

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission
Meeting Minutes**
September 16, 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	✓●	David Luchini, Interim Director, Fresno County Dept. of Public Health
✓	David Cardona, M.D., Fresno County At-large Appointee		Aftab Naz, Madera County At-large Appointee
	Aldo De La Torre, Community Medical Center Representative	✓	Joe Neves, Vice Chair, Kings County Board of Supervisors
	Joyce Fields-Keene, Fresno County At-large Appointee	✓●	Harold Nikoghosian, Kings County At-large Appointee
✓●	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
	David Hodge, M.D., Chair, Fresno County At-large Appointee	✓	Brian Smullin, Valley Children's Hospital Appointee
✓●	Kerry Hydash, Commission At-large Appointee, Kings County	✓●	Paulo Soares, Commission At-large Appointee, Madera County
Commission Staff			
✓	Jeff Nkansah, Chief Executive Officer (CEO)	✓	Mary Lourdes Leone, Chief Compliance Officer
✓	Daniel Maychen, Chief Financial Officer (CFO)	✓	Amy Schneider, R.N., Director of Medical Management
✓	Patrick Marabella, M.D., Chief Medical Officer (CMO)	✓	Cheryl Hurley, Commission Clerk
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 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	

Commission Meeting Minutes

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	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.	<i>A roll call was taken</i>
#3 Consent Agenda a) Commission Minutes 7/15/2021 b) Finance Committee Minutes 5/20/2021 c) QIUM Committee Minutes dated 5/20/2021 d) Public Policy Committee Minutes dated 6/9/21 Action J. Neves, Co-Chair	All consent items were presented and accepted as read.	Motion: Approve Consent Agenda 9 – 0 – 0 – 7 <i>No vote for K. Hydash</i> <i>(Smullin / Nikoghosian)</i> <i>A roll call was taken</i>
#4 HEDIS Update – Reporting Year 2021 Information P. Marabella, MD, CMO	Dr. Marabella provided an update on HEDIS®, reporting year (RY) 2021-2022. The measures that reported results from the Managed Care Accountability Set (MCAS) that were below the minimum performance level (MPL) or 50 th percentile, were: <ul style="list-style-type: none"> • Antidepressant Medication Management (AMM), for both the Acute Phase and the Continuation Phase, for all three counties. • Breast Cancer Screening for Fresno and Kings Counties. 	No Motion

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	<ul style="list-style-type: none"> • Cervical Cancer Screening for Fresno County. • Chlamydia Screening for Fresno and Madera Counties. • Childhood Immunizations – Combo 10 for Fresno and Kings Counties. • HbA1c Poor Control (>9%) for Fresno and Madera Counties. • Controlling High Blood Pressure for Fresno County. • Weight Assessment and Counseling – BMI Percentile for Fresno County. • Well-Child Visits in the first 15 months of life for all three counties. <p>The two (2) Performance Improvement Projects (PIPs) on Breast Cancer Screening and Childhood Immunizations started in 2020 will continue through 12/31/2022.</p> <p>DHCS will not impose sanctions or Corrective Action Plans (CAPs) for failure to meet MPLs for measurement year (MY) 2021.</p> <p>No more than three (3) PDSA rapid cycle improvement projects will be required for each MCP this year. CalViva is required to do two (2) PDSA projects this year and these will focus on Cervical Cancer Screening and Comprehensive Diabetes Care- HbA1c < 9.</p> <p>Additionally, the State is continuing the COVID-19 Quality Improvement Plan (QIP) this year. This involves the selection of three (3) improvement strategies that demonstrate how the Plan has adapted to improve the health/wellness of its members during the COVID 19 Emergency. Two reports per year are required. Medical Management has selected AMM outreach in Kings and Madera Counties and Well Child Visits with Chlamydia Screening in Fresno County for this year's COVID-19 QIP.</p>	

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<p>#5 2021 Quality Improvement Work Plan Mid-Year Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2021 Quality Improvement Work Plan Mid-Year Evaluation.</p> <p>Initiatives on track to be completed by year end include:</p> <ul style="list-style-type: none"> • Access, Availability, and Service: <ul style="list-style-type: none"> ○ 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). ○ Corrective Action Plans (CAPs). A targeted PPG approach will be used to address non-compliance with an established escalation process for non-responding PPGs. Educational packets will be distributed to Fee For Services (FFS) and Direct Network providers who are non-compliant. Any providers in this group who are non-compliant for 2 years in a row will be required to complete a CAP. ○ Mandatory webinars will be required for non-compliant PPGs. • Quality & Safety of Care <ul style="list-style-type: none"> ○ Default Measures: Fresno and Kings Counties fell below the MPL in Childhood Immunizations. Fresno County fell below the MPL for Controlling High Blood Pressure. All three counties exceeded MPL in Timeliness of Prenatal Care. Fresno and Madera counties fell below the MPL in HbA1c testing. And Fresno County fell below the MPL for Cervical Cancer Screening. • Performance Improvement Projects (PIPs): <ul style="list-style-type: none"> ○ Childhood Immunizations (birth to 2 years) CIS-10: Modules 1, 2 & 3 are complete and approved. The first intervention will utilize text messaging to attempt to engage parents in dialogue and encourage them to schedule an appointment for immunizations. The first messages were sent September 14th. 	<p>See #6 for Motion</p>

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	<ul style="list-style-type: none"> ○ Breast Cancer Screening Disparity: Modules 1 & 2 are complete and The first intervention is an in-person educational event including a physician speaker, video in Hmong, testimonials, and staff from Imaging Center. The first event is scheduled for September 24th. ○ Several metrics have been established for each intervention to evaluate the success. 	
<p>#6 2021 Utilization Management Work Plan Mid-Year Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2021 Mid-Year Utilization Management Case Management Work Plan Evaluation.</p> <p>Activities focused on:</p> <ol style="list-style-type: none"> 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 <p>Key metrics:</p> <ul style="list-style-type: none"> • Turn-around Time for processing authorizations from January – June was 99.5%. CAP monitoring is in progress. • Turn-around Time for appeals January – June was 99.76%. • TANF Bed days/1000 had a significant increase in Q1 and leveled off in Q2. • SPD Bed days/1000 was below the goal (lower is better). • MCE for Q1 and Q2 remained below goal. <p>Additional key findings include the following:</p> <ul style="list-style-type: none"> • Compliance activities are on target for year-end completion. • Too Soon to Tell if monitoring of Turn-around Times for authorization requests will meet goals. 	<p>Motion: 2021 Quality Improvement Work Plan Mid-Year Evaluation Executive Summary and Work Plan Evaluation; and 2021 Utilization Management Work Plan Mid-Year Evaluation Executive Summary and Work Plan Evaluation</p> <p><i>10 – 0 – 0 – 6 (Cardona / Smullin)</i></p> <p><i>A roll call was taken</i></p>

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	<ul style="list-style-type: none"> • PPG specific dashboard reports continue to be refined and include Bed Days/K, Admits/K and Average length of Stay (ALOS). • Too Soon to Tell if 10% goal to reduce admissions year over year and reduced LOS will be met in 2021. • Integrated Case Management Outcome Measures show Positive results when evaluated 90 days prior and 90 days post services. Member satisfaction is high. • MHN (Behavioral Health) authorization timeliness improved and Bi-directional referrals remain consistent. • Activities for monitoring Special Populations such as CCS and SPD are on target. CCS issues related to delayed surgeries/authorizations has been addressed. Health Risk Assessment timeliness at 100% year to date. 	
<p>#7 Standing Reports</p> <ul style="list-style-type: none"> • Finance Reports Daniel Maychen, CFO 	<p><u>Finance</u></p> <p>Financial Report Fiscal Year End Jun 30, 2021:</p> <p>Fiscal year end 2021 financials are currently being audited by Moss Adams, LLP and are in the final review stages. To date, there are no proposed audit adjustments or corrections to the financial statements.</p> <p>Moss Adams will be present during the October Finance meeting and the October Commission meeting to present the final audited financials for Fiscal Year 2021.</p> <p>Current total assets are approximately \$266.1M; current liabilities recorded are \$157M, this gives a current ratio of 1.69. TNE as of June 30, 2021 is approximately \$119.1M which is approximately 736% of the minimum required TNE by DMHC.</p>	<p><i>Motion: Standing Reports Approved</i></p> <p><i>10-0-0-6</i> <i>(Nikoghosian / Bosse)</i></p> <p><i>A roll call was taken</i></p>

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	<p>Investment income actual recorded was approximately \$299k less than budgeted primarily due to declining yields on the Plan's money market accounts. Premium capitation income actual recorded was approximately \$1.33B which is approximately \$148.4M higher than what was budgeted due to the FY 2021 budget accounting for the Pharmacy Carve-Out being effective mid-way through FY 2021 and was delayed by DHCS and was not effective at all during FY 2021. This created higher revenues than projected; that in conjunction with enrollment being higher than projected and higher rates also contributed to the higher revenue. In late July 2021 DHCS confirmed that the new Pharmacy Carve-Out date will be 1/1/2022 which is consistent with what was budgeted in the FY 2022 budget. Total costs of medical care expense actual recorded is approximately \$1.12B which is approximately \$142.9M above what was budgeted primarily due to the delay of the Pharmacy Carve-Out and higher enrollment and rates than expected. Admin service agreement fees expense actual recorded was approximately \$49.6M which is approximately \$1.5M above what was budgeted primarily due to enrollment being higher than anticipated. Grants expense actual recorded is approximately \$3.5M which is approximately \$667k less than budgeted due to the Plan's Grants/Community Support Program related funds not being fully utilized. All other expense items line items are in line with what was budgeted. Total net income for FY 2021 was approximately \$10.3M, which is approximately \$5M more than budgeted, primarily due to the Pharmacy Carve-Out delay, higher enrollment than projected, and rates being higher than budgeted.</p> <p>Financials as of July 31, 2021:</p> <p>Total current assets recorded were approximately \$240M; total current liabilities were approximately \$131.3M. Current ratio is approximately 1.89. Two new line items have been added to the Balance Sheet; Lease Receivable and Deferred Inflows of Resources. These two new items were added due to a new accounting standard</p>	

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<ul style="list-style-type: none"> • Compliance M.L. Leone, CCO 	<p>through GASB 87. Total net equity as of July 2021 was approximately \$118.7M which is approximately 733% above the minimum DMHC required TNE amount.</p> <p>Premium capitation income actual recorded was approximately \$115M which is approximately \$1.5M higher than budgeted due to enrollment being higher than budgeted. Total cost of medical care expense actual recorded is approximately \$95.5M which is approximately \$1.2M more than budgeted due to higher enrollment than expected. Admin service agreement fees expense actual recorded was approximately \$4.3M, which is approximately \$76k more than budgeted due to enrollment being higher than budgeted. All other line-item expense items are in line with what was budgeted. For the first month of FY 2022 there was a net loss of approximately \$403k primarily due to front loading grants made to various entities and CBOs which is consistent with what was budgeted and the prior year. The \$403k net loss is \$313k less than the projected net loss of \$716K due to the MCO tax loss not being as high as anticipated.</p> <p><u>Compliance</u></p> <p>There was one new high-risk case reported impacting one member's PHI.</p> <p>No new MC609 filings with DHCS; 22 cases are still open for investigation.</p> <p>Oversight audits completed since the July 2021 Commission meeting include the 2020 Provider Dispute Resolution Audit (CAP), and the Fraud, Waste & Abuse Audit (No CAP).</p>	

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	<p>In reference to Regulatory Reviews and Audits, and CAPs, 2021 DMHC 18-month Follow-Up Audit: Audit interviews were held 3/30/21; the Plan is currently awaiting the final report. The next DMHC audit is scheduled for September 2022.</p> <p>The 2020 DHCS Audit CAP: the Plan filed its final CAP update on 8/27/21.</p> <p>On 8/12/21 DHCS notified the Plan that it passed the Annual Network Certification (ANC) with no deficiencies.</p> <p>DHCS Subcontracted Network Certification (SNC) Readiness Plan: The Plan submitted the Subcontracted Network Certification Readiness Plan in May; at the request of DHCS the Plan submitted responses as a result of three separate requests for additional information; currently pending final determination by DHCS.</p> <p>U.S. Health and Human Services (HHS): On 8/16/21 the Plan received correspondence from the U.S. Department of Human Services' Office of Civil Rights (OCR) stating that it was in receipt of a breach notification report filed on March 25, 2021. The breach notification was related to the Plan's Administrator's (Health Net's) business associate, Accellion, that reported it had been a victim of a cyber-attack. OCR's intent to investigate whether the Plan is compliant with the applicable Federal Standards for Privacy and/or the Security Standards.</p> <p>The Medi-Cal RX transition will become effective 1/1/2022.</p> <p>The enhanced Care Management (ECM) and In Lieu of Services (ILOS) under California Advancing and Innovating Medi-Cal (CalAIM) will become effective 1/1/22 in Kings County, and 7/1/22 in Fresno and Madera counties. The Plan's initial ECM-ILOS Model of Care Part 1 was filed with DHCS 7/1/21 and approved. The Plan</p>	

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	<p>submitted the MOC Part 2 deliverable on 9/1/21 and is awaiting DHCS determination.</p> <p>CalViva through its Plan Administrator is planning to offer the following services beginning 1/1/22 in Kings County:</p> <ul style="list-style-type: none"> • Housing Transition Navigation Services • Housing Tenancy and Sustaining Services • Recuperative Care (Medical Respite) • Meals/Medically Tailored Meals • Sobering Centers • Asthma Remediation <p>The Major Organ Transplant (MOT) carve-in will become effective 1/1/22 for all CVH service counties and membership. The Plan submitted its MOT Network Certification listing California transplant centers on 9/2/21. The Plan's administrator is currently negotiating contracts with these centers to cover transplants for the Plan's Medi-Cal membership.</p> <p>The Public Policy Committee met on September 1, 2021, via telephone conference due to the COVID-19 state of emergency. The following reports were presented: Q2 2021 Grievance and Appeals; Health Education Q1 & Q2 Member Incentive Programs Semi-Annual Report. A Population Needs Assessment Update was also provided to the Committee. There were no recommendations for referral to the Commission. The next meeting will be held on December 1, 2021, at 11:30am and it is still to be determined if the meeting will be in person or if it will be a teleconference due to COVID-19.</p> <p><u>Medical Management</u></p>	

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<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p>Appeals and Grievances Dashboard</p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through July 2021.</p> <p>The total number of grievances through July 2021 has increased compared to last year.</p> <p>Quality of Service for Access, Administrative, and Transportation continue to represent the majority of grievances.</p> <p>The volume of Quality of Care grievances have remained consistent.</p> <p>Exempt Grievances have had a slight increase from previous year.</p> <p>The total number of Appeals Received through Q2 2021 has remained consistent.</p> <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report (KIR) through Q2 2021.</p> <p>In-hospital utilization rates have decreased when compared to Q1 2021. The admission rate has slightly increased. However, utilization rates are likely to increase again in Q3 based upon recent activity.</p> <p>Turn-around-time compliance improved in Q2 in all metrics with the exception of Deferrals – Urgent. The volume of Deferrals is low and therefore the rate is highly sensitive to variations.</p>	

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	<p>Case Management results remain strong and demonstrate positive results in all areas consistent with previous months.</p> <p>Credentialing Sub-Committee Quarterly Report</p> <p>The Credentialing Sub-Committee met on July 15, 2021. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q1 2021 were reviewed for delegated entities, and Q2 2021 for Health Net. The Credentialing/Recredentialing Oversight Audit of HN was in progress during Q3 and is expected to close by the end of September. Generally good compliance is noted and any issues of non-compliance will be addressed with a corrective action plan. There was no case activity to report for the Q2 2021 Credentialing Report from Health Net.</p> <p>Peer Review Sub-Committee Quarterly Report</p> <p>The Peer Review Sub-Committee met on July 15, 2021. The county-specific Peer Review Sub-Committee Summary Reports for Q2 2021 were reviewed for approval. There were no significant cases to report.</p> <p>The Q2 2021 Peer Count Report was presented with a total of three (3) cases reviewed. All three (3) cases were closed and cleared. There were no cases pending closure for Corrective Action Plan compliance. There were no cases with outstanding CAPs. There were no cases pended for further information.</p> <p>Ongoing monitoring and reporting will continue.</p> <p><u>Executive Report</u></p>	

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<ul style="list-style-type: none"> Executive Report J. Nkansah, CEO 	<p>CVH Membership continues to grow. Market share continues to trend down primarily due to the default rate that has been adopted and applied which has been favorable to ABC. The Plan continues to review in hopes the State would make a change to the default rate algorithm; however, the Plan was notified the State will continue with the current default rate for another year. This will continue to adversely impact the Plan's market share. In addition, the Public Health Emergency currently in effect will allow the State 12 months after the Public Health Emergency ends to complete eligibility redeterminations. Furthermore, CMS has directed the States to complete a redetermination for all MC beneficiaries before taking adverse action. This will affect the timing in identifying the true number of beneficiaries eligible for MC.</p> <p>There are no significant issues, concerns, or items to note as it pertains to the Plan's IT Communications and Systems.</p> <p>Q2 2021 numbers are now available for the Member Call Center. Most areas met goal. The Plan continues to monitor an improvement plan to improve the Transportation Call Center service level goal. As of July and August the service level has improved and met compliance goal of 80%. There was a decline in users accessing the website for Q2 2021; however, this is consistent with historical numbers.</p> <p>The network remains stable and the Plan passed the 2021 DHCS Annual Network Certification Network Adequacy Report.</p> <p>Q2 2021 claims processing numbers are available. One PPG did not meet the 30-day Claims Timeliness goal. All other areas met goal.</p>	

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	All areas met goal with regard to Provider Disputes with the exception of one PPG; they did not meet the 45-day timeliness goal.	
#8 Final Comments from Commission Members and Staff	None.	
#9 Announcements	None.	
#10 Public Comment	General counsel provided an update on The Brown Act. The matters are still working their way through legislature. There could potentially be some changes; however, if it's not passed in legislature and the Governor does not sign, we will essentially return to pre-COVID Brown Act rules.	
#11 Adjourn	The meeting was adjourned at 2:45 pm The next Commission meeting is scheduled for October 21, 2021 in Fresno County.	

Submitted this Day: Oct. 21, 2021

Submitted by: Cheryl Hurley
Cheryl Hurley
Clerk to the Commission