

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
February 15, 2018

Meeting Location:
CalViva Health
7625 N. Palm Ave., #109
Fresno, CA 93711

Commission Members			
✓	David Cardona, M.D., Fresno County At-large Appointee	✓	Joe Neves, Vice Chair, Kings County Board of Supervisors
	Aldo De La Torre, Community Medical Center Representative	✓	Harold Nikoghosian, Kings County At-large Appointee
✓	Sara Bosse, Director, Madera Co. Dept. of Public Health	✓	David Pomaville, Director, Fresno County Dept. of Public Health
✓	John Frye, Commission At-large Appointee, Fresno		Sal Quintero, Fresno County Board of Supervisor
	Soyla Griffin, Fresno County At-large Appointee	✓*	Joyce Fields-Keene, Fresno County At-large Appointee
✓	Derrick Gruen, Commission At-large Appointee, Kings County	✓*	David Rogers, Madera County Board of Supervisors
✓	Ed Hill, Director, Kings County Dept. of Public Health	✓	David Singh, Valley Children's Hospital Appointee
✓	David Hodge, M.D., Chair, Fresno County At-large Appointee	✓	Paulo Soares, Commission At-large Appointee, Madera County
✓	Aftab Naz, Madera County At-large Appointee		
Commission Staff			
✓	Gregory Hund, Chief Executive Officer (CEO)	✓	Amy Schneider, R.N., Director of Medical Management
✓	William Gregor, Chief Financial Officer (CFO)	✓	Daniel Maychen, Director of Finance & MIS
✓	Patrick Marabella, M.D., Chief Medical Officer (CMO)	✓	Mary Lourdes Leone, Director of Compliance
✓	Mary Beth Corrado, Chief Compliance Officer (CCO)	✓	Cheryl Hurley, Commission Clerk
✓	Jeff Nkansah, Chief Operating Officer (COO)		
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 1:30 pm. A quorum was present.	
#2 Roll Call	A roll call was taken for the current Commission Members.	<i>A roll call was taken</i>

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Cheryl Hurley, Clerk to the Commission</p>	<p>Dr. Hodge introduced new member to the Commission, Sara Bosse, Director of Public Health Department for Madera County.</p> <p>Daniel Maychen, Director of Finance, introduced new CVH staff member Jiaqi Liu, Sr. Accountant.</p>	
<p>#3 Appointment/Reappointment of Board of Supervisors Commissioners</p> <p>Information David Hodge, MD, Chairman</p>	<p>Fresno County has re-appointed Supervisor Sal Quintero as Commissioner, and Supervisor Brian Pacheco as alternate. Kings County has re-appointed Supervisor Joe Neves as Commissioner and Supervisor Doug Verboon as alternate. Madera County has re-appointed Supervisor David Rogers as Commissioner and Supervisor Brett Frazier as alternate.</p>	
<p>#4 Madera County, Director of Public Health Dept. Appointment</p> <p>Information David Hodge, MD, Chairman</p>	<p>Ms. Sara Bosse, Director of Madera County Public Health Department has been appointed to the Commission.</p>	
<p>#5 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes 10/19/17 b) Finance Committee Minutes 9/21/17 c) PPC Committee Minutes 9/6/17 d) QI/UM Committee Minutes 9/21/17 e) QI/UM Committee Minutes 10/19/17 <p>Action David Hodge, MD, Chairman</p>	<p>All consent items were presented and accepted as read.</p>	<p>Motion: Approve Consent Agenda 13 – 0 – 0 – 4</p> <p>(Neves / Nikoghosian)</p>

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<p>#6 Annual Administration Information David Hodge, MD, Chairman</p>	<p>Dr. Hodge reminded the Commission the Form 700 is due on an annual basis. Commissioners will receive a notification from the Commission Clerk via email. In addition, if anyone is due for an updated Ethics Certification, they will be notified as well.</p>	
<p>#7 2017 Annual Quality Improvement Work Plan Evaluation Action David Hodge, MD, Chairman</p>	<p>Dr. Marabella presented the Annual Quality Improvement Work Plan Evaluation.</p> <p>The planned activities and Quality Improvement focus for 2017 included the following:</p> <ul style="list-style-type: none"> • Access, Availability and Service: <ul style="list-style-type: none"> ○ Improve Access to Care: <ul style="list-style-type: none"> ▪ CVH did well on Provider Appointment Availability with only one measure out of compliance: Urgent care appointments not requiring prior authorization within 48 hours. ▪ Corrective Action Plans were issued to all non-compliant PPGs. Telephone audits were conducted for providers noncompliant for two consecutive years. ▪ Provider Office Wait Time met overall goal for 30 minutes or less for all three counties in Q4. ○ Improve Compliance with After Hours Access to Care: <ul style="list-style-type: none"> ▪ 90% standard was met in RY2017 for emergency instructions in all three counties ▪ 90% standard was not met for call-back within 30 minutes for urgent issues. ▪ Corrective Action Plans were issued for all non-compliant providers and on-site audits were performed. <p>Awaiting results of RY18 Appointment Availability and After-Hours Surveys.</p>	<p><i>See #8 for Action Taken</i></p>

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	<ul style="list-style-type: none"> • Quality and Safety of Care: All three counties exceeded the DHCS Minimum Performance Level (MPL) in all six Default Enrollment Measures: <ul style="list-style-type: none"> ○ Childhood Immunization Combo 3 ○ Well Child Visits 3-6 years ○ Prenatal Care ○ HbA1c Testing ○ Controlling High Blood Pressure ○ Cervical Cancer Screening • Performance Improvement Projects (PIPs): The two PIPs for 2017 were: <ul style="list-style-type: none"> ○ Comprehensive Diabetes Care - HbA1c Testing: CVH worked with a provider with clinic sites in Fresno and Kings counties to improve testing rates by supplying a Provider Profile of members in need of testing. A member incentive was also utilized to improve HbA1c testing rates. The project concluded in June 2017 with all documentation submitted to DHCS/HSAG in August 2017 and the project was formally closed. ○ Timeliness of Postpartum Care: The focus for this project was to educate members on the importance of postpartum care. A new process for obtaining accurate member contact information was initiated at the Kings County hospital and postpartum visits were scheduled prior to discharge from the hospital. A member incentive was implemented at the point of service for completing a timely postpartum visit. This project also completed in June 2017 with final closure in August 2017. 	

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	<p><i>Joyce Fields-Keene arrived at 1:38 pm</i></p>	
<p>#8 2017 Annual Utilization Management Case Management Work Plan Evaluation</p> <p>Action David Hodge, MD, Chairman</p>	<p>Dr. Marabella presented the Annual Utilization Management Case Management Work Plan Evaluation.</p> <p>Utilization Management & Case Management focused on the following areas for 2017:</p> <ul style="list-style-type: none"> • Compliance with Regulatory & Accreditation Requirements: <ul style="list-style-type: none"> ○ Licensure and credentialing requirements maintained. ○ Program documents and policies were updated to incorporate new regulatory requirements into practice. ○ DHCS Medi-Cal Managed Care Division Medical Director meetings attended by Medical Directors and CVH CMO. • Monitoring the UM Process: <ul style="list-style-type: none"> ○ Turn-around times for prior authorizations were monitored with a goal of 100%; the average for 2017 was 97%. ○ Annual trends for Appeal rates were reviewed including: Overturns, Partial Upholds, Upholds, and Withdrawals. In addition, the turn-around-time compliance rate was reviewed. Compliance rates have been consistent year to year. • Monitoring Utilization Metrics: <ul style="list-style-type: none"> ○ PPG Profiles and Over/Under Utilization metrics are reviewed on a quarterly basis to evaluate UM activities. ○ Expansion of On-site Concurrent Review staff presence at local hospitals is planned to enhance discharge planning and member engagement 	<p>Motion: Approve the 2017 Annual Quality Improvement Work Plan Evaluation and 2017 Annual Utilization Management Case Management Work Plan Evaluation.</p> <p><i>14-0-0-3 (Hodge / Neves)</i></p>

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	<ul style="list-style-type: none"> ○ Inpatient Case Management continues efforts to identify members early and coordinate care and referrals according to patient needs. ● Monitoring Coordination with Other Programs and Vendor Oversight: <ul style="list-style-type: none"> ○ Integrated Case Management (ICM) provides services for all members along the continuum of care including critical and complex. This change occurred in Q4 2016 and the program continued to stabilize in 2017. ○ Behavioral Health members continue to be referred bi-directionally based upon symptoms, acuity and need for routine mild-moderate versus specialty moderate-severe behavioral health services. PCPS are offered opportunities to collaborate with MHN MDs for guidance on treating routine psychiatric conditions. ● Monitoring Activities for Special Populations: <ul style="list-style-type: none"> ○ CCS, SPD, CBAS, and Mental Health tracking and monitoring is ongoing. Concurrent Review RNs collaborate directly with the local CCS office to ensure coordinated services and expedited access to care through CCS paneled providers and/or Specialty Care Centers. 	
<p>#9 - #13</p> <ul style="list-style-type: none"> ● 2017 Annual Compliance Evaluation ● 2018 Compliance Program Description ● 2018 Code of Conduct ● 2018 Anti-Fraud Plan 	<p>MB Corrado reported on the Annual Compliance Evaluation, the Compliance Program Description, the Code of Conduct, and the Anti-Fraud Plan. Jeff Nkansah reported on the Privacy and Security Plan.</p> <p><u>2017 Annual Compliance Evaluation</u></p> <p>CalViva Health had one new hire for 2017. All employees participated in and passed annual mandatory trainings.</p>	<p>Motion: Approve 2017 Annual Compliance Evaluation, 2018 Compliance Program Description, 2018 Code of Conduct, 2018 Anti-Fraud Plan, and 2018 Privacy & Security Plan.</p>

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<ul style="list-style-type: none"> • 2018 Privacy and Security Plan <p>Action David Hodge, MD, Chairman</p>	<p>The main change with Oversight and Monitoring of Delegated activities was the termination of the Kaiser contract effective 9/1/2017. Joint operations meetings with Kaiser were terminated and replaced with ad-hoc meetings to address transition issues.</p> <p>Oversight Audits of delegated functions to Health Net were conducted in 2017 and returned favorable results with minor corrective actions.</p> <p>In 2017 there were over 200 member communications reviewed and approved consisting of newsletters, flyers, educational materials, etc. The annual mailing of the Member Handbook was sent out; however, it was the 2015-2016 version plus errata as the model handbook was not available in time for the annual mailing. DHCS has released a model handbook to be used in 2018 which CVH is currently working on.</p> <p>Updated printed Provider Directories are now being issued on a quarterly basis, which will move to monthly updates in 2018. Daily updates are done on the CVH website. 110 Provider Updates were sent to contracted providers and 2,786 providers visits occurred throughout Fresno, Kings and Madera counties.</p> <p>In 2017 the SIU was moved under Centene Corporation. Through the processing of the programs Centene uses, CVH has received leads primarily involving potential incidents related to provider billing practices. There were three potential member fraud/abuse cases reported to DHCS. There are 42 cases remaining open for investigation moving into 2018.</p>	<p>14-0-0-3 (Soares / Gruen)</p>

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	<p>The Risk Management Team continues to monitor CVH’s practices and processes. Security and vulnerability scans are ongoing. No significant issues in 2017. There were 29 Privacy and Security incidents reported to DHCS. 25 of those were low or no risk with 1 being high risk. Three are still under investigation. Determination of risk is yet to be determined. There were no CVH employee incidents in 2017.</p> <p>2017 Regulatory Audits & Performance Evaluations included: HEDIS® Compliance Audit, DMHC Routine Full-Service Survey (18-month follow-up desk audit), DHCS Medical Audit, DHCS State Supported Services, and Final DHCS 2015-2016 Performance Evaluation report.</p> <p>Significant activities and benefit expansions of 2017 included: Implementation of Final Rule requirements; Kaiser contract termination; oversight of Centene; EHS termination; CVH Operations Unit and COO position established; non-medical transport became a benefit for all members; NMT for carve-out services; and compliance of Federal Mental Health Parity regulations outlined in the “Final Rule.”</p> <p>Highlights of Operational activities included the following:</p> <ul style="list-style-type: none"> • The Member Services Call Center received 133,891 calls, of which 130,766 were handled. Mental Health calls are handled separately and there were 4,738 calls received and 4,689 were handled. Performance standards for the Call Center were either met or exceeded. 	

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	<ul style="list-style-type: none"> • There were 4,080 Appeals and Grievances cases received; 98.4% of cases were resolved with the turnaround times. • There were 35,519 Provider Disputes received from 10/1/16 through 9/30/17. 29,536 of those cases met the resolution turnaround time of 45 working days. • There were 6,595,046 claims received, of which 6,365,837 claims were processed. 364,178 claims were denied or contested. 98% of the cases met the resolution turnaround time of 30 calendar/45 working days. <p>Looking ahead into 2018, it is anticipated that there will be increased regulatory audit and performance monitoring activity.</p> <p><u>2018 Compliance Program Description</u> An annual review of the Compliance Program Description was completed. There were minor changes to Authority & Oversight, section D, page 5; and Education & Training, page 9, table 4.</p> <p><u>2018 Code of Conduct</u> Annual review; no changes needed.</p> <p><u>2018 Anti-Fraud Plan</u> Added references to the COO position and Operations staff. Minor grammatical changes.</p> <p><u>2018 Privacy and Security</u> The Privacy & Security Plan has been revised to coincide with the new COO position. The COO has been designated as the Health Plan's Privacy and Security Officer. Changes were made throughout the</p>	

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	<p>An Appeal & Grievance audit of Health Net’s activities was completed; no Corrective Action Plan was required. A Provider Relations and Provider Network audit was conducted in which a Corrective Action Plan was required; the CAP was approved. Q3 Provider Disputes Case File audits are currently in process.</p> <p>Kaiser transition activity will continue through 2018 due to members with continuity of care, and also due to undertakings that are required to be filed with the State.</p> <p>The preliminary findings from 2017 DHCS audit was received; these were expected. Currently awaiting the final report. Corrective action has been implemented.</p> <p>A DHCS onsite audit is scheduled for April 2018.</p> <p>DMHC 18-month follow up audit from 2016 audit findings related to grievance issues. Findings included incorporating an online grievance process through the CVH website; not bolding language properly in acknowledgement letter; lack of timeliness when informing members of their right to file with the State regarding urgent grievances. Corrective action has been implemented.</p> <p>A correction action plan was issued by DHCS regarding Encounter Data CAP from 2015 and 2016. An encounter data validation study has been started with DHCS.</p> <p>An update regarding EHS and Synermed was reported regarding the whistleblower events. DMHC has issued a cease and desist order and</p>	

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<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p>DHCS issued two separate corrective action plans. Because of the whistleblower complaints both DMHC and DHCS have ordered plans contracted with EHS to terminate contract as soon as possible. HN terminated the contract as of 1/31/18. As of 2/1/18 all CVH members were transferred to new PCPs, a new provider group, or to Heath Net’s direct network. An outbound call campaign began week of 2/12/18 focusing on members that had to change PCP, or members with continuing care needs to make sure their care is continuing.</p> <p>The Public Policy Committee met on 12/6/18. Items presented included mid-year evaluations, member dashboard, Cultural & Linguistic program, Health Education program, Appeals, Grievances & Complaints, and HEDIS® updates. The next meeting is 3/7/18.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Report Dr. Marabella presented the Appeals and Grievances Dashboard for year-end 2017.</p> <ul style="list-style-type: none"> The total number of Grievances received and resolved in 2017 increased compared to the previous calendar year. The PTMPM rate increased slightly. The number of Exempt Grievances received for 2017 was also noted to have increased when compared to 2016. The total number of Appeals received and resolved for 2017 increased over 2016, however, the PTMPM rate remained consistent with the prior year. New categories for Continuity of Care were added were added 	

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	<p>Key Indicator Report Dr. Marabella presented the Key Indicator report for year-end 2017.</p> <ul style="list-style-type: none"> • SPD and Expansion members increased slightly in 2017 over 2016. • ER utilization for 2017 remained steady. • Overall utilization remains consistent with a slight increase in membership for 2017. • Total Cases Managed under Integrated Case Management is trending upward. <p>QIUM Quarterly Summary Report</p> <p>Dr. Marabella provided the QI/UM Qtr. 4 2017 update. Two QI/UM meetings were held in Quarter 4, one on October 19, 2017 and one on December 8, 2017.</p> <p>The following guiding and general documents were approved:</p> <ul style="list-style-type: none"> • 2017 Culture & Linguistics (C & L) Geo Access Report & Summary • 2017 C & L Work Plan Mid-Year Evaluation • 2017 Health Education (HE) Work Plan Mid-Year Evaluation • Pharmacy Formulary (Recommended Drug List) & Provider Updates <p>Reports reviewed and approved included the following Quality Improvement Reports: Appeals and Grievances Dashboard & Quarter 3 Member Report, PM 160 Report, MHN Performance Indicator Report, Public Programs Quarterly Report, and Provider Office Wait Times. Other QI reports reviewed and approved include PPC Reporting, Facility Site Review, and the Potential Quality (PQI) Report.</p>	

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	<p>The Utilization Management Case Management reports approved included the Key Indicator Report, the Case Management & TCM Report, and Specialty Referral Reports.</p> <p>Pharmacy reports were reviewed, which included Operations Metrics, Top Medication Prior Authorization Requests, and quarterly Formulary changes.</p> <p>HEDIS® Activity:</p> <ul style="list-style-type: none"> • In Quarter 4 new HEDIS® projects and report submission dates were negotiated and finalized with DHCS. • Two new formal PIPs were proposed to DHCS/HSAG and three Rapid Cycle Improvement Teams were initiated for three measures. <p>The Access Workgroup met once in Q4 on November 7, 2017. The Workgroup reviewed the following:</p> <ul style="list-style-type: none"> • MHN Provider Satisfaction Survey Report • Specialist Access Improvement CAP • MY2016 Provider Appointment Availability & After-Hours CAP • DMHC Feedback on TAR Submission <p>Quarter 3 Kaiser reports were reviewed without any significant findings.</p> <p>Credentialing Sub-Committee Quarterly Report</p>	

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<ul style="list-style-type: none"> • Operations J. Nkansah, COO 	<p>In Quarter 4 the Credentialing Sub-Committee met on October 19, 2017. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q2 2017 were reviewed for delegated entities, Q3 2017 reports were reviewed for MHN and Health Net. The Credentialing Policies and Procedures were reviewed and approved by the Committee. The Q3 2017 Credentialing report was reviewed with one case tabled for a follow-up chart review in six months. No significant cases were identified on these reports.</p> <p>Peer Review Sub-Committee Quarterly Report</p> <p>The Peer Review Sub-Committee met on October 19, 2017. The county-specific Peer Review Sub-Committee Summary Reports for Q3 2017 were reviewed for approval. There were no significant cases to report. The Peer Review Policies and Procedures were reviewed and approved. The Q3 2017 Peer Count Report was presented and there were nine cases closed and cleared. There were no cases with outstanding corrective action plans. Five cases were pended for further information. No significant Quality of Care issues were identified. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p> <p><u>Operations Report</u></p> <p>Jeff Nkansah presented the Operations Report. Main areas of the report covered high level detail in reference to IT Communications and Systems; Fraud, Waste, & Abuse Operational Activity; Privacy &</p>	

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<ul style="list-style-type: none"> Executive Report G. Hund, CEO 	<p>Security; Provider Network Activities; Claims Processing; and Provider Disputes.</p> <p><u>Executive Report</u></p> <p>Since June 2017, membership has decreased by approximately 4,000. The decrease is primarily due to the expansion population in Fresno County. The percentage of market share has increased over the past six months.</p> <p>An update of the Community Support Grant Program with regard to Residency Status and Recruitment Status was provided to the Commission.</p> <p>Hard copies of the 2017 Annual Report was provided to Commission members.</p>	
<p>#15 Final Comments from Commission Members and Staff</p>	<p>None.</p>	
<p>#16 Announcements</p>	<p>None.</p>	
<p>#17 Public Comment</p>	<p>Clinica Sierra Vista introduced their new CEO, Brian Harris.</p>	
<p>#18 Adjourn</p>	<p>The meeting was adjourned at 2:59 pm The next Commission meeting is scheduled for March 15, 2018 in Fresno County.</p>	

Submitted this Day: March 15, 2018

Submitted by: Cheryl Hurley
Cheryl Hurley
Clerk to the Commission