

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
Commission**  
**Meeting Minutes**  
January 17<sup>th</sup>, 2013

CalViva Health  
1315 Van Ness Avenue; Suite 103  
Fresno, CA 93721

<b>Commission Members</b>			
✓	Deborah Poochigian, Fresno County Board of Supervisor	✓	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 Public Health
	Stephen Ramirez 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	✓	Abdul Kassir; 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		Paulo Soares, Commission At-large Appointee, Madera County
✓	Harold Nikoghosian, Kings County At-large Appointee		
<b>Commission Staff</b>			
✓	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)	✓	Amy Schneider, Director of Medical Management
<b>General Counsel and Consultants</b>			
✓	Tom Ebersole, General Counsel		
✓ = Commissioners, Staff, General Counsel Present, ✓ * = Arrived Late			

<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 1:30pm. A quorum was present.	
#2 Consent Agenda - Commission Minutes 11/15/2012	All consent items were presented and accepted as read.	<b>Motion:</b> <i>Approve the Consent Agenda. 13-0 (Neves/Rogers)</i>

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<p>- Executive Committee Minutes 1/3/2013</p> <p>Action D. Hodge, MD, Chair</p>		
<p><b>#3 Acronym and Definition List</b> Information D. Hodge, MD, Chair</p>	<p>CalViva Health presented a list of acronyms commonly used and their definitions.</p>	
<p><b>#4 4<sup>th</sup> Quarter Marking Outreach</b> Events Information D. Hodge, MD, Chair</p>	<p>Events conducted on behalf of CalViva for the fourth quarter (October, November, and December) of 2012 were presented.</p>	
<p><b>#5 Appointment of Commission</b> <b>Appointed Commissioners</b> Action D. Hodge, MD, Chair</p>	<p>The Executive Committee recommended the reappointment of Derrick Gruen (Kings County) and Conrad Chao, MD (Fresno County) as Commission Appointed Commissioners. They will serve a three year term.</p>	<p><b>Motion:</b> <i>Approve the appointment of Derrick Gruen and Conrad Chao, MD as Commission Appointed Commissioners.</i> 13-0 (Rogers/Winkler)</p>
<p><b>#6 RHA Public Policy Committee</b> <b>Membership</b>  Information D. Hodge, MD, Chair</p>	<p>Dr. Hodge has appointed a new Public Policy Committee Member representing Madera County. One vacant seat remains open for Kings County. MB Corrado continues to work with the state for approval on appointing representative from Community Based Organizations to sit on the Committee. Next meeting is scheduled for March 5, 2013.</p>	
<p><b>#7 Annual Administration</b>  Information D. Hodge, MD, Chair</p>	<p>A reminder was presented to the commissioners for renewing their Ethics certificate.</p> <p>CalViva Health also announced that Form 700: Statement of Economic Interest is due April 2, 2013.</p>	
<p><b>#8 CalViva Health Annual Report</b></p>	<p>CalViva Health presented their Fiscal Year 2012 Annual</p>	

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<p>Information D. Hodge, MD, Chair</p>	<p>Report. A copy of the Annual Report will be sent to all county supervisors, strategic partners, CEOs of hospitals, and FQHCs. The Annual Report will also be posted on the website for public view.</p>	
<p><b>#9 Independent Auditors</b>  Action W. Gregor, CFO</p>	<p>Moss Adams has served as CalViva Health's auditors for the past two years. They submitted a three year proposal to continue to serve as our independent auditors. This proposal was reviewed by the Finance Committee. The Finance Committee recommends accepting the three year proposal.</p>	<p><b>Motion:</b> <i>Approve Moss Adams as auditors for CalViva Health.</i> 13-0 (Poochigian/Kassir)</p>
	<p><i>Tim Curley arrived at 1:38 pm.</i></p>	
<p><b>#10 Compliance Programs</b></p>	<p>CalViva Health presented the 2012 Annual Compliance Evaluation with the following highlights:</p> <ul style="list-style-type: none"> <li>• CalViva Health continues to build on programs, compliance descriptions, anti-fraud plans, and HIPAA policies.</li> <li>• CalViva Health has purchased a document management system for policy and procedure management and is in the process of implementing this system.</li> <li>• CalViva Health continues to provide staff training and linguistic and cultural training for providers.</li> <li>• Monthly meetings with Health Net management and staff are continuing.</li> <li>• A Joint Executive Committee with Health Net was created in 2012 to act as a centralized committee to promote organization management resolution and ensure major projects are kept on track.</li> <li>• Workgroups have been established to implement</li> </ul>	<p><b>Motion:</b> <i>Accept the Compliance Programs as amended.</i></p> <ul style="list-style-type: none"> <li>• <i>2012 Annual Compliance Evaluation as is</i></li> <li>• <i>2013 Compliance Program adding a section on sexual harassment and cultural sensitivity</i></li> <li>• <i>2013 Anti-Fraud Plan reword section 8</i></li> </ul> <p>14-0 (Rogers/Moreno)</p>

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	<p>new programs that were required by the state (i.e: Healthy Families, SPD).</p> <ul style="list-style-type: none"> <li>• CalViva Health continues to perform annual oversight audits of Health Net for administration function they carry out on CalViva Health’s behalf.</li> <li>• Quarterly audits for provider dispute audits have been implemented.</li> <li>• A process has been implemented for auditing marketing events. CalViva Health’s compliance staff attends at least 2 events per quarter. This will ensure only approved materials are distributed and there are no violations of regulatory requirements.</li> <li>• Provider relations section was added this year and 750 provider visits were completed in all three counties in 2012.</li> <li>• Five fraud and abuse cases were reported to DHCS.</li> <li>• CalViva Health’s HIPAA compliance oversight reported one (1) breach incident. However, it was considered small because less than 500 members were involved and was low risk.</li> <li>• CalViva Health implemented internal HIPAA audits that included work station audits, ensuring PHI isn’t being left out, computers aren’t left on, fax machines do not contain PHI, and spot checks.</li> <li>• In 2012, CalViva Health received 277 grievances, 73 appeals and 24 cases from DMHC. There were also 15 CalViva Health cases requesting state fair hearings. About 50% of grievance cases involved a SPD member.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• There were 150 regulatory filings with DHCS and DMHC and 186 marketing outreach events.</li> <li>• DMHC conducted an orientation exam of our fiscal administrative affairs last year. CalViva Health had one corrective action that has already been implemented.</li> <li>• DHCS conducted a member rights and monitoring review. The report was favorable and no corrective action was required.</li> <li>• A strong, working foundation continues with Health Net.</li> </ul> <p>CalViva Health’s 2013 Compliance Plan was presented with the following changes:</p> <ul style="list-style-type: none"> <li>• A Compliance Committee has been established to ensure CalViva Health is in Compliance in all areas</li> <li>• Compliance training was added into the compliance plan.</li> <li>• “Help Line” was changed to “hotline.”</li> <li>• “First level review” was omitted regarding CalViva Health’s oversight management because CalViva Health is involved throughout the entire process.</li> </ul> <p><i>The Commission has requested a change to the 2013 Compliance Plan. They would like to see a section added for the following:</i></p> <ul style="list-style-type: none"> <li>• <i>Sexual Harassment</i></li> <li>• <i>Cultural Sensitivity</i></li> </ul>	

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<p>Action M. B. Corrado, CCO</p>	<p>CalViva Health presented their 2013 Anti-Fraud Plan with the following updates:</p> <ul style="list-style-type: none"> <li>• The purpose has been clarified to state CalViva Health will comply with the Federal Medicaid managed care requirements and the Medi-Cal contract requirements.</li> <li>• Health Net has special investigations services that can also be involved in CalViva Health’s cases as needed.</li> <li>• The scope of the anti-fraud plan is part of CalViva Health’s comprehensive Compliance program.</li> <li>• The CCO’s duties have been clarified</li> <li>• CalViva Health continues to monitor anti-fraud and abuse cases by implementing Policies and Procedures to identify and investigate cases; developing and implementing corrective actions, and ongoing monitoring of Health Net.</li> <li>• It was clarified that the Compliance Committee reviews all Fraud, Waste, and Abuse cases.</li> </ul> <p><i>The Commission has requested to re-word Section 8: Use of External Resources for Special Investigation. First sentence should read: Incidents that cannot be adequately investigated or resolved through CalViva and Health Net processes may be referred to outside legal counsel.....</i></p>	
	<p><i>Soyla Griffin left at 2:28 pm.</i></p>	
<p>#11 Standing Reports  Action</p>	<p>CalViva Health presented the following standing reports:</p>	

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<p>W. Gregor, CFO</p>	<p><u>Finance</u>                      W. Gregor presented the financial statement as of December 31, 2012. CalViva Health is in a strong financial position, enabling CalViva Health to take on changes that will occur in 2013 and 2014 (transition of Healthy Families' members to Medi-Cal and the expansion of Medi-Cal members under the Affordable Care Act). CalViva Health's income is ahead of budget.</p>	<p><b>Motion: Accept the Monthly Financials.</b>                      13-0 (Rogers/Naz)</p>
<p>M. B. Corrado, CCO</p>	<p><u>Compliance</u>                      CalViva Health received a pre-notification letter from DMHC stating they would conduct a Medical survey in March 2013. CalViva Health has not received the formal notification letter.</p> <p>CalViva Health presented a summary for the primary care rate increase for PCPs according to the Affordable Care Act and the criteria for eligible PCPs.</p> <p>A summary of new regulations was provided by CalViva Health and have the following changes:</p> <ul style="list-style-type: none"> <li>• Effective 1/1/2013, a judge can no longer enforce a \$1000 fine for inadvertent disclosure of health care information as long as the defendant can establish an affirmative case with a number of items specified by law.</li> <li>• Effective 1/1/2013, a new law describes uniform audit tape procedures when auditing pharmacy</li> </ul>	<p><b>Motion: Accept Compliance Report.</b>                      13-0 (Rogers/Naz)</p>

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<p>P. Marabella, MD, CMO</p>	<p>claims and services.</p> <ul style="list-style-type: none"> <li>• Contracts amended or renewed after 1/1/2013 cannot have language restricting the disclosure of claims data. Claims are required to be provided to a quality entity by law.</li> <li>• Effective 7/2015, independent medical review requires medical professionals that review cases have clinical expertise of the treatment or proposed treatment.</li> </ul> <p>Public Policy Committee meeting that was held on December 5, 2012. The meeting became an educational session due to a lack of quorum. Kevin Hamilton of Clinica Sierra Vista and Maria Yenis of Madera County were introduced as new members during this meeting.</p> <p><u>Medical Management</u></p> <p>P. Marabella, MD presented the Key Indicator Report with the following highlights:</p> <ul style="list-style-type: none"> <li>• CalViva Health and Health Net have determined that splitting key metrics into SPDs vs. non-SPDs will improve management capabilities of these differing populations and provide a better opportunity for the identification of targeted interventions to improve outcomes. Future reports will reflect this change.</li> <li>• There has been a several month lag in the McKesson/SPD information. CalViva Health, Health</li> </ul>	<p><b>Motion:</b> <i>Accept Medical Management Report. 13-0 (Rogers/Naz)</i></p>



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<p>G. Hund, CEO</p>	<p>Net's vendor, and data analysis staff are working to update this data and provide more current information going forward.</p> <p>P. Marabella, MD also presented the Appeals and Grievances Dashboard with the following highlights:</p> <ul style="list-style-type: none"> <li>• The average number of grievances is 20-30 per month.</li> <li>• Quality of service grievances pertain to problems with access or administrative issues.</li> <li>• Quality of care grievances pertain to predominantly to primary care treatment.</li> <li>• Exempt grievances are grievances taken and resolved over the phone within one business day.</li> <li>• Pre-service appeals mainly consisted of DME and pharmacy appeals.</li> <li>• There was only one post-service appeal reported year to date.</li> </ul> <p><u>Executive Report</u> G. Hund presented the Dashboard as of December 2012. December membership has increased by 1200 and market share continues to increase.</p> <p><u>Healthy Families Transition</u> CalViva Health has been moved to the second phase of the Healthy Families transition in all three counties. Fourteen thousand Healthy Families' members (in these counties) continue to be scheduled to transition to Medi-Cal on April</p>	<p><b>Motion: Accept Executive Update.</b> 13-0 (Rogers/Naz)</p>

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	<p>1, 2013.</p> <p><u>Health Exchange Update</u>            There is a new program called the “Bridge” that is intended to replace the basic health plan that covers eligible people between 138-200% of federal poverty level. The program still requires California and Federal legislative approval.</p> <p><u>Mariposa Expansion</u>            Mariposa County has asked CalViva Health to consider a service area expansion into Mariposa County. Mariposa County was working with the Central California Alliance (Alliance) for the Medi-Cal rural expansion. During their due diligence, the Alliance discovered that the majority of healthcare services are being provided by Fresno County providers, thus the Alliance decided not to pursue the expansion. CalViva Health has agreed to research the possible service area expansion with the caveat of concerns regarding expense and regulatory requirements. G Hund will update the Commission.</p>	
#12 Final Comments from Commission Members and Staff	None.	
#13 Announcements	None.	
#14 Public Comment	None.	
#15 Adjourn	The meeting was adjourned at 3:04 PM. Next Commission meeting is scheduled for March 21 <sup>st</sup> , 2013 in Madera County.	

Submitted this Day: March 21 2013

Submitted by: Cynthia R Reiter  
Cynthia Reiter  
Clerk to the Commission