

Fresno-Kings-Madera  
Regional Health Authority

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

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

<b>Commission Members</b>			
✓	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
<b>Commission Staff</b>			
✓	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
<b>General Counsel and Consultants</b>			
✓	Jason Epperson, General Counsel		
✓ = Commissioners, Staff, General Counsel Present			
* = Commissioners arrived late/or left early			
• = Attended via Teleconference			

<b>AGENDA ITEM / PRESENTER</b>	<b>MOTIONS / MAJOR DISCUSSIONS</b>	<b>ACTION TAKEN</b>
#1 Call to Order	The meeting was called to order at 1:30 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>

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<p><b>#3 Consent Agenda</b></p> <ul style="list-style-type: none"> <li>a) Commission Minutes dated 2/17/2022</li> <li>b) Finance Committee Minutes dated 10/21/2021</li> <li>c) QI/UM Committee Minutes dated 11/18/2021</li> <li>d) Public Policy Committee Minutes dated 12/1/2021</li> </ul> <p>Action D. Hodge, MD, Chair</p>	<p>All consent items were presented and accepted as read.</p>	<p><b>Motion: Approve Consent Agenda</b> 12 – 0 – 0 – 5</p> <p>(Nikoghosian/Fields-Keene)</p>
<p><b>#4 2022 Quality Improvement</b></p> <ul style="list-style-type: none"> <li>• Program Description</li> <li>• Work Plan</li> </ul> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2022 Quality Improvement Program Description and Work Plan.</p> <p>The highlights of changes for the 2022 QI Program Description include:</p> <ul style="list-style-type: none"> <li>• Disease Management (DM): Changed disease management to chronic conditions management.</li> <li>• Population Health Management: Added information on Population Health Management (PHM) strategy, member satisfaction and performance metrics.</li> <li>• Health Promotion Programs: Updated listing of educational programs for 2022.</li> <li>• MemberConnections: Revised responsibilities including addressing SDOH and support on outreach programs such as PIPS &amp; PDSAs.</li> <li>• Clinical Practice Guidelines: Added that, “CPGs are approved through the HN Medical Advisory Council”.</li> </ul>	<p><b>See #5 for Motion</b></p>

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	<ul style="list-style-type: none"> <li>• Health Management Programs: Nurse Advice Line section removed, “Nurse advice line nurses may access support from a physician when needed as the nurse interacts directly with the member.”</li> <li>• Pharmacy: Revised the pharmacy activities to only include the medical benefit pharmacy information (Medi-Cal Rx).</li> <li>• Satisfaction: Revised from <i>member satisfaction</i> to <i>member experience</i>, updated description to include CAHPS survey activities and removed the Customer Experience initiatives. Removed CAHPS from HEDIS® section.</li> <li>• Access &amp; Availability: Changed Access surveys from quarterly to annual.</li> <li>• Medical Records: Revised the description on how the plan monitors medical records and how the plan evaluates intervention effectiveness.</li> <li>• Health Equity: Changed Cultural and Linguistic Department to Health Equity Department.</li> <li>• Quality Committee: Added NCQA and contractual language changes regarding oversight of policy decision and changes and provider representation in the QI Committee.</li> <li>• Other minor edits</li> </ul> <p>Activities for 2022 Quality Improvement Work Plan continue to focus on:</p> <ol style="list-style-type: none"> <li>1. Access, Availability, &amp; Service</li> <li>2. Quality &amp; Safety of Care</li> <li>3. Performance Improvement Projects</li> <li>4. Crosswalk of Ongoing Activities</li> </ol> <p>Improve Access to Care:</p> <ul style="list-style-type: none"> <li>• Timely Appointments to Primary Care, Specialists, Ancillary Providers and After Hours Access – Continue to monitor Appointment Access and After Hours Access and educate providers using Provider Updates, webinars and follow up surveys.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Improve member satisfaction— Results from 2020 CAHPS Survey and 2020 Access Survey used to update strategies with recommendations such as Provider Training Series Pilot (<i>Lunch &amp; Learn</i> and <i>On-demand videos</i>) and Share <i>Quarterly Root Cause Analysis</i> results with Medical Management leadership.</li> </ul> <p>Improve the Quality &amp; Safety of Care:</p> <ul style="list-style-type: none"> <li>• Cervical Cancer Screening – Multi-disciplinary team formed with high volume, low compliance clinic in Fresno County. Initial outreach effort with education and member incentive. Second intervention to focus on “unable to reach” group.</li> <li>• Comprehensive Diabetes Care-H9 – Multi-disciplinary team formed with high volume, low compliance clinic in Fresno County. Initial intervention to improve HbA1c testing rate. Second intervention to focus on education, appropriate referrals, and frequent monitoring to reduce A1c levels through lifestyle changes.</li> </ul> <p>Performance Improvement Projects:</p> <ul style="list-style-type: none"> <li>• Childhood Immunizations Improvement Project in Fresno County (CIS-10). Initiating second intervention which will build upon the initial Texting Campaign with a <i>Special Immunization Event</i>.</li> <li>• Breast Cancer Screening Disparity Project in Fresno County (BCS). Second intervention being implemented. Plan to compare the effectiveness of mobile mammography event with education-only event.</li> </ul>	
<p><b>#5 2022 Utilization Management Case Management</b></p> <ul style="list-style-type: none"> <li>• CM Program Description</li> <li>• UMCM Work Plan</li> </ul>	<p>Dr. Marabella presented the 2022 Case Management Program Description and 2022 Utilization Management/Case Management Work Plan.</p> <p>The highlights of changes for the 2022 Case Management Program Description include:</p>	<p><b>Motion:</b> Approve 2022 Case Management Program Description and 2022 UMCM Work Plan</p> <p>12-0-0-5</p>

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<p>Action P. Marabella, MD, CMO</p>	<ul style="list-style-type: none"> <li>• Complex CM Criteria: Modified criteria to identify members who will automatically be referred for CCM (to widen the net).</li> <li>• CM Criteria: Added members who reach a designated score from HRA Screen or if individualized care team is requested, to be referred for CM.</li> <li>• Care Team Staffing Model: Modified average active case load from 70 cases to 73 cases.</li> <li>• Condition Specific CM &amp; DM Programs: Added Palliative Care to potential programs for referral.</li> <li>• Special Programs: Added CalAIM, including Enhanced Care Management (ECM) and Community Supports (CS) with brief description of services, counties and populations of focus. TCM program also updated.</li> <li>• Other minor edits.</li> </ul> <p>The five areas of focus for the 2022 Utilization Management &amp; Case Management Work Plan include:</p> <ul style="list-style-type: none"> <li>• Compliance with Regulatory &amp; Accreditation Requirements:               <ul style="list-style-type: none"> <li>○ Ensure compliance with regulations and licensure requirements for clinical staff.</li> <li>○ Confirm and document separation of medical decisions from fiscal considerations (attestations).</li> <li>○ Conduct audits.</li> </ul> </li> <li>• Monitoring the UM Process:               <ul style="list-style-type: none"> <li>○ Track and trend prior authorizations including turn-around times.</li> <li>○ Conduct inter-rater reliability testing for clinical staff to evaluate how consistently criteria are applied.</li> <li>○ Analyze appeals data for trends to identify opportunities to remove or modify PA criteria.</li> </ul> </li> </ul>	<p><i>(Frye/Neves)</i></p> <p><i>A roll call was taken</i></p>

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	<ul style="list-style-type: none"> <li>• Monitoring Utilization Metrics:                             <ul style="list-style-type: none"> <li>○ Track effectiveness of care management. Outcomes metrics include a 5% reduction in admissions and length of stay over 2019.</li> <li>○ Monitor for Over/Under Utilization including PPGs to ensure appropriate use of services and address areas needing improvement.</li> <li>○ Continue to enhance PPG Profile to provide performance metrics for delegated PPGs.</li> </ul> </li> <li>• Monitoring Coordination with Other Programs and Vendor Oversight:                             <ul style="list-style-type: none"> <li>○ Evaluate access to and quality of:                                     <ul style="list-style-type: none"> <li>▪ Case Management, includes ECM &amp; Community Supports</li> <li>▪ Perinatal Case Management</li> <li>▪ Behavioral Health Case Management</li> </ul> </li> <li>○ Maintain Chronic Condition Management Program.</li> <li>○ Monitor MD interactions with Pharmacy.</li> <li>○ Monitor Coordination between physical and behavioral health.</li> </ul> </li> <li>• Monitoring Activities for Special Populations:                             <ul style="list-style-type: none"> <li>○ Monitor CCS Identification – continue to refine identification, referral and coordination processes.</li> <li>○ Monitor care for SPDs – continue to perform monthly risk stratification &amp; utilize care coordination/care management to meet needs.</li> </ul> </li> </ul>	
<p>#6 Standing Reports</p> <ul style="list-style-type: none"> <li>• Finance Reports Daniel Maychen, CFO</li> </ul>	<p><b>Finance</b></p> <p>Financials as of January 31, 2022:</p> <p>Total current assets recorded were approximately \$318.7M; total current liabilities were approximately \$204.1M. Current ratio is approximately 1.56. Total net equity as of the end of January 2022 was approximately \$124.3M which is approximately 737% above the minimum DMHC required TNE amount.</p>	<p><i>Motion: Standing Reports Approved</i></p> <p><i>12-0-0-5</i> <i>(Rogers/Nikoghosian)</i></p> <p><i>A roll call was taken</i></p>

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	<p>Interest income actual recorded was approximately \$160K which is approximately \$104K more than budgeted due to a new accounting standard called GASB 87 as it relates to leases. Premium capitation income actual recorded was approximately \$802.3M which is approximately \$24.2M more than budgeted primarily due to enrollment being higher than projected and for FY 2022 a projected \$2.2M MCO tax loss that did not occur as enrollment was higher than projected. In January 2022, DHCS updated the Plan's MCO tax revenue rate which increased the Plan's MCO tax revenue rate which led to approximately a \$1.3M MCO tax gain. The Plan expects to recognize the \$1.3M MCO tax gain from January through June 2022.</p> <p>Total cost of medical care expense actual recorded is approximately \$663.5M which is approximately \$20M more than budgeted due to the same reason as stated above referencing revenue. Admin service agreement fees expense actual recorded was approximately \$30.1M, which is approximately \$757k more than projected due to higher-than-expected enrollment.</p> <p>Net income actual recorded was approximately \$5.2M which is approximately \$4.1M more than budgeted primarily due to higher enrollment and the MCO tax loss the Plan projected for FY 2022 that did not occur due to higher enrollment, and the updated MCO tax revenue rate beginning January 2022. The Plan anticipates recognizing approximately a \$1.3M MCO tax gain each month through June 2022 which equates to approximately \$7.5M MCO tax gain alone. The Plan does caution that DHCS recently communicated that the MCO tax gain may be recouped due to higher MCO tax revenue rates as a result of lower enrollment projections, noting that DHCS assumed in their rate development that the Public Health Emergency ("PHE") would end around December 2021. Furthermore, lower enrollment projection correlates to a higher MCO tax revenue rate.</p>	

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<ul style="list-style-type: none"> <li><b>Compliance</b> M.L. Leone, CCO</li> </ul>	<p><b>Compliance</b></p> <p>There were 44 Administrative &amp; Operational regulatory filings during the Q1 2022; there were 40 Member Materials filed and Provider Materials distributed; and nine (9) DMHC filings.</p> <p>There were ten (10) Privacy &amp; Security Breach Cases that were No-Risk/Low-Risk cases filed in Q1 2022.</p> <p>There was one (1) Fraud, Waste &amp; Abuse MC609 case filed with DHCS; and 22 cases open for investigation with HN SIU department in Q1 2022.</p> <p>The Annual Oversight Audits of HN in-progress are Access and Availability; Appeals &amp; Grievances; Continuity of Care; and Provider Network/Provider Relations. No additional audits have been completed since the last Commission report.</p> <p>The Plan is still awaiting the DMHC’s final determination on the 2021 CAP response of the 2021 DMHC 18-month follow-up audit.</p> <p>The Plan is still awaiting DHCS’ final response in order to close the 2020 CAP in reference to the DHCS 2020 Medical Audit.</p> <p>All pre-audit document requests for the DHCS 2022 Medical Audit were submitted on 2/25/22. The Plan received DHCS’ request for verification files on 3/9/22. These are scheduled to be submitted by 3/18/22. The Audit Entrance Conference is scheduled for 4/18/22.</p> <p>DMHC’s financial audit Entrance Conference will take place on 3/15/22.</p>	



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<ul style="list-style-type: none"> <li><b>Medical Management</b> P. Marabella, MD, CMO</li> </ul>	<p>With reference to CalAIM, the Enhanced Care Management (ECM) and Community Supports programs, they are scheduled to become effective in Fresno and Madera counties by 7/1/22. The Major Organ Transplant (MOT) Carve-In benefit became effective 1/1/22 for all of the Plan’s service are counties. The CAP issued by DHCS on 12/10/21 has been closed and the Plan’s MOT network has been certified.</p> <p>The Plan’s downtown office for walk-ins remains closed. HN has indicated they will continue to carry out operations on a semi-remote basis until further notice.</p> <p>The Public Policy Committee last met on 3/2/22. The meeting was held at CalViva’s Administrative Office location. The following reports were presented: The Health Education Semi-Annual Member Incentive Report (Q3 and Q4 2021); The 2021 Annual Compliance Report; and The Q4 2021 Appeals &amp; Grievance Report. There were no recommendations for referral to the Commission. The next meeting will be held on June 1, 2022 at 11:30am in the Plan’s Administrative Office.</p> <p>A brief overview of the new laws impacting the Plan were reported out to the Commission.</p> <p><b>Medical Management</b></p> <p>Appeals and Grievances Dashboard</p> <p>Dr. Marabella presented the Appeals &amp; Grievances Dashboard through January 2022.</p> <ul style="list-style-type: none"> <li>The total number of grievances remain consistent. The majority of grievances were Quality-of-Service related.</li> <li>Quality of Care Grievances decreased when compared to previous months.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Exempt Grievances had a notable decrease compared to previous months.</li> <li>• Appeals for January 2022 decreased from previous months with the majority of cases being related to Advanced Imaging, and Pharmacy.</li> </ul> <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report (KIR) for January 2022.</p> <p>Acute Care Admissions remain variable for the Expansion, and Family/Adult populations. A decrease in Acute Average Length of Stay (ALOS) is noted for Expansion population.</p> <p>Utilization for all risk types increased in 2021.</p> <p>Turn- around Times were met in all areas in January 2022 with the exception of Post-service (98.0%).</p> <p>Case Management results remain stable and demonstrate positive outcomes in all areas, consistent with previous months.</p> <p><b>Credentialing Sub-Committee Quarterly Report</b></p> <p>The Credentialing Sub-Committee met on February 17, 2022. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q3 2021 were reviewed for delegated entities, the third and fourth quarters for MHN, and fourth quarter for Health Net. There was no case activity to report for the Q4 2021 Credentialing Report from Health Net.</p> <p><b>Peer Review Sub-Committee Quarterly Report</b></p>	

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<ul style="list-style-type: none"> <li>• <b>Executive Report</b> J. Nkansah, CEO</li> </ul>	<p>The Peer Review Sub-Committee met on February 17, 2022. The county-specific Peer Review Sub-Committee Summary Reports for Q4 2021 were reviewed for approval. There were no significant cases to report.</p> <p>The Q4 2021 Peer Count Report was presented with a total of two (2) cases reviewed. One case was closed and cleared. There were no cases pending closure for Corrective Action Plan compliance. There was one (1) case pended for further information.</p> <p>Follow up will be initiated to obtain additional information for the tabled case and ongoing monitoring and reporting will continue.</p> <p><b>Executive Report</b></p> <p>The enrollment through January 31, 2022 is 398,468 members. Enrollment is likely to continue to increase until the Public Health Emergency (PHE) is ended. Ongoing activity is currently taking place to determine outreach to beneficiaries to assist with maintaining coverage if needed when the PHE ends.</p> <p>There are no significant issues, concerns, or items to note as it pertains to the Plan’s IT Communications and Systems; Call Center; CVH Website; Provider Network and Provider Relations.</p> <p>With regard to Claims Processing and Provider Dispute activities, management continues to work with Health Net regarding the groups identified as non-compliant with timeliness goals and deficiency disclosures.</p>	

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#7 Final Comments from Commission Members and Staff	An introduction of Linnea Koopman, CEO for LHPC, was made to the Commission.	
#8 Announcements		
#9 Public Comment		
#10 Adjourn	The meeting was adjourned at 2:42 pm. The next Commission meeting is scheduled for May 19, 2022 in Fresno County.	

Submitted this Day: May 19, 2022

Submitted by: Cheryl Hurley  
Cheryl Hurley  
Clerk to the Commission