

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
Commission
Meeting Minutes

March 19, 2015

Meeting Location

Madera County Library
Blanche Galloway Room
121 N G Street
Madera, CA 93637

Commission Members		
✓	Deborah Poochigian, Fresno County Board of Supervisor	✓ David Rogers, Madera County Board of Supervisors
✓	David Pomaville, 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	✓ David Singh, Valley Children's Hospital Appointee
✓	David Hodge, M.D., Chair, Fresno County At-large Appointee	Aldo De La Torre, Community Medical Center Representative
	Soyla Griffin, Fresno County At-large Appointee	✓ John Frye, 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)	✓ Amy Schneider, Director of Medical Management
✓	William Gregor, Chief Financial Officer (CFO)	✓ Jeff Nkansah, Clerk to the Commission
✓	Patrick Marabella, M.D., Chief Medical Officer (CMO)	✓ Cheryl Hurley, Office Manager
✓	Mary Beth Corrado, Chief Compliance Officer (CCO)	✓ Kim Lopez, Administrative Assistant
	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 1:30pm. A quorum was present.	
#2 Roll Call		A roll call was taken

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<p>Jeffery Nkansah, Clerk to the Commission</p>		
<p>#3 Re-Appointed Commissioner David Hodge, M.D, Chairman</p>	<p>The Commission has re-appointed Paulo Soares to the Commission Appointed Madera At-Large position. The appointment is for a three (3) year term. The Commission Appointed Madera At-Large Seat will be due for re-appointment in March of 2018.</p>	<p>Motion: Approve Re-Appointment 12-0-0-5 (Poochigian/Frye)</p>
<p>#4 Closed Session G. Hund, CEO</p>	<p>The Commission discussed item 4 in closed session, which was agendized for closed session discussion. The Commission gave direction to the real property negotiators and staff. Closed session began at 1:33 pm and ended at 2:36 pm.</p>	
<p>#5 Consent Agenda</p> <ul style="list-style-type: none"> ➤ Commission Minutes 2/19/2015 ➤ Finance Committee Minutes 10/16/2014 ➤ QI/UM Committee Minutes 10/16/2014 ➤ Public Policy Committee 12/3/2014 <p>Action David Hodge, M.D, Chairman</p>	<p>All consent items were presented and accepted as read.</p>	<p>Motion: Approve the Consent Agenda. 12- 0 - 0 -5 (Neves/Rogers)</p>

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<p>#6 CEO Annual Review Action David Hodge, M.D, Chairman</p>	<p>An AD-Hoc Committee was selected to participate in the CEO Annual Review process for Greg Hund. The members selected to this Ad-Hoc Committee are David Rogers, John Frye, Paulo Sores, Soyla Griffin and Chairman David Hodge, M.D.</p>	<p>Motion: Selection of AD-Hoc Committee 12-0-0-5 (Neves/Poochigian)</p>
<p>#7 2015 Quality Improvement Action P. Marabella, MD, CMO</p>	<p>P Marabella, MD presented the 2015 Quality Improvement Program which includes two components:</p> <ol style="list-style-type: none"> 1) The 2015 Quality Improvement Program Description which provides the roadmap for structure, resources and monitoring of quality activities, and 2) The 2015 Quality Improvement Work Plan that provides tactics and strategies for the upcoming year. <p>Key changes to the Program Description for 2015 were highlighted including the following:</p> <ol style="list-style-type: none"> 1) Behavioral Health Services was expanded to include Autism which is now a covered benefit. 2) Cultural and Linguistics section was modified slightly to be consistent with current processes. 3) Program Structure and Resources section was revised to update staff position titles. <p>The Quality Improvement Work Plan activities for 2015 will focus on similar areas compared to 2014 with the following modifications and enhancements:</p> <ol style="list-style-type: none"> 1. Access, Availability, and Service. <ul style="list-style-type: none"> ▪ Provider appointment access for both urgent and non-urgent appointments will continue to 	<p>Motion: Approve 2015 Quality Improvement Work Plan and Program description 12-0-0-5 (Gruen/Naz)</p>

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	<p>be monitored. Interventions for improvement will be updated.</p> <ul style="list-style-type: none"> ▪ After-hours access to care standards compliance will continue to be monitored. An updated corrective action plan will be implemented in 2015. ▪ Improving member satisfaction will continue to be an area of focus. The Patients Experience Toolkit is being updated with tools and strategies for providers. ▪ The Rainbow Guide is a new provider reference and resource tool which includes both key member resources and provider resources is currently being distributed. <p>2. Quality and Safety of Care.</p> <ul style="list-style-type: none"> ▪ Meeting and exceeding HEDIS minimum performance levels for default enrollment measures continues to be a priority area. 2014 activities will be maintained and a new project on Asthma medication adherence will be added. <p>3. Quality Improvement Projects (QIP).</p> <ul style="list-style-type: none"> ▪ The first QIP is on comprehensive diabetes care focusing on 5 high-volume, low compliance clinics with three clinics in Fresno, one in Kings and one in Madera. The goal of this project is to improve compliance with best practice guidelines for diabetic members. Targeted interventions will continue with providers and a 	

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<p># 8 2015 Utilization Management</p> <p>Action P. Marabella, MD, CMO</p>	<p>new member incentive will be added this year.</p> <ul style="list-style-type: none"> ▪ The second QIP is the All Cause Readmission Collaboration which will be transitioned to a new format in July 2015. Interventions to enhance the coordination of care and appropriate use of resources will continue for this project. <p>A similar summary was presented by P. Marabella, M.D in regards to the Utilization Management and Case Management 2015 Program. The two components of the program include the UCM Program Description summarizing policies, processes and standards and the UCM Work Plan for monitoring activities to be conducted throughout 2015.</p> <p>Highlighted Program Description changes for the 2015 were:</p> <ol style="list-style-type: none"> 1) Inpatient Facility Concurrent Review and Discharge Planning have been updated to be consistent with current procedures and activities. 2) Transitional Care Management has an updated description of the program. 3) Behavioral Health Care Services updated to include Behavioral Health Treatment for members diagnosed with autism. 4) Committee updates, a section on delegation and medical technology updates were also included in the highlighted changes. 	<p>Motion: Approve 2015 Utilization Management Work Plan and Program description 12-0-0-5 (Naz/Cardona)</p>

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	<p>The UICM Work Plan covers five standard areas of activity. These areas include:</p> <ol style="list-style-type: none"> 1) Compliance with Regulatory and Accreditation Requirements 2) Monitoring the UM Process 3) Monitoring Utilization Metrics 4) Monitoring Coordination with Other Programs and Vendor Oversight 5) Monitoring Activities for Special Populations <p>The UICM Work Plan activities were updated for 2015 to ensure adequate oversight monitoring of this function and to meet regulatory requirements.</p>	
<p>#9 Standing Reports</p> <ul style="list-style-type: none"> • Finance Report William Gregor, CFO 	<p>W Gregor presented the Financials as of February 28, 2015 to the Finance Committee. The current ratio stands at 1.23. Tangible net equity stands at \$23.1 million. The income statement reflected that CVH is ahead of budget on a year-to-date basis. CVH is approximately \$3.5 million better off on a net income basis compared to budget.</p> <p><i>D Poochigian left at 2:56 PM</i></p>	<p>Motion: Accept standing reports</p> <p>12-0-0-5 (Winkler/Neves)</p>
<ul style="list-style-type: none"> • Compliance Report Mary Beth Corrado, CCO 	<p>MB Corrado discussed the highlights of the Compliance Report.</p> <ul style="list-style-type: none"> ➤ As of January and February 16 low risk potential privacy and security breach cases were reported to DHCS. ➤ 1 potential fraud case was identified and reported 	

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	<p>to DHCS as of 2015.</p> <ul style="list-style-type: none"> ➤ CalViva Health is currently conducting oversight audits with Health Net with a look back period of July 2013 through July 2014. ➤ Provider Dispute Resolution case audits Q2 are in progress. ➤ The Public Policy Committee had a meeting on March 4, 2015 in Fresno. Committee members discussed enrollment, the annual report, appeals, grievances and complaints. The CalViva Health Vision policy, health education, operations and the 2015 DHCS Medical Survey Audit were also discussed. The Committee had no recommendations for consideration by the Commission. The next Public Policy Committee meeting will be held on June 3, 2015 in Kings County in the Hanford location. ➤ CVH conducted an oversight audit of activities delegated to Health Net. The look back period was from January 2012 to June 2013. Overall Health Net performed well and fully complied with most requirements. Health Net passed all 16 areas and remains in full compliance with most audit elements. ➤ Deficiencies requiring a Corrective Action Plan were found in three functional areas and 2 areas with deficiencies previously implemented corrective action upon other oversight activities. 	

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<p>• Medical Management P. Marabella, M.D</p>	<p><u>Appeals and Grievances Report</u></p> <p>P Marabella, MD presented the most current Appeals and Grievances report dated January 2015.</p> <ul style="list-style-type: none"> ➤ There were a total of 98 grievances received in January and 75 grievances resolved. ➤ 2 expedited cases did not meet the resolution turn-around-time standard ➤ Resolved cases are reported as either Quality of Service or Quality of Care and are further broken down by type. There were no significant trends noted. ➤ Exempt grievance reporting in 2015 will include both SPD and non-SPD cases. This type of grievance is resolved within 1 business day and does not require a written acknowledgement or resolution letter to the member. <p><i>D Rogers left at 3:07 PM</i> <i>D Rogers returned at 3:08 PM</i></p> <p><u>Key Indicator Report</u></p> <p>Two Key Indicator Reports were reviewed covering 2014 and 2015 YTD. The initial report presented was a full</p>	

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	<p>report for the 2014 calendar year. The clinical team updated the report to address administrative days, CCS, and other data affected by time lags.</p> <p>The 2015 calendar year report followed including updates through 3/9/2015. Complex Case Management and Ambulatory Case Management are being refocused to more accurately allocate resources to members with the greatest need. There is a period of transition with Complex Case Management numbers transferring to Ambulatory Case Management. Subsequently the allocation will be equilibrated.</p> <p><u>QI/UM Quarterly Summary Report</u></p> <p>The CalViva QI/UM Update of Activities report for Quarter 4 2014 was reviewed. One QI/UM meeting was held on October 16, 2014, and one educational session was held November 20, 2015. Guiding documents, routine and regulatory reports were summarized in this report for the Commission membership.</p> <p>Guiding documents included:</p> <ul style="list-style-type: none"> • Culture and Linguistics Mid- Year Evaluation 2014 • Health Education Mid-Year Evaluation 2014 <p>The Quality Improvement reports were reviewed including but not limited to the Appeals and Grievance reports, Access and Availability reports and the Provider Office Wait Time report. An update on HEDIS® activity and third quarter Kaiser reporting summary for Medical</p>	

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<p>• Executive Report G. Hund, CEO</p> <p>Action D. Hodge, M.D. Chairman</p>	<p>Management was provided. No compliance issues were identified. Oversight and monitoring to continue.</p> <p><u>Credentialing Sub-Committee Quarterly Report</u></p> <p>The Credentialing Sub-Committee met on October 16, 2014. County specific Credentialing Sub-Committee reports were reviewed for the months of June through September 2014. There were no cases identified with significant issues.</p> <p><u>Peer Review Sub-Committee Quarterly Report</u></p> <p>The Peer Review Sub-Committee met on October 16, 2014 and discussed county specific Peer Review Sub-Committee Summary reports for June, July, August, and September 2014. All reports were reviewed and approved with no significant cases to report.</p> <p><u>Executive Report</u></p> <p>G Hund presented the Executive Dashboard for February 2015. As of February, CalViva Health had a total of 304,615 members. Market share has increased to 69.370% at the end of February.</p>	
<p>#10 Final Comments from Commission Members and Staff</p>		

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#11 Announcements		
#12 Public Comment	None	
#13 Adjourn	The meeting was adjourned at 3:17 PM. The next Commission meeting is scheduled for May 28, 2015 in Fresno County.	

Submitted this Day: May 28, 2015

Submitted by: Jeffrey Nkansah
 Jeff Nkansah
 Clerk to the Commission