

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission
Meeting Minutes**
February 17, 2022

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

Commission Members			
	Sara Bosse, Director, Madera Co. Dept. of Public Health	✓	David Luchini, 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	✓	Rose Mary Rahn, Director, Kings County Dept. of Public Health
✓	David Hodge, M.D., Chair, Fresno County At-large Appointee		David Rogers, Madera County Board of Supervisors
	Kerry Hydash, Commission At-large Appointee, Kings County	✓	Brian Smullin, Valley Children's Hospital Appointee
		✓	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	
#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>

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 Introduction of Director, Kings County Public Health Department</p> <p>Information D. Hodge, MD, Chair</p>	<p>Rose Mary Rahn was introduced as the Director for the Kings County Department of Public Health and Commissioner on the FKM RHA Commission.</p>	
<p>#4 Reappointed Board of Supervisors Commissioners</p> <p>Action D. Hodge, MD, Chair</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><i>See item #6 for motion</i></p>
<p>#5 Valley Children’s Hospital Reappointment</p> <p>Action D. Hodge, MD, Chair</p>	<p>Brian Smullin was reappointed as Commission representative for Valley Children’s Hospital for an additional three-year term, ending in January 2025.</p>	<p><i>See item #6 for motion</i></p>
<p>#6 Fresno County At-Large Seat Nomination</p> <p>Action D. Hodge, MD, Chair</p>	<p>John Frye was reappointed as the Fresno County At-Large representative for a three-year term, ending in January 2025.</p>	<p><i>Motion: Ratify reappointment of County BOS Commissioners; Ratify reappointment of VCH representative; and Approve Fresno County At-Large Reappointment</i></p> <p><i>12 – 0 – 0 – 5</i></p>

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
		<p>(Neves / Naz)</p> <p>A roll call was taken</p>
<p>#7 Closed Session</p> <p>1) Government Code section 54956.9(a) – Conference with Legal Counsel-Existing Litigation Name of case: Case # 21CV381776</p> <p>2) Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program, or facility Estimated Date of Public Disclosure: May 2022</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session. The Commission went into closed session to discuss item agendized for closed session specifically conference with legal counsel; existing litigation, case #21CV381776 pursuant to Government Code section 54956.9(a); and conference report involving trade secrets pursuant to Government Code section 54954.5.</p> <p>Closed Session concluded at 1:50 pm.</p>	<p>No reportable action taken</p>
<p>#8 Consent Agenda</p> <p>a) Commission Minutes dated 10/21/2021</p> <p>b) Finance Committee Minutes dated 9/16/2021</p> <p>c) QI/UM Committee Minutes dated 9/16/2021</p>	<p>All consent items were presented and accepted as read.</p>	<p>Motion: Approve Consent Agenda 12 – 0 – 0 – 5</p> <p>(Soares / Neves)</p> <p>A roll call was taken</p>

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>d) QI/UM Committee Minutes dated 10/21/2021</p> <p>e) Public Policy Committee Minutes dated 9/1/2021</p> <p>f) Compliance Report</p> <p>Action D. Hodge, MD, Chair</p>		
<p>#9 Annual Administration</p> <p>Information D. Hodge, MD, Chair</p>	<p>Dr. Hodge reminded the Commission the Form 700 is due on an annual basis, due this year on 4/1/22. 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</i></p>
<p>#10 Community Support Program Ad-Hoc Committee Selection</p> <p>Action D. Hodge, MD, Chair</p>	<p>A new ad-hoc committee is needed for the Community Support Program. Dr. Hodge polled Commissioners for volunteers to sit on the Committee. Members that volunteered are: Brian Smullin, Paulo Soares, Joyce Fields-Keene, and Dr. Hodge.</p>	<p><i>No Motion - Committee members selected</i></p>
<p>#11 2021 Annual Quality Improvement Workplan Evaluation</p> <ul style="list-style-type: none"> Executive Summary 	<p>Dr. Marabella presented the 2021 Annual Quality Improvement Workplan Evaluation.</p>	<p>See #12 for Motion</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Year End Evaluation <p>Action P. Marabella, MD, CMO</p>	<p>The planned activities and Quality Improvement focus for 2021 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 is the assessment tool. MY20 results reported. ▪ Urgent Care scores declined compared to MY19. Non-urgent Care scores improved slightly for PCPs and Specialist care improved in all three counties. ▪ Corrective Action Plan (CAP) process with targeted PPG approach. ▪ CAP required for non-compliance on one (1) or more metrics. ▪ Provider After-Hours Access Survey (PAHAS) is the assessment tool used. A new vendor used therefore will need to re-evaluate results later this year. CAPs were issued for non-compliant PPGs and Direct Network. ▪ Provider Office Wait Times continue to meet overall goal of 30 minutes or less with an average wait time of 11 minutes for all three counties combined in Q4 2021. • Quality and Safety of Care: The five Default measures are: <ul style="list-style-type: none"> ○ Childhood Immunization Combo 10 (Madera County exceeded DHCS MPL; Kings and Fresno counties fell below) ○ Prenatal Care (all three counties exceeded DHCS MPL) ○ HbA1c Poor Control <9% Testing (Kings County exceeded DHCS MPL; Fresno and Madera counties fell below) ○ Controlling High Blood Pressure (Kings and Madera counties exceeded DHCS MPL; Fresno County fell below) ○ Cervical Cancer Screening (Kings & Madera counties exceeded DHCS MPL; Fresno County fell below) 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Performance Improvement Projects (PIPs): The two PIPs were: <ul style="list-style-type: none"> ○ Childhood Immunizations (CIS-10). Initiated Text Messaging Campaign in September 2021. The CIS-10 rate continues to decline at the targeted clinic and in Fresno County. Text messaging has limitations, considering a second intervention to boost scores. ○ Breast Cancer Screening Disparity Project is focused on Hmong women 50-74 years. Hmong Sisters Event was the first intervention and was held on 09/24/21. Attempt to convince women to attend Imaging Center for mammogram. BCS rates continue to decline. Initiating a second intervention of mobile mammography with education at the targeted FQHC. Will continue with Events starting in April. ○ Two PDSA Projects are also underway for Cervical Cancer Screening and Diabetes Care. 	
<p>#12 2021 Annual Utilization Management Case Management Work Plan Evaluation</p> <ul style="list-style-type: none"> • Executive Summary • Year End Evaluation <p>2022 Utilization Management Program Description</p> <p>Action P. Marabella, MD, CMO</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 2021:</p> <ul style="list-style-type: none"> • Compliance with Regulatory & Accreditation Requirements: <ul style="list-style-type: none"> ○ All Accreditation and Regulatory requirements met standard. • Monitoring the UM Process: <ul style="list-style-type: none"> ○ Monitoring of the utilization management process activities met objectives in 2021 with the exception of work plan element 2.2 Timeliness of processing the authorization requests. ○ In the second half of 2021 the preservice TAT goal of 95% was not met in July and August. Improvement noted in quarter 4. 	<p>Motion: Approve 2021 Annual Quality Improvement Workplan Evaluation Executive Summary and Year End Evaluation; 2021 Annual Utilization Management Case Management Workplan Evaluation Executive Summary and Year End Evaluation; and the 2022 Utilization Management Program Description.</p> <p>12 – 0 – 0 – 5 (Naz / Nikoghosian)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Appeal rates were consistent with prior years. Turn-around time at 99.8%. ● Monitoring Utilization Metrics: <ul style="list-style-type: none"> ○ Monitoring of the utilization metrics met objectives in 2021 with the exception of work plan element 3.1 ○ 2021 goals included a 10% reduction in admissions and length of stay compared to 2019. COVID 19 continued to impact admission rates and length of stay. Unable to execute on-site strategy. ○ Care management initiatives for all members continued in 2021 ● 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. ○ Vision and Mission changed to Purpose. ○ Added “chronic condition management” to statements referencing disease management throughout the document. ○ Revised Pharmacy section to only apply to medical benefit medications due to Medi-Cal Rx ○ Re-wrote Evaluation of Medical Technologies ○ Updated Titles for certain positions ○ Updated Reporting review from bi-annual to quarterly 	<p><i>A roll call was taken</i></p>
<p>#13-17</p> <ul style="list-style-type: none"> ● 13. 2021 Annual Compliance Evaluation ● 14. 2022 Compliance Program Description 	<p>M.L. Leone reported on the Annual Compliance Evaluation, the Compliance Program Description, Code of Conduct, the Anti-Fraud Plan, and Privacy and Security Plan.</p> <p><u>2021 Annual Compliance Evaluation</u></p>	<p><i>Motion: Approve 2021 Annual Compliance Evaluation; 2022 compliance Program Description; 2022 Code of Conduct; 2022 Anti-</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • 15. 2022 Code of Conduct • 16. 2022 Anti-Fraud Plan • 17. 2022 Privacy and Security Plan <p>Action M.L. Leone, CCO</p>	<p>In 2021, the Compliance Program was implemented by all Plan Departments: Compliance, Medical Management, Finance and Operations (as of 8/1/2021, the Operations department was consolidated into the Compliance department).</p> <p>Administrative and Operational Regulatory Reporting:</p> <ul style="list-style-type: none"> • Over 250 regulatory filings were made to DMHC and DHCS <p>Summary of State Audits, Corrective Actions, and Medi-Cal Contract Amendments:</p> <ul style="list-style-type: none"> • Department of Health Care Services (DHCS): <ul style="list-style-type: none"> ○ 2020 DHCS Audit - On 8/27/2021, the Plan submitted its final CAP Update to DHCS indicating all corrective actions have been implemented. The Plan has not yet received DHCS' acceptance of the Plan's CAP response. ○ 2021 DHCS Annual Audit – In consideration of the impact of the COVID-19 PHE, this audit was deferred until 2022 at the request of the Plan. ○ DHCS -2019-2020 Performance Evaluation – The final report issued in July 2021 identified three external quality review (EQR) improvement recommendations: one related to the 2020 DHCS Medical Survey finding, one related to HEDIS® data validation, one related to quality performance improvement projects. The Plan successfully implemented interventions addressing these areas. ○ DHCS 2020 - 2021 Encounter Data Validation (EDV) Study –The annual EDV study was postponed in 2021 due to the COVID-19 PHE. ○ 2020 DHCS Annual Network Certification (ANC) – The Plan submitted the ANC in April of 2020. The DHCS issued a CAP on November 25, 2020. On March 11, 2021 DHCS informed the Plan that all ANC deficiencies were resolved and the CAP was closed. ○ 2021 DHCS Annual Network Certification (ANC) - The Plan submitted the ANC in April of 2021. On August 2, 2021, DHCS informed the Plan that it passed the 2021 ANC. 	<p><i>Fraud Plan; and 2022 Privacy and Security Plan</i></p> <p><i>11 – 0 – 0 – 6</i> <i>(Naz / Smullin)</i></p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ DHCS MOT Corrective Action Plan (CAP) – On December 10, 2021, the Plan received written notice of deficiencies related to the failure to meet CalAIM’s Major Organ Transplants (MOT) network certification requirements. DHCS issued CAPs to all Managed Care plans as the issue resulted from the DHCS’ delay in establishing reimbursements rates for the COEs. ○ DHCS Contract Amendments - Several Medi-Cal contract amendments were executed between DHCS and CalViva Health in 2021. <ul style="list-style-type: none"> ○ Contract 10-8750 A15 – This amendment revises language for the Final Rule and Behavioral Health Treatment (BHT). ○ Contract 10-8750 A16 (“The Bridge Amendment”) – This amendment incorporates new Bridge language. ○ Contract 10-8750 A22 – This amendment incorporates new Enhanced Care Management (ECM) risk mitigation language. ● Department of Managed Health Care (DMHC): <ul style="list-style-type: none"> ○ Measurement Year (MY) 2019 Timely Access Report (TAR): The Plan submitted its annual MY2019 TAR filing in May of 2020. The DMHC issued its findings on February 26, 2021 and the Plan submitted its response on May 27, 2021. An alternative access filing was subsequently filed. The filing remains open. ○ Measurement Year (MY) 2020 Timely Access Report (TAR): The Plan submitted its annual MY2020 TAR filing in March of 2021 and is awaiting DMHC’s final report. ○ March 2021 DMHC 18-Month Follow-Up Audit – The DMHC issued its Final Report on November 2, 2021. The reported stated one of the two deficiencies had been corrected. The second deficiency remains uncorrected and under DMHC review and will be assessed at the next triennial DMHC Audit scheduled for September 2022. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ March 2022 DMHC Routine Financial Exam – CalViva received written notice from DMHC of their intent to conduct the biennial financial audit on March 15, 2022. <p>DHCS Fraud, Waste and Abuse Required Reporting:</p> <ul style="list-style-type: none"> ● 4 Suspected FWA cases total: <ul style="list-style-type: none"> ○ 1-Pharmacy provider ○ 1-Non-contracted DME provider. ○ 2-Other Contracted providers ● Privacy and Security Oversight: <ul style="list-style-type: none"> ● Regulatory and Contractual Obligations <ul style="list-style-type: none"> ● On-going breach assessments/notifications and staff training and internal monitoring ● Reports of Possible Privacy and Security Incidents/Breaches <ul style="list-style-type: none"> ● 32 privacy/security cases total: <ul style="list-style-type: none"> ○ High-risk -1 ○ Moderate-risk – 3 ○ Low-risk- 20 ○ No-Risk - 8 <p>DHCS New Benefits, Waivers and Other Programs:</p> <ul style="list-style-type: none"> ● CalAim (Effective 1/1/2022): <ul style="list-style-type: none"> ○ Enhanced Care Management (ECM) and Community Supports (CS) ○ Major Organ Transplants (MOT) ○ CalAIM Incentive Program (CalAIM IP) ○ Medi-Cal RX – Effective 1/1/2022 ○ COVID-19 Vaccine Response Plan and Incentive Program ○ Behavioral Health Integration (BHI) Incentive Program 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Compliance Program Activities</p> <ul style="list-style-type: none"> • Oversight and Monitoring of Delegated Activities: <ul style="list-style-type: none"> ○ Delegation Audits and CAPS of Health Net in 2021: Access & Availability, Claims, FWA, Pharmacy, Provider Disputes, Emergency Services, Call Center, and Utilization Management. <p>Periodic Monitoring of Health Net</p> <ul style="list-style-type: none"> • Monthly Management Oversight (MOM) meetings • Review monthly/quarterly performance metrics & key indicator data • Joint Workgroups - Access & Availability, Encounter Data Integrity, Grievances & Appeals, QI/UM/Credentialing • On-going oversight of PPGs, specialty plans and vendors <p>2021 CalViva Internal Audit:</p> <ul style="list-style-type: none"> • Internal audit of Employee, Commission and Committee Member files. All files were found compliant and no CAP was issued. • CalViva Health Staff Trainings: <ul style="list-style-type: none"> ○ Four new employees successfully completed training ○ All staff members successfully competed annual training • Member Communications: <ul style="list-style-type: none"> ○ 43 member communications were reviewed • Provider Communications: <ul style="list-style-type: none"> ○ 229 Provider Updates ○ 27 Informational Letters ○ 9 Forms • Provider Relations: <ul style="list-style-type: none"> ○ 1,952 “touches” ○ 3,376 trainings 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>2022 Activities</p> <ul style="list-style-type: none"> • Expect the California and Federal declarations of the COVID-19 PHE will continue to be renewed and have ongoing impacts on some Plan activities. • CalAim initiatives: <ul style="list-style-type: none"> ○ Plan will continue its efforts to implement ECM/CS in Fresno and Madera counties by 7/1/2022; ○ Begin planning activities for the January 1, 2023 carve-in of Long-Term Care • Non-CalAim Initiatives: <ul style="list-style-type: none"> ○ May 1, 2022, transition of full-scope Medi-Cal eligibility will be expanded to individuals 50 years of age and older, and who do not have satisfactory immigration status or are unable to establish immigration status. • DHCS 2022 Audit scheduled for April 18, 2022, and DMHC 2022 Audit is scheduled for September 19, 2022. • Increased regulatory oversight and monitoring of health plan activities, in the following areas: <ul style="list-style-type: none"> ○ Provider network adequacy and certification requirements for direct and delegated networks ○ Timely Access ○ Encounter data quality and timeliness ○ Clinical Quality Improvement (MCAS measures) ○ Member Grievances/Appeals <p>Annual Review and Approval of Compliance Program Documents</p> <ul style="list-style-type: none"> • 2022 Compliance Program Description: <ul style="list-style-type: none"> ○ Updated CCO and CEO to Mary Lourdes Leone and Jeff Nkansah, respectively; added "Privacy Officer to the CCO's role; added FWA audit to Table 3. • 2022 Code of Conduct: 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Updated CCO and CEO to Mary Lourdes Leone and Jeff Nkansah, respectively. ● 2022 Anti-Fraud Plan: <ul style="list-style-type: none"> ○ Updated CCO and CEO to Mary Lourdes Leone and Jeff Nkansah, respectively; updated the Reference section to specify “CO-005 Fraud, Waste and Abuse Prevention Detection, Investigation” ● 2022 Privacy & Security Plan: <ul style="list-style-type: none"> ○ Updated CCO and CEO to Mary Lourdes Leone and Jeff Nkansah, respectively. 	
<p>#18 Standing Reports</p> <ul style="list-style-type: none"> ● Finance Reports Daniel Maychen, CFO 	<p>Finance</p> <p>Financials as of December 31, 2021:</p> <p>Total current assets recorded were approximately \$372.3M; total current liabilities were approximately \$259.8M. Current ratio is approximately 1.43. Total net equity as of the end of December 2021 was approximately \$122.3M which is approximately 724% above the minimum DMHC required TNE amount.</p> <p>Interest Income actual recorded was approximately \$133K which is approximately \$85K more than budgeted due to a new accounting standard called GASB 87 which relates to leases. From a lessor perspective, GASB 87 requires a portion of rental payments to be booked to Interest Income which is due to the foundational principal of GASB 87 which views leases as essentially financing arrangements which allow for the use of another entities’ assets. The increase in Interest Income as a result of GASB 87 was not accounted for in the FY 2022 budget due to a timing difference, noting that when the FY 2022 budget was finalized, CalViva was still in the process of working through the GASB 87 implementation with Moss Adams. The increase in Interest Income will be accounted for in the FY 2023 budget.</p>	<p>Motion: Standing Reports Approved</p> <p>11 – 0 – 0 – 6 (Nikoghosian / Griffin)</p> <p>A roll call was taken</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p>Premium capitation income actual recorded was approximately \$694.6M which is approximately \$11.9M more than budgeted primarily due to enrollment and rates being higher than projected. In addition, in the FY 2022 budget, the Plan projected an MCO tax loss of approximately \$2.2M; however, due to higher-than-expected enrollment the MCO tax loss only amounted to approximately \$384K.</p> <p>Total Cost of Medical Care Expense actual recorded is approximately \$577M which is approximately \$9.6M more than budgeted due to the same reasons as stated above. Admin Service Agreement Fees Expense actual recorded was approximately \$25.7M, which is approximately \$565k more than projected due to higher-than-expected enrollment. Other Income actual recorded was approximately \$163K which is approximately \$96.6K less than budgeted due to the GASB 87 implementation.</p> <p>Net income for the first six (6) months of FY 2022 recorded was approximately \$3.2M which is approximately \$2.3M more than budgeted primarily due to the MCO tax loss the Plan projected for FY 2022 being less than projected; and higher enrollment and rates than projected.</p> <p>Medical Management</p> <p>Appeals and Grievances Dashboard</p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through December 2021.</p> <ul style="list-style-type: none"> The total number of grievances for 2021 increased in comparison to calendar year 2020. The majority of grievances were Quality-of-Service related. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Quality of Care Grievances also increased in 2021 when compared to calendar year 2020. • Exempt Grievances had a notable increase in 2021 compared to calendar year 2020. • Appeals for calendar year 2021 decreased from 2020 with the majority of cases being related to Advanced Imaging, Durable Medical Equipment (DME), and Pharmacy. <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report (KIR) for 2021.</p> <p>Acute Care Admission decreased slightly from Q3 to Q4 2021; with an increase in Average Length of Stay (ALOS).</p> <p>Utilization for all risk types increased in 2021.</p> <p>Turn Around Time was met in all areas for Q4 2021.</p> <p>Case Management results remain strong and demonstrate positive results in all areas consistent with previous months.</p> <p>QIUM Quarterly Report – Q4 2021</p> <p>Dr. Marabella provided the QI/UM Qtr. 4, 2021 update. Two QI/UM meetings were held in Quarter 4; one in October and one in November.</p> <p>The following program documents were approved at these meetings:</p> <ul style="list-style-type: none"> • 2021 Culture & Linguistics Work Plan Mid-Year Evaluation & Executive Summary 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • 2021 Health Education Work Plan Mid-Year Evaluation & Executive Summary • Culture & Linguistics Language Assistance Program Mid-Year Report • Culture & Linguistics Geo Access Report • Preventive Health Guidelines <p>In addition, the following general documents were approved:</p> <ul style="list-style-type: none"> • Pharmacy Formulary & Provider Updates • Medical Policies Update Q3 • UMCM 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, Initial Health Assessment Quarterly Audit Report, and Access Related Reporting. Additional Quality Improvement Reports including SPD Health Risk Assessment and Provider Office Wait Time.</p> <p>The Utilization Management & Case Management reports reviewed were the Key Indicator Report, and Utilization Management Concurrent Review Report. Additional UMCM Reports include UM PA Member Letter Monitoring 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.</p> <p>HEDIS® Activity:</p> <p>In Q4, HEDIS® related activities focused on analyzing the results for RY2021 under the Managed Care Accountability Set (MCAS) measures and the minimum</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>performance level (MPL) of 50th percentile and initiating activities to address opportunities for improvement.</p> <p>Two new PDSA projects were initiated to include:</p> <ul style="list-style-type: none"> • Diabetes: A1c > 9% with Clinica Sierra Vista, Fresno County. • Cervical Cancer Screening with Clinica Sierra Vista, Fresno County. <p>Continuing Performance Improvement Projects (PIP) include:</p> <ul style="list-style-type: none"> • Childhood Immunizations with Family HealthCare Network, Fresno County. • Breast Cancer Screening with Greater Fresno Health Organization, Fresno County. <p>The continuing Quality Improvement Projects (QIP) relating to COVID-19 includes:</p> <ul style="list-style-type: none"> • Antidepressant Outreach • HTN & Diabetes outreach • Well-Child & Chlamydia screening <p>No significant compliance issues have been identified. Oversight and monitoring processes will continue.</p> <p>Credentialing Sub-Committee Quarterly Report</p> <p>The Credentialing Sub-Committee met on October 21, 2021. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q2 2021 were reviewed for delegated entities, and Q3 2021 for Health Net. There was no case activity to report for the Q3 2021 Credentialing Report from Health Net.</p> <p>Peer Review Sub-Committee Quarterly Report</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Executive Report J. Nkansah, CEO 	<p>The Peer Review Sub-Committee met on October 21, 2021. The county-specific Peer Review Sub-Committee Summary Reports for Q3 2021 were reviewed for approval. There were no significant cases to report.</p> <p>The Q3 2021 Peer Count Report was presented with a total of five (5) cases reviewed. All five (5) 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>Executive Report</p> <p>The enrollment through December 31, 2021 is approximately 393,125 members. The preliminary enrollment numbers for January 2022 have increased to approximately 398,000. The new membership is a result of transition activities by DHCS and the CalAIM initiative. Enrollment is likely to continue to increase through mid-2022 until the Public Health Emergency is ended.</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>There are no significant issues, concerns, or items to note as it pertains to the Member Call Center with the exception to note the Transportation Call Center reached the service level goal of 80% at the end of Q4 2021.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>No new items to identify as it pertains to Provider Network Activities and Provider Relations. The Executive Dashboard will not include a count of Pharmacy Providers moving forward because Pharmacy transitioned to Medi-Cal RX effective 1/1/2022.</p> <p>With reference to Claims Processing activities, PPG 3 did not meet the 30-day claims processing timeliness. Management continues to work with PPG 4, 5, and 6 with regard to their deficiency disclosures.</p> <p>With regard to Provider Disputes, PPG 3 did not meet Provider Dispute Processing Timeliness goal; all other areas met goal.</p> <p>A hard copy of the Plan’s Annual Report was provided to all Commissioners. The Annual Report is also posted on the Plan’s Website and Social Media forums.</p> <p>J. Nkansah advised the Commission that the DHCS released the proposal for Medi-Cal procurement on February 9, 2022. The proposal is for commercial partners to bid for the Medi-Cal business. With the Plan being the local initiative, the Plan does not need to participate in the bidding process. However, the contract that is awarded will ultimately be applicable to the Plan as the local initiative effective January 1, 2024. As part of that proposal, the State has proposed entering into a statewide contractual agreement with Kaiser which would be effective January 1, 2024. Legislature and Federal approval is needed for the proposal to contract with Kaiser statewide.</p> <p>Jason Epperson, General Counsel, provided insight on AB 361 and how the Bill affects public entities and the Brown Act. Given the structure of the Plan, AB 361 will not affect how the Plan’s Commission meetings are run, and all of the Plan’s public meetings have resumed to pre-COVID policy and must follow the Brown Act</p>	

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	with regard to remote participation. Any Commissioner requesting to participate remotely will be required to follow Policy CO-101 Telephonic Participation.	
#19 Final Comments from Commission Members and Staff	None.	
#20 Announcements	None.	
#21 Public Comment	None.	
#22 Adjourn	The meeting was adjourned at 3:13 pm. The next Commission meeting is scheduled for March 17, 2022 in Fresno County.	

Submitted this Day: March 17, 2022

Submitted by: Cheryl Hurley
Cheryl Hurley
Clerk to the Commission