

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
September 19, 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 Confirmed Fresno County At-Large Reappointment</p> <p>Information David Hodge, MD, Chairman</p>	Fresno County Board of Supervisors reappointed Dr. Hodge and Dr. Cardona for an additional three-year term.	
<p>#4 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes 7/18/19 b) Finance Committee Minutes 5/16/19 c) QI/UM Committee Minutes 5/16/19 d) Public Policy Committee Minutes 6/12/19 <p>Action David Hodge, MD, Chairman</p>	All consent items were presented and accepted as read.	<p><i>Motion: Approve Consent Agenda 14 – 0 – 0 – 3</i></p> <p><i>(Neves / Naz)</i></p>
<p>#5 Closed Session</p> <ul style="list-style-type: none"> A. Government Code section 59454.5 – Report Involving Trade Secret – Discussion of service, program, or facility B. Government Code section 54956.9(b) – Conference with Legal Counsel – Anticipated Litigation 	<p>Jason Epperson, General Counsel, reported out of Closed Session. Commissioners discussed those items agendaized for closed session. Direction was given to staff.</p> <p>Closed Session concluded at 1:54 pm.</p>	

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<p>#6 HEDIS® update</p> <p>Information P. Marabella, MD, CMO</p>	<p>Dr. Marabella reported on HEDIS® scores for reporting year (RY) 2019.</p> <p>The three areas that reported results below the MPL in Fresno County are:</p> <ul style="list-style-type: none"> • Avoidance of ABX Tx in Adults with Bronchitis (Not on MCAS 2020) • Breast Cancer Screening • HbA1c Testing <p>Kings and Madera counties did not have any measures below the MPL for RY19. The HEDIS® project will no longer be referred to as HEDIS®; the new name is Managed Care Accountability Set (MCAS).</p> <p>The new Managed Care Accountability Set for 2020 includes the following:</p> <ul style="list-style-type: none"> • 22 measures vs 18 measures • Nine (9) new measures • Most of the new measures are from Adult/Child CMS Core Set • Thirteen (13) unchanged from External Accountability Set (EAS) • MPL is 50th percentile vs 25th percentile <p>New to the existing list of EAS are:</p> <ul style="list-style-type: none"> • Children’s Health: <ul style="list-style-type: none"> ○ WCC BMI – Weight assessment and counseling ○ CIS 10 – Childhood Immunization combo 10 ○ W15 – Well child visit first 15 months of life ○ IMA 2- Immunizations for Adolescents ○ AWC – Adolescent well care visit 	

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	<ul style="list-style-type: none"> ● Women’s Health: <ul style="list-style-type: none"> ○ Chlamydia screening ● Behavioral Health: <ul style="list-style-type: none"> ○ Antidepressant medication management acute ○ Antidepressant medication management continuation ● Acute and Chronic Disease <ul style="list-style-type: none"> ○ Adult BMI ○ Comprehensive Diabetes A1C poor control>9 ○ PCR – Plan all-cause readmission <p>Efforts are underway to assess current compliance with new measures and old measures below the 50th percentile and initiate activities to improve rates where needed.</p>	
<p>#7 2019 Quality Improvement Work Plan Mid-Year Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2019 Quality Improvement Work Plan Mid-Year Evaluation.</p> <p>Initiatives on track to be completed by year end include:</p> <ul style="list-style-type: none"> ● Access, Availability, and Service: <ul style="list-style-type: none"> ○ CVH continues to monitor appointment access and after-hours access at the provider level through the annual Provider Appointment Availability Survey (PAAS) and the Provider after Hours Access Survey (PAHAS). ○ PPG and provider corrective action plans (CAPs) have been issued, training session provided and onsite audits planned. ● Quality & Safety of Care <ul style="list-style-type: none"> ○ All three counties exceeded MPL in Childhood Immunizations, Well-Child Visits, Timeliness of Prenatal Care, and Cervical 	<p><i>Motion: See #8 for motion</i></p>

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	<p>Cancer Screening. Fresno County fell slightly below the MPL in HbA1c testing.</p> <ul style="list-style-type: none"> • Quality and Safety of Care Improvement Projects RY19: <ul style="list-style-type: none"> ○ Monitoring Patients on Persistent Medications (MPM) and Avoidance of Antibiotics in Adults with Bronchitis (AAB) met and exceeded the MPL for Madera County. ○ Fresno County did not meet MPL for HbA1c Testing and Breast Cancer Screening. Improvement plans will continue. • Performance Improvement Projects (PIPs): <ul style="list-style-type: none"> ○ Postpartum Care Disparity in Fresno County. Two interventions are being initiated to improve Postpartum Visit completion rates. Visit rate sustained above 80% for 6 months. Project closed 6/30/19. • Childhood Immunization Status: <ul style="list-style-type: none"> ○ Targeting two clinics in Fresno County. ○ Two interventions were initiated. ○ Immunization completion rate was above goal of 60% for 10 months. Project closed 6/30/19. <p>Two new PIPs are in development on Childhood Immunizations and Breast Cancer Screening.</p>	
<p>#8 2019 Utilization Management Work Plan Mid-Year Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2019 Mid-Year Utilization Management Case Management Work Plan Evaluation through June 30, 2019.</p> <p>Activities 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 	<p>Motion: Approve 2019 Quality Improvement Work Plan Mid-Year Evaluation; and 2019 Utilization Management Work Plan Mid-Year Evaluation</p> <p>14 – 0 – 0 – 3</p> <p>(Neves / Cardona)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>5. Monitoring Activities for Special Populations</p> <p>Key findings:</p> <ul style="list-style-type: none"> • CAP for Prior Authorization Turn-around time in development. • Turn-around Time for appeals was 99.71%. • TANF and MCE Bed days/1000 both improved since last year with MCE below threshold (lower is better) • SPD Bed days/1000 exceeded the goal (lower is better) <p>Additional key findings include the following:</p> <ul style="list-style-type: none"> • Compliance activities are on target for year-end completion. • PPG specific dashboard reports are produced and reviewed quarterly. • Integrated Case Management outcome measures are monitored on a quarterly basis and now include Behavioral Health. • Perinatal Case Management has seen an increase in referrals in 2019 YTD compared to 2018 YTD. • Disease Management was successfully transitioned to Envolve People Care. • SPD member stratification continues monthly to identify members appropriate for Case Management. <p>Activities and initiatives will continue through December to meet 2019 year-end goals.</p>	
<p>#9 Standing Reports</p> <ul style="list-style-type: none"> • Finance Report Daniel Maychen, CFO 	<p><u>Finance</u></p> <p>Financial Report Fiscal Year End Jun 30, 2019:</p> <p>Current assets are \$191.6M; current liabilities are \$131.9M, this gives a</p>	<p>Motion: Approve Standing Reports</p> <p>14 – 0 – 0 – 3</p> <p>(Frye / Soares)</p>

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	<p>current ratio of 1.45. TNE as of June 30, 2019 is approximately \$70.3M which is approximately 530% of the minimum required TNE by DMHC.</p> <p>Total premium capitation income recorded was \$1.2B which is approximately \$35.3M higher than what was budgeted due to rates and membership being higher than budgeted. Total costs of medical care expense, and administrative service fees expense are higher than what was budgeted for the same reasons. All other line expense items are consistent or below budget, with the exception of License expense. Total net income for FY 2019 was \$10.5M, which is approximately \$3.6M more than budgeted.</p> <p>Fiscal year end 2019 financials are currently being audited by Moss Adams and are in final review stages. To date, there are no proposed audit adjustments.</p> <p>Financial Statements as of July 31, 2019:</p> <p>Total current assets were approximately \$161.6M; total current liabilities were approximately \$101M. Current ratio is 1.6. TNE as of July 31, 2019 was approximately \$71.2M, which is approximately 590% above the minimum DMHC required TNE amount.</p> <p>Premium capitation actual income was approximately \$87.2M which is approximately \$7M less than budgeted amounts due to MCO taxes. For FY 2020, MCO tax is currently going through approval process; it has passed the California State Assembly and Senate. The next step is Governor Newsom's and federal approval. CAHP is confident Governor Newsom and the federal government will approve. If approved, MCO</p>	

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<ul style="list-style-type: none"> • Compliance M.B. Corrado, CCO 	<p>taxes will go retroactive back to 7/1/19, which would bring revenues more in line with budgeted amounts</p> <p>All other expense items are in line or below what was budgeted, with the exception of Marketing expense. Marketing was over budget primarily due to timing because of multiple community-based sponsorships. For the first month of current FY 2020, total net income is approximately \$883K which is approximately \$241K more than budgeted.</p> <p><u>Compliance Report</u></p> <p>Mary Beth Corrado presented the Compliance Report.</p> <p>Filing activity is consistent with previous months. There were two new potential fraud cases that were reported to the State.</p> <p>Regulatory audits and review results were listed in detail on the Compliance report. Most results show no findings, or minimal findings. The exit conference from the DMHC Medical Survey conducted in February 2019 is scheduled for 9/27/19.</p> <p>With regard to New Regulations, Benefit Programs, and Contractual Requirements, the Full-Scope Medi-Cal Young Adult Expansion and Pharmacy Services Carve-out were reported to Commission</p> <p>The Public Policy Committee met in September in Madera County. No recommendations or proposals for the Commission were expressed. The next scheduled meeting is December 4, 2019 in Fresno County.</p>	

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<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<p><u>Medical Management</u></p> <p>Appeals and Grievances Dashboard</p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through July 2019.</p> <p>Grievance & Appeals Data:</p> <ul style="list-style-type: none"> • The number of grievances received through Q2 shows an increase as compared to total Grievances in 2018 through the same time period. Total cases resolved shows a similar increase. • Majority of increase in grievances were in the Quality of Service category with increases associated with Access, Administrative, and Transportation case types. • Quality of Care Grievances remain consistent with the prior year with the exception of Specialist Care. This category has increased. • Exempt grievances have improved for YTD 2019 compared to 2018. • The number of appeals received for YTD 2019 compared with 2018, has increased. The majority of this increase can be attributed to the areas of Advanced Imaging, Pharmacy, and Surgery. <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report through July 31, 2019.</p> <ul style="list-style-type: none"> • Acute Admits and bed days for TANF population exceeds goal for Q1 and Q2 2019 (lower is better). 	

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	<ul style="list-style-type: none"> • Readmission rates for SPD exceeds goal for Q1 and Q2 (lower is better). • Expansion rate for readmissions has remained below goal for Q1 and Q2. • Case Management Report demonstrates how members who participated in Case Management have a lower readmission rate when compared to those who did not. • Perinatal Case Management referrals have significantly increased as a result of improved outreach and engagement with our new program. <p>Credentialing Sub-Committee Quarterly Report</p> <p>In Quarter 3 the Credentialing Sub-Committee met on July 18, 2019. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q1 2019 were reviewed for delegated entities and Q2 2019 reports were reviewed for both Health Net and MHN. The Q2 2019 Credentialing Report was reviewed with one case that has been previously reviewed that resulted in an appeal of a Fair Hearing. Outcome was to uphold denial of re-entry into the network. Required report filed with National Practitioners Databank. Case was tabled pending feedback from SIU. 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 July 18, 2019. The county-specific Peer Review Sub-Committee Summary Reports for Q2 2019 were reviewed for approval. There were no significant cases to report.</p>	

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<ul style="list-style-type: none"> • Operations J. Nkansah, COO 	<p>The Q2 2019 Peer Count Report was presented with 22 cases reviewed. Thirteen cases were closed and cleared. Two cases pending closure for Corrective Action Plan compliance. Five cases pended for further information and two cases with outstanding CAPs. Follow up will be initiated to obtain additional information on tabled case and ongoing monitoring and reporting will continue.</p> <p><i>Dr. Naz stepped out at 2:23 pm; returned at 2:25 pm</i></p> <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.</p> <p>For Privacy and Security, there was an increase of no risk/low risk incidents in August. There were no systemic concerns identified and individual employee education was conducted. A Cybersecurity Awareness Training was completed for all CVH employees..</p> <p>In reference to the Member Call Center and CVH website, through Q2 2019, all metrics for the Call Center met goal. There were 19,000 unique visits to the CVH website for Q2 mainly focused on the Find a Provider page.</p> <p>Activities related to Provider Network and Provider Relations are as of July 2019. There were no significant fluctuations in Provider counts.</p>	

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<ul style="list-style-type: none"> Executive Report G. Hund, CEO 	<p>The results from the DHCS Annual Network Certification are available publicly. No issues related to ratios or missing Providers.</p> <p>With regard to Claims Processing and Provider Disputes activity, Q2 2019 results were presented. All Claims Processing activities met timeliness metrics. However, a deficiency disclosure was reported for the second straight quarter under Medical Claims Timeliness. Ongoing discussions with team members regarding this issue continue.</p> <p>For Provider Disputes activity, all metrics met goal with the exception of Behavioral Health. Ongoing discussions with team members regarding this issue continue.</p> <p><u>Executive Report</u></p> <p>There is a slight decrease in membership through August 2019; however, the number of SPD members continues to grow. The market share for CVH continues to increase.</p>	
<p>#10 Final Comments from Commission Members and Staff</p>	<p>It is not anticipated that the resignation of Jennifer Kent will have an impact on the Plan.</p>	
<p>#11 Announcements</p>	<p>None.</p>	
<p>#12 Public Comment</p>	<p>Dr. Arteaga from LaSalle Medical Associates addressed the Commission with regards to their contract.</p>	
<p>#13 Adjourn</p>	<p>The meeting was adjourned at 2:51 pm The next Commission meeting is scheduled for October 17, 2019 in Fresno County.</p>	

Submitted this Day: 10-17-19

Submitted by: *Cheryl Hurley*
Cheryl Hurley
Clerk to the Commission