2017 **B. Public Employee Appointment, Employment, Evaluation, or Discipline** Title: Chief Executive Officer Per Government Code Section 54957(b)(1)	
6 Action	Attachment A Attachment B Attachment C Attachment D	**Consent Agenda** • Commission Minutes dated 3/16/2017 • Special Commission Meeting Minutes dated 4/20/17 • Finance Committee Minutes dated 2/16/2017 • QI/UM Committee Minutes dated 2/16/2017 *Action: Approve Consent Agenda*	D. Hodge, MD; Chair

7 Action	Attachment A	**RHA Community Support Programs Policy** *Action: Establish Community Support Program and Appoint Ad-Hoc Committee*	G. Hund, CEO
8 Information	Attachment A	**Committee Appointments for Fiscal Year 2018** • BL 17-003	D. Hodge, MD; Chair
9 Action	Attachment A	**Proposed Budget - Fiscal Year 2018** *Action: Approve FY2018 Budget*	W. Gregor, CFO
	Handouts will be available at meeting	*PowerPoint Presentations will be used for items 10 and 11*	
10 Action	Attachment A Attachment B Attachment C **Reference copy will be available at the Commission Meeting*	**Cultural and Linguistics (C & L) Program Description and Work Plan Evaluation** • 2016 Executive Summary and *Annual Evaluation** • 2017 Executive Summary and *Program Description** • 2017 Executive Summary and *Work Plan Summary** *Action: Approve 2016 Annual Evaluation, 2017 Program Description, and 2017 Work Plan*	P. Marabella, MD, CMO
11 Action	Attachment A Attachment B* Attachment C* Attachment D* **Reference copy will be available at the Commission Meeting*	**Health Education Program Description and Work Plan Evaluation** • Executive Summary • 2016 Annual Evaluation • 2017 Program Description • 2017 Work Plan *Action: Approve 2016 Annual Evaluation, 2017 Program Description, and 2017 Work Plan*	P. Marabella, MD, CMO
12 Action		**Standing Reports**	
	Attachment A	**Finance Report** • Financials as of April 30, 2017	W. Gregor, CFO
	Attachment B	**Compliance** • Compliance Report	M.B. Corrado, CCO
	Attachment C Attachment D Attachment E	**Medical Management** • Appeals and Grievances Report • Key Indicator Report • QIUM Quarterly Summary Report	P. Marabella, MD, CMO
	Attachment F *No attachment*	**Executive Report** • Executive Dashboard • ACA Update	G. Hund, CEO
		Action: Accept Standing Reports	
13		**Final Comments from Commission Members and Staff**	
14		**Announcements**	

15	**Public Comment** *Public Comment is the time set aside for comments by the public on matters within the jurisdiction of the Commission but not on the agenda. Each speaker will be limited to three (00:03:00) minutes. Commissioners are prohibited from discussing any matter presented during public comment except to request that the topic be placed on a subsequent agenda for discussion.*	
16	**Adjourn**	D Hodge, Chair

Supporting documents will not be posted. If you would like a copy please email the Clerk to the Commission at: Churley@calvivahealth.org

If special accommodations are needed to participate in this meeting, please contact Cheryl Hurley at 559-540-7840 during regular business hours (M-F 8:00 a.m. – 5:00 p.m.)

Next Meeting scheduled for July 20, 2017 in Fresno County
CalViva Health, 7625 N. Palm Ave., Ste. 109, Fresno, CA 93711

"To provide access to quality cost-effective healthcare and promote the health and well-being of the communities we serve in partnership with health care providers and our community partners."

FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

David S. Hodge, M.D.
At-large

Sal Quintero
Board of Supervisors

Stephen Ramirez
At-large

Soyla Griffin
At-large

Kings County

Joe Neves
Board of Supervisors

Vacant
Public Health Department

Harold Nikoghosian
At-large

Madera County

David Rogers
Board of Supervisors

Van Do-Reynoso
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

David Singh
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

Gregory Hund
Chief Executive Officer
7625 N. Palm Ave., Ste. 109
Fresno, CA 93711

Phone: 559-540-7840
Fax: 559-446-1990
www.calvivahealth.org

DATE: May 12, 2017

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Cheryl Hurley, Commission Clerk

RE: Commission Meeting Materials

Please find the agenda and supporting documents enclosed for the upcoming Commission meeting on:

Thursday, May 18, 2017
1:30 pm to 3:30 pm

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

Teleconference Locations:

Kings County Government Center
Administration Building
1400 W. Lacey Boulevard
Hanford, CA 93230

Fresno County Administrative Office
Third Floor, Room 304
2281 Tulare Street
Fresno, CA 93721

Meeting materials have been emailed to you.

Currently, there are 11 Commissioners who have confirmed their attendance for this meeting. At this time, a quorum has been secured. Please advise as soon as possible if you will not be in attendance to ensure a quorum is maintained

Thank you

Item #6

Attachment 6.A

Commission Minutes
Dated 3/16/17

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
Commission
Meeting Minutes
March 16, 2017

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	✓*	**Sal Quintero**, 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 1:30 pm. A quorum was present.	
#2 Roll Call Cheryl Hurley, Clerk to the Commission	A roll call was taken for the current Commission Members.	*A roll call was taken*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#3 Consent Agenda a) Commission Minutes 2/16/17 b) Finance Committee Minutes 11/17/16 c) QI/UM Committee Minutes 11/17/16 d) Public Policy Committee Minutes 12/7/16 Action David Hodge, MD, Chairman	All consent items were presented and accepted as read.	**Motion:** *Approve Consent Agenda* *12–0–1–4* (Neves / Ramirez) *A roll call was taken*
#4 Kings County At-Large Reappointment • Harold Nikoghosian Information David Hodge, MD, Chairman	Kings County Board of Supervisors have reappointed Harold Nikoghosian for the Kings County At-Large positon for a three-year term for the period of March 2017 through March 2020.	
#5 Closed Session **A.** Government Code section 54956.9(b) – Conference with Legal Counsel – Anticipated Litigation. Information David Hodge, MD, Chairman	The report out of Closed Session is that the Commission discussed item #5 agendized for closed session discussion and direction was given to staff. Closed session concluded at 1:51 pm. *Supervisor Quintero arrived during closed session @ 1:36 pm and participated in discussion.*	
#6 CEO Annual Review Action David Hodge, MD, Chairman	An ad-hoc Committee was selected to participate in the CEO Annual Review. The members selected to this ad-hoc committee are: Paulo Soares, Soyla Griffen, Stephen Ramirez, and Chairman David Hodge, M.D.	**Motion**: An ad-hoc committee was selected.

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#7 2017 Quality Improvement • **Program Description** • **Work Plan** Action David Hodge, MD, Chairman	Dr. Marabella presented the 2017 Quality Improvement Program Description and the 2017 Quality Improvement Work Plan. The Quality Improvement Program Description changes for 2017 include: • How to obtain the Preventive Health Screening Guidelines, and Health Promotion Programs available. • Update to Disease Management which includes re-expansion to five chronic health conditions: Asthma, Diabetes, CAD, COPD and CHF. • Integrated Case Management which replaced CCM. Provides goals for the program and includes how participants are identified and care is planned. • A cultural competency training statement was added to Cultural & Linguistics per federal regulations. • Additional minor updates/edits were made to the Program Description. The Quality Improvement Workplan activities for 2017 focus on: • Access, Availability, & Service: o Continue to monitor Provider Appointment Access and After Hours Access. o A corrective action plan was implemented to improve compliance with After Hours Access metrics. A full CAHPS Member Survey was completed in 2016. Analysis is in progress. • Quality & Safety of Care:	*See #8 for Action Taken*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	○ Continue Cervical Cancer Screening project in Madera County. ○ Improve Immunization Rates in Kings County with a focus on improving rates for children turning 2 years of age. ○ Improve Laboratory Monitoring of Patients on Persistent Meds. Remind members and providers to complete annual testing for high risk medications. ○ Controlling High Blood Pressure. Continue collaborative efforts with provider in Fresno County. ○ Increase Appropriate Antibiotic Prescribing for Bronchitis by distributing educational toolkits to Providers and education to members to reduce overprescribing. • Performance Improvement Projects: ○ Postpartum Visits: Continuing efforts in Kings County to facilitate completion of Postpartum visits. This project is scheduled for completion in June 2017. ○ Diabetes Care: Expanded this project to include both Fresno and Kings Counties with a focus on HbA1c testing. Four modules have been completed, with project scheduled to complete in August 2017. • Crosswalk: ○ The Crosswalk is a tracking grid for ongoing Workplan activities. New this year is the Clinical Depression Follow Up HEDIS® measure. The intervention consists of development and distribution of provider education resources on screening for clinical depression.	
#8 2017 Utilization Management Work Plan	Dr. Marabella presented the 2017 Utilization Management Work Plan. The Utilization Management Work Plan for 2017 focuses on:	**Motion:** Approve 2017 Quality Improvement Program Description and Work Plan; and the 2017 Utilization Management Work Plan

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Action David Hodge, MD, Chairman	1. Compliance with Regulatory & Accreditation Requirements. 2. Monitoring the Utilization Management Process. 3. Monitoring Utilization Metrics. 4. Monitoring Coordination with Other Programs and Vendor Oversight. 5. Monitoring Activities for Special Populations. • The 2017 UMCM Workplan maintains all monitoring parameters of the 2016 Workplan. The Annual Evaluation of the 2016 Workplan was presented at the February Commission meeting. • Reporting parameters have been modified to allow for ongoing assessment of the impact of population changes including the Medi-Cal Expansion population and behavioral health. • Monitoring of the success of interventions is essential to ensure goals are met.	*14-0-0-3 (Naz / Neves)* *A roll call was taken*
#9 Valley Health Team Residency Program Sponsorship Action David Hodge, MD, Chairman	Prior to the VHT Residency Program Sponsorship presentation, Legal Counsel advised Commission members that anyone who is affiliated with or receives funds from VHT, or any other possible financial interest in the decision of the Commission on this issue, to recuse themselves from the presentation, discussion, and vote. At this time, Ms. Soyla Griffin and Mr. John Frye recused themselves and stepped out of the room at 2:05 pm for the duration of this agenda item. Kiki Nocella, Consultant for Valley Health Team, presented the Valley Health Team Family Medicine Residency Program Funding Request to the Commission. VHT will be notified on April 27, 2017 as to approval of accreditation. It is requested that a funding decision be received by VHT prior to April 27, 2017 in order to move forward.	**Motion:** Refer back to Staff for specifics; however, make a matching funding commitment at this time – dollar amount to be determined at a later date. *12-0-2-3 (Rogers / Naz)* *A roll call was taken*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	After a detailed discussion, including an in-depth Q&A session, a motion was made and carried for a matching fund commitment in an amount to be determined at a later date. The motion included direction to staff to complete the funding analysis and provide funding recommendations for future consideration. It was requested to hold a "special" Commission meeting during the month of April in order to discuss and approve funding for this project. *Dr. Naz stepped out @ 2:37 pm* *Dr. Naz returned at 2:39 pm*	
#10 Standing Reports • **Finance Report** William Gregor, CFO	**<u>Finance</u>** **Financial Statements as of January 31, 2017:** As of January 31, 2017, TNE is $46.2M, which is approximately 340% of the minimum DMHC and DHCS required TNE amount. Total current assets are approximately $227M; total current liabilities are approximately $192M. Current ratio is 1.18, which is a healthy current ratio. Revenues through January are $772M which is higher than what was budgeted due to premium tax added on in October, and enrollment is different than what was budgeted. Premium tax gives rise to increased Medical Cost expense and Admin Service Agreement Fees expense. DHCS has finalized the Premium Tax amount, and is higher than what was assessed in the previous fiscal year by approximately 9% – 10% of gross revenue, compared to 4%. All other expenses are in line with budget for the current fiscal year. Total net income for the	**Motion:** Approve Standing Reports *14-0-0-3 (Neves / Ramirez)* *A roll call was taken*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
• **Compliance** MB Corrado, CCO	first seven months of fiscal year 2017 was approximately $7.9M which is approximately $1M greater than what was budgeted. **<u>Compliance</u>** MB Corrado presented the Compliance report. Beginning with this year, the number of potential Fraud, Waste, & Abuse cases received will be reported out by number of leads investigated, and number of MC 609 Submissions to DHCS. This is due in part to the HN / Centene merger where a more robust inquiry into these issues are taking place. CalViva Health's management team continues to conduct monthly oversight meetings with Health Net. The Plan recently requested Health Net to provide corrective action plans (CAPs) for encounter data submissions, third party liability information submissions, and specialty provider access. The encounter data and third party liability CAPs are close to closure. The specialty provider access CAP is ongoing. CalViva Health continues to meet with Kaiser on a quarterly basis. Kaiser currently has a CAP from DHCS and CVH in reference to encounter data. Oversight audits in process consist of: Claims, Health Education, and Utilization Management. A detailed summary of the 2016 audits will be presented at the May Commission meeting. The status of the Regulatory Reviews/Audits are as follows:	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
• **Medical Management** P. Marabella, MD, CMO	• A status was given to DMHC for the Full Service Medical Audit Survey on the progress to date for the implementation of the online grievance submission process. In addition, CVH has also filed for approval of the Plan's proposal. • A CAP was submitted to DHCS, and approved, for the Medical Survey Audit Plan. • DHCS will be onsite at CVH from April 17, 2017 – April 28, 2017 for this year's audit. • In reference to the Timely Access Report for Measurement Year 2015, the Plan must provide a response to the DMHC addressing the MY 2015 findings by April 15, 2017. The first Public Policy Committee meeting for 2017 took place on March 1, 2017. There were no items requiring action by the Commission. The next Public Policy Committee meeting is scheduled for June 7, 2017 in Kings County. All Commissioners are invited to attend and observe. New regulations for 2017 were reported to Commission. **<u>Medical Management</u>** **Appeals and Grievances Report** Dr. Marabella presented the Appeals and Grievances Dashboard through January 31, 2017. • The total number of grievances slightly increased in January. • Exempt Grievances number increased slightly in January.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Appeals were all Preservice; the highest volume includes Durable Medical Equipment (DME) and Pharmacy. **Key Indicator Report** Dr. Marabella presented the Key Indicator report. • Membership for January has had a minimal increase. • Bed Days Acute - SPD's continue to decrease. • ER visits PTMPY has slightly decreased. **QI/UM Quarterly Report** Dr. Marabella provided the QI/UM Quarter 1 2017 update. One QI/UM meeting was held during this reporting period, on February 16, 2017. The following guiding documents were approved: 2016 QI Annual Evaluation, 2016 UMCM Annual Evaluation, and 2017 UMCM Program Description. In addition, the Medical Policies Q3, and the Medication Provider Update Q4 were also approved. The reports reviewed included the following Quality Improvement Reports: Appeals and Grievances Dashboard, Emergency Drug Report, and Potential Quality Issues Report. The Utilization Management reports covered the Key Indicator Report and the Concurrent Review Report. In addition, HEDIS® Activity was reviewed and there were no significant changes to the program.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
• **Executive Report** G. Hund, CEO	Also reviewed was Access & Availability, and Kaiser Reports. No significant issues were found. **Credentialing Sub-Committee Quarterly Report** The Credentialing Sub-Committee met on February 16, 2017. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Delegated reports covering the third quarter for 2016 were also reviewed. **Peer Review Sub-Committee Quarterly Report** The Peer Review Sub-Committee met on February 16, 2017. Quarter 4 data was reviewed. There were no significant cases identified on the reports. The Peer Count Report was presented indicating that there were two cases closed and cleared to track and trend, six cases were tabled pending further information. No significant Quality of Care issues were found. **<u>Executive Report</u>** Membership for February 2017 increased by approximately 600 members. It is expected that membership will remain flat throughout the next year. The most recent update to the ACA was reported to the Commission.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#11 Final Comments from Commission Members and Staff	None.	
#12 Announcements	None.	
#13 Public Comment	None.	
#14 Adjourn	The meeting was adjourned at 3:26 pm The next Commission meeting is scheduled for May 18, 2017 in Fresno County.	

Submitted this Day: _____

Submitted by: _____
Cheryl Hurley
Clerk to the Commission

Item #6

Attachment 6.B

Special Commission Minutes
Dated 4/20/17

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
SPECIAL Commission Meeting
Meeting Minutes
April 20, 2017
12:30 pm – 1:30 pm

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		**Sal Quintero**, 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
	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 12:30 pm. A quorum was present.	
#2 Roll Call Cheryl Hurley, Clerk to the Commission	A roll call was taken for the current Commission Members.	*A roll call was taken*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#3 Valley Health Team Residency Program Sponsorship Action David Hodge, MD, Chairman	A summary of the funding request was presented to the Commission. At this time, the meeting was opened to comment from consultants and the public. At the conclusion of the initial public comment session, the Commission further discussed the evaluation process and the 5-year budget. Commission members, as well as program Residents, participated in a detailed Q&A session. The commission voted, subject to VHT receiving accreditation for its Residency Training Program, to provide, for the two-year period beginning July 1, 2017, a matching contribution not to exceed $2,199,425 subject to the following: • The lesser of VHT's unfunded residency program costs (which are defined as program costs less revenues generated by the program) and less outside grants and contributions received by VHT toward that program. • CalViva's contribution would be paid quarterly over the 2-year period. VHT would provide quarterly accounting detailing its costs, revenues and outside grants and contributions received toward the program. Such accounting would provide quarterly and the 2-year period to date information and be certified to by the VHT executive director. This addresses the commissions concern that VHT does not generate with CalViva's contribution funds in excess of the program's costs, is a match of other grants and funds received by VHT and that CalViva does not contribute more than the maximum authorized.	**Motion:** The commission voted, subject to VHT receiving accreditation for its Residency Training Program, to provide, for the two-year period beginning July 1, 2017 a matching contribution not to exceed $2,199,425 subject to the bullet points listed under "Motions/Major Discussions" *11-0-0-5* *(Rogers / Van Do Reynoso)* *A roll call was taken*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Van Do Reynoso stepped out at 1:30 pm *Van Do Reynoso returned at 1:31 pm*	
#4 Final Comments from Commission Members and Staff	All comments from Commissioners and staff took place during Item #3.	
#5 Announcements	None.	
#6 Public Comment	All public comments took place during Item #3.	
#7 Adjourn	The meeting was adjourned at 1:36 pm	Motion to adjourn meeting. *11-0-0-5* *(Rogers / Naz)* *A roll call was taken*

Submitted this Day: _____

Submitted by: _____
Cheryl Hurley
Clerk to the Commission

Item #6

Attachment 6.C

Finance Committee Minutes
Dated 2/16/17

CalViva Health
Finance
Committee Meeting Minutes

February 16, 2017

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

Finance Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	William Gregor, Chair	✓	Daniel Maychen, Director of Finance
✓	Gregory Hund, CEO	✓	Cheryl Hurley, Office Manager
✓	Paulo Soares		
✓	Joe Neves		
✓•	Harold Nikoghosian		
✓	David Rogers		
	David Singh		
		✓	Present
		*	Arrived late
		•	Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 11:01 am a quorum was present.	*A roll call was taken*
#2 Finance Committee Minutes dated November 17, 2016 Attachment 2.A Action W Gregor, Chair	The minutes from November 17, 2016 Finance meeting were approved as read.	Motion: *Minutes were approved* *5 – 0 – 0 – 2* *(Neves / Hund)* *A roll call was taken*
#3 Financial Statements as of December 31, 2016	Current assets are approximately $243M; total current liabilities of $209M. Current ratio is 1.16, which is a healthy current ration. Total TNE as of December 31, 2016, was	Motion: *Approve Financial Statements* *6 – 0 – 0 – 1*

Attachment 3.A Action Daniel Maychen, Director of Finance & MIS	approximately $45M which is slightly over 338% of the minimum DMHC required TNE amount. We are on goal to achieve 400% of the DMHC required TNE amount. Premium capitation income reported was approximately $643.5M which is slightly higher than what was budgeted due to premium taxes and enrollment being higher than what was budgeted. Premium tax has been approved and assessed by DHCS. Capitation Medical Cost expense and Admin Service Agreement Fees expense are also ahead of budget due to premium taxes and higher enrollment. The final assessment amount for premium tax from DHCS is higher than previous fiscal years. Any increase in taxes are matched dollar for dollar by increase in revenue. All other expense line items are relatively in line with budget. Total net income for the first six months of current fiscal year is approximately $6.6M which is $1M over what was budgeted. *Supervisor Rogers joined the meeting at 11:05 am*	*(Soares / Rogers)* *A roll call was taken*
#4 FY 2018 Budget	The Budget Timetable for FY 2018 follows what was done in previous years. Budget Assumptions for FY 2018 are consistent with prior years. Enrollment is expected to remain relatively flat due to maturity of the ACA and unknown changes that may occur. Capital Budget expenditure proposed for the next year in addition to operating budget. Preliminary projections will be updated based on updated factors that develop in February and early March and any comments the Finance Committee may have. The proposed	

	budget will be presented for approval in March prior to submission to Commission in May. If changes are needed there will be an additional Finance Committee meeting in April.	
#5 Announcements	None.	
#6 Adjourn	Meeting was adjourned at 11:15 am	

Submitted by: Cheryl Hurley
Cheryl Hurley, Clerk to the Commission

Dated: March 16, 2017

Approved by Committee: William Gregor
William Gregor, Committee Chairperson

Dated: March 16, 2017

Item #6

Attachment 6.D

QI/UM Committee Minutes
Dated 2/16/17

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
February 16, 2017

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.**, CalViva Chief Medical Officer, Chair	✓	**Mary Beth Corrado**, Chief Compliance Officer (CCO)
✓	**Fenglaly Lee, M.D.,** Central California Faculty Medical Group	✓	**Amy Schneider, RN,** Director of Medical Management Services
✓	**Brandon Foster, PhD.** Family Health Care Network	✓	**Brandi Ferris**, Medical Management Administrative Coordinator
✓	**David Cardona, M.D.,** Fresno County At-large Appointee, Family Care Providers	✓	**Mary Lourdes Leone**, Compliance Project Manager
✓	**John Zweifler, MD.,** At-large Appointee, Kings County	✓	**Melissa Mello**, Medical Management Specialist
✓	**Nicholas Nomicos, M.D.,** Camarena Health		
	Rajeev Verma, M.D., UCSF Fresno Medical Center		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA **(Alternate)**		
Guests/Speakers			

✓ = in attendance

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 **Call to Order** Patrick Marabella, M.D, Chair	The meeting was called to order at 10:33am.	
#2 **Approve Consent Agenda** - Committee Minutes: November 17, 2016 - Medical Policies Q3 & Provider Update Q4 - CCS Report - Standing Referrals Report - Provider Preventable Conditions Report - A&G Classification Report - Provider Office Wait Time Report Q3 & Q4 - Public Programs Report (Attachments A-H)	The November minutes were reviewed and highlights from the consent agenda items were discussed including a review of the Medical Policies and the Provider Office Wait Time reports.	Motion: Approve Consent Agenda (Nomicos/Foster) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Action Patrick Marabella, M.D, Chair		
	Dr. Lee arrived at 10:34am.	
#3 **QI Business** Appeals & Grievances: - Dashboard - Executive Summary - Quarterly Member Report (Attachment I-K) Action Patrick Marabella, M.D, Chair	The A & G reports provide monthly and quarterly data to facilitate monitoring for trends in the number and types of cases over time. In the fourth quarter report the following items were noted: Member Appeals and Grievances – ➢ There were a total of 56 appeals. All cases were pre-service appeals. ➢ There were 220 grievances. ➢ New members are being educated about standards and expected timelines. Access Grievances – ➢ There were 17 Access to Care – Availability of Appointment with PCP. Exempt Grievances – the categories have been expanded for better trending of exempt grievances. Inter-rater Reliability – ➢ This report evaluates clinical and non-clinical A&G staff adherence to regulatory requirements and internal policies and procedures established for handling appeals and grievances. The fourth quarter overall score averaged 99%. The audit score threshold is 95%. No action required at this time.	Motion: Approve Appeals & Grievances Reports (Nomicos/Lee) 6-0-0-1
	Dr. Cardona arrived at 10:40am.	
#3 **QI Business** Emergency Drugs Report (Attachment L) Action Patrick Marabella, M.D, Chair	This report provides a summary of monitoring activities associated with the provision of prescription medications to members post Emergency Room visit as required by state regulations. ➢ The goal of 90% compliance was met overall for all counties in Quarter 3 2016. ➢ Continue to monitor Provision of Emergency Medications and report results to QI/UM Committee twice per year.	Motion: Approve Emergency Drugs Report (Lee/Nomicos) 6-0-0-1
#3 **QI Business** Potential Quality Issues Q4 (Attachment M) Action Patrick Marabella, M.D, Chair	This report provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member, PQI reviews may be initiated by a member, non-member or peer review activities. Data was reviewed including the follow up actions taken when indicated.	Motion: Approve Potential Quality Issues Report (Nomicos/Zweifler) 6-0-0-1
#5 **Quality Improvement/Utilization Management Business** - 2016 UM Evaluation & Summary	*Dr. Marabella presented the 2016 Quality Improvement and Utilization Management Case Management Work Plan Evaluations, Executive Summaries and 2017 Utilization Management Case Management Program Description.* The Utilization Management & Case Management focus for 2016 consisted of the following*:* • Compliance with Regulatory & Accreditation Requirements:	Motion: Approve 2016 Utilization Management

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
- 2017 UM Program Description - 2016 QI Evaluation & Summary (Attachment N-P) Action Patrick Marabella, M.D, Chair	○ Licensing and credentialing requirements maintained. ○ Documents and policies incorporate new regulatory requirements into practice. ○ DHCS Medi-Cal Managed Care Division Medical Director meetings attended by CMO. • Monitoring the UM Process: ○ Turn-around times with prior authorizations are monitored with a goal of 100%; currently averaging approximately 95%. ○ Appeal rates are reviewed including: Overturns, Partial Upholds, Upholds, and Withdrawals. In addition, the turn-around-time compliance rate is also monitored. Rates have been consistent year to year. • Monitoring Utilization Metrics: ○ The Key Indicator Report is presented at each Commission meeting. ○ The Transition Care Management (TCM) program continues. ○ PPG Profiles are reviewed to monitor how they are performing. • Monitoring Coordination with Other Programs and Vendor Oversight: ○ Case Management moved to an Integrated Case Management (ICM) model eliminating vendor relationship for Complex Case Management (CCM), and is now conducted in-house. ○ Perinatal Case Management saw increased participation in 2016. ○ MHN participates in weekly rounds with HN case managers and MD to integrate and coordinate care. ○ MHN continues to track metrics associated with Autism Spectrum Disorder (ASD). • Monitoring Activities for Special Populations: ○ Continued monitoring for CCS Identification. ○ SPD, CBAS, and Mental Health tracking is ongoing.	Case Management Annual Evaluation (Zweifler/Cardona) 6-0-0-1
	The Utilization Management & Case Management Program Description changes for 2017 include the following: • Inpatient Facility Concurrent Review – a summary of program's goals and responsibilities has been added. • Removed Complex Case Management and added Integrated Case Management. • Updates to the Population Based Programs have been made and are more comprehensive. This portion has not officially launched due to filing with State agencies. Anticipated date of launch is Q2 2017. • Updated Medical Management titles have been made in the Organizational Structure and Resources section. • Additional edits throughout the document have also been made.	Motion: Approve 2017 Utilization Management Case Management Program Description (Cardona/Nomicos) 6-0-0-1
	The 2016 Annual Quality Improvement Work Plan Evaluation planned activities for 2016 included the following: • Access, Availability and Service: ○ Data validation for the 2016 Provider Appointment Availability Survey is currently pending. The Provider Office Wait Time met overall goal for 30 minutes or less for all three counties in Q4. ○ 90% standard was met in MY2015 for emergency instructions, however, the call-back within 30 minutes for urgent issues after hours, was not. Corrective Action Plans were required from all 255 non-compliant providers.	Motion: Approve 2016 Quality Improvement Annual Evaluation (Nomicos/Foster) 6-0-0-1

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Resurvey results from Q4 2016 After Hours Survey are pending. o Summary of results for the full CAHPS Survey conducted in 2016 is pending. • Quality and Safety of Care: The External Accountability Set includes 16 measures that must be evaluated for Full Scope d Medi-Cal Managed Care Plans in California; within those 16 measures there are six that are selected as Default Enrollment Measures: o Childhood Immunization Combo 3: Fresno and Madera Counties exceeded DHCS MPL. Kings County fell below the MPL. o Well Child Visits 3-6 years: All three counties exceeded the MPL. o Prenatal Care: All three counties exceeded the MPL. o HbA1c Testing: Madera county exceeded the MPL. Fresno and Kings counties fell below the MPL. o Controlling High Blood Pressure: Kings and Madera Counties exceeded the MPL. Fresno County fell below. o Cervical Cancer Screening: Fresno and Kings Counties are above the MPL. Madera County fell below the MPL. • Performance Improvement Projects (PIPs): The two PIPs for 2016 were: o Comprehensive Diabetes Care - HbA1c Testing: CVH has been working with a targeted provider group in Kings County to improve testing rates. o Timeliness of Postpartum Care: The goal for this project was to improve the health of new mothers by encouraging them to attend their postpartum visit at a targeted provider in Kings County. Visit completion rates are trending upward and final results will be reported in June 2017. • Ongoing Workplan Activities	
#4 **UM Business** Key Indicator Report (Attachment N) Action Patrick Marabella, M.D, Chair	The Key Indicator Report reflects data as of December 31", 2016. This report includes key metrics for tracking utilization and case management activities. ➢ Membership increased in 2016 over 2015. ➢ ER visits on average for 2016 were comparable to the previous year, however, SPD volume is noted to have decreased since 2015. ➢ Bed Days Acute - PTMPY decreased from 2015 to 2016. SPD's in this category have also decreased from the previous year. ➢ Turnaround times have improved in recent months.	Motion: Approve Key Indicator Report (Cardona/Nomicos) 6-0-0-1
#4 **UM Business** Turnaround Time Report (Attachment O) Action Patrick Marabella, M.D, Chair	The UM Turn-around Time Report was reviewed which provides an analysis of and actions taken to address timeliness metrics that do not meet standards. This report provides ongoing analysis of monthly audit scores.	Motion: Approve Turnaround Time Report (Cardona/Nomicos) 6-0-0-1
#4 **UM Business** Specialty Referrals Report -	This report provides a summary of Specialty Referral Services that require prior authorization in the tri-county area for HN. This includes evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva	Motion: Approve Specialty Referrals Report

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
HN Q4 (Attachment R) Action Patrick Marabella, M.D, Chair	Health members. Results will continue to be monitored over time.	(Cardona/Nomicos) 6-0-0-1
#4 **UM Business** Utilization Management Concurrent Review Report (Attachment P) Action Patrick Marabella, M.D, Chair	The 2016 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Q4 2016. Focus is on improving member health care outcomes, minimizing readmission risk and reducing post-acute gaps in care delivery via proactive discharge planning and expeditious linkages to medically necessary health and support services. ➢ The increase in membership has impacted inpatient utilization. Increased enrollment of the MCE population which is new to managed care and may have had limited access to primary healthcare services previously, has contributed to higher acute admission rates and bed days ➢ The Transitional Care Management (TCM) program continues to demonstrate positive results focusing on members at high risk for readmission. TCM staff initiate proactive TCM referrals within 1 day of inpatient review to facilitate proactive and successful engagement at the time of acute hospitalization.	Motion: Approve Utilization Management Concurrent Review Report (Cardona/Nomicos) 6-0-0-1
	Dr. Zweifler left at 11:44am.	
#7 **Compliance Update**	Mary Beth Corrado presented the Compliance Update: ➢ CalViva Health Oversight Meetings - Health Net: CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. Health Net Oversight Audits: During 2016, the Plan completed audits of the following Health Net functions: Access and Availability, Continuity of Care, Marketing, Claims, Emergency Services, Pharmacy, Quality Improvement, Privacy and Security, Utilization Management, Provider Disputes and Provider Network. The Claims, Provider Disputes, Utilization Management and Marketing CAPs have been accepted. The following CAPs remain open: Access and Availability, and Provider Network ➢ Beginning with the Spring Volume 1, 2017 Provider Directory the directory has been expanded to include most of the providers in the Plan's network. CalViva Health will provide members with a printed provider directory. CalViva Health members are also able to view or conduct a search online of the provider directory at http://www.calvivahealth.org. ➢ Effective January 6, 2017 CalViva members requiring certain types of specialty drugs must obtain them from a contracted Plan specialty pharmacy of the Plan's choice. AcariaHealth is the preferred specialty pharmacy of CalViva's choice. ➢ Alternative Access Standards have been approved by the state for zip codes related to PCP and hospital access. Additional requests may be required. ➢ Final reports from the 2016 DMHC/DHCS Audits have been received. Formal improvement plans have been submitted for approval. DMHC will conduct a follow up audit in 14-16 months. ➢ CalViva received notification from the DHCS of their intention to conduct an audit of the Plan from April 17th –	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	April 28th, 2017. ➢ The Public Policy Committee had a meeting on December 7, 2016. The Public Policy Committee was provided information on the enrollment, health education, cultural and linguistic, appeals, grievances and complaints, the results of HEDIS measures for 2016, the new Federal Affordable Care Act Non-Discrimination Requirements and an update on the Plan's 2016 DHCS/DMHC Medical Audit. There were no items requiring action by the Commission. The next Public Policy Committee meeting is scheduled for March 1, 2017, 11:30 a.m. at 7625 N. Palm Ave., Suite 109, Fresno, CA 93711.	
#8 **Old Business**	None.	
#9 **Announcements**	Dr. Marabella announced a new QIUM Committee member: Dr. Rajeev Verma, UCSF Fresno Medical Center.	
#10 **Public Comment**	None.	
#11 **Adjourn** Patrick Marabella, M.D, Chair	Meeting was adjourned at 11:56am.	

NEXT MEETING: March 16th, 2017

Submitted this Day: March 16, 2017

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

Acknowledgment of Committee Approval:

_____
Patrick Marabella, MD Committee Chair

Item #7

Attachment 7.A

RHA Community Support Programs Policy

Gregory Hund
Chief Executive Officer

7625 N. Palm Ave., Ste. 109
Fresno, CA 93711

Phone: 559-540-7840
Fax: 559-446-1990
www.calvivahealth.org

DATE: May 18, 2017

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Greg Hund, CEO

RE: CalViva Health Community Support Program

Agenda Item **7**
Attachment **A**

CalViva Health will establish a process to review and consider funding for Community Support programs/initiatives in excess of twenty thousand dollars ($20,000) per fiscal year. Total funding for this Program will be determined through the annual budget process for CalViva Health. The purpose of this Program is to support requests from entities other than governmental entities and foundations that directly impact the following related to CalViva Health:

- Provider access impact
- Benefit to Plan members
- Improve Quality of Care
- Provider Network Expansion

An Ad-Hoc Committee of the Commission will be appointed to work with Staff in evaluating proposed funding opportunities and to make a recommendation to the full Commission on the funding of any programs/initiatives.

POLICIES AND PROCEDURES	**Title**: Requirements for RHA Funding of Community Support Programs
	Procedure #: FN-xxx
	Page: 1 of 6
Department: Finance	**Effective Date**: 6/1/2017
Region: Fresno, Kings, Madera	**Last Review and/or Revision Dates**:
	LOB: Medi-Cal Managed Care

I. Purpose

The Fresno-Kings-Madera Regional Health Authority dba CalViva Health (the "Plan" or "CalViva") Commission has established a process to review and consider funding for project initiative/program requests in excess of twenty thousand dollars ($20,000.00) per CalViva fiscal year (July 1 through June 30) in a consistent, organized and fair manner. This policy includes a process and guidelines for provider network expansion funds to support the hiring of primary care physicians ("PCP"), mid-level primary care providers and specialists that will serve the growing Medi-Cal population in the counties of Fresno, Kings and Madera.

II. Policy

A. CalViva Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, or disability. Review and consideration of funding requests will be performed in compliance with federal and state laws.

B. A CalViva Health budget item for outside project initiative/program funding requests and for a provider network expansion fund will be included in the annual budget for Commission approval.

C. All requests for funding must be submitted in writing a minimum of 90 days prior to the anticipated initial funding date.

D. Government entities and foundations are not eligible to submit funding requests.

III. Definitions

A. **Commission** - the 17-member Commission appointed according to the provisions of the Joint Exercise of Powers Agreement under which the Fresno-Kings-Madera Regional Health Authority "(RHA") dba CalViva Health is governed.

B. **Fresno-Kings-Madera Regional Health Authority (RHA)** – the multi-county health authority established through a Joint Exercise of Powers Agreement between the counties of Fresno, Kings, and Madera to provide services to eligible Medi-Cal beneficiaries within the jurisdiction of the counties.

C. **Ad-Hoc Funding Review Committee** – An Ad-Hoc committee appointed by the Commission to review funding requests submitted during the Plan's next fiscal year. The Ad-Hoc Committee will include a minimum of three (3) Commissioners, the Chief Executive Officer and Chief Financial Officer.

IV. Procedure

A. **Application Requirements for Funding Project Initiatives/Programs**

1. Requesting organizations must submit a completed application (see Attachment A) and any applicable supporting documentation for review by the designated Ad-Hoc Committee. Requests must include but are not limited to the following information:
   - 1.1. Description of the project initiative/program
   - 1.2. Project initiative/program goals and time frames for implementation and key milestones
   - 1.3. Budget for the project initiative/program funding being requested.
   - 1.4. Sponsoring/requesting organization's most recent financials and the previous year financials (i.e. income statement and balance sheet)
   - 1.5. Specific information on how funds provided by the Plan will be used
   - 1.6. Information about any matching funds/grants/other funding the organization has obtained or is pursuing
   - 1.7. Targeted beneficiaries of the funding
   - 1.8. A list of persons who will be responsible for administering the funds and project initiative/program. A bio or description of each person's qualifications and related experience must be submitted with the list.

2. The requesting organization must indemnify CalViva Health for any claims or legal action related to the funded project initiative/program. The indemnification document will be provided the Plan's legal counsel and executed prior to the initial funding date.

3. The Ad-Hoc Funding Review Committee will review and evaluate the funding requests and make a recommendation to the Commission. The review and evaluation will include but not be limited to consideration of the following criteria:
   - 3.1. CalViva Health Mission and Principles

3.2. Provider access impact
3.3. Benefit to Plan members
3.4. Improve Quality of Care
3.5. Impact on current CalViva Health budgeted funds available
3.6 Information from Plan staff research and input

4. Upon completion of the review, the Ad-Hoc Funding Review Committee will prepare a recommendation for the Commission. The recommendation will include at a minimum:
   4.1. The recommended total amount to be funded
   4.2. The length of time for funding and any incremental time periods for the funding payments
   4.3. Any conditions or other qualifications imposed on the funding

5. The Commission will review the funding requests and approve/deny/modify the recommendation and identify any specific conditions or other qualifications that must be met by the requesting organization.
   5.1. Subsequent to the Commission decision, the requesting organization will be notified of the decision in writing and, if approved, informed of any specific conditions/requirements and other instructions. For approved requests, a written agreement supplied by CalViva will be executed between the Plan and the organization.

6. Funded project initiatives/programs and organizations must submit paid invoices, if required, and provide periodic (e.g. quarterly, semi-annual, etc.) reports to the Commission that include use of funds and progress toward stated goals. The frequency of reporting will be determined by the Plan based on the type of project initiative/program funded.
   6.1. Failure to submit required invoices and/or quarterly reports may result in the Commission making a decision to cease funding.
   6.2. Unsatisfactory periodic reports may also result in the Commission making a decision to cease funding.

B. **Additional Requirements for Provider Network Expansion Funding**

1. The Plan will work with contracted network participating provider groups ("PPGs") or other contracted organizations to promote increased provider capacity and access by providing funds for initial costs related to recruitment of new providers to the Plan's network.

2. Funding available for recruitment of primary care physicians ("PCP"), mid-level and specialist subsidies will be determined on an annual basis as part of the annual budget planning for the Plan's upcoming fiscal year. The Commission reviews and approves the annual budget.

2.1. . Depending on the budget, provider network needs and Plan goals, the subsidies may only be available for PCP recruitment and/or mid-level recruitment and/or specialist recruitment in any given year.

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2.2. Subsidies will identify the specific cost elements to be covered and a defined percentage and maximum of the total costs of the recruited individual..

2.4.

3. Interested PPGs/organizations currently contracted in the Plan's provider network must submit an application (see attachment B) and any applicable supporting documentation for review by the designated Ad-Hoc Committee.

4. The Ad-Hoc Funding Review Committee will review and evaluate the provider network expansion funding requests and make a recommendation to the Commission. The review and evaluation will include but not be limited to consideration of the following criteria:
   - 4.1. CalViva Health Mission and Principles
   - 4.2. Provider access impact
   - 4.3. Benefit to Plan members
   - 4.4. Quality of Care
   - 4.5. Impact on current CalViva Health budgeted funds available
   - 4.6 Information from Plan staff research and input
   - 4.7. The contracted entity's relationship with the Plan, track record and stability
   - 4.8 Geographic region (need for PCPs, mid-levels, specialists)
   - 4.9. Type of PCP (Family Practice, Internal Medicine, Pediatrics) or specialist
   - 4.10. Practice Setting - organized clinic, small group, etc.
   - 4.11. Number of provider positions subsidies are being requested for

5. Upon completion of the review, the Ad-Hoc Funding Review Committee will prepare a recommendation for the Commission. The recommendation will include at a minimum:
   - 5.1. The recommended total subsidy amount to be funded.
   - 5.2. The length of time for funding and any incremental time periods for the funding payments.
   - 5.3. The number and type of positions to be subsidized.
   - 5.4. Any conditions or other qualifications imposed on the funding.

6. The Commission will review the funding requests and approve/deny/modify the recommendation and identify any specific conditions or other qualifications that must be met by the requesting PPG/organization.

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6.1. Subsequent to the Commission decision, the requesting PPG/organization will be notified of the decision in writing and, if approved, any specific conditions/requirements and other instructions. For approved requests, a

written agreement supplied by CalViva will be executed between the Plan and the organization.

7. Once approved for the subsidy funding, the requesting PPG/organization must meet the following requirements:
   - 7.1. Physicians must have an unrestricted California license and be actively Board Certified in the appropriate medical specialty. Mid-levels must have unrestricted California licensure or certification as applicable.
   - 7.2. Physicians must have an EMR/EHR or be in the process of implementing an EMR/EHR and cooperate with the Plan in providing access to transmission of data to and from the Plan for CalViva Health members.
   - 7.3. Physician must be open to the Plan's Medi-Cal business, with no member limit for a minimum of three years.
   - 7.4. Physician must be new to the Plan and preference is to be new to the Fresno, Kings and Madera counties medical community.
   - 7.5. The contracting or employment entity will have to pay a pro-rated amount back to the Plan if the provider leaves the practice before two full years of participation.

8. Exceptions can be made to selection criteria and/or requirements if clinical needs outweigh either the criteria or requirements.

9. If the contracted PPG/organization is unable to hire the provider within 6 months from the signing of the agreement with the Plan; then the funding opportunity may be withdrawn and an alternate site, entity and physician type may be selected.

10. The Plan reserves the right to unilaterally withdraw the funding opportunity at any point in the process

V. Authority

A. RHA Joint Powers of Authority and Bylaws

VI. References

A. None

VII. Attachments

A. Application for project initiatives/programs funding
B. Application for provider network expansion funding

APPROVAL:

Finance

Date: May 18, 2016

Name: William Gregor
Title: Chief Financial Officer

Date	Department	Comment(s)
6/1/2017	Finance	New Policy

Item #8

Attachment 8.A

Committee Appointments
For FY 2018

FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY

Commission

Fresno County

Sal Quintero
Board of Supervisors

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

David S. Hodge, M.D.
At-large

Stephen Ramirez
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Vacant
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Van Do-Reynoso
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

David Singh
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

Gregory Hund
Chief Executive Officer

7625 N. Palm Ave., Ste. 109
Fresno, CA 93711

Phone: 559-540-7840
Fax: 559-446-1990
www.calvivahealth.org

DATE: May 18, 2017

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Committee Appointments—Commissioner Representation

BL #: **BL 17-003**
Agenda Item **8**
Attachment **A**

DISCUSSION:

In accordance with the Committee Charters, Commissioner representation on committees will be established by the RHA Commission Chairperson on an annual basis at the start of each fiscal year except for the "Public Policy Committee". The Public Policy Committee Commission members will serve coterminous terms with their Commission appointment. Chairperson Hodge has approved the following appointments for the Commissioners listed below.

FINANCE:
The **Finance Committee** meets at 11:00 am prior to the Commission meeting.
Commission members: Supervisor Neves, Supervisor Rogers, David Singh, Paulo Soares, and Harold Nikoghosian.

QUALITY IMPROVEMENT/UTILIZATION MANAGEMENT:
The **Quality Improvement/Utilization Management (QI/UM) Committee** meets at 10:30am prior to the Commission meeting. This committee must consist of participating providers.
Commission members: David Cardona, MD, and five participating providers; David Hodge, MD is an alternate.

CREDENTIALING
The **Credentialing Sub-Committee** meets at 12:00 pm following the QI/UM Committee and prior to the Commission meeting. This committee must consist of participating providers.
Commission members: David Cardona, MD, and five participating providers; David Hodge, MD is an alternate.

PEER REVIEW
The **Peer Review Sub-Committee** meets following the Credentialing Sub-Committee and prior to the Commission meeting. This committee must consist of participating providers.
Commission members: David Cardona, MD, and five participating providers; David Hodge, MD is an alternate.

PUBLIC POLICY:
The **Public Policy Committee** meets the first Wednesday of every quarter.
Commission member: Supervisor Neves serves as Chair. His seat is coterminous with his Commission seat.

Item #9

Attachment 9.A

Proposed Budget
FY 2018

Basic assumptions used in FY2018 budget projections

- Enrollment based on current actual enrollment rolled forward to July based on current mix of aid codes.
- Revenues projected based on actual enrollment breakdown by aid code and county and using aid code specific rates for each county in known at time of budget preparation. No new programs projected to be moved to Medi-Cal for FY 2018.
- Maternity KICK, Hep C, BHT and HYDE payments projected based on current historical monthly average. No increase or decrease projected.
- Medical Cost projected as Gross Medi-Cal Revenue less $11 pmpm Administrative Services fee, MCO Tax and retention rate retained by CalViva.
- Administrative Services fee projected at $11 pmpm based on enrollment.
- We are projecting FY 2018 staffing at 16 FTEs. Salary, Wages, and Benefits based on current staffing and rates as of now. Wage increases of up to 5% based on employee performance at anniversary date, 8% increase in health insurance premiums based on August renewal, current deferral rate and employer contribution/match into 457 retirement program
- Knox-Keene License Expense is projected to be based on last year's per member rate and projected March 2017 enrollment for DMHC annual assessment of Health Plan.
- Marketing Expense incurred directly by the Plan is projected based on marketing plan for the fiscal year.
- Depreciation expense based on current fixed assets useful life.
- Premium Taxes expense and premium rate adjustment based on current FY2017 methodology and rate as no detail yet exists to project these tax rate to take effect in July.
- Expenses projected based on either specific identifiable projections for major categories or approximate current run rate for minor expense categories.
    - Consulting/IT
    - Dues and Subscriptions
    - Legal & Professional
    - Insurance

Fresno Kings Madera Regional Health Authority dba CalViva Health
PROPOSED BUDGET

	FY 2017 Approved Budget	**Proposed FY 2018 Budget**	Proposed FY 2018 Budget vs FY 2017 Budget Difference	% change
MediCal Revenue	1,028,012,138	**1,138,569,004**	110,556,866	10.8%
Interest Income	60,000	**72,000**	12,000	20.0%
Total Revenues	1,028,072,138	**1,138,641,004**	110,568,866	10.8%
Medical Cost	925,866,290	**963,035,175**	37,168,885	4.0%
Gross Margin	102,205,848	**175,605,830**	73,399,982	71.8%
Expenses				
Administrative Services Fee	47,071,200	**47,611,080**	539,880	1.1%
Salary,Wages & Benefits	2,684,506	**2,879,253**	194,747	7.3%
Bank Charges	16,800	**16,800**	-	0.0%
Consulting	105,000	**105,000**	-	0.0%
Computer support	72,000	**84,000**	12,000	16.7%
Depreciation Expense	288,000	**290,640**	2,640	0.9%
Dues & Subscriptions	178,800	**178,800**	-	0.0%
Community Support	-	**2,100,000**	2,100,000	#DIV/0!
Insurance Expense	195,177	**205,560**	10,383	5.3%
	-	-	-	0.0%
Legal & Professional	188,040	**190,800**	2,760	1.5%
License Expense	541,200	**624,000**	82,800	15.3%
Marketing Expense	630,000	**750,000**	120,000	19.0%
Meals	17,700	**17,700**	-	0.0%
Office Expense	48,000	**78,000**	30,000	62.5%
Parking	1,200	**1,200**	-	0.0%
Postage & Delivery	2,400	**2,400**	-	0.0%
Printing & Reproduction	4,800	**4,800**	-	0.0%
Recruitment	36,000	**36,000**	-	0.0%
Rent		**12,000**	12,000	0.0%
Seminars & Training	24,000	**24,000**	-	0.0%
Supplies	7,200	**7,600**	400	5.6%
Telephone	12,000	**18,000**	6,000	50.0%
Travel	24,900	**24,900**	-	0.0%
Total Expenses	52,148,923	**55,262,533**	3,113,610	6.0%
Income before Taxes	50,056,925	**120,343,297**	70,286,372	140.4%
Taxes-MCO	40,477,978	**112,535,667**	72,057,689	178.0%
Excess Revenue (Expenses)	9,578,947	**7,807,630**	(1,771,317)	-18.5%
Other Income	600,000	**600,000**	-	0.0%
Net Income	10,178,947	**8,407,630**	(1,771,317)	-17.4%
Captital Expenditue Budget	0	36,000.00	36,000	

Fresno Kings Madera Regional Health Authority dba CalViva Health
Combined Fresno -Kings - Madera Counties
FY 2018 Budget Projections

	2017						2018						FY 2018
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Budget
Enrollment													
Enrollment	360,690	360,690	360,690	360,690	360,690	360,690	360,690	360,690	360,690	360,690	360,690	360,690	
Total Enrollment	360,690	360,690	360,690	360,690	360,690	360,690	360,690	360,690	360,690	360,690	360,690	360,690	
Revenue													
Current Mix	89,720,750	89,720,750	89,720,750	89,720,750	89,720,750	89,720,750	89,720,750	89,720,750	89,720,750	89,720,750	89,720,750	89,720,750	1,076,649,004
Maternity Kick , Hyde and supplementals	5,160,000	5,160,000	5,160,000	5,160,000	5,160,000	5,160,000	5,160,000	5,160,000	5,160,000	5,160,000	5,160,000	5,160,000	61,920,000
MediCal Revenue	94,880,750	94,880,750	94,880,750	94,880,750	94,880,750	94,880,750	94,880,750	94,880,750	94,880,750	94,880,750	94,880,750	94,880,750	1,138,569,004
Interest Income	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	72,000
Total Revenues	94,886,750	94,886,750	94,886,750	94,886,750	94,886,750	94,886,750	94,886,750	94,886,750	94,886,750	94,886,750	94,886,750	94,886,750	1,138,641,004
Medical Cost	80,252,931	80,252,931	80,252,931	80,252,931	80,252,931	80,252,931	80,252,931	80,252,931	80,252,931	80,252,931	80,252,931	80,252,931	963,035,175
Gross Margin	14,633,819	14,633,819	14,633,819	14,633,819	14,633,819	14,633,819	14,633,819	14,633,819	14,633,819	14,633,819	14,633,819	14,633,819	175,605,830
Expenses													
Administrative Services Fee	3,967,590	3,967,590	3,967,590	3,967,590	3,967,590	3,967,590	3,967,590	3,967,590	3,967,590	3,967,590	3,967,590	3,967,590	47,611,080
Salary,Wages & Benefits	217,382	219,054	237,555	226,115	226,115	298,170	229,699	242,361	254,416	238,777	238,777	250,832	2,879,253
Bank Charges	1,400	1,400	1,400	1,400	1,400	1,400	1,400	1,400	1,400	1,400	1,400	1,400	16,800
Consulting	8,750	8,750	8,750	8,750	8,750	8,750	8,750	8,750	8,750	8,750	8,750	8,750	105,000
Computer Fees	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	84,000
Depreciation Expense	24,220	24,220	24,220	24,220	24,220	24,220	24,220	24,220	24,220	24,220	24,220	24,220	290,640
Dues & Subscriptions	14,900	14,900	14,900	14,900	14,900	14,900	14,900	14,900	14,900	14,900	14,900	14,900	178,800
Community Support	175,000	175,000	175,000	175,000	175,000	175,000	175,000	175,000	175,000	175,000	175,000	175,000	2,100,000
Insurance Expense	15,930	15,930	15,930	17,530	17,530	17,530	17,530	17,530	17,530	17,530	17,530	17,530	205,560
Legal & Professional	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	190,800
License Expense	52,000	52,000	52,000	52,000	52,000	52,000	52,000	52,000	52,000	52,000	52,000	52,000	624,000
Marketing Expense	75,000	75,000	75,000	75,000	75,000	75,000	50,000	50,000	50,000	50,000	50,000	50,000	750,000
Meals	1,000	1,000	4,200	2,500	2,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	17,700
Office Expense	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	78,000
Parking	100	100	100	100	100	100	100	100	100	100	100	100	1,200
Postage & Delivery	200	200	200	200	200	200	200	200	200	200	200	200	2,400
Printing & Reproduction	400	400	400	400	400	400	400	400	400	400	400	400	4,800
Recruitment	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	36,000
Rent	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	12,000
Seminars & Training	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	24,000
Supplies	1,000	600	600	600	600	600	600	600	600	600	600	600	7,600
Telephone	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	18,000
Travel	1,900	1,900	1,900	4,000	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900	24,900
Total Expenses	4,593,672	4,594,944	4,616,645	4,607,205	4,604,605	4,675,660	4,582,189	4,594,851	4,606,906	4,591,267	4,591,267	4,603,322	55,262,533
Income before Taxes	10,040,147	10,038,875	10,017,174	10,026,614	10,029,214	9,958,159	10,051,630	10,038,968	10,026,913	10,042,552	10,042,552	10,030,497	120,343,297
Taxes-MCO	9,377,972	9,377,972	9,377,972	9,377,972	9,377,972	9,377,972	9,377,972	9,377,972	9,377,972	9,377,972	9,377,972	9,377,972	112,535,667
Excess Revenue (Expenses)	662,175	660,903	639,202	648,642	651,242	580,187	673,658	660,996	648,941	664,580	664,580	652,525	7,807,630
Other Income	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	600,000
Net Income	712,175	710,903	689,202	698,642	701,242	630,187	723,658	710,996	698,941	714,580	714,580	702,525	8,407,630

Item #10

Attachment 10.A

2016 C & L Annual Evaluation
Executive Summary

REPORT SUMMARY TO COMMITTEE

TO:	CalViva Health QI/UM Committee
FROM:	April Canetto, MSW, Cultural and Linguistics Manager Lali Witrago, MPH, Sr. Cultural and Linguistics Consultant
COMMITTEE DATE:	May 18, 2017
SUBJECT:	Cultural and Linguistic Services (C&L) 2016 Work Plan End of Year Evaluation – Summary Report

Summary:

This report provides information on the C&L Services Department work plan activities which are based on providing cultural and linguistic services support and maintaining compliance with regulatory and contractual requirements. The C&L Work Plan is divided into the following four sections: 1) Language Assistance Services (LAP), 2) Compliance Monitoring, 3) Communication, Training and Education, and 4) Health Literacy, Cultural Competency, and Health Equity. As of December 31, all work plan activities have been completed.

Purpose of Activity:

To provide a summary report of the cultural and linguistic services Work Plan Mid-Year Evaluation. CalViva Health (CVH) has delegated all language services to Health Net's C&L Services Department.

Data/Results (include applicable benchmarks/thresholds):

Below is a high level summary of the activities completed during 2016. For a complete report and details per activity, please refer to the attached 2016 C&L Work Plan End of Year Evaluation Report.

1) Language Assistance Services

a. Assisted and prepared documentation for the DMHC and DHCS audit and participated on the on-site audit interview of 4/26. Prepared and submitted post audit documentation as requested.
b. Updated CalViva Health NOLA (Notice of Language Assistance) in September and created short taglines with top two California languages in October.
c. Article titled "What language do you prefer" was developed and published in the fall member newsletter and sent to the approximately 141,444 CalViva Health households.
d. Facilitated four LAP/Health Literacy quarterly meetings to review requirements and department procedures for language and health literacy services.
e. Language Assistance Program on line training deployed to 3,624 staff.

2) Compliance Monitoring

f. Five grievance cases coded to culture (3) and language (2) were received. Investigation and follow up completed. Three provider interventions were delivered in collaboration with Provider Relations.
g. Desktop procedure outlining the grievance resolution process was developed.
h. Completed all required reports including annual program description and work plan as well as mid-year progress reports.
i. Assisted with planning and coordination of four Public Policy Committee meetings including the coordination of interpreters for each committee meeting.
j. Compiled and analyzed member data for race/ethnicity, language, gender, age, etc. and collaborated with Health Education on the completion of the full scope Group Needs Assessment (GNA) by October 15th.

3) Communication, Training and Education

k. Quick Reference Guide (QRG) for Appeals and Grievance Department (A&G) was reviewed and updated due to C&L code changes.
l. Computer based training for A&G coordinators was developed and is currently under management review in preparation for deployment.
m. Conducted four cultural competency trainings for Call Center staff.
n. C&L promotional flyer for providers was developed and disseminated via Provider Relations team.
o. A total of 14 requests for C&L provider materials were fulfilled in 2016.

4) Health Literacy, Cultural Competency and Health Equity

p. A total of 134 member materials were reviewed for readability level, content and layout.
q. The C&L Review Database was updated with a new CalViva attestation. This attestation will be completed by C&L upon approval of member materials and will accompany the materials submitted to compliance for review/approval and/or filing.
r. Conducted five trainings for staff on C&L database/C&L review process with 124 staff in attendance. Also developed and distributed three Clear and Simple newsletters for staff.
s. A total of 2,251 staff participated in the 2016 Health Literacy Month activities.
t. Attended and participated in the Industry Collaboration Effort (ICE) C&L Work Group.
u. Acted as the co-lead/facilitator for the ICE Toolkit Team hosting and co-facilitating over 30 webex/meetings to review, update and/or create new content. Anticipate revised tool kit will be published during the first quarter of 2017 upon ICE Leadership approval.
v. Implemented Heritage Day cultural competency training that resulted in the training of 44 staff
w. Deployed Cultural Competency / Heritage Day on line training to 3,624 staff.
x. Provided consultation and collaboration to Quality Improvement on the development of the provider tips sheet "Providing Culturally Competent Care for Patients with Asthma and Tips for Improving Asthma Control".
y. Conducted training on western medicine and working with interpreters and provided two refresher workshops on motivational interviewing for Transitional Case Management staff (TCM).

Analysis/Findings/Outcomes:

All activities have been completed.

Next Steps:

Will develop and implement the 2017 Work Plan and report to the QI/UM Committee.

Item #10

Attachment 10.B

2017 C & L Program Description
Executive Summary

REPORT SUMMARY TO COMMITTEE

TO:	CalViva Health QI/UM Committee
FROM:	April Canetto, MSW, Cultural and Linguistics Manager Lali Witrago, MPH, Sr. Cultural and Linguistics Consultant
COMMITTEE DATE:	May 18, 2017
SUBJECT:	2017 Cultural and Linguistic (C&L) Services Program Description – CalViva Health – Summary Report

Summary:

The 2017 CalViva Health Cultural and Linguistic Services Program Description is an overview of all programs and services to be conducted in support of CalViva Health members. The Program Description is divided into the following sections: 1) Staff Resources and Accountability, 2) Program Mission, Goals and Objectives, 3) Work Plan, 4) Scope of Programs and Services, and 5) Oversight and Monitoring.

The 2017 Program Description is consistent with the 2016 Program Description while incorporating and enhancing the following:

1) Providing support, maintaining compliance, and creating cultural awareness through education and consultation to cover non-discrimination based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status or disability
2) Enhancing C&L oversight for LAP operational activities inclusive of the new nondiscrimination notices and taglines as required by federal rule Section 1557, 45 CFR 155.205
3) Continue to expand training and consulting services for contracted providers and staff case managers, health education, quality improvement and grievance coordinators to support cultural competency, language assistance, health literacy and health equity efforts

Purpose of Activity:

Present the 2017 Cultural and Linguistic Services Program Description and obtain the committee's approval.

Next Steps:

Obtain approval from CalViva QI/UM committee. Next review scheduled for 2018.

Item #10

Attachment 10.C

2017 C &L Work Plan
Executive Summary

REPORT SUMMARY TO COMMITTEE

TO:	CalViva Health QI/UM Committee
FROM:	April Canetto, MSW, Cultural and Linguistic Services Manager Lali Witrago, MPH, Senior Cultural and Linguistics Consultant
COMMITTEE DATE:	May 18, 2017
SUBJECT:	2017 Cultural and Linguistic (C&L) Work Plan – CalViva Health Summary Report

Summary:

The C&L 2017 Work Plan supports and maintains excellence in C&L Services through the following strategies: provide oversight of Language Assistance Program (LAP), integration and expansion of Health Literacy and plain language standards for members, supporting CalViva Health in being a culturally competent Health Plan, expanding on consulting services, and maintain compliance with regulatory and contractual requirements inclusive of the new Nondiscrimination federal rule section 1557, 45 CFR 155.205.

The 2017 Work Plan is consistent with the 2016 Work Plan while incorporating and enhancing the following activities:

1) Providing support, maintaining compliance, and creating cultural awareness through education and consultation to cover non-discrimination based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status or disability
2) C&L oversight and consultation for LAP operational activities to include the new nondiscrimination notices and taglines as required by federal rule section 1557, 45 CFR 155.205
3) Recommendations identified as part of the Group Needs Assessment
4) Continue to enhance and expand on training and consulting services for contracted providers and staff case managers, quality improvement, health education, and grievance coordinators to support cultural competency, language assistance, health literacy and health equity efforts inclusive of exploring new disparity reduction efforts for prenatal/postpartum

Purpose of Activity:

Present the CalViva Health's Cultural and Linguistic Services 2017 Work Plan and obtain the committee's approval.

Next Steps:

Once approved, implement and adhere to the C&L 2017 Work Plan and report to the QI/UM Committee.

Item #11

Attachment 11.A

Health Education
Executive Summary

REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Brianne Jackson, MPH, Health Promotion Consultant
Hoa Su, MPH, Health Education Department Manager

COMMITTEE DATE: May 18, 2017

SUBJECT: 2016 CalViva Health's Health Education Year-End Executive Summary

I. SUMMARY:

The 2016 CalViva Health's Health Education Work Plan Year-End Evaluation report documents performance measures of 14 program initiatives. Of the 14 program initiatives, the following (9) initiatives **were met**:

- Chronic Disease Education Initiative
- Member Engagement for Improved Health Initiative
- Group Needs Assessment Initiative
- Member Newsletter Initiative
- Perinatal Initiative*
- Community Health Education Initiative*
- Public Policy Committee Initiative
- Compliance: Staying Healthy Assessment, Oversight and Reporting
- State and County Collaboratives

Of the 14 program initiatives, the following (5) were **partially met**:

- Electronic Educational Programs (T2X, Lifeline and Text4baby Programs) Initiative
- Obesity Prevention Initiative: Members, Community and Providers/ Health Care Professionals
- Well Care and Immunizations Initiative
- Tobacco Cessation Program Initiative
- Health Education Department Materials Update, Development and Inventory

*Year-end performance was a few members or activities shy in meeting the ambitious performance goals.

II. PURPOSE:

To provide the QI/UM Committee an opportunity to review and approve the 2016 CalViva Health's Health Education Work Plan Year-End Evaluation.

III. DATA/RESULTS (include applicable benchmarks/thresholds):

2016 CalViva Health's Health Education Work Plan Year-End Evaluation

Please refer to the attached 2016 CalViva Health's Health Education Work Plan Year-End Evaluation report for detailed information. The main areas of focus are pregnancy, weight control, member engagement, smoking cessation, preventive health care services, and chronic disease education.

The Health Education Department developed programs and services on a variety of topics to promote healthy lifestyles and health improvement for CalViva Health (CVH) members. Table 1 compares utilization of key health education programs and services by 2015 and 2016 year-end for the three CVH Counties (Fresno, Kings and Madera).

Table 1: Utilization of Health Education Programs and Services by 2015 and 2016 Year-End

Program	2015 Year-End	2016 Year-End	% Change	Reason for Change
Fit Families for Life (FFFL), weight control program – Home Edition program enrollment	407 members	108 members	↓ 73%	Program materials became unavailable starting in Q2 due to requirement to update materials with new ID (FLO #). Enrollment was placed on hold for the remainder of the year.
FFFL-Coaching Program (Number of participants enrolled with at least one successful coaching call)	98 members	42 members	↓ 57%	Decreased number of provider referrals into program. FFFL program materials were not available to enroll new members.
Pregnancy Matters Packet requests	598 member requests	1,376 member requests	↑ 130%	Perinatal data was unavailable at various points in 2015, resulting in low utilization. 2016 reflects more accurate number of pregnant members.
Kids and Teens Challenge (KTC), incentive program	107 members enrolled	56 members enrolled	↓ 48%	Members are less interested in the KTC raffle incentive program and more interested in a direct incentive program.
Smoking Cessation	383 members	323 members	↓ 16%	California Smokers' Helpline eliminated monetary incentive and nicotine replacement therapy benefits, and limited their statewide promotion.
Health education classes	267 classes 2,260 attendees (1,086 members = 48%)	143 classes 1,170 attendees (632 member = 54%)	↓ 46% ↓ 48% ↓ 42%	Reduced general health education classes to reprioritize efforts to CalViva Health HEDIS improvement incentivized classes targeting care gap members. Telephone calls to remind members to attend classes showed a high rate of wrong numbers or disconnected phones (average 40%). However, a higher percentage of members (6%) were reached from total participants.
Member Orientation Classes	33 classes 232 attendees (134 members = 57%)	5 classes 25 attendees (18 members = 72%)	↓ 85% ↓ 89% ↓ 87%	Member orientation incentive program ended mid-year. Due to HEDIS priority projects, curriculum will be revised and classes will resume in 2017.

Major Initiative Outcomes:

1. **Fit Families For Life:**
   Fit Families for Life (FFFL)-Home Edition: In 2016, 79% of program enrollees resided in Fresno County, followed by 13% in Madera County and .8% in Kings County. Overall, 100% of surveyed participants were satisfied with the FFFL Home Edition Program. Program survey results showed that 83% noted an increase in how often they read food labels, 92% increased their consumption of fruits and veggies, and 50% increased their amount of exercise (while another 33% maintained activity levels of 30 minutes or more). In addition, 83% increased the number of family mealtimes.

   Fit Families for Life (FFFL)-Coaching Program: Of members initiating the program with at least 1 call, 66% of members completed at least 3 coaching calls and 48% of members completed the maximum 5 calls. Pre and post-coaching call assessment showed a 79.9% improvement in knowledge gain. Available self reported data indicated an average weight loss of 8.5 pounds

2. **HEDIS Improvement Incentive Programs:** In 2016, we reprioritized our community health education classes to support the CalViva Health HEDIS improvement initiatives in an effort to educate and encourage targeted members to get diabetes screenings, cervical cancer screenings, asthma medication refills and timely postpartum visits. We reached 266 members through these classes and educational activity and 190 (71%) of members educated completed their diabetes or cervical cancer screenings.

3. **Electronic Educational Programs (T2X, Lifeline and Text Message Programs) Initiative:** In late Q2, 2016, the department launched Text4Baby, preventive text messaging program, reaching 244 pregnant members for the year. HED also promoted 4 T2X educational campaigns reaching 1,685 participants nation-wide.

IV. BARRIER ANALYSIS:

Due to competing priorities, the Health Education Department experienced some delays in coordinating with the Marketing department to produce new educational resources impacting the Obesity Prevention and Perinatal Initiatives. We will continue to work with Marketing to ensure adequate resources are available to process all health education requests in a timely manner.

Enrollment into the California Smokers' Helpline (CSH) slowed down in 2016 for all health plans. The CSH ended their incentive and nicotine replacement therapy program in July 2015 and ceased subsequent promotion. The Health Education Department will continue to enhance promotional efforts to encourage member engagement.

The Health Education Department experienced a delay in launching the Lifeline Program due to required changes to the promotional materials in December 2016.

MyStrength, a program that offers web and mobile self-help resources and empowers consumers to be active participants in becoming – and staying – mentally and physically healthy, did not launch until late Q2; too late to be included and promoted in the Summer newsletter with an article on anxiety and depression. The Health Education Department will continue to work with the appropriate vendor to get these materials approved and distributed.

The Kids and Teens Challenge had low participation and was terminated in December 2016.

V. NEXT STEPS:

Once approved, implement and adhere to the 2017 Health Education Work Plan and report to the QI/UM Committee.

Item #11

Attachment 11.B

2016 Heath Education Annual Evaluation

(reference copy available at meeting – not attached)

Item #11

Attachment 11.C

2017 Health Education
Program Description

(reference copy available at meeting – not attached)

Item #11

Attachment 11.D

2017 Health Education Work Plan

(reference copy available at meeting – not attached)

Item #12

Attachment 12.A

Financials as of April 30, 2017

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Balance Sheet
As of April 30, 2017

	Total
ASSETS	
Current Assets	
Bank Accounts	
Cash	142,409,902.22
Savings CD	0.00
ST Investments	0.00
Wells Fargo Money Market Mutual Funds	9,016.85
Total Bank Accounts	**$ 142,418,919.07**
Accounts Receivable	
Accounts Receivable	22,208,280.23
Total Accounts Receivable	**$ 22,208,280.23**
Other Current Assets	
Interest Receivable	7,592.16
Investments - CDs	4,999,625.81
Prepaid Expenses	247,749.51
Security Deposit	0.00
Total Other Current Assets	**$ 5,254,967.48**
Total Current Assets	**$ 169,882,166.78**
Fixed Assets	
Buildings	7,495,294.11
Computers & Software	11,137.16
Land	3,161,419.10
Office Furniture & Equipment	173,993.03
Total Fixed Assets	**$ 10,841,843.40**
Other Assets	
Investment -Restricted	309,325.17
Total Other Assets	**$ 309,325.17**
TOTAL ASSETS	**$ 181,033,335.35**
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	92,683.55
Accrued Admin Service Fee	4,012,558.00
Capitation Payable	116,045,879.68
Claims Payable	35,896.41
Total Accounts Payable	**$ 120,187,017.64**
Other Current Liabilities	
Accrued Expenses	43,333.30
Accrued Payroll	45,353.87
Accrued Vacation Pay	184,550.85
Amt Due to DHCS	0.00
IBNR	203,066.85
Loan Payable-Current	0.00
Premium Tax Payable	208,137.41
Premium Tax Payable to BOE	1,150,344.10
Premium Tax Payable to DHCS	9,371,305.62
Total Other Current Liabilities	**$ 11,206,092.00**
Total Current Liabilities	**$ 131,393,109.64**
Long-Term Liabilities	
Renters' Security Deposit	36,500.00
Subordinated Loan Payable	0.00
Total Long-Term Liabilities	**$ 36,500.00**
Total Liabilities	**$ 131,429,609.64**
Equity	
Retained Earnings	38,352,168.72
Net Income	11,251,556.99
Total Equity	**$ 49,603,725.71**
TOTAL LIABILITIES AND EQUITY	**$ 181,033,335.35**

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Income Statement
July 2016 - April 2017

		Total
Income		
Interest Earned		97,538.64
Premium/Capitation Income		1,072,943,715.78
Total Income	$	**1,073,041,254.42**
Cost of Medical Care		
Capitation - Medical Costs		915,849,708.75
Medical Claim Costs		1,736,923.58
Total Cost of Medical Care	$	**917,586,632.33**
Gross Margin	$	**155,454,622.09**
Expenses		
Admin Service Agreement Fees		39,740,877.00
Bank Charges		2,906.28
Computer/IT Services		98,911.22
Depreciation Expense		241,544.50
Dues & Subscriptions		111,326.33
Insurance		156,180.55
Labor		2,144,160.00
Legal & Professional Fees		88,548.48
License Expense		498,401.20
Marketing		526,279.68
Meals and Entertainment		10,550.81
Office Expenses		56,882.98
Parking		1,114.24
Postage & Delivery		1,958.51
Printing & Reproduction		2,008.25
Recruitment Expense		35,929.40
Rent		3,976.87
Seminars and Training		5,684.79
Supplies		10,548.26
Taxes		100,896,003.56
Telephone		15,718.00
Travel		17,100.14
Total Expenses	$	**144,666,611.05**
Net Operating Income	$	**10,788,011.04**
Other Income		
Other Income		463,545.95
Total Other Income	$	**463,545.95**
Net Other Income	$	**463,545.95**
Net Income	$	**11,251,556.99**

Item #12

Attachment 12.B

Compliance Report

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2017 Total
# of DHCS Filings													
Administrative/ Operational	4	3	7	10	3								27
Member & Provider Materials	0	1	3	2	0								6
# of DMHC Filings	4	5	2	3	1								15
# of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)													
No/Low Risk	2	1	1	3	0								7
High Risk	0	0	0	0	0								0
# of Potential Fraud, Waste, & Abuse Cases Received													
# of MC 609 Submissions to DHCS	0	0	1	1	0								2

Summary of Filings	**DHCS Administrative/Operational** filings include ad-hoc reports, policies & procedures, Commission changes, and other Plan and Program documents. **DHCS Member & Provider materials** include advertising, health education materials, flyers, promotional items, etc. **DMHC Filings** include ad-hoc reports, Plan and Program documents, policies & procedures, advertising, flyers, promotional items, bylaw changes, Commission changes, undertakings, etc. **Potential Privacy and Security Breach Cases** - CalViva Health is required to provide notification and respond to a potential breach of the security of protected health information upon discovery, but no later than 24 hours after discovery. No/Low risk - Official letter not required to be sent to affected individuals. High risk - Official notice required to be sent to affected individuals. **Potential Fraud, Waste & Abuse cases** - CalViva Health is required to investigate and submit potential fraud, waste and abuse. If the case rises to the level suspicion of fraud, CalViva Health reports those cases to DHCS within 10 working days from the date of identification.

Report Date 5-18-17

Compliance Oversight & Monitoring Activities	Description
CalViva Health Oversight Meetings	**Health Net** CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to the Centene-Health Net merger that may affect CalViva Health. The Plan had requested Health Net to provide corrective action plans (CAPs) for the following areas: encounter data submissions, third party liability information submissions, and specialty provider access. Health Net submitted CAP responses for these three areas. The CAP responses for encounter data submissions and third party liability information submissions were accepted and are now closed. The CAP on specialty provider access remains open and will be monitored at the monthly oversight meetings. **Kaiser** CalViva Health and Kaiser management continue to hold quarterly Joint Operations Meetings (JOM). The next meeting is scheduled for May 16, 2017. Kaiser received a CAP and financial sanction from the Department of Health Care Services for failure to meet its regulatory and contractual obligations for reporting encounter data. This encounter data issue also affects the encounter data Kaiser submits to CalViva Health. Kaiser has submitted the majority of outstanding data and the Plan will continue to monitor completion of the CAP at monthly encounter data oversight meetings with Kaiser.
Oversight Audits	Health Net Oversight Audits: Audits for 2017 have been scheduled and the following audits are in progress: Claims, Utilization Management, Privacy and Security, Emergency Services, and Cultural and Linguistics. The 2017 Health Education audit was completed. A CAP was requested and the response was received and accepted. A detailed summary of the 2016 audits completed is included with this Compliance Report. Provider Dispute Resolution (PDR) Case Audits: The Plan is currently working on the Q3 2016 PDR audit. The Q2 2016 audit was completed. There was a CAP required for timely resolution of PDRs. The Q2 2016 CAP response has been received and was accepted.
Regulatory Reviews/Audits	**Status**
Department of Health Care Services ("DHCS") Medical Audit	As noted in the March Compliance Report to the Commission, DHCS was scheduled to conduct an onsite audit of the Plan from April 17, 2017 – April 28, 2017. The audit consists of an evaluation of CalViva Health's compliance with its contract and regulations in the following areas: • Utilization Management • Case Management and Coordination of Care • Access and Availability of Care • Member Rights • Quality Management • Administrative and Organizational Capacity The onsite portion of the audit is now complete and the Plan is currently awaiting the *Draft* report from the DHCS.

New Regulation Implementation	
Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability (aka "Mega-rule" or "Final Rule")	On April 21, 2016, the Centers for Medicare & Medicaid Services (CMS) issued a final rule on managed care in Medicaid and the Children's Health Insurance Program (CHIP). The rule advances efforts to modernize the health care system to reflect changes in the usage of managed care delivery systems, to deliver better care, smarter spending, and healthier people. It supports state delivery system reform efforts, strengthens key consumer protections, strengthens program integrity by improving accountability and transparency, and aligns key rules with those of other health coverage programs. The Commission was previously informed of a phased in implementation of the rule and the need for implementation guidance from the state as to how DHCS expects managed care plans to implement many of the requirements. DHCS developed a Final Rule contact amendment for managed care plans that was submitted to CMS and is under review. On April 28, 2017, DHCS requested Plans to submit deliverables associated with the Final Rule Contract Amendment by May 12, 2017. Plans are required to create and/or update policies, submit an updated provider directory, an updated Evidence of Coverage, an updated formulary, and negotiate and execute a new agreement with the County Department for alcohol and substance use disorder treatment services. The Plan will also be required to submit documentation of a Coordination of Benefits Agreement ("COBA") entered into with Medicare.
Committee Report	
Public Policy Committee	The next Public Policy Committee meeting is scheduled for June 7, 2017, 11:30 a.m. at 1400 W. Lacey Boulevard, Hanford, CA 93230.

REPORT SUMMARY TO COMMITTEE

TO: RHA Commission

FROM: Mary Beth Corrado

COMMITTEE DATE: May 18, 2017

SUBJECT: Oversight Audits of Health Net Community Solutions – 2016 Executive Summary

SUMMARY

In 2016, CalViva Health completed several Oversight Audits involving activities delegated to Health Net Community Solutions (Health Net). CalViva Health employs both "desk review" and "on-site" audit methods. In 2016, the audited areas had desk reviews, and Claims also had an on-site audit. Various types of evidence were requested in order to confirm compliance with DHCS/DMHC regulations, and Health Net Administrative Service Agreement contractual obligations. Evidentiary materials included but were not limited to:

- Program Descriptions & Work Plans
- Policies and Procedures
- Functional Area Periodic Reports (e.g., Claims, A&G, UM, Credentialing)
- Individual case files
- Job Descriptions
- Meeting Minutes
- Sample Template Letters and forms
- Tracking Logs
- Training Manuals
- Member Materials (e.g., Handbook/EOC, Welcome Packet)
- Provider Materials (e.g., Licenses, Directory, Newsletters)
- Sub-delegated entity oversight reports

Overall, Health Net performed well and fully complied with most requirements.

PURPOSE

The annual Oversight Audits assess Health Net's compliance with DHCS/DMHC regulations, and Health Net Administrative Service Agreement contractual obligations pertaining to specific functional areas. When noncompliance issues are identified, corrective action plans (CAPS) are implemented to improve quality and performance.

RESULTS

The following table summarizes the 2016 Oversight Audit results by functional area.

2016 CalViva Health Oversight Audit Results

Function	Period Audited	CAP	CAP Issue
Access and Availability	Jan 2015 – Dec 2015	Yes	Standards not met for PAAS appointment measures and After-hours availability; Accessibility to certain specialty services; Monitoring unlicensed staff.
Claims	Jul 2014 – Sep 2015	Yes	Some claims not resolved in 30 days; Some claims not paid accurately.
Continuity of Care	Jul 2014 – Dec 2015	No	
Credentialing	Jan 2015 – Dec 2015	TBD	*Audit not yet completed*
Emergency Services	Jul 2013 – Dec 2014	No	
Pharmacy	Jul 2013 – Jul 2015	No	
Privacy & Security	Jan 2015- Dec 2015	No	
Provider Disputes (Includes Quarterly File Audit Results)	Jul 2014 - Sep 2015	Yes	Timely acknowledgement of PDRs did not meet standards in some cases
Provider Network	Jul 2013 – Dec 2015	Yes	Lack of P&P on Safety Net providers, and lack of evidence that Welcome Packets were sent to new mental health providers within standards
Quality Improvement	Jul 2013 – Jul 2015	No	
Utilization Management	Jul 2013 – Dec 2014	Yes	Lack of evidence of coordination of CCS services and Regional Center carve out services; Lack of implementation of Sensitive Services

ANALYSIS

Deficiencies requiring Corrective Actions Plans (CAPs) were found in the following audits: Access and Availability, Claims, Provider Disputes, Provider Network and Utilization Management (see below for details). These deficiencies did not rise to a level that could potentially result in a failure to pass the audit and primarily affected only one or two individual elements within the overall area audited. All other audits were favorable. Only the Credentialing audit is still under review.

The following presents a brief synopsis of each functional area's CAP issues:

- Access and Availability: Three PAAS Measures did not meet the 80% standard overall. Two of three counties (Fresno and Madera) were below the 90% threshold for

connecting with the on-call physician within 30 minutes after hours. Two of three counties (Kings and Madera) were below the 90% threshold for emergency instructions. Radiology access not adequate in Kings County. Not all zip codes in Fresno County met the time /distance standard for ERs and hospitals. Also, there was no evidence of monitoring of unlicensed staff to ensure they do not assess, evaluate, advise or make decisions about member condition or determine when they need to see a licensed provider.

- Claims: Of 139 claims sampled, the total percentage of claims processed within 30 calendar days was 78.42% (109/139), which is below the 90% threshold. Of the 139 claims sampled, 8 claims were incorrectly paid.

- Provider Disputes: For Q1 2015, 2 of 25 cases audited did not meet the resolution turnaround time of 45 days. For the Q3 2015 audit, 2 of 18 cases did not meet the timely acknowledgement of PDRs standard.

- Provider Network: Audit indicated that Health Net did not have a P&P that established overall principles and participation standards to ensure involvement of Traditional and Safety Net Providers. Additionally, Health Net did not provide evidence that newly contracted BHT providers received their Welcome Packets within 10 days.

- Utilization Management: Two of the six CCS cases reviewed provided evidence that CCS services were rendered, but limited evidence that PCP care/communication was facilitated or provided. While the policy and some other supportive documentation was reviewed for sensitive services, we did not receive evidence of implementation. Of the three cases reviewed for care coordination of carve out services with the Regional Center, one lacked evidence of facilitation of communication and problem resolution for the member.

ACTIONS TAKEN

For completed audits with CAPs, Health Net was requested to address all deficiencies. CAPs have been received and approved by CalViva for the areas listed in the table above.

NEXT STEPS

Continue to perform oversight audits of functions handled by Health Net on the Plan's behalf and work with Health Net to improve administration of activities as applicable.

Item #12

Attachment 12.C

Appeals and Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2017

Current as of End of the Month: March

Revised Date: 5/8/2017

CalViva - 2017

Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2017 YTD	2016 YTD
Expedited Grievances Received	17	15	23	55	0	0	0	0	0	0	0	0	0	0	0	0	55	131
Standard Grievances Received	77	67	69	213	0	0	0	0	0	0	0	0	0	0	0	0	213	709
Total Grievances Received	**94**	**82**	**92**	**268**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**268**	**840**
Grievance Ack Letters Sent Noncompliant	2	1	1	4	0	0	0	0	0	0	0	0	0	0	0	0	4	10
Grievance Ack Letter Compliance Rate	**97.4%**	**98.5%**	**98.6%**	**98.1%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**98.12%**	**98.6%**
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Expedited Grievances Resolved Compliant	17	13	25	55	0	0	0	0	0	0	0	0	0	0	0	0	55	128
Expedited Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.00%**	**97.7%**
Standard Grievances Resolved Noncompliant	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Standard Grievances Resolved Compliant	59	75	77	211	0	0	0	0	0	0	0	0	0	0	0	0	211	698
Standard Grievance Compliance rate	**98.3%**	**100.0%**	**100.0%**	**99.5%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**99.53%**	**100.0%**
Total Grievances Resolved	**77**	**88**	**102**	**267**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**267**	**829**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**52**	**55**	**69**	**176**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**176**	**567**
Access - Other - DMHC	2	3	8	13	0	0	0	0	0	0	0	0	0	0	0	0	13	25
Access - PCP - DHCS	19	14	15	48	0	0	0	0	0	0	0	0	0	0	0	0	48	127
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Access - Spec - DHCS	2	3	8	13	0	0	0	0	0	0	0	0	0	0	0	0	13	34
Administrative	9	7	9	25	0	0	0	0	0	0	0	0	0	0	0	0	25	129
Interpersonal	14	17	18	49	0	0	0	0	0	0	0	0	0	0	0	0	49	145
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	4	7	7	18	0	0	0	0	0	0	0	0	0	0	0	0	18	86
Pharmacy	2	4	4	10	0	0	0	0	0	0	0	0	0	0	0	0	10	20
Quality Of Care Grievances	**25**	**33**	**33**	**91**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**91**	**262**
Access - Other - DMHC	2	2	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4	8
Access - PCP - DHCS	3	8	9	20	0	0	0	0	0	0	0	0	0	0	0	0	20	56
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	2	0	3	5	0	0	0	0	0	0	0	0	0	0	0	0	5	10
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	3	3	2	8	0	0	0	0	0	0	0	0	0	0	0	0	8	20
PCP Care	9	13	10	32	0	0	0	0	0	0	0	0	0	0	0	0	32	100
PCP Delay	5	2	4	11	0	0	0	0	0	0	0	0	0	0	0	0	11	36
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	1	5	4	10	0	0	0	0	0	0	0	0	0	0	0	0	10	29
Specialist Delay	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Exempt Grievances Received - New Classifications	279	183	219	**681**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**681**	2153
Authorization	11	5	6	**22**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**22**	106
Avail of Appt w/ Other Providers	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	0
Avail of Appt w/ PCP	9	7	10	**26**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**26**	186
Avail of Appt w/ Specialist	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**	2
Claims Complaint	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	3
Eligibility Issue	13	1	5	**19**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**19**	46
Health Care Benefits	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	0
ID Card - Not Received	30	11	16	**57**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**57**	113
Information Discrepancy	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	1
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	7	21	19	**47**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**47**	85
Interpersonal - Behavior of Clinic/Staff - Provider	79	59	64	**202**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**202**	589
Interpersonal - Behavior of Clinic/Staff - Vendor	0	1	1	**2**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**2**	14
Other	13	9	9	**31**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**31**	51
PCP Assignment	98	55	76	**229**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**229**	777
Pharmacy	12	9	10	**31**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**31**	114
Wait Time - In Office for Scheduled Appt	4	2	0	**6**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**6**	33
Wait Time - Too Long on Telephone	3	3	2	**8**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**8**	33

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	6	5	9	20	0	0	0	0	0	0	0	0	0	0	0	0	20	57
Standard Appeals Received	22	11	9	42	0	0	0	0	0	0	0	0	0	0	0	0	42	140
Total Appeals Received	**28**	**16**	**18**	**62**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	62	**197**
Appeals Ack Letters Sent Noncompliant	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1
Appeals Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.00%**	**99.3%**
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	7	4	10	**21**	0	0	0	**0**	0	0	0	**0**	0	0	0	0	21	56
Expedited Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**50.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.00%**	**100.0%**
Standard Appeals Resolved Noncompliant	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	9	20	13	42	0	0	0	0	0	0	0	0	0	0	0	0	42	132
Standard Appeals Compliance Rate	**88.9%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.00%**	**100.0%**
Total Appeals Resolved	**17**	**24**	**23**	**64**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**64**	**188**
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	17	24	23	**64**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**64**	184
Consultation	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	18
DME	6	8	3	17	0	0	0	0	0	0	0	0	0	0	0	0	17	35
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	2	2	3	7	0	0	0	0	0	0	0	0	0	0	0	0	7	23
Pharmacy	6	9	14	29	0	0	0	0	0	0	0	0	0	0	0	0	29	90
Surgery	3	4	3	10	0	0	0	0	0	0	2	2	0	0	0	0	12	18
Post Service Appeals	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	4
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	5	14	12	**31**	0	0	0	0	0	0	0	0	0	0	0	0	31	133
Uphold Rate	**29.4%**	**58.3%**	**52.2%**	**48.4%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**48.4%**	**70.7%**
Overturns - Full	9	8	9	**26**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	26	47
Overturn Rate - Full	**52.9%**	**33.3%**	**39.1%**	**40.6%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**40.6%**	**25.0%**
Overturns - Partials	3	1	1	**5**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	5	4
Overturn Rate - Partial	**17.6%**	**4.2%**	**4.3%**	**7.8%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**7.8%**	**2.1%**
Withdrawal	0	1	1	**2**	0	0	0	**0**	0	0	0	**0**	0	0	0	0	**2**	4
Withdrawal Rate	**0.0%**	**4.2%**	**4.3%**	**3.1%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**3.1%**	**2.1%**
Membership	350,692	350,877	351,447		-	-	-		-	-	-		-	-	-			
Appeals - PTMPM	0.05	0.07	0.07	0.06	-	-	-	-	-	-	-	-	-	-	-	-	0.06	0.05
Grievances - PTMPM	0.22	0.25	0.29	0.25	-	-	-	-	-	-	-	-	-	-	-	-	0.25	0.20

Fresno County

Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2017 YTD	2016 YTD
Expedited Grievances Received	16	12	21	49	0	0	0	0	0	0	0	0	0	0	0	0	49	111
Standard Grievances Received	74	58	62	194	0	0	0	0	0	0	0	0	0	0	0	0	194	599
Total Grievances Received	**90**	**70**	**83**	**243**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**243**	**710**
Grievance Ack Letters Sent Noncompliant	2	1	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	8
Grievance Ack Letter Compliance Rate	**97.3%**	**98.3%**	**100.0%**	**98.5%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.00%**
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Expedited Grievances Resolved Compliant	16	10	23	49	0	0	0	0	0	0	0	0	0	0	0	0	49	107
Expedited Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**96.26%**
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	47	72	68	187	0	0	0	0	0	0	0	0	0	0	0	0	187	596
Standard Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Total Grievances Resolved	**63**	**82**	**91**	**236**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	236	**707**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**44**	**50**	**62**	**156**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	156	**485**
Access - Other - DMHC	2	3	7	12	0	0	0	0	0	0	0	0	0	0	0	0	12	22
Access - PCP - DHCS	15	14	13	42	0	0	0	0	0	0	0	0	0	0	0	0	42	113
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Access - Spec - DHCS	2	1	8	11	0	0	0	0	0	0	0	0	0	0	0	0	11	26
Administrative	8	6	8	22	0	0	0	0	0	0	0	0	0	0	0	0	22	111
Interpersonal	11	16	16	43	0	0	0	0	0	0	0	0	0	0	0	0	43	120
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	4	6	7	17	0	0	0	0	0	0	0	0	0	0	0	0	17	75
Pharmacy	2	4	3	9	0	0	0	0	0	0	0	0	0	0	0	0	9	17
Quality Of Care Grievances	**19**	**32**	**29**	**80**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**80**	**222**
Access - Other - DMHC	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	6
Access - PCP - DHCS	2	8	8	18	0	0	0	0	0	0	0	0	0	0	0	0	18	49
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	2	0	2	4	0	0	0	0	0	0	0	0	0	0	0	0	4	9
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	3	2	6	0	0	0	0	0	0	0	0	0	0	0	0	6	15
PCP Care	9	12	9	30	0	0	0	0	0	0	0	0	0	0	0	0	30	86
PCP Delay	4	2	3	9	0	0	0	0	0	0	0	0	0	0	0	0	9	32
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	1	5	4	10	0	0	0	0	0	0	0	0	0	0	0	0	10	23
Specialist Delay	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	2	5	8	15	0	0	0	0	0	0	0	0	0	0	0	0	15	48
Standard Appeals Received	15	8	9	32	0	0	0	0	0	0	0	0	0	0	0	0	32	117
Total Appeals Received	**17**	**13**	**17**	**47**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	47	**165**
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Appeals Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**99.1%**
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	3	4	9	16	0	0	0	0	0	0	0	0	0	0	0	0	16	47
Expedited Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Standard Appeals Resolved Noncompliant	1	0	0	0	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Standard Appeals Resolved Compliant	8	14	9	31	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	31	109
Standard Appeals Compliance Rate	**87.5%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Total Appeals Resolved	**12**	**18**	**18**	**48**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**48**	**156**
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**12**	**18**	**18**	**48**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**48**	**153**
Consultation	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	15
DME	5	6	1	**12**	0	0	0	0	0	0	0	0	0	0	0	0	12	29
Experimental/Investigational	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	1	3	**4**	0	0	0	**0**	0	0	0	**0**	0	0	0	0	4	17
Pharmacy	5	7	11	**23**	0	0	0	0	0	0	0	0	0	0	0	0	23	79
Surgery	2	4	3	**9**	0	0	0	0	0	0	0	0	0	0	0	0	9	13
Post Service Appeals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**3**
Consultation	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Other	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	4	11	10	**25**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	25	111
Uphold Rate	**33.3%**	**61.1%**	**55.6%**	**52.1%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**52.1%**	**71.2%**
Overturns - Full	6	5	8	**19**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	19	39
Overturn Rate - Full	**50.0%**	**27.8%**	**44.4%**	**39.58%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**39.58%**	**25.00%**
Overturns - Partials	2	1	0	**3**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	3	2
Overturn Rate - Partial	**16.7%**	**5.6%**	**0.0%**	**6.3%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**6.3%**	**1.3%**
Withdrawal	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	4
Withdrawal Rate	**0.0%**	**5.6%**	**0.0%**	**2.1%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**2.1%**	**0.0%**
Membership	289,913	289,663	289,706															
Appeals - PTMPM	0.04	0.06	0.06	0.06	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.01	0.03
Grievances - PTMPM	0.22	0.28	0.31	0.27	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.07	0.15

Kings County

Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2017 YTD	2016 YTD
Expedited Grievances Received	0	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	10
Standard Grievances Received	1	4	2	7	0	0	0	0	0	0	0	0	0	0	0	0	7	45
Total Grievances Received	**1**	**6**	**3**	**10**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**10**	**55**
Grievance Ack Letters Sent Noncompliant	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grievance Ack Letter Compliance Rate	**100.0%**	**100.0%**	**50.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	0	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	10
Expedited Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	3	1	3	7	0	0	0	0	0	0	0	0	0	0	0	0	7	45
Standard Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Total Grievances Resolved	**3**	**3**	**4**	**10**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	10	**55**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**3**	**3**	**2**	**8**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	8	**37**
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - PCP - DHCS	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	7
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	3
Administrative	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	7
Interpersonal	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	12
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	7
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Quality Of Care Grievances	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2**	**18**
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Access - PCP - DHCS	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
PCP Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
PCP Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Specialist Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	3
Standard Appeals Received	2	1	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	8
Total Appeals Received	**4**	**1**	**0**	**5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	5	**11**
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	4
Expedited Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Standard Appeals Resolved Compliant	0	2	1	3	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	3	7
Standard Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Total Appeals Resolved	**2**	**2**	**1**	**5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**5**	**11**
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**2**	**2**	**1**	**5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**5**	**11**
Consultation	0	1	0	**1**	0	0	0	0	0	0	0	0	0	0	0	0	1	0
DME	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Experimental/Investigational	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	1	0	**2**	0	0	0	**0**	0	0	0	**0**	0	0	0	0	2	3
Pharmacy	0	0	1	**1**	0	0	0	0	0	0	0	0	0	0	0	0	1	5
Surgery	1	0	0	**1**	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Post Service Appeals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Consultation	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	0	1	1	**2**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	2	8
Uphold Rate	**0.0%**	**50.0%**	**100.0%**	**40.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**40.0%**	**72.7%**
Overturns - Full	2	1	0	**3**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	3	2
Overturn Rate - Full	**100.0%**	**50.0%**	**0.0%**	**60.0%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**60.00%**	**18.18%**
Overturns - Partials	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1
Overturn Rate - Partial	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**9.1%**
Withdrawal	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Withdrawal Rate	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
Membership	26,193	26,551	26,782															
Appeals - PTMPM	0.08	0.08	0.04	0.06	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.02	0.04
Grievances - PTMPM	0.11	0.11	0.15	0.13	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.03	0.18

Madera County																		
Grievances	**Jan**	**Feb**	**Mar**	**Q1**	**Apr**	**May**	**Jun**	**Q2**	**Jul**	**Aug**	**Sep**	**Q3**	**Oct**	**Nov**	**Dec**	**Q4**	**2016 YTD**	**2016 YTD**
Expedited Grievances Received	1	1	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	10
Standard Grievances Received	2	5	5	12	0	0	0	0	0	0	0	0	0	0	0	0	12	65
Total Grievances Received	**3**	**6**	**6**	**15**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**15**	**75**
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grievance Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	1	1	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	10
Expedited Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Standard Grievances Resolved Noncompliant	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Standard Grievances Resolved Compliant	9	2	6	17	0	0	0	0	0	0	0	0	0	0	0	0	17	57
Standard Grievance Compliance rate	**88.9%**	**100.0%**	**100.0%**	**94.1%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**94.1%**	**100.0%**
Total Grievances Resolved	**11**	**3**	**7**	**21**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	21	**67**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**5**	**2**	**5**	**12**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	12	**45**
Access - Other - DMHC	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Access - PCP - DHCS	3	0	1	4	0	0	0	0	0	0	0	0	0	0	0	0	4	7
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Administrative	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	11
Interpersonal	2	1	1	4	0	0	0	0	0	0	0	0	0	0	0	0	4	13
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Pharmacy	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Quality Of Care Grievances	**6**	**1**	**2**	**9**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**9**	**22**
Access - Other - DMHC	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	1
Access - PCP - DHCS	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	4
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	2
PCP Care	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	10
PCP Delay	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	1
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Specialist Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	2	0	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	5
Standard Appeals Received	5	2	0	7	0	0	0	0	0	0	0	0	0	0	0	0	7	16
Total Appeals Received	**7**	**2**	**0**	**10**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	10	**21**
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.00%**
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	2	0	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	5
Expedited Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**-200.0%**	**100.00%**
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Standard Appeals Resolved Compliant	1	4	3	8	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	8	16
Standard Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Total Appeals Resolved	**3**	**4**	**4**	**11**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**11**	**21**
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**3**	**4**	**4**	**11**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**11**	**20**
Consultation	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	3
DME	1	2	2	**5**	0	0	0	0	0	0	0	0	0	0	0	0	5	5
Experimental/Investigational	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	0	1	3
Pharmacy	1	2	2	**5**	0	0	0	0	0	0	0	0	0	0	0	0	5	6
Surgery	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Post Service Appeals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**
Consultation	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	1	2	1	**4**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	4	14
Uphold Rate	**33.3%**	**50.0%**	**25.0%**	**36.4%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**36.4%**	**66.7%**
Overturns - Full	1	2	1	**4**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	4	6
Overturn Rate - Full	**33.3%**	**50.0%**	**25.0%**	**36.4%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**36.36%**	**28.57%**
Overturns - Partials	1	0	1	**2**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	2	1
Overturn Rate - Partial	**33.3%**	**0.0%**	**25.0%**	**18.2%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**18.2%**	**4.8%**
Withdrawal	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0
Withdrawal Rate	**0.0%**	**0.0%**	**25.0%**	**9.1%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**9.1%**	**0.0%**
Membership	34,586	34,663	34,959															
Appeals - PTMPM	0.09	0.12	0.11	0.11	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.03	0.05
Grievances - PTMPM	0.32	0.09	0.20	0.20	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.05	0.16

Item #12

Attachment 12.D

Key Indicator Report

Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP

Report from 01/01/2016 to 3/31/2017

Report created 4/21/2017

Purpose of Report: Summary report on Inpatient and Outpatient Utilization Metrics by Region, County, PPG entity
Reports show inpatient Rates with and without maternity, readmission, TAT Compliance, Care Management Programs

Exhibits:

Regional Team Lead Contact Information

Region	Contact Person
Region 3:	Jim Adlhoch

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 01/01/2016 to 3/31/2017
Report created 4/21/2017

ER utilization based on Claims c	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	2016-10	2016-11	2016-12	016-Tren	2017-01	2017-02	2017-03	017-Tren	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Qtr Trend	CY- 2016	CY-2017	CY-Trend
															Quarterly Averages						Annual Averages		
Expansion Mbr Months	81,004	82,068	83,089	83,826	84,569	85,456	86,376	86,898	87,400		86,801	86,849	85,869		78,503	82,054	84,617	86,891	86,506		83,016	86,506	
Family/Adult/Other Mbr Mos	242,621	243,194	243,880	244,220	244,228	245,133	245,786	245,513	246,380		246,584	246,646	244,435		239,294	243,232	244,527	245,893	245,888		243,236	245,888	
SPD Mbr Months	28,191	28,232	28,446	28,633	28,801	28,940	29,113	29,248	29,400		29,611	29,634	29,486		27,844	28,290	28,791	29,254	29,577		28,545	29,577	
Admits - Count	2,057	2,289	2,048	2,147	2,273	2,192	2,135	2,110	2,291		2,286	2,053	2,159		2,215	2,131	2,204	2,179	2,166		2,182	2,166	
Expansion	487	587	521	550	618	594	554	563	631		607	525	556		551	532	587	583	563		563	563	
Family/Adult/Other	1,070	1,165	1,062	1,079	1,146	1,173	1,106	1,073	1,186		1,165	1,066	1,123		1,120	1,099	1,133	1,122	1,118		1,118	1,118	
SPD	496	536	463	514	509	424	472	472	472		512	461	479		541	498	482	472	484		498	484	
Admits Acute - Count	1,344	1,509	1,306	1,330	1,423	1,338	1,383	1,409	1,514		1,507	1,353	1,477		1,468	1,386	1,364	1,435	1,446		1,413	1,446	
Expansion	386	459	411	413	464	453	422	440	492		457	386	437		434	419	443	451	427		437	427	
Family/Adult/Other	493	562	468	442	483	490	528	528	585		580	540	604		534	508	472	547	575		515	575	
SPD	462	487	426	472	476	394	431	439	435		469	426	435		497	458	447	435	443		460	443	
Readmit 30 Day - Count	221	243	237	234	251	267	263	272	300		287	239	252		269	234	251	278	259		258	259	
Expansion	57	63	53	57	78	71	71	76	100		84	72	68		77	58	69	82	75		72	75	
Family/Adult/Other	56	71	77	72	68	93	89	87	97		95	72	81		78	68	78	91	83		79	83	
SPD	107	109	107	105	105	103	102	109	103		108	95	103		113	108	104	105	102		107	102	
Readmit 14 Day - Count	23	19	18	18	28	24	29	22	24		22	24	21		24	20	23	25	22		23	22	
Expansion	6	4	5	10	8	5	7	6	8		4	7	8		8	5	8	7	6		7	6	
Family/Adult/Other	8	6	3	2	9	9	11	8	5		10	4	3		6	6	7	8	6		7	6	
SPD	9	8	10	6	11	10	11	8	11		8	13	10		10	9	9	10	10		10	10	
**ER Visits - Count	14,859	17,471	15,492	16,576	17,005	17,490	17,583	16,669	17,827		18,317	13,564	4,286		16,275	15,941	17,024	17,360	12,056		16,650	12,056	
Expansion	3,031	3,198	3,137	4,306	4,138	3,960	3,835	3,742	3,919		4,151	2,693	917		2,785	3,122	4,135	3,832	2,587		3,469	2,587	
Family/Adult/Other	9,983	12,367	10,606	10,494	11,025	11,758	11,977	11,215	12,155		12,274	9,589	2,990		11,653	10,985	11,092	11,782	8,284		11,378	8,284	
SPD	1,845	1,906	1,749	1,749	1,823	1,764	1,763	1,705	1,745		1,883	1,275	323		1,837	1,833	1,779	1,738	1,160		1,797	1,160	
Admits Acute - PTMPY	45.8	51.2	44.1	44.7	47.8	44.7	45.9	46.8	50.0		49.8	44.7	49.3		50.7	47.0	45.7	47.6	47.9		47.7	47.9	
Expansion	57.2	67.1	59.4	59.1	65.8	63.6	58.6	60.8	67.6		63.2	53.3	61.1		66.3	61.2	62.9	62.3	59.2		63.1	59.2	
Family/Adult/Other	24.4	27.7	23.0	21.7	23.7	24.0	25.8	25.8	28.5		28.2	26.3	29.7		26.8	25.0	23.1	26.7	28.0		25.4	28.0	
SPD	196.7	207.0	179.7	197.8	198.3	163.4	177.7	180.1	177.6		190.1	172.5	177.0		214.3	194.4	186.4	178.4	179.9		193.2	179.9	
Bed Days Acute - PTMPY	204.0	227.8	195.8	196.7	207.1	202.2	212.1	218.3	244.8		230.9	203.0	227.8		232.8	209.2	202.0	225.1	220.6		217.2	220.6	
Expansion	275.5	306.8	272.5	266.7	326.6	316.9	309.1	311.0	368.2		324.5	261.0	288.9		336.9	284.9	303.6	329.6	291.4		313.6	291.4	
Family/Adult/Other	74.8	83.1	82.1	73.5	82.1	91.5	90.4	90.1	102.0		106.4	94.5	111.8		86.3	80.0	82.4	94.2	104.2		85.7	104.2	
SPD	1,102.5	1,242.8	944.5	1,034.3	916.2	796.5	950.5	1,015.0	1,073.1		992.1	933.0	1,010.9		1,202.3	1,096.2	915.3	1,013.1	978.6		1,055.2	978.6	
ALOS Acute	4.5	4.4	4.4	4.4	4.3	4.5	4.6	4.7	4.9		4.6	4.5	4.6		4.6	4.4	4.4	4.7	4.6		4.5	4.6	
Expansion	4.8	4.6	4.6	4.5	5.0	5.0	5.3	5.1	5.5		5.1	4.9	4.7		5.1	4.7	4.8	5.3	4.9		5.0	4.9	
Family/Adult/Other	3.1	3.0	3.6	3.4	3.5	3.8	3.5	3.5	3.6		3.8	3.6	3.8		3.2	3.2	3.6	3.5	3.7		3.4	3.7	
SPD	5.6	6.0	5.3	5.2	4.6	4.9	5.4	5.6	6.0		5.2	5.4	5.7		5.6	5.6	4.9	5.7	5.4		5.5	5.4	
Readmit % 30 Day - PTMPY	10.7%	10.6%	11.6%	10.9%	11.0%	12.2%	12.3%	12.9%	13.1%		12.6%	11.6%	11.7%		12.1%	11.0%	11.4%	12.8%	12.0%		11.8%	12.0%	
Expansion	11.7%	10.7%	10.2%	10.4%	12.6%	12.0%	12.8%	13.5%	15.8%		13.8%	13.7%	12.2%		14.0%	10.8%	11.7%	14.1%	13.3%		12.7%	13.3%	
Family/Adult/Other	5.2%	6.1%	7.3%	6.7%	5.9%	7.9%	8.0%	8.1%	8.2%		8.2%	6.8%	7.2%		7.0%	6.2%	6.9%	8.1%	7.4%		7.0%	7.4%	
SPD	21.6%	20.3%	23.1%	20.4%	20.6%	24.3%	21.6%	23.1%	21.8%		21.1%	20.6%	21.5%		20.9%	21.6%	21.6%	22.2%	21.1%		21.6%	21.1%	
Readmit % 14 Day - PTMPY	1.7%	1.3%	1.4%	1.4%	2.0%	1.8%	2.1%	1.6%	1.6%		1.5%	1.8%	1.4%		1.6%	1.4%	1.7%	1.7%	1.5%		1.6%	1.5%	
Expansion	1.6%	0.9%	1.2%	2.4%	1.7%	1.1%	1.7%	1.4%	1.6%		0.9%	1.8%	1.8%		1.8%	1.2%	1.7%	1.6%	1.5%		1.6%	1.5%	
Family/Adult/Other	1.6%	1.1%	0.6%	0.5%	1.9%	1.8%	2.1%	1.5%	0.9%		1.7%	0.7%	0.5%		1.1%	1.1%	1.4%	1.5%	1.0%		1.3%	1.0%	
SPD	1.9%	1.6%	2.3%	1.3%	2.3%	2.5%	2.6%	1.8%	2.5%		1.7%	3.1%	2.3%		2.1%	2.0%	2.0%	2.3%	2.3%		2.1%	2.3%	
**ER Visits - PTMPY	569.0	662.3	582.2	557.7	570.6	583.8	584.0	553.1	589.0		605.5	448.2	143.0		562.3	540.9	570.7	575.4	399.7		562.4	399.7	
Expansion	449.0	467.6	453.1	616.4	587.2	556.1	532.8	516.7	538.1		573.9	372.1	128.1		425.8	456.6	586.4	529.2	358.9		501.4	358.9	
Family/Adult/Other	493.8	610.2	521.9	515.6	541.7	575.6	584.8	548.2	592.0		597.3	466.5	146.8		584.4	542.0	544.3	575.0	404.3		561.3	404.3	
SPD	785.4	810.1	737.8	733.0	759.6	731.4	726.7	699.5	712.2		763.1	516.3	131.5		791.6	777.7	741.3	712.8	470.8		755.3	470.8	

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 01/01/2016 to 3/31/2017
Report created 4/21/2017

ER utilization based on Claims c	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	2016-10	2016-11	2016-12	016-Tren	2017-01	2017-02	2017-03	017-Tren	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Qtr Trend	CY- 2016	CY-2017	CY-Trend
Services	TAT Compliance Goal: 100%										TAT Compliance Goal: 100%				TAT Compliance Goal: 100%						TAT Compliance Goal: 100%		
Preservice Routine	100.0%	100.0%	73.3%	73.3%	93.3%	100.0%	96.7%	93.3%	100.0%		100.0%	96.7%	100.0%		94.5%	91.1%	88.9%	96.7%			88%		
Preservice Urgent	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%		94.4%	97.8%	100.0%	100.0%			92%		
Postservice	100.0%	96.7%	100.0%	100.0%	90.0%	100.0%	96.7%	96.7%	96.7%		96.7%	96.7%	100.0%		91.2%	98.9%	96.7%	96.7%			87%		
Concurrent (inpatient only)	100.0%	100.0%	90.0%	90.0%	96.7%	93.3%	90.0%	93.3%	100.0%		100.0%		100.0%		100.0%	100.0%	93.3%	94.4%			100%		
Deferrals - Routine	100.0%	96.7%	73.3%	100.0%	96.7%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%		84.4%	90.0%	98.9%	100.0%			77%		
Deferrals - Urgent	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%		70.5%	100.0%	100.0%	100.0%			56%		
Deferrals - Post Service	null	null	null	null	null	null	null	null	null		null	null	null		null	null	null	null			null		
	CCS ID RATE										CCS ID RATE				CCS ID RATE						CCS ID RATE		
CCS %	7.20%	7.30%	7.35%	7.43%	7.36%	7.23%	7.25%	7.25%	7.28%		7.19%	7.48%	7.48%		7.34%	7.28%	7.34%	7.26%	7.19%		7.45%	7.19%	
	Inpatient Maternity Utilizatin ALL CV Mbrshp Rate Per Thousand										tient Maternity Utilizatin ALL CV Mb Rate Per Thousand				Inpatient Maternity Utilizatin ALL CV Mbrshp Rate Per Thousand								
Births	19.6	21.6	20.6	23.1	23.9	24.0	20.3	18.7	21.0		20.9	19.3	18.8		21.1	20.6	23.7	20.1	19.7		21.4		
OB % Days	15.7%	15.2%	17.0%	18.4%	18.4%	18.1%	15.2%	15.8%	15.2%		15.3%	17.5%	14.8%		15.2%	16.0%	18.3%	15.2%	15.6%		17.0%		
OB % Admits	28.0%	27.8%	29.8%	32.0%	31.5%	32.8%	28.7%	27.0%	28.0%		27.9%	29.2%	26.1%		27.6%	28.5%	32.1%	27.8%	27.5%		30.0%		
	Complex Cases										Complex Cases				Complex Cases						Complex Cases		
Total Members Outreached	132	79	83	177	147	0	0	0	0						323	294	324	0					
Total New Cases Open	32	37	30	46	73	2	0	0	0						77	99	121	0					
Total Cases Closed	88	138	107	102	147	105	29	27	25						351	328	354	81					
Total Cases Open During Month	137	135	106	118	151	126	81	52	25						222	205	183	81					
	Ambulatory Case Management										Ambulatory Case Management				Ambulatory Case Management						Ambulatory Case Manageme		
Total Outreached	133	113	68	67	61										0	314	0	0			830		
Accepted	68	48	23	27	25										0	139	0	0			388		
Acceptance Rate	51%	42%	34%	40%	41%										-	44%	41%	-			47%		
New Cases Opened	68	45	20	27	31										0	133	0	0			388		
Total Cases Open During Period	299	294	251	210	197										NA	NA	NA	NA			N/A		
Total Cases Closed	50	63	66	46	61										0	179	0	0			424		
Cases Ending Open	249	231	185	164	136										NA	NA	NA	NA			N/A		
	Perinatal Case Management										Perinatal Case Management				Perinatal Case Management						Perinatal Case Management		
Total Outreached	41	77	61	80	20	45	53	35	15		27	13	19		103	179	0	103	59		469	59	
Accepted	8	12	9	9	3	33	17	9	2		8	5	4		28	29	0	28	17		116	17	
Acceptance Rate	20%	16%	15%	11%	15%	73%	32%	26%	13%		30%	38%	21%		24%	16%	31%	27%	29%		25%	29%	
New Cases Opened	7	13	10	9	2	29	17	9	2		8	5	4		28	30	0	28	17		118	17	
Total Cases Open During Period	44	44	50	55	45	53	50	52	49		50	45	31		NA	NA	NA	61	57		N/A	57	
Total Cases Closed	13	5	4	10	13	24	7	5	5		10	12	7		17	22	0	17	29		102	29	
Cases Ending Open	31	39	46	45	32		43	47	44		40	33	24		NA	NA	NA	N/A	28		N/A	28	
	Integrated Case Management										Integrated Case Management				Integrated Case Management						Integrated Case Management		
Total Outreached						133	116	71	78		220	184	214				0	265	618		398	618	
Accepted						118	44	19	22		43	30	16				0	85	89		203	89	
Acceptance Rate						89%	38%	27%	28%		20%	16%	7%				-	32%	14%		51%	14%	
Total Screened and Refused/Decline						5	23	15	17		35	54	37				0	55	126		60	126	
Unable to Reach						10	19	33	35		50	109	102				0	87	261		97	261	
New Cases Opened						65	44	19	22		43	30	13				0	85	86		150	86	
Total Cases Closed						32	180	175	174		179	182	37				0	220	124		N/A	124	
Cases Ending Open						65	24	23	39		37	50	75				0	86	109		79	109	
Total Cases Open During Period						97	156	152	135		142	132	112				NA	N/A	233		N/A	233	
Critical-Complex Acuity						1	16	23	30		42	39	23				0	30	64		N/A	64	
High/Moderate/Low Acuity						142	164	152	144		137	143	89				NA	190	169		N/A	169	
	Record Processing										Record Processing				Record Processing						Record Processing		
Total Records	4,685	4,978	4,872	4,572	5,182	5,054	4,976	4,902	5,089		5,013	4,779	5,621		15,054	14,535	14,808	14,967	15,413		59,364	15,413	
Total Admissions	1,999	2,232	2,003	2,080	2,189	2,142	2,068	2,048	2,866		2,230	2,019	2,164		6,513	6,234	6,411	6,982	6,413		26,140	6,413	
Total Precerts	-	-	-	-	-	-	-	-	-														

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 01/01/2016 to 3/31/2017
Report created 4/21/2017
Fresno County

ER utilization based on Claims data	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	2016-10	2016-11	2016-12	2016-Trend	2017-01	2017-02	2017-03	2017-Trend	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Qtr Trend	CY- 2016	CY-2017	CY-Trend
															Quarterly Averages						Annual Averages		
Expansion Mbr Months	67,185	68,181	69,083	69,746	70,416	71,268	72,073	72,563	72,942		72,279	72,247	71,370		64,956	68,150	70,477	72,526	71,965		69,027	71,965	
Family/Adult/Other Mbr M	199,989	200,523	201,091	201,399	201,470	202,483	202,973	202,711	203,363		203,201	202,945	201,042		197,434	200,534	201,784	203,016	202,396		200,692	202,396	
SPD Mbr Months	23,850	23,890	24,080	24,251	24,403	24,520	24,690	24,786	24,902		25,074	25,075	24,977		23,527	23,940	24,391	24,793	25,042		24,163	25,042	
Admits - Count	1,788	2,012	1,822	1,870	1,979	1,870	1,861	1,888	2,040		2,013	1,818	1,876		1,947	1,874	1,906	1,930	1,902		1,914	1,902	
Expansion	415	512	454	481	548	503	489	506	572		542	458	474		484	460	511	522	491		494	491	
Family/Adult/Other	913	1,010	943	915	977	990	951	948	1,027		1,002	926	971		970	955	961	975	966		965	966	
SPD	456	489	423	470	454	376	418	432	439		467	433	430		491	456	433	430	443		452	443	
Admits Acute - Count	1,180	1,346	1,146	1,169	1,250	1,157	1,206	1,255	1,363		1,342	1,209	1,292		1,291	1,224	1,192	1,275	1,281		1,245	1,281	
Expansion	328	411	355	365	416	388	375	398	450		409	337	377		379	365	390	408	374		385	374	
Family/Adult/Other	426	489	402	367	408	418	447	453	507		502	469	523		458	439	398	469	498		441	498	
SPD	423	445	388	434	426	350	382	402	404		430	402	391		452	419	403	396	408		417	408	
Readmit 30 Day - Count	194	217	213	210	227	232	234	241	279		267	215	220		240	208	223	251	234		231	234	
Expansion	46	54	46	50	71	62	61	71	96		79	62	60		68	49	61	76	67		63	67	
Family/Adult/Other	48	61	67	59	58	74	77	73	85		84	62	69		66	59	64	78	72		67	72	
SPD	99	102	100	101	98	96	95	97	98		104	91	91		105	100	98	97	95		100	95	
Readmit 14 Day - Count	21	18	18	16	26	23	24	18	23		22	22	18		21	19	22	22	21		21	21	
Expansion	4	3	5	8	8	5	6	5	7		4	6	7		6	4	7	6	6		6	6	
Family/Adult/Other	8	6	3	2	7	9	7	6	5		10	3	2		5	6	6	6	5		6	5	
SPD	9	8	10	6	11	9	11	7	11		8	13	9		10	9	9	10	10		9	10	
****ER Visits - Count**	14,859	17,471	15,492	13,629	13,965	14,395	14,467	13,481	14,741		15,007	11,050	3,766		16,275	15,941	13,996	14,230	9,941		15,110	9,941	
Expansion	3,031	3,198	3,137	3,490	3,381	3,298	3,151	3,055	3,241		3,401	2,213	811		2,785	3,122	3,390	3,149	2,142		3,112	2,142	
Family/Adult/Other	9,983	12,367	10,606	8,650	9,041	9,630	9,851	8,994	10,061		10,035	7,773	2,620		11,653	10,985	9,107	9,635	6,809		10,345	6,809	
SPD	1,845	1,906	1,749	1,470	1,527	1,459	1,458	1,427	1,432		1,562	1,058	285		1,837	1,833	1,485	1,439	968		1,649	968	
Admits Acute - PTMPY	48.6	55.2	46.7	47.5	50.6	46.5	48.3	50.2	54.3		53.6	48.3	52.1		53.9	50.2	48.2	50.9	51.3		50.8	51.3	
Expansion	58.6	72.3	61.7	62.8	70.9	65.3	62.4	65.8	74.0		67.9	56.0	63.4		70.0	64.2	66.3	67.5	62.4		67.0	62.4	
Family/Adult/Other	25.6	29.3	24.0	21.9	24.3	24.8	26.4	26.8	29.9		29.6	27.7	31.2		27.8	26.3	23.6	27.7	29.5		26.4	29.5	
SPD	212.8	223.5	193.4	214.8	209.5	171.3	185.7	194.6	194.7		205.8	192.4	187.9		230.4	209.9	198.4	191.7	195.4		207.3	195.4	
Bed Days Acute - PTMPY	219.0	243.7	208.6	207.4	226.5	207.4	225.5	239.1	270.2		254.8	221.1	239.8		246.8	223.7	213.7	245.0	238.6		232.3	238.6	
Expansion	277.2	330.9	290.3	280.8	363.3	324.6	320.2	347.1	415.1		353.5	271.1	289.9		346.8	299.5	323.1	361.0	304.9		332.8	304.9	
Family/Adult/Other	78.4	83.0	80.7	68.4	85.2	85.8	92.9	92.2	104.1		115.8	102.2	117.2		89.1	80.7	79.8	96.4	111.7		86.5	111.7	
SPD	1,224.7	1,341.1	1,039.5	1,141.1	998.2	865.7	1,037.2	1,118.9	1,201.3		1,094.5	1,035.6	1,082.9		1,294.9	1,201.3	1,001.2	1,119.4	1,071.0		1,152.6	1,071.0	
ALOS Acute	4.5	4.4	4.5	4.4	4.5	4.5	4.7	4.8	5.0		4.8	4.6	4.6		4.6	4.5	4.4	4.8	4.6		4.6	4.6	
Expansion	4.7	4.6	4.7	4.5	5.1	5.0	5.1	5.3	5.6		5.2	4.8	4.6		5.0	4.7	4.9	5.4	4.9		5.0	4.9	
Family/Adult/Other	3.1	2.8	3.4	3.1	3.5	3.5	3.5	3.4	3.5		3.9	3.7	3.8		3.2	3.1	3.4	3.5	3.8		3.3	3.8	
SPD	5.8	6.0	5.4	5.3	4.8	5.1	5.6	5.7	6.2		5.3	5.4	5.8		5.6	5.7	5.0	5.8	5.5		5.6	5.5	
Readmit % 30 Day - PTMPY	10.9%	10.8%	11.7%	11.2%	11.5%	12.4%	12.6%	12.8%	13.7%		13.3%	11.8%	11.7%		12.3%	11.1%	11.7%	13.0%	12.3%		12.0%	12.3%	
Expansion	11.1%	10.5%	10.1%	10.4%	13.0%	12.3%	12.5%	14.0%	16.8%		14.6%	13.5%	12.7%		14.0%	10.6%	11.9%	14.6%	13.6%		12.8%	13.6%	
Family/Adult/Other	5.3%	6.0%	7.1%	6.4%	5.9%	7.5%	8.1%	7.7%	8.3%		8.4%	6.7%	7.1%		6.8%	6.1%	6.6%	8.0%	7.4%		6.9%	7.4%	
SPD	21.7%	20.9%	23.6%	21.5%	21.6%	25.5%	22.7%	22.5%	22.3%		22.3%	21.0%	21.2%		21.4%	22.0%	22.7%	22.5%	21.5%		22.1%	21.5%	
Readmit % 14 Day - PTMPY	1.8%	1.3%	1.6%	1.4%	2.1%	2.0%	2.0%	1.4%	1.7%		1.6%	1.8%	1.4%		1.6%	1.6%	1.8%	1.7%	1.6%		1.7%	1.6%	
Expansion	1.2%	0.7%	1.4%	2.2%	1.9%	1.3%	1.6%	1.3%	1.6%		1.0%	1.8%	1.9%		1.5%	1.1%	1.8%	1.5%	1.5%		1.5%	1.5%	
Family/Adult/Other	1.9%	1.2%	0.7%	0.5%	1.7%	2.2%	1.6%	1.3%	1.0%		2.0%	0.6%	0.4%		1.2%	1.3%	1.5%	1.3%	1.0%		1.3%	1.0%	
SPD	2.1%	1.8%	2.6%	1.4%	2.6%	2.6%	2.9%	1.7%	2.7%		1.9%	3.2%	2.3%		2.1%	2.1%	2.1%	2.4%	2.5%		2.2%	2.5%	
****ER Visits - PTMPY**	569.0	662.3	582.2	553.7	565.6	579.1	579.2	539.1	587.3		599.2	441.6	152.0		680.2	653.6	566.2	568.6	398.4		616.3	398.4	
Expansion	541.4	562.9	544.9	600.5	576.2	555.3	524.6	505.2	533.2		564.6	367.6	136.4		514.6	549.7	577.2	521.0	357.1		540.9	357.1	
Family/Adult/Other	599.0	740.1	632.9	515.4	538.5	570.7	582.4	532.4	593.7		592.6	459.6	156.4		708.2	657.4	541.6	569.5	403.7		618.6	403.7	
SPD	928.3	957.4	871.6	727.4	750.9	714.0	708.6	690.9	690.1		747.5	506.3	136.9		936.8	919.0	730.8	696.5	464.0		818.7	464.0	

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 01/01/2016 to 3/31/2017
Report created 4/21/2017
Kings County

ER utilization based on Claims data	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	2016-10	2016-11	2016-12	2016-Trend	2017-01	2017-02	2017-03	2017-Trend	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Qtr Trend	CY- 2016	CY-2017	CY-Trend
															Quarterly Averages						Annual Averages		
Expansion Mbr Months	6,394	6,415	6,433	6,420	6,420	6,380	6,455	6,461	6,498		6,569	6,640	6,622		6,238	6,414	6,407	6,471	6,610		6,382	6,610	
Family/Adult/Other Mbr M	17,528	17,493	17,550	17,585	17,567	17,353	17,438	17,416	17,572		17,757	18,010	17,814		17,218	17,524	17,502	17,475	17,860		17,430	17,860	
SPD Mbr Months	2,104	2,109	2,115	2,124	2,136	2,152	2,153	2,168	2,188		2,213	2,227	2,192		2,093	2,109	2,137	2,170	2,211		2,127	2,211	
Admits - Count	63	79	53	81	74	85	76	50	71		71	58	75		76	65	80	66	68		72	68	
Expansion	11	21	13	22	16	23	18	9	20		18	16	26		21	15	20	16	20		18	20	
Family/Adult/Other	37	49	29	48	45	49	42	30	42		43	38	34		41	38	47	38	38		41	38	
SPD	15	9	11	11	13	13	16	11	9		10	4	15		15	12	12	12	10		13	10	
Admits Acute - Count	40	42	36	48	43	46	52	34	38		29	33	46		49	39	46	41	36		44	36	
Expansion	9	12	10	15	11	15	14	6	15		11	12	19		17	10	14	12	14		13	14	
Family/Adult/Other	16	22	15	24	21	18	24	18	16		12	17	12		19	18	21	19	14		19	14	
SPD	15	8	11	9	11	13	14	10	7		6	4	15		13	11	11	10	8		11	8	
Readmit 30 Day - Count	6	5	4	7	5	7	9	5	6		3	6	7		6	5	6	7	5		6	5	
Expansion	2	1	0	1	1	1	2	0	1		2	4	2		3	1	1	1	3		1	3	
Family/Adult/Other	1	4	2	4	4	3	7	4	3		1	2	1		2	2	4	5	1		3	1	
SPD	3	0	2	2	0	3	0	1	2		0	0	4		2	2	2	1	1		2	1	
Readmit 14 Day - Count	0	0	0	1	1	0	5	1	1		0	2	1		0	0	1	2	1		1	1	
Expansion	0	0	0	1	0	0	1	0	1		0	1	0		0	0	0	1	0		0	0	
Family/Adult/Other	0	0	0	0	1	0	4	1	0		0	1	0		0	0	0	2	0		1	0	
SPD	0	0	0	0	0	0	0	0	0		0	0	1		0	0	0	0	0		0	0	
****ER Visits - Count**	14,859	17,471	15,492	1,530	1,541	1,533	1,580	1,643	1,571		1,680	1,087	174		16,275	15,941	1,535	1,598	980		8,837	980	
Expansion	3,031	3,198	3,137	483	431	364	400	397	383		452	261	41		2,785	3,122	426	393	251		1,682	251	
Family/Adult/Other	9,983	12,367	10,606	865	921	968	981	1,038	987		1,025	710	112		11,653	10,985	918	1,002	616		6,140	616	
SPD	1,845	1,906	1,749	176	186	201	198	206	200		203	116	19		1,837	1,833	188	201	113		1,015	113	
Admits Acute - PTMPY	18.4	19.4	16.6	22.0	19.8	21.3	24.0	15.7	17.4		13.1	14.7	20.7		22.8	18.1	21.0	19.0	16.2		20.2	16.2	
Expansion	16.9	22.4	18.7	28.0	20.6	28.2	26.0	11.1	27.7		20.1	21.7	34.4		33.3	19.3	25.6	21.6	25.4		24.9	25.4	
Family/Adult/Other	11.0	15.1	10.3	16.4	14.3	12.4	16.5	12.4	10.9		8.1	11.3	8.1		13.0	12.1	14.4	13.3	9.2		13.2	9.2	
SPD	85.6	45.5	62.4	50.8	61.8	72.5	78.0	55.4	38.4		32.5	21.6	82.1		74.5	64.5	61.8	57.2	45.2		64.4	45.2	
Bed Days Acute - PTMPY	75.6	68.7	86.9	69.8	59.7	84.4	96.8	59.9	65.8		41.6	67.0	104.1		88.7	77.1	71.3	74.1	70.9		77.8	70.9	
Expansion	90.1	102.9	93.3	121.5	63.6	126.0	167.3	68.7	142.2		47.5	128.3	206.6		162.2	95.4	103.6	126.1	127.7		121.6	127.7	
Family/Adult/Other	21.9	41.8	43.8	41.6	41.0	49.8	37.8	35.8	28.0		25.0	30.6	24.3		35.1	35.8	44.1	33.9	26.7		37.2	26.7	
SPD	479.1	187.8	425.5	146.9	202.2	239.8	362.3	226.9	142.6		157.3	177.8	443.4		321.0	364.1	196.5	243.4	258.7		280.6	258.7	
ALOS Acute	4.1	3.5	5.3	3.2	3.0	4.0	4.0	3.8	3.8		3.2	4.5	5.0		3.9	4.3	3.4	3.9	4.4		3.8	4.4	
Expansion	5.3	4.6	5.0	4.3	3.1	4.5	6.4	6.2	5.1		2.4	5.9	6.0		4.9	4.9	4.0	5.8	5.0		4.9	5.0	
Family/Adult/Other	2.0	2.8	4.3	2.5	2.9	4.0	2.3	2.9	2.6		3.1	2.7	3.0		2.7	3.0	3.1	2.6	2.9		2.8	2.9	
SPD	5.6	4.1	6.8	2.9	3.3	3.3	4.6	4.1	3.7		4.8	8.3	5.4		4.3	5.6	3.2	4.3	5.7		4.4	5.7	
Readmit % 30 Day - PTMPY	9.5%	6.3%	7.5%	8.6%	6.8%	8.2%	11.8%	10.0%	8.5%		4.2%	10.3%	9.3%		8.3%	7.7%	7.9%	10.2%	7.8%		8.5%	7.8%	
Expansion	18.2%	4.8%	0.0%	4.5%	6.3%	4.3%	11.1%	0.0%	5.0%		11.1%	25.0%	7.7%		12.9%	6.7%	4.9%	6.4%	13.3%		7.9%	13.3%	
Family/Adult/Other	2.7%	8.2%	6.9%	8.3%	8.9%	6.1%	16.7%	13.3%	7.1%		2.3%	5.3%	2.9%		4.1%	6.1%	7.7%	12.3%	3.5%		7.5%	3.5%	
SPD	20.0%	0.0%	18.2%	18.2%	0.0%	23.1%	0.0%	9.1%	22.2%		0.0%	0.0%	26.7%		13.6%	14.3%	13.5%	8.3%	13.8%		12.5%	13.8%	
Readmit % 14 Day - PTMPY	0.0%	0.0%	0.0%	2.1%	2.3%	0.0%	9.6%	2.9%	2.6%		0.0%	6.1%	2.2%		0.0%	0.0%	1.5%	5.6%	2.8%		1.7%	2.8%	
Expansion	0.0%	0.0%	0.0%	6.7%	0.0%	0.0%	7.1%	0.0%	6.7%		0.0%	8.3%	0.0%		0.0%	0.0%	2.4%	5.7%	2.4%		1.9%	2.4%	
Family/Adult/Other	0.0%	0.0%	0.0%	0.0%	4.8%	0.0%	16.7%	5.6%	0.0%		0.0%	5.9%	0.0%		0.0%	0.0%	1.6%	8.6%	2.4%		2.6%	2.4%	
SPD	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%	6.7%		0.0%	0.0%	0.0%	0.0%	4.0%		0.0%	4.0%	
****ER Visits - PTMPY**	569.0	662.3	582.2	702.7	707.9	710.7	727.9	757.0	718.0		759.6	485.3	78.4		7,574.9	7,342.6	707.1	734.3	440.9		4,078.8	440.9	
Expansion	5,688.5	5,982.2	5,851.7	902.8	805.6	684.6	743.6	737.3	707.3		825.7	471.7	74.3		5,358.4	5,841.0	797.9	729.4	456.3		3,161.8	456.3	
Family/Adult/Other	6,834.6	8,483.6	7,252.0	590.3	629.1	669.4	675.1	715.2	674.0		692.7	473.1	75.4		8,121.1	7,522.6	629.4	688.1	413.7		4,226.9	413.7	
SPD	10,522.8	10,845.0	9,923.4	994.4	1,044.9	1,120.8	1,103.6	1,140.2	1,096.9		1,100.8	625.1	104.0		10,528.7	10,429.8	1,053.6	1,113.5	611.6		5,723.8	611.6	

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Madera County

ER utilization based on Claims data	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	2016-10	2016-11	2016-12	2016-Trend	2017-01	2017-02	2017-03	2017-Trend	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Qtr Trend	CY- 2016	CY-2017	CY-Trend
															Quarterly Averages						Annual Averages		
Expansion Mbr Months	7,425	7,472	7,573	7,660	7,733	7,808	7,848	7,874	7,960		7,953	7,962	7,877		7,310	7,490	7,734	7,894	7,931		7,607	7,931	
Family/Adult/Other Mbr M	25,104	25,178	25,239	25,236	25,191	25,297	25,375	25,386	25,445		25,626	25,691	25,579		24,642	25,174	25,241	25,402	25,632		25,115	25,632	
SPD Mbr Months	2,237	2,233	2,251	2,258	2,262	2,268	2,270	2,294	2,310		2,324	2,332	2,317		2,224	2,240	2,263	2,291	2,324		2,255	2,324	
Admits - Count	206	198	173	196	220	237	198	172	180		202	177	208		192	192	218	183	196		196	196	
Expansion	61	54	54	47	54	68	47	48	39		47	51	56		47	56	56	45	51		51	51	
Family/Adult/Other	120	106	90	116	124	134	113	95	117		120	102	118		109	105	125	108	113		112	113	
SPD	25	38	29	33	42	35	38	29	24		35	24	34		35	31	37	30	31		33	31	
Admits Acute - Count	124	121	124	113	130	135	125	120	113		136	111	139		128	123	126	119	129		124	129	
Expansion	49	36	46	33	37	50	33	36	27		37	37	41		38	44	40	32	38		38	38	
Family/Adult/Other	51	51	51	51	54	54	57	57	62		66	54	69		58	51	53	59	63		55	63	
SPD	24	34	27	29	39	31	35	27	24		33	20	29		33	28	33	29	27		31	27	
Readmit 30 Day - Count	21	21	20	17	19	28	20	26	15		17	18	25		23	21	21	20	20		21	20	
Expansion	9	8	7	6	6	8	8	5	3		3	6	6		7	8	7	5	5		7	5	
Family/Adult/Other	7	6	8	9	6	16	5	10	9		10	8	11		10	7	10	8	10		9	10	
SPD	5	7	5	2	7	4	7	11	3		4	4	8		6	6	4	7	5		6	5	
Readmit 14 Day - Count	2	1	0	1	1	1	0	3	0		0	0	2		3	1	1	1	1		2	1	
Expansion	2	1	0	1	0	0	0	1	0		0	0	1		2	1	0	0	0		1	0	
Family/Adult/Other	0	0	0	0	1	0	0	1	0		0	0	1		1	0	0	0	0		0	0	
SPD	0	0	0	0	0	1	0	1	0		0	0	0		1	0	0	0	0		0	0	
****ER Visits - Count**	14,859	17,471	15,492	1,417	1,499	1,562	1,536	1,545	1,515		1,630	1,427	346		16,275	15,941	1,493	1,532	1,134		8,810	1,134	
Expansion	3,031	3,198	3,137	333	326	298	284	290	295		298	219	65		2,785	3,122	319	290	194		1,629	194	
Family/Adult/Other	9,983	12,367	10,606	979	1,063	1,160	1,145	1,183	1,107		1,214	1,106	258		11,653	10,985	1,067	1,145	859		6,213	859	
SPD	1,845	1,906	1,749	103	110	104	107	72	113		118	101	19		1,837	1,833	106	97	79		968	79	
Admits Acute - PTMPY	42.8	41.6	42.4	38.6	44.3	45.8	42.3	40.5	38.0		45.5	37.0	46.6		44.8	42.3	42.9	40.2	43.0		42.5	43.0	
Expansion	79.2	57.8	72.9	51.7	57.4	76.8	50.5	54.9	40.7		55.8	55.8	62.5		61.8	70.0	62.1	48.6	58.0		60.5	58.0	
Family/Adult/Other	24.4	24.3	24.2	24.3	25.7	25.6	27.0	26.9	29.2		30.9	25.2	32.4		28.1	24.3	25.2	27.7	29.5		26.3	29.5	
SPD	128.7	182.7	143.9	154.1	206.9	164.0	185.0	141.2	124.7		170.4	102.9	150.2		176.3	151.8	175.0	150.1	141.1		163.2	141.1	
Bed Days Acute - PTMPY	174.2	213.6	169.8	201.1	153.5	244.6	183.9	159.0	161.9		171.5	153.7	220.4		223.8	185.9	199.8	168.3	181.8		194.2	181.8	
Expansion	420.2	261.8	263.0	260.1	211.0	402.7	324.2	176.8	123.6		289.7	280.3	348.9		397.8	314.6	291.7	207.8	306.2		301.0	306.2	
Family/Adult/Other	82.7	113.0	119.8	136.5	86.2	166.0	106.4	110.1	136.8		88.5	78.5	130.9		99.2	105.2	129.6	117.8	99.3		113.0	99.3	
SPD	386.2	1,187.6	415.8	722.8	705.6	576.7	565.6	638.2	571.4		681.6	550.6	771.7		1,052.2	662.4	668.2	591.8	667.7		742.0	667.7	
ALOS Acute	4.1	5.1	4.0	5.2	3.5	5.3	4.4	3.9	4.3		3.8	4.2	4.7		5.0	4.4	4.7	4.2	4.2		4.6	4.2	
Expansion	5.3	4.5	3.6	5.0	3.7	5.2	6.4	3.2	3.0		5.2	5.0	5.6		6.4	4.5	4.7	4.3	5.3		5.0	5.3	
Family/Adult/Other	3.4	4.6	4.9	5.6	3.4	6.5	3.9	4.1	4.7		2.9	3.1	4.0		3.5	4.3	5.1	4.3	3.4		4.3	3.4	
SPD	3.0	6.5	2.9	4.7	3.4	3.5	3.1	4.5	4.6		4.0	5.4	5.1		6.0	4.4	3.8	3.9	4.7		4.5	4.7	
Readmit % 30 Day - PTMPY	10.2%	10.6%	11.6%	8.7%	8.6%	11.8%	10.1%	15.1%	8.3%		8.4%	10.2%	12.0%		12.0%	10.7%	9.8%	11.1%	10.2%		10.9%	10.2%	
Expansion	14.8%	14.8%	13.0%	12.8%	11.1%	11.8%	17.0%	10.4%	7.7%		6.4%	11.8%	10.7%		15.0%	14.2%	11.8%	11.9%	9.7%		13.2%	9.7%	
Family/Adult/Other	5.8%	5.7%	8.9%	7.8%	4.8%	11.9%	4.4%	10.5%	7.7%		8.3%	7.8%	9.3%		9.1%	6.6%	8.3%	7.4%	8.5%		7.9%	8.5%	
SPD	20.0%	18.4%	17.2%	6.1%	16.7%	11.4%	18.4%	37.9%	12.5%		11.4%	16.7%	23.5%		17.0%	18.5%	11.8%	23.1%	17.2%		17.3%	17.2%	
Readmit % 14 Day - PTMPY	1.6%	0.8%	0.0%	0.9%	0.8%	0.7%	0.0%	2.5%	0.0%		0.0%	0.0%	1.4%		2.6%	0.8%	0.8%	0.8%	0.5%		1.3%	0.5%	
Expansion	4.1%	2.8%	0.0%	3.0%	0.0%	0.0%	0.0%	2.8%	0.0%		0.0%	0.0%	2.4%		5.3%	2.3%	0.8%	1.0%	0.9%		2.4%	0.9%	
Family/Adult/Other	0.0%	0.0%	0.0%	0.0%	1.9%	0.0%	0.0%	1.8%	0.0%		0.0%	0.0%	1.4%		1.2%	0.0%	0.6%	0.6%	0.5%		0.6%	0.5%	
SPD	0.0%	0.0%	0.0%	0.0%	0.0%	3.2%	0.0%	3.7%	0.0%		0.0%	0.0%	0.0%		2.0%	0.0%	1.0%	1.2%	0.0%		1.1%	0.0%	
****ER Visits - PTMPY**	569.0	662.3	582.2	483.7	511.2	529.9	519.3	521.5	509.0		544.8	475.9	116.1		5,675.1	5,479.6	508.3	516.6	379.3		3,017.4	379.3	
Expansion	4,898.6	5,136.0	4,970.8	521.7	505.9	458.0	434.3	442.0	444.7		449.6	330.1	99.0		4,572.6	5,001.9	495.0	440.3	293.5		2,569.8	293.5	
Family/Adult/Other	4,772.0	5,894.2	5,042.7	465.5	506.4	550.3	541.5	559.2	522.1		568.5	516.6	121.0		5,674.6	5,236.6	507.4	540.9	402.3		2,968.4	402.3	
SPD	9,897.2	10,242.7	9,323.9	547.4	583.6	550.3	565.6	376.6	587.0		609.3	519.7	98.4		9,910.1	9,820.0	560.4	509.7	409.6		5,153.5	409.6	

Item #12

Attachment 12.E

QIUM Quarterly Summary Report

REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

FROM: Patrick C. Marabella, MD
Amy Schneider, RN

COMMITTEE DATE: May 18th, 2017

SUBJECT: CalViva Health QI/UM Update of Activities in Quarter 1 2017 (March)

Purpose of Activity:

This report is to provide the RHA Commission with an update on the CalViva Health QI/UM performance, program and regulatory activities in Quarter 1 of 2017.

I. Meetings

Two QI/UM Committee meetings were held in Quarter 1, one on February 16th and one on March 16th, 2017. A summary of the February meeting can be found in the March 16th Activity Summary. The following guiding documents were approved at the March meeting:

1. QI/UM Committee Charter
2. 2017 QI Program Description
3. 2017 QI Work Plan
4. 2017 UMCM Work Plan
5. Utilization Management Policy Grid-Review of UMCM policies including 4 new policies.

Additionally, the following general documents were reviewed and approved at this meeting:

1. Medical Policies Qtr 4

The following is a summary of some, but not all, of the reports and topics reviewed:

- **Quality Improvement Reports -** The quality and safety of many of the health plan functions are assessed and monitored through quality improvement reports. These reports cover health plan performance, programmatic documents and regulatory reports. During this reporting period the QI/UM Committee's review included, but was not limited to:
  1. The **Appeal and Grievance Dashboard** which track volumes, turn-around times, case classifications, and access related issues. Data for January 2017 were reviewed.
  2. **The Initial Health Assessment Report** The Department of Health Care Services (DHCS) requires completion of the Initial Health Assessment (IHA) for new Medi-Cal members within 120 days of enrollment. CalViva uses a three-pronged approach to monitor and assess IHA completion:
     a. Medical Record Review (MRR) via onsite provider audits
     b. Monitoring of claims and encounters
     c. Member outreach
  3. **MHN Performance Indicator Report** MHN provides behavioral health services for CalViva members needing mild to moderate level services including Autism Spectrum Disorder (ASD). Their report covers an array of performance indicator metrics such as access, authorization decision timeliness, potential quality issues, network availability and network adequacy. Seventeen metrics are reported on and all met standards for Q4 2016.
  4. **PM 160 Report** This report provides an assessment of provider compliance with required submission of Child Health and Disability Prevention Program (CHDP) PM-160 INF forms. The data provided on the PM 160 forms allow CalViva Health to track preventive services for members under the age of 21 and

complies with the Department of Health Care Services (DHCS) requirements. Data is provided on reports submitted vs visits expected for children 0-2 years and 2-20 years. Data challenges have been encountered with provider and member attribution, however efforts continue to attempt to capture and report this information.

- **UMCM Reports -** Utilization and Case Management activities are monitored in an ongoing manner through a variety of performance, programmatic and regulatory reports. At the March meeting the UMCM related reports included but were not limited to the following:
    1. The **Key Indicator Report (KIR)** reflects data as of January 31st, 2017. This report includes key metrics for tracking utilization and case management activities. Minimal increase in membership noted in January and Bed Days for SPD's continue to decline. ER visits down slightly.
    2. The **Case Management and CCM Report** The Case Management program provides an evidence-based process for the medical management of members, including assessment, care plans and evaluation of care effectiveness. This report covers three case management programs: Integrated (ICM), Complex (CCM), and Perinatal (PCM). Beginning September 1st, 2016, a new case management model was implemented for CalViva members and the team transitioned to a new case management documentation system. The goal of these programs is to identify high risk members and engage them in the appropriate program. Case volumes will stabilize as transition is completed.

- **Pharmacy Reports –** Pharmacy quarterly reports include Operation Metrics, Top Medication Prior Authorization Requests, and quarterly Recommended Drug List changes to assess for emerging patterns in authorization requests and compliance around prior authorization and Call Center metrics, and to formulate potential process improvements.
    i. The fourth quarter Operations metrics, and Top 30 prior authorization metrics are currently unavailable for October through December 2016. PA turnaround times continue to be monitored.
    ii. The Inter-rater Reliability Test Results for Q4 2015 through Q2 2016 had a cumulative quarterly threshold of 99% and above. The Q3 2016 results are not yet available.
- **Credentialing and Peer Review Sub-Committee Reports** were reviewed and submitted to RHA Commission for review.

II. HEDIS® Activity

HEDIS performance measures are used to assess the quality of care provided to health plan members. Managed Care Plans are required by contract to annually report performance measurement results to DHCS/HSAG. CalViva Medical Management staff continue efforts associated with two formal Performance Improvement Projects (PIPs) required by DHCS and five other Rapid-cycle improvement projects identified through HEDIS measurements.

<u>Key Activities in Quarter 1:</u>

- The 2017 CalViva HEDIS Roadmap was submitted by January 31st as required by state regulations.
- MY2016 HEDIS data is being gathered from clinics and providers throughout the three-county area and will be available in Quarter 2 to provide direction for future quality activities.
- CalViva holds monthly HEDIS meetings with Quality and HEDIS team leadership to monitor progress and maintain oversight of activities.
- On March 21st Medical Management staff participated in the HEDIS® 2017 On-site Compliance Audit for CalViva Health. This audit is performed by HSAG and includes a review of the Plan's Roadmap, Data Integration and Reporting, Provider Data, Membership and Claims and Encounter Data Systems. An Issues List is provided at the conclusion of the audit and all identified issues must be resolved by the time of data submission in May.

III. Access & Availability

Effective and efficient access to providers and services is critical to the provision of safe, high quality care. CalViva's Access Workgroup strives to ensure this high-risk function receives adequate monitoring and oversight. The Access Workgroup met on March 6th 2017. Along with routine monitoring reports the Access Workgroup reviewed the following:

- The final 2016 CVH Appointment Access & After Hours Corrective Action Plan
- Annual Timely Access Report (TAR) preparation for the 2016 DMHC Submission
- Specialist Access

IV. Kaiser Reports

Quarter 4 2016 reports were received in January and February with the following findings:

1. Grievance Reports 4th Quarter- All member, SPD, CBAS and Targeted Low Income Child members

2. Utilization Management & DME 4th Quarter – Summary - no significant findings
3. Mental Health Services 4th Quarter –Mental Health COC Report, Mental Health Referral, Grievance, BHT Report no significant issues.
4. CBAS Services and Assessment – 4th Quarter - no significant issues
5. Overall Volumes and Call Center Report – 4th Quarter – no significant issues

Monthly Provider Reports were received in March and HEDIS reports were submitted during Q1 as well.

V. Findings/Outcomes

Reports covering all pertinent areas have been reviewed and evaluated according to the established schedule to facilitate the ongoing monitoring of the quality and safety of care provided to CalViva members. No significant compliance issues have been identified. Oversight and monitoring processes will continue.

Item #12

Attachment 12.F

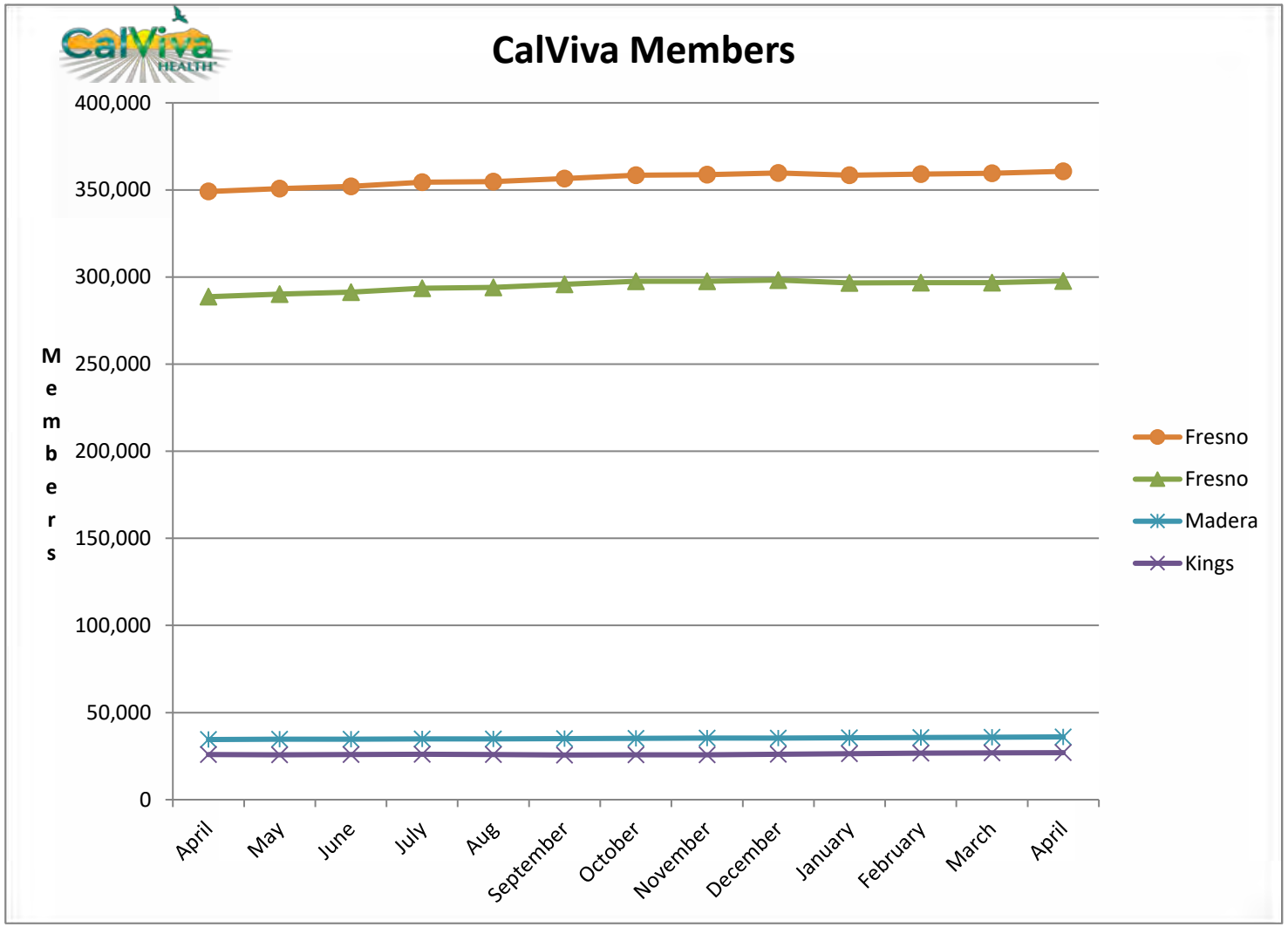
Executive Dashboard

Month	2016 April	2016 May	2016 June	2016 July	2016 Aug	2016 September	2016 October	2016 November	2016 December	2017 January	2017 February	2017 March	2017 April
CVH Members													
Fresno	288,696	290,219	291,380	293,530	293,999	295,801	297,534	297,649	298,282	296,674	296,787	296,780	297,669
Kings	25,873	25,791	25,924	26,021	25,934	25,635	25,758	25,762	26,036	26,310	26,680	26,903	26,979
Madera	34,515	34,703	34,778	34,953	34,899	35,106	35,211	35,311	35,379	35,504	35,612	35,916	36,039
Total	349,084	350,713	352,082	354,504	354,832	356,542	358,503	358,722	359,697	358,488	359,079	359,599	360,687
SPD	27,891	28,156	28,286	28,459	28,617	28,839	28,886	29,072	29,239	29,349	29,493	29,608	n/a
CVH Mrkt Share	70.15%	70.25%	70.30%	70.34%	70.41%	70.46%	70.46%	70.45%	70.45%	70.40%	70.40%	70.44%	70.47%
ABC Members													
Fresno	109,947	110,063	110,194	110,775	110,405	110,949	111,686	111,882	112,033	111,653	111,865	111,821	111,970
Kings	19,366	19,266	19,367	19,490	19,557	19,333	19,385	19,366	19,586	19,885	20,023	20,017	19,927
Madera	19,253	19,201	19,177	19,249	19,144	19,210	19,224	19,248	19,225	19,167	19,061	19,098	19,258
Total	148,566	148,530	148,738	149,514	149,106	149,492	150,295	150,496	150,844	150,705	150,949	150,936	151,155
Default													
Fresno	1,367	1,151	1,002	1,070	878	945	1,003	886	873	1,071	896	948	1,061
Kings	186	118	108	116	89	104	125	118	126	158	149	154	194
Madera	201	153	141	163	114	170	153	140	167	191	132	188	180
County Share of Choice as %													
Fresno	70.20%	71.70%	69.10%	70.40%	70.20%	68.70%	67.90%	68.30%	66.50%	61.30%	61.90%	65.10%	67.10%
Kings	55.40%	57.60%	53.10%	49.20%	54.10%	53.30%	57.10%	52.50%	57.20%	54.90%	59.70%	62.00%	60.00%
Madera	64.70%	67.40%	67.10%	62.90%	66.00%	60.30%	60.60%	61.10%	60.00%	57.40%	66.70%	67.30%	58.90%
Voluntary Disenrollments													
Fresno	585	1,057	569	505	584	666	636	1,153	540	1,064	846	574	587
Kings	76	132	53	55	72	69	64	138	53	66	57	57	45
Madera	115	175	86	80	109	119	82	161	62	266	41	52	65
No. Claims Processed	201,115	179,781	203,583	175,777	183,750	180,762	160,087	184,227	196,360	176,008	176,090	225,985	n/a
Claims Turn-around	99.78%	99.87%	99.90%	99.30%	99.86%	99.90%	99.80%	99.86%	99.91%	99.76%	99.92%	99.87%	n/a
Weekly Average	40,223	44,945	50,896	43,944	45,938	45,191	40,022	46,057	49,090	44,002	44,023	45,197	n/a

Note: Most data is preliminary and may have retroactive adjustments as new or updated information becomes available..

Data Current as of April 25, 2017

Note: Claims Turn-around = 30 Calendar/45 Work Days - Updates will be available on quarterly basis based on calendar year.


CalViva Members
400,000
350,000
300,000
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200,000
150,000
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50,000
0
Members
April
May
June
July
Aug
September
October
November
December
January
February
March
April
Fresno
Fresno
Madera
Kings