

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
Commission**  
Meeting Minutes  
July 18<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
✓	David Pomaville, Interim 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		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 1:32pm. A quorum was present.	
#2 Appreciation/Recognition of Edward Moreno, MD	CalViva Health presented a plaque for Edward Moreno, MD in recognition and appreciation for his work and dedication to the Commission. Edward Moreno, MD was unable to	

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<p>J. Neves, Vice-Chair</p>	<p>attend the meeting so the plaque will be mailed to him.</p> <p>David Pomaville is currently the Interim Director of Fresno County Department of Public Health and will now serve on the Commission</p>	
<p><b>#3 Consent Agenda</b></p> <ul style="list-style-type: none"> <li>• Commission Minutes 5/16/2013</li> <li>• Executive Committee Minutes 6/27/2013</li> <li>• Finance Committee Minutes 3/21/2013</li> <li>• QI/UM Committee Minutes 3/21/2013</li> <li>• Public Policy Committee Minutes 3/6/13</li> </ul> <p>Action J. Neves, Vice-Chair</p>	<p>All consent items were presented and accepted as read.</p>	<p><b>Motion:</b> <i>Approve the Consent Agenda. 10-0 (Rogers/Ramirez)</i></p>
<p><b>#4 Review of Goals for Fiscal Year 2013</b></p>	<p>CalViva Health presented the goals and results for Fiscal Year 2013:</p> <ul style="list-style-type: none"> <li>• The Tangible Net Equity (TNE) goal was met by exceeding 200% of basic TNE.</li> <li>• Market Share is on track to achieve 5% market share growth.</li> <li>• CalViva Health met its goals of hosting/sponsoring five media events</li> <li>• Direct Contracting goals of adding a primary care contract was met with the addition of Valley Health Team as a direct contract, effective April 1, 2013.</li> </ul>	

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<p>Information G. Hund, CEO</p>	<ul style="list-style-type: none"> <li>• CalViva Health was unable to reach its goal of establishing a direct capitated contract with primary care providers due to a Health Net operational issue.</li> <li>• CalViva Health continues to actively participate in State and Federal Advocacy groups</li> <li>• The Administrative and Clinical Data Reporting of analyzing and improving resource utilization reports were met.</li> </ul>	
<p><b>#5 Goals &amp; Objectives for Fiscal Year 2014</b>  Action G. Hund, CEO</p>	<p>Tangible Net Equity (TNE), Market Share, Events, Direct Contracting, and State and Federal Advocacy goals remain the same as FY2013 goals. Ability to establish direct capitated contract with primary care providers will be available the first quarter of 2014. The FY2014 additional goal is to develop a long term strategic plan.</p>	<p><b>Motion:</b> <i>Approve Goals &amp; Objectives for Fiscal Year 2014.</i> <i>10-0 (Rogers/Winkler)</i></p>
<p><b>#6 Sponsorship</b></p> <ul style="list-style-type: none"> <li>• Guidelines</li> <li>• Evaluation</li> <li>• Organization Information</li> </ul> <p>Action G. Hund, CEO</p>	<p>A policy has been established for evaluating sponsorship requests in excess of \$20,000. The purpose of the policy is to have the Commission approve all sponsorship requests that exceed a \$20,000 threshold. The Commission Chairman will appoint an ad-hoc committee with no less than three commissioners to review such sponsorship requests. The committee will make a recommendation to the Commission with the Commission having final approval.</p>	<p><b>Motion:</b> <i>Approve Sponsorship Guidelines.</i> <i>10-0 (Nikoghosian/Cardona)</i></p>
<p><b>#7 2012 Cultural and Linguistics (C&amp;L)</b></p> <ul style="list-style-type: none"> <li>• 2012 C&amp;L Work Plan Evaluation Executive Summary</li> </ul>	<p>P. Marabella, MD presented the 2012 C&amp;L Work Plan Annual Evaluation. All 2012 Work Plan activities were completed, including the following areas:</p> <ul style="list-style-type: none"> <li>• Language Assistance Services: 917 requests for interpreter services were completed and 331</li> </ul>	<p><b>Motion:</b> <i>Approve 2012 C&amp;L Work Plan Evaluation.</i> <i>10-0 (Rogers/Winkler)</i></p>

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<ul style="list-style-type: none"> <li>• 2012 C&amp;L Work Plan Evaluation</li> </ul> <p>Action P. Marabella, MD, CMO</p>	<p>associates were assessed for bilingual skills.</p> <ul style="list-style-type: none"> <li>• Compliance Monitoring: Staff utilized the GEO Access Report to ensure CalViva Health has sufficient providers.</li> <li>• Communication, Training, and Education: distributed multiple materials and resources.</li> <li>• Health Literacy and Cultural Competency: hosted the Annual Heritage Day in which staff participates and advocates cultural awareness.</li> </ul>	
<p><b>#8 2013 Cultural and Linguistics (C&amp;L)</b></p> <ul style="list-style-type: none"> <li>• 2013 C&amp;L Program Description Executive Summary</li> <li>• 2013 C&amp;L Program Description</li> </ul> <p>Action P. Marabella, MD, CMO</p>	<p>P. Marabella, MD presented the 2013 C&amp;L Program Description with the following changes:</p> <ul style="list-style-type: none"> <li>• Scope of Programs and Services section now includes:               <ul style="list-style-type: none"> <li>-Language Assistance Program</li> <li>-Cultural Competency</li> <li>-Linguistic Services</li> <li>-Public Policy Committee</li> </ul> </li> <li>• Oversight and Monitoring now includes a description of the reports and includes a Data Collection section.</li> <li>• Other minor edits.</li> </ul>	<p><b>Motion: Approve 2013 C&amp;L Program Description.</b> <i>10-0 (Cardona/Ramirez)</i></p>
<p><b>#9 2013 Cultural and Linguistics (C&amp;L)</b></p> <ul style="list-style-type: none"> <li>• 2013 C&amp;L Work Plan Executive Summary</li> <li>• 2013 C&amp;L Work Plan</li> </ul> <p>Action P. Marabella, MD, CMO</p>	<p>P. Marabella, MD presented the 2013 C&amp;L Work Plan. All activities established in the 2012 C&amp;L Work Plan will continue with the addition of the following enhancements:</p> <ul style="list-style-type: none"> <li>• Compliance Monitoring: coordination with Credentialing Department to respond to provider related grievances.</li> <li>• Health Literacy and Cultural Competency: updated the Diabetes and Cultural Pocket Guide.</li> </ul>	<p><b>Motion: Approve 2013 C&amp;L Work Plan.</b> <i>10-0 (Winkler/Nikoghosian)</i></p>

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<p><b>#10 Health Education (HE)</b></p> <ul style="list-style-type: none"> <li>• 2012 HE Work Plan Evaluation Executive Summary</li> <li>• 2012 HE Work Plan Evaluation</li> </ul> <p>Action P. Marabella, MD, CMO</p>	<p>P. Marabella, MD presented the 2012 Health Education Work Plan Evaluation. Eighteen (18) initiatives were implemented successfully in 2012. Four (4) initiatives required modification or were delayed.</p> <p>Major initiatives include:</p> <ul style="list-style-type: none"> <li>• Fit Families for Life: 172 participants</li> <li>• Kids and Teens Challenge Program: 90 participants</li> <li>• Quit for Life- 164 participants with 22% completion rate and a goal of 25% completion rate.</li> <li>• Disease Management Program: included the Asthma &amp; Diabetes <i>Be In Charge</i> &amp; Nurse Advice Line.</li> </ul>	<p><b>Motion:</b> Approve 2012 HE Work Plan Evaluation. 10-0 (Rogers/Cardona)</p>
<p><b>#11 2013 HE Program Description</b></p> <p>Action P. Marabella, MD, CMO</p>	<p>P. Marabella, MD presented the 2013 HE Program Description with the following changes:</p> <ul style="list-style-type: none"> <li>• Addition of an incentive program to the Fit Families for Life Coaching Program</li> <li>• Updates with new IHEBA forms</li> <li>• Addition of DHCS's requirement for Readability and Suitability. The current reading level is at a sixth grade level.</li> </ul>	<p><b>Motion:</b> Approve 2013 HE Program Description. 10-0 (Ramirez/Nikoghosian)</p>
<p><b>#12 2013 HE Work Plan</b></p>	<p>P. Marabella, MD presented the 2013 HE Work Plan. Activities will continue as established in the 2012 HE Work Plan with the following enhancements:</p> <ul style="list-style-type: none"> <li>• Fit Families for Life: <ul style="list-style-type: none"> <li>-Increase outreach to members with BMI at or above the 85<sup>th</sup> percentile</li> <li>-Add incentive program for members to complete all five calls in the Coaching Program.</li> </ul> </li> </ul>	<p><b>Motion:</b> Approve 2013 HE Work Plan. 10-0 (Rogers/Cardona)</p>

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<p>Action P. Marabella, MD, CMO</p>	<p>-Add text messaging component -Provider updates to increase communication and referrals to programs.</p> <ul style="list-style-type: none"> <li>• Quit for Life:                     <ul style="list-style-type: none"> <li>-Investigate to add text messaging component</li> </ul> </li> <li>• Disease Management Program:                     <ul style="list-style-type: none"> <li>-Compare Disease Management rates with county specific HEDIS rates</li> <li>-Work with McKesson to generate CalViva Health county specific numbers for Disease Management and Nurse Advice Line.</li> </ul> </li> </ul>	
<p>#13 Standing Reports Action  W. Gregor, CFO            M. B. Corrado, CCO</p>	<p>CalViva Health presented the following standing reports:</p> <p><b>Finance</b> W. Gregor presented the Financial Report as of May 31, 2013 to the Commission. CalViva Health's current cash balance is approximately \$125 million and tangible net equity is at \$12.5 million. Revenues and net income are both ahead of budget. Increased revenues are due to increased enrollment and retroactive rate increases from the state.</p> <p><b>Compliance</b> M.B. Corrado presented the regulatory report and made the following highlights:</p> <ul style="list-style-type: none"> <li>• 204 outreach events have taken place so far this year.</li> </ul>	<p><b>Motion:</b> <i>Accept the Monthly Financials.</i> <i>10-0 (Rogers/Ramirez)</i></p> <p><b>Motion:</b> <i>Accept the Monthly Compliance Report.</i> <i>10-0 (Rogers/Ramirez)</i></p>

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	<ul style="list-style-type: none"> <li>• The number of potential security and privacy breach incidents has increased, mainly due to Health Net’s staff training on how to better identify and report incidents. Most incidents involve checks and remittances going to the incorrect address due to providers not updating their address or staff input error.</li> <li>• One potential fraud case occurred in May and none in June.</li> <li>• Q1 2013 Provider Dispute Resolution (PDR) Case Audits were completed with no issues identified.</li> <li>• CalViva Health received DHCS’s preliminary report of the Full Service Medical Survey Audit on June 11, 2013. The final report was received this morning. CalViva Health will now be working with the Managed Care Division of DHCS to create a corrective action plan. CalViva Health has started implementation of the corrective actions on some of the reported findings.</li> <li>• The Healthy Families transition is on track and there have been no significant provider or member grievances. CalViva Health is preparing for the Kaiser implementation. Approximately 3,700 Health Family members that are enrolled in Kaiser will transfer to CalViva Health on August 1, 2013 and approximately 400 Healthy Families members enrolled in Health Net will also transfer to CalViva Health.</li> <li>• The Public Policy Committee held a meeting on</li> </ul>	

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<p>P. Marabella, MD, CMO</p>	<p>June 5, 2013. The committee discussed the committee charter changes, member enrollment numbers, grievance report, marketing, Cultural and Linguistic and Health Education work plans and program descriptions, and audits.</p> <ul style="list-style-type: none"> <li>• Committee members asked staff to research making modifications to the member incentive for some health education programs and to determine if periodic summary of provider specific grievance reports could be developed for provider groups.</li> </ul> <p><b><u>Medical Management</u></b></p> <p>P. Marabella, MD presented the Key Indicator Report with the following improvements:</p> <ul style="list-style-type: none"> <li>• SPDs and TANF are now separated.</li> <li>• CalViva Health is working with case management to decrease hospital readmission.</li> <li>• Complex case management numbers were low because CalViva Health switched vendors; ER visits are consistent(approximately 7,000/month)</li> <li>• Inpatient Utilization for SPDs has decreased only in Kings County.</li> </ul> <p>P. Marabella, MD presented the Appeals and Grievances Dashboard with the following revisions:</p> <ul style="list-style-type: none"> <li>• Addition of exempt grievances.</li> <li>• Exempt grievances are broken down to the following categories:</li> </ul> <p>-Access</p>	<p><b>Motion:</b> <i>Accept the Monthly Medical Management reports.</i>  <i>10-0 (Rogers/Ramirez)</i></p>



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	<ul style="list-style-type: none"> <li>-Attitude/Service</li> <li>-Authorization</li> <li>-Benefit Issue</li> <li>-Other</li> </ul> <ul style="list-style-type: none"> <li>• Division of SPDs, TLIC, and CBAS.</li> <li>• Addition of an outlier tab.</li> </ul> <p>P. Marabella, MD presented the Quarterly QI/UM Committee Report Summary. The following items were discussed/approved at the March 21, 2013 meeting:</p> <ul style="list-style-type: none"> <li>• Program Descriptions, Work Plans, and evaluations.</li> <li>• Policies.</li> <li>• Health Net’s audit findings and accepted Health Net’s corrective action plans.</li> <li>• Feedback to change UM reports.</li> <li>• Pharmacy reports.</li> <li>• Improvements on the Appeals and Grievances Dashboard.</li> </ul> <p>P. Marabella, MD presented the Credentialing Sub-Committee Report Summary and Peer Review Sub-Committee Report Summary.</p> <p>The Credentialing Sub-Committee Report Summary highlights the following activities for Q1 of 2013:</p> <ul style="list-style-type: none"> <li>• Policy updates.</li> <li>• Division of the charter into two separate charters (one for Credentialing and one for Peer Review).</li> <li>• The number of providers credentialed by delegated</li> </ul>	

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<p>G. Hund, CEO</p>	<p>entity in the 4<sup>th</sup> Quarter of 2012 (includes EHS, Sante, ChildNet, and HealthNet).</p> <ul style="list-style-type: none"> <li>• An administrative case was identified and referred for further action due to non-compliance with Facility Site and Medical Record Review requirements.</li> </ul> <p>The Peer Review Sub-Committee Report Summary highlights the following activities for Q1 of 2013:</p> <ul style="list-style-type: none"> <li>• Division of the charter into two separate charters (one for Credentialing and one for Peer Review).</li> <li>• Reviewed county-specific reports.</li> <li>• Reviewed and approved the Quarter 1 Peer Review Count report. The Peer Review Count report identifies any case that goes for review to Health Net’s Peer Review Committee, including a score for the severity of the grievance. CalViva Health did not have any issues that required a corrective action plan. One case involved an individual that had an administrative termination. The individual appealed the case, implemented the corrective action plan(CAP), was reviewed, and will be monitored for compliance with CAP.</li> </ul> <p><b>Executive Report</b>  G. Hund presented the Executive Dashboard for June 2013. With the addition of incoming Healthy Families members, CalViva Health member enrollment continues to grow. As of June 2013, CalViva Health had a total of 209,754</p>	<p><b>Motion:</b> <i>Accept the Monthly Executive Report. 10-0 (Rogers/Ramirez)</i></p>

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	<p>members. The number for claims processed in May is incorrect; the number should reflect 169, 310.</p> <p>Residency Update: CalViva Health met with the residents of the Clinica Sierra Vista Residency program on July 15, 2013. P. Marabella, MD will coordinate additional community rotation sessions in August and September.</p> <p>Kaiser Update: CalViva Health executed the Kaiser agreement to subcontract Healthy Families members on August 1, 2013.</p> <p>Fall Education Session: CalViva Health plans to bring a consultant to provide the Commission with an overview of state and federal legislation, including the Affordable Care Act. CalViva Health also plans to create a long term strategic plan with the participation of Commissioners and staff.</p>	
#14 Closed Session – Government Code 54957(b)(1) -Public Employee Appointment, Employment, Evaluation, or Discipline – General Counsel Review	The closed session discussed the yearly General Counsel review. Overall, the Commission is satisfied with Cota Cole’s performance.	Action: Accept the General Counsel Review 8-0-1 (Rogers/Nikoghosian with Pomaville abstaining)
#15 Final Comments from Commission Members and Staff	J. Neves welcomes David Pomaville to Commission.	
#16 Announcements	None.	
#17 Public Comment	None.	
#18 Adjourn	The meeting was adjourned at 3:45 PM. Next Commission meeting is scheduled for September 19 <sup>th</sup> , 2013 in Kings	

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	County.	

Submitted this Day: Sept 19 2013

Submitted by: Cynthia Reiter  
Cynthia Reiter  
Clerk to the Commission