FRESNO-KINGS- MADERA REGIONAL	DATE:	September 15, 2017	
HEALTH AUTHORITY	TO:	Fresno-Kings-Madera Regional Health Authority Commission	
Commission	FROM:	Cheryl Hurley, Commission Clerk	
<u>Fresno County</u> David Pomaville, Director Public Health Department	RE:	Commission Meeting Materials	
David Cardona, M.D. At-large David S. Hodge, M.D. At-large	Please find t Commission	he agenda and supporting documents enclosed for the upcoming meeting on:	
Sal Quintero Board of Supervisors Ioyce Fields-Keene At-large	Thursday, S 1:30 pm to 3	September 21, 2017 3:30 pm	
Soyla Griffin At-large <u>Kings County</u>	CalViva Health 7625 N. Palm Ave., #109 Fresno, CA 93711		
oe Neves Board of Supervisors Ed Hill	Teleconfere	nce Locations:	
Public Health Department Harold Nikoghosian At-large	Administrat 1400 W. Lac	ty Government Center ion Building ey Boulevard	
<u>Madera County</u> David Rogers Board of Supervisors Dennis Koch	Hanford, CA Fresno Cou Third Floor,	nty Administrative Office	
Interim Public Health Director Aftab Naz, M.D. At-large	2281 Tulare Street Fresno, CA 93721		
Regional Hospital David Singh Valley Children's Hospital	Meeting mat	erials have been emailed to you.	
Aldo De La Torre Community Medical Centers <u>Commission At-large</u>	this meeting.	ere are 13 Commissioners who have confirmed their attendance for At this time, a quorum has been secured. Please advise as soon f you will not be in attendance to ensure a quorum is maintained	
ohn Frye Fresno County	Thank you		
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 Fresno-Kings-Madera Regional Health Authority

Commission Meeting September 21, 2017 1:30pm - 3:30pm

Meeting	g Location:	CalViva Health 7625 N. Palm Ave., Suite 109 Fresno, CA 93711		
<u>Teleconference Locations</u> :		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	
ltem	Attachment #	Topic of Discussion	Presenter	
1		Call to Order	D. Hodge, MD; Chair	
2		Roll Call	C. Hurley, Clerk	
3 Information	Attachment 3.A	 Fresno County At-Large Appointm Joyce Fields-Keene, CEO, CCF 	-	
4 Information	Attachment 4.A	Madera County, Interim DirectorDennis Koch	of Public Health Appointee	
5		Closed Session:		

The Board of Directors will go into closed session to discuss the following item:

- A. Public Employee Appointment, Employment, **Evaluation, or Discipline** Title: Executive Review Per Government Code Section 54957(b)(1)
- B. Government Code section 54954.5 Report Involving Trade Secret - Discussion of service, program, or facility.

6 Action **Consent Agenda** D. Hodge, MD; Chair Attachment 6.A Commission Minutes dated 7/20/2017 Attachment 6.B • Finance Committee Minutes dated 5/18/2017 Attachment 6.C • QI/UM Committee Minutes dated 5/18/2017 Action: Approve Consent Agenda 7 Information **Review of Fiscal Year End 2017 Goals** D. Hodge, MD; Chair Attachment 7.A • BL 17-004

8 Action	Attachment 8.A	Goals and Objectives for Fiscal Year 2018 BL 17-005 	D. Hodge, MD; Chair
		Action: Approve Goals for FY 2018	
	Handouts will be available at meeting	PowerPoint Presentations will be used for items 9-11 Combined Action will be taken for items 10 & 11	
9 Information	Attachment 9.A	HEDIS [®] Update – Reporting Year 2017	P. Marabella, MD, CMC
10 Action	Attachment 10.A Attachment 10.B	 2017 Mid-Year Quality Improvement Work Plan Evaluation Executive Summary Work Plan Evaluation 	P. Marabella, MD, CMC
		Action: See item 11 for Action	
11 Action	Attachment 11.A Attachment 11.B	 2017 Mid-Year Utilization Management Work Plan Evaluation Executive Summary Work Plan Evaluation 	P. Marabella, MD, CMC
		Action: Approve 2017 Mid-Year Quality Improvement Work Plan Evaluation; and 2017 Mid-Year Utilization Management Work Plan Evaluation	
12 Action		Standing Reports	
	Attachment 12.A Attachment 12.B	 Finance Report Financial Report Fiscal Year End June 30, 2017 Financials as of July 31, 2017 	W. Gregor, CFO
	Attachment 12.C	Compliance Compliance Report	M.B. Corrado, CCO
	Attachment 12.D Attachment 12.E Attachment 12.G Attachment 12.H	 Medical Management Appeals and Grievances Report Key Indicator Report Credentialing Sub-Committee Quarterly Report Peer Review Sub-Committee Quarterly Report 	P. Marabella, MD, CMC
	Attachment 12.I	Executive ReportExecutive Dashboard	G. Hund, CEO
		Action: Accept Standing Reports	
13		Final Comments from Commission Members and Staff	
14		Announcements	
15		Public Comment Public Comment is the time set aside for comments by the public on matters within the jurisdiction of the Commission but not on the agenda. Each speaker will be limited to three (00:03:00) minutes. Commissioners are prohibited from	

	discussing any matter presented during public comment except to request that the topic be placed on a subsequent agenda for discussion.		
16	Adjourn	D Hodge, Chair	
	Supporting documents will not be posted. If you would like a copy please email the Clerk to the Commission at: <u>Churley@calvivahealth.org</u>		
	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 October 19, 2017 in Fresno County CalViva Health, 7625 N. Palm Ave., Ste. 109, Fresno, CA 93711		

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

Item #3 Attachment 3.A Fresno County At-Large Appointment



Chairman Brian Pacheco District One Vice-Chairman Sal Quintero District Three

Andreas Borgeas District Two

Buddy Mendes District Four Nathan Magsig

County of Fresno

BOARD OF SUPERVISORS

Bernice E. Seidel Clerk

August 8, 2017

Joyce Fields-Keene 8886 N. 10th Street Fresno, California 93720

Subject: Appointment to Fresno-Kings-Madera Regional Health Authority

Dear Ms. Fields-Keene:

We are pleased to inform you that on August 8, 2017, under Supervisor Quintero's nomination, you were appointed by the Board of Supervisors to serve on the Fresno-Kings-Madera Regional Health Authority (hereinafter referred to as "authority") for a term expiring on May 4, 2020. You will serve in the seat previously held by Stephen Ramirez. We thank you for your interest in serving our County.

The check marked section in this letter requires action specifically to your appointment:

Statement of Economic Interests (Form 700): You are required to file a Form 700 for your appointed position. New appointees must file an assuming office Form 700 no later than 30 days from the date of appointment by the Board of Supervisors and annually thereafter. The form and instructions are available at the authority office or online at www.fppc.ca.gov. You also have the option of completing your form on-line using eDisclosure. Please note: you must have an email address on file with the Clerk to the Board's office to take advantage of the benefits of this system. This program will assist you in accurately completing your form and electronically submitting your filing.

If a designated filer fails to timely file a Form 700, he or she may, in addition to any other penalties or remedies established by law, be subject to liability for penalties in the amount of \$10 per day, for each day late up to a maximum of \$100, after the deadline until the Form 700 is filed.

Brown Act Requirements

Newly elected and appointed members of a "legislative body" who have not yet assumed office must conform to the requirements of the Brown Act as if already in office. (Govt. Code section 54952.1). Until you hear otherwise, you should immediately begin to refrain from any discussions of authority business, with a quorum of the authority, outside a formal authority meeting. If you have any questions about the Brown Act or your responsibilities and duties under it, please consult your authority's legal counsel.

Fresno County Ordinance Code Section 2.68

Please be aware that Fresno County has an attendance policy for those who are appointed to Boards, Commissions and Committees. You may obtain a copy of this policy from the secretary of the Board, by contacting our office or on our website at <u>http://www2.co.fresno.ca.us/0110a/BCC</u>.

State Mandated Ethics Training

California Government Code Section 53235 provides that if a local agency (which includes special districts) provides any type of compensation, salary, or stipend to a member of a legislative body, or provides for reimbursement for actual and necessary expenses incurred by a member of a legislative body in the performance of official duties, then all local agency officials shall receive training in ethics. Such local agency officials must receive <u>two hours</u> of ethics training within one year of commencing service with the local agency and once every two years thereafter. Please consult your authority's legal counsel with questions relating to this requirement.

For your additional reference in complying with this requirement, the Fair Political Practices Commission (FPPC) offers <u>free</u> online training at <u>http://localethics.fppc.ca.gov/login.aspx</u>. This course requires that you log onto the FPPC's website, review the course content materials, and take periodic tests to assure retention of the information. For those who choose this option, please be aware that the certificate will record how much time an individual spends to complete the online training. You must complete <u>at least 2</u> <u>hours</u> of training time in order to be compliant with the training requirement. If an individual completes the online training in less than two hours, the certificate will reflect this, indicating that the individual has not completed the required amount of training.

When you complete the training, you will receive a Proof of Participation certificate to sign and submit to whoever maintains the training compliance records for your authority (e.g., the clerk or secretary for the authority). You should keep a copy of the certificate for your records. The authority is required to retain the certificates as public records for at least five years.

On behalf of the Fresno County Board of Supervisors, we wish to extend sincere appreciation for the time and effort you are giving in service to your community and Fresno County.

Sincerely,

E Suchl

Bernice E. Seidel Clerk to the Board

cc: Fresno-Kings-Madera Regional Health Authority

CERTIFICATE OF APPOINTMENT

BOARD OF SUPERVISORS

FRESNO COUNTY, CALIFORNIA

I, BRIAN PACHECO, Chairman, Board of Supervisors for the County of Fresno, State of California, do hereby certify that Joyce Fields-Keene was duly appointed to the Fresno-Kings-Madera Regional Health Authority Board of Directors, for a term to expire May 4, 2020.

Date Appointed: August 8, 2017

BRIAN PACHECO Board of Supervisors

1Ŀ

Chairman

Item #4 Attachment 4.A

Madera County Interim Director of Public Health - Appointee



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 MEMBERS OF THE BOARI

BRETT FRAZIEI DAVID ROGER: ROBERT L. POYTHRES: MAX RODRIGUE. TOM WHEELEI

RHONDA CARGILL, Chief Clerk of the Board

August 24, 2017

Dennis Koch Interim Director Madera County Public Health Department 14215 Road 28 Madera, CA 93638

Dear Mr. Koch:

I am pleased to inform you that on August 22, 2017, the Board of Supervisors appointed you to the Fresno-Kings-Madera Regional Health Authority for an indefinite term.

You are required to file a Statement of Economic of Interest. The Statement of Economic Interest must be completed and filed with the secretary of the committee to which you were appointed within 30 days of assuming office. If a designated filer fails to timely file a Form 700, he or she shall, in addition to any other penalties or remedies established by law, be subject to liability for penalties in the amount \$10 per day, for each day late up to a maximum of \$100, after the deadline until the Form 700 is filed.

Should you have any questions or need additional information, please do not hesitate to contact me.

Respectfully,

Rhonda Cargill 0 Chief Clerk to the Board of Supervisors

cc: Cheryl Hurley, Commission Clerk, FMK RHA

Item #6 Attachment 6.A Commission Minutes

Dated 7/20/17

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	\checkmark	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	\checkmark	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	\checkmark	David Rogers, Madera County Board of Supervisors
\checkmark	Ed Hill, Directory, Kings County Dept. of Public Health		David Singh, Valley Children's Hospital Appointee
\checkmark	David Hodge, M.D., Chair, Fresno County At-large Appointee		Paulo Soares, Commission At-large Appointee, Madera County
\checkmark	Aftab Naz, Madera County At-large Appointee		
	Commission Staff		
✓	Gregory Hund, Chief Executive Officer (CEO)	✓	Amy Schneider, R.N., Director of Medical Management
✓	William Gregor, Chief Financial Officer (CFO)	\checkmark	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)	\checkmark	Daniel Maychen, Director of Finance & MIS
	General Counsel and Consultants		
✓	Jason Epperson, General Counsel		
✓ = C	ommissioners, Staff, General Counsel Present		
* = C	ommissioners arrived late/or left early		
• = A	ttended via Teleconference		

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:30 pm. A quorum was present.	
#2 Roll Call	A roll call was taken for the current Commission Members.	A roll call was taken
Cheryl Hurley, Clerk to the		
Commission		

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#3 Madera County At-Large	Dr. Naz has been reappointed by the Madera County BOS for a three-	
Reappointment	year term.	
Information		
David Hodge, MD, Chairman		
#4 Fresno County At-Large	No action from the Fresno County BOS has been taken;	
Appointment/Reappointment	appointment/reappointment is pending.	
Information		
David Hodge, MD, Chairman		
#5 Kings County, Director of	Mr. Ed Hill, Director of Kings County Public Health Department has	
Public Health Dept. Appointment	been appointed to the Commission.	
Information		
David Hodge, MD, Chairman		
#6 Closed Session	Jason Epperson, General Counsel, reported out of Closed Session.	
	Regarding item #5.A, Government Code Section 54954.5, reporting	
A. Government Code section 54954.5	Involving Trade Secret, Discussion of Service, Program or Facility. The	
 Report Involving Trade Secret. 	report out is the relationship between CalViva Health and Kaiser will	
	end August 31, 2017. Members will be transitioned to CalViva Health	
	in network providers.	
	Mr. Gruen arrived at 1:33 pm	
	Supervisor Quintero arrived at 1:37 pm	
#7 Consent Agenda	All consent items were presented and accepted as read.	Motion: Approve Consent Agenda
a) Commission Minutes	An consent items were presented and accepted as read.	12 - 0 - 0 - 5
5/18/17		
b) Finance Committee		(Neves / Erve)
Minutes 3/16/17		(Neves / Frye)
c) Public Policy Committee		
Minutes dated 3/1/17		

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
d) QI/UM Committee Minutes		
3/16/17		
e) Finance Committee		
Charter		
f) Credentialing Committee		
Charter		
g) Peer Review Committee		
Charter		
h) QIUM Committee Charter		
i) Public Policy Committee		
Charter		
j) Compliance Report		
Action David Hodge, MD, Chairman		
#8 Standing Reports	Financa	Motion: Approve Standing Reports
	Finance	Worldin. Approve standing Reports
Finance Report	Financial Statements as of April 30, 2017:	12-0-0-5 (Neves / Nikoshosian)
William Gregor, CFO	Total current assets are \$155M; total current liabilities are	
	approximately \$116M. Current ratio is 1.34. TNE as of May 31, 2017	
	was approximately \$50.5M, which is 354% of the minimum DMHC	
	required TNE amount. We are on goal to achieve 400% of the DMHC	
	required TNE amount.	
	As of May 31, 2017, revenues are \$1.169B, which is ahead of budget	
	due to rates being paid, higher than budgeted enrollment, and	
	increase in income tax premiums received 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 expenses are in line with current	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	budget. Net income through May 31, 2017 is \$12.2M which is	
	approximately \$3.1M more than what was budgeted.	
	Medical Management	
Medical Management		
P. Marabella, MD, CMO	Appeals and Grievances Report	
	Dr. Marabella presented the Appeals and Grievances Dashboard	
	through May 31, 2017.	
	 The total number of Grievances decreased in Q2. 	
	 The compliance rates for Grievances remain good. 	
	 Exempt grievance numbers increased slightly in Q2 of 2017. 	
	 Appeals resolved were all Preservice; the highest volumes by type 	
	were DME and Pharmacy related.	
	 The overall rate for Appeals compared to 2016 remains the same 	
	and the Grievance rate has increased slightly year-to-date.	
	Key Indicator Report	
	Dr. Marabella presented the Key Indicator report.	
	 Admit and Readmit numbers have remained consistent. 	
	Utilization remains consistent.	
	QI/UM Quarterly Report	
	Dr. Marabella provided the QI/UM Quarter 2 2017 update. One	
	QI/UM meeting was held in Quarter 2, on May 18, 2017.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The following guiding documents, and one general document, were	
	approved at the May meeting:	
	 2016 Culture & Linguistics (C & L) Annual Workplan Evaluation 2017 C & L Program Description 	
	 2017 C & L Work Plan 	
	2016 Health Education (HE) Annual Workplan Evaluation	
	 2017 HE Program Description 2017 HE Work Plan 	
	Quality Improvement Policies & Procedures	
	Pharmacy Provider Update Q1	
	Some of the reports reviewed and approved included the following	
	Quality Improvement Reports: Appeals and Grievances Dashboard &	
	Quarter 1 Member Report, Potential Quality Issues (PQI) Report, QI	
	Summary Reports for Cervical Cancer Screening, Childhood	
	Immunizations and the Postpartum Visit Quality Improvement	
	Projects.	
	The Utilization Management reports approved included the Key	
	Indicator Report, the Concurrent Review Report, and the Case	
	Management Report.	
	Pharmacy reports were reviewed, which included Operations Metrics.	
	In addition, HEDIS [®] Activity was reviewed and updated.	
	The addition, hears Activity was reviewed and updated.	
	Also reviewed was Access & Availability, and Kaiser Reports. No	
	significant compliance issues were identified.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Credentialing Sub-Committee Quarterly Report	
	In Quarter 2 the Credentialing Sub-Committee met on May 18, 2017. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. The Charter, Credentialing policies, and county specific reports were reviewed and approved. The Credentialing Oversight Audit was completed and required a corrective action plan (CAP) to address two opportunities for improvement.	
	Peer Review Sub-Committee Quarterly Report	
	The Peer Review Sub-Committee met on May 18, 2017. The Charter and Peer Review policies were reviewed and approved. The Peer Count Report was presented indicating that there were three cases closed and cleared. There were no cases with an outstanding corrective action plan. Five cases were pended for further information.	
	No significant Quality of Care issues were identified. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.	
Executive Report	Executive Report	
G. Hund, CEO	Membership has remained flat with the expectation of only small adjustments each month.	
	The most recent update to the ACA was reported to the Commission.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#9 Final Comments from	None.	
Commission Members and Staff		
#10 Announcements	None.	
#11 Public Comment	None.	
#12 Adjourn	The meeting was adjourned at 2:12 pm	
	The next Commission meeting is scheduled for September 21, 2017 in Fresno County.	

Submitted this Day: _____

Submitted by: _____ Cheryl Hurley Clerk to the Commission

Item #6 Attachment 6.B Finance Committee Minutes

Dated 5/18/17



CalViva Health Finance Committee Meeting Minutes

May 18, 2017

Meeting Location

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

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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 11:00 am a quorum was present.	
#2 Finance Committee Minutes dated March 16, 2017 Attachment 2.A Action W Gregor, Chair	The minutes from March 16, 2017 Finance meeting were approved as read.	Motion: Minutes were approved 5 - 0 - 0 - 2 (Neves / Hund)
#3 Financial Statements as of April 30, 2017	Total current assets are approximately \$169.9M; total current liabilities are approximately \$131.4M. Current ratio is 1.29. TNE as of April 30, 2017 was approximately \$49.6M,	Motion: Approve Financial Statements 6-0-0-1 (Neves / Soares)

(

	·	
Attachment 3.A Action Daniel Maychen, Director of Finance & MIS	 which is 348% of the minimum DMHC required TNE amount. We are on goal to achieve 400% of the DMHC required TNE amount. Premium capitation income was 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 toto those same reasons. All other expense line items are either below, or in line, with budget. Total other income for the first ten months of fiscal year 2017 was approximately \$463K, which was rental income generated from building purchase. Total net income for the first ten months of fiscal year 2017 was approximately \$11.2M which is approximately \$2.9M more than what was budgeted. 	
#4 FY 2018 Budget Action W Gregor, Chair	Changes made to the budget since the March Finance meeting include adjusted revenue based on the new DHCS rates for the next fiscal year. The second change is the new Community Support Program. Detailed information on the new Community Support Program will be presented during the Commission meeting. The budget for this new program is \$2.1M; which includes the \$1.1M for the Valley Health Team Residency Program sponsorship. A surplus of approximately \$8.5M is projected for next year putting us well over the DHCS required TNE.	Motion: Approve FY 2018 Budget for Commission Approval 6 – 0 – 0 – 1 (Nikoghosian / Neves)
#5 Announcements	None.	
#6 Adjourn	Meeting was adjourned at 11:16 am	

Submitted by: Mered Husley
(Cheryl Hurley, Clerk to the Commission
Dated: Xuly 20, 2017

Approved by Committee:

Dated:

Finance Committee 21. 1 William Gregor, Committee Chairperson

Finance Committee Meeting Minute 5/18/17 Page 3 of 3

Item #6 Attachment 6.C QIUM Committee Minutes Dated 5/18/17

Fresno-Kings-Madera Regional Health Authority

Drug List (April) (Attachments A-G)

Action

CalViva Health QI/UM Committee Meeting Minutes May 18, 2017

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

 Patrick Marabella, 1 	M.D., CalViva Chief Medical Officer, Chair	\checkmark	Mary Beth Corrado, Chief Compliance Officer (CCO)	
Fenglaly Lee, M.D.,	Central California Faculty Medical Group	1	Amy Schneider, RN, Director of Medical Management Services	
	D. Family Health Care Network	1	Brandi Ferris, Medical Management Administrative Co	ordinator
David Cardona, M. Providers	D., Fresno County At-large Appointee, Family Care	-	Mary Lourdes Leone, Compliance Project Manager	
John Zweifler, MD.	At-large Appointee, Kings County	1	Melissa Mello, Medical Management Specialist	
	1.D. , Camarena Health			
 Rajeev Verma, M.D 	, UCSF Fresno Medical Center			
David Hodge, M.D., (Alternate)	Fresno County At-large Appointee, Chair of RHA			·
	Guests/Speakers			
Lali Witago, Cultura		√	Brianne Jackson, Health Education	
= in attendance		l		
AGENDA ITEM / PRESENTER	MOTIONS	}/MĄJC	DR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D, Chair	The meeting was called to order at 10:34 am.			
#2 Approve Consent	The March minutes were reviewed and highlights fro Verma was introduced and welcomed to the commit the meeting.	om the co tee. The	onsent agenda items were discussed and approved. Dr. e full Recommended Drug List was available for review at	Motion: Approve Conser Agenda (Nomicos/Zweifler) 5-0-0-2

AGENDA ITEM /	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PRESENTER		
Patrick Marabella, M.D,		
Chair		
	Dr. Lee arrived at 10:41 am.	Motion: Approve Appeals
#3 QI Business	The A & G reports provide monthly and quarterly data to facilitate monitoring for trends in the number and	& Grievances Reports
Appeals & Grievances:	types of cases over time.	(Lee/Nomicos)
- Dashboard	In the first quarter report the following items were noted:	6-0-0-1
- Executive Summary Q1	Member Appeals and Grievances -	0-0-0-1
- Quarterly Member	> There were a total of 64 appeals. All cases were pre-service appeals.	
Report	> There were 267 grievances.	
(Attachment H-J)	Access Grievances -	
Action	> There were 17 Access to Care - Availability of Appointment with PCP. Exempt Grievances - the categories have	
Patrick Marabella, M.D,	been expanded for better trending of exempt grievances.	
Chair	Inter-rater Reliability -	
	> This report evaluates clinical and non-clinical A&G staff adherence to regulatory requirements and internal policies	
	and procedures established for handling appeals and grievances. The first quarter overall score averaged 99%. The	
	audit score threshold is 95%. No action required at this time.	Mations American Detertion
#3 QI Business	This report provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that	Motion: Approve Potential
PQI Report Q1	may result in substantial harm to a CVH member. PQI reviews may be initiated by a member,	Quality Issues Report (Nomicos/Zweifler)
(Attachment K)	non-member or peer review activities. Peer review activities include cases with a severity code level of III or IV or any	(Nomicos/Zweilier) 6-0-0-1
Action	case the CVH CMO requests to be forwarded to Peer Review. Data was reviewed for all case types including the follow	0-0-0-1
Patrick Marabella, M.D,	up actions taken when indicated.	
Chair		Mation Approve OI
#3 QI Business	Dr. Marabella reviewed three QI Summaries with the committee covering Cervical Cancer Screening, Childhood	Motion: Approve QI Summaries
QI Summaries:	Immunizations, and Postpartum Visits. These reports summarize quality improvement activities associated with	(Foster/Nomicos)
- Cervical Cancer Screening	HEDIS® measures that have performed below the minimum performance level. Two projects were focused in Kings	6-0-0-1
- Childhood Immunizations	County, and one project was focused in Madera County. Our process has been to work with a high volume, low	0-0-0-1
- Postpartum PIP	compliance clinic with some established quality activities and the capability to work with the Plan to initiate improvement	
(Attachment L-N)	interventions. The QI Summaries describe improvement interventions, results, and recommendations for each project.	
Action	Positive results were noted for each.	
Patrick Marabella, M.D,		
Chair		
#3 QI Business	The Quality Improvement policies were presented for annual review and approval. All policies were available for review	Motion: Approve Quality
Quality Improvement Policy	at the meeting.	Improvement Policy Grid
Grid		(Lee/Zweifler)
(Attachment O)		6-0-0-1
Action		

AGENDA ITEM/	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PRESENTER		
Patrick Marabella, M.D,		
Chair		
#4 Cultural & Linguistics	Dr. Marabella presented the 2016 Cultural and Linguistics and Health Education Work Plan Annual Evaluations, and	
and Health Education	2017 Program Descriptions and Work Plans.	
Business		Making Annang 9016
- 2016 CL Work Plan	The Cultural and Linguistics 2016 Work Plan Evaluation highlights include:	Motion: Approve 2016 C&L Work Plan
Evaluation and Summary	> 100% of activities completed in four areas:	Evaluation and 2017
- 2017 CL Program	o Language Assistance Services - Updated CalViva Notice of Language Assistance (NOLA)	Cultural and Linguistics
Description and Summary	o Compliance Monitoring – Developed a desktop procedure for grievance resolution, and collaborated with	Reports
- 2017 CL Work Plan	Health Education to complete the full scope Group Needs Assessment (GNA) O Communication, Training and Education – Developed computer-based training for A&G Coordinators, and	(Nomicos/Zweifler)
- Language Assistance	o Communication, Training and Education – Developed computer-based training for A&G Coordinators, and conducted four Cultural Competency trainings for Call Center staff	6-0-0-1
Program Report	• Health Literacy and Cultural Competency – Co-facilitated the update to the ICE Care for Diverse	
- 2016 HE Work Plan	Populations Provider Toolkit	
Evaluation and Summary	T Optiations Trovider T obtait	
- 2017 HE Program	The Cultural and Linguistics Program Description highlights of changes for 2017:	
Description	 Enhanced C&L activities related to new federal nondiscrimination notices and taglines. 	
- 2017 HE Work Plan	 Continue to expand training and consulting services for staff and contracted providers. 	
(Attachment P-V)		
Action	The Cultural and Linguistic Work Plan for 2017 focuses on:	
Patrick Marabella, M.D, Chair	> Creating cultural awareness through education and consultation with an emphasis on non-discrimination	
Chan	> Oversight and consultation for operational activities.	
	> Initiate recommendations identified through the GNA.	
	Continue to enhance and expand on training for staff and contracted providers.	
	The Language Assistance Program highlights include:	
	A decline in all types of interpreter requests is noted for 2016	
	 An internal and external barrier analysis is in process to discover root causes of this decline. 	
	 Continue to track rates in 2017 and report results of analysis. 	
	The 9016 Health Education Work Plan Evaluation highlights includes	
	The 2016 Health Education Work Plan Evaluation highlights include: Overall 9 of 14 program initiatives were completed.	-
	 Overall 9 of 14 program initiatives were completed. There were five initiatives that were partially met. The majority of challenges encountered were due to educational 	
	materials/resources or program delays. Follow up in 2017.	
	 Reprioritized efforts to support HEDIS initiatives in 2016. 	
	 Reproductions to support minutes in 2010. 	
	1	

PHERENTER The Health Education Program Description highlights of changes for 2017 include: Motion: Approve 2016 FEE > Undexter to Bdiractional Offerings > Updated the Shift Accounces and Accountability section Motion: Approve 2016 FEE > Updated the Shift Resources and Accountability section The Health Education 1217 Work Plan Next Steps include: Notion: Approve 2016 FEE > Obesity Prevention 13: Parameters of 13: 0 - Finitize and reprint materials - Gentine thermaterial - Gentine: Continue to promotion activities for high-risk members - Gentine: Continue to promotion activities for high-risk members - Gentine: Continue to Promotion - Gentine: Continue to promotion the Helphine to indentified smokers. - Well Care & General Health Promotion - Resume promotional activities with a high volume of members to schedule reoccurring orientation and education at their sites. - Continue the Diplication of T2X campaign to increase participation - Continue HEDB improvement member incentives. - Electronic Educational Program - Continue HEDB improvement members incentives. - Motion: Approve Key Indicator Report reflects data as of March 31', 2017. This report includes key metries for tracking utilization and case management activities. - Motion: Approve Key Indicator Report (Normicos/Foster) - Gontine: HEDB improvement members incentives. - Electronic Flopping for Jamary has lad a minimal decrease. - Motion: Approve Key Indicator Report (Normicos/Foster) - Health Education Report (Normicos/Foster) </th <th>AGENDA ITEM /</th> <th>MOTIONS / MAJOR DISCUSSIONS</th> <th>ACTION TAKEN</th>	AGENDA ITEM /	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
The Health Education Program Description highlights of changes for 2017 include: Motion: Approve 2016 HE. Minor update to Educational Offerings Updated the Staff Resources and Accountability section Motion: Approve 2016 HE. Very Data to Educational Offerings Updated the Staff Resources and Accountability section Motion: Approve 2016 HE. Very Offerings Cheath Education 2017 Work Plan Next Steps include: Motion: Approve 2016 HE. Very Offerings Cheath Education 2017 Work Plan Next Steps include: Bestime Provident Steps include: Obsit/but Provider Update Smoking Cessation California Smokers' Helpline Geodet Helpline to identified smokers. Very Offer & General Helpline to identified smokers. Very Care & General Helpline to identified smokers. Geodet Helpline to identified smokers. Very Offer & General Helpline to identified smokers. Scontinue to promote McFrequencian on the Staff Scontine Educational Program Geodet Helpline Collection Smokers. Very Offer & General Helpline to identified smokers. Scontinue Helpline Topican and Program Geodet Helpline Collection Smokers. Very Incitor Report Notion: Approve Key Indicator Report (Matchient Messaging Programs in 2017) Promote MyStrength to care members in 2017 #5 UM Business Membership for January has had a minimal decrease. Motion: Approve Key Indicator Report (Natares Provider Stop 11, 2017. This		and the set of the based of the set	
* Minor updates to Educational Offerings > Updated the Staff Resources and Accountability section Motion: Approve 2016 HE * Updated the Staff Resources and Accountability section Woter Plan Evaluation and 2017 Health Education and 2017 Health Education * The Health Education 2017 Work Plan Next Steps include: > Oberity Prevention Rit Families for Life • Oberity Prevention Rit Families for Life > Gesume promotional activities for high-risk members 6-0-1 • Distribute Provider Update > Simbhius Provider Update 6-0-1 • Simbhius Cessation California Smokers' Helpline 6-0-1 6-0-1 • O continue to promotion the Helplike to identified anokers. > Well Care & General Health Promotion 6-0-1 • Dartner with providers with a lingh volume of members to schedule reoccurring orientation and education at their sites. • Continue to promote the Helplike to identified anokers. 6-0-1 • Dub Eductional Program • Continue to promotion of T2X campaign to increase participation • Life and Tot Messatign Program to 2017 • Promote Key • Indicator Report • Nembership for January Itas liad a of March 31', 2017. This report includes key metrics for tracking ublization and case management Activities. Motion: Approve We Ky Indicator Report • Membership for January has lad a minimal decrease. • For Promote Mester Provide and Anagement Concurrent Review Report prosents inpatient utilization data and chincia Concurrent Review active story prosocive discharge planning and expeditous linkkage		The Health Education Program Description highlights of changes for 2017 include:	
> Updated HiELM/SHA descriptionsMotion: Approve 2016 HE Work Plan Evaluation and 2017 Health Education all Accountability sectionMotion: Approve 2016 HE Work Plan Evaluation and 2017 Health Education 2017 Health Education 2018 HE 2018 HE 2018 HE 2018 HE 2018 HE 2018 HE 			
* Updated the Staff Resources and Accountability section Motion: Approve 2016 PHE Work Plan Explanation and 2017 Health Education 2017 Health Educati 2017 Health Education 2017 Health Education 20	·		
 #3 UM Business #5 UM Business The Key Indicator Report (Attachment X) Action Patrick Marabella, M.D, Chair The Super State and reprint materials on the state and reprint reprint materials on the state and reprint reprint includes key metrics for tracking utilization and case management activities. Motion: Approve Key Indicator Report (Attachment X) The State and reprint reprint materials on an angement (Medical Management Concurrent Review Report Q1 The increase in membership has impacted inpatient utilization. Increased printary has had a day on the state of states and print states and bed days. The transitional Care Management (TCM) program continues to demonstrate positive results for sign on members at high right or readmission reports and bed days. The transitional Care Management (TCM) program continues to demonstrate positive results for sign on members at high right ore activialistican reportsin results on a sign of inpatient r			
**100000000000000000000000000000000000			
 > Obesity Prevention Fit Families for Life Continue to promotional activities for high-risk members Distribute Provider Update Smoking Cessation California Smokers' Helpline Continue to promote the Helpline to identified smokers. Well Care & General Health Fromotion Partner with providers with a high volume of members to schedule reoccurring orientation and education at their sites. Continue to promote the Helpline to identified smokers. Well Care & General Health Fromotion Partner with providers with a high volume of members to schedule reoccurring orientation and education at their sites. Continue HEDIS improvement member incentives. Electronic Educational Program Continue promotion of T2X campaign to increase participation		The Health Education 2017 Work Plan Next Steps include:	
 institute rowider Update Smoking Cessation California Smokers' Helpline Continue to promote the Helpline to identified smokers. Well Care & General Health Promotion Partner with providers with a high volume of members to schedule reoccurring orientation and education at their sites. Continue tHEDIS improvement member incentives. Electronic Educational Program Continue there is identified smokers. Well Care & General Health Promotion Partner with providers with a high volume of members to schedule reoccurring orientation and education at their sites. Continue there is identified analytic regram in case managers and members Continue promotion of T2X campaign to increase participation Lanch Lifeline and Text Messaging Programs in 2017 Promote MyStrength to case managers and members Membership for January has had a minimal decrease. Membership for January has had a minimal decrease. Eter Days Acute - SPD's had a light increase. Eter Days Acute - SPD's had a light increase. Eter Days Acute - SPD's had a light increase. Eter Days Acute - SPD's had a light increase. Eter Days Acute - SPD's had a light increase. Weits PTMPY has decreased. The 2017 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Q1 2017. Focus is on improving member healthcare utilization data and clinical concurrent review activities and had had support services. The increase in membership has impacted inpatient utilization. Increased envipt services. The increase in membership			
 Resume promotional activities for high-risk members Distribute Provider Update Distribute Provider Update Smoking Cessation California Smokers' Helpline Continue to promote the Helpline to identified smokers. Well Care & General Health Promotion Partner with providers with a high volume of members to schedule reoccurring orientation and education at their sites. Continue HEDIS improvement member incentives. Electronic Educational Program Continue tromotion of T2X campaign to increase participation Lauch Lieflene and Text Messaging Programs in 2017 Promote MyStrength to case managers and members #5 UM Business Key Indicator Report Action Membership for January has had a minimal decrease. ER visits PTMPY has decreased. The 2017 Utilization Management Zenders and a alight increase. ER visits PTMPY has decreased. The 2017 Utilization Management functions in and education shing and expeditious linkages to medically necessary health and support services. The increase in membership has impacted inpatient utilization. Increased particles are and may have had limited access to primary healthcare services. The transitional Care Management (ICM) program continues to demonstrate positive results focusing on members at high high k for readmission. Tak and reducing noctive TCM referrals within 1 day of impatient review 			
 o Distribute Provider Update > Smoking Cessation California Smokers' Helpline o Continue to promote the Helpline to identified smokers. > Well Care & General Health Promotion o Partner with providers with a high volume of members to schedule reoccurring orientation and education at their sites. o Continue HEDIS improvement member incentives. > Electronic Educational Program o Continue promotion of 'T2X campaign to increase participation o Launch Lifeline and Text Messaging Programs in 2017 o Promote MyStrength to case managers and members #5 UM Business The Key Indicator Report reflects data as of March 31*, 2017. This report includes key metrics for tracking utilization and case management activities. Action Patrick Marabella, M.D, Chair The 2017 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and chical concurrent review activities for spin card delayry in cease to 19 and report spin card delayry in cease of 19 2017. Focus is on improving member healthcare outcomes, minimizing readmission risk and reducing post-acute gaps in card edleyry via proactive discharge planning and expeditious linkages to medically necessary health and support services. Motion: Approve UM Concurrent Review Report 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. Text M staff initiate proactive Text 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 high for mediation in the proactive Text services. The Transitional Care Management of TCM program continues to demonstrate positive results focusing on memembers at high high			6-0-0-1
> Smoking Cessation California Smokers' Helpline o Continue to promote the Helpline to identified smokers. > Well Care & General Health Promotion o Partner with providers with a high volume of members to schedule reoccurring orientation and education at their sites. o Opartner with providers with a high volume of members to schedule reoccurring orientation and education at their sites. o Continue HEDIS improvement member incentives. > Electronic Educational Program o o Continue promotion of T2X campaign to increase participation o Launch Lifeline and Text Messaging Programs in 2017 o Promote MyStrength to case managers and members #5 UM Business The Key Indicator Report reflects data as of March 31*, 2017. This report includes key metrics for tracking utilization and case management activities. Action > Membership for January has had a minimal decrease. Action > ER visis PTMPY has decreased. Chair The 2017 Utilization Management (Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Q1 2017. Focus is on improving member healthcare utilization data and clinical concurrent review activities for Q1 2017. Focus is on improving member healthcare outcomes, minimizing readmission risk and reducing post-actue gaps in care delivery via proactive discharge planning and expeditious linkages to medically necessary health and support services.			
• Continue to promote the Helpline to identified smokers. • Well Care & General Health Promotion • Partice with providers with a high volume of members to schedule reoccurring orientation and education at their sites. • O Continue HEDDS improvement member incentives. • Electronic Educational Program • Continue HEDDS improvement member incentives. • Electronic Educational Program • Continue or promotion of T2X campaign to increase participation • Launch Lifeline and Text Messaging Programs in 2017 • Promote MyStrength to case managers and members #5 UM Business #5 UM Business #5 UM Business The Key Indicator Report (Attachment W) Action Partick Marabella, M.D, Chair The 2017 Utilization Management Concurrent Review Report presents inpatient tulization data and clinical concurrent review activities for Q1 2017. Focus is on improving member healthcare vultication risk and reducing post-acute gaps in care delivery via proactive discharge planning and expeditious linkages to medically necessary health and support services. Y The transitional Care Management (TCM) program continues to demonstrate positive results focusing on which is new to managed care and may have had limited access to primary healthcare services previously, has contributed to ligher acute admission rates and bed days. Y The Transitional Care Management (TCM) program continues to demonstrate positive results focusing on members at light risk drase and management (TCM) program continues to demonstrate positive results focusing on members at light risk risk or praame to the MCE population which is new to managed care and may have had limited access to primary healthcare services previously, has contributed to ligher acute admission rates and bed days. Y The Tr			
> Well Care & General Health Promotion> Well Care & General Health Promotion> Partner with providers with a high volume of members to schedule reoccurring orientation and education at their sites.> Continue HEDIS improvement member incentives.> Electronic Educational Program> Continue promotion of T2X campaign to increase participation> Motion: Approve Key#5 UM BusinessContinue promote MyStrength to case managers and membersThe Key Indicator Report (Attachment W)Motion: Approve KeyMotion: Approve KeyAction> Bed Days Acute - SPD's had a slight increase.> Motion: Approve KeyIndicator Report (Nomicos/Foster)45 UM Business> Membership for January has had a minimal decrease.> Motion: Approve KeyAction> Bed Days Acute - SPD's had a slight increase.> 6-0-1* JU BusinessThe Revisite PTMPY has decreased.6-0-1Utilization Management Concurrent Review Report Q1The increase in membership has a digitat increase.Motion: Approve UM Concurrent Review Report discharge planning and expeditious linkages to medically necessary health and support services.Motion: Approve UM Concurrent Review Report (Nomicos/Foster)Q1The 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 ligher acute admission rates and bed days.Motion: Care Management (CM) Concurrent Review Report UN Concurrent review interview activities to primary healthcare services previously, has contributed to ligher acute admission. TCM staff initiate proactive TCM referrals within 1 day of inpatient review			
 Partner with providers with a high volume of members to schedule reoccurring orientation and education at their sites. Continue HEDIS improvement member incentives. Electronic Educational Program Continue Text Messaging Programs in 2017 Promote MyStrength to case managers and members #5 UM Business Key Indicator Report Membership for January has had a minimal decrease. Motion: Approve Key Indicator Report Membership for January has had a minimal decrease. Membership for January has had a minimal decrease. Motion: Approve Key Indicator Report Motion: Approve Key Indicator Report Motion: Approve Key Indicator Report Membership for January has had a minimal decrease. Motion: Approve Key Indicator Report Membership for January has had a minimal decrease. Motion: Approve UM Chair The 2017 Utilization Management/Medical Management 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 The 2017 Utilization Imaged 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 o			
their sits. o Continue HEDIS improvement member incentives. > > Electronic Educational Program o Continue promotion of T2X campaign to increase participation > 0 Launch Lifeline and Text Messaging Programs in 2017 o Promote MyStrength to case managers and members #5 UM Business The Key Indicator Report (Attachment W) The Key Indicator Report reflects data as of March 31', 2017. This report includes key metrics for tracking utilization and case management activities. Motion: Approve Key Indicator Report (Matchment W) Action > Membership for January has had a minimal decrease. Nomicos/Foster) Patrick Marabella, M.D, Chair The 2017 Utilization Management/Medical Management 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. Motion: Approve UM Concurrent Review Report (Nomicos/Foster) Q1 (Attachment X) > 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 ligher acute admission rates and bed days. > The Transitional Care Management (TCM) program continues to demonstrate positive results focusing on members at hikh risk for readmission. TCM staff inititat		• Partner with providers with a high volume of members to schedule reoccurring orientation and education at	
oContinue HEDIS improvement member incentives.Image: Second		-	
▶ Electronic Educational Program 			
oContinue promotion of T2X campaign to increase participation oLaunch Lifeline and Text Messaging Programs in 2017 oMotion: Approve Key Indicator Report (Attachment W)#5 UM Business Key Indicator Report (Attachment W)The Key Indicator Report reflects data as of March 31*, 2017. This report includes key metrics for tracking utilization and case management activities.Motion: Approve Key Indicator Report (Nomicos/Foster) 6-0-01Action Patrick Marabella, M.D, Chair> Bed Days Acute - SPD's had a slight increase. > Bed Days Acute - SPD's had a slight increase. > ER visits PTMPY has decreased.Motion: Approve UM 6-0-01ChairThe 2017 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and chinical 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. (Nomicos/Foster) 6-0-0-1Motion: Approve UM Concurrent Review Report (Nomicos/Foster) 6-0-0-1Q1 Action Patrick Marabella, M.D, Chair> 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 ligher acute admission rates and bed days. > The Transitional Care Management (TCM) program continues to demonstrate positive results focusing on members at high triks for readmission. TCM staff initiate proactive TCM referrals within 1 day of inpatient review			
oLaunch Lifeline and Text Messaging Programs in 2017 oMotion: Approve Key#5 UM BusinessThe Key Indicator Report reflects data as of March 31*, 2017. This report includes key metrics for tracking utilization and case management activities.Motion: Approve Key Indicator Report (Nomicos/Foster)(Attachment W)> Membership for January has had a minimal decrease.Nomicos/Foster)Action> Bed Days Acute - SPD's had a slight increase.6-0-0-1Patrick Marabella, M.D, ChairThe 2017 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization ManagementMotion: Approve UM 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.Motion: Approve UM Concurrent Review Report (Nomicos/Foster) 6-0-0-1(Attachment X) Action Patrick Marabella, M.D, Chair> 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.6-0-0-1> 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 reviewImpatient review		o Continue promotion of T2X campaign to increase participation	
oPromote MyStrength to case managers and membersMotion: Approve Key#5 UM BusinessThe Key Indicator Report reflects data as of March 31°, 2017. This report includes key metrics for tracking utilizationMotion: Approve KeyKey Indicator Reportand case management activities.Motion: Approve Key(Attachment W)> Membership for January has had a minimal decrease.(Nomicos/Foster)Action> Bed Days Acute - SPD's had a slight increase.6-0-0-1Patrick Marabella, M.D,The 2017 Utilization Management/Medical Management Concurrent Review Report presents inpatientMotion: Approve UMUtilization Managementutilization data and clinical concurrent review activities for Q1 2017. Focus is on improving member healthcareConcurrent Review ReportQ1discharge planning and expeditious linkages to medically necessary health and support services.6-0-0-1(Attachment X)> The increase in membership has impacted inpatient utilization. Increased enrollment of the MCE population6-0-0-1Action> The increase in membership has impacted inpatient utilization. Increased enrollment of the MCE population6-0-0-1Action> The increase in membership has impacted inpatient utilization. Increased enrollment of the MCE population6-0-0-1Action> 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 review6-0-0-1		o Launch Lifeline and Text Messaging Programs in 2017	
#5 UM Business The Key Indicator Report reflects data as of March 31*, 2017. This report includes key metrics for tracking utilization Motion: Approve Key Key Indicator Report Motion: Approve Key Indicator Report (Attachment W) Membership for January has had a minimal decrease. Indicator Report Action Bed Days Acute - SPD's had a slight increase. 6-0-0-1 Patrick Marabella, M.D, The 2017 Utilization Management/Medical Management Concurrent Review Report presents inpatient Motion: Approve UM Utilization Management The 2017 Utilization Management/Medical management concurrent review activities for Q1 2017. Focus is on improving member healthcare Motion: Approve UM Q1 Utilization data and clinical concurrent review activities for Q1 2017. Focus is on improving member healthcare 6-0-0-1 Q1 Utilization data and clinical concurrent review activities for Q1 2017. Focus is on improving member healthcare 6-0-0-1 Q1 The increase in membership has impacted inpatient utilization. Increased enrollment of the MCE population 6-0-0-1 Action The increase in membership has impacted inpatient utilization. Increased enrollment of the MCE population 6-0-0-1 Action The increase in membership has impacted admission rates and bed days. The Transitional Care Management (TCM) program continues to demonstrate positive results focusing on <		• Promote MyStrength to case managers and members	
Key Indicator Report (Attachment W) and case management activities. Indicator Report (Nomicos/Foster) Action > Membership for January has had a minimal decrease. (Nomicos/Foster) Patrick Marabella, M.D, Chair > ER visits PTMPY has decreased. 6-0-0-1 #5 UM Business Utilization Management Concurrent Review Report Q1 (Attachment X) The 2017 Utilization Management/Medical Management Concurrent Review Report presents inpatient discharge planning and expeditious linkages to medically necessary health and support services. Motion: Approve UM Concurrent Review Report 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. Motion: Approve UM Concurrent Review Report (Nomicos/Foster) Action > 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. 6-0-0-1 Y 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 Indicator Report	#5 UM Business	The Key Indicator Report reflects data as of March 31", 2017. This report includes key metrics for tracking utilization	
(Attachment W) > Membership for January has had a minimal decrease. (Nomicos/Foster) Action > Bed Days Acute - SPD's had a slight increase. > Bed Days Acute - SPD's had a slight increase. Patrick Marabella, M.D, > ER visits PTMPY has decreased. 6-0-0-1 #5 UM Business The 2017 Utilization Management/Medical Management Concurrent Review Report presents inpatient Motion: Approve UM Concurrent Review Report Olicones, minimizing readmission risk and reducing post-acute gaps in care delivery via proactive Motion: Approve UM Q1 Outcomes, minimizing readmission risk and reducing post-acute gaps in care delivery via proactive 6-0-0-1 Vitilization Management Concurrent Review Report Notion: Approve UM Concurrent Review Report Q1 Outcomes, minimizing readmission risk and reducing post-acute gaps in care delivery via proactive 6-0-0-1 Vittachment X) 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. 6-0-0-1 Patrick Marabella, M.D, 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 6-0-0-1			-
Action> Bed Days Acute - SPD's had a slight increase.6-0-0-1Patrick Marabella, M.D, Chair> ER visits PTMPY has decreased.6-0-0-1#5 UM Business Utilization Management Concurrent Review Report Q1 (Attachment X) ActionThe 2017 Utilization Management/Medical Management 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.Motion: Approve UM Concurrent Review Report (Nomicos/Foster)Action Patrick Marabella, M.D, Chair> 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 ligher acute admission rates and bed days.6-0-0-1> 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 review6-0-0-1			
Patrick Marabella, M.D, Chair ➤ ER visits PTMPY has decreased. #5 UM Business The 2017 Utilization Management/Medical Management Concurrent Review Report presents inpatient Motion: Approve UM Utilization Management utilization data and clinical concurrent review activities for Q1 2017. Focus is on improving member healthcare Concurrent Review Report Q1 utilization data and clinical concurrent review activities for Q1 2017. Focus is on improving member healthcare Concurrent Review Report Q1 discharge planning and expeditious linkages to medically necessary health and support services. 6-0-0-1 (Attachment X) > The increase in membership has impacted inpatient utilization. Increased enrollment of the MCE population 6-0-0-1 Action which is new to managed care and may have had limited access to primary healthcare services previously, has 6-0-0-1 Patrick Marabella, M.D, 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 Image: Control inpatient review			6-0-0-1
ChairThe 2017 Utilization Management/Medical Management Concurrent Review Report presents inpatientMotion: Approve UMUtilization Managementutilization data and clinical concurrent review activities for Q1 2017. Focus is on improving member healthcareConcurrent Review ReportQ1utilization data and clinical concurrent review activities for Q1 2017. Focus is on improving member healthcareConcurrent Review ReportQ1discharge planning and expeditious linkages to medically necessary health and support services.6-0-0-1(Attachment X)> The increase in membership has impacted inpatient utilization. Increased enrollment of the MCE population6-0-0-1Actionwhich is new to managed care and may have had limited access to primary healthcare services previously, has contributed to ligher 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			
#5 UM BusinessThe 2017 Utilization Management/Medical Management Concurrent Review Report presents inpatientMotion: Approve UMUtilization Managementutilization data and clinical concurrent review activities for Q1 2017. Focus is on improving member healthcareConcurrent Review ReportQ1outcomes, minimizing readmission risk and reducing post-acute gaps in care delivery via proactive(Nomicos/Foster)(Attachment X)> The increase in membership has impacted inpatient utilization. Increased enrollment of the MCE population6-0-0-1Actionwhich 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.6-0-0-1Patrick Marabella, M.D, Chair> 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			
Utilization Management Concurrent Review Reportutilization 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. 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.Concurrent Review Report (Nomicos/Foster) 6-0-0-1Patrick Marabella, M.D, Chair> 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 reviewConcurrent Review Report (Nomicos/Foster) 6-0-0-1		The 2017 Utilization Management/Medical Management Concurrent Review Report presents inpatient	
Concurrent Review Report Q1outcomes, minimizing readmission risk and reducing post-acute gaps in care delivery via proactive(Nomicos/Foster)Q1 (Attachment X) Action Patrick Marabella, M.D, Chair• 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 ligher 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(Nomicos/Foster) 6-0-0-1		utilization data and clinical concurrent review activities for Q1 2017. Focus is on improving member healthcare	
Q1 discharge planning and expeditious linkages to medically necessary health and support services. 6-0-0-1 (Attachment X) > The increase in membership has impacted inpatient utilization. Increased enrollment of the MCE population Action which is new to managed care and may have had limited access to primary healthcare services previously, has Patrick Marabella, M.D, contributed to ligher acute admission rates and bed days. Chair 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		outcomes, minimizing readmission risk and reducing post-acute gaps in care delivery via proactive	
 (Attachment X) Action Patrick Marabella, M.D, Chair ➤ 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 Chair ➤ The Transitional Care Management (TCM) program continues to demonstrate positive results focusing on > The Transitional Care Management (TCM staff initiate proactive TCM referrals within 1 day of inpatient review 		discharge planning and expeditious linkages to medically necessary health and support services.	6-0-0-1
Action which is new to managed care and may have had limited access to primary healthcare services previously, has Patrick Marabella, M.D, contributed to higher acute admission rates and bed days. Chair 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		> The increase in membership has impacted inpatient utilization. Increased enrollment of the MCE population	
 Patrick Marabella, M.D, Chair C		which is new to managed care and may have had limited access to primary healthcare services previously, has	
Chair 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		contributed to higher acute admission rates and bed days.	
members at high risk for readmission. TCM staff initiate proactive TCM referrals within 1 day of inpatient review		> The Transitional Care Management (TCM) program continues to demonstrate positive results focusing on	
to facilitate proactive and successful engagement at the time of acute hospitalization.		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.	

AGENDA ITEM /	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PRESENTER		Motion: Approve Case
#5 UM Business	> The Case Management program provides an evidence based process for the medical management of members,	Management & CCM
Case Management & CCM	including assessment, care plans and evaluation of care effectiveness. This report covers two case management	Report
Report	programs: Integrated (ICM) and Perinatal (PCM). Complex cases are included within the Integrated Case	(Nomicos/Foster)
(Attachment Y)	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	6-0-0-1
Action		0-0-0-1
Patrick Marabella, M.D,	rates completed.	
Chair	Skill building webinar for motivational interviewing attended by Care Management teams in March 2017. Pharmacy quarterly reports reviewed included Operation Metrics, Top Medication Prior Authorization Requests, and	Motion: Approve
#6 Pharmacy Business	Pharmacy quarterly reports reviewed included Operation Methos, Top Methodation Thor Authorization requests and	Pharmacy Reports
- Executive Summary	quarterly Recommended Drug List changes in order to assess for emerging patterns in authorization requests and	(Lee/Zweifler)
- Operations Metrics	compliance around prior authorization turnaround time metrics.	6-0-0-1
Report	Operations Metrics:	
- Inter-rater Reliability Test	 All first quarter 2017 pharmacy prior authorization metrics were within 5% of standard. The August through December data is in process of being reconciled and will be presented once available. 	
Results		
(Attachment Z-BB)	<u>Top 30 Prior Authorizations</u> : First quarter 2017 top medication prior authorization requests varied minimally from third quarter.	
Action	First quarter 2017 top medication pitor authorization requests varied minimary nom tind quarter.	
Patrick Marabella, M.D,		
Chair II II II	Mary Beth Corrado presented the Compliance Update:	Motion: Approve
#7 Compliance Update:	 CalViva Health's management team continues to conduct monthly oversight meetings with Health Net. The Plan 	Compliance - Regulatory
RHA QI/UM Committee	recently requested Health Net to provide corrective action plans (CAPs) for encounter data submissions, third-party	Report
Compliance – Regulatory	liability information submissions, and specialty provider access. The encounter data and third-party liability CAPs	(Nomicos/Foster)
Report (Attachment CC)	were accepted and are now closed. The specialty provider access CAP is ongoing.	6-0-0-1
Action	 CalViva Health continues to meet with Kaiser on a quarterly basis. Kaiser currently has a CAP from DHCS and 	
Patrick Marabella, M.D,	CVH in reference to encounter data.	
Chair	 Oversight audits in process consist of: Claims, Privacy and Security, Emergency Services, Cultural and Linguistics, 	
Chian	and Utilization Management. A detailed summary of the 2016 audits was presented.	
	 The status of the Regulatory Reviews/Audits are as follows: 	
	o DHCS conducted an onsite audit April 17, 2017 - April 28, 2017. The Plan is currently awaiting the exit	
	conference and the draft report from DHCS.	
	> In reference to new regulation implementation, CMS has issued a final rule on managed are in Medicaid. The Final	
	Rule has a phased-in implementation process effective July 1, 2017 and impacts a number of documents including	
1	policies, the provider directory, Evidence of Coverage and others. The DHCS requested Plans to submit initial	
	deliverables associated with the Final Rule Contract Amendment by May 12, 2017.	
	> The first Public Policy Committee meeting for 2017 took place on March 1, 2017. There were no items requiring	
	action by the QI/UM Committee or Commission. The next Public Policy Committee meeting is scheduled for June	
	7, 2017 in Kings County.	

ı.

AGENDA ITEM /	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PRESENTER		
#8 Old Business	None.	
#9 Announcements	None.	
#10 Public Comment	None.	
#11 Adjourn	Meeting was adjourned at 12:07 pm.	
Patrick Marabella, M.D,		
Chair		

NEXT MEETING: July 20^a, 2017

Submitted this Day: July 20, 2017 Submitted by: Comp Schaidle Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:

CIL

Patrick Marabella, MD Committee Chair

QI/UM Committee Meeting Minutes [5-18-17] Page 6 of 6

Item #7 Attachment 7.A Results of Fiscal Year End 2017 Goals

FRESNO-KINGS-	DATE: September 21, 2017				
M A D E R A R E G I O N A L	TO: Fresno-Kings-Madera Regional Health Authority Commission				
HEALTH					
AUTHORITY					
		of Goals and Objectives for Fiscal Year End 20)1/		
Commission	BL #: BL 17-004 Agenda Item 7				
Fresno County	Attachment 7.A				
Sal Quintero Board of Supervisors	DISCUSSION:				
David Pomaville, Director	Category:	Goal:	Outcome:		
Public Health Department David Cardona, M.D.	Tangible Net Equity (TNE)	Maintain DMHC TNE requirements to avoid watch status (200% minimum) and achieve 400% of minimum TNE	Achieved 386% of the mini- mum DMHC required TNE as of June 30, 2017. Fell		
At-large David S. Hodge, M.D. At-large		requirement as the goal for 2017	short of the 400% goal be- cause DHCS Tax was signifi- cantly increased in FY 2017 over FY2016 resulting in		
Joyce Fields-Keene At-large			greater revenues and thus requiring greater TNE. Short-		
Soyla Griffin - At-large <u>Kings County</u>			fall of TNE in meeting 400% goal was \$1.815 million		
Joe Neves Board of Supervisors	Market Share	Maintain at least 70% market share as a downside while striving to achieve 70.5%	Achieved 70.5% market share.		
Ed Hill, Director Public Health Department		market share by end of 2017.	Dura		
Harold Nikoghosian- At-large	Direct Contracting	Maintain current direct contracts to align with TNE requirements.	Done.		
Madera County	O marity O stars as h	De uti sin eta in la cel e currente in iti	Deuticin etc.d.in. ell.liete.d.		
David Rogers Board of Supervisors	Community Outreach	Participate in local community initi- atives:	Participated in all listed community initiatives.		
Dennis Koch Interim Public Health Director		The Children's MovementVision Collaborative			
Aftab Naz, M.D. At-large		Pre-Term Birth Initiative Steer- ing Committee			
Regional Hospital		• FCHIP			
David Singh Valley Children's Hospital		 Fresno Community Health Im- provement Partnership 			
Aldo De La Torre Community Medical Centers		Cradle to Careers			
Commission At-large		Provider Access Task Force			
John Frye		• Others			
Fresno County Derrick Gruen Kings County	State and Federal Advo- cacy	Continue to advocate Local Initia- tive Plan interest to DHCS, Califor- nia Legislature, and CMS, via Local	Continued Board partici- pation and advocated at the state and federal		
Paulo Soares Madera County		Health Plans of California (LHPC) board membership. Congressional advocacy via direct communica- tions. Continue local CAMGMA Board Membership.	level.		
Gregory Hund Chief Executive Officer 7625 N. Palm Ave., Ste. 109 Fresno, CA 93711 Phone: 559-540-7840	Administrative and Clini- cal Data Reporting	Complete Improvement Plans for HEDIS measures scoring below Minimum Performance Level.	All measures requiring Im- provement Plan (IP)scored above MPL in HEDIS RY 2017. Both Performance Improve- ment Plans (PIP) reached tar-		
Fax: 559-446-1990 www.calvivahealth.org			geted Goals.		

Item #8 Attachment 8.A Fiscal Year 2018 - Goals

F R E S N O - K I N G S - M A D E R A R E G I O N A L	DATE:	September 21, 2	September 21, 2017		
HEALTH AUTHORITY	TO:	Fresno-Kings-Madera Regional Health Authority Commission			
Commission	FROM:	Dr. David Hodge, Chairman			
<u>Fresno County</u> Deborah A. Poochigian Board of Supervisors	RE:	Goals and Objec	tives for Fiscal Year 2018		
David Pomaville, Director Public Health Department David Cardona, M.D.	BL #: BL 17-005 Agenda Item 8 Attachment 8.A		5		
At-large David S. Hodge, M.D. At-large	DISCUSSION:				
Stephen Ramirez At-large	Category:		Goal:		
Soyla Griffin - At-large <u>Kings County</u>	Market Share	9	Maintain current market share.		
Joe Neves Board of Supervisors Keith Winkler, Director Public Health Department Harold Nikoghosian- At-large	partment		Initiate and complete Improvement Plans for 2017 HE- DIS measures below the Minimum Performance Level (MPL) and meet the requirements by DHCS for two Per- formance Improvement Plans including one for health Disparity		
<u>Madera County</u> David Rogers Board of Supervisors	Funding of C port Program	community Sup- າ	Administer the Community Investment Funding Pro- gram.		
		Equity (TNE)	Maintain DMHC TNE requirements to avoid watch status (200% minimum) and achieve 400% of minimum TNE requirement as the goal for 2018.		
At-large <u>Regional Hospital</u> David Singh	Direct Contracting		Maintain current direct contracts to align with TNE re- quirements.		
Valley Children's Hospital Aldo De La Torre	Community Outreach		Participate in local community initiatives.		
Community Medical Centers State and Fede Commission At-large State and Fede		deral Advocacy	Continue to advocate Local Initiative Plan interest.		
John Frye Fresno County Derrick Gruen	Administrativ Reporting	e and Clinical Data	Complete Improvement Plans for HEDIS [®] measures scor- ing below Minimum Performance Level and two required Performance Improvement Plans (PIPs) per DHCS.		
Kings County Paulo Soares Madera County	Executive St	affing Changes	Implement executive staffing changes.		

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

Item #9 Attachment 9.A HEDIS® Update – Reporting Year 2017

RY 2017 HEDIS IPs - Results below MPL - CalViva Health											
Acronym	Туре	HEDIS Measure	Fresno 2017	Kings 2017	Madera 2017	MPL 2017	HPL 2017	2017 IP?	2016	2015	
			2017	2017	2017	2017	2017		IP?	IP?	
MPM-ACE	А	Monitoring Persistent Meds - ACE/ARB	85.74	90.43	82.64	85.63	92.13	Y	Y	Y	
MPM-Diu	А	Monitoring Persistent Meds - Diuretics	86.24	90.78	82.20	85.18	92.28	Y	Y	N	
AAB	А	Avoidance of ABX Tx in Adults with Bronchitis	35.34	29.56	18.26	22.12	38.91	Y	Y	N	
BCS	А	Breast Cancer Screening	49.83	55.21	58.34	52.24	71.52	Y	N	N	
LBP	А	Use of Imaging Studies for Low Back Pain	70.65	75.50	66.67	69.88	81.42	Y	N	N	

2017 HEDIS IP Volume by County:							
Fresno:	1	BCS					
Kings:	0						
Madera:	4	MPM-ACE, MPM-Diu, AAB, LBP					
Total:	5						

LEGEND

YELLOW	Result below DHCS MPL for that RY (IP)
GREEN	Result above DHCS HPL for that RY
*	Denominator fewer than 30
N/A	No Rate available (not reported)

RY 2017, 2016, 2015, 2014 HEDIS Results - CalViva Health
--

| RY 2017, 2016, 2015, 2014 HEDIS RESults - Calviva Health | | | |

 | | | | |
 | |
 | | |
 | | | | |
|--|--|---|--
--
--|--
--|---|---
--
--|---|---|--
--	--	--
Туре	HEDIS Measure	Fresno 2017

 | Fresno
2014 | Fresno
2013 | Kings
2017 | Kings
2016 | Kings
2015
 | Kings
2014 | Kings
2013
 | Madera
2017 | Madera
2016 | Madera
2015
 | Madera
2014 | Madera
2013 | MPL
2017 | HPL
2017 |
| A | ALL-Cause Readmissions | N/A | N/A | -

 | 13.06 | 10.64 | N/A | N/A | -
 | 7.98 | 10.31
 | N/A | N/A | -
 | 13.44 | 10.81 | N/A | N/A |
| А | Ambulatory Care -
ED Visits | N/A | N/A | -

 | - | 45.57 | N/A | N/A | -
 | - | 60.31
 | N/A | N/A | -
 | - | 50.89 | N/A | N/A |
| | Screening for Clinical | | |

 | | | | |
 | |
 | | |
 | | | | |
| н | Depression and follow-up
plan | N/A | N/A | N/A

 | N/A | N/A | N/A | N/A | N/A
 | N/A | N/A
 | N/A | N/A | N/A
 | N/A | N/A | N/A | N/A |
| А | Ambulatory Care -
Outpatient Visits | N/A | N/A | -

 | - | 448.77 | N/A | N/A | -
 | - | 452.56
 | N/A | N/A | -
 | - | 444.01 | N/A | N/A |
| Α | Asthma Medication Ratio | 69.38 | N/A | N/A

 | N/A | N/A | 66.29 | N/A | N/A
 | N/A | N/A
 | 71.38 | N/A | N/A
 | N/A | N/A | 54.55 | 70.00 |
| L | Immunizations for
Adolescents / HPV | 22.26 | N//A | N//A

 | N//A | N//A | 16.06 | N//A | N//A
 | N//A | N//A
 | 45 74 | N//A | N//A
 | N//A | N//A | N//A | N/A |
| | · · · · | | |

 | | | | |
 | |
 | | |
 | | | | 71.52 |
| A | - | 49.83 | IV/A | IV/A

 | IN/A | IV/A | 55.21 | N/A | IV/A
 | IN/A | N/A
 | 58.34 | N/A | N/A
 | N/A | IN/A | 52.24 | /1.52 |
| А | Combined | 85.73 | 84.80 | 84.57

 | 84.72 | 82.60 | 90.29 | 83.11 | 80.96
 | 86.09 | 79.37
 | 82.34 | 83.61 | 84.42
 | 84.14 | 81.13 | 85.19 | 91.84 |
| А | ACE/ARB | 85.74 | 84.94 | 84.88

 | 84.64 | 82.27 | 90.43 | 83.07 | 80.17
 | 87.21 | 80.23
 | 82.64 | 83.98 | 86.14
 | 83.06 | 80.80 | 85.63 | 92.13 |
| А | Diuretics | 86.24 | 85.07 | 84.82

 | 84.96 | 83.02 | 90.78 | 84.26 | 82.83
 | 84.25 | 78.03
 | 82.20 | 83.57 | 82.97
 | 85.94 | 81.88 | 85.18 | 92.28 |
| А | Avoidance of ABX Tx in
Adults with Bronchitis | 35.34 | 37.62 | 40.38

 | 38.66 | 38.41 | 29.56 | 21.38 | 27.37
 | 17.24 | 32.14
 | 18.26 | 19.69 | 20.65
 | 16.67 | 25.61 | 22.12 | 38.91 |
| Н | Cervical Cancer Screening | 61.22 | 61.05 | 64.74

 | 64.34 | 70.07 | 57.95 | 54.99 | 51.12
 | 57.18 | 61.56
 | 57.56 | 52.87 | 58.68
 | 64.44 | 60.83 | 48.18 | 69.95 |
| н | Childhood Immz - Combo 3 | 65 | 68.19 | 66.96

 | 71.80 | 76.89 | 67.71 | 63.03 | 57.76
 | 70.06 | 69.83
 | 72.22 | 71.19 | 69.54
 | 66.96 | 71.29 | 64.30 | 79.81 |
| А | Access to PCP 12-24 mos. | 94.12 | 94.29 | 95.19

 | 96.60 | 97.82 | 92.96 | 92.49 | 89.62
 | 94.68 | 96.98
 | 96.39 | 97.28 | 95.37
 | 98.08 | 98.53 | 93.14 | 97.85 |
| | | 05.05 | 00.00 | 00 70

 | 04.00 | 04.50 | 00.00 | 00.74 | 00.50
 | 00.50 | 00.70
 | 00.00 | 04.40 | 00.00
 | 00.40 | 04.75 | 04.00 | 00.04 |
| | , - | | |

 | | | | |
 | |
 | | |
 | | | | 93.34 |
| A | Access to PCP 7 - 11 yrs | 88.19 | 89.98 | 91.47

 | 91.42 | 91.74 | 83.45 | 83.31 | 86.25
 | 87.06 | n/a*
 | 90.84 | 91.71 | 92.71
 | 92.88 | n/a" | 87.91 | 96.10 |
| А | Access to PCP 12 - 19 yrs | 84.96 | 86.68 | 88.04

 | 87.51 | 90.68 | 82.99 | 84.21 | 85.55
 | 84.62 | n/a*
 | 88.54 | 90.37 | 90.48
 | 90.68 | n/a* | 85.84 | 94.69 |
| н | Performed ** (QIP) ** | 55.96 | 54.74 | 53.77

 | 48.42 | 48.91 | 54.26 | 55.96 | 49.15
 | 48.42 | 42.82
 | 66.42 | 59.12 | 63.02
 | 60.34 | 55.72 | 44.53 | 68.11 |
| Н | HbA1c Testing | 84.91 | 80.29 | 84.67

 | 79.81 | 82.97 | 86.62 | 76.64 | 79.08
 | 78.59 | 80.54
 | 86.62 | 87.10 | 88.32
 | 88.32 | 85.89 | 82.98 | 92.88 |
| н | HbA1c Poor Control
(>9.0%) | 42.34 | 55.47 | 43.31

 | 54.74 | 47.45 | 41.85 | 47.69 | 46.72
 | 52.07 | 50.85
 | 43.31 | 50.36 | 38.44
 | 49.39 | 43.31 | 52.31 | 29.23 |
| Н | HbA1c Control (<8.0%) | 46.23 | 36.74 | 47.69

 | 38.20 | 43.80 | 47.69 | 42.34 | 44.28
 | 39.66 | 41.85
 | 49.39 | 44.28 | 50.12
 | 43.07 | 46.47 | 39.80 | 58.39 |
| н | Medical Attn. for
Nephropathy | 90.51 | 87.83 | 82.00

 | 76.89 | 75.67 | 91.97 | 91.97 | 82.24
 | 78.10 | 78.35
 | 90.51 | 91.73 | 83.45
 | 82.00 | 81.27 | 88.32 | 93.56 |
| Н | B/P (<140/90 mm Hg) | 61.31 | 55.72 | 60.58

 | 54.26 | 48.66 | 65.21 | 60.34 | 57.18
 | 45.50 | 50.36
 | 67.15 | 65.45 | 67.40
 | 64.96 | 59.37 | 52.26 | 75.73 |
| ц | Controlling High Blood | 56.03 | 47.96 | 61.46

 | 53 12 | 58.88 | 55 61 | 58 77 | 56 60
 | 41.03 | 55 23
 | 50.80 | 57.00 | 62.03
 | 52 10 | 56.60 | 46.87 | 70.69 |
| | | | |

 | | | | |
 | |
 | | | | |
 | | | | 91.00 |
| | | | |

 | | | | |
 | |
 | | |
 | | | | 73.61 |
| п | | 00.03 | 01.08 | 00.40

 | 01.20 | 03.73 | 01.07 | 30.24 | 52.62
 | 92.04 | 57.40
 | 04.09 | 56.70 | 00.07
 | 50.55 | 00.90 | 00.47 | 13.01 |
| А | Low Back Pain | 70.65 | 76.03 | 77.90

 | 79.90 | 82.11 | 75.50 | 72.87 | 75.11
 | 80.23 | 75.50
 | 66.67 | 74.17 | 74.24
 | 70.68 | 77.17 | 69.88 | 81.42 |
| Н | Counseling for Nutrition | 71.17 | 73.71 | 74.63

 | 74.94 | 71.29 | 69.83 | 56.20 | 63.26
 | 45.99 | 53.28
 | 82.75 | 82.08 | 87.44
 | 68.81 | 73.72 | 51.84 | 79.52 |
| н | Counseling for Physical
Activity | 60.97 | 61.18 | 57.80

 | 52.55 | 44.53 | 63.26 | 46.23 | 45.26
 | 36.98 | 41.36
 | 77.49 | 73.48 | 80.40
 | 60.82 | 64.72 | 45.09 | 71.58 |
| н | Well Child Visits in 3-6th
Years of Life | 74.43 | 76.39 | 76.80

 | 82.69 | 81.51 | 73.32 | 66.32 | 64.82
 | 59.29 | 67.40
 | 86.22 | 87.08 | 83.16
 | 87.34 | 84.43 | 64.72 | 82.97 |
| | A
A
A
A
A
A
A
A
A
A
A
A
A
A
A
H
H
H
H
H | A ALL-Cause Readmissions A ALL-Cause Readmissions A ED Visits Screening for Clinical
Depression and follow-up
plan Depression and follow-up
plan Ambulatory Care - Outpatient Visits A Suthma Medication Ratio Immunizations for
Adolescents / HPV Vaccines by 13 yr A Breast Cancer Screening Monitoring Persistent Meds - A A Combined Monitoring Persistent Meds - A A ACE/ARB Monitoring Persistent Meds - A A Acter/ARB Monitoring Persistent Meds - A Access to PCP 12-24 mos. Access to PCP 12 - 19 yrs Access to PCP 7 - 11 yrs A Access to PCP 12 - 19 yrs Eye Exam (Retinal) Performed ** (QIP) ** H HbA1c Testing HbA1c Testing HbA1c Toror Medical Attn. for Nephropathy H B/P (c140/90 mm Hg) Controlling High Blood Pressure H Prestard Care <td>Type HEDIS Measure 2017 A ALL-Cause Readmissions N/A Ambulatory Care -
ED Visits N/A Correning for Clinical
Depression and follow-up
plan N/A Ambulatory Care -
Outpatient Visits N/A A Asthma Medication Ratio 69.38 Immunizations for
Adolescents / HPV 32.36 A Breast Cancer Screening 49.83 Monitoring Persistent Meds
A Combined 85.73 A Breast Cancer Screening 49.83 Monitoring Persistent Meds
A CCE/ARB 85.74 Monitoring Persistent Meds
Diuretics 86.24 A woidance of ABX Tx in
A Adults with Bronchitis 35.34 H Cervical Cancer Screening 61.22 H Childhood Immz - Combo 3 65 A Access to PCP 12-24 mos.
94.12 94.12 Access to PCP 7 - 11 yrs 88.19 A Access to PCP 12-19 yrs 84.96 Eye Exam (Retinal)
Performed ** (QIP) ** 55.96 H HbA1c Control (<8.0%)</td> 42.34 H DA1C Control (<8.0%) | Type HEDIS Measure 2017 A ALL-Cause Readmissions N/A Ambulatory Care -
ED Visits N/A Correning for Clinical
Depression and follow-up
plan N/A Ambulatory Care -
Outpatient Visits N/A A Asthma Medication Ratio 69.38 Immunizations for
Adolescents / HPV 32.36 A Breast Cancer Screening 49.83 Monitoring Persistent Meds
A Combined 85.73 A Breast Cancer Screening 49.83 Monitoring Persistent Meds
A CCE/ARB 85.74 Monitoring Persistent Meds
Diuretics 86.24 A woidance of ABX Tx in
A Adults with Bronchitis 35.34 H Cervical Cancer Screening 61.22 H Childhood Immz - Combo 3 65 A Access to PCP 12-24 mos.
94.12 94.12 Access to PCP 7 - 11 yrs 88.19 A Access to PCP 12-19 yrs 84.96 Eye Exam (Retinal)
Performed ** (QIP) ** 55.96 H HbA1c Control (<8.0%) | Type HEDIS Measure 2017 2016 A ALL-Cause Readmissions N/A N/A N/A A ED Visits N/A N/A N/A Screening for Clinical
Depression and follow-up
plan N/A N/A N/A A Dubits N/A N/A N/A A Mubulatory Care -
Outpatient Visits N/A N/A N/A A Asthma Medication Ratio 69.38 N/A A Asthma Medication Ratio 69.38 N/A A Asthma Medication Ratio 69.38 N/A A Breast Cancer Screening 49.83 N/A Monitoring Persistent Meds
A 85.73 84.80 Monitoring Persistent Meds
Diuretics 86.24 85.07 A Adults with Bronchitis 35.34 37.62 H Cervical Cancer Screening 61.22 61.05 H Childhood Immz - Combo 3 65 68.19 A Access to PCP 12-24 mos. 94.12 94.29 <t< td=""><td>Type HEDIS Measure 2017 2016 2015 A ALL-Cause Readmissions N/A N/A N/A - A ED Visits N/A N/A N/A - A ED Visits N/A N/A N/A - Screening for Clinical
Depression and follow-up
plan N/A N/A N/A - A Outpatient Visits N/A N/A N/A - A Screening for Clinical
Depression and follow-up
plan N/A N/A N/A A Asthma Medication Ratio 69.38 N/A N/A A Asthma Medication Ratio 69.38 N/A N/A Monitoring Persistent Meds 85.73 84.80 84.57 Monitoring Persistent Meds 85.74 84.94 84.88 A Ocervical Cancer Screening 61.22 61.05 64.74 H Childhood Immz - Combo 3 65 68.19 66.96 A Access to PCP 12-24 mos. 94.12 9</td><td>Type HEDIS Measure 2017 2016 2015 2014 A ALL-Cause Readmissions N/A N/A - 13.06 A Ambulatory Care -
Depression and follow-up
plan N/A N/A N/A - A ED Visits N/A N/A N/A N/A - A Screening for Clinical
Depression and follow-up
plan N/A N/A N/A N/A N/A A Ambulatory Care -
Outpatient Visits N/A N/A N/A N/A N/A A Asthma Medication Ratio 69.38 N/A N/A N/A N/A A Breast Cancer Screening 49.83 N/A N/A N/A N/A A Combined 85.73 84.80 84.57 84.72 Monitoring Persistent Meds
A 85.74 84.94 84.88 84.64 Duretics 86.24 85.07 84.82 84.96 A Acture Screening 61.22 61.05 64.74</td><td>Type HEDIS Measure 2017 2016 2015 2014 2013 A ALL-Cause Readmissions N/A N/A N/A - 13.06 10.64 A ALL-Cause Readmissions N/A N/A N/A - 45.57 Depression and follow-up plan N/A N/A N/A N/A N/A N/A A Sthma Medication Ratio 69.38 N/A N/A N/A N/A N/A A doubatient Visits N/A N/A N/A N/A N/A N/A A doubacents / HPV 32.36 N/A N/A N/A N/A N/A A Breast Cancer Screening 49.83 N/A N/A N/A N/A A Combined 85.73 84.80 84.57 84.72 82.60 A ACCFARB 85.74 84.94 84.88 84.64 82.27 A Monitoring Persistent Meds 85.74 84.94 84.88 84.64 82.27</td></t<> <td>Type HEDIS Measure 2017 2016 2015 2014 2013 2077 A ALL-Cause Readmissions N/A N/A - 13.06 10.64 N/A A ED Visits N/A N/A N/A - 45.57 N/A A ED Visits N/A N/A N/A - 45.57 N/A A ED Visits N/A Soceans D Soceans D <</td> <td>Type HEDIS Measure 2017 2016 2015 2014 2013 2017 2016 A ALL-Cause Readmissions N/A N/A - 13.06 10.64 N/A N/A A ED Visits N/A N/A N/A - 45.57 N/A N/A A ED Visits N/A N/A N/A - 45.57 N/A N/A A ED Visits N/A N/A N/A - 45.57 N/A N/A A Depression and follow-up plan N/A N/A<td>Type HEDIS Measure 2017 2016 2015 2014 2013 2017 2016 2015 A ALL-Cause Readmissions N/A N/A N/A - 13.06 10.64 N/A N/A - A ED Visits N/A N/A - 45.57 N/A N/A - B ED Visits N/A N/A N/A - 45.57 N/A N/A - A Depression and follow-up plan N/A N/A</td><td>Type HEDIS Measure
A 2017 2016 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017</td><td>Type HEDIS Measure 2017 2016 2015 2014 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2017</td><td>Type HEDIS Measure 2017 2018 2014 2013 2017 2015 2015 2014 2013 2017 A ALL-Cause Readmissions N/A N/A - 13.06 10.64 N/A N/A - 7.98 10.31 N/A A ED Visits N/A N/A - 45.57 N/A N/A N/A N/A Berension and follow-up plan N/A N/A<td>Type HEDIS Measure 2017 2016 2015 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2017 2016 2013 2017 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2014</td><td>Type HEDIS Measure 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017</td><td>Type HEDB Measure 2017 2018 2014 2013 2014 2013 2013 2013 2013 2013 2013 2013 2014 2016 2016 2014 2015 2014 2013 2013 2013 2014 2016 2016 2014</td><td>Type HEDIS Measure 2017 2016 2014 2015 2014 2015 2014 2015 2014 2015 2014 2015 2016 2017 2016 2017 2016 2017 2016 2017 2016 2015 2016 2015 2016 2015 2016 2015 2016 2015</td><td>Type HEDIS Massary 2017 2016 2016 2016 2016 2013 2017 2013 2013 2017 2016 2013 2013 2013 2013 2013 2013 2014 2014 2013 2013 2013 2013 2013 2013 2013 2014 2014 2013 2014</td></td></td> | Type HEDIS Measure 2017 2016 2015 A ALL-Cause Readmissions N/A N/A N/A - A ED Visits N/A N/A N/A - A ED Visits N/A N/A N/A - Screening for Clinical
Depression and follow-up
plan N/A N/A N/A - A Outpatient Visits N/A N/A N/A - A Screening for Clinical
Depression and follow-up
plan N/A N/A N/A A Asthma Medication Ratio 69.38 N/A N/A A Asthma Medication Ratio 69.38 N/A N/A Monitoring Persistent Meds 85.73 84.80 84.57 Monitoring Persistent Meds 85.74 84.94 84.88 A Ocervical Cancer Screening 61.22 61.05 64.74 H Childhood Immz - Combo 3 65 68.19 66.96 A Access to PCP 12-24 mos. 94.12 9 | Type HEDIS Measure 2017 2016 2015 2014 A ALL-Cause Readmissions N/A N/A - 13.06 A Ambulatory Care -
Depression and follow-up
plan N/A N/A N/A - A ED Visits N/A N/A N/A N/A - A Screening for Clinical
Depression and follow-up
plan N/A N/A N/A N/A N/A A Ambulatory Care -
Outpatient Visits N/A N/A N/A N/A N/A A Asthma Medication Ratio 69.38 N/A N/A N/A N/A A Breast Cancer Screening 49.83 N/A N/A N/A N/A A Combined 85.73 84.80 84.57 84.72 Monitoring Persistent Meds
A 85.74 84.94 84.88 84.64 Duretics 86.24 85.07 84.82 84.96 A Acture Screening 61.22 61.05 64.74 | Type HEDIS Measure 2017 2016 2015 2014 2013 A ALL-Cause Readmissions N/A N/A N/A - 13.06 10.64 A ALL-Cause Readmissions N/A N/A N/A - 45.57 Depression and follow-up plan N/A N/A N/A N/A N/A N/A A Sthma Medication Ratio 69.38 N/A N/A N/A N/A N/A A doubatient Visits N/A N/A N/A N/A N/A N/A A doubacents / HPV 32.36 N/A N/A N/A N/A N/A A Breast Cancer Screening 49.83 N/A N/A N/A N/A A Combined 85.73 84.80 84.57 84.72 82.60 A ACCFARB 85.74 84.94 84.88 84.64 82.27 A Monitoring Persistent Meds 85.74 84.94 84.88 84.64 82.27 | Type HEDIS Measure 2017 2016 2015 2014 2013 2077 A ALL-Cause Readmissions N/A N/A - 13.06 10.64 N/A A ED Visits N/A N/A N/A - 45.57 N/A A ED Visits N/A N/A N/A - 45.57 N/A A ED Visits N/A Soceans D Soceans D < | Type HEDIS Measure 2017 2016 2015 2014 2013 2017 2016 A ALL-Cause Readmissions N/A N/A - 13.06 10.64 N/A N/A A ED Visits N/A N/A N/A - 45.57 N/A N/A A ED Visits N/A N/A N/A - 45.57 N/A N/A A ED Visits N/A N/A N/A - 45.57 N/A N/A A Depression and follow-up plan N/A N/A <td>Type HEDIS Measure 2017 2016 2015 2014 2013 2017 2016 2015 A ALL-Cause Readmissions N/A N/A N/A - 13.06 10.64 N/A N/A - A ED Visits N/A N/A - 45.57 N/A N/A - B ED Visits N/A N/A N/A - 45.57 N/A N/A - A Depression and follow-up plan N/A N/A</td> <td>Type HEDIS Measure
A 2017 2016 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017</td> <td>Type HEDIS Measure 2017 2016 2015 2014 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2017</td> <td>Type HEDIS Measure 2017 2018 2014 2013 2017 2015 2015 2014 2013 2017 A ALL-Cause Readmissions N/A N/A - 13.06 10.64 N/A N/A - 7.98 10.31 N/A A ED Visits N/A N/A - 45.57 N/A N/A N/A N/A Berension and follow-up plan N/A N/A<td>Type HEDIS Measure 2017 2016 2015 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2017 2016 2013 2017 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2014</td><td>Type HEDIS Measure 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017</td><td>Type HEDB Measure 2017 2018 2014 2013 2014 2013 2013 2013 2013 2013 2013 2013 2014 2016 2016 2014 2015 2014 2013 2013 2013 2014 2016 2016 2014</td><td>Type HEDIS Measure 2017 2016 2014 2015 2014 2015 2014 2015 2014 2015 2014 2015 2016 2017 2016 2017 2016 2017 2016 2017 2016 2015 2016 2015 2016 2015 2016 2015 2016 2015</td><td>Type HEDIS Massary 2017 2016 2016 2016 2016 2013 2017 2013 2013 2017 2016 2013 2013 2013 2013 2013 2013 2014 2014 2013 2013 2013 2013 2013 2013 2013 2014 2014 2013 2014</td></td> | Type HEDIS Measure 2017 2016 2015 2014 2013 2017 2016 2015 A ALL-Cause Readmissions N/A N/A N/A - 13.06 10.64 N/A N/A - A ED Visits N/A N/A - 45.57 N/A N/A - B ED Visits N/A N/A N/A - 45.57 N/A N/A - A Depression and follow-up plan N/A N/A | Type HEDIS Measure
A 2017 2016 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 | Type HEDIS Measure 2017 2016 2015 2014 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2017 | Type HEDIS Measure 2017 2018 2014 2013 2017 2015 2015 2014 2013 2017 A ALL-Cause Readmissions N/A N/A - 13.06 10.64 N/A N/A - 7.98 10.31 N/A A ED Visits N/A N/A - 45.57 N/A N/A N/A N/A Berension and follow-up plan N/A N/A <td>Type HEDIS Measure 2017 2016 2015 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2017 2016 2013 2017 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2014</td> <td>Type HEDIS Measure 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017</td> <td>Type HEDB Measure 2017 2018 2014 2013 2014 2013 2013 2013 2013 2013 2013 2013 2014 2016 2016 2014 2015 2014 2013 2013 2013 2014 2016 2016 2014</td> <td>Type HEDIS Measure 2017 2016 2014 2015 2014 2015 2014 2015 2014 2015 2014 2015 2016 2017 2016 2017 2016 2017 2016 2017 2016 2015 2016 2015 2016 2015 2016 2015 2016 2015</td> <td>Type HEDIS Massary 2017 2016 2016 2016 2016 2013 2017 2013 2013 2017 2016 2013 2013 2013 2013 2013 2013 2014 2014 2013 2013 2013 2013 2013 2013 2013 2014 2014 2013 2014</td> | Type HEDIS Measure 2017 2016 2015 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2017 2016 2013 2017 2017 2016 2013 2017 2016 2013 2017 2016 2013 2017 2016 2014 | Type HEDIS Measure 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 | Type HEDB Measure 2017 2018 2014 2013 2014 2013 2013 2013 2013 2013 2013 2013 2014 2016 2016 2014 2015 2014 2013 2013 2013 2014 2016 2016 2014 | Type HEDIS Measure 2017 2016 2014 2015 2014 2015 2014 2015 2014 2015 2014 2015 2016 2017 2016 2017 2016 2017 2016 2017 2016 2015 2016 2015 2016 2015 2016 2015 2016 2015 | Type HEDIS Massary 2017 2016 2016 2016 2016 2013 2017 2013 2013 2017 2016 2013 2013 2013 2013 2013 2013 2014 2014 2013 2013 2013 2013 2013 2013 2013 2014 2014 2013 2014 |

LEGEND

LEGEND						
YELLOW	Result below DHCS MPL for that RY (IP)					
GREEN	Result above DHCS HPL for that RY					
ITALICS	DHCS not holding plans to MPL for this measure in RY2015					
*	Denominator fewer than 30					
N/A	No Rate available (not reported)					

**** Please note that RY 2014 is first year for IPs ****

Item #10 Attachment 10.A

Executive Summary 2017 Mid-Year QI Work Plan Evlauation



REPORT SUMMARY TO COMMITTEE

TO:	CalViva Health QI/UM Committee
FROM:	Amy Wittig/Ruth Eiermann, Quality Improvement
COMMITTEE DATE:	September 21, 2017
SUBJECT:	Executive Summary for CalViva Health 2017 Quality Improvement Mid- Year Evaluation

Summary:

CalViva Health's 2017 Quality Improvement (QI) Program monitors improvement in clinical care and service using a range of indicators. These key performance indicators are found in service, clinical, and utilization reports from QI and various other departments. Based on these reports, areas of improvement are identified, and interventions are implemented and monitored. In 2017, quality improvement initiatives are focused on (but not limited to) improving preventative care, disease management outcomes, continuity and coordination of patient care, patient safety metrics, and member access to care.

Purpose of Activity:

The QI Work Plan Mid-Year Evaluation Executive Summary provides a summary of the overall effectiveness of the QI activities and processes, and identifies barriers and opportunities for improvement.

Work Plan Initiatives:

The Quality Improvement Department planned eight (8) initiatives and/or projects in 2017. All initiatives are on track to be completed by year end. Details are included in the full 2017 QI Work Plan Mid-Year Evaluation. Key areas of focus include:

1. Access, Availability, and Service

- CalViva continues to monitor appointment access at the provider level through the annual Provider Appointment Availability Survey (PAAS). After-hours access to providers, including urgent telephone calls and emergency instructions, is monitored via the Provider After Hours Access Survey (PAHAS). Survey results for MY2016 for both surveys have been analyzed and summarized and will be reported to Providers through a Provider Update in September 2017. Results are also shared with the Access Workgroup and QI/UM Committee.
- Overall, results are positive with some areas for improvement identified.
- PPG and provider corrective action plans (CAPs) will be required for results below established standards.
- AnThe CVH Patient Experience Toolkit and Appointment Access Tip sheet were updated. Final
 versions of the Toolkit and Tip Sheet were approved in June 2017 and will be distributed with the
 CAP packets to assist providers with compliance activities.
- •
- Contract being finalized for the MY2017 Provider Appointment Availability Survey (PAAS) with Sutherland Global. Contract established with AllTran for the MY2017 Provider After-Hours Access Survey. Both surveys to begin September 2017.

2. Quality and Safety of Care

• Default HEDIS[®] Measure Status

Childhood Immunization Combo 3	All 3 Counties exceed DHCS MPL of 64.30%. Fresno County did decrease by 3.19 points, however still above MPL.
Prenatal care	All 3 Counties exceed DHCS MPL of 74.20%
Well Child Visits	All 3 Counties exceed DHCS MPL of 83%
HbA1c Testing	All 3 Counties exceed DHCS MPL of 82.98%.
Controlling High Blood Pressure	All 3 Counties exceed DHCS MPL of 46.87%
Cervical Cancer Screening	All 3 Counties exceed DHCS MPL of 48.18%

• Non Default HEDIS® Measures Performing below Standards

Increase Appropriate Antibiotic Prescribing (AAB)	Kings County moved above the DHCS MPL of 22.12% to 29.56% this year. Madera County remained below MPL standard at 18.26%. Both counties have small denominators.
Monitoring Patients on Persistent medication (MPM)	Fresno and Kings County exceeded DHCS MPL of 85.63% ACE/ARB and 85.18% Diuretics this year. Madera County decreased by 1.35% points and remained below MPL.
Use of Imaging Studies for Low Back Pain	Madera County fellow below MPL standard of 69.88% at 66.70%.

All other RY2017 external accountability set measures are at or above minimal performance levels. CalViva will be submit required PDSA's or QI Summaries per DHCS requirements.

Performance Improvement Projects

DHCS requires two Performance Improvement Projects (PIPs) annually for each health plan. One PIP is an Individual health plan PIP and the other must be a specific topic from the DHCS statewide collaborative PIP list. These PIPs run for approximately 18 months. The 2015 CalViva Health's PIPs concluded in August 2017 with the submission of final modules 4 & 5.

Comprehensive Diabetes Care: In 2016, CalViva Health initiated activities to address the low HbA1c rates in Kings County by partnering with the United Health Center (UHC) in Corcoran to implement a "New Patient Survey" that was part of an organization-wide initiative. The survey was used to collect new patient information and the best time to call to engage patients to complete the survey followed by scheduling appointments.

- The survey was validated for its ability to contact patients (96%) within 24 hours of identifying their best contact time and number, but due to the small sample size of only new CalViva members who were diabetic it could not reliably identify patients for the project.
- Since we were unable to proceed with testing, we could not determine if the process would improve the ability to contact patients to schedule appointments.

- •
- This intervention was abandoned and a new intervention was implemented in Fresno County
 with seven participating UHC clinics. It was hypothesized that the distribution of the Provider
 Profiles to the participating UHC clinics would aid in identifying CalViva members assigned to the
 clinics in need of HbA1c testing who would be contacted to schedule an appointment. This
 would ultimately improve the overall compliance rate for thisHbA1c testing.
- This intervention began on January 26, 2017 with the expectation that the Profiles would be used to augment the CalViva Health member information in the clinic's daily Huddle List. This intervention was implemented for 6 months.
- As expected, the compliance rate was low at the beginning of the calendar year, however, testing rates increased sharply month over month through June 2017. If the completion rate continues to climb according to the trend-line, through the end of the year, we expect it will exceed the clinic's rate of 76% from last year and extend beyond the MPL of 83.17%.

Postpartum Care: CalViva Health established a multi-disciplinary Postpartum Care (PPC) Performance Improvement Team in collaboration with a high volume, low performing OB clinic in Kings County. In July 2016, the team implemented the first intervention of collecting contact information specific to the Postpartum Recovery Period while the patient was hospitalized. The first intervention showed that 96% of the postpartum appointments were being scheduled, yet a high volume of the patients did not show up for the scheduled appointments. The team adopted the first intervention, and developed a second intervention to address the no-show rate.

The second intervention offers CalViva Health members a \$25 VISA gift card at the point of care for completing a timely postpartum care visit. A tracking system using a member demographic sticker, already in use by the clinic staff, was developed for gift card distribution. In September 2016, the second intervention was launched. After review, the tracking log was revised to include a space to record the delivery date. This revision allows the team to reconcile the gift card tracking logs, and confirm appropriate distribution of the incentive cards. Approximately 20 gift cards are given out at the point of care each month. The team has established a workflow for distribution, reconciliation, and delivery of gift cards to the clinic.

Although the Postpartum Visit completion rate continues to demonstrate some variation improvements have been noted. In particular, the percent of visits that were completed on time (21-56 days after delivery) has improved significantly. There is opportunity to improve appointment scheduling procedures using the current software system that could improve the process further. This project ended in June 2017 and All PIP Modules have been completed and submitted to HSAG.

Item #11 Attachment 11.A

Executive Summary 2017 Mid-Year UM Work Plan Evaluation



EXECUTIVE SUMMARY REPORT TO COMMITTEE

TO:	CalViva Health QI/UM Committee
FROM:	Jennifer Lloyd, Vice President Medical Management Barbara Swartos, Vice President Medical Management
COMMITTEE DATE:	9/21/2017
SUBJECT:	2017 CalViva Work Plan Mid-Year Evaluation for Utilization Management/Case Management Executive Summary

Summary:

Utilization Management (UM) processes have been consistent and evaluation/monitoring of UM metrics continue to be a priority. Both Case Management and Disease Management continue to monitor the effectiveness of programs in order to better serve our members.

Purpose of Activity:

CalViva Health has delegated responsibilities for utilization management and case management (UM/CM) activities to Health Net Community Solutions. CalViva Health's UM/CM activities are handled by qualified staff in Health Net's State Health Program (SHP) division.

The Utilization and Case Management Program is designed for all CalViva Health members to receive quality, medically necessary health care services, delivered at the appropriate level of care in a timely and effective manner. CalViva Medical Management staff maintains clinical oversight of services provided through review/discussion of routine reports and regular oversight audits.

The Mid Year Evaluation of the UMCM Work Plan encompasses a review of medical management activities through the documentation of current and future strategic initiatives and goals. The Work Plan tracks key performance metrics, regulatory compliance, provides for an assessment of our progress and identifies critical barriers.

This plan requires involvement from many areas such as Appeals & Grievances, Compliance, Information Technology, Medical Informatics, Member Services, Pharmacy, Provider Oversight, Provider Network Management, Provider Operations, Quality Improvement and Medical Management.

Data/Results (include applicable benchmarks/thresholds):

The metrics below were identified as Not Met Objectives or "Too Soon To Tell" for the Mid-Year Evaluation Reporting period:

2.2 Timeliness of processing the Authorization Request

2.4 The number of appeals of UM authorization decisions received, appeals upheld and overturned, and timeliness of appeals.

Key data metrics to note:

2.2 Turnaround Time (TAT) for processing authorization requests within regulatory timeframes had an overall score that averaged 97.1% for January – June 2017 with a goal of 100%.

CalViva TAT for Authorization Requests 2017 YTD

January 99.3% February 98.5% March 100% April 91% May 100% June 94%

Average 97.1%

2.4 Appeals and Grievances

Totals:

Overturn39Partial Uphold5Uphold52Withdrawal by Member2Grand Total98

Appeal Percentages

Overturn: 39.80% Uphold: 53.06% Partial Uphold: 5.10% Withdrawal by Member: 2.04%

Turn Around Time Compliance: 97.6%

Additional metrics:

3.1 2017 Non-SPD (TANF), SPD, and MCE Days/1000 with goals

<u>Goal</u>

TANF= 216.6 SPD=1128 MCE= TBD

<u>Actual</u>

TANF= 105 SPD=967 MCE=357

Analysis/Findings/Outcomes:

Key findings to note:

- Medical Management reviewed and incorporated into practice new Federal and State legislation and regulations specific to California Medi-Cal Managed Care to ensure compliance with current policies and procedure.
- Health Net Medical Directors and the CalViva Chief Medical Officer participated in all DHCS Medi-Cal Managed Care Division's Medical Directors quarterly meetings in 2017 YTD.
- Annual Inter-rater Reliability Testing (IRR) testing for both clinical and non-clinical staff and MD's is current and the next testing is scheduled for completion in December 2017.
- Timeliness of Processing Authorization Requests: Turnaround Time (TAT) for processing authorization requests within regulatory timeframes had an overall score that averaged 97.13% for January June 2017 with a goal of 100%. Barriers included both staffing and process errors. Staff training is ongoing to address the staff and processes errors. A formal CAP will be put in place in Q3 based upon a review of historical data and an analysis of current processes.
- PPG Profiles and Over/Under Metrics: Quarterly UM/QI reports have been generated by PPG and most recently for the FFS network. Parameters include: admission rates, maternity admission rates, ER utilization, and readmission rates. Further drill down into several AID code categories or population types has also been undertaken, including SPD, Expansion and non-expansion /SPD. These are shared and reviewed with CVH upon their completion.
- Continue On-site Concurrent Review at the Central Valley's highest volume hospitals. Continue to monitor IP case management initiatives for adults including early intervention to establish medical home and care coordination for Carve-out Services, community resources, behavioral health screening and referral according to patient needs.
- Continue monitoring staff and referral volumes to adjust staffing resources to support high volume/high-risk populations, as needed. Key Indicator Report was modified to align with standardized Case Management (CM)reporting. CalViva members previously managed in the Top One Percent (TOP) Program have been transitioned to the dedicated CalViva team.
- As of January 2017, a new case management model was fully implemented for CalViva members and the team transitioned to a new case management documentation and reporting methodology as well.

The model is titled "Integrated Case Management (ICM)." ICM is the Case Management Society of America (CMSA) endorsed, complexity based case management model addressing the member's biological, psychological, social and health system needs through a primary care manager who is responsible for coordinating all the aspects of member's care.

Members needs vary from low to critical complexity and acuity and there is no longer a separate program for complex (critical) members. The same Case Manager remains assigned to the member through all phases of care.

- Continue initiative to identify high risk members and enroll them into the Transition Care Management (TCM) program. TCM staff collaborates with the On-site Concurrent Review (CCR) nurses to engage members with the highest risk of readmission based on our advanced analytics model.
- Perinatal Case Management: The average number of referrals per month, January through June, was 15. The average engagement rate for that period was 31% and the total number of members managed was 68.
- The CM and the Quality teams have partnered to evaluate the adoption of the StartSmart for Baby Program to support early identification of pregnant members and increase the number of referrals to Perinatal CM. In the interim we recently started utilizing other sources to identify members for the program including predelivery admissions on the inpatient daily census.
- Behavioral Health Performance: Behavioral Health Performance: Timeliness to first appointment offered for members with ASD is no longer tracked per the department. The team now uses the annual Provider Appointment Availability Survey (PAAS) for showing timely access for routine (including ABA appointments) and urgent appointments. The first report will be available in the first quarter of January 2018.
- Behavioral Health members continue to be referred bi-directionally based on symptoms, acuity and need for routine mild-mod vs specialty mod-severe behavioral health services. MHN also participates in weekly rounds with HN Case Managers and MDs to integrate and coordinate care between medical and behavioral health. PCPs are offered opportunities to collaborate with MHN MDs for guidance on treating routine psychiatric conditions.

Actions Taken:

Ongoing monitoring of interventions will be essential for all areas to ensure appropriate actions are being taken to meet goals.

Next Steps:

Continue progress towards completion of all activities.

Item #12 Attachment 12.A Financial Report FY End June 30, 2017

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

	Total
ASSETS	
Current Assets	
Bank Accounts Cash	14,178,598.3
Savings CD	0.0
Savings CD ST Investments	0.0
Wells Fargo Money Market Mutual Funds	10,929.2
Total Bank Accounts	\$ 14,189,527.6
Accounts Receivable	• • • • • • • • • • • • • • • • • • • •
Accounts Receivable	222,020,099.5
Total Accounts Receivable	\$ 222,020,099.5
Other Current Assets	•,,,
Interest Receivable	2,457.8
Investments - CDs	4,999,594.5
Prepald Expenses	95,679.7
Security Deposit	10,295.5
Total Other Current Assets	\$ 5,108,027.6
Total Current Assets	\$ 241,317,654.8
Fixed Assets	•
Buildings	7,451,589.7
Computers & Software	10,482.0
Land	3,161,419.1
Office Furniture & Equipment	170,592.5
Total Fixed Assets	\$ 10,794,083.4
Other Assets	•
Investment -Restricted	309,573.4
Total Other Assets	\$ 309,573.4
TOTAL ASSETS	\$ 252,421,311.8
LIABILITIES AND EQUITY	
Current Liabilities	
Accounts Payable	
Accounts Payable	191,491.0
Accrued Admin Service Fee	3,910,874.0
Capitation Payable	
	85,837,546.7
Claims Payable	85,837,546.7 33,793.2
Claims Payable Total Accounts Payable	85,837,546.7
Claims Payable Total Accounts Payable Other Current Liabilities	85,837,546.7 33,793.2 \$ 89,973,705.1
Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses	85,837,546.7 33,793.2
Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroli	85,837,546.7 33,793.2 \$ 89,973,705.1 51,999.9
Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay	85,837,546.7 33,793.2 \$ 89,973,705.1 51,999.9 88,884.0 163,247.0
Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroli	85,837,546.7 33,793.2 \$ 89,973,705.1 51,999.9 88,864.0 163,247.0 112,341,366.4
Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR	85,837,546.7 33,793.2 \$ 89,973,705.1 51,999.9 88,884.0 163,247.0
Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current	85,837,546.7 33,793.2 \$ 89,973,705.1 51,999.9 88,864.0 163,247.0 112,341,366.4 145,699.8 0,0
Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premium Tax Payable	85,837,546.7 33,793.2 \$ 89,973,705.1 51,999.9 88,864.0 163,247.0 112,341,366.4 145,699.8 0.0 0.0
Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premium Tax Payable Premium Tax Payable	85,837,546.7 33,793.2 \$ 89,973,705.1 51,999.9 88,864.0 163,247.0 112,341,366.4 145,699.8 0.0 0.0
Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premium Tax Payable	85,837,546.7 33,793.2 \$ 89,973,705.1 51,999.9 88,864.0 163,247.0 112,341,366.4 145,699.8 0.0 0.0 0.0
Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Vacation Pay Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premium Tax Payable Premium Tax Payable to BOE Premium Tax Payable to DHCS Total Other Current Liabilities	85,837,546.7 33,793.2 \$ 89,973,705.1 51,999.9 88,864.0 163,247.0 112,341,366.4 145,699.8 0.0 0.0 0.0 \$ 112,791,177.3
Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premium Tax Payable Premium Tax Payable to BOE Premium Tax Payable to DHCS Total Other Current Liabilities Total Current Liabilities	85,837,546.7 33,793.2 \$ 89,973,705.1 51,999.9 88,864.0 163,247.0 112,341,366.4 145,699.8 0.0 0.0 0.0
Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premium Tax Payable Premium Tax Payable to BOE Premium Tax Payable to DHCS Total Other Current Liabilities Total Current Liabilities	85,837,546.7 33,793.2 \$ 89,973,705.1 51,999.9 88,864.0 163,247.0 112,341,366.4 145,699.8 0.0 0.0 0.0 \$ 112,791,177.3
Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premium Tax Payable Premium Tax Payable to BOE Premium Tax Payable to DHCS Total Other Current Liabilities	85,837,546.7 33,793.2 \$ 89,973,705.1 51,999.9 88,864.0 163,247.0 112,341,366.4 145,699.8 0.0 0.0 0.0 \$ 112,791,177.3 \$ 202,764,882.4
Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premlum Tax Payable Premlum Tax Payable to BOE Premlum Tax Payable to DHCS Total Other Current Liabilities Total Other Current Liabilities ELong-Term Liabilities Renters' Security Deposit Subordinated Loan Payable	85,837,546.7 33,793.2 \$ 89,973,705.1 51,999.9 88,864.0 163,247.0 112,341,366.4 145,699.8 0.0 0.0 0.0 \$ 112,791,177.3 \$ 202,764,882.4 36,500.0 0.0
Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premlum Tax Payable Premlum Tax Payable to BOE Premlum Tax Payable to DHCS Total Other Current Liabilities Total Other Current Liabilities ELong-Term Liabilities Renters' Security Deposit Subordinated Loan Payable	85,837,546.7 33,793.2 \$ 89,973,705.1 51,999.9 88,864.0 163,247.0 112,341,366.4 145,699.8 0.0 0.0 0.0 \$ 112,791,177.3 \$ 202,764,882.4 36,500.0 0.0 \$ 36,500.0
Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premlum Tax Payable Premlum Tax Payable to BOE Premlum Tax Payable to DHCS Total Other Current Liabilities Total Other Current Liabilities ELong-Term Liabilities Renters' Security Deposit Subordinated Loan Payable Total Liabilities	85,837,546.7 33,793.2 \$ 89,973,705.1 51,999.9 88,864.0 163,247.0 112,341,366.4 145,699.8 0.0 0.0 0.0 \$ 112,791,177.3 \$ 202,764,882.4 36,500.0 0.0
Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premlum Tax Payable Premlum Tax Payable to BOE Premlum Tax Payable to BOE Premlum Tax Payable to DHCS Total Other Current Liabilities Total Other Current Liabilities Renters' Security Deposit Subordinated Loan Payable Total Liabilities Equity	85,837,546.7 33,793.2 \$ 89,973,705.1 \$ 51,999.9 88,864.0 163,247.0 112,341,366.4 145,699.8 0.0 0.0 0.0 \$ 112,791,177.3 \$ 202,764,882.4 36,500.0 \$ 36,500.0 \$ 36,500.0 \$ 202,801,382.4
Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premlum Tax Payable Premlum Tax Payable to BOE Premlum Tax Payable to DHCS Total Other Current Liabilities Total Other Current Liabilities Renters' Security Deposit Subordinated Loan Payable Total Liabilities Equity Retained Earnings	85,837,546.7 33,793.2 \$ 89,973,705.1 \$ 199.9 88,864.0 163,247.0 112,341,366.4 145,699.8 0.0 0.0 \$ 112,791,177.3 \$ 202,764,882.4 36,500.0 \$ 36,500.0 \$ 202,801,382.4 38,352,168.7
Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premlum Tax Payable Premlum Tax Payable to BOE Premlum Tax Payable to BOE Premlum Tax Payable to DHCS Total Other Current Liabilities Total Other Current Liabilities Renters' Security Deposit Subordinated Loan Payable Total Liabilities Equity	85,837,546.7 33,793.2 \$ 89,973,705.1 \$ 51,999.9 88,864.0 163,247.0 112,341,366.4 145,699.8 0.0 0.0 0.0 \$ 112,791,177.3 \$ 202,764,882.4 36,500.0 \$ 36,500.0 \$ 36,500.0 \$ 202,801,382.4

Fresno-Kings-Madera Regional Health Authority dba CalViva Health Budget vs. Actuals: Income Statement - U N A U D I T E D

July 2016 - June 2017

				Total			
		Actual		Budget	over (under) Budget		
Income							
Interest Earned		114,873.41		60,000.00	54,873.41		
Premium/Capitation Income		1,135,866,108.32		1,016,356,550.00	119,509,558.32		
Total income	\$	1,135,980,981.73	\$	1,016,416,550.00	119,564,431.73		
Cost of Medical Care							
Capitation - Medical Costs		953,891,340.10		911,908,442.00	41,982,898.10		
Medical Claim Costs		2,021,297.60		2,928,000.00	(906,702.40)		
Total Cost of Medical Care	\$	955,912,637.70	\$	914,836,442.00	41,076,195.70		
Gross Margin	\$	180,068,344.03	\$	101,580,108.00	78,488,236.03		
Expenses							
Admin Service Agreement Fees		47,650,009.00		47,071,200.00	578,809.00		
Bank Charges		2,906.28		16,800.00	(13,893.72)		
Computer/IT Services		126,197.28		72,000.00	54,197.28		
Consulting Fees		3,225.00		105,000.00	(101,775.00)		
Depreciation Expense		289,304.42		288,000.00	1,304.42		
Dues & Subscriptions		133,528.17		178,800.00	(45,271.83)		
Insurance		188,035.71		195,177.00	(7,141.29)		
Labor		2,587,888.79		2,684,506.00	(96,617.21)		
Legal & Professional Fees		102,678.14		188,040.00	(85,361.86)		
License Expense		597,912.41		541,200.00	56,712.41		
Marketing		597,868.51		630,000.00	(32,131.49)		
Meals and Entertainment		12,338.68		17,700.00	(5,361.32)		
Office Expenses		66,036.22		48,000.00	18,036.22		
Parking		1,335.19		1,200.00	135.19		
Postage & Delivery		2,115.72		2,400.00	(284.28)		
Printing & Reproduction		2,062.24		4,800.00	(2,737.76)		
Recruitment Expense		35,929.40		36,000.00	(70.60)		
Rent		4,576.87			4,576.87		
Seminars and Training		7,609.79		24,000.00	(16,390.21)		
Supplies		11,999.11		7,200.00	4,799.11		
Taxes		116,859,720.88		40,019,039.00	76,840,681.88		
Telephone		21,208.47		12,000.00	9,208.47		
Travel		20,415.29		24,900.00	(4,484.71)		
Total Expenses	\$	169,324,901.57	\$	92,167,962.00	77,156,939.57		
Net Operating Income	\$	10,743,442.46		9,412,146.00	1,331,296.46		
Other Income	•	,	•		•		
Other Income		524,318.23		600,000.00	(75,681.77)		
Total Other Income	\$	524,318.23	\$	600,000.00	(75,681.77)		
Net Other Income	\$	524,318.23		600,000.00	(75,681.77)		
Net Income	\$	11,267,760.69		10,012,146.00	1,255,614.69		

Fresno-Kings-Madera Regional Health Authority dba CalViva Health UNAUDITED Income Statement CY vs PY July 2016 - June 2017

		Totai					
	Jul 2	2016 - Jun 2017 J	ul 2015 - Jun 2016 (PY)				
Income							
Interest Earned		114,873.41	44,857.29				
Premium/Capitation Income		1,135,866,108.32	1,092,577,240.84				
Total Income	\$	1,135,980,981.73 \$	1,092,622,098.13				
Cost of Goods Sold							
Capitation - Medical Costs		953,891,340.10	984,855,036.83				
Medical Claim Costs		2,021,297.60	1,851,122.62				
Total Cost of Goods Sold	\$	955,912,637.70 \$	986,706,159.45				
Gross Profit	\$	180,068,344.03 \$	105,915,938.68				
Expenses							
Admin Service Agreement Fees		47,650,009.00	45,086,734.00				
Bank Charges		2,906.28	17,433.53				
Computer/IT Services		126,197.28	117,048.12				
Consulting Fees		3,225.00	33,415.00				
Depreciation Expense		289,304.42	169,484.14				
Dues & Subscriptions		133,528.17	130,353.05				
Insurance		188,035.71	163,356.85				
Janitorial Expenses			3,315.04				
Labor		2,587,888.79	2,445,265.15				
Legal & Professional Fees		102,678.14	85,407.50				
License Expense		597,912.41	481,750.50				
Marketing		597,868.51	480,391.08				
Meals and Entertainment		12,338.68	11,951.88				
Office Expenses		66,036.22	57,244.09				
Parking		1,335.19	8,528.00				
Postage & Delivery		2,115.72	1,108.98				
Printing & Reproduction		2,062.24	3,472.94				
Recruitment Expense		35,929.40	22,019.00				
Rent		4,576.87	49,500.85				
Seminars and Training		7,609.79	13,774.86				
Supplies		11,999.11	14,255.22				
Taxes		116,859,720.88	45,111,563.72				
Telephone		21,208.47	16,915.22				
Travel		20,415.29	17,009.12				
Total Expenses	\$	169,324,901.57 \$	94,541,297.84				
Net Operating Income	\$	10,743,442.46 \$	11,374,640.84				
Other Income							
Other Income		524,318.23	154,156.78				
Total Other Income	\$	524,318.23 \$	154,156.78				
Net Other Income	\$	524,318.23 \$	154,156.78				
Net Income	\$	11,267,760.69 \$	11,528,797.62				

Item #12 Attachment 12.B Financials as of July 31, 2017

Fresno-Kings-Madera Regional Health Authority dba CalViva Health Balance Sheet

As of July 31, 2017

		Total			
ASSETS					
Current Assets					
Bank Accounts Cash		400 000 704 07			
Savings CD		106,088,701.97			
ST Investments		0.00			
Wells Fargo Money Market Mutual Funds		285,846.09			
Total Bank Accounts	\$				
Accounts Receivable	Ŷ	106,374,548.06			
Accounts Receivable		148,715,975.49			
Total Accounts Receivable	\$	148,715,975.49			
Other Current Assets	•	140,1 10,010,40			
Interest Receivable		8,299.02			
Investments - CDs		4,747,685.50			
Prepald Expenses		724,891.82			
Security Deposit		12,869.40			
Total Other Current Assets	\$	5,493,745.74			
Total Current Assets	\$	260,584,269.29			
Fixed Assets	•				
Buildings		7,429,737.60			
Computers & Software		10,154.45			
Land		3,161,419.10			
Office Furniture & Equipment		168,892.37			
Total Fixed Assets	\$	10,770,203.52			
Other Assets	•				
Investment -Restricted		309,699.73			
Total Other Assets	\$	309,699.73			
TOTAL ASSETS		271,664,172.54			
LIABILITIES AND EQUITY					
Accounts Payable					
-		508 680 96			
Accounts Payable		508,680.96			
Accounts Payable Accrued Admin Service Fee		7,812,134.00			
Accounts Payable Accrued Admin Service Fee Capitation Payable		7,812,134.00 130,377,336.19			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable		7,812,134.00 130,377,336.19 49,879.81			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable		7,812,134.00 130,377,336.19 49,879.81			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable Other Current Liabilities	\$	7,812,134.00 130,377,336.19 49,879.81 138,748,030.96			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses	\$	7,812,134.00 130,377,336.19 49,879.81 138,748,030.96 56,499.96			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroli	\$	7,812,134.00 130,377,336.19 49,879.81 138,748,030.96 56,499.96 99,590.60			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses	\$	7,812,134.00 130,377,336.19 49,879.81 138,748,030.96 56,499.96 99,590.60 163,247.00			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay	\$	7,812,134.00 130,377,336.19 49,879.81 138,748,030.96 56,499.96 99,590.50 163,247.00 71,724,242.81			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS	\$	7,812,134.00 130,377,336.19 49,879.81 138,748,030.96 99,590.50 163,247.00 71,724,242.81 145,699.84			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR	\$	7,812,134.00 130,377,336.19 49,879.81 138,748,030.96 99,590.50 163,247.00 71,724,242.81 145,699.84 0.00			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premium Tax Payable	\$	7,812,134.00 130,377,336.19 49,879.81 138,748,030.96 99,590.50 163,247.00 71,724,242.81 145,699.84 0.00 0.00			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current	\$	7,812,134.00 130,377,336.19 49,879.81 138,748,030.96 99,590.50 163,247.00 71,724,242.81 145,699.84 0.00 0.00 -6,623.65			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premium Tax Payable Premium Tax Payable to BOE		7,812,134.00 130,377,336.19 49,879.81 138,748,030.96 99,590.50 163,247.00 71,724,242.81 145,699.84 0.00 0.00 -6,623.65 9,965,908.02			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premium Tax Payable Premium Tax Payable to BOE Premium Tax Payable to DHCS	\$	7,812,134.00 130,377,336.19 49,879.81 138,748,030.96 99,590.50 163,247.00 71,724,242.81 145,699.84 0.00 0.00 -6,623.65 9,965,909.02 82,148,565.48			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premium Tax Payable Premium Tax Payable to BOE Premium Tax Payable to BOE Premium Tax Payable to DHCS		7,812,134.00 130,377,336.19 49,879.81 138,748,030.96 99,590.50 163,247.00 71,724,242.81 145,699.84 0.00 0.00 -6,623.65 9,965,908.02			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premium Tax Payable Promium Tax Payable to BOE Premium Tax Payable to DHCS Total Other Current Liabilities		7,812,134.00 130,377,336.19 49,879.81 138,748,030.96 99,590.50 163,247.00 71,724,242.81 145,699.84 0.00 0.00 -6,623.65 9,965,909.02 82,148,565.48 220,896,596.44			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premium Tax Payable Premium Tax Payable to BOE Premium Tax Payable to BOE Premium Tax Payable to DHCS Total Other Current Liabilities Total Other Current Liabilities		7,812,134.00 130,377,336.19 49,879.81 138,748,030.96 99,590.50 163,247.00 71,724,242.81 145,699.84 0.00 0.00 -6,623.65 9,965,909.02 82,148,565.48 220,896,596.44 36,500.00			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premium Tax Payable Premium Tax Payable to BOE Premium Tax Payable to BOE Premium Tax Payable to DHCS Total Other Current Liabilities Total Other Current Liabilities Long-Term Liabilities Renters' Security Deposit		7,812,134.00 130,377,336.19 49,879.81 138,748,030.96 99,690.60 163,247.00 71,724,242.81 145,699.84 0.00 0.00 -8,823.65 9,965,909.02 82,148,565.48 220,896,596.44 36,500.00 0.00			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premium Tax Payable Premium Tax Payable to BOE Premium Tax Payable to BOE Premium Tax Payable to DHCS Total Other Current Liabilities Total Other Current Liabilities Renters' Security Deposit Subordinated Loan Payable	\$	7,812,134.00 130,377,336.19 49,879.81 138,748,030.96 99,590.60 163,247.00 71,724,242.81 145,699.84 0.00 0.00 -6,623.65 9,965,909.02 82,148,565.48 220,896,596.44 36,500.00 0.00			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premium Tax Payable Premium Tax Payable to BOE Premium Tax Payable to BOE Premium Tax Payable to DHCS Total Other Current Liabilities Total Other Current Liabilities Renters' Security Deposit Subordinated Loan Payable	\$	7,812,134.00 130,377,336.19 49,879.81 138,748,030.96 99,590.50 163,247.00 71,724,242.81 145,699.84 0.00 0.00 -6,623.65 9,965,909.02 82,148,565.48 220,896,596.44 36,500.00 0.00			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premium Tax Payable Premium Tax Payable to BOE Premium Tax Payable to BOE Premium Tax Payable to DHCS Total Other Current Liabilities Total Other Current Liabilities Renters' Security Deposit Subordinated Loan Payable Total Liabilities	\$	7,812,134.00 130,377,336.19 49,879.81 138,748,030.96 99,590.60 163,247.00 71,724,242.81 145,699.84 0.00 0.00 -6,623.65 9,965,909.02 82,148,565.48 220,896,596.44 36,500.00 0.00			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premium Tax Payable Premium Tax Payable to BOE Premium Tax Payable to BOE Premium Tax Payable to DHCS Total Other Current Liabilities Total Other Current Liabilities Renters' Security Deposit Subordinated Loan Payable Total Liabilities	\$	7,812,134.00 130,377,336.19 49,879.81 138,748,030.96 99,590.50 163,247.00 71,724,242.81 145,699.84 0.00 0.00 -6,623.65 9,965,909.02 82,148,565.48 220,896,596.44 36,500.00 0.00 36,500.00			
Accounts Payable Accrued Admin Service Fee Capitation Payable Claims Payable Total Accounts Payable Other Current Liabilities Accrued Expenses Accrued Payroll Accrued Vacation Pay Amt Due to DHCS IBNR Loan Payable-Current Premium Tax Payable Premium Tax Payable Premium Tax Payable to BOE Premium Tax Payable to BOE Premium Tax Payable to DHCS Total Other Current Liabilities Total Other Current Liabilities Cong-Term Liabilities Renters' Security Deposit Subordinated Loan Payable Total Long-Term Liabilities	\$	7,812,134.00 130,377,336.19 49,878.81 138,748,030.96 99,690.60 163,247.00 71,724,242.81 145,699.84 0.00 0.6,623.65 9,965,909.02 82,148,565.48 220,896,596.44 36,500.00 0.00 36,500.00			

Fresno-Kings-Madera Regional Health Authority dba CalViva Health Income Statement --Actual vs Budget

July 2017

				Total			
		Actual		Budget	over	(under) Budget	
Income							
Interest Earned		32,096.80		6,000.00		26,096.80	
Premium/Capitation Income	<u> </u>	98,836,645.74		94,880,750.00		3,955,895.74	
Total Income	\$	98,868,742.54	\$	94,886,750.00	\$	3,981,992.54	
Cost of Medical Care							
Capitation - Medical Costs		83,373,483.02		80,252,931.00		3,120,552.02	
Medical Claim Costs		177,156.49				177,156.49	
Total Cost of Medical Care	\$	83,550,639.51	\$	80,252,931.00	\$	3,297,708.51	
Gross Margin	\$	15,318,103.03	\$	14,633,819.00	\$	684,284.03	
Expenses							
Admin Service Agreement Fees		3,901,260.00		3,967,590.00		-66,330.00	
Bank Charges				1,400.00		(1,400.00)	
Computer/IT Services		15,600.50		7,000.00		8,600.50	
Consulting Fees				8,750.00		(8,750.00)	
Depreciation Expense		23,879.96		24,220.00		(340.04)	
Dues & Subscriptions		13,205.05		14,900.00		(1,694.95)	
Grants				175,000.00		(175,000.00)	
Insurance		15,927.58		15,930.00		(2.42)	
Labor		207,657.47		217,382.00		(9,724.53)	
Legal & Professional Fees		5,112.00		15,900.00		(10,788.00)	
License Expense		51,884.46		52,000.00		(115.54)	
Marketing		64,405.06		75,000.00		(10,594.94)	
Meals and Entertainment		600.54		1,000.00		(399.46)	
Office Expenses		1,78 7 .58		6,500.00		(4,712.42)	
Parking		90.00		100.00		(10.00)	
Postage & Delivery		215.99		200.00		15.99	
Printing & Reproduction		228.87		400.00		(171.13)	
Recruitment Expense				3,000.00		(3,000.00)	
Rent		300.00		1,000.00		(700.00)	
Seminars and Training		3,814.00		2,000.00		1,814.00	
Supplies		744.22		1,000.00		(255.78)	
Taxes		9,959,285.37		9,377,972.00		581,313.37	
Telephone		2,486.13		1,500.00		986.13	
Travel		666.89		1,900.00		(1,233.11)	
Total Expenses	\$	14,269,151.67	\$	13,971,644.00	\$	297,507.67	
Net Operating Income	\$	1,048,951.36		662,175.00		386,776.36	
Other Income			•	,	*	000,110.00	
Other Income		62,195.33		50,000.00		12,195.33	
Total Other Income	\$	62,195.33	\$	50,000.00	\$	12,195.33	
Net Other Income	\$	62,195.33		50,000.00	\$	12,195.33	
Net Income	\$	1,111,146.69	-	712,175.00		398,971.69	

Item #12 Attachment 12.C Compliance Report



	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2017 Total
# of DHCS Filings			l										
Administrative/ Operational	4	3	7	10	7	6	10	7	0				54
Member & Provider Materials	0	1	3	2	3	3	3	3	0				18
# of DMHC Filings	4	5	3	4	3	5	8	8	1				41
# of Potential Privacy & Security reported to DHCS and HHS (if ap													
No/Low Risk	2	1	1	3	4	4	2	3	1				21
High Risk	0	0	0	0	0	0	0	0	0				0
# of Potential Fraud, Waste, & Ak	ouse Cas	es Receiv	ved										
# of MC 609 Submissions to DHCS	0	0	1	1	1	0	0	0	0				3
Summary of Filings	Plan an DHCS DMHC items, Potenti No/Low affecte Potenti abuse.	nd Progra Member Filings in bylaw cha tial Privac al breach w risk - Of d individu tial Fraud If the cas	m docume & Provide anges, Col cy and Se of the sec ficial letter als.	ents. er materia -hoc repor mmission curity Br curity of pr r not requi c Abuse c the level	als include ts, Plan an changes, each Case rotected he red to be s cases - Ca	advertisi nd Progra undertakii es - CalVi ealth infor sent to aff IViva Hea	ng, health m docum ngs, etc. va Health mation up ected ind lth is requ	s, policies educatior ents, polic is require oon discove ividuals. H uired to inv ealth repor	n materials ies & proc d to provid ery, but no igh risk - 0 vestigate a	s, flyers, p edures, a de notifica o later tha Official no and submi	romotiona dvertising tion and ro n 24 hours tice requir t potential	Il items, e , flyers, pr espond to s after disc ed to be s fraud, wa	tc. omotiona a covery. ent to ste and

Compliance Oversight & Monitoring Activities	Description
CalViva Health Oversight Meetings	 Health Net CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to the Centene-Health Net merger that may affect CalViva Health. The 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. Kaiser
	CalViva Health and Kaiser management are currently meeting as needed to address transition related activities since the contractual relationship ended as of August 31, 2017.
Oversight Audits	 <u>Health Net Oversight Audits:</u> Audits for 2017 have been scheduled and several are in progress. The following 2017 audits are in progress: Appeals and Grievances and Provider Network. The 2017 Claims, Cultural and Linguistics, and Privacy and Security audits were completed. A CAP was requested for the 2017 Cultural and Linguistics Audit. There was no CAP required of the 2017 Claims and Privacy and Security Audits. A detailed summary of the audits, which were scheduled in 2017, will be provided to the Commission in the annual Executive Summary Audit Report to be provided in 2018. <u>Provider Dispute Resolution (PDR) Case Audits</u>: The Plan is currently working on the Q1 2017 and Q2 2017 PDR audits. The Q4 2016 audit was completed. There was a CAP required. The CAP response has been received and was accepted.
Horisons Unlimited Healthcare Clinics	Horisons Unlimited Healthcare Clinics made a business decision to file for bankruptcy protection and cease operations effective August 1, 2017. 464 CalViva Health members were impacted. All CalViva Health members were transferred to another geographically accessible provider effective August 1, 2017 and continued to have uninterrupted access to their care through the provider network.
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 / Contractual Requirements	
Department of Health Care Services ("DHCS") Network Adequacy Standards	On July 19, 2017, the Department of Health Care Services released new requirements regarding network adequacy standards which are effective during the 2018 Health Plan contract year that begins on July 1, 2018 in California. The information released by the DHCS is in response to meeting compliance with the network adequacy provisions of the Federal Medicaid and CHIP Managed Care Final Rule. The Plan may be required to submit updated policies and procedures or other requested deliverables to demonstrate compliance with the requirements effective July 1, 2018.

Committee Report	
Public Policy Committee	The Public Policy Committee met on September 6, 2017 and reviewed the Enrollment Dashboard, Cultural and Linguistic and Health Education related information, and Appeals, Grievances, and Complaints related information. There were no recommendations or action items requiring the response of the Commission. The next Public Policy Committee meeting is scheduled for December 6, 2017, 11:30 a.m. at 7625 N. Palm Ave., Suite 109, Fresno, CA 93711.

Item #12 Attachment 12.D Appeals & Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2017

Current as of End of the Month: July Revised Date: 9/15/2017

Attachment J

CalViva Health Appeals and Grievances Dashboard 2017

CalViva - 2017																		T
																	2017	2016
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Grievances Received	17	15	23	55	15	14	12	41	8	0	0	8	0	0	0	0	104	131
Standard Grievances Received	77	67	69	213	76	58	65	199	66	0	0	66	0	0	0	0	478	709
Total Grievances Received	94	82	92	268	91	72	77	240	74	0	0	74	0	0	0	0	582	840
Grievance Ack Letters Sent Noncompliant	2	1	1	4	1	0	0	1	2	0	0	2	0	0	0	0	7	10
Grievance Ack Letter Compliance Rate	97.4%	98.5%	98.6%	98.1%	98.7%	100.0%	100.0%	99.5%	97.0%	0.0%	0.0%	97.0%	0.0%	0.0%	0.0%	0.0%	98.54%	98.6%
		-	-								-							
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	2	0	0	2	0	0	0	0	2	3
Expedited Grievances Resolved Compliant	17	13	25	55	13	15	12	40	6	0	0	6	0	0	0	0	101	128
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	0.0%	0.0%	66.7%	0.0%	0.0%	0.0%	0.0%	98.06%	97.7%
Standard Grievances Resolved Noncompliant	1	0	0	1	0	0	0	0	10	0	0	10	0	0	0	0	11	0
Standard Grievances Resolved Compliant	59	75	77	211	63	74	61	198	48	0	0	48	0	0	0	0	457	698
Standard Grievances Compliance rate	98.3%	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	79.2%	0.0%	0.0%	79.2%	0.0%	0.0%	0.0%	0.0%	97.65%	100.0%
Standard Grievance Compliance rate	30.378	100.078	100.078	33.378	100.078	100.078	100.078	100.076	13.2 /0	0.078	0.078	13.2 /0	0.078	0.078	0.078	0.070	31.0376	100.078
Total Grievances Resolved	77	88	102	267	76	89	73	238	66	0	0	66	0	0	0	0	571	829
	<u> </u>									, v	Ť		, , , , , , , , , , , , , , , , , , ,	Ť			•	
Grievance Descriptions - Resolved Cases	t					1	1											
Quality of Service Grievances	52	55	69	176	53	65	50	168	44	0	0	44	0	0	0	0	388	567
Access - Other - DMHC	2	3	8	13	4	5	2	11	1	0	0	1	0	0	0	0	25	25
Access - PCP - DHCS	19	14	15	48	8	12	9	29	7	0	0	7	0	0	0	0	84	127
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Access - Spec - DHCS	2	3	8	13	8	9	4	21	3	0	0	3	0	0	0	0	37	34
Administrative	9	7	9	25	11	17	17	45	13	0	0	13	0	0	0	0	83	129
Interpersonal	14	17	18	49	17	15	12	44	20	0	0	20	0	0	0	0	113	145
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	4	7	7	18	2	7	2	11	0	0	0	0	0	0	0	0	29	86
Pharmacy	2	4	4	10	3	0	4	7	0	0	0	0	0	0	0	0	17	20
Quality Of Care Grievances	25	33	33	91	23	24	23	70	22	0	0	22	0	0	0	0	183	262
Access - Other - DMHC	2	2	0	4	1	0	2	3	0	0	0	0	0	0	0	0	7	8
Access - PCP - DHCS	3	8	9	20	7	1	7	15	4	0	0	4	0	0	0	0	39	56
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	2	0	3	5	0	1	1	2	2	0	0	2	0	0	0	0	9	10
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other		3	2	8	4		1	12	2	0	0	2	0	0		0	22	20
PCP Care PCP Delay	9	13	10	<u>32</u> 11	4	10 0	1	21 4	7	0	0	3	0	0	0	0	<u>60</u> 18	100
	5	2	4	0	3	0	0	4	3	0	0	0	0	0	0	0	0	36 0
Pharmacy Specialist Care	1	5	4	10	4	5	7	13	4	0	0	4	0	0	0	0	27	29
Specialist Delay	0	0	4	10	0	0	1	0	0	0	0	0	0	0	0	0	1	3
Specialist Delay	0	0	1	-	0	0	1	0	0	0	0	0	0	U	0	0	I	
									-									
Exempt Grievances Received - Classifications	279	183	219	681	224	288	197	709	219	0	0	219	0	0	0	0	1609	2153
Authorization	11	5	6	22	5	19	6	30	4	0	0	4	0	0	0	0	56	106
Avail of Appt w/ Other Providers	0	0	0	0	0	0	0	0	6	0	0	6	0	0	0	0	6	0
Avail of Appt w/ PCP	9	7	10	26	19	20	9	48	1	0	0	1	0	0	0	0	75	186
Avail of Appt w/ Specialist	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Claims Complaint	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Eligibility Issue	13	1	5	19	13	5	2	20	4	0	0	4	0	0	0	0	43	46
Health Care Benefits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ID Card - Not Received	30	11	16	57	27	29	39	95	15	0	0	15	0	0	0	0	167	113
Information Discrepancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	7	21	19	47	9	7	2	18	6	0	0	6	0	0	0	0	71	85
Interpersonal - Behavior of Clinic/Staff - Provider	79	59	64	202	46	90	45	181	53	0	0	53	0	0	0	0	436	589
Interpersonal - Behavior of Clinic/Staff - Vendor	0	1	1	2	1	1	1	3	0	0	0	0	0	0	0	0	5	14
Other	13	9	9	31	14	11	4	29	4	0	0	4	0	0	0	0	64	51
PCP Assignment	98	55	76	229	79	90	74	243	115	0	0	115	0	0	0	0	587	777
Pharmacy	12	9	10	31	8	13	10	31	8	0	0	8	0	0	0	0	70	114
Wait Time - In Office for Scheduled Appt	4	2	0	6	1	2	2	5	3	0	0	3	0	0	0	0	14	33
Wait Time - Too Long on Telephone	3	3	2	8	2	1	3	6	0	0	0	0	0	0	0	0	14	33
	ļ'					L	L											4
		1				1	1			I								

CalViva Health Appeals and Grievances Dashboard 2017

							- 1			-	-				_			
Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	6	5	9	20	5	3	3	11	2	0	0	2	0	0	0	0	33	57
Standard Appeals Received	22	11	9	42	8	6	13	27	12	0	0	12	0	0	0	0	81	140
Total Appeals Received	28	16	18	62	13	9	16	38	14	0	0	14	0	0	0	0	114	197
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.00%	99.3%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
Expedited Appeals Resolved Compliant	7	4	10	21	5	3	3	11	1	0	0	1	0	0	0	0	33	56
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	97.06%	100.0%
Standard Appeals Resolved Noncompliant	1	0	0	1	0	1	0	1	1	0	0	0	0	0	0	0	2	0
Standard Appeals Resolved Compliant	9	20	13	42	6	9	7	22	11	0	0	11	0	0	0	0	75	132
Standard Appeals Compliance Rate	88.9%	100.0%	100.0%	97.6%	100.0%	88.9%	100.0%	94.4%	90.9%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	97.40%	100.0%
Total Appeals Resolved	17	24	23	64	11	13	10	34	14	0	0	14	0	0	0	0	112	188
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	17	24	23	64	11	13	10	34	14	0	0	14	0	0	0	0	112	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	1	7	2	0	0	2	0	0	0	0	26	35
Experimental/Investigational	0	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	0
Other	2	2	3	7	0	3	3	6	4	0 0	0	4	0	0	0	0	17	23
Pharmacy	6	9	14	29	8	3	6	17	5	0	0	5	0	0	0	0	51	90
Surgery	3	4	3	10	2	2	0 0	4	3	0	2	5	0	0	0	0	19	18
Guigery	5	-	5	10	2	2	0	4	3	0	2	5	0	U	Ū	0	13	10
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	4
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Suigery	0	0	U	0	U	U	U	0	U	U	U	0	U	0	U	0	0	0
Appeals Decision Rates																		
Upholds	5	14	12	31	6	8	6	20	10	0	0	10	0	0	0	0	61	133
Upholds	29.4%	58.3%	52.2%	48.4%	54.5%	8 61.5%	60.0%	20 58.8%	71.4%	0.0%	0.0%	71.4%	0.0%	0.0%	0.0%	0.0%	54.5%	70.7%
Overturns - Full		58.3% 8		48.4%				<u>58.8%</u> 14						0.0%		0.0%	54.5% 43	
	9	-	9		5	5	4		3	0	0	3	0	-	0	-		47
Overturn Rate - Full	52.9%	33.3%	39.1%	40.6%	45.5%	38.5%	40.0%	41.2%	21.4%	0.0%	0.0%	21.4%	0.0%	0.0%	0.0%	0.0%	38.4%	25.0%
Overturns - Partials	3	1	1	5	0	0	0	0	0	0	0	0	0	0	0	0	5	4
Overturn Rate - Partial	17.6%	4.2%	4.3%	7.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	4.5%	2.1%
Withdrawal	0	1	1	2	0	0	0	0	1	0	0	1	0	0	0	0	3	4
Withdrawal Rate	0.0%	4.2%	4.3%	3.1%	0.0%	0.0%	0.0%	0.0%	7.1%	0.0%	0.0%	7.1%	0.0%	0.0%	0.0%	0.00%	2.7%	2.1%
Membership	350,692	350,877	351,447		352,025	351,498	352,139		352,283	-	-		-	-	-			
Appeals - PTMPM	0.05	0.07	0.07	0.06	0.03	0.04	0.03	0.03	0.04	-	-	0.04	-	-	-	-	0.05	0.05
Grievances - PTMPM	0.22	0.25	0.29	0.25	0.22	0.25	0.21	0.23	0.19	-	-	0.19	-	-	-	-	0.23	0.20
		1																

CalViva Health Appeals and Grievances Dashboard 2017 (Fresno County)

Fresno County																		1
										_	_		_		_		2017	2016
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Grievances Received	16	12	21	49	15	14	11	40	7	0	0	7	0	0	0	0	96	111
Standard Grievances Received	74	58	62	194	74	50	56	180	56	0	0	56	0	0	0	0	430	599
Total Grievances Received	90	70	83	243	89	64	67	220	63	0	0	63	0	0	0	0	526	710
Grievance Ack Letters Sent Noncompliant	2	1	0	3	1	0	0	1	1	0	0	0	0	0	0	0	4	8
Grievance Ack Letter Compliance Rate	97.3%	98.3%	100.0%	98.5%	98.6%	100.0%	100.0%	99.4%	98.2%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	2	0	0	2	0	0	0	0	2	4
Expedited Grievances Resolved Compliant	16	10	23	49	13	15	11	39	5	0	0	5	0	0	0	0	93	107
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	60.0%	0.0%	0.0%	60.0%	0.0%	0.0%	0.0%	0.0%	97.8%	96.26%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	8	0	0	8	0	0	0	0	8	0
Standard Grievances Resolved Compliant	47	72	68	187	58	71	53	182	41	0	0	41	0	0	0	0	410	596
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.5%	0.0%	0.0%	80.5%	0.0%	0.0%	0.0%	0.0%	98.0%	100.0%
													_					
Total Grievances Resolved	63	82	91	236	71	86	64	221	56	0	0	56	0	0	0	0	513	707
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	44	50	62	156	50	62	47	159	38	0	0	38	0	0	0	0	353	485
Access - Other - DMHC	2	3	7	12	3	5	2	10	1	0	0	1	0	0	0	0	23	22
Access - PCP - DHCS	15	14	13	42	8	11	8	27	6	0	0	6	0	0	0	0	75	113
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Access - Spec - DHCS	2	1	8	11	8	9	4	21	2	0	0	2	0	0	0	0	34	26
Administrative	8	6	8	22	10	16	17	43	10	0	0	10	0	0	0	0	75	111
Interpersonal	11	16	16	43	17	14	10	41	19	0	0	19	0	0	0	0	103	120
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	4	6	7	17	1	7	2	10	0	0	0	0	0	0	0	0	27	75
Pharmacy	2	4	3	9	3	0	4	7	0	0	0	0	0	0	0	0	16	17
Quality Of Care Grievances	19	32	29	80	21	24	17	62	18	0	0	18	0	0	0	0	160	222
Access - Other - DMHC	0	2	0	2	1	0	1	2	0	0	0	0	0	0	0	0	4	6
Access - PCP - DHCS	2	8	8	18	7	1	6	14	3	0	0	3	0	0	0	0	35	49
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	2	0	2	4	Ő	1	0	1	2	0	0	2	0	0	0	0	7	9
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	3	2	6	4	7	1	12	1	0	0	1	0	0 0	0	0	19	15
PCP Care	9	12	9	30	4	10	5	19	5	0	0	5	0	Ő	0	0	54	86
PCP Delay	4	2	3	9	2	0	1	3	3	0	0	3	0	0	0	0	15	32
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	1	5	4	10	3	5	3	11	4	0	0	4	0	0	0	0	25	23
Specialist Delay	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
		1	1											1	1			4

CalViva Health Appeals and Grievances Dashboard 2017 (Fresno County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	2	5	8	15	4 4	3	3	10	0	0	0 0	0	0	0	0	0	25	48
Standard Appeals Received	15	8	9	32	8	3	9	20	11	0	0	11	0	0	0	0	63	40
Total Appeals Received	15	。 13	17	32 47	° 12	6	12	20 30	11	0	0	11	0	0	0	0	88	165
l otal Appeals Received	17	13	17	47	12	b	12	30	11	U	U	11	Ų	U	U	U	88	165
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.1%
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.1%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	3	4	9	16	4	3	3	10	0	0	0	0	0	0	0	0	26	47
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Oten dend Anne de Desekved Mensennliget	1	0	0	4	0	1	0		1	0	0		0	0	0	0	3	0
Standard Appeals Resolved Noncompliant	8	14	9	1	6	8	5	19	8	0	0	8	0	0	0	0	28	109
Standard Appeals Resolved Compliant				0.0%				19 93.8%		0.0%	0.0%	87.5%	0.0%	0.0%		0.0%		
Standard Appeals Compliance Rate	87.5%	100.0%	100.0%	0.0%	100.0%	87.5%	100.0%	93.8%	87.5%	0.0%	0.0%	87.5%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	12	18	18	48	10	12	8	30	9	0	0	9	0	0	0	0	87	156
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	12	18	18	48	10	12	8	30	9	0	0	9	0	0	0	0	87	153
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15
DME	5	6	1	12	1	4	1	6	2	0	0	2	0	0	0	0	20	29
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	1	3	4	0	3	2	5	3	0	0	3	0	0	0	0	12	17
Pharmacy	5	7	11	23	7	3	5	15	3	0	0	3	0	0	0	0	41	79
Surgery	2	4	3	9	2	2	0	4	1	0	0	1	0	0	0	0	14	13
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	U	0	U	0	0	0	0	0	0	U	0	U	0	0	
Appeals Decision Rates																		
Upholds	4	11	10	25	6	8	5	19	6	0	0	6	0	0	0	0	50	111
Uphold Rate	33.3%	61.1%	55.6%	52.1%	60.0%	66.7%	62.5%	63.3%	66.7%	0.0%	0.0%	66.7%	0.0%	0.0%	0.0%	0.0%	57.5%	71.2%
Overturns - Full	6	5	8	19	4	4	3	11	2	0	0	2	0	0	0	0	32	39
Overturn Rate - Full	50.0%	27.8%	44.4%	39.58%	40.0%	33.3%	37.5%	36.67%	22.2%	0.0%	0.0%	22.22%	0.0%	0.0%	0.0%	0.00%	36.78%	25.00%
Overturns - Partials	2	1	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	2
Overturn Rate - Partial	16.7%	5.6%	0.0%	6.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.4%	1.3%
Withdrawal	0	1	0	1	0	0	0	0	1	0	0	1	0	0	0	0	2	4
	0.0%	5.6%	0.0%	2.1%	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.1%	0.0%
Withdrawal Rate																		4
Withdrawal Rate Membership	289,913	289,663	289,706		290,154	289,926	290,380		290,474									
	,.	289,663 0.06	289,706 0.06	0.06	290,154 0.03	289,926 0.04	290,380 0.03	0.03	290,474 0.03	-	-	0.01	-	-	-	0.00	0.03	0.03
Membership	289,913			0.06				0.03		-	-	0.01	-	-	-	0.00	0.03	0.03

Kings County																		
											_				_	_	2017	2016
Grievances	Jan	Feb	Mar	Q1	Apr	Мау	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Grievances Received	0	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	10
Standard Grievances Received	1	4	2	7	0	3	4	7	5	0	0	5	0	0	0	0	19	45
Total Grievances Received	1	6	3	10	0	3	4	7	5	0	0	5	0	0	0	0	22	55
Grievance Ack Letters Sent Noncompliant	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grievance Ack Letter Compliance Rate	100.0%	100.0%	50.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	0	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	10
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	2	0	0	2	0	0	0	0	2	0
Standard Grievances Resolved Compliant	3	1	3	7	2	0	3	5	3	0	0	3	0	0	0	0	15	45
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	33.3%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Grievances Resolved	3	3	4	10	2	0	3	5	5	0	0	5	0	0	0	0	20	55
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	3	3	2	8	2	0	2	4	3	0	0	3	0	0	0	0	15	37
Access - Other - DMHC	0	3	0	0	<u>2</u>	0	0	4	3 0	0	0	0 0	0	0	0	0	15	0
Access - Other - DMHC Access - PCP - DHCS	1	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	7
Access - PCP - DHCS Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Physical/OON - DHCS Access - Spec - DHCS	0	2	0	2	0	0	0	0	1	0	0	1	0	0	0	0	3	3
Access - Spec - DHCS Administrative	1	0	0	<u> </u>	0	0	0	0	2	0	0	2	0	0	0	0	3	7
Interpersonal	1	0	1	2	0	0	2	2	0	0	0	0	0	0	0	0	4	12
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0
Other	0	1	0	1	1	0	0	1	0	0	0	0	0	0	0	0	2	7
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Phannacy	0	0	0	0	0	0	0	0	0	0	0	0	U	0	0	0	0	<u> </u>
Quality Of Care Grievances	0	0	2	2	0	0	1	1	2	0	0	2	0	0	0	0	5	18
Access - Other - DMHC	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1
Access - PCP - DHCS	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	3
PCP Care	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	4
PCP Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Specialist Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

CalViva Health Appeals and Grievances Dashboard 2017 (Kings County)

Appeals	Jan	Feb	Mar	Q1	Apr	Mav	Jun	Q2	Jul	Aua	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	2	0	0	2	0	0	0	0	0	0 Aug	0 0	0	0	0	0	0	2	3
Standard Appeals Received	2	1	0	3	0	1	2	3	0	0	0	0	0	0	0	0	6	8
	4	1	0	5	0	1	2	3	0	0	0	0	0	0	0	0	8	。 11
Total Appeals Received	4	1	U	5	<u> </u>	1	2	3	U	U	U	U	U	U	U	U	8	11
		<u>^</u>				<u>^</u>												
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	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	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	4
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
	100.070	100.070	100.070	100.070	100.070	100.070	100.070	100.070	100.070	0.070	0.070	0.070	0.070	0.070	0.070	0.070	100.070	100.070
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	0	2	1	3	0	0	1	1	1	0	0	1	0	0	0	0	5	7
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	2	2	1	5	0	0	1	1	1	0	0	1	0	0	0	0	7	11
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	2	2	1	5	0	0	1	1	1	0	0	1	0	0	0	0	7	11
Consultation	0	2	0	5	0	0	0	0	0	0	0	0	0	0	0	0	1	0
DME	0	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	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Mental Health	-	0	ů	Ū	-	-	0	0 1	v	•	-	0	-	÷	-	Ū	-	0
Other	1		0	2	0	0	1		0	0	0	•	0	0	0	0	3	3
Pharmacy	0	0	1	1	0	0	0	0	1	0	0	1	0	0	0	0	2	5
Surgery	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Ő
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	0	Ő	0	ő	0	0	0	0	0	0	0	0	0	0	Ő	0	0	0
Surgery	0	Ő	0	ő	0	0	0	0	0	0	0	0	0	0	Ő	0	0	0
	Ŭ				, , , , , , , , , , , , , , , , , , ,				, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,			, , , , , , , , , , , , , , , , , , ,			<u> </u>	, , , , , , , , , , , , , , , , , , ,
Appeals Decision Rates														1				
Upholds	0	1	1	2	0	0	1	1	1	0	0	1	0	0	0	0	4	8
Uphold Rate	0.0%	50.0%	100.0%	40.0%	0.0%	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	57.1%	72.7%
Overturns - Full	2	1	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	2
Overturn Rate - Full	100.0%	50.0%	0.0%	60.0%	0.0%	0.0%	0.0%	0.00%	0.0%	0.0%	0.0%	0.00%	0.0%	0.0%	0.0%	0.00%	42.86%	18.18%
Overturns - Partials	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Membership	26,193	26.551	26.782		26.839	26,801	26.846		26.793	,-								
Appeals - PTMPM	0.08	0.08	0.04	0.06	-	-	0.04	0.01	0.04	-	-	0.01	-	-	-	0.00	0.02	0.04
Grievances - PTMPM	0.11	0.11	0.15	0.13	0.07	-	0.11	0.06	0.19	-	-	0.06	-	-	-	0.00	0.06	0.18
	0.11	0.11	0.10	0.10	0.01		0.11	0.00	0.10			0.00				0.00	0.00	0.10
							1				1			1				-

							_				_		_		_		2016	2016
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Grievances Received	1	1	1	3	0	0	1	1	1	0	0	1	0	0	0	0	5	10
Standard Grievances Received	2	5	5	12	2	5	5	12	5	0	0	5	0	0	0	0	29	65
Total Grievances Received	3	6	6	15	2	5	6	13	6	0	0	6	0	0	0	0	34	75
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Grievance Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	1	1	1	3	0	0	1	1	1	0	0	1	0	0	0	0	5	10
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Grievances Resolved Noncompliant	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Standard Grievances Resolved Compliant	9	2	6	17	3	3	5	11	4	0	0	4	0	0	0	0	32	57
Standard Grievance Compliance rate	88.9%	100.0%	100.0%	94.1%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	96.9%	100.0%
Total Grievances Resolved	11	3	7	21	3	3	6	12	5	0	0	5	0	0	0	0	38	67
					Ů	Ů			Ů	•		Ŭ	•					•/
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	5	2	5	12	1	3	1	5	3	0	0	3	0	0	0	0	20	45
Access - Other - DMHC	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Access - PCP - DHCS	3	0	1	4	0	1	1	2	1	0	0	1	0	0	0	0	7	7
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Administrative	0	1	1	2	1	1	0	2	1	0	0	1	0	0	0	0	5	11
Interpersonal	2	1	1	4	0	1	0	1	1	0	0	1	0	0	0	0	6	13
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Pharmacy	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Quality Of Care Grievances	6	1	2	9	2	0	5	7	2	0	0	2	0	0	0	0	18	22
Access - Other - DMHC	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	1
Access - PCP - DHCS	1	0	0	1	0	0	1	1	1	0	0	1	0	0	0	0	3	4
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	2
PCP Care	0	1	1	2	0	0	2	2	1	0	0	1	0	0	0	0	5	10
PCP Delay	1	0	1	2	1	0	0	1	0	0	0	0	0	0	0	0	3	1
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	0	0	0	0	1	0	1	2	0	0	0	0	0	0	0 0	0	2	3
Specialist Delay	0 0	0	0	0	0	Ő	0	0	0	Ő	0	0	0	0	0	0	0	1

CalViva Health Appeals and Grievances Dashboard 2017 (Madera County)

Appeals	Jan	Feb	Mar	Q1	Apr	Mav	Jun	Q2	Jul	Aua	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	2	0	1	3	1	0	0	1	2	0	0	2	0	0	0	0	6	5
Standard Appeals Received	5	2	0	7	0	2	2	4	1	0	0	1	0	0	0	0	12	16
Total Appeals Received	7	2	0 0	10	0	2	2	5	3	0	Ő	3	0	Ő	Ő	0	18	21
Total Appeals Received		2	v	10	v	2	2	5		U	v	3	0	, v	, v		10	21
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
	100.078	100.0 /6	100.076	100.078	0.0 /6	100.076	100.076	100.078	100.078	0.0 /8	0.078	100.076	0.070	0.0 /6	0.076	0.076	100.078	100.00 /8
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	2	0	1	3	1	0	0	1	1	0	0	1	0	0	0	0	5	5
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	-400.0%	100.00%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	1	4	3	8	0	1	1	2	2	0	0	2	0	0	0	0	12	16
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	3	4	4	11	1	1	1	3	3	0	0	3	0	0	0	0	17	21
Appeals Descriptions - Resolved Cases	-				<u> </u>											-	10	
Pre-Service Appeals	3	4	4	11	1	1	1	3	4	0	0	4	0	0	0	0	18	20
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
DME	1	2	2	5	0	1	0	1	0	0	0	0	0	0	0	0	6	5
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	1	0	0	0	0	1	0	0	1	0	0	0	0	2	3
Pharmacy	1	2	2	5	1	0	1	2	1	0	0	1	0	0	0	0	8	6
Surgery	0	0	0	0	0	0	0	0	2	0	0	2	0	0	0	0	2	3
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	-	0	0	0	0	0	0	0	0	-	-
Pharmacy	0	0	.	0	v	0	0	0	Ů Ň	0	0	•	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	1	2	1	4	0	0	0	0	3	0	0	3	0	0	0	0	7	14
Uphold Rate	33.3%	∠ 50.0%	25.0%	36.4%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	41.2%	66.7%
Overturns - Full	1	2	25.0 %	<u> </u>	1	1	1	3	100.0 %	0.0 %	0.0 %	100.0 %	0.0 %	0.0 %	0.0 %	0.0 %	41.2 /0	6
Overturns - Full	33.3%	∠ 50.0%	25.0%	4 36.4%	100.0%	100.0%	100.0%		33.3%	0.0%	0.0%	33.33%	0.0%	0.0%	0.0%	0.00%	ہ 47.06%	28.57%
Overturn Rate - Full Overturns - Partials	<u>33.3%</u> 1	0	25.0%	2	0	0	0	0	<u>33.3%</u>	0.0%	0.0%	0	0.0%	0.0%	0.0%	0.00%	47.00%	1
Overturns - Partials Overturn Rate - Partial	33.3%	0.0%	25.0%	 18.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	 11.8%	4.8%
Withdrawal	33.3% 0				0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.8%	4.8%
Withdrawal Rate	0.0%	0.0%	1 25.0%	1 9.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%	0.0%
	0.0% 34.586	0.0% 34.663	25.0% 34.959	9.1%	0.0% 35.032	0.0% 34.771	0.0% 34.913	0.0%	0.0% 35.016	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%	0.0%
Membership Appeals - PTMPM	34,586	34,663	34,959	0.11	0.03	0.03	34,913	0.03	35,016			0.03				0.00	0.04	0.05
Appeals - PTMPM Grievances - PTMPM	0.09	0.12	0.11	0.11	0.03	0.03	0.03	0.03	0.09	-	-	0.03	-	-	-	0.00	0.04	0.05
	0.32	0.09	0.20	0.20	0.09	0.09	0.17	0.11	0.14	-	-	0.05	-	-	-	0.00	0.09	0.16
											I							

CalViva SPD only																		T
																	2017	2016
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Grievances Received	6	3	8	17	2	3	2	7	3	0	0	3	0	0	0	0	27	34
Standard Grievances Received	21	17	19	57	23	15	20	58	12	0	0	12	0	0	0	0	127	205
Total Grievances Received	27	20	27	74	25	18	22	65	15	0	0	15	0	0	0	0	154	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%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	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	3	8	3	0	0	3	0	0	0	0	28	34
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	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	16	56	18	0	0	18	0	0	0	0	131	202
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Grievances Resolved	27	21	26	74	23	22	19	64	21	0	0	21	0	0	0	0	159	236
Grievance Descriptions - Resolved Cases	27	21	26	74	23	22	19	64	21	0	0	21	0	0	0	0	159	236
Access to primary care	7	4	6	17	7	1	3	11	6	0	0	6	0	0	0	0	34	54
Access to specialists	1	0	1	2	1	4	0	5	1	0	0	1	0	0	0	0	8	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	1	6	1	0	0	1	0	0	0	0	15	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	2	13	7	0	0	7	0	0	0	0	37	51
QOS Non Access	11	9	10	30	9	7	13	29	6	0	0	6	0	0	0	0	65	106
Exempt Grievances Received - New Classifications	29	24	34	87	23	26	19	68	26	0	0	26	0	0	0	0	181	241
Authorization	0	1	0	1	2	4	3	9	0	0	0	0	0	0	0	0	10	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	2	0	0	2	0	0	0	0	7	18
Avail of Appt w/ Specialist	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	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	1	0	0	1	0	0	0	0	6	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	3	5	1	0	0	1	0	0	0	0	14	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	1	3	2	0	0	2	0	0	0	0	11	14
Interpersonal - Behavior of Clinic/Staff - Provider	10	9	12	31	9	6	4	19	7	0	0	7	0	0	0	0	57	78
Interpersonal - Behavior of Clinic/Staff - Vendor	0	1	0	1	0	0	1	1	0	0	0	0	0	0	0	0	2	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	6	16	10	0	0	10	0	0	0	0	46	49
Pharmacy	2	1	5	8	2	2	1	5	1	0	0	1	0	0	0	0	14	21
Wait Time - In Office for Scheduled Appt	1	0	0	1	0	0	0	0	1	0	0	1	0	0	0	0	2	1
Wait Time - Too Long on Telephone	0	1	2	3	0	0	0	0	0	0	0	0	0	0	0	0	3	4
	1																	
		1					1		1					1	1			

CalViva Health Appeals and Grievances Dashboard 2017 (SPD)

Appeals	Jan	Feb	Mar	Q1	Apr	Mav	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	3	1	2	6	- 1 1	1	0	2	1	- Cug	0	1	0	0	0	0	9	14
Standard Appeals Received	8	2	1	11	3	4	5	12	2	0	0	2	0	0	0	0	25	41
Total Appeals Received	11	3	3	17	4	5	5	12	3	0	0	3	0	0	0	0	34	55
		3	3	11		5	5	14	3	U	U	3	<u> </u>	U	U		- 54	
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%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
	100.076	100.078	100.078	100.078	100.078	100.078	100.078	100.078	100.078	0.078	0.078	100.070	0.078	0.078	0.078	0.078	100.078	100.078
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	1	0	0	1	0	0	0	0	9	15
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
																		<u> </u>
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	4	8	3	0	0	3	0	0	0	0	24	39
Standard Appeals Compliance Rate	75.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	88.9%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Appeals Resolved	8	7	5	20	2	5	4	11	4	0	0	4	0	0	0	0	35	54
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	8	7	5	20	2	5	4	11	4	0	0	4	0	0	0	0	35	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	1	3	1	0	0	1	0	0	0	0	14	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	1	3	0	0	0	0	0	0	0	0	3	4
Pharmacy	4	3	2	9	2	1	2	5	3	0	0	3	0	0	0	0	17	18
Surgery	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Ourgery	0		Ŭ	•	0	Ū	0		, v	Ū	0	0	Ū	0	Ū		· · ·	
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	Ö	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	1	6	4	0	0	4	0	0	0	0	16	36
Uphold Rate	12.5%	42.9%	40.0%	30.0%	50.0%	80.0%	25.0%	54.5%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	45.7%	66.7%
Overturns - Full	5	3	2	10	1	1	3	5	0	0	0	0	0	0	0	0	15	16
Overturn Rate - Full	62.5%	42.9%	40.0%	50.00%	50.0%	20.0%	75.0%	45.45%	0.0%	0.0%	0.0%	0.00%	0.0%	0.0%	0.0%	0.00%	42.86%	29.63%
Overturns - Partials	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%	11.4%	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	0.24	21,505	21,425	21,486	0.47	21,544			0.00				0.00	0.14	0.04
Appeals - PTMPM	0.37	0.32	0.23	0.31	0.09	0.23	0.19	0.17	0.19	-	-	0.06	-	-	-	0.00	0.14	0.21 0.93
Grievances - PTMPM	1.26	0.97	1.21	1.15	1.07	1.03	0.88	0.99	0.97	-	-	0.32	-	-	-	0.00	0.62	0.93

Item #12 Attachment 12.E Key Indicator Report

k
Calviva HEALTH

Attachment W

Healthcare Solutions Reporting

Key Indicator Report Auth Based PPG Utilization Metrics for CALVIVA California SHP Report from 08/01/2016 to 7/31/2017 Report created 8/17/2017

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

Exhibits: Read Me Main Report CalVIVA CalVIVA Commission CalVIVA Fresno CalVIVA Kings CalVIVA Madera

Glossary

Regional Team Lead Contact Information

Region

Region 3:

Contact Person John Gonzalez

Key Indicator Report Auth Based PPG Utilization Metrics for CALVIVA California SHP Report from 08/01/2016 to 7/31/2017 Report created 8/17/2017

ER utilization based on Claims data	2016-08	2016-09	2016-10	2016-11	2016-12	2016-Trend	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-Tren	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Qtr Trend	CY- 2016	CY-2017	CY-Tren
																	Qua	rterly Ave	rages			A	Annual Avera	ages
Expansion Mbr Months	84,569	85,456	86,376	86,898	87,400		86,801	86,849	85,869	87,242	87,392	87,795	88,053		78,503	82,054	84,617	86,891	86,506	87,476		83,016	87,143	
Family/Adult/Other Mbr Mos	244,228	245,133	245,786	245,513	246,380		246,584	246,646	244,435	246,745	247,749	249,061	246,480	~~~	239,294	243,232	244,527	245,893	245,888	247,852		243,236	246,814	
SPD Mbr Months	28,801	28,940	29,113	29,248	29,400		29,611	29,634	29,486	29,643	29,708	29,984	30,116	-	27,844	28,290	28,791	29,254	29,577	29,778		28,545	29,740	
Admits - Count	2,280	2,203	2,137	2,120	2,304	K	2,316	2,083	2,234	2,119	2,187	2,131	2,013	5	2,216	2,134	2,211	2,187	2,211	2,146		2,187	2,155	_
Expansion	617	589	556	565	606	\sim	606	513	588	581	646	654	597	5	554	543	586	576	569	627		565	598	
Family/Adult/Other	1,143	1,169	1,084	1,063	1,199	~	1,175	1,087	1,134	1,066	1,078	1,003	1,002	m	1,108	1,091	1,131	1,115	1,132	1,049		1,111	1,078	
SPD	520	445	493	491	496	~	533	482	509	472	463	472	412	m	551	499	493	493	508	469	lanes.	509	478	
Admits Acute - Count	1,427	1,347	1,383	1,415	1,525		1,523	1,377	1,535	1,447	1,473	1,421	1,266	m	1,469	1,388	1,369	1,441	1,478	1,447	L. alla	1,417	1,435	
Expansion	458	448	417	434	472	~	440	373	458	438	507	485	416	1 mil	425	419	441	441	424	477		432	445	
Family/Adult/Other	486	487	513	524	593	····	592	556	612	571	532	504	465	1 mar	535	508	471	543	587	536	a. alla	514	547	
SPD	483	412	450	456	457	Var	489	447	463	438	434	431	384	man	506	459	455	454	466	434		469	441	
Readmit 30 Day - Count	251	268	265	273	300	in	290	237	259	265	300	266	252	1 miles	269	234	251	279	262	277		258	267	
Expansion	80	68	74	76	92	· · ·	80	67	74	81	97	94	86	1 m	77	62	70	81	74	91	a	72	83	
Family/Adult/Other	67	94	84	86	97	in	100	74	80	85	99	89	87	1 m	77	67	78	89	85	91		78	88	
SPD	104	106	106	111	111		110	96	105	99	104	83	79	in	114	104	104	109	104	95	I	108	97	
Readmit 14 Day - Count	28	24	29	22	26	$\overline{\mathbf{\nabla}}$	22	24	22	30	25	23	13	m	24	20	23	26	23	26		23	23	
Expansion	7	6	8	5	9	~~~	4	7	8	7	8	7	3	m	8	5	7	7	6	7		7	6	
Family/Adult/Other	10	10	10	9	5		10	4	3	12	9	7	5	1	6	6	7	8	6	9		7	7	
SPD	10	8	10	8	12	\sim	8	13	11	12	8	9	5	m	10	9	9	10	11	9		10	9	
**ER Visits - Count	17,172	° 17,658	17,887	0 17,049	18,389	m'	° 19,316	17,050	18,981	18,050	° 18,240	15,736	4,151		16,275	9 15,941	17,170	17,775	18,449	17,342		16,790	15,932	
Expansion	4,167	4,009	3,906	3,821	4,061	N.	4,435	3,715	4,094	4,036	4,106	3,863	627	-	2,785	3,122	4,171	3,929	4,081	4,002		3,502	3,554	
Family/Adult/Other	4,107	4,009	12,169	11,460	12,489	-	4,455	11,564	13,002	12,309	12,147	10,442	3,289		11,653	10,985	11,179	12,039	12,472	4,002			10,801	
SPD	1,846	1,788	1,799	1,752	1,824	\leq	2,003	1,759	1,812	1,693	1,666	1,421	232		1,837	1,833	1,802	1,792	1,858	1,593			1,512	_
370	1,040	1,700	1,799	1,/52	1,024	~	2,005	1,759	1,012	1,095	1,000	1,421	252	<u> </u>	1,657	1,055	1,002	1,792	1,000	1,593		1,010	1,512	_
	47.0	45.0	45.0	47.0	50.4		50.0	45.5	54.0	47.0	10.1	46.5	44.7	CALL.	50.7	17.4	45.0	47.0	40.0	47.6	-	17.0	12.0	_
Admits Acute - PTMPY	47.9	45.0	45.9	47.0	50.4	~	50.3	45.5	51.2	47.8	48.4	46.5	41.7	12	50.7	47.1	45.9	47.8	49.0	47.6		47.9	47.3	_
Expansion	65.0	62.9	57.9	59.9	64.8	\sim	60.8	51.5	64.0	60.2	69.6	66.3	56.7	\sum	65.0	61.3	62.6	60.9	58.8	65.4	B B	62.4	61.3	_
Family/Adult/Other	23.9	23.8	25.0	25.6	28.9	· · · ·	28.8	27.1	30.0	27.8	25.8	24.3	22.6	-	26.8	25.0	23.1	26.5	28.6	25.9		25.4	26.6	
SPD	201.2	170.8	185.5	187.1	186.5	$\overline{}$	198.2	181.0	188.4	177.3	175.3	172.5	153.0	And	218.2	194.8	189.8	186.4	189.2	175.0		197.1	177.9	_
Bed Days Acute - PTMPY	207.7	203.7	212.3	218.1	257.9		234.5	210.6	237.9	227.5	249.0	231.0	216.4	\sim	237.5	209.3	202.8	229.5	227.6	235.9		219.7	229.6	
Expansion	322.4	306.3	293.8	309.7	353.1	\sim	316.6	266.0	292.9	329.6	371.4	350.7	330.3	\sim	331.5	284.9	301.1	319.0	291.8	350.6		309.0	322.7	
Family/Adult/Other	83.7	89.4	90.1	89.4	101.0	1	104.3	98.9	113.0	106.9	111.9	98.2	88.1	5	92.8	79.7	81.4	93.5	105.4	105.6		86.8	103.0	
SPD	922.5	869.1	999.1	1,023.7	1,287.8		1,075.5	974.3	1,110.2	930.7	1,032.9	983.3	932.8	\sim	1,224.2	1,101.2	941.1	1,104.0	1,053.3	982.3		1,091.6	1,005.4	
ALOS Acute	4.3	4.5	4.6	4.6	5.1		4.7	4.6	4.6	4.8	5.1	5.0	5.2		4.7	4.4	4.4	4.8	4.6	5.0		4.6	4.8	
Expansion	5.0	4.9	5.1	5.2	5.4	- no	5.2	5.2	4.6	5.5	5.3	5.3	5.8	~~~	5.1	4.6	4.8	5.2	5.0	5.4		5.0	5.3	
Family/Adult/Other	3.5	3.8	3.6	3.5	3.5	À.	3.6	3.7	3.8	3.8	4.3	4.0	3.9		3.5	3.2	3.5	3.5	3.7	4.1		3.4	3.9	
SPD	4.6	5.1	5.4	5.5	6.9		5.4	5.4	5.9	5.2	5.9	5.7	6.1	-~~	5.6	5.7	5.0	5.9	5.6	5.6		5.5	5.7	
Readmit % 30 Day - PTMPY	11.0%	12.2%	12.4%	12.9%	13.0%		12.5%	11.4%	11.6%	12.5%	13.7%	12.5%	12.5%		12.1%	10.9%	11.4%	12.8%	11.8%	12.9%		11.8%	12.4%	
Expansion	13.0%	11.5%	13.3%	13.5%	15.2%		13.2%	13.1%	12.6%	13.9%	15.0%	14.4%	14.4%	200	13.8%	11.4%	11.4%	14.0%	12.9%	14.5%		12.8%	13.8%	
	5.9%	8.0%		8.1%	8.1%	7	8.5%	6.8%	7.1%	8.0%	9.2%	8.9%	8.7%	~~~	7.0%	6.2%	6.9%	8.0%	7.5%	8.7%		7.0%	8.1%	
Family/Adult/Other SPD	20.0%	23.8%	7.7%		22.4%	~	20.6%	6.8% 19.9%		21.0%			8.7%			20.9%	21.0%		20.4%				20.2%	
			21.5%	22.6%		1			20.6%		22.5%	17.6%		- The second	20.8%			22.2%		20.3%		21.2%		
Readmit % 14 Day - PTMPY	2.0%	1.8%	2.1%	1.6%	1.7%	\sim	1.4%	1.7%	1.4%	2.1%	1.7%	1.6%	1.0%		1.6%	1.4%	1.7%	1.8%	1.5%	1.8%		1.6%	1.6%	
Expansion	1.5%	1.3%	1.9%	1.2%	1.9%	$\sim \sim$	0.9%	1.9%	1.7%	1.6%	1.6%	1.4%	0.7%	1	1.9%	1.2%	1.7%	1.7%	1.5%	1.5%		1.6%	1.4%	
Family/Adult/Other	2.1%	2.1%	1.9%	1.7%	0.8%	~	1.7%	0.7%	0.5%	2.1%	1.7%	1.4%	1.1%	5	1.1%	1.2%	1.6%	1.5%	1.0%	1.7%		1.3%	1.3%	
SPD	2.3%	1.9%	2.4%	1.8%	2.6%	\sim	1.6%	2.9%	2.4%	2.5%	1.8%	2.1%	1.3%	S	2.0%	1.9%	1.9%	2.3%	2.3%	2.1%		2.0%	2.1%	
**ER Visits - PTMPY	576.2	589.4	594.1	565.7	607.6	\sim	638.6	563.4	633.1	595.7	599.9	514.8	136.6	and a	562.3	540.9	575.6	589.2	611.6	570.0		567.2	525.7	_
Expansion	591.3	563.0	542.7	527.7	557.6	\searrow	613.1	513.3	572.1	555.1	563.8	528.0	85.4	and -	425.8	456.6	591.5	542.7	566.2	548.9		506.2	489.4	_
Family/Adult/Other	547.3	580.2	594.1	560.1	608.3	\sim	625.4	562.6	638.3	598.6	588.4	503.1	160.1	and a	584.4	542.0	548.6	587.5	608.7	563.2		565.6	525.1	
SPD	769.1	741.4	741.5	718.8	744.5	~~	811.7	712.3	737.4	685.4	673.0	568.7	92.4		791.6	777.7	751.1	735.0	753.8	642.1	IIIII.	763.4	610.2	_
Services			npliance Go	al: 100%							ce Goal: 10							pliance Go					mpliance G	oal: 100%
Preservice Routine	93.3%	100.0%	96.7%	93.3%	100.0%	\sim	100.0%	96.7%	100.0%	96.7%	100.0%	86.7%	90.0%	my.	94.5%	91.1%	88.9%	96.7%				88%		
Preservice Urgent	100.0%	100.0%	100.0%	100.0%	100.0%	•••••	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	·····	94.4%	97.8%	100.0%	100.0%				92%		
Postservice	90.0%	100.0%	96.7%	96.7%	96.7%	~~··	96.7%	96.7%	100.0%	100.0%	100.0%	100.0%	96.7%	7	91.2%	98.9%	96.7%	96.7%				87%		
	90.0%		90.0%	96.7%	100.0%	~ /	96.7%	96.7%	100.0%	100.0%	100.0%		96.7% 80.0%	Hirry V	91.2%	98.9%	98.7%	96.7%				100%		
Concurrent (inpatient only)		93.3%				\sim						80.0%												
Deferrals - Routine	96.7%	100.0%	100.0%	100.0%	100.0%	····	100.0%	100.0%	100.0%	63.3%	100.0%	93.3%	100.0%	· · · · · · · · · · · · · · · · · · ·	84.4%	90.0%	98.9%	100.0%				77%		
Deferrals - Urgent	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%		70.5%	100.0%	100.0%	100.0%				56%		
Deferrals - Post Service	null	null	null	null	null	•••••	null	null	null	NA	NA	NA	NA		null	null	null	null				null		
			CCS ID RAT	E						CCS ID RAT	E			•				CCS ID RAT	E				CCS ID RAT	re 🛛
CCS %	7.36%	7.23%	7.25%	7.25%	7.28%	You	7.19%	7.48%	7.48%	7.58%	7.58%	7.61%	7.62%	1	7.34%	7.28%	7.34%	7.26%	7.19%		lulu_	7.45%	7.49%	
		Inpatient N	Maternity U	tilizatin ALL	. CV Mbrshp)			Inpatient N	laternity U	tilizatin ALL	CV Mbrsh	2					Inpatient	Maternity U	tilizatin AL	L CV Mbrsh	ip		
			Rate Per	Thousand						Rate Per	Thousand								Rate Per	Thousand				
Births	23.9	24.0	20.3	18.7	21.0	\cdot	20.9	19.3	18.8	19.8	19.9	21.8	22.8		21.1	20.6	23.7	20.1	19.8	-		21.4		
						-																		_

Key Indicator Report Auth Based PPG Utilization Metrics for CALVIVA California SHP Report from 08/01/2016 to 7/31/2017 Report created 8/17/2017

ER utilization based on Claims data	2016-08	2016-09	2016-10	2016-11	2016-12	2016-Trend	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-Trenc	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Qtr Trend	CY- 2016	CY-2017	CY-Trend
OB % Days	18.4%	18.1%	15.2%	15.8%	15.2%	-	15.3%	17.5%	14.8%	14.8%	15.3%	14.8%	14.8%	A	15.2%	16.0%	18.3%	15.2%	15.1%	-		17.0%		
OB % Admits	31.5%	32.8%	28.7%	27.0%	28.0%		27.9%	29.2%	26.1%	26.1%	28.2%	26.1%	26.1%	\sim	27.6%	28.5%	32.1%	27.8%	27.2%	-		30.0%		
	Complex Cases									Comple	x Cases						C	Complex Cas	ses			(Complex Ca	ises
Total Members Outreached	147	0	0	0	0	$\rightarrow \rightarrow \rightarrow \rightarrow$									323	294	324	0						
Total New Cases Open	73	2	0	0	0	\searrow									77	99	121	0						
Total Cases Closed	147	105	29	27	25										351	328	354	81						
Total Cases Open During Month	151	126	81	52	25	· * *									222	205	183	81						
		Amb	oulatory Ca	se Manager	nent				Am	bulatory Cas	e Manager	nent				•	Ambulato	ory Case Ma	anagement			Ambulato	ry Case Mar	nagement
Total Outreached	61					·					Ť				0	314	0	0				830	()	
Accepted	25					•									0	139	0	0				388		
Acceptance Rate	41%					•									-	44%	41%	-				47%		
New Cases Opened	31					•									0	133	0	0				388		
Total Cases Open During Period	197					•									NA	NA	NA	NA				N/A		
Total Cases Closed	61					•									0	179	0	0				424		
Cases Ending Open	136					•									NA	NA	NA	NA				N/A		
		Pe	rinatal Case	e Managem	ent		Perinatal Case Management						Perinatal Case Management					Perinatal Case Management						
Total Outreached	20	45	53	35	15		23	13	14	11	30	13	4	~~~~	103	179	55	103	50	54		469	108	—
Engaged	3	33	17	9	2	\sim	8	5	4	3	8	5	1	~~	28	29	15	28	17	16		116	34	—
Engagement Rate	15%	73%	32%	26%	13%		35%	38%	29%	27%	27%	38%	25%	$\sim \sim$	24%	16%	31%	27%	34%	31%		25%	31%	
New Cases Opened	2	29	17	9	2	\sim	8	5	4	3	8	5	1	~~	28	30	15	28	17	16		118	34	
Total Cases Managed	45	53	50	52	49	\sim	50	45	31	27	34	31	27	~~~	NA	NA	NA	61	42	31		N/A	68	
Total Cases Closed	13	24	7	5	5		10	12	7	5	8	5	5	\sim	17	22	20	17	29	18		102	52	
Cases Remained Open	32		43	47	44	. ~	40	33	24	20	24	24	22	~	NA	NA	NA	N/A	32	23		N/A	22	
		Inte	egrated Cas	se Managem	nent				Int	egrated Cas	e Managen	nent					Integrate	ed Case Mar	nagement			Integrat	ted Case Ma	anagement
Total Outreached		133	116	71	78	~	206	173	198	186	85	58	32	the second			469	265	577	329		398	938	_
Engaged		118	44	19	22	~	45	35	21	23	15	28	15	~~~			59	85	101	66	_	203	182	
Engagement Rate		89%	38%	27%	28%	~	22%	20%	11%	12%	18%	33%	47%	~			14%	32%	18%	21%		51%	19%	
Total Screened and Refused/Decline		5	23	15	17	\sim	36	54	37	41	40	10	7	~~~~			118	55	127	91		60	225	
Unable to Reach		10	19	33	35		50	109	102	131	139	63	48	1			372	87	261	333		97	642	
New Cases Opened		65	44	19	22	~	45	35	18	26	15	28	15	~~~			59	85	98	69		150	182	
Total Cases Closed		32	180	175	174	· · · ·	180	183	37	28	15	28	27				80	220	133	24		N/A	498	
Cases Remained Open		65	24	23	39	5	39	55	80	62	50	62	58	~~			192	86	174	174		79	58	
Total Cases Managed		97	156	152	135	1	145	138	117	101	102	95	87	a second			NA	N/A	133	99		N/A	281	
Critical-Complex Acuity		1	16	23	30		45	45	28	29	26	29	53	~			83	30	39	28		N/A	60	
High/Moderate/Low Acuity		142	164	152	144	\sim	137	143	89	72	76	66	34	Come of			NA	190	123	71	.	N/A	221	
			Record P	Processing						Record P	rocessing						Re	cord Proces	ssing			Re	ecord Proces	ssing
						N		1 770	5.694			5,034	4.450	\sim	15,054	14,535	14,808	14,967	15.413	15 577			35,443	Ě
Total Records	5,182	5,054	4,976	4,902	5,089		5,013	4,779	5,621	4,801	5,742	5,034	4,453	1 m +	15,054	14,555				13,377		59,364	33,443	
Total Records Total Admissions	5,182 2,189	5,054 2,142	4,976 2,068	4,902 2,048	5,089 2,866	\sim	2,230	2,019	2,164	2,051	2,151	2,085	2,014	- Ministrian	6,513	6,234	6,411	6,982	6,413				14,714	

Item #12 Attachment 12.G Credentialing Sub-Committee

Quarterly Report

	Calviva
	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:	September 21 st , 2017
SUBJECT:	CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 3 2017

.

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 3rd Quarter 2017 CalViva Health Credentialing Sub-Committee activities.

 The Credentialing Sub-Committee met on July 20th, 2017. At the July meeting, routine credentialing and recredentialing reports were reviewed for both delegated and nondelegated services. Reports covering the first quarter for 2017 were reviewed for delegated entities, second quarter 2017 reports were reviewed for MHN and Health Net. A summary of the first quarter data is included in the table below.

	EHS	Sante	ChildNet	MHN	HealthNet	La Salle	Envolve Vision	IMG	Adventist	Totals
Initial credentialing	101	15	19	0	1	12	6	7	10	171
Recredentialing	34	45	19	1	0	13	1	0	5	118
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	135	60	38	1	1	25	7	7	15	289

II. Table 1. First Quarter 2017 Credentialing/Recredentialing

- III. The Quarter 2 2017 Credentialing report and other County-specific Credentialing Sub-Committee reports were reviewed and approved. No significant cases were identified on these reports.
- IV. 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. Corrective actions were implemented and a re-audit of files revealed 100% compliance. The CAP was closed and cleared. Continue with routine Oversight Audits.

Item #12 Attachment 12.H Peer Review Sub-Committee

Quarterly 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:	September 21 st , 2017
SUBJECT:	CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 3 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 July 20th, 2017. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 2 2017 were reviewed for approval. One administrative termination was identified for Fresno County and one administrative termination was identified for Madera County.
- II. The Quarter 2 Peer Count Report was presented at the meeting with the following outcomes:
 - There were three cases closed and cleared. Two cases closed and terminated. There were no cases with an outstanding corrective action plan. There were seven cases pended for further information.
- III. 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 #12 Attachment 12.1 Executive Dashboard

contra l													L	
CalViva			1		1						1			l
	2016	2016	2016	2016	2016	2016	2017	2017	2017	2017	2017	2017	2017	2017
Month	July	Aug	September	October	November	December	January	February	March	April	May	June	July	August
CVH Members Fresno	293.530	293,999	295.801	297,534	297.649	298.282	296.674	296.787	296.780	297.669	297.841	298.697	298.648	298.351
Kings	295,550	293,999	25,635	25,758	25,762	298,282	296,874	296,787	296,780	26,979	297,841	298,697	298,648	298,331
Madera	34,953	34,899	35,106	35.211	35,311	35,379	35,504	35,612	35,916	36,039	35,819	36,002	36,083	35,992
Total	354,504	354,832	356,542	358,503	358,722	359,697	358,488	359,079	359,599	360,687	360,602	361,699	361,678	361,347
SPD	28,459	28,617	28,839	28.886	29,072	29,239	29,349	29,447	29,493	29,608	29.618	29.797	29.982	30.135
CVH Mrkt Share	70.34%	70.41%	70.46%	70.46%	70.45%	70.45%	70.40%	70.40%	70.44%	70.47%	70.50%	70.57%	70.63%	70.75%
ABC Members Fresno	110,775	110,405	110.949	111,686	111.882	112.033	111.653	111,865	111.821	111.970	111.881	111,674	111.460	110,740
Kings	19.490	19,557	19.333	19,385	19,366	19.586	19,885	20.023	20,017	19.927	19,896	19,960	19.822	19.712
Madera	19,249	19,144	19,210	19,224	19,248	19,225	19,167	19,061	19,098	19,258	19,104	19,178	19,090	18,965
Total	149,514	149,106	149,492	150,295	150,496	150,844	150,705	150,949	150,936	151,155	150,881	150,812	150,372	149,417
Default														
Fresno	1,070	878	945	1,003	886	873	1,071	896	948	1,061	913	877	922	815
Kings	116	89	104	125	118	126	158	149	154	194	160	138	242	131
Madera	163	114	170	153	140	167	191	132	188	180	147	167	156	151
County Share of														
Choice as %														
Fresno	70.40%	70.20%	68.70%	67.90%	68.30%	66.50%	61.30%	61.90%	65.10%	67.10%	66.00%	69.60%	69.50%	68.50%
Kings	49.20%	54.10%	53.30%	57.10%	52.50%	57.20%	54.90%	59.70%	62.00%	60.00%	55.70%	55.70%	61.20%	63.60%
Madera	62.90%	66.00%	60.30%	60.60%	61.10%	60.00%	57.40%	66.70%	67.30%	58.90%	65.00%	65.80%	66.40%	66.70%
Voluntary														
Disenrollments														
Fresno	505	584	666	636	1,153	540	1,064	846	574	587	536	453	445	576
Kings	55	72	69	64	1,155	53	66	57	57	45	53	433	65	82
Madera	80	109	119	82	161	62	266	41	52	65	69	57	53	73
		100			101		200		52			<u>, , , , , , , , , , , , , , , , , , , </u>		
No. Claims Processed	175,777	183,750	180,762	160,087	184,227	196,360	176,008	176,090	225,985	168,138	216,922	197,199	186,500	n/a
Claims Turn-around	99.30%	99.86%	99.90%	99.80%	99.86%	99.91%	99.76%	99.92%	99.87%	99.79%	99.85%	99.73%	99.5%	n/a
Weekly Average	43,944	45,938	45,191	40,022	46,057	49,090	44,002	44,023	45,197	42,035	43,384	49,300	46,625	n/a
												<u> </u>		1
		have retreasting	e adjustments as r	ow or undated	information base	mos available							 	<u> </u>

