

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
March 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
Cheryl Hurley, Clerk to the Commission		
<p>#3 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes 2/15/18 b) Finance Committee Minutes 10/19/17 c) QI/UM Committee Minutes 12/8/17 d) Public Policy Committee Minutes 12/6/17 <p>Action David Hodge, MD, Chairman</p>	All consent items were presented and accepted as read.	<p>Motion: Approve Consent Agenda 12-0-0-5</p> <p>(Neves / Frye)</p>
<p>#4 Madera County At-Large Appointment/Reappointment</p> <p>Action David Hodge, MD, Chairman</p>	Two applications were received for the Madera County At-Large Commission seat. One application received was from current Commission member Paulo Soares, whose term expired March 2018. The second application received was from Bertha Chaves Ramirez. Candidate Paulo Soares stepped out of the room during the discussion. A motion was made, and carried, to reappoint Paulo Soares for a three-year term ending March 2021.	<p>Motion: Reappoint Paulo Soares for a three-year term. 12-0-0-5</p> <p>(Rogers / Neves)</p>
<p>#5 Closed Session</p> <p>A. Government Code section 54954.5 - Report Involving Trade Secret.</p>	Jason Epperson, General Counsel, reported out of Closed Session regarding item #5A, Government Code Section 54954.5, reporting Involving Trade Secret, Discussion of Service, Program or Facility. Direction was given to staff and Closed Session concluded at 1:48 pm.	
<p>#6 CEO Annual Review</p> <p>Action</p>	An ad-hoc Committee was selected to participate in the CEO Annual Review. The members selected to this ad-hoc committee are: Harold	<p>Motion: An ad-hoc committee was selected.</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
David Hodge, MD, Chairman	Nikoghosian, Paulo Soares, David Pomaville, and Chairman David Hodge, M.D.	
<p>#7 2018 Quality Improvement</p> <ul style="list-style-type: none"> • Program Description • Work Plan <p>Action David Hodge, MD, Chairman</p>	<p>Dr. Marabella presented the 2018 Quality Improvement Program Description and the 2018 Quality Improvement Work Plan.</p> <p>The Quality Improvement Program Description revisions for 2018 include:</p> <ul style="list-style-type: none"> • The Purposes and Goals were reorganized and updated. • The Pregnancy Matters® program was changed to the Healthy Pregnancy Program. • MemberConnections is a new education and an outreach program available to support Case Management and a description of this new program has been added. • It is anticipated that Disease Management will be changing to Envolve People Care this calendar year. It will continue to be available to members with asthma, diabetes, and heart failure. • Transition Care Management content was expanded. This program focuses on support during the transition from hospital to home. • Integrated Case Management was reformatted with expanded description of member identification process. • Credentialing has expanded with a description of the quality process. • Continuity & Coordination of Care content now includes behavioral health conditions and other related programs. 	<p><i>See #8 for Action Taken</i></p>

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	<ul style="list-style-type: none"> • Annual QI Work Plan section: replaced the listing of departments that may contribute to the Work Plan to with the elements documented for each initiative. • Additional minor edits/updates were made throughout the document. <p>The Quality Improvement Workplan activities for 2018 focus on:</p> <ul style="list-style-type: none"> • Access, Availability, & Service: <ul style="list-style-type: none"> ○ Continue to monitor Timeliness of Provider Appointment Access and After- Hours Access. ○ A full CAHPS Member Survey was completed in 2016 and will be conducted again this year. Continue with current strategies at this time. • Quality & Safety of Care: <ul style="list-style-type: none"> ○ Appropriate antibiotic prescribing for bronchitis project focused in Madera County. ○ Laboratory monitoring of patients on persistent medications for members with high blood pressure or other conditions. Project focused in Madera County. ○ Reduction of unnecessary imaging studies for uncomplicated low back pain. This project is also focused in Madera County. • Performance Improvement Projects: <ul style="list-style-type: none"> ○ Two new formal 18-month projects consisting of: <ul style="list-style-type: none"> ▪ Postpartum Disparity Project in Fresno County. ▪ Childhood Immunizations Project in Fresno County. 	

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<p>#8 2017 Utilization Management Case Management</p> <ul style="list-style-type: none"> • Program Description • Work Plan <p>Action David Hodge, MD, Chairman</p>	<p>Dr. Marabella presented the 2018 Utilization Management Case Management (UMCM) Program Description and the 2018 UMCM Work Plan.</p> <p>The UMCM Program Description revisions for 2018 include:</p> <ul style="list-style-type: none"> • Transitional Care Management -revised timeframes for follow up calls. • MemberConnections- new section added describing this new education and outreach program. • Be In Charge! Anticipate this will be replaced with Engage People Care during this calendar year. Continue with programs for asthma, heart failure, and diabetes. • Health Education updated regarding programs, services and materials. <p>Organization Structure and Resources - updated titles and minor language revisions. Additional minor edits/updates were made throughout the document.</p> <p>The UMCM Workplan areas of focus for 2018 include:</p> <ul style="list-style-type: none"> • Compliance with Regulatory & Accreditation Requirements including licensure, separation of medical decisions from fiscal and conducting audits. • Monitoring the UM Process including tracking and trending of prior authorizations, inter-rater reliability studies and trending of appeals. 	<p>Motion: Approve the 2018 Quality Improvement Program Description and Work Plan; and 2018 Utilization Management Case Management Program Description and Work Plan.</p> <p><i>12-0-0-5 (Naz / Paulo)</i></p>

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	<ul style="list-style-type: none"> • Monitoring Utilization metrics has a new Expansion Population goal for 2018 and includes monitoring of under/over utilization. The effectiveness of case management is also monitored. • Monitoring Coordination with Other Programs and Vendor Oversight includes several areas such as the Disease Management Program, physician interactions with pharmacy and coordination of care between medical and behavioral health. • Monitoring Activities for Special Populations covers CCS identification and care for SPDs. 	
<p>#9 Standing Reports</p> <ul style="list-style-type: none"> • Finance Report William Gregor, CFO 	<p><u>Finance</u></p> <p>Financial Statements as of January 31, 2017:</p> <p>Total current assets are \$167M; total current liabilities are \$122M. Current ratio is 1.37 which is a good liquidity measurement. TNE as of January 31, 2018 was \$56.1M, which is approximately 410% of the minimum required TNE by DMHC and at the amount desired by DHCS.</p> <p>Revenues are \$694M for the seven months and are ahead of budget because of rates being paid are higher than budgeted and the increased premium tax for the current fiscal year compared to what was budgeted. These items also give rise to increased expenses for Medical Costs and Premium Tax expense. Other expenses overall are in line with current year budget. Net income for seven months through January stands at \$6.4M which is approximately \$1.6M more than budget.</p>	<p>Motion: Approve Standing Reports</p> <p><i>11-0-0-6 (Neves / Frye)</i></p>

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<ul style="list-style-type: none"> • Compliance MB Corrado, CCO 	<p><u>Compliance</u></p> <p>MB Corrado presented the Compliance report. There are 16 filings for DHCS and five for DMHC through February. Filing activity is expected to increase for 2018.</p> <p>Oversight audits currently in progress include Utilization Management, Claims, Provider Dispute Resolution process, and Member Service and Call Center. Q3 Provider Dispute audit just concluded and a corrective action plan (CAP) is required for non-compliance of turn-around time standards.</p> <p>Regulatory reviews and audits include:</p> <ul style="list-style-type: none"> • Kaiser Undertakings: 180-day undertaking response was filed. The second filing due 3/20/18 is on track to be filed on time. • DHCS 2017 Medical Audit: final results were received 2/28/18. CVH is currently working on CAP response. The three areas of findings were related to processing out of network emergency room claims with a potential CCS responsibility involved, specialty access in Kings County, and provisions in sensitive services policies. • DHCS 2018 Medical Audit: DHCS will be onsite for audit April 16 – 27, 2018. • No change in the 18-month DMHC follow-up. • DHCS Encounter Data Corrective Action Plan (CAP): CAP was issued for lack of appropriate submissions of encounter data from 2015 and 2016 in Madera and Kings Counties. DHCS is also undertaking an Encounter Data Validation Study where they compare encounter data with medical records submitted to validate the accuracy of the encounter data. 	

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<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<p>The Public Policy Committee met on March 7, 2018. Items presented included annual reports, standard Appeals & Grievances report, Health Education updates, and Member Handbook & Provider Directory updates. The PPC committee had no recommendations for the Commission at this time. The next meeting is 6/13/18 in Kings County.</p> <p>New Regulations highlighted that impact CalViva Health include:</p> <ul style="list-style-type: none"> • SB 133 – Continuity of Care (COC): CVH is compliant with member notices on how to request COC. • AB 1048 – Dispensing Controlled Substance Drugs: CVH is updating its policy on prescription drugs. • AB 205 – Medicaid Final Rule: Affects network adequacy, access, and time and distance standards. Effective 1/1/18, standards are set for PCP and hospital access under the Medi-Cal program. Effective 7/1/18 health plans must maintain a network that has specific time and distance standards by County by specific types of providers. CVH will update Plan policies, implement new reports for filing, and update member and provider communications where applicable. <p><u>Medical Management</u></p> <p>Appeals and Grievances Report Dr. Marabella presented the Appeals and Grievances Dashboard through January 2018.</p>	

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	<ul style="list-style-type: none"> • The total number of Grievances for January is consistent with the 2017 average and timeliness compliance is at 100%. • Transportation grievances will now be tracked through the Appeals & Grievances processes and reporting. • Exempt Grievances are higher than previous months. This is primarily in the PCP Assignment category related to the EHS transition. • The total number of Appeals received and resolved for January is consistent with previous months and compliance is at 100%. <p>Key Indicator Report Dr. Marabella presented the Key Indicator report through January 2018.</p> <ul style="list-style-type: none"> • No substantial difference in SPD and Expansion membership is noted. • The number of Admits has slightly increased from previous months. • ER utilization remained steady. • Bed Days PTMPY and the LOS has increased this month compared to 2017. This trend will be observed for another month. • Overall utilization is expected to improve in 2018. • Turn Around Time (TAT) Compliance is close to or at 100%. • Total Cases Managed under Integrated Case Management continues with positive trend. <p>Credentialing Sub-Committee Quarterly Report</p>	

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<ul style="list-style-type: none"> • Operations J. Nkansah, COO 	<p>The Credentialing Sub-Committee met on February 15, 2018. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q3 2017 were reviewed for delegated entities, Q3 and Q4 2017 reports were reviewed for MHN and Q4 for Health Net. The Q4 2017 and Q1 2018 Credentialing reports were reviewed with one case of denied network admittance. 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 February 15, 2018. The county-specific Peer Review Sub-Committee Summary Reports for Q4 2017 were reviewed for approval. There were no significant cases to report. The Q4 2017 Peer Count Report was presented and there were seven cases closed and cleared. There were no cases with outstanding corrective action plans. Three cases were pended for further information. No significant Quality of Care issues were noted. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p> <p style="text-align: center;"><i>Sara Bosse left at 2:24 pm</i></p> <p><u>Operations Report</u></p> <p>Jeff Nkansah presented the Operations Report. For IT Communications and Systems, the overall Network Health Score is at a healthy percentage and there has been no activity within the systems to show cause for concern at this time.</p>	

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<ul style="list-style-type: none"> • Executive Report G. Hund, CEO 	<p>For Fraud Waste and Abuse Operational Activity, there have been no cases submitted to DHCS and the number of cases open for investigation decreased from prior month report.</p> <p>For Privacy and Security, there are currently six Active Business Associate Agreements which is the result of activating an online grievance process.</p> <p>Provider Network Activities were provided through January 2018.</p> <p>Claims Processing activities showed the majority of entities met the 90% and 95% required goal.</p> <p>Provider Disputes goal is 95% within 45 days. With the exception of one PPG, the goal was met.</p> <p><u>Executive Report</u></p> <p>There was a reduction in membership in Fresno County during the month of February, primarily consisting of the expansion population. During the same timeframe, Kings and Madera Counties membership increased. Market share has not been affected by the change in membership numbers.</p>	
<p>#10 Final Comments from Commission Members and Staff</p>	<p>None.</p>	
<p>#11 Announcements</p>	<p>None.</p>	
<p>#12 Public Comment</p>	<p>None.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#13 Adjourn	The meeting was adjourned at 2:45 pm The next Commission meeting is scheduled for May 17, 2018 in Fresno County.	

Submitted this Day: May 17, 2018

Submitted by: Cheryl Hurley
Cheryl Hurley
Clerk to the Commission