

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

Kerry Hydash
Kings County

Paulo Soares
Madera County

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

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DATE: July 10, 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, July 16, 2020
1:30 pm to 3:30 pm**

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

Teleconference: 605-313-4819

Participant Code: 270393

[A separate number will be provided to you for Closed Session](#)

Meeting materials have been emailed to you.

Currently, there are **12** 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

July 16, 2020

1:30pm - 3:30pm

Meeting Location:

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

Teleconference: 605-313-4819

Participant Code: 270393

Item	Attachment #	Topic of Discussion	Presenter
1		Call to Order	D. Hodge, MD, Chair
2		Roll Call	C. Hurley, Clerk
3 Action		Consent Agenda:	D. Hodge, MD, Chair
	Attachment 3.A	<ul style="list-style-type: none">• Commission Minutes dated 5/21/2020	
	Attachment 3.B	<ul style="list-style-type: none">• Finance Committee Minutes dated 3/19/2020	
	Attachment 3.C	<ul style="list-style-type: none">• Finance Committee Minutes dated 4/19/2020	
	Attachment 3.D	<ul style="list-style-type: none">• QI/UM Committee Minutes dated 3/19/2020	
	Attachment 3.E	<ul style="list-style-type: none">• Public Policy Committee Minutes dated 3/4/2020	
	Attachment 3.F	<ul style="list-style-type: none">• Finance Committee Charter	
	Attachment 3.G	<ul style="list-style-type: none">• Credentialing Committee Charter	
	Attachment 3.H	<ul style="list-style-type: none">• Peer Review Committee Charter	
	Attachment 3.I	<ul style="list-style-type: none">• Quality Improvement / Utilization Management Committee Charter	
	Attachment 3.J	<ul style="list-style-type: none">• Public Policy Committee Charter	
		<i>Action: Approve Consent Agenda</i>	
4 Action		Conflict of Interest	D. Hodge, MD; Chair
	Attachment 4.A	<ul style="list-style-type: none">• BL 20-005	
	Attachment 4.B	<ul style="list-style-type: none">• Conflict of Interest Code	
5 Information	Attachment 5.A	Review of Fiscal Year End 2020 Goals	D. Hodge, MD, Chair
		<ul style="list-style-type: none">• BL 20-006 Review of Fiscal Year End Goals 2020	
6 Action	Attachment 6.A	Goals and Objectives for Fiscal Year 2021	D. Hodge, MD, Chair
		<ul style="list-style-type: none">• BL 20-007 Goals and Objectives FY 2021	
		<i>Action: Approve Goals for FY 2021</i>	

7 Action	Standing Reports	D. Maychen, CFO
Attachment 7.A	Finance Report <ul style="list-style-type: none"> Financials as of May 31, 2020 	
Attachment 7.B	Compliance <ul style="list-style-type: none"> Compliance Report 	M.B. Corrado, CCO
Attachment 7.C Attachment 7.D Attachment 7.E Attachment 7.F Attachment 7.G	Medical Management <ul style="list-style-type: none"> Appeals and Grievances Report Key Indicator Report QIUM Quarterly Summary Report Credentialing Sub-Committee Quarterly Report Peer Review Sub-Committee Quarterly Report 	P. Marabella, MD, CMO
Attachment 7.H	Operations <ul style="list-style-type: none"> Operations Report 	J. Nkansah, COO
Attachment 7.I	Executive Report <ul style="list-style-type: none"> Executive Dashboard 	G. Hund, CEO
<i>Action: Accept Standing Reports</i>		
8	Closed Session: The Board of Directors will go into closed session to discuss the following item(s) A. Public Employee Appointment, Employment, Evaluation, or Discipline Title: General Counsel Review Per Government Code Section 54957(b)(1)	
9	Final Comments from Commission Members and Staff	
10	Announcements	
11	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>	
12	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 September 17, 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

Commission Minutes
Dated 5/21/2020

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
May 21, 2020

Meeting Location:
Teleconference Meeting due to COVID-19
Executive Order to Shelter-in-Place
CalViva Health
7625 N. Palm Ave., #109
Fresno, CA 93711

Commission Members			
	Sara Bosse , Director, Madera Co. Dept. of Public Health	✓●	Aftab Naz , Madera County At-large Appointee
✓●	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
	Joyce Fields-Keene , Fresno County At-large Appointee	✓●*	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	✓●	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
✓●	Kerry Hydash , Commission At-large Appointee, Kings County		
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 via conference call in lieu of gathering in public per executive order signed	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>by the Governor of California on Monday, 3/16/2020, allowing Public Health Plans subject to the Brown Act to hold public meetings via teleconferencing due to COVID-19. A quorum remains a requirement to take actions, but can be achieved with any combination of Commissioners' physical attendance at the public location or by teleconferencing.</p>	
<p>#2 Roll Call Cheryl Hurley, Clerk to the Commission</p>	<p>A roll call was taken for the current Commission Members.</p>	<p><i>A roll call was taken</i></p>
<p>#3 Chair and Co-Chair Nominations for FY 2021 Action Greg Hund, CEO</p>	<p>The Commissioners nominated and subsequently re-elected David Hodge, MD as chair and Supervisor Joe Neves as Co-Chair to serve during Fiscal Year 2021.</p> <p><i>Dr. Naz – not present at initial roll call and did not participate in vote</i></p>	<p>Motion: <i>Nominate and Approve Chair:</i> <i>10 – 0 – 0 – 7</i> <i>(Rogers / Nikoghosian)</i></p> <p><i>Nominate and Approve Co-Chair:</i> <i>10 – 0 – 0 – 7</i> <i>(Rogers / Nikoghosian)</i></p>
<p>#4 Consent Agenda a) Commission Minutes 4/16/2020 b) Finance Committee Minutes 2/20/2020 Action Supervisor Neves, Co-Chair</p>	<p>All consent items were presented and accepted as read.</p> <p><i>David Pomaville arrived at 1:36 pm</i></p>	<p>Motion: <i>Approve Consent Agenda</i> <i>12 – 0 – 0 – 5</i></p> <p><i>(Frye / Smullin)</i></p> <p><i>A roll call was taken</i></p>
<p>#5 Committee Appointments for FY 2021</p>	<p>No changes in Commission members were made for FY 2020 to the following committees, as described in BL 20-004:</p>	<p>No Motion</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Information Supervisor Neves, Co-Chair</p>	<ul style="list-style-type: none"> ➤ Finance Committee ➤ Quality Improvement/Utilization Management Committee ➤ Credentialing Sub-Committee ➤ Peer Review Sub-Committee ➤ Public Policy Committee 	
<p>#6 Cultural & Linguistics (C&L) Program Description and Work Plan Evaluation:</p> <ul style="list-style-type: none"> • 2019 Executive Summary and Annual Evaluation • 2020 Change Summary and Program Description • 2020 Executive Summary and Work Plan <p>Action Supervisor Neves, Co-Chair</p>	<p>Dr. Marabella presented the Cultural and Linguistic 2019 Executive Summary and Annual Evaluation; 2020 change Summary and Program Description; and 2020 Executive Summary and Work Plan.</p> <p>All Work Plan activities for 2019 with the exception of one, were completed in the following areas:</p> <ul style="list-style-type: none"> • Language Assistance Services: 146 translation reviews completed; and bilingual certification/re-certification completed for 101 staff. • Compliance Monitoring: Investigated and completed follow up on 35 grievances in 2019; and updated all C & L Policies. • Communication, Training and Education: Trained new hires on C & L services; and conducted two trainings on coding & resolution of C & L related cases for A & G Coordinators. • Health Literacy, Cultural Competency & Health Equity: Supported nine (9) Mobile Mammography events for the BCS Improvement Project; and coordinated three (3) Motivational Interviewing training sessions for staff and providers in Mendota. <p>The 2020 Program Description is consistent with 2019, in addition has incorporated the following:</p> <ul style="list-style-type: none"> • Added the Population Needs Assessment (PNA) reporting requirements (formerly GNA). 	<p>Motion: Approve C & L Program Description and Work Plan Evaluation: 2019 Executive Summary and Annual Evaluation; 2020 Change Summary and Program Description; and 2020 Executive Summary and Work Plan</p> <p>12 – 0 – 0 – 5</p> <p>(Nikoghosian / Naz)</p> <p>A roll call was taken</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Updated the GeoAccess section with current methodology and follow up on findings. • Continue to expand training and consulting services to support appropriate use of language assistance and reduce health disparities. <p>The 2020 Work Plan is consistent with 2019, while incorporating and enhancing the following:</p> <ul style="list-style-type: none"> • Incorporating the Population Needs Assessment (PNA) reporting and action plan development requirements. • Enhancing Language Assistance Program reporting activities specifically C & L GeoAccess findings and follow up. • Implement the Aunt Bertha platform and coordination of social service referrals. • Support health disparity reduction efforts for Breast Cancer Screening in Fresno County. <p>The Language Assistance Program annual evaluation analyzes and compares language service utilization at the end of each year. Year over year comparisons are also made. The conclusions from the Language Assistance Program annual report are:</p> <ul style="list-style-type: none"> • Spanish and Hmong continue to be <i>CalViva Threshold Languages</i>. Spanish is highest volume. • Most interpretation is done via telephonic interpreters (89%) with Sign language a low volume service at 3%. • C & L staff review grievances related to language services and perceived discrimination. They also assist with development and implementation of related corrective actions. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> Limited English and non-English membership remains high for CVH population and therefore interpreter services are integral to maintaining safe, high quality care. 	
<p>#7 Health Education Program Description and Work Plan Evaluation</p> <ul style="list-style-type: none"> <i>Executive Summary</i> <i>2019 Annual Evaluation</i> <i>2020 Change Summary and Program Description</i> <i>2020 Work Plan</i> <p>Action Supervisor Neves, Co-Chair</p>	<p>Dr. Marabella presented the Health Education Executive Summary, the 2019 Annual Evaluation, the 2020 Change Summary and Program Description, and the 2020 Work Plan.</p> <p>Overall, 9 of the 16 key Program Initiatives met or exceeded the year-end goal. Seven initiatives partially met the year-end goal and will continue into or be modified for 2020. Some sub-elements were not completed.</p> <p>The nine initiatives that were fully met are:</p> <ol style="list-style-type: none"> 1) Community Partnerships 2) Digital Health Ed Program 3) Health Equity Projects 4) Immunization Initiative 5) Member Newsletter 6) Obesity Prevention 7) Perinatal Education 8) Compliance Oversight & Reporting 9) Health Ed Operations <p>The seven initiatives partially met were:</p> <ol style="list-style-type: none"> 1) Chronic Disease Education 2) Member Engagement 3) Behavioral Health 	<p>Motion: <i>Approve Health Education Program Description and Work Plan Evaluation: Executive Summary; 2019 Annual Evaluation; 2020 Change Summary and Program Description; and 2020 Work Plan</i></p> <p>12 – 0 – 0 – 5</p> <p><i>(Frye / Naz)</i></p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>4) Promotores Network 5) Tobacco Cessation Program 6) Health Ed Materials Development 7) Health Ed Operations</p> <p>The barriers identified are related to:</p> <ul style="list-style-type: none"> • Finalizing vendor or service contracts • Regulatory changes/delays • Delays that were unanticipated or out of the control of the Plan. <p>Action plans have been developed for each and are included in the 2020 Work Plan.</p> <p>Changes to the 2020 Program Description include:</p> <ol style="list-style-type: none"> 1) Programs & Resources: Updated language and terms to reflect current programs. 2) Population & Resource Needs Assessment: Updated terminology and descriptions. 3) Health Promotion Programs and Standards: Updated terminology and expanded upon education methodology. 4) Public Policy Committee: Added provision for PPC members to give input into PNA and receive updates on progress. 5) Staff Resources/Public Policy Committee: Added PNA and revised team descriptions to be more general. Removed term “HEDIS” and replaced with general “quality performance” descriptions. 6) Program Evaluations/Internal Monitoring: Updated terminology and added the DHCS Texting Program and Campaign Submission form to be submitted prior to implementation. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The 2019 Work Plan initiatives will continue in 2020 with the following enhancements:</p> <ol style="list-style-type: none"> 1) Fluvention - strategies to improve flu vaccinations 2) Pediatric Education – develop resources for providers and members 3) Women’s Health – Coordinate with “Every Woman Counts” for classes. 4) Enhancing Phone Education – conduct phone education and schedule appointments. 	
<p>#8 Standing Reports</p> <ul style="list-style-type: none"> • Finance Report Daniel Maychen, CFO 	<p><u>Finance</u></p> <p>Total current assets were approximately \$317.2M; total current liabilities were approximately \$220.9M. Current ratio is 1.44. TNE as of March 31, 2020 was approximately \$107M, which is approximately 734% above the minimum DMHC required TNE amount.</p> <p>At the advice of auditors Moss Adams, Directed Payment Income and Directed Payment Expense was moved from income statement to balance sheet.</p> <p>Investment income is below what was budgeted by approximately \$496K due to the significant decline in yields due to the COVID-19 pandemic. Premium capitation income actual recorded was approximately \$895.5M which is approximately \$47.2M ahead of budgeted amounts, primarily due to MCO taxes, retro rate adjustments for capitation back to July 2019, and the IGT voluntary rate range program additional funds. Total cost of medical care is ahead of budget also due to additional revenues. Administrative services agreement fees expense is less than budgeted due to enrollment being less than</p>	<p>Motion:</p> <p>1. Approve FY 2021 Proposed Budget 12 – 0 – 0 – 5 (Griffin / Nikoghosian) <i>Dr. Naz not present for vote</i> A roll call was taken</p> <p>2. Approve Standing Reports</p> <p>13 – 0 – 0 – 4 (Frye / Naz) A roll call was taken</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>projected. All other line item expenses are in line with budget with the exception of License expense which is due to estimates being less than actual. Marketing is ahead of budget due to a timing difference, will be under budget by end of fiscal year 2020. Current fiscal year through March net income recorded was approximately \$36.7M which is approximately \$31.1M more than budgeted primarily due to the increase in revenue from IGT additional revenue and rates being higher than projected.</p> <p><i>Dr. Hodge joined the meeting at 1:57pm and resumed duties as Chair</i></p> <p><u>FY 2021 Proposed Budget</u></p> <p>Due to the COVID-19 pandemic, this has caused economic disruptions. During FY 2021 DHCS was planning to implement the CalAIM initiative. This was a substantial multi-year initiative that was looking to transform Medi-Cal managed care by adding new programs. When the CVH FY 2021 budget was created, it was under the assumption that State revenues would be substantially less than what was anticipated from the Governor’s January 2020 release of the FY 2021 proposed budget. For that reason, the CalAIM initiative was not included in the FY 2021 budget including the financial rate implications of CalAIM delay. In Governor Newsom’s May 2020 revised budget for the State of California, it was confirmed that the CalAIM initiative would be delayed to a later to-be-determined date. The CVH FY 2021 budget accurately reflects the delay of the CalAIM initiative. In addition, in January 2019, the Governor issued an Executive Order requiring the transition of Pharmacy services from MC managed care plans to a Statewide Fee For</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Service (FFS) benefit effective 1/1/2021. All recent indications are that this is still set to go into effect 1/1/2021. The CVH budget appropriately reflects this as well.</p> <p>Given the effects of the COVID-19 pandemic, such as the economic ramifications, and a timing difference as the CVH budget was created before release of the May 2020 revised budget, the Governor is proposing cuts as part of the May 2020 revised budget that is not captured in the FKM RHA FY2021 budget. Those proposed cuts consist of a 1.5% Medi-Cal managed care rate reduction retroactive to 7/1/2019 through 6/30/2020. The gross revenue impact to CVH is approximately \$14M; net income impact is approximately \$210K net income decrease. In addition, the State is proposing to implement a 1.5% rate reduction for July 2020 through December 2020; the July 2020 through December 2020 time period reflects the first half of FY 2021 and the gross revenue impact of that is approximately \$7M; net income impact is approximately \$100k net income decrease. Furthermore, the May 2020 revised budget is proposing efficiency rate adjustments. Included in that category is a proposal to reduce the underwriting gain built into Medi-Cal managed care rates from 2% to 1.5%. In addition, the State is looking to make an efficiency adjustment that is actuarially determined that makes an adjustment to Medi-Cal managed care rates to account for instances in which ER visits could have been prevented had there been better care coordination and and/or Access & Availability provided by the Medi-Cal managed health plan.</p> <p>The total percentage rate reduction CVH is projecting related to efficiency adjustments is approximately 2.5%, which would go into</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>effect January 2021 through June 2021. The gross revenue impact is approximately \$12M; net income impact is approximately \$180K net income decrease.</p> <p>Furthermore, in the May 2020 revised budget proposal, additional cuts will be triggered if additional federal funding is not received as requested by the State. The triggered cuts, if federal funds are not received, as it pertains to CVH, would be the elimination of most of the Prop 56 supplemental payment programs. The Prop 56 program that would remain under the May 2020 revised budget proposal, (as it pertains to CVH), is the trauma screening Prop 56 program. Moreover, an additional triggered cut would be the optional adult benefits. This would go into effect January 2021. In total, the FY 2021 impact that is not reflected in the CVH proposed FY 2021 budget would be approximately \$88M-\$89M gross revenue impact decline, and net income impact of approximately \$1.3M net income decrease. The proposed cuts still have to go through the legislative process.</p> <p>The CVH FY 2021 budget was approved to move to Commission by the Finance Committee in April 2020. Basic assumptions are as follows:</p> <p>Enrollment is projected to increase as a result of the economic impact related to the COVID-19 pandemic.</p> <p>Medical revenues are projected to be approximately \$1.186B which is approximately \$55M more than budgeted for FY 2020 due to MCO tax increase, enrollment increase and rate increase. Investment income is projected to decrease due to declining yields on investment. Admin service agreement fees expense is projected to increase due to</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Compliance M.B. Corrado, CCO 	<p>additional enrollment. Community Support to increase by approximately \$2.4M due to additional HEDIS incentive physician payments and additional grants related to COVID-19 impact. License expense is projected to increase approximately \$161K due to forecasted rate increase. Marketing expense is projected to increase approximately \$500K as a result of additional marketing activity. Net income is projected to be approximately \$5.3M. If proposed rate cuts go into effect, that will reduce net income to approximately \$4M.</p> <p><u>Compliance</u></p> <p>There were four (4) Fraud, Waste & Abuse cases received in May, bringing the total for the year to 10. Those cases are reported to the State. Three (3) cases were provider-related and one (1) was member reported.</p> <p>DHCS informed the Plan that they will issue the Preliminary Audit Report and have requested an exit conference for 5/28/2020.</p> <p>In reference to the 2019 DHCS Medical Audit, The Plan submitted its last CAP update on 5/2/20. On 5/11/20, DHCS notified the Plan that the CAP has been closed.</p> <p>In reference to the DMHC 2019 Medical Audit, CalViva submitted its final CAP response on 5/8/20. We are awaiting DMHC acceptance of the CAP.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<p>Regarding the DHCS Annual Network Certification (ANC), as a result of follow-up letters from DHCS on these filings, the Plan will be submitting revised ANC and Plan of Action (POA) filings within the next 2 weeks.</p> <p>Links to the Governor’s Full May Budget Revision and the DHCS May Revision Highlights were provided to the Commission via the Compliance Report.</p> <p>The Plan continues to receive All Plan Letters and other regulatory guidance from DMHC and DHCS, and continues to report provider site closures, positive COVID-19 tests and hospitalizations on a daily basis. CalViva Health staff and our administrator’s staff continue to carry out operations on a remote basis. We are assessing the remote working situation on a weekly basis.</p> <p>The next Public Policy Committee meeting will be held on June 10, 2020, 11:30 a.m. via telephone conference due to the COVID-19 state of emergency.</p> <p>The 2019 Oversight Audit results were presented to the Commission. Specific call-outs where CAPs were issued include: Claims, Pharmacy, Provider Disputes (Annual), and Provider Disputes (Quarterly). For those audits requiring CAPs, CalViva Health has received and approved Health Net’s corrective actions.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Dashboard</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Dr. Marabella presented the Appeals & Grievances Dashboard through March 2020.</p> <p>Appeals & Grievances Data:</p> <ul style="list-style-type: none"> • The total number of grievances through March 31, 2020 is consistent with 2019 data. • The majority of Quality of Service grievances were noted in the areas of Administrative and Transportation. Transportation is now broken down into Access, Behavior and Other to better understand what these grievances are associated with. • The Quality of Care grievances remain consistent with the previous year's data. • The Exempt grievance categories were expanded to better analyze the data. This is the first time we are seeing the data with these new categories. We will monitor for trends. • The total number of Appeals Received/Resolved per month remains higher than the previous year's data. These results are attributable primarily to advanced imaging and pharmacy denials. Follow up to address the advanced imaging cases is underway. Overall, the Overturn rate is improving. <p><u>Key Indicator Report</u></p> <p>Dr. Marabella presented the Key Indicator Report through March 31, 2020.</p> <ul style="list-style-type: none"> • Membership is drifting slightly with the expectation it will increase after March due to enrollment associated with COVID 19 impact. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Turn-around time compliance has improved. Anticipate CAP closure soon. • Bed days and Length of Stay rates remain consistent with 2019. • Case Management numbers for Q1 2020 continue to demonstrate positive trends in all areas. <p>QIUM Quarterly Summary Report</p> <p>Dr. Marabella provided the QI/UM Qtr. 1, 2020 update. Two QI/UM meetings were held in Quarter 1; one in February and one in March.</p> <p>The following guiding documents were approved at the February and March meetings:</p> <ol style="list-style-type: none"> 1. QI/UM Committee Charter 2020 2. 2019 Quality Improvement End of Year Evaluation 3. 2020 Quality Improvement Program Description 4. 2020 Quality Improvement Work Plan 5. 2019 Utilization Management/Case Management End of Year Evaluation 6. 2020 Utilization Management Program Description 7. 2020 Case Management Program Description 8. 2020 Utilization Management/Case Management Work Plan <p>In addition, the following general documents were approved at the meetings:</p> <ul style="list-style-type: none"> • Pharmacy Formulary & Provider Updates • Medical Policies 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard, Potential Quality Issues Report, MHN Performance Indicator Report for Behavioral Health, SPD HRA Outreach, and other QI reports.</p> <p>The Utilization Management & Case Management reports reviewed included the Key Indicator Report, Inter-rater Reliability Results for Physicians and Non-physicians, and additional UMCM reports.</p> <p>The quarterly Pharmacy reports were reviewed covering Operations Metrics, Top Medication Prior Authorization Requests and quarterly Formulary Changes. All fourth quarter 2019 prior authorization metrics were within 5% of standard.</p> <p>HEDIS® Activity:</p> <p>In Q1, 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 18 quality measures that they will be evaluated on for RY 2020 and the new Minimum Performance Level (MPL) is the 50th percentile.</p> <p>For RY 2019 CalViva had two (2) measures below the MPL (25th percentile). The two measures are:</p> <ul style="list-style-type: none"> • Breast Cancer Screening (BCS) • Diabetes Care– HbA1c testing <p>Current improvement projects consist of:</p> <ul style="list-style-type: none"> • Breast Cancer Screening (BCS) increase mammograms 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Operations J. Nkansah, COO 	<ul style="list-style-type: none"> • Diabetes – Improve HbA1c testing • Childhood Immunizations (CIS-10) improve immunization rates for children 2 yrs and younger. <p>No significant compliance issues have been identified. Oversight and monitoring processes will continue.</p> <p><u>Operations Report</u></p> <p>Currently, there are no issues, concerns, or items of significance as it relates to IT Communications and Systems. The business continuity plan is still active and staff continue to work remotely from home. Additional security measures were deployed to safeguard the Plans systems.</p> <p>For Privacy and Security, there are no issues or items of significance to report.</p> <p>There are no new items to report in reference to the Member Call Center for Q1 2020. An increase in traffic on the website has been identified for Q1 2020.</p> <p>With regard to Provider Network Activities, the Plan is preparing to represent its network to DHCS. The network has been represented through a regulatory filing to the DMHC for measurement year 2019. Activity is ongoing with no significant issues to report.</p> <p>With regard to Claims Processing and Provider Disputes metrics in most areas have met goal.</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>The March membership continued trending down due to a healthy economy; however, due to the COVID-19 pandemic membership for April has started trending up. The increase is expected to continue for the next several months.</p> <p>The current CVH work policy is still in place with reference to the Governor’s Executive Order. CVH will continue to monitor State and local health directives with regard to opening to the public and allowing face to face member encounters.</p>	
<p>#9 Closed Session</p> <p>A. Government Code section 59457(b)(1) – Public Employee Appointment, Employment, Evaluation, or Discipline</p>	<p>Regarding item #9.A, involving Public Employee Appointment, Employment, Evaluation, or Discipline; Chief Executive Officer, per Government Code Section 54957(b)(1). A motion was made and passed unanimously to continue the employment of Gregory Hund, CEO, under the current contract with a 10% increase to the base salary effective on his employment anniversary date.</p> <p>Closed Session concluded at 2:59 pm.</p>	<p><i>Motion: Approve CEO Annual Review</i></p> <p><i>12 – 0 – 0 - 5</i></p> <p><i>Supervisor Rogers not present for vote.</i></p> <p><i>(Nikoghosian / Soares)</i></p>
<p>#10 Final Comments from Commission Members and Staff</p>	<p>None.</p>	
<p>#11 Announcements</p>		
<p>#12 Public Comment</p>	<p>None.</p>	
<p>#13 Adjourn</p>	<p>The meeting was adjourned at 3:03 pm</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The next Commission meeting is scheduled for July 16, 2020 in Fresno County.	

Submitted this Day: _____

Submitted by: _____

Cheryl Hurley
Clerk to the Commission

Item #3

Attachment 3.B

Finance Minutes
dated 3/19/2020



**CalViva Health
Finance
Committee Meeting Minutes**

March 19, 2020

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 11:32 am. A quorum was present via conference call in lieu of gathering in public per executive order signed by the Governor of California on Monday, 3/16/2020, allowing Public Health Plans subject to the Brown Act to hold public meetings via teleconferencing due to COVID-19. A quorum remains a requirement to take actions, but can be achieved with any combination of Commissioners' physical attendance at the public location or by teleconferencing.	A roll call was taken.

<p>#2 Finance Committee Minutes dated February 20, 2020 Attachment 2.A Action D. Maychen, Chair</p>	<p>The minutes from the February 20, 2020 Finance meeting were approved as read.</p>	<p>Motion: <i>Minutes were approved</i> 4 – 0 – 0 – 3 (Neves / Frye) A roll call was taken.</p>
<p>#3 Financial Statements as of January 31, 2020 Action D. Maychen, Chair</p>	<p>Total current assets were approximately \$324.5M; total current liabilities were approximately \$258.7M. Current ratio is 1.25. TNE as of January 31, 2020 was approximately \$76.3M, which is approximately 644% above the minimum DMHC required TNE amount.</p> <p>Premium capitation income actual recorded for first seven months of FY 2020 was approximately \$602.7M which is approximately \$57M less than budgeted amounts, primarily due to MCO taxes. MCO taxes are still in the renewal process with CMS. If approved, will go retroactive to 7/1/2019. With the MCO tax adjusted out of the budgeted amount, actual revenues are ahead of what was budgeted by approximately \$16.4M, primarily due to rates being higher than estimated. Capitation medical costs are over budget for the same reason. Administrative services agreement fees expense is less than budgeted by \$274K primarily due to actual enrollment being less than projected. License expense is higher than budgeted due to estimates being less than actual. Marketing is ahead of budget by \$51K due to a timing difference, will be under budget by end of fiscal year 2020. Total net income for the first seven months of the fiscal year is approximately \$6M which is approximately \$1.7M more than budgeted.</p>	<p>Motion: <i>Approve Financials as of January 31, 2020</i> 4 – 0 – 0 – 3 (Frye / Neves) A roll call was taken.</p>
<p>4 Fiscal Year 2021 – Proposed Budget Action</p>	<p>The Budget Timetable for FY 2021 was presented at the previous Finance Committee meeting held on February 20, 2020.</p>	<p>Motion: <i>Approval of FY 2021 Proposed Budget to forward to Commission for Approval</i> 4 – 0 – 0 – 3</p>

<p>D. Maychen, Chair</p>	<p>Medical revenue is projected to be \$1.19B which is approximately \$56.1M more than budgeted in FY 2020 primarily due to the proposed MCO taxes for FY 2021 increasing by \$23M. In addition, rates are increasing due to various new programs initiated by DHCS including new Prop 56 Supplemental Payment Programs. Rates are also increasing due to Long Term Care and major organ transplants moving into Medi-Cal Managed Care effective 1/1/2021. The overall revenue increase is also net of the pharmacy carve-out from Medi-Cal Managed Care to fee-for-service effective 1/1/2021. Overall, Medi-Cal revenue will increase by \$56.1M in comparison to the FY 2020 budgeted amount. Correspondingly, medical cost expense is increasing due to the increase in rates. Administrative Services Fee is projected to decrease by approximately \$1.1M as enrollment is projected to decrease in comparison to FY 2020. Consulting expense is projected to increase by approximately \$295K due to the proposed requirement of NCQA accreditation by 2025 from DHCS. Community Support is projected to increase by approximately \$2.45M; this includes the existing \$1.2M physician recruitment grants already in place to recruit PCPs and Specialists, and the addition of the HEDIS® physician incentive program by providing up to \$1.2M to top HEDIS® scores from PCPs and FQHCs that meet specific HEDIS® measures and giving them supplemental payment for meeting benchmarks. Insurance expense is decreasing by approximately \$32K due to consolidation of the Employment Practices policy with Directors and Officers policy. License expense is projected to increase by approximately \$161K due to DMHC's projected increase in their assessment fee. Marketing expense is projected to increase by approximately \$500K</p>	<p>(Neves / Frye)</p> <p>A roll call was taken.</p>
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	<p>due to additional marketing activities. MCO taxes are projected to increase by \$23.8M due to the new proposal by DHCS, which is still pending CMS' approval. Other income is projected to decrease by approximately \$180K due to vacant office space in building. Capital expenditure was added as a new line item for potential new tenant requesting tenant improvements.</p> <p>For FY 2021 projected net income is \$5.8M which is approximately \$1.7M less than budgeted for FY 2020 primarily due to additional community support grants, additional marketing expense, net the effect of an increase in rates, and declining enrollment.</p> <p>All other items are materially in line with prior year budget.</p>	
#5 Announcements	<p>In light of COVID-19, CalViva Health will stay open for member access until further notice. Employees that need to work from home will be accommodated by approval from CEO.</p>	
#6 Adjourn	<p>Meeting was adjourned at 11:53 am</p>	

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

Dated: May 21, 2020

Approved by Committee: Daniel Maychen
Daniel Maychen, Committee Chairperson

Dated: 5/21/2020

Item #3

Attachment 3.C

Finance Minutes
dated 4/19/2020



**CalViva Health
Finance
Committee Meeting Minutes**

April 16, 2020

Meeting Location

Teleconference; and
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, Accounting Manager
✓•	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 via conference call in lieu of gathering in public per executive order signed by the Governor of California on Monday, 3/16/2020, allowing Public Health Plans subject to the Brown Act to hold public meetings via teleconferencing due to COVID-19. A quorum remains a requirement to take actions, but can be achieved with any combination of Commissioners' physical attendance at the public location or by teleconferencing.	A roll call was taken.

<p>#2 Fiscal Year 2021 – Revised Proposed Budget Action D. Maychen, Chair</p>	<p>Due to the COVID-19 pandemic, the initial proposed budget for FY 2021 is being revised to reflect adjustments to FY 2021 budget due to economic impact on certain budgetary line items</p> <p>For the revised FY 2021 budget, two scenarios were presented to the Committee.</p> <p>The first budget presented includes CalAIM and Pharmacy carveout. This is similar to the original FY 2021 proposed budget; however, with COVID-19 related adjustments. Enrollment has been adjusted and will affect multiple line items within the budget. These items include medical revenue, medical costs, admin services agreement fee expense, and ultimately the bottom line. Overall, there will be an increase in Medicaid enrollment due to unemployment and people losing employer sponsored healthcare coverage. In relation to projecting enrollment for FY 2021, the Health Management Associates (“HMA”) analysis of published projected unemployment and Medicaid enrollment impact was used in determining the projected enrollment numbers for CalViva Health. The lower federal unemployment rate scenario of 10% was used in the revised budget enrollment calculation to be more conservative. Based on HMA’s analysis, California was projected to see an increase of approximately 1.4M Medicaid beneficiaries. When extrapolated down, CalViva Health would gain approximately 15K new members for FY 2021. This enrollment projection was kept consistent throughout the fiscal year. As a result of the enrollment increase, revenue is projected to see an increase from \$1.187B to approximately \$1.225B, which is an increase of approximately \$38M. Correspondingly, it is projected</p>	<p>Motion: <i>Approval of FY 2021 Revised Proposed Budget without CalAim to forward to Commission for Approval</i> 7 – 0 – 0 – 0</p> <p>(Nikoghosian / Frye)</p> <p>A roll call was taken.</p>
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medical costs will increase from \$975B to approximately \$1B, which is approximately a \$35.7M increase. Admin service agreement fees expense is projected to increase from \$46.2M to approximately \$48M, which is approximately \$1.8M increase. Investment income was originally projected to be approximately \$984K and has since been adjusted down to approximately \$396K as a result of declining yields from investments. Bank charges have been increased from \$3,600 to approximately \$6,600 to account for declining earnings credit rate which is closely tied to federal funds and T-bill rate, which have declined due to COVID-19 economic impact. Overall, for the first option (revised budget with CalAIM and Pharmacy carveout), projected net income is approximately \$5.85M, which is approximately \$84K more than previously budgeted due to offsetting movement of revenue increases due to enrollment increase and a decrease in net income due to investment income declining.

The second option for revised FY 2021 budget includes Pharmacy carveout and excludes CalAIM. This removes long-term care and major organ transplants moving into Medi-Cal managed care during FY 2021. With this scenario, revenue is projected to see a decrease from initially proposed \$1.187B to approximately \$1.186B, which is a decrease of approximately \$1M. This is due to revenue increasing because of the enrollment increase, offset by revenue decrease due to long-term care and major organ transplant related rates being removed as part of assumed delay of CalAIM initiative. Medical costs are projected to be approximately \$972.5M which is a decrease from initially proposed budget by approximately \$2.8M. Investment income to decrease by approximately \$400K due to

	<p>declining yields. Admin service agreement fees expense projected to increase due to increased enrollment. Bank charges projected to increase due to earnings credit rate decreasing. Consulting expense is decreased by \$295K due to CalAIM delay which also delays NCQA accreditation. Projection for this budget option reflects net income to be approximately \$5.3M which is approximately \$452K less than initial proposed budget due to delay of CalAIM and associated rate increases being removed.</p> <p>The Finance Committee recommends moving forward with the revised proposed budget with Pharmacy Carveout, <u>without CalAIM.</u></p>	
#3 Announcements		
#4 Adjourn	Meeting was adjourned at 12:00 pm am	

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

Dated: *May 21, 2020*

Approved by Committee: *Daniel Maychen*
 Daniel Maychen, Committee Chairperson

Dated: *5/21/2020*

Item #3

Attachment 3.D

QIUM Minutes
dated 3/19/2020

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
March 19th, 2020

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	✓	Ashelee Alvarado, BS, Medical Management Specialist
✓	John Zweifler, MD., At-large Appointee, Kings County	✓	Lori Norman, Compliance Manager
	Joel Ramirez, M.D., Camarena Health Madera County	✓	Hyasha Anderson, Medical Management Coordinator
	Rajeev Verma, M.D., UCSF Fresno Medical Center	✓	Mary Martinez, Medical Management Nurse Analyst
	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 10:30 am. A quorum was present.	
#2 Approve Consent Agenda - Committee Minutes: February 28, 2020 - QI/UM Committee Charter 2020 - Medical Policies Provider Update (Q4 2019) - Standing Referrals	The February 28, 2020 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. The full March Formulary (PDL) was available for review at the meeting.	Motion: Approve Consent Agenda (Cardona/Foster) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Report (Q4 2019) - Full March PDL (Attachments A-D) Action Patrick Marabella, M.D Chair		
#3 QI Business - Appeals & Grievances Dashboard (January) (Attachment E) Action Patrick Marabella, M.D, Chair	Dr. Marabella presented the Appeals & Grievances Dashboard through January 2020. Appeals & Grievances Data: <ul style="list-style-type: none"> ➤ The total number of grievances received through end of January 2020 is consistent with previous year’s data. ➤ The majority of Quality of Service grievances were noted in the areas of Access to PCP, Access to Specialist, and Transportation. ➤ Medical Management staff is currently working with the A & G Work Group to better define the categories for exempt grievances. This includes transportation related grievances. An update on these efforts will be provided at the next committee meeting in May. ➤ The total number of Appeals Received/Resolved is consistent with previous year data. These results are attributable primarily to advanced imaging, and pharmacy denials. 	Motion: Approve - Appeals & Grievances Dashboard (January) (Cardona/Foster) 5-0-0-2
#3 QI Business - MHN Performance Indicator Report for Behavioral Health Services (Q4 2019) (Attachment F) Action Patrick Marabella, M.D, Chair	The MHN Performance Indicator Report for Behavioral Health Services (Q4 2019) was presented. 12 out of the 15 metrics met or exceeded their targets. <ul style="list-style-type: none"> ➤ Provider Disputes were below target by 5%. There was an increase in late provider dispute receipts due to technical issues involving mail being held at the United State Post Office, misrouting and delayed routing of PDR mail from other departments. ➤ The BHP Open Practice metric was 78%, which missed target by 7%. reported this indicator. Last quarter, BHP Open Practice metric was 73% which means MHN’s efforts to improve the percentage of providers who are accepting new patients is having a positive effect. ➤ There was one PQI case with moderately severe adverse effects in Q4 2019 and it was resolved within timeliness standards. 	Motion: Approve - MHN Performance Indicator Report for Behavioral Health Services (Q4 2019) (Zweifler/Foster) 5-0-0-2
#3 QI Business - SPD HRA Outreach	Engolve People Care (EPC) performs SPD Health Risk Assessments (HRAs) for CalViva members. The CalViva Health SPD HRA Assessment Outreach Report monitors compliance with member outreach performance standards.	Motion: Approve - SPD HRA

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>(Q4 2019) (Attachment G) Action Patrick Marabella, M.D, Chair</p>	<p>This report provides results of outreach for all four Quarters of 2019, showing CalViva’s SPD HRA findings. Efforts for Quarter 4 2019 include the following:</p> <ul style="list-style-type: none"> ➤ To impact reach rate, a full barrier analysis is in progress. Unable to reach members is a frequent barrier for the reach rate. ➤ Data presented doesn’t appear to reflect the reason most members were not reached. ➤ In order to increase reach rate, CalViva will follow up with the report writer to better understand why members can’t be reached. ➤ Medical Management staff has requested further exploration into additional modes of outreach, such as texting/email. ➤ Meetings with EPC will continue on a regular basis to ensure service levels are met in a timely manner. 	<p>Outreach (Q4 2019) (Cardona/ Lee) 5-0-0-2</p>
<p>#3 QI Business - Quality Improvement Activity Summaries (Comprehensive Diabetes Care and Childhood Immunization Status Combo 10) (Attachment H) Action Patrick Marabella, M.D, Chair</p>	<p>Two Quality Improvement Activity Summaries were presented and reviewed with the Committee including: Comprehensive Diabetes Care and Childhood Immunization Status Combo 10. The QI Summaries quality improvement activities are associated with measures that have performed below the minimum performance level or when other opportunities for improvement have been identified. Both projects are focused in Fresno County. Our process has been to work with a high volume, low compliance clinic to identify strategies for improvement and support the clinic to implement and test the effectiveness of these interventions. Our goal is to improve clinic and county rates and share successful strategies with other clinics/providers in the service area.</p> <ul style="list-style-type: none"> ➤ Childhood Immunization Status Combo 10 (CIS-10) The CIS-10 HEDIS® PIP measure evaluates the percentage of children who complete their immunizations by the age of 2 years during the measurement year. This is a Performance Improvement Project (PIP) for CalViva. Our goal is to increase the targeted clinic’s baseline rate of 32.4% to 39.0%, which is a statistically significant improvement. ➤ Comprehensive Diabetes Care (CDC) Comprehensive Diabetes Care (CDC) is a HEDIS® measure that evaluates the percentage of members 18-75 years of age with diabetes (type 1 and type 2) who have completed a number of screenings or tests that affect their disease. <ul style="list-style-type: none"> ○ Our QI project is focused on improving test rates for hemoglobin A1c (HbA1c) and then decreasing the number of members with results above 9.0% which represents poor control. ○ Our goal is to have at least 60% of the non-compliant diabetic members at the targeted clinic receive education by the clinic’s L.V.N. using the approved Stoplight tool at the time of their scheduled HbA1c lab test. PCP follow up is then scheduled/confirmed. 	<p>Motion: Approve - Quality Improvement Activity Summaries (Comprehensive Diabetes Care and Childhood Immunization Status Combo 10) (Zweifer/Cardona) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#4 Quality Improvement/Utilization Management/Case Management Business <i>(PowerPoint Presentation - Presentation handouts available at meeting)</i> - Quality Improvement Annual Work Plan 2020 - Quality Improvement Program Description 2020 (Attachment I-J) Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the 2020 Quality Improvement Annual Work Plan and the 2020 Quality Improvement Program Description.</p> <p>Activities for 2020 Quality Improvement Work Plan continue to focus on:</p> <ul style="list-style-type: none"> ➤ Improve Access to Care: <ul style="list-style-type: none"> ○ Continue to monitor Appointment Access and After-hours Access and educate providers using webinars and follow-up surveys. ○ Results from 2019 CAHPS Survey is pending; improvement strategies will be updated based upon results. ➤ Improve the Quality & Safety of Care: <ul style="list-style-type: none"> ○ Comprehensive Diabetes Care. ○ Utilize principles from Chronic Disease Self-Management Program to perform Planned Care Visits. ○ Scheduled lab tests and LVN education for members using a Stoplight Tool. ➤ There are two new formal 18-month Performance Improvement Projects (PIPs): <ul style="list-style-type: none"> ○ Childhood Immunizations project in Fresno County (CIS-10). ○ Breast Cancer Screening Disparity Project in Fresno County (BCS). <p>The highlights of changes for the 2020 QI Program Description include:</p> <ul style="list-style-type: none"> ➤ Changes in the Health Promotion Programs: <ul style="list-style-type: none"> ○ Removed redundancies, toolkit items and reference to the Health Promotion Incentive Program; and added Opioid and Postpartum Depression to Digital Health program. ➤ Transition Care Management Program: <ul style="list-style-type: none"> ○ Expanded description of transition care including details of the program’s model and impact on members. ➤ Palliative Care: <ul style="list-style-type: none"> ○ This new category was added to this document including objectives, eligibility criteria and services offered. ➤ Satisfaction: <ul style="list-style-type: none"> ○ Expanded section to include description of educational activities, member materials and new and ongoing activities. ➤ Access & Availability: 	<p>Motion: Approve - Quality Improvement Annual Work Plan 2020 - Quality Improvement Program Description 2020 (Foster/Cardona) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#4 Quality Improvement/ Utilization Management/Case Management Business <i>(PowerPoint Presentation - Presentation handouts available at meeting)</i> - Utilization Management / Case Management Work Plan 2020 (Attachment K) Action Patrick Marabella, M.D, Chair</p>	<p>○ Provider Satisfaction Survey was added and the name of the “Telephone Answer Survey” was added.</p> <p>Dr. Marabella presented the 2020 Utilization Management Case Management Work Plan.</p> <p>The areas of focus for the 2020 Utilization Management & Case Management Work Plan include:</p> <ul style="list-style-type: none"> ➤ Compliance with Regulatory & Accreditation Requirements: Ensure licensure, attestations and audits are current and complete. ➤ Monitoring the UM Process: Track and trend prior authorizations, conduct inter-rater reliability testing for clinical staff, and analyze appeals data to identify opportunities to remove or modify PA criteria. ➤ Monitoring Utilization Metrics: Track effectiveness of care management, monitor for over/under utilization, and continue to enhance PPG Profile monitoring. ➤ Monitoring Coordination with Other Programs and Vendor Oversight as it pertains to effectiveness of Case Management, Perinatal Case Management, and Behavioral Health Case Management. Maintain Disease Management, and monitor MD interactions with Pharmacy, and coordination between medical and behavioral health. <ul style="list-style-type: none"> ○ Monitoring Activities for Special Populations: Continue monitoring care of SPDs and CCS identification-additional analysis of CCS data will be included in the quarterly report. 	<p>Motion: Approve - Utilization Management / Case Management Work Plan 2020 (Zweifler/Cardona) 5-0-0-2</p>
<p>#5 UM/CM Business - Key Indicator Report & Turn Around Time Report (January) (Attachment L) Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the Key Indicator Report through January 31, 2020.</p> <ul style="list-style-type: none"> ➤ Inpatient utilization is consistent with previous months. ➤ Turn-around time compliance has improved compared to previous year. ➤ Case Management numbers for January continue to be good. 	<p>Motion: Approve - Key Indicator Report & Turn Around Time Report (January) (Lee/Foster) 5-0-0-2</p>
<p>#5 UM/CM Business - UM Concurrent Review Report (Q4 2019) (Attachment M)</p>	<p>Dr. Marabella presented the UM Concurrent Review Report from October 1, 2019 through December 31, 2019. The Quarterly UM Concurrent Review Report presented inpatient data and clinical concurrent review activities such as authorization for inpatient admissions, discharge planning and medical appropriateness during 4th quarter 2019.</p> <ul style="list-style-type: none"> ➤ Increase noted in MCE Admissions. 	<p>Motion: Approve - UM Concurrent Review Report (Q4 2019) (Zweifler/Cardona)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Action Patrick Marabella, M.D, Chair</p>	<ul style="list-style-type: none"> ➤ The average lengths of stay (LOS) increased slightly in TANF and MCE, however SPDs are demonstrating improvement in LOS. ➤ Increase in 30 day re-admits for SPD and MCE populations for Q4. Will monitor for trends. ➤ Two of the Actions Taken were also noted and include: <ol style="list-style-type: none"> 1. Onsite Discharge navigators in place at St. Agnes and Community Regional Medical Center 2. Daily UM huddles which include Care Management, MemberConnections, Public Programs and Medical Directors. 	<p>5-0-0-2</p>
<p>#5 UM/CM Business - Case Management and CCM Review Report (Q4 2019) (Attachment N) Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the Case Management and CCM Report for Quarter 4. This report summarizes the case management, transitional care management, MemberConnections, and palliative care activities for 2019 through fourth quarter.</p> <ul style="list-style-type: none"> ➤ Integrated Case Management: The volume of referrals increased consistently quarter to quarter from 152 in Q1 to 301 in Q4. ➤ Transitional Care Management: The volume of referrals increased from 377 to 414. Preliminary data available for Q4. Q3 refreshed data shows follow-up within 30 days increased to 52.8%; of those <ul style="list-style-type: none"> ○ 20% within 7 days of discharge ○ 20% within 8-14 days of discharge ○ 12.8% within 15-30 days of discharge <p>For Q4 PCP follow-up within 30 days was 47.1%; 20.6% within 7 days, 14.1% within 8-14 days and 12.4% within 15-30 days.</p> ➤ Behavioral Health Case Management: Quarterly average engagement rate increased from 38% in Q3 to 45%. Total number of cases managed January through December 2019 is 181; increase from total managed in 2018 (42 for implementation June through December). ➤ Effectiveness of these programs is based upon readmission rates, ED utilization, overall health care cost, and member satisfaction which all demonstrated positive results in Q4. <p style="text-align: center;">Dr. Cardona stepped out at 11:48 am and returned at 11:50 am.</p>	<p>Motion: Approve - Case Management and CCM Review Report (Q4 2019) (Lee/Zweifler) 5-0-0-2</p>
<p>#6 Pharmacy Business - Executive Summary (Q4 2019) - Pharmacy Operations Metrics Report (Q4</p>	<p>Pharmacy reports for Quarter 4 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.</p> <ul style="list-style-type: none"> ➤ Pharmacy Prior Authorizations (PA) metrics were within 5% of standard for fourth Quarter 2019. Overall TAT for Q4 2019 was 99.94% and TAT requirement for all pharmacy requests were within 24-hours of 	<p>Motion: Approve - Executive Summary (Q4 2019) - Pharmacy</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>2019) - CalViva Health Pharmacy Call Report (Q4 2019) - Pharmacy Top 30 Prior Authorizations (Q4 2019) - Pharmacy Inter-Rater Reliability Test Results (Q3 and Q4 2019) (Attachment O-S) Action Patrick Marabella, M.D, Chair</p>	<p>receipt by the plan.</p> <ul style="list-style-type: none"> ➤ Total PA requests were higher for Q4 2019 versus Q3 2019. The number of requests were similar to the totals in second Quarter 2019. The average number for fourth Quarter 2019 was approximately 560 more than third Quarter 2019. ➤ Fourth Quarter 2019 top medication PA requests had variances from third Quarter 2019. ➤ Fourth Quarter 2019 Opioid PA requests increased in total number of requests from 3rd Quarter 2019. This was mainly driven by the Preferred Drug List changes to opioid pain medication on October 15th 2019 that included updates to quantity limits and restrictions to meet Federal DUR standards as described in APL 19-012. As a result, diabetes medications as well as other brand name medication requests moved down the list of most frequently submitted for prior authorization and Opioid pain medications moved back to the top of the list. This trend was more similar to what was seen in Q2 and Q4 of 2019. 	<p>Operations Metrics Report (Q4 2019) - CalViva Health Pharmacy Call Report (Q4 2019) - Pharmacy Top 30 Prior Authorizations (Q4 2019) - Pharmacy Inter-Rater Reliability Test Results (Q3 and Q4 2019) (Ramirez/Foster) 5-0-0-2</p>
<p>#7 Credentialing & Peer Review Subcommittee Business - Credentialing Subcommittee Report (Q1 2020) - Peer Review Subcommittee Report (Q1 2020) (Attachment T-U) Action Patrick Marabella, M.D, Chair</p>	<p>Credentialing Sub-Committee Quarterly Report</p> <p>In Quarter 1, 2020, the Credentialing Sub-Committee met on February 28, 2020. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q3 2019 were reviewed for delegated entities, Q4 2019 reports were reviewed for both Health Net and MHN. There were two (2) cases to report on in the Quarter 4 2019 Credentialing Report from Health Net.</p> <p>Peer Review Sub-Committee Quarterly Report</p> <p>The Peer Review Sub-Committee met on February 28, 2020. The county-specific Peer Review Sub-Committee Summary Reports for Q4 2019 were reviewed for approval. There were no significant cases to report. The Q4 2019 Peer Count Report was presented with a total of 16 cases reviewed. There were six (6) cases closed and cleared. There were two (2) cases pending closure for Corrective Action Plan compliance. There were eight (8) cases pended for further information, and no cases with an outstanding CAP. Follow up will be initiated to obtain</p>	<p>Motion: Approve - Credentialing Subcommittee Report (Q1 2020) - Peer Review Subcommittee Report (Q1 2020) (Zweifler/Lee) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>additional information on tabled cases and ongoing monitoring and reporting will continue.</p>	
<p>#8 Compliance Update - Compliance Regulatory Report (Attachment V) Action Patrick Marabella, M.D, Chair</p>	<p>Mary Beth Corrado presented the Compliance Report.</p> <p>Mary Beth Corrado presented the Compliance Report. Year-to-date 2020 there have been six (6) fraud cases reported to DHCS as of the end of March, of which all six were provider issues.</p> <p>As a result of COVID-19 the State has issued delays and extensions on due dates for regulatory reports.</p> <p>The DHCS issued new requirements for the annual network certification. Plans must now meet both time and distance standard. The filing due date has been extended to 4/20/2020.</p> <p>Due to COVID-19, CalAIM and other proposed health care related initiatives are being reviewed and recalibrated at by the state due to the budgetary and economic crisis that is developing. Since DHCS has not yet issued official notice of specific CalAIM delays, changes or cancellations, the following status remains but will likely be changed by the next Commission meeting.</p> <p>CalViva Health received three (3) applications for the Behavioral Health Integration Incentive Program with one application covering two programs. All three (3) applications met the minimum qualifying criteria and the application packets have been submitted to DHCS for review. Due to the COVID-19 emergency, DHCS has deferred the start date of the BHI Incentive program to July 1, 2020.</p> <p>Preventive Care Outreach Project call campaign has been delayed due to COVID-19.</p> <p>The Plan has received numerous All Plan Letters and other regulatory guidance from DMHC and DHCS during the last month. DHCS requires MCPs to report provider site closures, positive COVID-19 tests and hospitalizations on a daily basis, including weekends. Both agencies have provided guidance to plans on ensuring access to testing, screening and treatment services, promoting telehealth services, ensuring members are not liable for COVID-19 balance bills from providers, etc. CalViva Health staff and our administrator's staff are carrying out operations on a remote basis. Remote work situation is assessed on a weekly basis.</p> <p>The Public Policy Committee (PPC) met in Fresno County on March 4, 2020. The following reports were presented:</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>the Q4 2019 Grievance & Appeal report, the Annual 2019 Compliance Report, the Q3 and Q4 2019 Member Incentive Programs Report. There were no recommendations or requests referred to the Commission. The next meeting is scheduled for June 10, 2020, in Kings County, subject to change due to COVID-19.</p> <p>A comprehensive report on 2020 New California Health Care Laws was reported out.</p>	
#10 Public Comment	None.	
#11 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:12 pm.	

NEXT MEETING: May 21, 2020

Submitted this Day: May 21, 2020

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair

Item #3

Attachment 3.E

Public Policy Committee Minutes
dated 3/4/2020



Public Policy Committee
Meeting Minutes
March 4, 2020

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

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	✓	Dr. Marabella, CMO
		✓	Amy Schneider, RN, Director of Medical Management
		✓	Mary Lourdes Leone, Director of Compliance
		✓	Steven Si, Operations & Privacy Specialist
		*	= late arrival

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#1 Call to Order Joe Neves, Chair	The meeting was called to order at 11:30 am. A quorum was present.	
#2 Meeting Minutes from December 4, 2019 Action Joe Neves, Chair	The December 4, 2019 meeting minutes were reviewed. There were no discrepancies.	Motion: Approve December 4, 2019 Minutes 8-0-0-0 (R. Garcia / J. Neves)
#3 Committee Membership Update Information Courtney Shapiro, Director of Community Relations	David Phillips and Norma Mendoza were reappointed to an additional three-year term.	No motion

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<p>#4 Enrollment Dashboard Information Mary Lourdes Leone, Director of Compliance</p>	<p>Mary Lourdes Leone presented the enrollment dashboard through January 2020. Membership as of the end of January was 348,034. CalViva Health maintains a steady 71% market share.</p>	<p>No motion</p>
<p>#5 Annual Report Information Courtney Shapiro, Director of Community Relations</p>	<p>Courtney Shapiro announced the Annual Report for 2019 was published and sent to all stakeholders. The annual report is also posted for the public on the CVH website.</p>	<p>No motion</p>
<p>#6 Appeals, Grievances and Complaints Information Mary Lourdes Leone, Director of Compliance</p>	<p>Mary Lourdes Leone presented the appeals, grievances and complaints report for Q4 2019. Total appeals and grievances for Q4 2019 were 580. Total appeals and grievances for YTD 2019 were 2,209, which is a significant increase from YTD total for 2018. Total appeals for YTD 2019 were 901. Total grievances for YTD 2019 were 1,308. Turnaround time compliance standard was met at 100%. The majority of appeals and grievances were from members in Fresno County which has the largest CalViva Health enrollment.</p>	<p>No motion</p>
<p>#7 DMHC and DHCS Audits Information Mary Lourdes Leone, Director of Compliance</p>	<p>Mary Lourdes Leone gave an update on the Department of Health Care Services 2020 audit. DHCS was onsite in February 2020 to perform the audit. CalViva is currently in the process of responding to questions which were the result of that audit. Finalized findings will be communicated to CVH at a later date once questions have been answered and reviewed by DHCS.</p>	<p>No motion</p>
<p>#8 Health Education</p>	<p>Jeff Nkansah reported on the semi-annual Member Incentive Program. It was announced that moving forward</p>	<p>No motion</p>

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<p>CalViva Health Education Incentive Programs Semi-Annual Report Q3 & Q4 Report</p> <p>Information Jeff Nkansah, Chief Operations Officer Steven Si, Operations & Privacy Specialist</p>	<p>Steven Si, Operations & Privacy Specialist will be providing report to the PPC Committee.</p> <p>A total of 8,502 CalViva Health (CVH) members participated in twelve health education and quality improvement incentive programs during Q3 and Q4 in 2019. Of the 8,502 participants, 8,181 members received an incentive. In total, \$230,155 worth in gift cards were given to CVH members. Of the 8,181 award recipients, (80%) were from Fresno County, (8%) from Kings County and (12%) from Madera County. Ten of the incentive programs had higher award recipients compared to Q1 and Q2, 2019 due to collaborative efforts between Health Education, Quality Improvement and Provider Relations/Practice Transformation to help close patient care gaps on various measures and improve health outcomes for CVH members. Four new incentive programs were implemented in Q3-Q4: Immunizations for Adolescents (IMA), Adolescent Well-Care (AWC), and Well-Child Visits (W15), and the Breast Cancer Screening and Cervical Cancer Screening Focus Group.</p>	
<p>#9 Population Needs Assessment</p> <p>Information Steven Si, Operations & Privacy Specialist</p>	<p>Steven Si presented the Population Needs Assessment report.</p> <p>The Group Needs Assessment (GNA) has been replaced with the Population Needs Assessment (PNA) and will be conducted on an annual basis. The goal of the PNA is to improve health outcomes for members and ensure that</p>	<p>No motion</p>

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>MCPs are meeting the needs of all their Medi-Cal members by identifying member health needs and health disparities; evaluating health education, cultural and linguistic (C&L), and quality improvement (QI) activities and available resources to address identified concerns; and implementing targeted strategies for health education, C&L, and QI programs and services. The due date is June 30, 2020.</p>	
<p>#10 Annual Operational Compliance Report</p> <p>Information Mary Lourdes Leone, Director of Compliance</p>	<p>Mary Lourdes Leone presented the Annual Operational Compliance Report. The Member Service Call Center received 116,930 calls, of which 116,107 were handled. Overall performance standards were exceeded.</p> <p>The Provider Network remains stable. New benefits or programs introduced in 2019 include:</p> <ul style="list-style-type: none"> • Full-Scope Medi-Cal Expansion to Undocumented Young Adults • Restoration of Medi-Cal Optional Benefits • Maternal Mental Health Continuity of Care • Preventive Care Outreach Project Implementation <p>In 2019, over 70 communications were reviewed by the Plan. It also included 12 Printed Provider Directories and 2 Member Newsletters.</p> <p>In 2019, contracted providers were sent approximately 217 Provider Updates with information on contractual and regulatory matters as well as health plan news and announcements.</p>	<p>No motion</p>

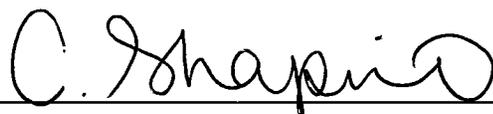
AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>Regulatory audits and performance evaluations included 2019 DHCS Annual Audit and Final Report, and 2019 DMHC Tri-Annual Audit. Overall, the Plan performed well in meeting the 2019 DHCS Audit. The DHCS Final Report was received in October 2019 and indicated only three deficiencies. The Plan submitted a Corrective Action Plan to the DHCS in December 2019. The State Supported Services final report found no deficiencies. The DMHC issued their Final Report of the 2019 Audit 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> <p>Moving forward in 2020, the Plan expects to undergo additional audits and reviews from regulatory agencies. The Plan anticipates developing new policies and implementing/revising existing processes as a result of new regulatory guidance and laws effective in 2019 and 2020.</p>	
<p>#11 2020 CalViva Health Member Handbook / Evidence of Coverage Information Jeff Nkansah, Chief Operating Officer</p>	<p>Jeff Nkansah provided an update on the Member Handbook/Evidence of Coverage. The Plan is currently sending out the 2020 Member Handbook to all members.</p>	<p>No motion</p>
<p>#12 Announcements</p>	<p>Greg Hund announced the Plan is assisting the Provider Network in recruiting new physicians via grants.</p>	

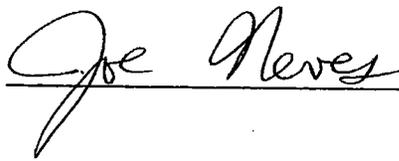
AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>Information on the funds available via the USDA grants for telehealth access and rural communities has been shared with Federally Qualified Health Centers (FQHCs).</p> <p>R. Garcia announced Self-Help just finished a full transitional housing project in Visalia to help the homeless with transitional housing.</p> <p>D. Phillips announced the Milburn location will hold its grand opening on April 9, 2020 and is open for business.</p> <p>Chairman J. Neves reminded everyone to participate in the 2020 Census.</p>	
#13 Public Comment	None.	
#14 Adjourn	Meeting adjourned at 12:32 pm.	

NEXT MEETING **June 10, 2020 in Kings County**
11:30 am - 1:30 pm

Submitted This Day: March 4, 2020

Approval Date: March 4, 2020

Submitted By: 
 Courtney Shapiro, Director Community Relations


 Approved By: _____
 Joe Neves, Chairman

Item #3

Attachment 3.F

Finance Committee Charter

**FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY
FINANCE COMMITTEE**

I. Purpose

- A. The purpose of the Finance Committee is to provide a committee structure to monitor and evaluate the financial status of the Fresno-Kings-Madera Regional Health Authority (RHA) from a regulatory compliance and general operating standpoint and to advise RHA on matters which are within the purview of the Finance Committee.

II. Authority

- A. The Finance Committee is given its authority by and reports to the Fresno-Kings-Madera Regional Health Authority (RHA) Commission in an advisory capacity.

III. Definitions

- A. Fresno-Kings-Madera Regional Health Authority (RHA) Commission -
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.

IV. Committee Responsibilities

- A. The Commission's Finance Committee will discuss, advise and make recommendations to the Commission on the following areas:
1. Compliance with all financial statutory, regulatory, and industry standard requirements
 2. Medi-Cal managed care rate and impact to the Regional Health Authority
 3. Budgets prior to submission to the Commission
 4. Unaudited financial statements prepared by staff
 5. Compensation and benefit levels for staff
 6. Selection of an independent auditing firm.

V. Committee Membership:

A. Composition

1. The RHA Commission Chairperson shall appoint the members of the Committee.
2. The Finance Committee shall consist of at least three (3) Commission members, the Chief Executive Officer, and the Chief Financial Officer.
 - 2.1. Chairperson: Chief Financial Officer.
 - 2.2. The Committee shall be composed of less than a quorum of voting Commissioners.

B. Term of Committee Membership

**FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY
FINANCE COMMITTEE**

1. Commissioner Committee members' terms will be established by the RHA Commission Chairperson on an annual basis at the start of each fiscal year.
- 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. If a potential conflict of interest is identified, the involved member will be excused from discussion and voting.

VI. Meetings

- A. Frequency
1. The frequency of the Finance Committee meeting will be at least quarterly
 2. The Committee Chairperson or RHA Commission may call additional 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. Minutes
1. Minutes will be kept at every Finance Meeting by a designated staff member. Signed, dated, summary minutes are kept. Minutes are available for review by regulatory entities.
 2. A report of each meeting will be forwarded to the RHA Commission for oversight review.
- C. Structure
- The meeting agenda will consist of:
1. Approval of minutes
 2. Standing Items
 3. Activity Reports
 4. Data Information Reports
 5. Ad-hoc Items

VII. Committee Support

- A. The Chief Financial Officer/staff will provide Committee support, coordinate activities and perform the following as needed:
1. Regularly attend meetings
 2. Assist Chairperson with preparation of agenda and meeting documents
 3. Perform or coordinate other meeting preparation arrangements
 4. Prepare minutes

**FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY
FINANCE COMMITTEE**

APPROVAL:

**RHA Commission
Chairperson**

David Hodge, MD
Commission Chairperson

Date: _____

Item #3

Attachment 3.G

Credentialing Sub-Committee Charter

**Fresno-Kings-Madera Regional Health Authority
Credentialing Sub-Committee Charter**

I. Purpose:

- A. The purpose of the Credentialing Sub-Committee is to give input on the credentialing and re-credentialing policies used by CalViva Health (“CalViva” or the “Plan”) and its Operating Administrator (Health Net) and monitor delegated credentialing/recredentialing activities. Delegated entities performance and compliance with credentialing standards will be monitored and evaluated on an ongoing basis by CalViva’s Chief Medical Officer (“CMO”), the Chief Compliance Officer (“CCO”), and CalViva’s Credentialing Sub-Committee.

II. Authority:

- A. The Credentialing Sub-Committee serves as a sub-committee of the Quality Improvement/Utilization Management (“QI/UM”) Committee and is given its authority by the Fresno-Kings-Madera Regional Health Authority (“RHA”) Commission to act in an advisory capacity.

III. Definitions:

- A. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – The governing board of CalViva Health. 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.

IV. Committee Focus:

The Credentialing Sub-Committee's responsibilities include, but are not limited to:

- A. Makes recommendations regarding credentialing and recredentialing, policies, processes, and standards.
- B. Has final decision-making responsibility to monitor, sanction, suspend, terminate or deny practitioners or organizational providers.
- C. Provide oversight of delegated credentialing and recredentialing functions.
- D. Report sanctions for quality of care issues to the appropriate licensing authority including 805 reporting requirements.
- E. Provide quarterly summary reports of Credentialing activities to the QI/UM Committee and RHA Commission.
- F. Ensure that the Plan’s credentialing and recredentialing criteria and activities are in compliance with state, federal and contractual requirements.

V. Committee Membership:

- A. Composition
 - 1. The RHA Commission shall appoint the members of the Sub-Committee.

**Fresno-Kings-Madera Regional Health Authority
Credentialing Sub-Committee Charter**

2. The Sub-Committee is chaired by the CalViva CMO.
 3. Sub-Committee size is determined by the Commission with the advice of the CMO.
 4. The Sub-Committee is composed of participating physicians who are also serving as members of the QI/UM Committee.
 - a. Sub-committee membership shall reflect an appropriate geographic and specialty mix of participating practitioners including practitioners that serve the Seniors and Persons with Disabilities (SPD) population.
 - b. Membership shall consist of primary care providers and specialists to reflect our provider network.
 - d. The Sub-Committee shall be composed of less than a quorum of voting Commissioners.
- B. Term of Committee Membership
1. Appointments shall be made for two (2) years.
 2. Commissioner Sub-Committee members' terms are coterminous with their seat on the Commission.
- C. Vacancies
- If vacancies arise during the term of Sub-Committee membership, the RHA Commission will appoint a replacement member.
- D. Voting
1. All members of the Sub-Committee shall have one vote each.
 2. If a potential conflict of interest is identified, the involved member will be excused from discussion and voting.

VI. Meetings:

- A. Frequency
1. The frequency of the Sub-Committee meetings will be at least quarterly.
 2. The Sub-Committee Chairperson or RHA Commission may call additional *ad hoc* meetings as necessary.
 3. A quorum consists of at least 51% of the membership.
- B. Notice
1. The meeting date will be determined by the Chairperson with the consensus of the Sub-Committee members.
 2. Sub-Committee members will be notified in writing in advance of the next scheduled meeting.
- C. Minutes
1. Minutes will be kept at every Sub-Committee meeting by a designated staff member. Signed, dated, contemporaneous minutes are kept. Minutes are available for review by regulatory entities.

**Fresno-Kings-Madera Regional Health Authority
Credentialing Sub-Committee Charter**

D. Confidentiality

1. Content of the meetings is kept confidential.
2. All members sign a confidentiality statement that shall be kept on file at CalViva Health.
3. Meetings, proceedings, records and review/handling of related documents will comply with all applicable state and federal laws and regulations regarding confidential information, including, but not limited to, the California Confidentiality of Medical Information Act (California Civil Code, Section 56 et seq.); the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act (42 U.S.C. 290dd-2); and the Privacy Act (U.S.C. 552a) and any other applicable state and federal law, rule, guideline or requirement.
4. Meeting proceedings and records as well as related letters and correspondence to providers and/or members are also protected from discovery under California Health & Safety Code 1370 and CA Evidence Code 1157.

VII. Committee Support:

The Plan Medical Management department staff will provide Sub-Committee support, coordinate activities and perform the following as needed:

- A. Regularly attend Sub-Committee meetings,
- B. Assist Chairperson with preparation of agenda and meeting documents,
- C. Perform or coordinate other meeting preparation arrangements,
- D. Prepare minutes and capture specific "suggestions or recommendations" and discussions,
- E. Ensure a quarterly summary of Sub-Committee activity and recommendations is prepared for submission to the QI/UM Committee and RHA Commission.

VIII. Authority

1. Health & Safety Code Sections 1370, 1370.1
2. California Code of Regulations, Title 28, Rule 1300.70
3. California Evidence Code Section 1157
4. California Civil Code, Section 56 et seq. (California Confidentiality of Medical Information Act)
5. 42 U.S.C. 290dd-2 (Alcohol, Drug Abuse and Mental Health Administration Reorganization Act)
6. U.S.C. 552a (Privacy Act)
7. DHCS Contract, Exhibit A, Attachment 4
8. MMCD Policy Letter 02-03
9. RHA Bylaws

Fresno-Kings-Madera Regional Health Authority
Credentialing Sub-Committee Charter

APPROVAL:

RHA Commission
Chairperson

~~David S. Hodge~~

Date: ~~July 19, 2019~~

Item #3

Attachment 3.H

Peer Review Sub-Committee Charter

**Fresno-Kings-Madera Regional Health Authority
Peer Review Sub-Committee Charter**

I. Purpose:

- A. The Sub-Committee processes and activities have been established to achieve an effective mechanism for the Plan’s continuous review and evaluation of the quality of care delivered to its enrollees, including monitoring whether the provision and utilization of services meets professional standards of practice and care, identifying quality of care problems, addressing deficiencies by the development of corrective action plans, and initiating remedial actions and follow-up monitoring where necessary and appropriate. Through the Plan’s peer review protected activities, the Plan aims to assure its enrollees receive acceptable standards of care and service.
- B. To provide a peer review committee structure for the consideration of patterns of medically related grievances that the Chief Medical Officer (CMO) determines require investigation of specific participating providers and to provide peer review of practitioners or organizational providers experiencing problematic credentialing issues, performance issues or other special circumstances.

II. Authority:

- A. The Peer Review Sub-Committee serves as a sub-committee of the Quality Improvement/Utilization Management (“QI/UM”) Committee and is given its authority by the Fresno-Kings-Madera Regional Health Authority (“RHA”) Commission to act in an advisory capacity.

III. Definitions:

- A. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – The governing board of CalViva Health. 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.

IV. Committee Focus:

The Peer Review Sub-Committee's responsibilities include, but are not limited to:

- A. Makes recommendations regarding peer review policies, processes, and standards.
- B. Reviews potential quality incidents referred by the QI/UM Committee that might involve the conduct or performance of specific practitioners or organizational providers and should be further investigated.
- C. Report sanctions for quality of care issues to the appropriate licensing authority including 805 reporting requirements.
- D. Establish and maintain a process for provider appeal of provider sanctions including a process of conducting fair hearings for providers who are sanctioned for issues related to quality of care.

Fresno-Kings-Madera Regional Health Authority
Peer Review Sub-Committee Charter

- E. Provide quarterly summary reports of Peer Review activities to the QI/UM Committee and RHA Commission.
- F. Ensure that the Plan's peer review criteria and activities are in compliance with state, federal and contractual requirements.

V. Committee Membership:

A. Composition

- 1. The RHA Commission shall appoint the members of the Sub-Committee.
- 2. The Sub-Committee is chaired by the CalViva CMO.
- 3. Sub-Committee size is determined by the Commission with the advice of the CMO.
- 4. The Sub-Committee is composed of participating physicians who are also serving as members of the QI/UM Committee.
 - a. Sub-committee membership shall reflect an appropriate geographic and specialty mix of participating practitioners including practitioners that serve the Seniors and Persons with Disabilities (SPD) population.
 - b. Membership shall consist of primary care providers and specialists to reflect our provider network.
 - c. Participating Practitioners from other specialty areas shall be retained as necessary to provide peer review input.
 - d. The Sub-Committee shall be composed of less than a quorum of voting Commissioners.

B. Term of Committee Membership

- 1. Appointments shall be made for two (2) years.
- 2. Commissioner Sub-Committee members' terms are coterminous with their seat on the Commission.

C. Vacancies

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

D. Voting

- 1. All members of the Sub-Committee shall have one vote each.
- 2. If a potential conflict of interest is identified, the involved member will be excused from discussion and voting.

VI. Meetings:

A. Frequency

- 1. The frequency of the Sub-Committee meetings will be at least quarterly.
- 2. The Sub-Committee Chairperson or RHA Commission may call additional *ad hoc* meetings as necessary.
- 3. A quorum consists of at least 51% of the membership.

Fresno-Kings-Madera Regional Health Authority
Peer Review Sub-Committee Charter

B. Notice

1. The meeting date will be determined by the Chairperson with the consensus of the Sub-Committee members.
2. Sub-Committee members will be notified in writing in advance of the next scheduled meeting.

C. Minutes

1. Minutes will be kept at every Sub-Committee meeting by a designated staff member. Signed, dated, contemporaneous minutes are kept. Minutes are available for review by regulatory entities.

D. Confidentiality

1. Content of the meetings is kept confidential.
2. All members sign a confidentiality statement that shall be kept on file at CalViva Health.
3. Meetings, proceedings, records and review/handling of related documents will comply with all applicable state and federal laws and regulations regarding confidential information, including, but not limited to, the California Confidentiality of Medical Information Act (California Civil Code, Section 56 et seq.); the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act (42 U.S.C. 290dd-2); and the Privacy Act (U.S.C. 552a) and any other applicable state and federal law, rule, guideline or requirement.
4. Meeting proceedings and records as well as related letters and correspondence to providers and/or members are also protected from discovery under California Health & Safety Code 1370 and CA Evidence Code 1157.

VII. Committee Support:

The Plan Medical Management department staff will provide Sub-Committee support, coordinate activities and perform the following as needed:

- A. Regularly attend Sub-Committee meetings,
- B. Assist Chairperson with preparation of agenda and meeting documents,
- C. Perform or coordinate other meeting preparation arrangements,
- D. Prepare minutes and capture specific "suggestions or recommendations" and discussions,
- E. Ensure a quarterly summary of Sub-Committee activity and recommendations is prepared for submission to the QI/UM Committee and RHA Commission.

VIII. Authority

1. Health & Safety Code Sections 1370, 1370.1
2. California Code of Regulations, Title 28, Rule 1300.70
3. California Evidence Code Section 1157
4. California Civil Code, Section 56 et seq. (California Confidentiality of Medical Information Act)

**Fresno-Kings-Madera Regional Health Authority
Peer Review Sub-Committee Charter**

5. 42 U.S.C. 290dd-2 (Alcohol, Drug Abuse and Mental Health Administration Reorganization Act)
6. U.S.C. 552a (Privacy Act)
7. DHCS Contract, Exhibit A, Attachment 4
8. MMCD Policy Letter 02-03
9. RHA Bylaws

APPROVAL:

**RHA Commission
Chairperson**

David S. Hodge

Date: July 19, 2019

Item #3

Attachment 3.1

QIUM Committee Charter

Fresno-Kings-Madera Regional Health Authority Quality Improvement/Utilization Management Committee Charter

I. Purpose:

- A. The purpose of the Quality Improvement/Utilization Management (“QI/UM”) Committee is to provide oversight and guidance for CalViva Health’s (“CalViva” or the “Plan”) QI, UM, and Credentialing Programs, monitor delegated activity, and provide professional input into CalViva’s development of medical policies.
- B. The QI/UM Committee monitors the quality and safety of care and services rendered to members, identifies clinical and administrative opportunities for improvement, recommends policy decisions, evaluates the results of QI and UM activities, institutes needed actions, and ensures follow up as appropriate.

II. Authority:

- A. The QI/UM Committee is given its authority by and reports to the Fresno-Kings-Madera Regional Health Authority (“RHA”) Commission in an advisory capacity.

III. Definitions:

- A. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – The governing board of CalViva Health. 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.

IV. Committee Focus:

The QI/UM Committee's responsibilities include, but are not limited to the following activities.

- A. Review and recommend approval to the RHA Commission of the program documents listed below:
 - 1. Annual QI Program Description
 - 2. Annual QI Work Plan
 - 3. Annual QI Program Evaluation
 - 4. Annual UM Program Description
 - 5. Annual CM Program Description
 - 6. Annual UM/CM Work Plan
 - 7. Annual UM/CM Program Evaluation;
 - 8. Annual Health Education Program Description
 - 9. Annual Health Education Work Plan
 - 10. Annual Health Education Program Evaluation
 - 11. Annual Culture and Linguistics (“C&L”) Program Description
 - 12. Annual Culture and Linguistics Work Plan
 - 13. Annual Culture and Linguistics Program Evaluation

Fresno-Kings-Madera Regional Health Authority
Quality Improvement/Utilization Management Committee Charter

- B. Reviews quarterly reports of Work Plan progress for the programs listed above;
- C. Monitors key clinical and service performance indicators for QI, UM, and Credentialing/Rec credentialing activities (e.g. access & availability, over and under utilization, key UM and case management indicators, HEDIS® measure results, disease management and public health programs activities, timeliness standards etc.);
- D. Provide oversight and review reports of delegated UM and Credentialing/Rec credentialing functions and collaborative QI functions;
- E. Reviews summarized grievance reports for medically related issues and administrative quality concerns;
- F. Reviews analysis of potential quality incident reports (developed from grievances/complaints, utilization management, utilization reports suggesting over or under utilization);
- G. Oversees and monitors CalViva’s participation in the Department of Health Care Services (“DHCS”) required Quality Improvement Projects (“QIPs”);
- H. Approve and oversee conduct of special QI studies as warranted;
- I. Brings general medically-related concerns to the attention of the Plan’s Operating Administrator (Health Net);
- J. Advises on the conduct of provider and member satisfaction surveys and submits its review to the Commission;
- K. Reviews the results of clinical outcome studies, identifies gaps and reports findings to the Commission;
- L. Forwards to the Credentialing /Peer Review Sub-Committee potential quality incidents that might involve the conduct of specific providers and should be further investigated;
- M. Receives reports from the Credentialing/Peer Review Sub-Committee;
- N. Provide quarterly summary reports of QI, UM, and Credentialing activities to the RHA Commission.
- O. Ensure that the Plan is in compliance with state, federal and contractual requirements for QI, UM, and Credentialing.

V. Committee Membership:

- A. Composition
 - 1. The RHA Commission Chairperson shall appoint the members of the Committee.
 - 2. The Committee is chaired by the CalViva Chief Medical Officer (“CMO”).
 - 3. Committee size is determined by the RHA Commission with the advice of the CMO.
 - 4. The QI/UM Committee will be composed of:
 - 4.1. Participating health care providers, including physicians, as well as other health care professionals representative of the CalViva direct contracting network and the Health Net provider network.
 - 4.2. The Committee composition may also include Commission members who are participating health care providers and shall be composed of less than a quorum of voting Commissioners.

Fresno-Kings-Madera Regional Health Authority
Quality Improvement/Utilization Management Committee Charter

- 4.3. Committee membership shall reflect an appropriate geographic and specialty mix of participating practitioners including practitioners that serve the Seniors and Persons with Disabilities (SPD) population.
- 4.4. Participating Practitioners from other specialty areas shall be retained as necessary to provide specialty input.
- 4.5. For purpose of meeting a quorum, the RHA Commission Chair may appoint an alternate member, who is also a provider member of the RHA Commission, to serve as a voting member of the committee.

B. Term of Committee Membership

1. Appointments shall be made for two (2) years.
2. Commissioner Committee members' terms are coterminous with their seat on the Commission.

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. If a potential conflict of interest is identified, the involved member will be excused from discussion and voting.

VI. Meetings:

A. Frequency

1. The frequency of the QI/UM Committee meetings will be at least 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. Notice

1. The meeting date will be determined by the Chairperson with the consensus of the Committee members.
2. Committee members will be notified in writing in advance of the next scheduled meeting.

C. Minutes

1. Minutes will be kept at every Committee meeting by a designated staff member. Signed, dated, contemporaneous minutes are kept. Minutes are available for review by regulatory entities.
2. A report of each meeting will be forwarded to the RHA Commission for oversight review and consideration of the Committee's recommendations.

**Fresno-Kings-Madera Regional Health Authority
Quality Improvement/Utilization Management Committee Charter**

VII. Committee Support:

The Plan Medical Management department staff will provide Committee support, coordinate activities and perform the following as needed:

- A. Regularly attend Committee meetings,
- B. Assist Chairperson with preparation of agenda and meeting documents,
- C. Perform or coordinate other meeting preparation arrangements,
- D. Prepare minutes and capture specific "suggestions or recommendations" and improvement discussions,
- E. Ensure a quarterly summary of Committee activity and Committee recommendations is prepared for submission to the RHA Commission.

VIII. Authority

- A. Health & Safety Code Sections 1370, 1370.1
- B. California Code of Regulations, Title 28, Rule 1300.70
- C. DHCS Contract, Exhibit A, Attachments 4 and 5
- D. RHA Bylaws

APPROVAL:

**RHA Commission
Chairperson**

David S. Hodge

Date:

July 19, 2019

**Fresno-Kings-Madera Regional Health Authority
Quality Improvement/Utilization Management Committee Charter**

Item #3

Attachment 3.J

Public Policy Committee Charter

**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.

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

VI. Meetings:

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.

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

VIII. Other Requirements:

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

February 20, 2020

:

David Hodge, MD

Item #4

Attachment 4.A & 4.B

4.A BL 20-005 COI

4.B Conflict of Interest Code

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, Director
Public Health Department

Aftab Naz, M.D.
At-large

Regional Hospital

David Singh
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Kerry Hydash
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: July 16, 2020
TO: Fresno-Kings-Madera Regional Health Authority Commission
FROM: Dr. David Hodge, Chairman
RE: Conflict of Interest Code
BL #: **BL 20-005**
Agenda Item **4**
Attachment **4.A**

DISCUSSION:

The Conflict of Interest Code (COI) for the Fresno-Kings-Madera Regional Health Authority is currently pending approval from the Fair Political Practices Commission (FPPC). Approval from the Commission is needed prior to moving forward in the formal approval process. There have been no changes to the COIC in the past two years.

In addition, the COI is subject to a 45-day comment period and approval by the FPPC.

The COI includes the following information:

- Explanation of the code
- Who the designated positions are that will complete portions of Form 700
- Positions that are obligated to complete the entire Form 700

RECOMMENDED ACTION:

Approve the Conflict of Interest Code with no changes. This COI is subject to a 45-day comment period, and approval by the FPPC.

**CONFLICT OF INTEREST CODE OF THE
FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY**

The Political Reform Act (Government Code Section 81000, et seq.) requires state and local government agencies to adopt and promulgate conflict of interest codes. The Fair Political Practices Commission has adopted a regulation (2 California Code of Regulations Section 18730) that contains the terms of a standard conflict of interest code, which can be incorporated by reference in an agency's code. After public notice and hearing, the standard code may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act. Therefore, the terms of 2 California Code of Regulations Section 18730 and any amendments to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference. This regulation and the attached Appendices, designating positions and establishing disclosure categories, shall constitute the conflict of interest code of the **Fresno-Kings-Madera Regional Health Authority (Authority)**.

Individuals holding designated positions shall file their statements of economic interests with the **Authority**, which will make the statements available for public inspection and reproduction. (Gov. Code Sec. 81008.). All original statements will be retained by the **Authority**.

**CONFLICT OF INTEREST CODE OF THE
FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY**

**APPENDIX A
DESIGNATED POSITIONS**

<i>Designated Position</i>	<i>Assigned Disclosure Category</i>
Chief Medical Officer	2
Chief Compliance Officer	2
Chief Operating Officer	2
General Counsel	1, 2
Consultants/New Positions	*

*Consultants/New Positions shall be included in the list of designated positions and shall disclose pursuant to the broadest disclosure category in the code subject to the following limitation:

The Chief Executive Officer may determine in writing that a particular consultant or new position, although a "designated position," is hired to perform a range of duties that is limited in scope and thus is not required to comply fully with the disclosure requirements described in this section. Such determination shall include a description of the consultant's or new position's duties and, based upon that description, a statement of the extent of disclosure requirements. The Chief Executive Officer's determination is a public record and shall be retained for public inspection in the same manner and location as this conflict of interest code. (Gov. Code Sec. 81008.)

OFFICIALS WHO MANAGE PUBLIC INVESTMENTS

The following positions are not covered by the code because the positions manage public investments. Individuals holding such positions must file under Government Code Section 87200 and are listed for informational purposes only.

- Governing Board Members (Commissioners)
- Chief Executive Officer/Chief Administrator
- Chief Financial Officer
- Auditor/Treasurer

An individual holding one of the above listed positions may contact the Fair Political Practices Commission for assistance or written advice regarding their filing obligations if they believe their position has been categorized incorrectly. The Fair Political Practices Commission makes the final determination whether a position is covered by Government Code Section 87200.

**CONFLICT OF INTEREST CODE OF THE
FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY**

**APPENDIX B
DISCLOSURE CATEGORIES**

Individuals holding designated positions shall disclose interests pursuant to their assignment to the corresponding disclosure categories:

CATEGORY 1: All interests in real property located within 500 feet of property owned or leased by the Authority or property of the type to be purchased or leased by the Authority.

CATEGORY 2: All investments, business positions in any business entity or trust, and sources of income (including receipt of gifts, loans, and travel payments) from sources of the type to provide services, supplies, equipment, or other property to be utilized by the Authority. The type of sources includes, but are not limited to, health care providers, hospitals, pharmacies, laboratories, medical care treatment facilities, insurance companies, ambulance companies, and any person that provides consulting services of the type to be negotiated or to be utilized by the Authority.

Item #5

Attachment 5.A

BL 20-006 Review of Fiscal Year End 2020 Goals

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, Director
Public Health Department

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

Kerry Hydash
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: July 16, 2020

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Review of Goals and Objectives for Fiscal Year End 2020

BL #: 20-006

Agenda Item 5

Attachment 5.A

DISCUSSION:

Category	Goal	Review
Market Share	Maintain current market share.	
Medical Management / Quality Improvement	Meet the Managed Care Accountability Set minimum performance levels for clinical care as required by DHCS	Initiated Improvement Plan(IP) for Comprehensive Diabetes Care as well as Performance Improvement Plans (PIP) for Breast Cancer Screening and CIS 10 Immunization in Fresno County, but timelines for implementation and completion delayed due to COVID 19 lockdown restricting access to preventative care. Will continue into next Fiscal Yr
Funding of Community Support Program	Administer the Community Investment Funding Program	14 Provider recruitment grants awarded with 11 Providers recruited.
Tangible Net Equity (TNE)	Maintain DMHC TNE level of at least 500% of minimum TNE requirement.	TNE level of at least 500% of minimum TNE requirement was achieved.
Direct Contracting	Maintain current direct contracts to align with TNE requirements	Maintained current direct contract and converted Camarena contract from FFS to Capitation.
Community Outreach	Continue to participate in local community initiatives	Participated in See 2 Succeed Vision Program, Fresno Community Health Improvement Partnership (FCHIP), The Children's Movement of Fresno (TCM Fresno), Pre-Term Birth Initiative (PTBi) Group Prenatal Care Embrace, Live Well Madera, Reading Heart Advisory Group, and 100+ CBO Sponsorships.
State and Federal Advocacy	Continue to advocate Local Initiative Plan interest.	Continued as a Local Health Plan Association and Mid State MGMS Board member
Strategic Planning	Coordinate strategic planning for 2020.	Completed 20/21 Strategic Plan

Item #6

Attachment 6.A

BL 20-007 Goals and Objectives for
Fiscal Year 2021

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

DATE: July 16, 2020
TO: Fresno-Kings-Madera Regional Health Authority Commission
FROM: Dr. David Hodge, Chairman
RE: Goals and Objectives for Fiscal Year 2021

BL #: BL 20-007
Agenda Item 6
Attachment 6.A

DISCUSSION:

Category: Goal:

Market Share	Maintain current market share.
Medical Management / Quality Improvement	Develop and implement Improvement Plans (IP) for those MCAS/HEDIS measures for Reporting Yr (RY) 2020 below the required Minimum Performance Level (MPL) as determined by DHCS. Continue Performance Improvement Plans (PIP) from previous fiscal year—Breast Cancer Screening and CIS 10 Immunizations.
Funding of Community Support Program	Administer the Community Investment Funding Program.
Tangible Net Equity (TNE)	Maintain DMHC TNE level of at least 700% of minimum TNE requirement.
Direct Contracting	Maintain current direct contracts to align with TNE requirements.
Community Outreach	Continue to participate in local community initiatives.
State and Federal Advocacy	Continue to advocate Local Initiative Plan interest.
Strategic Planning	Oversee Strategic Planning Investments and evaluate community outcomes.

Fresno County

Sal Quintero
Board of Supervisors
David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

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

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John Frye
Fresno County

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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

Item #7

Attachment 7.A

Financials as of May 31, 2020

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Balance Sheet
As of May 31, 2020

		Total
1	ASSETS	
2	Current Assets	
3	Bank Accounts	
4	Cash & Cash Equivalents	103,844,265.51
5	Total Bank Accounts	\$ 103,844,265.51
6	Accounts Receivable	
7	Accounts Receivable	152,934,910.82
8	Total Accounts Receivable	\$ 152,934,910.82
9	Other Current Assets	
10	Interest Receivable	1,183.51
11	Investments - CDs	0.00
12	Prepaid Expenses	181,969.80
13	Security Deposit	0.00
14	Total Other Current Assets	\$ 183,153.31
15	Total Current Assets	\$ 256,962,329.64
16	Fixed Assets	
17	Buildings	6,725,482.90
18	Computers & Software	0.00
19	Land	3,161,419.10
20	Office Furniture & Equipment	122,608.59
21	Total Fixed Assets	\$ 10,009,510.59
22	Other Assets	
23	Investment -Restricted	316,182.40
24	Total Other Assets	\$ 316,182.40
25	TOTAL ASSETS	\$ 267,288,022.63
26	LIABILITIES AND EQUITY	
27	Liabilities	
28	Current Liabilities	
29	Accounts Payable	
30	Accounts Payable	54,403.52
31	Accrued Admin Service Fee	3,950,100.00
32	Capitation Payable	92,426,706.06
33	Claims Payable	7,890.04
34	Directed Payment Payable	650,477.81
35	Total Accounts Payable	\$ 97,089,577.43
36	Other Current Liabilities	
37	Accrued Expenses	587,397.03
38	Accrued Payroll	108,180.37
39	Accrued Vacation Pay	338,176.27
40	Amt Due to DHCS	25,061.10
41	IBNR	68,869.79
42	Loan Payable-Current	0.00
43	Premium Tax Payable	0.00
44	Premium Tax Payable to BOE	5,959,649.82
45	Premium Tax Payable to DHCS	55,416,666.66
46	Total Other Current Liabilities	\$ 62,504,001.04
47	Total Current Liabilities	\$ 159,593,578.47
48	Long-Term Liabilities	
49	Renters' Security Deposit	0.00
50	Subordinated Loan Payable	0.00
51	Total Long-Term Liabilities	\$ 0.00
52	Total Liabilities	\$ 159,593,578.47
53	Equity	
54	Retained Earnings	70,284,248.46
55	Net Income	37,410,195.70
56	Total Equity	\$ 107,694,444.16
57	TOTAL LIABILITIES AND EQUITY	\$ 267,288,022.63

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Budget vs. Actuals: Income Statement
July 2019 - May 2020 (FY 2020)

		Total		
		Actual	Budget	Over/(Under) Budget
1	Income			
2	Investment Income	178,189.86	731,500.00	(553,310.14)
3	Premium/Capitation Income	1,103,130,115.18	1,036,785,772.00	66,344,343.18
4	Total Income	1,103,308,305.04	1,037,517,272.00	65,791,033.04
5	Cost of Medical Care			
6	Capitation - Medical Costs	957,657,238.90	862,303,310.00	95,353,928.90
7	Medical Claim Costs	2,393,428.34	2,658,337.00	(264,908.66)
8	Total Cost of Medical Care	960,050,667.24	864,961,647.00	95,089,020.24
9	Gross Margin	143,257,637.80	172,555,625.00	(29,297,987.20)
10	Expenses			
11	Admin Service Agreement Fees	42,897,294.00	43,378,500.00	(481,206.00)
12	Bank Charges	908.23	6,050.00	(5,141.77)
13	Computer/IT Services	116,033.52	144,100.00	(28,066.48)
14	Consulting Fees	7,823.00	96,250.00	(88,427.00)
15	Depreciation Expense	265,114.00	270,600.00	(5,486.00)
16	Dues & Subscriptions	150,150.73	165,176.00	(15,025.27)
17	Grants	2,551,645.75	1,604,163.00	947,482.75
18	Insurance	164,081.63	196,441.00	(32,359.37)
19	Labor	2,894,721.29	3,104,246.00	(209,524.71)
20	Legal & Professional Fees	89,666.20	174,900.00	(85,233.80)
21	License Expense	699,514.69	636,350.00	63,164.69
22	Marketing	946,042.72	926,000.00	20,042.72
23	Meals and Entertainment	15,616.87	18,500.00	(2,883.13)
24	Office Expenses	59,359.31	74,800.00	(15,440.69)
25	Parking	1,162.53	1,375.00	(212.47)
26	Postage & Delivery	2,787.33	2,970.00	(182.67)
27	Printing & Reproduction	2,458.65	4,400.00	(1,941.35)
28	Recruitment Expense	1,837.92	33,000.00	(31,162.08)
29	Rent	2,700.00	11,000.00	(8,300.00)
30	Seminars and Training	6,528.03	22,000.00	(15,471.97)
31	Supplies	9,586.96	9,350.00	236.96
32	Taxes	55,415,106.28	115,382,718.00	(59,967,611.72)
33	Telephone	31,335.21	30,800.00	535.21
34	Travel	17,332.47	26,100.00	(8,767.53)
35	Total Expenses	106,348,807.32	166,319,789.00	(59,970,981.68)
36	Net Operating Income	36,908,830.48	6,235,836.00	30,672,994.48
37	Other Income			
38	Other Income	501,365.22	605,000.00	(103,634.78)
39	Total Other Income	501,365.22	605,000.00	(103,634.78)
40	Net Other Income	501,365.22	605,000.00	(103,634.78)
41	Net Income	37,410,195.70	6,840,836.00	30,569,359.70

Fresno-Kings-Madera Regional Health Authority dba CalViva Health

Income Statement: CY vs PY

FY 2020 vs FY 2019

		Total	
		July 2019 - May 2020 (CY)	July 2018 - May 2019 (PY)
1	Income		
2	Interest Earned	178,189.86	1,452,307.76
3	Premium/Capitation Income	1,103,130,115.18	1,078,868,645.25
4	Total Income	\$ 1,103,308,305.04	\$ 1,080,320,953.01
5	Cost of Medical Care		
6	Capitation - Medical Costs	957,657,238.90	902,970,133.67
7	Medical Claim Costs	2,393,428.34	2,575,970.30
8	Total Cost of Medical Care	\$ 960,050,667.24	\$ 905,546,103.97
9	Gross Margin	\$ 143,257,637.80	\$ 174,774,849.04
10	Expenses		
11	Admin Service Agreement Fees	42,897,294.00	43,603,263.00
12	Bank Charges	908.23	660.08
13	Computer/IT Services	116,033.52	113,931.08
14	Consulting Fees	7,823.00	4,200.00
15	Depreciation Expense	265,114.00	266,096.93
16	Dues & Subscriptions	150,150.73	154,574.14
17	Grants	2,551,645.75	1,691,069.81
18	Insurance	164,081.63	183,176.76
19	Labor	2,894,721.29	2,801,084.43
20	Legal & Professional Fees	89,666.20	97,441.94
21	License Expense	699,514.69	618,023.86
22	Marketing	946,042.72	667,418.83
23	Meals and Entertainment	15,616.87	15,570.05
24	Office Expenses	59,359.31	49,104.57
25	Parking	1,162.53	1,240.21
26	Postage & Delivery	2,787.33	2,841.47
27	Printing & Reproduction	2,458.65	1,603.98
28	Recruitment Expense	1,837.92	1,206.13
29	Rent	2,700.00	1,800.00
30	Seminars and Training	6,528.03	7,098.50
31	Supplies	9,586.96	9,221.36
32	Taxes	55,415,106.28	115,382,733.94
33	Telephone	31,335.21	30,899.04
34	Travel	17,332.47	22,341.00
35	Total Expenses	\$ 106,348,807.32	\$ 165,726,601.11
36	Net Operating Income	\$ 36,908,830.48	\$ 9,048,247.93
37	Other Income		
38	Other Income	501,365.22	594,476.45
39	Total Other Income	\$ 501,365.22	\$ 594,476.45
40	Net Other Income	\$ 501,365.22	\$ 594,476.45
41	Net Income	\$ 37,410,195.70	\$ 9,642,724.38

Item #7

Attachment 7.B

Compliance Report

RHA Commission Compliance – Regulatory Report



Regulatory Filings	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2020 YTD Total
# of DHCS Filings													
Administrative/Operational	9	15	12	13	11	14	1						75
Member & Provider Materials	2	1	7	12	1	0							23
# of DMHC Filings	5	8	7	7	1	5							33

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	2020 YTD Total
# of New MC609 Cases Submitted to DHCS	2	1	3	0	4	1							11
# of Cases Open for Investigation (Active Number)	16	16	16	14	14	16							

Summary of Potential Fraud, Waste & Abuse (FWA) cases

Since the last report, the Plan identified one provider case that reflects potential FWA circumstances and a MC609 report was filed with the DHCS. This case involved a participating provider inappropriately billing automated (non-split-billable) lab tests.

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
<p>CalViva Health Oversight Activities</p>	<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>Oversight Audits</p>	<p>The following annual audits are in-progress: Appeals & Grievances, Marketing, Utilization Management & Case Management, Provider Dispute Resolutions and Claims, Call Center; Privacy & Security.</p> <p>The following audit has been completed since the last Commission report: Provider Network (No CAP).</p>
Regulatory Reviews/Audits and CAPS	Status
<p>Department of Health Care Services (“DHCS”) 2020 Medical Audit</p>	<p>The Plan received the DHCS' Final 2020 Audit Report on 6/30/20. There were two findings: one related to provider completion of the Individual Health Education Behavioral Assessment (IHEBA) as part of the Initial Health Assessment (IHA) within 120 days of enrollment; and the second finding indicated the Plan did not have escalation policies and procedures to impose prompt effective corrective actions to bring non-compliant delegated entities into compliance. The Plan's CAP is due to DHCS on 7/31/20.</p>
<p>Department of Managed Health Care (“DMHC”) 2019 Medical Survey</p>	<p>DMHC has scheduled an 18-month follow-up audit starting 3/1/21 to validate corrective actions have been implemented on some of deficiencies from the 2019 audit.</p>
<p>Department of Managed Health Care (“DMHC”) MY2019 Timely Access Report</p>	<p>The Plan submitted the MY19/R20 DMHC TAR on 5/1/20 and are awaiting DMHC's Final Report.</p>
<p>Department of Health Care Services (“DHCS”) Annual Network Certification</p>	<p>The Plan submitted the ANC filing on 4/20/20. As part of the ANC, the Plan submitted its Plan of Action (POA) on 4/3/20 describing its readiness efforts in preparation for the 2021 Subcontracted Network Certification. As a result of follow-up letters from DHCS on these filings, the Plan submitted revised ANC and POA filings in May and early June. DHCS approved the POA on 6/15/20.</p> <p>DHCS completed its initial assessment of CalViva Health's 2020 ANC and identified some deficiencies. As a result of the deficiencies, the Plan must submit applicable documentation to remediate each deficiency by 7/13/20.</p>

RHA Commission Compliance – Regulatory Report

<p>New Regulations / Contractual Requirements</p>	
<p>Governor Newsom’s May Budget Revision for 2020-21</p>	<p>The May Budget Revision for 2020-21 reflects significant impacts from the COVID-19 pandemic effects on California’s economy. However, lawmakers rejected many of the intended cuts to Medi-Cal programs. The Governor signed the 2020 Budget Act on 6/29/20. Some items restored by the enacted Budget Act that had been cut in the May Revision Budget proposal include:</p> <ul style="list-style-type: none"> • Prop 56 supplemental payments, the Behavioral Health Integration Incentive Program and other supplemental payment programs remained in the budget but suspends payments on July 1, 2021 unless specified state fiscal conditions exist. • Keeps Adult Dental and Other Optional Benefits that were effective 1/1/20. <p>For more details:</p> <ul style="list-style-type: none"> • The summary of the enacted budget is available on the California Department of Finance website at www.ebudget.ca.gov/.
<p>California Advancing and Innovating Medi-Cal (CalAIM) (fmr “Medi-Cal Healthier California for All”)</p>	<p>The enacted 2020 Budget Act delays ECM and ILOS CalAIM proposals.</p>
<p>COVID-19 Novel Coronavirus</p>	<p>The Plan continues to receive All Plan Letters and other regulatory guidance from DMHC and DHCS, and continues to report provider site closures, positive COVID-19 tests and hospitalizations on a daily basis. CalViva Health staff have returned to work at the Palm office. Our administrator’s staff continue to carry out operations on a remote basis.</p>
<p>DHCS - CalViva 10-87050, A13, Executed Contract Amendment (Final)</p>	<p>Effective retro to 7/1/2017, the Plan received the executed amendment in June 2020. This amendment incorporates new language requirements for Mental Health Parity, American Indian Health Service Programs, and Adult Expansion Risk Corridor. It also adjusts the 2017-2018 capitation rates by changing Exhibit B, Budget Detail and Payment Provisions.</p>
<p>Committee Report</p>	
<p>Public Policy Committee</p>	<p>The Public Policy Committee met on June 10, 2020, <i>via</i> telephone conference due to the COVID-19 state of emergency. The following reports were presented: Q1 2020 Grievance and Appeals; the 2019 End-of-Year Health Education Work Plan; and the 2019 End-of-Year Cultural & Linguistics Work Plan. There were no recommendations for referral to the Commission. The next meeting will be held on 9/2/20 at 11:30 AM in Madera County presumably <i>via</i> teleconference.</p>

Item #7

Attachment 7.C

Appeals and Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2020

Current as of End of the Month: May

Revised Date: 6/15/2020

CalViva Health Appeals and Grievances Dashboard 2020

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	11	9	13	33	12	6	0	18	14	0	0	0	0	0	0	0	51	158
Standard Appeals Received	78	91	95	264	66	53	0	119	0	0	0	0	0	0	0	0	383	744
Total Appeals Received	89	100	108	297	78	59	0	137	0	434	902							
Appeals Ack Letters Sent Noncompliant	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Appeals Ack Letter Compliance Rate	100.0%	98.9%	100.0%	99.6%	100.0%	100.0%	0.0%	100.0%	0.0%	99.74%	99.6%							
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	11	10	11	32	13	6	0	19	0	0	0	0	0	0	0	0	51	158
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	100.00%	100.0%							
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Standard Appeals Resolved Compliant	65	69	95	229	100	78	0	178	0	0	0	0	0	0	0	0	407	726
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	100.00%	99.6%							
Total Appeals Resolved	76	79	106	261	113	84	0	197	0	458	887							
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	76	78	106	260	113	84	0	197	0	457	883							
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Consultation	0	0	0	0	0	3	0	3	0	0	0	0	0	0	0	0	3	12
DME	5	5	3	13	4	0	0	4	0	0	0	0	0	0	0	0	17	51
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	11
Advanced Imaging	34	37	49	120	55	37	0	92	0	0	0	0	0	0	0	0	212	412
Other	5	6	3	14	9	1	0	10	0	0	0	0	0	0	0	0	24	71
Pharmacy	31	26	48	105	43	42	0	85	0	0	0	0	0	0	0	0	190	274
Surgery	1	4	3	8	2	1	0	3	0	0	0	0	0	0	0	0	11	50
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	4
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	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
Other	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
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	33	41	63	137	65	50	0	115	0	0	0	0	0	0	0	0	252	463
Uphold Rate	43.4%	51.9%	59.4%	52.5%	57.5%	59.5%	0.0%	58.4%	0.0%	55.0%	52.2%							
Overturns - Full	40	35	39	114	47	33	0	80	0	0	0	0	0	0	0	0	194	399
Overturn Rate - Full	52.6%	44.3%	36.8%	43.7%	41.6%	39.3%	0.0%	40.6%	0.0%	42.4%	45.0%							
Overturns - Partial	3	2	2	7	1	0	0	1	0	0	0	0	0	0	0	0	8	19
Overturn Rate - Partial	3.9%	2.5%	1.9%	2.7%	0.9%	0.0%	0.0%	0.5%	0.0%	1.7%	2.1%							
Withdrawal	0	1	2	3	0	1	0	1	0	0	0	0	0	0	0	0	4	6
Withdrawal Rate	0.0%	1.3%	1.9%	1.1%	0.0%	1.2%	0.0%	0.5%	0.0%	0.9%	0.7%							
Membership	348,034	347,538	347,090		348,814	354,281	-		-									
Appeals - PTMPM	0.22	0.23	0.31	0.25	0.32	0.24	-	0.28	-	-	-	-	-	-	-	-	0.26	0.21
Grievances - PTMPM	0.34	0.26	0.38	0.33	0.30	0.16	-	0.23	-	-	-	-	-	-	-	-	0.29	0.30

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 disputes, 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 #7

Attachment 7.D

Key Indicator Report



Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP

Report from 5/01/2019 to 5/31/2020

Report created 6/24/2020

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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[Main Report CalVIVA](#)

[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

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Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 5/01/2019 to 5/31/2020
 Report created 6/24/2020

ER utilization based on Claims data	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2019-Trend	2020-01	2020-02	2020-03	2020-04	2020-05	2020-Trend	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Qtr Trend	CY- 2019	YTD-2020	YTD-Trend
																Quarterly Averages				Annual Averages				
Expansion Mbr Months	85,282	85,572	86,984	86,917	86,764	86,449	86,027	85,486		84,744	84,249	83,941	84,393	85,766		85,593	85,415	86,888	85,987	84,311		85,971	84,619	
Family/Adult/Other	242,753	241,644	250,641	249,787	248,386	247,371	246,751	246,065		244,929	244,320	243,471	243,869	245,715		243,769	242,464	249,605	246,729	244,240		245,642	244,461	
SPD Mbr Months	32,983	33,117	33,881	33,891	33,898	33,946	33,971	33,972		33,885	33,829	33,680	33,596	33,548		32,793	32,989	33,890	33,963	33,798		33,409	33,708	
Admits - Count	2,317	2,185	2,385	2,360	2,164	2,297	2,208	2,240		2,331	2,180	2,070	1,587	1,755		2,226	2,218	2,303	2,248	2,194		2,249	2,258	
Expansion	735	680	769	720	656	684	680	658		665	648	613	523	591		627	675	715	674	642		673	696	
Family/Adult/Other	1,047	996	1,075	1,118	1,016	1,088	1,020	1,062		1,117	1,036	993	760	819		1,065	1,016	1,070	1,057	1,049		1,052	1,078	
SPD	522	493	523	508	485	516	497	510		536	490	461	294	340		525	512	505	508	496		512	475	
Admits Acute - Count	1,583	1,484	1,565	1,512	1,455	1,503	1,488	1,503		1,607	1,516	1,386	930	1,151		1,549	1,516	1,511	1,498	1,503		1,519	1,496	
Expansion	553	513	567	537	489	503	508	491		497	489	453	357	437		464	506	531	501	480		500	515	
Family/Adult/Other	543	511	508	519	512	531	526	541		605	571	509	301	384		596	533	513	533	562		544	534	
SPD	479	449	481	450	450	464	450	464		498	453	422	267	327		482	467	460	459	458		467	441	
Readmit 30 Day - Count	309	304	297	292	305	315	308	309		311	271	285	198	230		297	294	298	311	289		300	294	
Expansion	100	109	98	108	104	99	105	78		92	94	80	60	85		83	94	103	94	89		94	94	
Family/Adult/Other	73	76	91	92	91	90	83	85		83	72	78	55	66		85	77	91	86	78		85	82	
SPD	134	117	105	92	109	126	119	144		135	104	127	82	79		128	121	102	130	122		120	117	
Readmit 14 Day - Count	30	34	31	27	21	23	26	21		31	25	36	18	21		26	32	26	23	31		27	29	
Expansion	16	12	9	8	7	8	9	5		9	9	10	3	7		9	11	8	7	9		9	8	
Family/Adult/Other	5	10	7	8	5	4	2	8		7	5	7	5	8		7	7	7	5	6		6	8	
SPD	9	12	15	11	9	11	15	8		15	11	19	10	6		11	13	12	11	15		12	13	
**ER Visits - Count	15,594	15,064	15,528	15,691	15,794	15,274	15,429	15,924		18,106	17,418	13,014	7,075	4,867		16,704	15,586	15,671	15,542	16,179		15,876	12,096	
Expansion	3,844	3,890	4,238	4,119	3,853	3,613	3,565	3,694		3,974	3,741	3,301	2,298	1,477		3,688	3,869	4,070	3,624	3,672		3,813	2,958	
Family/Adult/Other	10,017	9,411	9,348	9,793	10,119	9,930	10,120	10,440		12,227	11,908	8,303	3,820	2,799		11,304	9,967	9,753	10,163	10,813		10,297	7,811	
SPD	1,692	1,709	1,886	1,738	1,775	1,679	1,713	1,752		1,855	1,719	1,380	937	571		1,689	1,705	1,800	1,715	1,651		1,727	1,292	
Admits Acute - PTMPY	52.6	49.4	50.5	48.9	47.2	49.0	48.6	49.3		53.0	50.1	46.0	30.8	37.8		51.3	50.4	48.9	48.9	49.7		49.9	49.4	
Expansion	77.8	71.9	78.2	74.1	67.6	69.8	70.9	68.9		70.4	69.7	64.8	50.8	61.1		65.0	71.1	73.3	69.9	68.3		69.8	73.0	
Family/Adult/Other	26.8	25.4	24.3	24.9	24.7	25.8	25.6	26.4		29.6	28.0	25.1	14.8	18.8		29.4	26.4	24.7	25.9	27.6		26.6	26.2	
SPD	174.3	162.7	170.4	159.3	159.3	164.0	159.0	163.9		176.4	160.7	150.4	95.4	117.0		176.3	169.9	163.0	162.3	162.5		167.8	157.1	
Bed Days Acute - PTMPY	251.1	245.6	245.9	237.5	224.8	244.4	242.2	247.4		250.6	241.2	236.7	163.8	192.2		260.2	246.7	236.1	244.7	242.8		246.8	239.4	
Expansion	381.0	358.4	378.6	414.2	348.1	345.8	365.7	337.0		370.2	353.7	350.2	280.3	324.6		334.3	344.7	380.3	349.5	358.1		352.3	374.0	
Family/Adult/Other	98.3	99.7	90.7	86.5	91.1	101.8	98.4	111.9		104.7	114.4	90.5	66.7	86.1		113.5	100.1	89.4	104.0	103.2		101.7	103.1	
SPD	1,034.0	1,001.9	1,043.4	890.9	888.2	1,006.1	962.6	995.4		1,003.3	879.7	1,008.7	575.4	629.5		1,143.5	1,053.2	940.8	988.0	963.8		1,030.3	888.8	
ALOS Acute	4.8	5.0	4.9	4.9	4.8	5.0	5.0	5.0		4.7	4.8	5.1	5.3	5.1		5.1	4.9	4.8	5.0	4.9		5.0	4.8	
Expansion	4.9	5.0	4.8	5.6	5.1	5.0	5.2	4.9		5.3	5.1	5.4	5.5	5.3		5.1	4.8	5.2	5.0	5.2		5.0	5.1	
Family/Adult/Other	3.7	3.9	3.7	3.5	3.7	4.0	3.8	4.2		3.5	4.1	3.6	4.5	4.6		3.9	3.8	3.6	4.0	3.7		3.8	3.9	
SPD	5.9	6.2	6.1	5.6	5.6	6.1	6.1	6.1		5.7	5.5	6.7	6.0	5.4		6.5	6.2	5.8	6.1	5.9		6.1	5.7	
Readmit % 30 Day	13.3%	13.9%	12.5%	12.4%	14.1%	13.7%	13.9%	13.8%		13.3%	12.4%	13.8%	12.5%	13.1%		13.4%	13.3%	12.9%	13.8%	13.2%		13.3%	13.0%	
Expansion	13.6%	16.0%	12.7%	15.0%	15.9%	14.5%	15.4%	11.9%		13.8%	14.5%	13.1%	11.5%	14.4%		13.2%	13.9%	14.5%	13.9%	13.8%		13.9%	13.4%	
Family/Adult/Other	7.0%	7.6%	8.5%	8.2%	9.0%	8.3%	8.1%	8.0%		7.4%	6.9%	7.9%	7.2%	8.1%		8.0%	7.6%	8.5%	8.1%	7.4%		8.1%	7.6%	
SPD	25.7%	23.7%	20.1%	18.1%	22.5%	24.4%	23.9%	28.2%		25.2%	21.2%	27.5%	27.9%	23.2%		24.4%	23.7%	20.2%	25.5%	24.6%		23.5%	24.6%	
Readmit % 14 Day	1.9%	2.3%	2.0%	1.8%	1.4%	1.5%	1.7%	1.4%		1.9%	1.6%	2.6%	1.9%	1.8%		1.7%	2.1%	1.7%	1.6%	2.0%		1.8%	1.9%	
Expansion	2.9%	2.3%	1.6%	1.5%	1.4%	1.6%	1.8%	1.0%		1.8%	1.8%	2.2%	0.8%	1.6%		1.9%	2.2%	1.5%	1.5%	1.9%		1.8%	1.6%	
Family/Adult/Other	0.9%	2.0%	1.4%	1.5%	1.0%	0.8%	0.4%	1.5%		1.2%	0.9%	1.4%	1.7%	2.1%		1.1%	1.4%	1.3%	0.9%	1.1%		1.2%	1.4%	
SPD	1.9%	2.7%	3.1%	2.4%	2.0%	2.4%	3.3%	1.7%		3.0%	2.4%	4.5%	3.7%	1.8%		2.2%	2.9%	2.5%	2.5%	3.3%		2.5%	3.0%	
**ER Visits - PTMPY	602.8	603.8	604.8	605.8	606.8	607.8	608.8	609.8		598.8	599.8	600.8	601.8	602.8		553.2	517.7	506.9	507.8	534.8		521.3	399.4	

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 5/01/2019 to 5/31/2020
 Report created 6/24/2020

ER utilization based on Claims data	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2019-Trend	2020-01	2020-02	2020-03	2020-04	2020-05	2020-Trend	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Qtr Trend	CY- 2019	YTD-2020	YTD-Trend															
Total Number Of Referrals	183	250	267	249	139	116	96	184		258	252	277	208	176		135	507	655	396	787		1,693	1,162																
Pending	1	0	0	1	4	0	2	6		3	3	21	7	5		0	1	5	8	27		14	11																
Ineligible	10	24	17	13	5	1	1	3		5	9	7	3	9		10	40	35	5	21		90	35																
Total Outreached	172	236	250	235	130	115	93	175		250	240	249	196	162		125	466	615	383	739		1,589	1,116																
Engaged	43	55	55	57	37	43	33	64		80	67	71	71	59		31	121	149	140	218		441	349																
Engagement Rate	25%	23%	22%	24%	28%	37%	35%	37%		32%	28%	29%	36%	36%		25%	26%	24%	37%	29%		28%	31%																
New Cases Opened	43	55	55	57	37	43	33	64		80	67	71	71	59		31	121	149	140	218		444	349																
Total Cases Managed	108	150	188	216	227	245	242	283		324	344	362	379	367		99	177	273	316	459		503	590																
Total Cases Closed	10	12	30	25	25	34	25	40		44	52	55	70	34		44	37	80	99	151		260	257																
Cases Remained Open	92	125	154	180	197	206	214	228		266	275	291	292	324		52	125	197	228	291		228	324																
Integrated Case Management										Integrated Case Management										Integrated Case Management										Integrated Case Management									
Total Number Of Referrals	70	126	101	109	80	111	78	112		99	127	152	137	160		152	258	290	301	378		1,001	658																
Pending	1	0	1	3	2	2	1	7		4	3	16	7	6		0	4	6	10	23		20	9																
Ineligible	4	16	16	13	5	11	9	10		8	8	4	10	5		10	31	34	30	20		105	35																
Total Outreached	65	110	84	93	73	98	68	95		87	116	132	125	149		142	223	250	261	335		876	614																
Engaged	27	27	34	34	30	38	32	49		45	61	63	56	66		58	73	98	119	169		348	291																
Engagement Rate	42%	25%	40%	37%	41%	39%	47%	52%		49%	53%	48%	45%	44%		41%	33%	39%	46%	50%		40%	47%																
Total Screened and Refused/Decline	15	29	20	21	24	25	26	14		10	16	17	22	22		28	58	65	65	43		216	92																
Unable to Reach	37	69	46	49	32	53	27	42		32	39	52	47	61		67	131	127	122	123		447	231																
New Cases Opened	27	27	34	34	30	38	32	49		45	61	63	56	66		58	73	98	113	169		342	291																
Total Cases Closed	17	34	40	34	28	41	40	30		19	40	49	54	36		63	70	102	111	108		346	184																
Cases Remained Open	147	137	151	142	130	126	102	125		141	160	184	221	252		116	137	130	125	184		125	252																
Total Cases Managed	143	150	150	141	137	144	130	139		151	196	218	226	240		164	189	192	202	276		444	388																
Critical-Complex Acuity	27	26	24	23	22	24	24	31		36	31	29	35	46		26	32	31	39	41		65	67																
High/Moderate/Low Acuity	116	124	126	118	115	120	106	108		115	165	189	191	194		138	157	163	235	235		379	321																
Transitional Case Management										Transitional Case Management										Transitional Case Management										Transitional Case Management									
Total Number Of Referrals	45	32	111	152	114	162	129	132		134	116	179	152	148		152	137	377	414	429		1,080	732																
Pending	1	0	0	0	18	3	2	29		3	2	20	2	7		0	3	18	34	25		55	7																
Ineligible	12	15	24	28	9	17	9	15		9	8	9	9	13		29	45	61	41	26		176	50																
Total Outreached	32	17	87	124	87	138	113	88		122	106	150	142	128		123	89	298	339	378		849	675																
Engaged	8	3	32	52	41	64	55	48		77	58	81	80	62		50	25	125	167	216		367	361																
Engagement Rate	24%	18%	37%	42%	47%	46%	49%	55%		63%	55%	54%	56%	48%		41%	28%	42%	49%	57%		43%	53%																
Total Screened and Refused/Decline	2	7	22	24	20	38	33	14		13	14	31	19	29		44	25	66	85	58		220	113																
Unable to Reach	25	8	42	51	31	44	28	29		32	34	38	43	37		36	48	124	101	104		309	201																
New Cases Opened	8	3	32	52	41	64	55	48		77	58	81	80	62		51	24	125	167	216		367	361																
Total Cases Closed	24	8	12	33	34	56	56	55		56	59	88	80	83		29	43	79	167	203		318	368																
Cases Remained Open	14	13	26	42	45	67	54	55		74	62	63	74	54		18	13	45	55	63		55	54																
Total Cases Managed	43	21	46	88	94	129	125	117		138	140	164	159	141		52	55	128	167	280		378	426																
High/Moderate/Low Acuity	43	21	46	88	94	129	125	117		138	140	164	159	141		52	55	128	167	280		378	426																
Palliative Care										Palliative Care										Palliative Care										Palliative Care									
Total Number Of Referrals									21		20	17	14	17	19							21	51		21	92													
Pending									3		1	4	6	5	4							3	11		3	7													
Ineligible									0		6	1	0	0	6							0	7		0	19													
Total Outreached									18		13	12	8	12	9							18	33		18	66													
Engaged									14		10	12	6	9	8							14	28		14	52													
Engagement Rate									78%		77%	100%	75%	75%	89%							78%	85%		78%	79%													
Total Screened and Refused/Decline									2		3	0	2	2	0							2	5		2	11													
Unable to Reach									2		0	0	0	1	1							2	0		2	5													
New Cases Opened									13		12	13	6	9	8							13	31		13	52													
Total Cases Closed									9		5	7	11	10	12							9	23		9	47													
Cases Remained Open									84		85	89	88	86	84							84	88																

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Report from 5/01/2019 to 5/31/2020
 Report created 6/24/2020

ER utilization based on Claims data	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2019-Trend	2020-01	2020-02	2020-03	2020-04	2020-05	2020-Trend	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Qtr Trend	CY- 2019	YTD-2020	YTD-Trend
Total Screened and Refused/Decline	1	1	3	3	1	2	1	2		0	0	0	1	2		2	2	7	5	0		16	3	
Unable to Reach	11	34	24	49	26	32	10	11		10	33	26	59	56		44	58	99	53	69		254	186	
New Cases Opened	14	12	27	15	11	17	13	10		12	14	21	43	28		29	40	53	40	47		163	121	
Total Cases Closed	12	11	18	20	22	15	19	11		20	13	7	15	21		21	26	60	45	40		152	85	
Cases Remained Open	36	34	43	36	25	25	20	25		18	19	28	56	60		21	34	25	25	28		25	60	
Total Cases Managed	51	50	67	64	54	50	48	39		39	35	42	81	93		47	63	76	63	75		181	157	
Critical-Complex Acuity	5	3	6	7	8	9	7	4		5	4	6	7	10		4	6	9	10	8		14	13	
High/Moderate/Low Acuity	46	47	61	57	46	41	41	35		34	31	36	74	83		43	57	67	53	67		167	144	
	Record Processing									Record Processing						Record Processing					Record Processing			
Total Records	9,524	7,696	7,900	7,867	7,518	8,761	7,380	7,418		8,341	7,703	7,536	5,414	7,551		22,529	24,476	23,285	23,559	23,580		93,849	16,044	
Total Admissions	2,242	2,111	2,277	2,260	2,067	2,188	2,116	2,155		2,244	2,201	2,092	1,595	2,072		6,490	6,440	6,604	6,459	6,537		25,993	4,445	

Item #7

Attachment 7.E

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: July 16th, 2020

SUBJECT: CalViva Health QI & UM Update of Activities Quarter 2 2020 (July 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 2 of 2020.

I. Meetings

One meeting was held in Quarter 2, on May 21st, 2020. The following guiding documents were approved at the May meeting:

1. 2019 Culture & Linguistics (C & L) End of Year Evaluation
2. 2020 C & L Program Description
3. 2020 C & L Work Plan
4. 2019 C & L Language Assistance Program Report
5. 2019 Health Education End of Year Evaluation
6. 2020 Health Education Program Description
7. 2020 Health Education Work Plan

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

1. Pharmacy Formulary & Provider Updates

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

1. The **Appeal and Grievance Dashboard** provides a summary of all grievances in order to track volumes, turn-around times and case classifications. The Dashboard and the quarterly A & G reports for Q1 2020 were presented and discussed.
 - a. The total number of grievances & Quality of Care grievances through March 31, 2020 were consistent with 2019 data.
 - b. The majority of Quality of Service grievances were noted in the areas of Administrative and Transportation. Transportation is now broken down into Access, Behavior and Other to better understand the basis for these grievances.
 - c. The Exempt grievance categories were expanded to better analyze the data. We will monitor for trends.
 - d. The total number of Appeals per month remains higher than the previous year's data. These results are attributable primarily to advanced imaging and pharmacy denials. Follow up to address the advanced imaging cases is underway. Overall, the overturn rate is improving.

2. **Potential Quality Issues (PQI) Report** provides a summary of the quarterly evaluation of cases/issues that may result in substantial harm to a member. PQI's may be initiated by a member, non-member, or peer review-activities and offer an opportunity to address "near-miss" events. Cases were in range for Q1 when compared to previous quarters. Compliance monitoring continues following closure of the PQI reporting corrective action plan.
3. The **California Children's Services (CCS) report** was expanded to provide additional information regarding the process for identifying those under 21 years who qualify for the CCS program. An opportunity has been identified to provide additional education on the criteria used to identify CCS conditions. Provider Network Management and Public Programs staff plan to offer training. Provider communications will also be distributed to ensure providers have the correct information regarding claims submissions.
4. **An Initial Health Assessment (IHA)** as required by DHCS, is to be completed within 120 days for all new Medi-Cal members. This is a complete assessment of past and potential health issues, a physical assessment, and also includes an assessment of behaviors (IHEBA) that may make the member at risk for future health issues. Individualized education opportunities may be identified as well as, an opportunity to identify and reinforce the preventive screening/exams for the individual. This Q4 2019 report reflected higher compliance for both pediatric and adult populations, improving the overall annual rates. Still, an opportunity exists to improve these completion rates, therefore an IHA Work Group has formed to identify and address persistent barriers and improve monitoring and reporting.

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

1. **The Key Indicator Report (KIR)** provided data through March 31st, 2020. A quarterly comparison was reviewed with the following results:
 - a. Admits Bed days and length of stay have remained consistent with the prior year with some decline in March. Will follow for Q2 and COVID impact.
 - b. UM Turn-around times have improved. Anticipate CAP to close soon.
 - c. Case Management volumes remain high with positive trends in all areas.
2. **UM Concurrent Review Report** – provides a more in-depth analysis of the KIR data for non-delegated services during Q1 2020. Some results include:
 - a. Similar trend is noted to last year with increase in respiratory illnesses resulting in increased ED visits and inpatient admissions for TANF (Temporary Assistance for Needy Families) & SPD (Seniors & Persons with Disabilities) populations
 - b. Managed Care Expansion (MCE) population also demonstrates an increase in admissions.
 - c. TANF & MCE saw a slight decrease in readmissions while SPD population showed a slight increase. Multidisciplinary Daily Huddles continue and Onsite Discharge Navigators are in place at CRMC and Saint Agnes hospitals.
3. **PA Member Letter Monitoring Report** is a new report for the QIUM Committee, but represents data that has been tracked over time. The focus at this time is the Notice of Action (NOA) letters sent to members and providers when a Prior Authorization, Concurrent Review or Post-service request is denied, to ensure the letters contain clear and concise language and reference the specific criteria used to make the determination. A sample of 30 letters is selected randomly for review with the sample increasing by an additional 20 cases when an element fails. Quarterly reports will be evaluated to identify trends and opportunities for improvement.
4. **Additional UCMC Reports** include *Case Management and CCM Report, Health Net Specialty Referral Report*, and other reports scheduled for presentation at the QI/UM Committee during Q2.

V. HEDIS® Activity

In Q2, HEDIS® related activities were focused on **MY2019 full HEDIS® Data submission** to HSAG & DHCS for the new Managed Care Accountability Set (MCAS) measures. Final Attestations and IDSS submission completed by the June 15th deadline.

Some challenges were encountered with final data collection due to COVID-19 Shelter in Place Order, however with some allowances made by DHCS, data submission was successful. Final results will be examined and plans for improvement activities made according to DHCS guidance later this summer.

Due to the COVID-19 State of Emergency the **new Performance Improvement Projects (PIPs)** for all California health plans were officially closed by DHCS on June 30th, 2020. Although these were new projects this year, the Emergency created significant disruption for the providers and practitioners as well as the plans in the Central Valley, impacting our ability to move forward to test improvement interventions.

For CalViva, the two projects are Breast Cancer Screening Disparity PIP and Childhood Immunizations Birth to 2 years PIP. According to the DHCS guidance, Medical Management will take a brief pause in PIP activities over the summer and reset team goals and interventions (including modifications to address COVID-19), resubmit Modules and resume PIP activities with our established teams in the fall.

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.

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Attachment 7.F

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: July 16th, 2020

SUBJECT: CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 2 2020

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 2nd Quarter 2020 CalViva Health Credentialing Sub-Committee activities.

- I. The Credentialing Sub-Committee met on May 21st, 2020. At the May 21st meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services.
- II. Reports covering the fourth quarter for 2019 were reviewed for delegated entities and the first quarter 2020 reports were reviewed for both Health Net and MHN. A summary of the fourth quarter data is included in the table below.

III. Table 1. Fourth Quarter 2019 Credentialing/Recredentialing

	Sante	ChildNet	MHN	Health Net	La Salle	ASH	Engolve Vision	IMG	CVMP	Adventist	Totals
Initial credentialing	53	21	19	28	31	0	1	14	67	18	252
Recredentialing	57	26	10	12	11	0	5	4	24	0	149
Suspensions	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
Totals	110	47	29	40	42	0	6	18	91	18	401

- IV. The Credentialing Sub-Committee 2020 Charter was reviewed and approved without changes.

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Attachment 7.G

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: July 16th, 2020

SUBJECT: CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 2 2020

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 May 21st, 2020. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 1 2020 were reviewed for approval. There were no significant cases to report.
- II. The Quarter 1, 2020 Peer Count Report was presented at the meeting with a total of 13 cases reviewed. The outcomes for these cases are as follows:
 - There were nine (9) cases closed and cleared. There were three (3) more cases pending for further information and one (1) case with an outstanding CAP. There were no (0) cases pending closure for Corrective Action Plan compliance.
- III. Follow up will be initiated to obtain additional information for the tabled cases and ongoing monitoring and reporting will continue.

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Attachment 7.H

Operations Report

IT Communications and Systems								
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.					
	Average Age of Workstations	3 Years	Description: Identifies the average Computer Age of company owned workstations.					
Message From The COO	The Plan's archiving product is End-of-Life and is no longer being supported. We are evaluating alternatives which would be applicable in our IT environment. We continue to monitor the Computer Age of company owned workstations and will work with our IT vendor to identify workstations where a replacement may be warranted.							
Privacy and Security								
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 & 2/20	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	2020	2020	2020	2020	2020	2020	2020
	Month	Jan	Feb	Mar	Apr	May	Jun	July
	No/Low Risk	4	3	4	1	0	1	1
	High Risk	0	0	0	0	1	1	0
	Total Cases By Month	4	3	4	1	1	2	1
	Year	2014	2015	2016	2017	2018	2019	2020
No/Low Risk	48	54	36	28	38	23	14	
High Risk	6	3	5	1	1	2	2	
Total Cases By Year	54	57	41	29	39	25	16	
Message from the COO	There were 2 High-Risk cases which have been reported since the last Commission meeting. Notifications were required to impacted members. Each of the High-Risk cases impacted less than 500 members therefore Media Notifications and State Attorney General Notifications were not required. However, each case will need to be reported as a Federal Breach to the Secretary of Health and Human Services.							



CalViva Health
Operations Report

		Year	2018	2019	2019	2019	2019	2020
		Quarter	Q4	Q1	Q2	Q3	Q4	Q1
Member Call Center CalViva Health Website	(Main) Member Call Center	# of Calls Received	28,135	30,380	28,902	30,232	27,416	29,707
		# of Calls Answered	27,948	30,174	28,762	30,031	27,140	29,564
		Abandonment Level (Goal < 5%)	0.70%	0.70%	0.50%	0.70%	1.00%	0.50%
		Service Level (Goal 80%)	91%	93%	94%	92%	86%	96%
	Behavioral Health Member Call Center	# of Calls Received	1,034	1,297	1,204	1,132	1,040	1,228
		# of Calls Answered	1,011	1,277	1,188	1,124	1,026	1,218
		Abandonment Level (Goal < 5%)	2.20%	1.50%	1.30%	0.70%	1.30%	0.80%
		Service Level (Goal 80%)	83%	84%	88%	87%	88%	93%
	Transportation Call Center	# of Calls Received	13,776	14,470	14,281	16,285	16,264	17,872
		# of Calls Answered	13,583	14,383	14,224	15,943	16,085	17,765
		Abandonment Level (Goal < 5%)	1.40%	0.60%	0.40%	2.10%	1.10%	1.21%
		Service Level (Goal 80%)	84%	82%	92%	67%	83%	83%
	CalViva Health Website	# of Users	17,000	20,000	19,000	20,000	20,000	21,000
Top Page		Main Page	Main Page	Find a Provider	Find a Provider	Find a Provider	Main Page	
Top Device		Mobile (58%)	Mobile (60%)	Mobile (59%)	Mobile (57%)	Mobile (57%)	Mobile (60%)	
Session Duration		~ 3 minutes	~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 2 minutes	
Message from the COO	At present time, there are no issues, items of significance to report at this time as it relates to the Plan's Call Center and Website activities.							



CalViva Health
Operations Report

Provider Network Activities & Provider Relations	Year	2019	2019	2020	2020	2020	2020	2020	
	Month	Nov	Dec	Jan	Feb	Mar	Apr	May	
	Hospitals	10	10	10	10	10	10	10	
	Clinics	121	121	125	128	130	132	132	
	PCP	375	374	374	376	372	385	386	
	PCP Extender					214	216	211	
	Specialist	1367	1369	1383	1385	1382	1371	1371	
	Ancillary	188	189	191	197	197	197	195	
	Year	2018	2018	2019	2019	2019	2019	2019	2020
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q1
	Pharmacy	167	164	161	151	151	152	151	
	Behavioral Health	226	336	342	343	342	368	356	
	Vision	71	77	31	39	42	41	42	
	Urgent Care	10	11	12	14	13	12	12	
	Acupuncture	11	5	7	6	6	5	4	
	Year	2018	2018	2019	2019	2019	2019	2019	2020
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q1
	% of PCPs Accepting New Patients - Goal (85%)	91%	91%	94%	93%	90%	93%	93%	
	% Of Specialists Accepting New Patients - Goal (85%)	98%	97%	95%	95%	95%	95%	94%	
	% Of Behavioral Health Providers Accepting New Patients - Goal (85%)					72%	78%	82%	
	Year	2019	2019	2020	2020	2020	2020	2020	
	Month	Nov	Dec	Jan	Feb	Mar	Apr	May	
	Providers Touched by Provider Relations	104	132	137	120	168	1201	333	
	Provider Trainings by Provider Relations	114	87	78	123	46	0	0	
	Year	2014	2015	2016	2017	2018	2019	2020	
	Total Providers Touched	1,790	2,003	2,604	2,786	2,552	1,932	1,959	
	Total Trainings Conducted	148	550	530	762	808	1,353	201	
Message From the COO	We have added the number of PCP Extenders in the Network. We have started reporting from March 2020 to present for tracking and trending. A review of the Open Practice for Q4 2019 and Q1 2020 is now available for PCPs and Specialists. Goal was met. Goal was not met for Behavioral Health, but continues to improve each quarter. The Public Health emergency has impacted Provider Relations activities.								

	Year	2018	2018	2019	2019	2019	2019	2020
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Claims Processing	Medical Claims Timeliness (30 days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	97%/99% NO	90% / 99% NO	90% / 99% YES	94% / 99% YES	99% / 99% NO	99% / 99% NO	99% / 99% NO
	Behavioral Health Claims Timeliness (30 Days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	97%/99% YES	98% / 99% N/A	98% / 99% N/A	97% / 99% N/A	97%/98% N/A	98% / 99% N/A	99% / 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	99% / 100% NO	100% / 100% NO	100% / 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	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	100% / 100% NO	100% / 100% NO
	PPG 1 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	99% / 100 % NO	100% / 100% NO					
	PPG 2 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	78% / 88% YES	98% / 99% NO	99% / 100% NO	97% / 98% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	PPG 3 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	95% / 100% NO	99% / 100 % NO	92% / 100 % NO	99% / 100 % NO	93% / 99% NO	93% / 100% NO	96% / 100% NO
	PPG 4 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	95% / 100% NO	99% / 100% NO	99% / 100% NO	100% / 100% NO
	PPG 5 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	98% / 100% NO	93% / 98% NO	97% / 100% NO	90% / 99% NO	89% / 100% YES	88% / 98% YES	96% / 99% NO
	PPG 6 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	95% / 100% NO	95% / 100% NO	94% / 100% NO	92% / 99% NO	99% / 100% YES	100% / 100% YES	100% / 100% NO
	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	98% / 98% YES	98% / 100% NO
	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	99% / 100% NO	99% / 100% NO
	PPG 9 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure			100% / 100% NO	99% / 100% NO	100% / 100% NO	99% / 100% NO	100% / 100% NO
	Message from the COO	Q1 2020 numbers are available for Acupuncture, Vision, Transportation and the PPGs. The numbers met goal.						

	Year	2018	2018	2019	2019	2019	2019	2020	
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
Provider Disputes	Medical Provider Disputes Timeliness (45 days) Goal (95%)	97%	98%	99%	99%	96%	95%	97%	
	Behavioral Health Provider Disputes Timeliness (45 days) Goal (95%)	99%	100%	85%	89%	100%	90%	99%	
	Acupuncture Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Vision Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	100%	100%	N/A	100%	100%	N/A	
	Transportation Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A	100%	
	PPG 1 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%						
	PPG 2 Provider Dispute Timeliness (45 Days) Goal (95%)	17%	67%	98%	100%	89%	64%	92%	
	PPG 3 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	100%	97%	
	PPG 4 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	100%	87%	
	PPG 5 Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	73%	100%	99%	95%	99%	100%	
	PPG 6 Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	96%	96%	100%	93%	100%	100%	
	PPG 7 Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	95%	97%	N/A	67%	100%	100%	
	PPG 8 Provider Dispute Timeliness (45 Days) Goal (95%)		N/A	100%	100%	100%	100%	100%	
	PPG 9 Provider Dispute Timeliness (45 Days) Goal (95%)			N/A	N/A	N/A	N/A	N/A	
	Message from the COO	Q1 2020 numbers are available for Acupuncture, Vision, Transportation and the PPGs. Goal was met in most areas except PPG 2 and PPG 4. PPG 2 and PPG 4 remains a concern and Management continues to monitor the activities of these PPGs.							

Item #7

Attachment 7.1

Executive Dashboard



Month	2019 May	2019 June	2019 July	2019 August	2019 September	2019 October	2019 November	2019 December	2020 January	2020 February	2020 March	2020 April	2020 May
CVH Members													
Fresno	291,340	291,316	290,728	289,852	288,082	287,519	285,402	284,285	281,473	280,719	280,297	282,402	286,059
Kings	29,399	29,326	29,305	29,338	29,383	29,410	29,448	29,514	29,392	29,575	29,534	29,788	30,168
Madera	36,842	37,002	37,031	37,112	37,068	37,181	37,266	37,264	37,169	37,244	37,259	37,624	38,054
Total	357,581	357,644	357,064	356,302	354,533	354,110	352,116	351,063	348,034	347,538	347,090	349,814	354,281
SPD	32,054	32,236	32,382	32,441	32,582	32,591	32,753	32,836	32,797	32,834	32,797	32,952	33,195
CVH Mrkt Share	71.16%	71.20%	71.23%	71.28%	71.28%	71.29%	71.32%	71.36%	71.34%	71.27%	71.21%	71.15%	71.01%
ABC Members													
Fresno	106,032	105,901	105,546	104,884	104,326	104,083	103,079	102,524	101,664	101,800	102,085	103,359	105,487
Kings	19,346	19,257	19,203	19,200	19,103	19,102	19,112	19,057	18,926	18,996	18,890	18,955	19,218
Madera	19,513	19,502	19,505	19,451	19,398	19,450	19,402	19,289	19,246	19,268	19,345	19,554	19,934
Total	144,891	144,660	144,254	143,535	142,827	142,635	141,593	140,870	139,836	140,064	140,320	141,868	144,639
Default													
Fresno	1,160	1,519	1,080	1,053	1,080	928	1,364	1,038	945	1,080	1,256	992	1,043
Kings	165	247	146	177	159	148	240	173	181	204	227	173	166
Madera	133	185	145	160	132	131	187	104	98	92	148	105	107
County Share of Choice as %													
Fresno	67.40%	67.80%	68.10%	65.60%	67.30%	65.10%	66.10%	65.60%	62.50%	65.00%	64.80%	65.10%	62.00%
Kings	60.10%	58.50%	57.30%	64.70%	63.90%	62.20%	58.80%	63.60%	65.20%	60.00%	64.30%	59.40%	54.00%
Madera	65.20%	62.20%	57.70%	63.30%	60.10%	63.00%	68.10%	67.60%	60.80%	63.20%	69.70%	62.50%	62.70%
Voluntary Disenrollment's													
Fresno	449	393	394	418	486	421	413	300	336	334	361	402	293
Kings	35	61	43	38	48	52	43	55	48	33	36	39	21
Madera	51	69	68	86	67	71	62	81	73	64	85	80	30