

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
September 21, 2017

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
✓	Dennis Koch , Interim Director, Madera Co. Dept. of Public Hlth	✓	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 , Directory, 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)	✓	Jeff Nkansah , Director, Compliance and Privacy/Security
✓	Patrick Marabella, M.D. , Chief Medical Officer (CMO)	✓	Cheryl Hurley , Commission Clerk
✓	Mary Beth Corrado , Chief Compliance Officer (CCO)	✓	Daniel Maychen , Director of Finance & MIS
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 Cheryl Hurley, Clerk to the Commission	A roll call was taken for the current Commission Members.	<i>A roll call was taken</i>

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<p>#3 Fresno County At-Large Appointment Information David Hodge, MD, Chairman</p>	<p>Ms. Joyce Fields-Keen was appointed by the Fresno County BOS for a three-year term.</p>	
<p>#4 Madera County Public Health Department Appointment Information David Hodge, MD, Chairman</p>	<p>Mr. Dennis Koch, Interim Director for the Madera County Public Health Department was appointed by the Madera County BOS for an indefinite term.</p>	
<p>#5 Closed Session</p> <p>A. Public Employee Appointment, Employment, Evaluation, or Discipline Per Government Code Section 54957(b)(1)</p> <p>B. Government Code section 54954.5 – Report Involving Trade Secret – Discussion of service, program, or facility.</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session. The Commission met in closed session beginning at 1:33 pm to discuss the items agendized for closed session discussion.</p> <p>The Commission first discussed Item 5.A, “Public Employee Appointment, Employment, Evaluation, or Discipline per Government Code Section 54957(b)(1), Executive Review.”</p> <p>A motion was made to accept the resignation of William Gregor as Chief Financial Officer effective July 31, 2018, and appointed Daniel Maychen as Chief Financial Officer effective that same date. The motion was adopted unanimously.</p> <p>A motion was also made in that Daniel Maychen be appointed as trustee of the retirement plans. The motion was adopted unanimously.</p> <p>In addition, a motion for the Chief Operating Officer position be created effective October 1, 2017, and that Jeffrey Nkansah be appointed to that position, also effective October 1, 2017. The motion was adopted unanimously.</p>	<p>Motion:</p> <p>A. <i>Approve resignation of William Gregor, CFO, effective 7/31/18, and appoint Daniel Maychen as CFO effective 7/31/18.</i> 12 – 0 – 0 – 5 (Rogers / Griffin)</p> <p>A. <i>Appoint Daniel Maychen as trustee of the retirement plan.</i> 12 – 0 – 0 – 5 (Rogers / Nikoghosian)</p> <p>A. <i>Approve the new position of Chief Operating Officer, and appoint Jeffrey Nkansah; both effective 10/1/17.</i> 12 – 0 – 0 – 5 (Rogers / Neves)</p>

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	<p>The Commission also discussed Item 5.B on the agenda, "Government Code Section 54954.5 – Report Involving Trade Secret." After discussion, direction was given to staff.</p> <p>The Commission returned to open session at 1:54 pm.</p>	
<p>#6 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes 7/20/17 b) Finance Committee Minutes 5/18/17 c) QI/UM Committee Minutes 5/18/17 <p>Action David Hodge, MD, Chairman</p>	<p>All consent items were presented and accepted as read.</p>	<p><i>Motion: Approve Consent Agenda</i> <i>12 – 0 – 0 – 5</i></p> <p><i>(Neves / Frye)</i></p>
<p>#7 Review of Fiscal Year End 2017 Goals</p> <p>Information Greg Hund, CEO</p>	<p>Greg Hund reported the results for fiscal year end 2017 goals. The TNE goal was not met due to the DHCS Tax increase. This goal is expected to be met for FY 2018. All other goals for FY 2017 were met.</p>	
<p>#8 Goals and Objectives for FY 2018</p> <p>Action Greg Hund, CEO</p>	<p>Greg Hund presented the goals and objectives for FY 2018.</p>	<p><i>Motion: Approve the FY 2018 Goals and Objectives</i> <i>12 – 0 – 0 – 5</i></p> <p><i>(Neves / Rogers)</i></p>
<p>#9 HEDIS Update – Reporting Year 2017</p>	<p>Dr. Marabella reported on HEDIS® scores for reporting year 2017, which reflects data from 2016.</p>	

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<p>Information P. Marabella, MD, CMO</p>	<p>On an annual basis, DHCS selects an External Accountability Set (EAS) of performance measures to evaluate the quality of care provided to Medi-Cal members.</p> <p>There are 16 HEDIS® based metrics and the All-Cause Readmission measure which is a non-HEDIS measure, for a total of 17 performance measures.</p> <p>The Default Measures consist of:</p> <ol style="list-style-type: none"> 1. CIS-3: Childhood Immunizations – Combo 3 2. W34: Well Child Visits in 3-6th Years of Life 3. PPC-Pre: Prenatal Care 4. CDC-HT: HbA1c Testing 5. CBP: Controlling High Blood Pressure 6. CCS: Cervical Cancer Screening <p>CalViva Health met all six (6) categories in all three counties.</p> <p>The high performance level (HPL) is the 90th percentile. If performance levels fall below the 25th percentile or minimum performance level (MPL), the Plan is required to submit an improvement plan (IP).</p> <p>For RY 2017 HEDIS®, Fresno and Madera Counties have results that are below DHCS MPL, however, Breast Cancer Screening (Fresno) is new this year and will not require submission of an improvement plan. Kings County met all MPLs for the RY2017 HEDIS®.</p>	

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<p>#10 2017 Mid-Year Quality Improvement Work Plan Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2017 Mid-Year Quality Improvement Work Plan Evaluation.</p> <p>Initiatives on track at the mid-year point include:</p> <ul style="list-style-type: none"> • Access, Availability, and Service: <ul style="list-style-type: none"> ○ CVH continues to monitor appointment access at the provider level through the annual Provider Appointment Availability Survey (PAAS). ○ PPG and provider corrective action plans (CAPs) will be required for results below established standards. • Quality and Safety of Care: <ul style="list-style-type: none"> ○ All three counties exceed DHCS MPLs in the default HEDIS® Measures • Performance Improvement Projects: <ul style="list-style-type: none"> ○ Diabetes Care in Kings County and Fresno County. ○ Postpartum Care in Kings County. 	<p><i>See #11 for Action Taken</i></p>
<p>#11 2017 Mid-Year Utilization Management Work Plan Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2017 Mid-Year Utilization Management Case Management Work Plan Evaluation through June 30, 2017.</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 5. Monitoring Activities for Special Populations 	<p>Motion: <i>Approve 2017 Mid-Year Quality Improvement Executive Summary and Work Plan Evaluation; and 2017 Mid-Year Utilization Management Executive Summary and Work Plan Evaluation</i> 12 – 0 – 0 – 5 <i>(Frye / Naz)</i></p>

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	<p>Results of these activities:</p> <ul style="list-style-type: none"> • Turn-around Time for prior authorizations averaged at 97% • Turn-around Time for appeals was 97.6% • For SPDs and Non-SPDs the goal was met for Inpatient days/1000 <p>Additional key findings; all are on track and will continue through the end of the year:</p> <ul style="list-style-type: none"> • Incorporated new Federal and State regulations • Continuing Transition Case Management Program • PPG Profiles and Over/Under Utilization metrics • Behavioral Health Performance measures. 	
<p>#12 Standing Reports</p> <ul style="list-style-type: none"> • Finance Report William Gregor, CFO 	<p><u>Finance</u></p> <p>Financial Statements Fiscal Year End June 30, 2017: Currently under audit by external auditors. Current assets of \$241.3M; current liabilities of \$202.7M; which gives a current ratio of 1.19 which is down from previous month but is good liquidity measurement. Tangible Net Equity of \$49.6M which is 385% of the minimum required TNE by DMHC and near the 400% desired by DHCS.</p> <p>Revenues of \$1.136B for the year ended June 2017 are ahead of budget because of rates being paid are higher than budgeted, the increased premium tax for the current fiscal year compared to what was budgeted and enrollment. These items also give rise to increased expenses for Medical Costs, Administrative Service Fees and Premium Tax Expense. Other expenses overall are in line with current year</p>	<p>Motion: <i>Approve Standing Reports</i></p> <p>12-0-0-5 (<i>Neves / Naz</i>)</p>

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<ul style="list-style-type: none"> • Compliance MB Corrado, CCO 	<p>budget. Net income for the year through June 2017 stands at \$11.2M which is approximately \$1.2M more than budget.</p> <p>Financial Statements as of July 31, 2017: Total current assets are \$260.5M; total current liabilities are approximately \$220.8M. Current ratio is 1.184 which is down from previous month but is good liquidity measurement. TNE as of July 31, 2017 was approximately \$50.7M, which is 380% of the minimum DMHC required TNE amount and near the 400% desired by DHCS.</p> <p>Revenues of \$98.868M for July are ahead of budget because of rates being paid are higher than budgeted, the increased premium tax for the current fiscal year compared to what was budgeted and enrollment. These items also give rise to increased expenses for Medical Costs, Administrative Service Fees and Premium Tax expense. Other expenses overall are in line with current year budget. Net income for July stands at \$1M which is approximately \$386K more than budget.</p> <p><u>Compliance</u></p> <p>MB Corrado presented the Compliance report. Since July 2017, there have been four privacy incidents reported to the State, all of which were low risk. No new fraud cases identified.</p> <p>Ongoing oversight audits of the activities delegated to Health Net (HN). Currently in progress are Appeals & Grievances, and Provider Network audit. Recently completed audits are Claims, Cultural & Linguistics, and Privacy & Security. A correction action plan (CAP) was</p>	

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<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<p>requested from HN for the Cultural & Linguistics audit. Claims, and Privacy & Security passed with no CAP required.</p> <p>Currently working on Q1 and Q2 2017 of the Provider Dispute Resolution (PDR) audits. The 2016 Q4 audit was completed and a CAP requested. HN submitted the CAP and it was accepted and approved.</p> <p>There has been a Provider Network change. The Primary Care contract with Horisons Unlimited. They filed for bankruptcy protection and ceased operations effective August 1, 2017. 464 CVH members were assigned to Horisons and have since been retroactively transferred to new Primary Care Physicians. This information was also reported to the State.</p> <p>CVH is awaiting the preliminary report from DHCS in reference to their onsite audit that took place in April 2017.</p> <p>DHCS has released new adequacy standards effective July 1, 2018. More information will be reported over the next year.</p> <p>The Public Policy Committee (PPC) met on September 6, 2017 in Madera County. The next PPC is schedule for December 6, 2017 in Fresno County. All Commissioners and members of the public are welcome to attend the meeting.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Report</p>	

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	<p>Dr. Marabella presented the Appeals and Grievances Dashboard through July 31, 2017.</p> <ul style="list-style-type: none"> • The total number of Grievances received has remained consistent. • Several cases are noted to be out of compliance for the turn-around time in July. A corrective action plan has been formulated and approved. • Quality of Service, Quality of Care and Exempt Grievance volumes have remained consistent. • A new category will be added in September for Continuity of Care issues. • The Appeal Decision Rates have stabilized. <p>Key Indicator Report Dr. Marabella presented the Key Indicator report.</p> <ul style="list-style-type: none"> • Admit and Readmit numbers have remained consistent. • ER visits PTMPY have remained the same. • The population growth is stable. • Utilization remains consistent. <p>Credentialing Sub-Committee Quarterly Report</p> <p>In Quarter 3 the Credentialing Sub-Committee met on July 20, 2017. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. The Q2 Credentialing report and other County-specific Credentialing Sub-Committee reports were reviewed and approved. No significant cases were identified on these reports. The Credentialing Oversight Audit was completed in Q2</p>	

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<ul style="list-style-type: none"> • Executive Report G. Hund, CEO 	<p>and required a corrective action plan (CAP) to address two opportunities for improvement. The corrective actions were implemented and a re-audit of files revealed 100% compliance.</p> <p>Peer Review Sub-Committee Quarterly Report</p> <p>The Peer Review Sub-Committee met on July 20, 2017. The county-specific Peer Review Sub-Committee Summary Reports for Q2 were reviewed for approval. One administrative termination was identified for Fresno County and one administrative termination was identified for Madera County. The Q2 Peer Count Report was presented indicating that there were three cases closed and cleared. There were two cases closed and terminated. There were no cases with an outstanding corrective action plan. Seven cases were pended for further information.</p> <p>No significant Quality of Care issues were identified. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p> <p><u>Executive Report</u></p> <p>The market share goal of 70.5% was achieved in May. Market share has since increased. The pool of Medi-Cal recipients has decreased; reason being is unknown. The County Share of Choice numbers are up, which indicates members are choosing CalViva Health.</p>	
<p>#9 Final Comments from Commission Members and Staff</p>	<p>None.</p>	

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#10 Announcements	None.	
#11 Public Comment	None.	
#12 Adjourn	<p>The meeting was adjourned at 2:45 pm</p> <p>The next Commission meeting is scheduled for October 19, 2017 in Fresno County.</p>	

Submitted this Day: October 19, 2017

Submitted by: Cheryl Hurley
 Cheryl Hurley
 Clerk to the Commission