

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

Ed Hill
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: July 14, 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, July 20, 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

AGENDA

Fresno-Kings-Madera Regional Health Authority

Commission Meeting

July 20, 2017

1:30pm - 3:30pm

Meeting Location:

CalViva Health
7625 N. Palm Ave., Ste. 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 Information	Attachment A	Madera County At-Large Reappointment • Aftab Naz, M.D.	D. Hodge, MD; Chair
4 Information	No attachment	Fresno County At-Large Appointment/Reappointment	D. Hodge, MD; Chair
5 Information	Attachment A	Kings County, Director of Public Health Appointee • Ed Hill	D. Hodge, MD; Chair
6		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	
7 Action	Attachment A Attachment B Attachment C Attachment D Attachment E Attachment F Attachment G	Consent Agenda • Commission Minutes dated May 18, 2017 • Finance Committee Minutes dated 3/16/17 • Public Policy Minutes dated 3/1/17 • QI/UM Committee Minutes dated 3/16/17 • Finance Committee Charter • Credentialing Committee Charter • Peer Review Committee Charter	D. Hodge, MD; Chair

Attachment H	<ul style="list-style-type: none"> Quality Improvement/Utilization Management Committee Charter
Attachment I	<ul style="list-style-type: none"> Public Policy Committee Charter
Attachment J	<ul style="list-style-type: none"> Compliance Report

Recommended Action: Approve Consent Agenda

8 Action

Standing Reports

Attachment A	<p>Finance Report</p> <ul style="list-style-type: none"> Financials as of May 31, 2017 	W. Gregor, CFO
	<p>Medical Management</p> <ul style="list-style-type: none"> Appeals and Grievances Report Key Indicator Report QIUM Quarterly Summary Report Credentialing Sub-Committee Quarterly Report Peer Review Sub-Committee Quarterly Report 	P. Marabella, MD, CMO
Attachment B		
Attachment C		
Attachment D		
Attachment E		
Attachment F		
Attachment G	<p>Executive Report</p> <ul style="list-style-type: none"> Executive Dashboard 	G. Hund, CEO

Recommended Action: Accept Standing Reports

9

Final Comments from Commission Members and Staff

10

Announcements

11

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.

12

Adjourn

D. Hodge, MD; 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 September 21, 2017 in Fresno County
CalViva Health, 7625 N. Palm Ave., #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.”

Item #3

Attachment 3.A

Madera County
At-Large Reappointment



BOARD OF SUPERVISORS COUNTY OF MADERA

MADERA COUNTY GOVERNMENT CENTER
200 WEST 4TH STREET / MADERA, CALIFORNIA 93637
(559) 675-7700 / FAX (559) 673-3302 / TDD (559) 675-8970
Agendas available: www.madera-county.com

Members of the Board
Brett Frazier, District 1
David Rogers, District 2
Robert L. Poythress, District 3
Max Rodriguez, District 4
Tom Wheeler, District 5

AGENDA ITEM SUBMITTAL

June 6, 2017
Chairman Max Rodriguez

DEPARTMENT Board of Supervisors Department - District No. 2		DEPARTMENT CONTACT Glenna Jarvis 559-662-6020		AGENDA ITEM 5.F Consent Calendar											
SUBJECT: Fresno-Kings-Madera Regional Health Authority - Dr. Naz Reappointment		REQUIRED VOTE: 3/5 Votes Required	DOC. ID NUMBER 2899	DATE REC'D 5/23/2017											
For Clerk of the Board's Office Use Only															
BOARD'S ACTION:															
<table border="0"> <tr> <td>RESULT:</td> <td>APPROVED BY CONSENT VOTE [UNANIMOUS]</td> </tr> <tr> <td>MOVER:</td> <td>Tom Wheeler, Chair Pro Tem</td> </tr> <tr> <td>SECONDER:</td> <td>Brett Frazier, Supervisor</td> </tr> <tr> <td>AYES:</td> <td>Brett Frazier, Robert L. Poythress, Max Rodriguez, Tom Wheeler</td> </tr> <tr> <td>ABSENT:</td> <td>David Rogers</td> </tr> </table>						RESULT:	APPROVED BY CONSENT VOTE [UNANIMOUS]	MOVER:	Tom Wheeler, Chair Pro Tem	SECONDER:	Brett Frazier, Supervisor	AYES:	Brett Frazier, Robert L. Poythress, Max Rodriguez, Tom Wheeler	ABSENT:	David Rogers
RESULT:	APPROVED BY CONSENT VOTE [UNANIMOUS]														
MOVER:	Tom Wheeler, Chair Pro Tem														
SECONDER:	Brett Frazier, Supervisor														
AYES:	Brett Frazier, Robert L. Poythress, Max Rodriguez, Tom Wheeler														
ABSENT:	David Rogers														
Is this item Budgeted? N/A Will this item require additional personnel? N/A Previous Relevant Board Actions: Dr. Naz has been appointed to two, 3-year terms Other Supporting Documents:			DOCUMENT NO(S).												

RECOMMENDED ACTIONS:

Consideration of approval to reappoint Dr. Aftab Naz to the Fresno-Kings-Madera Regional Health Authority for a term ending June 6, 2020.

DISCUSSION / BACKUP / FISCAL IMPACT:

In 2009, the Madera County Board of Supervisors adopted Ordinance No. 637, adding chapter 2.91 to the Madera County Code and establishing the Fresno-Kings-Madera Regional Health Authority. The ordinance sets forth that one member shall be an individual who represents the interests of physician providers of MediCal covered health care services, health care consumers, community representatives or community clinics (Madera County Code 2.91.030 C3).

Dr. Naz has served since 2009 and has expressed a desire to continue serving.

No fiscal impact.

Item #5

Attachment 5.A

Kings County
Director of Public Health - Appointee



COUNTY OF KINGS BOARD OF SUPERVISORS

GOVERNMENT CENTER HANFORD, CALIFORNIA 93230 (559) 852-2362
Catherine Venturella, Clerk of the Board of Supervisors

AGENDA ITEM July 11, 2017

Bookmark: 8

SUBMITTED BY: Administration – Larry Spikes

SUBJECT: APPOINTMENTS TO THE CALVIVA/TRI-COUNTY (FRESNO-KINGS-MADERA) HEALTH AUTHORITY COMMISSION

SUMMARY:

Overview:

The Maddy Local Appointive List Act of 1975 states that whenever vacancies occur in any board, commission, or committee for which the legislative body has the appointing power, a vacancy notice shall be posted in the office of the clerk of the local agency and the local library. The legislative body shall not make final appointment to the board or commission for at least 10 working days after the posting of the notice as required, and the 10 day waiting requirement was met on June 30, 2017. The unscheduled vacancy notice was posted at the County Government Center and the Hanford Library on June 16, 2017, and the Hanford Sentinel received a copy as a courtesy.

Recommendation:

Appoint one member to the CalViva/Tri-County (Fresno-Kings-Madera) Health Authority Commission. Pursuant to Board policy, the Administrative Office makes no recommendations on advisory board appointments.

Fiscal Impact:

None.

Advisory Board Statement:

The Committee coordinator recommends the appointment of Ed Hill as outlined today.

BACKGROUND:

CALVIVA/TRI-COUNTY (FRESNO-KINGS-MADERA) HEALTH AUTHORITY COMMISSION:

One (1) vacancy currently exists on this Commission for Seat #2, Director of the Department of Public Health or the Director of the Department of Social Services of Kings County representative. The term of this seat is for the duration of their position within the County.

(Cont'd)

BOARD ACTION:

APPROVED AS PRESENTED: OTHER: _____

**ROLL CALL: NEVES, FAGUNDES, VERBOON, VALLE – AYE
PEDERSEN - ABSENT**

I hereby certify that the above order was passed
and adopted on 7/11/2017.

CATHERINE VENTURELLA, Clerk of the Board

By Melanie Curtis, Deputy.

Item #7

Attachment 7.A

Commission Minutes
Dated 5/18/17

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
May 18, 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
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.	<i>A roll call was taken</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 Chair and Co-Chair Nominations for FY2018 Action Greg Hund, CEO</p>	<p>The Commissioners nominated and subsequently re-elected David Hodge, MD as chair and Supervisor Joe Neves as Co-Chair to serve during Fiscal Year 2018.</p>	<p>Motion: Approve Chair Nomination: <i>11-0-0-5 (Naz / Ramirez)</i></p> <p>Approve Co-Chair Nomination: <i>11-0-0-5 (Nikoghosian / Naz)</i></p>
<p>#4 Fresno County At-Large Appointment/Reappointment Information David Hodge, MD, Chairman</p>	<p>No information on appointment/reappointment was presented.</p>	
<p>#5 Closes Session</p> <p>A. Government Code section 54954.5 – Report Involving Trade Secret.</p> <p>B. Public Employee Appointment, Employment, Evaluation or Discipline.</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session. Regarding item #5.A, Government Code Section 54954.5, reporting Involving Trade Secret, the Commission discussed item in closed session and direction was given to staff.</p> <p>Regarding item 5.B, Public Employee Appointment, Employment, Evaluation or Discipline, Government Code Section 54957.B.1, the Commission discussed the issue in closed session regarding the CEO position and decided a merit increase consistent with what is allowed in the bylaws is appropriate at this time. The motion was passed unanimously.</p>	<p>Motion: Item #5.B – CEO Annual Review - Merit Increase</p> <p><i>11 - 0 - 0 - 5 (Soares / Nikoghosian)</i></p>
<p>#6 Consent Agenda</p> <p>a) Commission Minutes 3/16/17</p> <p>b) Special Commission Meeting Minutes 4/20/17</p> <p>c) Finance Committee Minutes 2/16/17</p>	<p>All consent items were presented and accepted as read with the exception of one Commissioner abstaining from item b) Special Commission Meeting Minutes dated 4/20/17.</p>	<p><i>Motion: Approve Consent Agenda Items A, C, D:</i> <i>11 - 0 - 0 - 5</i></p> <p><i>Item B:</i> <i>10 - 0 - 1 - 5</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>d) QI/UM Committee Minutes 2/16/17</p> <p>Action David Hodge, MD, Chairman</p>		<p><i>(Neves / Frye)</i></p>
<p>#7 RHA Community Support Programs Policy</p> <p>Action Greg Hund, CEO</p>	<p>A new policy was presented to the Commission to allow FKM RHA to consider funding requests in excess of \$20K for various community programs. An ad-hoc committee will be appointed to include at least three Commissioners, the CEO, and the CFO. The committee will review requests and make recommendations to the Commission for funding. The funds are included in the current budget for a total of \$2.1M annually; of which \$1.1M is for the VHT Residency Sponsorship with an additional \$1M to be go towards recruitment for new physicians in the three-county service area.</p>	<p>Motion: Approval to establish policy</p> <p>11 – 0 – 0 – 5 <i>(Neves / Naz)</i></p>
<p>#8 Committee Appointments for FY 2018</p> <p>Information David Hodge, MD, Chairman</p>	<p>No change in Commission members was made for FY 2018 to the following committees, as described in BL 17-003:</p> <ul style="list-style-type: none"> ➤ The Finance Committee ➤ The Quality Improvement/Utilization Management Committee ➤ The Credentialing Sub-Committee ➤ The Peer Review Sub-Committee ➤ The Public Policy Committee 	
<p>#9 Proposed Budget FY 2018</p> <p>Action W. Gregor, CFO</p>	<p>W. Gregor, CFO, presented the proposed budget for Fiscal Year 2018. The Finance Committee reviewed the proposed budget and has recommended approval by the Commission. One significant budget change from prior fiscal year consists of the Community Support Program totaling \$2.1M, of which \$1.1M is allocated for the VHT Residency Sponsorship Program, leaving an additional \$1M for</p>	<p>Motion: Approve FY 2018 Budget</p> <p>11 – 0 – 0 – 5 <i>(Nikoghosian / Griffin)</i></p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	recruitment of physicians in the three-county service area. A motion was made to approve the budget.	
<p>#10 Cultural & Linguistics</p> <ul style="list-style-type: none"> • 2016 Executive Summary & Annual Evaluation • 2017 Executive Summary & Program Description • 2017 Executive Summary & Work Plan Summary <p>Action David Hodge, MD, Chairman</p>	<p>P. Marabella, MD presented the Cultural and Linguistics (C&L) 2016 Annual Work Plan Evaluation, 2017 Program Description, and the 2017 Work Plan.</p> <p>For 2016, 100% of the Work Plan activities were completed in all four areas.</p> <ul style="list-style-type: none"> • Language Assistance Services: Notice of Language Assistance was updated. CVH fall member newsletter contained an article on “What Language Do You Prefer?” • Compliance Monitoring: Collaborated with Health Education to complete the full scope Group Needs Assessment. A Desktop Procedure for grievance resolution was also developed. • Communication, Training and Education: A computer-based training for A & G Coordinators was developed. Four cultural competency trainings for Call Center Staff were conducted. • Health Literacy and Cultural Competency: Updated the ICE, “Care for Diverse Populations Provider Toolkit”. <p>The 2017 Program Description has been updated to include:</p> <ol style="list-style-type: none"> 1. Enhanced C & L activities related to new federal non-discrimination notices and taglines. 2. Continues to expand training and consulting services for staff and contracted providers. <p>The 2017 Work Plan will continue with an emphasis in the following areas:</p>	<p><i>See #11 for Action Taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ol style="list-style-type: none"> 1. Cultural awareness training. 2. Oversight and consultation for operational activities. 3. Recommendations based on the analysis of the Group Needs Assessment. 4. Continue to educate staff and contracted providers. 	
<p>#11 Health Education</p> <ul style="list-style-type: none"> • Executive Summary • 2016 Annual Work Plan Evaluation • 2017 Program Description • 2017 Work Plan <p>Action David Hodge, MD, Chairman</p>	<p>P. Marabella, MD presented the Health Education (HE) 2016 Annual Work Plan Evaluation, 2017 Program Description, and 2017 Work Plan.</p> <p>Overall, nine of the 14 Program Initiatives were completed. Five of the initiatives were partially met due to reprioritizing efforts to support HEDIS initiatives in 2016.</p> <p>The 9 initiatives that were fully met are:</p> <ol style="list-style-type: none"> 1) Chronic Disease Education 2) Member Engagement for Improved Health 3) Group Needs Assessment 4) Member Newsletter 5) Perinatal Initiative 6) Community Health Education 7) Public Policy Committee 8) Staying Healthy Assessment 9) State & County Collaboratives <p>The 5 initiatives partially met are:</p> <ol style="list-style-type: none"> 1) Electronic Educational Programs 2) Obesity Prevention 3) Well Care & Immunizations 4) Tobacco Cessation Program 	<p>Motion: Approve Cultural and Linguistics 2016 Executive Summary & Annual Evaluation; 2017 Executive Summary & Program Description; and 2017 Executive Summary & Work Plan Summary; and Health Education Executive Summary; 2016 HE Annual Evaluation; 2017 HE Program Description; and 2017 Work Plan.</p> <p><i>11-0-0-5 (Ramirez / Neves)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>5) Materials Update, Development & Inventory</p> <p>Majority of challenges encountered were due to educational materials/resources or program delays. Follow up will occur in 2017.</p> <p>Changes to the 2017 Program Description include:</p> <ol style="list-style-type: none"> 1) Minor updates to Education Offerings 2) Updated IHEBA/SHA descriptions 3) Update to the Staff Resources and Accountability <p>The 2017 Work Plan will continue to include the 2016 initiatives with the following:</p> <ol style="list-style-type: none"> 1) Obesity Prevention – Fit Families for Life: <ol style="list-style-type: none"> a. Finalize and reprint materials; b. Resume promotional activities for high-risk members; c. Distribute Provider Update 2) Smoking Cessation – California Smokers’ Helpline: <ol style="list-style-type: none"> a. Continue to promote the Helpline to identified smokers. 3) Well Care & General Health Promotion: <ol style="list-style-type: none"> a. Partner with providers with a high volume of members to schedule reoccurring orientation and education at their sites; b. Continue HEDIS improvement member incentives. 4) Electronic Educational Programs: <ol style="list-style-type: none"> a. Continue promotion of T₂X campaign to increase participation; b. Launch Lifeline and Text Messaging Programs in 2017; Promote MyStrength to case managers and members. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#12 Standing Reports</p> <ul style="list-style-type: none"> • Finance Report William Gregor, CFO • Compliance MB Corrado, CCO 	<p><u>Finance</u></p> <p>Financial Statements as of April 30, 2017: Total current assets are approximately \$169.8M; total current liabilities are approximately \$131.3M. Current ratio is 1.29. TNE as of April 30, 2017 was approximately \$49.6M, which is 348% of the minimum DMHC required TNE amount. We are on goal to achieve 400% of the DMHC required TNE amount.</p> <p>Revenues are approximately \$1.073B, which is ahead of budget due to enrollment, premium tax increase and rate increase compared to what was budgeted. Capitation Medical Cost expense, Admin Service Agreement Fees expense, and taxes are all above budget also due to those same reasons. All other expense line items are either below, or in line, with budget. Total net income through April 30, 2017 is \$11.2M which is approximately \$2.9M more than what was budgeted.</p> <p><u>Compliance</u></p> <p>MB Corrado presented the Compliance report. Filing activity for DHCS and DMHC has increased in April and May. There were three low risk potential Privacy & Security Breach cases in April that were reported to the State, and one potential member fraud issues that was reported to the State.</p> <p>Health Net was previously under three Corrective Action Plans; two of those have now been closed, one remains open and will be monitored at the monthly oversight meetings.</p>	<p>Motion: Approve Standing Reports</p> <p><i>10-0-0-6 (Frye / Soares)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Kaiser was previously on a Corrective Action Plan (CAP) in reference to encounter data, as a result of a DHCS CAP. Kaiser has submitted the majority of outstanding data and CVH will continue to monitor completion of the CAP at monthly oversight meetings.</p> <p>CVH is currently in the process of Health Net Oversight Audits for 2017 and Provider Dispute Resolution Case Audits for Q3 2016.</p> <p>Department of Health Care Services (DHCS) was onsite in April to conduct the DHCS Medical Audit. The onsite portion of the audit is complete and the Plan is currently awaiting the draft report from DHCS.</p> <p>An update of the CMS Mega-rule related to managed care programs was reported on.</p> <p>The next Public Policy Meeting is June 7, 2017 in Kings County.</p> <p>Highlights of the 2016 Oversight Audits of Health Net Community Solutions was reported on. Corrective Action Plans (CAP) were required for: 1) Access and Availability; 2) Claims; 3) Provider Disputes; 4) Provider Network; and 5) Utilization Management. All other areas were favorable. The Credentialing Audit is still under review.</p> <p><i>Stephen Ramirez left @ 2:26 pm</i></p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<p><u>Medical Management</u></p> <p>Appeals and Grievances Report Dr. Marabella presented the Appeals and Grievances Dashboard through March 31, 2017.</p> <ul style="list-style-type: none"> • The total number of Grievances have increased in the beginning of 2017 compared to the total number for 2016. • The compliance rates for Grievances remain good. • Exempt grievance numbers increased slightly in Q1 of 2017. • Appeals were all Preservice; the highest volume by type was Pharmacy related. • Overall Appeal decision rates have not changed. <p>Key Indicator Report Dr. Marabella presented the Key Indicator report.</p> <ul style="list-style-type: none"> • Admits and Readmit numbers have remained consistent. • ER visits PTMPY has remained the same. <p>QI/UM Quarterly Report Dr. Marabella provided the QI/UM Quarter 1 2017 update. Two QI/UM meetings were held in Quarter 1, one on February 16, 2017 and one on March 16, 2017. The following guiding documents were approved at the March meeting: QI/UM Committee Charter 2017 QI Program Description 2017 QI Work Plan</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Executive Report G. Hund, CEO 	<p>2017 UMCM Work Plan UM Policy Grid-Review of UMCM policies including four new policies. Additionally, the Medical Policies Q4 were reviewed and approved.</p> <p>Some of the reports reviewed included the following Quality Improvement Reports: Appeals and Grievances Dashboard, Initial Health Assessment Report, MHN Performance Indicator Report, and PM 160 Report.</p> <p>The Utilization Management reports covered the Key Indicator Report, and the Case Management and CCM Report.</p> <p>Pharmacy reports were reviewed. Due to a conversion to a new system, data for the third and fourth quarters was unavailable. This issue is currently being resolved.</p> <p>In addition, HEDIS® Activity was reviewed and all projects are on target.</p> <p>Also reviewed was Access & Availability, and Kaiser Reports. No significant issues were found.</p> <p><u>Executive Report</u></p> <p>Membership for the previous six months has remained flat. It is anticipated that membership will remain flat throughout the next year, with a slight possibility for a decline.</p> <p>The most recent update to the ACA was reported to the Commission.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#13 Final Comments from Commission Members and Staff	None.	
#14 Announcements	None.	
#15 Public Comment	None.	
#16 Adjourn	The meeting was adjourned at 2:40 pm The next Commission meeting is scheduled for July 20, 2017 in Fresno County.	

Submitted this Day: _____

Submitted by: _____

Cheryl Hurley
Clerk to the Commission

Item #7

Attachment 7.B

Finance Committee Minutes

Dated 3/16/17



**CalViva Health
Finance
Committee Meeting Minutes**

Meeting Location

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

March 16, 2017

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 10:59 am a quorum was present.	<i>A roll call was taken</i>
#2 Finance Committee Minutes dated February 16, 2017 Attachment 2.A Action W Gregor, Chair	The minutes from February 16, 2017 Finance meeting were approved as read.	Motion: <i>Minutes were approved</i> <i>7-0-0-0</i> <i>(Rogers / Neves)</i> <i>A roll call was taken</i>
#3 Financial Statements as of January 31, 2017	Total current assets are approximately \$227M; total current liabilities are approximately \$192M. Current ratio is 1.18, which is a healthy current ratio. Total TNE as of January 31,	Motion: <i>Approve Financial Statements</i> <i>7-0-0-0</i> <i>(Rogers / Neves)</i>

<p>Attachment 3.A</p> <p>Action Daniel Maychen, Director of Finance & MIS</p>	<p>2017, was approximately \$46.3M which is slightly over 340% of the minimum DMHC required TNE amount. We are on goal to achieve 400% of the DMHC required TNE amount.</p> <p>Total gross income was approximately \$772.4M which is slightly higher than what was budgeted due to enrollment being higher than expected. Capitation Medical Cost expense, Admin Service Agreement Fees expense, and taxes are also ahead of budget due to higher enrollment. As previously stated, the State finalized the MCO tax and is higher than what was assessed in the previous fiscal year by approximately 9% – 10% of gross revenue, compared to 4%. Any increase in tax assessed amounts are matched dollar for dollar in revenues leaving the impact relatively minimal. All other expense line items are relatively in line with budget. Total other income is approximately \$273K. Total net income for the first seven months of fiscal year 2017 was approximately \$7.9M which is approximately \$1M more than what was budgeted.</p>	<p><i>A roll call was taken</i></p>
<p>#4 Proposed FY 2018 Budget Information W Gregor, Chair</p>	<p>The Budget Timetable for FY 2018 was presented at the previous Finance Committee meeting held on February 16, 2017 and has since been updated with minor changes.</p> <p>After further review of enrollment at the beginning of March 2017, adjustments were made accordingly. Basic budget assumptions are the same, and consistent, with prior year. The Medi-Cal revenue has been updated since the February 2017 Finance meeting to reflect Maternity KICK, and BHT payments, etc. For FY 2018 we are budgeting a net income of approximately \$10.8M, compared to \$10.2M for FY 2017.</p>	

#5 Announcements	None.	
#6 Adjourn	Meeting was adjourned at 11:14 am	

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

Dated: May 18, 2017

Approved by Committee: William Gregor
William Gregor, Committee Chairperson

Dated: May 18, 2017

Item #7

Attachment 7.C

Public Policy Committee Minutes
Dated 3/1/17



Public Policy Committee
Meeting Minutes
March 1, 2017

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

Committee Members		Community Base Organizations (Alternates)	
✓	Joe Neves, Chairman		Jeff Garner, KCAO
✓	David Phillips, Provider Representative	✓	Roberto Garcia, Self Help
	Beatrice Avila, Fresno County Representative		Staff Members
✓	Gabriela Chavez, Madera County Representative		Mary Beth Corrado, CCO
	Seng Moua, Fresno County Representative	✓	Mary Lourdes Leone, Compliance Project Manager
✓	Tanya Klapps-Doan, At-Large	✓	Cheryl Hurley, Commission Clerk
	Magdalena Nino, Kings County Representative	✓	Courtney Shapiro, Community Relations Coordinator

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#1 Call to Order Joe Neves, Chair	The meeting was called to order at 11:31 am. A quorum was present.	
#2 Meeting Minutes from December 7, 2016 Action Joe Neves, Chair	The September 7, 2016 meeting minutes were reviewed. There were no discrepancies.	Motion: Approve September 7, 2016 Minutes 5-0-0-4 (R.Garcia / D.Phillips)
#3 Committee Membership Update Information Joe Neves, Chair	David Phillips and Seng Moua were reappointed for an additional 3-year term.	
#4 Enrollment Dashboard Information Mary Lourdes Leone, Compliance Project Manager	Mary Lourdes Leone presented the enrollment dashboard. At end of calendar year 2016, membership was at 359,697, representing 70% market share. As of January 2017, membership enrollment was 358,488, slightly declining from year end 2016; however, still representing 70% market share.	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<p>#5 Annual Report Information Courtney Shapiro, Director Community Relations</p>	<p>The 2016 Annual Report was provided to each Committee member.</p>	
<p>#6 Appeals, Grievances, and Complaints Information Mary Lourdes Leone, Compliance Project Manager</p>	<p>Mary Lourdes Leone presented the appeals, grievances and complaints report for Q4 2016. Total appeals and grievances for Q4 were 312, with a total for 2016 being 1,103. Total appeals for Q4 were 60, which a total for 2016 being 218. Total grievances for Q4 were 252, with a total for 2016 being 893. The majority of appeals and grievances were from Fresno County. Turnaround time for expedited grievances was at 95.7% compliant, with standard grievances, expedited appeals and standard appeals all reaching 100% compliancy.</p>	
<p>#7 Department of Managed Health Care and Department of Health Care Services Audits Information Mary Lourdes Leone, Compliance Project Manager</p>	<p>Mary Lourdes Leone reported on the Department of Managed Health Care (DMHC) and Department of Health Care Services Audits (DHCS). The five regulatory audits conducted in 2016 along with their findings were:</p> <ul style="list-style-type: none"> • DHCS Medical Survey Report: Implement additional process for monitoring Provider compliance with Initial Health Assessment standards; document the Plan’s efforts to address specialist network shortages; ensure timely payment for out of network emergency claims related to California Children Services cases. • DHCS State Supported Services Contract Audit: No findings, CalViva Health was in complete compliance. • DMHC 115 Waiver Seniors and Persons with Disabilities Report: The Plan must immediately inform members 	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>requesting an urgent grievance of the right to contact the DMHC.</p> <ul style="list-style-type: none"> • DMHC Full Service Survey Report: Revise ID card to include website address; implement an online grievance process; ensure grievance acknowledgement letters contain all pertinent information; inform members of their right to contact the DMHC. • DMHC Examination of Fiscal and Administrative Affairs: No findings related to financial affairs; minor findings related to administrative processes. <p>CalViva has submitted corrective action plans relating to the audit findings. DHCS will conduct its annual audit again in April 2017.</p>	
<p>#8 Health Education Information Tony Gonzalez</p>	<p>In 2016, a total of 891 CalViva Health (CVH) members participated in 8 health education and quality improvement incentive programs. Of the 891 member participants: 601 (68%) were from Fresno County, 75 (8%) from Madera County and 215 (24%) from Kings County.</p> <p>The majority of member participation in the incentive programs occurred in quarters 3 and 4 with 85% (n=761) compared to 15% (n=130) in quarters 1 and 2.</p> <p>For Quarters 3 and 4 in 2016, a total of 761 members participated in health education and quality improvement incentive programs. Of the 761 members who received an incentive, 478 (63%) were from Fresno County, 70 (9%) from Madera County and 213 (28%) from Kings County.</p> <p>The next steps in the Health Education Incentive Program includes the following:</p>	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Kids and Teens Program: Due to a decline, this program has been discontinued for 2017. • Fit Families for Life: Due to challenges in 2016, requests are currently on a waiting list and will be fulfilled once materials are made available. • Asthma: Continue to educate members with asthma • Childhood and Adolescents Immunizations: Continue work related collaboration with Adventist Health in Kings County and develop specific work flows so that everyone is on the same page regarding the incentive program and how to best reach members who need their immunizations. • Cervical Cancer Screening: Continue targeted provider specific interventions and targeted member outreach via phone and classes to ensure members know the importance of screening. • Postpartum Direct Incentive: Continue to work with Adventist Health to promote the postpartum incentive. • Diabetes Log: Continue to promote the program through provider hand delivery and during diabetes health education classes. <p>For the record, it was requested that future presentations include the actual spelled out meaning in place of acronyms. In addition, the table shown on page six of presentation reflects calendar year 2016.</p> <p>A comment was made that maybe transportation could be included in the incentives in areas where transportation is</p>	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>sparse. In response, it was stated that transportation services are available for provider visits; however, not for a health education classes, hence the addition of telephonic education.</p>	
<p>#9 Annual Operational Compliance Report</p> <p>Information Mary Lourdes Leone, Compliance Project Manager</p>	<p>Mary Lourdes Leone presented the Annual Operational Compliance Report. The Member Service Call Center received 146,696 call, of which 144,448 were handles. Call volumes for 2016 decreased 3% from 2015. Overall performance standards were exceeded. CVH members received notices regarding new services and to continue using the benefit year 2015-2016 Member Handbook for 2017 until further notice. Provider updates were sent to contracted provider. Seven provider toolkits were approved for use with providers, and 2,604 provider visits and events occurred throughout our service areas. The number of network providers was provided to the Committee. Increased regulatory audit and performance monitoring activity will continue in 2017.</p>	
<p>#10 Member Handbook and Provider Directory</p> <p>Information Mary Lourdes Leone, Compliance Project Manager</p>	<p>Mary Lourdes Leone gave an update on the Member Handbook and Provider Directory. The new Provider Directory will include specialists, and mental health providers and facilities. The current new Volume 1 for 2017 is online. The print copies will be done on a quarterly basis.</p>	
<p>#11 Announcements</p>	<p>None.</p>	
<p>#12 Public Comment</p>	<p>None.</p>	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#13 Adjourn	Meeting adjourned at 12:08 pm.	

NEXT MEETING **June 7, 2017 in Kings County**
 11:30 am - 1:30 pm

Submitted This Day: June 7, 2017

Approval Date: June 7, 2017

Submitted By: C. Shapiro
 Courtney Shapiro, Director Community Relations

Approved By: Joe Neves
 Joe Neves, Chairman

Item #7

Attachment 7.D

QI/UM Committee Minutes
Dated 3/16/17

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
March 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 10:36 am.	
#2 Approve Consent Agenda - Committee Minutes: February 16, 2017 - Medical Policies Q4 - QIUM Committee Charter - Health Education Incentive Program Report - Specialty Referrals Report - EHS, La Salle IMG, Adventist Q4 - InterQual Inter-rater Reliability Tool Testing Summary - Pharmacy Recommended	The February minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full Recommended Drug List was available for review at the meeting.	Motion: Approve Consent Agenda (Nomicos/Lee) 4-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Drug List (January) (Attachments A-G) Action Patrick Marabella, M.D, Chair		
#3 QI Business Appeals & Grievances Dashboard (Attachment H) Action Patrick Marabella, M.D, Chair	<p><i>Dr. Zweifler arrived at 10:39am.</i></p> <p>Dr. Marabella presented the Appeals and Grievances Dashboard through January 31, 2017.</p> <p><u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ The grievances are classified into two categories: Expedited and Standard ➤ Grievance metrics are reported according to cases received and cases resolved within the time period. There were 94 grievances received and 77 grievances resolved in January 2017. ➤ Grievances are further classified into three categories: Quality of Service QOS (Administrative), Quality of Care QOC (Clinical), and Exempt Grievances. ➤ There were 2 grievance ack letters that were noncompliant due to a staff error. <p><u>Appeals:</u></p> <ul style="list-style-type: none"> ➤ The appeals are classified into two categories: Expedited and Standard. ➤ Appeal metrics are reported by received date and resolved date. There were 28 appeals received in January 2017 and 17 appeals were resolved. 	Motion: Approve Appeals & Grievances Dashboard (Nomicos/Cardona) 5-0-0-2
#3 QI Business Initial Health Assessment Quarterly Audit Report Q4 2016 (Attachment I) Action Patrick Marabella, M.D, Chair	<p>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 has a comprehensive and in-depth assessment of our IHA completion rates. This multi-pronged approach includes the following:</p> <ul style="list-style-type: none"> ➤ Medical Record Review (MRR) via onsite provider audits ➤ Monitoring of claims and encounters ➤ Member outreach <p>This report covers Quarter 4, 2016 with 27 records of new members audited through MRR. The analysis of claims and encounters data for 2016 revealed a higher completion rate for adult members when compared to pediatric members. An initial PPG report has been created to be used to provide feedback to providers on their completion rates. Quarterly reporting will continue. Rates reflect 91.32% Member Outreach compliance for January through December 2016.</p>	Motion: Approve IHA Quarterly Audit Report (Zweifler/Nomicos) 5-0-0-2
#3 QI Business MHN Performance Indicator Report (Attachment J) Action Patrick Marabella, M.D, Chair	<p>The MHN Performance Indicator Report was presented. For Q4 2016, out of the 17 metrics with targets, all met or exceeded their targets.</p>	Motion: Approve MHN Performance Indicator Report (Cardona/Nomicos) 5-0-0-2
	<p><i>Dr. Zweifler left at 11:09am.</i></p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 QI Business PM-160 Report (Attachment K) Action Patrick Marabella, M.D, Chair</p>	<p>This report provides an update on 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 preventative services for members under the age of 21 and complies with the Department of Health Care Services (DHCS) requirements.</p> <ul style="list-style-type: none"> ➤ Data is provided on reports submitted vs visits expected for children 0-2 years and 2-20 years. ➤ The next steps include to identify and analyze providers with low submission rates. 	<p>Motion: Approve PM-160 Report (Zweifler/Nomicos) 5-0-0-2</p>
<p>#4 Quality Improvement/Utilization Management Business - 2017 QI Work Plan - 2017 QI Program Description - 2017 UM Work Plan (Attachment L-N) Action Patrick Marabella, M.D, Chair</p>	<p><i>Dr. Zweifler returned at 11:14am.</i></p> <p>Dr. Marabella presented the 2017 Quality Improvement Work Plan and Program Description, and 2017 Utilization Management Case Management Work Plan.</p> <p>The Quality Improvement Program Description changes for 2017 include:</p> <ul style="list-style-type: none"> ➤ How Preventive Health Screening Guidelines are made available, and Health Promotion Programs updated list. ➤ 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. <p>The Quality Improvement Workplan activities for 2017 focus on:</p> <ul style="list-style-type: none"> ➤ Access, Availability, & Service: <ul style="list-style-type: none"> ○ Continue to monitor Provider Appointment Access and After Hours Access. ○ 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: <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ 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 	<p>Motion: Approve 2017 Quality Improvement Work Plan and Program Description (Nomicos/Cardona) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>testing. Four modules have been completed, with project scheduled to complete in August 2017.</p> <ul style="list-style-type: none"> ➤ Crosswalk: <ul style="list-style-type: none"> ○ 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 and initiate follow up. <p>The Utilization Management Work Plan for 2017 focuses on:</p> <ol style="list-style-type: none"> 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. <ul style="list-style-type: none"> ➤ The 2017 UCM Workplan maintains all monitoring parameters of the 2016 Workplan. ➤ 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. 	<p>Motion: Approve 2017 Utilization Management Case Management Work Plan (Nomicos/Lee) 5-0-0-2</p>
	<p><i>Dr. Lee left at 11:19am.</i></p>	
	<p><i>Dr. Lee returned at 11:21am.</i></p>	
<p>#5 UM Business Key Indicator Report (Attachment O) Action Patrick Marabella, M.D, Chair</p>	<p>The Key Indicator Report reflects data as of January 31st, 2017. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➤ Membership for January has had a minimal increase. ➤ Bed Days Acute - SPD's continue to decrease. ➤ ER visits PTMPY has slightly decreased. 	<p>Motion: Approve Key Indicator Report (Nomicos/Zweifler) 5-0-0-2</p>
<p>#5 UM Business Turnaround Time Report (Attachment P) Action Patrick Marabella, M.D, Chair</p>	<p>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. Total scores were above 99%.</p>	<p>Motion: Approve Turnaround Time Report (Nomicos/Zweifler) 5-0-0-2</p>
<p>#5 UM Business Case Management & CCM Report (Attachment Q) Action Patrick Marabella, M.D,</p>	<p>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.</p>	<p>Motion: Approve Case Management & CCM Report (Zweifler/Nomicos) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Chair		
	<i>Dr. Cardona left at 11:29am.</i>	
	<i>Dr. Cardona returned at 11:36am.</i>	
<p>#5 UM Business Utilization Management Policy Grid: - Experimental and Investigational Services - Comprehensive Case Management including Coordination of Care Services - Advance Directives - Transgender Services (Attachment R) Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the Utilization Management policies for annual review. There were four new policies presented. The Utilization Management policies were available at the meeting for review.</p>	<p>Motion: Approve Utilization Management Policy Grid (Lee/Nomicos) 5-0-0-2</p>
<p>#6 Pharmacy Business - Executive Summary - Operations Metrics Report - Inter-rater Reliability Test Results (Attachment S-U) Action Patrick Marabella, M.D, Chair</p>	<p>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.</p> <ul style="list-style-type: none"> ➤ 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. ➤ 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. 	<p>Motion: Approve Pharmacy Reports (Nomicos/Cardona) 5-0-0-2</p>
<p>#7 Credentialing & Peer Review Subcommittee Business - Credentialing Subcommittee Report - Peer Review Subcommittee Report (Attachment V, W)</p>	<p>Credentialing Subcommittee Report. This report provides the QI/UM Committee with a summary of the CVH Credentialing Subcommittee activities.</p> <ol style="list-style-type: none"> 1. The Credentialing Sub-committee met on February 16th, 2017. At the February meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. Reports covering the third quarter for 2016 were reviewed for delegated entities, third and fourth quarter for MHN and fourth quarter for Health Net. 2. County specific Credentialing Sub-Committee reports were reviewed for the fourth quarters of 2016. No significant cases were identified on these reports. 	<p>Motion: Approve Credentialing & Peer Review Reports (Nomicos/Lee) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Action Patrick Marabella, M.D, Chair	<p>Peer Review Subcommittee Report. This report provides the QI/UM Committee with a summary of the CVH Peer Review Subcommittee activities. All Peer Review information is confidential and protected under law.</p> <ol style="list-style-type: none"> 1. The Peer Review sub-committee met on February 16th, 2017. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 4 2016 were reviewed. There were no significant cases identified on the reports. 2. The Quarter 4 Peer Count Report was presented at the meeting. For Q4, there were 2 cases closed and cleared to track and trend. Six were tabled pending further information. 	
#8 Compliance Update: RHA QI/UM Committee Compliance - Regulatory Report (Attachment X) Action Patrick Marabella, M.D, Chair	<p>Mary Beth Corrado presented the Compliance Update:</p> <ul style="list-style-type: none"> ➤ 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: <ul style="list-style-type: none"> ○ 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 QIUM Committee or Commission. The next Public Policy Committee meeting is scheduled for June 7, 2017 in Kings County. 	Motion: Approve Compliance - Regulatory Report (Nomicos/Lee) 5-0-0-2
	<i>Dr. Lee left at 11:58am.</i>	
	<i>Dr. Lee returned at 12:00pm.</i>	
#9 Old Business	None.	
#10 Announcements	None.	
#11 Public Comment	None.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#12 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:12 pm.	

NEXT MEETING: May 18th, 2017

Submitted this Day: May 18th 2017

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

Acknowledgment of Committee Approval:

 Patrick Marabella, MD Committee Chair

Item #7

Attachment 7.E

Finance Committee Charter

**FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY
FINANCE COMMITTEE**

I. Purpose

- A. The purpose of the Finance Committee is to provide a committee structure to monitor and evaluate the financial status of the Fresno-Kings-Madera Regional Health Authority (RHA) from a regulatory compliance and general operating standpoint and to advise RHA on matters which are within the purview of the Finance Committee.

II. Authority

- A. The Finance Committee is given its authority by and reports to the Fresno-Kings-Madera Regional Health Authority (RHA) Commission in an advisory capacity.

III. Definitions

- A. Fresno-Kings-Madera Regional Health Authority (RHA) Commission -
The Fresno-Kings-Madera Regional Health Authority (referred to as the RHA), is a public entity created pursuant to a Joint Exercise of Powers Agreement between the Counties of Fresno, Kings and Madera.

IV. Committee Responsibilities

- A. The Commission's Finance Committee will discuss, advise and make recommendations to the Commission on the following areas:
1. Compliance with all financial statutory, regulatory, and industry standard requirements
 2. Medi-Cal managed care rate setting methodology and impact of the Regional Health Authority
 3. Budgets prior to submission to the Commission
 4. Unaudited financial statements prepared by staff
 5. Compensation and benefit levels for staff
 6. Selection of an independent auditing firm.

V. Committee Membership:

- A. Composition
1. The RHA Commission Chairperson shall appoint the members of the Committee.
 2. The Finance Committee shall consist of at least three (3) Commission members, the Chief Executive Officer, and the Chief Financial Officer.
 - 2.1. Chairperson: Chief Financial Officer.
 - 2.2. The Committee shall be composed of less than a quorum of voting Commissioners.

**FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY
FINANCE COMMITTEE**

- B. Term of Committee Membership
 - 1. Commissioner Committee members' terms will be established by the RHA Commission Chairperson on an annual basis at the start of each fiscal year.
- C. Vacancies
 - 1. If vacancies arise during the term of Committee membership, the RHA Commission Chairperson will appoint a replacement member.
- D. Voting
 - 1. All members of the Committee shall have one vote each
 - 2. If a potential conflict of interest is identified, the involved member will be excused from discussion and voting.

VI. Meetings

- A. Frequency
 - 1. The frequency of the Finance Committee meeting will be at least quarterly
 - 2. The Committee Chairperson or RHA Commission may call additional meetings as necessary
 - 3. A quorum consists of at least 51% of the membership
 - 4. Meetings shall be open and public. Meetings will be conducted in accordance with California's Ralph M. Brown Open Meeting Law.
- B. Minutes
 - 1. Minutes will be kept at every Finance Meeting by a designated staff member. Signed, dated, summary minutes are kept. Minutes are available for review by regulatory entities.
 - 2. A report of each meeting will be forwarded to the RHA Commission for oversight review.
- C. Structure

The meeting agenda will consist of:

 - 1. Approval of minutes
 - 2. Standing Items
 - 3. Activity Reports
 - 4. Data Information Reports
 - 5. Ad-hoc Items

VII. Committee Support

- A. The Chief Financial Officer/staff will provide Committee support, coordinate activities and perform the following as needed:
 - 1. Regularly attend meetings
 - 2. Assist Chairperson with preparation of agenda and meeting documents
 - 3. Perform or coordinate other meeting preparation arrangements
 - 4. Prepare minutes

**FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY
FINANCE COMMITTEE**

APPROVAL:

**RHA Commission
Chairperson**

David S. Hodge

Date: September 15, 2016

:

David Hodge, MD
Commission Chairperson

Item #7

Attachment 7.F

Credentialing Sub-Committee Charter

**Fresno-Kings-Madera Regional Health Authority
Credentialing Sub-Committee Charter**

I. Purpose:

- A. The purpose of the Credentialing Sub-Committee is to give input on the credentialing and re-credentialing policies used by CalViva Health (“CalViva” or the “Plan”) and its Operating Administrator (Health Net) and monitor delegated credentialing/recredentialing activities. Delegated entities performance and compliance with credentialing standards will be monitored and evaluated on an ongoing basis by CalViva’s Chief Medical Officer (“CMO”), the Chief Compliance Officer (“CCO”), and CalViva’s Credentialing Sub-Committee.

II. Authority:

- A. The Credentialing Sub-Committee serves as a sub-committee of the Quality Improvement/Utilization Management (“QI/UM”) Committee and is given its authority by the Fresno-Kings-Madera Regional Health Authority (“RHA”) Commission to act in an advisory capacity.

III. Definitions:

- A. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – The governing board of CalViva Health. The Fresno-Kings-Madera Regional Health Authority (referred to as the “RHA”), is a public entity created pursuant to a Joint Exercise of Powers Agreement between the Counties of Fresno, Kings and Madera.

IV. Committee Focus:

The Credentialing Sub-Committee's responsibilities include, but are not limited to:

- A. Makes recommendations regarding credentialing and recredentialing, policies, processes, and standards.
- B. Has final decision-making responsibility to monitor, sanction, suspend, terminate or deny practitioners or organizational providers.
- C. Provide oversight of delegated credentialing and recredentialing functions.
- D. Report sanctions for quality of care issues to the appropriate licensing authority including 805 reporting requirements.
- E. Provide quarterly summary reports of Credentialing activities to the QI/UM Committee and RHA Commission.
- F. Ensure that the Plan’s credentialing and recredentialing criteria and activities are in compliance with state, federal and contractual requirements.

V. Committee Membership:

- A. Composition
 - 1. The RHA Commission shall appoint the members of the Sub-Committee.

**Fresno-Kings-Madera Regional Health Authority
Credentialing Sub-Committee Charter**

2. The Sub-Committee is chaired by the CalViva CMO.
 3. Sub-Committee size is determined by the Commission with the advice of the CMO.
 4. The Sub-Committee is composed of participating physicians who are also serving as members of the QI/UM Committee.
 - a. Sub-committee membership shall reflect an appropriate geographic and specialty mix of participating practitioners including practitioners that serve the Seniors and Persons with Disabilities (SPD) population.
 - b. Membership shall consist of primary care providers and specialists to reflect our provider network.
 - d. The Sub-Committee shall be composed of less than a quorum of voting Commissioners.
- B. Term of Committee Membership
1. Appointments shall be made for two (2) years.
 2. Commissioner Sub-Committee members' terms are coterminous with their seat on the Commission.
- C. Vacancies
- If vacancies arise during the term of Sub-Committee membership, the RHA Commission will appoint a replacement member.
- D. Voting
1. All members of the Sub-Committee shall have one vote each.
 2. If a potential conflict of interest is identified, the involved member will be excused from discussion and voting.

VI. Meetings:

- A. Frequency
1. The frequency of the Sub-Committee meetings will be at least quarterly.
 2. The Sub-Committee Chairperson or RHA Commission may call additional *ad hoc* meetings as necessary.
 3. A quorum consists of at least 51% of the membership.
- B. Notice
1. The meeting date will be determined by the Chairperson with the consensus of the Sub-Committee members.
 2. Sub-Committee members will be notified in writing in advance of the next scheduled meeting.
- C. Minutes
1. Minutes will be kept at every Sub-Committee meeting by a designated staff member. Signed, dated, contemporaneous minutes are kept. Minutes are available for review by regulatory entities.

**Fresno-Kings-Madera Regional Health Authority
Credentialing Sub-Committee Charter**

D. Confidentiality

1. Content of the meetings is kept confidential.
2. All members sign a confidentiality statement that shall be kept on file at CalViva Health.
3. Meetings, proceedings, records and review/handling of related documents will comply with all applicable state and federal laws and regulations regarding confidential information, including, but not limited to, the California Confidentiality of Medical Information Act (California Civil Code, Section 56 et seq.); the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act (42 U.S.C. 290dd-2); and the Privacy Act (U.S.C. 552a) and any other applicable state and federal law, rule, guideline or requirement.
4. Meeting proceedings and records as well as related letters and correspondence to providers and/or members are also protected from discovery under California Health & Safety Code 1370 and CA Evidence Code 1157.

VII. Committee Support:

The Plan Medical Management department staff will provide Sub-Committee support, coordinate activities and perform the following as needed:

- A. Regularly attend Sub-Committee meetings,
- B. Assist Chairperson with preparation of agenda and meeting documents,
- C. Perform or coordinate other meeting preparation arrangements,
- D. Prepare minutes and capture specific "suggestions or recommendations" and discussions,
- E. Ensure a quarterly summary of Sub-Committee activity and recommendations is prepared for submission to the QI/UM Committee and RHA Commission.

VIII. Authority

1. Health & Safety Code Sections 1370, 1370.1
2. California Code of Regulations, Title 28, Rule 1300.70
3. California Evidence Code Section 1157
4. California Civil Code, Section 56 et seq. (California Confidentiality of Medical Information Act)
5. 42 U.S.C. 290dd-2 (Alcohol, Drug Abuse and Mental Health Administration Reorganization Act)
6. U.S.C. 552a (Privacy Act)
7. DHCS Contract, Exhibit A, Attachment 4
8. MMCD Policy Letter 02-03
9. RHA Bylaws

**Fresno-Kings-Madera Regional Health Authority
Credentialing Sub-Committee Charter**

APPROVAL:

**RHA Commission
Chairperson**

David S. Hodge

Date: May 18, 2017

Item #7

Attachment 7.G

Peer Review Sub-Committee Charter

**Fresno-Kings-Madera Regional Health Authority
Peer Review Sub-Committee Charter**

I. Purpose:

- A. The Sub-Committee processes and activities have been established to achieve an effective mechanism for the Plan’s continuous review and evaluation of the quality of care delivered to its enrollees, including monitoring whether the provision and utilization of services meets professional standards of practice and care, identifying quality of care problems, addressing deficiencies by the development of corrective action plans, and initiating remedial actions and follow-up monitoring where necessary and appropriate. Through the Plan’s peer review protected activities, the Plan aims to assure its enrollees receive acceptable standards of care and service.
- B. To provide a peer review committee structure for the consideration of patterns of medically related grievances that the Chief Medical Officer (CMO) determines require investigation of specific participating providers and to provide peer review of practitioners or organizational providers experiencing problematic credentialing issues, performance issues or other special circumstances.

II. Authority:

- A. The Peer Review Sub-Committee serves as a sub-committee of the Quality Improvement/Utilization Management (“QI/UM”) Committee and is given its authority by the Fresno-Kings-Madera Regional Health Authority (“RHA”) Commission to act in an advisory capacity.

III. Definitions:

- A. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – The governing board of CalViva Health. The Fresno-Kings-Madera Regional Health Authority (referred to as the “RHA”), is a public entity created pursuant to a Joint Exercise of Powers Agreement between the Counties of Fresno, Kings and Madera.

IV. Committee Focus:

The Peer Review Sub-Committee's responsibilities include, but are not limited to:

- A. Makes recommendations regarding peer review policies, processes, and standards.
- B. Reviews potential quality incidents referred by the QI/UM Committee that might involve the conduct or performance of specific practitioners or organizational providers and should be further investigated.
- C. Report sanctions for quality of care issues to the appropriate licensing authority including 805 reporting requirements.
- D. Establish and maintain a process for provider appeal of provider sanctions including a process of conducting fair hearings for providers who are sanctioned for issues related to quality of care.

Fresno-Kings-Madera Regional Health Authority
Peer Review Sub-Committee Charter

- E. Provide quarterly summary reports of Peer Review activities to the QI/UM Committee and RHA Commission.
- F. Ensure that the Plan's peer review criteria and activities are in compliance with state, federal and contractual requirements.

V. Committee Membership:

A. Composition

- 1. The RHA Commission shall appoint the members of the Sub-Committee.
- 2. The Sub-Committee is chaired by the CalViva CMO.
- 3. Sub-Committee size is determined by the Commission with the advice of the CMO.
- 4. The Sub-Committee is composed of participating physicians who are also serving as members of the QI/UM Committee.
 - a. Sub-committee membership shall reflect an appropriate geographic and specialty mix of participating practitioners including practitioners that serve the Seniors and Persons with Disabilities (SPD) population.
 - b. Membership shall consist of primary care providers and specialists to reflect our provider network.
 - c. Participating Practitioners from other specialty areas shall be retained as necessary to provide peer review input.
 - d. The Sub-Committee shall be composed of less than a quorum of voting Commissioners.

B. Term of Committee Membership

- 1. Appointments shall be made for two (2) years.
- 2. Commissioner Sub-Committee members' terms are coterminous with their seat on the Commission.

C. Vacancies

If vacancies arise during the term of Sub-Committee membership, the RHA Commission will appoint a replacement member.

D. Voting

- 1. All members of the Sub-Committee shall have one vote each.
- 2. If a potential conflict of interest is identified, the involved member will be excused from discussion and voting.

VI. Meetings:

A. Frequency

- 1. The frequency of the Sub-Committee meetings will be at least quarterly.
- 2. The Sub-Committee Chairperson or RHA Commission may call additional *ad hoc* meetings as necessary.
- 3. A quorum consists of at least 51% of the membership.

Fresno-Kings-Madera Regional Health Authority
Peer Review Sub-Committee Charter

B. Notice

1. The meeting date will be determined by the Chairperson with the consensus of the Sub-Committee members.
2. Sub-Committee members will be notified in writing in advance of the next scheduled meeting.

C. Minutes

1. Minutes will be kept at every Sub-Committee meeting by a designated staff member. Signed, dated, contemporaneous minutes are kept. Minutes are available for review by regulatory entities.

D. Confidentiality

1. Content of the meetings is kept confidential.
2. All members sign a confidentiality statement that shall be kept on file at CalViva Health.
3. Meetings, proceedings, records and review/handling of related documents will comply with all applicable state and federal laws and regulations regarding confidential information, including, but not limited to, the California Confidentiality of Medical Information Act (California Civil Code, Section 56 et seq.); the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act (42 U.S.C. 290dd-2); and the Privacy Act (U.S.C. 552a) and any other applicable state and federal law, rule, guideline or requirement.
4. Meeting proceedings and records as well as related letters and correspondence to providers and/or members are also protected from discovery under California Health & Safety Code 1370 and CA Evidence Code 1157.

VII. Committee Support:

The Plan Medical Management department staff will provide Sub-Committee support, coordinate activities and perform the following as needed:

- A. Regularly attend Sub-Committee meetings,
- B. Assist Chairperson with preparation of agenda and meeting documents,
- C. Perform or coordinate other meeting preparation arrangements,
- D. Prepare minutes and capture specific "suggestions or recommendations" and discussions,
- E. Ensure a quarterly summary of Sub-Committee activity and recommendations is prepared for submission to the QI/UM Committee and RHA Commission.

VIII. Authority

1. Health & Safety Code Sections 1370, 1370.1
2. California Code of Regulations, Title 28, Rule 1300.70
3. California Evidence Code Section 1157
4. California Civil Code, Section 56 et seq. (California Confidentiality of Medical Information Act)

**Fresno-Kings-Madera Regional Health Authority
Peer Review Sub-Committee Charter**

5. 42 U.S.C. 290dd-2 (Alcohol, Drug Abuse and Mental Health Administration Reorganization Act)
6. U.S.C. 552a (Privacy Act)
7. DHCS Contract, Exhibit A, Attachment 4
8. MMCD Policy Letter 02-03
9. RHA Bylaws

APPROVAL:

**RHA Commission
Chairperson**

David S. Hodge

Date: May 18, 2017

Item #7

Attachment 7.H

QIUM Committee Charter

Fresno-Kings-Madera Regional Health Authority Quality Improvement/Utilization Management Committee Charter

I. Purpose:

- A. The purpose of the Quality Improvement/Utilization Management (“QI/UM”) Committee is to provide oversight and guidance for CalViva Health’s (“CalViva” or the “Plan”) QI, UM, and Credentialing Programs, monitor delegated activity, and provide professional input into CalViva’s development of medical policies.
- B. The QI/UM Committee monitors the quality and safety of care and services rendered to members, identifies clinical and administrative opportunities for improvement, recommends policy decisions, evaluates the results of QI and UM activities, institutes needed actions, and ensures follow up as appropriate.

II. Authority:

- A. The QI/UM Committee is given its authority by and reports to the Fresno-Kings-Madera Regional Health Authority (“RHA”) Commission in an advisory capacity.

III. Definitions:

- A. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – The governing board of CalViva Health. The Fresno-Kings-Madera Regional Health Authority (referred to as the “RHA”), is a public entity created pursuant to a Joint Exercise of Powers Agreement between the Counties of Fresno, Kings and Madera.

IV. Committee Focus:

The QI/UM Committee's responsibilities include, but are not limited to the following activities.

- A. Review and recommend approval to the RHA Commission of the program documents listed below:
 - 1. Annual QI Program Description
 - 2. Annual QI Work Plan
 - 3. Annual QI Program Evaluation
 - 4. Annual UM Program Description
 - 5. Annual UM Work Plan
 - 6. Annual UM Program Evaluation;
 - 7. Annual Health Education Program Description
 - 8. Annual Health Education Work Plan
 - 9. Annual Health Education Program Evaluation
 - 10. Annual Culture and Linguistics (“C&L”) Program Description
 - 11. Annual Culture and Linguistics Work Plan
 - 12. Annual Culture and Linguistics Program Evaluation

Fresno-Kings-Madera Regional Health Authority
Quality Improvement/Utilization Management Committee Charter

- B. Reviews quarterly reports of Work Plan progress for the programs listed above;
- C. Monitors key clinical and service performance indicators for QI, UM, and Credentialing/Recredentialing activities (e.g. access & availability, over and under utilization, key UM and case management indicators, HEDIS® measure results, disease management and public health programs activities, timeliness standards etc.);
- D. Provide oversight and review reports of delegated UM and Credentialing/Recredentialing functions and collaborative QI functions;
- E. Reviews summarized grievance reports for medically related issues and administrative quality concerns;
- F. Reviews analysis of potential quality incident reports (developed from grievances/complaints, utilization management, utilization reports suggesting over or under utilization);
- G. Oversees and monitors CalViva’s participation in the Department of Health Care Services (“DHCS”) required Quality Improvement Projects (“QIPs”);
- H. Approve and oversee conduct of special QI studies as warranted;
- I. Brings general medically-related concerns to the attention of the Plan’s Operating Administrator (Health Net);
- J. Advises on the conduct of provider and member satisfaction surveys and submits its review to the Commission;
- K. Reviews the results of clinical outcome studies, identifies gaps and reports findings to the Commission;
- L. Forwards to the Credentialing /Peer Review Sub-Committee potential quality incidents that might involve the conduct of specific providers and should be further investigated;
- M. Receives reports from the Credentialing/Peer Review Sub-Committee;
- N. Provide quarterly summary reports of QI, UM, and Credentialing activities to the RHA Commission.
- O. Ensure that the Plan is in compliance with state, federal and contractual requirements for QI, UM, and Credentialing.

V. Committee Membership:

- A. Composition
 - 1. The RHA Commission Chairperson shall appoint the members of the Committee.
 - 2. The Committee is chaired by the CalViva Chief Medical Officer (“CMO”).
 - 3. Committee size is determined by the RHA Commission with the advice of the CMO.
 - 4. The QI/UM Committee will be composed of:
 - 4.1. Participating health care providers, including physicians, as well as other health care professionals representative of the CalViva direct contracting network and the Health Net provider network.
 - 4.2. The Committee composition may also include Commission members who are participating health care providers and shall be composed of less than a quorum of voting Commissioners.
 - 4.3. Committee membership shall reflect an appropriate geographic and specialty mix of participating practitioners including practitioners that serve the Seniors and Persons with Disabilities (SPD) population.

**Fresno-Kings-Madera Regional Health Authority
Quality Improvement/Utilization Management Committee Charter**

- 4.4. Participating Practitioners from other specialty areas shall be retained as necessary to provide specialty input.
- 4.5. For purpose of meeting a quorum, the RHA Commission Chair may appoint an alternate member, who is also a provider member of the RHA Commission, to serve as a voting member of the committee.

B. Term of Committee Membership

1. Appointments shall be made for two (2) years.
2. Commissioner Committee members' terms are coterminous with their seat on the Commission.

C. Vacancies

1. If vacancies arise during the term of Committee membership, the RHA Commission Chairperson will appoint a replacement member.

D. Voting

1. All members of the Committee shall have one vote each.
2. If a potential conflict of interest is identified, the involved member will be excused from discussion and voting.

VI. Meetings:

A. Frequency

1. The frequency of the QI/UM Committee meetings will be at least quarterly.
2. The Committee Chairperson or RHA Commission may call additional *ad hoc* meetings as necessary.
3. A quorum consists of at least 51% of the membership.
4. Meetings shall be open and public. Meetings will be conducted in accordance with California's Ralph M. Brown Open Meeting Law.

B. Notice

1. The meeting date will be determined by the Chairperson with the consensus of the Committee members.
2. Committee members will be notified in writing in advance of the next scheduled meeting.

C. Minutes

1. Minutes will be kept at every Committee meeting by a designated staff member. Signed, dated, contemporaneous minutes are kept. Minutes are available for review by regulatory entities.
2. A report of each meeting will be forwarded to the RHA Commission for oversight review and consideration of the Committee's recommendations.

**Fresno-Kings-Madera Regional Health Authority
Quality Improvement/Utilization Management Committee Charter**

VII. Committee Support:

The Plan Medical Management department staff will provide Committee support, coordinate activities and perform the following as needed:

- A. Regularly attend Committee meetings,
- B. Assist Chairperson with preparation of agenda and meeting documents,
- C. Perform or coordinate other meeting preparation arrangements,
- D. Prepare minutes and capture specific "suggestions or recommendations" and improvement discussions,
- E. Ensure a quarterly summary of Committee activity and Committee recommendations is prepared for submission to the RHA Commission.

VIII. Authority

- A. Health & Safety Code Sections 1370, 1370.1
- B. California Code of Regulations, Title 28, Rule 1300.70
- C. DHCS Contract, Exhibit A, Attachments 4 and 5
- D. RHA Bylaws

APPROVAL:

**RHA Commission
Chairperson**

David S. Hodge

Date:

March 16, 2017

Item #7

Attachment 7.1

Public Policy Committee Charter

**Fresno-Kings-Madera Regional Health Authority
Public Policy Committee Charter**

I. Purpose:

- A. The purpose of the Public Policy Committee is to provide a committee structure for the consideration and formulation of CalViva Health (“CalViva” or the “Plan”) policy on issues affecting members. Subscribers and enrollees shall be afforded an opportunity to participate in establishing the public policy of the Plan.

II. Authority:

- A. The Public Policy Committee is given its authority by and reports to the Fresno-Kings-Madera Regional Health Authority (“RHA”) Commission. This authority is described in the RHA Bylaws.

III. Definitions:

- A. **Public Policy** means acts performed by the Plan or its employees and staff to assure the comfort, dignity, and convenience of patients who rely on the Plan’s facilities to provide health care services to them, their families, and the public. (Rule 1300.69)
- B. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – The governing board of CalViva Health.
1. The Fresno-Kings-Madera Regional Health Authority (referred to as the “RHA”), is a public entity created pursuant to a Joint Exercise of Powers Agreement between the Counties of Fresno, Kings and Madera. On April 15, 2010, the RHA Commission adopted the name “CalViva Health” under which it will also do business.

IV. Committee Focus:

- A. The Public Policy Committee’s recommendations and reports will be regularly and timely reported to the Commission. The Commission shall act upon these reports and recommendations and the action taken by the Commission will be recorded in the minutes of the Commission’s meetings.
- B. Principal Responsibilities:
1. Review a quarterly summary report regarding the specific nature and volume of complaints received through the grievance process and how those complaints were resolved
 2. Make recommendations concerning the structure and operation of the Plan's grievance process including suggestions to assist the Plan in ensuring its’ grievance process addresses the linguistic and cultural needs of its member population as well as the needs of members with disabilities.
 3. Review and evaluate member satisfaction data
 4. Advise on cultural and linguistic service needs through review of demographic, linguistic, and cultural information related to the Plan’s population in order to make recommendations regarding:

**Fresno-Kings-Madera Regional Health Authority
Public Policy Committee Charter**

- 4.1. Linguistic needs of populations served and identify any enhancements or alternate formats that Plan materials may need.
- 4.2. Policies needed for increasing member access to services where there may be barriers resulting from cultural or linguistic factors.
- 4.3. Changes needed to the provider network to accommodate cultural, linguistic, or other ethnic preferences.
5. Advise on problems related to the availability and accessibility of services
 - 5.1. Review data/other Plan information and make recommendations for policy or Plan/provider network changes needed related to Americans with Disabilities Act (ADA) requirements or to minimize barriers and increase access for members with disabilities (e.g. identifying potential outreach activities, etc.).
6. Review member literature and other plan materials sent to members and advise on the effectiveness of the presentation.
7. Make recommendations or suggestions for member outreach activities, topics or articles/information for publication on the member website, in member education materials or newsletters, etc.
8. Recommend review/revision and/or development of policies and procedures to the RHA Commission or other Plan committees as appropriate based on the Committee's review of grievance, member satisfaction, and other Plan data.
9. Review financial information pertinent to developing the public policy of the Plan.
10. Other matters pertinent to developing the public policy of the Plan.

V. Committee Membership:

A. Composition

The RHA Commission Chairperson shall appoint the members of the Committee. The Public Policy Committee shall consist of not less than seven (7) members, who shall be appointed as follows:

1. One member of the RHA Commission who will serve as Chairperson of the Committee;
2. One member who is a provider of health care services under contract with the Plan; and
3. All others shall be members (must make-up at least 51% of the committee members) entitled to health care services from the Plan.
 - 3.1. Public Policy enrollee members shall be comprised of the following:
 - 3.1.1. Two (2) enrollees from Fresno County
 - 3.1.2. One (1) enrollee from Kings County
 - 3.1.3. One (1) enrollee from Madera County
 - 3.1.4. One (1) At-Large enrollee from either Fresno, Kings, or Madera County
 - 3.2. Two (2) Community Based Organizations (CBO) representatives shall be appointed as alternate Public Policy Committee members to attend and participate in meetings of the Committee in the event of a vacancy or

**Fresno-Kings-Madera Regional Health Authority
Public Policy Committee Charter**

absence of any of the members appointed as provided in subsection 3.1 above.

3.2.1. The alternates shall represent different Community Based Organizations (CBO) that serve Fresno, Kings, and/or Madera Counties and provide community service or support services to members entitled to health care services from the Plan.

3.2.2 Two (2) alternates from the same CBO shall not be appointed to serve concurrent terms.

3.3. The enrollee members and CBO representatives shall be persons who are not employees of the Plan, providers of health care services, subcontractors to the Plan or contract brokers, or persons financially interested in the Plan.

3.4. In selecting the enrollee members and/or CBO representatives of the Committee, the RHA Commission Chairperson shall generally consider the makeup of the Plan's Medi-Cal enrollee population including Seniors and Persons with Disabilities (SPD), and such factors such as ethnicity, demography, occupation, and geography. Any such selection or election of enrollee members or a CBO representative shall be conducted on a fair and reasonable basis.

B. Term of Committee Membership

1. The Commissioner member may be appointed for a three (3) year term and his/her term will be coterminous with their seat on the Commission.
2. The provider member may be appointed for a three (3) year term.
3. Subscriber/enrollee members' and CBO representative terms shall be of reasonable length (one, two, or three years) and shall be staggered or overlapped so as to provide continuity and experience in representation.
4. At the conclusion of any term, a Committee member may be reappointed to a subsequent three-year term.

C. Vacancies

1. If vacancies arise during the term of Committee membership, the RHA Commission Chairperson will appoint a replacement member.

D. Voting

1. All members of the Committee shall have one vote each.
2. When attending a meeting in place of a regular member, an alternate member shall be entitled to participate in the same manner and under the same standards as a regular member, to the extent that the alternate member is not otherwise disqualified from participating in discussion and voting on an item due to a conflict of interest.

VI. Meetings:

A. Frequency

1. The frequency of the Public Policy Committee meetings will be quarterly.

**Fresno-Kings-Madera Regional Health Authority
Public Policy Committee Charter**

2. The Committee Chairperson or RHA Commission may call additional *ad hoc* meetings as necessary.
3. A quorum consists of at least 51% of the membership
4. Meetings shall be open and public. Meetings will be conducted in accordance with California's Ralph M. Brown Open Meeting Law.

B. Place of Meetings

1. The Committee Chairperson will determine the place of the Committee meetings.

C. Notice

1. At the end of each Public Policy Committee meeting, the next meeting date will be determined by consensus unless a pre-arranged schedule has been established.
2. Committee members will be notified in writing in advance of the next scheduled meeting.

D. Minutes

1. Minutes will be kept at every Public Policy Committee meeting by a designated staff member.
2. A report of each meeting will be forwarded to the RHA Commission for oversight review and consideration of the Committee's recommendations.

VII. Committee Support:

- A. The Plan Chief Compliance Officer/department staff will provide Committee support, coordinate activities and perform the following as needed:
1. Regularly attend Public Policy meetings.
 2. Assist Chairperson with preparation of agenda and meeting documents.
 3. Perform or coordinate other meeting preparation arrangements.
 4. Prepare minutes and capture specific "suggestions or recommendations" and improvement discussions.
 5. Monitor a tracking log of action items or recommendations requiring follow-up.
 6. Initiate and follow-up on action items and suggestions until completed and ensure that feedback is provided to the Committee to "close the loop".
 7. Ensure a quarterly summary of Public Policy Committee activity and Committee recommendations is prepared for submission to the RHA Commission.

VIII. Other Requirements:

1. The Plan's Evidence of Coverage (EOC) includes a description of its system for member participation in establishing public policy.
2. The Plan will also furnish an annual EOC to its members with a description of its system for their participation in establishing public policy, and will communicate material changes affecting public policy to members.

**Fresno-Kings-Madera Regional Health Authority
Public Policy Committee Charter**

IX. Authority

1. Health & Safety Code Section 1369
2. California Code of Regulations, Title 28, Rule 1300.69
3. RHA Bylaws

APPROVAL:

RHA Commission Chairperson

David S. Hodge

Date:

May 16, 2013

:

David Hodge, MD

Item #7

Attachment 7.J

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	7	6	4						41
Member & Provider Materials	0	1	3	2	3	3	1						13
# of DMHC Filings	4	5	3	4	3	5	3						27
# of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)													
No/Low Risk	2	1	1	3	4	4	0						15
High Risk	0	0	0	0	0	0	0						0
# of Potential Fraud, Waste, & Abuse Cases Received													
# of MC 609 Submissions to DHCS	0	0	1	1	1	0	0						3

Summary of Filings	<p>DHCS Administrative/Operational filings include ad-hoc reports, policies & procedures, Commission changes, and other Plan and Program documents.</p> <p>DHCS Member & Provider materials include advertising, health education materials, flyers, promotional items, etc.</p> <p>DMHC Filings include ad-hoc reports, Plan and Program documents, policies & procedures, advertising, flyers, promotional items, bylaw changes, Commission changes, undertakings, etc.</p> <p>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.</p> <p>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.</p>
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RHA Commission Compliance – Regulatory Report

Compliance Oversight & Monitoring Activities	Description
<p>CalViva Health Oversight Meetings</p>	<p>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 CAP on specialty provider access remains under review by CalViva Health and CalViva Health is receiving ongoing updates on Health Net's efforts to improve specialty provider access for CalViva Health members.</p> <p>Kaiser CalViva Health and Kaiser management continue to hold quarterly Joint Operations Meetings (JOM). The last meeting was May 16, 2017. The next meeting is scheduled for August 9, 2017. During previous meetings, the Commission was advised that Kaiser has 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. The Plan continues to monitor the Kaiser CAP as it relates to CalViva Health data at monthly encounter data oversight meetings with Kaiser as well as the quarterly JOMs.</p>
<p>Oversight Audits</p>	<p><u>Health Net Oversight Audits:</u> Audits for 2017 have been scheduled and several are in progress. The following 2017 audits are in progress: Claims, Privacy and Security, and Cultural and Linguistics. The 2017 Utilization Management ("UM") and Emergency Services ("ES") audits were completed. A CAP was requested for the 2017 UM Audit. There was no CAP required of the 2017 ES Audit. A CAP response was requested from Health Net for the 2017 UM audit by 7/28/17. A detailed summary of the audits, which were scheduled in 2017, will be provided to the Commission in May 2018.</p> <p><u>Provider Dispute Resolution (PDR) Case Audits:</u> The Plan is currently working on the Q4 2016 and Q1 2017 PDR audits. The Q3 2016 audit was completed. There was a CAP required for timely resolution of PDRs. The CAP response has been received and was accepted.</p>
<p>Notice of Credible Allegation</p>	<p>The Department of Health Care Services ("DHCS") All Plan Letter 15-026 provides guidance to Medi-Cal Managed Care Plans ("MCPs") on actions they must take upon receipt of information that the DHCS has determined that a credible allegation of fraud exists against a provider that is part of the MCP network. In June of 2017, DHCS informed the Plan of a credible allegation of fraud against a provider that is part of the Plan's provider network.</p> <p>The provider is not directly contracted with CalViva Health and is part of the network because of the Capitated Provider Services Agreement ("CPSA") the Plan has with their Administrator Health Net. Due to the nature of the allegation, CalViva Health has entered in a Confidentiality Agreement with DHCS.</p> <p>Whenever DHCS notifies the MCP that a credible allegation of fraud against a provider exists, the Plan must take one or more of the following four actions:</p> <ol style="list-style-type: none"> 1. Terminate the provider from its network; 2. Temporarily suspend the provider from its network pending resolution of the fraud allegation; 3. Temporarily suspend payment to the provider pending resolution of the fraud allegation; and/or

RHA Commission Compliance – Regulatory Report

	<p>4. Conduct additional monitoring including audits of the provider’s claims history and future claims submissions for appropriate billing.</p> <p>CalViva Health, consulted with their Administrator, and the Plan agreed to proceed with Option 4 and will be updating DHCS periodically of our efforts.</p>
Regulatory Reviews/Audits	Status
Department of Health Care Services (“DHCS”) Medical Audit	The onsite audit of the Plan from April 17, 2017 – April 28, 2017 was completed. The Plan is still awaiting the <i>Draft</i> 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 “Final Rule”	In previous meetings, the Commission was provided information about the Final Rule and its phased in implementation. At the May Commission meeting, it was indicated that DHCS had requested Plans to submit thirteen (“13”) deliverables associated with the Final Rule requirements. The Plan submitted the deliverables by the required due date. CalViva Health has received DHCS approval for 8 out of the 13 deliverables. CalViva Health is awaiting a DHCS response for 4 Deliverables and DHCS guidance for 1 Deliverable related to the Evidence of Coverage. DHCS submitted the Final Rule contract amendment for managed care plans to CMS and it is still under review.
DHCS Announcements	
Department of Health Care Services (“DHCS”) Customer Service Portal	<p>The Department of Health Care Services announced a new website design for the Customer Service Portal (CSP) found at www.healthcareoptions.dhcs.ca.gov. The information presented on the CSP is in alignment with the updated Medicaid Managed Care Federal Rule regulations. The revamped website includes enhancements such as:</p> <ul style="list-style-type: none"> • A new layout that makes the site easy to navigate. • A new look and feel designed to create a welcoming user-friendly channel to beneficiaries on the enrollment page. • Links that connect directly to the health plans’ Provider Directory, Evidence of Coverage and Formularies under the Health Plan Materials section.
Committee Report	
Public Policy Committee	The Public Policy Committee met on June 7, 2017 and reviewed the Charter, Enrollment Dashboard, Health Education related information, Appeals, Grievances, and Complaints related information, and Cultural and Linguistics related information. The Public Policy Committee was also provided an update on the status of the Plan’s most recent regulatory audit. There were no recommendations or action items requiring the response of the Commission. The next Public Policy Committee meeting is scheduled for September 6, 2017, 11:30 a.m. at 344 E. Sixth Street, Madera, CA 93638.

Item #8

Attachment 8.A

Financials as of May 31, 2017

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Balance Sheet
As of May 31, 2017

	Total
ASSETS	
Current Assets	
Bank Accounts	
Cash	31,584,482.20
Savings CD	0.00
ST Investments	0.00
Wells Fargo Money Market Mutual Funds	9,956.84
Total Bank Accounts	\$ 31,594,439.04
Accounts Receivable	
Accounts Receivable	118,744,550.90
Total Accounts Receivable	\$ 118,744,550.90
Other Current Assets	
Interest Receivable	7,186.83
Investments - CDs	4,999,518.76
Prepaid Expenses	171,114.37
Security Deposit	0.00
Total Other Current Assets	\$ 5,177,819.96
Total Current Assets	\$ 155,516,809.90
Fixed Assets	
Buildings	7,473,441.94
Computers & Software	10,809.59
Land	3,161,419.10
Office Furniture & Equipment	172,292.81
Total Fixed Assets	\$ 10,817,963.44
Other Assets	
Investment -Restricted	309,451.33
Total Other Assets	\$ 309,451.33
TOTAL ASSETS	\$ 166,644,224.67
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	132,549.89
Accrued Admin Service Fee	3,998,258.00
Capitation Payable	91,230,477.13
Claims Payable	30,099.96
Total Accounts Payable	\$ 95,391,384.98
Other Current Liabilities	
Accrued Expenses	47,666.63
Accrued Payroll	81,440.55
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	1,152,691.19
Premium Tax Payable to DHCS	18,742,611.21
Total Other Current Liabilities	\$ 20,620,164.69
Total Current Liabilities	\$ 116,011,549.67
Long-Term Liabilities	
Renters' Security Deposit	36,500.00
Subordinated Loan Payable	0.00
Total Long-Term Liabilities	\$ 36,500.00
Total Liabilities	\$ 116,048,049.67
Equity	
Retained Earnings	38,352,168.72
Net Income	12,244,006.28
Total Equity	\$ 50,596,175.00
TOTAL LIABILITIES AND EQUITY	\$ 166,644,224.67

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

	Total
Income	
Interest Earned	106,537.02
Premium/Capitation Income	1,169,479,986.45
Total Income	\$ 1,169,586,523.47
Cost of Medical Care	
Capitation - Medical Costs	997,414,894.48
Medical Claim Costs	1,942,516.70
Total Cost of Medical Care	\$ 999,357,411.18
Gross Margin	\$ 170,229,112.29
Expenses	
Admin Service Agreement Fees	43,739,135.00
Bank Charges	2,906.28
Computer/IT Services	115,061.28
Depreciation Expense	265,424.46
Dues & Subscriptions	122,427.25
Insurance	172,108.13
Labor	2,392,832.21
Legal & Professional Fees	92,881.81
License Expense	548,156.82
Marketing	543,679.68
Meals and Entertainment	11,718.51
Office Expenses	59,859.08
Parking	1,219.24
Postage & Delivery	2,074.50
Printing & Reproduction	2,008.25
Recruitment Expense	35,929.40
Rent	4,276.87
Seminars and Training	6,844.79
Supplies	11,420.53
Taxes	110,269,656.24
Telephone	18,721.98
Travel	18,171.35
Total Expenses	\$ 158,436,513.66
Net Operating Income	\$ 11,792,598.63
Other Income	
Other Income	451,407.65
Total Other Income	\$ 451,407.65
Net Other Income	\$ 451,407.65
Net Income	\$ 12,244,006.28

Item #8

Attachment 8.B

Appeals and Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2017

Current as of End of the Month: May

Revised Date: 6/23/2017

Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	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	1	0	1	0	1	0	0	0	0	0	0	0	0	2	0
Standard Appeals Resolved Compliant	9	20	13	42	6	9	0	15	0	0	0	0	0	0	0	0	57	132
Standard Appeals Compliance Rate	88.9%	100.0%	100.0%	97.6%	100.0%	88.9%	0.0%	94.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	96.61%	100.0%
Total Appeals Resolved	17	24	23	64	11	13	0	24	0	0	0	0	0	0	0	0	88	188
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	17	24	23	64	11	13	0	24	0	0	0	0	0	0	0	0	88	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	1	5	0	6	0	0	0	0	0	0	0	0	23	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	3	0	3	0	0	0	0	0	0	0	0	10	23
Pharmacy	6	9	14	29	8	3	0	11	0	0	0	0	0	0	0	0	40	90
Surgery	3	4	3	10	2	2	0	4	0	0	2	2	0	0	0	0	16	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	6	8	0	14	0	0	0	0	0	0	0	0	45	133
Uphold Rate	29.4%	58.3%	52.2%	48.4%	54.5%	61.5%	0.0%	58.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	51.1%	70.7%
Overtums - Full	9	8	9	26	5	5	0	10	0	0	0	0	0	0	0	0	36	47
Overtum Rate - Full	52.9%	33.3%	39.1%	40.6%	45.5%	38.5%	0.0%	41.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	40.9%	25.0%
Overtums - Partial	3	1	1	5	0	0	0	0	0	0	0	0	0	0	0	0	5	4
Overtum 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%	0.0%	5.7%	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%	0.0%	2.3%	2.1%
Membership	350,692	350,877	351,447		352,025	351,498	-		-	-	-	-	-	-	-	-		
Appeals - PTMPM	0.05	0.07	0.07	0.06	0.03	0.04	-	0.03	-	-	-	-	-	-	-	-	0.05	0.05
Grievances - PTMPM	0.22	0.25	0.29	0.25	0.22	0.25	-	0.23	-	-	-	-	-	-	-	-	0.25	0.20

CalViva SPD only																	2016	
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2017 YTD	2016 YTD
Expedited Grievances Received	6	3	8	17	2	3	0	5	0	0	0	0	0	0	0	0	22	34
Standard Grievances Received	21	17	19	57	23	15	0	38	0	0	0	0	0	0	0	0	95	205
Total Grievances Received	27	20	27	74	25	18	0	43	0	0	0	0	0	0	0	0	117	239
Grievance Ack Letters Sent Noncompliant	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Grievance Ack Letter Compliance Rate	100.0%	94.1%	100.0%	98.2%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	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	6	3	8	17	3	2	0	5	0	0	0	0	0	0	0	0	22	34
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
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	21	18	18	57	20	20	0	40	0	0	0	0	0	0	0	0	97	202
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Grievances Resolved	27	21	26	74	23	22	0	45	0	0	0	0	0	0	0	0	119	236
Grievance Descriptions - Resolved Cases	27	21	26	74	23	22	0	45	0	0	0	0	0	0	0	0	119	236
Access to primary care	7	4	6	17	7	1	0	8	0	0	0	0	0	0	0	0	25	54
Access to specialists	1	0	1	2	1	4	0	5	0	0	0	0	0	0	0	0	7	13
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	2	2	4	8	2	3	0	5	0	0	0	0	0	0	0	0	13	11
Out-of-network	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Physical accessibility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
QOC Non Access	6	6	5	17	4	7	0	11	0	0	0	0	0	0	0	0	28	51
QOS Non Access	11	9	10	30	9	7	0	16	0	0	0	0	0	0	0	0	46	106
Exempt Grievances Received - New Classifications	29	24	34	87	23	26	0	49	0	0	0	0	0	0	0	0	136	241
Authorization	0	1	0	1	2	4	0	6	0	0	0	0	0	0	0	0	7	29
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	0	2	0	2	1	2	0	3	0	0	0	0	0	0	0	0	5	18
Avail of Appt w/ Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Claims Complaint	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Eligibility Issue	2	0	1	3	1	1	0	2	0	0	0	0	0	0	0	0	5	3
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	2	1	5	8	1	1	0	2	0	0	0	0	0	0	0	0	10	10
Information Discrepancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	1	2	3	6	1	1	0	2	0	0	0	0	0	0	0	0	8	14
Interpersonal - Behavior of Clinic/Staff - Provider	10	9	12	31	9	6	0	15	0	0	0	0	0	0	0	0	46	78
Interpersonal - Behavior of Clinic/Staff - Vendor	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	10
Other	1	2	0	3	3	2	0	5	0	0	0	0	0	0	0	0	8	4
PCP Assignment	10	4	6	20	3	7	0	10	0	0	0	0	0	0	0	0	30	49
Pharmacy	2	1	5	8	2	2	0	4	0	0	0	0	0	0	0	0	12	21
Wait Time - In Office for Scheduled Appt	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Wait Time - Too Long on Telephone	0	1	2	3	0	0	0	0	0	2	0	0	0	0	0	0	3	4
Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	3	1	2	6	1	1	0	2	0	0	0	0	0	0	0	0	8	14
Standard Appeals Received	8	2	1	11	3	4	0	7	0	0	0	0	0	0	0	0	18	41
Total Appeals Received	11	3	3	17	4	5	0	9	0	0	0	0	0	0	0	0	26	55
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%	100.0%	100.0%	0.0%	100.0%	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	3	0	3	6	1	1	0	2	0	0	0	0	0	0	0	0	8	15
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	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	1	0	1	0	0	0	0	0	0	0	0	1	0
Standard Appeals Resolved Compliant	4	7	2	13	1	3	0	4	0	0	0	0	0	0	0	0	17	39
Standard Appeals Compliance Rate	75.0%	100.0%	100.0%	100.0%	100.0%	66.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Appeals Resolved	8	7	5	20	2	5	0	7	0	0	0	0	0	0	0	0	27	54

Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	8	7	5	20	2	5	0	7	0	0	0	0	0	0	0	0	27	51
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
DME	4	3	3	10	0	2	0	2	0	0	0	0	0	0	0	0	12	23
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	2	0	2	0	0	0	0	0	0	0	0	2	4
Pharmacy	4	3	2	9	2	1	0	3	0	0	0	0	0	0	0	0	12	18
Surgery	0	1	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
Pharmacy	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
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	1	3	2	6	1	4	0	5	0	0	0	0	0	0	0	0	11	36
Uphold Rate	12.5%	42.9%	40.0%	30.0%	50.0%	80.0%	0.0%	71.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	40.7%	66.7%
Overturns - Full	5	3	2	10	1	1	0	2	0	0	0	0	0	0	0	0	12	16
Overturn Rate - Full	62.5%	42.9%	40.0%	50.00%	50.0%	20.0%	0.0%	28.57%	0.0%	0.0%	0.0%	0.00%	0.0%	0.0%	0.0%	0.00%	44.44%	29.63%
Overturns - Partial	2	1	1	4	0	0	0	0	0	0	0	0	0	0	0	0	4	1
Overturn Rate - Partial	25.0%	14.3%	20.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	14.8%	1.9%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
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	21,458	21,545	21,534		21,505	21,425												
Appeals - PTMPM	0.37	0.32	0.23	0.31	0.09	0.23	-	0.16	-	-	-	0.00	-	-	-	0.00	0.12	0.21
Grievances - PTMPM	1.26	0.97	1.21	1.15	1.07	1.03	-	1.05	-	-	-	0.00	-	-	-	0.00	0.55	0.93

Item #8

Attachment 8.C

Key Indicator Report



Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP

Report from 06/01/2016 to 5/31/2017

Report created 6/23/2017

Purpose of Rep 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:

[Read Me](#)

[Main Report CalVIVA](#)

[CalVIVA Commission](#)

[CalVIVA Fresno](#)

[CalVIVA Kings](#)

[CalVIVA Madera](#)

[Glossary](#)

Regional Team Lead Contact Information

Region

Contact Person

Region 3:

John Gonzalez

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 06/01/2016 to 5/31/2017
 Report created 6/23/2017

ER utilization based on Claims data	2016-01	2016-01	2016-07	2016-09	2016-10	2016-11	2016-12	2016-Trenc	2017-01	2017-02	2017-03	2017-04	2017-05	2017-Trenc	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	77,833	#####	83,826	85,456	86,376	86,898	87,400		86,801	86,849	85,869	87,242	87,392		78,503	82,054	84,617	86,891	86,506		83,016	86,831		
Family/Adult/Other Mbr Mos	237,009	#####	244,220	245,133	245,786	245,513	246,380		246,584	246,846	244,435	246,745	247,749		239,294	243,232	244,527	245,893	245,888		243,236	246,432		
SPD Mbr Months	27,679	#####	28,633	28,940	29,113	29,248	29,400		29,611	29,634	29,486	29,643	29,708		27,844	28,290	28,791	29,254	29,577		28,545	29,616		
Admits - Count	2,178	2,051	2,150	2,197	2,137	2,116	2,299		2,307	2,076	2,221	2,094	2,144		2,216	2,133	2,208	2,184	2,201		2,185	2,168		
Expansion	527	542	552	586	566	580	613		596	533	567	564	669		555	547	587	586	565		569	586		
Family/Adult/Other	1,098	1,050	1,084	1,178	1,085	1,055	1,199		1,191	1,066	1,147	1,074	1,023		1,117	1,090	1,131	1,113	1,135		1,113	1,100		
SPD	546	457	512	432	482	480	483		518	475	504	456	448		541	494	489	482	499		501	480		
Admits Acute - Count	1,459	1,307	1,332	1,343	1,383	1,412	1,520		1,516	1,371	1,526	1,428	1,440		1,469	1,387	1,367	1,438	1,471		1,415	1,456		
Expansion	422	410	414	443	419	440	480		443	380	446	443	496		433	423	440	446	423		436	442		
Family/Adult/Other	524	473	448	497	520	524	593		593	550	616	561	519		536	508	474	546	586		516	568		
SPD	507	422	468	402	441	447	443		479	439	461	424	421		498	455	452	444	460		462	445		
Readmit 30 Day - Count	268	237	234	268	265	272	300		288	237	254	263	293		269	234	251	279	260		258	267		
Expansion	89	61	60	70	74	77	94		77	70	73	80	104		79	63	71	82	73		74	81		
Family/Adult/Other	70	75	73	95	84	84	99		99	72	75	87	85		79	68	76	89	82		78	84		
SPD	107	101	101	103	106	111	106		112	95	106	96	103		110	103	104	108	104		106	102		
Readmit 14 Day - Count	25	18	18	24	29	22	25		22	24	22	29	24		24	20	23	25	23		23	24		
Expansion	11	6	9	5	6	6	8		4	6	7	8	10		9	5	7	7	6		7	7		
Family/Adult/Other	5	3	2	11	12	8	5		10	5	4	12	6		5	6	7	8	6		9	7		
SPD	9	9	8	11	11	8	12		8	13	11	9	8		10	9	10	11	10		7	10		
**ER Visits - Count	15,341	#####	16,628	17,601	17,739	16,880	18,103		18,890	15,100	18,408	16,071	4,356		16,275	15,941	17,109	17,574	17,466		16,725	14,565		
Expansion	2,840	3,137	3,137	3,995	3,871	3,786	3,992		4,320	3,015	3,959	3,575	585		2,785	3,122	4,156	3,883	3,765		3,487	3,091		
Family/Adult/Other	10,653	#####	10,527	11,819	12,082	11,355	12,318		12,603	10,586	12,730	11,102	3,252		11,653	10,985	11,145	11,918	11,973		11,425	10,055		
SPD	1,848	1,749	1,755	1,778	1,778	1,732	1,782		1,955	1,491	1,648	1,382	199		1,837	1,833	1,789	1,764	1,698		1,806	1,335		
Admits Acute - PTMPY	50.7	44.1	44.8	44.8	45.9	46.9	50.2		50.1	45.3	50.9	47.1	47.4		50.7	47.1	45.8	47.7	48.8		47.8	48.2		
Expansion	65.1	59.2	59.3	62.2	58.2	60.8	65.9		61.2	52.5	62.3	60.9	68.1		66.2	61.9	62.4	61.6	58.7		63.0	61.0		
Family/Adult/Other	26.5	23.3	22.0	24.3	25.4	25.6	28.9		28.9	26.8	30.2	27.3	25.1		26.9	25.0	23.3	26.6	28.6		25.4	27.6		
SPD	219.8	178.0	196.1	166.7	181.8	183.4	180.8		194.1	177.8	187.6	171.6	170.1		214.5	192.9	188.4	182.0	186.5		194.2	180.2		
Bed Days Acute - PTMPY	240.4	195.9	197.0	203.4	212.2	217.6	247.6		237.7	207.8	235.9	221.8	230.6		237.5	209.2	202.7	225.8	225.8		218.7	225.9		
Expansion	327.0	269.9	283.6	317.2	295.8	303.4	353.1		312.2	267.2	289.6	309.9	354.0		337.2	286.6	312.8	317.5	289.6		313.3	306.7		
Family/Adult/Other	89.8	81.1	73.8	90.8	91.7	91.6	106.6		109.6	95.4	114.9	106.3	100.2		93.6	79.2	81.0	96.7	106.6		87.6	105.3		
SPD	1,296.7	961.0	987.4	816.9	974.8	1,017.1	1,105.3		1,035.8	963.8	1,079.7	923.8	940.4		1,201.3	1,099.8	906.8	1,032.6	1,026.3		1,058.7	988.6		
ALOS Acute	4.7	4.4	4.4	4.5	4.6	4.6	4.9		4.7	4.6	4.6	4.7	4.9		4.7	4.4	4.4	4.4	4.6		4.6	4.7		
Expansion	5.0	4.6	4.8	5.1	5.1	5.0	5.4		5.1	5.1	4.6	5.1	5.2		5.1	4.6	5.0	5.2	4.9		5.0	5.0		
Family/Adult/Other	3.4	3.5	3.4	3.7	3.6	3.6	3.7		3.8	3.6	3.8	3.9	4.0		3.5	3.2	3.5	3.6	3.7		3.4	3.8		
SPD	5.9	5.4	5.0	4.9	5.4	5.5	6.1		5.3	5.4	5.8	5.4	5.5		5.6	5.7	4.8	5.7	5.5		5.5	5.5		
Readmit % 30 Day - PTMPY	12.3%	11.6%	10.9%	12.2%	12.4%	12.9%	13.0%		12.5%	11.4%	11.4%	12.6%	13.7%		12.1%	11.0%	11.4%	12.8%	11.8%		11.8%	12.3%		
Expansion	16.9%	11.3%	10.9%	11.9%	13.1%	13.3%	15.3%		12.9%	13.1%	12.9%	14.2%	15.5%		14.3%	11.5%	12.1%	13.9%	13.0%		13.0%	13.8%		
Family/Adult/Other	6.4%	7.1%	6.7%	8.1%	7.7%	8.0%	8.3%		8.3%	6.8%	6.5%	8.1%	8.3%		7.1%	6.2%	6.7%	8.0%	7.2%		7.0%	7.6%		
SPD	19.6%	22.1%	19.7%	23.8%	22.0%	23.1%	21.9%		21.6%	20.0%	21.0%	21.1%	23.0%		20.3%	20.8%	21.3%	22.4%	20.9%		21.2%	21.3%		
Readmit % 14 Day - PTMPY	1.7%	1.4%	1.4%	1.8%	2.1%	1.6%	1.6%		1.5%	1.8%	1.4%	2.0%	1.7%		1.6%	1.4%	1.7%	1.8%	1.5%		1.6%	1.7%		
Expansion	2.6%	1.5%	2.2%	1.1%	1.4%	1.4%	1.7%		0.9%	1.6%	1.6%	1.8%	2.0%		2.0%	1.3%	1.7%	1.5%	1.3%		1.6%	1.6%		
Family/Adult/Other	1.0%	0.6%	0.4%	2.2%	2.3%	1.5%	0.8%		1.7%	0.9%	0.6%	2.1%	1.2%		1.0%	1.1%	1.5%	1.5%	1.1%		1.3%	1.3%		
SPD	1.8%	2.1%	1.5%	2.0%	2.5%	1.8%	2.7%		1.7%	3.0%	2.4%	2.1%	1.9%		2.0%	1.9%	1.9%	2.3%	2.3%		2.0%	2.2%		
**ER Visits - PTMPY	598.8	582.2	559.4	587.5	589.2	560.1	598.1		624.5	499.0	614.0	530.4	143.3		562.3	540.9	573.6	582.5	579.0		565.0	481.6		
Expansion	437.9	453.1	618.3	561.0	537.8	522.8	548.1		597.2	416.6	553.3	491.7	80.3		425.8	456.6	589.4	536.3	522.2		504.0	427.1		
Family/Adult/Other	539.4	521.9	517.3	578.6	589.9	555.0	600.0		613.3	515.0	625.0	539.9	157.5		584.4	542.0	546.9	581.6	584.3		563.7	489.6		
SPD	801.2	737.8	735.5	737.2	732.9	710.6	727.3		792.3	603.8	670.7	559.5	80.4		791.6	777.7	745.8	723.6	688.9		759.2	540.9		
Services	TAT Compliance Goal: 100%												TAT Compliance Goal: 100%				TAT Compliance Goal: 100%				TAT Compliance Goal: 100%			
Preservice Routine	96.7%	73.3%	100.0%	100.0%	100.0%	96.7%	93.3%	100.0%	100.0%	96.7%	100.0%	96.7%	100.0%		94.5%	91.1%	88.9%	88.9%	96.7%		88%			
Preservice Urgent	90.0%	#####	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	80.0%	#####	100.0%	100.0%	96.7%	96.7%	96.7%		96.7%	96.7%	100.0%	100.0%	100.0%		91.2%	98.9%	96.7%	96.7%			87%			
Concurrent (inpatient only)	100.0%	90.0%	90.0%	93.3%	90.0%	93.3%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	93.3%	94.4%			100%			
Deferrals - Routine	80.0%	73.3%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	63.3%	100.0%		84.4%	90.0%	98.9%	100.0%			77%			
Deferrals - Urgent	50.0%	#####	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	NA	NA			null	null	null	null			null			
CCS %	CCS ID RATE												CCS ID RATE				CCS ID RATE				CCS ID RATE			
	7.61%	7.35%	7.43%	7.23%	7.25%	7.25%	7.28%		7.19%	7.48%	7.48%	7.58%	7.58%		7.34%	7.28%	7.34%	7.26%	7.19%		7.45%	7.19%		
Inpatient Maternity Utilizin ALL CV Mbrshp	Inpatient Maternity Utilizin ALL CV Mbrshp												Inpatient Maternity Utilizin ALL CV Mbrshp				Inpatient Maternity Utilizin ALL CV Mbrshp							

Total Members Outreached	97	83	177	0	0	0	0								323	294	324	0										
Total New Cases Open	31	30	46	2	0	0	0								77	99	121	0										
Total Cases Closed	83	107	102	105	29	27	25								351	328	354	81										
Total Cases Open During Month	162	106	118	126	81	52	25								222	205	183	81										
Ambulatory Case Management																												
Total Outreached	112	68	67												0	314	0	0								830		
Accepted	58	23	27												0	139	0	0									388	
Acceptance Rate	52%	34%	40%												-	44%	41%	-									47%	
New Cases Opened	60	20	27												0	133	0	0									388	
Total Cases Open During Period	235	251	210												NA	NA	NA	NA									N/A	
Total Cases Closed	51	66	46												0	179	0	0									424	
Cases Ending Open	184	185	164												NA	NA	NA	NA									N/A	
Perinatal Case Management																												
Total Outreached	15	61	80	45	53	35	15		27	13	19	13	37		103	179	0	103	59							469	109	
Accepted	6	9	9	33	17	9	2		8	5	4	3	8		28	29	0	28	17							116	28	
Acceptance Rate	40%	15%	11%	73%	32%	26%	13%		30%	38%	21%	23%	22%		24%	16%	31%	27%	29%							25%	26%	
New Cases Opened	7	10	9	29	17	9	2		8	5	4	3	8		28	30	0	28	17							118	28	
Total Cases Open During Period	33	50	55	53	50	52	49		50	45	31	27	34		NA	NA	NA	61	57							N/A	60	
Total Cases Closed	6	4	10	24	7	5	5		10	12	7	5	8		17	22	0	17	29							102	42	
Cases Ending Open	27	46	45	43	47	44			40	33	24	20	24		NA	NA	NA	N/A	28							N/A	24	
Integrated Case Management																												
Total Outreached				133	116	71	78		220	184	214	213	126				0	265	618							398	957	
Accepted				118	44	19	22		43	30	16	16	6				0	85	89							203	111	
Acceptance Rate				89%	38%	27%	28%		20%	16%	7%	8%	5%				-	32%	14%							51%	12%	
Total Screened and Refused/Decline Unable to Reach				5	23	15	17		35	54	37	41	35				0	55	126							60	202	
New Cases Opened				10	19	33	35		50	109	102	130	138				0	87	261							97	529	
Total Cases Closed				65	44	19	22		43	30	13	19	6				0	85	86							150	111	
Total Cases Open During Period				32	180	175	174		179	182	37	23	8				0	220	124							N/A	429	
Cases Ending Open				65	24	23	39		37	50	75	55	41				0	86	109							79	41	
Total Cases Open During Period				97	156	152	135		142	132	112	89	86				NA	N/A	233							N/A	210	
Critical-Complex Acuity				1	16	23	30		42	39	23	17	10				0	30	64							N/A	52	
High/Moderate/Low Acuity				142	164	152	144		137	143	89	72	76				NA	190	169							N/A	158	
Record Processing																												
Total Records	4,849	4,872	4,572	5,054	4,976	4,902	5,089		5,013	4,779	5,621	4,801			15,054	14,535	14,808	14,967	15,413							59,364	20,214	
Total Admissions	2,181	2,003	2,080	2,142	2,068	2,048	2,866		2,230	2,019	2,164	2,051			6,513	6,234	6,411	6,982	6,413							26,140	8,464	
Total Precerts	-	-	-	-	-	-	-		-	-	-	-			-	-	-	-	-							-	-	

Item #8

Attachment 8.D

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: July 20th, 2017

SUBJECT: CalViva Health QI/UM Update of Activities in Quarter 2 2017 (July)

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 2 of 2017.

I. Meetings

One QI/UM Committee meeting was held in Quarter 2, this was on May 18th 2017. The following guiding documents were approved at the May meeting:

1. 2016 Culture & Linguistics (C & L) Annual Workplan Evaluation
2. 2017 C & L Program Description
3. 2017 C & L Work Plan
4. 2016 Health Education (HE) Annual Workplan Evaluation
5. 2017 HE Program Description
6. 2017 HE Work Plan
7. Quality Improvement Policies & Procedures

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

1. Pharmacy Provider Update Q1

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 & Quarter 1 Member Report** track volumes, turn-around times, case classifications, and access related issues. No significant trends were identified. The quarterly Interrater Reliability Report was also reviewed and demonstrated a 99% average score for the quarter.
 2. **The Potential Quality Issues (PQI) Report** provides a summary of the review of all issues identified during the quarter that could result in substantial harm to a member. Data was reviewed for all case types including the follow up actions when indicated. No significant quality issues were identified.
 3. **QI Summary Reports for Cervical Cancer Screening, Childhood Immunizations and the Postpartum Visit Quality Improvement Projects** were presented and reviewed by the committee. These summaries describe the activities, interventions and assessment of success for the improvement projects that CalViva's Medical Management team are engaged in. Medical Management staff work with high volume, low compliance clinics to identify and initiate interventions to improve compliance with HEDIS® measures that are below the minimum performance level. The ultimate goal is to then spread these improvement strategies to other clinics and other counties.

- **UMCM Reports** - Utilization and Case Management activities are monitored in an ongoing manner through a variety of performance, programmatic and regulatory reports. At the May meeting the UMCM related reports included but were not limited to the following:
 1. The **Key Indicator Report (KIR)** reflects data as of March 31st, 2017. This report includes key metrics for tracking utilization and case management activities. Slight variation noted in membership and Bed Days for SPD's had a slight increase. ER visits down slightly.
 2. The **Concurrent Review Report** presents inpatient utilization data and clinical concurrent review activities for Q1 2017. Focus is on improving member healthcare 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.
 3. **Case Management Report** provides an evidence based process for the medical management of members, including assessment, care plans and evaluation of care effectiveness. This report covers two case management programs: Integrated (ICM) and Perinatal (PCM). Complex cases are included within the Integrated Case Management Program. The goal of these programs is to identify high risk members and engage them in the appropriate program. Case volumes are stabilizing.
 - Team training aimed at improving member engagement rates completed.
 - Skill building webinar for motivational interviewing attended by Care Management teams in March 2017
- **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 turn-around time metrics.
 - i. All first quarter 2017 pharmacy prior authorization metrics were within 5% of standard.
 - ii. The August through December 2016 data is in process of being reconciled and will be presented once available.

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.

Key Activities in Quarter 2:

- All Issues identified during the March HSAG On-site Compliance Audit for CalViva were resolved and the Roadmap Attestation was submitted on June 1st.
- The final data was submitted to NCQA (IDSS Attestation) on June 13th.
- The Medical Management team continues to hold monthly HEDIS meetings with the Quality and HEDIS team leadership to maintain oversight of activities and debrief on RY2017 HEDIS® data acquisition and submission.
- Final results will be available in quarter 3.

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 May 9th in quarter two. Along with routine monitoring reports the Access Workgroup reviewed/oversaw the following:

- Updates to the Access and Availability Policies and Procedures
- Annual Timely Access Report (TAR) 2016 DMHC Submission on 6/9/2017
- Specialist Access Improvement Corrective Action Plan draft report
- Provider Capacity Grievance Report
- Provider Satisfaction Report
- Access related Member Satisfaction Survey

IV. Kaiser Reports

Quarter 1 2017 reports were received in April and May with the following findings:

1. Grievance Reports 1st Quarter- All member, SPD, CBAS and Targeted Low-Income Child members-no significant issues
2. Utilization Management & DME 1st Quarter – Summary - no significant findings
3. Mental Health Services 1st Quarter –Mental Health COC Report, Mental Health Referral, Grievance, BHT Report no significant issues.
4. Continuity of Care (COC) Reports 1st Quarter - SPD, TLIC & MER no issues
5. CBAS Services and Assessment – 1st Quarter - no significant issues
6. Overall Volumes and Call Center Report – 1st Quarter – no significant issues
7. Annual QI and UM Reports received including Annual 2016 Evaluations, 2017 Program Descriptions and 2017 Workplans

Monthly Provider Reports were received and HEDIS data was submitted during Q2 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 #8

Attachment 8.E

Credentialing Sub-Committee
Quarterly Summary Report



REPORT SUMMARY TO COMMITTEE

TO: QI/UM Committee Members
Fresno-Kings-Madera Regional Health Authority Commissioners

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

COMMITTEE DATE: July 20th, 2017

SUBJECT: CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 2 2017

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 2nd Quarter 2017 CalViva Health Credentialing Sub-Committee activities.

- I. The Credentialing Sub-Committee met on May 18th, 2017. At the May meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. Reports covering the fourth quarter for 2016 were reviewed for delegated entities, first quarter 2017 reports were reviewed for MHN and Health Net. A summary of the fourth quarter data is included in the table below.

II. Table 1. Fourth Quarter 2016 Credentialing/Recredentialing

	EHS	Sante	ChildNet	MHN	HealthNet	La Salle	VSP	IMG	Adventist	Totals
Initial credentialing	48	32	13	0	0	32	81	2	5	213
Recredentialing	14	55	27	2	1	12	467	0	7	585
Suspensions	0	0	0	0	0	0	0	0	0	0
Resignations (for quality of care only)	0	0	0	0	0	0	0	0	0	0
Totals	62	87	40	2	1	44	548	2	12	798

Note: Administrative Terminations have been removed from this table. This category is considered non-significant since they are related to physician retirement, relocation, etc and are voluntary. This category is no longer tracked on the ICE Credentialing Template.

- III. The 2017 Credentialing Charter was presented for annual review and accepted without changes.
- IV. The Credentialing policies were presented for routine review. Most policies included no changes or only minor updates. One new policy was added. All policies approved.
- V. Standardized reporting forms include a section for credentialing entities to provide organizational updates and improvements when applicable.
- VI. The Quarter 1 2017 Credentialing report and other County-specific Credentialing Sub-Committee reports were reviewed and approved. No significant cases were identified on these reports.
- VII. The Credentialing Oversight Audit of Health Net was completed in Quarter 2 and required a corrective action plan to address two opportunities for improvement in the credentialing/recredentialing process.

Item #8

Attachment 8.F

Peer Review Sub-Committee
Quarterly Summary Report



REPORT SUMMARY TO COMMITTEE

TO: QI/UM Committee Members
Fresno-Kings-Madera Regional Health Authority Commissioners

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

COMMITTEE DATE: July 20th, 2017

SUBJECT: CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 2 2017

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the CalViva Health Peer Review Sub-Committee activities. All Peer Review information is confidential and protected by law under the Knox Keene Health Care Services Plan Act of 1975, Section 1370 which prohibits disclosure to any parties outside the peer review process.

- I. The Peer Review Sub-Committee met on May 18th, 2017. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 1 2017 were reviewed for approval. There were no significant cases to report.
- II. The Peer Review Sub-Committee Charter was presented for annual review and was approved without changes.
- III. The Peer Review policies were reviewed and approved. Only minor changes were noted.
- IV. The Quarter 1 Peer Count Report was presented at the meeting with the following outcomes:
 - There were three cases closed and cleared. There were no cases with an outstanding corrective action plan. There were five cases pended for further information.
- V. No significant quality of care issues noted. Follow up will be initiated to obtain additional information for tabled cases and ongoing monitoring and reporting will continue.

Item #8

Attachment 8.G

Executive Dashboard



Month	2016 June	2016 July	2016 Aug	2016 September	2016 October	2016 November	2016 December	2017 January	2017 February	2017 March	2017 April	2017 May	2017 June
CVH Members													
Fresno	291,380	293,530	293,999	295,801	297,534	297,649	298,282	296,674	296,787	296,780	297,669	297,841	298,697
Kings	25,924	26,021	25,934	25,635	25,758	25,762	26,036	26,310	26,680	26,903	26,979	26,942	27,000
Madera	34,778	34,953	34,899	35,106	35,211	35,311	35,379	35,504	35,612	35,916	36,039	35,819	36,002
Total	352,082	354,504	354,832	356,542	358,503	358,722	359,697	358,488	359,079	359,599	360,687	360,602	361,699
SPD	28,286	28,459	28,617	28,839	28,886	29,072	29,239	29,349	29,447	29,493	29,608	29,618	29,797
CVH Mrkt Share	70.30%	70.34%	70.41%	70.46%	70.46%	70.45%	70.45%	70.40%	70.40%	70.44%	70.47%	70.50%	70.57%
ABC Members													
Fresno	110,194	110,775	110,405	110,949	111,686	111,882	112,033	111,653	111,865	111,821	111,970	111,881	111,674
Kings	19,367	19,490	19,557	19,333	19,385	19,366	19,586	19,885	20,023	20,017	19,927	19,896	19,960
Madera	19,177	19,249	19,144	19,210	19,224	19,248	19,225	19,167	19,061	19,098	19,258	19,104	19,178
Total	148,738	149,514	149,106	149,492	150,295	150,496	150,844	150,705	150,949	150,936	151,155	150,881	150,812
Default													
Fresno	1,002	1,070	878	945	1,003	886	873	1,071	896	948	1,061	913	n/a
Kings	108	116	89	104	125	118	126	158	149	154	194	160	n/a
Madera	141	163	114	170	153	140	167	191	132	188	180	147	n/a
County Share of Choice as %													
Fresno	69.10%	70.40%	70.20%	68.70%	67.90%	68.30%	66.50%	61.30%	61.90%	65.10%	67.10%	66.00%	n/a
Kings	53.10%	49.20%	54.10%	53.30%	57.10%	52.50%	57.20%	54.90%	59.70%	62.00%	60.00%	55.70%	n/a
Madera	67.10%	62.90%	66.00%	60.30%	60.60%	61.10%	60.00%	57.40%	66.70%	67.30%	58.90%	65.00%	n/a
Voluntary Disenrollments													
Fresno	569	505	584	666	636	1,153	540	1,064	846	574	587	536	n/a
Kings	53	55	72	69	64	138	53	66	57	57	45	53	n/a
Madera	86	80	109	119	82	161	62	266	41	52	65	69	n/a
No. Claims Processed	203,583	175,777	183,750	180,762	160,087	184,227	196,360	176,008	176,090	225,985	168,138	216,922	n/a
Claims Turn-around	99.90%	99.30%	99.86%	99.90%	99.80%	99.86%	99.91%	99.76%	99.92%	99.87%	99.79%	99.85%	n/a
Weekly Average	50,896	43,944	45,938	45,191	40,022	46,057	49,090	44,002	44,023	45,197	42,035	43,384	n/a
Note: Most data is preliminary and may have retroactive adjustments as new or updated information becomes available..													
Note: Claims Turn-around = 30 Calendar/45 Work Days - Updates will be available on quarterly basis based on calendar year.													
											Data Current as of July 5, 2017		



CalViva Members

