Fresno-Kings-Madera
Regional Health Authority

CalViva Health
Commission
Meeting Minutes
March 15, 2012

Council of Fresno County Governments
2035 Tulare Street, Ste. 201
Fresno, CA 93721

	Commission Members		
✓	**Deborah Poochigian**, Fresno County Board of Supervisors	✓	**David Rogers**, Madera County Board of Supervisors
✓	**Edward L Moreno, M.D.**, Director, Fresno County Dept. of Public Health	✓	**Van Do-Reynoso**, Director, Madera County Dept. of Social Services
	Vacant, Fresno County At-large Appointee	✓	**Aftab Naz**, Madera County At-large Appointee
✓	**David Cardona, M.D.**, Fresno County At-large Appointee		**Tim Curley**, Valley Children's Hospital Appointee
✓	**David Hodge, M.D., Chair**, Fresno County At-large Appointee	✓	**Stephen Ramirez**, Interim Community Medical Center Representative
	Soyla Griffin, Fresno County At-large Appointee		**Conrad Chao**, 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		**Vacant**, Commission At-large Appointee, Madera County
✓	**Harold Nikoghosian**, Kings County At-large Appointee		
	Commission Staff		
✓	**Gregory Hund**, Chief Executive Officer (CEO)	✓	**Mary Beth Corrado**, Chief Compliance Officer (CCO)
✓	**William Gregor**, Chief Financial Officer (CFO)	✓	**Cynthia Reiter**, Clerk to the Commission
✓	**Patrick Marabella, M.D.**, Chief Medical Officer (CMO)		
	General Counsel and Consultants		
✓	**Tom Ebersole**, General Counsel		
✓ = Commissioners, Staff, General Counsel Present, ✓* = Arrived late			

✓ = in attendance

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:30pm.	
#2 Moment of Silence D. Hodge, MD; Chair	D Hodge, MD; Chair, requested a moment of silence in recognition of Dr. Brenton Smith's passing and services to the Commission.	
#3 Appoint Commission Appointed Madera County At-Large Seat Action D. Hodge, MD; Chair	The Commission approved the appointment of Paulo Soares, CEO of Camarena Health, as the Commission Appointed Madera County At Large Seat,	***Motion:*** *Approve Commission Appointed Madera County At Large Seat.* *10 – 0 (Naz, Rogers)*

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#4 Consent Agenda - Commission Minutes 1/19/2012 - Executive Committee Minutes 03/02/2012 - 1st Quarter Marketing Outreach Events Action D. Hodge, MD; Chair	All consent items were presented and accepted as read.	***Motion:*** *Approve the Consent Agenda* *10-0 (Neves/Ramirez)*
#5 Public Policy Committee Appointments and Biographies Information D. Hodge, MD; Chair	D. Hodge, MD; Chair, announced the Public Policy Committee members. Biographies of each member were reviewed by the Commission. The first meeting was held on March 7, 2012 and was a success.	
#6 California Association of Health Plan (CAHP) Newsletter Information G. Hund, CEO	Staff has been providing the email version of the California Association of Health Plans weekly newsletter over the past few weeks and asked if the Commissioners would like to continue receiving the letter. The Commissions expressed they value the information and elected to continue to receive the letter	
#7 Grant Policy	D. Hodge, MD; Chair, reviewed the Grant Policy. E Moreno, MD requested to remove the eligibility requirement stating that an organization must be a 501(C)(3)-. This requirement would eliminate the possibility for county/governmental entities as well as for profit entities to apply for a grant although their project could benefit the public health. Motion was made to adopt the amendment	***Motion:*** *Approve the Grant Policy eliminating reference to 501 (c)(3)* *10 - 0 (Rogers/Naz)*

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Action D. Hodge, MD, Chair	eliminating all reference to 501(c)(3). Grant requests can be submitted throughout the year. Approvals will strictly be based on applicant's merits.	
#8 Standing Reports - **Finance: W Gregor, CFO** -	**Finance** W Gregor, CFO, reviewed the financial statements for the ten months ending February 29, 2012: 1. The TNE amount meets the fully phased in minimum required by the state. 2. The state is currently delaying capitation payments; however payments to CalViva direct contracted providers will be paid by CalViva on time. The main variances between actual and budget numbers were the result of: 1. a revised capitation agreement entered into after the budget was approved, and 2. actual enrollment being greater than budget, resulting in greater revenues and expenses for select categories driven by enrollment increases	***Motion:*** *Approve standing Financial reports.* 10-0 (Naz/Rogers)
- **Compliance: MB Corrado, CCO** - **2011 Annual Compliance Evaluation**	**Compliance** MB Corrado reviewed the 2011 Annual Compliance Evaluation: ✓ CalViva Health committed itself to establishing and maintaining its business operations in compliance with ethical standards, Department of Health Care Services (DHCS) contractual obligations, Department of	***Motion:*** *Approve 2011 Annual Compliance Evaluation and 2012 Compliance Plan.* 10-0 (Rogers/Naz)

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	Managed Health Care (DMHC) requirements and all applicable statues, regulations, and rules. ✓ Compliance Programs established in 2011 included: Compliance Plan, Code of Conduct, Anti-Fraud Plan, and a HIPAA Privacy Description. ✓ Emphasis was placed on implementing and writing Policies and Procedures to provide structure to carry out daily operations. 250 policies were established. ✓ Extensive training with staff took place in all areas. Key training areas included: HIPAA Privacy, Anti-Fraud and Abuse, and Managed Care 101. ✓ CalViva implemented monthly oversight management meetings with Health Net to review reports and discuss opportunities for improvement. ✓ Marketing activities took place in all three counties. Processes to review and approve member and provider communications were put in place. ✓ Six committees were established. These committees are the Executive, Finance, Quality Improvement/Utilization Management, Credentialing/Peer Review (subcommittee), Public Policy, and the internal Compliance Committee. Committees meet on a quarterly basis or more frequently as needed. ✓ 2011 Reports of Potential Fraud and Abuse Cases: Three cases of potential fraud were reported to the DHCS and no cases were reported to law enforcement. ✓ 2011 Reports of Possible HIPAA Privacy Breaches: Five small breaches (affecting less than 500 members)	

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	occurred. Four were decided to be no or low risk with one case requiring notification to two members. ✓ Regulatory Filings and Reporting: DMHC and DHCS both have filing requirements for review and approval. In 2011 there were 180 regulatory filings to the DMHC and/or DHCS and an additional 150 marketing event submissions to DHCS. A total of 242 grievances and appeals were received in 2011. 73 were appeals. No trends or patterns were identified that required provider or systemic corrective actions or improvements.	
- **2012 Compliance Plan Description**	**2012 Compliance Plan Description** The 2012 Compliance Plan Description was presented with the following changes from 2011 ✓ P. 15 - Oversight areas now include Health Education and Marketing ✓ P. 16 – Physical Accessibility Site Review –: effective date and technical name of tool was removed for consistency purposes with preceding paragraph describing other site reviews that do not reference effective dates and tool names. ✓ P. 18 – Added section: Documentation/Tracking of Privacy and Information Security Related Issues	
- **Public Policy Committee**	The First Public Policy meeting was held on March 7th, 2012. This meeting oriented the members to their role on the Committee. The Committee received information on CalViva's health education activities, cultural and linguistic	

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	services, and 2011 grievance data. Committee members made some suggestions for locations to hold educational or marketing events. The next meeting is scheduled for June 6th, 2012.	
- **Medical Management: P Marabella, MD, CMO** - **Quality Improvement**	**Quality Improvement** P Marabella, MD reviewed the 2011 QI Work Plan Annual Evaluation. Key accomplishments included: ✓ Developed and implemented the Provider Access Survey and the Provider Satisfaction Survey to assess satisfaction with office access and to meet regulatory requirements ✓ Emphasis was placed on Initial Health Assessments which is required for all new CalViva Health members within 120 days of enrollment to meet DHCS Contract requirements. To meet this requirement CalViva approved the Health Net process to implement a 3 pronged approach to reach the new members (3 outreach attempts are accepted by DHCS as completion of IHA). 86,133 Initial Health Assessments outreach attempts were made with a compliance rate of 99.48% to meet DHCS Contract requirements ✓ Implemented outreach initiative to improve postpartum visits. Outreach efforts demonstrated contact with 1,072 postpartum members at a rate of 21%, to encourage scheduling a postpartum visit within 3-6 weeks after giving birth.	***Motion:*** *Approve 2011 QI Annual Work Plan Evaluation, 2012 QI Program Description, 2012 QI Work Plan, 2011 UM Work Plan Evaluation Summary, 2012 UM Program Description,2012 UM Work Plan .* 10-0 (Naz/ Ramirez)

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- **2012 Quality Improvement Project (QIP)**	✓ Monitored ongoing work plan activities, ie: Complex Case Management, Appeals and Grievances Reporting, Credentialing and Re-credentialing, Facility Site Review and Medical Record Compliance. The 2012 Quality Improvement Work Plan will continue to expand on 2011 accomplishments with three additional interventions including: 1. Breast Cancer Screening. This process measure will monitor the number of women ages 42-69 receiving reminder/outreach calls to make an appointment for a mammogram in relation to the number of women that followed through and obtained a mammogram. DHCS requires two Quality Improvement Projects (QIPs) for each health plan. One QIP is an individual health plan QIP and the other must be the DHCS statewide collaborative QIP. The QIPs are to be implemented after one year of operation of the health plan. CalViva Health's QIPs for 2012 are: 2. CalViva Health Individual Quality Improvement Plan (QIP): Comprehensive Diabetes Care – Eye Exam. The outcome being measured is the number of retinal or dilated eye exams by an eye care professional (optometrist or ophthalmologist) in the measurement year or a negative retinal (no evidence of retinopathy) by an eye care professional in the year prior to the	

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	measurement year. CalViva submitted this QIP to the state on 3/1/2012 3. State-wide Collaborative QIP: All Cause Readmissions. The proposed study question is: Does the implementation of targeted interventions decrease the percentage of acute readmissions within the 30 days after acute inpatient discharge for members aged 21 years or older? The State-wide collaborative is done by all health plans and each will report in a standardized format. CalViva will submit this QIP by 3/30/12 Both of these quality projects will take place over the next year or two and CalViva will bring updates and reports to the QI/UM Committee. The 2012 Quality Program Description outlines how CalViva Health does Quality Improvement including: ✓ Purpose and Goals ✓ The Program Scope ✓ QI Process Program Structure and Resources ✓ Program Evaluation and Work Plan	
- **Utilization Management**	**UM Management** The responsibility for Utilization Management is delegated to Health Net for the three counties of Fresno, Kings, and Madera and also includes the newly added SPD population. To meet the needs of these members Health Net has hired new staff to help manage growth; a new Medical Director and Case Management staff.	

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	2011 Annual UM Work Plan Evaluation report was reviewed and key points included: ✓ Policy and process changes were successfully implemented to meet the needs of SPD members along with the addition of special Continuation of Care benefit. ✓ CalViva performed well in maintaining CCS rates at a 6.6% with a goal of 5.25% ✓ Ambulatory Case Management was a new strategy to reduce readmission ✓ A new Peri-natal Case Manager was hired and trained and is being marketed to OB providers ✓ The "Be in Charge" program was implemented for Diabetic and Asthma members. Members are contacted by telephone to remind them of appropriate medication use and monitoring of Hemoglobin A1C. ✓ New laws and regulations have been put into place for Adult Day Health Care services and its replacement program, Community Based Adult Services (CBAS). More information is forthcoming as these changes roll out in 2012. The UM Work Plan for 2012 builds upon the accomplishments of 2011 and outlines how CalViva will successfully meet the needs of our community with regard to Utilization Management. The UM 2012 Program Description outlines the key	

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- **Key Indicator Report**	resources, personnel, and processes used by CalViva to accomplish the goals in order to provide appropriate quality care for our members. **Key Indicator Report** The Key Indicator Report provides a summary by month of key utilization and quality data to allow staff to identify trends that may require further investigation. The following items were highlighted for Commissioners: ✓ ER data has a lag time for reporting and what should be included in this metric is under discussion at this time. ✓ SPD Length of Stay is tracked ✓ Maternity measures have been consistent ✓ Prior Authorization compliance rates have improved.	
- **Management Report: G Hund, CEO** - **Dashboard**	**Dashboard** Market share continues to increase and membership currently stands at 180,403 members.	***Motion:*** *Approve standing Dashboard reports.* 10-0 (Cardona/Naz)
#9 OERU Funding Request	Josie Sanchez from Outreach, Enrollment, Retention, Utilization (OERU) Partnership presented a grant request. This organization is a school based approach for various organizations. Currently there are 26,000 uninsured children in Fresno County. OERU is requesting $10,000 per organization with a total grant amount of $70,000. Grant funds are not included in the current budget nor has a process been established to review applications. At this time, the grant request has been deferred to a later date.	***Motion:*** *Defer grant request and develop grant approval process* *10 - 0 (Naz/Poochigian)*

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Action D. Hodge, MD, Chair	Commissioners requested that staff create a process to approve applications. ***Recommended Action***: *Implement a process for reviewing applications.*	
#10 Perinatal Presentation Information	Dr. Oldham, Medical Director of Behavioral Health for Fresno County, presented a Perinatal Presentation that is a carve out program of Medi-Cal in Fresno County. Fresno County is a pilot site in spring of 2012. If this model is effective it can potentially reach out to Kings and Madera Counties. The approach is based on the overall wellness of the mother in all perinatal stages and is proactive rather than reactive. Behavioral Health is implementing this program to all Primary Care Providers.	
#11 Final Comments from Executive Committee Members and Staff	G Hund, CEO presented the following update on ongoing State initiatives: - Healthy Families moving to Medi-Cal is still in discussions. If this occurs, membership will increase by 15,000 members. - Long Term Healthcare is still in discussions. - The State has expressed interest in moving as many services to Managed Care as possible.	
#12 Announcements	None	
#13 Public Comment	None	
#14 Adjourn	The meeting was adjourned at 3:24pm. Next Commission meeting scheduled for May 19th, 2012 in Fresno.	

Submitted this Day: May 17 2012

Submitted by: Cynthia L Reiter

Cynthia Reiter
Clerk to the Commission