

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

David S. Hodge, M.D.
At-large

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Reyna-Griffin
At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian
At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Brian Smullin
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

Gregory Hund
Chief Executive Officer
7625 N. Palm Ave., Ste. 109
Fresno, CA 93711

Phone: 559-540-7840
Fax: 559-446-1990
www.calvivahealth.org

DATE: February 14, 2020

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Cheryl Hurley, Commission Clerk

RE: Commission Meeting Materials

Please find the agenda and supporting documents enclosed for the upcoming Commission meeting on:

**Thursday, February 20, 2020
1:30 pm to 3:30 pm**

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

Meeting materials have been emailed to you.

Currently, there are **10** Commissioners who have confirmed their attendance for this meeting. At this time, a quorum has been secured. Please advise as soon as possible if you will not be in attendance to ensure a quorum is maintained

Thank you

AGENDA

Fresno-Kings-Madera Regional Health Authority

Commission Meeting

February 20, 2020

1:30pm - 3:30pm

Meeting Location:

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

Item	Attachment #	Topic of Discussion	Presenter
1		Call to Order	D. Hodge, MD, Chair
2		Roll Call	C. Hurley, Clerk
3 Action	Attachment 3.A Attachment 3.B	Reappointed Board of Supervisors Commissioners <ul style="list-style-type: none">• BL 20-001 2020 Reappointed BOS Commissioners• Appointment confirmations <i>Action: Ratify reappointment County Board of Supervisors Commissioners</i>	D. Hodge, MD, Chair
4 Action	Attachment 4.A Attachment 4.B Attachment 4.C Attachment 4.D Attachment 4.E Attachment 4.F	Consent Agenda: <ul style="list-style-type: none">• Commission Minutes dated 10/17/2019• Finance Committee Minutes dated 9/19/2019• QIUM Committee Minutes dated 9/19/2019• QIUM Committee Minutes dated 10/17/2019• Public Policy Minutes dated 9/4/2019• Compliance Report <i>Action: Approve Consent Agenda</i>	D. Hodge, MD, Chair
5		Closed Session: The Board of Directors will go into closed session to discuss the following item(s) A. Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program, or facility.	
6 Information	Attachment 6.A Attachment 6.B No attachment	Annual Administration <ul style="list-style-type: none">• BL 20-002 Annual Administration• Form 700• Ethics Training	D. Hodge, MD, Chair
7 Action		CEO Annual Review Ad-Hoc Committee Selection <ul style="list-style-type: none">• Select ad-hoc Committee <i>Action: Selection of Ad-Hoc Committee</i>	D. Hodge, MD, Chair

8 Action		Community Support Program Ad-Hoc Committee Selection <ul style="list-style-type: none">Select ad-hoc Committee <i>Action: Selection of Ad-Hoc Committee</i>	D. Hodge, MD; Chair
	<i>Handouts will be available at meeting</i>	<i>PowerPoint Presentations will be used for item 9 & 10</i> One vote will be taken for combined items 9 & 10	
9 Action	Attachment 9.A Attachment 9.B	2019 Annual Quality Improvement Work Plan Evaluation <ul style="list-style-type: none">Executive SummaryYear End Evaluation	P. Marabella, MD, CMO
10 Action	Attachment 10.A Attachment 10.B Attachment 10.C Attachment 10.D	2019 Annual Utilization Management Case Management Workplan Evaluation <ul style="list-style-type: none">Executive SummaryYear End Evaluation 2020 Utilization Management Program Description 2020 Case Management Program Description <i>Action: Approve 2019 Quality Improvement Year End Evaluation, and the 2019 Utilization Management Case Management Year End Evaluation, 2020 Utilization Management Program Description, and 2020 Case Management Program Description</i>	P. Marabella, MD, CMO
		<i>PowerPoint Presentations will be used for item 11 - 15</i> One vote will be taken for combined items 11 - 15	
11 Action	Attachment 11.A	2019 Annual Compliance Evaluation	M.B. Corrado, CCO
12 Action	Attachment 12.A	2020 Compliance Program Description	M.B. Corrado, CCO
13 Action	Attachment 13.A	2020 Code of Conduct	M.B. Corrado, CCO
14 Action	Attachment 14.A	2020 Anti-Fraud Plan	M.B. Corrado, CCO
15 Action	Attachment 15.A	2020 Privacy and Security Plan <i>Action: Approve 2019 Compliance Evaluation, 2020 Compliance Program Description, Code of Conduct, Anti-Fraud Plan, and Privacy and Security Plan.</i>	J. Nkansah, COO
16 Action	Attachment 16.A	Public Policy Committee Charter – Revised per DHCS APL 19-011 <ul style="list-style-type: none">PPC Charter – changes referenced in blue <i>Action: Approve revised PPC Charter</i>	J. Nkansah, COO

17 Action	Standing Reports	
	Finance Report	
Attachment 17.A	<ul style="list-style-type: none"> Financials as of December 31, 2019 	D. Maychen, CFO
	Medical Management	
Attachment 17.B	<ul style="list-style-type: none"> Appeals and Grievances Report 	P. Marabella, MD, CMO
Attachment 17.C	<ul style="list-style-type: none"> Key Indicator Report 	
Attachment 17.D	<ul style="list-style-type: none"> QIUM Quarterly Summary Report 	
Attachment 17.E	<ul style="list-style-type: none"> Credentialing Sub-Committee Quarterly Report 	
Attachment 17.F	<ul style="list-style-type: none"> Peer Review Sub-Committee Quarterly Report 	
	Operations	
Attachment 17.G	<ul style="list-style-type: none"> Operations Report 	J. Nkansah, COO
	Executive Report	
Attachment 17.H	<ul style="list-style-type: none"> Executive Dashboard 	G. Hund, CEO
	<i>Action: Accept Standing Reports</i>	
18	Final Comments from Commission Members and Staff	D. Hodge, MD, Chair
19	Announcements	D. Hodge, MD, Chair
20	Public Comment <i>Public Comment is the time set aside for comments by the public on matters within the jurisdiction of the Commission but not on the agenda. Each speaker will be limited to three (00:03:00) minutes. Commissioners are prohibited from discussing any matter presented during public comment except to request that the topic be placed on a subsequent agenda for discussion.</i>	D. Hodge, MD, Chair
21	Adjourn	D. Hodge, MD, Chair

Supporting documents will be posted on our website 72 hours prior to the meeting.
If you have any questions, please notify the Clerk to the Commission at: Churley@calvivahealth.org

If special accommodations are needed to participate in this meeting, please contact
Cheryl Hurley at 559-540-7842 during regular business hours (M-F 8:00 a.m. – 5:00 p.m.)

Next Meeting scheduled for March 19, 2020 in Fresno County
CalViva Health, 7625 N. Palm Ave., Ste. 109, Fresno, CA 93711

“To provide access to quality cost-effective healthcare and promote the health and well-being of the communities we serve in partnership with health care providers and our community partners.”

Item #3

Attachment 3.A & 3.B

Reappointed BOS Commissioners
Fresno and Kings County

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

David S. Hodge, M.D.
At-large

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghoshian- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse, Director
Public Health Department

Aftab Naz, M.D.
At-large

Regional Hospital

Brian Smullin
Valley Children's Hospital

Aldo De La Torre
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Commission At-large

John Frye
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Derrick Gruen
Kings County

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Gregory Hund
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Fax: 559-446-1990
www.calvivahealth.org

DATE: February 20, 2020

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Appointed / Re-Appointed County Fresno County BOS
Commissioners

BL #: 20-001

Agenda Item 3

Attachment 3.A

Discussion Points:

**Fresno County has re-appointed Supervisor Sal Quintero
Fresno County Alternate is Supervisor Pacheco
Kings County has re-appointed Supervisor Joe Neves
Kings County Alternate is Supervisor Doug VerBoon
Madera County has re-appointed Supervisor David Rogers
Madera County Alternate is Brett Frazier**

Term thru:	Commission Seat	Currently Occupied By:
January 2021	Board of Supervisors—Fresno County	Sal Quintero
January 2021	Board of Supervisors—Fresno County Alt	Brian Pacheco
January 2021	Board of Supervisors—Kings County	Joe Neves
January 2021	Board of Supervisors—Kings County Alt	Doug VerBoon
January 2023	Board of Supervisors—Madera County	David Rogers
January 2023	Board of Supervisors—Madera County Alt	Brett Frazier
March 2021	Madera At-Large Commission Appointed	Paulo Soares
May 2021	Fresno At-Large Community Medical Center	Soyla Griffin Aldo De La Torre
January 2022	Kings At-Large Commission Appointed Fresno At-Large Commission Appointed	Derrick Gruen John Frye Jr.
January 2022	Valley Children's Hospital	Brian Smullin
May 2022	Fresno At-Large Fresno At-Large	David Cardona, MD David S. Hodge, MD
March 2020	Kings At-Large	Harold Nikoghoshian
May 2020	Fresno At-Large	Joyce Fields-Keene
June 2020	Madera At-Large	Aftab Naz, MD
	Indefinite terms:	
	David Pomaville, Fresno County Health Dept	
	Ed Hill, Kings County Health Dept	
	Sara Bosse, Madera County Health Dept	

Exhibit A

BOARDS, COMMISSIONS OR COMMITTEES ON WHICH THE BOARD OF SUPERVISORS SERVE 2020		
COMMITTEE		2020
1	Airport Land Use Commission	Quintero Magsig
2	Association for the Beautification of Highway 99 *Alternate	Mendes *Pacheco
3	Audit Committee	Magsig Quintero
4	Behavioral Health Board	Quintero
5	Cal-ID Board (Local) *Alternate	Magsig *Bret Rush
6	California County Tobacco Securitization Agency Commission (Members shall also serve as Directors of the Fresno County Tobacco Funding Corporation)	Brandau Magsig
7	Fresno County Tobacco Funding Corporation (Vice President)	Brandau Magsig(V.P.)
8	California State Association of Counties Board of Directors (CSAC) *Alternate	Mendes *Magsig
9	California State Association of Counties (CSAC) Regional Supervisors Association	All Board Members
10	Central Delta-Mendota Multi-Agency Groundwater Sustainability Agency *Alternate	Mendes *Pacheco
11	Children & Families Commission of Fresno County	Pacheco
12	Debt Advisory Committee	Pacheco Magsig
13	Economic Development Action Team (EDAT) (Chairman or Designee)	Quintero Magsig
14	Economic Development Corporation (Chairman or designee serves as ex-officio) *Alternate	Brandau *Mendes
15	Five Cities Economic Development JPA	Mendes
16	Foreign Trade Zone Advisory Board *Alternate	Quintero *Brandau
17	Foster Care Oversight Committee	Quintero
18	Fresno Council of Governments/Fresno County Rural Transit/ Fresno County Regional Transportation Mitigation Fee Agency (Chairman or designee) *Alternate	Quintero *Mendes
19	Fresno-Kings-Madera Regional Health Authority *Alternate	Quintero *Pacheco
20	Fresno/Clovis Convention & Visitors Bureau (Chairman or designees)	Magsig PW&P Designee

2020 Board of Supervisors' Assignments

Alternate – a member of the Board of Supervisors must serve

Pacheco	Brandau	Quintero	Mendes	Magsig
Assoc. for Beaut. of Hwy 99	Ca. Co. Tobacco Sec	Airport Land Use Commission	Assoc. for Beaut. of Hwy 99	Airport Land Use Commission
CSAC Assoc.	Fresno Co. Tobacco Funding Corp.	Audit Committee	CSAC Board	Audit Committee
Central Delta-Mendota Multi-Agency GSA	CSAC Assoc.	Behavioral Health	CSAC Assoc.	Cal-ID Board
Children & Families Comm.	EDC	CSAC Assoc.	Central Delta-Mendota Multi-Agency GSA	Ca. Co. Tobacco Sec.
Debt Advisory Committee	Foreign Trade Zone Advisory Board	EDAT	EDC	Fresno Co. Tobacco Funding Corp
Fresno-Kings-Madera Regional Health Authority	FMAAA - Governing Board	Foreign Trade Zone Advisory Board	Five Cities Economic Dev. JPA	CSAC Board
FMAAA - Governing Board	Indian Gaming	Foster Care Oversight Committee	Fresno COG/ FCRTA/ FCRTMFA	CSAC Assoc.
LAFCO	Law Library Board of Trustees	Fresno COG/ FCRTA/ FCRTMFA	FMAAA - Governing Board	Debt Advisory Committee
McMullin Area of Kings GSA	San Joaquin River Conservancy	Fresno-Kings-Madera Regional Health Authority	Kings River East GSA	EDAT
North Kings GSA	SJV Insurance Auth.	FMAAA - Governing Board	LAFCO	Fr/CI Convention & Visitor Bureau
Pleasant Valley State Prison CAC	SJV Supervisors	Fresno Regional WDB	McMullin Area of Kings GSA	FMAAA - Governing Board
San Joaquin River Conservancy	S-K-F Co. Sanitation	SJV Insurance Auth.	North Fork Kings GSA	Indian Gaming
SJV Insurance Auth.	SE Region Solid Waste	SJV Supervisors	North Kings GSA	Retirement Board
SJV Supervisors	Transportation Authority	S-K-F Co. Sanitation	Pleasant Valley State Prison CAC	San Joaquin River Conservancy
SJV Water Infrastructure Authority			SJV Healthy Environ.	SJV Insurance Auth.
S-K-F Co. Sanitation			SJV Insurance Auth.	SJV Supervisors
SE Region Solid Waste			SJV Supervisors	S-K-F Co. Sanitation
			SJV Unified Air Pollution	Sierra Nevada Conservancy
			SJV Water Infrastructure Authority	Urban Counties of CA (UCC)
			S-K-F Co. Sanitation	
			SE Region Solid Waste	
			Transportation Authority	
			Upper Kings Basin JPA	
			Urban Counties of CA (UCC)	



COUNTY OF KINGS BOARD OF SUPERVISORS

KINGS COUNTY GOVERNMENT CENTER
1400 W. LACEY BOULEVARD, HANFORD, CA 93230
(559) 582-3211, EXT. 2362, FAX: (559) 585-8047
Web Site: <http://www.countyofkings.com>

JOE NEVES - DISTRICT 1
LEMOORE & STRATFORD

RICHARD VALLE - DISTRICT 2
AVENAL, CORCORAN, HOME GARDEN &
KETTLEMAN CITY

DOUG VERBOON - DISTRICT 3
NORTH HANFORD, ISLAND DISTRICT &
NORTH LEMOORE

CRAIG PEDERSEN - DISTRICT 4
ARMONA & HANFORD

RICHARD FAGUNDES - DISTRICT 5
HANFORD & BURRIS PARK

January 21, 2020

CalViva - Fresno/Kings/Madera Regional Health Authority
Attn: Cheryl Hurley, Committee Coordinator
7625 N. Palm Avenue #109
Fresno, CA 93711

Re: County Representation on CalViva - Fresno/Kings/Madera Regional Health Authority

Dear Cheryl;

At a regular meeting of Kings County Board of Supervisors on January 14, 2020, the following members were appointed to the CalViva - Fresno/Kings/Madera Regional Health Authority:

Primary Appointments

Joe Neves, Supervisor Dist. 1
1400 W. Lacey Blvd
Hanford, CA 93230
(559) 852-2368
joe.neves@co.kings.ca.us

Alternate Appointments

Doug Verboon, Supervisor Dist. 4
1400 W. Lacey Blvd
Hanford, CA 93230
(559) 852-2366
doug.verboon@co.kings.ca.us

Please direct staff to coordinate directly with the Board member concerning meeting dates, times and other issues.

Respectfully,

A handwritten signature in blue ink, reading "Catherine Venturella".

Catherine Venturella,
Clerk to the Board of Supervisors

2020 BOARD OF SUPERVISORS MEMBERSHIPS
APPOINTMENTS ARE FOR ONE YEAR UNLESS INDICATED OTHERWISE

AGENCY	PRIMARY MEMBER	ALT MEMBER	TERM	CURRENT EXPIRATION (P)	CURRENT EXPIRATION (A)
Behavioral Health Board Review/evaluate mental health needs, insures appropriate and economical use of funds. Meets: 3rd Wednesday of every month, 11:30am-1:00pm	Robert Poythress				
CAL ID-Remote Access Committee (RAN)	Robert Poythress	David Rogers			
California Women's Facility Citizens Advisory Committee Can be a BOS member or a liaison from the Community at large. Meets: 1st Thursday of every other month, 3pm @ the Prison.	David Rogers	Brett Frazier	2 Years	1/1/2021	1/1/2020
California Development Block Grant Committee (CDBG)	Max Rodriguez				
Children & Families Commission (First 5) Administration of Prop 10 (Tobacco) funds. Meets: 1st Wednesday of each month.	Max Rodriguez		2 Years	1/1/2021	
Community Action Partnership of Madera County (CAPMC) A social service agency: adminsters programs such as Headstart, Emergency Services, Victim Services. Meets: 2nd Thursday each month @5:30pm @1225 Gill Ave. Madera	Robert Poythress	Max Rodriguez			
Community Corrections Partnership Committee	Robert Poythress	Brett Frazier			
Countywide Oversight Board of the Successor Agencies to the Redevelopment Agencies* Per Resolution: Chairman and Chairman Pro Tem	David Rogers	Robert Poythress			
Courthouse Park Resotration Committee	Robert Poythress				
California State Association of Counties Policy Committees (CSAC)* Appointment for 2019-2020 approved 11-05-2019	David Rogers	Robert Poythress			
Ag & Natural Resources	David Rogers		2 Years	1/1/2021	
Labor & Employment	Brett Frazier		2 Years	1/1/2021	
Government Finance & Operations	Robert Poythress		2 Years	1/1/2021	
Health & Welfare	Max Rodriguez		2 Years	1/1/2021	
Housing/Land Use/ Transportation (Native American Issues)	Brett Frazier	Tom Wheeler	2 Years	1/1/2021	
Administration of Justice	Robert Poythress		2 Years	1/1/2021	
CSAC Board of Directors (Sets Policy for CSAC)	David Rogers	Robert Poythress	2 Years	1/1/2021	
Meets: Twice per year as determined by Committee Chairperson Conferences: Spring Conference & Annual Meeting					
Crane Valley Project	Tom Wheeler				
Economic Development Commission Promote Economic growth of Madera County. Meets: 2nd Wednesday of every month @3:00pm Conference: EDC Annual Planning Conference (Bass Lake)	Brett Frazier	Max Rodriguez			
Fresno/Madera Area Agency on Aging Board of Directors (FMAAA) Advocacy for elderly; Advance the aims of the Older American Act. Meets: 3rd Thursday @10am	Robert Poythress	Brett Frazier			
Fresno-Kings-Madera Regional Health Authority Commission	David Rogers	Brett Frazier	3 Years	1/1/2023	1/1/2023

Item #4

Attachment 4.A

Commission Minutes
dated 10/17/2019

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
October 17, 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		
#3 Consent Agenda a) Commission Minutes 9/19/19 b) Finance Committee Minutes 7/18/19 c) QI/UM Committee Minutes 7/18/19 d) Compliance Report Action David Hodge, MD, Chairman	All consent items were presented and accepted as read.	Motion: Approve Consent Agenda 12 – 0 – 0 – 5 (Nikoghosian / Neves)
#4 Closed Session A. Government Code section 59454.5 – Report Involving Trade Secret – Discussion of service, program, or facility	Jason Epperson, General Counsel, reported out of Closed Session. Commissioners discussed the item agendaized for closed session. Closed Session concluded at 1:33 pm.	
#5 Financial Audit Report for Fiscal Year 2019 Presenter: R. Suico, Moss Adams Action David Hodge, MD, Chairman	Rianne Suico, representative from Moss Adams, presented the results of the audit. Moss Adams’ audit will result in the issuance of an unmodified opinion on the financial statements, which is the highest audit opinion that could be provided by an external CPA firm. A discussion of general audit procedures performed including confirmation of various account balances were discussed. The required communications and the organization’s accounting policies are in compliance with GAAP. After completing the work, it was found that the financial statements do not need to be adjusted and no issues were encountered when completing the work.	Motion: Approve Financial Audit Report for Fiscal Year 2019 12 – 0 – 0 – 5 (Rogers / Nikoghosian)

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#6 Physician Incentive Plan Action David Hodge, MD, Chairman	The Physician Incentive Plan for calendar year 2020 was presented to the Commission. The Plan is based on HEDIS® outcomes with the restriction that Providers who do not meet the timely access standards and have fewer than 500 members will be excluded.	<i>Motion: Approve Physician Incentive Plan</i> <i>12 – 0 – 0 – 5</i> <i>(Rogers / Soares)</i>
#7 2020 Calendar Year Meeting Proposal Action David Hodge, MD, Chairman	The 2020 calendar year meeting schedules were presented to the Commission for approval.	<i>Motion: Approve 2020 Calendar Year Meeting Dates</i> <i>12 – 0 – 0 – 5</i> <i>(Neves / Frye)</i>
#8 2019 Cultural and Linguistics Executive Summary and Work Plan Evaluation Action David Hodge, MD, Chairman	<p>Dr. Marabella presented the 2019 Cultural & Linguistics Work Plan Mid-Year Evaluation.</p> <p>The 4 categories for the 2019 Work Plan are:</p> <ol style="list-style-type: none"> 1. Language Assistance Services 2. Compliance Monitoring 3. Communication, Training, and Education 4. Health Literacy, Cultural Competency & Health Equity <p>By June 30, 2019 all activities were on target.</p> <p>Some of the activities completed consist of:</p> <ol style="list-style-type: none"> 1. Ninety-one (91) translation reviews coordinated to ensure accuracy of translation. 2. C & L related grievances reviewed. Follow up completed when indicated. 	<i>See Item #9 for Motion</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ol style="list-style-type: none"> 3. Conducted trainings for staff on: Impact of Poverty, Emotional Intelligence, and Making Reasonable Accommodations. 4. Collaborated with Health Ed to plan and host Mendota Community Advisory Group. Established action plan for improvement. 5. Initiated research on barriers to breast cancer screening among the Hmong community (literature review, focus groups and key informant interviews). <p>All of the Work Plan activities continue on target for completion by the end of calendar year 2019.</p>	
<p>#9 2019 Health Education <i>Executive Summary and Work Plan Evaluation</i></p> <p>Action David Hodge, MD, Chairman</p>	<p>Dr. Marabella presented the 2019 Health Education Work Plan Mid-Year Evaluation.</p> <p>Two areas of focus for 2019 consist of:</p> <ol style="list-style-type: none"> 1. Programs and Services 2. Department Operations, Reporting and Oversight <p>Of the 16 Program Initiatives, 12 have met or exceeded 50% of the year-end goal. These consist of:</p> <ol style="list-style-type: none"> 1. Chronic Disease: Asthma 2. Chronic Disease: Diabetes 3. Community Health 4. Health Equity 5. Immunizations 6. Member Engagement 7. Member Newsletter 8. Perinatal Education 9. Promotores Health Network 10. Oversight and Reporting 	<p><i>Motion:</i> <i>Approve Cultural & Linguistics Executive Summary and Work Plan Evaluation; and Health Education Executive Summary and Work Plan Evaluation</i></p> <p><i>12 – 0 – 0 – 5</i></p> <p><i>(Soares / Naz)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>11. Materials updates, development, utilization & inventory 12. Operations</p> <p>The four (4) initiatives that did not meet 50% of year-end goal by 6/30/19 and barriers include:</p> <ol style="list-style-type: none"> 1. Mental / Behavioral Health delay in material development. 2. Digital Health Programs low member enrollment into myStrength program. 3. Obesity Prevention low member enrollment into programs. 4. Tobacco Cessation fewer referrals into the CA Smokers' Helpline. <p>Barriers to full implementation of planned activities have been identified and are being addressed. 2019 initiatives will continue to be implemented in order to meet or exceed year end goals.</p>	
<p>#10 Standing Reports</p> <ul style="list-style-type: none"> • Finance Report Daniel Maychen, CFO 	<p><u>Finance</u></p> <p>Financial Statements as of August 31, 2019:</p> <p>Total current assets were approximately \$220.1M; total current liabilities were approximately \$158.3M. Current ratio is 1.39. New liability account, Directed Payment Payable, was added to balance sheet to account for amounts due to various hospitals/entities as part of DHCS' new directed payment program which provides enhanced supplemental funds to various hospitals and health care providers. TNE as of August 31, 2019 was approximately \$72.4M, which is approximately 606% above the minimum DMHC required TNE amount.</p>	<p>Motion: <i>Approve Standing Reports</i></p> <p><i>12 – 0 – 0 – 5</i></p> <p><i>(Rogers / Naz)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Premium capitation actual income was approximately \$174M which is approximately \$14.5M less than budgeted amounts primarily due to MCO taxes pending approval for renewal. The MCO tax was signed and approved by the Governor on September 30, 2019 and is currently pending federal approval. California Association of Health Plans ("CAHP") is confident the federal government will approve. If approved, MCO taxes will go retroactive back to 7/1/19. Revenues are higher than budget by approximately \$6.5M when MCO tax is adjusted out due to rates paid by DHCS being higher than budgeted. Capitation medical costs are over budget for the same reason.</p> <p>Two new financial statement accounts added to income statement as a result of DHCS' directed payment program.</p> <p>Grants are less than budgeted amount due to the Valley Health Team ("VHT") residency grant. How it was structured and approved was based on a contribution amount up to their net operating loss. \$2.2M was available; however, VHT's net operating loss was \$2.1M. The difference was trued up in the month of August 2019, when VHT's reporting was due to CalViva.</p> <p>All other expense items are in line or below what was budgeted, with the exception of License expense. License expense was higher due to estimates being lower than actual cost. For the first two months of FY 2020, total net income is approximately \$2.1M which is approximately \$809K more than budgeted.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<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 August 2019.</p> <p>Grievance & Appeals Data:</p> <ul style="list-style-type: none"> The number of grievances received through August shows the trend is continuing to increase when compared to Q2 2019. Total cases resolved shows a similar trend. Majority of grievances were in the Quality of Service category associated with Access and Transportation case types. Quality of Care Grievances for July and August have slightly increased when compared with Q2, specifically in the area of PCP Care. Exempt grievances through August have increased when compared to Q2 2019 numbers. The number of appeals received through August compared with Q2 2019, have also increased. The majority of this increase can be attributed to the areas of Advanced Imaging and Pharmacy. <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report through August 31, 2019.</p> <ul style="list-style-type: none"> Admission and Readmission rates for SPDs are down slightly. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • The fluctuation in ER Visits and Inpatient Admissions for TANFs is related to seasonal respiratory illnesses. • Outreach and Engagement for Case Management categories show a significant increase when compared to previous months. • Perinatal Case Management referrals have significantly increased as a result of improved outreach and engagement with our new program. <p>QIUM Quarterly Summary Report</p> <p>Dr. Marabella provided the QI/UM Qtr. 3, 2019 update. Two QI/UM meetings were held in Q3; one in July and one in September.</p> <p>The following guiding documents were approved at the July and September meetings:</p> <ul style="list-style-type: none"> • 2019 Quality Improvement Mid-Year Evaluation and Executive Summary • 2019 Utilization Management & Case Management Mid-Year Evaluation and Executive Summary • Pharmacy Formulary & Provider Updates • Medical Policies <p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard for July 2019, Potential Quality Issues Report & Corrective Action Plan, MHN Performance Indicator Report for Behavioral Health, and other QI reports.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The Utilization Management & Case Management reports reviewed included the Key Indicator Report, Top 10 Diagnosis Report, and Specialty Referrals Reports.</p> <p>The quarterly Pharmacy reports were reviewed covering Operations Metrics, Top Medication Prior Authorization Requests and quarterly Formulary Changes. All second quarter 2019 prior authorization metrics were within 5% of standard.</p> <p>HEDIS® Activity:</p> <p>In Q3, HEDIS® related activities focused on the new mandates established by our new governor and DHCS' response to these new mandates. Managed Care Medi-Cal health plans will have 22 quality measures that they will be evaluated on next year and the new Minimum Performance Level (MPL) is the 50th percentile rather than the 25th.</p> <p>Final HEDIS® rates for RY19 became available in Q3. For CalViva, three (3) measures were below the MPL (25th percentile). The three measures are:</p> <ul style="list-style-type: none"> • Avoidance of Antibiotics for Bronchitis in Adults (AAB). Not in 22 measures • Breast Cancer Screening (BCS) <i>New PIP (Performance Improvement Project) this year</i> • Diabetes Care– HbA1c testing <p>No significant compliance issues have been identified. Oversight and monitoring processes will continue.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Operations J. Nkansah, COO 	<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 were two (2) new no risk/low risk incidents in September. There were no items of significance or concern. Cases year to date continue to improve and trend down when compared to the prior year.</p> <p>In reference to the CalViva Health website, there are no issues or items of significance to report.</p> <p>In reference to the Member Call Center there is no new data to report since the September Commission meeting.</p> <p>With regard to Provider Network Activities, there was an increase in Primary Care Providers (PCPs). In terms of the numbers overall there were no significant changes.</p> <p>With regard to Claims Processing and Provider Disputes activity, Q3 numbers are not yet available; therefore, there is no new update to provide.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Executive Report G. Hund, CEO 	<p><u>Executive Report</u></p> <p>There is a slight reduction in membership through September 2019. The market share for CVH continues to increase.</p>	
#11 Final Comments from Commission Members and Staff	PCP growth within the network over the past month is possibly attributed to the Grant program CVH has established for recruitment of PCPs.	
#12 Announcements	None.	
#13 Public Comment		
#14 Adjourn	<p>The meeting was adjourned at 2:33 pm</p> <p>The next Commission meeting is scheduled for November 21, 2019 in Fresno County.</p>	

Submitted this Day: _____

Submitted by: _____

Cheryl Hurley
Clerk to the Commission

Item #4

Attachment 4.B

Finance Committee Minutes
dated 9/19/2019



**CalViva Health
Finance
Committee Meeting Minutes**

September 19, 2019

Meeting Location

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

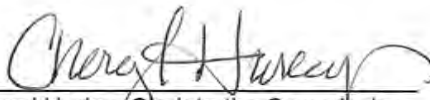
Finance Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Daniel Maychen, Chair	✓	Cheryl Hurley, Office Manager
✓	Gregory Hund, CEO	✓	Jiaqi Liu, Sr. Accountant
✓	Paulo Soares		
✓	Joe Neves		
✓	Harold Nikoghosian		
	David Rogers		
✓	John Frye		
		✓	Present
		*	Arrived late
		•	Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order D. Maychen, Chair	The meeting was called to order at 11:30 am, a quorum was present.	
#2 Finance Committee Minutes dated July 18, 2019 Attachment 2.A Action D. Maychen, Chair	The minutes from the July 18, 2019 Finance meeting were approved as read.	Motion: <i>Minutes were approved</i> <i>6 – 0 – 0 – 1</i> <i>(Frye / Soares)</i>
#3 Financial – Fiscal Year End 2019 Attachment 3.A	Current assets are \$191.6M; current liabilities are \$131.9M, this gives a current ratio of 1.45. TNE as of June 30, 2019 is approximately \$70.3M which is approximately 530% of the	Motion: <i>Approve preliminary FY End 2019</i> <i>Financials</i> <i>6 – 0 – 0 – 1</i>

<p>Action D. Maychen, Chair</p>	<p>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>(Nikoghosian / Neves)</p>
<p>#4 Financial Statements as of July 31, 2019</p> <p>Action D. Maychen, Chair</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 taxes will go retroactive back to 7/1/19, which would bring revenues more in line with budgeted amounts</p>	<p>Motion: <i>Approve Financials as of July 31, 2019</i> <i>6 – 0 – 0 – 1</i> (Frye / Neves)</p>

Finance Committee

	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.	
#5 2020 Finance Committee Meeting Calendar Action D. Maychen, Chair	The draft 2020 meeting calendar was presented to the Committee. No revisions recommended.	Motion: <i>Approve 2020 meeting calendar</i> <i>6-0-0-1</i> <i>(Soares / Frye)</i>
#6 Announcements	Moss Adams will present audited FY 2019 Financials at the October meeting.	
#7 Adjourn	Meeting was adjourned at 11:40 am	

Submitted by: 
Cheryl Hurley, Clerk to the Commission
Dated: 10-17-19

Approved by Committee: 
Daniel Maychen, Committee Chairperson
Dated: 10/17/19

Item #4

Attachment 4.C

QIUM Committee Minutes
Dated 9/16/2019

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
September 19th, 2019

CalViva Health
7625 North Palm Avenue; Suite #109
Fresno, CA 93711
Attachment A

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Patrick Marabella, M.D., CalViva Chief Medical Officer, Chair	✓	Mary Beth Corrado, Chief Compliance Officer (CCO)
✓	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Amy Schneider, RN, Director of Medical Management Services
	Brandon Foster, PhD. Family Health Care Network	✓	Mary Lourdes Leone, Director of Compliance
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Melissa Mello, MHA, Medical Management Specialist
	John Zweifler, MD., At-large Appointee, Kings County	✓	Ashelee Alvarado, Medical Management Administrative Coordinator
✓	Joel Ramirez, M.D., Camarena Health Madera County	✓	Lori Norman, Compliance Manager
	Rajeev Verma, M.D., UCSF Fresno Medical Center		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			

✓ = in attendance

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D, Chair	The meeting was called to order at 10:38 am. A quorum was present.	
#2 Approve Consent Agenda - Committee Minutes: July 18, 2019 - 2020 QIUM Meeting Schedule - California Children's Service Report (CCS)(Q2) - Appeals & Grievances	The July 2019 QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Any item on the consent agenda may be pulled out for further discussion at the request of any committee member.	Motion: Approve Consent Agenda (Cardona/ Ramirez) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Classification Audit Report (Q2)</p> <ul style="list-style-type: none"> - Appeals & Grievances Inter Rater Reliability Report (Q2) - Quarterly Appeals & Grievances Member Letter Monitoring Report (Q2) - Customer Contact Center (CCC) DMHC Expedited Grievance Member Notification Report (Q2) - Health Education Incentive Programs – Semi-Annual Report (Q1 & Q2) <p>(Attachments A-H)</p> <p>Action</p> <p>Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard & Turn Around Time Report (July) - Appeals & Grievances Executive Summary (Q2) - Appeals & Grievances Quarterly Member Report (Q2) 	<p>The A & G Dashboard provides monthly data to facilitate monitoring for trends in the number and types of cases over time. This Dashboard included data through the end of July 2019. Quarter 2 2019 trends were compared with 2018 year-end trends in a slide presentation with the following highlights.:</p> <p><u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ The number of grievances received through Q2 2019 shows an increase as compared to total Grievances in 2018 .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. 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard & Turn Around Time Report (July) - Appeals & Grievances Executive Summary (Q2)

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
(Attachment I-K) Action Patrick Marabella, M.D, Chair	<ul style="list-style-type: none"> ➤ Exempt grievances have improved for YTD 2019 compared to 2018. <u>Appeals:</u> <ul style="list-style-type: none"> ➤ 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. 	- Appeals & Grievances Quarterly Member Report (Q2) (Ramirez/Lee) 4-0-0-3
#3 QI Business - Initial Health Assessment Quarterly Audit Report (Q2) (Attachment L) Action Patrick Marabella, M.D, Chair	<p>The Department of Health Care Services (DHCS) requires completion of the Initial Health Assessment (IHA) for new Medi-Cal members within 120 days of enrollment. A multi-pronged approach to monitoring is performed and includes the following:</p> <ul style="list-style-type: none"> ➤ Medical Record Review (MRR) via onsite provider audits ➤ Monitoring of claims and encounters ➤ Member outreach following a three-step methodology <u>FSR/MRR Data:</u> <ul style="list-style-type: none"> ➤ Data from Quarter 2 2019 FSR/MRRs reviewed. ➤ Combined IHA/IHEBA completion and compliance rates were noted to be higher for pediatric patients compared to adult patients. ➤ Non-compliant sites received a follow-up educational letter advising of the DHCS requirements for timely completion of the IHA. <u>Claims Data:</u> <ul style="list-style-type: none"> ➤ Claims and encounter data is captured from providers regularly and certain codes are identified as a proxy for IHA completion. Barriers due exist for this method because there is no single code identified for IHA. IT team is currently working on claims enhancements to improve data capture. <u>Outreach Attempts:</u> <ul style="list-style-type: none"> ➤ Three Step outreach includes: Welcome Packet, Welcome Call and Welcome Postcard. ➤ Outreach attempts for Quarter 2 remained consistently above 94%. 	Motion: Approve - Initial Health Assessment Quarterly Audit Report (Q2) (Lee/Cardona) 4-0-0-3
#3 QI Business - Potential Quality Issues (Q2) (Attachment M) Action	<u>Potential Quality Issues (PQI) Report</u> This report provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member or peer review activities. Peer review activities include cases with a severity code level of III or IV or any case the CVH CMO requests to be forwarded to Peer Review. Data was reviewed for all case types including	Motion: Approve - Potential Quality Issues (Q2) (Ramirez/Lee) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Patrick Marabella, M.D, Chair	<p>the follow up actions taken when indicated.</p> <ul style="list-style-type: none"> ➤ Non-member initiated PQI category was noted to have decrease compared to Q1, however Q1 was artificially high due to some catch up case processing associated with a corrective action plan. ➤ Member generated PQI's remains consistent with previous quarters. ➤ An increase in the number of peer review cases processed was noted. The majority of these cases closed in the same quarter. 	
<p>#3 QI Business - County Relations Quarterly Report (Q2) (Attachment N) Action Patrick Marabella, M.D, Chair</p>	<p><u>County Relations Quarterly Report (Q2)</u> This report provides a summary of the relevant Public Health, Behavioral Health (BH) and Regional Center Activities, initiatives and updates for Fresno, Kings and Madera Counties. Highlights for this quarter include:</p> <ul style="list-style-type: none"> ➤ Fresno County Department of Behavioral Health continues to collect feedback from its behavioral health staff regarding the bidirectional referral process and continues to work with the Managed Care Plans to improve the overall process. ➤ Fresno County Public Health Department reported that they are providing forums for the Health Needs Assessment focusing on healthy equity and social determinants of health. ➤ Fresno County Public Health Department's California Children's Services (CCS) plan to have an official conference in 2019. ➤ Kings County Behavioral Health (KCBH) continues to participate in the Medication Assisted Treatment (MAT) Learning Collaborative. KCBH has been participating in the collaborative for a few quarters now and are moving forward with strong emphasis on providing more MAT services within their county. ➤ Kings County STD rate continues to rise and this is a recurring issue. Kings County Public Health Department continues to provide clinical updates to community providers regarding the STD rates and they are working on a STD response plan for the community. ➤ Madera County Behavioral Health had their Family Fun Day community event during Q2 2019, which is one of their MHSA funded events. ➤ Madera County Public Health Department (MCPH) is in the midst of transitioning to their new electronic health records system, Patagonia. <p>Quarter 2 data for BH referrals, TB screening and CCS enrollment in Fresno, Kings and Madera counties were also reviewed.</p>	<p>Motion: Approve - County Relations Quarterly Report (Q2) (Cardona/Ramirez) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#4 Access Business - Provider Office Wait Time Report (Q2) (Attachment O) Action Patrick Marabella, M.D, Chair</p>	<p>Health plans are required to monitor waiting times in providers' offices to validate timely access to care and services. This report provides a summary that focuses on Quarter 2 2019 monitoring for Fresno, Kings and Madera Counties. All counties are within the 30-minute office wait time threshold for both mean and median metrics. Outliers are tracked and results of monitoring have been reported back to the participating providers. Monitoring and analysis will continue in 2019 to identify opportunities for improvement associated with specific providers.</p>	<p>Motion: Approve - Provider Office Wait Time Report (Q2) (Lee/Cardona) 4-0-0-3</p>
<p>#5 QI/UM Business - Quality Improvement Mid-Year Work Plan Evaluation & Executive Summary (Attachment P) Action Patrick Marabella, M.D, Chair</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 Cancer Screening. Fresno County fell slightly below the MPL in HbA1c testing. ➤ 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. 	<p>Motion: Approve - Quality Improvement Mid-Year Work Plan Evaluation & Executive Summary (Lee/Cardona) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>➤ Childhood Immunization Status:</p> <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>#5 QI/UM Business - Utilization Management & Case Management Mid-Year Work Plan Evaluation & Executive Summary (Attachment Q) Action Patrick Marabella, M.D, Chair</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 5. Monitoring Activities for Special Populations <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 Envolv 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>Motion: Approve - Utilization Management & Case Management Mid-Year WORK Plan Evaluation & Executive Summary (Ramirez/Lee) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#5 QI/UM Business - HEDIS 2019 Update (Attachment R) Action Patrick Marabella, M.D, Chair</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 ➤ 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 	<p>Motion: Approve - HEDIS 2019 Update (Ramirez/Lee) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ 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>#6 UM Business</p> <ul style="list-style-type: none"> - Key Indicator Report & Turn Around Time Report (July) - Utilization Management Concurrent Review Report (Q2) (Attachment S-T) <p>Action Patrick Marabella, M.D., Chair</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). ➤ 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>Motion: Approve</p> <ul style="list-style-type: none"> - Key Indicator Report & Turn Around Time Report (July) - Utilization Management Concurrent Review Report (Q2) <p>(Ramirez/Lee) 4-0-0-3</p>
<p>#6 UM Business</p> <ul style="list-style-type: none"> - Case Management Report/TCM Report/Palliative Care Report (Q2) (Attachment U) <p>Action Patrick Marabella, M.D., Chair</p>	<p>This comprehensive report provides a summary of Case Management (CM), Transitional Care Management, Perinatal CM, Behavioral Health CM, MemberConnections and Palliative Care activities for Quarter 2 2019. A range of Case Management services are available to all CalViva members who may benefit. Members are assessed and referred to the appropriate program depending upon their needs. The effectiveness of each program is assessed using a variety of outcome and member satisfaction metrics. Overall results have been positive in Q2 2019.</p> <ul style="list-style-type: none"> ➤ Integrated Case Management (ICM): The volume of referrals increased from 152 in Q1 2019 to 262 in Q2 2019 while the quarterly average engagement rate has declined somewhat due to the increased denominator (more referrals). a ➤ One of the effectiveness measures utilized by Case Management is the readmission rate for members prior to CM enrollment and 90 days after enrollment. The rate decreased from 48.4% to 21.4% in the first 7 months of 2019. ➤ The Perinatal program is evaluated based on the member's compliance with timely first prenatal visit and post-partum visit 21 and 56 days after delivery compared to pregnant members who were not enrolled in the program. Both metrics improved for women in the program.. 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Case Management Report/TCM Report/Palliative Care Report (Q2) <p>(Cardona/Lee) 4-0-0-3</p>


AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ➤ Behavioral Health Case Management: The volume of referrals increased in Q2 compared to Q1 and the quarterly engagement rate increased slightly. The total number of cases managed January through June was 84; which is 100% increase from total managed in 2018. ➤ Palliative Care: Referrals more than doubled from 12 in Q1 to 27 in Q2. Over fifty percent of these referrals came from the Concurrent Review (CCR) nurses in the hospital and during the weekly Concurrent Review Rounds. 	
#6 UM Business - Concurrent Review IRR Report (Q2) (Attachment V) Action Patrick Marabella, M.D., Chair	The Concurrent Review Q2 Inter Rater Reliability (IRR) Report provides a summary of internal audits performed to ensure consistent, credible, and timely medical management decisions which promote improved member outcomes. Monitoring of the concurrent review process includes regulatory compliant components such as: <ul style="list-style-type: none"> ➤ Turn-around-times (TAT) of initial medical decisions within 24 hours of receipt ➤ Documentation of proactive discharge planning and collaboration ➤ Application of standardized criteria (i.e. McKesson InterQual®, and /or evidence-based medical policies and technical assessment tools) All criteria met established standard of 90% or greater compliance. Continue to monitor and follow up as indicated.	Motion: Approve - Concurrent Review IRR Report (Q2) (Ramirez/Lee) 4-0-0-3
#7 Pharmacy Business - Executive Summary (Q2) - Operations Metrics Report (Q2) - Top 30 Prior Authorizations (Q2) (Attachment W-Y) Action Patrick Marabella, M.D., Chair	Pharmacy reports for Q2 were reviewed in order to assess for emerging patterns in authorization requests, compliance around prior authorizations, and to evaluate the consistency of decision making in order to formulate potential process improvement recommendations. <ul style="list-style-type: none"> ➤ Pharmacy Prior Authorizations (PA) metrics were within 5% of standard for second quarter 2019. PA turnaround time is monitored to identify PA requests that are approaching required turnaround time limits. ➤ Second quarter 2019 top medication PA requests varied minimally from first quarter 2019. 	Motion: Approve - Executive Summary (Q2) - Operations Metrics Report (Q2) - Top 30 Prior Authorizations (Q2) (Lee/Ramirez) 4-0-0-3
#8 Credentialing & Peer Review Business - Credentialing	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	Motion: Approve - Credentialing Subcommittee

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Subcommittee Report (Q3) (Attachment Z) Action Patrick Marabella, M.D., Chair</p>	<p>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>Report (Q3) (Cardona/Ramirez) 4-0-0-3</p>
<p>#8 Credentialing & Peer Review Business - Peer Review Subcommittee Report (Q3) (Attachment AA) Action Patrick Marabella, M.D., Chair</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> <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>Motion: Approve - Peer Review Subcommittee Report (Q3) (Ramirez/Cardona) 4-0-0-3</p>
<p>#9 Compliance Update - Compliance Regulatory Report (Attachment BB) Action Patrick Marabella, M.D., Chair</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 for the Department of Health Care Services (DHCS) Medical Audit conducted in February 2019 is scheduled for 9/27/19.</p> <p>New regulations regarding Medi-Cal eligibility for young adults ages 19-25 with unsatisfactory immigration status and the new Pharmacy Carve-out were reviewed. More information is forthcoming. 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>	
<p>#11 Public Comment</p>	<p>None.</p>	
<p>#12 Adjourn Patrick Marabella, M.D.,</p>	<p>Meeting was adjourned at 11:53 am.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Chair		

NEXT MEETING: October 17, 2019

Submitted this Day: October 17th 2019

Submitted by: 
Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:


Patrick Marabella, MD Committee Chair

Item #4

Attachment 4.D

QIUM Committee Minutes
Dated 10/17/2019

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes

October 17th, 2019

CalViva Health
7625 North Palm Avenue; Suite #109
Fresno, CA 93711
Attachment A

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Patrick Marabella, M.D., CalViva Chief Medical Officer, Chair		Mary Beth Corrado, Chief Compliance Officer (CCO)
✓	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Amy Schneider, RN, Director of Medical Management Services
	Brandon Foster, PhD. Family Health Care Network	✓	Mary Lourdes Leone, Director of Compliance
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Melissa Mello, MHA, Medical Management Specialist
✓	John Zweifler, MD., At-large Appointee, Kings County	✓	Ashelee Alvarado, Medical Management Administrative Coordinator
	Joel Ramirez, M.D., Camarena Health Madera County	✓	Lori Norman, Compliance Manager
	Rajeev Verma, M.D., UCSF Fresno Medical Center		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			
✓	Lali Witrago, Sr. Cultural and Linguistic Specialist		
✓	Justina Felix, Health Education		

✓ = in attendance

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D, Chair	The meeting was called to order at 10:32 am. A quorum was present.	
#2 Approve Consent Agenda - Committee Minutes: September 19, 2019 - Provider Preventable Conditions (Q2) - Preventive Health Guidelines 2019 - Standing Referrals Report (Q2)	The September 2019 QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Any item on the consent agenda may be pulled out for further discussion at the request of any committee member.	Motion: Approve Consent Agenda (Lee/Cardona) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> - Pharmacy Provider Update (Q2) - Compliance Regulatory Report (Attachments A-F) Action Patrick Marabella, M.D Chair		
#3 QI Business <ul style="list-style-type: none"> - Appeals & Grievances Dashboard & Turn Around Time Report (August) (Attachment G) Action Patrick Marabella, M.D, Chair	<p>The A & G Dashboard provides monthly data to facilitate monitoring for trends in the number and types of cases over time. This Dashboard included data through the end of August 2019.</p> <p>The following items were noted for August:</p> <p>Grievances:</p> <ul style="list-style-type: none"> ➤ There was a total of 118 grievances resolved in August. ➤ There was a total of 82 Quality of Service grievances resolved. ➤ There were 36 Quality of Care grievances resolved. ➤ Number of Grievances received remains higher than previous years. <p>Appeals:</p> <ul style="list-style-type: none"> ➤ The number of appeals received in July and August compared with quarter 2 2019, has increased. The majority of this increase can be attributed to the areas of Advanced Imaging, Pharmacy, and Surgery. 	Motion: Approve <ul style="list-style-type: none"> - Appeals & Grievances Dashboard & Turn Around Time Report (August) (Cardona/Zweifler) 4-0-0-3
#3 QI Business <ul style="list-style-type: none"> - Behavioral Health Performance Indicator Report (Q2) (Attachment H) Action Patrick Marabella, M.D, Chair	<p>The MHN Performance Indicator Report for Behavioral Health Services (Q2 2019) was presented. 19 out of the 20 metrics met or exceeded their targets.</p> <ul style="list-style-type: none"> ➤ Authorization Decision Timeliness was below target for Provider Disputes. Quarter 2 2019 resolution timeliness was below target by 7%. A number of interventions have been implemented by the MHN Dispute Unit to improve performance: ➤ ABA claims continue to be the largest category for disputes. There were 5 non-ABA reviews and 312 ABA reviews in Q2 2019. All of them were compliant with timeliness standards. ➤ Member appointment access data revealed no (0) Life-threatening or Non-life-threatening Emergent cases. However, in quarter 2 there was 1 Urgent case and the appointment access standard was met. ➤ There were 2 PQI cases in Quarter 2 2019 and they were resolved within timeliness standards. ➤ . 	Motion: Approve <ul style="list-style-type: none"> - Behavioral Health Performance Indicator Report (Q2) (Zweifler/Cardona) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#3 QI Business - Performance Improvement Project Update Monitoring Persistent Medications (Attachment I) Action Patrick Marabella, M.D, Chair	The Quality Improvement Project to address Annual Monitoring for Patients on Persistent Medications (MPM) was reviewed with the committee. The report summarizes quality improvement activities associated with HEDIS® measures that have performed below the minimum performance level. The MPM project was focused in Madera County and the MPM QI Summary described improvement interventions, results, and recommendations for the project. Final RY19 compliance rates for the ACE/ARB measure in Madera county was 89.13% and for diuretics 90.37% exceeding the 50th percentile.	Motion: Approve - Performance Improvement Project Update Monitoring Persistent Medications (Lee/Zweifler) 4-0-0-3
#3 QI Business - Culture & Linguistics Geo Access Report (Attachment J) Action Patrick Marabella, M.D, Chair	The Geo Access Assessment of Cultural and Linguistic Needs Report examines race, ethnicity and language of CalViva Health's members and corresponding provider network for calendar year 2018. <ul style="list-style-type: none"> ➤ All members identified as Spanish-speaking members residing in Fresno, Kings and Madera counties had their access needs related to language met. ➤ Of the members identified as Hmong speakers, seven members residing in Fresno County were identified as having an access gap related to PCP availability according to the report's parameters. ➤ Khmer and Arabic are the two-member language needs identified with the most gaps. ➤ Madera County showed the least gaps in language barriers in the three-county area. Telephonic interpreter services are available in all provider locations. The results of the study were shared with Provider Relations staff for provider recruiting purposes.	Motion: Approve - Culture & Linguistics Geo Access Report (Zweifler/Lee) 4-0-0-3
#4 Access Business - Appointment Availability & After-Hours Access Survey Results (Provider Update) (Attachment K) Action Patrick Marabella, M.D, Chair	The annual 2018 Provider Appointment Availability Survey and Provider After-Hours Access Survey results were reviewed from the random sample of participating primary care physicians (PCPs), specialty care providers, ancillary providers, and non-physician mental health providers included in the survey. Data was gathered from August 2018 through December 2018. Then following DMHC appointment access metrics did not meet the performance goal of 80%: <ul style="list-style-type: none"> ➤ Urgent care appointment with PCP within 48 hours (71.4%). ➤ Urgent care appointment with a specialist within 96 hours (62.8%). ➤ Non-urgent care appointment with a specialist within 15 business days (68.1%). ➤ Preventive or well-child appointment with PCP (73.6%). 	Motion: Approve - Appointment Availability & After-Hours Access Survey Results (Provider Update) (Zweifler/Lee) 4-0-0-3
#5 Cultural &	Dr. Marabella presented the 2019 Cultural & Linguistics Work Plan Mid-Year Evaluation and Executive Summary.	Motion: Approve

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Linguistics/Health Education Business</p> <ul style="list-style-type: none"> - Culture & Linguistics Work Plan Mid-Year Evaluation & Executive Summary - Culture & Linguistics Language Assistance Program Report - Health Education Work Plan Mid-Year Evaluation & Executive Summary (Attachment L-N) <p>Action Patrick Marabella, M.D, Chair</p>	<p>The summary of activities completed during the first six months of 2019 consist of four areas:</p> <ul style="list-style-type: none"> • Language Assistance Services • Compliance Monitoring • Communication, Training and Education • Health Literacy, Cultural Competency and Health Equity <p>Some of the Activities Completed include:</p> <ol style="list-style-type: none"> 1. Ninety-one (91) translation reviews coordinated to ensure accuracy of translation. 2. C & L related grievances reviewed. Follow up completed when indicated. 3. Conducted trainings for staff on: "Impact of Poverty" "Emotional Intelligence" and "Making Reasonable Accommodations". 4. Collaborated with Health Ed to plan and host Mendota Community Advisory Group (CAG). Working with the CAG developed an action plan for improvement. 5. Initiated research on barriers to breast cancer screening among the Hmong community (literature review, focus groups and key informant interviews). <p>By June 30, 2019, all activities were either completed or are on target to be completed by the end of the year. CVH will continue to implement, monitor and track C & L related services and activities.</p> <p><u>Culture & Linguistics Language Assistance Program Report</u></p> <p>This Report provides information on the language service utilization by CalViva Health members for January 1st to June 30th, 2019. The Language Assistance Program incorporates MHN Services' Mental Health/Behavioral Health language utilization for the same reporting period. It also evaluates, telephonic and in-person interpretation services, Sign Language and document translations.</p> <ul style="list-style-type: none"> ➤ C&L language assistance service utilization is consistent with previous reporting periods. ➤ The number of grievance cases is consistent with 2018 data when an increase was identified. This increase can be attributed to new coding structure and training efforts. ➤ MHN Services' documentation and reporting of data is complete and on track for future reporting periods. (2019 is first full year for MHN) 	<ul style="list-style-type: none"> - Culture & Linguistics Work Plan Mid-Year Evaluation & Executive Summary - Culture & Linguistics Language Assistance Program Report - Health Education Work Plan Mid-Year Evaluation & Executive Summary (Zweifler/Lee) <p>4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Health Education Work Plan Mid-Year Evaluation & Executive Summary</u></p> <p>Dr. Marabella presented the 2019 Health Education Work Plan Mid-Year Evaluation and Executive Summary.</p> <p>Health Education activities are selected based upon the county-specific Group Needs Assessment. The two major areas of focus for 2019 include:</p> <ul style="list-style-type: none"> • Health Ed Programs and Services • Department Operations, Reporting and Oversight <p>Activity Status at the mid-year:</p> <ol style="list-style-type: none"> 1. 16 Program Initiatives for 2019 2. 12 met or exceeded 50% of the year-end goal 3. 4 Initiatives did not meet 50% of year-end goal by 6/30/18 <p>Barriers to full implementation of planned activities have been identified and are being addressed. Continue with implementation of 2019 initiatives to meet or exceed year end goals.</p>	
<p>#6 UM Business</p> <p>- Key Indicator Report (August) (Attachment O)</p> <p>Action</p> <p>Patrick Marabella, M.D., Chair</p>	<p>The Key Indicator Report reflects data for the months of June, July and August in 2019. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➤ Admission and readmission rates for SPDs are down slightly in August compared to recent months. ➤ The fluctuation in ER Visits and Inpatient Admissions for TANFs is related to seasonal respiratory illnesses. ➤ A CAP has been established for Prior Authorization (PA) Turn-around time results . Non-compliant rates are related to staffing challenges, a significant increase in submission of PA requests by a few providers. Improvement strategies are underway. ➤ CCS rates have shown a gradual increase over time. ➤ Perinatal Case Management referrals have continued to increase as a result of improved outreach and engagement associated with our new CalViva Pregnancy Program plus the two Perinatal Case Management staff in our area. ➤ Improvements are seen for Integrated Case Management, Transitional Case Management and Behavioral Case Management related to an increase in referrals, improved engagement, and ultimately an increase in the total number of cases managed. <p>Dr. Cardona stepped out at 11:09 am; returned at 11:13 am.</p>	<p>Motion: Approve</p> <p>- Key Indicator Report (August) (Lee/Zweifler)</p> <p>4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#6 UM Business - Specialty Referrals Report – HN (Q2) - Specialty Referrals Reports: La Salle, First Choice, IMG, Adventist, Central Valley Medical Physicians (Q2) (Attachment P-Q) Action Patrick Marabella, M.D., Chair	<p>The Health Net Specialty Referrals Report provides a summary of Specialty Referral Services that require prior authorization in the tri-county area in the second quarter of 2019. This report provides evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members.</p> <p>The following delegated entities provided a summary of Specialty Referral Services for Quarter 2 in the tri-county area: La Salle, First Choice, IMG, Adventist, Sante, and Central Valley Medical Physicians. Parameters for these reports have recently been clarified with Delegation Oversight staff to improve the accuracy and consistency of reporting.</p> <p>These reports provide evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members.</p> <p>Referral and denial rates are monitored on a quarterly basis and compared over time. Top priority medical specialties are tracked along with turn-around times. Trends will continue to be monitored and follow up initiated when indicated.</p>	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Specialty Referrals Report – HN (Q2) - Specialty Referrals Reports: La Salle, First Choice, IMG, Adventist, Central Valley Medical Physicians (Q2) (Cardona/Lee) 4-0-0-3
#7 Policies & Procedures - Public Health Policy Grid (Attachment R) Action Patrick Marabella, M.D., Chair	<p>Public Health Policy & Procedure Annual Review grid was presented to the committee. The majority of policies were updated without changes or had minor edits. Seven policies that required more extensive review were included in the meeting packet:</p> <ul style="list-style-type: none"> ➤ PH-004 Pediatric Preventative Care Services ➤ PH-008 Early Start Program ➤ PH-013 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services ➤ PH-016 Coordination Services with Local Educational Agency (LEA) Providers ➤ PH-041 DDS-Administered Home and Community Based Waiver Program ➤ PH-048 Regional Centers Coordination ➤ PH-050 California Children’s Services (CCS) <p>The policy edits were discussed and the Public Health policies were approved.</p>	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Public Health Policy Grid (Cardona/Lee) 4-0-0-3
#8 Public Comment	None.	
#9 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 11:37 am.	

NEXT MEETING: November 21, 2019

Submitted this Day: November 21, 2019

Submitted by: Amy B. Schneider
Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair

Item #4

Attachment 4.E

Public Policy Committee Minutes
Dated 9/4/2019



Public Policy Committee
Meeting Minutes
September 4, 2019

Camarena Health
344 E. Sixth Street
Madera, CA 93638

Committee Members		Community Base Organizations (Alternates)	
✓	Joe Neves, Chairman	✓*	Jeff Garner, KCAO
✓	David Phillips, Provider Representative	✓	Roberto Garcia, Self Help
✓	Leann Floyd, Kings County Representative		Staff Members
✓*	Sylvia Garcia, Fresno County Representative	✓	Courtney Shapiro, Community Relations Director
✓	Kristi Hernandez, At-Large Representative	✓	Cheryl Hurley, Commission Clerk
✓	Kevin Dat Vu, Fresno County Representative	✓	Greg Hund, CEO
✓	Norma Mendoza, At-Large Representative		
		*	= late arrival

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#1 Call to Order Joe Neves, Chair	The meeting was called to order at 11:39 am. A quorum was present.	
#2 Meeting Minutes from June 12, 2019 Action Joe Neves, Chair	The June 12, 2019 meeting minutes were reviewed. There were no discrepancies.	Motion: Approve June 12, 2019 Minutes 7-0-0-2 (R.Garcia / Phillips)
#3 Committee Membership Update Information Joe Neves, Chair	Kevin Dat Vu was introduced as the newest member to join the Public Policy Committee. He filled the vacant Fresno County position.	No motion
#4 Proposed 2020 PPC Meeting Calendar Joe Neves, Chair	The 2020 proposed meeting calendar was presented to the PPC. No conflicts were noted.	Motion: Approve 2020 PPC Meeting Calendar 8-0-0-1 (R.Garcia / Garner)

September 4, 2019

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#5 Enrollment Dashboard Information Courtney Shapiro, Community Relations Director	Courtney Shapiro presented the enrollment dashboard through July 2019. Membership as of the end of July was 357,064. Market share is consistent with previous months.	No motion
#6 Health Education 2019 Member Incentive Update Q1 and Q2 Information Justina Feliz	A total of 4,777 CalViva Health (CVH) members participated in eight health education and quality improvement incentive programs during Q1 and Q2 in 2019. Of the 4,777 participants, 4,581 members received an incentive. In total, \$117,775 worth of gift cards were given to CVH members. Of the 4,581 award recipients, (77%) were from Fresno County, (11%) from Kings County and (12%) from Madera County. Five of the eight incentive programs had lower award recipients in Q1 and Q2, 2019 compared to Q3 and Q4, 2018 due to care gap lists not having up-to-date phone and mailing addresses, leading to disconnected numbers and return mail. The three most active incentive programs during Q1 and Q2, 2019 were Postpartum Visits, Breast Cancer Screenings and Childhood Immunizations.	No motion
#7 Appeals, Grievances and Complaints Information Courtney Shapiro, Community Relations Director	Courtney Shapiro presented the appeals, grievances and complaints report for Q2 2019. Total appeals and grievances for Q2 2019 were 558. Total appeals for Q2 2019 were 203. Total grievances for Q2 2019 were 355. Turnaround time compliance standard for Appeals was met at 100%; Standard Grievances was met at 99.6%, and Expedited Grievances was met at 100%. The majority of appeals and grievances were from members in Fresno County which has the largest CalViva Health enrollment.	No motion

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#8 DMHC/DHCS Audit Update Information Greg Hund, CEO	Greg Hund provided an update on the DMHC and DHCS audits. Final results have not yet been received.	No motion
#9 EOC/Member Handbook Update Information Courtney Shapiro, Community Relations Director	Courtney Shapiro reported that members are to continue to use the 2018 Member Handbook. Once a new template is received from the State, a new handbook will be printed and provided to members.	No motion
#10 Member Feedback on Fotonovelas Vaccine Marketing Material Information Courtney Shapiro, Community Relations Director	A sample of the Fotonovelas Vaccine marketing material was provided to PPC members for review and feedback as to whether or not our members would benefit from this material.	No motion
#11 Final Comments from Committee Members and Staff	Grand opening for UHC's new administrative building is 9/25. The UHC Fourth annual golf tournament is 10/14.	
#12 Announcements	A press release went out 9/4 announcing CVH's \$1.2M grant for physician recruitment. CalViva Health Day at the Fresno Fair is Tuesday, 10/8. CVH annual bike ride is 10/11. New marketing campaign rolls out before the end of 2019.	

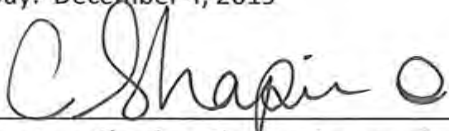
CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#13 Public Comment	None.	
#14 Adjourn	Meeting adjourned at 12:36 pm.	

NEXT MEETING December 4, 2019 in Fresno County
11:30 am - 1:30 pm

Submitted This Day: December 4, 2019

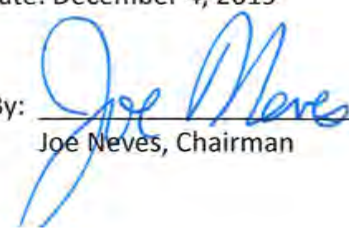
Submitted By: _____



Courtney Shapiro, Director Community Relations

Approval Date: December 4, 2019

Approved By: _____



Joe Neves, Chairman

Item #4

Attachment 4.F

Compliance Report

RHA Commission Compliance – Regulatory Report



Regulatory Filings	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2019 YTD Total
# of DHCS Filings													
Administrative/Operational	10	6	16	11	11	12	8	12	13	11	5	8	123
Member & Provider Materials	1	3	1	7	2	1	4	2	3	2	4	3	33
# of DMHC Filings	7	6	5	5	13	7	4	5	4	6	5	8	75

DHCS Administrative/Operational filings include ad-hoc reports, policies & procedures, Commission changes, Plan and Program documents, etc.

DHCS Member & Provider materials include advertising, health education materials, flyers, letter templates, promotional items, etc.

DMHC Filings include ad-hoc reports, Plan and Program documents, policies & procedures, advertising, bylaw changes, Commission changes, undertakings, etc.

Fraud, Waste, & Abuse Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2019 YTD Total
# of New MC609 Cases Submitted to DHCS	2	0	0	2	1	1	0	2	0	1	1	6	16
# of Cases Open for Investigation (Active Number)	16	16	16	16	13	28	25	25	23	21	19	11	

Summary of Potential Fraud, Waste & Abuse cases

Since the 10/17/19 Commission Report, eight (8) new potential MC609 cases have been submitted. In October, one case was filed after a provider was denied access back into the network due to quality of care concerns and was found to be billing for services under another group. In November, one case involved a DME provider flagged in a DOJ investigation. Five (5) of the six (6) cases filed in December involved providers who were identified through data mining as having coding and billing practices inconsistent with expectations and peer practices. One of these cases also has a related earlier case involving DOJ. In December, one pharmacy provider was suspected of shipping prescriptions without the proper license. This pharmacy is outside the Plan's service area and located in southern California, so minimal Plan impact is expected.

There were no cases that needed to be referred to other law enforcement agencies by the Plan.

RHA Commission Compliance – Regulatory Report

Compliance Oversight & Monitoring Activities	Description
CalViva Health Oversight Activities	<p>Health Net CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. Health Net is providing more detailed reports of vendor oversight audits and comprehensive reports of participating provider groups (PPG) activity – additional reporting enhancements will be implemented in 2020. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances and appeals, etc.</p> <p>Kaiser Post-Contract termination: The only remaining open activity related to Kaiser was encounter data submissions to CalViva Health resulting from Kaiser's CAP with DHCS. As of February 10, 2020, all encounter data submissions are complete. All post contract termination activities with Kaiser are now done!</p>
Oversight Audits	<p>The following audits are in-progress: Appeals & Grievances, Marketing, Provider Network, Utilization Management & Case Management, Q2 2019 Provider Dispute Resolutions.</p> <p>The following audits have been completed: Cultural & Linguistics (No CAP), Annual & Q4 2018 Provider Dispute Resolutions (CAP), Q1 Provider Dispute Resolutions (No CAP), Annual Claims (CAP), ER Services (No CAP)</p>
Regulatory Reviews/Audits and CAPS	Status
Department of Health Care Services ("DHCS") 2020 Medical Audit	<p>DHCS was onsite at CalViva Health the week of February 3, 2020 to conduct their annual Medical Audit. The Plan is currently responding to some post onsite requests for documents. DHCS will issue a Preliminary Report of their findings later in 2020.</p>
Department of Health Care Services ("DHCS") Annual Network Certification CAP	<p>DHCS issued a letter to the Plan dated July 9, 2019 communicating DHCS findings regarding the Plan's 2019 Annual Network Certification (ANC) submission and requested a CAP related to non-compliant time and distance standards. Accordingly, the Plan submitted Alternative Access Standard (AAS) requests and the DHCS closed the CAP on November 15, 2019 and certified the Plan's network.</p>
Department of Health Care Services ("DHCS") 2019 Medical Audit	<p>DHCS issued its Final Report to the Plan on October 29, 2019 citing three deficiencies. The Plan submitted its CAP on December 3, 2019. The Plan is currently submitting monthly progress reports to DHCS regarding the status of CAP implementation.</p>
Department of Managed Health Care ("DMHC") 2019 Medical Survey	<p>The DMHC issued their Final Report on February 5, 2020 citing two deficiencies as corrected and two deficiencies uncorrected. DMHC will conduct an 18-month follow-up audit to validate corrective actions have been implemented.</p>

RHA Commission Compliance – Regulatory Report

New Regulations / Contractual Requirements	
Medi-Cal Healthier California for All (MCHCA)	In October 2019, the DHCS introduced MCHCA, a proposed framework that encompasses a broader delivery system, program and payment reform across the Medi-Cal program. MCHCA contains 20+ initiatives that will be phased in over several years. Periodic updates on initiatives that are currently the primary focus and may significantly impact the Plan will be provided to the Commission. See Table 1 below for a list of current areas of focus and timeline for implementation.
Behavioral Health Integration (BHI) Incentive Program	<p>The Trailer Bill implementing the 2019 Budget Act authorized DHCS to develop the Behavioral Health Integration (BHI) Incentive Program as part of its Proposition 56 Value-Based Payment initiatives in Medi-Cal managed care. By January 21, 2020, eligible Medi-Cal providers had to submit applications to managed care plans in order to promote behavioral health integration. Applicants could select one or more BHI projects to implement over a 33-month period (April 2020 through December 31, 2022). Provider types eligible to apply include primary care, specialty care, perinatal care, hospital based, behavioral health, Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services, and public and county-based providers. The goal of this program is to improve physical and behavioral health outcomes for Medi-Cal beneficiaries with co-morbid disorders by increasing rates of prevention, conducting early detection and interventions, and providing treatment that is clinically efficient, while being culturally and linguistically informed.</p> <p>CalViva Health received three (3) applications that are currently being reviewed to determine if the proposed programs will qualify for the BHI program.</p>
Committee Report	
Public Policy Committee	The Public Policy Committee (PPC) met in Fresno County on December 4, 2019. The Q3 2019 Grievance & Appeal report, RY 2019 HEDIS Data Results, the 2019 Health Education Work Plan Mid-Year Evaluation and 2019 Cultural & Linguistics Work Plan Mid-Year Evaluation were some of the items presented to the Committee. The Public Policy Committee Charter was revised to add additional areas of Committee focus and a population needs assessment program required by the Department of Health Care Services. The PPC approved the revisions and voted to recommend the Commission approve the revised Charter. The next meeting will be held on March 4, 2020, 11:30 a.m. in Fresno County, at 7625 N. Palm Ave. Suite 109, Fresno, CA 93711.

RHA Commission Compliance – Regulatory Report

Table 1

MCHCA CORE INITIATIVE	TIMELINE
NCQA Accreditation for Plans and Delegates	By 2025
Population Health Management	Incorporated into plan contracts by 2021.
Enhanced Care Management + In Lieu of Services (Incentive payments to shared savings)	ECM benefit by 1/2021 for mandated populations and 1/2023 for individuals transitioning from incarceration
LTC Integration + Duals + D-SNPs Organ Transplants	LTC & organ transplants for all plans by 1/2021; duals mandatory 1/2023; mandate D-SNPs 1/2023
Regional Rates	Phase I for targeted counties and MCPs by 1/1/2021. Statewide regional rates no sooner than 1/1/2023
Behavioral Health (Payment Reform, Revising Medical Necessity Criteria, Administrative Integration of SMI and SUD, County Regional Contracting)	January 1, 2021 or later depending on county readiness
Mandatory Managed Care Populations	Non-dual and pregnancy related aid code group, and population-based transitions by 1/1/2021; dual aid code group by 1/1/2023.

Item #6

Attachment 6.A & 6.B

6.A BL 20-001 Annual Administration
6.B Form 700

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

David S. Hodge, M.D.
At-large

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Brian Smullin
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

Gregory Hund
Chief Executive Officer
7625 N. Palm Ave., Ste. 109
Fresno, CA 93711

Phone: 559-540-7840
Fax: 559-446-1990
www.calvivahealth.org

DATE: February 20, 2020

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Annual Administration

BL #: 20-002

Agenda Item 6

Attachment 6.A

Discussion Points:

Ethics Training:

Ethics Training must be completed every two years. If you have completed ethics training within the last two years by virtue of employment or membership on another board or commission then a copy of that certificate will suffice. If not, you can use the Fair Political Practices Commission (FPPC) free online training seminar website at <http://localethics.fppc.ca.gov>.

The Commission Clerk, and/or their designee, will follow-up with Commission members to obtain the necessary records.

Form 700:

The Statement of Economic Interests must be completed annually. The form is attached, or you can access the complete document with instructions at this website: <http://www.fppc.ca.gov/Form700.html>

Please complete and return to the Clerk, Cheryl Hurley, by April 1, 2020.

Item #9

Attachment 9.A

2019 Annual Quality Improvement
Work Plan Evaluation
Executive Summary



REPORT SUMMARY TO COMMITTEE

TO: QI/UM Committee Members
Fresno-Kings-Madera Regional Health Authority Commissioners

FROM: Amy Wittig / Corrie Haley, Quality Improvement Department

COMMITTEE DATE: February 20, 2020

SUBJECT: Executive Summary of CalViva Health 2019 Quality Improvement End of Year Work Plan Annual Evaluation

Summary:

The 2019 Quality Improvement (QI) Program for CalViva Health monitored improvement in clinical care and service using a range of indicators. These key performance indicators are found in service, clinical, and utilization reports from QI and various other departments. Based on these reports, areas of improvement are identified, and interventions implemented and monitored. In 2019, quality improvement initiatives are focused on (but not limited to) improving preventative care, disease management outcomes, continuity and coordination of patient care, patient safety metrics, member access to care, and supporting provider initiatives.

Purpose of Activity:

The QI Work Plan Evaluation Executive Report provides evidence of monitoring of the overall effectiveness of the QI activities and processes, and identifies barriers and opportunities for improvement.

Work Plan Initiatives:

Details for the End of Year outcomes are included in the 2019 QI End of Year Work Plan Evaluation. Key End of Year highlights include:

1. Access, Availability, and Service

1.1 Improve Access to Care: CalViva continues to monitor appointment access through the Provider Appointment Availability Survey (PAAS). After Hours Access is evaluated annually through telephonic Provider After-Hours Access Surveys. When deficiencies are identified through analysis of the survey results, improvement plans are requested of contracted providers and provider groups failing one or more of the access to care metrics. Providers deemed noncompliant two years or more in a row are subject to an in-office or phone audit to be scheduled in the last quarter of 2020, these audits will provide education and ensure deficiencies have been corrected. The Access & Availability team will conduct quarterly online Provider training webinars specific to access and availability, an additional series of online webinar trainings will be held in December of 2020 for those Providers receiving improvement plans for MY 2019.

1.2 Improve Member Satisfaction: CAHPS Metrics evaluate the member's perception regarding getting needed care, getting care quickly, rating of overall health care, rating of personal doctor, and how well doctors communicate. In Q3 a provider webinar was held to educate providers and clinic staff on the importance of CAHPS measures when evaluating member satisfaction. Regular meetings with partner departments have been set up and will continue through 2020 to ensure member satisfaction is being considered in all activities.

2. Quality and Safety of Care

2.1 HEDIS® Minimum Performance Level (MPL) Default Measures (25th percentile)

Childhood Immunization Combo 3	All three counties exceeded DHCS MPL OF 65.45% New Improvement Project (PIP) initiated for declining rates in Fresno County.
Well Child Visits 3-6 years	All three counties exceeded DHCS MPL of 67.15%
Timeliness of Prenatal Care	All three counties exceeded DHCS MPL of 76.89%
Comprehensive Diabetes Care HbA1c Testing	For Final RY19, two out of three counties met the MPL of 84.93%. Continuing Improvement Project for declining rates in Fresno County.
Controlling High Blood Pressure	All three counties exceeded DHCS MPL 49.15%
Cervical Cancer Screening	All three counties exceeded DHCS MPL of 54.26%.

2.2 Non-Default HEDIS® Minimum Performance Level (MPL) Measures – Additional measures Below the MPL in RY 2019

Timeliness of Postpartum Care	All three counties exceeded DHCS MPL of 59.61%. Disparity Improvement Project (PIP) completed in June 2019 to address opportunity identified in Fresno County.
Annual Lab Monitoring for Patients on Persistent Medications (MPM)	<p>This PDSA Improvement Project was successfully completed for Madera County as part of the response to the Health Plan CAP.</p> <p>Due to this measure not being part of the Managed Care Accountability Set for RY2020, all interventions ended on July 31, 2019.</p>
Avoidance of Antibiotic Treatment for Bronchitis (Adults) (AAB)	<p>Madera and Kings Counties exceeded the MPL of 27.63%. Fresno County fell below at 25.93%. The PDSA Improvement Project was successfully completed for Madera.</p> <p>Due to this measure not being part of the Managed Care Accountability Set for RY2020, all interventions ended on July 31, 2019.</p>
Breast Cancer Screening (BCS)	Two counties exceeded DHCS MPL of 51.78%. The Quality Improvement PDSA was completed for Fresno County in June 2019, and was converted to a Disparity PIP in September 2019.

3. Performance Improvement Projects

3.1. 2017-2019 Performance Improvement Projects

DHCS requires **two** Performance Improvement Projects (PIPs) for each health plan. CalViva Health's PIPs for 2017-2019 were:

3.1.1 Childhood Immunization, Combination 3 (CIS-3):

In 2019 CalViva Health Medical Management staff continued efforts with a multi-disciplinary Childhood Immunization (CIS-3) Performance Improvement Team to improve immunization rates for children birth to 2 years in Fresno County. These efforts were in collaboration with one high volume, low compliance clinic in Fresno County. The team implemented two interventions: 1) elimination of the double-booking option from provider scheduling to accommodate walk-in visits, nurse visits, and scheduled provider appointments, and 2) a \$25-member incentive. The interventions allowed parents with young children to have improved access to convenient well-child visits with immunizations Monday through Friday. This PIP closed on June 30th, 2019 with a rate of 68.7%.

In Q3 of 2019, Modules 4 (both interventions) and Module 5 were submitted to HSAG for review and evaluation. Their assessment resulted in an assignment of "Confidence that the PIP was methodologically sound, the SMART Aim goal was achieved, the demonstrated improvement was clearly linked to the quality improvement processes conducted and intervention(s) tested, and the MCP accurately summarized the key findings".

3.1.2 Addressing Postpartum Visit Disparities:

In 2019, CalViva Health continued to lead a multi-disciplinary Postpartum (PPC) Disparity Performance Improvement Team, in collaboration with a high volume, low compliance clinic with an identified disparity in Fresno County. Two interventions were implemented during the lifetime of the project. The first intervention focused on placing an OB Alert set up as a Postpartum Visit appointment in the scheduling system for the 21-56-day Postpartum Visit to increase the number of visits competed with the HEDIS® timeframe.

The second intervention implemented was designed to facilitate integration of the mother's cultural preferences regarding the postpartum period into the plan of care. A revised OB History (ACOG) form was developed to prompt staff and providers to inquire about cultural preferences after delivery, and document responses in the member's medical record. A regular monthly chart audit of 30 random records occurred from October 2018 through June 2019, and the chart audit displayed 100% compliance rate by June 2019. To support discussions around cultural practices, the providers and clinical staff were trained on motivational interviewing as well as cultural sensitivity.

After the completion of the 18-month project (June 2019), the compliance rate was 82.0%; this was a significant increase from the baseline of 50%. HSAG assessed this disparity project and assigned a rate of "Confidence, that the PIP was methodologically sound, the SMART Aim goal was achieved, the demonstrated improvement was clearly linked to the quality improvement processes conducted and intervention(s) tested, and the MCP accurately summarized the key findings".

3.2 2019-2021 Performance Improvement Projects

Two new PIPs, in Fresno County have begun and the first modules have been submitted to HSAG/DHCS:

- Breast Cancer Screening (BCS) disparity
- Childhood Immunizations, Combination 10 (CIS-10) project

3.2.1 Childhood Immunization (CIS-10):

In Q4, 2019 CalViva Health Medical Management staff expanded the CIS-3 Performance Improvement Project to a CIS-10 project in collaboration with one high volume, low compliance clinic in Fresno County. Module 1 was submitted November 22nd, 2019. CalViva Health and the clinic developed the Process Map and identified gaps in care where potential interventions could be implemented.

3.2.2 Breast Cancer Screening (BCS) Disparity

In Q4, 2019 CalViva Health Medical Management staff began a Breast Cancer Screening (BCS) Disparity Performance Improvement Project in collaboration with one high volume, low compliance clinic, a women's radiology center and community-based organization that supports the Hmong population in Fresno County. Module 1 was submitted October 25th, 2019 and passed HSAG/DHCS review. CalViva Health, the clinic, and a radiology center have met to develop and finalize the process map to identify gaps in care for potential interventions.

Item #10

Attachment 10.A

2019 Annual Utilization Management
Case Management
Workplan Evaluation
Executive Summary



EXECUTIVE SUMMARY REPORT TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Jennifer Lloyd, Vice President Medical Management

COMMITTEE DATE: February 20, 2020

SUBJECT: 2019 CalViva Utilization Management/Case Management Work Plan End of Year Evaluation Executive Summary

Summary:

Utilization Management (UM) processes have been consistent and evaluation/monitoring of UM metrics continue to be a priority. Both Case Management and Disease Management continue to monitor the effectiveness of programs in order to better serve our members.

The metrics below were identified as not met objectives for the year end evaluation reporting period:

- 2.2 Timeliness of processing the authorization request
- 4.7 Behavioral Health Performance Measures

Purpose of Activity:

CalViva Health has delegated responsibilities for utilization management and case management (UM/CM) activities to Health Net Community Solutions. CalViva Health's UM/CM activities are handled by qualified staff in Health Net's State Health Program (SHP) division.

The Utilization and Case Management Program is designed for all CalViva Health members to receive quality, medically necessary health care services, delivered at the appropriate level of care in a timely and effective manner. CalViva Medical Management staff maintains clinical oversight of services provided through review/discussion of routine reports and regular oversight audits.

The End of Year Evaluation of the UMCM Work Plan encompasses a review of medical management activities through the documentation of current and future strategic initiatives and goals. The Work Plan tracks key performance metrics, regulatory compliance, provides for an assessment of our progress and identifies critical barriers.

This plan requires involvement from many areas such as Appeals & Grievances, Compliance, Information Technology, Medical Informatics, Member Services, Pharmacy, Provider Oversight, Provider Network Management, Provider Operations, Quality Improvement and Medical Management.

Analysis/Findings/Outcomes:

I. Compliance with Regulatory & Accreditation Requirements

All Compliance activities met objectives for this end of year evaluation.

II. Monitoring the Utilization Management Process

Monitoring of the utilization management process activities met objectives in 2019 with the exception of work plan element 2.2 Timeliness of processing the authorization request.

a. Timeliness of processing the authorization request (Work plan element 2.2)

The Plan monitored turnaround time (TAT) as planned in 2019. The benchmark of 100% TAT was not met in all months. A formal CAP for TAT was established and is ongoing.

HN Medical Management Team identified three root causes for the delay in decision making:

1. Resource Allocation: During the Second Quarter of 2019, HN Medical Management was short-staffed due to a higher than normal turnover in staff. This was compounded by a new centralized hiring program implemented by Human Resources which prolonged the recruitment process.
2. Increase in volume: A Pain management provider was noted as submitting upwards of 600-1000 referrals daily for drug testing over the course of one month. Our analysis show that the provider submitted duplicate requests, inappropriate requests for services that did not require prior authorization, and insufficient information to make a determination.
3. Misalignment of authorization procedures: Health Net MM discovered policies and procedures that were misaligned. The current procedures built in duplicate processes and ambiguous steps in the process which led to delays in reviews.

Multiple interventions have been implemented in effort to achieve 100% TAT including:

- Weekly requisition meetings with human resources and recruiting to track all open position requests and progress to candidate selection.
- Engaged Provider network management to work with pain management provider to cancel inappropriate authorizations.
- Overtime authorized.
- Daily meetings to review current pend and open referrals between clinical and non-clinical
- Hourly monitoring of PEGA system to monitor cases close to missing TAT
- Bi -Weekly Audits to validate weekly results between clinical leaders and auditing team. Deep Dive into failed cases
- Staff Productivity monitored daily
- Monitoring referrals for outlier provider referrals pattern/volume

III. Monitoring Utilization Metrics

All UM Metric Monitoring activities met objectives for this end of year evaluation.

IV. Monitoring Coordination with Other Programs and Vendor Oversight

All Coordination with Other Programs and Vendor Oversight activities are currently on target for this end of year evaluation with the exception of work plan element 4.7, Behavioral Health Performance Measures.

a. Behavioral Health Performance Measures (Work plan element 4.7)

- Timeliness: Performance was below target for Q1 2019 Authorization Decisions Timeliness. The overall rate for MHN was 93% CalViva Health discussed the issue with MHN and requested a

formal CAP to remedy the deficiency. In Q2 2019 the Authorization Decisions Timeliness was on target at 100% for non-ABA requests and 96% for ABA requests. In Q3 the Authorization Decision Timeliness for ABA was 99%, and for non-ABA it was 80%. The standard for timeliness is 95%. The non-ABA timeliness failure to meet standard was due to a low total number of cases (n=5) and a miss on one case due to care manager error. This employee has since received re-training. The Q4 timeliness performance data is not yet available.

- Network Availability and Adequacy: All availability and adequacy metrics met standards in Q1-Q3, with the exception of BHP Open Practice, which measures the percentage of providers who are taking new patients. This metric was below the 85% standard at 72% in Q3. All availability and adequacy metrics met standard in Q1. Q4 data is not yet available.

V. Monitoring Activities for Special Populations

All Monitoring Activities for Special Populations are currently on target for this end of year evaluation.

Next Steps:

We are continuing monitoring of 2019 activities and will be continuing appropriate activities into 2020.

Item #16

Attachment 16.A

PPC Charter - Revised

**Fresno-Kings-Madera Regional Health Authority
Public Policy Committee Charter**

I. Purpose:

- A. The purpose of the Public Policy Committee is to provide a committee structure for the consideration and formulation of CalViva Health (“CalViva” or the “Plan”) policy on issues affecting members. Subscribers and enrollees shall be afforded an opportunity to participate in establishing the public policy of the Plan.

II. Authority:

- A. The Public Policy Committee is given its authority by and reports to the Fresno-Kings-Madera Regional Health Authority (“RHA”) Commission. This authority is described in the RHA Bylaws.

III. Definitions:

- A. **Public Policy** means acts performed by the Plan or its employees and staff to assure the comfort, dignity, and convenience of patients who rely on the Plan’s facilities to provide health care services to them, their families, and the public. (Rule 1300.69)
- B. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – The governing board of CalViva Health.
1. The Fresno-Kings-Madera Regional Health Authority (referred to as the “RHA”), is a public entity created pursuant to a Joint Exercise of Powers Agreement between the Counties of Fresno, Kings and Madera. On April 15, 2010, the RHA Commission adopted the name “CalViva Health” under which it will also do business.

IV. Committee Focus:

- A. The Public Policy Committee’s recommendations and reports will be regularly and timely reported to the Commission. The Commission shall act upon these reports and recommendations and the action taken by the Commission will be recorded in the minutes of the Commission’s meetings.
- B. Principal Responsibilities:
1. Review a quarterly summary report regarding the specific nature and volume of complaints received through the grievance process and how those complaints were resolved
 2. Make recommendations concerning the structure and operation of the Plan's grievance process including suggestions to assist the Plan in ensuring its’ grievance process addresses the linguistic and cultural needs of its member population as well as the needs of members with disabilities.
 3. Review and evaluate member satisfaction data
 4. Advise on [health education and](#) cultural and linguistic service needs through review of [a population needs assessment](#), demographic, linguistic, and cultural information related to the Plan’s population in order to make recommendations regarding:

**Fresno-Kings-Madera Regional Health Authority
Public Policy Committee Charter**

- 4.1. Linguistic needs of populations served and identify any enhancements or alternate formats that Plan materials may need.
- 4.2. Policies needed for increasing member access to services where there may be barriers resulting from cultural or linguistic factors.
- 4.3. Changes needed to the provider network to accommodate cultural, linguistic, or other ethnic preferences.
- [4.4. Improvement opportunities addressing member health status and behaviors, member health education, health disparities and gaps in services.](#)
5. Advise on problems related to the availability and accessibility of services
 - 5.1. Review data/other Plan information and make recommendations for policy or Plan/provider network changes needed related to Americans with Disabilities Act (ADA) requirements or to minimize barriers and increase access for members with disabilities (e.g. identifying potential outreach activities, etc.).
6. Review member literature and other plan materials sent to members and advise on the effectiveness of the presentation.
7. Make recommendations or suggestions for member outreach activities, topics or articles/information for publication on the member website, in member education materials or newsletters, etc.
8. Recommend review/revision and/or development of policies and procedures to the RHA Commission or other Plan committees as appropriate based on the Committee's review of grievance, member satisfaction, and other Plan data.
9. Review financial information pertinent to developing the public policy of the Plan.
10. Other matters pertinent to developing the public policy of the Plan.

V. Committee Membership:

A. Composition

The RHA Commission Chairperson shall appoint the members of the Committee. The Public Policy Committee shall consist of not less than seven (7) members, who shall be appointed as follows:

1. One member of the RHA Commission who will serve as Chairperson of the Committee;
2. One member who is a provider of health care services under contract with the Plan; and
3. All others shall be members (must make-up at least 51% of the committee members) entitled to health care services from the Plan.
 - 3.1. Public Policy enrollee members shall be comprised of the following:
 - 3.1.1. Two (2) enrollees from Fresno County
 - 3.1.2. One (1) enrollee from Kings County
 - 3.1.3. One (1) enrollee from Madera County
 - 3.1.4. One (1) At-Large enrollee from either Fresno, Kings, or Madera County

**Fresno-Kings-Madera Regional Health Authority
Public Policy Committee Charter**

- 3.2. Two (2) Community Based Organizations (CBO) representatives shall be appointed as alternate Public Policy Committee members to attend and participate in meetings of the Committee in the event of a vacancy or absence of any of the members appointed as provided in subsection 3.1 above.
 - 3.2.1. The alternates shall represent different Community Based Organizations (CBO) that serve Fresno, Kings, and/or Madera Counties and provide community service or support services to members entitled to health care services from the Plan.
 - 3.2.2 Two (2) alternates from the same CBO shall not be appointed to serve concurrent terms.
- 3.3. The enrollee members and CBO representatives shall be persons who are not employees of the Plan, providers of health care services, subcontractors to the Plan or contract brokers, or persons financially interested in the Plan.
- 3.4. In selecting the enrollee members and/or CBO representatives of the Committee, the RHA Commission Chairperson shall generally consider the makeup of the Plan's Medi-Cal enrollee population including Seniors and Persons with Disabilities (SPD), and such factors such as ethnicity, demography, occupation, and geography. Any such selection or election of enrollee members or a CBO representative shall be conducted on a fair and reasonable basis.

B. Term of Committee Membership

1. The Commissioner member may be appointed for a three (3) year term and his/her term will be coterminous with their seat on the Commission.
2. The provider member may be appointed for a three (3) year term.
3. Subscriber/enrollee members' and CBO representative terms shall be of reasonable length (one, two, or three years) and shall be staggered or overlapped so as to provide continuity and experience in representation.
4. At the conclusion of any term, a Committee member may be reappointed to a subsequent three-year term.

C. Vacancies

1. If vacancies arise during the term of Committee membership, the RHA Commission Chairperson will appoint a replacement member.

D. Voting

1. All members of the Committee shall have one vote each.
2. When attending a meeting in place of a regular member, an alternate member shall be entitled to participate in the same manner and under the same standards as a regular member, to the extent that the alternate member is not otherwise disqualified from participating in discussion and voting on an item due to a conflict of interest.

VI. Meetings:

Fresno-Kings-Madera Regional Health Authority
Public Policy Committee Charter

A. Frequency

1. The frequency of the Public Policy Committee meetings will be quarterly.
2. The Committee Chairperson or RHA Commission may call additional *ad hoc* meetings as necessary.
3. A quorum consists of at least 51% of the membership
4. Meetings shall be open and public. Meetings will be conducted in accordance with California's Ralph M. Brown Open Meeting Law.

B. Place of Meetings

1. The Committee Chairperson will determine the place of the Committee meetings.

C. Notice

1. At the end of each Public Policy Committee meeting, the next meeting date will be determined by consensus unless a pre-arranged schedule has been established.
2. Committee members will be notified in writing in advance of the next scheduled meeting.

D. Minutes

1. Minutes will be kept at every Public Policy Committee meeting by a designated staff member.
2. A report of each meeting will be forwarded to the RHA Commission for oversight review and consideration of the Committee's recommendations.

VII. Committee Support:

A. The Plan Director of Community Relations

and designated Plan staff will provide Committee support, coordinate activities and perform the following as needed:

1. Regularly attend Public Policy meetings.
2. Prepare agenda and meeting documents.
3. Perform or coordinate other meeting preparation arrangements.
4. Prepare minutes and capture specific "suggestions or recommendations" for reporting to the RHA Commission and Quality Improvement/Utilization Management Committee.
5. Initiate and follow-up on action items and suggestions until completed and ensure that feedback is provided to the Committee to "close the loop".
6. Compliance staff will include a summary of Public Policy Committee activity and Committee recommendations in Compliance Reports to the RHA Commission.
7. Submit Public Policy Committee meeting minutes to the RHA Commission.

VIII. Other Requirements:

1. The Plan's Evidence of Coverage (EOC) includes a description of its system for member participation in establishing public policy.

**Fresno-Kings-Madera Regional Health Authority
Public Policy Committee Charter**

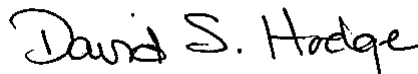
2. The Plan will also furnish an annual EOC to its members with a description of its system for their participation in establishing public policy and will communicate material changes affecting public policy to members.

IX. Authority

1. Health & Safety Code Section 1369
2. California Code of Regulations, Title 28, Rule 1300.69
3. RHA Bylaws

APPROVAL:

RHA Commission Chairperson



Date: July 18, 2019

:

David Hodge, MD

Item #17

Attachment 17.A

Financials as of December 31, 2019

	Fresno-Kings-Madera Regional Health Authority dba CalViva Health	
	Balance Sheet	
	As of December 31, 2019	
		Total
1	ASSETS	
2	Current Assets	
3	Bank Accounts	
4	Cash	148,049,589.32
5	Savings CD	0.00
6	ST Investments	0.00
7	Wells Fargo Money Market Mutual Funds	5,249,286.66
8	Total Bank Accounts	\$ 153,298,875.98
9	Accounts Receivable	
10	Accounts Receivable	95,592,687.89
11	Total Accounts Receivable	\$ 95,592,687.89
12	Other Current Assets	
13	Interest Receivable	6,642.21
14	Investments - CDs	0.00
15	Prepaid Expenses	637,181.65
16	Security Deposit	0.00
17	Total Other Current Assets	\$ 643,823.86
18	Total Current Assets	\$ 249,535,387.73
19	Fixed Assets	
20	Buildings	6,835,323.35
21	Computers & Software	654.92
22	Land	3,161,419.10
23	Office Furniture & Equipment	132,083.44
24	Total Fixed Assets	\$ 10,129,480.81
25	Other Assets	
26	Investment -Restricted	315,115.10
27	Total Other Assets	\$ 315,115.10
28	TOTAL ASSETS	\$ 259,979,983.64
29	LIABILITIES AND EQUITY	
30	Liabilities	
31	Current Liabilities	
32	Accounts Payable	
33	Accounts Payable	104,587.14
34	Accrued Admin Service Fee	7,781,708.00
35	Capitation Payable	169,425,339.33
36	Claims Payable	51,439.56
37	Directed Payment Payable	644.00
38	Total Accounts Payable	\$ 177,363,718.03
39	Other Current Liabilities	
40	Accrued Expenses	378,647.03
41	Accrued Payroll	125,952.68
42	Accrued Vacation Pay	305,450.30
43	Amt Due to DHCS	100,962.79
44	IBNR	164,886.99
45	Loan Payable-Current	0.00
46	Premium Tax Payable	0.00
47	Premium Tax Payable to BOE	5,960,225.41
48	Premium Tax Payable to DHCS	0.00
49	Total Other Current Liabilities	\$ 7,036,125.20
50	Total Current Liabilities	\$ 184,399,843.23
51	Long-Term Liabilities	
52	Renters' Security Deposit	0.00
53	Subordinated Loan Payable	0.00
54	Total Long-Term Liabilities	\$ 0.00
55	Total Liabilities	\$ 184,399,843.23
56	Equity	
57	Retained Earnings	70,284,248.46
58	Net Income	5,295,891.95
59	Total Equity	\$ 75,580,140.41
60	TOTAL LIABILITIES AND EQUITY	\$ 259,979,983.64

	Fresno-Kings-Madera Regional Health Authority dba CalViva Health			
	Budget vs. Actuals: Income Statement			
	July 2019 - December 2019 (FY 2020)			
		Total		
		Actual	Budget	Over/(Under) Budget
1	Income			
2	Interest Earned	558,211.26	399,000.00	159,211.26
3	Directed Payment Income	58,684,965.12	0.00	58,684,965.12
4	Premium/Capitation Income	516,507,779.62	565,519,512.00	(49,011,732.38)
5	Total Income	575,750,956.00	565,918,512.00	9,832,444.00
6	Cost of Medical Care			
7	Capitation - Medical Costs	483,431,878.87	470,347,260.00	13,084,618.87
8	Directed Payment Expense	58,542,749.58	0.00	58,542,749.58
9	Medical Claim Costs	1,618,703.47	1,450,002.00	168,701.47
10	Total Cost of Medical Care	543,593,331.92	471,797,262.00	71,796,069.92
11	Gross Profit	32,157,624.08	94,121,250.00	(61,963,625.92)
12	Expenses			
13	Admin Service Agreement Fees	23,479,632.00	23,661,000.00	(181,368.00)
14	Bank Charges	5.00	3,300.00	(3,295.00)
15	Computer/IT Services	67,911.89	78,600.00	(10,688.11)
16	Consulting Fees	1,575.00	52,500.00	(50,925.00)
17	Depreciation Expense	145,143.78	147,600.00	(2,456.22)
18	Dues & Subscriptions	82,074.00	90,096.00	(8,022.00)
19	Grants	724,562.43	874,998.00	(150,435.57)
20	Insurance	92,771.28	104,841.00	(12,069.72)
21	Labor	1,581,431.66	1,716,887.00	(135,455.34)
22	Legal & Professional Fees	55,230.52	95,400.00	(40,169.48)
23	License Expense	381,553.44	347,100.00	34,453.44
24	Marketing	556,175.75	551,000.00	5,175.75
25	Meals and Entertainment	11,783.56	11,900.00	(116.44)
26	Office Expenses	29,573.88	40,800.00	(11,226.12)
27	Parking	743.31	750.00	(6.69)
28	Postage & Delivery	1,629.89	1,620.00	9.89
29	Printing & Reproduction	1,248.25	2,400.00	(1,151.75)
30	Recruitment Expense	946.15	18,000.00	(17,053.85)
31	Rent	1,800.00	6,000.00	(4,200.00)
32	Seminars and Training	6,060.11	12,000.00	(5,939.89)
33	Supplies	4,881.88	5,100.00	(218.12)
34	Taxes	(984.79)	62,936,028.00	(62,937,012.79)
35	Telephone	17,068.79	16,800.00	268.79
36	Travel	12,752.96	16,150.00	(3,397.04)
37	Total Expenses	27,255,570.74	90,790,870.00	(63,535,299.26)
38	Net Operating Income	4,902,053.34	3,330,380.00	1,571,673.34
39	Other Income			
40	Other Income	393,838.61	330,000.00	63,838.61
41	Total Other Income	393,838.61	330,000.00	63,838.61
42	Net Other Income	393,838.61	330,000.00	63,838.61
43	Net Income	5,295,891.95	3,660,380.00	1,635,511.95

Fresno-Kings-Madera Regional Health Authority dba CalViva Health			
Income Statement: CY vs PY			
FY 2020 vs FY 2019			
		Total	
		July 2019 - December 2019 (FY 2020)	July 2018 - December 2018 (FY 2019)
1	Income		
2	Interest Earned	558,211.26	448,931.78
3	Directed Payment Income	58,684,965.12	0.00
4	Premium/Capitation Income	516,507,779.62	590,004,859.50
5	Total Income	\$ 575,750,956.00	\$ 590,453,791.28
6	Cost of Medical Care		
7	Capitation - Medical Costs	483,431,878.87	494,343,105.72
8	Directed Payment Expense	58,542,749.58	0.00
9	Medical Claim Costs	1,618,703.47	1,213,703.33
10	Total Cost of Medical Care	\$ 543,593,331.92	\$ 495,556,809.05
11	Gross Profit	\$ 32,157,624.08	\$ 94,896,982.23
12	Expenses		
13	Admin Service Agreement Fees	23,479,632.00	23,851,443.00
14	Bank Charges	5.00	655.08
15	Computer/IT Services	67,911.89	66,402.45
16	Consulting Fees	1,575.00	0.00
17	Depreciation Expense	145,143.78	145,143.78
18	Dues & Subscriptions	82,074.00	82,083.70
19	Grants	724,562.43	1,008,947.19
20	Insurance	92,771.28	99,868.26
21	Labor	1,581,431.66	1,562,464.75
22	Legal & Professional Fees	55,230.52	62,621.73
23	License Expense	381,553.44	337,476.64
24	Marketing	556,175.75	455,649.24
25	Meals and Entertainment	11,783.56	11,188.38
26	Office Expenses	29,573.88	29,217.78
27	Parking	743.31	787.11
28	Postage & Delivery	1,629.89	1,382.59
29	Printing & Reproduction	1,248.25	434.02
30	Recruitment Expense	946.15	938.00
31	Rent	1,800.00	1,200.00
32	Seminars and Training	6,060.11	4,542.11
33	Supplies	4,881.88	4,624.02
34	Taxes	-984.79	62,936,045.19
35	Telephone	17,068.79	16,589.39
36	Travel	12,752.96	9,742.26
37	Total Expenses	\$ 27,255,570.74	\$ 90,689,446.67
38	Net Operating Income	\$ 4,902,053.34	\$ 4,207,535.56
39	Other Income		
40	Other Income	393,838.61	393,156.74
41	Total Other Income	\$ 393,838.61	\$ 393,156.74
42	Net Other Income	\$ 393,838.61	\$ 393,156.74
43	Net Income	\$ 5,295,891.95	\$ 4,600,692.30

Item #17

Attachment 17.B

Appeals & Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2019

Current as of End of the Month: December

Revised Date: 1/27/2020

CalViva - 2019																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2019 YTD	2018
Expedited Grievances Received	20	11	25	56	20	23	31	74	16	9	10	35	8	5	11	24	189	170
Standard Grievances Received	87	74	80	241	85	76	120	281	101	108	101	310	115	72	99	286	1118	859
Total Grievances Received	107	85	105	297	105	99	151	355	117	117	111	345	123	77	110	310	1307	1029
Grievance Ack Letters Sent Noncompliant	0	0	2	2	2	2	2	6	2	1	0	3	1	0	0	1	12	16
Grievance Ack Letter Compliance Rate	100.0%	100.0%	97.5%	99.2%	97.6%	97.4%	98.3%	97.9%	98.0%	99.1%	100.0%	99.0%	99.1%	100.0%	100.0%	99.7%	98.93%	98.1%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Expedited Grievances Resolved Compliant	17	13	25	55	20	24	29	73	13	14	9	36	8	6	11	25	189	160
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	98.8%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0
Standard Grievances Resolved Compliant	99	77	69	245	79	89	65	233	125	104	102	331	105	110	76	291	1100	807
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.5%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.91%	100.0%
Total Grievances Resolved	116	90	94	300	99	113	95	307	138	118	111	367	113	116	87	316	1290	969
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	97	66	70	233	76	78	79	233	105	82	87	274	89	84	70	243	983	740
Access - Other - DMHC	6	2	3	11	2	1	4	7	5	3	7	15	9	7	9	25	58	30
Access - PCP - DHCS	16	9	7	32	15	13	22	50	21	15	10	46	12	13	13	38	166	124
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	5	2	6	13	6	9	3	18	4	4	8	16	3	4	5	12	59	37
Administrative	30	22	18	70	19	25	14	58	27	14	11	52	14	11	6	31	211	196
Continuity of Care	0	0	0	0	0	0	2	2	1	3	3	7	0	0	1	1	10	19
Interpersonal	11	11	9	31	14	6	2	22	10	8	12	30	8	9	6	23	106	167
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	7	5	3	15	2	3	13	18	10	9	13	32	9	8	5	22	87	32
Pharmacy	6	5	5	16	2	6	2	10	7	3	2	12	3	6	3	12	50	51
Transportation - Access	11	4	8	23	7	11	8	26	14	19	16	49	26	24	12	62	160	NA
Transportation - Behaviour	4	6	10	20	6	3	7	16	4	4	5	13	2	1	4	7	56	NA
Transportation - Other	1	0	1	2	3	1	2	6	2	0	0	2	3	1	6	10	20	NA
Quality Of Care Grievances	19	24	24	67	23	35	16	74	33	36	24	93	24	32	17	73	307	229
Access - Other - DMHC	0	0	1	1	0	3	0	3	1	3	0	4	1	1	1	3	11	2
Access - PCP - DHCS	0	0	0	0	0	0	1	1	2	1	0	3	0	0	0	0	4	20
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	1	1	0	1	0	1	0	0	0	0	0	0	0	0	2	2
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	4	5	4	13	2	6	4	12	3	4	5	12	6	4	4	14	51	26
PCP Care	7	5	7	19	8	10	5	23	18	14	6	38	9	13	6	28	108	88
PCP Delay	3	6	6	15	2	7	5	14	5	5	3	13	1	4	3	8	50	54
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0
Specialist Care	5	7	3	15	11	8	0	19	2	6	9	17	5	7	2	14	65	33
Specialist Delay	0	1	2	3	0	0	1	1	2	3	1	6	1	3	1	5	15	4
Exempt Grievances Received - Classifications	306	253	247	806	339	247	283	869	294	404	343	1041	336	277	260	873	3589	5286
Authorization	2	4	2	8	8	2	3	13	0	2	4	6	2	0	2	4	31	73
Avail of Appt w/ Other Providers	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
Avail of Appt w/ PCP	16	11	11	38	8	4	5	17	7	5	11	23	3	3	11	17	95	214
Avail of Appt w/ Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Claims Complaint	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Eligibility Issue	5	0	4	9	3	2	3	8	1	1	5	7	7	2	3	12	36	52
Health Care Benefits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
ID Card - Not Received	15	21	12	48	10	7	10	27	12	19	12	43	12	20	8	40	158	725
Information Discrepancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	9	2	2	13	4	2	3	9	0	3	6	9	0	1	3	4	35	42
Interpersonal - Behavior of Clinic/Staff - Provider	35	16	13	64	32	16	33	81	35	35	38	108	20	18	21	59	312	775
Interpersonal - Behavior of Clinic/Staff - Vendor	0	0	0	0	1	1	0	2	1	2	1	4	1	2	0	3	9	5
Other	8	9	6	23	13	7	14	34	14	9	14	37	12	8	21	41	135	116

CalViva Health Appeals and Grievances Dashboard 2019

[illegible]

CalViva Health Appeals and Grievances Dashboard 2019

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	10	15	14	39	15	20	7	42	14	18	17	49	10	9	9	28	158	124
Standard Appeals Received	31	35	50	116	48	56	57	161	71	78	76	225	101	80	61	242	744	420
Total Appeals Received	41	50	64	155	63	76	64	203	85	96	93	274	111	89	70	270	902	544
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	1	0	1	1	0	0	1	1	0	0	1	3	5
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	98.2%	100.0%	99.4%	98.6%	100.0%	100.0%	99.6%	99.0%	100.0%	100.0%	99.6%	99.60%	98.8%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
Expedited Appeals Resolved Compliant	9	15	15	39	16	20	7	43	13	19	17	49	7	12	8	27	158	114
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	92.7%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	1	1	1	0	1	2	0	0	0	0	3	0
Standard Appeals Resolved Compliant	43	24	40	107	51	51	50	152	68	69	67	204	84	99	80	263	726	387
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	98.5%	100.0%	98.5%	99.0%	100.0%	100.0%	100.0%	100.0%	99.59%	100.0%
Total Appeals Resolved	52	39	55	146	67	71	58	196	82	88	85	255	91	111	88	290	887	510
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	52	39	53	144	67	71	57	195	81	88	85	254	91	111	88	290	883	506
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2	2	0
Consultation	1	0	0	1	1	2	4	7	0	0	0	0	0	2	2	4	12	48
DME	7	4	5	16	3	4	2	9	4	2	8	14	4	5	3	12	51	59
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	1	1	2	1	1	0	2	1	3	0	4	0	1	2	3	11	3
Advanced Imaging	23	15	19	57	29	33	28	90	34	41	32	107	51	60	47	158	412	143
Other	6	6	3	15	8	8	3	19	5	3	7	15	8	11	3	22	71	96
Pharmacy	13	8	17	38	20	20	15	55	35	34	32	101	24	28	28	80	274	138
Surgery	2	5	8	15	5	3	5	13	2	5	6	13	3	4	2	9	50	19
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	2	2	0	0	1	1	1	0	0	1	0	0	0	0	4	4
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	1	1	0	0	1	1	0	0	0	0	0	0	0	0	2	3
Pharmacy	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	32	20	29	81	34	31	34	99	50	39	46	135	45	59	44	148	463	319
Uphold Rate	61.5%	51.3%	52.7%	55.5%	50.7%	43.7%	58.6%	50.5%	61.0%	44.3%	54.1%	52.9%	49.5%	53.2%	50.0%	51.0%	52.2%	62.5%
Overtuns - Full	17	18	25	60	30	39	24	93	31	45	32	108	45	51	42	138	399	173
Overtun Rate - Full	32.7%	46.2%	45.5%	41.1%	44.8%	54.9%	41.4%	47.4%	37.8%	51.1%	37.6%	42.4%	49.5%	45.9%	47.7%	47.6%	45.0%	33.9%
Overtuns - Partial	2	1	1	4	2	0	0	2	1	4	6	11	1	1	0	2	19	15
Overtun Rate - Partial	3.8%	2.6%	1.8%	2.7%	3.0%	0.0%	0.0%	1.0%	1.2%	4.5%	7.1%	4.3%	1.1%	0.9%	0.0%	0.69%	2.1%	2.9%
Withdrawal	1	0	0	1	1	1	0	2	0	0	1	1	0	0	2	2	6	3
Withdrawal Rate	1.9%	0.0%	0.0%	0.0%	1.5%	1.4%	0.0%	0.0%	0.0%	0.0%	1.2%	0.4%	0.0%	0.0%	2.3%	0.69%	0.7%	0.6%
Membership	353,445	353,877	353,039		352,929	353,499	353,499		357,064	356,302	355,433		354,110	352,116	351,063			
Appeals - PTMPM	0.15	0.11	0.16	0.14	0.19	0.20	0.16	0.18	0.23	0.25	0.24	0.24	0.26	0.32	0.25	0.27	0.21	0.12
Grievances - PTMPM	0.33	0.25	0.27	0.28	0.28	0.32	0.27	0.29	0.39	0.33	0.31	0.34	0.32	0.33	0.25	0.30	0.30	0.23

Fresno County																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2019 YTD	2018
Expedited Grievances Received	14	6	21	41	14	17	27	58	15	8	9	32	8	5	8	21	152	140
Standard Grievances Received	70	52	66	188	68	60	104	232	92	90	88	270	98	57	83	238	928	747
Total Grievances Received	84	58	87	229	82	77	131	290	107	98	97	302	106	62	91	259	1080	887
Grievance Ack Letters Sent Noncompliant	0	0	2	2	1	2	2	5	2	1	0	3	1	0	0	1	11	12
Grievance Ack Letter Compliance Rate	100.0%	100.0%	97.0%	98.9%	98.5%	96.7%	98.1%	97.8%	97.8%	98.9%	100.0%	98.9%	99.0%	100.0%	100.0%	99.6%	98.8%	98.39%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Expedited Grievances Resolved Compliant	12	8	20	40	14	18	25	57	12	13	8	33	8	6	8	22	152	132
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-2109.3%	100.0%	99.24%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	79	65	49	193	67	73	50	190	108	95	84	287	93	92	62	247	917	697
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total Grievances Resolved	91	73	69	233	81	91	75	247	120	108	92	320	101	98	70	269	1069	830
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	78	52	53	183	61	63	62	186	91	79	73	243	78	72	54	204	816	625
Access - Other - DMHC	5	1	3	9	1	1	4	6	5	3	7	15	8	6	8	22	52	25
Access - PCP - DHCS	15	9	5	29	12	10	20	42	21	14	8	43	11	10	11	32	146	111
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	4	0	6	10	5	5	3	13	4	3	6	13	3	3	2	8	44	34
Administrative	24	18	12	54	18	22	11	51	21	14	9	44	12	10	4	26	175	159
Continuity of Care	0	0	0	0	0	0	2	2	1	3	2	6	0	0	1	1	9	13
Interpersonal	10	8	9	27	11	4	2	17	9	8	10	27	7	8	4	19	90	147
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	2	5	2	9	1	2	10	13	9	8	11	28	8	6	4	18	68	25
Pharmacy	3	3	3	9	1	6	0	7	6	3	2	11	3	5	2	10	37	44
Transportation - Access	10	3	6	19	6	9	5	20	11	19	14	44	21	23	10	54	137	NA
Transportation - Behaviour	4	5	6	15	4	3	4	11	2	4	4	10	2	0	3	5	41	NA
Transportation - Other	1	0	1	2	2	1	1	4	2	0	0	2	3	1	5	9	17	NA
Quality Of Care Grievances	13	21	16	50	20	28	13	61	29	29	19	77	23	26	16	65	253	205
Access - Other - DMHC	0	0	0	0	0	2	0	2	1	3	0	4	1	1	1	3	9	2
Access - PCP - DHCS	0	0	0	0	0	0	1	1	2	1	0	3	0	0	0	0	4	19
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	1	1	0	1	0	1	0	0	0	0	0	0	0	0	2	2
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	3	4	2	9	1	6	4	11	2	3	4	9	6	4	4	14	43	21
PCP Care	5	4	4	13	7	7	4	18	16	13	5	34	9	11	5	25	90	81
PCP Delay	2	5	5	12	2	6	3	11	5	3	3	11	1	3	3	7	41	50
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0
Specialist Care	3	7	2	12	10	6	0	16	1	4	6	11	4	4	2	10	49	28
Specialist Delay	0	1	2	3	0	0	1	1	2	2	1	5	1	3	1	5	14	2

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	6	13	10	29	13	18	5	36	13	18	13	44	10	7	8	25	134	104
Standard Appeals Received	28	30	38	96	42	53	45	140	58	69	67	194	80	64	52	196	626	368
Total Appeals Received	34	43	48	125	55	71	50	176	71	87	80	238	90	71	60	221	760	472
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	1	0	1	1	0	0	1	1	0	0	1	3	5
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	98.1%	100.0%	99.3%	98.3%	100.0%	100.0%	99.5%	98.8%	100.0%	100.0%	99.5%	99.5%	98.6%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
Expedited Appeals Resolved Compliant	6	12	11	29	14	18	5	37	12	19	13	44	7	10	7	24	134	94
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.3%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	1	1	0	0	1	1	0	0	0	0	2	0
Standard Appeals Resolved Compliant	38	21	35	94	39	45	47	131	53	58	59	170	73	80	62	215	610	341
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.9%	99.2%	100.0%	100.0%	98.3%	99.4%	100.0%	100.0%	100.0%	100.0%	99.7%	100.0%
Total Appeals Resolved	44	33	46	123	53	63	53	169	65	77	73	215	80	90	69	239	746	444
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	44	33	44	121	53	63	52	168	64	77	73	214	80	90	69	239	742	442
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2	2	0
Consultation	1	0	0	1	0	1	4	5	0	0	0	0	0	2	2	4	10	41
DME	7	4	4	15	3	4	2	9	4	2	6	12	4	4	2	10	46	52
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	1	1	2	1	1	0	2	0	3	0	3	0	1	2	3	10	1
Advanced Imaging	20	12	18	50	23	33	26	82	27	36	30	93	47	48	38	133	358	125
Other	4	4	3	11	6	5	2	13	4	3	7	14	8	8	2	18	56	93
Pharmacy	10	7	12	29	16	17	13	46	27	29	25	81	18	24	21	63	219	112
Surgery	2	5	6	13	4	2	5	11	2	4	5	11	2	3	1	6	41	18
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	2	2	0	0	1	1	1	0	0	1	0	0	0	0	4	2
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	1	1	0	0	1	0	0	0	0	0	0	0	0	0	1	1
Pharmacy	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	27	18	24	69	26	27	33	86	39	33	39	111	41	49	35	125	391	282
Uphold Rate	61.4%	54.5%	52.2%	56.1%	49.1%	42.9%	62.3%	50.9%	60.0%	42.9%	53.4%	51.6%	51.3%	54.4%	50.7%	52.3%	52.4%	63.5%
Overturns - Full	15	14	22	51	25	35	20	80	25	41	28	94	38	40	32	110	335	147
Overturn Rate - Full	34.1%	42.4%	47.8%	41.46%	47.2%	55.6%	37.7%	47.34%	38.5%	53.2%	38.4%	43.72%	47.5%	0.0%	0.0%	46.03%	44.91%	33.11%
Overturns - Partial	1	1	0	2	1	0	0	1	1	3	5	9	1	1	0	2	14	12
Overturn Rate - Partial	2.3%	3.0%	0.0%	1.6%	1.9%	0.0%	0.0%	0.6%	1.5%	3.9%	6.8%	4.2%	1.3%	1.1%	0.0%	0.8%	1.9%	2.7%
Withdrawal	1	0	0	1	1	1	0	2	0	0	1	1	0	0	2	2	6	3
Withdrawal Rate	2.3%	0.0%	0.0%	0.0%	1.9%	1.6%	0.0%	0.0%	0.0%	0.0%	1.4%	0.0%	0.0%	0.0%	2.9%	0.8%	0.0%	2.0%
Membership	288,152	288,335	287,500		287,059	287,677	287,677		290,728	289,852	288,082		287,519	285,402	284,285			1758978
Appeals - PTMPM	0.15	0.11	0.16	0.14	0.18	0.22	0.18	0.20	0.22	0.27	0.25	0.25	0.28	0.32	0.24	0.00	0.15	0.10
Grievances - PTMPM	0.32	0.25	0.24	0.27	0.28	0.32	0.26	0.29	0.41	0.37	0.32	0.37	0.35	0.34	0.25	0.00	0.23	0.16

[illegible]

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	1	1	1	3	1	0	0	1	0	0	0	0	0	0	1	1	5	4
Standard Appeals Received	1	2	3	6	2	1	3	6	3	1	1	5	8	3	5	16	33	16
Total Appeals Received	2	3	4	9	3	1	3	7	3	1	1	5	8	3	6	17	38	20
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	1	1	1	3	1	0	0	1	0	0	0	0	0	0	1	1	5	4
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	0	1	2	3	3	2	1	6	4	2	1	7	3	6	3	12	28	16
Standard Appeals Compliance Rate	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total Appeals Resolved	1	2	3	6	4	2	1	7	4	2	1	7	3	6	4	13	33	20
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	1	2	3	6	4	2	1	7	4	2	1	7	3	6	4	13	33	19
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	2	1
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	0	0	0	0	2	0	1	3	0	1	1	2	1	2	0	3	8	3
Other	0	1	0	1	0	2	0	2	0	0	0	0	0	2	1	3	6	3
Pharmacy	1	1	2	4	2	0	0	2	4	1	0	5	2	0	2	4	15	9
Surgery	0	0	1	1	0	0	0	0	0	0	0	0	0	1	0	1	2	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	0	1	2	3	3	0	0	3	3	1	0	4	1	2	0	3	13	10
Uphold Rate	0.0%	50.0%	66.7%	50.0%	75.0%	0.0%	0.0%	42.9%	75.0%	50.0%	0.0%	57.1%	33.3%	33.3%	0.0%	23.1%	39.4%	50.0%
Overturns - Full	0	1	1	2	1	2	1	4	1	0	1	2	2	4	4	10	18	9
Overturn Rate - Full	0.0%	50.0%	33.3%	0.0%	25.0%	100.0%	100.0%	57.14%	25.0%	0.0%	100.0%	28.57%	66.7%	66.7%	100.0%	76.92%	54.55%	45.00%
Overturns - Partial	1	0	0	1	0	0	0	0	0	1	0	1	0	0	0	0	2	1
Overturn Rate - Partial	100.0%	0.0%	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	14.3%	0.0%	0.0%	0.0%	0.0%	6.1%	5.0%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Membership	28,743	28,985	29,013		29,232	29,166	29,166		29,305	29,338	29,383		29,410	29,448	29,514			252645
Appeals - PTMPM	0.03	0.07	0.10	0.07	0.14	0.07	0.03	0.08	0.14	0.07	0.03	0.08	0.10	0.20	0.14	0.15	0.09	0.06
Grievances - PTMPM	0.31	0.17	0.24	0.24	0.14	0.45	0.27	0.29	0.24	0.10	0.20	0.18	0.10	0.07	0.24	0.14	0.21	0.15

Madera County																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2019 YTD	2018 YTD
Expedited Grievances Received	3	3	3	9	5	2	1	8	1	1	1	3	0	0	3	3	23	18
Standard Grievances Received	12	17	10	39	8	11	9	28	6	13	9	28	15	8	14	37	132	75
Total Grievances Received	15	20	13	48	13	13	10	36	7	14	10	31	15	8	17	40	155	93
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	2	2
Grievance Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	100.0%	100.0%	100.0%	100.0%	98.5%	97.3%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	3	2	4	9	5	2	1	8	1	1	1	3	0	0	3	3	23	17
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	13	10	14	37	9	7	11	27	10	6	12	28	9	16	7	32	124	71
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total Grievances Resolved	16	12	18	46	14	9	12	35	11	7	13	31	9	16	10	35	147	88
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	12	10	13	35	12	6	12	30	9	1	9	19	8	11	10	29	113	73
Access - Other - DMHC	1	1	0	2	0	0	0	0	0	0	0	0	1	1	1	3	5	2
Access - PCP - DHCS	1	0	1	2	2	1	0	3	0	1	1	2	1	3	2	6	13	11
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	2	0	2	1	2	0	3	0	0	1	1	0	0	3	3	9	2
Administrative	4	1	4	9	1	0	2	3	2	0	1	3	1	1	1	3	18	21
Continuity of Care	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	3
Interpersonal	1	2	0	3	3	2	0	5	1	0	1	2	1	1	1	3	13	9
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	4	0	0	4	0	0	3	3	1	0	1	2	1	2	0	3	12	5
Pharmacy	0	2	2	4	1	0	1	2	0	0	0	0	0	1	1	2	8	5
Transportation - Access	1	1	2	4	1	1	2	4	3	0	2	5	3	1	0	4	17	NA
Transportation - Behaviour	0	1	4	5	2	0	3	5	2	0	1	3	0	1	0	1	14	NA
Transportation - Other	0	0	0	0	1	0	1	2	0	0	0	0	0	0	1	1	3	NA
Quality Of Care Grievances	4	2	5	11	2	3	0	5	2	6	4	12	1	5	0	6	34	15
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - PCP - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	1	1	3	1	0	0	1	0	0	1	1	0	0	0	0	5	4
PCP Care	1	0	2	3	1	2	0	3	1	1	1	3	0	2	0	2	11	1
PCP Delay	0	1	1	2	0	0	0	0	0	2	0	2	0	1	0	1	5	3
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	2	0	1	3	0	1	0	1	1	2	2	5	1	2	0	3	12	5
Specialist Delay	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	2

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	3	1	3	7	1	2	2	5	1	0	4	5	0	2	0	2	19	16
Standard Appeals Received	2	3	9	14	4	2	9	15	10	8	8	26	13	13	4	30	85	36
Total Appeals Received	5	4	12	21	5	4	11	20	11	8	12	31	13	15	4	32	104	52
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	2	2	3	7	1	2	2	5	1	0	4	5	0	2	0	2	19	16
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	100.0%	100.00%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	5	2	3	10	9	4	2	15	11	9	7	27	8	13	15	36	88	30
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%
Total Appeals Resolved	7	4	6	17	10	6	4	20	12	9	11	32	8	15	15	38	107	46
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	7	4	6	17	10	6	4	20	12	9	11	32	8	15	15	38	107	45
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	1	1	0	2	0	0	0	0	0	0	0	0	2	4
DME	0	0	1	1	0	0	0	0	0	0	2	2	0	0	0	0	3	6
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	2
Advanced Imaging	3	3	1	7	4	0	1	5	6	4	1	11	3	10	9	22	45	10
Other	2	1	0	3	2	1	1	4	2	0	0	2	0	1	0	1	10	5
Pharmacy	2	0	3	5	2	3	2	7	3	4	7	14	4	4	5	13	39	17
Surgery	0	0	1	1	1	1	0	2	0	1	1	2	1	0	1	2	7	1
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	5	1	3	9	5	4	1	10	8	5	7	20	3	8	9	20	59	27
Uphold Rate	71.4%	25.0%	50.0%	52.9%	50.0%	66.7%	25.0%	50.0%	66.7%	55.6%	63.6%	62.5%	37.5%	53.3%	60.0%	52.6%	55.1%	58.7%
Overturns - Full	2	3	2	7	4	2	3	9	4	4	3	11	5	7	6	18	45	17
Overturn Rate - Full	28.6%	75.0%	33.3%	0.0%	40.0%	33.3%	75.0%	0.0%	33.3%	44.4%	27.3%	34.38%	62.5%	46.7%	40.0%	47.37%	42.06%	36.96%
Overturns - Partial	0	0	1	1	1	0	0	1	0	0	1	1	0	0	0	0	3	2
Overturn Rate - Partial	0.0%	0.0%	16.7%	0.0%	10.0%	0.0%	0.0%	5.0%	0.0%	0.0%	9.1%	3.1%	0.0%	0.0%	0.0%	0.0%	2.8%	4.3%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Membership	36,550	36,557	36,526		36,638	36,656	36,656		37,031	37,112	37,968		37,181	37,266	37,264		328,598	
Appeals - PTMPM	0.19	0.11	0.16	0.16	0.27	0.16	0.11	0.18	0.32	0.24	0.29	0.29	0.22	0.40	0.40	0.34	0.24	0.10
Grievances - PTMPM	0.44	0.33	0.49	0.42	0.38	0.25	0.33	0.32	0.30	0.19	0.34	0.28	0.24	0.43	0.27	0.31	0.33	0.20

[illegible]

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	5	4	7	16	4	3	1	8	4	7	4	15	3	2	3	8	47	34
Standard Appeals Received	7	6	13	26	9	16	20	45	18	23	16	57	16	17	12	45	173	95
Total Appeals Received	12	10	20	42	13	19	21	53	22	30	20	72	19	19	15	53	220	129
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	1	0	1	1	0	0	1	0	0	0	0	2	1
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	93.8%	100.0%	97.8%	94.4%	100.0%	100.0%	98.2%	100.0%	100.0%	100.0%	100.0%	98.8%	98.9%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Expedited Appeals Resolved Compliant	5	5	7	17	4	3	1	8	4	7	4	15	2	3	2	7	47	32
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-1426.8%	100.0%	100.0%	100.0%	100.0%	100.0%	96.9%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
Standard Appeals Resolved Compliant	14	5	8	27	12	12	13	37	23	18	19	60	17	16	18	51	175	86
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.7%	100.0%	100.0%	98.3%	100.0%	100.0%	100.0%	100.0%	99.4%	100.0%
Total Appeals Resolved	19	10	15	44	16	15	14	45	28	25	23	76	19	19	20	58	223	118
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	19	10	14	43	16	15	14	45	28	25	23	76	19	19	20	58	222	116
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
DME	6	2	3	11	1	3	1	5	3	0	4	7	3	1	3	7	30	27
Experimental/Investigational	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0
Mental Health	0	1	1	2	0	0	0	0	1	2	0	3	0	0	0	0	5	1
Advanced Imaging	9	2	5	16	7	7	8	22	8	11	6	25	10	10	9	29	92	19
Other	0	1	1	2	0	1	1	2	3	1	2	6	2	4	1	7	17	27
Pharmacy	3	3	3	9	8	4	3	15	12	8	10	30	4	4	6	14	68	32
Surgery	1	1	1	3	0	0	1	1	1	2	1	4	0	0	1	1	9	3
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	9	5	7	21	12	8	5	25	16	7	14	37	8	10	7	25	108	73
Uphold Rate	47.4%	50.0%	46.7%	47.7%	75.0%	53.3%	35.7%	55.6%	57.1%	28.0%	60.9%	48.7%	42.1%	52.6%	35.0%	43.1%	48.4%	61.3%
Overturns - Full	8	5	8	21	4	7	9	20	12	15	7	34	11	9	13	33	108	40
Overturn Rate - Full	42.1%	50.0%	53.3%	47.73%	25.0%	46.7%	64.3%	44.44%	42.9%	60.0%	30.4%	44.74%	57.9%	47.4%	65.0%	56.90%	48.43%	33.90%
Overturns - Partial	1	0	0	1	0	0	0	0	0	3	2	5	0	0	0	0	6	5
Overturn Rate - Partial	5.3%	0.0%	0.0%	2.3%	0.0%	0.0%	0.0%	0.0%	0.0%	12.0%	8.7%	6.6%	0.0%	0.0%	0.0%	0.0%	2.7%	4.2%
Withdrawal	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Withdrawal Rate	5.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.8%
Membership	22,086	22,066	22,126	66,278	22,215	22,354	22,354	66,923	32,382	32,441	32,582		32,591	32,753	32,836			197836
Appeals - PTMPM	0.86	0.45	0.68	0.66	0.72	0.67	0.63	0.67	0.86	0.77	0.71	0.78	0.58	0.58	0.61	0.59	0.68	0.45
Grievances - PTMPM	1.81	1.59	1.54	1.64	1.53	1.48	1.52	1.51	1.42	1.33	1.20	1.31	1.44	1.28	1.04	1.25	1.43	1.03

Cal Viva Dashboard Definitions	
Categories	Description
GRIEVANCE	Expression of dissatisfaction regarding any aspect of a plans or providers operations, contractual issues, activities or behaviors.
Expedited Grievances Received	Grievance received in the month with a TAT of 3 calendar days
Standard Grievances Received	Grievances received in the month with the standard 30 days TAT
Total Grievance Received	Amount of cases received within that month
Grievance Acknowledgement Sent Noncompliant	The number of Acknowledgement letters not sent within the 5 calendar day TAT
Grievance Acknowledgement Compliance Rate	Percentage of acknowledgement letters sent within 5 calendar days
Expedited Grievances Resolved Noncompliant	Expedited grievances closed after the 3 calendar day TAT
Expedited Grievances Resolved Compliant	Expedited grievances closed within the 3 calendar day TAT
Expedited Grievance Compliance Rate	Percentage of Expedited Grievances closed within the 3 calendar day TAT
Standard Grievances Resolved Noncompliant	Standard 30 day grievance cases closed after the 30 day TAT
Standard Grievances Resolved Compliant	Standard 30 day grievance cases closed within the 30 day TAT
Standard Grievance Compliance Rate	Percentage of cases closed within the 30 calendar day TAT
Total Grievances Resolved	Amount of cases closed for the month
Quality of Service Grievances	Grievances Related to non clinical concerns/administrative issues
Access to Care Grievance - Other	Long wait time for a scheduled appointment or unable to get an appointment with an ancillary provider
Access to Care Grievance - PCP	Long wait time for a scheduled appointment or unable to get an appointment with a PCP
Access to Care Grievance - Physical/OON	Access to care issues specifically due to physical distance or provider not being contracted with the plan
Access to Care Grievance - Specialist	Long wait time for a scheduled appointment or unable to get an appointment with a specialist
Administrative Grievance	Balance billing issue, claims delay in processing
Continuity of Care - Acute	Quality of service complaint/dispute regarding the continuity of care for acute care, as perceived by the enrollee from a provider.
Continuity of Care - Newborn	Quality of service complaint/dispute regarding the continuity of care for newborn care, as perceived by the enrollee from a provider.
Continuity of Care - Other	Quality of service complaint/dispute regarding the continuity of care for any other care not already categorized, as perceived by the enrollee from a provider.
Continuity of Care - Pregnancy	Quality of service complaint/dispute regarding the continuity of care for pregnancy care, as perceived by the enrollee from a provider.
Continuity of Care - Surgery	Quality of service complaint/dispute regarding the continuity of care for surgery, as perceived by the enrollee from a provider.
Continuity of Care - Terminal Illness	Quality of service complaint/dispute regarding the continuity of care for Terminal Illness, as perceived by the enrollee from a provider.
Interpersonal Grievance	Providers interaction with member
Mental Health	Grievances related to Mental Health providers/care
Other	All other QOS grievance types
Pharmacy	Long wait time for the drug to be called in or refilled
Quality of Care Grievances	Grievances Related to clinical concerns/possible impact to members health
Access to Care Grievance - Other	Long wait time for a scheduled appointment or unable to get an appointment with an ancillary provider
Access to Care Grievance - PCP	Long wait time for a scheduled appointment or unable to get an appointment with a PCP
Access to Care Grievance - Physical/OON	Access to care issues specifically due to physical distance or provider not being contracted with the plan
Access to Care Grievance - Specialist	Long wait time for a scheduled appointment or unable to get an appointment with a specialist
Mental Health	Grievances related to Mental Health providers/care
Other	All other QOC grievance types
PCP Care	Grievances related to quality of care provided by a PCP
PCP Delay	Grievances related to a delay in care provided by a PCP
Pharmacy	Wrong drug dispensed or adverse drug reaction.
Specialist Care	Grievances related to quality of care provided by a Specialist
Specialist Delay	Grievances related to a delay in care provided by a Specialist
APPEALS	Request for reconsideration. An oral or written request to change a decision or adverse determination.

Expedited Appeals Received	Appeals received in the month with a TAT of 3 calendar days
Standard Appeals Received	Appeals received in the month with a TAT of 30 calendar days
Total Appeals Received	Amount of cases received within that month
Appeals Acknowledgement Sent Non-compliant	Total number of acknowledgement letters not sent within the 5 calendar day TAT
Appeals Acknowledgement Compliance Rate	Percentage of Acknowledgement letters sent with the 5 calendar day TAT
Expedited Appeals Resolved Non-Compliant	Number of expedited appeals resolved after the 3 calendar day TAT
Expedited Appeals Resolved Compliant	Number of expedited appeals resolved within the 3 calendar day TAT
Expedited Appeals Compliance Rate	Percentage of expedited appeals closed with the 3 calendar day TAT
Standard Appeals Resolved Non-Compliant	Standard 30 day appeals resolved after the 30 calendar days
Standard Appeals Resolved Compliant	Standard 30 day appeals resolved within the 30 calendar days
Standard Appeals Compliance Rate	Percentage of Standard 30 calendar day TAT appeals closed within compliance
Total Appeals Resolved	Total number of appeals resolved for the month
Appeal Descriptions	
Pre Service Appeal	Any request for the reversal of a denied service prior to the services being rendered.
Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
Mental Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.
Pharmacy	Denied medication due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
Post Service Appeal	Any request for the reversal of a denied claim payment where the services were previously rendered.
Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
Mental Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.
Pharmacy	Denied medication due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
Appeals Decision Rate	Will include number of Upholds, Overturns, Partial overturns, and Withdrawals
Upholds	Number of Upheld Appeals
Uphold Rate	Percentage of Upheld appeals
Overturns - Full	Number of full overturned appeals
Overturn Rate - Full	Percentage of full overturned appeals
Overturn - Partial	Number of Partial Overturned appeals
Overturn Rate - Partial	Percentage of Partial Overturned appeals
Withdrawals	Number of withdrawn appeals
Withdrawal Rate	Percentage of withdrawn appeals
EXEMPT GRIEVANCE	Grievances received over the telephone that are not coverage dipsutes, disputed health care services involving medical necessity or experimental/investigational treatment that are resolved the the close of the next business day (1300.68 (d)(8).
Exempt Grievance tab key – Calviva Dashboard	
Column Definitions.	
Date Opened	The date the case was received
SF #	The internal HealthNet system ID code for the CCC representative who documented the call

Rep Name	Name of the CCC associate who took the call
Sup Name	Supervisor of the CCC associate who took the call
Mbr ID	The Calviva Health ID number of the member
SPD	Marked "yes" if the member is part of the "Seniors & Persons with Disabilities" population
Date of Birth	Date of birth of the member
Mbr Name	Name of the member
Reason	The case was categorized as a Calviva Exempt Grievance, hence the reason it's on the report
Preventable	Used if an Exempt Grievance was determined to be preventable
Access to Care	Used if determined Exempt Grievance was related to Access to Care
Issue Main Classification	Case is categorized by type of complaint
Issue Sub Classification	Case is subcategorized by type of complaint
DMHC Complaint Category	Case is categorized based on the DMHC TAR template complaint category
Discrimination?	Marked "yes" if case involved perceived discrimination by the member, otherwise marked "no"
Resolution	The resolution to the exempt grievance is notated here
Date Reviewed	The date the case was reviewed by CCC exempt grievance personnel
Provider Involved	The provider involved in the exempt grievance is notated here
Provider Category	The type of provider that is involved
County	The county the member resides in is notated here
PPG	Whether the member is assigned to a PPG is notated here
Health Plan ID	The Internal HN Plan ID for the Provider Involved in the exempt grievance.
PPG Service Area	Internal HN Code for the PPG to whom the member belongs.
Yes	
Classification Definitions	
Authorization	Used when it's an Authorization/Referral issue related exempt grievance
Avail of Appt w/ Other Providers	The case is related to appointment availability of ancillary providers
Avail of Appt w/ PCP	The case is related to appointment availability of the PCP
Avail of Appt w/ Specialist	The case is related to appointment availability of a Specialist
Claims Complaint	The case is related to a claims issue/dispute
Eligibility Issue	The case is related to the members eligibility or lackthereof.
Health Care Benefits	When it's an exempt grievance related to a specific benefit, eg transportation
ID Card - Not Received	The case is related to the member having not received their ID card
Information Discrepancy	When the exempt grievance is related to being given wrong or misleading information
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	The case is related to the interpersonal behavior of a health plan staff member
Interpersonal - Behavior of Clinic/Staff - Provider	The case is related to the interpersonal behavior of a provider
Interpersonal - Behavior of Clinic/Staff - Vendor	The case is related to the interpersonal behavior of a vendor
Other	For miscellaneous exempt grievances
PCP Assignment	When the exempt grievance is specifically in regards to a PCP change or being assigned the incorrect provider
Pharmacy	The case is related to a pharmacy issue
Wait Time - In Office for Scheduled Appt	When the Access to Care complaint is in regards to wait time at a providers office
Wait Time - Too Long on Telephone	When the Access to Care complaint is in regards to being placed on hold or unable to get through by telephone
	This tab is used by the Reporting Team, CalViva, and A&G. The Reporting Team will use this tab to call out any outliers to the A&G team that were identified during the report creation such as trends or increase in volume of appeals and/or grievances. The Reporting team will send the outliers to the business when the Dashboard is sent for approval. CalViva will use this tab to call out any outliers to the A&G team that were identified during the report creation. The A&G Team will use this tab to document the reasons for the call out, trending, or unusual high numbers of complaints from the Reporting Team or CalViva on the outliers that were identified during the report creation or review of cases.
The Outlier Tab	
Month	This is used to track the month effected by the change that was made
Date	This is used to track the date the change was made
Outlier	This is the section that describes a brief explanation of the outlier such as increase number of PCP wait time complaints, trends, etc.
Explanation	This is the section that explains the outlier.
Membership	Excludes Kaiser membership and is addressed separately in a quarterly report by Kaiser Plan.

PTMPM

Per thousand members per month. PTMPM rates are calculated using the total number of appeals or grievances, divided by total membership and multiplied by 1,000

Item #17

Attachment 17.C

Key Indicator Report



Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2018 to 11/30/2019
Report created 12/16/2019

Purpose of Report: Summary report on Inpatient and Outpatient Utilization Metrics by Region, County, PPG entity
Reports show inpatient Rates with and without maternity, readmission, TAT Compliance, Care Management Programs

Exhibits:

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[CalVIVA Commission](#)

[CalVIVA Fresno](#)

[CalVIVA Kings](#)

[CalVIVA Madera](#)

[Glossary](#)

Contact Information

Sections

Concurrent Inpatient TAT Metric

TAT Metric

CCS Metric

Case Management Metrics

Authorization Metrics

Contact Person

Patricia F. Frederickson <PATRICIA.F.FREDERICKSON@HEALTHNET.COM>

Katherine Marie F. Coy <KATHERINE.F.COY@HEALTHNET.COM>

[Azra S. Aslam <Azra.S.Aslam@healthnet.com>](#)

Kenneth Hartley <KHARTLEY@cahealthwellness.com>

John Gonzalez

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2018 to 11/30/2019
 Report created 12/16/2019

ER utilization based on Claims data	2018-12	2018-Trenc	2019-01	2019-02	2019-03	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-Trenc	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Qtr Trend	CY- 2018	YTD-2019	YTD-Trend		
															Quarterly Averages										Annual Averages		
Expansion Mbr Months	86,403		85,840	85,572	85,491	85,452	85,359	85,655	85,551	85,530	85,428	85,033	84,283		85,665	85,389	85,698	86,274	85,634	85,489	85,503		85,757	85,381			
Family/Adult/Other Mbr Mos	244,404		246,121	242,471	243,450	243,210	242,869	241,477	240,901	240,065	238,637	237,305	235,583		246,465	246,559	245,358	243,907	244,014	242,519	239,868		245,572	241,099			
SPD Mbr Months	32,712		32,790	32,738	32,747	32,761	32,835	32,903	32,865	32,834	32,789	32,751	32,662		31,774	31,989	32,383	32,643	32,758	32,833	32,829		32,197	32,789			
Admits - Count	2,253		2,318	2,102	2,251	2,147	2,307	2,175	2,330	2,311	2,097	2,212	2,116		2,307	2,197	2,289	2,241	2,224	2,210	2,246		2,259	2,309			
Expansion	667		650	612	614	593	715	657	765	750	644	658	657		624	644	690	648	625	655	720		652	692			
Family/Adult/Other	1,054		1,124	1,027	1,082	1,019	1,057	1,015	1,049	1,066	976	1,067	998		1,149	1,035	1,083	1,066	1,078	1,030	1,030		1,083	1,089			
SPD	518		536	453	548	521	526	481	496	480	465	474	449		526	511	500	517	512	509	480		513	514			
Admits Acute - Count	1,483		1,590	1,479	1,574	1,478	1,577	1,475	1,519	1,480	1,402	1,441	1,423		1,600	1,503	1,493	1,460	1,548	1,510	1,467		1,514	1,558			
Expansion	492		477	452	476	452	546	495	550	546	473	484	502		481	484	511	462	468	498	523		484	516			
Family/Adult/Other	527		613	606	593	538	546	528	507	502	492	524	507		631	546	514	533	604	537	500		556	565			
SPD	459		494	413	500	478	478	438	451	424	430	426	406		483	469	459	460	469	465	435		468	468			
Readmit 30 Day - Count	312		319	273	296	270	309	298	288	283	296	303	288		289	278	286	296	296	292	289		288	305			
Expansion	104		97	76	79	71	92	105	100	111	102	94	96		83	79	90	90	84	89	104		86	97			
Family/Adult/Other	94		87	83	91	82	72	79	85	81	87	93	80		90	88	83	85	87	78	84		86	86			
SPD	113		133	114	125	116	142	111	102	88	106	113	107		114	111	112	121	124	123	99		115	120			
Readmit 14 Day - Count	19		38	23	16	32	30	33	30	25	20	23	25		24	24	24	22	26	32	25		23	27			
Expansion	4		13	11	5	7	12	12	8	10	5	7	9		7	6	6	5	10	10	8		6	9			
Family/Adult/Other	10		10	9	4	9	7	11	10	5	4	5	1		6	8	8	7	8	9	6		7	7			
SPD	5		15	3	7	16	11	10	12	10	11	11	15		10	10	10	10	8	12	11		10	11			
**ER Visits - Count	16,389		16,081	15,530	18,165	15,914	15,348	14,786	14,764	14,880	14,787	13,970	6,416		17,856	15,905	15,392	15,676	16,592	15,349	14,810		16,207	14,604			
Expansion	3,737		3,805	3,285	3,897	3,826	3,793	3,808	4,080	3,933	3,660	3,348	1,370		3,832	3,846	3,910	3,631	3,662	3,809	3,891		3,805	3,528			
Family/Adult/Other	10,984		10,598	10,655	12,460	10,389	9,895	9,272	8,888	9,327	9,532	9,167	4,434		12,174	10,157	9,717	10,379	11,238	9,852	9,249		10,607	9,511			
SPD	1,656		1,658	1,571	1,783	1,665	1,619	1,656	1,744	1,581	1,552	1,407	597		1,824	1,741	1,748	1,653	1,671	1,647	1,626		1,742	1,530			
Admits Acute - PTMPY	48.9		52.3	49.2	52.2	49.0	52.3	49.1	50.7	49.5	47.1	48.6	48.4		52.7	49.6	49.3	48.3	51.2	50.2	49.1		50.0	52.0			
Expansion	68.3		66.7	63.4	66.8	63.5	76.8	69.3	77.1	76.6	66.4	68.3	71.5		67.4	68.0	71.5	64.3	65.6	69.9	73.4		67.8	72.5			
Family/Adult/Other	25.9		29.9	30.0	29.2	26.5	27.0	26.2	25.3	25.1	24.7	26.5	25.8		30.7	26.6	25.1	26.2	29.7	26.6	25.0		27.2	28.1			
SPD	168.4		180.8	151.4	183.2	175.1	174.7	159.7	164.7	155.0	157.4	156.1	149.2		182.4	175.9	170.0	169.1	171.8	169.8	159.0		174.3	171.3			
Bed Days Acute - PTMPY	257.4		253.6	251.9	271.1	242.4	250.2	238.3	248.6	240.8	221.6	241.4	226.8		263.7	233.0	226.2	242.5	258.8	243.7	237.0		241.3	251.5			
Expansion	347.9		336.2	346.2	351.9	310.3	373.4	334.4	388.4	413.0	339.9	332.5	350.1		349.1	337.4	348.1	336.6	344.8	339.4	380.5		342.8	363.2			
Family/Adult/Other	99.3		108.8	122.3	102.4	101.7	98.5	102.8	95.1	89.2	91.4	105.6	101.2		127.6	98.5	83.6	93.1	111.2	101.0	91.9		100.7	104.9			
SPD	1,179.0		1,114.0	948.3	1,301.6	1,079.1	1,042.3	959.5	997.9	880.4	850.2	964.0	803.1		1,080.4	979.1	970.1	1,098.1	1,121.3	1,026.9	909.6		1,032.0	1,022.1			
ALOS Acute	5.3		4.8	5.1	5.2	4.9	4.8	4.9	4.9	4.9	4.7	5.0	4.7		5.0	4.7	4.6	5.0	5.1	4.9	4.8		4.8	4.8			
Expansion	5.1		5.0	5.5	5.3	4.9	4.9	4.8	5.0	5.4	5.1	4.9	4.9		5.2	5.0	4.9	5.2	5.3	4.9	5.2		5.1	5.0			
Family/Adult/Other	3.8		3.6	4.1	3.5	3.8	3.7	3.9	3.8	3.6	3.7	4.0	3.9		4.2	3.7	3.3	3.5	3.7	3.8	3.7		3.7	3.7			
SPD	7.0		6.2	6.3	7.1	6.2	6.0	6.0	6.1	5.7	5.4	6.2	5.4		5.9	5.6	5.7	6.5	6.5	6.0	5.7		5.9	6.0			
Readmit % 30 Day	13.8%		13.8%	13.0%	13.1%	12.6%	13.4%	13.7%	12.4%	12.2%	14.1%	13.7%	13.6%		12.5%	12.7%	12.5%	13.2%	13.3%	13.2%	12.9%		12.7%	13.2%			
Expansion	15.6%		14.9%	12.4%	12.9%	12.0%	12.9%	16.0%	13.1%	14.8%	15.8%	14.3%	14.6%		13.4%	12.3%	13.0%	13.9%	13.4%	13.6%	14.5%		13.2%	14.0%			
Family/Adult/Other	8.9%		7.7%	8.1%	8.4%	8.0%	6.8%	7.8%	8.1%	7.6%	8.9%	8.7%	8.0%		7.8%	8.5%	7.7%	7.9%	8.1%	7.5%	8.2%		8.0%	7.9%			
SPD	21.8%																										

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2018 to 11/30/2019
 Report created 12/16/2019

ER utilization based on Claims data	2018-12	2018-Trenc	2019-01	2019-02	2019-03	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-Trenc	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Qtr Trend	CY- 2018	YTD-2019	YTD-Trend	
Total Number Of Referrals	36		43	40	53	64	183	250	267	249	139	116	96		169	217	472	169	135	507	655		1,027	1,467		
Pending	3		0	0	0	0	1	0	0	1	4	0	2		0	0	0	5	0	1	5		5	2		
Ineligible	2		3	1	6	6	10	24	17	13	5	1	1		41	15	38	21	10	40	35		115	85		
Total Outreached	31		40	38	47	58	172	236	250	235	130	115	93		128	202	434	143	125	466	615		907	1,380		
Engaged	3		10	13	8	23	43	55	55	57	37	43	33		38	47	43	44	31	121	149		172	371		
Engagement Rate	10%		25%	34%	17%	40%	25%	23%	22%	24%	28%	37%	35%		30%	23%	10%	31%	25%	26%	24%		19%	27%		
New Cases Opened	3		10	13	8	23	43	55	55	57	37	43	33		38	47	43	44	31	121	149		172	371		
Total Cases Managed	80		79	71	66	80	108	150	188	216	227	245	242		75	75	88	103	99	177	273		206	437		
Total Cases Closed	10		21	14	9	15	10	12	30	25	25	34	25		32	28	45	33	44	37	80		137	220		
Cases Remained Open	65		56	51	52	56	92	125	154	180	197	206	214		41	59	48	65	52	125	197		65	214		
Integrated Case Management			Integrated Case Management												Integrated Case Management											
Total Number Of Referrals	45		45	31	76	62	70	126	101	109	80	113	79		142	159	288	225	152	258	290		814	833		
Pending	5		0	0	0	3	1	0	1	3	2	1	4		0	0	6	24	0	4	6		30	8		
Ineligible	1		3	1	6	11	4	16	16	13	5	5	9		26	27	23	21	10	31	34		97	86		
Total Outreached	39		42	30	70	48	65	110	84	93	73	93	66		116	132	259	180	142	223	250		687	739		
Engaged	18		15	8	35	19	27	27	34	34	30	34	29		45	33	95	69	58	73	98		242	281		
Engagement Rate	46%		36%	27%	50%	40%	42%	25%	40%	37%	41%	37%	44%		39%	25%	37%	38%	41%	33%	39%		35%	38%		
Total Screened and Refused/Decline	9		8	4	16	14	15	29	20	21	24	25	24		34	36	57	38	28	58	65		165	199		
Unable to Reach	13		22	21	24	25	37	69	46	49	32	53	27		58	77	131	98	67	131	127		364	383		
New Cases Opened	18		15	8	35	19	27	27	34	34	30	34	29		45	33	95	59	58	73	98		242	281		
Total Cases Closed	19		15	28	20	19	17	34	40	34	28	41	40		58	47	30	67	63	70	102		202	310		
Cases Remained Open	105		109	134	116	134	147	137	151	142	130	125	102		32	33	87	105	116	137	130		105	102		
Total Cases Managed	129		125	129	136	135	143	150	150	141	137	144	130		116	81	129	181	164	189	192		302	397		
Critical-Complex Acuity	27		23	24	22	23	27	26	24	23	22	24	24		77	63	77	42	26	32	31		116	54		
High/Moderate/Low Acuity	102		102	105	114	112	116	124	126	118	115	120	106		39	18	52	139	138	157	159		186	343		
Transitional Case Management			Transitional Case Management												Transitional Case Management											
Total Number Of Referrals	29		41	49	64	60	45	32	111	152	114	162	129		96	122	191	123	152	137	377		532	925		
Pending	0		0	0	0	2	1	0	0	0	18	21	13		1	0	0	1	0	3	18		2	15		
Ineligible	4		10	11	8	18	12	15	24	28	9	2	3		17	18	27	22	29	45	61		84	138		
Total Outreached	25		29	38	56	40	32	17	87	124	87	138	113		78	104	164	100	123	89	298		446	772		
Engaged	6		9	14	27	14	8	3	32	52	41	64	55		62	52	62	36	50	25	125		212	317		
Engagement Rate	24%		31%	38%	47%	38%	24%	18%	37%	42%	47%	46%	49%		79%	50%	38%	36%	41%	28%	42%		48%	41%		
Total Screened and Refused/Decline	11		13	15	16	16	2	7	22	24	20	38	33		4	25	65	35	44	25	66		129	201		
Unable to Reach	8		8	12	16	15	25	8	42	51	31	44	28		13	29	44	31	36	48	124		117	279		
New Cases Opened	6		9	15	27	13	8	3	32	52	41	64	55		62	52	62	36	51	24	125		212	317		
Total Cases Closed	13		5	11	13	11	24	8	12	33	34	56	56		52	54	61	55	29	43	79		222	263		
Cases Remained Open	9		15	20	18	20	14	13	26	42	45	67	55		22	14	25	9	18	13	45		9	55		
Total Cases Managed	26		19	28	44	46	43	21	46	88	94	129	125		63	79	96	71	52	55	128		228	329		
Critical-Complex Acuity	2		0	0	0	0	0	0	0	0	0	0	0		0	0	8	7	0	0	0		13	0		
High/Moderate/Low Acuity	24		19	28	44	46	43	21	46	88	94	129	125		63	79	88	64	52	55	55		215	329		
Behavioral Health Case Management			Behavioral Health Case Management												Behavioral Health Case Management											
Total Number Of Referrals	15		12	27	40	29	30	45	54	75	45	51	24		0	42	68	80	80	104	174		190	413		
Pending	1		0	0	0	0	1	0	0	1	7	2	1		0	0	0	1	0	1	8		1	1		
Ineligible	2		1	2	6	2	6	1	8	13	2	2	1		0	0	9	5	9	9	23		14	43		
Total Outreached	12		12	25	34	27	23	44	46	61	36	47	22		0	42	59	74	71	94	143		175	369		
Engaged	4		6	9	14	14	14	12	27	16	11	17	13		0	6	12	24	29	40	54					

Item #17

Attachment 17.D

QIUM Quarterly Summary Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

FROM: Patrick C. Marabella, MD
Amy R. Schneider, RN

COMMITTEE

DATE: February 20th, 2020

SUBJECT: CalViva Health QI & UM Update of Activities Quarter 4 2019 (February 2020)

Purpose of Activity:

This report is to provide the RHA Commission with an update on the CalViva Health QI & UM performance, program and regulatory activities in Quarter 4 of 2019.

I. Meetings

Two meetings were held in Quarter 4, one in October and one in November. The following guiding documents were approved at the October & November *meetings*:

1. 2019 Health Education Mid-Year Evaluation & Executive Summary
2. 2019 Culture & Linguistics Work Plan Mid-Year Evaluation & Executive Summary
3. Culture & Linguistics Language Assistance Program Report
4. Preventive Health Guidelines
5. Culture & Linguistics Geo Access Report

In addition, the following general documents were approved at the meetings:

1. Results of the Appointment Availability & After-Hours Access Survey
2. Pharmacy Formulary & Provider Updates
3. Medical Policies

II. QI Reports - The following is a summary of some of the reports and topics reviewed:

1. The **Appeal and Grievance Dashboard** for September 2019 tracks volumes, turn-around times, and case classifications. Results demonstrate that the volume of grievances (QOS & QOC) in the third quarter show an increase as compared to previous quarters. Total cases resolved shows a similar increase.
 - a. Majority of increase in grievances were in the Quality of Service category with increases associated with Access, Administrative, and Transportation case types.
 - b. Quality of Care Grievances and appeals demonstrated increasing rates compared to Q1 & Q2 as well.
2. **Potential Quality Issues (PQI) Report & Corrective Action Plan (CAP)** provides a summary of the quarterly evaluation of cases/issues that may result in substantial harm to a member. Due to a failure of Clinical A & G staff to report upon and resolve some PQI's in a timely manner the need for corrective action was identified. A CAP is in place to address the outstanding cases and prevent future failures.
 - a. Non-member initiated PQI category cases were in range when compared to the last three Quarters. Two cases were generated from Provider Preventable Conditions (PPCs).
 - b. Member generated PQI's have increased compared to the previous three Quarters.

- c. A decrease in the number of peer review cases processed was noted. Follow up has been initiated when appropriate. PQI and PPC cases will continue to be tracked, monitored and reported.

3. MHN Performance Indicator Report for Behavioral Health was reviewed in both the October and November meetings with Q2 and Q3 data presented. In Q3 2019, MHN reported on 13 of 15 metrics that met or exceeded their targets.

- a. Performance was below target by 15% for Authorization Decision Timeliness for Non-ABA authorization decisions. This is the second time this indicator has fallen below target in the last 8 Quarters. An action plan for improvement has been developed.
- b. The Q2 2019 utilization rate was 1.9%. There was one non-life-threatening emergent case and the appointment access standard was met.
- c. MHN Provider Relations staff have implemented several interventions to increase the percentage of providers accepting new CalViva members.

4. Facility Site and Medical Record Review & PARS report was presented for first and second quarters of 2019. The following was noted:

- a. There were 22 Facility Site Reviews (FSR) and 26 Medical Record Reviews (MRR) completed.
- b. The overall mean FSR score for Fresno, Kings and Madera Counties was 97% and the overall mean MRR score for Fresno, Kings and Madera Counties was 93%.
- c. The Pediatric Preventive Care section mean score was 93%.
- d. The Adult Preventive Care section mean score was 84%, which is consistent with previous reports.

Additional Quality Improvement Reports including Initial Health Assessment, SPD & HRA Report, Provider Office Wait Time and others scheduled for presentation at the QI/UM Committee during Q4.

III. UCMCM Reports - The following is a summary of some of the reports and topics reviewed:

1. The Key Indicator Report (KIR) provided data through September 30th, 2019. A quarterly comparison was reviewed with the following results:

- a. The Acute Admits per thousand for ER Utilization based on claims data shows a decrease for SPD's while Expansion rates are increasing.
- b. This trend shows improved management of SPDs due to the completion of HRAs and a local Case Management team.
- c. An increasing trend in the admission rate for the TANF population is noted for Quarters 2 & 3. Initial review of the data indicates the reason for this increase is frequently respiratory diagnoses.
- d. The average length of stay rate demonstrates improvement for TANF and SPD populations.

2. Specialty Referrals Reports provide a summary of Specialty Referral Services that required prior authorization in the tri-county area in Q1-Q3 2019. This report provides evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members.

- a. Referral and denial rates are monitored on a quarterly basis and trended over time. Top priority medical specialties are tracked along with turn-around times. Trends will continue to be monitored and follow up initiated when indicated.
- b. Report parameters were clarified with staff resulting in resubmission of some reports to correct rates.

IV. Pharmacy Reports – Pharmacy quarterly reports include Operation Metrics, Top Medication Prior Authorization (PA) Requests, and quarterly Formulary changes which were all reviewed. All third quarter 2019 pharmacy prior authorization metrics were within 5% of standard.

V. HEDIS® Activity

In Q4, HEDIS® related activities focused on the new mandates established by our new governor and DHCS' response to these new mandates. Managed Care Medi-Cal health plans will have 21 quality measures that

they will be evaluated on next year and the new Minimum Performance Level (MPL) is the 50th percentile rather than the 25th.

1. These 21 metrics are called the **Managed Care Accountability Set (MCAS)**.
2. Current status on the new 2020 measures has been assessed and interventions are underway to enhance compliance.
3. There is no “grace period” for implementation. Sanctions begin this year.

For CalViva only 2 measures are below the MPL (25th percentile for RY19) and these are Diabetes- HbA1c testing and Breast Cancer Screening, both in Fresno County. Therefore, our current improvement projects are:

- Breast Cancer Screening (BCS) *New PIP (Performance Improvement Project) this year*
- Diabetes- Improve HbA1c testing – *PDSA Cycles*
- Childhood Immunizations (CIS-10)– Immunizations birth to 2 years *New PIP this year*

VI. Findings/Outcomes

Reports covering all pertinent areas have been reviewed and evaluated according to the established schedule to facilitate the ongoing monitoring of the quality and safety of care provided to CalViva members. No significant compliance issues have been identified. Oversight and monitoring processes will continue

Item #17

Attachment 17.E

Credentialing Sub-Committee
Quarterly Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners
CalViva QI/UM Committee

FROM: Patrick C. Marabella, MD
Amy R. Schneider, RN

COMMITTEE DATE: February 20th 2020

SUBJECT: CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 4 2019

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 4th Quarter 2019 CalViva Health Credentialing Sub-Committee activities.

- I. The Credentialing Sub-Committee met on October 17th, 2019. At the October meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services.
- II. Reports covering the second quarter for 2019 were reviewed for delegated entities and the third quarter 2019 report was reviewed for both Health Net and MHN. A summary of the second quarter data is included in the table below.

III. Table 1. Second Quarter 2019 Credentialing/Recredentialing

	Sante	ChildNet	MHN	Health Net	La Salle	ASH	VSP	Envolve Vision	IMG	CVMP	Adventist	Totals
Initial credentialing	46	15	2	22	32	0	0	10	0	25	30	182
Recredentialing	82	48	20	12	32	0	0	2	23	15	0	234
Suspensions	0	0	0	0	0	0	0	0	0	0	0	0
Resignations (for quality of care only)	0	0	0	0	0	0	0	0	0	0	0	0
Totals	128	63	22	34	64	0	0	12	23	40	30	416

- IV. There were no cases to report on the Quarter 3 2019 Credentialing Report from Health Net.

Item #17

Attachment 17.F

Peer Review Sub-Committee
Quarterly Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners
CalViva QI/UM Committee

FROM: Patrick C. Marabella, MD
Amy R. Schneider, RN

COMMITTEE DATE: February 20th, 2020

SUBJECT: CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 4 2019

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the CalViva Health Peer Review Sub-Committee activities. All Peer Review information is confidential and protected by law under the Knox Keene Health Care Services Plan Act of 1975, Section 1370 which prohibits disclosure to any parties outside the peer review process.

- I. The Peer Review Sub-Committee met on October 17th, 2019. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 3 2019 were reviewed for approval. There were no significant cases to report.
- II. The Quarter 3, 2019 Peer Count Report was presented at the meeting with a total of 9 cases reviewed. The outcomes for these cases are as follows:
 - There were three (3) cases closed and cleared. There was one case pending closure for Corrective Action Plan compliance. There were four more cases pending for further information and one case with an outstanding CAP.
- III. Follow up will be initiated to obtain additional information for the tabled cases and ongoing monitoring and reporting will continue.

Item #17

Attachment 17.G

Operations Report

IT Communications and Systems	Active Presence of an External Vulnerability within Systems	NO	Description: A good status indicator is all potential external vulnerabilities scanned and a very low identification of confirmed and/or potential vulnerabilities.					
	Active Presence of Viruses within Systems	NO	Description: A specific type of malware (designed to replicate and spread) intended to run and disable computers and/or computer systems without the users knowledge.					
	Active Presence of Failed Required Patches within Systems	NO	Description: A good status indicator is all identified and required patches are successfully being installed.					
	Active Presence of Malware within Systems	NO	Description: Software that is intended to damage or disable computers and computer systems.					
Message From The COO	As of January 14, 2020 Microsoft support for Windows 7 has come to an end. Microsoft will no longer provide security updates, software updates and/or tech support. Microsoft recommends upgrading to Windows 10. All CalViva Health owned laptops and workstations are on Windows 10 and have the latest updates installed.							
Privacy and Security	Risk Analysis (Last Completed mm/yy: 6/19)	Risk Rating: Medium	Description: Conducting an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI held in the Health Plans IT and Communication Systems. A Rating is assigned: "No Risk", "Low Risk", "Medium Risk", "High Risk", "Critical Risk".					
	Eff. Date & Last Annual Mail Date of NPP (mm/yy)	4/18 & 7/18	Description: Notice of Privacy Practices (NPP) describes how PHI may be used and disclosed. The NPP is review and updated when appropriate. The NPP is distributed upon enrollment and annually thereafter					
	Active Business Associate Agreements	6	Description: A signed agreement is required of any person/entity who is not a member of CalViva Health's workforce who will create or receive PHI of behalf of CalViva Health.					
	# Of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)							
	Year	2019	2019	2019	2019	2019	2020	2020
	Month	Aug	Sep	Oct	Nov	Dec	Jan	Feb
	No/Low Risk	6	2	1	1	3	4	2
	High Risk	0	0	0	0	1	0	0
	Total Cases By Month	6	2	1	1	4	4	2
	Year	2014	2015	2016	2017	2018	2019	2020
	No/Low Risk	48	54	36	28	38	23	6
	High Risk	6	3	5	1	1	2	0
	Total Cases By Year	54	57	41	29	39	25	6
Message from the COO	The CalViva Health Notice of Privacy Practices is included in the CalViva Health 2020 Member Handbook / Evidence of Coverage. Members will be distributed the Notice of Privacy Practices in 2020. The California Consumer Privacy Act was enacted in 2018 and takes effect on January 1, 2020. The definition for "business" in the law was reviewed to determine applicability to CalViva Health.							

Member Call Center CalViva Health Website	Year		2018	2018	2019	2019	2019	2019
	Quarter		Q3	Q4	Q1	Q2	Q3	Q4
	(Main) Member Call Center	# of Calls Received	31,095	28,135	30,380	28,902	30,232	27,416
		# of Calls Answered	30,937	27,948	30,174	28,762	30,031	27,140
		Abandonment Level (Goal < 5%)	0.50%	0.70%	0.70%	0.50%	0.70%	1.00%
		Service Level (Goal 80%)	93%	91%	93%	94%	92%	86%
	Behavioral Health Member Call Center	# of Calls Received	1,121	1,034	1,297	1,204	1,132	1,040
		# of Calls Answered	1,101	1,011	1,277	1,188	1,124	1,026
		Abandonment Level (Goal < 5%)	1.80%	2.20%	1.50%	1.30%	0.70%	1.30%
		Service Level (Goal 80%)	88%	83%	84%	88%	87%	88%
	Transportation Call Center	# of Calls Received	13,854	13,776	14,470	14,281	16,285	16,264
		# of Calls Answered	13,770	13,583	14,383	14,224	15,943	16,085
		Abandonment Level (Goal < 5%)	0.60%	1.40%	0.60%	0.40%	2.10%	1.10%
		Service Level (Goal 80%)	86%	84%	82%	92%	67%	83%
CalViva Health Website	# of Users	18,000	17,000	20,000	19,000	20,000	20,000	
	Top Page	Main Page	Main Page	Main Page	Find a Provider	Find a Provider	Find a Provider	
	Top Device	Mobile (57%)	Mobile (58%)	Mobile (60%)	Mobile (59%)	Mobile (57%)	Mobile (57%)	
	Session Duration	~ 3 minutes	~ 3 minutes	~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 2 minutes	
Message from the COO	Calls to the Transportation Call Center continue to increase. Service level for Q3 at the Transportation Call Center did not meet goal, however the metric rebounded and met goal during Q4. The website continues to show a majority of users interacting on the CalViva Health website primarily to find a provider.							

Provider Network Activities & Provider Relations	Year	2019	2019	2019	2019	2019	2019	2019
	Month	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Hospitals	10	10	10	10	10	10	10
	Clinics	120	122	121	121	122	121	121
	PCP	355	356	367	370	379	375	374
	Specialist	1349	1305	1326	1367	1353	1367	1369
	Ancillary	192	190	190	189	188	188	189
	Year	2018	2018	2018	2019	2019	2019	2019
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Pharmacy	165	167	164	161	151	151	152
	Behavioral Health	261	226	336	342	343	342	368
	Vision	77	71	77	31	39	42	41
	Urgent Care	10	10	11	12	14	13	12
	Acupuncture	6	11	5	7	6	6	5
	Year	2018	2018	2018	2018	2019	2019	2019
	Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3
	% of PCPs Accepting New Patients - Goal (85%)	88%	89%	91%	91%	94%	93%	90%
	% Of Specialists Accepting New Patients - Goal (85%)	97%	97%	98%	97%	95%	95%	95%
	% Of Behavioral Health Providers Accepting New Patients - Goal (85%)							72%
	Year	2019	2019	2019	2019	2019	2019	2019
	Month	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	In-Person Visits by Provider Relations	109	151	140	95	185	104	132
	Provider Trainings by Provider Relations	83	143	97	127	125	114	87
	Year	2013	2014	2015	2016	2017	2018	2019
	Total In Person Visits	1,377	1,790	2,003	2,604	2,786	2,552	1,932
	Total Trainings Conducted	30	148	550	530	762	808	1,353
Message From the COO	The Department of Managed Health Care ("DMHC") Timely Access Report for Measurement Year 2018 has been released publicly. A new metric has been added starting with Q3 2019 to monitor the % of Behavioral Health Providers Accepting New Patients. The network is undergoing Department of Health Care Services ("DHCS") Network Certification for Calendar Year 2020 and Measurement Year 2019 Network Adequacy review by the DMHC.							

Claims Processing	Year	2018	2018	2018	2019	2019	2019	2019
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Medical Claims Timeliness (30 days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	98% / 99% YES	97%/99% NO	90% / 99% NO	90% / 99% YES	94% / 99% YES	99% / 99% NO	99% / 99% NO
	Behavioral Health Claims Timeliness (30 Days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	96% / 99% YES	97%/99% YES	98% / 99% N/A	98% / 99% N/A	97% / 99% N/A	97%/98% N/A	98% / 99% N/A
	Pharmacy Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% /100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	Acupuncture Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% /100% NO	100% /100% NO	99% /100% NO	100% / 100% NO	100% / 100% NO	
	Vision Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	
	Transportation Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure		99% / 99% NO	98% / 99% NO	95% / 100% NO	100% / 100% NO	100% / 100% NO	
	PPG 1 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	84% / 100% NO	99% / 100 % NO	100% /100% NO				
	PPG 2 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	83% / 97% YES	78% / 88% YES	98% / 99% NO	99% / 100% NO	97% / 98% NO	100% / 100% NO	
	PPG 3 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	94% / 98% NO	95% / 100% NO	99% / 100 % NO	92% / 100 % NO	99% / 100 % NO	93% / 99% NO	
	PPG 4 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	95% / 100% NO	99% / 100% NO	
	PPG 5 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	89% / 100% NO	98% / 100% NO	93% / 98% NO	97% / 100% NO	90% / 99% NO	89% / 100% YES	
	PPG 6 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	86% / 100% NO	95% / 100% NO	95% / 100% NO	94% / 100% NO	92% / 99% NO	99% / 100% YES	
	PPG 7 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure		95% / 100% NO	99% / 100% NO	96% / 100% NO	96% / 99% NO	99% / 100% YES	
	PPG 8 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure			100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	
	PPG 9 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure				100% / 100% NO	99% / 100% NO	100% / 100% NO	
Message from the COO	Claims processing metrics met goal for most areas. CalViva Health is monitoring the activities of PPG 5, 6, and 7 due to the missed metric and noted deficiency disclosure.							

Provider Disputes	Year	2018	2018	2018	2019	2019	2019	2019
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Medical Provider Disputes Timeliness (45 days) Goal (95%)	88%	97%	98%	99%	99%	96%	95%
	Behavioral Health Provider Disputes Timeliness (45 days) Goal (95%)	100%	99%	100%	85%	89%	100%	90%
	Acupuncture Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A	
	Vision Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	100%	100%	N/A	100%	
	Transportation Provider Dispute Timeliness (45 Days) Goal (95%)		N/A	N/A	N/A	N/A	N/A	
	PPG 1 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%				
	PPG 2 Provider Dispute Timeliness (45 Days) Goal (95%)	54%	17%	67%	98%	100%	89%	
	PPG 3 Provider Dispute Timeliness (45 Days) Goal (95%)	94%	100%	100%	100%	100%	100%	
	PPG 4 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	100%	
	PPG 5 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	N/A	73%	100%	99%	95%	
	PPG 6 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	N/A	96%	96%	100%	93%	
	PPG 7 Provider Dispute Timeliness (45 Days) Goal (95%)		N/A	95%	97%	N/A	67%	
	PPG 8 Provider Dispute Timeliness (45 Days) Goal (95%)			N/A	100%	100%	100%	
	PPG 9 Provider Dispute Timeliness (45 Days) Goal (95%)				N/A	N/A	N/A	
Message from the COO	Provider disputes met metrics in most areas. CalViva Health is monitoring the activities of Behavioral Health, PPG 2 and PPG 7 due to the missed metric.							

Item #17

Attachment 17.H

Executive Dashboard



	2019	2019	2019	2019	2019	2019	2019	2019	2019	2019	2019	2020
Month	February	March	April	May	June	July	August	September	October	November	December	January
CVH Members												
Fresno	291,607	291,254	290,257	291,340	291,316	290,728	289,852	288,082	287,519	285,402	284,285	281,473
Kings	29,201	29,165	29,385	29,399	29,326	29,305	29,338	29,383	29,410	29,448	29,514	29,392
Madera	36,749	36,769	36,788	36,842	37,002	37,031	37,112	37,068	37,181	37,266	37,264	37,169
Total	357,557	357,188	356,430	357,581	357,644	357,064	356,302	354,533	354,110	352,116	351,063	348,034
SPD	31,665	31,773	31,834	32,054	32,236	32,382	32,441	32,582	32,591	32,753	32,836	32,797
CVH Mrkt Share	71.04%	71.06%	71.06%	71.16%	71.20%	71.23%	71.28%	71.28%	71.29%	71.32%	71.36%	71.34%
ABC Members												
Fresno	106,674	106,311	106,066	106,032	105,901	105,546	104,884	104,326	104,083	103,079	102,524	101,664
Kings	19,567	19,556	19,464	19,346	19,257	19,203	19,200	19,103	19,102	19,112	19,057	18,926
Madera	19,525	19,611	19,602	19,513	19,502	19,505	19,451	19,398	19,450	19,402	19,289	19,246
Total	145,766	145,478	145,132	144,891	144,660	144,254	143,535	142,827	142,635	141,593	140,870	139,836
Default												
Fresno	1,142	1,242	1,484	1,160	1,519	1,080	1,053	1,080	928	1,364	1,038	945
Kings	174	171	211	165	247	146	177	159	148	240	173	181
Madera	138	175	177	133	185	145	160	132	131	187	104	98
County Share of Choice as %												
Fresno	62.60%	69.00%	66.50%	67.40%	67.80%	68.10%	65.60%	67.30%	65.10%	66.10%	65.60%	62.50%
Kings	69.00%	61.10%	68.80%	60.10%	58.50%	57.30%	64.70%	63.90%	62.20%	58.80%	63.60%	65.20%
Madera	61.20%	55.20%	62.20%	65.20%	62.20%	57.70%	63.30%	60.10%	63.00%	68.10%	67.60%	60.80%
Voluntary Disenrollment's												
Fresno	422	503	520	449	393	394	418	486	421	413	300	336
Kings	36	67	58	35	61	43	38	48	52	43	55	48
Madera	64	81	95	51	69	68	86	67	71	62	81	73