

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
July 21, 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 1:31 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

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<p>#3 Confirmed Fresno County At-Large Reappointment</p> <p>Information David Hodge, MD, Chairman</p>	<p>Fresno County Board of Supervisors reappointed Dr. Hodge and Dr. Cardona for an additional three-year term.</p>	<p><i>No Motion</i></p>
<p>#4 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes dated 5/19/2022 b) Finance Committee Minutes dated 3/17/2022 c) QI/UM Committee Minutes dated 3/17/2022 d) Finance Committee Charter e) Credentialing Committee Charter f) Peer Review Committee Charter g) QIUM Committee Charter <p>Action D. Hodge, MD, Chair</p>	<p>All consent items were presented and accepted as read.</p>	<p><i>Motion: Approve Consent Agenda</i> <i>13 – 0 – 0 – 4</i></p> <p><i>(Neves / Naz)</i></p>
<p>#5 Closed Session</p> <p>A. Government Code section 54956.8 – Conference with Real Property Negotiators.</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session.</p> <p>Regarding Government Code section 54956.8 – conference with real property negotiators– discussion of service, program or facility, regarding 7625 N. Palm Avenue. The item was discussed and direction was given to the negotiator.</p>	

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	Closed Session concluded at 1:38 pm.	
<p>#6 CEO Annual Review Ad-Hoc Committee Selection</p> <p>Action D. Hodge, MD, Chair</p>	Commission members selected for the CEO Annual Review ad-hoc committee are: Dr. Hodge, Harold Nikoghosian, and Dr. Naz.	Members were selected.
<p>#7 Conflict of Interest Code</p> <p>Action D. Hodge, MD, Chair</p>	The amended Conflict of Interest Code was presented. One change was to remove the eliminated position of Chief Operating Officer. The COIC is subject to a 45-day comment period and approval by the FPPC.	<p>Motion: Amended COIC was accepted.</p> <p>13 – 0 – 0 – 4</p> <p>(Neves / Smullin)</p>
<p>#8 Review of Fiscal Year End Goals – FY 2022</p> <p>Information J. Nkansah, CEO</p>	Results for fiscal year end 2022 goals were presented to Commissioners. No comments or concerns from Commissioners were expressed.	No Motion
<p>#9 Goals and Objectives for FY 2023</p> <p>Action J. Nkansah, CEO</p>	The goals and objectives for FY 2023 were presented to Commissioners. Previously, Strategic Planning was primarily focused on the development and creation of the Community Support Program. Now that the Community Support Program has been implemented all results and outcomes moving forward will be reported out under the line-item Funding of Community Support Program; it will only include the activities and initiatives that were completed during that particular fiscal year. There are two new goals starting FY 2023; one being 2024 Medi-Cal Contract Readiness, and Health Plan Accreditation. All other goals are in line with prior fiscal year goals.	<p>Motion:</p> <p>13 – 0 – 0 – 4</p> <p>(Rogers / Bosse)</p>
<p>#10 Standing Reports</p>	Finance	Motion: Standing Reports Approved

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<ul style="list-style-type: none"> Finance Reports Daniel Maychen, CFO 	<p><u>Financials as of May 31, 2022:</u></p> <p>Total current assets recorded were approximately \$259.2M; total current liabilities were approximately \$142.8M. Current ratio is approximately 1.82. In relation to the liability account, amount due to DHCS, CalViva has been recording approximately \$1.4M per month MCO Tax gain beginning January 2022, primarily due to when DHCS created the MCO tax revenue rate for 2022, they utilized a lower enrollment projection as they assumed the PHE would end December 2021. When utilizing a lower enrollment projection, it results in a higher MCO tax revenue rate, which is why the Plan has been recognizing the MCO tax gain since January 2022; however, based off of a recent DHCS CFO meeting, DHCS indicated they are looking to revise the enrollment projections to bring them up and by doing so, that would bring down the Plan’s MCO tax revenue rate. DHCS will be essentially recouping the MCO tax gain. As a result, the Plan booked a reduction in revenues in May 2022 and a corresponding liability due to DHCS (i.e., Amount due to DHCS) that amounted to approximately \$6.8M through May 2022 and it will be a little over \$8M by the end of June 30, 2022 when booked for June 2022. Moss Adams was in agreement with how the Plan accounted for MCO Tax recoupment. DHCS is looking to recoup the MCO tax gain by Q1 2023.</p> <p>Total net equity as of the end of May 2022 was approximately \$126.2M which is approximately 748% above the minimum DMHC required TNE amount.</p> <p>From July 2021 through May 2022, interest income actual recorded was approximately \$388K which is approximately \$300K more than budgeted due to a new accounting standard called GASB 87 which requires a portion of lease revenue to be recorded as interest income. Premium capitation income actual recorded was approximately \$1.2B which is approximately \$76M more than budgeted primarily due to rates and enrollment being higher than projected.</p>	<p>13 – 0 – 0 – 4 (Nikoghosian/Naz)</p> <p><i>A roll call was taken</i></p>

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	<p>Total cost of medical care expense actual recorded is approximately \$1B which is approximately \$71.3M more than budgeted due to the same reasons as stated above referencing premium capitation income difference. Admin service agreement fees expense actual recorded was approximately \$47.8M, which is approximately \$1.9M more than projected due to higher-than-budgeted enrollment. All other expense line items are in line or below what was budgeted.</p> <p>Total net income through 11 months of FY 2022 actual recorded was approximately \$7.1M which is approximately \$4M more than budgeted primarily due to rates and enrollment being higher than projected; and also, in the FY 2022 budget, the Plan projected a \$2.2 MCO tax loss. However, because the Plan’s actual enrollment was higher than budgeted, the budgeted MCO tax loss did not materialize, noting that the MCO tax revenue is directly correlated to the Plan’s actual membership amount.</p> <p><u>Revised FY 2023 Budget:</u></p> <p>When the FY 2023 budget was created, it was estimated that the License Expense would increase approximately 10% from the FY 2022 amount which is on the higher end of historical rate increases by DMHC. The Plan understood there would be an increase to the DMHC license amount as we had higher enrollment and there was a general increase in operating costs; however, when the invoice from DMHC was received, it was approximately 44% higher from the prior year amount. The Plan contacted DMHC in reference to the higher DMHC license fee amount and they indicated that they have increasing compensation costs in addition to increase in DMHC staffing. DMHC uses the license fee amounts to fund their oversight over Health Plans. In addition, DMHC released an All-Plan Letter (“APL”) that explained why there was a significantly large increase. Because of this large increase, this warranted a revised FY 2023 Budget to account for the increase of License Expense</p>	

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<ul style="list-style-type: none"> • Compliance M.L. Leone, CCO 	<p>by approximately \$298K. This is the only change made to the FY 2023 budget that was approved by the Commission in May 2022. The net income impact is the same at \$298K. Instead of the initial FY 2023 projected net income of \$4.9M, the revised FY 2023 projected net income is approximately \$4.6M. If approved by the Finance Committee, the revised FY 2023 will go to the Commission for full review and adoption at today’s Commission meeting.</p> <p>Compliance</p> <p>There were 93 Administrative & Operational regulatory filings for total YTD 2022; 18 Member Materials filed for approval; 104 Provider Materials reviewed and distributed; and 27 DMHC filings.</p> <p>There were 23 Privacy & Security Breach Cases that were No-Risk/Low-Risk cases filed total YTD 2022.</p> <p>There was one (1) Fraud, Waste & Abuse MC609 case filed with DHCS; and 11 cases open for investigation with HN SIU department for total YTD 2022.</p> <p>The Annual Oversight Audits of HN in-progress are Access and Availability; and Provider Network/Provider Relations. Oversight Audits completed since the last Commission report are the Appeals & Grievances (CAP), Continuity of Care (No CAP), and the Q1 2022 PDR (No CAP).</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>	

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	<p>The Plan has not yet received response from DHCS as to a specific date for the 2022 DHCS Exit Conference in relation to the DHCS 2022 Medical Audit.</p> <p>DMHC issued its 2022 Financial Audit Final Report findings on 7/13/22. Of the two findings the DMHC previously noted in its Preliminary report, the DMHC stated that the Plan had corrected the one related untimely acknowledgement of provider disputes and no further action is required. Regarding the finding related to inaccurate reimbursement of claims, the DMHC stated that the Plan's submitted response was not fully responsive to the corrective action and therefore is required to complete the claims remediation by 8/5/22, and submit monthly status reports to the DMHC until the CAP is completed.</p> <p>On 5/13/22, the DHCS approved the Plan's Enhanced Care Management (ECM) Model of Care (MOC) for Fresno and Madera counties (i.e., Phase 2 counties). As of July 1, 2022, the populations of focus for Individuals and Families Experiencing Homelessness; Adult High Users; and Adult SMI/SUD ECM have been approved for Kings, Fresno and Madera counties.</p> <p>As of 7/1/22 (MLL noted slide 7 had a typo in this date), the Community Supports for Housing Transition Navigation Services; Environmental Accessibility Adaptations; Housing Deposits; Asthma Remediation; Housing Tenancy & Sustaining Services; and Medically Tailored Meals have been approved for Kings, Fresno and Madera counties</p> <p>DHCS implemented the Housing and Homelessness Incentive Program (HHIP) starting January 1, 2022 and concluding December 31, 2023 with Medi-Cal Managed Care Plans (MCPs). The Plan submitted the required Local Homelessness Plan (LHP) on 6/30/22.</p>	

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<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p>Effective July 1, 2022, the Fresno-Kings-Madera Regional Health Authority and Health Net Community Solutions, Inc. executed the 12th Amendment to the Capitated Provider Service Agreement (CPSA). Revisions included Incentive Payments; Cultural and Linguistic Services; Preparation and Retentions of Records, Access to Records, Audits; Subcontracting Under the Agreement; and Capitation Payment.</p> <p>DHCS issued its 2024 Procurement Contract “Operational Readiness Work Plan” on 6/30/22. The work plan contains 238 deliverables that must be submitted during three phases: Phase 1 - August 12, 2022 – December 8, 2022; Phase 2 - December 15, 2022 - March 31, 2023; and Phase 3 – April 20, 2023 - July 31, 2023.</p> <p>The Public Policy Committee (PPC) was held on June 1, 2022 at 11:30am in the Plan’s Administrative Office however a quorum was not present. Consequently, the Minutes to the March 2, 2022 PPC meeting and the 2022 Public Policy Committee Charter will be presented for approval at the 9/7/22 PPC meeting. The following reports were presented: 2021 HE Work Plan Evaluation; 2022 HE Program Description; 2022 HE Work Plan; 2021 Health Equity Work Plan Evaluation; 2021 Language Assistance Program; 2022 Health Equity Program Description; 2022 Health Equity Work Plan; and the Q1 2022 Appeals & Grievance Report. There were no recommendations for referral to the Commission. The next meeting will be held on September 7, 2022 at 11:30am in the Plan’s Administrative Office.</p> <p>Medical Management</p> <p><u>HEDIS® Update</u></p>	

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	<p>The final HEDIS® results for CalViva for MY2021 have been received. Dr. Marabella provided a verbal update noting that Madera County met the 50th percentile benchmark for all required measures; 100% met goal. Kings County achieved the 50th percentile goal for 73% of measures with Childhood Immunizations, Immunizations for Adolescents, and Well-Child & Adolescent Visits coming in under the benchmark. Fresno County also achieved the 50th percentile goal for 73% of measures with Breast Cancer Screening, Childhood Immunizations, and Well-Child & Adolescent Visits coming in under the benchmark.</p> <p>CalViva has recently completed two (2) PDSA Improvement Projects:</p> <ul style="list-style-type: none"> • Cervical Cancer Screening: <ul style="list-style-type: none"> ○ Multi-disciplinary team formed with high volume, low compliance clinic in Fresno County. ○ Successful Outreach and Education Effort. ○ 125 out of 249 Pap Tests were performed from 02/16/22 to 06/15/22. ○ PDSA was submitted to DHCS 07/11/22; awaiting feedback. • Comprehensive Diabetes Care: <ul style="list-style-type: none"> ○ Multi-disciplinary team formed with high volume, low compliance clinic in Fresno County. ○ Challenging project with useful tools and process established. ○ Data analysis revealed a small population of members with HbA1c >9% at the targeted clinic. ○ Dietitian Education & Counseling Sessions for 22 members to reduce A1c values. ○ Identified a dietitian to provide sessions. ○ Geo-mapping used to determine a convenient location for classes. ○ Education & Counseling Process Established. ○ Member incentives at designated intervals. 	

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	<p>The two Performance Improvement Projects (PIPs) are scheduled to close 12/31/22:</p> <ul style="list-style-type: none"> • Childhood Immunizations 0-2 years: <ul style="list-style-type: none"> ○ Initiated Text Messaging Campaign Sep '21 ○ CIS-10 Rate in Fresno County & Clinic declining ○ Began analysis to identify any trends or determine if flu vaccine is bringing rate down. ○ Discovered first HepB shot missing for many newborns and not in CAIR. Software issue. ○ When HepB data added into rates, the baseline and SMART Aim goal needed to be revised. A statistically significant improvement has been attained and sustained since this project was initiated. • Breast Cancer Screening Disparity Project: <ul style="list-style-type: none"> ○ Hmong Sisters Educational Event at The Fresno Center (TFC) On 09/24/21 ○ Unable to schedule mammograms at the event & the Women's Imaging Center was unable to contact the women to schedule their mammogram after the event. ○ Ultimately the event produced only ONE (1) mammogram! ○ BCS Rates continued to Decline ○ Second intervention initiated, mobile mammography at the targeted FQHC ○ With mobile mammogram events completion rates have increased currently to 33% with aa goal of 47.8% ○ In an effort to convince more Southeast Asian women to complete their mammograms, a video was created to showcase testimonials of three local Southeast Asian women telling their personal stories with mammography and breast cancer. The videos are in Hmong, Lao and English. ○ Our videos will be shown on Hmong TV, YouTube, and in local provider offices. <p>Projects going forward consist of:</p>	

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	<ul style="list-style-type: none"> • The two PIPs through December 31, 2022 with the final analysis due April 2023. • Awaiting guidance from DHCS on Projects for 2022-2023. <p><u>Appeals and Grievances Dashboard</u></p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through May 2022.</p> <ul style="list-style-type: none"> • The total number of grievances remained consistent with prior months. The majority of grievances were Quality-of-Service related. • Quality of Care Grievances in May were also consistent with previous months. • Exempt Grievances remain consistent when compared to recent months and last year. • Appeals through May 2022 have remained consistent with recent months, but fewer than previous years. <p><u>Key Indicator Report</u></p> <p>Dr. Marabella presented the Key Indicator Report (KIR) for May 2022.</p> <p>A summary was shared that provided the most recent data for Admissions, Bed Days, Average Length of Stay, and Readmissions through May 2022. Membership continues to increase; Utilization for TANFs and SPDs has leveled off.</p> <p>ER Utilization rates remained steady in Q1 2022 when compared to Q2 2020.</p> <p>Case Management results through May 2022 have shown increased referrals and engagement and demonstrate positive outcomes in all areas (Integrated, Perinatal, Transitional, and Behavioral).</p>	

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	<p><u>Credentialing Sub-Committee Quarterly Report</u></p> <p>The Credentialing Sub-Committee met on May 19, 2022. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q4 2021 were reviewed for delegated entities, and Q1 2022 for MHN and Health Net.</p> <p>The 2022 Credentialing Sub-Committee Charter was reviewed and approved without changes.</p> <p>There was no case activity to report for the Q1 2022 Credentialing Report from Health Net.</p> <p><u>Peer Review Sub-Committee Quarterly Report</u></p> <p>The Peer Review Sub-Committee met on May 19, 2022. The county-specific Peer Review Sub-Committee Summary Reports for Q1 2022 were reviewed for approval. There were no significant cases to report.</p> <p>The 2022 Peer Review Sub-Committee Charter was reviewed and approved without changes.</p> <p>The Q1 2022 Peer Count Report was presented with a total of three (3) cases reviewed. There was one (1) case closed and cleared. There were no cases pending closure for Corrective Action Plan compliance. There were no cases with outstanding CAPs. There were two (2) cases pended for further information.</p> <p>Ongoing monitoring and reporting will continue.</p>	

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<ul style="list-style-type: none"> Executive Report J. Nkansah, CEO 	<p>Executive Report</p> <p>The enrollment through May 31, 2022 is 405,014 members. Enrollment is likely to continue to increase while the Public Health Emergency (PHE) is in place. The PHE has been extended for an additional 90-days to approximately October 13, 2022. It is expected there will be a 60-day notice prior to the end of the PHE. With cases increasing, there is a possibility that the PHE will be extended yet again. The previous concern in reference to the State’s default algorithm for enrollment may soon be alleviated. There is hope that with the Plan’s current HEDIS scores, Encounter submitting performance, and the percent of members assigned to Safety Net Providers during the current evaluation period, if the State decides to recalculate the algorithm for default enrollment, the results may be favorable to the Plan. If that happens, the Plan will be in a better position to increase their default algorithm allowing for a better percentage of members to be assigned to the Plan in circumstances where a Plan choice was not made.</p> <p>There are no significant issues, concerns, or items to note as it pertains to the Plan’s IT Communications and Systems. The Plan continues to strengthen the security protocol. Firewall protections were upgraded at the end of May 2022.</p> <p>There are no significant issues or concerns as it pertains to the Call Center, CVH Website, Provider Network Activities, and Provider Relations.</p> <p>For Claims Processing the Q1 2022 numbers are available. Three PPGs did not meet the Claims Timeliness goals, and one group disclosed a deficiency. The Plan is working with those groups for compliance. Pharmacy Claims Timeliness has been removed from report due to the transition to Medi-Cal RX effective 1/1/22.</p>	

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	<p>In reference to Provider Disputes there was one group that did not meet goal. Management is working with PPG to improve performance.</p> <p><u>Medi-Cal Procurement Update</u></p> <p>On June 15, 2022, DHCS informed Local Plans of their intent to initiate an Operational Readiness Requirement for the new contract which will become effective on January 1, 2024. DHCS has requested documents from Local Plans to be submitted beginning August 2022 through July 2023.</p> <p>Several key elements were formalized in AB 2724, the statewide direct contract DHCS is entering with Kaiser. One element is that before the contract goes into effect DHCS has to conduct a Kaiser readiness assessment of Kaiser’s Behavioral Health Network, and network adequacy requirements and post any findings of that assessment on the DHCS website, which includes any CAPs. The second element is a requirement for DHCS to report out to legislature at the midway point of the contract which will be due in 2026 in terms of how Kaiser’s performance is to date.</p> <p>One key point to note is although Kaiser is coming into Fresno, Kings, and Madera counties, the geographic area is tied to their DMHC licensing contract and that’s where they already provide access to commercial coverage. For example, even though they may be in Fresno County, they may not be licensed to deliver services in all zip codes in the County which would result in members not being eligible for Kaiser Medi-Cal.</p>	
<p>#11 Final Comments from Commission Members and Staff</p>	<p>CalViva is having an event on August 6, 2022 sponsoring a back-to-school night at the Grizzlies game. CVH in collaboration with its partners have secured over 2,000 backpacks that will be distributed free to children who attend this event. Announcements will be broadcast throughout the evening during the event promoting well-child visits encouraging people to make appointments in</p>	

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	preparation for a healthy start to the school year. Vouchers for the game have been distributed to community partners so their population group of members are able to attend. The goal and reason for distributing the vouchers to our community partners is to ensure those children who are most in need will be in attendance to receive a free backpack.	
#12 Announcements		
#13 Public Comment		
#14 Adjourn	The meeting was adjourned at 2:52 pm. The next Commission meeting is scheduled for September 15, 2022 in Fresno County.	

Submitted this Day: 9-15-22

Submitted by: Cheryl Hurley
Cheryl Hurley
Clerk to the Commission