

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
Commission**  
Meeting Minutes  
September 17, 2020

**Meeting Location:**  
Teleconference Meeting due  
to COVID-19 Executive Order  
CalViva Health  
7625 N. Palm Ave., #109  
Fresno, CA 93711

<b>Commission Members</b>			
✓●	Sara Bosse, Director, Madera Co. Dept. of Public Health	✓●	Aftab Naz, Madera County At-large Appointee
✓●	David Cardona, M.D., Fresno County At-large Appointee	✓●	Joe Neves, Vice Chair, Kings County Board of Supervisors
✓●	Aldo De La Torre, Community Medical Center Representative	✓●	Harold Nikoghosian, Kings County At-large Appointee
✓●	Joyce Fields-Keene, Fresno County At-large Appointee	✓●	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	✓●	David Rogers, Madera County Board of Supervisors
	Ed Hill, Director, Kings County Dept. of Public Health	✓●	Brian Smullin, Valley Children's Hospital Appointee
✓●	David Hodge, M.D., Chair, Fresno County At-large Appointee	✓●	Paulo Soares, Commission At-large Appointee, Madera County
✓●	Kerry Hydash, Commission At-large Appointee, Kings County		
<b>Commission Staff</b>			
✓	Gregory Hund, Chief Executive Officer (CEO)	✓	Amy Schneider, R.N., Director of Medical Management
✓	Daniel Maychen, Chief Financial Officer (CFO)	✓	Mary Lourdes Leone, Director of Compliance
✓	Patrick Marabella, M.D., Chief Medical Officer (CMO)	✓	Cheryl Hurley, Commission Clerk
✓●	Mary Beth Corrado, Chief Compliance Officer (CCO)		
✓	Jeff Nkansah, Chief Operations Officer (COO)		
<b>General Counsel and Consultants</b>			
✓	Jason Epperson, General Counsel		
✓ = Commissioners, Staff, General Counsel Present			
* = Commissioners arrived late/or left early			
● = Attended via Teleconference			

<b>AGENDA ITEM / PRESENTER</b>	<b>MOTIONS / MAJOR DISCUSSIONS</b>	<b>ACTION TAKEN</b>
#1 Call to Order	The meeting was called to order at 1:31 pm. A quorum was present via conference call in lieu of gathering in public per executive order signed	

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	by the Governor of California on Monday, 3/16/2020, allowing Public Health Plans subject to the Brown Act to hold public meetings via teleconferencing due to COVID-19. A quorum remains a requirement to take actions, but can be achieved with any combination of Commissioners' physical attendance at the public location or by teleconferencing.	
<p><b>#2 Roll Call</b> Cheryl Hurley, Clerk to the Commission</p>	A roll call was taken for the current Commission Members. A moment of silence took place in honor of former FKM RHA Commission member Keith Winkler.	<i>A roll call was taken</i>
<p><b>#3 Confirmed Fresno County BOS At-Large Reappointment</b></p>	Fresno County Board of Supervisors reappointed Joyce Fields-Keene for an additional three-year term.	
<p><b>#4 Consent Agenda</b></p> <ul style="list-style-type: none"> <li>a) Commission Minutes 7/16/2020</li> <li>b) Finance Committee Minutes 5/21/2020</li> <li>c) QIUM Committee Minutes dated 5/21/2020</li> <li>d) Public Policy Committee Minutes dated 6/10/2020</li> </ul> <p>Action D. Hodge, MD, Chair</p>	All consent items were presented and accepted as read.	<p><i><b>Motion: Approve Consent Agenda</b></i> <i>15 – 0 – 0 – 2</i></p> <p><i>(Neves / Naz)</i></p> <p><i>A roll call was taken</i></p>
<p><b>#5 HEDIS Update</b></p>	Dr. Marabella reported the Managed Care Accountability Set (MCAS) measures for HEDIS®, reporting year (RY) 2020.	

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<p>Information P. Marabella, MD, CMO</p>	<p>The areas that reported results below the MPL are:</p> <ul style="list-style-type: none"> <li>• Antidepressant Medication Management, for both the Acute Phase and the Continuation Phase, for all three counties.</li> <li>• Adolescent Well-Care Visit for Fresno County.</li> <li>• Breast Cancer Screening for Fresno County.</li> <li>• Chlamydia Screening for Madera County.</li> <li>• Childhood Immunization – Combo 10 for Fresno and Kings counties.</li> <li>• Well-Child Visits in the first 15 months of life for Fresno and Kings counties.</li> </ul> <p>The two (2) Performance Improvement Projects (PIPs) for RY 2020 consist of Childhood Immunization – Combo 10, and Breast Cancer Screening. These PIPs remain a priority; however, have been placed on hold due to COVID-19. It is anticipated they will restart this fall.</p> <p>There were no sanctions or Corrective Action Plans (CAPs) for failure to meet MPLs for RY 2020.</p> <p>The State is requiring each MCP to develop one PDSA rapid cycle improvement project from the MCAS measures. Additionally, each Plan is required to report on what is called the “COVID-19 Quality Improvement Plan (QIP)”. This is a selection of 3 or more improvement strategies that demonstrate how the Plan has/will adapt to improve the health/wellness of its members during the COVID 19 Emergency. These interventions are to be associated with preventive services, chronic illness and/or behavioral health.</p> <p>NCQA has released the Technical Specifications for MY20 &amp; MY21 with a number of changes to address current circumstances.</p>	

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<p><b>#6 2020 Quality Improvement Work Plan Mid-Year Evaluation</b></p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2020 Quality Improvement Work Plan Mid-Year Evaluation.</p> <p>Initiatives on track to be completed by year end include:</p> <ul style="list-style-type: none"> <li>○ Access, Availability, and Service:               <ul style="list-style-type: none"> <li>○ Improve Access to Care by continuing to monitor appointment access via the Provider Appointment Availability Survey (PAAS) and after-hours access (urgent &amp; emergent services) is monitored via the Provider After Hours Access Survey (PAHAS).</li> <li>○ Overall results were that three (3) out of nine (9) PAAS measures improved and six measures could not be compared to prior year due to change in sampling methodology. Both of the after-hours survey results improved.</li> <li>○ Corrective Action Plans (CAPs). A targeted PPG approach will be used to address non-compliance with a refined escalation process for non-responding PPGs. Educational packets will be sent to Fee For Services (FFS) and Direct Network providers who were non-compliant. Mandatory webinars will be instituted for non-compliant PPGs.</li> </ul> </li> <li>● Quality &amp; Safety of Care               <ul style="list-style-type: none"> <li>○ Fresno and Kings counties fell below the MPL in Childhood Immunizations. All three counties exceeded MPL in Well Child Visits (3-6 yrs) Timeliness of Prenatal Care, and Cervical Cancer Screening. Fresno County fell slightly below the MPL in HbA1c testing. PDSAs were closed on 6/22/2020 without their final submission due to COVID 19.</li> </ul> </li> <li>● Performance Improvement Projects (PIPs):</li> </ul>	

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	<ul style="list-style-type: none"> <li>○ Childhood Immunizations (birth to 2 years) CIS-10</li> <li>○ Breast Cancer Screening Disparity</li> </ul> <p>DHCS closed PIPS on June 30, 2020 due to COVID. The team will update baseline data, re-evaluate plan under current circumstances, and resubmit the Modules per DHCS guidelines.</p>	
<p><b>#7 2020 Utilization Management Work Plan Mid-Year Evaluation</b></p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2020 Mid-Year Utilization Management Case Management Work Plan Evaluation.</p> <p>Activities focused on:</p> <ol style="list-style-type: none"> <li>1. Compliance with Regulatory and Accreditation Requirements</li> <li>2. Monitoring the Utilization Management Process</li> <li>3. Monitoring the Utilization Management Metrics</li> <li>4. Monitoring Coordination with Other Programs and Vendor Oversight</li> <li>5. Monitoring Activities for Special Populations</li> </ol> <p>Key findings:</p> <ul style="list-style-type: none"> <li>• Turn-around Time for processing authorizations from January – June was 99.5%. CAP established in 2019 is still in progress.</li> <li>• Turn-around Time for appeals was 100%.</li> <li>• TANF and MCE Bed days/1000 had a significant increase due to respiratory illnesses during Q1 &amp; Q2</li> <li>• SPD Bed days/1000 was below the goal (lower is better).</li> </ul> <p>Additional key findings include the following:</p> <ul style="list-style-type: none"> <li>• Compliance activities are on target for year-end completion.</li> <li>• PPG specific dashboard reports continue to be refined and are produced and reviewed quarterly.</li> </ul>	<p><b>Motion:</b> Approve 2020 Quality Improvement Work Plan Mid-Year Evaluation; and 2020 Utilization Management Work Plan Mid-Year Evaluation</p> <p>15 – 0 – 0 – 2 (Frye / Naz) A roll call was taken</p>

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	<ul style="list-style-type: none"> <li>• Integrated Case Management outcome measures are monitored on a quarterly basis. <b>Positive results</b> for Physical &amp; Behavioral Health and Transitional Care Management when evaluated 90 days prior and 90 days post services. Member satisfaction is high.</li> <li>• It remains too soon to tell if 10% goals to reduce admissions year over year and reduced length of stay (LOS) will be met in 2020.</li> <li>• Over and underutilization monitoring results are too soon to tell as utilization patterns have varied due to COVID-19.</li> <li>• Interventions identified to address MHN network availability and adequacy issues have been successful.</li> <li>• Due to COVID-19 non-urgent/emergent surgeries were not scheduled. As a result, a decrease was also seen for CCS eligible authorizations. Targeted education has been completed.</li> <li>• Evolve People Care (EPC) is implementing a new call system that will provide automated reporting which will improve the accuracy and efficiency of data capture of SPD outreach efforts.</li> </ul> <p>Activities and initiatives will continue through December to meet 2020 year-end goals.</p>	
<p><b>#8 Standing Reports</b></p> <ul style="list-style-type: none"> <li>• <b>Finance Report</b> Daniel Maychen, CFO</li> </ul>	<p><b><u>Finance</u></b></p> <p><b>Financial Report Fiscal Year End June 30, 2020:</b></p> <p>Current assets are \$286.1M; current liabilities are \$187.7M, this gives a current ratio of 1.52. TNE as of June 30, 2020 is approximately \$108.8M which is approximately 750% of the minimum required TNE by DMHC.</p>	<p><b><i>Motion: Approve Standing Reports</i></b></p> <p><i>15 – 0 – 0 – 2</i> <i>(Naz / Smullin)</i> <i>A roll call was taken</i></p>

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	<p>Total premium capitation income recorded was \$1.196B which is approximately \$64.6M higher than what was budgeted due to actual rates paid being higher than budgeted and the receipt of additional funds related to the voluntary rate range program. Total costs of medical care expense is higher than what was budgeted for the same reasons. Admin service agreement fees expense was below what was budgeted by approximately \$454K primarily due to enrollment being less than projected. Grants expense is above what was projected by approximately \$680K primarily due to providing additional grants to the community in response to the COVID-19 pandemic. Taxes was below what was budgeted by approximately \$59.4M due to CMS approving the MCO tax retroactive to January 2020 as opposed to July 2019. Total net income for FY 2020 was approximately \$38.5M, which is approximately \$31M more than budgeted, primarily due to rates being higher than budgeted and the additional funds related to the voluntary rate range program</p> <p>Fiscal year end 2020 financials are currently being audited by Moss Adams, LLP and are in the final review stages. To date, there are no proposed audit adjustments or corrections to the financial statements.</p> <p><b>July 2020 Financials:</b></p> <p>Total current assets were approximately \$296.9M; total current liabilities were approximately \$199.5M. Current ratio is 1.49. TNE as of July 31, 2020 was approximately \$107.7M, which is approximately 730% above the minimum DMHC required TNE amount.</p>	

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	<p>Premium capitation income actual recorded was approximately \$105.8M which is approximately \$2.5M below budgeted amounts, primarily due to rates being lower than anticipated, and the MCO tax being approximately \$1M less than what was budgeted. In relation to the MCO tax, DHCS recently sent to Plans the MCO tax revenue worksheet covering the time period of January 2020 through December 2020, which detailed DHCS' enrollment projections. The enrollment projections are used to calculate the revenue portion of the MCO tax, noting that DHCS' enrollment projections were very aggressive, most likely due to DHCS trying to account for increase in enrollment as a result of COVID-19. Essentially the State is projecting enrollment to be approximately 393K per month; currently the Plan is at 364K members per month. The difference is creating approximately \$1M MCO tax loss per month beginning July 2020 through December 2020. DHCS has communicated that they will monitor this and if the loss remains, they will potentially make adjustments for the period of January 2021 through June 2021 and potentially increase the Plan's revenue rates for that time period to make up for the MCO tax loss incurred during July 2020 through December 2020. Total cost of medical care is less than budgeted due to rates being less than projected. Grants expense is slightly higher than budgeted due to frontloading the grants in order to provide funds to the community and community-based organizations due to the impact of COVID-19. Taxes on the expense side are in line with budget; however, taxes on the revenue side are below what was budgeted. For the first month of fiscal year 2021, there is a \$1M net loss which is approximately \$987K less than budgeted primarily due to the MCO tax loss.</p>	



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<ul style="list-style-type: none"> <li>• <b>Compliance</b> M.B. Corrado, CCO</li> </ul>	<p><u>Compliance</u></p> <p>There was two (2) new potential Fraud, Waste &amp; Abuse cases reported to the State in August, bringing the total for the year to 13.</p> <p>All oversight audits are continuing.</p> <p>There were two findings on the 2020 DHCS Medical Audit. The Plan's Corrective Action Plan (CAP) for the findings was submitted to DHCS on 7/31/2020. DHCS has accepted the Plan's action on the item related to escalation policies on CAPs with delegated entities and the item has been closed out. The CAP remains open until approximately May or June of 2021 until the Plan implements all planned corrective actions on a phased in schedule for the second finding related to IHEBA.</p> <p>Updates on the Medi-Cal Rx transition were reported. DHCS continues implementation activities to transition pharmacy services from Medi-Cal managed care to FFS by January 1, 2021.</p> <p>The CalAIM initiative for Medi-Cas was put on hold due to COVID-19. CalAIM was intended to replace the Medi-Cal 2020 waiver that the Plan operates under. Because of the delay, DHCS has to request an extension of the Medi-Cal 2020 waiver for Plans to continue to operate into 2021 under the present benefit structure.</p> <p>DHCS started an initiative specifically targeted at the Central Valley to address the risk of COVID for older adults and people with disabilities to reduce, avoid, and transition nursing facility stays. DHCS is requesting that Medi-Cal Central Valley plans convene county-level collaboration</p>	

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<ul style="list-style-type: none"> <li><b>Medical Management</b> P. Marabella, MD, CMO</li> </ul>	<p>meetings, including hospitals, nursing facilities, community-based organizations, county social service agencies, and county health departments. The Plan is working collaboratively with Health Net and Anthem Blue Cross to arrange this convening which will cover Fresno, Kings, Madera and Tulare Counties.</p> <p>With regard to COVID, CalViva staff are working on a combination in the office and/or remotely. Health Net staff will work remotely for the remainder of 2020.</p> <p>The Public Policy Committee met on September 2, 2020 via teleconference. The next meeting is scheduled for December 2, 2020 at 11:30 am via teleconference.</p> <p><b><u>Medical Management</u></b></p> <p><b>Appeals and Grievances Dashboard</b></p> <p>Dr. Marabella presented the Appeals &amp; Grievances Dashboard through Qtr. 2, 2020.</p> <p>The total number of grievances ending Q2 2020 has decreased slightly from Q2, 2019 presumably due to less interactions with providers.</p> <p>Both Quality of Service grievances and Quality of Care grievances were approximately half of what they were same time last year which is perhaps caused by COVID-19.</p>	

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	<p>The Exempt grievances decreased in Q2 when compared with Q1 2020. No one category of concern to report.</p> <p>The total number of Appeals Received for Q1 and Q2 is on track to exceed 2019 numbers.</p> <p>Appeal decision rates have remained consistent through Q2.</p> <p><b>Key Indicator Report</b></p> <p>Dr. Marabella presented the Key Indicator Report through June 30, 2020.</p> <p>Membership through June has trended upward potentially attributed to enrollment associated with COVID 19.</p> <p>In-hospital utilization decreased beginning in March in association with the pandemic; utilization rates have since begun to rise as hospitals began allowing elective procedures to resume.</p> <p>Turn-around time compliance improved in June to 100%.</p> <p>Case Management results in 2020 thus far, continue to demonstrate positive trends in all areas.</p> <p><b>Credentialing Sub-Committee Quarterly Report</b></p> <p>In Quarter 3, the Credentialing Sub-Committee met on July 16, 2020. Routine credentialing and re-credentialing reports were reviewed for</p>	

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<ul style="list-style-type: none"> <li>• <b>Operations</b> J. Nkansah, COO</li> </ul>	<p>both delegated and non-delegated services. Reports covering Q1 2020 were reviewed for delegated entities and Q2 2020 reports were reviewed for Health Net. There was one (1) case to report on the Quarter 2 2020 Credentialing Report from Health Net. This is related to ongoing monitoring of a case in Fresno County following a denial for re-entry into the network.</p> <p>Ongoing monitoring and reporting will continue.</p> <p><b>Peer Review Sub-Committee Quarterly Report</b></p> <p>The Peer Review Sub-Committee met on July 16, 2020. The county-specific Peer Review Sub-Committee Summary Reports for Q2 2020 were reviewed for approval. There were no significant cases to report. The Q2 2020 Peer Count Report was presented with a total of 8 cases reviewed. There were five (5) cases closed and cleared. There was one (1) case pended for further information and no cases with an outstanding CAP. There were two (2) cases pending closure for Corrective Action Plan compliance. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p> <p><b><u>Operations Report</u></b></p> <p>The Plan has identified an alternative for the archiving product, End-of-Life, and is in the process of planning and transitioning to the new alternative.</p>	

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<ul style="list-style-type: none"> <li>• <b>Executive Report</b> G. Hund, CEO</li> </ul>	<p>For Privacy and Security, there were three (3) low risk cases reported since the July Commission meeting. There were no significant issues or concerns.</p> <p>Due to COVID-19 the Member Call Center volume has been impacted with the number of calls being less than previous quarters. The Transportation Call Center has also been impacted due to the pandemic, tracking a decrease in service level for Q2.</p> <p>There has been a decrease in the number of users for Q2 2020 accessing the CalViva Health website.</p> <p>With regard to Provider Network Activities, for June and July 2020 the number of Specialists had a significant increase in numbers due to a roster update received from one of our contracted provider groups. In reference to tracking Pharmacy Providers in the network, the pharmacy numbers will be removed from the report once the Medi-Cal Rx transition is complete as pharmacy coverage will no long be a responsibility of the Plan.</p> <p>With regard to Claims Processing and Provider Dispute activities for Q2 2020, most areas met goal. The PPGs that did not meet goal were impacted due to the COVID-19 pandemic. Management continues to monitor the activities of these PPGs.</p> <p><b><u>Executive Report</u></b></p> <p>Membership for August increased approximately 3,000 from previous month. It is anticipated that September will increase by a like amount.</p>	

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	Market share continues to trend downward. Meetings with Health Net to evaluate data and discuss areas of concern are ongoing.	
<p><b>#9 Closed Session</b></p> <p>A. Government Code section 59457(b)(1) – Public Employee Appointment, Employment, Evaluation, or Discipline</p> <p>B. Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program, or facility</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session. Commissioners discussed those items agendized for closed session. Direction was given to staff.</p> <p>Closed Session concluded at 3:01 pm.</p> <p><i>Supervisor Rogers absent from closed session</i></p>	
<p><b>#10 Final Comments from Commission Members and Staff</b></p>	None.	
<p><b>#11 Announcements</b></p>	<p>CVH has taken measures to mitigate exposure to staff via face coverings, social distancing, and placing air purifiers in each room and work space in the office.</p> <p>Wednesday, 9/23/2020, a press conference will be held at the Poverello House to acknowledge the \$250,000 grant by CVH to help deal with the challenge of COVID-19 and extra demands for feeding the public.</p> <p>Feedback was received from counties on the funds made available to them in order to provide grants for costs related to the COVID-19 pandemic for testing and other purposes.</p> <p>Positive feedback has been received regarding the contribution made to Break the Barriers.</p>	

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	<p>CVH made a \$10,000 contribution to the Madera County Sheriff's Foundation in order to provide their deputies with emergency fire packs when patrolling the fire areas.</p> <p>CVH also leveraged approximately \$5,000 in-kind donations from Dick's Sporting Goods and Costco to assist in providing hydroflasks and/or thermoflasks and cooling towels needed for first responders working the fires.</p>	
#12 Public Comment	None.	
#13 Adjourn	<p>The meeting was adjourned at 3:07 pm</p> <p>The next Commission meeting is scheduled for October 15, 2020 in Fresno County.</p>	

Submitted this Day: 10-15-2020

Submitted by:   
 Cheryl Hurley  
 Clerk to the Commission