

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**

Meeting Minutes

May 17, 2018

Meeting Location:

CalViva Health
7625 N. Palm Ave., #109
Fresno, CA 93711

| Commission Members | | | |
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| ✓ | 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 |
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| #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> |

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| Cheryl Hurley, Clerk to the Commission | | |
| <p>#3 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes 3/15/18 b) Finance Committee Minutes 2/15/18 c) QI/UM Committee Minutes 2/15/18 <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 / Gruen)</p> |
| <p>#4 Official Announcement and confirmed appointment of CFO including Auditor, Controller, Treasurer, and Trustee of Retirement Plans</p> <p>Action David Hodge, MD, Chairman</p> | The Commission officially announced and confirmed the appointment of Daniel Maychen to the positions of CFO, including the positions of Auditor, Controller, and Treasurer of the Fresno-Kings-Madera Regional Health Authority effective August 1, 2018 which took place at a closed session of the Commission on September 21, 2017. He was also appointed as a Trustee of the Retirement Plans, effective September 21, 2017. | <p>Motion: Approve appointment of Daniel Maychen as CFO, Auditor, Controller, Treasurer, and Trustee of Retirement Plans. 12 – 0 – 0 – 5</p> <p>(Neves / Naz)</p> |
| <p>#5 Fresno County At-Large Reappointment</p> <p>Information David Hodge, MD, Chairman</p> | Ms. Soyla Reyna-Griffin was re-appointed by the Fresno County BOS for a three-year term. | |
| <p>#6 CRMC Reappointment</p> <p>Action David Hodge, MD, Chairman</p> | The Commission ratified the reappointment of Aldo De La Torre for an additional three-year term. | <p>Motion: Ratify the reappointment of CRMC 12 – 0 – 0 – 5</p> <p>(Neves / Frye)</p> |

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| <p>#7 Closed Session</p> <p>A. Government Code section 54957(b)(1) – Public Employee Appointment, Employment, Evaluation, or Discipline.</p> | <p>Jason Epperson, General Counsel, reported out of Closed Session. The Board discussed item #7A, involving Public Employee Appointment, Employment, Evaluation, or Discipline; Chief Executive Officer, per Government Code Section 54957(b)(1). A motion was made and passed unanimously that CEO Greg Hund be given a 5% increase to his base salary effective on his employment anniversary date.</p> <p>Closed Session concluded at 1:43 pm.</p> | <p>Motion: Approve annual performance review and salary increase for CEO 12 – 0 – 0 – 5</p> <p>(Naz / Cardona)</p> |
| <p>#8 Community Support Program</p> <p>Action G. Hund, CEO</p> | <p>The ad-hoc committee reviewed and revised the program guidelines. Revisions to the policy include: Section II Item 3) budget for funding being requested is direct cost only, no overhead allocation; Section II, Item 4) funding not to exceed 1/3 of the funds need; and Section III Item 6) funds requested as a percent of total net cost of the program.</p> <p>The Commission suggested under Section II - Application Requirements, Item #3 specifically state “net of revenue generated from program.”</p> | <p>Motion: Adopt Community Support Program Guidelines with amended language. 12 – 0 – 0 – 5</p> <p>(Frye / Neves)</p> |
| <p>#9 Committee Appointments for FY 2019</p> <p>Information David Hodge, MD, Chairman</p> | <p>No changes in Commission members were made for FY 2019 to the following committees, as described in BL 18-004:</p> <ul style="list-style-type: none"> ➤ The Finance Committee ➤ The Quality Improvement/Utilization Management Committee ➤ The Credentialing Sub-Committee ➤ The Peer Review Sub-Committee ➤ The Public Policy Committee | |
| <p>#10 Proposed Budget – Fiscal Year 2019</p> | <p>D. Maychen presented the proposed budget for Fiscal Year 2019. Overall, the budget reflects a slight decrease in enrollment in comparison to FY 2018. In addition, taxes are projected to increase</p> | <p>Motion: Approve FY 2019 Budget 12 – 0 – 0 – 5</p> |

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| <p>Action W. Gregor, CFO</p> | <p>due to an increase in tax rates assessed by DHCS. All other expense items are relatively in line with what was budgeted for FY 2018. Projected net income for FY 2019 is approximately \$6.9M. The FY 2019 proposed budget was reviewed, discussed and approved by the Finance Committee for submission to the Commission.</p> | <p><i>(Neves / Naz)</i></p> |
| <p>#11 Cultural and Linguistics Program Description and Work Plan Evaluation</p> <ul style="list-style-type: none"> • 2017 Annual Evaluation • 2018 Program Description • 2018 Work Plan Summary <p>Action P. Marabella, MD, CMO</p> | <p>Dr. Marabella presented the Cultural and Linguistic 2017 Work Plan Annual Evaluation, the 2018 Program Description and the 2018 Work Plan.</p> <p>For 2017, 100% of the Work Plan activities were completed in all four areas.</p> <ul style="list-style-type: none"> • Language Assistance Services: Posted Non-Discrimination Notices and Taglines on website; and completed the C & L Geo Access report. • Compliance Monitoring: Investigated and completed follow up on eight grievances in 2017; and assisted with coordination of four Public Policy Committee meetings. • Communication, Training and Education: Updated the Quick Reference Guide and Desk Top procedure to support ongoing training for A & G staff; and conducted five cultural competency trainings for the Call Center, Provider Relations, and Provider Network staff. • Health Literacy and Cultural Competency & Health Equity: Conducted Key Informant Interviews aimed at identifying barriers to postpartum care in rural Fresno County in support of Postpartum Disparity Project. <p>The 2018 Program Description has been updated to include:</p> | <p><i>See #12 for Action Taken</i></p> |

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| | <ul style="list-style-type: none"> • Objectives: Added a statement regarding the HHS guidelines for Section 1557 requirement for non-discrimination including monitoring use of taglines and notices. • Interpreter Services: Added reference to non-discrimination compliance standards. • Alternate Formats: Added language regarding obtaining member preference for alternate formats and storing this information in health plan databases and providing all required materials in the preferred format. • Oversight of Contracted Services & Monitoring Quality: Added language regarding monitoring and oversight. • Cultural Competency Training for staff: updated description of the Annual Heritage Event for staff. • Clear and Simple Guide: Added description of this reference document for staff. • Roles and Responsibilities was updated. • Other minor edits and/or updates were completed throughout the document. <p>The 2018 Work Plan activities will continue with an emphasis in the following areas:</p> <ul style="list-style-type: none"> • Creating cultural awareness through education and consultation with an emphasis on non-discrimination. • Oversight and consultation for operational activities. • Enhance and expand on training for staff and providers inclusive of disparity reduction efforts. | |

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| <p>#12 Health Education Program Description and Work Plan Evaluation</p> <ul style="list-style-type: none"> • 2017 Annual Evaluation • 2018 Program Description • 2018 Work Plan Summary <p>Action P. Marabella, MD, CMO</p> | <p>Dr. Marabella presented the Health Education 2017 Work Plan Annual Evaluation, the 2018 Program Description, and the 2018 Work Plan.</p> <p>Overall, seven of the eleven Program Initiatives were completed in 2017. Four of the initiatives were partially met. Some sub-elements were not completed.</p> <p>The seven initiatives that were fully met are:</p> <ol style="list-style-type: none"> 1) Perinatal Initiative 2) Community Health Education 3) Member Newsletter Initiative 4) Public Policy Committee 5) Tobacco Cessation Program 6) Compliance: Staying Healthy Assessment, Oversight and Reporting 7) Materials Update, Development & Inventory. <p>The four initiatives partially met are:</p> <ol style="list-style-type: none"> 1) Digital Education Programs (DHCS did not approve the Lifeline program) 2) Member Engagement for Improved Health (Member contact information was not current) 3) Promotores Health Network (Materials were delayed) 4) Obesity Prevention Initiative (No member requests and no direct promotion completed) <p>Follow up is planned for these areas in 2018.</p> <p>Changes to the 2018 Program Description include:</p> | <p>Motion: Approve the Cultural & Linguistics 2017 Annual Evaluation; 2018 Program Description; and 2018 Work Plan; and the Health Education 2017 Annual Evaluation; 2018 Program Description; and 2018 Work Plan.</p> <p><i>12-0-0-5 (Neves / Gruen)</i></p> |

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| | <ol style="list-style-type: none"> 1) Replaced Pregnancy Matters[®] with new Healthy Pregnancy Program 2) California Smokers' Helpline: Removed detailed description 3) Nurse Advise Line: Added description of Audio Library 4) Digital Health Education: Revised description of T2X Program and added MyStrength, a website and mobile application to help members manage depression, anxiety, stress, substance use and pain management. 5) Health Promotion Incentive Programs: Added description of Incentive Program 6) Know Your Numbers: Added description of purpose and events. 7) List of Available Resources: Added the MyStrength 8) Roles & Responsibilities was updated 9) Department Listing: Added MemberConnections 10) Other minor edits and updates were completed throughout the document. <p>The 2018 Work Plan initiatives will continue with the following enhancements:</p> <ol style="list-style-type: none"> 1) Obesity Prevention – <ol style="list-style-type: none"> a. Identify high-risk members and promote program/resources. 2) Smoking Cessation – California Smokers' Helpline: <ol style="list-style-type: none"> a. Educate and encourage providers to use the e-referral into the Helpline in order to track enrollment status. 3) Well Care & General Health Promotion: <ol style="list-style-type: none"> a. Obtain updated contact information from secondary sources before initiating outreach; | |

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| | <ul style="list-style-type: none"> b. Continue HEDIS® improvement member incentives. c. Increase follow up calls to encourage appointment attendance. <p>4) Digital Education Programs:</p> <ul style="list-style-type: none"> a. Continue promotion of T₂X campaign to increase participation; b. Increase text messaging programs to improve reach rates and engagement. | |
| <p>#13 Standing Reports</p> <ul style="list-style-type: none"> • Finance Report William Gregor, CFO | <p><u>Finance</u></p> <p>Financial Statements as of March 31, 2017:</p> <p>Total current assets were approximately \$240.8M; total current liabilities were approximately \$194.9M. Current ratio is 1.23. TNE as of March 31, 2018 was \$56.8M, which is approximately 410% of the minimum DMHC required TNE amount.</p> <p>Total premium capitation income recorded was \$899.2M which is \$45.2M above budgeted amounts primarily due to rates and taxes being higher than budgeted. Medical Costs expense and taxes are ahead of budget for the same reasons.</p> <p>All other expense line items are relatively in line with current year budget. Total net income for the first nine months of the fiscal year is approximately \$7.2M, which is approximately \$920K more than budgeted.</p> | <p>Motion: Approve Standing Reports</p> <p><i>12-0-0-5 (Frye / Neves)</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 34 filings for DHCS and 20 for DMHC through April.</p> <p>The Plan received DHCS' Final Report in February 2018 for the 2017 DHCS audit and filed its response to the CAP on 3/30/18. DHCS accepted the CAP and closed it in a 5/8/2018 report. The Final Audit Report and CAP will be posted on the DHCS website and available for public review.</p> <p>DHCS completed its on-site audit of Plan activities on 4/19/18 and completed onsite provider visits the week of 4/23/2018. Preliminary DHCS exit conference comments focused on IHA tracking documentation, Specialty Access in Kings and other counties, and network integrity. We are awaiting the DHCS' formal Preliminary Report findings.</p> <p>DMHC notified CalViva Health on 4/17/18 that the follow-up survey to the three deficiency findings from the 2016 audit have all been corrected. The Final Report will be posted on the DMHC website and available for public review</p> <p>DHCS issued a Corrective Action Plan to CalViva Health on December 26, 2017 identifying that the volume of encounter data submitted for Kings and Madera counties in 2015 and 2016 had trended down even though enrollment was increasing. Subsequent to the Plan's CAP response to DHCS on January 10, 2018, the DHCS has granted an extension for submitting the 2015-16 data in question until 5/30/18.</p> | |

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| <ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO | <p>The next Public Policy Committee meeting is scheduled for June 13, 2018, 11:30 a.m. in Kings County.</p> <p>A final enforcement action was received from DMHC regarding the Timely Access filing for 2014 data that was submitted in 2015. The final result is a \$2500 sanction primarily for technical violations regarding certain data that was not submitted correctly on the first submission.</p> <p>Coalinga Regional Hospital announced the closure of their facility effective June 15, 2018.</p> <p>A detailed Executive Summary was reported to the Commission regarding the 2017 Oversight Audits of Health Net Community Solutions, and their sub-contracted arrangements.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Report Dr. Marabella presented the Appeals and Grievances Dashboard through Quarter 1 of 2018.</p> <ul style="list-style-type: none"> • The number of Grievances for Q1 2018 is noted to have increased compared to prior quarters, primarily related to an increase in quality of service and exempt grievances in March. • The number of Quality of Care Grievances has remained comparable to previous months and quarters. | |

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| | <ul style="list-style-type: none"> • The increase in Exempt grievances is primarily related to the EHS transition. • The inclusion of Transportation related grievances in quarter 1, a new benefit in the past several months, has also contributed to the increased volumes. • The total number of Appeals received and resolved in quarter 1 and particularly in March is noted to have increased. An increase is noted in the "Other" category and is primarily related to a new prior authorization process for advanced imaging studies and allergy treatments. It is anticipated these numbers will decrease with provider education. <p>Key Indicator Report Dr. Marabella presented the Key Indicator report through March 2018.</p> <ul style="list-style-type: none"> • Membership and acute admissions have remained consistent. • ER utilization has also remained steady. • Bed Days PTMPY have increased slightly. This may be related to the EHS transition. • Turn Around Time (TAT) Compliance for Preservice Routine authorizations has decreased in February and March due to higher volumes associated with the EHS transition. Actions focused on improvement are in progress. • Case Management rates are stabilizing with an increase in engagement and Total Cases Managed in March. | |

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| | <p>QIUM Quarterly Summary Report</p> <p>Dr. Marabella provided the QI/UM Qtr. 1 2018 update. Two QI/UM meetings were held in Quarter 1, one on February 15, 2018 and one on March 15, 2018.</p> <p>The following guiding and general documents were approved:</p> <ul style="list-style-type: none"> • 2017 Quality Improvement Executive Summary and Annual Evaluation • 2018 Quality Improvement Program Description • 2018 Quality Improvement Work Plan • 2017 Utilization Management & Case Management Executive Summary & Annual Evaluation • 2018 Utilization Management & Case Management Program Description • 2018 Utilization Management & Case Management Work Plan • QI/UM Committee Charter 2018 • Medical Policies Provider Update Q3 & Q4 • Pharmacy Formulary (Recommended Drug List) & Provider Updates <p>Reports reviewed included the following Quality Improvement Reports: Appeals and Grievances Dashboard & Quarter 4 Member Report, PM 160 Report, MHN Performance Indicator Report, Public Programs Quarterly Report, and Provider Office Wait Times. Other QI reports reviewed and approved include Provider Preventable Conditions Reporting, Initial Health Assessment Monitoring, CCS Trending, Health Education, and the Potential Quality Issues (PQI) Report.</p> <p>The Utilization Management & Case Management reports reviewed included the Key Indicator Report, the Case Management & TCM</p> | |

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| | <p>Report, Specialty Referral Reports, and the Inter-rate Reliability Report for Physicians and Non-physicians.</p> <p>Pharmacy reports were reviewed, which included Operations Metrics, Top Medication Prior Authorization Requests, and quarterly Formulary changes.</p> <p>HEDIS® Activity:</p> <ul style="list-style-type: none"> • In Quarter 1 new HEDIS® Performance Improvement Projects (PIPs) approved consisted of: <ul style="list-style-type: none"> ○ Childhood Immunization Status (CIS-3) – Fresno County ○ Postpartum Care Disparity Project– Fresno County • Rapid Cycle Projects include: <ul style="list-style-type: none"> ○ Annual Monitoring for Patients on Persistent Medications (MPM) – Madera County ○ Use of Imaging Studies for Low Back Pain (LBP) – Madera County ○ Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB) – Madera County <p>The Access Workgroup met twice in Q1, on January 23rd and March 6th, 2018. The Workgroup reviewed the following:</p> <ul style="list-style-type: none"> • Specialist Access Improvement CAP • MY2016 Provider Appointment Availability & After-Hours CAP • 2018 Annual TAR Submission-submitted 3/31/2018. <p>Quarter 4 2017 Kaiser reports were reviewed without any significant findings.</p> | |

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| | Health will now be giving out 300 prenatal vitamins at the first prenatal appointment. | |
| #15 Announcements | Mary Beth Corrado introduced Lori Norman as the newest CalViva Health staff member in the role of Compliance Analyst. | |
| #16 Public Comment | None. | |
| #17 Adjourn | The meeting was adjourned at 2:54 pm The next Commission meeting is scheduled for July 19, 2018 in Fresno County. | |

Submitted this Day: July 19, 2018

Submitted by: Cheryl Hurley
Cheryl Hurley
Clerk to the Commission