

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission
Meeting Minutes**
February 18, 2021

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 1:30 pm. A quorum was present via conference call in lieu of gathering in public per executive order signed	

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	<p>by the Governor of California on Monday, 3/16/2020, allowing Public Health Plans subject to the Brown Act to hold public meetings via teleconferencing due to COVID-19. A quorum remains a requirement to take actions, but can be achieved with any combination of Commissioners' physical attendance at the public location or by teleconferencing.</p>	
<p>#2 Roll Call Cheryl Hurley, Clerk to the Commission</p>	<p>A roll call was taken for the current Commission Members.</p>	<p><i>A roll call was taken</i></p>
<p>#3 Appointment/Reappointment of Board of Supervisors Commissioners Action David Hodge, MD, Chairman</p>	<p>Fresno County has re-appointed Supervisor Sal Quintero as Commissioner, and Supervisor Brian Pacheco as alternate. Kings County has re-appointed Supervisor Joe Neves as Commissioner and Supervisor Doug Verboon as alternate. Madera County has re-appointed Supervisor David Rogers as Commissioner and Supervisor Brett Frazier as alternate.</p>	<p>Motion: Ratify reappointment of County BOS Commissioners 14 – 0 – 0 – 3 (Frye / Fields-Keene)</p>
<p>#4 Consent Agenda Commission Minutes 11/19/2020 a) Finance Committee Minutes 10/15/2020 b) QIUM Committee Minutes dated 10/15/2020 c) PPC Minutes dated 9/2/2020 d) Compliance Report Action D. Hodge, MD, Chair</p>	<p>All consent items were presented and accepted as read.</p>	<p>Motion: Approve Consent Agenda 14 – 0 – 0 – 3 (Neves / Nikoghosian) <i>A roll call was taken</i></p>

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<p>#5 Annual Administration Information David Hodge, MD, Chairman</p>	<p>Dr. Hodge reminded the Commission the Form 700 is due on an annual basis, due this year on 4/1/21. Commissioners will receive notification from the Commission Clerk via email. Anyone due for an updated Ethics Certification will be notified.</p>	<p><i>No Motion taken</i></p>
<p>#6 Funding Request Action D. Hodge, MD, Chair</p>	<p>The two funding requests received are no longer needed. Health Net has agreed to cover the Plan's cost for the e-Consult request. The second funding request to assist county health departments with the cost of COVID-19 vaccinations will now be covered by federal dollars coming to all three service counties.</p> <p style="text-align: center;"><i>Dr. Naz arrived at 1:39 pm</i></p>	<p><i>No Motion taken</i></p>
<p>#7 Community Support Program – Ad-Hoc Committee Selection Action David Hodge, MD, Chairman</p>	<p>A new ad-hoc committee is needed for the Community Support Program. Dr. Hodge has asked any Commissioners interested to email him directly.</p>	<p><i>No Motion: Dr. Hodge will select Ad-Hoc Committee members outside of Commission meeting.</i></p>
<p>#8 2020 Annual Quality Improvement Work Plan Evaluation Action David Hodge, MD, Chairman</p>	<p>Dr. Marabella presented the 2020 Annual Quality Improvement Work Plan Evaluation.</p> <p>The planned activities and Quality Improvement focus for 2020 included the following:</p> <ul style="list-style-type: none"> • Access, Availability and Service: <ul style="list-style-type: none"> ○ Improve Access to Care: <ul style="list-style-type: none"> ▪ Provider Appointment Availability Survey assessment. ▪ Revised Corrective Action Plans (CAPs) with targeted PPG approach. Seven (7) CAPs submitted for non-compliant PPGs. Two (2) CAPs outstanding for non-compliant PPGs. 	<p><i>See #9 for Action Taken</i></p>

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	<ul style="list-style-type: none"> ▪ Education packets sent to non-compliant FFS and Direct Network providers. ▪ Ten (10) Provider Trainer Webinars conducted. ▪ Provider Office Wait Time data continues to reflect that providers meet the overall goal of 30 minutes or less for scheduled appointments in all three counties in Q4 2020. <ul style="list-style-type: none"> • Quality and Safety of Care: All three counties met or exceeded the DHCS Minimum Performance Level (MPL) in four of the six Default Enrollment Measures; The six measures are: <ul style="list-style-type: none"> ○ Childhood Immunization Combo 3 (Performance Improvement Project put on hold due to COVID-19) ○ Well Child Visits 3-6 years ○ Prenatal Care HbA1c Testing (Only Fresno County fell below the MPL for HbA1c testing.) ○ Controlling High Blood Pressure ○ Cervical Cancer Screening • Performance Improvement Projects (PIPs): The two PIPs initiated in 2020 were: <ul style="list-style-type: none"> ○ Childhood Immunizations (CIS-10) ○ Breast Cancer Screening Disparity Project Due to COVID-19 restrictions, both projects were closed by DHCS on June 30, 2020. • Other 2020 QI Activities: 	

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	<ul style="list-style-type: none"> ○ Chlamydia Screening in Madera County was initiated in 2020 and continues 	
<p>#9 2020 Annual Utilization Management Case Management Work Plan Evaluation; and 2021 UM Program Description</p> <p>Action David Hodge, MD, Chairman</p>	<p>Dr. Marabella presented the Annual Utilization Management Case Management Work Plan Evaluation.</p> <p>Utilization Management & Case Management focused on the following areas for 2020:</p> <ul style="list-style-type: none"> • Compliance with Regulatory & Accreditation Requirements: <ul style="list-style-type: none"> ○ Licensure and credentialing requirements maintained. ○ Program documents and policies were updated to incorporate new regulatory requirements into practice. ○ DHCS Medi-Cal Managed Care Division Medical Director meetings attended by Medical Directors and CVH CMO. • Monitoring the UM Process: <ul style="list-style-type: none"> ○ Met all standards with the exception of Timeliness of Processing Authorization Requests for Q1 and Q2. A formal Corrective Action Plan was closed in Q3 2020. ○ Comparison of 2018 through 2020 demonstrates a significant increase in the volume of cases. • Monitoring Utilization Metrics: <ul style="list-style-type: none"> ○ UM Metrics for Monitoring Utilization was the one area that did not meet the objectives. This was due to an inability to accurately capture the data for specific DRGs and other barriers encountered, associated with the COVID-19 pandemic. ○ Care management initiatives for all members continued in 2020 	<p>Motion: Approve the 2020 Annual Quality Improvement Work Plan Evaluation and 2020 Annual Utilization Management Case Management Work Plan Evaluation; and 2021 UM Program Description</p> <p>15 – 0 – 0 – 2</p> <p>(Naz / Griffin)</p>

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	<ul style="list-style-type: none"> • Monitoring Coordination with Other Programs and Vendor Oversight: <ul style="list-style-type: none"> ○ All metrics met goal. • Monitoring Activities for Special Populations: <ul style="list-style-type: none"> ○ CCS, SPD, CBAS, and Mental Health tracking and monitoring is ongoing. ○ All monitoring activities met goals. • Utilization Management Program Description Changes include: <ul style="list-style-type: none"> ○ Updated HN Mission and Purpose. ○ Removed reference to Home Health from prior authorization information. ○ Removed MHN from inpatient management. ○ Updated Utilization Decision Criteria references. ○ Re-ordered some sections, updated leadership titles, and made other minor updates. 	
<p>#10-14</p> <ul style="list-style-type: none"> • 10. 2020 Annual Compliance Evaluation • 11. 2021 Compliance Program Description • 12. 2021 Code of Conduct • 13. 2021 Anti-Fraud Plan • 14. 2021 Privacy and Security Plan 	<p>MB Corrado reported on the Annual Compliance Evaluation, the Compliance Program Description and the Anti-Fraud Plan. No updates on the Code of Conduct and Privacy and Security Plan were needed.</p> <p><u>2020 Annual Compliance Evaluation</u></p> <p>2020 DHCS Regulatory Oversight includes:</p> <ul style="list-style-type: none"> • February 2020 DHCS Annual Audit – CAP issued 6/30/2020, in process. • DHCS 2018-2019 Performance Evaluation – final report issued 7/6/2020. 	<p>Motion: Approve 2020 Annual Compliance Evaluation, 2021 Compliance Program Description, 2021 Code of Conduct, 2021 Anti-Fraud Plan, and 2021 Privacy & Security Plan.</p> <p><i>15-0-0-2 (Fields-Keene / Frye)</i></p>

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<p>Action David Hodge, MD, Chairman</p>	<ul style="list-style-type: none"> • 2020 DHCS Annual Network Certification – CAP responses submitted 12/28/2020. • DHCS Contract Amendments – Four MC contract amendments were executed; DHCS has renewed the Plan’s MC contract through 12/31/21. • COVID-19 – The Plan reported provider site closures, positive COVID-19 tests and hospitalization on a daily basis. <p>2020 DMHC Oversight includes:</p> <ul style="list-style-type: none"> • Measurement Year (MY) 2019 Timely Access Report (TAR) – the annual MY2019 TAR was filed in May 2020 – currently in review. • February 2019 (Triennial) DMHC Audit – Final report issued 2/5/20 with deficiencies in four areas; two previously corrected. CAP for remaining two findings in process. 18-month follow-up desk-level audit to begin 3/1/21. <p>Fraud, Waste, and Abuse Reporting:</p> <ul style="list-style-type: none"> • 14 cases of potential fraud/abuse were reported to DHCS – 12 were provider-related; 2 were member related. • Most cases involved provider billing practices, providers billing the highest-level E & M codes for new and established patients, and provider prescribing practices. <p>Privacy and Security Oversight:</p> <ul style="list-style-type: none"> • New HIPAA risk analysis completed using HIPAA One. Nine privacy risks and 10 security risks identified. All privacy risks and 9 of the 10 security risks have been addressed. <p>Privacy & Security Incidents/Breaches:</p>	

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	<ul style="list-style-type: none"> • 31 privacy and security incidents were reported to DHCS; 4 incidents occurred within CalViva Heath, 27 involved the Plan’s Administrator Health Net. <p>DHCS Notice of New Benefits, Waivers or Programs:</p> <ul style="list-style-type: none"> • Due to the 2020 Public Health Emergency (PHE), DHCS received CMS approval to extend Section 1115(a) Waiver Program by 12 months. • CalViva Health and DHCS approved two provider applicants covering three Behavioral Health Integration (BHI) Incentive Programs for implementation. Due to the COVID-19 PHE, the start date and time period was delayed and changed to January 1, 2021 through December 31, 2022. • Conduct transition activities related to the carve-out of outpatient pharmacy benefits to Medi-Cal Rx program. In late November, 2020, DHCS deferred the pharmacy benefit transition from 1/1/2021 until 4/1/2021. <p>Delegation Oversight:</p> <ul style="list-style-type: none"> • Completed audits of Health Net services in 2020. • Monthly Management Oversight meetings. • Review monthly/quarterly performance metrics & key indicator data. • Joint Workgroups • On-going oversight of PPGs, specialty plans, and vendors. <p>Trainings:</p> <ul style="list-style-type: none"> • Employees passed all mandatory trainings. • Two new hires completed training. 	

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	<p>Member and Provider Communications:</p> <ul style="list-style-type: none"> • 73 member communications were reviewed and approved in 2020. • 2020 Annual Mailing was sent • Reviewed and approved 34 informational letter templates and 17 forms for provider use. • 234 Provider Updates sent to providers. <p>Provider Relations:</p> <ul style="list-style-type: none"> • Completed 3,113 provider “touches” and 257 training visits in all three service counties. • Outreach activities modified due to COVID-19. No in-person training visits beyond March 2020. <p>Appeals and Grievance Resolution:</p> <ul style="list-style-type: none"> • Turn-Around Time was above 99% compliance. <p>Independent Medical Reviews (IMRs) and State Hearings:</p> <ul style="list-style-type: none"> • Total number increased for 2020 was 142 compared to 121 cases in 2019. <p>Looking ahead for 2021:</p> <ul style="list-style-type: none"> • Increased regulatory oversight and performance monitoring activity. <ul style="list-style-type: none"> ○ Declarations of the COVID-19 public health emergency will continue to be renewed and have ongoing impacts on Plan activities. ○ Prep for CalAIM program re-launches effective in 2022. ○ Preparation for Medi-Cal Rx “go-live” 4/1/21. ○ New COVID-19 related reporting. 	

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	<ul style="list-style-type: none"> ○ More focus on provider network adequacy and certification requirements. ○ Timely Access. ○ Clinical Quality Improvement (MCAS measures). <p><u>2021 Compliance Program Description</u></p> <ul style="list-style-type: none"> ● Minor edit to reflect current practice where CCO prepared the Annual Compliance Program Evaluation. ● Added Operations as an internal stakeholder. ● Annual review, editorial changes. <p><u>2021 Code of Conduct</u></p> <ul style="list-style-type: none"> ● No changes needed. <p><u>2021 Anti-Fraud Plan</u></p> <ul style="list-style-type: none"> ● Edited section II to include the EOC/Member Handbook reference. ● Added language section II regarding quarterly member service verification. ● Minor clarifications to section II. ● Annual review, editorial changes. <p><u>2021 Privacy and Security</u></p> <ul style="list-style-type: none"> ● No changes needed. 	
<p>#15 Standing Reports</p> <ul style="list-style-type: none"> ● Finance Report Daniel Maychen, CFO 	<p><u>Finance</u></p> <p>Financials as of December 31, 2020: Total current assets were approximately \$353M; total current liabilities were approximately \$255.7M. Current ratio is 1.38. TNE as of</p>	<p><i>Motion: Standing Reports Approved</i></p> <p><i>15 – 0 – 0 – 2</i> <i>(Soares / Fields-Keene)</i></p>

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	<p>December 31, 2020 was approximately \$107.4M, which is approximately 679% above the minimum DMHC required TNE amount.</p> <p>For the first six (6) months of FY 2021 actual premium capitation income recorded was approximately \$647.7M which is approximately \$1.8M below budgeted amounts, primarily due to MCO tax being less than what was projected. In relation to revenue, the Plan experienced an MCO tax loss for the first six (6) months of FY 2021 of approximately \$4.5M. This is a result of how DHCS calculates the MCO tax revenue rate, noting that DHCS' enrollment projection is a key component of that revenue rate calculation. Furthermore, there was a 25K member difference per month in what DHCS had projected (relating to the time-period of July 1, 2020 – December 31, 2020) in comparison to CalViva's actual membership, which created the MCO tax revenue shortage. DHCS has taken into consideration concerns of the Plan, as well as other plans, regarding the MCO tax loss and effective January 2021, they increased the MCO tax revenue rate. Assuming that enrollment is consistent with the current enrollment figure of 376,700 as of January 2021 (or higher), the increase for the MCO tax revenue amount beginning January 2021 is sufficient to cover the MCO tax expenses through June 2021. In addition, the increase in MCO tax revenue rate would be sufficient enough to cover the losses the Plan experienced for the first six months of FY 2021 assuming enrollment is consistent or better with January 2021 enrollment numbers. The Plan is projecting the \$4.5M loss would be erased by the end of June 2021. In reference to the pharmacy carve out, communication from DHCS was received on 2/17/21 that they will be delaying the pharmacy carve out again and no new implementation date was provided. In addition, no further information on the delay will be provided until May 2021. The impact</p>	<p><i>A roll call was taken</i></p>

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<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p>of this on the Plan’s current year financials is a larger difference between Actual vs. Budgeted revenue amounts, noting the actual amount will be higher. The two trade associations that the Plan is associated with wrote a letter to the State prior to the second delay stating if there is a second delay that it be moved to 1/1/2022 which would provide the State ample time to ensure a more seamless transition occurs. During an LHPC board meeting with CEOs of the local health plans, it was unanimous that they support not initiating the pharmacy carveout until 1/1/2022 due to the purchase of Magellan by Centene which presented a conflict of interest and cited other administrative issues.</p> <p>Total cost of medical care expense recorded is approximately \$544.3M which is approximately \$2.5M more than budgeted due to rates and enrollment being higher than projected. Admin service agreement fees expense was \$411K more than budgeted primarily due to enrollment being higher than projected. All other expense line items are in line or below what is budgeted. For the first six (6) months of fiscal year 2021, there is an approximate net loss of \$1.3M, which is approximately \$4.4M less than what was budgeted due to MCO tax loss of \$4.5M. If accounting for increase in MCO tax revenue (assuming relatively similar enrollment as of January 2021 through the end of June 2021) total projected Net Income is approximately \$7.6M which is in comparison to approximately \$5.3M budgeted.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Dashboard</p>	

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	<p>Dr. Marabella presented the Appeals & Grievances Dashboard through year end 2020.</p> <p>The total number of grievances through year end 2020 is noted to be lower than year end 2019.</p> <p>The highest volume of grievances reported were in the "Exempt" grievance type, followed by "Quality of Service" grievance type.</p> <p>The volume of "Quality of Care" grievances decreased in 2020 when compared with 2019 volumes.</p> <p>The majority of Exempt Grievances fell under the category of "PCP Assignment/Transfer – Health Plan Assignment – Change Request".</p> <p>The total number of Appeals Received through year end 2020 increased when compared with year end 2019, with the majority falling under Pre-Service Appeals.</p> <p>The Uphold and Overturn ratio has improved.</p> <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report year end 2020.</p> <p>Overall membership for 2020 increased.</p>	

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	<p>In-hospital utilization rates decreased in all areas for year end 2020 compared to 2019. The lower ER Visits may be related to the COVID-19 pandemic and the aversion to the emergency department.</p> <p>Case Management results for YTD 2020 demonstrated positive trends in all areas.</p> <p>QIUM Quarterly Report</p> <p>Dr. Marabella provided the QI/UM Qtr. 4, 2020 update. Two QI/UM meetings were held in Quarter 4; one in October and one in November. The October meeting was reported on at the November Commission meeting. This report covered the November meeting.</p> <p>The following general documents approved at this meeting were:</p> <ul style="list-style-type: none"> • Pharmacy Formulary & Provider Updates. • Public Health & County Relations Policies & Procedures. <p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard, Potential Quality Issues (PQI) Report, MHN Performance Indicator Report for Behavioral Health, Facility Site and Medical Record Review & PARS, and Initial Health Assessment Quarterly Audit Report. Additional Quality Improvement reports included: County Relations Quarterly Report, CCS Report, and the Provider Preventable Conditions Report. Two Access Related reports presented were the Provider Office Wait Time and Specialty Referral Report.</p>	

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	<p>The Utilization Management & Case Management reports reviewed were the Key Indicator Report, the UM Concurrent Review Report, the UM IRR Report, and the Case Management & CCM Report.</p> <p>Pharmacy reports reviewed included Pharmacy Call Report, Operation Metrics, Top 30 Medication Prior Authorizations, and the Inter-rater Reliability Report. All reports met standards.</p> <p>HEDIS® Activity:</p> <p>In Q4, 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.</p> <p>The areas CalViva reported results below the 50th percentile MPL were:</p> <ul style="list-style-type: none"> • Antidepressant Medication Management, for both the Acute Phase and the Continuation Phase, for all three counties. • Adolescent Well-Care Visits for Fresno County. • Breast Cancer Screening for Fresno County. • Chlamydia Screening for Madera County. • Childhood Immunizations – Combo 10 for Fresno and Kings counties. • Well-Child Visits in the first 15 months of life for Fresno and Kings counties. <p>The two Performance Improvement Projects (PIPs) for RY 2020 consisted of:</p> <ul style="list-style-type: none"> • Childhood Immunizations – Combo 10 	

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	<ul style="list-style-type: none"> • Breast Cancer Screening Disparity Project <p>On November 2nd CalViva submitted notification to DHCS of intent to re-establish Performance Improvement Projects (PIPs) for these two measures.</p> <p>Each MCP is also required to develop one PDSA rapid cycle improvement project from the MCAS measures. For the Plan’s PDSA project, Medical Management submitted the initial plan for improvement for Chlamydia Screening in Madera County. This plan was accepted by DHCS and intervention implementation is underway.</p> <p>New this year, each Plan is required to report on what is called the “COVID-19 Quality Improvement Plan (QIP)”. This is a selection of 3 or more improvement strategies that demonstrate how the Plan has/will adapt to improve the health/wellness of its members during the COVID 19 Emergency. These interventions are to be associated with preventive services, chronic illness and/or behavioral health.</p> <p>The initial CalViva COVID-19 QIP report was submitted to DHCS on October 21st, 2020 and has been accepted by DHCS. The 3 improvement strategies include:</p> <ol style="list-style-type: none"> 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 addressed through a MemberConnections Outreach intervention for families in Fresno County. 	

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<ul style="list-style-type: none"> • Operations J. Nkansah, COO 	<p>3. Pharmacy Outreach effort to encourage medication adherence for patients on blood pressure medications and/or anti-diabetic agents in Fresno County.</p> <p><u>Operations Report</u></p> <p>For IT Communications and Systems to date there are no issues or concerns. J. Nkansah also informed the Commission about two prominent breaches/hacks involving two prominent IT companies: SolarWinds and SonicWall. Neither the SolarWinds breach or the SonicWall hack has impacted CalViva Health in any way. Continued monitoring is ongoing.</p> <p>For Privacy and Security, a Risk Analysis is completed annually and will be conducted again in 2021 with a new HIPAA One auditor. The Notice of Privacy Practices (NPP) mailing to members is on hold due to the Pharmacy Carveout delay; future mailing date is unknown at this time. The NPP is incorporated within the Member Handbook / Evidence of Coverage (“EOC”) which is mailed to members. The Pharmacy Carveout delay has impacted the mailing date of the 2021 EOC.</p> <p>For the Member Call Center, the Transportation Call Center service level compliance goal was met in November and December 2020 thus raising the service level percentage in Q4 2020 to just below the 80% goal metric. The newly redesigned CalViva Website was demoed to members of the Public Policy Committee, which included enrolled CalViva members and representatives of community-based organizations in December of 2020. Positive feedback was received and</p>	

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<ul style="list-style-type: none"> Executive Report G. Hund, CEO 	<p>the new design of the website is now live as of December 28, 2020. Analytics are being tracked.</p> <p>With reference to Provider Network Activities, the 2020 DHCS Annual Network Certification corrective action plan was related to a failure to meet time and distance standards for certain provider types. In 2020, DHCS changed the metric and standard from time <u>and</u> distance, however, in 2021, they are changing it back to time <u>or</u> distance.</p> <p>Quarter 3 2020 numbers are available for Claims Processing and Provider Disputes. Goal was met in most areas.</p> <p>Executive Report Membership as of the end of January 2021 increased to 376,770 members. Market share continues to trend down at a slow rate. An analysis was completed with results showing CVH members are not moving to ABC; ABC is capturing new members through Choice. Future discussions with Health Net are scheduled to discuss a plan to turn the market share trend line upward.</p> <p>The Annual Report was emailed to all Commissioners, with a hard copy sent via US Mail.</p> <p>Marketing RFIs were received on 2/8/21 and after careful review by the Marketing Committee, JSA will continue on as the Plan’s ad agency.</p>	
<p>#16 Closed Session</p> <p>A. Government Code section 54957(b)(1) – Public Employee</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session. Commissioners discussed those items agendized for closed session discussion. Specifically, #16.A Public Employee Appointment, Employment, Evaluation, or Discipline pursuant to Government Code</p>	<p>6.A No Motion; Information only 6.B Motion: 15 – 0 – 0 – 2 (Naz / Nikoghosian)</p>

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<p>Appointment, Employment, Evaluation, or Discipline – Staffing <i>(Information Only)</i></p> <p>B. Government Code section 54957(b)(1) – Public Employee Appointment, Employment, Evaluation, or Discipline – Staffing <i>(Confidential – Action Required)</i></p>	<p>section 54957(b)(1). An ad-hoc committee will be appointed to construct a contract for the new CEO; members of the ad-hoc committee will be reported at the March meeting.</p> <p>Closed Session concluded at 3:14 pm.</p> <p><i>Sara Bosse departed at end of Closed Session</i> <i>Ed Hill departed at end of Closed Session</i> <i>Paulo Soares departed at end of Closed Session</i></p>	<p><i>A roll call was taken</i></p>
<p>#17 Final Comments from Commission Members and Staff</p>	<p>None.</p>	
<p>#18 Announcements</p>	<p>CalViva Health’s 10 Year Anniversary is March 1, 2021.</p>	
<p>#19 Public Comment</p>	<p>None.</p>	
<p>#20 Adjourn</p>	<p>The meeting was adjourned at 3:18 pm The next Commission meeting is scheduled for March 18, 2021 in Fresno County.</p>	

Submitted this Day: March 18, 2021
 Submitted by: Cheryl Hurley
 Cheryl Hurley
 Clerk to the Commission