Fresno-Kings-Madera Regional Health Authority

CalViva Health Commission Meeting Minutes April 16, 2020

Meeting Location:

Teleconference Meeting due to COVID-19
Executive Order to Shelter-in-Place
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	å	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
	Vacant, Commission At-large Appointee, Kings County	✓•	David Rogers, Madera County Board of Supervisors
√ •	Ed Hill, Director, Kings County Dept. of Public Health	å	Brian Smullin, Valley Children's Hospital Appointee
√ •	David Hodge, M.D., Chair, Fresno County At-large Appointee	å	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)	å	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		
√= C	ommissioners, Staff, General Counsel Present		
* = C	ommissioners arrived late/or left early		
• = A	ttended via Teleconference		

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:32 pm. A quorum was present via	
	conference call in lieu of gathering in public per executive order signed	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	by the Governor of California on Monday, 3/16/2020, allowing Public	
	Health Plans subject to the Brown Act to hold public meetings via	
	teleconferencing due to COVID-19. A quorum remains a requirement to	
	take actions, but can be achieved with any combination of	
	Commissioners' physical attendance at the public location or by	
	teleconferencing.	
#2 Roll Call	A roll call was taken for the current Commission Members.	A roll call was taken
Cheryl Hurley, Clerk to the		
Commission		
#3 Reappointment of Kings	Kings County Board of Supervisors has re-appointed Harold Nikoghosian	
County At-Large Commissioner	for a three-year term, expiring on March 2023.	
for Kings County		
	Soyla Griffin joined the meeting at 1:33 pm	
Information		
David Hodge, MD, Chairman		
#4 Kings County Vacancy: At-	Kerry Hydash was appointed as the Kings County At-Large	Motion: Approve Appointment of
Large Commission Appointed	representative for a three-year term, ending in April 2023.	New Commissioner Applicant
Applicant		13-0-0-4
Action		(Rogers / Fields-Keene)
David Hodge, MD, Chairman		
		A roll call was taken
#5 Consent Agenda	All consent items were presented and accepted as read.	Motion: Approve Consent Agenda
a) Commission Minutes		13-0-0-4
2/20/2020		
b) Finance Committee	,	(Rogers / Neves)
Minutes 10/17/2019		

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
c) Finance Committee Minutes 2/20/2020 d) QIUM Committee Minutes 11/21/2019 e) QIUM Committee Minutes 2/28/2020 f) Public Policy Committee Minutes 12/4/2019		A roll call was taken
Action David Hodge, MD, Chairman		
#6 2020 Quality Improvement Program Description and Work Plan	Dr. Marabella presented the 2020 Quality Improvement Program Description and Work Plan. The highlights of changes for the 2020 QI Program Description include:	See #7 for Action Taken
Action David Hodge, MD, Chairman	 Changes in the Health Promotion Programs: Removed redundancies, toolkit items and reference to the Health Promotion Incentive Program; and added Opioid and Postpartum Depression to Digital Health program. Transition Care Management Program: Expanded description of transition care including details of the program's model and impact on members. Palliative Care: This new category was added to this document including objectives, eligibility criteria and services offered. Satisfaction: Expanded section to include description of educational activities, member materials and new and ongoing activities. Access & Availability: 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	 Provider Satisfaction Survey was added and the name of the 	
	"Telephone Answer Survey" was added.	
	Astivities for 2020 Ovelity Insurance and Week Plan continue to focus	
	Activities for 2020 Quality Improvement Work Plan continue to focus on:	
	Improve Access to Care:	
	Continue to monitor Appointment Access and After-hours	
	Access and educate providers using webinars and follow-up	
	surveys.	
	 Results from 2019 CAHPS Survey is pending; improvement 	
	strategies will be updated based upon results.	
	Improve the Quality & Safety of Care:	
	 Comprehensive Diabetes Care. 	
	 Utilize principles from Chronic Disease Self-Management 	
	Program to perform Planned Care Visits.	
	 Scheduled lab tests and LVN education for members using a 	
	Stoplight Tool.	
	There are two new formal 18-month Performance Improvement	
	Projects (PIPs):	
	o Childhood Immunizations project in Fresno County (CIS-10).	
	 Breast Cancer Screening Disparity Project in Fresno County (BCS). 	
	(BC3).	
	Sara Bosse joined the meeting at 1:49 pm	
	Sala Besse jemea the meeting at 1115 pm	
#7 2020 Utilization Management	Dr. Marabella presented the 2020 Utilization Management and Case	Motion: Approve 2020 Quality
and Case Management Work Plan	Management Work Plan.	Improvement Program Description
		and Work Plan; and 2020
Action		,

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David Hodge, MD, Chairman	The areas of focus for the 2020 Utilization Management & Case Management Work Plan include:	Utilization Management and Case Management Work Plan
	Compliance with Regulatory & Accreditation Requirements: Ensure licensure, attestations and audits are current and complete.	14-0-0-3
	 Monitoring the UM Process: Track and trend prior authorizations, conduct inter-rater reliability testing for clinical staff, and analyze appeals data to identify opportunities to remove or modify PA 	(Frye / Naz)
	 criteria. Monitoring Utilization Metrics: Track effectiveness of care management, monitor for over/under utilization, and continue to enhance PPG Profile monitoring. 	A roll call was taken
	 Monitoring Coordination with Other Programs and Vendor Oversight as it pertains to effectiveness of Case Management, Perinatal Case Management, and Behavioral Health Case Management. Maintain Disease Management, and monitor MD interactions with Pharmacy, and coordination between medical and behavioral health. 	
	 Monitoring Activities for Special Populations: Continue monitoring care of SPDs and CCS identification-additional analysis of CCS data will be included in the quarterly report. 	
#8 Standing Reports	<u>Finance</u>	Motion: Approve Standing Reports
• Finance Report Daniel Maychen, CFO	Total current assets were approximately \$301M; total current liabilities were approximately \$234.2M. Current ratio is 1.29. TNE as of February	14-0-0-3
	29, 2020 was approximately \$77.1M, which is approximately 650% above the minimum DMHC required TNE amount.	(Nikoghosian / Smullin)
		A roll call was taken

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Premium capitation income actual recorded for first eight months of FY	
	2020 was approximately \$689M which is approximately \$65.2M less	
	than budgeted amounts, primarily due to MCO taxes which were	
	budgeted for pending CMS approval. MCO taxes are still in the renewal	
	process with CMS. On April 3, 2020 CMS approved the MCO tax	
	renewal waiver. The difference under the MCO tax renewal request	
	retroactive was to be July 1, 2019; based on Federal regulation it can	
	only go retroactive to January 1, 2020. Funds are expected to be by the end of current fiscal year 2020. With MCO taxes adjusted out of the	
	budgeted amount, actual revenues recorded is higher than what was	
	budgeted by approximately \$18.8M primarily due to rates being higher	
	than estimated.	
	Capitation medical costs are over budget by \$17.8M for the same	
	reason. Admis Service Agreement fees expense is below budget due to	
	enrollment being less than projected. License expense is ahead of	
	budget due to actual being higher than estimated. Marketing expense	
	is higher than budgeted due to timing but should fall into place by the	
	end of the fiscal year. Taxes are below budget due to the MCO tax at	
	that time pending renewal. Total net income for the first eight months of the fiscal year is approximately \$6.9M which is approximately \$1.9M	
	more than budgeted.	
	more than adageted.	
	<u>Compliance</u>	
Compliance		
M.B. Corrado, CCO	Mary Beth Corrado presented the Compliance Report. Year-to-date	
	2020 there have been six (6) fraud cases reported to DHCS as of the end	
	of March, of which all six were provider issues.	

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	All audit activity is continuing during COVID-19.	
	As a result of COVID-19 the State has issued delays and extensions on	
	due dates for regulatory reports.	
	The DHCS issued new requirements for the annual network	
	certification. Plans must now meet both time and distance standard.	
	The filing due date has been extended to 4/20/2020.	
	Due to COVID-19, CalAIM and other proposed health care related	
	initiatives are being reviewed and recalibrated by the state due to the	
	budgetary and economic crisis that is developing. Since DHCS has not	
	yet issued official notice of specific CalAIM delays, changes or	
	cancellations, the status of the projects listed in Table 1 remain the	
	same but will likely be changed by the next Commission meeting.	
	CalViva Health received three (3) applications for the Behavioral Health	
	Integration Incentive Program with one application covering two	
	programs. All three (3) applications met the minimum qualifying criteria	
	and the application packets have been submitted to DHCS for review.	
	Due to the COVID-19 emergency, DHCS has deferred the start date of	
	the BHI Incentive program to July 1, 2020.	
	Preventive Care Outreach Project call campaign has been delayed due	
	to COVID-19.	
	The Plan has received numerous All Plan Letters and other regulatory	
	guidance from DMHC and DHCS during the last month. DHCS requires	
	,	
	MCPs to report provider site closures, positive COVID-19 tests and hospitalizations on a daily basis, including weekends. Both agencies	

have provided guidance to plans on ensuring access to testing,	
screening and treatment services, promoting telehealth services, ensuring members are not liable for COVID-19 balance bills from providers, etc. CalViva Health staff and our administrator's staff are carrying out operations on a remote basis. Remote work situation is assessed on a weekly basis.	
The Public Policy Committee (PPC) met in Fresno County on March 4, 2020. The following reports were presented: the Q4 2019 Grievance & Appeal report, the Annual 2019 Compliance Report, the Q3 and Q4 2019 Member Incentive Programs Report. There were no recommendations for referral to the Commission. The next meeting is scheduled for June 10, 2020, in Kings County, subject to change due to COVID-19 state.	
A comprehensive report on 2020 New California Health Care Laws was reported out.	
Medical Management	
Appeals and Grievances Dashboard	
Dr. Marabella presented the Appeals & Grievances Dashboard through January 2020.	
Appeals & Grievances Data: • The total number of grievances received through end of January	
	ensuring members are not liable for COVID-19 balance bills from providers, etc. CalViva Health staff and our administrator's staff are carrying out operations on a remote basis. Remote work situation is assessed on a weekly basis. The Public Policy Committee (PPC) met in Fresno County on March 4, 2020. The following reports were presented: the Q4 2019 Grievance & Appeal report, the Annual 2019 Compliance Report, the Q3 and Q4 2019 Member Incentive Programs Report. There were no recommendations for referral to the Commission. The next meeting is scheduled for June 10, 2020, in Kings County, subject to change due to COVID-19 state. A comprehensive report on 2020 New California Health Care Laws was reported out. Medical Management Appeals and Grievances Dashboard Dr. Marabella presented the Appeals & Grievances Dashboard through January 2020. Appeals & Grievances Data:

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	 The majority of Quality of Service grievances were noted in the areas of Access to PCP, Access to Specialist, and Transportation. 	
	More information on exempt grievances is needed as it relates to	
	Transportation	
	The total number of Appeals Received/Resolved is consistent with	
	previous year data. These results are attributable primarily to	
	advanced imaging, and pharmacy denials.	
	Key Indicator Report	
	Dr. Marabella presented the Key Indicator Report through January 31, 2020.	
	Inpatient utilization is consistent with previous months.	
	Turn around time compliance has improved compared to previous year.	
	Case Management numbers for January continue to be good.	
	Credentialing Sub-Committee Quarterly Report	
	In Quarter 1, 2020, the Credentialing Sub-Committee met on February	
	28, 2020. Routine credentialing and re-credentialing reports were	
	reviewed for both delegated and non-delegated services. Reports	
	covering Q3 2019 were reviewed for delegated entities, Q4 2019 reports were reviewed for both Health Net and MHN. There were two	
	(2) cases to report on in the Quarter 4 2019 Credentialing Report from	
	Health Net.	
	Peer Review Sub-Committee Quarterly Report	

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• Operations J. Nkansah, COO	The Peer Review Sub-Committee met on February 28, 2020. The county-specific Peer Review Sub-Committee Summary Reports for Q4 2019 were reviewed for approval. There were no significant cases to report. The Q4 2019 Peer Count Report was presented with a total of 16 cases reviewed. There were six (6) cases closed and cleared. There were two (2) cases pending closure for Corrective Action Plan compliance. There were eight (8) cases pended for further information, and no cases with an outstanding CAP. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue. Operations Report Jeff Nkansah presented the Operations Report. Currently, there are no issues, concerns, or items of significance as it relates to IT Communications and Systems. Due to COVID-19 the business continuity plan was activated and staff are successfully working remotely from home. Due to the current environment additional security measures have been put into place. For Privacy and Security, there are no issues or items of significance to report. There are no new items to report in reference to the Member Call Center and CalViva Health Website. Changes to the website due to	ACTION TAKEN
	COVID-19 were addressed in the Compliance Report.	

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	With regard to Provider Network Activities, the Plan is preparing to represent its network to Regulators. Activity is ongoing with no significant issues to report.	
	With regard to Claims Processing and Provider Disputes metrics in most areas have met goal.	
	Executive Report	
Executive Report		
G. Hund, CEO	The membership for February presents a slight decline from January. Membership is expected to increase due to the impact of COVID-19.	
#9 Closed Session	Due to technical difficulties and after consulting with general counsel,	
	Closed Session was discussed in open session in item #10.	
A. Government Code section 59454.5 – Report Involving Trade Secret – Discussion of service, program, or facility		
#10 Community Support Program	Greg Hund presented the grant recommendations as a result of the	Motion: Approve Community
Funding Grant Recommendations	Community Support Funding Ad-hoc Committee which met on March 4,	Support Funding Grant
Action	2020. As a result of the COVID-19 pandemic which developed after the ad-hoc committee met, administration has asked that an additional	Recommendations
David Hodge, MD, Chairman	funding of \$1.1M be added to the budget to assist partners within the CVH communities.	(Nikoghosian / Fields-Keene)
		13 − 0 − 1 − 3 (Bosse abstained
	The original \$4.2M will be proposed to the Commission in May as a part	from Every Neighborhood
	of the FY 2021 budget; given the current circumstances it is recommended that the additional \$1.1M be allocated now out of the	Partnership)
	current FY 2002 budget as there are sufficient funds and to allow	13 – 0 – 1 – 3 (Frye abstained from Poverello House)

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	administration the flexibility to accommodate the organization(s) with the greatest need now.	13 – 0 – 1 – 3 (Soares abstained from CASA Fresno and Madera Counties) A roll call was taken
#11 Final Comments from Commission Members and Staff	None.	
#12 Announcements	CalViva Health is following the Mayor's order to shelter-in-place and has closed the office through May 6, 2020. Staff will work from home.	
#13 Public Comment	None.	
#14 Adjourn	The meeting was adjourned at 2:38 pm	
	The next Commission meeting is scheduled for May 21, 2020 in Fresno County.	

Submitted this Day:

Submitted by: _

Cheryl Hurley

Clerk to the Commission