

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
March 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 1:30 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 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes 2/16/17 b) Finance Committee Minutes 11/17/16 c) QI/UM Committee Minutes 11/17/16 d) Public Policy Committee Minutes 12/7/16 <p>Action David Hodge, MD, Chairman</p>	<p>All consent items were presented and accepted as read.</p>	<p>Motion: <i>Approve Consent Agenda</i></p> <p>12-0-1-4 (Neves / Ramirez)</p> <p><i>A roll call was taken</i></p>
<p>#4 Kings County At-Large Reappointment</p> <ul style="list-style-type: none"> • Harold Nikoghosian <p>Information David Hodge, MD, Chairman</p>	<p>Kings County Board of Supervisors have reappointed Harold Nikoghosian for the Kings County At-Large position for a three-year term for the period of March 2017 through March 2020.</p>	
<p>#5 Closed Session</p> <p>A. Government Code section 54956.9(b) – Conference with Legal Counsel – Anticipated Litigation.</p> <p>Information David Hodge, MD, Chairman</p>	<p>The report out of Closed Session is that the Commission discussed item #5 agenda for closed session discussion and direction was given to staff. Closed session concluded at 1:51 pm.</p> <p><i>Supervisor Quintero arrived during closed session @ 1:36 pm and participated in discussion.</i></p>	
<p>#6 CEO Annual Review</p> <p>Action David Hodge, MD, Chairman</p>	<p>An ad-hoc Committee was selected to participate in the CEO Annual Review. The members selected to this ad-hoc committee are: Paulo Soares, Soyla Griffen, Stephen Ramirez, and Chairman David Hodge, M.D.</p>	<p>Motion: An ad-hoc committee was selected.</p>

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<p>#7 2017 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 2017 Quality Improvement Program Description and the 2017 Quality Improvement Work Plan.</p> <p>The Quality Improvement Program Description changes for 2017 include:</p> <ul style="list-style-type: none"> • How to obtain the Preventive Health Screening Guidelines, and Health Promotion Programs available. • Update to Disease Management which includes re-expansion to five chronic health conditions: Asthma, Diabetes, CAD, COPD and CHF. • Integrated Case Management which replaced CCM. Provides goals for the program and includes how participants are identified and care is planned. • A cultural competency training statement was added to Cultural & Linguistics per federal regulations. • Additional minor updates/edits were made to the Program Description. <p>The Quality Improvement Workplan activities for 2017 focus on:</p> <ul style="list-style-type: none"> • Access, Availability, & Service: <ul style="list-style-type: none"> ○ Continue to monitor Provider Appointment Access and After Hours Access. ○ A corrective action plan was implemented to improve compliance with After Hours Access metrics. A full CAHPS Member Survey was completed in 2016. Analysis is in progress. • Quality & Safety of Care: 	<p><i>See #8 for Action Taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Continue Cervical Cancer Screening project in Madera County. ○ Improve Immunization Rates in Kings County with a focus on improving rates for children turning 2 years of age. ○ Improve Laboratory Monitoring of Patients on Persistent Meds. Remind members and providers to complete annual testing for high risk medications. ○ Controlling High Blood Pressure. Continue collaborative efforts with provider in Fresno County. ○ Increase Appropriate Antibiotic Prescribing for Bronchitis by distributing educational toolkits to Providers and education to members to reduce overprescribing. ● Performance Improvement Projects: <ul style="list-style-type: none"> ○ Postpartum Visits: Continuing efforts in Kings County to facilitate completion of Postpartum visits. This project is scheduled for completion in June 2017. ○ Diabetes Care: Expanded this project to include both Fresno and Kings Counties with a focus on HbA1c testing. Four modules have been completed, with project scheduled to complete in August 2017. ● Crosswalk: <ul style="list-style-type: none"> ○ The Crosswalk is a tracking grid for ongoing Workplan activities. New this year is the Clinical Depression Follow Up HEDIS® measure. The intervention consists of development and distribution of provider education resources on screening for clinical depression. 	
<p>#8 2017 Utilization Management Work Plan</p>	<p>Dr. Marabella presented the 2017 Utilization Management Work Plan.</p> <p>The Utilization Management Work Plan for 2017 focuses on:</p>	<p>Motion: Approve 2017 Quality Improvement Program Description and Work Plan; and the 2017 Utilization Management Work Plan</p>

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<p>Action David Hodge, MD, Chairman</p>	<ol style="list-style-type: none"> 1. Compliance with Regulatory & Accreditation Requirements. 2. Monitoring the Utilization Management Process. 3. Monitoring Utilization Metrics. 4. Monitoring Coordination with Other Programs and Vendor Oversight. 5. Monitoring Activities for Special Populations. <ul style="list-style-type: none"> • The 2017 UMCM Workplan maintains all monitoring parameters of the 2016 Workplan. The Annual Evaluation of the 2016 Workplan was presented at the February Commission meeting. • Reporting parameters have been modified to allow for ongoing assessment of the impact of population changes including the Medi-Cal Expansion population and behavioral health. • Monitoring of the success of interventions is essential to ensure goals are met. 	<p>14-0-0-3 (Naz / Neves)</p> <p><i>A roll call was taken</i></p>
<p>#9 Valley Health Team Residency Program Sponsorship</p> <p>Action David Hodge, MD, Chairman</p>	<p>Prior to the VHT Residency Program Sponsorship presentation, Legal Counsel advised Commission members that anyone who is affiliated with or receives funds from VHT, or any other possible financial interest in the decision of the Commission on this issue, to recuse themselves from the presentation, discussion, and vote. At this time, Ms. Soyla Griffin and Mr. John Frye recused themselves and stepped out of the room at 2:05 pm for the duration of this agenda item.</p> <p>Kiki Nocella, Consultant for Valley Health Team, presented the Valley Health Team Family Medicine Residency Program Funding Request to the Commission. VHT will be notified on April 27, 2017 as to approval of accreditation. It is requested that a funding decision be received by VHT prior to April 27, 2017 in order to move forward.</p>	<p>Motion: Refer back to Staff for specifics; however, make a matching funding commitment at this time – dollar amount to be determined at a later date.</p> <p>12-0-2-3 (Rogers / Naz)</p> <p><i>A roll call was taken</i></p>

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	<p>After a detailed discussion, including an in-depth Q&A session, a motion was made and carried for a matching fund commitment in an amount to be determined at a later date. The motion included direction to staff to complete the funding analysis and provide funding recommendations for future consideration.</p> <p>It was requested to hold a “special” Commission meeting during the month of April in order to discuss and approve funding for this project.</p> <p><i>Dr. Naz stepped out @ 2:37 pm</i> <i>Dr. Naz returned at 2:39 pm</i></p>	
<p>#10 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>As of January 31, 2017, TNE is \$46.2M, which is approximately 340% of the minimum DMHC and DHCS required TNE amount. Total current assets are approximately \$227M; total current liabilities are approximately \$192M. Current ratio is 1.18, which is a healthy current ratio.</p> <p>Revenues through January are \$772M which is higher than what was budgeted due to premium tax added on in October, and enrollment is different than what was budgeted. Premium tax gives rise to increased Medical Cost expense and Admin Service Agreement Fees expense. DHCS has finalized the Premium Tax amount, and is higher than what was assessed in the previous fiscal year by approximately 9% – 10% of gross revenue, compared to 4%. All other expenses are in line with budget for the current fiscal year. Total net income for the</p>	<p>Motion: Approve Standing Reports</p> <p><i>14-0-0-3 (Neves / Ramirez)</i></p> <p><i>A roll call was taken</i></p>

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<ul style="list-style-type: none"> • Compliance MB Corrado, CCO 	<p>first seven months of fiscal year 2017 was approximately \$7.9M which is approximately \$1M greater than what was budgeted.</p> <p><u>Compliance</u></p> <p>MB Corrado presented the Compliance report. Beginning with this year, the number of potential Fraud, Waste, & Abuse cases received will be reported out by number of leads investigated, and number of MC 609 Submissions to DHCS. This is due in part to the HN / Centene merger where a more robust inquiry into these issues are taking place.</p> <p>CalViva Health's management team continues to conduct monthly oversight meetings with Health Net. The Plan recently requested Health Net to provide corrective action plans (CAPs) for encounter data submissions, third party liability information submissions, and specialty provider access. The encounter data and third party liability CAPs are close to closure. The specialty provider access CAP is ongoing.</p> <p>CalViva Health continues to meet with Kaiser on a quarterly basis. Kaiser currently has a CAP from DHCS and CVH in reference to encounter data.</p> <p>Oversight audits in process consist of: Claims, Health Education, and Utilization Management. A detailed summary of the 2016 audits will be presented at the May Commission meeting.</p> <p>The status of the Regulatory Reviews/Audits are as follows:</p>	

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<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<ul style="list-style-type: none"> • A status was given to DMHC for the Full Service Medical Audit Survey on the progress to date for the implementation of the online grievance submission process. In addition, CVH has also filed for approval of the Plan’s proposal. • A CAP was submitted to DHCS, and approved, for the Medical Survey Audit Plan. • DHCS will be onsite at CVH from April 17, 2017 – April 28, 2017 for this year’s audit. • In reference to the Timely Access Report for Measurement Year 2015, the Plan must provide a response to the DMHC addressing the MY 2015 findings by April 15, 2017. <p>The first Public Policy Committee meeting for 2017 took place on March 1, 2017. There were no items requiring action by the Commission. The next Public Policy Committee meeting is scheduled for June 7, 2017 in Kings County. All Commissioners are invited to attend and observe.</p> <p>New regulations for 2017 were reported to Commission.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Report Dr. Marabella presented the Appeals and Grievances Dashboard through January 31, 2017.</p> <ul style="list-style-type: none"> • The total number of grievances slightly increased in January. • Exempt Grievances number increased slightly in January. 	

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	<ul style="list-style-type: none"> • Appeals were all Preservice; the highest volume includes Durable Medical Equipment (DME) and Pharmacy. <p>Key Indicator Report Dr. Marabella presented the Key Indicator report.</p> <ul style="list-style-type: none"> • Membership for January has had a minimal increase. • Bed Days Acute - SPD's continue to decrease. • ER visits PTMPY has slightly decreased. <p>QI/UM Quarterly Report Dr. Marabella provided the QI/UM Quarter 1 2017 update. One QI/UM meeting was held during this reporting period, on February 16, 2017. The following guiding documents were approved: 2016 QI Annual Evaluation, 2016 UMCM Annual Evaluation, and 2017 UMCM Program Description. In addition, the Medical Policies Q3, and the Medication Provider Update Q4 were also approved.</p> <p>The reports reviewed included the following Quality Improvement Reports: Appeals and Grievances Dashboard, Emergency Drug Report, and Potential Quality Issues Report.</p> <p>The Utilization Management reports covered the Key Indicator Report and the Concurrent Review Report.</p> <p>In addition, HEDIS® Activity was reviewed and there were no significant changes to the program.</p>	

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<ul style="list-style-type: none"> • Executive Report G. Hund, CEO 	<p>Also reviewed was Access & Availability, and Kaiser Reports. No significant issues were found.</p> <p>Credentialing Sub-Committee Quarterly Report</p> <p>The Credentialing Sub-Committee met on February 16, 2017. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Delegated reports covering the third quarter for 2016 were also reviewed.</p> <p>Peer Review Sub-Committee Quarterly Report</p> <p>The Peer Review Sub-Committee met on February 16, 2017. Quarter 4 data was reviewed. There were no significant cases identified on the reports. The Peer Count Report was presented indicating that there were two cases closed and cleared to track and trend, six cases were tabled pending further information.</p> <p>No significant Quality of Care issues were found.</p> <p><u>Executive Report</u></p> <p>Membership for February 2017 increased by approximately 600 members. It is expected that membership will remain flat throughout the next year.</p> <p>The most recent update to the ACA was reported to the Commission.</p>	

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#11 Final Comments from Commission Members and Staff	None.	
#12 Announcements	None.	
#13 Public Comment	None.	
#14 Adjourn	<p>The meeting was adjourned at 3:26 pm</p> <p>The next Commission meeting is scheduled for May 18, 2017 in Fresno County.</p>	

Submitted this Day: May 18, 2017

Submitted by: Cheryl Hurley
 Cheryl Hurley
 Clerk to the Commission