

Fresno-Kings-Madera
Regional Health Authority

CalViva Health Commission

Meeting Minutes

September 17, 2015

Meeting Location

Kings County Government Center
1400 W. Lacey Boulevard
Hanford, CA 93230

Commission Members		
✓●	Deborah Poochigian , Fresno County Board of Supervisor	David Rogers , Madera County Board of Supervisors
✓●	David Pomaville , Director, Fresno County Dept. of Public Health	Van Do-Reynoso , Director, Madera County Dept. of Social Services
✓	Stephen Ramirez Fresno County At-large Appointee	✓ Aftab Naz , Madera County At-large Appointee
	David Cardona, M.D. , Fresno County At-large Appointee	✓ David Singh , Valley Children's Hospital Appointee
✓	David Hodge, M.D., Chair , Fresno County At-large Appointee	Aldo De La Torre , Community Medical Center Representative
	Soyla Griffin , Fresno County At-large Appointee	John Frye , Commission At-large Appointee, Fresno
✓	Joe Neves, Vice Chair , Kings County Board of Supervisors	Derrick Gruen , Commission At-large Appointee, Kings County
	Keith Winkler , Director, Kings County Dept. of Public Health	✓ Paulo Soares , Commission At-large Appointee, Madera County
✓	Harold Nikoghosian , Kings 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)	✓ Jeff Nkansah , Clerk to the Commission
✓	Patrick Marabella, M.D. , Chief Medical Officer (CMO)	✓ Cheryl Hurley , Office Manager
✓	Mary Beth Corrado , Chief Compliance Officer (CCO)	✓ Kim Lopez , Compliance Administrative Coordinator
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 1:34pm. A quorum was present.	
#2 Roll Call	A roll call was taken for the current Commissioner Members.	<i>A roll call was taken</i>

Commission Meeting Minutes

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Jeffery Nkansah, Clerk to the Commission		
<p>#3 Consent Agenda</p> <ul style="list-style-type: none"> • Commission Minutes 7/16/2015 • Finance Committee Minutes 5/28/2015 • Public Policy Minutes 6/3/2015 • QI/UM Committee Minutes 5/28/2015 • Compliance Report <p>Action David Hodge, M.D, Chairman</p>	All consent items were presented and accepted as read.	<p>Motion: <i>Approve Consent Agenda</i></p> <p>9 – 0 – 0 – 8 (Neves/Soares)</p>
<p>#4 Closed Session</p> <p>A) Conference With Real Property Negotiators</p> <p>B) Regarding the salaries, salary schedules, or fringe benefits of represented and unrepresented employees, and, for represented employees, any other matter within the statutorily provided</p>	The Commission discussed in closed session the items agendaized for closed session discussion. Direction was given to staff. Closed session ended at 1:39 pm	

Commission Meeting Minutes

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<p style="text-align: center;">scope of representation.</p> <p>Action David Hodge, MD; Chairman</p>		
<p>#5 Review of Goals for Fiscal Year 2015</p> <p>Information David Hodge, M.D, Chairman</p>	<p>G. Hund reported the results of FY 2015. All goals were met as stated.</p>	
<p>#6 Goals and Objectives for Fiscal Year 2016</p> <p>Action David Hodge, M.D, Chairman</p>	<p>G. Hund reported on the new goals for FY 2016. D. Pomaville questioned the area of Community Outreach and the utilization of emergency departments vs. primary care offices. G. Hund responded this area would fall under Medical Management and our relationship with Health Net in educating our members and providers. And that is an ongoing effort.</p>	<p>Motion: <i>Approve Goals and Objectives for FY 2016.</i></p> <p><i>9 – 0 – 0 – 8 (Neves / Ramirez)</i></p>
<p>#7 Budget Adjustment Request</p> <p>Action G. Hund, CEO</p>	<p>G. Hund requested an increase of \$40K for the Marketing budget. CVH receives this amount from Health Net specifically targeted for marketing sponsorships.</p>	<p>Motion: <i>Approve Budget Adjustment Request.</i></p> <p><i>9 – 0 – 0 – 8 (Poochigian/Neves)</i></p>
<p>#8 HEDIS Update – Reporting Year 2015</p> <p>Information P. Marabella, M.D., CMO</p>	<p>P. Marabella, M.D. reported on HEDIS update for reporting year 2015, which reflects data from 2014.</p> <p>Each year DHCS establishes the External Accountability Set (EAS) as the performance measures selected to assess the quality of care provided to Medi-Cal recipients. There are</p>	

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	<p>14 HEDIS® based metrics and the All-Cause Readmission measure which is a non-HEDIS measure, for a total of 15 performance measures.</p> <p>A subset of these EAS measures called the Default Measures impact the number of new members assigned to CalViva.</p> <p>The six Default Measures are:</p> <ul style="list-style-type: none"> • CIS-3: Childhood Immunizations – Combo 3 • W34: Well Child Visits in 3-6th Years of Life • PPC-Pre: Prenatal Care • CDC-HT: HbA1c Testing • CBP: Controlling High Blood Pressure • CCS: Cervical Cancer Screening <p>If performance levels fall below the 25th percentile or minimum performance level (MPL), the Plan is required to initiate an improvement plan (IP).</p> <p>Dr. Marabella presented the CalViva EAS results by county for 2013, 2014 and 2015 including MPLs. Improvement plans (IPs) will be developed to address measures below the MPL.</p> <p>Initial IP submissions to DHCS are:</p> <ul style="list-style-type: none"> • Postpartum Visits (September 2015) • Kings County Bundle (September 2015) • Monitoring of Medications (October 2015) 	

Commission Meeting Minutes

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	<ul style="list-style-type: none"> • Cervical Cancer Screening (October 2015) • Medical Management for People with Asthma (October 2015) <p>There was a question on the interpretation of the MPL and whether the cutoffs were meaningful in terms of care delivered. Dr Marabella explained that the MPL and HPL are statistically determined hard cut offs – 25th and 75th percentiles respectively- set nationally by NCQA the agency which has established and oversees the HEDIS measures and process.</p>	
<p>#9 2015 Mid-Year Quality Improvement Work Plan Evaluation</p> <p>Action P. Marabella, M.D., CMO</p>	<p>P. Marabella, M.D. announced that a quorum was not present during the QI meeting however an action motion can still be accepted from the Commission.</p> <p>.</p> <p>All seven initiatives planned for 2015 are on track to be completed by year end. The key areas of focus include:</p> <ol style="list-style-type: none"> 1. Access, Availability and Service: <ol style="list-style-type: none"> a. <u>Access Collaborative Workgroup</u> : CVH Medical Management staff is participating in the ICE single vendor process for the 2015 Annual Provider Appointment Availability Survey. Reporting Year 2015 results met the 80% standard. b. <u>After Hours Access Standards</u> were met for Emergency Instructions and not met for the 	<p>Motion: <i>Approve the 2015 Mid-Year Quality Improvement Work Plan.</i></p> <p><i>9- 0 - 0 - 8 (Neves/Naz)</i></p>

Commission Meeting Minutes

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	<p>30 minute Call Back (for urgent issues). A Corrective Action Plan (CAP) has been implemented.</p> <p>c. The <u>2015 DMHC Timely Access Reporting Report</u> was completed and submitted.</p> <p>2. Quality and Safety of Care:</p> <p>a. HEDIS Minimum Performance Level (MPL) Default Measures:</p> <p>i. Fresno and Madera counties met or exceeded the MPL for the default measures.</p> <p>ii. Kings County fell below the MPL on four of the default measures.</p> <p>3. Quality Improvement Projects(QIP): DHCS discontinued annual QIP submissions and requires selection of two new Performance Improvement Projects (PIPs). The first PIP is to be selected by 9/30/15.</p>	
<p>#10 2015 Mid-Year Utilization Management Work Plan Evaluation</p> <p>Action P. Marabella, M.D., CMO</p>	<p>P. Marabella, M.D. reported on the 2015 Work Plan Mid-Year Utilization Management Work Plan Evaluation. Activities in 2015 Focused on:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory and Accreditation Requirements 2. Monitoring the UM Process 3. Monitoring the UM Metrics 4. Monitoring Coordination with Other Programs and Vendor Oversight 5. Monitoring Activities for Special Populations 	<p>Motion: <i>Approve the 2015 Mid-Year Utilization Management Work Plan Evaluation.</i></p> <p><i>9-0-0-8 (Neves/Naz)</i></p>

Commission Meeting Minutes

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	<p>All the activities are on target with the exception of three metrics which are too soon to tell at this time, but are expected to meet year-end goals.</p> <p>Key Metrics:</p> <ul style="list-style-type: none"> • Turn Around Time (TAT) for processing authorizations Jan-Jun – 98.4% • Turn Around Time (TAT) for appeals Jan-Jun - 100% <p>Inpatient days per 1000 for non SPD members and SPD members did not meet targets. Reporting parameters are being modified to allow for analysis of the impact of the Medi-Cal Expansion population.</p> <p>2015 Mid-Year Work Plan Evaluations will be taken back to the QI Committee next month for formal approval.</p>	
<p>#11 Standing Reports</p> <ul style="list-style-type: none"> • Finance Report <p>William Gregor, CFO</p>	<p><u>Finance</u></p> <p>W Gregor presented Financial Statements for fiscal year ending June 30, 2015 and 2 months ending August 31, 2015. For FY 2015, current ratio is 1.27. TNE is at 26.8 million. CVH is 231% of the minimum DMHC required TNE. Revenues ended June 30, 2015 exceeded one billion dollars. We came in below budget on all expense items except those affected by increases in enrollment and revenue. Net income was \$13.3 million or \$4.4 million above budget, which includes a \$3 million debt forgiveness of a loan CVH had with Health Net.</p> <p>The August 2015 Financials current ratio is at 1.21 and TNE</p>	<p>Motion:</p> <p><i>Accept Standing Reports: Attachments K through O 9 – 0 – 0 – 8 (Poochigian/Naz)</i></p>

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<p>• Medical Management</p> <p>Patrick Marabella, M.D., CMO</p>	<p>is at 28.8 million dollars. Revenues stand at \$182 million, attributable to an increase in enrollment and revenue related changes not yet implemented by DHCS. Net income for two months was \$2 million, of which \$40,000 of that is attributable to funds received from Health Net at the end of August and will be used for additional Marketing support.</p> <p><u>Medical Management:</u></p> <p>P. Marabella, M.D. presented the Appeals and Grievances Dashboard through the end of July 2015.</p> <ul style="list-style-type: none"> ➤ There is a decrease in the number of grievances received in July, as well as a decrease in total resolved. ➤ The number of appeals has remained consistent. ➤ An increase in overturns is noted. This is mostly attributable to a change in criteria associated with HepC medications. <p><u>Key Indicator Report</u></p> <p>P. Marabella, M.D. presented the new Key Indicator Report.</p> <ul style="list-style-type: none"> ➤ The new report was built to reflect and drill down to the different types of membership in particular 	

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	<p>the Medi-Cal Expansion population.</p> <ul style="list-style-type: none"> ➤ Previous categories were SPD and TANF. New categories are Expansion, Family/Adult/Other, and SPD which are more reflective of actual population and can be filtered as such, including filtering by County. ➤ The new report shows monthly, quarterly and calendar year actuals and trends for each. ➤ The report can be modified to provide an assessment of various factors. ➤ Members were supportive of the new format and requested that future reports include a breakdown by county, <p><u>Quality Improvement/Utilization Management Quarterly Summary Report</u></p> <p>P. Marabella, M.D. provided the QI/UM Quarter 2 update. One meeting was held during this reporting period, May 28, 2015. Seven guiding documents were approved at this meeting including:</p> <ol style="list-style-type: none"> 1. 2015 QI/UM Committee Charter 2. 2014 Culture & Linguistics (C & L) Work Plan Evaluation 3. 2015 C & L Program Description 4. 2015 C & L Annual Work Plan 5. 2014 Health Education (HE) Work Plan Evaluation 6. 2015 HE Program Description 	

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<ul style="list-style-type: none"> • Executive Report G. Hund, CEO 	<p>7. 2015 HE Annual Work Plan</p> <p>The Quality Improvement reports reviewed included Appeals and Grievances, the Mental Health Collaborative update, the PQI and the PPC reports, and the Pharmacy reports..</p> <p>The Utilization Management reports included new Key Indicator Report, the Case Management and CCM report, the Top 10 Diagnosis Annual report, and the Specialty Referral Reports.</p> <p>Several Kaiser Reports were reviewed during this reporting period including the annual QI/UM reports, Grievances, UM & DME, Mental Health Services and Overall Volumes and Call Center Report.</p> <p><i>D. Poochigian stepped out at 2:33 pm</i></p> <p><u>Executive Report</u> Executive Dashboard</p> <p>G. Hund presented the Executive Dashboard and stated this report is informational only and does not need a motion for approval. The growth of membership has exceeded what was anticipated in our budget. We continue to grow at several thousand per month which accounts for the additional revenue as shown in the financial reports. The market share is holding just under</p>	

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p> <ul style="list-style-type: none"> Medical Management Patrick Marabella, M.D., CMO </p> <p> Action David Hodge, M.D, Chairman </p>	<p>70%.</p> <p><i>D. Poochigian returned at 2:38 pm</i></p> <p><u>Credentialing Sub-Committee Quarterly Report</u></p> <p>The Credentialing Sub-Committee met in May 2015 to report activities from Q2. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services.</p> <p>The revision to the 2015 Credentialing Committee Charter was approved to better reflect the membership of the population and specialty distribution.</p> <p><u>Peer Review Sub-Committee Quarterly Report</u></p> <p>The Peer Review Sub-Committee met in May 2015. County specific reports were read for Q2, there were no significant cases to report. The Peer Count report was reviewed and approved. The Provider Preventable Conditions report was also reviewed so that it was submitted appropriately.</p> <p>The revision to the 2015 Peer Review Committee Charter to reflect Committee composition was reviewed and approved.</p>	<p>Motion: <i>Accept Standing Reports: Attachments P and Q 9 – 0 – 0 – 8 (Naz/Soares)</i></p>
<p>#12 Final Comments from Commission Members and Staff</p>	<p>1. G. Hund announced he will be surveying the Commissioners on the issue of meeting location for</p>	

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	<p>2016. Challenges have been present on participation, particularly for Medical Management, for reaching a quorum when meetings are held in Madera and Kings Counties. A survey will be conducted prior to the October Commission meeting and reported back. If a change is accepted, this will not impact the Public Policy Meeting, as the meetings will continue to take place in all three counties.</p> <p>2. G. Hund commented Health Net’s transitioning to a new claims system in July causing challenges in turnaround time for payment of claims. HN is working to get this resolved as soon as possible. CVH has been in contact with Providers regarding this issue.</p> <p>3. Dr. Hodge commented on the size of the Commission packet; specifically the Work Plan Evaluations for QI and UM. For future packets it is recommended that only one printed copy be brought to the meetings for those that want to review; but feels that the Executive Summary for these areas will suffice in order to reduce the size a number of pages having to be printed.</p> <p>Dr. Marabella stated that for future meetings Medical Management will bring one printed copy for anyone that would like to review. Complete packets with all meeting materials will continue to be emailed/mailed to Commissioners in advance of each meeting for their review.</p>	

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#13 Announcements	G. Hund announced the CVH annual bike ride is October 9, 2015. Riders will depart the Van Ness office at 8:00 am, everyone is welcome to attend.	
#14 Public Comment	None	
#1 Adjourn	The meeting was adjourned at 2:52 PM. The next Commission meeting is scheduled for October 15, 2015 in Fresno County.	

Submitted this Day: Oct. 15, 2015
 Submitted by: Jeffrey Nkansah
 Jeff Nkansah
 Clerk to the Commission