



Public Policy Committee
Meeting Minutes
December 2, 2015

CalViva Health
1315 Van Ness Ave., Suite 103
Fresno, CA 93721

Committee Members		Community Base Organizations (Alternates)	
✓	Joe Neves, Chairman	✓	Jeff Garner, KCAO
✓	Kevin Hamilton, Provider Representative	✓	Roberto Garcia, Self Help
✓	Beatrice Avila, Fresno County Representative		Staff Members
✓	Gabriela Chavez, Madera County Representative		Mary Beth Corrado, CCO
	Crystal Juarez, Fresno County Representative	✓	Jeffery Nkansah, Director, Compliance, Privacy & Security
✓	Tanya Klapps-Doan, At-Large	✓	Cheryl Hurley, Commission Clerk
✓	Magdalena Nino, Kings County Representative	✓	Courtney Shapiro, Community Relations Coordinator

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#1 Call to Order Joe Neves, Chair	The meeting was called to order at 11:31 am. A quorum was present.	
#2 Meeting Minutes from September 2, 2015 Action Joe Neves, Chair	The September 2, 2015 meeting minutes were reviewed. There were no discrepancies.	Motion: Approve September 2, 2015 Minutes 7-0-0-0 (Chavez / Garcia)
#3 Approved 2016 Calendar Information Joe Neves, Chair	The 2016 Public Policy Committee meeting calendar was provided to members. No concerns were expressed. The new location, including a map, will be included on the agenda for the March 2, 2016 meeting.	
#4 Enrollment Dashboard Information Jeff Nkansah, Director, Compliance & Privacy/Security	Jeff Nkansah presented the enrollment dashboard. The new membership count as of November 12, 2015 is 335,724. There continues to be a steady increase in members due to their ineligibility for Covered California, as well as the pregnant women's expansion in which those members are now eligible for full scope Medi-Cal. Moving	

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	<p>forward, there is a new law allowing full scope Medi-Cal for children who do not have satisfactory immigration status or are unable to establish satisfactory immigration status which will take place no earlier than May 1, 2016.</p>	
<p>#5 Health Education</p> <p>Information Maria Elena Avila Toledo</p>	<p>M.E. Avila-Toledo presented the 2015 Mid-Year Evaluation. Health Education had three goals for 2015:</p> <ul style="list-style-type: none"> • To provide free accessible culturally and linguistically appropriate health education programs, services, and resources to aid members and the community at large in achieving good health and overall wellbeing, CalViva accomplished this by: <ul style="list-style-type: none"> ○ Distributing the quarterly newsletter to members via direct mail. ○ Developed and updated health education materials. ○ Offered 188 classes and had an attendance of 1,596 attendees, of which 50% were CalViva Members. • To provide quality health education programs, services and resources to positively impact CalViva Health HEDIS® rates. <ul style="list-style-type: none"> ○ Assisted the Quality Improvement Department in development of the mailings to members. ○ Collaboration with Provider Relations to provide training for Providers. ○ Participation in asthma, diabetes, and postpartum health workgroups. • To provide quality health education programs, services, and resources to positively impact new members 	

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	<p>satisfaction and member retention.</p> <ul style="list-style-type: none"> ○ Conducted 39 Fit Families for Life classes. ○ At mid-point 11 member orientations had been conducted with 121 attendees. <p>Incentive Program for Q1 and Q2</p> <p>In Q2 for 2015 a total of 154 CalViva members participated in four health education incentive programs. Thirty one members were selected as raffle winners or direct incentive recipients for the various incentive programs. The four incentive programs were:</p> <ol style="list-style-type: none"> 1. Kids and Teens Challenge 2. Fit Families for Life 3. Member Orientation 4. Postpartum Direct Incentive 	
<p>#6 Cultural Linguistics Mid-Year Evaluation Language Assistance Program</p> <p>Information Lali Witrago</p>	<p>L. Witrago presented the Mid-Year Evaluation for Cultural and Linguistics for the first six months of the year. As of June 30, 2015, all but one work plan activity have been completed or are on target to be completed.</p> <ul style="list-style-type: none"> ● Language Assistance Services: twelve materials were reviewed for cultural, linguistic and reading level appropriateness. ● Compliance Monitoring: Four grievances were received and follow up completed. ● Health Literacy, Cultural Competency and Health Equity: completed development of the C&L Health Literacy Tool 	

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	<p>Kit; conducted four staff in-services; hosted the annual Heritage Day event; and provided support and consultation to QI.</p> <p>Next steps will be to continue to work on remaining activities for the next six months of the year.</p> <p>L. Witrago reported on the Language Assistance Program Services for Q1 and Q2 2015. As of June 30, 2015 the Hispanic membership accounted for 58%, White/Caucasian was 15%, Asian/Pacific Islander was 12%, and African American/Black was 6%.</p> <p>The Member Services Department ensures that bilingual representatives or interpreters are available to speak with members in their own language. The number of calls handled in Spanish accounted for 96% and the number of calls handled in Hmong was 4%.</p> <p>The number of requests for interpreter services was 1,425. Of that number, 85% were fulfilled utilizing telephonic interpreter services, 10% were fulfilled utilizing face-to-face, and 5% were fulfilled by sign language. No requests for written and oral translations or alternate formats were received from CalViva Health members during this reporting period.</p> <p>A total of 51 staff were assessed or re-assessed for their bilingual skills during this reporting period.</p>	

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<p>#7 Public Programs TCM MOU Update</p> <p>Information Brandi Jenkins</p>	<p>B. Jenkins presented Public Programs on Targeted Case Management (TCM) in Kings County. The background of TCM consists of comprehensive case management services to assist clients within a specified target population to gain access to needed medical, social, educational and other services.</p> <p>The goal of the program is to assure that Medi-Cal beneficiaries receive a continuum of health care and supportive services across all providers and care settings that are not duplicated.</p> <p>Services covered within this program:</p> <ul style="list-style-type: none"> • Women, infants, children and young adults to age 21. • Pregnant women. • Persons with HIV/AIDS. • Persons with reportable communicable disease. • Persons who are technology dependent. • Persons with multiple diagnoses who require services from multiple health/social service providers. • Persons who are medically fragile. 	
<p>#8 Cultural and Linguistics Geo Access Report</p> <p>Information Lali Witrigo</p>	<p>L. Witrigo reported on the 2015 Geo Access Report. The top five languages in the CVH area are Arabic, Hmong, Cambodian, Lao, and Spanish. When comparing member's language need to the languages spoken at primary care and specialist sites, language gaps were identified in all three counties. In Fresno County there is a need for PCP's and</p>	

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	<p>Specialist sites that speak Arabic and Hmong, while Cambodian is needed at PCP sites only. In Kings County, Arabic and Cambodian are needed at both PCP and specialist sites. Within Madera County, Hmong was identified as a need at PCP sites.</p> <p>Moving forward, the C&L Services Department will work with provider network management to identify strategies that could address any language needs or gaps identified for primary care and specialist in all three counties.</p>	
<p>#9 Appeals, Grievances and Complaints</p> <p>Information Jeff Nkansah, Director, Compliance and Privacy/Security</p>	<p>J. Nkansah reported on the quarterly Appeals, Grievances and Complaints. There was a decrease in the amount of grievances and appeals received in Q3 compared with Q2, with the exception of disputes involving medical necessity. The bulk of grievances and appeals continue to be in Fresno County. Q3 2015 turnaround time was in compliance at 100% for both grievances and appeals.</p> <p>There continues to be a decrease in the amount of exempt grievances received. Disputes involving medical necessity, for the majority, were related to pre-service appeals, primarily related to the new Hep C drug. For the common category of quality of service cases, this continues to be administrative related which is a result of our sub-contracted relationship with Kaiser and eligibility requirements. The most common exempt grievances is related to attitude and service with the second most exempt grievance category relating to PCP Assignment and Transfer.</p>	

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<p>#10 Medical Management Information Patrick Marabella, M.D.</p>	<p>Dr. Marabella presented the HEDIS[®] report, which stands for Healthcare Effectiveness Data Information Set. HEDIS[®] is a standard set of nationally reported measures that are used to assess the quality of care provided to members. All Managed Care Plans are required by contract to annually report performance measure results. In California for Medi-Cal, there are 15 measures that we are required to report on. CalViva reviews all the categories to identify areas for improvement. For CalViva, the areas for improvement that will be the main focus are:</p> <ol style="list-style-type: none"> 1. Monitoring Persistent Meds (MPM) 2. Cervical Cancer Screening (CCS) 3. Medication Management for Asthma (MMA) 4. Kings County Bundle (CIS3 & W34) 5. Postpartum Performance Improvement Project (PIP) 	
<p>#11 Old Business Information Amy Schneider, R.N.</p>	<p>Dr. Marabella reported on Telemedicine, which is medicine that can be conducted over the internet.</p> <p>Telemedicine began with dermatology and has since evolved into other areas such as examining the eyes for diabetes. This type of telemedicine was found in the Central Valley several years ago because of the difficulties with accessing specialists.</p> <p>Currently, there are several machines in our area, including Clinica Sierra Vista. CVH found that many of the clinics had the machine but were not using it to its full potential, or had stopped using it all together. What was found when</p>	

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	<p>visiting clinics is that they discovered they had the machine and if they learned how to use it better, it would enhance the care for diabetes. This type of telemedicine is being promoted and the cost is decreasing to where it is felt many of the clinics should have that sort of telemedicine available.</p> <p>The second type of telemedicine that is becoming a high need for Medi-Cal is psychiatry (behavioral health). Health plans are now looking in to seeing how telemedicine for psychiatry can be done.</p> <p>Other forms of telemedicine include apps for smart phones, such as testing blood sugar or blood pressure; however, there needs to be a standard which is difficult because of the different operating systems between different smart phones.</p>	
<p>#12 Final Comments from Committee Members and Staff</p>	<p>Jeff Nkansah thanked Kevin Hamilton for his service on the Public Policy Committee as he is retiring his seat and moving on to other endeavors.</p>	
<p>#13 Announcements</p>	<p>Greg Hund announced there will be approximately 80,000 people transitioning from Covered California in January 2016. The anticipated number of undocumented children coming onto Medi-Cal as of May 1, 2106 is approximately 120,000. The saturation level is close to 100%.</p> <p>Maria Elena Avila-Toledo announced the following:</p>	

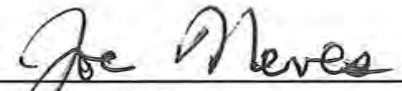
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	<ul style="list-style-type: none"> • Committee members and staff the latest newsletter was mailed out to all CalViva members late November, early December. • The next member orientation class is in Fresno on Friday, December 11, 2015. Spanish session is at 10:00 am and English session is at 11:00 am. 	
#14 Public Comment	None.	
#15 Adjourn	The meeting was adjourned at 1:00 pm.	

NEXT MEETING **March 2, 2016 in Fresno County**
11:30am - 1:30pm

Submitted This Day: March 2, 2016

Approval Date: March 2, 2016

Submitted By: 
 Courtney Shapiro, Community Relations Coordinator

Approved By: 
 Joe Neves, Chairman

