

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
February 16, 2017

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
✓	Van Do-Reynoso , Director, Madera Co. Dept. of Social Services	✓	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	✓	Stephen Ramirez , Fresno County At-large Appointee
✓	Derrick Gruen , Commission At-large Appointee, Kings County	✓	David Rogers , Madera County Board of Supervisors
✓	David Hodge , M.D., Chair, Fresno County At-large Appointee		David Singh , Valley Children's Hospital Appointee
✓	Aftab Naz , Madera County At-large Appointee	✓	Paulo Soares , Commission At-large Appointee, Madera County
		✓●	Keith Winkler , Director, Kings County Dept. of Public Health
Commission Staff			
✓	Gregory Hund , Chief Executive Officer (CEO)	✓	Amy Schneider , R.N., Director of Medical Management
✓	William Gregor , Chief Financial Officer (CFO)	✓	Jeff Nkansah , Director, Compliance and Privacy/Security
✓	Patrick Marabella , M.D., Chief Medical Officer (CMO)	✓	Cheryl Hurley , Commission Clerk
✓	Mary Beth Corrado , Chief Compliance Officer (CCO)	✓	Daniel Maychen , Director of Finance & MIS
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 1:34 pm. A quorum was present.	
#2 Roll Call Cheryl Hurley, Clerk to the Commission	A roll call was taken for the current Commission Members.	<i>A roll call was taken</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 Appointment/Reappointment of Board of Supervisors Commissioners</p> <p>Information David Hodge, MD, Chairman</p>	<p>Fresno County has 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 Fresno County At-Large Reappointments</p> <ul style="list-style-type: none"> • Dr. Hodge • Dr. Cardona <p>Information David Hodge, MD, Chairman</p>	<p>Fresno County Board of Supervisors have reappointed Dr. Hodge and Dr. Cardona for the Fresno County At-Large positions for a three-year term for the period of May 2016 through May 2019.</p>	
<p>#5 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes 11/17/16 b) Finance Committee Minutes 10/20/16 c) QI/UM Committee Minutes 10/20/16 d) Public Policy Committee Minutes 9/7/16 e) Compliance Report <p>Action David Hodge, MD, Chairman</p>	<p>All consent items were presented and accepted as read.</p>	<p>Motion: Approve Consent Agenda</p> <p>13-0-0-4 (Neves / Rogers)</p>
<p>#6 Closed Session</p>	<p>The report out of Closed Session is that the Commission discussed item #6. A motion was made to proceed with negotiations of a contract with Kaiser.</p>	<p>Motion: Approve</p> <p>14-0-0-3 (Rogers / Naz)</p>

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>A. Government Code section 54954.5 – Report Involving Trade Secret – Discussion of service, program, or facility.</p> <p>Action David Hodge, MD, Chairman</p>	<p><i>Supervisor Quintero arrived during closed session @ 1:36 pm and participated in discussion and vote.</i></p>	
<p>#7 Annual Administration</p> <p>Information David Hodge, MD, Chairman</p>	<p>Dr. Hodge reminded the Commission the Form 700 is due on an annual basis and all 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>#8 Annual Utilization Management Program Review</p> <p>Action David Hodge, MD, Chairman</p>	<p>Dr. Marabella presented the Annual Utilization Management Program Review.</p> <p>The Utilization Management & Case Management focus for 2016 consisted of the following:</p> <ul style="list-style-type: none"> • Compliance with Regulatory & Accreditation Requirements: <ul style="list-style-type: none"> ○ Licensing and credentialing requirements maintained. ○ Documents and policies incorporate new regulatory requirements into practice. ○ DHCS Medi-Cal Managed Care Division Medical Director meetings attended by CMO. • Monitoring the UM Process: <ul style="list-style-type: none"> ○ Turn-around times with prior authorizations are monitored with a goal of 100%; currently averaging approximately 95%. 	<p><i>See #9 for Action Taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Appeal rates are reviewed including: Overturns, Partial Upholds, Upholds, and Withdrawals. In addition, the turn-around-time compliance rate is also monitored. Rates have been consistent year to year. ● Monitoring Utilization Metrics: <ul style="list-style-type: none"> ○ The Key Indicator Report is presented at each Commission meeting. ○ The Transition Care Management (TCM) program continues. ○ PPG Profiles are reviewed to monitor how they are performing. ● Monitoring Coordination with Other Programs and Vendor Oversight: <ul style="list-style-type: none"> ○ Case Management moved to an Integrated Case Management (ICM) model eliminating vendor relationship for Complex Case Management (CCM), and is now conducted in-house. ○ Perinatal Case Management saw increased participation in 2016. ○ MHN participates in weekly rounds with HN case managers and MD to integrate and coordinate care. ○ MHN continues to track metrics associated with Autism Spectrum Disorder (ASD). ● Monitoring Activities for Special Populations: <ul style="list-style-type: none"> ○ Continued monitoring for CCS Identification. ○ SPD, CBAS, and Mental Health tracking is ongoing. <p>The Utilization Management & Case Management Program Description changes for 2017 include the following:</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Inpatient Facility Concurrent Review – summary of program’s goals and responsibilities have been added. • Removed Complex Case Management and added Integrated Case Management. • Updates to the Population Based Programs have been made and are more comprehensive. This portion has not officially launched due to filing with State agencies. Anticipated date of launch is Q2 2017. • Updated Medical Management titles have been made in the Organizational Structure and Resources section. • Additional edits throughout the document have also been made. <p style="text-align: center;"><i>Supervisor Rogers stepped out at 1:57 pm</i></p>	
<p>#9 2016 Annual Quality Improvement Work Plan Evaluation</p> <p>Action David Hodge, MD, Chairman</p>	<p>Dr. Marabella presented the 2016 Annual Quality Improvement Work Plan Evaluation.</p> <p>The planned activities and Evaluation for 2016 included the following:</p> <ul style="list-style-type: none"> • Access, Availability and Service: <ul style="list-style-type: none"> ○ Data validation for the 2016 Provider Appointment Availability Survey is currently pending. The Provider Office Wait Time met overall goal for 30 minutes or less for all three counties in Q4. ○ 90% standard was met in MY2015 for emergency instructions however, the call-back within 30 minutes for urgent issues after hours, was not. Corrective Action Plans were required from all 255 non-compliant providers. Resurvey results from Q4 2016 After Hours Survey are pending. 	<p>Motion: Approve 2016 Utilization Management Work Plan Evaluation, 2017 UM Program Description, and the 2016 Annual Quality Improvement Work Plan Evaluation.</p> <p><i>14-0-0-3 (Frye / Gruen)</i></p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Summary of results for the full CAHPS Survey conducted in 2016 is pending. ● Quality and Safety of Care: The External Accountability Set includes 16 measures that must be evaluated for Full Scope Medical Plans in California; within those 16 there are six that are selected as Default Enrollment Measures: <ul style="list-style-type: none"> ○ Childhood Immunization Combo 3: Fresno and Madera Counties exceeded DHCS MPL. Kings County fell below the MPL. ○ Well Child Visits 3-6 years: All three counties exceeded the MPL. ○ Prenatal Care: All three counties exceeded the MPL. ○ HbA1c Testing: Madera county exceeded the MPL. Fresno and Kings counties fell below the MPL. ○ Controlling High Blood Pressure: Kings and Madera Counties exceeded the MPL. Fresno County fell below. ○ Cervical Cancer Screening: Fresno and Kings Counties are above the MPL. Madera County fell below the MPL. ● Performance Improvement Projects (PIPs): The two PIPs for 2016 were: <ul style="list-style-type: none"> ○ Comprehensive Diabetes Care - HbA1c Testing: CVH has been working with a targeted provider group in Kings County to improve testing rates. ○ Timeliness of Postpartum Care: The goal for this project was to improve the health of new mothers by encouraging them to attend their postpartum visit at targeted providers in Kings County. Visit completion rates are trending upward and final results will be reported in June 2017. ● Ongoing Workplan Activities. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Supervisor Rogers returned at 2:00 pm</i></p>	
<p>#10 - #14</p> <ul style="list-style-type: none"> • 2016 Annual Compliance Evaluation • 2017 Compliance Program Description • 2017 Code of Conduct • 2017 Anti-Fraud Plan • 2017 Privacy and Security Plan <p>Action David Hodge, MD, Chairman</p>	<p>MB Corrado reported on the Compliance Program Annual Review.</p> <p><u>2016 Annual Compliance Evaluation</u></p> <p>CalViva had three new hires for 2016, in which all completed the new hire training required. All existing employees participated in and passed annual mandatory trainings as well. Feedback obtained in reference to the mandatory trainings was positive.</p> <p>Oversight Audits of delegated functions to Health Net were conducted in 2016 and returned favorable results with minor corrective actions.</p> <p>The 2016-2017 Member Handbook/EOC mailing was delayed as a result of regulatory guidance. DHCS is in the process of issuing a model template requiring all health plans to use for the Medi-Cal EOC. A letter was mailed to all membership informing them to continue to use the 2015-2016 handbook. A quarterly printed directory is beginning in 2017 as a result of SB 137 with production beginning soon. The online provider search function on the CalViva website significantly expanded in 2016 to include additional types of providers. 90 Provider Updates were sent to contracted providers; 7 Provider Toolkits were reviewed and approved for use with providers; and 2,604 provider visits and events occurred throughout the Fresno, Kings, and Madera Counties.</p> <p>There were 41 potential Fraud and/or Abuse leads identified and investigated. Of those, 38 involved potential incidents involving</p>	<p>Motion: Approve 2016 Compliance Evaluation, 2017 Compliance Program Description, Code of Conduct, Anti-Fraud Plan, and Privacy & Security Plan.</p> <p><i>14-0-0-3 (Rogers / Naz)</i></p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>provider billing practices and 3 cases involved member incidents. One case was reported to the DHCS.</p> <p>The Risk Management Team continues to meet regularly and monitor CalViva’s practices and processes. Enhancements were made with the IT vendor and activities were implemented related to scanning for threats and vulnerabilities. There were 41 Privacy & Security incidents reported to DHCS in 2016, 35 of which were no risk or low risk, and 5 of which were high risk requiring notification to member(s) of the issues.</p> <p>2016 Regulatory Audits & Performance Evaluations included: DMHC Routine Full Service Survey, DMHC SPD Survey, DHCS Medical Audit, DHCS State Supported Services, HEDIS® Compliance Audit, DMHC Financial & Administrative Affairs Examination, Final DHCS 2014-2015 Performance Evaluation report, and Final DHCS 2014-2015 Encounter Data Validation Study results.</p> <p>Overall, the Plan performed well. Most of the audits and performance evaluations indicated very few deficiencies, of which most were very minor.</p> <p>Highlights of Operational activities included the following:</p> <ul style="list-style-type: none"> • The Member Services Call Center received upwards of 147,000 calls, of which approximately 144,000 were handled. Mental Health calls are handled separately and there were 1,845 calls, of which 1,811 were handled. Overall, the performance standards for the Call Center were either met or exceeded. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • There were 3,596 Appeals and Grievances cases received, of which 99.71% of cases were resolved with the turnaround times. • There were 28,634 Provider Disputes received from 10/1/15 through 9/30/16. 98% of those cases met the resolution turnaround time of 45 working days. <p>Looking ahead into 2017, it is anticipated that there will be increased regulatory audit and performance monitoring activity. DHCS will be on-site in April 2017 to conduct an annual Medical Audit. In addition, there will be a HEDIS Compliance Audit, a DHCS 2015-2016 Performance Evaluation of CVH, and 2016-2017 HSAG Quality Focus Study. Additional oversight responsibilities resulting from Centene’s acquisition of Health Net is expected, as well as Plan responsibility of oversight with Kaiser as a result of DHCS ‘s decision to withdraw from the three-way agreement.</p> <p><u>2017 Compliance Program Description</u> The new Compliance Program document replaces the previous document in its entirety. The name was changed to imply a comprehensive, rather than specific, plan. Contents were reorganized to better reflect the overall robust structure and elements of the Compliance Program, and editorial changes to enhance the narrative. The new document adds more detail to program elements, and has removed duplicate detailed information found in other Compliance documents.</p> <p><u>2017 Code of Conduct</u> There were very minor changes to the Code of Conduct. The changes consist of: adding a Table of Contents for ease of readability; update</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>of the CalViva Health overview; a statement relating to Section 1557 Non-Discrimination provision was added; and a statement clarifying actions which can be taken with an employee and/or sub-contractor when non-compliance or violation occurs was also added.</p> <p><u>2017 Privacy and Security</u> Jeff Nkansah reported on the 2017 Privacy and Security Plan. The document was renamed from a Program to a Plan. In addition, the Overview section was reviewed to make sure it was consistent and in line with the Compliance Program. In addition, edits were made to remove duplicate information.</p> <p><u>2017 Anti-Fraud Plan</u> Jeff Nkansah reported on the 2017 Anti-Fraud Plan. Updates were made to the Anti-Fraud Plan to include: a Table of Contents and updated CalViva Health Overview section; added a definition for "Waste" and incorporated "Waste" globally into the document; added a statement clarifying all employees receive background checks; clarified the new current operational practices for member and provider investigations; and global edits to remove duplicate information.</p>	
<p>#15 Standing Reports</p> <ul style="list-style-type: none"> Finance Report William Gregor, CFO 	<p><u>Finance</u></p> <p>Financial Statements as of December 31, 2016: Tangible net equity is \$45M which is slightly over 338% of the minimum required TNE by DMHC and on goal to achieve 400% of the</p>	<p>Motion: Approve Standing Reports</p> <p><i>14-0-0-3 (Rogers / Frye)</i></p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p>minimum TNE which DHCS would like to see. Current ratio is 1.16 as of the end of December which is a good liquidity measurement.</p> <p>Revenues through December are \$643M which is ahead of budget because of increased premium tax add-on and enrollment, which also gives rise to increased Medical Costs and Administrative Services Fees. DHCS has finalized the premium tax amounts and calculations for the current fiscal year. Premium tax has gone from approximately 4% of revenue in FY2016 to 10% in the current fiscal year. Both Total Revenue and Premium tax expense are impacted by the same amount. Other expenses overall are in line with budget for the current fiscal year. Net income through the end of December stands at \$6.6M which is \$1M greater than what was budgeted so far this year.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Report Dr. Marabella presented the Appeals and Grievances Dashboard through December 31, 2016.</p> <ul style="list-style-type: none"> The total number of grievances received for 2016 decreased from 2015. Compliance rates were comparable. Total grievances resolved for 2016 was lower than in 2015. Exempt Grievance categories were modified in 2016 to be consistent with the categories used for standard grievances. Year-to-date numbers for Appeals have remained comparable. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Preservice Appeals decreased in 2016; the highest volume being Pharmacy related; most commonly associated with Hepatitis C drugs. • Uphold/denial rates are similar at about 70%. • Appeals PTMPM remained the same. • Grievances PTMPM for 2016 decreased even though membership has grown. <p>Key Indicator Report Dr. Marabella presented the Key Indicator report.</p> <ul style="list-style-type: none"> • Membership increased in 2016 over 2015. • ER visits on average for 2016 were comparable to the previous year; however, SPD volume is noted to have decreased since 2015. • Bed Days Acute - PTMPY decreased from 2015 to 2016. SPD's in this category have also decreased from previous year. • Turnaround times have improved in recent months. <p>QI/UM Dr. Marabella provided the QI/UM Quarter 4 update. Two QI/UM meetings were held during this reporting period, October 20, 2016 and November 17, 2016. The guiding document, Preventive Screening Guidelines, was approved at the November meeting. The reports reviewed included the following Quality Improvement Reports: Appeals and Grievances Dashboard, Potential Quality Issues Report, The Initial Health Assessment Comprehensive Report, and the Facility Site Review Report.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Executive Report G. Hund, CEO 	<p>The Utilization Management reports covered included the Key Indicator Report and the Concurrent Review Report.</p> <p>In addition, HEDIS® Activity was reviewed and there are seven projects underway:</p> <ul style="list-style-type: none"> • Childhood Immunizations • Monitoring Persistent Meds • Cervical Cancer Screening • Avoiding Antibiotics for Bronchitis • Controlling High Blood Pressure • Postpartum Visits • Diabetes HbA1c Testing <p>Also reviewed was Access & Availability, and Kaiser Reports.</p> <p><u>Executive Report</u></p> <p>Membership decreased December 2016 through January 2017. All other local initiatives, with the exception of two, have also had a decrease in membership during the same time period. Speculation is due to the changes in Washington, DC; fewer people are applying or going to the exchanges to see if they qualify.</p> <p>The Annual Report was provided to all Commission members via electronic copy and hard copy. In addition, hard copies were mailed to provider partners, hospitals, and FQHC's.</p>	

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>A meeting with Congressman Valadao, Congressman Nunes' staff, and Assemblyman Juan Arambula was held to share what the impact would be if the expansion population under the ACA was eliminated. Legislators were very receptive to this information.</p> <p>Commission members were shown a video, One Pair of Glasses Can Change a Child's Life, related to the Vision Program coordinated by CalViva staff and funded by CalViva Health, St. Agnes, Kaiser, and EyeQ.</p>	
<p>#16 Final Comments from Commission Members and Staff</p>	<p>None.</p>	
<p>#17 Announcements</p>	<p>None.</p>	
<p>#18 Public Comment</p>	<p>None.</p>	
<p>#19 Adjourn</p>	<p>The meeting was adjourned at 3:09 pm</p> <p>The next Commission meeting is scheduled for March 16, 2017 in Fresno County.</p>	

Submitted this Day: March 16, 2017

Submitted by: Cheryl Hurley
 Cheryl Hurley
 Clerk to the Commission