CalViva Health
Commission
Meeting Minutes
May 16th, 2013

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

	Commission Members			
✓	Deborah Poochigian, Fresno County Board of Supervisor			David Rogers, Madera County Board of Supervisors
	Vacant, 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			
	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)	✓		Amy Schneider, Director of Medical Management
	General Counsel and Consultants			
✓	Tom Ebersole, General Counsel			

✓ = Commissioners, Staff, General Counsel Present,
✓ * = Arrived Late

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:30pm. A quorum was present.	
#2 Fresno County At-Large Appointed Commissioners • David Hodge, MD	Dr Hodge presented the reappointment of Fresno County At-Large Appointed Commissioners: • David Hodge, MD	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
• David Cardona, MD Information D. Hodge, MD, Chair	• David Cardona, MD	
#3 Consent Agenda • Commission Minutes 3/21/2013 • Executive Committee Minutes 5/2/2013 • Finance Committee Minutes 1/17/2013 • QI/UM Committee Minutes 1/17/2013 • 1st Quarter Marketing Events Action D. Hodge, MD, Chair	All consent items were presented and accepted as read.	**Motion:** *Approve the Consent Agenda.* *13-0 (Neves/Cardona)*
#4 Chair and Co-Chair Nominations for Fiscal Year 2014 Action D. Hodge, MD, Chair	Commissioners re-elected David Hodge, MD as Chair and Supervisor Neves as Co-Chair for Fiscal Year 2014.	**Motion:** *Approve Chair and Co-Chair Nominations for Fiscal Year 2014.* *13-0 (Poochigian/Winkler)*
	Abdul Kassir arrived at 1:31pm	
#5 Executive Committee Appointments for Fiscal Year 2014	Dr Hodge presented the Executive Committee appointments for Fiscal Year 2014 to include: • David Hodge, MD – Chair • Supervisor Joe Neves • Supervisor Deborah Poochigian • Harold Nikoghosian	**Motion:** *Ratified Executive Committee Appointments for Fiscal Year 2014.* *14-0 (Neves/Poochigian)*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Action D. Hodge, MD, Chair	• Paulo Soares • Abdul Kassir • Stephen Ramirez	
#6 Committee Appointments for Fiscal Year 2014 Action D. Hodge, MD, Chair	Dr Hodge presented the Committee appointments for Fiscal Year 2014 for the following committees: • Finance • Quality Improvement/Utilization Management • Peer Review • Credentialing • Public Policy	**Motion:** *Approve Committee Appointments for all committees for Fiscal Year 2014.* *14-0 (Ramirez/Neves)*
#7 RHA Bylaw Revision	Mary Beth Corrado, CCO presented the following changes to the RHA Bylaw: Article II; Section 2.1 – Cosmetic change has been corrected; removed duplicate sentence Article III, Section 3.2 – Terms of Chair and Vice Chair • Chair and Vice Chair terms will be selected at the last meeting of the fiscal year. Article IV, Section 5.7 – Public Policy Committee • Committee membership has been reduced from nine to seven members. • Two Community Based Organization (CBO) representatives shall be appointed as alternate Public Policy Committee members in the event of a vacancy or absence of any Committee member. • Community Based Organization alternates have the same rights as enrollee Committee members except	**Motion:** *Approve RHA Bylaw Revision with the exception of further revision by General Counsel of sentence four in Article III, Section 3.2.* *14-0 (Cardona, Neves)*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Action D. Hodge, MD, Chair	in the case in which both enrollee Committee member and alternate are both present.	
#8 Committee Charters	Mary Beth Corrado, CCO presented the Committee Charters with the following changes: Public Policy Charter: • Membership requirement has been reduced from nine to seven. • Two Community Based Organization (CBO) representatives can be appointed as alternate Public Policy Committee members. Executive Charter: • Added "Replacement member appointee will also require Commission ratification." Finance Charter: • Meetings are open and public in accordance with California's Ralph M Brown Open Meeting Law. QI/UM Charter: • The Regional Health Authority Chair may appoint an alternate member to serve as a voting member of the committee in order to meet quorum requirements. Peer Review Charter and Credentialing Charter: • The Credentialing/Peer Review Sub-Committee currently holds separate meetings and keeps separate minutes. For consistency purposes, it is	**Motion:** *Approve Committee Charters.* *14-0 (Neves/Poochigian)*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Action D. Hodge, MD, Chair	recommended that the Credentialing/Peer Review Sub-Committee be separated into two sub-committees with separate charters.	
#9 Clinica Sierra Vista Residency Program Sponsorship Action G. Hund, CEO	Soyla Griffin and Tim Curley recused themselves and left the meeting room due to their membership on the HCAP Board of Directors. CalViva Health Staff presented a summary of the Clinica Sierra Vista Residency Program description and list of board members. A sponsorship was recommended by staff in the amount of $150,000 for a one year commitment to help offset the costs of implementation. The program will start in July 2013 with four (4) medical residents and plans of increasing residency slots by two (2) per year. Participation in this program increases the number of primary care physicians in our service area in order to assist our members.	**Motion:** *Approve Clinica Sierra Vista Residency Program Sponsorship.* *11-2-2 (Kassir/Neves)* *11 approved* *2 abstained (Cardona/Poochigian)* *2 recused (Griffin/Curley)*
#10 Fiscal Year 2014 Budget Action W. Gregor, CFO	W. Gregor presented the fiscal year 2014 budget. The budget was reviewed and approved by the Finance Committee in March 2013. CalViva Health projects an increase in enrollment next year with the expansion of Medi-Cal under the Affordable Care Act. Revenues and most major expense increases are directly related to increased enrollment projections.	**Motion:** *Approve Fiscal Year 2014 Budget* *15-0 (Nikoghosian/Ramirez)*
#11 2012 Utilization Management (UM) Work Plan Evaluation	P. Marabella, MD presented CalViva Health's 2012 Utilization Management (UM) Work Plan Annual Evaluation to the Commission. Highlights from the UM Work Plan Evaluation include the following: • Staffing was expanded to support SPD enrollment.	**Motion:** *Approve 2012 Utilization Management (UM) Work Plan Evaluation.* *14-0 (Naz/Soares)*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Compliance with Regulatory Requirements: - Completed a year-long phased-in SPD enrollment - CBAS transition initiated on 10/1/12 with 75 face-to-face assessments approved since transition - Inter-rater reliability testing completed • Monitoring the UM Process: - Madera County reached its goal in inpatient utilization. • Care Management: - Perinatal Case Management follows member through delivery and one post-partum call - 310 potentially high-risk OB members were contacted with 121 cases opened to case management - Outcome monitoring of the Alere home monitoring program began in 2012 with 21% infants requiring NICU stay • Over and Under Utilization - Underutilization is monitored by PM 160 submissions - Overutilization is monitored by hospital readmissions	
Action P. Marabella, MD, CMO		
#12 2013 Utilization Management (UM) Program Description Action P. Marabella, MD, CMO	P. Marabella, MD presented CalViva Health's 2013 Utilization Management (UM) Program Description with the following changes: • Grammatical corrections, language clarifications, and updated terminology. • Updated list of monitoring reports (page 17)	**Motion:** *Approve 2013 Utilization Management (UM) Program Description.* *14-0 (Naz/Kassir)*
#13 2013 Utilization Management	P. Marabella, MD presented CalViva Health's 2013	**Motion:** *Approve 2013 Utilization Management*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
(UM) Work Plan Action P. Marabella, MD, CMO	Utilization Management (UM) Work Plan with the following highlights: • Compliance with Regulatory & Accreditation Requirements is demonstrated through evidence of maintaining an adequate number of licensed staff and periodic audits of the UM function. • Monitoring of the UM Function is an ongoing process and includes monitoring of Prior Authorizations, Turn-around Times, Inter-rater Reliability Testing, and Appeals tracking. • Utilization monitoring metrics also include tracking effectiveness of Case Management Programs (Admissions, Readmissions, Complex Case Management, Pharmacy Interventions, ESRD program and Concurrent Rounds process), and tracking Under and Over Utilization (PM 160s and Hospital Readmissions). • Coordination of Care with Other Programs and Vendor Oversight are monitored through tracking of metrics for Ambulatory Case Management, Perinatal and Complex Case Management, and monitoring of the Disease Management Programs (Asthma and Diabetes) • The following high risk/high volume specific populations are also monitored: - California Children's Services (CCS) - Seniors and Persons with Disabilities (SPD) - Community Based Adult Services (CBAS)	*(UM) Work Plan.* *14-0 (Ramirez/Cardona)*
#14 Standing Reports	CalViva Health presented the following standing reports:	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Action		
W. Gregor, CFO	**Finance:** W. Gregor presented the Financial Report as of April 30, 2013 to the Commission. CalViva Health's current ratio is 1.23 and the total equity is at $9 million. While revenues and expenses are greater than originally budgeted, this is due primarily to increased enrollment. Net Income is in line with budget.	**Motion:** *Accept the Monthly Financials.* *14-0 (Naz/Cardona)*
M. B. Corrado, CCO	**Compliance:** M.B. Corrado presented the Compliance Report to the Commission. • CalViva Health received an increase in potential privacy and security breach cases and all were determined to be no/low risk. • CalViva Health received 6 potential fraud cases. CalViva Health is currently undergoing the post-audit phase of the joint DMHC and DHCS Medical Survey audit. DMHC and DHCS are in the stage of finalizing reports. DHCS has scheduled exit interviews with CalViva Health. DHCS conducted a 2011/2012 Performance Evaluation Audit. The evaluation incorporates HEDIS data, Quality Improvement initiatives, the overall Quality Improvement program, survey results into account. The Evaluation Report was submitted as a draft and will become public	**Motion:** *Accept the Compliance Report.* *14-0 (Naz/Cardona)*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
P. Marabella, MD, CMO	once finalized by DHCS. CalViva Health did not have Quality Improvement projects and HEDIS data for this audit. DHCS also performed a HEDIS Audit through Health Services Advisory Group (HSAG). HSAG audited both CalViva Health and Health Net at the same time looking at HEDIS data collection methodology, analysis, reporting, and storage of the data. CalViva Health passed six of the seven areas, with 1 area being inapplicable. The Public Policy Committee will hold its next meeting on June 5th in Kings County. **Medical Management:** QI/UM Committee Report P. Marabella, MD presented the QI/UM Committee Report to the Commission. The QI/UM Committee Report is a summary report of the January 17, 2013 meeting. The 2012 QI Work Plan Evaluation was presented in the January meeting with the following accomplishments: • Access and availability improvement opportunities and reports were completed and submitted to the state in March. • CalViva Health performed outreach activities for postpartum visits. • CalViva Health submitted and received approval from the state for the selected Quality Improvement Project (QIP) Initiatives for 2012	**Motion:** *Accept the Medical Management Report. 14-0 (Naz/Cardona)*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	(Diabetic Retinal Eye Exam and All Cause Readmissions) Policies that were approved in the January 2013 meeting: • Quality Improvement Policies • Utilization Management Policies Quality Improvement Reports that were reviewed in the January 2013 meeting included: • Appeals and Grievances Dashboard • Appeals and Grievances Report • Quit For Life (QFL), Kids & Teens Challenge (KTC), Fit Families For Life (FFFL) and Member Orientation (ME) Class Quarterly Report • Potential Quality Issues (PQI's) Report The Credentialing and Peer Review Sub-Committees met in January to review and approve routine reports and approve the annual review and update of the Credentialing and Peer Review policies. UM Reports that were reviewed in the January 2013 meeting: • Key Indicator Report • Authorization Tracking Report • Standing Referrals Report • Perinatal Statistics Report • CCS Report • SPD Implementation Report	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Key Indicator Report P. Marabella, MD presented the 2013 Quarter 1 Key Indicator Report. The Key Indicator Report is broken down into two categories: TANF (Temporary Assistance for Needy Families – non- SPDS), and SPDs. The report indicates an increase in the number of Complex Case Management cases managed. Perinatal Case Management trends remain consistent. ER Utilization data reflects a three-month reporting lag while claims are fully processed and no changes in trends for metrics related to Provider Dispute Resolution Activity were noted. CalViva Health has also established utilization goals by county. **A&G Dashboard** P. Marabella, MD presented the 2012 A&G Dashboard to the Commission. Next year's data will also include the breakdown of SPDs and non-SPDs, as well as CBAS data. CalViva Health received a total of 298 grievances for the 2012 year. No serious quality of care grievances were reported in 2012. CalViva Health received a total of 82 appeals for 2012. Overall, approximately 40% of appeals are overturned when additional information is submitted for reconsideration.	
G. Hund, CEO	Executive Report: G. Hund presented the Executive Dashboard to the	**Motion:** *Accept the Executive Report.* *14-0 (Naz/Cardona)*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Commission. Market share for CalViva Health dropped in March 2013 due to the transition of ABC Healthy Family members on March 1st. Market share should return to previous levels or higher for April comparisons. As of April 2013, there are approximately 208,000 CalViva Health members. New member choice continues to be very positive The number of voluntary disenrollment continues to be very low. Health Net Reorganization Health Net divided management responsibility into several regions, one being the San Joaquin region. Tom Hamilton is appointed as director for the San Joaquin region. Tom is responsible for Network Management and Operations.	
	Joe Neves left at 2:47 PM.	
#15 CPSP Services Information G. Hund, CEO	Gail Newel, MD, MPH Fresno County Department of Public Health spoke on the Comprehensive Perinatal Services Program (CPSP) program, which was established in 1982, and serves low-income pregnant women in perinatal care, including prenatal, ultrasound, delivery, and post-delivery care. CPSP lowers healthcare costs by preventing chronic illness in infants.	
#16 Closed Session – Government Code 54957(b)(1) -Public Employee Appointment, Employment, Evaluation, or Discipline – Chief Executive Officer	Dr Hodge will follow up with Greg Hund to review his annual evaluation. The evaluation was unanimous.	
#17 Final Comments from Commission Members and Staff	G. Hund made the following announcement: • CalViva Health is in discussions of forming a	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	committee to examine and review future sponsorships with Abdul Kassir serving as Chair.	
#18 Announcements	None.	
#19 Public Comment	Howard Hopkins presented his article titled: "Fight Crime: Invest in Kids". He encouraged CalViva Health to support CPSP services as well as other educational and nutritional services for pregnant women and young children. Kendra Rogers, the Executive Director of First 5 California, presented the Children's Scorecard to the Commission and the 2013 – 2020 Strategic Plan. Kendra distributed a summary of First 5's program focusing on increasing education in children and emphasized the importance of perinatal care in a child's educational development.	
#20 Adjourn	The meeting was adjourned at 3:45 PM. Next Commission meeting is scheduled for July 18th, 2013 in Fresno County.	

Submitted this Day: May 16 2013

Submitted by: Cynthia R Reiter

Cynthia Reiter
Clerk to the Commission