

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission
Meeting Minutes**
February 19, 2015

Meeting Location

CalViva Health
1315 Van Ness Ave. Suite 201
Fresno, CA 93721

Commission Members			
✓	Deborah Poochigian, Fresno County Board of Supervisor	✓	David Rogers, Madera County Board of Supervisors
✓	David Pomaville, Director, Fresno County Dept. of Public Health	✓	Van Do-Reynoso, Director, Madera County Dept. of Social Services
	Stephen Ramirez Fresno County At-large Appointee	✓	Aftab Naz, Madera County At-large Appointee
✓	David Cardona, M.D., Fresno County At-large Appointee	✓	David Singh, Valley Children's Hospital Appointee
✓	David Hodge, M.D., Chair, Fresno County At-large Appointee	✓*	Aldo De La Torre, Community Medical Center Representative
✓	Soyla Griffin, Fresno County At-large Appointee	✓	John Frye, Commission At-large Appointee, Fresno
✓	Joe Neves, Vice Chair, Kings County Board of Supervisors	✓	Derrick Gruen, Commission At-large Appointee, Kings County
	Keith Winkler, Director, Kings County Dept. of Public Health	✓	Paulo Soares, Commission At-large Appointee, Madera County
✓	Harold Nikoghosian, Kings County At-large Appointee		
Commission Staff			
✓	Gregory Hund, Chief Executive Officer (CEO)	✓	Amy Schneider, Director of Medical Management
✓	William Gregor, Chief Financial Officer (CFO)	✓	Jeff Nkansah, Clerk to the Commission
✓	Patrick Marabella, M.D., Chief Medical Officer (CMO)	✓	Cheryl Hurley, Office Manager
✓	Mary Beth Corrado, Chief Compliance Officer (CCO)	✓	Kim Lopez, Administrative Assistant
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 1:34pm. A quorum was present.	
#2 Re-Appointed Commissioners	Fresno County has re-appointed Supervisor Deborah Poochigian. The Fresno County Alternate will be Supervisor Brian Pacheco. Kings County has re-appointed Supervisor	

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David Hodge, M.D, Chairman	Joe Neves. The Kings County Alternate will be Supervisor Doug VerBoon. Madera County has re-appointed Supervisor David Rogers. The Madera County Alternate will be Supervisor Brett Frazier.	
#3 Roll Call Jeffery Nkansah, Clerk to the Commission	A roll call was taken for the current Commissioner Members.	<i>A roll call was taken</i>
#4 Community Regional Medical Center Appointed Commissioner Children’s Hospital Central California Appointed Commissioner David Hodge, MD; Chairman	The Commission approved the appointment of Aldo De La Torre, Sr. Vice President of Managed Care as the representative for Community Regional Medical Center. The Commission approved the appointment of David Singh, Sr. Vice President for Revenue Cycle Management as the representative for Children’s Hospital Central California. <i>Aldo De La Torre was not Present</i> <i>David Singh was Present</i>	Motion: Approve Appointments 13-0-0-4 (Poochigian/Frye)
#5 Consent Agenda <ul style="list-style-type: none"> • Commission Minutes 10/16/2014 • Finance Committee Minutes 9/18/2014 • QI/UM Committee Minutes 9/18/14 • Public Policy Committee 9/13/2014 	All consent items were presented and accepted as read.	Motion: Approve the Consent Agenda. 14- 0 – 0 -3 (Neves/Rogers)

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<p>Action David Hodge, M.D, Chairman</p>		
<p>#6 Legal Services Firm Change Action David Hodge, M.D, Chairman</p>	<p>Cota Cole LLP made the decision to vacate the Central San Joaquin Valley effective end of business November 30, 2014. Cota Cole LLP assigned their Attorney Services Agreement and all amendments to Prentice, Long and Epperson LLP effective December 1, 2014. Prentice, Long and Epperson LLP accepted the assignment and agreed to continue services under the same contractual terms subject to the Commission’s approval.</p> <p>The Commission voted to approve the legal services firm change to Prentice, Long, and Epperson LLP. The new contract will be executed with the same terms as the prior Cota Cole LLP agreement.</p> <p><i>Aldo De La Torre arrived at 1:43 PM</i></p>	<p>Motion: <i>Approve the appointment 15-0-0-2 (Poochigian/Soares)</i></p>
<p>#7 Annual Administration David Hodge, M.D Chairman</p>	<p>D Hodge, M.D informed the commission as a reminder to partake in the Ethics Training and the mandatory completion of the Form 700 which can be accessed through the FPPC website.</p> <p>The Commission Clerk, and or their designee, will follow-up with Commission members to obtain the necessary records</p> <p><i>Dr. Cardona left the room at 2:03 PM</i></p>	
<p># 8 Revised 2015 Calendars/Location Change</p>	<p>The March Commission meeting will be at Madera County Library, Blanche Galloway Room, 121 N G Street, Madera,</p>	

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<p>(March Meeting)</p> <p>David Hodge, M.D Chairman</p>	<p>CA 93637.</p> <p><i>Dr. Cardona returned at 2:07 PM</i></p>	
<p>#9 2014 Annual Quality Improvement Work Plan Evaluation</p>	<p>P Marabella, MD presented the 2014 Quality Improvement Work Plan Annual Evaluation.</p> <ul style="list-style-type: none"> • CVH is awaiting 2014 Provider Appointment Availability Survey results from the ICE Access Workgroup. • Provider Office Wait Time met the overall goal of 30 minutes or less with an average wait time of 15 minutes for all three counties. • The After Hours Access to Care 90% standard was not met in 2013, this included emergency instructions and call back within 30 minutes for urgent issues. • A corrective action plan was implemented in 2014 with 85% of the targeted providers submitting corrective action plans. CVH is awaiting final results of the resurvey to assess progress. • Overall and Access specific Member Satisfaction survey results were reviewed. CVH will focus efforts in this area in 2015 with outreach and training for providers. • HEDIS[®] Performance results in 2014 for Default Enrollment Measures were presented. CalViva met the minimum performance level (MPL) on most measures with some opportunity for improvement 	<p>Motion: <i>Approve 2014 Annual Quality Improvement Evaluation</i> <i>15-0-0-2 (Nikoghosian/Frye)</i></p>

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<p>Action P Marabella, MD,CMO</p>	<p>noted for Kings County which was slightly below the MPL on three measures.</p> <ul style="list-style-type: none"> • Two Quality Improvement Projects are underway. • 1) Improving compliance with the annual Diabetic Retinal Eye Exam is one of the projects that Medical Management is focused on. In 2014, all three counties were above the MPL of 44.37%. In 2015 five clinics will be targeted for improvement with focused interventions and audits (3 in Fresno and one each in Madera and Kings). This project has also been expanded to include compliance with HbA1c testing. • 2) The second project is the All Cause Hospital Readmissions Statewide Collaborative. CVH has conducted a complete barrier analysis, baseline and one year rates. The intent of this project is to prevent readmission for any reason within 30-days of an index admission. CalViva has seen variation in the rates for all three counties. DHCS will close this QIP in 2015; CVH will submit final data in July 2015. <p><i>Dr. Naz left at 2:10 PM</i> <i>Dr. Naz returned at 2:12 pm</i></p>	

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	<p>handbooks of 2014-2015 were received by approximately 160,000 households. 47 provider updates were sent to contracted providers, 6 provider toolkits were approved for use with providers and 1,790 provider and events occurred in 2014.</p> <ul style="list-style-type: none"> • Reports of Potential Fraud and Abuse Cases included 6 potential cases reported to DHCS, 4 potential incidents involved provider practices, 2 member incidents. • In 2014, CVH's member service call center delegated to Health Net received over 124,625 calls and 121,611 calls were handled. 1,852 calls offered were mental health calls of which 1,830 were handled. The performance standards were met in 2014 and call volumes increased by 16% over 2013 levels. • Appeal and Grievance Resolution Activity included 1,834 cases of standard, expedited and exempt. 5 cases did not meet the required turnaround time however all other cases met the required standard. • There were 9,562 Provider Disputes of which 99% of the cases met the resolution turnaround time of 45 working days. • Claims processing included 2,081,523 received and 1,973,494 claims were processed between 10/1/13-9/30/2014. 99% of the claims met the resolution turnaround time of 30 calendar/45 working days. • A Risk Management Team (RMT) completed a risk 	

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<p>#12 2015 Compliance Plan</p>	<p>assessment of CVH’s practices and processes in 2014. The results indicated CalViva Health operates in an environment of “low risk” due to current operational arrangements.</p> <ul style="list-style-type: none"> • In total 54 Privacy and Security incidents were reported to DHCS and HHS (Health and Human Services), 48 low risk/6 high risks. Incidents have decreased by 47% in 2014 from 2013. • The Full-Service 2013 DMHC-DHCS Medical Audit closed in 2014. In addition the plan performed well meeting regulatory requirements. 	
<p># 13 2015 Code of Conduct</p>	<p>M.B. Corrado discussed the 2015 Compliance Plan noting changes to clarify monitoring and audit services.</p>	
<p>#14 Anti-Fraud Plan</p>	<p>The changes to remove “Fair” form “State Hearing”.</p>	
<p>#15 Privacy and Security Programs Descriptions</p>	<p>Changes to update General Counsel information and better reflect current activities. The third change is in regards to corrections to address typographical errors.</p>	
	<p>No Changes needed.</p>	

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<p>#16 Standing Reports</p> <ul style="list-style-type: none"> • Finance Report William Gregor, CFO • Compliance Report Mary Beth Corrado, CCO 	<p>Finance: W Gregor presented Financial Statements as of January 31, 2015. As of January 2015, Tangible net equity stands at \$17.9 million; 227% of the minimum required by the state. Current ratio stands at a healthy 1.6. W Gregor also presented schedules which showed how CalViva's Tangible Net Equity compared to other local health plans both in total and as it related to the minimum require by the State.</p> <p>Compliance: MB Corrado presented the Compliance report. Highlights of this report included:</p> <ul style="list-style-type: none"> ➤ The 2013-2014 Claims, Provider Disputes and Health Education oversight audits are in Progress. ➤ Joint Medi-Cal quarterly network reviews by DMHC and DHCS will be an ongoing regulatory initiative. Q1 was submitted and CVH is currently working on Q2 2014. ➤ CVH received and accepted the draft DHCS Performance Evaluation Report. Additional detailed information will be provided once the final report is received. ➤ A Facility Site Review (FSR) and Medical Record Review (MRR) of CalViva Health's network were conducted by DHCS from June 2, 2014 to June 5, 2014. The Plan worked with the providers correcting all areas of deficiencies and submitted to DHCS in November 2014. The Plan is currently awaiting a final report form DHCS approving the corrective action. ➤ CVH was notified November 2014 by DHCS that they 	<p>Motion: <i>Accept standing reports 15-0-0-2 (Nikoghosian/Rogers)</i></p>

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	<p>would be conducting a full service audit of the Plan. The onsite audit was February 3, 2015 through February 11, 2015. DHCS will conduct an exit conference to provide the audit findings within 30 to 90 days of the onsite review.</p> <ul style="list-style-type: none"> ➤ The Public Policy Committee held a meeting December 3, 2014 at 1315 Van Ness Ave Suite 103, Fresno, CA. A quorum was present. The committee discussed committee membership, 2015 Calendar, enrollment, as well as member satisfaction, appeals and grievances, cultural and linguistics information, marketing and annual mailing. The Committee did not have any recommendations for Commission action. The next Public Policy Committee meeting will be held on March 4, 2015 at the same location. <p><u>Medical Management:</u> <u>Key Indicator Report</u> P Marabella, MD reviewed the Key Indicator Report as of January 26th and noted the following:</p> <ul style="list-style-type: none"> ➤ An annual summary of the report was presented for comparison with 2013. ➤ Inpatient utilization (days/1000) for non SPD and SPD members has increased from 2013. ➤ Medical Management is looking into the increase of days/1000 rates ➤ Complex Case Management has very few cases over the past 90 days due to an adjustment in the program and movement to an Ambulatory Case management 	

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<ul style="list-style-type: none"> • Medical Management <p>P. Marabella, M.D</p>	<p>model.</p> <ul style="list-style-type: none"> ➤ The increase in ER utilization may be due to the increase in member enrollment. Fresno County hospitals have not seen an increase in ER visits; membership has appeared to shift to CalViva Health. Further investigation is ongoing. <p><i>Dr. Cardona left the room at 2:42 PM</i></p> <p><u>Appeals and Grievances Report</u></p> <p>P Marabella, MD presented the Appeals and Grievances Dashboard for the year of 2014:</p> <ul style="list-style-type: none"> ➤ There were 779 grievances received in 2014 compared to 395 in 2013. ➤ Exempt grievances are also elevated compared to 2013. ➤ Analysis of this data indicates that the increase in cases is likely to be attributed to increased enrollment and an increase in grievances filed by these new members who may not be familiar with Plan processes and procedures. <p><u>Quarterly Summary Report of QI/UM Activities:</u></p> <p><u>Meetings:</u> Two QI/UM meetings were held (August 7, 2014 and September 18, 2014) in which several guiding documents were presented and approved.</p> <p><u>Quality Improvement Reports:</u> The initial Behavioral Health services report was presented at the August meeting with</p>	

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<p>• Executive Report G. Hund, CEO</p>	<p>low volumes and positive results to date.</p> <p><u>UMCM Reports:</u> A variety of utilization and case management performance, programmatic and regulatory reports are monitored in an ongoing manner to oversee this function. Two new regulatory reports have been developed to ensure oversight of Specialty Referrals.</p> <p><u>Kaiser Reports:</u> Second quarter 2014 reports were received from Kaiser with no significant trends noted.</p> <p><u>Credentialing Sub-Committee Report Summary –Qtr 3</u> The Sub-Committee report summarizes the August 7th 2014 CalViva Credentialing Sub-Committee meeting. First Quarter 2014 reports were reviewed. The Mental Health Network began reporting credentialing/recredentialing results to CVH in 2014.</p> <p><u>Peer Review Sub-Committee Report Summary -Qtr 3</u> The Peer Review Sub-Committee report summarizes the August 7th, 2014 CalViva Peer Review Sub-Committee meeting. The summary reports for April and May 2014 were reviewed and approved. The second quarter 2014 Peer Review Count report was reviewed and approved. There were two closed and cleared cases reported that required peer review. There was one case report with a Corrective Action Plan (CAP) outstanding. No significant quality of care issues were noted.</p>	

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Action D. Hodge, M.D Chairman	Dr. Cardona returned at 2:48 PM Executive Report: Executive Dashboard G Hund presented the Executive Dashboard for December 2014. As of December 2014, CalViva Health had a total of 299,412 members. Market share has increased to 69.63% at the end of December.	
#9 Final Comments from Commission Members and Staff		
#10 Announcements		
#11 Public Comment	None	
Closed Session	The Commission discussed in closed session the item which was agendized for closed session discussion, and the Commission gave direction to its property negotiator and staff. The meeting was adjourned at 3:46 PM.	
#12 Adjourn	The meeting was adjourned at 3:46 PM. The next Commission meeting is scheduled for March 19, 2015 in Madera County.	

Submitted this Day: 3/19/2015

Submitted by: Jeff Nkansah
 Jeff Nkansah
 Clerk to the Commission