

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission
Meeting Minutes**
February 21, 2019

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	✓	Brian Smullin , 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
✓	Daniel Maychen , Chief Financial Officer (CFO)	✓	Mary Lourdes Leone , Director of Compliance
✓	Patrick Marabella , M.D., Chief Medical Officer (CMO)	✓	Cheryl Hurley , Commission Clerk
✓	Mary Beth Corrado , Chief Compliance Officer (CCO)		
✓	Jeff Nkansah , Chief Operations 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>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Cheryl Hurley, Clerk to the Commission		
<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 Valley Children’s Hospital Appointment</p> <p>Action David Hodge, MD, Chairman</p>	<p>Brian Smullin was appointed as Commission representative from Valley Children’s Hospital for a three-year term, ending in January 2022.</p>	<p>Motion: <i>Approve Valley Children’s Hospital Appointment</i></p> <p>9 – 0 – 1 – 7 (Nikoghosian / Soares)</p>
<p>#5 Fresno County At-Large Seat Nomination</p> <p>Action David Hodge, MD, Chairman</p>	<p>John Frye was re-appointed as the Fresno County At-Large representative for a three-year term, ending in January 2022.</p>	<p>Motion: <i>Approve Fresno County At-Large Reappointment</i></p> <p>9 – 0 – 1 – 7 (Soares / Griffin)</p>
<p>#6 Kings County At-Large Seat Nomination</p> <p>Action David Hodge, MD, Chairman</p>	<p>Derrick Gruen was re-appointed as the Kings County At-Large representative for a three-year term, ending in January 2022.</p>	<p>Motion: <i>Approve Kings County At-Large Reappointment</i></p> <p>10 – 0 – 0 – 7 (Frye / Neves)</p>
<p>#7 Closed Session</p> <p>A. Government Code section 59454.5 – Report Involving Trade</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session. Commissioners discussed those items agendized for closed session. Regarding 7.A direction was given to staff. Regarding 7.B, report was accepted by Commission.</p>	

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<p>Secret – Discussion of service, program, or facility</p> <p>B. Government Code 54957(b)(1) – Public Employee Appointment, Employment, Evaluation, or Discipline – General Counsel Review</p>	<p>Closed Session concluded at 1:40 pm.</p>	
<p>#8 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes 10/18/18 b) Finance Committee Minutes 9/20/18 c) QI/UM Committee Minutes 9/20/18 d) QI/UM Committee Minutes 10/18/18 e) Public Policy Committee Minutes 9/5/18 f) 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 10 – 0 – 0 – 7</p> <p>(Neves / Naz)</p>
<p>#9 Reappoint Moss Adams as Independent Auditors</p> <p>Action David Hodge, MD, Chairman</p>	<p>The acceptance of Moss Adams, independent auditors, was approved for an additional term through fiscal year end 2021.</p>	<p>Motion: Approve Reappointment of Moss Adams 10 – 0 – 0 – 7</p> <p>(Naz / Nikoghosian)</p>

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<p>#10 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>#11 FPPC Approved Biennial Conflict of Interest Code</p> <p>Information David Hodge, MD, Chairman</p>	<p>The biennial Conflict of Interest code was approved by the FPPC effective 12/15/2018.</p>	
<p>#12 CEO Annual Review Ad-Hoc Committee Selection</p> <p>Action David Hodge, MD, Chairman</p>	<p>Commission members selected for the CEO Annual Review ad-hoc committee are: Dr. Hodge, Harold Nikoghosian, David Pomaville, and Paulo Soares.</p>	<p>Motion: <i>Approve Ad-Hoc Committee members</i></p> <p>10 – 0 – 0 – 7</p> <p>(Neves / Hill)</p>
<p>#13 2018 Annual Quality Improvement Work Plan Evaluation</p> <p>Action David Hodge, MD, Chairman</p>	<p>Dr. Marabella presented the 2018 Annual Quality Improvement Work Plan Evaluation.</p> <p>The planned activities and Quality Improvement focus for 2018 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"> ▪ Three measures did not meet compliance for Provider Appointment Availability: ○ Urgent care appointments with Specialists that require prior authorizations within 96 hours 	<p><i>See #14 for Action Taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Non-urgent appointment with Specialists within 15 days ○ After Hours Urgent Care to contact on-call provider within 30 minutes. ▪ Corrective Action Plans were issued to all non-compliant PPGs and directly contracted providers. 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 Q2. <ul style="list-style-type: none"> • Quality and Safety of Care: All three counties exceeded the DHCS Minimum Performance Level (MPL) in five of the six Default Enrollment Measures; Fresno County fell below in HbA1c testing: <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 <hr/> <ul style="list-style-type: none"> • Performance Improvement Projects (PIPs): The two PIPs for 2018 were: <ul style="list-style-type: none"> ○ Childhood Immunizations (CIS-3) ○ Postpartum Care Disparity Project (PPC) <p style="margin-left: 40px;">2</p> <ul style="list-style-type: none"> • Ongoing Workplan Activity. These projects will close out on June 30th, 2019 	

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<p>#14 2018 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 2018:</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 2018 was 97.2%. ○ 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"> ○ All UM metrics for Monitoring Utilization met the objectives except “Improve shared risk and FFSUM acute inpatient performance”. Goals were not met for: <ul style="list-style-type: none"> ▪ Expansion population Bed days, admits/K and 30-day readmits ▪ SPD Avg Length of Stay ▪ TANF admits/K 	<p>Motion: Approve the 2018 Annual Quality Improvement Work Plan Evaluation and 2018 Annual Utilization Management Case Management Work Plan Evaluation.</p> <p><i>10-0-0-7 (Naz / Neves)</i></p>

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	<ul style="list-style-type: none"> ○ These goals were not met primarily due to fragmented aftercare and inadequate placement options for patients with multiple social determinants of health. ● Monitoring Coordination with Other Programs and Vendor Oversight: <ul style="list-style-type: none"> ○ All metrics for Behavioral Health met goal with the exception of Network Availability and Adequacy for Q3 related to autism providers. ○ Complex Case Management initiated for behavioral health in Q2 2018. Referrals continue to increase. ● Monitoring Activities for Special Populations: <ul style="list-style-type: none"> ○ CCS, SPD, CBAS, and Mental Health tracking and monitoring is ongoing. ○ All monitoring activities met goals except Provide UMCM Programs to support SPD Mandatory Managed Care Requirements. ○ Health Risk Assessments were not meeting expectations as IT migration prevented data exchange. ○ A Corrective Action Plan was initiated in Q3 and completed by 12/31/18. 	
<p>#15 - #19</p> <ul style="list-style-type: none"> ● 15. 2018 Annual Compliance Evaluation ● 16. 2019 Compliance Program Description ● 17. 2019 Code of Conduct ● 18. 2019 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. No updates on the Privacy and Security Plan were needed.</p> <p><u>2018 Annual Compliance Evaluation</u></p> <p>Regulatory Audits & Performance Evaluations for 2018 include:</p>	<p>Motion: Approve 2018 Annual Compliance Evaluation, 2019 Compliance Program Description, 2019 Code of Conduct, 2019 Anti-Fraud Plan, and 2019 Privacy & Security Plan.</p> <p><i>10-0-0-7 (Hill / Frye)</i></p>

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<ul style="list-style-type: none"> • 19. 2019 Privacy and Security Plan <p>Action David Hodge, MD, Chairman</p>	<ul style="list-style-type: none"> • 2016 DMHC Full-Service Survey – Results of 18 month follow-up review • 2017 DHCS Audit – Closure and acceptance of CAP • 2018 DHCS Annual Audit – Preliminary report • 2016-2017 DHCS Performance Evaluation report • 2018 HEDIS® Compliance Audit • DHCS 2018 Encounter Data Validation Study • 2018 DHCS Annual Network Certification <p>The DMHC Undertaking relating to the Kaiser transition was completed on 9/1/2018. All members that remained with Kaiser due to continuity of care have been transitioned back to CalViva Health. DMHC has closed the Undertaking in December subject to the submission of a Material Modification for Alternative Access Standards and a Significant Network Change Amendment.</p> <p>Health Net’s SIU identified and investigated on behalf of CVH a number of potential cases. Four potential provider fraud/abuse cases were reported to the DHCS, and two were open with DOJ.</p> <p>In relation to Oversight Audits; several functions delegated to Health Net were audited in 2018 which includes: Appeals & Grievances, Call Center/Member Services, Claims, Privacy & Security, Provider Dispute Resolution, Provider Relations/Network, and Utilization Management. Results were favorable with minor corrective actions. Ongoing oversight of Health Net will continue.</p> <p>CalViva Health employees participated in and passed all annual mandatory trainings. Two new hires completed trainings.</p>	

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	<p>Sixty-nine member communications were reviewed and approved. The 2018 Member Handbook Annual Mailing was sent out. Updated printed provider directories began issuance on a monthly basis in 2018; the searchable on-line provider directory is updated daily. 122 Provider updates were sent to contracted providers.</p> <p>The total number of regulatory cases decreased in 2018 from 2017.</p> <p>Looking ahead into 2019 regulatory audit and performance monitoring activity will increase.</p> <p><u>2018 Compliance Program Description</u> Annual review; no changes needed.</p> <p><u>2018 Code of Conduct</u> Annual review; no changes needed.</p> <p><u>2018 Anti-Fraud Plan</u> Added DHCS PIO email address; no other changes needed.</p> <p><u>2018 Privacy and Security</u> Annual review; no changes needed.</p>	
<p>#20 Standing Reports</p> <ul style="list-style-type: none"> Finance Report Daniel Maychen, CFO 	<p><u>Finance</u></p> <p>Financial Statements as of December 31, 2018:</p>	<p>Motion: Approve Standing Reports</p> <p><i>10 – 0 – 0 – 7 (Naz / Soares)</i></p>

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<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p>Total current assets were approximately \$273M; total current liabilities were approximately \$219M. Current ratio is 1.24. TNE as of December 31, 2018 was approximately \$64.4M, which is approximately 484% of the minimum DMHC required TNE amount.</p> <p>Total revenue reported for first six months of fiscal year was approximately \$590M which is \$19.1M above budgeted amounts primarily due to rates being higher than projected and enrollment being higher than projected. For those same reasons, capitation medical costs and admin service fees expense are higher than budgeted.</p> <p>All other expense line items are either below or in line with budget. Total net income for the first six months of the fiscal year is approximately \$4.6M which is approximately \$1.2M more than budgeted.</p> <p><u>Medical Management</u></p> <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report with a year-end comparison against goals for Q4 2017 through Q4 2018.</p> <ul style="list-style-type: none"> TANF rates for Q4 2018 were at or below goals in all categories (lower number is better). SPD rates for Q4 2018 were challenging with Acute Average Length of Stay and Readmission rates above goals. 	

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	<ul style="list-style-type: none"> • Medi-Cal Expansion rates were at or slightly above goal in all categories. • Early in 2018 (Q1 & Q2) some measures were well above goal for particular measures in the MCE and TANF populations due to a particularly virulent influenza strain, however these rates came down in the second half of the year. <p>Appeals and Grievances Dashboard</p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through December 2018.</p> <p>Grievance Data:</p> <ul style="list-style-type: none"> • The total number of grievances received in 2018 remained relatively stable when compared to 2017 data. • The total number of Quality of Service Grievances in 2018 also remained stable when compared to the previous year. Although the new category of Transportation Related grievances was added. The number of Quality of Care Grievances resolved in 2018 decreased compared to the prior year. • A significant increase was noted in Exempt grievances for 2018. • A theme noted throughout the year for all grievances is a shift in grievance type associated with the EHS transition. The increase in volume for Exempt grievances is also attributable to the EHS transition and the addition of the Transportation benefit and subsequent grievance tracking and monitoring. • An increase in the total number of Appeals Received/Resolved is noted in 2018. This increase is attributable primarily to advanced 	

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	<p>imaging (CTs, MRI and cardiac imaging), allergy shots, and pharmacy denials. Practitioner education regarding prior authorization criteria has been ongoing and these numbers are expected to decline.</p> <p>Overall, an evaluation of the per thousand member per month rates for grievances and appeals when comparing 2017 to 2018, the rate for grievances remained the same at 0.23 and appeals increased from 0.05 to 0.12.</p> <p>Credentialing Sub-Committee Quarterly Report</p> <p>In Quarter 4 the Credentialing Sub-Committee met on October 18, 2018. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q2 2018 were reviewed for delegated entities, Q3 2018 reports were reviewed for Health Net. The 2019 Credentialing Sub-Committee draft meeting schedule was reviewed and accepted. The Q3 2018 Credentialing report was reviewed with one case cleared and closed to normal track and trend, one case was postponed and one case approved for network re-entry with monitoring and subsequently administratively terminated. Other County-specific Credentialing Sub-Committee reports were reviewed and approved. 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 18, 2018. The county-specific Peer Review Sub-Committee Summary Reports for Q3 2018 were reviewed for approval. There were no significant cases to</p>	

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<ul style="list-style-type: none"> • Operations J. Nkansah, COO 	<p>report. The 2019 Peer Review Sub-Committee draft meeting schedule was reviewed and accepted. The Q3 2018 Peer Count Report was presented and there were no cases closed and cleared. There was one case pending closure for Corrective Action Plan compliance. There was one case pended for further information. Follow up will be initiated to obtain additional information on tabled case and ongoing monitoring and reporting will continue.</p> <p><u>Operations Report</u></p> <p>Jeff Nkansah presented the Operations Report.</p> <p>All IT communications and systems are well.</p> <p>A draft of an updated Risk Analysis for CVH will be put through the Plan’s Compliance Committee for vetting. Any new risk rating as a result of the vetting will be communicated in a future Operations Report. It is anticipated this will take place in 2019. The Notice of Privacy Practices mailing is contingent upon the model handbook receipt from DHCS. The Active Business Associate Agreements increased from six to seven.</p> <p>There are no concerns surrounding call center activity.</p> <p>Updated provider network numbers for 2018 were provided. The Plan continues to monitor the new requirement that requires providers to be screened and enrolled. There have been challenges with this process and the Plan is monitoring to make sure there is no adverse impact to the members and Plan network.</p>	

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<ul style="list-style-type: none"> • Executive Report G. Hund, CEO 	<p>A Corrective Action Plan is in place to improve the claims timeliness and provider disputes for a provider group which is performing below goal. Transportation is a new addition to the report so that this service can be tracked and monitored. Additional provider groups are entering the CVH service area and will be monitored.</p> <p><u>Executive Report</u></p> <p>Membership for January 2019 increased from December 2018 due to a change in accounting and reporting for membership. The Plan is now aligning reporting with the standards used by LHPC plans and Anthem Blue Cross.</p> <p>An update was given on the Valley Health Team Primary Care Residency program.</p> <p>The 2018 Annual Report was mailed to all Commissioners in January.</p>	
<p>#21 Final Comments from Commission Members and Staff</p>	<p>CVH CEO will be attending the LHPC Legislative Day on 2/26/19. Harout Torosian, Sr. Director of Account Management, liaison from Health Net was introduced to Commission. Sherrie Bakke, Director of Business Development for Madera Community Hospital was introduced by Dr. Naz.</p>	
<p>#22 Announcements</p>	<p>None.</p>	
<p>#23 Public Comment</p>	<p>Jim Richardson from Free Denti-Cal Youth Services thanked CVH for the assistance in launching the new program and gave a brief overview of the program.</p>	
<p>#24 Adjourn</p>	<p>The meeting was adjourned at 3:13 pm</p>	

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AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The next Commission meeting is scheduled for March 21, 2019 in Fresno County.	

Submitted this Day: March 21, 2019

Submitted by: Cheryl Hurley
Cheryl Hurley
Clerk to the Commission