

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
Commission**  
Meeting Minutes  
July 19, 2018

**Meeting Location:**  
CalViva Health  
7625 N. Palm Ave., #109  
Fresno, CA 93711

<b>Commission Members</b>			
✓	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		
<b>Commission Staff</b>			
✓	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)		
<b>General Counsel and Consultants</b>			
✓	Jason Epperson, General Counsel		
✓ = Commissioners, Staff, General Counsel Present			
* = Commissioners arrived late/or left early			
● = Attended via Teleconference			

<b>AGENDA ITEM / PRESENTER</b>	<b>MOTIONS / MAJOR DISCUSSIONS</b>	<b>ACTION TAKEN</b>
#1 Call to Order	The meeting was called to order at 1:31 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><b>#3 Chair and Co-Chair Nominations for FY2019</b> Action Greg Hund, CEO</p>	<p>The Commissioners nominated and subsequently re-elected David Hodge, MD as chair and Supervisor Joe Neves as Co-Chair to serve during Fiscal Year 2019.</p>	<p><b>Motion:</b> <b>Approve Chair Nomination:</b> <i>9-0-0-8 (Nikoghosian / Soares)</i></p> <p><b>Approve Co-Chair Nomination:</b> <i>9-0-0-8 (Nikoghosian / Hill)</i></p>
<p><b>#4 Consent Agenda</b></p> <ul style="list-style-type: none"> <li>a) Commission Minutes 5/17/18</li> <li>b) Finance Committee Minutes 3/15/18</li> <li>c) PPC Minutes 3/7/18</li> <li>d) QI/UM Committee Minutes 3/15/18</li> <li>e) Finance Committee Charter</li> <li>f) Credentialing Committee Charter</li> <li>g) Peer Review Committee Charter</li> <li>h) QIUM Committee Charter</li> <li>i) PPC Charter</li> <li>j) Compliance Report</li> </ul> <p>Action David Hodge, MD, Chairman</p>	<p>All consent items were presented and accepted as read.</p>	<p><b>Motion:</b> <i>Approve Consent Agenda</i> <i>9-0-0-8</i></p> <p><i>(Soares / Frye)</i></p>

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<p><b>#5 Closed Session</b></p> <p><b>A. Public Employee Appointment, Employment, Evaluation, or Discipline</b>                      Title: Chief Financial Officer                      Per Government Code Section 54957(b)(1)</p> <p><b>B. Conference with Legal Counsel – Anticipated Litigation</b>                      Significant exposure to litigation pursuant to Government Code Section 54956.9(b), one case</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session. The Board discussed item #5A, Public Employee Appointment, Employment, Evaluation, or Discipline, regarding the Chief Financial Officer, per Government Code Section 54957(b)(1); and 5B, Conference with Legal Counsel – Anticipated Litigation, Significant exposure to litigation pursuant to Government Code Section 54956.9(b), one case.</p> <p>A motion was made and passed unanimously that Bill Gregor, CFO, be given a \$15K bonus upon his retirement from CalViva Health.</p> <p>Closed Session concluded at 1:53 pm.</p> <p><i>Sarah Bosse arrived at 1:41 pm</i>  <i>Soyla Reyna-Griffin arrived at 1:41 pm</i></p>	<p><b>Motion:</b> Approval of CFO retirement bonus.                      11 – 0 – 0 – 6</p> <p><i>(Nikoghosian / Frye)</i></p>
<p><b>#6 Community Funding Fiscal Year Guidelines for Provider Recruitment</b></p> <p>Action                      G. Hund, CEO</p>	<p>A new ad-hoc committee will be appointed and convene prior to the September Commission meeting to discuss proposal for Grants. An application has been received from UHC to help fund their residency program; the request will be considered as part of the community funding grant program.</p>	<p><b>Motion:</b> Approve Community Funding Fiscal Year Guidelines for Training, Physician Recruitment, and Physician extenders.</p> <p>11 – 0 – 0 – 6  <i>(Frye / Quintero)</i></p>
<p><b>#7 Conflict of Interest Code</b></p> <p>Action                      David Hodge, MD, Chairman</p>	<p>The amended Conflict of Interest Code was adopted as presented, subject to a 45-day comment period and approval by the FPPC.</p>	<p><b>Motion:</b> Approve Conflict of Interest Code</p> <p>11 – 0 – 0 – 6  <i>(Neves / Soares)</i></p>

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<p><b>#8 Standing Reports</b></p> <ul style="list-style-type: none"> <li><b>Finance Report</b> William Gregor, CFO</li> <li><b>Medical Management</b> P. Marabella, MD, CMO</li> </ul>	<p><b><u>Finance</u></b></p> <p><b>Financial Statements as of May 31, 2018:</b></p> <p>Total current assets were approximately \$163M; total current liabilities were approximately \$115.5M. Current ratio is 1.41. TNE as of May 31, 2018 was approximately \$58.5M, which is approximately 437% of the minimum DMHC required TNE amount.</p> <p>Total premium capitation income recorded was \$1.087B which is \$43.8M above budgeted amounts primarily due to capitation rates and taxes being higher than budgeted. Medical Costs expense and taxes are higher than budgeted for the same reasons.</p> <p>All other expense line items are in line or below with current year budget. Total net income for the first 11 months of the fiscal year is approximately \$8.9M, which is approximately \$1.2M more than budgeted.</p> <p><b><u>Medical Management</u></b></p> <p><b>Appeals and Grievances Report</b> Dr. Marabella presented the Appeals and Grievances Dashboard through May 2018.</p> <ul style="list-style-type: none"> <li>Overall, variation is noted in the number of Grievances received/resolved by grievance type during the months of April and May 2018 compared to previous months.</li> </ul>	<p><b>Motion: Approve Standing Reports</b></p> <p>11-0-0-6 (Neves / Frye)</p>

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	<ul style="list-style-type: none"> <li>• Total number of Grievances Resolved increased in April and decreased in May.</li> <li>• The number of Quality of Service Grievances and Quality of Care Grievances has remained stable.</li> <li>• An increase is noted in Exempt grievances which is in part related to the EHS transition. The inclusion of Transportation related grievances this year has also contributed to the increase in the number of Exempt Grievances.</li> <li>• However, Year -to-date Grievance Rates are lower than last year's average.</li> <li>• Total number of Appeals Received/Resolved has demonstrated an increasing trend throughout the year so far.</li> <li>• The increase is noted primarily in the "Other" category related to advanced imaging and allergy treatment requests. It is anticipated that provider education will reduce these numbers over time.</li> </ul> <p><b>Key Indicator Report</b> Dr. Marabella presented the Key Indicator report through April 2018.</p> <ul style="list-style-type: none"> <li>• Membership has remained consistent.</li> <li>• Admits remain comparable to previous months.</li> <li>• ER utilization has also remained steady.</li> <li>• Bed Days PTMPY have increased slightly. This may be related to the EHS transition causing system disruptions.</li> <li>• Turn-around Time (TAT) Compliance has several metrics below goal of 100%, but above 90%. EHS transition resulted in providers sending the wrong prior authorization form impacting case prioritization and ultimately turn-around compliance rates. This has been addressed.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• CCS and OB rates remain consistent.</li> <li>• Perinatal Case Management outreach attempts and engagement rates have increased.</li> <li>• Integrated Case Management outreach attempts are lower due to a more targeted member identification process resulting in a higher engagement rate.</li> </ul> <p><b>QIUM Quarterly Summary Report</b></p> <p>Dr. Marabella provided the QI/UM Qtr. 2, 2018 update. One QI/UM meeting was held in Quarter 2, on May 17, 2018.</p> <p>The following guiding and general documents were approved:</p> <ul style="list-style-type: none"> <li>• 2017 Cultural &amp; Linguistics Annual Evaluation &amp; Summary</li> <li>• 2018 Cultural &amp; Linguistics Program Description &amp; Summary</li> <li>• 2018 Cultural &amp; Linguistics Work Plan &amp; Summary</li> <li>• Language Assistance Program Report</li> <li>• 2017 Health Education Annual Evaluation &amp; Summary</li> <li>• 2018 Health Education Program Description</li> <li>• 2018 Health Education Work Plan</li> <li>• Performance Improvement Project Updates (CIS-3 Immunization Improvement PIP, PPC Postpartum Visit PIP and MPM Monitoring Persistent Medications PDSA)</li> <li>• Pharmacy Formulary (Recommended Drug List) &amp; Provider Updates</li> </ul> <p>Reports reviewed included the following Quality Improvement Reports: Appeals and Grievances Dashboard &amp; Quarter 1 Member Report, ED Drug Report, Initial Health Assessment, and Provider Wait</p>	

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	<p>Times. Other QI reports reviewed and approved included CCS Trending and the Potential Quality Issues (PQI) Report.</p> <p>The Utilization Management &amp; Case Management reports reviewed included the Key Indicator Report, and the Case Management &amp; TCM Report. Other UM reports reviewed included Concurrent Review Quarterly for Q1, and Concurrent Review IRR Report.</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"> <li>• In Quarter 2, continuing HEDIS® Performance Improvement Projects (PIPs) consisting of: <ul style="list-style-type: none"> <li>○ Childhood Immunization Status (CIS-3) – Fresno County</li> <li>○ Postpartum Care Disparity Project– Fresno County</li> </ul> </li> <li>• Rapid Cycle Projects include: <ul style="list-style-type: none"> <li>○ Annual Monitoring for Patients on Persistent Medications (MPM) – Madera County</li> <li>○ Use of Imaging Studies for Low Back Pain (LBP) – Madera County</li> <li>○ Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB) – Madera County</li> </ul> </li> </ul> <p>Quarter 1 2018 Kaiser reports were reviewed without any significant findings.</p> <p><b>Credentialing Sub-Committee Quarterly Report</b></p>	

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<ul style="list-style-type: none"> <li>• <b>Operations</b> J. Nkansah, COO</li> </ul>	<p>The Credentialing Sub-Committee met on May 17,2018. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q4 2017 were reviewed for delegated entities, Q1 2018 reports were reviewed for MHN and Health Net. The Credentialing Sub-Committee 2018 Charter was reviewed and approved without changes. The Q1 2018 Credentialing report was reviewed with one case of denied network admittance. No significant cases were identified on these reports.</p> <p><b>Peer Review Sub-Committee Quarterly Report</b></p> <p>The Peer Review Sub-Committee met on May 17, 2018. The county-specific Peer Review Sub-Committee Summary Reports for Q1 2018 were reviewed for approval. There were no significant cases to report. The 2018 Peer Review Sub-Committee Charter was reviewed and approved without changes. The Q1 2018 Peer Count Report was presented and there was one case closed and cleared. There was one case pending closure for Corrective Action Plan compliance. There were two cases 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><b><u>Operations Report</u></b></p> <p>Jeff Nkansah presented the Operations Report.</p>	



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	<p>There were no significant fluctuations or changes with IT Communications and Systems. The Overall Network Health Score increased to 93%, up from 92% in May 2018.</p> <p>No significant activity has occurred in the area of Fraud, Waste, and Abuse. There has been a decrease in active cases, from 24 down to 16. Fraud, Waste, and Abuse activity, effective 7/1/18, will transition from the Operations Report to the Compliance Report.</p> <p>To date, there have been 17 Privacy and Security cases. There have been no high-risk cases reported since the Commission last met in May.</p> <p>Provider Network Activities include the closure of Coalinga Regional Medical Center, which will impact our hospital count. CVH has passed DHCS's Annual Network Certification for 2018. Alternative Access Requests were approved and there were no deficiencies noted. Increase in counts for PCP, Clinic, Specialist and Ancillary is attributed to both contracting efforts and data integrity efforts. Operating and complying with the new state and federal regulations ensuring contracted network providers are enrolled in the Med-Cal program is currently a significant issue of concern.</p> <p>Claims Processing of Behavioral Health Claims have not met timely payment standard as reported by the behavior health team. A Corrective Action Plan (CAP) was requested to address the concern.</p>	

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<ul style="list-style-type: none"> <li>• <b>Executive Report</b> G. Hund, CEO</li> </ul>	<p>Medical Provider Disputes did not meet goal for Quarter 1 2018. In addition, PPG 2 did not meet goal for Quarter 1 2018. These areas are a concern and are continuing to be monitored.</p> <p><b><u>Executive Report</u></b></p> <p>Membership increased in the month of June. Market share is currently at 71.03%. Numbers remain consistent.</p>	
<p>#14 Final Comments from Commission Members and Staff</p>		
<p>#15 Announcements</p>		
<p>#16 Public Comment</p>	<p>None.</p>	
<p>#17 Adjourn</p>	<p>The meeting was adjourned at 2:38 pm The next Commission meeting is scheduled for September 20, 2018 in Fresno County.</p>	

Submitted this Day: September 20, 2018

Submitted by: Cheryl Hurley  
Cheryl Hurley  
Clerk to the Commission