FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Reyna-Griffin
At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian
At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Brian Smullin
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Kerry Hydash
Kings County

Paulo Soares
Madera County

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

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

DATE: November 13, 2020

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Cheryl Hurley, Commission Clerk

RE: Commission Meeting Materials

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

Thursday, November 19, 2020
1:30 pm to 3:30 pm

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

1. WebEx Link:
https://calvivahealth.my.webex.com/calvivahealth.my/j.php?MTID=m15ea88159b036ed2095dfac277253a49
Meeting number (access code): 126 571 8003
Meeting password: CalViva (2258482 from phones and video systems)

2. A separate call in number will be provided to Commissioners for Closed Session, Agenda Item #6

3. Report out of Closed Session, Announcements, and Adjournment:
Teleconference: 605-313-4819
Participant Code: 270393

Meeting materials have been emailed to you.

Currently, there are **13** Commissioners who have confirmed their attendance for this meeting. At this time, a quorum has been secured. Please advise as soon as possible if you will not be in attendance to ensure a quorum is maintained

Thank you

AGENDA

Fresno-Kings-Madera Regional Health Authority
Commission Meeting
November 19, 2020
1:30pm - 3:30pm

<mark>**WebEx Link:**</mark>
https://calvivahealth.my.webex.com/calvivahealth.my/j.php?MTID=m15ea88159b036ed2095dfac277253a49
Meeting number (access code): 126 571 8003
Meeting password: CalViva (2258482 from phones and video systems)

<mark>**Join by phone:**</mark>
Telephone: 415-655-0001;
Meeting #: 1265718003#
Code: 2258482#

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

Item	Attachment #	Topic of Discussion	Presenter
1		**Call to Order**	D. Hodge, MD, Chair
2		**Roll Call**	C. Hurley, Clerk
3 Action		**Consent Agenda:**	D. Hodge, MD, Chair
	Attachment 3.A	• Commission Minutes dated10/15/2020	
	Attachment 3.B	• Finance Committee Minutes dated 9/17/2020	
	Attachment 3.C	• QI/UM Committee Minutes dated 9/17/2020	
	Attachment 3.D	• Compliance Report	
		Action: Approve Consent Agenda	
4. Information	No attachment	**Website Demo** (via WebEx)	J. Nkansah, COO
5. Action		**Standing Reports**	
		Finance Report	
	Attachment 5.A	• Financials as of September 30, 2020	D. Maychen, CFO
		Medical Management	
	Attachment 5.B	• Appeals and Grievances Report	P. Marabella, MD, CMO
	Attachment 5.C	• Key Indicator Report	
	Attachment 5.D	• QIUM Quarterly Report	
	Attachment 5.E	• Credentialing Sub-Committee Quarterly Report	
	Attachment 5.F	• Peer Review Sub-Committee Quarterly Report	
		Operations	J. Nkansah, COO

	Attachment 5.G	• Operations Report	
	Attachment 5.H	**Executive Report** • Executive Dashboard	G. Hund, CEO
		Action: Accept Standing Reports	

6.		**Closed Session:** <mark>*(a separate confidential call in number will be provided to Commissioners the morning of the meeting)*</mark>	
		The Board of Directors will go into closed session to discuss the following item(s)	
Action	*Attachment 6.A (confidential)*	A. **Government Code section 54954.5 – Conference Report Involving Trade Secret –** Discussion of service, program, or facility.	
Information	*No Attachment*	B. **Government Code section 54954.5 – Conference Report Involving Trade Secret –** Discussion of service, program, or facility.	

<mark>**For report out of Closed Session, final comments, announcements, and public comment:**</mark>

Telephone #605-313-4819
Participant Code: 270393

7	**Final Comments from Commission Members and Staff**	
8	**Announcements**	
9	**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.*	
10	**Adjourn**	D. Hodge, MD, Chair

Supporting documents will be posted on our website 72 hours prior to the meeting.
If you have any questions, please notify the Clerk to the Commission at: Churley@calvivahealth.org

If special accommodations are needed to participate in this meeting, please contact
Cheryl Hurley at 559-540-7842 during regular business hours (M-F 8:00 a.m. – 5:00 p.m.)

Next Meeting scheduled for February 18, 2021 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

Commission Minutes
Dated 10/15/2020

<table>
<tr><td colspan="2">Fresno-Kings-Madera
Regional Health Authority</td></tr>
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CalViva Health
Commission
Meeting Minutes
October 15, 2020

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

	Commission Members		
	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		
	Commission Staff		
✓	**Gregory Hund**, Chief Executive Officer (CEO)	✓	**Amy Schneider**, R.N., Director of Medical Management
✓	**Daniel Maychen**, Chief Financial Officer (CFO)	✓	**Mary Lourdes Leone**, Director of Compliance
✓	**Patrick Marabella, M.D.,** Chief Medical Officer (CMO)	✓	**Cheryl Hurley**, Commission Clerk
✓●	**Mary Beth Corrado**, Chief Compliance Officer (CCO)		
✓	**Jeff Nkansah**, Chief Operations Officer (COO)		
	General Counsel and Consultants		
	Jason Epperson, General Counsel		
✓= Commissioners, Staff, General Counsel Present		
	* = Commissioners arrived late/or left early		
	● = Attended via Teleconference		

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:33 pm. A quorum was present via conference call in lieu of gathering in public per executive order signed	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	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.	
#2 Roll Call Cheryl Hurley, Clerk to the Commission	A roll call was taken for the current Commission Members.	*A roll call was taken*
#3 Confirmed Madera County BOS At-Large Reappointment	Madera County Board of Supervisors reappointed Dr. Aftab Naz for an additional three-year term.	
#4 Consent Agenda 　a)　Commission Minutes 9/17/2020 　b)　Finance Committee Minutes 7/16/2020 　c)　QIUM Committee Minutes dated 7/16/2020 　d)　Commission Calendar 2021 　e)　Finance Calendar 2021 　f)　QIUM Calendar 2021 　g)　Credentialing Calendar 2021 　h)　Peer Review Calendar 2021 　i)　Public Policy Calendar 2021 Action J. Neves, Co-Chair	All consent items were presented and accepted as read. *David Pomaville arrived at 1:38 pm, not included in vote*	***Motion**: Approve Consent Agenda 14 – 0 – 0 – 3* *(Nikoghosian / Smullin)* *A roll call was taken*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#5 Financial Audit Report for Fiscal Year 2020 Action J. Neves, Co-Chair	Rianne Suico, representative from Moss Adams, presented the results of the audit. Moss Adams' audit will result in the issuance of an unmodified opinion on the financial statements, which is the highest audit opinion that could be provided by an external CPA firm. A discussion of general audit procedures performed including confirmation of various account balances were discussed. The required communications and the organization's accounting policies are in compliance with GAAP. After completing the work, it was found that the financial statements do not need to be adjusted and no issues were encountered when completing the work.	***Motion****: Approve the Financial Audit for Fiscal Year 2020* *13 – 0 – 0 – 4* *(Rogers / Frye)* *A roll call was taken*
#6 2020 Cultural & Linguistics (C&L) Executive Summary and Work Plan Mid-Year Evaluation Action P. Marabella, MD, CMO	Dr. Marabella presented the 2020 Cultural & Linguistics (C&L) Work Plan Mid-Year Evaluation. The 4 categories for the 2020 Work Plan are: 1. Language Assistance Services 2. Compliance Monitoring 3. Communication, Training, and Education 4. Health Literacy, Cultural Competency & Health Equity By June 30, 2020 all activities were on target. Some of the activities completed consist of: 1. Population Needs Assessment was completed in collaboration with Health Education and Quality Improvement. 2. C & L related grievances reviewed. Follow up completed when indicated.	**See item #8 for Motion**

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	3. Promoted Aunt Bertha platform as a member resource and included on Member Newsletter. 4. Four Call Center trainings conducted. 5. Collaborated on Breast Cancer Screening PIP intervention development. All of the Work Plan activities continue on target for completion by the end of calendar year 2020.	
#7 2020 Health Education (HE) Executive Summary and Work Plan Mid-Year Evaluation Action P. Marabella, MD, CMO	Dr. Marabella presented the 2020 Health Education Work Plan Mid-Year Evaluation. Two areas of focus for 2020 consist of: 1. Programs and Services 2. Department Operations, Reporting and Oversight Of the 19 Program Initiatives, 12 are on track to meet year-end goals. These consist of: 1. Chronic Disease Education: Asthma 2. Community Health 3. Fluvention - Flu Vaccine Campaign 4. Health Equity Project 5. Immunizations 6. Member Newsletter 7. Mental Health 8. Pediatric Education 9. Perinatal Education 10. Oversight and Reporting	**See item #8 for Motion**

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	11. Department Promotion and Materials Update, Development, Utilization and Inventory 12. Operations: Geographic Information Systems The seven (7) initiatives that are off track or have been canceled due to the pandemic, consist of: 1. Chronic Disease: Diabetes. 2. Digital Health. 3. Member Engagement. 4. Obesity: Members and Community 5. Promotores Health Network: Diabetes Classes 6. Tobacco Cessation 7. Women's Health Barriers to full implementation of planned activities have been identified and are being addressed. 2020 initiatives will continue to be implemented in order to meet or exceed year end goals.	
#8 Quality Improvement (QI) Update 2020-2021	Dr. Marabella provided an update on HEDIS®: Managed Care Accountability Set (MCAS) Overall CalViva performed well on the new MCAS with the 50th percentile minimum performance level. Reporting Year 2020 (RY20) data reflects care and services provided during calendar year 2019. Some allowances were made for RY20 due to some of the limitations on data capture associated with the pandemic. All three counties were below the minimum performance levels (MPL) for Antidepressant Medication Management Acute Phase and Antidepressant Medication Continuation Phase. This is a new measure for this year. Our COVID-Quality Improvement Project (QIP) includes a	*Motion*: *Approve 2020 C&L Work Plan Mid-Year Evaluation; the 2020 HE Work Plan Mid-Year Evaluation; and the 2020-2021 QI Update.* *13 – 0 – 0 – 4* *(Naz / Cardona)* *A roll call was taken*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Member Outreach effort by Behavioral Health Case Managers in Kings and Madera counties to encourage medication adherence. Fresno County fell below the MPL for Adolescent Well-Care Visits. This will be addressed through a MemberConnections Outreach intervention associated with our new COVID-Quality Improvement Project. Fresno and Kings counties fell below the MPL for Breast Cancer Screening, Childhood Immunizations- Under 2 Years, and Well Child Visits-First 15 Months. Two Performance Improvement Projects (PIPs) that were started approximately 1 year ago and placed on "pause" by the state due to the pandemic, will be restarted in the first quarter of 2021 to address these opportunities for improvement. Madera County fell below the MPL for Chlamydia Screening. A PDSA Improvement Project is being initiated with a high volume, low compliance provider in Madera County to improve compliance with this measure.	
#9 Standing Reports • **Finance Report** Daniel Maychen, CFO	<u>**Finance**</u> **August 2020 Financials**: Total current assets were approximately $351.9M; total current liabilities were approximately $254.7M. Current ratio is 1.38. TNE as of August 31, 2020 was approximately $107.5M, which is approximately 725% above the minimum DMHC required TNE amount.	*Motion*: *Approve Standing Reports* *14 – 0 – 0 – 3* *(Hodge / Naz)* *A roll call was taken*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	For the first two months of fiscal year 2021 premium capitation income actual recorded was approximately $211.5M which is approximately $4.9M below budgeted amounts, primarily due to rates being lower than anticipated, and the MCO tax being less than what was budgeted. In July 2020 the MCO tax loss was approximately $1M; whereas the MCO tax loss for August was approximately $755K. The decrease was due to additional enrollment in August. DHCS has stated they are taking into consideration the MCO tax loss and could potentially make an adjustment beginning January 2021 to make up for the loss for the period of July 2020 through December 2020. DHCS is scheduled to present the new MCO tax rate, covering the time period of January 2021 to June 2021, to Plans in December 2020. Total cost of medical care expense actual recorded is approximately $177.6M which is approximately $3M less than budgeted due to rates being less than projected. All other expense line items are in line or below what is budgeted. For the first two months of fiscal year 2021, there is an approximate net loss of $1.2M primarily due to the MCO tax loss. *Dr. Hodge arrived at 2:07 pm* **Compliance**	
• **Compliance** M.B. Corrado, CCO	There was one (1) new Fraud, Waste & Abuse case reported to the State in October, bringing the total for the year to 14.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	All oversight audits are continuing. The audit for Claims and Provider Disputes activity was completed and resulted in a CAP with regards to minor issues and has since been closed. 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. Member notices have begun. In addition, all Plans are required to conduct additional outreach to members informing them of the pharmacy benefit transition, and new membership cards will be distributed. The CalAIM initiative for Medi-Cal was put on hold due to COVID-19. CalAIM was intended to replace the Medi-Cal 2020 waiver that the Plan operates under. DHCS submitted the extension request for review and approval on September 16, 2020. An update on the COVID Crisis Response for the Central Valley was provided. The required meeting for Central Valley Medi-Cal Plans took place on October 1, 2020. With regard to COVID-19, the Department of Health and Human Services extended the public health emergency for an additional 90-days, through January 21, 2021. The next Public Policy Committee meeting is scheduled for December 2, 2020 at 11:30 am via teleconference.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
• **Medical Management** P. Marabella, MD, CMO	**Medical Management** **Appeals and Grievances Dashboard** Dr. Marabella presented the Appeals & Grievances Dashboard through August 2020. The total number of grievances ending August 2020 has decreased slightly, presumably due to less interactions with providers. The majority of grievances were due to Quality of Service. The Exempt grievances decreased in August. It has been determined that the category "PCP Assignment/Transfer – Incorrect PCP assigned-Health Plan Error" has been incorrectly labeled, as these were found to be a request to change the assignment. The category label will be modified to better reflect the issue. The total number of Appeals Received as of the end of July was noted to have decreased from recent months, however, the number increased again in August. Opportunities to further evaluate these appeals and educate providers have been identified. Actions are underway. **Key Indicator Report** Dr. Marabella presented the Key Indicator Report through July 31, 2020. In-hospital utilization rates have begun to rise in all areas with the exception of the SPD (Seniors and Persons with Disabilities) population.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	An evaluation of these populations has identified an increase in respiratory admissions in alignment with the COVID-19 health crisis which began in March. Turn-around time compliance improved in June to 100% and has continued at 100% through August 2020. Case Management results in 2020 thus far, continue to demonstrate positive trends in all areas. **QIUM Quarterly Report** Dr. Marabella provided the QI/UM Qtr. 3, 2020 update. Two QI/UM meetings were held in Quarter 3; one on July 16, 2020 and one on September 17, 2020. The following guiding documents were approved at these meetings: • 2020 Quality Improvement (QI) Mid-Year Evaluation • 2020 Utilization Management Case Management (UMCM) Mid-Year Evaluation. In addition, the following general documents were approved at the meetings: • Pharmacy Formulary & Provider Updates • Clinical Practice Guidelines • Medical Policies Q1 • QI Policy & Procedure Review	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard & Quarterly Reports, Facility Site & Medical Record Review Report, Initial Health Assessment, MHN Performance Indicator Report, and Emergency Drug Report. Additional reports reviewed during Q3 included Provider Preventable Conditions, SPD HRA Outreach, County Relations, and Member Incentive Programs. The Utilization Management & Case Management reports reviewed included the Key Indicator Report, UM Concurrent Review Report, PA Member Letter Monitoring Report, additional UMCM reports. Pharmacy quarterly reports were also reviewed. HEDIS® Activity: In Q3, HEDIS® related activities focused on analyzing the results for RY2020 under the new Managed Care Accountability Set (MCAS) measures and the minimum performance level (MPL) of 50th percentile. The areas CalViva reported results below the 50th percentile MPL are: • Antidepressant Medication Management, for both the Acute Phase and the Continuation Phase, for all three counties. • Adolescent Well-Care Visit for Fresno County. • Breast Cancer Screening for Fresno County. • Chlamydia Screening for Madera County. • Childhood Immunization – Combo 10 for Fresno and Kings counties. • Well-Child Visits in the first 15 months of life for Fresno and Kings counties. Current Performance Improvement Projects (PIPs) consist of:	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
• **Operations** J. Nkansah, COO • **Executive Report** G. Hund, CEO	• Childhood Immunizations – Combo 10 • Breast Cancer Screening These PIPs remain a priority for CalViva Health; however, have been temporarily placed on hold by the state due to COVID-19. It is anticipated they will restart this fall/winter. No significant compliance issues have been identified. Oversight and monitoring processes will continue. **Operations Report** For Privacy and Security, there was one (1) no risk/low risk case previously reported at the September Commission meeting that has since turned into a high-risk case. One CalViva Health member was impacted. With regard to Provider Network Activities, as of Q2 2020 Behavioral Health % of Behavioral Health Providers Accepting New Patients met the health plan's 85% performance goal metric. For all other areas, there are no significant items or issues to report **Executive Report** Membership continues to trend up. Market share continues to decline at a slow rate. Meetings with Health Net to evaluate data and discuss areas of concern are ongoing. Additional information in reference to the COVID-19 Crisis Response meeting between local Medi-Cal Plans was provided to the Commission.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The report out will be made available to all Commissioners at a later date.	
#10 Final Comments from Commission Members and Staff	G. Hund announced that Commissioner Joyce Fields-Keene was identified as one of the top ten professional women for the Marjaree Mason Center awards for 2020.	
#11 Announcements	None.	
#12 Public Comment	None.	
#13 Adjourn	The meeting was adjourned at 2:44 pm The next Commission meeting is scheduled for November 19, 2020 in Fresno County.	

Submitted this Day: _____

Submitted by: _____
        Cheryl Hurley
        Clerk to the Commission

Item #3
Attachment 3.B
Finance Committee Minutes
dated 9/17/2020

CalViva Health
Finance
Committee 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

Finance Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Daniel Maychen, Chair	✓	Cheryl Hurley, Office Manager
✓	Gregory Hund, CEO	✓	Jiaqi Liu, Accounting Manager
✓●*	Paulo Soares		
✓●	Joe Neves		
✓●*	Harold Nikoghosian		
✓●	David Rogers		
✓●	John Frye		
		✓	Present
		*	Arrived late/Left Early
		●	Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order D. Maychen, Chair	The meeting was called to order at 11:30 am. A quorum was present via conference call in lieu of gathering in public per executive order signed 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.	A roll call was taken.

#2 Finance Committee Minutes dated July 16, 2020 Attachment 2.A Action D. Maychen, Chair	The minutes from the July 16, 2020 Finance meeting were approved as read.	Motion: *Minutes were approved* *6 – 0 – 0 – 1* *(Nikoghosian / Hund)* A roll call was taken.
#3 Financials – Fiscal Year End 2020 Action D. Maychen, Chair	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. 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 Fiscal year end 2020 financials are currently being audited by Moss Adams, LLP and are in the final review stages. To	Motion: *Approve FY End 2020 Financials* *7 – 0 – 0 – 0* *(Frye / Nikoghosian)* A roll call was taken.

	date, there are no proposed audit adjustments or corrections to the financial statements. *Paulo Soares arrived at 11:31 am*	
#4 Financial Statements as of July 31, 2020 Action D. Maychen, Chair	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. 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	Motion: *Approve Financials as of July 31, 2020* *6 – 0 – 0 – 1* *(Frye / Rogers)* A roll call was taken.

	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. *Harold Nikoghosian left meeting at 11:46 am; not included in vote*	
#5 Proposed 2021 Finance Committee Meeting Calendar	The proposed 2021 Finance meeting calendar was presented to the Committee. No revisions recommended.	Motion: *Approve Proposed Finance Meeting Calendar to move forward to Commission for Approval* *6 − 0 − 0 − 1* *(Hund / Soares)* A roll call was taken.
#6 Announcements	Moss Adams will be present during the October Finance meeting and the October Commission meeting to present the final audited financials for Fiscal Year 2020.	
#7 Adjourn	Meeting was adjourned at 11:40 am	

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

Dated: _10/15/2020_

Approved by Committee: _Daniel Maychen_
Daniel Maychen, Committee Chairperson

Dated: _10/15/2020_

Item #3
Attachment 3.C
QIUM Committee Minutes
dated 9/17/2020

Fresno-Kings-Madera Regional Health Authority	CalViva Health QI/UM Committee Meeting Minutes September 17th, 2020	CalViva Health 7625 North Palm Avenue; Suite #109 Fresno, CA 93711 Attachment A

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Patrick Marabella, M.D., CalViva Chief Medical Officer, Chair	✓*	Mary Beth Corrado, Chief Compliance Officer (CCO)
	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Amy Schneider, RN, Director of Medical Management Services
✓●	Brandon Foster, PhD. Family Health Care Network	✓	Mary Lourdes Leone, Director of Compliance
✓●	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Ashelee Alvarado, Medical Management Specialist
	Raul Ayala, MD, Adventist Health, Kings County	✓	Lori Norman, Compliance Manager
✓●	Joel Ramirez, M.D., Camarena Health Madera County	✓	Hyasha Anderson, Medical Management Coordinator
✓●	Rajeev Verma, M.D., UCSF Fresno Medical Center	✓	Mary Martinez, Medical Management Nurse Analyst
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			

✓ = In attendance
* = Arrived late/left early
● = Attended via Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 **Call to Order** Patrick Marabella, M.D, Chair	The meeting was called to order at 10:32 am. A quorum was present.	
#2 **Approve Consent Agenda** - Committee Minutes: July 16th, 2020 - Appeals & Grievances Classification Audit Report (Q2)	The July 16th, 2020 QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Any item on the consent agenda may be pulled out for further discussion at the request of any committee member. The full August Formulary (RDL) was available for review upon request.	Motion: Approve Consent Agenda (Foster/Ramirez) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
- Appeals & Grievances Inter Rater Reliability Report (Q2) - Customer Contact Center (CCC) DMHC Expedited Grievance - Member Incentive Programs - Semi Annual Report (Q3 & Q4 2019) - County Relations Quarterly Report (Q2) - Pharmacy Provider Updates (Q2) - Full Formulary (August PDL) (Attachments A-G) Action Patrick Marabella, M.D Chair		

#3 **QI Business**
- Appeals & Grievances Dashboard (June)
- Appeals & Grievances Executive Summary (Q2)
- Appeals & Grievances Quarterly Member Report (Q2)
- Quarterly Appeals &
	Dr. Marabella presented the **Appeals & Grievances Dashboard** through June 2020.
	Appeals & Grievances Data:
	  ➤ The total number of grievances ending Q2 2020 has decreased slightly from Q2, 2019 presumably due to less interactions with providers.
	
	  ➤ 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.
	
	  ➤ The Exempt grievances decreased in Q2 when compared with Q1 2020. No one category of concern to report.
		Motion: Approve
		- Appeals & Grievances Dashboard (June)
		- Appeals & Grievances Executive Summary (Q2)
		- Appeals & Grievances

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Grievances Member Letter Monitoring Report (Q2) (Attachment H-K) Action Patrick Marabella, M.D, Chair	➢ The total number of Appeals Received for Q1 and Q2 is on track to exceed 2019 numbers. ➢ Appeal decision rates have remained consistent through Q2.	Quarterly Member Report (Q2) - Quarterly Appeals & Grievances Member Letter Monitoring Report (Q2) (Verma/Foster) 5-0-0-2
#3 **QI Business** - IHA Quarterly Audit Report (Q1) (Attachment L) Action Patrick Marabella, M.D, Chair	The Department of Health Care Services (DHCS) requires completion of the Initial Health Assessment (IHA) for new Medi-Cal members within 120 days of enrollment. This is to include the Individual Health Education Behavioral Assessment (IHEBA) as a component of the IHA and must also be completed within the 120-day timeframe. CalViva Health is required to facilitate and support members and providers through the process. Initial Health Assessment monitoring occurs primarily through the onsite audits completed during the Facility Site Review (FSR) and Medical Record Review (MRR) process. A supplemental method is also utilized through monitoring of claims and encounters as a proxy to infer that an IHA/IHEBA has been completed. Lastly, CalViva Health executes three attempts to contact a member to complete the IA/IHEBA. The IHA is a complete assessment of past and potential health issues, a physical assessment, and also includes an assessment of behaviors (IHEBA) that may make the member at risk for future health issues. Individualized education opportunities may be identified as well as, an opportunity to identify and reinforce the preventive screening/exams for the individual. An IHA Work Group was established to identify and address persistent barriers and improve monitoring and reporting. DHCS identified this as an area for improvement during the CalViva 2020 Audit. A performance improvement approach is being taken by working with a high volume, low performing provider in Madera County and a high volume, high performing provider in Fresno County. Interventions will be tested and monitored at the low performing clinics with a goal of spreading successful interventions throughout our three-county area.	Motion: Approve - IHA Quarterly Audit Report (Q1) (Ramirez/Cardona) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

	Based on the monitoring of claims and encounters, the 2020 total compliance for pediatric IHA within 120 days reflects a slight decrease from the 2019 compliance rate. While we expect to see the rates increase with additional claims and encounters submissions (Q3), the decrease in member visits to providers due to the COVID-19 pandemic may have also impacted IHA/IHEBA completion.
	
	CalViva Health collects the IHA/IHEBA completion data from medical records reviews completed each quarter during the FSR/MRR process, to identify noncompliant sites for corrective action. Each site is audited every 3 years. Due to COVID-19, the Facility Site Reviews were stopped after Mach 13, 2020. CalViva Health also executes three attempts to contact a member to complete the IHA. CalViva Health's IHA outreach attempts consist of:
	
	    ➢ Notification of the IHA in the New Member Packet
	    ➢ A new member welcome call
	    ➢ An IHA postcard mailed to new members.
	
	Efforts continue to facilitate IHA/IHEBA completion during this time. Monitoring and reporting is ongoing.	

#3 QI Business
- California Children's Service Report (CCS) (Q2)
(Attachment M)
Action
Patrick Marabella, M.D,
Chair
	The California Children's Service Report (CCS) (Q2) was presented and reviewed.
	This report provides a summary of CalViva's efforts in identifying CCS-Eligible cases from the CalViva under-21 active membership and submitting and maintaining applicable Service Authorization Requests with CCS County Offices (until the member ages out of the CCS program).
	
	    ➢ Due to COVID-19, facilities and providers stopped scheduling non-emergent surgeries and procedures, so the overall number of prior authorization submissions to the plan decreased
	    ➢ Auth and new SAR volume is down, the CCS new SAR approval rate is up. Over the past year, the overall CCS approval rates increased 5% every quarter.
	    ➢ Using the Health Places Index risk score metric to identify members most at-risk due to COVID-19, Public Programs identified and called 3,848 CalViva members. Assistance was provided to 510 CalViva members.
	
	To ensure CalViva providers have the right information regarding where to submit claims, Public Programs will be issuing a provider communication, starting with all Central Valley providers, reminding them of the established process.
		Motion: Approve
		- California Children's Service Report (CCS) (Q2)
		(Foster/Ramirez)
		5-0-0-2

#3 QI Business - Emergency Drug Report	The Provision of Emergency Drugs Summary Report (Q3 2019) was presented to the committee. The purpose of this report is to provide a summary of monitoring activities associated with the provision of	Motion: Approve - Emergency Drug Report

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
(Attachment N) Action Patrick Marabella, M.D, Chair	prescription medications to members post-Emergency Room visits as required by state regulations. CalViva Health has established policies and procedures outlining how this monitoring process will be accomplished. This report provides a summary of ongoing data analysis, barriers encountered and plans for ongoing monitoring and reporting. Health plans are required to ensure the drugs provided in association with an Emergency Room visit are sufficient to meet the member's needs. This report provides a summary of Quarter 3 2019 monitoring to determine whether access to needed medications is adequate for the CalViva Health service area. Analysis of pharmacy data for Quarter 3 2019 combined with medical record review (when indicated) revealed a compliance rate of 97% for all counties combined, thus exceeding the established goal of 90%. When county specific rates of compliance were analyzed, Fresno County met the goal at 98%, Kings County me the goal at 97%, and Madera County met the goal at 97%.	(Cardona/Fosters) 5-0-0-2

#3 **QI Business**
- Potential Quality
  Issues (Q2)
(Attachment O)
Action
Patrick Marabella, M.D,
Chair
	Potential Quality Issues (PQI) Report was presented and reviewed.
	
	The purpose of the Potential Quality Issues (PQI's) report is to summarize data collected during the reporting period that may cause substantial harm to a CalViva Health member.
	
	PQI's may be identified during the Utilization Management, Care Management, Appeal and Grievance review process or other activities such as the Provider Preventable Provider Conditions reporting process which includes Health Care Acquired Conditions (HCAC) or Other Preventable Provider Conditions (OPPC's).
	The data for Q2 was reviewed by the committee. Follow up will be implemented as indicated.
		Motion: Approve
		- Potential Quality
		  Issues (Q2)
		(Ramirez/Verma)
		5-0-0-2

#4 **QI/UM Business**
- Quality Improvement
  Mid-Year Work Plan
  Evaluation &
  Executive Summary
(Attachment P)
Action
Patrick Marabella, M.D,
Chair
	Dr. Marabella presented the Quality Improvement Mid-Year Work Plan Evaluation & Executive Summary 2020.
	
	Initiatives on track to be completed by year end include:
	
	o Access, Availability, and Service:
	 o Improve Access to Care by continuing to monitor appointment access via the Provider Appointment Availability Survey (PAAS) and after-hours access (urgent & emergent services) is monitored via the Provider After Hours Access Survey (PAHAS).
	 o 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.
		Motion: Approve
		- Quality
		  Improvement
		  Mid-Year Work
		  Plan Evaluation &
		  Executive
		  Summary
		(Verma/Ramirez)
		5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

	o 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.
	o Quality & Safety of Care
	  o 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.
	• Performance Improvement Projects (PIPs):
	  o Childhood Immunizations (birth to 2 years) CIS-10
	  o Breast Cancer Screening Disparity
	  o 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.	

#4 QI/UM Business - Utilization Management (UM)/Case Management (CM) Work Plan Mid-Year Evaluation and Executive Summary (Attachment Q) Action Patrick Marabella, M.D, Chair	Dr. Marabella presented the 2020 CalViva Utilization Management/Case Management Work Plan Mid-Year Evaluation Executive Summary. Activities focused on: 1. Compliance with Regulatory and Accreditation Requirements 2. Monitoring the Utilization Management Process 3. Monitoring the Utilization Management Metrics 4. Monitoring Coordination with Other Programs and Vendor Oversight 5. Monitoring Activities for Special Populations Key findings: • Turn-around Time for processing authorizations from January – June was 99.5%. CAP established in 2019 is still in progress. • Turn-around Time for appeals was 100%. • TANF and MCE Bed days/1000 had a significant increase due to respiratory illnesses during Q1 & Q2 • SPD Bed days/1000 was below the goal (lower is better).	Motion: Approve - Utilization Management (UM)/Case Management (CM) Work Plan Mid-Year Evaluation and Executive Summary (Foster/Ramirez) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Additional key findings include the following: • Compliance activities are on target for year-end completion. • PPG specific dashboard reports continue to be refined and are produced and reviewed quarterly. • Integrated Case Management outcome measures are monitored on a quarterly basis. Positive results for Physical & Behavioral Health and Transitional Care Management when evaluated 90 days prior and 90 days post services. Member satisfaction his high. • 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. • Over and underutilization monitoring results are too soon to tell as utilization patterns have varied due to COVID-19. • Interventions identified to address MHN network availability and adequacy issues have been successful. • 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. • 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. Activities and initiatives will continue through December to meet 2020 year-end goals.	
#4 QI/UM Business – 2020 HEDIS Results (Attachment R) Action Patrick Marabella, M.D, Chair	Dr. Marabella reported the Managed Care Accountability Set (MCAS) measures for HEDIS®, reporting year (RY) 2020. The areas that reported results below the MPL are: • Antidepressant Medication Management, for both the Acute Phase and the Continuation Phase, for all three counties. • Adolescent Well-Care Visit for Fresno County. • Breast Cancer Screening for Fresno County. • Chlamydia Screening for Madera County. • Childhood Immunization – Combo 10 for Fresno and Kings counties. • Well-Child Visits in the first 15 months of life for Fresno and Kings counties.	Motion: Approve – 2020 HEDIS Results (Ramirez/Cardona) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	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. There were no sanctions or Corrective Action Plans (CAPs) for failure to meet MPLs for RY 2020. 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. NCQA has released the Technical Specifications for MY20 & MY21 with a number of changes to address current circumstances.	
#5 **Access Business** - Provider Office Wait Time Report (Q1) (Attachment S) Action Patrick Marabella, M.D, Chair	Health plans are required to monitor waiting times in providers' offices to validate timely access to care and services. The **Provider Office Wait Time** report provided a summary of Quarter 1 2020 monitoring for Fresno, Kings, and Madera Counties. Results indicate that all counties were within the 30 minutes office wait time threshold for both mean and median metrics. Outliers are tracked. CalViva Health Medical Management staff reviews written time logs from providers' offices submitted after the first Tuesday of each month to assess in-office patient wait times. **Analysis/Findings/Outcomes:** ➢ Office wait times per county have demonstrated variation over time however, average overall wait times have remained between 8 and 20 minutes for the past year. ➢ The combined number of providers per county who submitted data in Quarter 1 is as follows: Fresno-41, Kings-4, and Madera-5 for a total of 1,034 patients monitored. ➢ One provider was identified to have an overall average rate above the 30-minute standard. **Barrier Analysis** ➢ Tracking log submission may vary due to a number of factors including transitions of staff. New clinic staff are frequently unaware of the need to submit data to the Plan. ➢ Reminder emails and telephone calls did not occur during quarter 1 due to staff transitions. ➢ Samples submitted by offices for Q1 were noticeably less than past quarters. Incoming faxes were reviewed to confirm no samples were missed.	Motion: Approve - Provider Office Wait Time Report (Q1) (Foster/Verma) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	We will continue to monitor in-office patient wait times to identify provider specific trends, monthly reminders (telephone calls and emails), and review and update materials and resources sent to providers. The State of Emergency enacted in March due to the pandemic is expected to result in a decline in data submissions for Q2.	

#6 UM/CM Business
- Key Indicator Report and Turn Around Time Report (June)
- Utilization Management Concurrent Review Report (Q2)
- Concurrent Review IRR Report (Q2)
- PA Member Letter Monitoring Report (Q2)
- Case Management & CCM Quarterly Report (Q2)
(Attachment T-X)
Action
Patrick Marabella, M.D, Chair
	The Key Indicator Report (KIR) provided data through June 30, 2020. A quarterly comparison was reviewed with the following results:
	    a. Membership through June has trended upward potentially associated with COVID 19.
	    b. 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.
	    c. Turn-around time compliance improved in June to 100%.
	    d. Case Management results in 2020 thus far, continue to demonstrate positive trends in all areas.
	
	UM Concurrent Review Report – provides an in-depth analysis of the KIR data for non-delegated services during Q2 2020. Some results include:
	    a. Similar trend is noted to last year with increase in respiratory illnesses including COVID 19, resulting in increased ED visits and inpatient admissions for TANF (Temporary Assistance for Needy Families) & Managed Care Expansion (MCE) populations.
	    b. Average Length of Stay (ALOS) demonstrated improvement (decrease) for SPD and an increase for both TANF and MCE.
	Onsite Discharge navigators converted to telephonic outreach during COVID. Daily Multidisciplinary UM Huddles continue and Emergency department telephonic support when indicated. Stated goals will be re-evaluated in light of COVID.
	UM Concurrent Review IRR Report – The purpose of the CCR audit is to ensure consistent, credible, and timely medical management decisions which promote improved member outcomes.
	Monitoring of the concurrent review process includes regulatory compliant components such as:
	    • Turn-around-times (TAT) of initial medical decisions within 24 hours of receipt
	    • Documentation of proactive discharge planning and collaboration
	    • Application of standardized criteria
	Auditing results for Q2 were all above the 90%. Team continues to be monitored on a daily basis to ensure all cases have a determination made within the regulatory time frame. Weekend process continues to be an area of focus to identify opportunities to increase efficiency.
		Motion: Approve
		- Key Indicator Report and Turn Around Time Report (June)
		- Utilization Management Concurrent Review Report (Q2)
		- Concurrent Review IRR Report (Q2)
		- PA Member Letter Monitoring Report (Q2)
		- Case Management & CCM Quarterly Report (Q2)
		(Verma/Cardona)
		5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	PA Member Letter Monitoring Report is currently focused on the Notice of Action (NOA) or Denial letters sent to members and providers when a Prior Authorization, Concurrent Review or Post-service request is denied. Clear and concise language is required in these communications and they must reference the specific criteria used to make the determination. Major Barriers to 100% compliance was found to be that staff are processing letters in two different clinical systems. Migration to one system is in progress. Analysis also found that additional training on the specific requirements within the letter was needed. Mandatory training sessions were held in June and July 2020. The **Case Management and CCM Report** for Quarter 2 was presented. This report summarizes the case management, transitional care management, MemberConnections, and palliative care activities for 2020 through second quarter. ❯ All programs have demonstrated an increase in referrals and open cases over the past 4 quarters. Some increases were significant. ❯ Engagement rates have remained strong.	
#7 **Pharmacy Business** - Pharmacy Executive Summary (Q2) - Pharmacy Operations Metrics (Q2) - Pharmacy Top 30 Prior Authorizations (Q2) - Pharmacy Call Report (Q2) - Pharmacy Inter Rater Reliability Results (IRR)(Q2) (Attachment Y-CC) Action Patrick Marabella, M.D,	The **Pharmacy** Reports for Q2 2020 are presented in order to assess for emerging patterns in authorization requests, evaluate compliance for prior authorizations, and to evaluate the consistency of decision making in order to formulate potential process improvement recommendations. ❯ Pharmacy Prior Authorizations (PA) metrics were within 5% of standard for the 2nd Quarter of 2020. ❯ Overall TAT for Q2 was 99.94% ❯ Total PA requests were comparable to Q1 2020. 2nd Quarter top 30 medication PA request were steady compared to 1st Quarter 2020. ❯ No significant differences seen in 2nd Quarter 2020 compared to 1st Quarter 2020. ❯ Opioid and Diabetes control medications continue to be the top drivers of PA volume. Inter-Rater Reliability Results for Q2 2020 ❯ 95% accuracy and 90% threshold met ❯ Follow up to occur when opportunities for improvement are identified both on an individual and team basis.	Motion: Approve - Pharmacy Executive Summary (Q2) - Pharmacy Operations Metrics (Q2) - Pharmacy Top 30 Prior Authorizations (Q2) - Pharmacy Call Report (Q2) - Pharmacy Inter Rater Reliability Results (IRR)(Q2)

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Chair		(Cardona/Foster) 5-0-0-2
#8 **Policy Section QI Grid** - Quality Improvement Policy & Procedure Review 2020 (Attachment DD) Action Patrick Marabella, M.D, Chair	The Quality Improvement Policy & Procedure Annual Review grid was presented to the committee. The majority of the policies were updated with no or minor changes. There was one policy with more extensive edits that was included in the meeting packet for committee review: ➤ Childhood Blood Lead Screening The policy edits were discussed and the Quality Improvement policies were approved.	Motion: Approve - Quality Improvement Policy & Procedure Review 2020 (Verma/Ramirez) 5-0-0-2
#9 **Credentialing & Peer Review Subcommittee Business** - Credentialing Subcommittee Report (Q3) - Peer Review Subcommittee Report (Q3) (Attachment EE-FF) Action Patrick Marabella, M.D, Chair	**Credentialing Sub-Committee Quarterly Report** In Quarter 3 the Credentialing Sub-Committee met on July 16, 2020. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering the first quarter for 2020 were reviewed for delegated entities and the second quarter 2020 reports were reviewed for Health Net. The Credentialing Sub-Committee 2020 Charter was reviewed and approved without changes. **Peer Review Sub-Committee Quarterly Report** The Peer Review Sub-Committee met on July 16, 2020. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 2 2020 were reviewed and approved. There were no significant cases to report. The Quarter 2, 2020 Peer Count Report was presented at the meeting with a total of 8 cases reviewed. There were five (5) cases closed and cleared. There was one (1) more case pended for further information and no (0) case 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 for the tabled case and ongoing monitoring and reporting will continue.	Motion: Approve - Credentialing Subcommittee Report (Q3) - Peer Review Subcommittee Report (Q3) (Foster/Ramirez) 5-0-0-2
#10 **Compliance Update** - Compliance Regulatory Report	Mary Beth Corrado presented the Compliance Report. **Oversight Meetings:** Health Net CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
(Attachment GG) Action Patrick Marabella, M.D, Chair	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 critical projects or transitions that may affect CalViva Health. **Oversight Audits:** The following annual audits are in-progress: Access & Availability, Utilization Management & Case Management, Provider Dispute Resolution and Claims and Call Center. The following audits have been completed since the last report: Appeals & Grievances (CAP), Marketing (CAP) and Privacy & Security (No CAP). **Fraud, Waste & Abuse Activity:** For 2020 year to date, there have been a total of 13 cases reported to DHCS. Since the last report, the Plan identified one provider case and one-member case that reflect potential FWA circumstances. Two MC609 reports were filed with the DHCS. **Department of Health Care Services ("DHCS") 2020 Medical Audit:** The Plan received the DHCS' Final 2020 Audit Report on 06/30/20. There were two (2) findings; one related to provider completion of the Individual Health Education Behavioral Assessment (IHEBA) as part of the Initial Health Assessment (IHA) within 120 day of enrollment; and the second finding indicated the Plan did not have escalation policies and procedures to impose prompt effective corrective actions to bring non-compliant delegated entities into compliance with access and availability standards. The Plan's CAP was submitted to DHCS on 07/31/20. **Department of Health Care Services ("DHCS") Annual Network Certification:** DHCS completed its initial assessment of CalViva Health's 2020 ANC submission and issued two reports. One report covered ANC preliminary findings and the other report identified some deficiencies regarding alternate access determinations. The Plan submitted its responses to DHCS on 08/11/20 and 08/28/20. **Department of Managed Health Care ("DMHC") MY2019 Timely Access Report:** The Plan submitted the MY19/RY20 DMHC TAR on 05/01/20 and are awaiting DMHC's Final Report. **COVID-19 Novel Coronavirus** The plan continues to receive All Plan Letters and other regulatory guidance from DMHC and DHCS, and continues to report provider site closures, positive COVID-19 tests and hospitalizations on a daily basis. CalViva Health staff have returned to work at the Palm office. However, some staff work remotely due to health issues or due to children at home as Fresno schools are on distance learning only. Our administrators' staff will continue to carry out operations on a remote basis until at least January 2021. **Public Policy Committee:** The Public Policy Committee met on September 2, 2020, via telephone conference due to the COVID-19 state of	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	emergency. The following reports were presented: Q2 2020 Grievance and Appeals; the 2020 Population Needs Assessment; and the Semi-Annual Member Incentive Programs Report (Q1 and Q2). There were no recommendations for referral to the QI/UM Committee. The next meeting will be held 12/2/20 at 11:30AM in Fresno County presumably via teleconference.	
#11 **Public Comment**	None	
#12 **Adjourn** Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:35pm.	

NEXT MEETING: October 15th, 2020

Submitted this Day: _October 15, 2020_

Submitted by: _Amy Schneider_

Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:

Patrick Marabella, MD Committee Chair

Item #3
Attachment 3.D
Compliance Report

RHA Commission Compliance – Regulatory Report

Regulatory Filings	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2020 YTD Total
# of DHCS Filings													
Administrative/ Operational	9	15	12	13	12	13	9	14	14	10	3		124
Member & Provider Materials	2	1	7	12	1	0	4	3	5	1	1		37
# of DMHC Filings	5	8	7	7	1	5	5	6	7	3	6		60

DHCS Administrative/Operational filings include ad-hoc reports, policies & procedures, Commission changes, Plan and Program documents, etc.
DHCS Member & Provider materials include advertising, health education materials, flyers, letter templates, promotional items, etc.
DMHC Filings include ad-hoc reports, Plan and Program documents, policies & procedures, advertising, bylaw changes, Commission changes, undertakings, etc.

Fraud, Waste, & Abuse Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2020 YTD Total
# of New MC609 Cases Submitted to DHCS	2	1	3	0	4	1	0	2	0	1	0		14
# of Cases Open for Investigation (Active Number)	16	16	16	14	14	16	15	17	17	18	16		

Summary of Potential Fraud, Waste & Abuse (FWA) cases

Since the last report, there have not been any MC609 cases filed. There were no cases that needed to be referred to other law enforcement agencies by the Plan.

Compliance Oversight & Monitoring Activities	Description
CalViva Health Oversight Activities	**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 critical projects or transitions that may affect CalViva Health. Health Net is providing more detailed reports of vendor oversight audits and comprehensive reports of participating provider groups (PPG) activity – additional reporting enhancements were implemented in 2020. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances and appeals, etc.
Oversight Audits	The following annual audits are in-progress: Access & Availability, Utilization Management & Case Management, and Call Center. The following audits have been completed since the last report: Q1 2020 PDR Audit (CAP).

Regulatory Reviews/Audits and CAPS	Status
Department of Health Care Services ("DHCS") Annual Network Certification	On October 28, 2020 DHCS issued a determination letter on CalViva's 2020 Annual Network Certification submission of Alternative Access Standard (AAS) requests. DHCS identified some issues for which the Plan will provide a response.
New Regulations / Contractual Requirements	
Medi-Cal Contract Amendments	Two Medi-Cal contract amendments were recently executed between DHCS and CalViva Health. Contract 10-87050 A14 - This amendment is effective retroactive to 7/1/2017 and covers the following: • Revised 2017-2018 capitation rates, • New language for the Directed Payment Initiative (Prop 56 payments, PHDP - hospital directed payments, etc.), • New Attachment 18 deliverable provisions related to Mental Health Parity. Contract 10-87050 A17 Extension Amendment (Primary) & 10-87054 A05 Extension Amendment (Hyde) • DHCS has renewed our Medi-Cal contract for another year through 12/31/21.
Medi-Cal Rx Transition	DHCS continues implementation activities to transition pharmacy services from Medi-Cal managed care to FFS by January 1, 2021. The Medi-Cal Rx website is at: https://medi-calrx.dhcs.ca.gov/home/. DHCS mailed 90-day initial notices to members October 1, 2020 and 60-day notices starting November 1, 2020. CalViva Health will be mailing a 30-day member notice December 1, 2020 and sending postcard reminders to members in November and December.

	Both DMHC and DHCS have issued all plan letters and are requiring regulatory filings. CalViva Health will also be issuing new member ID cards and a Medi-Cal Rx EOC Errata by January 1, 2020.
California's Section 1115(a) Medicaid waiver entitled Medi-Cal 2020 **California Advancing and Innovating Medi-Cal (CalAIM)**	In the prior report, we noted that implementation of CalAIM was delayed to focus on addressing the pandemic. Because of the CalAIM delay, DHCS had to submit a 12-month Section 1115 waiver extension request to the Centers for Medicare & Medicaid Services (CMS) to ensure that programs authorized through Medi-Cal 2020 continue and are eventually transitioned under CalAIM. DHCS submitted the Section 1115 Extension request to CMS for review and approval on September 16, 2020. The extension request was revised and resubmitted on September 28,2020. The extension request and CMS acknowledgement of receipt can be viewed at: https://www.dhcs.ca.gov/provgovpart/Pages/Medi-Cal-2020-Extension.aspx The primary CalAIM programs being worked on currently include: • Foster Care Model of Care Workgroup - Plans are drafting recommendations to submit to DHCS for this program. • Behavioral Health Medical Necessity Proposal – a joint effort with plans, counties and DHCS to develop a statewide standardized screening tool to reliably identify new mental health clients and guide them to the appropriate managed care plan (MCP) or mental health plan (MHP) network, as well as a transition of care tool that would allow clients to be transferred between MCPs and MHPs and back with good coordination of care. The goal is to have a "suite of right care/right time recommendations" by January 2022.
Plan Administration	
COVID-19 Novel Coronavirus	On October 2, 2020, the Department of Health and Human Services (HHS) issued a renewal of the COVID-19 public health emergency (PHE) for a full 90-day extension through January 21, 2021. The Plan continues to receive All Plan Letters and other regulatory guidance from DMHC and DHCS, and continues to report provider site closures, positive COVID-19 tests and hospitalizations on a daily basis. Our administrator has extended the delay in their return to office date and their staff will continue to carry out operations on a remote basis until at least April 2021.
Committee Report	
Public Policy Committee	The Public Policy Committee will next meet on 12/2/20 at 11:30 AM in Fresno County via teleconference.

Item #5

Attachment 5.A

Financials as of September 30, 2020

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Balance Sheet
As of September 30, 2020

			Total
1	ASSETS		
2	Current Assets		
3	Bank Accounts		
4	Cash & Cash Equivalents		167,831,515.86
5	Total Bank Accounts	$	167,831,515.86
6	Accounts Receivable		
7	Accounts Receivable		115,339,809.43
8	Total Accounts Receivable	$	115,339,809.43
9	Other Current Assets		
10	Interest Receivable		197.55
11	Investments - CDs		0.00
12	Prepaid Expenses		667,128.60
13	Security Deposit		0.00
14	Total Other Current Assets	$	667,326.15
15	Total Current Assets	$	283,838,651.44
16	Fixed Assets		
17	Buildings		6,637,610.54
18	Computers & Software		0.00
19	Land		3,161,419.10
20	Office Furniture & Equipment		115,028.71
21	Total Fixed Assets	$	9,914,058.35
22	Other Assets		
23	Investment -Restricted		300,031.97
24	Total Other Assets	$	300,031.97
25	TOTAL ASSETS	$	294,052,741.76
26	LIABILITIES AND EQUITY		
27	Liabilities		
28	Current Liabilities		
29	Accounts Payable		
30	Accounts Payable		77,738.98
31	Accrued Admin Service Fee		4,107,411.00
32	Capitation Payable		97,859,663.11
33	Claims Payable		15,439.65
34	Directed Payment Payable		4,180,433.48
35	Total Accounts Payable	$	106,240,686.22
36	Other Current Liabilities		
37	Accrued Expenses		227,500.00
38	Accrued Payroll		91,762.54
39	Accrued Vacation Pay		389,866.96
40	Amt Due to DHCS		3,034,882.73
41	IBNR		17,941.72
42	Loan Payable-Current		0.00
43	Premium Tax Payable		0.00
44	Premium Tax Payable to BOE		5,958,557.70
45	Premium Tax Payable to DHCS		70,656,250.00
46	Total Other Current Liabilities	$	80,376,761.65
47	Total Current Liabilities	$	186,617,447.87
48	Long-Term Liabilities		
49	Renters' Security Deposit		0.00
50	Subordinated Loan Payable		0.00
51	Total Long-Term Liabilities	$	0.00
52	Total Liabilities	$	186,617,447.87
53	Equity		
54	Retained Earnings		108,757,395.00
55	Net Income/ (Loss)		(1,322,101.11)
56	Total Equity	$	107,435,293.89
57	TOTAL LIABILITIES AND EQUITY	$	294,052,741.76

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Budget vs. Actuals: Income Statement
July 2020 - Sept 2020 (FY 2021)

		Total		
		Actual	**Budget**	**Over/(Under) Budget**
1	**Income**			
2	Interest Earned	68,819.32	99,000.00	(30,180.68)
3	Premium/Capitation Income	320,486,175.69	324,736,551.00	(4,250,375.31)
4	**Total Income**	**320,554,995.01**	**324,835,551.00**	**(4,280,555.99)**
5	**Cost of Medical Care**			
6	Capitation - Medical Costs	269,029,644.08	270,664,695.00	(1,635,050.92)
7	Medical Claim Costs	196,792.65	255,000.00	(58,207.35)
8	**Total Cost of Medical Care**	**269,226,436.73**	**270,919,695.00**	**(1,693,258.27)**
9	**Gross Margin**	**51,328,558.28**	**53,915,856.00**	**(2,587,297.72)**
10	**Expenses**			
11	Admin Service Agreement Fees	12,101,364.00	12,011,997.00	89,367.00
12	Bank Charges	891.04	1,650.00	(758.96)
13	Computer/IT Services	46,427.39	42,024.00	4,403.39
14	Consulting Fees	0.00	26,250.00	(26,250.00)
15	Depreciation Expense	71,589.18	76,500.00	(4,910.82)
16	Dues & Subscriptions	39,490.50	45,048.00	(5,557.50)
17	Grants	1,612,500.00	1,622,726.00	(10,226.00)
18	Insurance	42,786.19	42,810.00	(23.81)
19	Labor	953,808.12	860,436.00	93,372.12
20	Legal & Professional Fees	35,182.00	47,700.00	(12,518.00)
21	License Expense	184,532.77	213,855.00	(29,322.23)
22	Marketing	283,958.56	380,000.00	(96,041.44)
23	Meals and Entertainment	1,367.43	6,400.00	(5,032.57)
24	Office Expenses	18,391.12	21,000.00	(2,608.88)
25	Parking	0.00	375.00	(375.00)
26	Postage & Delivery	296.17	840.00	(543.83)
27	Printing & Reproduction	299.06	1,200.00	(900.94)
28	Recruitment Expense	0.00	9,000.00	(9,000.00)
29	Rent	0.00	3,000.00	(3,000.00)
30	Seminars and Training	254.07	6,000.00	(5,745.93)
31	Supplies	2,429.74	2,700.00	(270.26)
32	Taxes	37,405,153.50	37,406,250.00	(1,096.50)
33	Telephone	8,490.86	8,700.00	(209.14)
34	Travel	93.50	6,300.00	(6,206.50)
35	**Total Expenses**	**52,809,305.20**	**52,842,761.00**	**(33,455.80)**
36	**Net Operating Income/(Loss)**	**(1,480,746.92)**	**1,073,095.00**	**(2,553,841.92)**
37	**Other Income**			
38	Other Income	158,645.81	120,000.00	38,645.81
39	**Total Other Income**	**158,645.81**	**120,000.00**	**38,645.81**
40	**Net Other Income**	**158,645.81**	**120,000.00**	**38,645.81**
41	**Net Income/(Loss)**	**(1,322,101.11)**	**1,193,095.00**	**(2,515,196.11)**

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Income Statement: Current Year vs Prior Year
FY 2021 vs FY 2020

		Total	
		July 2020 - Sept 2020 (FY 2021)	July 2019 - Sept 2019 (FY 2020)
1	Income		
2	Interest Earned	68,819.32	273,130.09
3	Premium/Capitation Income	320,486,175.69	261,345,128.41
4	Total Income	320,554,995.01	261,618,258.50
5	Cost of Medical Care		
6	Capitation - Medical Costs	269,029,644.08	244,644,969.33
7	Medical Claim Costs	196,792.65	786,056.10
8	Total Cost of Medical Care	269,226,436.73	245,431,025.43
9	Gross Margin	51,328,558.28	16,187,233.07
10	Expenses		
11	Admin Service Agreement Fees	12,101,364.00	11,797,984.00
12	Bank Charges	891.04	5.00
13	Computer/IT Services	46,427.39	29,887.25
14	Depreciation Expense	71,589.18	72,571.89
15	Dues & Subscriptions	39,490.50	40,339.00
16	Grants	1,612,500.00	288,312.42
17	Insurance	42,786.19	49,985.07
18	Labor	953,808.12	785,111.41
19	Legal & Professional Fees	35,182.00	32,173.25
20	License Expense	184,532.77	190,776.72
21	Marketing	283,958.56	224,769.37
22	Meals and Entertainment	1,367.43	5,814.54
23	Office Expenses	18,391.12	17,188.92
24	Parking	0.00	287.00
25	Postage & Delivery	296.17	684.83
26	Printing & Reproduction	299.06	451.43
27	Rent	0.00	900.00
28	Seminars and Training	254.07	5,500.98
29	Supplies	2,429.74	2,267.31
30	Taxes	37,405,153.50	0.00
31	Telephone	8,490.86	8,386.10
32	Travel	93.50	3,435.70
33	Total Expenses	52,809,305.20	13,556,832.19
34	Net Operating Income/(Loss)	(1,480,746.92)	2,630,400.88
35	Other Income		
36	Other Income	158,645.81	154,541.86
37	Total Other Income	158,645.81	154,541.86
38	Net Other Income	158,645.81	154,541.86
39	Net Income/(Loss)	(1,322,101.11)	2,784,942.74

Item #5

Attachment 5.B

Appeals and Grievances Report

.pdf document with
summarized slides included at
the beginning for the
presentation of Items 5.B & 5.C

Appeals & Grievances Dashboard

CalViva - 2020					
Grievances	**Q1**	**Q2**	**Q3**	**2020 YTD**	**2019**
Expedited Grievances Received	26	23	25	74	189
Standard Grievances Received	296	214	222	732	1118
Total Grievances Received	**322**	**237**	**247**	**806**	**1307**
Grievance Ack Letters Sent Noncompliant	2	0	1	3	12
Grievance Ack Letter Compliance Rate	**99.3%**	**100.0%**	**99.5%**	**99.59%**	**98.9%**
Expedited Grievances Resolved Noncompliant	0	0	0	0	0
Expedited Grievances Resolved Compliant	26	22	26	74	189
Expedited Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.00%**	**100.0%**
Standard Grievances Resolved Noncompliant	0	0	0	0	1
Standard Grievances Resolved Compliant	319	220	230	769	1100
Standard Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.00%**	**99.9%**
Total Grievances Resolved	**345**	**242**	**256**	**843**	**1290**
Grievance Descriptions - Resolved Cases					
Quality of Service Grievances	**263**	**179**	**200**	**642**	**983**
Access - Other - DMHC	21	12	10	43	58
Access - PCP - DHCS	31	12	36	79	166
Access - Physical/OON - DHCS	0	0	0	0	0
Access - Spec - DHCS	15	4	11	30	59
Administrative	45	49	50	144	211
Continuity of Care	2	0	1	3	10
Interpersonal	22	23	14	59	106
Mental Health	0	0	0	0	0
Other	22	20	20	62	87
Pharmacy	20	10	7	37	50
Transportation - Access	50	24	18	92	160
Transportation - Behaviour	25	23	19	67	56
Transportation - Other	10	2	14	26	20
Quality Of Care Grievances	**82**	**63**	**56**	**201**	**307**
Access - Other - DMHC	3	1	0	4	11
Access - PCP - DHCS	1	2	2	5	4
Access - Physical/OON - DHCS	0	0	0	0	0
Access - Spec - DHCS	1	0	0	1	2
Mental Health	0	0	0	0	0
Other	15	16	17	48	51
PCP Care	33	26	22	81	108
PCP Delay	9	8	6	23	50
Pharmacy	0	0	0	0	1
Specialist Care	17	9	8	34	65
Specialist Delay	3	1	1	5	15

	Q1	Q2	Q3	2020 YTD	2019
Exempt Grievances Received	**806**	**643**	**683**	**2132**	**NA**
Access - Avail of Appt w/ PCP	37	14	17	68	NA
Access - Avail of Appt w/ Specialist	1	0	1	2	NA
Access - Avail of Appt w/ Other	0	0	0	0	NA
Access - Wait Time - wait too long on telephone	6	3	12	21	NA
Access - Wait Time - in office for appt	4	4	7	15	NA
Access - Panel Disruption	9	15	18	42	NA
Access - Shortage of Providers	0	0	0	0	NA
Access - Geographic/Distance Access Other	0	0	0	0	NA
Access - Geographic/Distance Access PCP	2	3	2	7	NA
Access - Geographic/Distance Access Specialist	1	0	0	1	NA
Access - Interpreter Service Requested	0	0	0	0	NA
Benefit Issue - Specific Benefit needs authorization	0	0	0	0	NA
Benefit Issue - Specific Benefit not covered	0	0	0	0	NA
Attitude/Service - Health Plan Staff	6	6	0	12	NA
Attitude/Service - Provider	83	57	63	203	NA
Attitude/Service - Office Staff	0	3	9	12	NA
Attitude/Service - Vendor	7	0	3	10	NA
Attitude/Service - Health Plan	4	3	2	9	NA
Authorization - Authorization Related	7	10	6	23	NA
Eligibility Issue - Member not eligible per Health Plan	4	2	0	6	NA
Eligibility Issue - Member not eligible per Provider	7	9	8	24	NA
Health Plan Materials - ID Cards-Not Received	50	37	58	145	NA
Health Plan Materials - ID Cards-Incorrect Information on Card	1	2	3	6	NA
Health Plan Materials - Other	0	3	0	3	NA
PCP Assignment/Transfer - Health Plan Assignment - Change Request	242	270	325	837	NA
PCP Assignment/Transfer - HCO Assignment - Change Request	53	33	32	118	NA
PCP Assignment/Transfer - PCP effective date	0	0	0	0	NA
PCP Assignment/Transfer - PCP Transfer not Processed	2	4	3	9	NA
PCP Assignment/Transfer - Rollout of PPG	5	17	14	36	NA
PCP Assignment/Transfer - Mileage Inconvenience	26	8	5	39	NA
Pharmacy - Authorization Issue	1	3	1	5	NA
Pharmacy - Authorization Issue-CalViva Error	0	0	0	0	NA
Pharmacy - Eligibility Issue	61	31	28	120	NA
Pharmacy - Quantity Limit	0	1	0	1	NA
Pharmacy - Rx Not Covered	0	0	0	0	NA
Pharmacy - Pharmacy-Retail	13	11	10	34	NA
Transportation - Access - Provider No Show	11	2	4	17	NA
Transportation - Access - Provider Late	31	7	8	46	NA
Transportation - Behaviour	84	20	6	110	NA
Transportation - Other	3	0	3	6	NA
OTHER - Other	0	5	0	5	NA
OTHER - Balance Billing from Provider	45	60	35	140	NA

Appeals	Q1	Q2	Q3	2020 YTD	2019
Expedited Appeals Received	33	32	26	91	158
Standard Appeals Received	264	177	241	682	744
Total Appeals Received	**297**	**209**	**267**	**773**	**902**
Appeals Ack Letters Sent Noncompliant	**1**	**0**	**0**	1	3
Appeals Ack Letter Compliance Rate	**99.6%**	**100.0%**	**100.0%**	**99.85%**	**99.6%**
Expedited Appeals Resolved Noncompliant	0	0	0	0	0
Expedited Appeals Resolved Compliant	**32**	**31**	**26**	89	158
Expedited Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.00%**	**100.0%**
Standard Appeals Resolved Noncompliant	0	0	0	0	3
Standard Appeals Resolved Compliant	229	229	229	687	726
Standard Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.00%**	**99.6%**
Total Appeals Resolved	**261**	**260**	**255**	**776**	**887**
Appeals Descriptions - Resolved Cases					
Pre-Service Appeals	**260**	**260**	**255**	**775**	**883**
Continuity of Care	0	0	0	0	2
Consultation	0	6	6	12	12
DME	13	6	10	29	51
Experimental/Investigational	0	0	0	0	0
Mental Health	0	1	0	1	11
Advanced Imaging	120	121	150	391	412
Other	14	12	10	36	71
Pharmacy	105	110	75	290	274
Surgery	8	4	4	16	50
Transportation	0	0	0	0	0
Post Service Appeals	**1**	**0**	**0**	**1**	**4**
Consultation	0	0	0	0	0
DME	0	0	0	0	1
Experimental/Investigational	0	0	0	0	0
Mental Health	0	0	0	0	0
Other	0	0	0	0	2
Pharmacy	0	0	0	0	1
Surgery	0	0	0	0	0
Transportation	0	0	0	0	0

	Q1	Q2	Q3	2020 YTD	2019
Appeals Decision Rates					
Upholds	**137**	147	143	427	463
Uphold Rate	**52.5%**	**56.5%**	**56.1%**	**55.0%**	**52.2%**
Overturns - Full	**114**	**110**	**108**	332	399
Overturn Rate - Full	**43.7%**	**42.3%**	**42.4%**	**42.8%**	**45.0%**
Overturns - Partials	**7**	**1**	**2**	10	19
Overturn Rate - Partial	**2.7%**	**0.4%**	**0.8%**	**1.3%**	**2.1%**
Withdrawal	**3**	**2**	**2**	**7**	6
Withdrawal Rate	**1.1%**	**0.8%**	**0.8%**	**0.9%**	**0.7%**
Membership					
Appeals - PTMPM	0.25	0.25	0.23	0.24	0.21
Grievances - PTMPM	0.33	0.23	0.23	0.26	0.30

KEY INDICATOR

ER utilization based on Claims data	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-Trend
Expansion Mbr Months	84,617	84,132	83,850	84,643	86,086	87,568	89,011	90,868	91,531	
Family/Adult/Other Mbr Mos	244,970	244,376	243,652	244,943	247,054	249,109	250,807	252,122	252,029	
SPD Mbr Months	34,072	34,043	33,922	33,933	33,915	33,937	33,937	33,934	33,815	

	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-Trend
Admits - Count	2,344	2,193	2,085	1,613	1,792	1,941	2,052	2,237	1,984	
Expansion	670	656	577	533	553	631	642	694	684	
Family/Adult/Other	1,117	1,020	1,024	774	873	910	1,004	1,074	931	
SPD	543	508	480	301	360	393	399	459	363	
Admits Acute - Count	1,615	1,525	1,395	944	1,169	1,287	1,343	1,482	1,283	
Expansion	498	490	436	359	422	466	495	516	499	
Family/Adult/Other	606	561	518	308	406	442	468	528	448	
SPD	501	469	438	274	336	372	375	433	334	
Readmit 30 Day - Count	312	273	287	198	235	234	258	306	258	
Expansion	87	93	73	52	90	80	82	93	104	
Family/Adult/Other	88	74	82	59	63	71	75	97	72	
SPD	136	105	132	86	82	81	100	115	82	
Readmit 14 Day - Count	31	26	36	18	23	21	22	26	20	
Expansion	9	8	10	3	8	6	7	8	3	
Family/Adult/Other	7	6	7	5	9	6	10	5	9	
SPD	15	12	19	10	6	9	5	13	8	
**ER Visits - Count	18,386	17,783	13,402	7,506	9,231	10,558	11,922	10,650	5,012	
Expansion	4,033	3,813	3,386	2,409	2,880	3,322	3,750	3,441	1,393	
Family/Adult/Other	12,329	12,056	8,448	3,981	5,051	5,950	6,629	6,037	3,081	
SPD	1,973	1,864	1,531	1,094	1,275	1,253	1,240	1,136	501	

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	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-Trend
Admits Acute - PTMPY	53.2	50.4	46.2	31.1	38.1	41.6	43.0	47.1	40.7	
Expansion	70.6	69.9	62.4	50.9	58.8	63.9	66.7	68.1	65.4	
Family/Adult/Other	29.7	27.5	25.5	15.1	19.7	21.3	22.4	25.1	21.3	
SPD	176.4	165.3	154.9	96.9	118.9	131.5	132.6	153.1	118.5	
Bed Days Acute - PTMPY	251.8	244.0	241.7	165.6	206.7	233.0	268.4	261.5	219.6	
Expansion	372.4	362.7	340.6	265.7	326.0	349.7	411.3	390.6	371.9	
Family/Adult/Other	107.1	103.0	91.3	71.4	93.3	103.5	129.1	122.9	86.0	
SPD	987.6	962.0	1,070.5	591.3	728.2	873.4	922.9	935.0	805.2	
ALOS Acute	4.7	4.8	5.2	5.3	5.4	5.6	6.2	5.6	5.4	
Expansion	5.3	5.2	5.5	5.2	5.5	5.5	6.2	5.7	5.7	
Family/Adult/Other	3.6	3.7	3.6	4.7	4.7	4.9	5.8	4.9	4.0	
SPD	5.6	5.8	6.9	6.1	6.1	6.6	7.0	6.1	6.8	
Readmit % 30 Day	13.3%	12.4%	13.8%	12.3%	13.1%	12.1%	12.6%	13.7%	13.0%	
Expansion	13.0%	14.2%	12.7%	9.8%	16.3%	12.7%	12.8%	13.4%	15.2%	
Family/Adult/Other	7.9%	7.3%	8.0%	7.6%	7.2%	7.8%	7.5%	9.0%	7.7%	
SPD	25.0%	20.7%	27.5%	28.6%	22.8%	20.6%	25.1%	25.1%	22.6%	
Readmit % 14 Day	1.9%	1.7%	2.6%	1.9%	2.0%	1.6%	1.6%	1.8%	1.6%	
Expansion	1.8%	1.6%	2.3%	0.8%	1.9%	1.3%	1.4%	1.6%	0.6%	
Family/Adult/Other	1.2%	1.1%	1.4%	1.6%	2.2%	1.4%	2.1%	0.9%	2.0%	
SPD	3.0%	2.6%	4.3%	3.6%	1.8%	2.4%	1.3%	3.0%	2.4%	
**ER Visits - PTMPY	605.7	587.5	444.2	247.3	301.2	341.2	382.0	338.4	159.1	
Expansion	571.9	543.9	484.6	341.5	401.5	455.2	505.6	454.4	182.6	
Family/Adult/Other	603.9	592.0	416.1	195.0	245.3	286.6	317.2	287.3	146.7	
SPD	694.9	657.1	541.6	386.9	451.1	443.1	438.5	401.7	177.8	

	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-Trend
Services					**TAT Compliance Goal: 100%**					
Preservice Routine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Preservice Urgent	100.0%	98.0%	98.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Postservice	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%	
Concurrent (inpatient only)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Deferrals - Routine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Deferrals - Urgent	N/A	100.0%	100.0%	100.0%	-	100.0%	100.0%	100.0%	100.0%	
Deferrals - Post Service	null	null	null	null	null	null	null	null	null	
					CCS ID RATE					
CCS %	8.36%	8.25%	8.42%	8.24%	8.15%	8.30%	8.18%	8.16%	8.31%	
					Perinatal Case Management					
Total Number Of Referrals	258	250	275	207	176	178	232	166	161	
Pending	0	1	0	0	0	0	0	12	15	
Ineligible	8	9	9	6	9	15	8	6	1	
Total Outreached	250	240	266	201	167	163	224	148	141	
Engaged	80	67	75	73	59	70	73	42	42	
Engagement Rate	32%	28%	28%	36%	35%	43%	33%	28%	30%	
New Cases Opened	80	67	75	73	59	70	73	42	42	
Total Cases Managed	324	344	367	383	369	406	416	391	390	
Total Cases Closed	44	52	55	73	35	61	74	57	62	
Cases Remained Open	266	275	291	292	324	319	267	311	267	

	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-Trend
					Integrated Case Management					
Total Number Of Referrals	97	125	151	139	156	144	214	188	159	
Pending	1	0	0	0	0	1	0	1	15	
Ineligible	10	9	4	10	6	12	12	26	13	
Total Outreached	86	116	147	129	150	131	202	161	131	
Engaged	45	61	66	57	66	70	108	94	88	
Engagement Rate	52%	53%	45%	44%	44%	53%	53%	58%	67%	
Total Screened and Refused/Decline	10	17	28	22	22	21	34	22	12	
Unable to Reach	31	38	53	50	62	40	60	45	31	
New Cases Opened	45	61	66	57	66	70	108	94	88	
Total Cases Closed	19	39	47	55	37	50	51	65	80	
Cases Remained Open	141	160	184	221	252	289	359	397	314	
Total Cases Managed	151	196	221	228	240	276	339	381	417	
Critical-Complex Acuity	36	31	30	35	47	55	59	64	64	
High/Moderate/Low Acuity	115	165	191	193	193	221	280	317	353	

	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-Trend
				Transitional Case Management						
Total Number Of Referrals	131	113	177	153	147	179	268	227	245	
Pending	0	0	0	0	0	0	0	0	29	
Ineligible	10	8	9	8	11	14	20	27	22	
Total Outreached	121	105	168	145	136	165	248	200	193	
Engaged	76	57	81	79	62	77	122	105	115	
Engagement Rate	63%	54%	48%	54%	46%	47%	49%	53%	60%	
Total Screened and Refused/Decline	13	14	38	19	29	27	38	32	21	
Unable to Reach	32	34	49	47	45	61	88	63	56	
New Cases Opened	76	57	81	79	62	77	122	105	115	
Total Cases Closed	55	58	86	80	81	65	82	103	118	
Cases Remained Open	74	62	63	74	54	56	81	93	106	
Total Cases Managed	138	140	164	157	141	135	193	217	228	
High/Moderate/Low Acuity	138	140	164	157	141	135	193	217	228	

	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-Trend
Palliative Care										
Total Number Of Referrals	23	24	22	24	22	35	15	10	8	
Pending	0	0	0	1	0	0	1	0	3	
Ineligible	8	7	9	9	11	14	3	4	0	
Total Outreached	15	17	13	14	11	21	11	6	5	
Engaged	12	13	9	10	8	17	6	5	5	
Engagement Rate	80%	76%	69%	71%	73%	81%	55%	83%	100%	
Total Screened and Refused/Decline	1	4	3	3	2	4	3	1	0	
Unable to Reach	2	0	1	1	1	0	2	0	0	
New Cases Opened	13	14	9	9	8	16	6	5	5	
Total Cases Closed	5	7	11	10	12	3	5	7	10	
Cases Remained Open	85	89	88	88	84	96	97	101	91	
Total Cases Managed	90	96	100	102	101	103	108	109	106	

	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-Trend
Behavioral Health Case Management										
Total Number Of Referrals	24	47	49	111	92	122	112	132	119	
Pending	0	0	0	0	0	0	0	0	6	
Ineligible	2	1	1	4	5	6	2	7	7	
Total Outreached	22	46	48	107	87	116	110	125	106	
Engaged	12	16	23	45	29	45	45	57	52	
Engagement Rate	55.0%	35.0%	48.0%	42.0%	33.0%	39%	41%	46%	49%	
Total Screened and Refused/Decline	0	0	0	1	2	3	3	2	11	
Unable to Reach	10	30	25	60	56	68	62	66	43	
New Cases Opened	12	16	23	45	29	45	45	57	52	
Total Cases Closed	21	15	16	17	24	24	25	42	58	
Cases Remained Open	18	19	28	56	60	73	81	66	94	
Total Cases Managed	39	37	46	84	96	119	141	177	202	
Critical-Complex Acuity	5	4	7	9	11	14	16	15	15	
High/Moderate/Low Acuity	34	33	39	75	85	105	125	162	187	

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2020

Current as of End of the Month: September
Revised Date: 10/23/2020

CalViva - 2020																	
Grievances	**Jan**	**Feb**	**Mar**	**Q1**	**Apr**	**May**	**Jun**	**Q2**	**Jul**	**Aug**	**Sep**	**Q3**	**Oct**	**Nov**	**Dec**	**Q4**	**2020 YTD**	**2019**
Expedited Grievances Received	10	4	12	26	7	8	8	23	12	10	3	25	0	0	0	0	74	189
Standard Grievances Received	101	97	98	296	61	75	78	214	82	74	66	222	0	0	0	0	732	1118
Total Grievances Received	**111**	**101**	**110**	**322**	**68**	**83**	**86**	**237**	**94**	**84**	**69**	**247**	**0**	**0**	**0**	**0**	**806**	**1307**
Grievance Ack Letters Sent Noncompliant	0	2	0	2	0	0	0	0	0	1	0	1	0	0	0	0	3	12
Grievance Ack Letter Compliance Rate	100.0%	97.9%	100.0%	99.3%	100.0%	100.0%	100.0%	100.0%	100.0%	98.6%	100.0%	99.5%	0.0%	0.0%	0.0%	0.0%	99.59%	98.9%
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	10	4	12	26	6	9	7	22	13	10	3	26	0	0	0	0	74	189
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	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%	100.00%	100.0%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Grievances Resolved Compliant	110	88	121	319	100	49	71	220	88	68	74	230	0	0	0	0	769	1100
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	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%	100.00%	99.9%
Total Grievances Resolved	**120**	**92**	**133**	**345**	**106**	**58**	**78**	**242**	**101**	**78**	**77**	**256**	**0**	**0**	**0**	**0**	**843**	**1290**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**96**	**60**	**107**	**263**	**80**	**43**	**56**	**179**	**83**	**62**	**55**	**200**	**0**	**0**	**0**	**0**	**642**	**983**
Access - Other - DMHC	7	7	7	21	4	3	5	12	6	3	1	10	0	0	0	0	43	58
Access - PCP - DHCS	10	9	12	31	5	3	4	12	14	11	11	36	0	0	0	0	79	166
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	10	4	1	15	1	2	1	4	6	1	4	11	0	0	0	0	30	59
Administrative	13	9	23	45	12	21	16	49	22	18	10	50	0	0	0	0	144	211
Continuity of Care	2	0	0	2	0	0	0	0	1	0	0	1	0	0	0	0	3	10
Interpersonal	8	5	9	22	11	5	7	23	9	3	2	14	0	0	0	0	59	106
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	11	5	6	22	8	7	5	20	9	5	6	20	0	0	0	0	62	87
Pharmacy	7	2	11	20	5	1	4	10	5	1	1	7	0	0	0	0	37	50
Transportation - Access	17	11	22	50	15	0	9	24	6	5	7	18	0	0	0	0	92	160
Transportation - Behaviour	7	4	14	25	17	1	5	23	3	10	6	19	0	0	0	0	67	56
Transportation - Other	4	4	2	10	2	0	0	2	2	5	7	14	0	0	0	0	26	20
Quality Of Care Grievances	**24**	**32**	**26**	**82**	**26**	**15**	**22**	**63**	**18**	**16**	**22**	**56**	**0**	**0**	**0**	**0**	**201**	**307**
Access - Other - DMHC	1	0	2	3	1	0	0	1	0	0	0	0	0	0	0	0	4	11
Access - PCP - DHCS	0	0	1	1	1	0	1	2	1	0	1	2	0	0	0	0	5	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	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	3	6	6	15	8	3	5	16	6	5	6	17	0	0	0	0	48	51
PCP Care	11	19	3	33	10	5	11	26	6	6	10	22	0	0	0	0	81	108
PCP Delay	1	2	6	9	2	3	3	8	3	2	1	6	0	0	0	0	23	50
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Specialist Care	8	3	6	17	4	3	2	9	2	3	3	8	0	0	0	0	34	65
Specialist Delay	0	1	2	3	0	1	0	1	0	0	1	1	0	0	0	0	5	15
Exempt Grievances Received	324	243	239	**806**	144	218	281	**643**	252	198	233	**683**	0	0	0	**0**	2132	NA
Access - Avail of Appt w/ PCP	17	12	8	**37**	2	6	6	**14**	5	4	8	**17**	0	0	0	**0**	68	NA
Access - Avail of Appt w/ Specialist	1	0	0	**1**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	2	NA
Access - Avail of Appt w/ Other	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	NA
Access - Wait Time - wait too long on telephone	1	3	2	**6**	2	1	0	**3**	5	2	5	**12**	0	0	0	**0**	21	NA
Access - Wait Time - in office for appt	0	3	1	**4**	1	1	2	**4**	0	3	4	**7**	0	0	0	**0**	15	NA
Access - Panel Disruption	3	3	3	**9**	1	8	6	**15**	9	5	4	**18**	0	0	0	**0**	42	NA
Access - Shortage of Providers	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	NA
Access - Geographic/Distance Access Other	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	NA
Access - Geographic/Distance Access PCP	1	1	0	**2**	2	0	1	**3**	0	0	2	**2**	0	0	0	**0**	7	NA
Access - Geographic/Distance Access Specialist	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	NA
Access - Interpreter Service Requested	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	NA
Benefit Issue - Specific Benefit needs authorization	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	NA
Benefit Issue - Specific Benefit not covered	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	NA
Attitude/Service - Health Plan Staff	4	1	1	**6**	1	1	4	**6**	0	0	0	**0**	0	0	0	**0**	12	NA
Attitude/Service - Provider	24	30	29	**83**	12	19	26	**57**	28	10	25	**63**	0	0	0	**0**	203	NA

Attitude/Service - Office Staff	0	0	0	**0**	1	1	1	**3**	3	4	2	**9**	0	0	0	**0**	12	NA
Attitude/Service - Vendor	2	1	4	**7**	0	0	0	**0**	1	2	0	**3**	0	0	0	**0**	10	NA
Attitude/Service - Health Plan	0	1	3	**4**	0	2	1	**3**	0	0	2	**2**	0	0	0	**0**	9	NA
Authorization - Authorization Related	4	2	1	**7**	2	2	6	**10**	2	2	2	**6**	0	0	0	**0**	23	NA
Eligibility Issue - Member not eligible per Health Plan	1	3	0	**4**	0	1	1	**2**	0	0	0	**0**	0	0	0	**0**	6	NA
Eligibility Issue - Member not eligible per Provider	2	2	3	**7**	1	5	3	**9**	2	4	2	**8**	0	0	0	**0**	24	NA
Health Plan Materials - ID Cards-Not Received	14	20	16	**50**	6	14	17	**37**	16	16	26	**58**	0	0	0	**0**	145	NA
Health Plan Materials - ID Cards-Incorrect Information on Card	1	0	0	**1**	1	1	0	**2**	1	2	0	**3**	0	0	0	**0**	6	NA
Health Plan Materials - Other	0	0	0	**0**	0	2	1	**3**	0	0	0	**0**	0	0	0	**0**	3	NA
PCP Assignment/Transfer - Health Plan Assignment - Change Request	109	59	74	**242**	59	84	127	**270**	120	96	109	**325**	0	0	0	**0**	837	NA
PCP Assignment/Transfer - HCO Assignment - Change Request	29	14	10	**53**	3	12	18	**33**	11	12	9	**32**	0	0	0	**0**	118	NA
PCP Assignment/Transfer - PCP effective date	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	NA
PCP Assignment/Transfer - PCP Transfer not Processed	0	0	2	**2**	0	2	2	**4**	1	1	1	**3**	0	0	0	**0**	9	NA
PCP Assignment/Transfer - Rollout of PPG	3	0	2	**5**	4	7	6	**17**	8	3	3	**14**	0	0	0	**0**	36	NA
PCP Assignment/Transfer - Mileage Inconvenience	6	17	3	**26**	2	3	3	**8**	4	0	1	**5**	0	0	0	**0**	39	NA
Pharmacy - Authorization Issue	0	0	1	**1**	1	1	1	**3**	0	1	0	**1**	0	0	0	**0**	5	NA
Pharmacy - Authorization Issue-CalViva Error	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	NA
Pharmacy - Eligibility Issue	26	15	20	**61**	14	11	6	**31**	10	9	9	**28**	0	0	0	**0**	120	NA
Pharmacy - Quantity Limit	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	1	NA
Pharmacy - Rx Not Covered	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	NA
Pharmacy - Pharmacy-Retail	5	4	4	**13**	2	6	3	**11**	4	3	3	**10**	0	0	0	**0**	34	NA
Transportation - Access - Provider No Show	9	1	1	**11**	0	2	0	**2**	1	2	1	**4**	0	0	0	**0**	17	NA
Transportation - Access - Provider Late	15	9	7	**31**	1	4	2	**7**	2	2	4	**8**	0	0	0	**0**	46	NA
Transportation - Behaviour	27	31	26	**84**	7	5	8	**20**	4	1	1	**6**	0	0	0	**0**	110	NA
Transportation - Other	2	1	0	**3**	0	0	0	**0**	2	0	1	**3**	0	0	0	**0**	6	NA
OTHER - Other	0	0	0	**0**	4	1	0	**5**	0	0	0	**0**	0	0	0	**0**	5	NA
OTHER - Balance Billing from Provider	18	9	18	**45**	15	16	29	**60**	13	14	8	**35**	0	0	0	**0**	140	NA

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	11	9	13	33	12	6	14	32	8	8	10	26	0	0	0	0	91	158
Standard Appeals Received	78	91	95	264	67	53	57	177	108	79	54	241	0	0	0	0	682	744
Total Appeals Received	**89**	**100**	**108**	**297**	**79**	**59**	**71**	**209**	**116**	**87**	**64**	**267**	**0**	**0**	**0**	**0**	**773**	**902**
Appeals Ack Letters Sent Noncompliant	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	3
Appeals Ack Letter Compliance Rate	100.0%	98.9%	100.0%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	99.85%	99.6%
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	11	10	11	**32**	13	6	12	**31**	9	9	8	**26**	0	0	0	0	89	158
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	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%	100.00%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Standard Appeals Resolved Compliant	65	69	95	229	100	78	51	229	53	98	78	229	0	0	0	0	687	726
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	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%	100.00%	99.6%
Total Appeals Resolved	**76**	**79**	**106**	**261**	**113**	**84**	**63**	**260**	**62**	**107**	**86**	**255**	**0**	**0**	**0**	**0**	**776**	**887**
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**76**	**78**	**106**	**260**	**113**	**84**	**63**	**260**	**62**	**107**	**86**	**255**	**0**	**0**	**0**	**0**	**775**	883
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Consultation	0	0	0	0	0	3	3	6	3	3	0	6	0	0	0	0	12	12
DME	5	5	3	13	4	0	2	6	2	5	3	10	0	0	0	0	29	51
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	1	1	0	0	0	0	0	0	0	0	1	11
Advanced Imaging	34	37	49	120	55	37	29	121	33	66	51	150	0	0	0	0	391	412
Other	5	6	3	14	9	1	2	12	5	2	3	10	0	0	0	0	36	71
Pharmacy	31	26	48	105	43	42	25	110	18	31	26	75	0	0	0	0	290	274
Surgery	1	4	3	8	2	1	1	4	1	0	3	4	0	0	0	0	16	50
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	**0**	**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	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	1
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	33	41	63	**137**	65	50	32	**147**	38	58	47	143	0	0	0	0	427	463
Uphold Rate	43.4%	51.9%	59.4%	52.5%	57.5%	59.5%	50.8%	56.5%	61.3%	54.2%	54.7%	56.1%	0.0%	0.0%	0.0%	0.0%	55.0%	52.2%
Overturns - Full	40	35	39	**114**	47	33	30	**110**	21	48	39	**108**	0	0	0	**0**	332	399
Overturn Rate - Full	52.6%	44.3%	36.8%	43.7%	41.6%	39.3%	47.6%	42.3%	33.9%	44.9%	45.3%	42.4%	0.0%	0.0%	0.0%	0.0%	42.8%	45.0%
Overturns - Partials	3	2	2	**7**	1	0	0	**1**	1	1	0	**2**	0	0	0	**0**	10	19
Overturn Rate - Partial	3.9%	2.5%	1.9%	2.7%	0.9%	0.0%	0.0%	0.4%	1.6%	0.9%	0.0%	0.8%	0.0%	0.0%	0.0%	0.00%	1.3%	2.1%
Withdrawal	0	1	2	**3**	0	1	1	**2**	2	0	0	**2**	0	0	0	0	**7**	6
Withdrawal Rate	0.0%	1.3%	1.9%	1.1%	0.0%	1.2%	1.6%	0.8%	3.2%	0.0%	0.0%	0.8%	0.0%	0.0%	0.0%	0.0%	0.9%	0.7%
Membership	348,034	347,538	347,090		348,814	354,281	358,004		361,207	364,479	368,417		-	-	-			
Appeals - PTMPM	0.22	0.23	0.31	0.25	0.32	0.24	0.18	0.25	0.17	0.29	0.23	0.23	-	-	-	-	0.24	0.21
Grievances - PTMPM	0.34	0.26	0.38	0.33	0.30	0.16	0.22	0.23	0.28	0.21	0.21	0.23	-	-	-	-	0.26	0.30

Cal Viva Dashboard Definitions	
Categories	**Description**
GRIEVANCE	Expression of dissatisfaction regarding any aspect of a plans or providers operations, contractual issues, activities or behaviors.
Expedited Grievances Received	Grievance received in the month with a TAT of 3 calendar days
Standard Grievances Received	Grievances received in the month with the standard 30 days TAT
Total Grievance Received	Amount of cases received within that month
Grievance Acknowledgement Sent Noncompliant	The number of Acknowledgement letters not sent within the 5 calendar day TAT
Grievance Acknowledgement Compliance Rate	Percentage of acknowledgement letters sent within 5 calendar days
Expedited Grievances Resolved Noncompliant	Expedited grievances closed after the 3 calendar day TAT
Expedited Grievances Resolved Compliant	Expedited grievances closed within the 3 calendar day TAT
Expedited Grievance Compliance Rate	Percentage of Expedited Grievances closed within the 3 calendar day TAT
Standard Grievances Resolved Noncompliant	Standard 30 day grievance cases closed after the 30 day TAT
Standard Grievances Resolved Compliant	Standard 30 day grievance cases closed within the 30 day TAT
Standard Grievance Compliance Rate	Percentage of cases closed within the 30 calendar day TAT
Total Grievances Resolved	Amount of cases closed for the month
Quality of Service Grievances	Grievances Related to non clinical concerns/administrative issues
Access to Care Grievance - Other	Long wait time for a scheduled appointment or unable to get an appointment with an ancillary provider
Access to Care Grievance - PCP	Long wait time for a scheduled appointment or unable to get an appointment with a PCP
Access to Care Grievance - Physical/OON	Access to care issues specifically due to physical distance or provider not being contracted with the plan
Access to Care Grievance - Specialist	Long wait time for a scheduled appointment or unable to get an appointment with a specialist
Administrative Grievance	Balance billing issue, claims delay in processing
Continuity of Care - Acute	Quality of service complaint/dispute regarding the continuity of care for acute care, as perceived by the enrollee from a provider.
Continuity of Care - Newborn	Quality of service complaint/dispute regarding the continuity of care for newborn care, as perceived by the enrollee from a provider.
Continuity of Care - Other	Quality of service complaint/dispute regarding the continuity of care for any other care not already categorized, as perceived by the enrollee from a provider.
Continuity of Care - Pregnancy	Quality of service complaint/dispute regarding the continuity of care for pregnancy care, as perceived by the enrollee from a provider.
Continuity of Care - Surgery	Quality of service complaint/dispute regarding the continuity of care for surgery, as perceived by the enrollee from a provider.
Continuity of Care - Terminal Illness	Quality of service complaint/dispute regarding the continuity of care for Terminal Illness, as perceived by the enrollee from a provider.
Interpersonal Grievance	Providers interaction with member
Mental Health	Grievances related to Mental Health providers/care
Other	All other QOS grievance types
Pharmacy	Long wait time for the drug to be called in or refilled
Quality of Care Grievances	Grievances Related to clinical concerns/possible impact to members health
Access to Care Grievance - Other	Long wait time for a scheduled appointment or unable to get an appointment with an ancillary provider
Access to Care Grievance - PCP	Long wait time for a scheduled appointment or unable to get an appointment with a PCP
Access to Care Grievance - Physical/OON	Access to care issues specifically due to physical distance or provider not being contracted with the plan
Access to Care Grievance - Specialist	Long wait time for a scheduled appointment or unable to get an appointment with a specialist
Mental Health	Grievances related to Mental Health providers/care
Other	All other QOC grievance types
PCP Care	Grievances related to quality of care provided by a PCP
PCP Delay	Grievances related to a delay in care provided by a PCP
Pharmacy	Wrong drug dispensed or adverse drug reaction.
Specialist Care	Grievances related to quality of care provided by a Specialist
Specialist Delay	Grievances related to a delay in care provided by a Specialist
APPEALS	Request for reconsideration. An oral or written request to change a decision or adverse determination.
Expedited Appeals Received	Appeals received in the month with a TAT of 3 calendar days
Standard Appeals Received	Appeals received in the month with a TAT of 30 calendar days
Total Appeals Received	Amount of cases received within that month
Appeals Acknowledgement Sent Non-compliant	Total number of acknowledgement letters not sent within the 5 calendar day TAT
Appeals Acknowledgement Compliance Rate	Percentage of Acknowledgement letters sent with the 5 calendar day TAT
Expedited Appeals Resolved Non-Compliant	Number of expedited appeals resolved after the 3 calendar day TAT
Expedited Appeals Resolved Compliant	Number of expedited appeals resolved within the 3 calendar day TAT
Expedited Appeals Compliance Rate	Percentage of expedited appeals closed with the 3 calendar day TAT
Standard Appeals Resolved Non-Compliant	Standard 30 day appeals resolved after the 30 calendar days
Standard Appeals Resolved Compliant	Standard 30 day appeals resolved within the 30 calendar days
Standard Appeals Compliance Rate	Percentage of Standard 30 calendar day TAT appeals closed within compliance
Total Appeals Resolved	Total number of appeals resolved for the month
Appeal Descriptions	
Pre Service Appeal	Any request for the reversal of a denied service prior to the services being rendered.
Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
Mental Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.
Pharmacy	Denied medication due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
Post Service Appeal	Any request for the reversal of a denied claim payment where the services were previously rendered.

Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
Mental Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.
Pharmacy	Denied medication due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
Appeals Decision Rate	Will include number of Upholds, Overturns, Partial overturns, and Withdrawals
Upholds	Number of Upheld Appeals
Uphold Rate	Percentage of Upheld appeals
Overturns - Full	Number of full overturned appeals
Overturn Rate - Full	Percentage of full overturned appeals
Overturn - Partial	Number of Partial Overturned appeals
Overturn Rate - Partial	Percentage of Partial Overturned appeals
Withdrawls	Number of withdrawn appeals
Withdrawl Rate	Percentage of withdrawn appeals
EXEMPT GRIEVANCE	Grievances received over the telephone that are not coverage dipsutes, disputed health care services involving medical necessity or experimental/investigational treatment that are resolved the the close of the next business day (1300.68 (d)(8).
Exempt Grievance tab key – Calviva Dashboard	
Column Definitions.	
Date Opened	The date the case was received
SF #	The internal HealthNet system ID code for the CCC representative who documented the call
Rep Name	Name of the CCC associate who took the call
Sup Name	Supervisor of the CCC associate who took the call
Mbr ID	The Calviva Health ID number of the member
SPD	Marked "yes" if the member is part of the "Seniors & Persons with Disabilities" population
Date of Birth	Date of birth of the member
Mbr Name	Name of the member
Reason	The case was categorized as a Calviva Exempt Grievance, hence the reason it's on the report
Preventable	Used if an Exempt Grievance was determined to be preventable
Access to Care	Used if determined Exempt Grievance was related to Access to Care
Issue Main Classification	Case is categorized by type of complaint
Issue Sub Classification	Case is subcategorized by type of complaint
DMHC Complaint Category	Case is categorized based on the DMHC TAR template complaint category
Discrimination?	Marked "yes" if case involved perceived discrimination by the member, otherwise marked "no"
Resolution	The resolution to the exempt grievance is notated here
Date Reviewed	The date the case was reviewed by CCC exempt grievance personnel
Provider Involved	The provider involved in the exempt grievance is notated here
Provider Category	The type of provider that is involved
County	The county the member resides in is notated here
PPG	Whether the member is assigned to a PPG is notated here
Health Plan ID	The Internal HN Plan ID for the Provider Involved in the exempt grievance.
PPG Service Area	Internal HN Code for the PPG to whom the member belongs.
Yes	
Classification Definitions	
Authorization	Used when it's an Authorization/Referral issue related exempt grievance
Avail of Appt w/ Other Providers	The case is related to appointment availability of ancillary providers
Avail of Appt w/ PCP	The case is related to appointment availability of the PCP
Avail of Appt w/ Specialist	The case is related to appointment availability of a Specialist
Claims Complaint	The case is related to a claims issue/dispute
Eligibility Issue	The case is related to the members eligibility or lackthereof.
Health Care Benefits	When it's an exempt grievance related to a specific benefit, eg transportation
ID Card - Not Received	The case is related to the member having not received their ID card
Information Discrepancy	When the exempt grievance is related to being given wrong or misleading information
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	The case is related to the interpersonal behavior of a health plan staff member
Interpersonal - Behavior of Clinic/Staff - Provider	The case is related to the interpersonal behavior of a provider
Interpersonal - Behavior of Clinic/Staff - Vendor	The case is related to the interpersonal behavior of a vendor
Other	For miscellaneous exempt grievances
PCP Assignment/Transfer	
PCP Assignment/Transfer-Health Plan Assignment- Change Request	Use this when the member is upset/dissatisfied with the health plan's PCP assignment for the member, whether it be through the auto-assignment logic process or any other health plan assignments reasons.
PCP Assignment/Transfer-HCO Assignment - Change Request	Use this when the member is upset/dissatisfied with the health plan's PCP assignment for the member.This category will represent PCP assignments in which the assignment was made as a result of the 834 file HCO Input. "Electronic Assignment- HCO Input"
Pharmacy	The case is related to a pharmacy issue
Wait Time - In Office for Scheduled Appt	When the Access to Care complaint is in regards to wait time at a providers office
Wait Time - Too Long on Telephone	When the Access to Care complaint is in regards to being placed on hold or unable to get through by telephone
The Outlier Tab	This tab is used by the Reporting Team, CalViva, and A&G. The Reporting Team will use this tab to call out any outliers to the A&G team that were identified during the report creation such as trends or increase in volume of appeals and/or grievances. The Reporting team will send the outliers to the business when the Dashboard is sent for approval. CalViva will use this tab to call out any outliers to the A&G team that were identified during the report creation. The A&G Team will use this tab to document the reasons for the call out, trending, or unusual high numbers of complaints from the Reporting Team or CalViva on the outliers that were identified during the report creation or review of cases.
Month	This is used to track the month effected by the change that was made
Date	This is used to track the date the change was made
Outlier	This is the section that describes a brief explanation of the outlier such as increase number of PCP wait time complaints, trends, etc.
Explanation	This is the section that explains the outlier.
Membership	Excludes Kaiser membership and is addressed separately in a quarterly report by Kaiser Plan.
PTMPM	Per thousand members per month. PTMPM rates are calculated using the total number of appeals or grievances, divided by total membership and multiplied by 1,000

Item #5

Attachment 5.C

Key Indicator Report

Healthcare Solutions Reporting
Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 9/01/2020 to 9/30/2020
Report created 10/28/2020

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

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

Contact Information

Sections	Contact Person
Concurrent Inpatient TAT Metric	
TAT Metric	Katherine Marie F. Coy <KATHERINE.F.COY@HEALTHNET.COM>
CCS Metric	Azra S. Aslam <Azra.S.Aslam@healthnet.com>
Case Management Metrics	Kenneth Hartley <KHARTLEY@cahealthwellness.com
Authorization Metrics	John Gonzalez

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 9/01/2020 to 9/30/2020
Report created 10/28/2020

ER utilization based on Claims data	2019-09	2019-10	2019-11	2019-12	2019-Trend	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-Trend	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Qtr Trend	CY-2019	YTD-2020	YTD-Trend
																Quarterly Averages								Annual Averages		
Expansion Mbr Months	86,692	86,371	85,925	85,375		84,617	84,132	83,850	84,643	86,086	87,568	89,011	90,868	91,531		85,494	85,412	86,843	85,890	84,200	86,099	90,470		85,910	86,923	
Family/Adult/Other Mbr Mos	248,376	247,354	246,738	246,057		244,970	244,376	243,652	244,943	247,054	249,109	250,807	252,122	252,029		241,973	241,469	249,598	246,716	244,333	247,035	251,653		244,939	247,674	
SPD Mbr Months	33,995	34,068	34,126	34,145		34,072	34,043	33,922	33,933	33,915	33,937	33,937	33,934	33,815		32,765	32,987	33,949	34,113	34,012	33,928	33,895		33,454	33,945	
Admits - Count	2,168	2,302	2,209	2,246		2,344	2,193	2,085	1,613	1,792	1,941	2,052	2,237	1,984		2,227	2,221	2,307	2,252	2,207	1,782	2,091		2,252	2,215	
Expansion	630	687	661	662		670	656	577	533	553	631	642	694	684		631	658	707	670	634	572	673		666	690	
Family/Adult/Other	1,031	1,086	1,027	1,061		1,117	1,020	1,024	774	873	910	1,004	1,074	931		1,061	1,030	1,070	1,058	1,054	852	1,003		1,055	1,059	
SPD	493	517	505	515		543	508	480	301	360	393	399	459	363		524	521	514	512	510	351	407		518	457	
Admits Acute - Count	1,459	1,505	1,487	1,508		1,615	1,525	1,395	944	1,169	1,287	1,343	1,482	1,283		1,550	1,518	1,514	1,500	1,512	1,133	1,369		1,520	1,461	
Expansion	466	497	494	478		498	490	436	359	422	466	495	516	499		467	499	518	490	475	416	503		494	512	
Family/Adult/Other	529	534	528	556		606	561	518	308	406	442	468	528	448		593	536	521	539	562	385	481		547	520	
SPD	455	467	458	469		501	469	438	274	336	372	375	433	334		480	476	465	465	469	327	381		472	425	
Readmit 30 Day - Count	306	315	307	309		312	273	287	198	235	234	258	306	258		297	294	299	310	291	222	274		300	287	
Expansion	91	99	89	77		87	93	73	52	90	80	82	93	104		84	89	100	88	84	74	93		90	92	
Family/Adult/Other	98	94	91	88		88	74	82	59	63	71	75	97	72		87	82	95	91	81	64	81		89	83	
SPD	112	121	123	142		136	105	132	86	82	81	100	115	82		124	121	102	129	124	83	99		119	111	
Readmit 14 Day - Count	21	23	26	21		31	26	36	18	23	21	22	26	20		26	32	26	23	31	21	23		27	27	
Expansion	5	8	8	5		9	8	10	3	8	6	7	8	3		8	9	8	7	9	6	6		8	8	
Family/Adult/Other	3	6	4	8		7	6	7	5	9	6	10	5	9		8	9	6	6	7	7	8		7	8	
SPD	13	9	14	8		15	12	19	10	6	9	5	13	8		9	15	12	10	15	8	9		12	12	
**ER Visits - Count	15,892	15,355	15,532	16,081		18,386	17,783	13,402	7,506	9,231	10,558	11,922	10,650	5,012		16,722	15,629	15,743	15,656	16,524	9,098	9,195		15,937	11,606	
Expansion	3,883	3,634	3,589	3,742		4,033	3,813	3,386	2,409	2,880	3,322	3,750	3,441	1,393		3,692	3,880	4,090	3,655	3,744	2,870	2,861		3,829	3,159	
Family/Adult/Other	10,160	9,957	10,170	10,507		12,329	12,056	8,448	3,981	5,051	5,950	6,629	6,037	3,081		11,315	9,985	9,785	10,211	10,944	4,994	5,249		10,324	7,062	
SPD	1,802	1,710	1,741	1,791		1,973	1,864	1,531	1,094	1,275	1,253	1,240	1,136	501		1,692	1,720	1,819	1,747	1,789	1,207	959		1,745	1,319	
Admits Acute - PTMPY	47.4	49.0	48.6	49.4		53.2	50.4	46.2	31.1	38.1	41.6	43.0	47.1	40.7		51.6	50.6	49.0	49.0	49.9	37.0	43.6		50.0	47.5	
Expansion	64.5	69.1	69.0	67.2		70.6	69.9	62.4	50.9	58.8	63.9	66.7	68.1	65.4		65.5	70.2	71.6	68.4	67.6	57.9	66.8		68.9	70.7	
Family/Adult/Other	25.6	25.9	25.7	27.1		29.7	27.5	25.5	15.1	19.7	21.3	22.4	25.1	21.3		29.4	26.6	25.0	26.2	27.6	18.7	23.0		26.8	25.2	
SPD	160.6	164.5	161.1	164.8		176.4	165.3	154.9	96.9	118.9	131.5	132.6	153.1	118.5		175.8	173.3	164.5	163.5	165.6	115.8	134.8		169.2	150.2	
Bed Days Acute - PTMPY	225.6	244.7	242.2	251.3		251.8	244.0	241.7	165.6	206.7	233.0	268.4	261.5	219.6		261.6	247.6	236.6	246.0	245.9	202.0	249.8		247.9	249.8	
Expansion	343.4	326.1	363.1	358.8		372.4	362.7	340.6	265.7	326.0	349.7	411.3	390.6	371.9		337.6	340.3	380.7	349.3	358.6	314.3	391.1		352.1	384.8	
Family/Adult/Other	95.3	101.6	102.3	110.6		107.1	103.0	91.3	71.4	93.3	103.5	129.1	122.9	86.0		112.9	101.9	91.3	104.8	100.5	89.5	112.7		102.7	108.6	
SPD	864.8	1,053.9	934.7	991.1		987.6	962.0	1,070.5	591.3	728.2	873.4	922.9	935.0	805.2		1,145.6	1,066.5	924.1	993.2	1,006.6	731.0	887.8		1,031.0	929.8	
ALOS Acute	4.8	5.0	5.0	5.1		4.7	4.8	5.2	5.3	5.4	5.6	6.2	5.6	5.4		5.1	4.9	4.8	5.0	4.9	5.5	5.7		5.0	5.3	
Expansion	5.3	4.7	5.3	5.3		5.3	5.2	5.5	5.2	5.5	5.5	6.2	5.7	5.7		5.1	4.9	5.3	5.1	5.3	5.4	5.9		5.1	5.4	
Family/Adult/Other	3.7	3.9	4.0	4.1		3.6	3.7	3.6	4.7	4.7	4.9	5.8	4.9	4.0		3.8	3.8	3.6	4.0	3.6	4.8	4.9		3.8	4.3	
SPD	5.4	6.4	5.8	6.0		5.6	5.8	6.9	6.1	6.1	6.6	7.0	6.1	6.8		6.5	6.2	5.6	6.1	6.1	6.3	6.2		6.1	6.2	
Readmit % 30 Day	14.1%	13.7%	13.9%	13.8%		13.3%	12.4%	13.8%	12.3%	13.1%	12.1%	12.6%	13.7%	13.0%		13.3%	13.2%	12.9%	13.8%	13.2%	12.5%	13.1%		13.3%	13.0%	
Expansion	14.4%	14.4%	13.5%	11.6%		13.0%	14.2%	12.7%	9.8%	16.3%	12.7%	12.8%	13.4%	15.2%		13.3%	13.6%	14.1%	13.2%	13.3%	12.9%	13.8%		13.5%	13.3%	
Family/Adult/Other	9.5%	8.7%	8.9%	8.3%		7.9%	7.3%	8.0%	7.6%	7.2%	7.8%	7.5%	9.0%	7.7%		8.2%	8.0%	8.9%	8.6%	7.7%	7.5%	8.1%		8.4%	7.9%	
SPD	22.7%	23.4%	24.4%	27.6%		25.0%	20.7%	27.5%	28.6%	22.8%	20.6%	25.1%	25.1%	22.6%		23.7%	23.3%	19.8%	25.1%	24.4%	23.6%	24.3%		23.0%	24.3%	
Readmit % 14 Day	1.4%	1.5%	1.7%	1.4%		1.9%	1.7%	2.6%	1.9%	2.0%	1.6%	1.6%	1.8%	1.6%		1.7%	2.1%	1.7%	1.6%	2.1%	1.8%	1.7%		1.8%	1.9%	
Expansion	1.1%	1.6%	1.6%	1.0%		1.8%	1.6%	2.3%	0.8%	1.9%	1.3%	1.4%	1.6%	0.6%		1.7%	1.7%	1.6%	1.4%	1.9%	1.4%	1.2%		1.6%	1.5%	
Family/Adult/Other	0.6%	1.1%	0.8%	1.4%		1.2%	1.1%	1.4%	1.6%	2.2%	1.4%	2.1%	0.9%	2.0%		1.3%	1.6%	1.2%	1.1%	1.2%	1.7%	1.7%		1.5%	1.5%	
SPD	2.9%	1.9%	3.1%	1.7%		3.0%	2.6%	4.3%	3.6%	1.8%	2.4%	1.3%	3.0%	2.4%		1.9%	3.1%	2.5%	2.2%	3.3%	2.5%	2.3%		2.4%	2.8%	
**ER Visits - PTMPY	515.9	500.2	507.3	527.0		605.7	587.5	444.2	247.3	301.2	341.2	382.0	338.4	159.1		556.8	520.5	509.3	511.5	545.9	296.9	292.9		524.4	377.2	
Expansion	537.5	504.9	501.2	525.9		571.9	543.9	484.6	341.5	401.5	455.2	505.6	454.4	182.6		518.2	545.1	565.2	510.7	533.6	400.1	379.5		534.9	436.0	
Family/Adult/Other	490.9	483.0	494.6	512.4		603.9	592.0	416.1	195.0	245.3	286.6	317.2	287.3	146.7		561.1	496.2	470.4	496.7	537.5	242.6	250.3		505.8	342.2	
SPD	636.1	602.3	612.2	629.4		694.9	657.1	541.6	386.9	451.1	443.1	438.5	401.7	177.8		619.7	625.7	643.0	614.7	631.3	427.0	339.5		625.8	466.1	
Services	TAT Compliance Goal: 100%					TAT Compliance Goal: 100%										TAT Compliance Goal: 100%								TAT Compliance Goal: 100%		
Preservice Routine	86.0%	74.0%	100.0%	92.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		98.9%	65.6%	87.3%	88.7%	100.0%	100.0%	100.0%				
Preservice Urgent	92.0%	76.0%	100.0%	92.0%		100.0%	98.0%	98.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%		98.9%	90.0%	91.8%	89.3%	98.7%	99.3%	100.0%				
Postservice	100.0%	94.0%	94.0%	94.0%		100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%		100.0%	98.9%	92.9%	94.0%	100.0%	98.7%	100.0%				
Concurrent (inpatient only)	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		92.2%	96.7%	100.0%	100.0%	100.0%	100.0%	100.0%				
Deferrals - Routine	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	92.4%	100.0%	100.0%	100.0%	100.0%	100.0%				
Deferrals - Urgent	NA	null	100.0%	NA		N/A	100.0%	100.0%	100.0%	-	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%				
Deferrals - Post Service	NA	NA	NA	NA		null	null	null	null	null	null	null	null	null		null	null	null	null	null	null	null				
	CCS ID RATE					CCS ID RATE										CCS ID RATE								CCS ID RATE		
CCS %	8.29%	8.25%	8.29%	8.31%		8.36%	8.25%	8.42%	8.24%	8.15%	8.30%	8.18%	8.16%	8.31%		8.07%	8.10%	8.19%	8.28%	8.34%	8.23%	8.22%		8.16%	8.26%	
	Perinatal Case Management					Perinatal Case Management										Perinatal Case Management								Perinatal Case Management		
Total Number Of Referrals	139	116	96	184		258	250	275	207	176	178	232	166	161		135	507	655	396	783	561	559		1,693	1,903	

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 9/01/2020 to 9/30/2020
Report created 10/28/2020

ER utilization based on Claims data	2019-09	2019-10	2019-11	2019-12	2019-Trend	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-Trend	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Qtr Trend	CY-2019	YTD-2020	YTD-Trend
Pending	4	0	2	6		0	1	0	0	0	0	0	12	15		0	1	5	8	1	0	27		14	28	
Ineligible	5	1	1	3		8	9	9	6	9	15	8	6	1		10	40	35	5	26	30	15		90	71	
Total Outreached	130	115	93	175		250	240	266	201	167	163	224	148	141		125	466	615	383	756	531	513		1,589	1,800	
Engaged	37	43	33	64		80	67	75	73	59	70	73	42	42		31	121	149	140	222	202	157		441	581	
Engagement Rate	28%	37%	35%	37%		32%	28%	28%	36%	35%	43%	33%	28%	30%		25%	26%	24%	37%	29%	38%	31%		28%	32%	
New Cases Opened	37	43	33	64		80	67	75	73	59	70	73	42	42		31	121	149	140	222	202	157		444	581	
Total Cases Managed	227	245	242	283		324	344	367	383	369	406	416	391	390		99	177	273	316	465	472	485		503	841	
Total Cases Closed	25	34	25	40		44	52	55	73	35	61	74	57	62		44	37	80	99	151	169	193		260	513	
Cases Remained Open	197	206	214	228		266	275	291	292	324	319	267	311	267		52	125	197	224	319	319	267		228	267	
Integrated Case Management																										
Total Number Of Referrals	80	111	78	112		97	125	151	139	156	144	214	188	159		152	258	290	301	373	439	561		1,001	1,373	
Pending	2	2	1	7		1	0	0	0	0	1	0	1	15		0	4	6	10	1	1	16		20	18	
Ineligible	5	11	9	10		10	9	4	10	6	12	12	26	13		10	31	34	30	23	28	51		105	102	
Total Outreached	73	98	68	95		86	116	147	129	150	131	202	161	131		142	223	250	261	349	410	494		876	1,253	
Engaged	30	38	32	49		45	61	66	57	66	70	108	94	88		58	73	98	119	172	193	290		348	655	
Engagement Rate	41%	39%	47%	52%		52%	53%	45%	44%	44%	53%	53%	58%	67%		41%	33%	39%	46%	49%	47%	59%		40%	52%	
Total Screened and Refused/Decline	24	25	26	14		10	17	28	22	22	21	34	22	12		28	58	65	65	55	65	68		216	188	
Unable to Reach	32	53	27	42		31	38	53	50	62	40	60	45	31		67	131	127	122	122	152	136		447	410	
New Cases Opened	30	38	32	49		45	61	66	57	66	70	108	94	88		58	73	98	113	172	193	290		342	655	
Total Cases Closed	28	41	40	30		19	39	47	55	37	50	51	65	80		63	70	102	111	105	142	196		346	443	
Cases Remained Open	130	126	102	125		141	160	184	221	252	289	359	397	314		116	137	130	125	184	289	314		125	314	
Total Cases Managed	137	144	130	139		151	196	221	228	240	276	339	381	417		164	189	192	202	279	367	533		444	780	
Critical-Complex Acuity	22	24	24	31		36	31	30	35	47	55	59	64	64		26	32	31	39	42	65	77		65	115	
High/Moderate/Low Acuity	115	120	106	108		115	165	191	193	193	221	280	317	353		138	157	159	163	237	302	456		379	665	
Transitional Case Management																										
Total Number Of Referrals	114	162	129	132		131	113	177	153	147	179	268	227	245		152	137	377	414	421	479	740		1,080	1,640	
Pending	18	3	2	29		0	0	0	0	0	0	0	0	29		0	3	18	34	0	0	29		55	29	
Ineligible	9	17	9	15		10	8	9	8	11	14	20	27	22		29	45	61	41	27	33	69		176	129	
Total Outreached	87	138	113	88		121	105	168	145	136	165	248	200	193		123	89	298	339	394	446	641		849	1,481	
Engaged	41	64	55	48		76	57	81	79	62	77	122	105	115		50	25	125	167	214	218	342		367	774	
Engagement Rate	47%	46%	49%	55%		63%	54%	48%	54%	46%	47%	49%	53%	60%		41%	28%	42%	49%	54%	49%	53%		43%	52%	
Total Screened and Refused/Decline	20	38	33	14		13	14	38	19	29	27	38	32	21		44	25	66	85	65	75	91		220	231	
Unable to Reach	31	44	28	29		32	34	49	47	45	61	88	63	56		36	48	124	101	115	153	207		309	475	
New Cases Opened	41	64	55	48		76	57	81	79	62	77	122	105	115		51	24	125	167	214	218	342		367	774	
Total Cases Closed	34	56	56	55		55	58	86	80	81	65	82	103	118		29	43	79	167	199	226	303		318	728	
Cases Remained Open	45	67	54	55		74	62	63	74	54	56	81	93	106		18	13	45	55	63	56	106		55	106	
Total Cases Managed	94	129	125	117		138	140	164	157	141	135	193	217	228		52	55	128	167	280	296	398		378	835	
High/Moderate/Low Acuity	94	129	125	117		138	140	164	157	141	135	193	217	228		52	55	128	167	280	296	398		378	835	
Palliative Care																										
Total Number Of Referrals				21		23	24	22	24	22	35	15	10	8					21	69	81	33		21	183	
Pending				3		0	0	0	1	0	0	1	0	3					3	0	1	4		3	5	
Ineligible				0		8	7	9	9	11	14	3	4	0					0	24	34	7		0	65	
Total Outreached				18		15	17	13	14	11	21	11	6	5					18	45	46	22		18	113	
Engaged				14		12	13	9	10	8	17	6	5	5					14	34	35	16		14	85	
Engagement Rate				78%		80%	76%	69%	71%	73%	81%	55%	83%	100%					78%	76%	76%	73%		78%	75%	
Total Screened and Refused/Decline				2		1	4	3	3	2	4	3	1	0					2	8	9	4		2	21	
Unable to Reach				2		2	0	1	1	1	0	2	0	0					2	3	2	2		2	7	
New Cases Opened				13		13	14	9	9	8	16	6	5	5					13	36	33	16		13	85	
Total Cases Closed				9		5	7	11	10	12	3	5	7	10					9	23	25	22		9	70	
Cases Remained Open				84		85	89	88	88	84	96	97	101	91					84	88	96	91		84	91	
Total Cases Managed				109		90	96	100	102	101	103	108	109	106					109	107	122	126		109	166	
Behavioral Health Case Management																										
Total Number Of Referrals	45	51	24	24		24	47	49	111	92	122	112	132	119		80	104	174	97	120	325	363		455	808	
Pending	7	1	0	2		0	0	0	0	0	0	0	0	6		0	1	8	3	0	0	6		12	6	
Ineligible	2	2	1	2		2	1	1	4	5	6	2	7	7		9	9	23	5	4	15	16		46	35	
Total Outreached	36	47	22	20		22	46	48	107	87	116	110	125	106		71	94	143	89	116	310	341		397	767	
Engaged	11	17	13	10		12	16	23	45	29	45	45	57	52		29	40	54	40	51	119	154		163	324	
Engagement Rate	31%	36%	59%	50%		55.0%	35.0%	48.0%	42.0%	33.0%	39%	41%	46%	49%		41%	43%	38%	45%	44%	38%	45%		41%	42%	
Total Screened and Refused/Decline	1	2	1	2		0	0	0	1	2	3	3	2	11		2	2	7	5	0	6	16		16	22	
Unable to Reach	26	32	10	11		10	30	25	60	56	68	62	66	43		44	58	99	53	65	184	171		254	420	

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 9/01/2020 to 9/30/2020
Report created 10/28/2020

ER utilization based on Claims data	2019-09	2019-10	2019-11	2019-12	2019-Trend	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-Trend	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Qtr Trend	CY- 2019	YTD-2020	YTD-Trend
New Cases Opened	11	17	13	10		12	16	23	45	29	45	45	57	52		29	40	53	40	51	119	154		163	324	
Total Cases Closed	22	15	19	11		21	15	16	17	24	24	25	42	58		21	26	60	45	52	65	125		152	242	
Cases Remained Open	25	25	20	25		18	19	28	56	60	73	81	66	94		21	34	25	25	28	73	94		25	94	
Total Cases Managed	54	50	48	39		39	37	46	84	96	119	141	177	202		47	63	76	63	81	164	295		181	388	
Critical-Complex Acuity	8	9	7	4		5	4	7	9	11	14	16	15	15		4	6	9	10	9	17	22		14	25	
High/Moderate/Low Acuity	46	41	41	35		34	33	39	75	85	105	125	162	187		43	57	67	53	72	147	273		167	363	
Record Processing																										
Total Records	7,518	8,761	7,380	7,418		8,341	7,703	7,536	5,414	7,551	7,558	7,566	7,570	6,699		22,529	24,476	23,285	23,559	23,580	20,523	21,835		93,849	51,669	
Total Admissions	2,067	2,188	2,116	2,155		2,244	2,201	2,092	1,595	2,072	2,069	2,066	2,060	2,001		6,490	6,440	6,604	6,459	6,537	5,736	6,127		25,993	14,339	

Item #5

Attachment 5.D

QIUM Quarterly Report

REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

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

COMMITTEE DATE: November 19th, 2020

SUBJECT: CalViva Health QI & UM Update of Activities Quarter 4 2020 (November 2020)

Purpose of Activity:

This report is to provide the RHA Commission with an update on the CalViva Health QI & UM performance, program and regulatory activities in Quarter 4 of 2020.

I. Meetings

One meeting has been held in Quarter 4 thus far, on October 15th, 2020. The following guiding documents were approved at these meetings:

1. 2020 Culture & Linguistics (C&L) Work Plan Mid-Year Evaluation
2. 2020 Health Education (HE) Work Plan Mid-Year Evaluation

In addition, the following general documents were also approved:
1. Culture & Linguistics Language Assistance Program
2. CVH Preventive Screening Guidelines 2020
3. Provider Appointment Availability and After-Hours Access Survey Results
4. Pharmacy Formulary
5. Medical Policies Q2
6. UMCM Policy & Procedure Review

II. QI Reports - The following is a summary of some of the reports and topics reviewed:

1. The **Appeal and Grievance Dashboard & Quarterly Reports** provide a summary of all grievances in order to track volumes, turn-around times and case classifications. The Dashboard and the quarterly A & G reports through August 2020 were presented and discussed.
   a. The total number of grievances ending in August 2020 has decreased slightly compared to previous months presumably due to less interactions with providers associated with the pandemic.
   b. Most grievances were in the Quality of Service category.
   c. The Exempt grievances continued to decrease in August. Two categories have had their labels updated to better reflect the issue captured.
   d. The total number of Appeals Received for Q1 and Q2 is on track to exceed 2019 numbers.
   e. Appeal volumes have increased again after a slight decrease in July. Further evaluation of these appeals related to pharmacy and advanced imaging in progress. Based upon results of analysis providers will be educated and any other recommendations addressed. Activities are underway.

2. **MHN Performance Indicator Report** is a compilation of performance metrics including authorization timeliness, potential quality issues, network availability and network adequacy. Data and analysis are provided on a quarterly basis with the Q2 2020 report demonstrating 15 out of the 15 metrics met or exceeded their targets.
   a. Authorization Decision Timeliness exceeded the target for Provider Disputes. All 150 provider disputes in Q2 were resolved within timeliness standards, resulting in a 100% compliance rate. A number of interventions have been implemented recently to improve performance.
   b. Member appointment access data revealed no (0) Life-threatening Emergent cases.; there were two (2) Non-life-threatening Emergent cases and the access standard was met; there were two (2) Urgent cases and the appointment access standard was met.
   c. There were 2 PQI cases in Quarter 2 2020 both were resolved within timeliness standards.
3. **SPD Health Risk Assessment (HRA)** is a state mandated member outreach activity which is summarized in this report quarterly. The intent of this new member outreach is to identify higher risk individuals and offer case management and other care coordination services and resources. DHCS requires a minimum of 3 outreach calls within 45 days for high risk individuals and three outreach calls to low risk individuals within 90 days of enrollment in the Plan.
   a. 100% of the 5,639 members in Q2 had timely outreach and therefore met the state standard.
   b. 12.6% of those members completed the HRA.
   Currently, call outreach and tracking are manual processes, however a new call system is being implemented. The new call system will streamline the outreach process with automated dialing and simplify reporting since all data will be captured in the system real-time. Alternate outreach methods are also being explored such as texting or emailing members.
4. **(Access) Provider Office Wait Time Reporting** is required by DHCS to evaluate how long scheduled members are waiting to be seen in providers' offices. This Provider Office Wait Time report provided a summary of Quarter 2 2020 monitoring for Fresno, Kings, and Madera Counties. Results indicate that all counties were within the 30-minute office wait time threshold for both mean and median metrics. Average overall wait times have remained between 6 and 20 minutes. Outliers are tracked.

Additional reports reviewed during Q2 included but were not limited to the following: Provider Preventable Conditions.

III. **UMCM Reports -** The following is a summary of some of the reports and topics reviewed:
1. **The Key Indicator Report (KIR)** provided data through July 31, 2020. A comparison was reviewed of the following results:
   a. Membership through July has trended upward potentially associated with COVID 19.
   b. In-hospital utilization rates have begun to rise in all areas with the exception of the SPD (Seniors and Persons with Disabilities) population. An evaluation of these populations has identified an increase in respiratory admissions in alignment with the COVID-19 health crisis which began in March.
   c. Turn-around time compliance improved in June to 100% and has continued at 100% through July 2020.
   d. Case Management results in 2020 thus far, continue to demonstrate positive trends in all areas.
2. **Specialty Referral Report –** The Health Net Specialty Referrals Report provides a summary of Specialty Referral Services that require prior authorization in CalViva counties for the second quarter of 2020. This report includes three areas:
   1) key services that while within the service area and within the network require clinical review;
   2) those services recognized as out the tri-county service area, but within the provider network;
   3) out of network requests.

This report provides evidence of a system-wide process for tracking and following up on member referrals requiring prior authorization, and includes a breakdown of SPD and Non-SPD Member Specialty Referral Requests.   In Q2 volumes and denial rates have remained consistent.

3. **MedZed Integrated Care Management Report** is a new report for quarter 2 2020. This program is designed as a bridge and support for member stabilization and then engagement into a traditional PCP relationship. Results included in this first report covered year-end 2019 and 2020 monthly and quarterly data.   Initial focus is on volumes and engagement of members referred to the program.
Results were as follows:
    a. 640 cases being managed at this time.
    b. 2020 engagement rate of 33% is consistent with 2019 results.
    c. Decrease in referrals noted (Q1-466 referrals, Q2-7 referrals). There was a pause in new referrals in Q2 due to COVID-19 Emergency. There was also a pause in in-home services due to COVID with those resuming as of August 2020.   Discussions are in progress regarding when new referral acceptance will resume.
    d. Disenrollment continues to meet the goal of 5% or less.
HEDIS® compliance and other outcome measures including readmissions and emergency department utilization for this population are in development.

Additional UMCM Reports reviewed included but were not limited to: Standing Referrals Report.

V. HEDIS® Activity
In Q4 to date, HEDIS® related activities have been focused on analyzing the results for RY2020 under the new Managed Care Accountability Set (MCAS) measures and the minimum performance level (MPL) of 50th percentile and initiating activities to address opportunities for improvement.

The areas that CalViva reported results below the 50th percentile MPL are:
    a. Antidepressant Medication Management (AMM), for both the Acute Phase and the Continuation Phase, for all three counties.
    b. Adolescent Well-Care (AWC) Visit for Fresno County.
    c. Breast Cancer Screening (BCS) for Fresno County.
    d. Chlamydia Screening (CHL)for Madera County.
    e. Childhood Immunization – Combo 10 (CIS-10) for Fresno and Kings counties.
    f. Well-Child Visits in the first 15 months of life (W-15) for Fresno and Kings counties.
The two (2) Performance Improvement Projects (PIPs) for RY 2020 were Childhood Immunization – Combo 10 *(Child & Adolescent)*, and Breast Cancer Screening *(BCS Disparity)*. On November 2nd CalViva submitted notification to DHCS of our intent to re-establish Performance Improvement Projects (PIPs) for these two measures. The PIP Modules were updated by HSAG and CalViva Medical Management staff will participate in the training sessions provided on how to complete these Modules. Module 1 is due 3/1/2021 for CIS-10 PIP and 3/26/2021 for BCS PIP.

Each MCP is also required to develop one PDSA rapid cycle improvement project from the MCAS measures. For our PDSA project, Medical Management submitted our initial plan for improvement for Chlamydia Screening in Madera County on October 21st, 2020. This plan was accepted by DHCS and intervention implementation is underway.

Thirdly, 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.

The initial CalViva COVID-19 QIP report was submitted to DHCS on October 21st, 2020 and accepted by DHCS. The 3 improvement strategies include:

1. Antidepressant Medication Management (AMM) Member Outreach effort by Behavioral Health Case Managers in Kings and Madera counties to encourage medication adherence.
2. Adolescent Well-Care Visits will be addressed through a MemberConnections Outreach intervention for families in Fresno County.
3. Pharmacy Outreach effort to encourage medication adherence for patients on blood pressure medications and/or anti-diabetic agents in Fresno County.

VI. Findings/Outcomes

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

Item #5

Attachment 5.E

Credentialing Sub-Committee
Quarterly Report

REPORT SUMMARY TO COMMITTEE

TO:	Fresno-Kings-Madera Regional Health Authority Commissioners CalViva QI/UM Committee
FROM:	Patrick C. Marabella, MD Amy R. Schneider, RN
COMMITTEE DATE:	November 19th, 2020
SUBJECT:	CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 4 2020

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 4th Quarter 2020 CalViva Health Credentialing Sub-Committee activities.

I. The Credentialing Sub-Committee met on October 15th, 2020. At the October 15th meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services.

II. Reports covering the second quarter for 2020 were reviewed for delegated entities, the second and third quarters for MHN, and the third quarter 2020 report was reviewed for Health Net. A summary of the second quarter data is included in the table below.

III. Table 1. Second Quarter 2020 Credentialing/Recredentialing

	Sante	ChildNet	MHN	Health Net	La Salle	ASH	Envolve Vision	IMG	CVMP	Adventist	**Totals**
Initial credentialing	52	11	6	7	8	1	5	4	25	6	**125**
Recredentialing	93	39	24	3	9	0	0	13	9	0	**190**
Suspensions	0	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	**0**
Totals	**145**	**50**	**30**	**10**	**17**	**1**	**5**	**17**	**34**	**6**	**315**

IV. The 2021 Credentialing Sub-Committee meeting schedule was reviewed and approved. The importance of regular committee attendance was emphasized.

V. There was one (1) ongoing case to report on the Quarter 3 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. Next report on this case will be in 6 months.

11/12/2020

Item #5

Attachment 5.F

Peer-Review Sub-Committee
Quarterly Report

REPORT SUMMARY TO COMMITTEE

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

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

COMMITTEE DATE: November 19th, 2020

SUBJECT: CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 4 2020

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 October 15th, 2020. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 3 2020 were reviewed for approval. There were no significant cases to report.

II. The 2021 Peer Review Sub-Committee meeting schedule was reviewed and approved. The importance of regular committee attendance was emphasized.

III. The Quarter 3, 2020 Peer Count Report was presented at the meeting with a total of 8 cases reviewed. The outcomes for these cases are as follows:
   - There were three (3) cases closed and cleared. There were no cases pending closure for Corrective Action Plan compliance or cases with outstanding CAPs. There were five cases pended for further information.

IV. Follow up will be initiated to obtain additional information for the tabled cases and ongoing monitoring and reporting will continue.

11/12/2020

Item #5
Attachment 5.G
Operations Report

IT Communications and Systems	**Active Presence of an External Vulnerability within Systems**	**NO**	Description: A good status indicator is all potential external vulnerabilities scanned and a very low identification of confirmed and/or potential vulnerabilities.
	Active Presence of Viruses within Systems	**NO**	Description: A specific type of malware (designed to replicate and spread) intended to run and disable computers and/or computer systems without the users knowledge.
	Active Presence of Failed Required Patches within Systems	**NO**	Description: A good status indicator is all identified and required patches are successfully being installed.
	Active Presence of Malware within Systems	**NO**	Description: Software that is intended to damage or disable computers and computer systems.
	Active Presence of Failed Backups within Systems	**NO**	Description: A good status indicator is all identified and required backups are successfully completed.
	Average Age of Workstations	**3 Years**	Description: Identifies the average Computer Age of company owned workstations.
Message From The COO	We successfully completed our transition to the new Archiving product. We are now working on implementing new policies to govern our archiving processes.		

Privacy and Security	**Risk Analysis (Last Completed mm/yy: 11/20)**	**Privacy Risk Rating: 9 Risks / Grade: A** **Security Risk Rating: 10 Risks / Grade: A**	Description: Conducting an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of PHI and ePHI held by the Health Plan. A Letter Grade is assigned: A (90%-100%), B (80-89%), C (74-79%), D (70%-73%), and D- (0-69%) based on risk assessment questions marked yes and remediated. The denominator is the total # of questions in the assessment.					
	Eff. Date & Last Annual Mail Date of NPP (mm/yy)	**4/18 & 2/20**	Description: Notice of Privacy Practices (NPP) describes how PHI may be used and disclosed. The NPP is review and updated when appropriate. The NPP is distributed upon enrollment and annually thereafter					
	Active Business Associate Agreements	**5**	Description: A signed agreement is required of any person/entity who is not a member of CalViva Health's workforce who will create or receive PHI of behalf of CalViva Health.					
	# Of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)							
	Year	**2020**	**2020**	**2020**	**2020**	**2020**	**2020**	**2020**
	Month	**May**	**Jun**	**July**	**Aug**	**Sep**	**Oct**	**Nov**
	No/Low Risk	0	1	2	2	3	2	1
	High Risk	1	1	0	0	1	0	0
	Total Cases By Month	1	2	2	2	4	2	1
	Year	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
	No/Low Risk	48	54	36	28	38	23	23
	High Risk	6	3	5	1	1	2	3
	Total Cases By Year	54	57	41	29	39	25	26
Message from the COO	We completed a new Privacy and Security Risk Analysis. The assessment utilized a questionnaire and methodology aligned with the compliance requirements of the healthcare industry specific to Testing was performed by a Certified Information Systems Auditor (CISA) and HCISPP-certified Auditor to validate the results provided by the organization. We also reduced our Active Business Associate Agreements by 1 (6 to 5).							

CalViva Health
Operations Report

		Year	2019	2019	2019	2020	2020	2020
		Quarter	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**
Member Call Center CalViva Health Website	**(Main) Member Call Center**	**# of Calls Received**	28,902	30,232	27,416	29,707	20,544	20,544
		# of Calls Answered	28,762	30,031	27,140	29,564	20,407	20,407
		Abandonment Level (Goal < 5%)	0.50%	0.70%	1.00%	0.50%	0.70%	0.70%
		Service Level (Goal 80%)	94%	92%	86%	96%	98%	98%
	Behavioral Health Member Call Center	**# of Calls Received**	1,297	1,204	1,132	1,228	1,028	1,798
		# of Calls Answered	1,277	1,188	1,124	1,218	1,022	1,752
		Abandonment Level (Goal < 5%)	1.50%	1.30%	0.70%	0.80%	0.60%	2.60%
		Service Level (Goal 80%)	84%	88%	87%	93%	94%	78%
	Transportation Call Center	**# of Calls Received**	14,281	16,285	16,264	17,872	11,717	10,011
		# of Calls Answered	14,224	15,943	16,085	17,765	11,506	9,801
		Abandonment Level (Goal < 5%)	0.40%	2.10%	1.10%	0.60%	1.80%	2.10%
		Service Level (Goal 80%)	92%	67%	83%	83%	76%	43.6
	CalViva Health Website	**# of Users**	19,000	20,000	20,000	21,000	16,000	22,000
		Top Page	**Find a Provider**	**Find a Provider**	**Find a Provider**	**Main Page**	**Main Page**	**Main Page**
		Top Device	**Mobile (59%)**	**Mobile (57%)**	**Mobile (57%)**	**Mobile (60%)**	**Mobile (56%)**	**Mobile**
		Session Duration	~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 2 minutes
Message from the COO	We are providing Quarter 3 numbers for the Call Center and Website. We continue to work with the Transportation Call Center to address the non-compliant Service Level Metric. We anticipate being ready to unveil a cosmetic refresh of the CalViva Health website prior to year-end.							

	Year	2020	2020	2020	2020	2020	2020	2020
Provider Network Activities & Provider Relations	Month	Mar	Apr	May	Jun	Jul	Aug	Sep
	Hospitals	10	10	10	10	10	10	10
	Clinics	130	132	132	132	132	135	139
	PCP	372	385	386	385	382	381	382
	PCP Extender	214	216	211	215	216	216	210
	Specialist	1382	1371	1371	1405	1410	1430	1435
	Ancillary	197	197	195	195	197	196	197
	Year	2019	2019	2019	2019	2020	2020	2020
	Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3
	Pharmacy	161	151	151	152	151	153	152
	Behavioral Health	342	343	342	368	356	357	354
	Vision	31	39	42	41	42	45	47
	Urgent Care	12	14	13	12	12	11	12
	Acupuncture	7	6	6	5	4	5	7
	Year	2018	2019	2019	2019	2019	2020	2020
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	% of PCPs Accepting New Patients - Goal (85%)	91%	94%	93%	90%	93%	93%	93%
	% Of Specialists Accepting New Patients - Goal (85%)	97%	95%	95%	95%	95%	94%	97%
	% Of Behavioral Health Providers Accepting New Patients - Goal (85%)				72%	78%	82%	95%
	Year	2020	2020	2020	2020	2020	2020	2020
	Month	Mar	Apr	May	Jun	Jul	Aug	Sep
	Providers Touched by Provider Relations	168	1201	333	401	118	84	146
	Provider Trainings by Provider Relations	46	0	0	0	0	0	0
	Year	2014	2015	2016	2017	2018	2019	2020
	Total Providers Touched	1,790	2,003	2,604	2,786	2,552	1,932	2,708
	Total Trainings Conducted	148	550	530	762	808	1,353	201

Message From the COO	At present time, there are no issues, items of significance to report at this time as it relates to the Plan's Provider Network and Provider Relations activities.

	Year	2018	2019	2019	2019	2019	2020	2020
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Claims Processing	**Medical Claims Timeliness (30 days / 45 days)** **Goal (90% / 95%) - Deficiency Disclosure**	90% / 99% NO	90% / 99% YES	94% / 99% YES	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO
	Behavioral Health Claims Timeliness (30 Days / 45 days) **Goal (90% / 95%) - Deficiency Disclosure**	98% / 99% N/A	98% / 99% N/A	97% / 99% N/A	97%/98% N/A	98% / 99% N/A	99% / 99% N/A	99% / 99% N/A
	Pharmacy Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	Acupuncture Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	100% /100% NO	99% /100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	Vision Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	Transportation Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	98% / 99% NO	95% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	PPG 1 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	100% /100% NO						
	PPG 2 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	98% / 99% NO	99% / 100% NO	97% / 98% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	95% / 97% NO
	PPG 3 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	99% / 100 % NO	92% / 100 % NO	99% / 100 % NO	93% / 99% NO	93% / 100% NO	96% / 100% NO	85% / 100% NO
	PPG 4 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	100% / 100% NO	100% / 100% NO	95% / 100% NO	99% / 100% NO	99% / 100% NO	100% / 100% NO	100% / 100% NO
	PPG 5 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	93% / 98% NO	97% / 100% NO	90% / 99% NO	89% / 100% YES	88% / 98% YES	96% / 99% NO	82%/100% YES
	PPG 6 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	95% / 100% NO	94% / 100% NO	92% / 99% NO	99% / 100% YES	100% / 100% YES	100% / 100% NO	87% / 100% YES
	PPG 7 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	99% / 100% NO	96% / 100% NO	96% / 99% NO	99% / 100% YES	98% / 98% YES	98% / 100% NO	73% / 100% YES
	PPG 8 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	99% / 100% NO	99% / 100% NO	92% / 100% NO
	PPG 9 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**		100% / 100% NO	99% / 100% NO	100% / 100% NO	99% / 100% NO	100% / 100% NO	100% / 100% NO
Message from the COO	Quarter 2 numbers were previously presented to the Commission on September 17, 2020. Quarter 3 numbers are not yet available.							

		Year	2018	2019	2019	2019	2019	2020	2020
		Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Provider Disputes		**Medical Provider Disputes Timeliness (45 days)** **Goal (95%)**	98%	99%	99%	96%	95%	97%	99%
		Behavioral Health Provider Disputes Timeliness (45 days) **Goal (95%)**	100%	85%	89%	100%	90%	99%	100%
		Acupuncture Provider Dispute Timeliness (45 Days) **Goal (95%)**	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Vision Provider Dispute Timeliness (45 Days) **Goal (95%)**	100%	100%	N/A	100%	100%	N/A	100%
		Transportation Provider Dispute Timeliness (45 Days) **Goal (95%)**	N/A	N/A	N/A	N/A	N/A	100%	N/A
		PPG 1 Provider Dispute Timeliness (45 Days) **Goal (95%)**	100%						
		PPG 2 Provider Dispute Timeliness (45 Days) **Goal (95%)**	67%	98%	100%	89%	64%	92%	100%
		PPG 3 Provider Dispute Timeliness (45 Days) **Goal (95%)**	100%	100%	100%	100%	100%	97%	100%
		PPG 4 Provider Dispute Timeliness (45 Days) **Goal (95%)**	100%	100%	100%	100%	100%	87%	91%
		PPG 5 Provider Dispute Timeliness (45 Days) **Goal (95%)**	73%	100%	99%	95%	99%	100%	100%
		PPG 6 Provider Dispute Timeliness (45 Days) **Goal (95%)**	96%	96%	100%	93%	100%	100%	100%
		PPG 7 Provider Dispute Timeliness (45 Days) **Goal (95%)**	95%	97%	N/A	67%	100%	100%	100%
		PPG 8 Provider Dispute Timeliness (45 Days) **Goal (95%)**	N/A	100%	100%	100%	100%	100%	100%
		PPG 9 Provider Dispute Timeliness (45 Days) **Goal (95%)**		N/A	N/A	N/A	N/A	N/A	N/A
Message from the COO	Quarter 2 numbers were previously presented to the Commission on September 17, 2020. Quarter 3 numbers are not yet available.								

Item #5

Attachment 5.H

Executive Dashboard

	2019	2019	2019	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020
Month	October	November	December	January	February	March	April	May	June	July	August	September	October
CVH Members													
Fresno	287,519	285,402	284,285	281,473	280,719	280,297	282,402	286,059	289,126	291,870	294,617	298,003	300,085
Kings	29,410	29,448	29,514	29,392	29,575	29,534	29,788	30,168	30,421	30,624	30,827	31,085	31,230
Madera	37,181	37,266	37,264	37,169	37,244	37,259	37,624	38,054	38,457	38,713	39,035	39,329	39,530
Total	354,110	352,116	351,063	348,034	347,538	347,090	349,814	354,281	358,004	361,207	364,479	368,417	370,845
SPD	32,591	32,753	32,836	32,797	32,834	32,797	32,952	33,195	33,406	33,456	33,556	33,578	33,704
CVH Mrkt Share	71.29%	71.32%	71.36%	71.34%	71.27%	71.21%	71.15%	71.01%	70.82%	70.68%	70.52%	70.40%	70.32%
ABC Members													
Fresno	104,083	103,079	102,524	101,664	101,800	102,085	103,359	105,487	107,750	109,576	111,590	113,570	114,867
Kings	19,102	19,112	19,057	18,926	18,996	18,890	18,955	19,218	19,423	19,591	19,758	20,020	20,139
Madera	19,450	19,402	19,289	19,246	19,268	19,345	19,554	19,934	20,344	20,673	21,036	21,340	21,494
Total	142,635	141,593	140,870	139,836	140,064	140,320	141,868	144,639	147,517	149,840	152,384	154,930	156,500
Default													
Fresno	928	1,364	1,038	945	1,080	1,256	992	1,073	1,313	1,052	1,067	655	747
Kings	148	240	173	181	204	227	173	166	183	178	153	123	143
Madera	131	187	104	98	92	148	105	107	114	123	126	79	89
County Share of Choice as %													
Fresno	65.10%	66.10%	65.60%	62.50%	65.00%	64.80%	65.10%	62.00%	61.50%	61.80%	58.70%	61.60%	60.20%
Kings	62.20%	58.80%	63.60%	65.20%	60.00%	64.30%	59.40%	54.00%	59.50%	48.80%	53.40%	42.90%	47.20%
Madera	63.00%	68.10%	67.60%	60.80%	63.20%	69.70%	62.50%	62.70%	59.80%	55.70%	57.90%	58.90%	61.60%
Voluntary Disenrollment's													
Fresno	421	413	300	336	334	361	402	293	340	352	370	388	359
Kings	52	43	55	48	33	36	39	21	30	31	63	39	42
Madera	71	62	81	73	64	85	80	30	51	54	57	77	70