

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission
Meeting Minutes**
March 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 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes 2/21/19 b) Finance Committee Minutes 10/18/18 c) QI/UM Committee Minutes 11/15/18 d) Public Policy Committee Minutes 12/5/18 <p>Action Joe Neves, Vice-Chair</p>	<p>All consent items were presented and accepted as read.</p> <p><i>David Pomaville arrived at 1:31 pm and was included in vote Soyla Griffin arrived at 1:32 pm and was not included in vote</i></p>	<p>Motion: Approve Consent Agenda 11 – 0 – 0 – 6</p> <p><i>(Nikoghosian / Frye)</i></p>
<p>#4 2019 Quality Improvement Program Description and Work Plan</p> <p>Action Joe Neves, Vice-Chair</p>	<p>Dr. Marabella presented the 2019 Quality Improvement Program Description and Work Plan.</p> <p>The highlights of changes for the 2019 QI Program Description include:</p> <ul style="list-style-type: none"> • Changes in the Health Promotion Programs: <ul style="list-style-type: none"> ○ New description of the Health Ed interventions and resources available to members. ○ A new Diabetes Prevention Program was added. • Case Management Program (CM): <ul style="list-style-type: none"> ○ Name change, previously “Integrated Case Management”, “Integrated has been removed and the new title is inclusive of all the various CM programs available. • Access & Availability: 	<p><i>See #6 for Action Taken</i></p>

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	<ul style="list-style-type: none"> ○ A new Telephone Access Survey was added to assess provider offices and the length of time it takes their staff to answer the phone and return calls to members. <p>Activities for 2019 Quality Improvement Work Plan continue to focus on:</p> <ul style="list-style-type: none"> ● Improve access to care: <ul style="list-style-type: none"> ○ Continue to monitor Appointment Access and After-hours Access to care with updated interventions. Full CAHPS survey in progress to identify ways to improve member satisfaction. ● Improve the Quality & Safety of Care: <ul style="list-style-type: none"> ○ Increase appropriate antibiotic prescribing for Bronchitis in Madera County. ○ Continue to improve laboratory monitoring of patients on persistent medications. ○ Comprehensive diabetes care. ○ Breast cancer screening. ● There are two formal 18-month Performance Improvement Projects: <ul style="list-style-type: none"> ○ Postpartum disparity project in Fresno County. ○ Childhood Immunizations project in Fresno County. <p>Dr. Marabella concluded with a brief summary of the Governor’s letter received February 28, 2019. This letter outlines the results of a State audit and the Governor’s plans to address deficiencies that were identified. Going forward emphasis will be on access to healthcare, children’s initiatives and alignment with the CMS Core Measures. The minimum performance level will increase from the 25th percentile to</p>	

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	<p>the 50th percentile for the state reported quality measures. Updates will be provided as additional information becomes available.</p>	
<p>#5 2019 Utilization Management Program Description and Work Plan Evaluation</p> <p>Action Joe Neves, Vice-Chair</p>	<p>Dr. Marabella presented the 2019 Utilization Management and Case Management Program Descriptions and Work Plan.</p> <p>Changes to the 2019 Utilization Management & Case Management Programs include:</p> <ul style="list-style-type: none"> • This year the Utilization Management and Case Management Programs have separated and will each have their own Program Description. • The annual Work Plan for UM and CM remains combined. <p>The three components of the 2019 UM and CM Programs are:</p> <ul style="list-style-type: none"> • 2019 Utilization Management Program Description and Case Management Program Description each provide a roadmap for structure, resources and monitoring for their respective programs. • 2019 UM/CM Work Plan is the plan for monitoring and improvement activities throughout the year. It is updated annually with a mid-year evaluation of progress. <p>Highlights of the changes to the Utilization Management 2019 Program Description include:</p> <ul style="list-style-type: none"> • Most references to Case Management (CM) have been removed and placed in the new CM Program Description, with the exception of sections where the Work Plan is referenced. • Pages 24-28 were initially deleted, however after further review it was determined that for consistency and clarity they will for the most part, remain in the document. 	<p><i>See #6 for Action Taken</i></p>

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	<ul style="list-style-type: none"> • Nurse Advice Line and Continuity of Care will remain in the UM Program Description. • Utilization Decision Criteria were updated to include additional detail and to reflect current practice. <p>The areas of focus for the 2019 Utilization Management / Case Management Work Plan include:</p> <ul style="list-style-type: none"> • Compliance with Regulatory & Accreditation Requirements: Ensure licensure, attestations and audits are current and complete • Monitoring the UM Process. A new initiative added to this process creates a focus on increasing Medical Director collaboration with the UM teams to ensure members are receiving appropriate timely services. • Monitoring Utilization Metrics: Track effectiveness of care management. New measurable goals have been added for this area and are stated as a 10% reduction in admissions and a 5% increase in discharge to recuperative and alternative care. • Monitoring Coordination with Other Programs and Vendor Oversight. Behavioral Health Case Management has been added. • Monitoring Activities for Special Populations. Continue monitoring care of SPDs and CCS identification. 	
<p>#6 2019 Case Management Program Description</p> <p>Action Joe Neves, Vice-Chair</p>	<p>Dr. Marabella announced new for 2019, Case Management will have its own Program Description covering:</p> <ul style="list-style-type: none"> • Scope, Goals & Objectives, and Functions. • Infrastructure and Tools. • Member Identification and Access. • Screening and Assessment. • Program Assessment and Impact Measurement. 	<p>Motion: Approve 2019 Quality Improvement Program Description and Work Plan; the 2019 Utilization Management Program Description and Work Plan; and the 2019 Case Management Program Description</p>

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		13-0-0-4 (Nikoghosian / Cardona)
<p>#7 Standing Reports</p> <ul style="list-style-type: none"> Operations J. Nkansah, COO 	<p><u>Operations Report</u></p> <p>Jeff Nkansah presented the Operations Report.</p> <p>Currently, there are no issues, concerns, or items of significance as it relates to IT Communications and Systems, and Privacy & Security.</p> <p>With regard to the Member Call Center and CVH Website, 1st quarter 2019 numbers are not yet available. During the March Public Policy Committee meeting a discussion was had with recommendations on potential enhancements that could bring value to the CVH Website. This is still in the exploratory phase and any updates will be reported out during future Commission meetings included with either the Operations report or Compliance report.</p> <p>Activities related to Provider Network and Provider Relations are as of January 2019. The increase in Specialist count is attributed to data integrity efforts. The status as of March with regards to screening and enrolling Providers into the network as it relates to regulatory issues is that if a Provider is new to our network and has not gone through the screening and enrollment process CVH will allow the provider to provide proof from the state that they have, at minimum, applied so that it can be validated and CVH can provisionally allow them into the network. This will continue to be monitored and if found they have not applied, they will be removed from the network. In addition, if existing providers have not provided proof and have not gone through the</p>	<p>Motion: Approve Standing Reports</p> <p>13 – 0 – 0 – 4 (Rogers / Fields-Keene)</p>

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<ul style="list-style-type: none"> • Finance Report Daniel Maychen, CFO 	<p>process to screen and enroll, CVH will begin efforts to comply with regulatory requirements to remove the providers from the network.</p> <p>With regard to Claims Processing activities, quarterly numbers were received as it relates to our participating provider groups. PPG2 has met goal for Q4. Compliance requirements and goals were met in all other areas for PPGs</p> <p>With regard to Provider Disputes, PPG2 did not meet goals for Q4. The Corrective Action Plans remain in effect and preliminary information reveals they should meet goal in Q1 2019.</p> <p><u>Finance</u></p> <p>Financial Statements as of January 31, 2019:</p> <p>Total current assets were approximately \$165.8M; total current liabilities were approximately \$111.4M. Current ratio is 1.49. TNE as of January 31, 2019 was approximately \$65.1M, which is approximately 490% above the minimum DMHC required TNE amount.</p> <p>Total revenue for first seven months of current fiscal year is approximately \$687.3M which is \$21.3M 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 consistent with budget, with the exception of marketing and license expense. Marketing</p>	

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<ul style="list-style-type: none"> Compliance M.B. Corrado, CCO 	<p>expense was ramped up during the months of October 2018 through December 2018 with anticipation of open enrollment. In addition, license expense was higher than budgeted due to actual DMHC licensing fee being higher than initially projected. Total net income for the first seven months of the fiscal year is approximately \$5.3M which is approximately \$1.3M more than budgeted.</p> <p><u>Compliance</u></p> <p>Mary Beth Corrado presented the Compliance Report. As of mid-March, there have been a total of 46 filings, which is an increase in filing activity compared to end of March 2018.</p> <p>There were two Fraud Waste and Abuse cases reported to the State in January, zero in February and March to date.</p> <p>Oversight activity and monthly meetings with Health Net continue. In final stages and wrap up with Kaiser.</p> <p>In relation to Regulatory Reviews and Audits, DMHC closed the Undertaking requirement regarding the termination of contract with Kaiser, pending the submission of a Material Modification for Alternative Access Standards and a Significant Network Change Amendment which was submitted by 1/31/19. CVH is currently in process of responding to comment letters received from DMHC.</p> <p>In December 2018 CVH received a letter from DHCS listing their findings from the 2018 Medical Audit; in January 2019 CVH filed a CAP response</p>	

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<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<p>with an update filed in February, and another to be filed in March. Final approval is still pending.</p> <p>The encounter data CAP with DHCS has officially been closed as of 3/20/19.</p> <p>The Plan continues to provide responses and post-audit documents to DHCS and DMHC in relation to the onsite audit that took place in February 2019.</p> <p>The Health Homes Program (HHP) is a multi-phase program with the first phase being implemented as of 7/1/19. The Plan is currently in the process of filings for the program. Member notifications will be sent out. The second phase, relating to mental health, will be implemented October or November of 2019.</p> <p>The Public Policy Committee met March 6, 2019. The committee reviewed several reports relating to Grievance & Appeals, Health Education, and Compliance. The next meeting is scheduled for June 12, 2019 in Kings County.</p> <p>A comprehensive report on 2019 New California Health Care Laws was reported out.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Dashboard</p>	

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	<p>Dr. Marabella presented the Appeals & Grievances Dashboard through January 31, 2019.</p> <p>Grievance & Appeals Data:</p> <ul style="list-style-type: none"> • A total of 107 grievances were received in January 2019. • Total grievances resolved was 116. • Majority of grievances were Quality of Service with respect to Administrative; with minimal Quality of Care grievances. • Exempt grievances for January 2019 were relatively low compared to last year. • The number of appeals received for January was 41 • Total number of appeals resolved was 52, all of which were pre-service with the majority related to Advanced Imaging and pharmacy. <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report through January 2019.</p> <ul style="list-style-type: none"> • Membership remains consistent. • Acute Admits have increased through Q4 2018 and into January 2019 similar to last year. • ER visits have declined since same time last year. • CCS identification rate has increased slightly • Turn-around times had good compliance in January. • Total cases managed for Perinatal Case Management and Integrated Case Managed have remained consistent. • Overall the case management program results have been favorable. 	

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	<p>QI/UM Quarterly Report</p> <p>Dr. Marabella provided the QI/UM Qtr. 4, 2018 through February 2019 update. Two QI/UM meetings were held in Quarter 4; in October and November, and one in February 2019. The following guiding documents were approved:</p> <ol style="list-style-type: none"> 1. Preventive Screening Guidelines 2. C & L Language Assistance Program Mid-Year Report 3. C & L Work Plan Mid-Year Evaluation 4. Health Education Mid-Year Evaluation 5. 2018 QI Work Plan End of Year Evaluation 6. 2018 UMCM Work Plan End of Year Evaluation 7. Clinical Practice & Preventive Screening Guidelines <p>The following general documents were also approved at these meetings:</p> <ul style="list-style-type: none"> • QI Annual Policy Review • Medical Policies • Pharmacy Formulary & Provider Updates • Public Health Annual Policy Review <p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard through December 2018, all Q4 A & G reports, the Initial Health Assessment Report (Q1 & Q2), Potential Quality Issues Report, Facility Site (FSR) & Medical Record (MRR) & PARS Review, MHN Performance Indicator Report, and other QI reports.</p> <p>The Utilization Management & Case Management reports reviewed included the Key Indicator Report, Utilization Management Concurrent</p>	

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	<p>Review Report, and the Case Management, Transitional Case Management, Palliative Care, and Behavioral Health Case Management (BHCM) Report.</p> <p>The quarterly Pharmacy reports were reviewed covering Operations Metrics, Top Medication Prior Authorization Requests and quarterly Formulary Changes. These reports assess for emerging patterns in authorization requests and compliance with prior authorization (PA) turn-around times. All third quarter pharmacy PA metrics were within 5% of standard.</p> <p>HEDIS® Activity:</p> <ul style="list-style-type: none"> • Q4 HEDIS® related activities focused on improving targeted measures above the Minimum Performance Level (MPL). Projects for RY2019 Include: <ul style="list-style-type: none"> ○ Monitoring Patients on Persistent Medications – Madera County ○ Avoid Antibiotics in Adults with Bronchitis – Madera County ○ Breast Cancer Screening – Fresno County ○ Comprehensive Diabetes Care – Fresno County <p>Efforts also continue with the two Performance Improvement Projects (PIPs) on Childhood immunizations and Postpartum visits. These PIPs are scheduled to close June 30th, 2019.</p> <p>Credentialing Sub-Committee Quarterly Report</p> <p>In Quarter 1 the Credentialing Sub-Committee met on February 21, 2019. Routine credentialing and re-credentialing reports were reviewed</p>	

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	<p>for both delegated and non-delegated services. Reports covering Q3 2018 were reviewed for delegated entities and Q4 2018 report was reviewed for Health Net. The Credentialing Sub-Committee reviewed and approved the Credentialing policies and procedures that were updated for 2019. Two policies had significant changes, one policy was retired and the remaining policies had no changes or minor edits. The Q4 2018 Credentialing report was reviewed with one case that resulted in an uphold of denial for re-entry with subsequent request for Fair Hearing. Other County-specific Credentialing Sub-Committee reports were reviewed and approved. No other 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 21, 2019. The county-specific Peer Review Sub-Committee Summary Reports for Q4 2018 were reviewed for approval. There were no significant cases to report. The Peer Review policies and procedures were reviewed with the 2019 updates. One policy was accepted with minor edits and one policy with more significant edits was reviewed and accepted.</p> <p>The Q4 2018 Peer Count Report was presented and there were three cases closed and cleared. There were no cases 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>	

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<ul style="list-style-type: none"> Executive Report G. Hund, CEO 	<p><u>Executive Report</u></p> <p>Membership for February 2019 is consistent with previous months. Year over year, CalViva Health is one of three Health Plans of all public health plans that had an increase in membership. The Share of Choice % in Kings County increased for the first time since inception of CalViva Health.</p> <p>An update on the Telehealth program in reference to e-Consult was provided.</p> <p>A letter from the Governor of California was received on 2/28/19 asking all CEOs of health plans to respond to his concerns regarding access for preventative care for children; a response from CVH will be sent by 4/1/19 and include current initiatives with regard to this matter.</p>	
<p>#21 Final Comments from Commission Members and Staff</p>	<p>None.</p>	
<p>#22 Announcements</p>	<p>None.</p>	
<p>#23 Public Comment</p>	<p>None.</p>	
<p>#24 Adjourn</p>	<p>The meeting was adjourned at 2:49 pm The next Commission meeting is scheduled for May 16, 2019 in Fresno County.</p>	

Submitted this Day: May 16, 2019

Submitted by: Cheryl Hurley
Cheryl Hurley
Clerk to the Commission