

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
September 15, 2016

Meeting Location
Kings County Government Center
Administration Building
1400 W. Lacey Blvd.
Fresno, CA 93230

Commission Members			
	David Cardona , M.D., Fresno County At-large Appointee	✓	Joe Neves , Vice Chair, Kings County Board of Supervisors
✓*•	Aldo De La Torre , Community Medical Center Representative	✓	Harold Nikoghosian , Kings County At-large Appointee
✓	Van Do-Reynoso , Director, Madera Co. Dept. of Social Services	✓•	David Pomaville , Director, Fresno County Dept. of Public Health
✓•	John Frye , Commission At-large Appointee, Fresno	✓*•	Deborah Poochigian , Fresno County Board of Supervisor
✓	Soyla Griffin , Fresno County At-large Appointee	✓	Stephen Ramirez , Fresno County At-large Appointee
	Derrick Gruen , Commission At-large Appointee, Kings County	✓	David Rogers , Madera County Board of Supervisors
	David Hodge , M.D., Chair, Fresno County At-large Appointee		David Singh , Valley Children's Hospital Appointee
✓	Aftab Naz , Madera County At-large Appointee	✓	Paulo Soares , Commission At-large Appointee, Madera County
		✓	Keith Winkler , Director, Kings County Dept. of Public Health
Commission Staff			
✓	Gregory Hund , Chief Executive Officer (CEO)	✓	Amy Schneider , R.N., Director of Medical Management
✓	William Gregor , Chief Financial Officer (CFO)		Jeff Nkansah , Director, Compliance and Privacy/Security
✓	Patrick Marabella , M.D., Chief Medical Officer (CMO)	✓	Cheryl Hurley , Commission Clerk
✓	Mary Beth Corrado , Chief Compliance Officer (CCO)	✓	Daniel Maychen , Director of Finance & MIS
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>

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<p>#3 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes 5/19/2016 b) Finance Committee Minutes 3/17/2016 c) Public Policy Minutes 3/2/16 d) QI/UM Committee Minutes 3/17/2016 e) QI/UM Committee Minutes 5/19/2016 f) Finance Committee Charter g) Credentialing Committee Charter h) Peer Review Committee Charter i) QI/UM Committee Charter j) Public Policy Committee Charter <p>Action Joe Neves, Co-Chair</p>	<p>All consent items were presented and accepted as read.</p> <p style="text-align: center;"><i>Aldo De La Torre arrive at 1:33 pm</i></p>	<p>Motion: <i>Approve Consent Agenda</i></p> <p>13-0-0-4 (Rogers / Do-Reynoso)</p> <p><i>A roll call was taken</i></p>
<p>#4 Paid Time Off Accrual for CVH Staff (excludes Executives)</p>	<p>G. Hund presented a recommended revised PTO Accrual schedule for CalViva Health staff members (excludes Executives). The benefit remains the same; however, the accrual points of earning are different which leads to a more achievable timeline for the accrual of paid leaves.</p>	<p>Motion: <i>Approve revised PTO Accrual for CVH Staff</i></p> <p>13 - 0 - 0 - 4 (Nikoghosian / Soares)</p> <p><i>A roll call was taken</i></p>

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Action Joe Neves, Co-Chair		
#5 Review of Fiscal Year End 2016 Goals Information G. Hund, CEO	G. Hund reported the results for fiscal year end 2016. All goals were met as stated.	
#6 Goals and Objectives for Fiscal Year 2017 Action G. Hund, CEO	G. Hund presented the goals and objectives for FY 2017. A question in reference to Community Outreach was asked as if participation in this category was monetary support or time only. G. Hund stated that this was both monetary and time participation. *The maximum monetary support given was \$10,000 to Vision Collaborative. Currently, there are no single sponsorships that would exceed \$10,000 for FY 2017. *G. Hund issued a statement during the Executive Report reporting correcting the sponsorship maximum amount. WIC of Fresno County receives a sponsorship from CVH in the amount of \$12,000 - \$14,000 annually to help support educating new mothers.	Motion: Approve Goals and Objectives for FY 2017 13-0-0-4 (Rogers / Ramirez) <i>A roll call was taken</i>
#7 FPPC Approved Conflict of Interest Code Information Joe Neves, Co-Chair	The Conflict of Interest Code has been approved by the FPPC with no comments.	
#8 LHPC Education Session Information G. Hund, CEO	The new Director for LHPC will be present for an educational session during the lunch hour immediately preceding the October Commission meeting.	

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<p>#9 Fresno County C2C Partnership Agreement</p> <p>Action G. Hund, CEO</p>	<p>G. Hund presented the Cradle to Career Partnership Agreement. The Initiative requested Board Members sign the agreement to demonstrate community support for the effort in their application for grants. All present Commissioners signed the agreement.</p>	<p>Motion: Approve C2C Partnership Agreement 13-0-0-4 (<i>Nikoghosian / Naz</i>)</p> <p><i>A roll call was taken</i></p>
<p>#10 HEDIS Update – Reporting Year 2016</p> <p>Information P. Marabella, MD, CMO</p>	<p>Dr. Marabella reported on HEDIS® scores for reporting year 2016, which reflects data from 2015.</p> <p>On an annual basis, DHCS selects an External Accountability Set (EAS) of performance measures to evaluate the quality of care provided to Medi-Cal members. There are 14 HEDIS® based metrics and the All-Cause Readmission measure which is a non-HEDIS measure, for a total of 15 performance measures.</p> <p>A subset of these EAS measures called the Default Measures impact the number of new members assigned to CalViva.</p> <p>The Default Measures consist of:</p> <ol style="list-style-type: none"> 1. CIS-3: Childhood Immunizations – Combo 3 2. W34: Well Child Visits in 3-6th Years of Life 3. PPC-Pre: Prenatal Care 4. CDC-HT: HbA1c Testing 5. CBP: Controlling High Blood Pressure 6. CCS: Cervical Cancer Screening <p>If performance levels fall below the 25th percentile or</p>	

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	<p>minimum performance level, the Plan is required to submit an improvement plan (IP).</p> <p>All three Counties have measures that are below standard. If a health plan has a measure that is below the standard for two years in a row, it's a warning signal. Because of the four measures in Kings County that have been off for two years in a row, the State has requested a meeting to advise CVH is at risk for a corrective action plan if the measures do not increase.</p> <p>In 2015 CVH had six projects related to HEDIS®. This year CVH has seven; some of which are continuations of work, some are new, and some are switching from one County to another.</p>	
<p>#11 2016 Mid-Year Quality Improvement Work Plan Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2016 Mid-Year Quality Improvement Work Plan Evaluation through June 30, 2016.</p> <p>Initiatives on track at the mid-year point include:</p> <ul style="list-style-type: none"> • Access, Availability, and Service: <ul style="list-style-type: none"> ○ CVH continues to participate in the ICE Access Collaborative Workgroup. ○ Corrective action plans to be issued for After Hours and Provider Appointment Availability Survey non-compliance in Q3. ○ The 2016 DMHC Timely Access Report annual Filing was completed and submitted. • Quality and Safety of Care: 	<p>Motion: Approve 2016 Mid-Year QI Work Plan Evaluation</p> <p>13-0-0-4 (<i>Naz / Soares</i>)</p> <p><i>A roll call was taken</i></p>

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	<ul style="list-style-type: none"> ○ Did not meet standard for Childhood Immunization in Kings County ○ For Well-Child and Prenatal Care, the standard was met in all three counties. ○ For HbA1c Testing, the standard was not met in Fresno and Kings counties and will be addressed via a Performance Improvement Project. ○ Controlling Blood Pressure was below the MPL in Fresno County. ○ Cervical Cancer Screening dropped below the MPL in Madera County. ● Performance Improvement Projects: <ul style="list-style-type: none"> ○ Diabetes Care in Kings County. ○ Postpartum Care in Kings County. 	
<p>#12 2016 Mid-Year Utilization Management Work Plan Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2016 Mid-Year Utilization Management Work Plan Evaluation through June 30, 2016.</p> <p>Activities focused on:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory and Accreditation Requirements 2. Monitoring the UM Process 3. Monitoring the UM Metrics 4. Monitoring Coordination with Other Programs and Vendor Oversight 5. Monitoring Activities for Special Populations <p>Results of these activities:</p> <ul style="list-style-type: none"> ● Turn-around Time for prior authorizations averaged at 93% 	<p>Motion: Approve 2016 UM Work Plan Evaluation</p> <p>13-0-0-4 (<i>Soares / Rogers</i>)</p> <p><i>A roll call was taken</i></p>

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	<ul style="list-style-type: none"> • Turn-around Time for appeals was 100% • For SPDs and Non-SPDs the goal was not met for Inpatient days/1000 in Fresno and Madera Counties 	
<p>#13 Standing Reports</p> <ul style="list-style-type: none"> • Finance Report William Gregor, CFO 	<p><u>Finance</u></p> <p>Financials for Fiscal Year End 2016:</p> <p>TNE at of the end of June 30, 2016 was approximately \$38.3M. Actual TNE is approximately 300% of the DMHC required minimum TNE amount. Current ratio is 1.23.</p> <p>As of June 20, 2016, revenues were \$1.1B; budgeted revenues were \$911M. Increase is due to increase in enrollment over budget. Total cost of medical care expense, administrative service agreement fee expense, and premium taxes are also greater than budgeted amounts. All other expenses are close to or below budget resulting in a net income of for FY16 of \$11.5M, which is \$2.9M ahead of budget.</p> <p>Financial Statements as of July 31, 2016:</p> <p>TNE at the end of July was \$39.4M, which is slightly over the \$300% minimum required TNE by DMHC. Current ratio is 1.28</p> <p>Revenues for July 2016 is \$94M, which is ahead of budget due to increased enrollment. Unknown items related to FY 2017 are premium taxes and DHCS premium capitation rates. DMHC has not finalized the premium tax amount; however, the impact should be negligible as revenues should be adjusted by the approximate amount</p>	<p>Motion: Approve Standing Reports</p> <p>12-0-0-5 (<i>Do-Reynoso / Rogers</i>)</p> <p><i>A roll call was taken</i></p>

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<ul style="list-style-type: none"> Compliance Mary Beth Corrado, CCO 	<p>of the tax. Premium tax this fiscal year could be more or less than what DHCS adjusts for in the capitation rates paid to CVH. Potentially, there is a positive or negative impact to plans based on the assessed tax amount, based on membership estimated versus actual. In reference to DHCS premium capitation rates, DHCS is behind in getting premium rates finalized by CMS. CVH is currently paid FY15 rates. CMS has not approved FY16 or FY17 rates. Once approved an adjustment to revenues will be made. This should have a minimal impact on net income.</p> <p>Net income at the end of July 2016 is \$1.1M</p> <p><u>Compliance</u></p> <p>MB Corrado presented the Compliance report. DHCS filings have increased over the past months due to provider network related filings. There were 10 new privacy breach cases; no high risk cases.</p> <p>In progress oversight audits include Access & Availability, Continuity of Care, and Provider Network. The Privacy & Security audit was completed and no corrective action plan (CAP) was needed. The Claims and Annual Disputes audits were completed and corrective action plans were required for both areas and have since been reviewed and approved. The Utilization Management audit was completed and a CAP was required and is still in progress. Quarterly Provider audits have been completed. A CAP was not required for Q2; however, a CAP was required for Q3 and has since been received and approved. Q4 dispute cases are currently in progress.</p>	

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	<p>In the area of contract agreements, the following amendments were signed: Capitated Provider Services Agreement with Health Net regarding provider data reporting; and, DHCS Behavioral Health Treatment (BHT) amendment regarding BHT requirements and supplemental payments.</p> <p>In March and May 2016, the DMHC notified the Plan of the results of DMHC's annual review of CHV's network adequacy. The DMHC findings noted that CVH is not meeting regulatory standards for geographic access standards for many of the zip codes in the Plan's tri-county service area of Fresno, Kings and Madera counties. In a June 15, 2016 response to the annual review results, the Plan acknowledged these geographic gaps and indicated it would submit a request for approval of alternate access standards.</p> <p>The DMHC Financial Audit will begin onsite October 3, 2016.</p> <p>The preliminary report from DHCS as a result of The Medical Survey Audit was presented with only three deficiencies. The preliminary report from DMHC is still pending.</p> <p>The 2014/2015 Performance Evaluation Report from HSAG was received with findings and four recommendations; three of which involved HEDIS® and one involving encounter data submissions.</p> <p>CVH implemented a policy and procedure effective July 18, 2016 to comply with the new non-discrimination provisions. The Plan anticipates receiving further guidance from DHCS and/or DMHC on</p>	

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<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<p>this provision and anticipates modifying several Plan documents as well as the Plan website to comply with the provisions.</p> <p>SB 137 Provider Directory Implementation is in progress.</p> <p>Acupuncture services as a covered benefit under the Medi-Cal program has been restored effective July 1, 2016.</p> <p>The Public Policy Committee has met twice since the last Commission meeting. Items covered included the Charter, Health Education, Appeals and Grievances activity, and Cultural and Linguistics. The next Public Policy Committee meeting is scheduled for December 7, 2016 in Fresno County.</p> <p style="text-align: center;"><i>Supervisor Poochigian left at 2:40 pm</i></p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Report</p> <p>Dr. Marabella presented the Appeals and Grievances through July 2016.</p> <ul style="list-style-type: none"> • Grievance numbers, including Quality of Service and Quality of Care have remained consistent over recent months. • The number of Exempt grievances has decreased in the past two months. • Appeals have remained consistent; mostly pre-service and related to pharmacy. 	

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	<ul style="list-style-type: none"> • Overall rates of appeals and grievances have slightly improved compared to the previous year. <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator report.</p> <ul style="list-style-type: none"> • The Key Indicator Report has been reconciled and numbers are consistent. Report is now a rolling 12 months. • Membership continues to grow. • ER visits have increased. • Bed days have decreased. • All of Case Management will be unified into one integrated model rather than separated into Complex Case Management and Ambulatory Case Management. This is due to the Health Net / Centene acquisition. These services will not be sub contracted to a vendor. In the new model members will have one case manager <p>QI/UM</p> <p>Dr. Marabella provided the QI/UM Quarter 2 update. One QI/UM meeting was held during this reporting period, May 19, 2016. Seven guiding documents were approved at this meeting:</p> <ol style="list-style-type: none"> 1. 2015 Culture & Linguistics (C & L) Annual Evaluation 2. 2016 C & L Program Description 3. 2016 C & L Work Plan 4. 2015 Health Education (HE) Annual Evaluation 	

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	<p>5. 2016 HE Program Description 6. 2015 HE Work Plan 7. 2016 CalViva Health QI/UM Committee Charter</p> <p>The Quality Improvement reports reviewed included Appeals and Grievances Dashboard and Quarterly Reports, MHN (Behavioral Health) Report, Facility Site and Medical Records Review, and Potential Quality Issues Report.</p> <p>The Utilization Management reports included the Key Indicator Report, Specialty Referrals Reports from Delegated Entities, and Case Management reports.</p> <p>In addition, Pharmacy, Credentialing, and Peer Review Sub-Committee Reports were reviewed with no significant issues identified. HEDIS® Activity, Access & Availability, and Kaiser Reports were reviewed as well.</p> <p>Credentialing Sub-Committee Quarterly Report</p> <p>Report will be held until the October Commission meeting due to lack of a quorum for Credentialing.</p> <p>Peer Review Sub-Committee Quarterly Report</p> <p>Report will be held until the October Commission meeting due to lack of a quorum for Peer Review.</p>	

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<ul style="list-style-type: none"> Executive Report G. Hund, CEO 	<p><u>Executive Report</u></p> <p>Membership growth for July through August was 300. September numbers reflect a growth in membership of approximately 1,600. Market share continues to gradually increase.</p> <p>The annual CVH bicycle ride in support of HCAP and cervical cancer research will take place on October 7, 2016.</p>	
<p>#14 Final Comments from Commission Members and Staff</p>	<p>Dr. Naz requested clarification on the email sent to Commissioners regarding fines imposed by DMHC.</p> <p>G. Hund reported there were two enforcement actions taken; one being due to technology and fax communication from when CVH was located downtown. MB Corrado has responded to both enforcement actions.</p> <p>MB Corrado reported the second enforcement action was in relation to not providing timely, and complete and accurate responses. Moving forward, with current staffing, this should not be an issue. As a note, this is happening with other Plans as well. In addition, the audits were conducted on old cases and there could potentially be more if old cases are still being audited.</p> <p>This was not as a result of member grievance and no harm to members was found.</p>	
<p>#15 Announcements</p>	<p>G. Hund reported there have been challenges with Commission meetings in reaching a quorum in Kings County, as well as securing a</p>	

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	location in Madera County. Staff will recommend approval of 2017 calendar during October Commission meeting for all Commission meetings to take place at the Fresno office. Should there be any questions or concerns regarding this issue, Commissioners are advised to contact the Commission Clerk.	
#16 Public Comment	None.	
#17 Adjourn	The meeting was adjourned at 3:07 pm The next Commission meeting is scheduled for October 20, 2016 in Fresno County.	

Submitted this Day: Oct. 20, 2016
 Submitted by: Cheryl Hurley
 Cheryl Hurley
 Clerk to the Commission