

# AGENDA

Fresno-Kings-Madera Regional Health Authority  
 Commission Meeting  
 October 19, 2017  
 1:30pm - 3:30pm

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

Item	Attachment #	Topic of Discussion	Presenter
<b>1</b>		<b>Call to Order</b>	D. Hodge, MD; Chair
<b>2</b>		<b>Roll Call</b>	C. Hurley, Clerk
<b>3 Action</b>	Attachment 3.A Attachment 3.B Attachment 3.C	<b>Consent Agenda</b> <ul style="list-style-type: none"> <li>Commission Minutes dated 9/21/17</li> <li>Finance Committee Minutes dated 7/20/17</li> <li>QIUM Committee Minutes dated 7/20/17</li> </ul> <i>Action: Approve Consent Agenda</i>	D. Hodge, MD; Chair
<b>4 Action</b>	<i>Handouts provided at meeting</i>	<b>Financial Audit Report for Fiscal Year 2017</b> <ul style="list-style-type: none"> <li>Moss Adams Board Presentation and Audit</li> </ul> <i>Action: Approve Audit Report</i>	Moss Adams Representative: C. Pritchard
<b>5 Action</b>	Attachments 5.A " " " " "	<b>2018 Calendar Year Meeting Proposal</b> <ul style="list-style-type: none"> <li>Commission Calendar</li> <li>Finance Committee Calendar</li> <li>QI/UM Committee Calendar</li> <li>Credentialing Sub-Committee Calendar</li> <li>Peer Review Sub-Committee Calendar</li> <li>Public Policy Committee Calendar</li> </ul> <i>Action: Approve 2018 Calendar Year Meeting Proposals</i>	D. Hodge, MD; Chair
<b>6 Action</b>	Attachment 6.A	<b>CVH Community Support Program Funding</b> <ul style="list-style-type: none"> <li>Community Support Program Recommended Funding</li> </ul> <i>Action: Approve Audit Report</i>	G. Hund, CEO
	<i>Handout(s) will be available at meeting</i>	<i>PowerPoint Presentations will be used for Items 7-8</i> <b><u>One vote will be taken for combined items 7-8</u></b>	

<b>7 Action</b>	Attachment 7.A Attachment 7.B	<b>2017 Cultural and Linguistics (C &amp; L)</b> <ul style="list-style-type: none"> <li>Executive Summary</li> <li>Work Plan Evaluation</li> </ul>	P. Marabella, MD, CMO
<b>8 Action</b>	Attachment 8.A Attachment 8.B	<b>2017 Health Education</b> <ul style="list-style-type: none"> <li>Executive Summary</li> <li>Work Plan Evaluation</li> </ul> <p><i>Action: Accept 2017 Mid-Year Evaluations for C &amp; L and Health Education</i></p>	P. Marabella, MD, CMO
<b>9 Action</b>		<b>Standing Reports</b>	
	Attachment 9.A	<b>Finance Report</b> <ul style="list-style-type: none"> <li>Financials as of August 31, 2017</li> </ul>	W. Gregor, CFO
	Attachment 9.B	<b>Compliance Report</b> <ul style="list-style-type: none"> <li>Compliance Report</li> </ul>	M.L. Leone, Director of Compliance
	Attachment 9.C Attachment 9.D Attachment 9.E	<b>Medical Management</b> <ul style="list-style-type: none"> <li>Appeals &amp; Grievances Report</li> <li>Key Indicator Report</li> <li>QIUM Quarterly Summary Report</li> </ul>	P. Marabella, MD, CMO
	No Attachment	<b>Operations Report</b>	J. Nkansah, COO
	Attachment 9.F	<b>Executive Report</b> <ul style="list-style-type: none"> <li>Executive Dashboard</li> </ul> <p><i>Action: Accept Standing Reports</i></p>	G. Hund, CEO
<b>10</b>	<b>Final Comments from Commission Members and Staff</b>		
<b>11</b>	<b>Announcements</b>		
<b>12</b>	<b>Public Comment</b> <p><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></p>		
<b>13</b>	<b>Adjourn</b>		D. Hodge, MD; Chair

Supporting documents will not be posted. If you would like a copy please email the Clerk to the Commission at: [churley@calvivahealth.org](mailto:churley@calvivahealth.org)

If special accommodations are needed to participate in this meeting, please contact Cheryl Hurley at 559-540-7840 during regular business hours (M-F 8:00 a.m. – 5:00 p.m.)

Next Meeting scheduled for November 16, 2017 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.”**

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  
Public Health Department

Harold Nikoghosian  
At-large

**Madera County**

David Rogers  
Board of Supervisors

Dennis Koch, Interim 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

Derrick Gruen  
Kings County

Paulo Soares  
Madera County

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

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

DATE: October 13, 2017

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, October 19, 2017  
1:30 pm to 3:30 pm**

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

Meeting materials have been emailed to you.

Currently, there are 13 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

# Item #3

## Attachment 3.A

Commission Minutes

Dated 9/21/17

Fresno-Kings-Madera  
Regional Health Authority

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

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

Commission Members			
✓	David Cardona, M.D., Fresno County At-large Appointee	✓	Joe Neves, Vice Chair, Kings County Board of Supervisors
	Aldo De La Torre, Community Medical Center Representative	✓	Harold Nikoghoshian, Kings County At-large Appointee
✓	Dennis Koch, Interim Director, Madera Co. Dept. of Public Hlth	✓	David Pomaville, Director, Fresno County Dept. of Public Health
✓	John Frye, Commission At-large Appointee, Fresno		Sal Quintero, Fresno County Board of Supervisor
✓	Soyla Griffin, Fresno County At-large Appointee	✓	Joyce Fields-Keene, Fresno County At-large Appointee
	Derrick Gruen, Commission At-large Appointee, Kings County	✓	David Rogers, Madera County Board of Supervisors
	Ed Hill, Directory, Kings County Dept. of Public Health	✓	David Singh, Valley Children's Hospital Appointee
✓	David Hodge, M.D., Chair, Fresno County At-large Appointee		Paulo Soares, Commission At-large Appointee, Madera County
✓	Aftab Naz, Madera County At-large Appointee		
Commission Staff			
✓	Gregory Hund, Chief Executive Officer (CEO)	✓	Amy Schneider, R.N., Director of Medical Management
✓	William Gregor, Chief Financial Officer (CFO)	✓	Jeff Nkansah, Director, Compliance and Privacy/Security
✓	Patrick Marabella, M.D., Chief Medical Officer (CMO)	✓	Cheryl Hurley, Commission Clerk
✓	Mary Beth Corrado, Chief Compliance Officer (CCO)	✓	Daniel Maychen, Director of Finance & MIS
General Counsel and Consultants			
✓	Jason Epperson, General Counsel		
✓ = Commissioners, Staff, General Counsel Present			
* = Commissioners arrived late/or left early			
● = Attended via Teleconference			

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>#1 Call to Order</b>	The meeting was called to order at 1:30 pm. A quorum was present.	
<b>#2 Roll Call</b> Cheryl Hurley, Clerk to the Commission	A roll call was taken for the current Commission Members.	<i>A roll call was taken</i>

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

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



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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>#10 2017 Mid-Year Quality Improvement Work Plan Evaluation</b></p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2017 Mid-Year Quality Improvement Work Plan Evaluation.</p> <p>Initiatives on track at the mid-year point include:</p> <ul style="list-style-type: none"> <li>• Access, Availability, and Service: <ul style="list-style-type: none"> <li>○ CVH continues to monitor appointment access at the provider level through the annual Provider Appointment Availability Survey (PAAS).</li> <li>○ PPG and provider corrective action plans (CAPs) will be required for results below established standards.</li> </ul> </li> <li>• Quality and Safety of Care: <ul style="list-style-type: none"> <li>○ All three counties exceed DHCS MPLs in the default HEDIS® Measures</li> </ul> </li> <li>• Performance Improvement Projects: <ul style="list-style-type: none"> <li>○ Diabetes Care in Kings County and Fresno County.</li> <li>○ Postpartum Care in Kings County.</li> </ul> </li> </ul>	<p><i>See #11 for Action Taken</i></p>
<p><b>#11 2017 Mid-Year Utilization Management Work Plan Evaluation</b></p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2017 Mid-Year Utilization Management Case Management Work Plan Evaluation through June 30, 2017.</p> <p>Activities focused on:</p> <ol style="list-style-type: none"> <li>1. Compliance with Regulatory and Accreditation Requirements</li> <li>2. Monitoring the UM Process</li> <li>3. Monitoring the UM Metrics</li> <li>4. Monitoring Coordination with Other Programs and Vendor Oversight</li> <li>5. Monitoring Activities for Special Populations</li> </ol>	<p><b><i>Motion:</i></b> Approve 2017 Mid-Year Quality Improvement Executive Summary and Work Plan Evaluation; and 2017 Mid-Year Utilization Management Executive Summary and Work Plan Evaluation 12 – 0 – 0 – 5  ( Frye / Naz )</p>

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

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

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

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

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

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

Submitted this Day: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Cheryl Hurley  
Clerk to the Commission



# Item #3

## Attachment 3.B

Finance Committee Minutes  
Dated 7/20/17



**CalViva Health  
Finance  
Committee Meeting Minutes**

July 20, 2017

**Meeting Location**

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


Finance Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	William Gregor, Chair	✓	Daniel Maychen, Director of Finance
✓	Gregory Hund, CEO	✓	Cheryl Hurley, Office Manager
	Paulo Soares		
✓	Joe Neves		
✓	Harold Nikoghosian		
✓*	David Rogers		
	David Singh		
		✓	Present
		*	Arrived late
		•	Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 11:00 am a quorum was present.	
#2 Finance Committee Minutes dated May 18, 2017 Attachment 2.A Action W Gregor, Chair	The minutes from the May 18, 2017 Finance meeting were approved as read.	Motion: <i>Minutes were approved</i> <i>4 – 0 – 0 – 3</i> <i>(Neves / Hund)</i>
#3 Financial Statements as of May 31, 2017	Total current assets are approximately \$155.5M; total current liabilities are approximately \$116M. Current ratio is 1.34. TNE as of May 31, 2017 was approximately \$50.6M,	Motion: <i>Approve Financial Statements</i> <i>5 – 0 – 0 – 2</i> <i>(Neves / Nikoghosian )</i>

Finance Committee

Attachment 3.A  Action Daniel Maychen, Director of Finance & MIS	<p>which is 354% of the minimum DMHC required TNE amount. We are on goal to achieve 400% of the DMHC required TNE amount.</p> <p>Premium capitation income was approximately \$1.169B, which is ahead of budget due to capitation rates and enrollment being higher than what was budgeted. Medical Cost expense, Admin Service Agreement Fees expense, and taxes are all above budget also due to those same reasons. All other expense line items are in line with budget. Total net income through May 2017 was \$12.2M which is approximately \$3.1M more than what was budgeted.</p> <p><i>Supervisor Rogers arrived at 11:01 am</i></p>	
#4 Finance Committee Charter Action W Gregor, Chair	The Finance Committee Charter was approved to move to Commission for approval.	Motion: <i>Approve Finance Committee Charter to move to Commission for Approval</i> <i>5-0-0-2</i> <i>(Neves / Rogers )</i>
#5 Announcements	None.	
#6 Adjourn	Meeting was adjourned at 11:16 am	

Submitted by:

  
Cheryl Hurley, Clerk to the Commission

Dated:

September 21, 2017

Approved by Committee:

  
William Gregor, Committee Chairperson

Dated:

September 21, 2017

# Item #3

## Attachment 3.C

QIUM Committee Minutes  
Dated 7/20/17

Fresno-Kings-Madera  
Regional Health Authority

CalViva Health  
QI/UM Committee  
Meeting Minutes  
July 20, 2017

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	✓	Melissa Holguin, Medical Management Administrative Coordinator
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Mary Lourdes Leone, Compliance Project Manager
	John Zweifler, MD., At-large Appointee, Kings County	✓	Melissa Mello, Medical Management Specialist
	Nicholas Nomicos, M.D., Camarena Health		
✓	Rajeev Verma, M.D., UCSF Fresno Medical Center		
✓	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		

✓ = 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 11:05 am.	
#2 Approve Consent Agenda - Committee Minutes: May 18, 2017 - Medical Policies First Quarter - Provider Preventable Conditions First Quarter - Top 10 Diagnosis Report - Facility Site & Medical Record & PARS Review Report - Pharmacy Recommended Drug List (July) (Attachments A-F) Action Patrick Marabella, M.D. Chair	The May minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full Recommended Drug List was available for review at the meeting. Dr. Hodge was introduced and thanked for joining the committee on short notice.	Motion: Approve Consent Agenda (Hodge/Verma) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<i>Mary Beth Corrado (CCO) joined at 11:07</i>	
<p><b>#3 QI Business</b>  Appeals &amp; Grievances:  - Dashboard  (Attachment G)  Action  Patrick Marabella, M.D,  Chair</p>	<p>The A &amp; G reports provide monthly and quarterly data to facilitate monitoring for trends in the number and types of cases over time. The Dashboard included data through the end of May 2017.  In the second quarter report the following items were noted:  <u>Grievances:</u></p> <ul style="list-style-type: none"> <li>➤ There was a total of 89 grievances resolved.</li> <li>➤ There was a total of 65 Quality of Service grievances.</li> <li>➤ There were 24 Quality of Care grievances</li> <li>➤ There was a total of 288 exempt grievances. Availability of Appointment with PCP. ID Card Issues, Behavior of Clinic and Staff, and PCP Assignment were higher trends. Member Services staff will assist members to schedule appointments, request ID cards and resolve other issues during the call or within 1 day.</li> </ul> <p><u>Appeals:</u></p> <ul style="list-style-type: none"> <li>➤ The appeals are broken down into two categories: Expedited and Standard.</li> <li>➤ There were 11 Appeals for May, 3 expedited, and 1 non-compliant (Letter did not make turnaround time (TAT), Staff error and was addressed.</li> <li>➤ Appeal metrics are reported by received date and resolved date. There were 49 appeals received in quarter 1 2017 and 45 appeals were resolved.</li> </ul>	<p>Motion: Approve Appeals &amp; Grievances Reports  (Verma/Cardona)  4-0-0-3</p>
<p><b>#3 QI Business</b>  Emergency Drug Report  (Attachment H)  Action  Patrick Marabella, M.D,  Chair</p>	<p>The Emergency Drug Report was reviewed and presented.</p> <ul style="list-style-type: none"> <li>➤ This report provides a summary of monitoring activities associated with the provision of prescription medications to members post Emergency Room visit as required by state regulations.</li> <li>➤ Minor correction noted, Page 2 (County specific Results header changed from Quarter 4 (2016) to Q1 (2017))</li> <li>➤ Good compliance noted in all three counties. Continue to monitor Provision of Emergency Medications and report results to QI/UM Committee.</li> <li>➤ Total of 105 cases audited from all 3 counties.</li> </ul>	<p>Motion: Approve Emergency Drug Report  (Hodge/Cardona)  4-0-0-3</p>
<p><b>#3 QI Business</b>  IHA Comprehensive Report  (Attachment I)  Action  Patrick Marabella, M.D,  Chair</p>	<p>The Department of Health Care Services (DHCS) requires completion of the Initial Health Assessment (IHA) for new Medi-Cal members within 120 days of enrollment. CalViva has a comprehensive and in-depth assessment of our IHA completion rates. This multi-pronged approach includes the following:</p> <ul style="list-style-type: none"> <li>➤ Medical Record Review (MRR) via onsite provider audits</li> <li>➤ Monitoring of claims and encounters</li> <li>➤ Member outreach</li> </ul> <p>This report covers Quarter 1, 2017 with 22 records of new members audited through MRR, 90% (20/22). The analysis of claims and encounters data for 2016 revealed a higher completion rate for pediatric members when compared to adult members. An improvement was noted in the percentage of IHA's completed when comparing Q1 2016 to Q2 2016 with 95% of IHA's within 120 days, related to software enhancements. PPG pilot program report has been created to be used to provide feedback to providers on their completion rates. Quarterly reporting will continue. Rates reflect</p>	<p>Motion: Approve IHA Comprehensive Report  (Verma/Hodge)  4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 <b>QI Business</b>  - PM 160 Report  (Attachment J)  Action  Patrick Marabella, M.D,  Chair</p>	<p>90% Member Outreach compliance for January through March 2017. Continue to monitor and refine reporting.</p> <p>PM 160 Report - This report provides an update on provider compliance with required submission of Child Health and Disability Prevention Program (CHDP) PM-160 INF forms. The data provided on the PM 160 forms allow CalViva Health to track preventive services for members under the age of 21 and complies with the Department of Health Care Services (DHCS) requirements.</p> <p>Challenges identified with matching members to assigned PCP and linking PM 160 directly to assigned PCP.</p> <p>Noted compliance (submission) rates for 0-2 yrs and 2-20 yrs have declined. May be related to provider confusion with state eliminating the Fee For Service requirement for PM 160 submissions.</p> <ul style="list-style-type: none"> <li>➤ 19% completion rate for members ages 0-2</li> <li>➤ 33% completion rate for members ages 2-20</li> </ul> <p>Plan to focus on providers that are less than 40% compliant.</p>	<p>Motion: Approve PM 160 Report  (Cardona/Hodge)  4-0-0-3</p>
<p>#3 <b>QI Business</b>  - MHN Performance Indicator Report  (Attachment K)  Action  Patrick Marabella, M.D,  Chair</p>	<p>The MHN Performance Indicator Report for Q1 2017 was presented. Of the 17 metrics with targets, all but 3 met or exceeded their targets.</p> <ul style="list-style-type: none"> <li>➤ Noted data query is overly strict causing some cases to be reported as outside of the TAT when they were not. This issue will be resolved and data updated by the next reporting cycle.</li> </ul>	<p>- Motion: Approve MHN Performance Indicator Report  (Hodge/Verma)  4-0-0-3</p>
<p>#3 <b>QI Business</b>  - Public Program First Quarter Report  (Attachment L)  Action  Patrick Marabella, M.D,  Chair</p>	<p>Public Programs Report Quarter 1, 2017</p> <ul style="list-style-type: none"> <li>➤ This report has been revised and provides details and explanations for each County's activities and efforts. Future reports will be more summarized but will still provide adequate report of activities.</li> <li>➤ Data contained in this report will be reconciled with those reported to the state.</li> </ul>	<p>Motion: Approve Public Programs Report  Cardona/Verma  4-0-0-3</p>
<p>#4 <b>QI Improvement/UM Business</b>  QI Summaries:  - Monitoring Persistent Medications  - Control Blood Pressure  (Attachment M-N)  Action  Patrick Marabella, M.D,  Chair</p>	<p>Dr. Marabella reviewed the two QI Summaries with the committee covering Monitoring Persistent Medications and Controlling Blood Pressure. These reports summarize quality improvement activities associated with HEDIS® measures that have performed below the minimum performance level. One project was focused in Fresno County, and one project was focused in Madera County. Our process has been to work with a high volume, low compliance clinic with some established quality activities and the capability to work with the Plan to initiate improvement interventions. The QI Summaries describe improvement interventions, results, and recommendations for each project. Positive results were noted for each.</p> <ul style="list-style-type: none"> <li>➤ <b>Monitoring Persistent Medications (MPM)</b> was conducted with a clinic in Hanford, the target was to complete test or schedule appointment for at least 10% of patients needing the lab test to monitor their medication by June 30,2017. That goal was met and exceeded, with approximately 60% of patients completing the test.</li> </ul>	<p>Motion: Approve QI Summaries  (Hodge/Verma)  4-0-0-3</p>



AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>➤ <b>Controlling Blood Pressure</b> (CBP) was conducted with a clinic in Fresno. The target was to schedule at least 30% of patients for a blood pressure assessment by March 15, 2017. That goal was met and exceeded, with approximately 80% of patients identified as having uncontrolled blood pressure scheduling an appointment. Both of these projects had very positive results.</li> </ul>	
<p><b>#5 UM Business</b>  - Key Indicator Report (Attachment O)  Action  Patrick Marabella, M.D, Chair</p>	<p>The Key Indicator Report reflects data as of May 31, 2017. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> <li>➤ Membership for January has had a minimal decrease.</li> <li>➤ Bed Days Acute - SPD's-- has demonstrated little variation.</li> <li>➤ ER visits PTMPY have leveled off.</li> <li>➤ Perinatal- difficulty getting members engaged.</li> <li>➤ Integrated Case Management- largest barrier was reaching patient by phone.</li> <li>➤ Case Management is initiating some new strategies to improve engagement rates including partnering with the Member Connections team to do home visits for difficult to reach members.</li> </ul>	<p>Motion: Approve Key Indicator Report (Hodge/Verma)  4-0-0-3</p>
<p><b>#5 UM Business</b>  - Turnaround Time Report (April) (Attachment P)  Action  Patrick Marabella, M.D, Chair</p>	<p>The UM Turn-around Time Report was reviewed which provides an analysis of and actions taken to address timeliness metrics that do not meet standards.</p> <p>Findings from analysis of TATs for April cases:</p> <ul style="list-style-type: none"> <li>➤ One staff error, addressed</li> <li>➤ One provider submitted 200 cases in one day. Provider subsequently withdrew the requests, however, some cases already missed standards and impacted rates.</li> </ul>	<p>Motion: Approve UM Turnaround Time Report (April) (Hodge/Verma)  4-0-0-3</p>
<p><b>#5 UM Business</b>  - Specialty Referrals Report Quarter 1- IMG, EHS, LaSalle, Adventist (Attachment Q)  Action  Patrick Marabella, M.D, Chair</p>	<p>These reports provide a summary of Specialty Referral Services that require prior authorization in the tri-county area for IMG, EHS, LaSalle, and Adventist. These reports provide evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members. All reports reviewed. Results will continue to be monitored over time.</p>	<p>Motion: Approve Specialty Referrals Report Quarter 1- IMG, EHS, LaSalle, Adventist (Hodge/Verma)  4-0-0-3</p>
<p><b>#6 Pharmacy Business</b>  - Executive Summary (Attachment R)  Action  Patrick Marabella, M.D, Chair</p>	<p>Pharmacy quarterly reports reviewed included Operation Metrics, Top Medication Prior Authorization Requests, and quarterly Recommended Drug List changes in order to assess for emerging patterns in authorization requests and compliance around prior authorization turnaround time metrics.</p> <p><u>Executive Summary:</u></p> <ul style="list-style-type: none"> <li>➤ Q3 &amp; Q4 2016 reports presented.</li> <li>➤ Due to technical difficulties associated with a software conversion reporting was delayed, however, orders were</li> </ul>	<p>Motion: Approve Executive Summary (Verma/Cardona)  4-0-0-3</p>



AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Chair	monitored real-time through hourly emails to ensure timeliness. <ul style="list-style-type: none"> <li>○ All third quarter 2016 pharmacy Prior Authorization (PA) metrics were within 5% of standard.</li> </ul>	
#6 Pharmacy Business - Operations Metrics Report (Attachment S) Action Patrick Marabella, M.D, Chair	<u>Operations Metrics:</u> <ul style="list-style-type: none"> <li>➤ All third and fourth quarter 2017 pharmacy prior authorization metrics were within 5% of standard.</li> <li>➤ No action required. Continue to monitor.</li> </ul>	- Motion: Approve Operations Metrics Report (Verma/Cardona) 4-0-0-3
#6 Pharmacy Business - Top 30 Prior Authorizations (Attachment T) Action Patrick Marabella, M.D, Chair	<u>Top 30 Prior Authorizations:</u> <ul style="list-style-type: none"> <li>➤ Fourth quarter 2016 top medication Prior Authorization requests varied minimally from third quarter.</li> </ul>	Motion: Approve Top 30 Prior Authorizations (Verma/Cardona) 4-0-0-3
#6 Pharmacy Business - Pharmacy Policy Grid (Attachment U) Action Patrick Marabella, M.D, Chair	<u>Pharmacy Policy Grid:</u> <ul style="list-style-type: none"> <li>➤ The Policy Grid listed all policies and summarized the changes made to the policies. All policies were available for review at the meeting.</li> <li>➤ The new policy and other changes were discussed. Most edits related to department title changes and changes in terms, such as changing "Recommended Drug List (RDL)" to "Formulary".</li> </ul>	Motion: Approve Pharmacy Policy Grid(Verma/Cardona) 4-0-0-3
#7 Credentialing & Peer Review Subcommittee Business Credentialing Subcommittee Report (Attachment V) Action Patrick Marabella, M.D, Chair	<u>Credentialing Subcommittee Report</u> This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Credentialing activities. <ol style="list-style-type: none"> <li>1. The Credentialing Sub-committee met in May 2017. At the May 18th meeting routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services.</li> <li>2. The 2017 Credentialing Committee Charter was presented for annual review and accepted without changes.</li> <li>3. The Credentialing policies were presented for routine review. Most policies included no changes or minor updates. One policy was added. All policies approved.</li> <li>4. Standardized reporting forms include a section for credentialing entities to provide organizational updates and improvements when applicable.</li> <li>5. The Quarter 1 2017 Credentialing report and other County-specific Credentialing Sub-committee reports were reviewed and approved. No significant cases were identified on these reports.</li> <li>6. The Credentialing Oversight Audit of Health Net was completed in Quarter 2 and required a corrective action</li> </ol>	Motion: Approve Credentialing Subcommittee Report (Cardona/Verma) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	plan to address two opportunities for improvement in the credentialing/recredentialing process.	
<p><b>#7 Credentialing &amp; Peer Review Subcommittee Business</b></p> <p>- Peer Review Subcommittee Report (Attachment W)</p> <p>Action</p> <p>Patrick Marabella, M.D, Chair</p>	<p>This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Peer Review activities.</p> <p><u>Peer Review Subcommittee Report</u></p> <p>This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Peer Review Subcommittee activities. All Peer Review information is confidential and protected under law.</p> <ol style="list-style-type: none"> <li>1. The Peer Review sub-committee met on May 18th, 2017. The county specific Peer Review Summary reports were reviewed and approved. There were no significant cases to report</li> <li>2. The 2017 Peer Review Committee Charter was presented for annual review and was approved without changes.</li> <li>3. The Peer Review policies were reviewed and approved. Only minor changes were noted.</li> <li>4. The Quarter 1 Peer Count Report was presented at the meeting with the following outcomes: <ul style="list-style-type: none"> <li>o There were three cases closed and cleared. There were no cases with an outstanding corrective action plan. There were five cases pending for further information.</li> </ul> </li> <li>5. No significant quality of care issues noted. Follow up will be initiated to obtain additional information for tabled cases and ongoing monitoring and reporting will continue.</li> </ol>	<p>Motion: Approve Peer Review Subcommittee Report (Cardona/Verma)</p> <p>4-0-0-3</p>
<p><b>#8 Compliance Update:</b></p> <p>RHA QI/UM Committee Compliance – Regulatory Report (Attachment X)</p> <p>Action</p> <p>Patrick Marabella, M.D, Chair</p>	<p>Mary Beth Corrado presented the Compliance Update:</p> <ul style="list-style-type: none"> <li>➤ Health Net to provide corrective action plans (CAPs) on specialty provider access this remains under review by CalViva Health and CVH is receiving ongoing updates on improvement efforts.</li> <li>➤ CalViva Health continues to meet with Kaiser on a quarterly basis. Kaiser currently has a CAP from DHCS and CVH in reference to encounter data.</li> <li>➤ Oversight audits in progress are: Claims, Privacy and Security, , and Cultural and Linguistics. Utilization Management (UM) and Emergency Services (ES) audits are complete. CAP required for UM but not ES. A detailed summary of the 2017 audits was presented.</li> <li>➤ The status of the Regulatory Reviews/Audits are as follows: <ul style="list-style-type: none"> <li>o DHCS conducted an onsite audit April 17, 2017 – April 28, 2017. The Plan is currently awaiting the draft report from DHCS.</li> </ul> </li> <li>➤ The public Policy Committee met on June 7, 2017 and reviewed the Charter, Enrollment Dashboard, Appeals &amp; Grievances Report, and a number of other reports- no recommendations or action items are requested of the QI/UM Committee or RHA Commission at this time. The next Public Policy Meeting is scheduled for September 6, 2017 at 11:30 AM, 344 E. Sixth Street, Madera, CA 93638.</li> </ul>	
<p><b>#9 Old Business</b></p>	<p>None.</p>	
<p><b>#10 Announcements</b></p>	<p>None.</p>	
<p><b>#11 Public Comment</b></p>	<p>None.</p>	
<p><b>#12 Adjourn</b></p>	<p>Meeting was adjourned at 12:25 pm.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Patrick Marabella, M.D, Chair		

NEXT MEETING: September 21, 2017

Submitted this Day: September 21, 2017

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

Acknowledgment of Committee Approval:

  
Patrick Marabella, MD Committee Chair

# Item #5

## Attachment 5.A

2018 Calendar Year  
Meeting Dates

**Fresno-Kings-Madera Regional Health Authority  
2018 Commission Meeting Schedule**

**Meeting Location:**

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

Date	Time	County	Meeting Location
January			<b>No Meeting</b>
February 15, 2018	1:30 to 3:30	Fresno	CalViva Health
March 15, 2018	1:30 to 3:30	Fresno	CalViva Health
April			<b>No Meeting</b>
May 17, 2018	1:30 to 3:30	Fresno	CalViva Health
June			<b>No Meeting</b>
July 19, 2018	1:30 to 3:30	Fresno	CalViva Health
August			<b>No Meeting</b>
September 20, 2018	1:30 to 3:30	Fresno	CalViva Health
October 18, 2018	1:30 to 3:30	Fresno	CalViva Health
November 15, 2018	1:30 to 3:30	Fresno	CalViva Health
December			<b>No Meeting</b>

Fresno-Kings-Madera Regional Health Authority  
**Finance Committee**  
2017 Meeting Schedule

**Meeting Location:**  
CalViva Health  
7625 N. Palm Ave., Suite 109  
Fresno, CA 93711

Date	Time	County	Meeting Location
January			<b>No Meeting</b>
February 15, 2018	11:00 am to 11:30 am	Fresno	CalViva Health
March 15, 2018	11:00 am to 11:30 am	Fresno	CalViva Health
April 19, 2018	11:00 am to 11:30 am <b>TENTATIVE</b>	Fresno	CalViva Health
May 17, 2018	11:00 am to 11:30 am	Fresno	CalViva Health
June			<b>No Meeting</b>
July 19, 2018	11:00 am to 11:30 am	Fresno	CalViva Health
August			<b>No Meeting</b>
September 20, 2018	11:00 am to 11:30 am	Fresno	CalViva Health
October 18, 2018	11:00 am to <b>12:00 pm*</b> <i>*Auditors presentation</i>	Fresno	CalViva Health
November 15, 2018	11:00 am to 11:30 am	Fresno	CalViva Health
December			<b>No Meeting</b>

Fresno-Kings-Madera Regional Health Authority  
**Quality Improvement/Utilization Management**  
2018 Meeting Schedule

**Meeting Location:**

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

Date	Time	County	Meeting Location
January			<b>No Meeting</b>
February 15, 2018	10:30 am – 12:00 pm	Fresno	CalViva Health
March 15, 2018	10:30 am – 12:00 pm	Fresno	CalViva Health
April			<b>No Meeting</b>
May 17, 2018	10:30 am – 12:00 pm	Fresno	CalViva Health
June			<b>No Meeting</b>
July 19, 2018	10:30 am – 12:00 pm	Fresno	CalViva Health
August			<b>No Meeting</b>
September 20, 2018	10:30 am – 12:00 pm	Fresno	CalViva Health
October 18, 2018	10:30 am – 12:00 pm	Fresno	CalViva Health
November 15, 2018	10:30 am – 12:00 pm	Fresno	CalViva Health
December			<b>No Meeting</b>

Fresno-Kings-Madera Regional Health Authority  
**Credentialing Sub-Committee**  
2018 Meeting Schedule

**Meeting Location:**  
CalViva Health  
7625 N. Palm Ave., Suite 109  
Fresno, CA 93711

Date	Time	County	Meeting Location
January			<b>No Meeting</b>
February 15, 2018	12:00pm – 12:30pm	Fresno	CalViva Health 1 <sup>st</sup> Quarter
March			<b>No Meeting</b>
April			<b>No Meeting</b>
May 17, 2018	12:00pm – 12:30pm	Fresno	CalViva Health 2 <sup>nd</sup> Quarter
June			<b>No Meeting</b>
July 19, 2018	12:00pm – 12:30pm	Fresno	CalViva Health 3 <sup>rd</sup> Quarter
August			<b>No Meeting</b>
September			<b>No Meeting</b>
October 18, 2018	12:00pm – 12:30pm	Fresno	CalViva Health 4 <sup>th</sup> Quarter
November			<b>No Meeting</b>
December			<b>No Meeting</b>



Fresno-Kings-Madera Regional Health Authority  
**Peer Review Sub-Committee**  
2018 Meeting Schedule

**Meeting Location:**  
CalViva Health  
7625 N. Palm Ave., Suite 109  
Fresno, CA 93711

Date	Time	County	Meeting Location
January			<b>No Meeting</b>
February 15, 2018	12:00pm – 12:30pm	Fresno	CalViva Health 1 <sup>st</sup> Quarter
March			<b>No Meeting</b>
April			<b>No Meeting</b>
May 17, 2018	12:00pm – 12:30pm	Fresno	CalViva Health 2 <sup>nd</sup> Quarter
June			<b>No Meeting</b>
July 19, 2018	12:00pm – 12:30pm	Fresno	CalViva Health 3 <sup>rd</sup> Quarter
August			<b>No Meeting</b>
September			<b>No Meeting</b>
October 18, 2018	12:00pm – 12:30pm	Fresno	CalViva Health 4 <sup>th</sup> Quarter
November			<b>No Meeting</b>
December			<b>No Meeting</b>

**CalViva Health**  
**Public Policy Committee**  
**2018 Meeting Schedule**

Date	Time	Meeting Location
January		No Meeting
February		No Meeting
March 7, 2018	11:30am – 1:30pm	Fresno County
April		No Meeting
May		No Meeting
June 13, 2018	11:30am – 1:30pm	Kings County
July		No Meeting
August		No Meeting
September 5, 2018	11:30am – 1:30pm	Madera County
October		No Meeting
November		No Meeting
December 5, 2018	11:30am – 1:30pm	Fresno County

**Meeting Locations:**

**Fresno County:**

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

**King County:**

Kings County Government Center; Administration Building  
1400 W. Lacey Boulevard  
Hanford, CA 93230

**Madera County**

Camarena Health  
344 E. Sixth Street  
Second floor conference rooms  
Madera, CA 93638

# Item #6

## Attachment 6.A

CVH Community Support Program Funding

FRESNO - KINGS -  
MADERA  
REGIONAL  
HEALTH  
AUTHORITY

Commission

**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 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

Dennis Koch, Inter Director  
Public Health Director

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

Derrick Gruen  
Kings County

Paulo Soares  
Madera County

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

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

DATE: October 19, 2017

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Greg Hund, CEO

RE: CalViva Health Community Support Program

Agenda Item  
Attachment

In May 2017, the Fresno-Kings-Madera Regional Health Authority established a process to review and consider funding for Community Support programs/initiatives in excess of twenty thousand dollars (\$20,000) per fiscal year. Applications were excepted and reviewed by the designated Ad-hoc committee on September 28, 2017.

As a reminder, the Commission approved total funds for the current fiscal year of \$1,000,000. These funds are intended for physician recruitment assistance. As discussed at the Commission meeting, it is our hope and intent that these funds would be used for and result in the recruitment of 10 new PCPs or Specialists based upon the greatest needs of our members. This target is based on a funding plan guide that allocates \$100,000 per recruited physician (to be paid \$50,000 at contract signing and \$50,000 upon credentialing and the first month of employment). The main goal of this grant opportunity is to increase the total number of physicians in our network.

A total of five applications were received requesting funds for 16 physicians. The Ad-hoc committee reviewed the applications testing for the location of greatest need and is recommending the following funding in Attachment A.

Organization	Position	Location	Requested Amount	Narrative
Camarena Health	Internal Medicine	Oakhurst (93644)	\$200,000	High member to provider ratio
Camarena Health	Pediatrician	Chowchilla (93610)		No local Peds access
Clinica Sierra Vista	Internal Medicine	Orange and Butler Community Health Center (93702)	\$300,000	High member to provider ratio
Clinica Sierra Vista	Family Medicine	West Shaw Community Health Center (93722)		High member to provider ratio
Clinica Sierra Vista	Family Medicine	North Fine Community Health Center (93727)		High member to provider ratio
Family HealthCare Network	Family Medicine	FHCN Hanford Health Center (93230)	\$100,000	New Health Center w greater capacity
United Health Centers	Primary Care Physician	Huron (93234)	\$100,000	High member to provider ratio
Valley Health Team	Family Practice	VHT Clovis Community Health Center (93612)	\$200,000	High member to provider ratio
Valley Health Team	Family Practice	VHT Clovis Community Health Center (93612)		High member to provider ratio

# Item #7

## Attachment 7.A

2017 Cultural and Linguistics  
Executive Summary



## REPORT SUMMARY TO COMMITTEE

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**TO:** CalViva Health QI/UM Committee

**FROM:** Lali Witrago, MPH, Sr. Cultural and Linguistics Consultant

**COMMITTEE DATE:** October 19, 2017

**SUBJECT:** Cultural and Linguistic Services (C&L) 2017 Work Plan Mid-Year Evaluation Executive Summary Report

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### **Summary:**

This report provides information on the C&L Services Department work plan activities which are based on providing cultural and linguistic services support and maintaining compliance with regulatory and contractual requirements. The C&L Work Plan is divided into the following four sections: 1) Language Assistance Services (LAP), 2) Compliance Monitoring, 3) Communication, Training and Education, and 4) Health Literacy, Cultural Competency, and Health Equity. As of June 30, 2017, all work plan activities are on target to be completed by the end of the year with a few already completed.

### **Purpose of Activity:**

To provide a summary report of the cultural and linguistic services Work Plan Mid-Year Evaluation. CalViva Health (CVH) has delegated all language services to Health Net's C&L Services Department.

### **Data/Results (include applicable benchmarks/thresholds):**

Below is a high-level summary of the activities completed during the first six months of 2017. For a complete report and details per activity, please refer to the attached 2017 C&L Work Plan Mid-Year Evaluation Report.

#### ***1) Language Assistance Services***

- a. C&L prepared response and documentation as requested by CalViva for their audit of the C&L Services Department.
- b. Participated in contract review for the establishment of a new telephone interpreter vendor.
- c. Article titled "What language do you prefer" was developed and is scheduled for publication in the Fall 2017-member newsletter.
- d. Non- Discrimination Notices and taglines have been posted on the website in compliance with implementation of Section 1557 of the Affordable Care Act.

#### ***2) Compliance Monitoring***

- e. A total of six cases coded to 1557-perceived discrimination (1) and linguistic issues (5) were received. Investigation and follow up completed.

- f. Assisted with planning and coordination of two Public Policy Committee meetings including the coordination of interpreters for each committee meeting.

### **3) *Communication, Training and Education***

- g. Updated Quick Reference Guide and Desk Top procedure to support ongoing training efforts for Appeals and Grievance Department (A&G).
- h. Conducted a total of four trainings for staff in the following departments: call center, provider relations and provider network.
- i. Completed, presented and obtained approval for the 2016 End of Year Work Plan, 2016 End of Year Language Assistance Program, 2017 Work Plan and 2017 Program Description reports.
- j. Article promoting the Public Policy Committee was completed and disseminated in the Spring 2017 Member Newsletter.

### **4) *Health Literacy, Cultural Competency and Health Equity***

- k. A total of 37 materials were reviewed for readability level, content and layout.
- l. Conducted 3 quarterly C&L database and C&L Review trainings with 41 staff in attendance.
- m. Developed and distributed 2 Clear and Simple eNewsletters for staff.
- n. Provided support as the co-lead for the ICE provider tool kit revisions. Tool kit was approved by the ICE Leadership in March 2017 and brand/available for CalViva providers in May 2017.
- o. Provided training coordination and support for Motivational Interviewing training for Aria Community Health Clinic with a total of 34 staff in attendance.
- p. Also conducted one cultural competency training on Culture and End of Life Care.
- q. Convened and held two planning meetings for the 2017 Heritage event scheduled for August 17th.

### **Analysis/Findings/Outcomes:**

All activities are on target to be completed by the end of the year with a few already completed. Will continue to implement, monitor and track C&L related services and activities.

### **Next Steps:**

Continue to implement the remaining six months of the C&L 2017 CalViva Health Work Plan and report to the QI/UM Committee.



# Item #8

## Attachment 8.A

2017 Health Education  
Executive Summary



## REPORT SUMMARY TO COMMITTEE

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**TO:** CalViva QI/UM Committee

**FROM:** Brianne Jackson, MPH, Health Promotion Consultant  
Hoa Su, MPH, Health Education Department Manager

**COMMITTEE DATE:** October 19, 2017

**SUBJECT:** 2017 CalViva Health's Health Education Mid-Year Evaluation & Executive Summary

### **Summary**

The 2017 Health Education Work Plan Mid-Year Evaluation report documents progress of **11 program initiatives**. Ten initiatives are on track in meeting year-end goals. The remaining initiative, Digital Educational Programs, experienced challenges in obtaining approval for SafeLink promotional materials from the Department of Health Care Services (DHCS). As a result, the SafeLink text messaging project was terminated in July 2017.

The myStrength program has also experienced a low enrollment rate and will require an increased focus on promotional/engagement efforts in Q3 and Q4.

### **Purpose of Activity:**

To provide for QI/UM Committee review and approval of the 2017 Health Education Work Plan Mid-Year Evaluation Summary.

### **Attachments:**

2017 Health Education Department Work Plan Mid-Year Evaluation  
2017 Health Education Department Mid-Year Highlights PowerPoint Slides

### **Data/Results (include applicable benchmarks/thresholds):**

The Health Education Department developed programs and services on a variety of topics to promote healthy lifestyles and health improvement for CalViva Health (CVH) members. The main areas of focus are member engagement, weight control, pregnancy, smoking cessation, preventive health care services, and chronic disease education.

Please see the attached 2017 mid-year work plan and PowerPoint slides for highlights of the 2017 Health Education Mid-Year Work Plan Evaluation.

**Table 1** compares 2017 mid-year utilization outcomes of key health education programs and services against 2017 year-end goals. By mid-year, 7 out of 9 programs and services have already met or are close to meeting 50% of the year-end goal.

**Table 1 Health Education Utilization Comparing 2017 Mid-Year Outcomes and Year-End Goals**

Intervention	2017 Year-End Goals	2017 Mid-Year Outcomes	% Met of 2017 Year-End Goal	Progress Towards Year-End Goals
Coordinate baby showers in English and Spanish to expectant mothers in Fresno and Kings County	20+ baby showers with at least 50% member participation	Completed 17 baby showers in Fresno and Kings County with 125 attendees, of which, 84 (67.2%) were CVH members.	85% (baby showers) 134% (member participation)	Continue to educate pregnant women on the importance of having healthy pregnancies, newborns, and accessing timely prenatal and postpartum visits at baby showers.
Pregnancy Matters, pregnancy education packets	1,400+ packets	763 pregnancy packets mailed to CVH members	55%	Continue to coordinate with Provider Relations and Quality Improvement to promote pregnancy education resources.
CA Smokers' Helpline (CSH)	300+ members	191 members enrolled	64%	Conduct another member mailing promoting the CSH program. Continue to collaborate with Case Managers to promote CSH to smokers.
Fit Families for Life (FFFL), weight management program – Home Edition	200+ members 3% survey return rate 90%+ satisfaction from surveys	145 members enrolled <1% survey return rate 100% satisfaction from surveys	73% (members) 33% (survey returned) 111% (satisfaction)	Low survey response rate. Direct incentive for each completed survey will start in Q3 and should result in an increased survey return rate.
FFFL Coaching Program Enrollment	60+ members 70% of members completing at least 1 call (closed cases) 40% members completing all 5 calls (closed cases with at least 1 call)	49 members enrolled 67% completing at least 1 call (closed cases) 43.75% of participating members completing all 5 calls (closed cases with at least 1 call)	82% (members) 96% (1 coaching call) 109% (5 coaching calls)	Continue to engage in outreach efforts to increase provider referrals.
Health Education Classes	30% class participants are members	Conducted 43 health education classes to 339 participants, of which, 224 (66%) were CVH members.	220%	Continue to conduct classes in areas with high membership density and to collaborate with community partners for added promotion.
Health Screening Events	35% participants are members	1 health screening event with 26 participants receiving health screenings, of which, 14 (54%) were CVH members.	154%	Assist in coordinating events with community partners and providers serving our members.
Text4baby programs	150+ members	3 members enrolled	2%	Program will end in July 2017. Text messaging to SafeLink participants could not start because DHCS did not approve the SafeLink program. Explore customized text messaging program in Q3-Q4.
myStrength	30+ members	11 members enrolled	37%	Increase promotion of program through Case Managers and providers.

**2017 Barrier Analysis:**

- The goal of obtaining approval for TracFone to implement the LifeLine Program (SafeLink) was not approved by DHCS. As a result, the text messaging program to SafeLink participants was terminated.
- The myStrength program has experienced a low enrollment rate and will require an increased focus on promotional/engagement efforts in Q3 and Q4.

- A good percentage of member contact information is inaccurate and/or provider assignments collected for targeted members are inaccurate. This hinders the implementation of the member incentive programs and education efforts to improve HEDIS rates.
- Obesity prevention has experienced low survey response rates for the FFFL Home Edition and telephonic Coaching Program.

**Actions Taken:**

- The LifeLine Program was terminated in July 2017.

**Next Steps:**

- In an effort to increase member enrollment in the myStrength program, obtaining additional buy-in from case managers and providers is necessary. HE staff will conduct follow-up phone calls with case managers to ensure the referral process is being implemented, continue to promote the program with the help of Provider Relations, and schedule additional in-services/trainings as needed.
- To increase the number of educated members getting preventive health screenings/service in the member incentive programs, HE staff will conduct a higher volume of follow-up phone calls with members. We will continue to work with provider partners to verify care gap list/provider patient lists to include the most accurate and up-to-date member contact information.
- A FFFL direct incentive survey will be mailed to members starting in Q3. This survey will incentivize all members who return the extended survey by providing each respondent with a \$20 gift card. An increase in the survey return rate is anticipated with the new incentive model.
- Implement the second half of 2017 Health Education Department work plan to meet or exceed year end goals.

# Item #9

## Attachment 9.A

Financials as of August 31, 2017

**Fresno-Kings-Madera Regional Health Authority dba CalViva Health**  
**Balance Sheet**  
As of August 31, 2017

	Total
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
Cash	30,763,170.78
Savings CD	0.00
ST Investments	0.00
Wells Fargo Money Market Mutual Funds	37,694.84
<b>Total Bank Accounts</b>	<b>\$ 30,800,865.62</b>
<b>Accounts Receivable</b>	
Accounts Receivable	188,194,811.94
<b>Total Accounts Receivable</b>	<b>\$ 188,194,811.94</b>
<b>Other Current Assets</b>	
Interest Receivable	40.19
Investments - CDs	4,997,063.50
Prepaid Expenses	662,068.64
Security Deposit	0.00
<b>Total Other Current Assets</b>	<b>\$ 5,659,172.33</b>
<b>Total Current Assets</b>	<b>\$ 224,654,849.89</b>
<b>Fixed Assets</b>	
Buildings	7,407,885.43
Computers & Software	9,826.88
Land	3,161,419.10
Office Furniture & Equipment	179,908.34
<b>Total Fixed Assets</b>	<b>\$ 10,759,039.75</b>
<b>Other Assets</b>	
Investment -Restricted	309,826.04
<b>Total Other Assets</b>	<b>\$ 309,826.04</b>
<b>TOTAL ASSETS</b>	<b>\$ 235,723,715.68</b>
<b>LIABILITIES AND EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
Accounts Payable	133,964.18
Accrued Admin Service Fee	3,893,274.00
Capitation Payable	87,788,803.35
Claims Payable	43,730.92
<b>Total Accounts Payable</b>	<b>\$ 91,859,772.45</b>
<b>Other Current Liabilities</b>	
Accrued Expenses	217,864.38
Accrued Payroll	34,674.49
Accrued Vacation Pay	163,247.00
Amt Due to DHCS	71,724,242.81
IBNR	145,699.84
Loan Payable-Current	0.00
Premium Tax Payable	0.00
Premium Tax Payable to BOE	-13,200.83
Premium Tax Payable to DHCS	19,931,818.04
<b>Total Other Current Liabilities</b>	<b>\$ 92,204,345.73</b>
<b>Total Current Liabilities</b>	<b>\$ 184,064,118.18</b>
<b>Long-Term Liabilities</b>	
Renters' Security Deposit	36,500.00
Subordinated Loan Payable	0.00
<b>Total Long-Term Liabilities</b>	<b>\$ 36,500.00</b>
<b>Total Liabilities</b>	<b>\$ 184,100,618.18</b>
<b>Equity</b>	
Retained Earnings	49,619,929.41
Net Income	2,003,168.09
<b>Total Equity</b>	<b>\$ 51,623,097.50</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$ 235,723,715.68</b>

**Fresno-Kings-Madera Regional Health Authority dba CalViva Health**  
**Income Statement - Actual vs Budget**  
July - August, 2017

	Total		
	Actual	Budget	over (under) Budget
<b>Income</b>			
Interest Earned	45,820.91	12,000.00	33,820.91
Premium/Capitation Income	195,174,971.50	189,761,500.00	5,413,471.50
<b>Total Income</b>	<b>\$ 195,220,792.41</b>	<b>\$ 189,773,500.00</b>	<b>\$ 5,447,292.41</b>
<b>Cost of Medical Care</b>			
Capitation - Medical Costs	164,266,766.98	160,505,862.00	3,760,904.98
Medical Claim Costs	382,115.35		382,115.35
<b>Total Cost of Medical Care</b>	<b>\$ 164,648,882.33</b>	<b>\$ 160,505,862.00</b>	<b>\$ 4,143,020.33</b>
<b>Gross Margin</b>	<b>\$ 30,571,910.08</b>	<b>\$ 29,267,638.00</b>	<b>\$ 1,304,272.08</b>
<b>Expenses</b>			
Admin Service Agreement Fees	7,794,534.00	7,935,180.00	-140,646.00
Bank Charges	644.95	2,800.00	-2,155.05
Computer/IT Services	33,769.26	14,000.00	19,769.26
Consulting Fees		17,500.00	-17,500.00
Depreciation Expense	47,913.13	48,440.00	-526.87
Dues & Subscriptions	26,589.10	29,800.00	-3,210.90
Grants	183,285.42	350,000.00	-166,714.58
Insurance	31,855.16	31,860.00	-4.84
Labor	446,046.01	436,436.00	9,610.01
Legal & Professional Fees	9,858.39	31,800.00	-21,941.61
License Expense	103,768.92	104,000.00	-231.08
Marketing	70,205.06	150,000.00	-79,794.94
Meals and Entertainment	939.58	2,000.00	-1,060.42
Office Expenses	11,573.68	13,000.00	-1,426.32
Parking	180.00	200.00	-20.00
Postage & Delivery	231.98	400.00	-168.02
Printing & Reproduction	288.26	800.00	-511.74
Recruitment Expense		6,000.00	-6,000.00
Rent	600.00	2,000.00	-1,400.00
Seminars and Training	3,834.00	4,000.00	-166.00
Supplies	1,686.30	1,600.00	86.30
Taxes	19,918,617.21	18,755,944.00	1,162,673.21
Telephone	4,979.24	3,000.00	1,979.24
Travel	861.90	3,800.00	-2,938.10
<b>Total Expenses</b>	<b>\$ 28,692,261.55</b>	<b>\$ 27,944,560.00</b>	<b>\$ 747,701.55</b>
<b>Net Operating Income</b>	<b>\$ 1,879,648.53</b>	<b>\$ 1,323,078.00</b>	<b>\$ 556,570.53</b>
<b>Other Income</b>			
Other Income	123,519.56	100,000.00	23,519.56
<b>Total Other Income</b>	<b>\$ 123,519.56</b>	<b>\$ 100,000.00</b>	<b>\$ 23,519.56</b>
<b>Net Other Income</b>	<b>\$ 123,519.56</b>	<b>\$ 100,000.00</b>	<b>\$ 23,519.56</b>
<b>Net Income</b>	<b>\$ 2,003,168.09</b>	<b>\$ 1,423,078.00</b>	<b>\$ 580,090.09</b>

# Item #9

## Attachment 9.B

### Compliance Report





	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2017 Total
<b># of DHCS Filings</b>													
<b>Administrative/Operational</b>	4	3	7	10	7	6	10	7	1	1			56
<b>Member &amp; Provider Materials</b>	0	1	3	2	3	3	3	3	0	0			18
<b># of DMHC Filings</b>	4	5	3	4	3	5	8	8	2	1			43
<b># of Potential Privacy &amp; Security Breach Cases reported to DHCS and HHS (if applicable)</b>													
<b>No/Low Risk</b>	2	1	1	3	4	4	2	3	3	0			23
<b>High Risk</b>	0	0	0	0	0	0	0	0	0	1			1
<b># of Potential Fraud, Waste, &amp; Abuse Cases Received</b>													
<b># of MC 609 Submissions to DHCS</b>	0	0	1	1	1	0	0	0	0	0			3
<b>Summary of Filings</b>	<p><b>DHCS Administrative/Operational</b> filings include ad-hoc reports, policies &amp; procedures, Commission changes, and other Plan and Program documents.</p> <p><b>DHCS Member &amp; Provider materials</b> include advertising, health education materials, flyers, promotional items, etc.</p> <p><b>DMHC Filings</b> include ad-hoc reports, Plan and Program documents, policies &amp; procedures, advertising, flyers, promotional items, bylaw changes, Commission changes, undertakings, etc.</p> <p><b>Potential Privacy and Security Breach Cases</b> - CalViva Health is required to provide notification and respond to a potential breach of the security of protected health information upon discovery, but no later than 24 hours after discovery.</p> <p>No/Low risk - Official letter not required to be sent to affected individuals. High risk - Official notice required to be sent to affected individuals.</p> <p><b>Potential Fraud, Waste &amp; Abuse cases</b> - CalViva Health is required to investigate and submit potential fraud, waste and abuse. If the case rises to the level suspicion of fraud, CalViva Health reports those cases to DHCS within 10 working days from the date of identification.</p>												

## RHA Commission Compliance – Regulatory Report

Compliance Oversight & Monitoring Activities	Description
<b>CalViva Health Oversight Meetings</b>	<p><b>Health Net</b> 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 the Centene-Health Net merger that may affect CalViva Health. CalViva Health continues to receive and review ongoing updates on Health Net's efforts to improve specialty provider access for CalViva Health members.</p> <p><b>Kaiser</b> CalViva Health and Kaiser management are currently meeting as needed to address transition related activities since the contractual relationship ended as of August 31, 2017.</p>
<b>Oversight Audits</b>	<p><u>Health Net Oversight Audits:</u> Audits for 2017 have been scheduled and several are in progress. The following 2017 audits are in progress: Appeals and Grievances and Provider Network. A detailed summary of the audits, which were scheduled in 2017, will be provided to the Commission in the annual Executive Summary Audit Report to be provided in 2018.</p> <p><u>Provider Dispute Resolution (PDR) Case Audits:</u> The Plan is currently working on the Q1 2017 and Q2 2017 PDR audits.</p>
Regulatory Reviews/Audits	Status
<b>Material Modification Filing – Termination of contract with Kaiser</b>	In late September 2017, DMHC and DHCS approved the Plan's filings related to the termination of the contract between CalViva Health and Kaiser. The DMHC issued a list of Undertakings that the Plan is required to meet as part of the transition of the members assigned to Kaiser. The Plan will be submitting reports in response to the Undertakings for the next year following termination of the Kaiser contract on August 31, 2017.
<b>Department of Health Care Services ("DHCS") Medical Audit</b>	The onsite audit of the Plan from April 17, 2017 – April 28, 2017 was completed. The Plan is still awaiting the <i>Draft</i> report from the DHCS.
<b>New Regulation / Contractual Requirements</b>	
<b>Department of Managed Health Care ("DMHC") Follow-up to 2016 Audit</b>	DMHC has notified CalViva Health that the follow-up survey to the findings of the 2016 audit is scheduled for January 15, 2018. They will send a formal notification and list of the documents needed in mid to late October. Case files selected from universe lists to be audited will likely be requested in mid-December. This is a limited scope survey which will only review cases/processes related to the 2016 survey deficiencies.
<b>Committee Report</b>	
<b>Public Policy Committee</b>	The next Public Policy Committee meeting is scheduled for December 6, 2017, 11:30 a.m. at 7625 N. Palm Ave., Suite 109, Fresno, CA 93711.

## RHA Commission Compliance – Regulatory Report

<b>Employee Trainings</b>	
<b>Cultural &amp; Linguistics</b>	CalViva employees participated in the annual Heritage Day C&L training and completed the required post-program quiz.

# Item #9

## Attachment 9.C

Appeals & Grievances Report

## CalViva Health

### Monthly Appeals and Grievances Dashboard

CY: 2017

Current as of End of the Month: August

Revised Date: 9/26/2017

CalViva - 2017														
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	2017 YTD	2016 YTD
Expedited Grievances Received	17	15	23	55	15	14	12	41	8	15	0	23	119	131
Standard Grievances Received	77	67	69	213	76	58	65	199	66	83	0	149	561	709
<b>Total Grievances Received</b>	<b>94</b>	<b>82</b>	<b>92</b>	<b>268</b>	<b>91</b>	<b>72</b>	<b>77</b>	<b>240</b>	<b>74</b>	<b>98</b>	<b>0</b>	<b>172</b>	<b>680</b>	<b>840</b>
Grievance Ack Letters Sent Noncompliant	2	1	1	4	1	0	0	1	2	0	0	2	7	10
<b>Grievance Ack Letter Compliance Rate</b>	<b>97.4%</b>	<b>98.5%</b>	<b>98.6%</b>	<b>98.1%</b>	<b>98.7%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>99.5%</b>	<b>97.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>98.7%</b>	<b>98.75%</b>	<b>98.6%</b>
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	2	0	0	2	2	3
Expedited Grievances Resolved Compliant	17	13	25	55	13	15	12	40	6	12	0	18	113	128
<b>Expedited Grievance Compliance rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>66.7%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>88.9%</b>	<b>98.26%</b>	<b>97.7%</b>
Standard Grievances Resolved Noncompliant	1	0	0	1	0	0	0	0	10	1	0	11	12	0
Standard Grievances Resolved Compliant	59	75	77	211	63	74	61	198	48	69	0	117	526	698
<b>Standard Grievance Compliance rate</b>	<b>98.3%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>99.5%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>79.2%</b>	<b>98.6%</b>	<b>0.0%</b>	<b>90.6%</b>	<b>97.77%</b>	<b>100.0%</b>
<b>Total Grievances Resolved</b>	<b>77</b>	<b>88</b>	<b>102</b>	<b>267</b>	<b>76</b>	<b>89</b>	<b>73</b>	<b>238</b>	<b>66</b>	<b>82</b>	<b>0</b>	<b>148</b>	<b>653</b>	<b>829</b>
<b>Grievance Descriptions - Resolved Cases</b>														
<b>Quality of Service Grievances</b>	<b>52</b>	<b>55</b>	<b>69</b>	<b>176</b>	<b>53</b>	<b>65</b>	<b>50</b>	<b>168</b>	<b>44</b>	<b>59</b>	<b>0</b>	<b>103</b>	<b>447</b>	<b>567</b>
Access - Other - DMHC	2	3	8	13	4	5	2	11	1	2	0	3	27	25
Access - PCP - DHCS	19	14	15	48	8	12	9	29	7	6	0	13	90	127
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Access - Spec - DHCS	2	3	8	13	8	9	4	21	3	8	0	11	45	34
Administrative	9	7	9	25	11	17	17	45	13	26	0	39	109	129
Interpersonal	14	17	18	49	17	15	12	44	20	10	0	30	123	145
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	4	7	7	18	2	7	2	11	0	4	0	4	33	86
Pharmacy	2	4	4	10	3	0	4	7	0	3	0	3	20	20
<b>Quality Of Care Grievances</b>	<b>25</b>	<b>33</b>	<b>33</b>	<b>91</b>	<b>23</b>	<b>24</b>	<b>23</b>	<b>70</b>	<b>22</b>	<b>23</b>	<b>0</b>	<b>45</b>	<b>206</b>	<b>262</b>
Access - Other - DMHC	2	2	0	4	1	0	2	3	0	0	0	0	7	8
Access - PCP - DHCS	3	8	9	20	7	1	7	15	4	4	0	8	43	56
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	2	0	3	5	0	1	1	2	2	0	0	2	9	10
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	3	3	2	8	4	7	1	12	2	5	0	7	27	20
PCP Care	9	13	10	32	4	10	7	21	7	10	0	17	70	100
PCP Delay	5	2	4	11	3	0	1	4	3	2	0	5	20	36
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	1	5	4	10	4	5	7	13	4	2	0	6	29	29
Specialist Delay	0	0	1	1	0	0	1	0	0	0	0	0	1	3
<b>Exempt Grievances Received - Classifications</b>	<b>279</b>	<b>183</b>	<b>219</b>	<b>681</b>	<b>224</b>	<b>288</b>	<b>197</b>	<b>709</b>	<b>219</b>	<b>375</b>	<b>0</b>	<b>594</b>	<b>1984</b>	<b>2153</b>
Authorization	11	5	6	22	5	19	6	30	4	10	0	14	66	106
Avail of Appt w/ Other Providers	0	0	0	0	0	0	0	0	6	0	0	6	6	0
Avail of Appt w/ PCP	9	7	10	26	19	20	9	48	1	12	0	13	87	186
Avail of Appt w/ Specialist	0	0	1	1	0	0	0	0	0	1	0	1	2	2
Claims Complaint	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Eligibility Issue	13	1	5	19	13	5	2	20	4	6	0	10	49	46
Health Care Benefits	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ID Card - Not Received	30	11	16	57	27	29	39	95	15	31	0	46	198	113
Information Discrepancy	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	7	21	19	47	9	7	2	18	6	12	0	18	83	85
Interpersonal - Behavior of Clinic/Staff - Provider	79	59	64	202	46	90	45	181	53	92	0	145	528	589
Interpersonal - Behavior of Clinic/Staff - Vendor	0	1	1	2	1	1	1	3	0	1	0	1	6	14
Other	13	9	9	31	14	11	4	29	4	14	0	18	78	51
PCP Assignment	98	55	76	229	79	90	74	243	115	172	0	287	759	777
Pharmacy	12	9	10	31	8	13	10	31	8	21	0	29	91	114
Wait Time - In Office for Scheduled Appt	4	2	0	6	1	2	2	5	3	0	0	3	14	33
Wait Time - Too Long on Telephone	3	3	2	8	2	1	3	6	0	3	0	3	17	33

	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	YTD	YTD
<b>Appeals</b>														
Expedited Appeals Received	6	5	9	20	5	3	3	11	2	7	0	9	40	57
Standard Appeals Received	22	11	9	42	8	6	13	27	12	17	0	29	98	140
<b>Total Appeals Received</b>	<b>28</b>	<b>16</b>	<b>18</b>	<b>62</b>	<b>13</b>	<b>9</b>	<b>16</b>	<b>38</b>	<b>14</b>	<b>24</b>	<b>0</b>	<b>38</b>	<b>138</b>	<b>197</b>
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	1
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.00%</b>	<b>99.3%</b>
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	1	0	0	1	1	0
Expedited Appeals Resolved Compliant	7	4	10	21	5	3	3	11	1	6	0	7	39	56
<b>Expedited Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>85.7%</b>	<b>97.50%</b>	<b>100.0%</b>
Standard Appeals Resolved Noncompliant	1	0	0	1	0	1	0	1	1	0	0	0	2	0
Standard Appeals Resolved Compliant	9	20	13	42	6	9	7	22	11	11	0	22	86	132
<b>Standard Appeals Compliance Rate</b>	<b>88.9%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>97.6%</b>	<b>100.0%</b>	<b>88.9%</b>	<b>100.0%</b>	<b>94.4%</b>	<b>90.9%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>97.73%</b>	<b>100.0%</b>
<b>Total Appeals Resolved</b>	<b>17</b>	<b>24</b>	<b>23</b>	<b>64</b>	<b>11</b>	<b>13</b>	<b>10</b>	<b>34</b>	<b>14</b>	<b>17</b>	<b>0</b>	<b>31</b>	<b>129</b>	<b>188</b>
<b>Appeals Descriptions - Resolved Cases</b>														
<b>Pre-Service Appeals</b>	17	24	23	64	11	13	10	34	14	17	0	31	129	184
Consultation	0	1	0	1	0	0	0	0	0	2	0	2	3	18
DME	6	8	3	17	1	5	1	7	2	1	0	3	27	35
Experimental/Investigational	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
Other	2	2	3	7	0	3	3	6	4	5	0	9	22	23
Pharmacy	6	9	14	29	8	3	6	17	5	9	0	14	60	90
Surgery	3	4	3	10	2	2	0	4	3	0	2	5	19	18
<b>Post Service Appeals</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Consultation	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
Experimental/Investigational	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
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Decision Rates</b>														
Upholds	5	14	12	31	6	8	6	20	10	13	0	23	74	133
<b>Uphold Rate</b>	<b>29.4%</b>	<b>58.3%</b>	<b>52.2%</b>	<b>48.4%</b>	<b>54.5%</b>	<b>61.5%</b>	<b>60.0%</b>	<b>58.8%</b>	<b>71.4%</b>	<b>76.5%</b>	<b>0.0%</b>	<b>74.2%</b>	<b>57.4%</b>	<b>70.7%</b>
Overturns - Full	9	8	9	26	5	5	4	14	3	4	0	7	47	47
<b>Overturn Rate - Full</b>	<b>52.9%</b>	<b>33.3%</b>	<b>39.1%</b>	<b>40.6%</b>	<b>45.5%</b>	<b>38.5%</b>	<b>40.0%</b>	<b>41.2%</b>	<b>21.4%</b>	<b>23.5%</b>	<b>0.0%</b>	<b>22.6%</b>	<b>36.4%</b>	<b>25.0%</b>
Overturns - Partial	3	1	1	5	0	0	0	0	0	0	0	0	5	4
<b>Overturn Rate - Partial</b>	<b>17.6%</b>	<b>4.2%</b>	<b>4.3%</b>	<b>7.8%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>3.9%</b>	<b>2.1%</b>
Withdrawal	0	1	1	2	0	0	0	0	1	0	0	1	3	4
<b>Withdrawal Rate</b>	<b>0.0%</b>	<b>4.2%</b>	<b>4.3%</b>	<b>3.1%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>7.1%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>3.2%</b>	<b>2.3%</b>	<b>2.1%</b>
<b>Membership</b>	350,692	350,877	351,447		352,025	351,498	352,139		352,283	352,027	-			
Appeals - PTMPM	0.05	0.07	0.07	0.06	0.03	0.04	0.03	0.03	0.04	0.05	-	0.04	0.05	0.05
Grievances - PTMPM	0.22	0.25	0.29	0.25	0.22	0.25	0.21	0.23	0.19	0.23	-	0.21	0.23	0.20

CalViva SPD only														
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	2017 YTD	2016 YTD
Expedited Grievances Received	6	3	8	17	2	3	2	7	3	3	0	6	30	34
Standard Grievances Received	21	17	19	57	23	15	20	58	12	24	0	36	151	205
Total Grievances Received	27	20	27	74	25	18	22	65	15	27	0	42	181	239
Grievance Ack Letters Sent Noncompliant	0	1	0	1	0	0	0	0	0	0	0	0	1	0
Grievance Ack Letter Compliance Rate	100.0%	94.1%	100.0%	98.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	0.00%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	6	3	8	17	3	2	3	8	3	2	0	5	30	34
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.00%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	21	18	18	57	20	20	16	56	18	16	0	34	147	202
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%
Total Grievances Resolved	27	21	26	74	23	22	19	64	21	18	0	39	177	236
Grievance Descriptions - Resolved Cases	27	21	26	74	23	22	19	64	21	18	0	39	177	236
Access to primary care	7	4	6	17	7	1	3	11	6	6	0	12	40	54
Access to specialists	1	0	1	2	1	4	0	5	1	2	0	3	10	13
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	2	2	4	8	2	3	1	6	1	0	0	1	15	11
Out-of-network	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Physical accessibility	0	0	0	0	0	0	0	0	0	0	0	0	0	1
QOC Non Access	6	6	5	17	4	7	2	13	7	4	0	11	41	51
QOS Non Access	11	9	10	30	9	7	13	29	6	6	0	12	71	106
Exempt Grievances Received - New Classifications	29	24	34	87	23	26	19	68	26	34	0	60	215	241
Authorization	0	1	0	1	2	4	3	9	0	2	0	2	12	29
Avail of Appt w/ Other Providers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Avail of Appt w/ PCP	0	2	0	2	1	2	0	3	2	1	0	3	8	18
Avail of Appt w/ Specialist	0	0	0	0	0	0	0	0	1	0	0	1	1	0
Claims Complaint	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Eligibility Issue	2	0	1	3	1	1	0	2	1	0	0	1	6	3
Health Care Benefits	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ID Card - Not Received	2	1	5	8	1	1	3	5	1	1	0	2	15	10
Information Discrepancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	1	2	3	6	1	1	1	3	2	1	0	3	12	14
Interpersonal - Behavior of Clinic/Staff - Provider	10	9	12	31	9	6	4	19	7	11	0	18	68	78
Interpersonal - Behavior of Clinic/Staff - Vendor	0	1	0	1	0	0	1	1	0	1	0	1	3	10
Other	1	2	0	3	3	2	0	5	0	3	0	3	11	4
PCP Assignment	10	4	6	20	3	7	6	16	10	9	0	19	55	49
Pharmacy	2	1	5	8	2	2	1	5	1	4	0	5	18	21
Wait Time - In Office for Scheduled Appt	1	0	0	1	0	0	0	0	1	0	0	1	2	1
Wait Time - Too Long on Telephone	0	1	2	3	0	0	0	0	0	1	0	1	4	4



Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	YTD	YTD
Expedited Appeals Received	3	1	2	6	1	1	0	2	1	1	0	2	10	14
Standard Appeals Received	8	2	1	11	3	4	5	12	2	4	0	6	29	41
<b>Total Appeals Received</b>	<b>11</b>	<b>3</b>	<b>3</b>	<b>17</b>	<b>4</b>	<b>5</b>	<b>5</b>	<b>14</b>	<b>3</b>	<b>5</b>	<b>0</b>	<b>8</b>	<b>39</b>	<b>55</b>
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	3	0	3	6	1	1	0	2	1	1	0	2	10	15
<b>Expedited Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Standard Appeals Resolved Noncompliant	1	0	0	0	0	1	0	1	0	0	0	0	1	0
Standard Appeals Resolved Compliant	4	7	2	13	1	3	4	8	3	2	0	5	26	39
<b>Standard Appeals Compliance Rate</b>	<b>75.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>66.7%</b>	<b>100.0%</b>	<b>88.9%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>Total Appeals Resolved</b>	<b>8</b>	<b>7</b>	<b>5</b>	<b>20</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>11</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>7</b>	<b>38</b>	<b>54</b>
<b>Appeals Descriptions - Resolved Cases</b>														
<b>Pre-Service Appeals</b>	<b>8</b>	<b>7</b>	<b>5</b>	<b>20</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>11</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>7</b>	<b>38</b>	<b>51</b>
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	4
DME	4	3	3	10	0	2	1	3	1	0	0	1	14	23
Experimental/Investigational	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
Other	0	0	0	0	0	2	1	3	0	2	0	2	5	4
Pharmacy	4	3	2	9	2	1	2	5	3	1	0	4	18	18
Surgery	0	1	0	1	0	0	0	0	0	0	0	0	1	2
<b>Post Service Appeals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Decision Rates</b>														
Upholds	1	3	2	6	1	4	1	6	4	2	0	6	18	36
<b>Uphold Rate</b>	<b>12.5%</b>	<b>42.9%</b>	<b>40.0%</b>	<b>30.0%</b>	<b>50.0%</b>	<b>80.0%</b>	<b>25.0%</b>	<b>54.5%</b>	<b>100.0%</b>	<b>66.7%</b>	<b>0.0%</b>	<b>85.7%</b>	<b>47.4%</b>	<b>66.7%</b>
Overtuns - Full	5	3	2	10	1	1	3	5	0	1	0	1	16	16
<b>Overtun Rate - Full</b>	<b>62.5%</b>	<b>42.9%</b>	<b>40.0%</b>	<b>50.00%</b>	<b>50.0%</b>	<b>20.0%</b>	<b>75.0%</b>	<b>45.45%</b>	<b>0.0%</b>	<b>33.3%</b>	<b>0.0%</b>	<b>14.29%</b>	<b>42.11%</b>	<b>29.63%</b>
Overtuns - Partial	2	1	1	4	0	0	0	0	0	0	0	0	4	1
<b>Overtun Rate - Partial</b>	<b>25.0%</b>	<b>14.3%</b>	<b>20.0%</b>	<b>20.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>10.5%</b>	<b>1.9%</b>
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	1
<b>Withdrawal Rate</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>Membership</b>	21,458	21,545	21,534		21,505	21,425	21,486		21,544	21,604				
Appeals - PTMPM	0.37	0.32	0.23	0.31	0.09	0.23	0.19	0.17	0.19	0.14	-	0.11	0.15	0.21
Grievances - PTMPM	1.26	0.97	1.21	1.15	1.07	1.03	0.88	0.99	0.97	0.83	-	0.60	0.69	0.93

# Item #9

## Attachment 9.D

### Key Indicator Report



# Healthcare Solutions Reporting

## Key Indicator Report

*Auth Based PPG Utilization Metrics for CALVIVA California SHP*

*Report from 09/01/2016 to 8/31/2017*

*Report created 9/21/2017*

***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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[Glossary](#)

Regional Team Lead Contact Information

Region

Region 3:

Contact Person

John Gonzalez

**Key Indicator Report**  
**Auth Based PPG Utilization Metrics for CALVIVA California SHP**  
**Report from 09/01/2016 to 8/31/2017**  
 Report created 9/21/2017

ER utilization based on Claims data	2016-09	2016-10	2016-11	2016-12	2016-Trenc	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-08	2017-Trenc	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Qtr Trend	CY- 2016	CY-2017	CY-Trend
															Quarterly Averages				Annual Averages					
Expansion Mbr Months	85,456	86,376	86,898	87,400		86,801	86,849	85,869	87,242	87,392	87,795	88,053	88,000		78,503	82,054	84,617	86,891	86,506	87,476		83,016	87,250	
Family/Adult/Other Mbr Mos	245,133	245,786	245,513	246,380		246,584	246,646	244,435	246,745	247,749	249,061	246,480	245,715		239,294	243,232	244,527	245,893	245,888	247,852		243,236	246,677	
SPD Mbr Months	28,940	29,113	29,248	29,400		29,611	29,634	29,486	29,643	29,708	29,984	30,116	30,254		27,844	28,290	28,791	29,254	29,577	29,778		28,545	29,805	
Admits - Count	2,209	2,139	2,118	2,307		2,318	2,083	2,240	2,122	2,190	2,156	2,078	2,142		2,216	2,135	2,214	2,188	2,214	2,156		2,188	2,166	
Expansion	578	562	567	634		624	538	575	580	667	645	621	638		548	544	575	588	579	631		564	611	
Family/Adult/Other	1,185	1,086	1,073	1,179		1,173	1,054	1,148	1,067	1,051	1,024	1,021	1,060		1,116	1,086	1,144	1,113	1,125	1,047		1,115	1,075	
SPD	445	487	478	493		517	491	516	471	470	484	434	444		549	502	494	486	508	475		508	478	
Admits Acute - Count	1,352	1,385	1,414	1,526		1,526	1,377	1,540	1,448	1,477	1,440	1,318	1,383		1,469	1,388	1,371	1,442	1,481	1,455		1,417	1,439	
Expansion	429	418	441	481		465	383	454	447	509	486	442	474		430	426	433	447	434	481		434	458	
Family/Adult/Other	508	519	528	591		582	540	615	561	524	513	472	496		532	498	479	546	579	533		514	538	
SPD	414	445	445	453		476	454	470	436	443	439	403	413		504	462	457	448	467	439		468	442	
Readmit 30 Day - Count	268	265	274	300		291	238	260	265	303	267	257	267		269	234	251	280	263	278		258	269	
Expansion	64	68	74	101		90	65	70	75	98	96	86	74		78	60	68	81	75	90		72	82	
Family/Adult/Other	97	86	91	95		97	70	80	85	92	88	87	87		76	68	79	91	82	88		79	86	
SPD	107	110	109	104		104	103	110	103	113	83	84	106		114	106	104	108	106	100		108	101	
Readmit 14 Day - Count	24	29	22	26		22	24	22	30	25	23	15	17		24	20	23	26	23	26		23	22	
Expansion	3	7	6	7		3	6	7	7	8	8	4	5		8	5	6	7	5	8		6	6	
Family/Adult/Other	12	11	8	6		10	4	3	12	8	7	6	5		6	6	8	8	6	9		7	7	
SPD	9	11	8	13		9	14	12	11	9	8	5	7		10	9	9	11	12	9		10	9	
**ER Visits - Count	17,693	17,948	17,113	18,475		19,404	17,199	19,170	18,493	19,256	17,354	15,323	3,763		16,275	15,941	17,208	17,845	18,591	18,368		16,817	16,245	
Expansion	4,018	3,927	3,835	4,094		4,459	3,757	4,141	4,091	4,350	4,198	3,940	742		2,785	3,122	4,182	3,952	4,119	4,213		3,510	3,710	
Family/Adult/Other	11,873	12,204	11,496	12,533		12,891	11,634	13,098	12,648	12,764	11,434	9,861	2,710		11,653	10,985	11,198	12,078	12,541	12,282		11,478	10,880	
SPD	1,792	1,804	1,766	1,833		2,027	1,793	1,857	1,742	1,821	1,711	1,516	306		1,837	1,833	1,809	1,801	1,892	1,758		1,820	1,597	
Admits Acute - PTMPY	45.1	46.0	46.9	50.4		50.4	45.5	51.4	47.8	48.6	47.1	43.4	45.6		50.7	47.1	46.0	47.8	49.1	47.8		47.9	47.5	
Expansion	60.2	58.1	60.9	66.0		64.3	52.9	63.4	61.5	69.9	66.4	60.2	64.6		65.8	62.3	61.5	61.7	60.2	65.9		62.8	62.9	
Family/Adult/Other	24.9	25.3	25.8	28.8		28.3	26.3	30.2	27.3	25.4	24.7	23.0	24.2		26.7	24.6	23.5	26.6	28.3	25.8		25.3	26.2	
SPD	171.7	183.4	182.6	184.9		192.9	183.8	191.3	176.5	178.9	175.7	160.6	163.8		217.4	195.8	190.6	183.6	189.3	177.0		196.6	177.9	
Bed Days Acute - PTMPY	204.1	223.4	217.8	249.6		234.8	210.1	238.0	228.8	241.1	211.4	210.8	229.8		237.5	209.3	203.0	230.3	227.6	227.1		220.0	225.6	
Expansion	292.6	302.4	315.0	347.1		336.1	250.6	288.7	324.9	365.8	319.8	309.1	353.6		333.7	291.6	302.9	321.6	291.8	336.8		312.3	318.7	
Family/Adult/Other	96.2	89.0	86.4	101.8		103.4	93.9	113.8	105.0	105.4	90.9	85.5	107.0		93.3	77.1	82.7	92.4	103.7	100.4		86.3	100.6	
SPD	855.0	1,121.1	1,031.9	1,198.0		1,027.7	1,058.9	1,118.8	969.1	1,004.2	894.5	947.9	867.1		1,213.9	1,104.0	928.2	1,117.1	1,068.4	955.7		1,089.8	985.4	
ALOS Acute	4.5	4.9	4.6	5.0		4.7	4.6	4.6	4.8	5.0	4.5	4.9	5.0		4.7	4.4	4.4	4.8	4.6	4.7		4.6	4.8	
Expansion	4.9	5.2	5.2	5.3		5.2	4.7	4.6	5.3	5.2	4.8	5.1	5.5		5.1	4.7	4.9	5.2	4.8	5.1		5.0	5.1	
Family/Adult/Other	3.9	3.5	3.3	3.5		3.7	3.6	3.8	3.8	4.2	3.7	3.7	4.4		3.5	3.1	3.5	3.5	3.7	3.9		3.4	3.8	
SPD	5.0	6.1	5.7	6.5		5.3	5.8	5.8	5.5	5.6	5.1	5.9	5.3		5.6	5.6	4.9	6.1	5.6	5.4		5.5	5.5	
Readmit % 30 Day - PTMPY	12.1%	12.4%	12.9%	13.0%		12.6%	11.4%	11.6%	12.5%	13.8%	12.4%	12.4%	12.5%		12.1%	10.9%	11.3%	12.8%	11.9%	12.9%		11.8%	12.4%	
Expansion	11.1%	12.1%	13.1%	15.9%		14.4%	12.1%	12.2%	12.9%	14.7%	14.9%	13.8%	11.6%		14.2%	11.0%	11.8%	13.8%	13.0%	14.2%		12.7%	13.4%	
Family/Adult/Other	8.2%	7.9%	8.5%	8.1%		8.3%	6.6%	7.0%	8.0%	8.8%	8.6%	8.5%	8.2%		6.8%	6.2%	6.9%	8.1%	7.3%	8.4%		7.0%	8.0%	
SPD	24.0%	22.6%	22.8%	21.1%		20.1%	21.0%	21.3%	21.9%	24.0%	17.1%	19.4%	23.9%		20.8%	21.1%	21.0%	22.2%	20.8%	21.0%		21.3%	21.1%	
Readmit % 14 Day - PTMPY	1.8%	2.1%	1.6%	1.7%		1.4%	1.7%	1.4%	2.1%	1.7%	1.6%	1.1%	1.2%		1.6%	1.4%	1.7%	1.8%	1.5%	1.8%		1.6%	1.5%	
Expansion	0.7%	1.7%	1.4%	1.5%		0.6%	1.6%	1.5%	1.6%	1.6%	1.6%	0.9%	1.1%		1.8%	1.2%	1.5%	1.5%	1.2%	1.6%		1.5%	1.3%	
Family/Adult/Other	2.4%	2.1%	1.5%	1.0%		1.7%	0.7%	0.5%	2.1%	1.5%	1.4%	1.3%	1.0%		1.1%	1.1%	1.7%	1.5%	1.0%	1.7%		1.4%	1.3%	
SPD	2.2%	2.5%	1.8%	2.9%		1.9%	3.1%	2.6%	2.5%	2.0%	1.8%	1.2%	1.7%		2.0%	1.9%	1.9%	2.4%	2.5%	2.1%		2.1%	2.1%	
**ER Visits - PTMPY	590.5	596.2	567.8	610.4		641.5	568.4	639.4	610.3	633.3	567.7	504.3	124.1		562.3	540.9	576.9	591.5	616.3	603.7		568.1	536.0	

**Key Indicator Report**  
**Auth Based PPG Utilization Metrics for CALVIVA California SHP**  
**Report from 09/01/2016 to 8/31/2017**  
 Report created 9/21/2017

ER utilization based on Claims data	2016-09	2016-10	2016-11	2016-12	2016-Trend	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-08	2017-Trend	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Qtr Trend	CY- 2016	CY-2017	CY-Trend
	Rate Per Thousand					Rate Per Thousand									Rate Per Thousand									
Births	24.0	20.3	18.7	21.0		20.9	19.3	18.8	19.8	19.9	21.8	22.8	23.8		21.1	20.6	23.7	20.1	19.8	-		21.4		
OB % Days	18.1%	15.2%	15.8%	15.2%		15.3%	17.5%	14.8%	14.8%	15.3%	14.8%	14.8%	14.8%		15.2%	16.0%	18.3%	15.2%	15.1%	-		17.0%		
OB % Admits	32.8%	28.7%	27.0%	28.0%		27.9%	29.2%	26.1%	26.1%	28.2%	26.1%	26.1%	26.1%		27.6%	28.5%	32.1%	27.8%	27.2%	-		30.0%		
	Complex Cases					Complex Cases									Complex Cases									
Total Members Outreached	0	0	0	0											323	294	324	0						
Total New Cases Open	2	0	0	0											77	99	121	0						
Total Cases Closed	105	29	27	25											351	328	354	81						
Total Cases Open During Month	126	81	52	25											222	205	183	81						
	Ambulatory Case Management					Ambulatory Case Management									Ambulatory Case Management									
Total Outreached															0	314	0	0				830		
Accepted															0	139	0	0				388		
Acceptance Rate															-	44%	41%	-				47%		
New Cases Opened															0	133	0	0				388		
Total Cases Open During Period															NA	NA	NA	NA				N/A		
Total Cases Closed															0	179	0	0				424		
Cases Ending Open															NA	NA	NA	NA				N/A		
	Perinatal Case Management					Perinatal Case Management									Perinatal Case Management									
Total Outreached	45	53	35	15		23	13	14	11	30	13	4	10		103	179	55	103	50	54		469	118	
Engaged	33	17	9	2		8	5	4	3	8	5	1	3		28	29	15	28	17	16		116	37	
Engagement Rate	73%	32%	26%	13%		35%	38%	29%	27%	27%	38%	25%	30%		24%	16%	31%	27%	34%	31%		25%	31%	
New Cases Opened	29	17	9	2		8	5	4	3	8	5	1	3		28	30	15	28	17	16		118	37	
Total Cases Managed	53	50	52	49		50	45	31	27	34	31	27	24		NA	NA	NA	61	42	31		N/A	71	
Total Cases Closed	24	7	5	5		10	12	7	5	8	5	5	8		17	22	20	17	29	18		102	60	
Cases Remained Open	43	47	44			40	33	24	20	24	24	22	16		NA	NA	NA	N/A	32	23		N/A	16	
	Integrated Case Management					Integrated Case Management									Integrated Case Management									
Total Outreached	133	116	71	78		206	173	198	186	85	58	32	65				469	265	577	329		398	1,003	
Engaged	118	44	19	22		45	35	21	23	15	28	15	27				59	85	101	66		203	209	
Engagement Rate	89%	38%	27%	28%		22%	20%	11%	12%	18%	33%	47%	42%				14%	32%	18%	21%		51%	21%	
Total Screened and Refused/Decline	5	23	15	17		36	54	37	41	40	10	7	16				118	55	127	91		60	241	
Unable to Reach	10	19	33	35		50	109	102	131	139	63	48	57				372	87	261	333		97	699	
New Cases Opened	65	44	19	22		45	35	18	26	15	28	15	27				59	85	98	69		150	209	
Total Cases Closed	32	180	175	174		180	183	37	28	15	28	27	21				80	220	133	24		N/A	519	
Cases Remained Open	65	24	23	39		39	55	80	62	50	62	58	58				192	86	174	174		79	58	
Total Cases Managed	97	156	152	135		145	138	117	101	102	95	87	88				NA	N/A	133	99		N/A	316	
Critical-Complex Acuity	1	16	23	30		45	45	28	29	26	29	53	71				83	30	39	28		N/A	276	
High/Moderate/Low Acuity	142	164	152	144		137	143	89	72	76	66	34	17				NA	190	123	71		N/A	67	
	Record Processing					Record Processing									Record Processing									
Total Records	5,054	4,976	4,902	5,089		5,013	4,779	5,621	4,801	5,742	5,034	4,453	8,312		15054	14535	14808	14967	15413	15577		59,364	43,755	
Total Admissions	2,142	2,068	2,048	2,866		2,230	2,019	2,164	2,051	2,151	2,085	2,014	2,142		6513	6234	6411	6982	6413	6287		26,140	16,856	
Total Precerts	-	-	-	-																				

# Item #9

## Attachment 9.E

QIUM Quarterly Summary Report



## REPORT SUMMARY TO COMMITTEE

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**TO:** Fresno-Kings-Madera Regional Health Authority Commissioners

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

**COMMITTEE**

**DATE:** October 19<sup>th</sup>, 2017

**SUBJECT:** CalViva Health QI/UM Update of Activities in Quarter 3 2017 (October)

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### 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 3 of 2017.

### **I. Meetings**

Two QI/UM Committee meetings were held in Quarter 3, one on July 20<sup>th</sup> and one on September 21<sup>st</sup>, 2017. The following guiding documents were approved at the July & September meetings:

1. 2017 Quality Improvement Mid-Year Evaluation
2. 2017 Utilization Management & Case Management Mid-Year Evaluation
3. Medical Policies (Q1)
4. Pharmacy Policies & Procedures
5. Public Health Policies & Procedures
6. Appeals & Grievances Policies & Procedures

Additionally, the following general documents were reviewed and approved at these meetings:

1. Pharmacy Recommended Drug List (Formulary)

The following is a summary of some, but not all, of the reports and topics reviewed:

- **Quality Improvement Reports** - The quality and safety of many of the health plan functions are assessed and monitored through quality improvement reports. These reports cover health plan performance, programmatic documents and regulatory reports. During this reporting period the QI/UM Committee's review included, but was not limited to:
  1. The **Appeal and Grievance Dashboard & Quarter 2 Member Report** track volumes, turn-around times, case classifications, access related issues and inter-rater reliability. No significant trends were identified. It was noted that several cases in July did not meet turn-around time standards. Corrective actions have been initiated and ongoing monitoring will continue.
  2. The **Initial Health Assessment (IHA) Report** summarizes the multi-pronged approach CVH has taken to monitor compliance. State regulations require that a full IHA is completed for all new members within 120 days of enrollment. Quarters 1 & 2 were reviewed and revealed satisfactory compliance. Outreach and reporting efforts continue to be refined.
  3. The **MHN Performance Indicator Report** captures data on 17 performance metrics to assess authorization decision timeliness, potential quality issues, network availability and network adequacy. In quarter 2 all but two metrics met or exceeded targets. The two metrics not meeting standards have corrective actions underway and improvement is noted.
  4. The **Public Programs Quarterly Report** provides a narrative description of each County's activities and efforts associated with Public Health Programs and supported by CVH. This includes items such as Behavioral Health/Public Health meetings, County Updates/Projects and Coalitions promoting health and public safety.

5. **Several QI Summary Reports** were reviewed and approved covering quality initiatives for **Cervical Cancer Screening, Monitoring Persistent Medications and Controlling Blood Pressure**. These summaries describe the activities, interventions and assessment of success for the improvement projects that CalViva's Medical Management team are engaged in. Medical Management staff work with high volume, low compliance clinics to identify and initiate interventions to improve compliance with HEDIS® measures that are below the minimum performance level. The ultimate goal is to then spread these improvement strategies to other clinics and other counties.
6. **Other QI Reports reviewed and approved include: PM 160 Reporting, Emergency Drug Report and the Potential Quality Issues (PQI) Report.**
- **UMCM Reports** - Utilization and Case Management activities are monitored in an ongoing manner through a variety of performance, programmatic and regulatory reports. At the July and September meetings the UMCM related reports included but were not limited to the following:
  1. The **Key Indicator Report (KIR)** provided data as of July 31<sup>st</sup>, 2017. This report includes key metrics for tracking utilization and case management activities. Admit and readmit numbers have remained consistent. Population growth is stable and utilization has remained consistent.
  2. The **Concurrent Review Report** presents inpatient utilization data and clinical concurrent review activities for Q2 2017. The purpose of concurrent review is to ensure members receive the right level and mix of services, at the right time, for the right reason, across the care continuum.
    - The increase in membership has impacted inpatient utilization. Increased enrollment of the MCE population which is new to managed care and may have had limited access to primary healthcare services previously, has contributed to higher acute admission rates and bed days.
    - Concurrent review (CCR) nurse activities include coordination of inpatient admissions for acute and continued stay medically necessary appropriateness review and discharge planning.
    - CCR nurses also provide CalViva representation with a direct point of contact on-site at high utilization hospitals including CRMC, St. Agnes, Madera, and Clovis Medical Center.
  3. **Case Management/CCM Report** This report summarizes the case management and transitional care management (TCM) activities for the second quarter. The goal of these programs is to identify members who would benefit from case management and transitional care management and to engage these members in the appropriate program. There are two case management programs:
    - **Integrated Case Management(ICM)**- this program provides an evidence-based process for the medical management of members, including assessment, care plans and evaluation of care effectiveness. ICM services are provided to members along the continuum of care including times of critical/complex acuity.
    - **Perinatal Case Management (PCM)**- this program seeks to identify high risk mothers during the prenatal period in order to provide services and resources to reduce risks and improve outcomes.
    - The purpose of the **TCM Program** is to provide a comprehensive, integrated transition process that supports members during movement between levels of care. The overriding goal of the TCM nurse is to improve care transitions by providing members with the tools and support that promote knowledge and self-management of their transition that will ultimately reduce avoidable re-admissions.
  4. **Specialty Referral Reports** provide a summary of Specialty Referral Services that require prior authorization in the tri-county area for First Choice, EHS, IMG, LaSalle and Adventist. These reports provide evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members. All reports reviewed, no issues identified.
- **Pharmacy Reports** – Pharmacy quarterly reports include Operation Metrics, Top Medication Prior Authorization Requests, and quarterly Recommended Drug List changes to assess for emerging patterns in authorization requests and compliance around prior authorization turn-around time metrics.
  - i. All second quarter 2017 pharmacy prior authorization metrics were within 5% of standard.

## II. HEDIS® Activity

HEDIS® performance measures are used to assess the quality of care provided to health plan members. Managed Care Plans are required by contract to annually report performance measurement results to DHCS/HSAG. CalViva Medical Management staff concluded and submitted final documentation for two formal Performance Improvement Projects (PIPs): Comprehensive Diabetic Care – Improve HbA1c Testing and Postpartum Care-Improve Postpartum Visit Rates. Both projects demonstrated positive results with a number of useful lessons learned identified. Five other Rapid-cycle improvement projects identified through HEDIS® measurements also concluded during this timeframe.



#### Key Activities in Quarter 3:

- Final RY2017 HEDIS® results became available.
- CalViva met the minimum performance level (MPL) for all six (6) Default Measures in all three counties.
- For RY17 CVH will have three improvement plans (Monitoring Persistent Medications, Low Back Pain and Avoid Antibiotics for Bronchitis).
- Two new formal PIPs will be initiated: Improve Immunization Status (CIS-3) and a Disparity focused PIP on Postpartum Visit Completion Rates.
- Scheduling of Annual Clinic Visits began in September: teams are forming, data analysis is being finalized and initial documentation is being prepared and submitted to the state/HSAG. Clinic visits will conclude in November.

### **III. Access & Availability**

Effective and efficient access to providers and services is critical to the provision of safe, high quality care. CalViva's Access Workgroup strives to ensure this high-risk function receives adequate monitoring and oversight. The Access Workgroup met on July 11<sup>th</sup> and September 12<sup>th</sup> in quarter three of 2017. Along with routine monitoring reports the Access Workgroup reviewed/oversaw the following:

- Identify and establish agreements with vendors to perform and validate the MY2017 Provider Appointment Availability Survey (PAAS) and Provider Satisfaction Survey for the 2018 TAR Submission
- Specialist Access Improvement Corrective Action Plan
- MY2016 PAAS & After Hours Corrective Action Plan

### **IV. Kaiser Reports**

Quarter 2 2017 reports were received in July and August with the following findings:

1. Grievance Reports 2<sup>nd</sup> Quarter- All member, SPD, CBAS and Targeted Low-Income Child members-no significant issues
2. Utilization Management & DME 2<sup>nd</sup> Quarter – Summary - no significant findings
3. Mental Health Services 2<sup>nd</sup> Quarter –Mental Health COC Report, Mental Health Referral, Grievance, BHT Report no significant issues.
4. Continuity of Care (COC) Reports 2<sup>nd</sup> Quarter - SPD, TLIC & MER no issues
5. CBAS Services and Assessment – 2<sup>nd</sup> Quarter - no significant issues
6. Overall Volumes and Call Center Report 2<sup>nd</sup> Quarter – no significant issues


### **V. Findings/Outcomes**

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

# Item #9

## Attachment 9.F

Executive Dashboard

																
	2016	2016	2016	2016	2016	2016	2017	2017	2017	2017	2017	2017	2017	2017	2017	
Month	July	Aug	September	October	November	December	January	February	March	April	May	June	July	August	September	
CVH Members																
Fresno	293,530	293,999	295,801	297,534	297,649	298,282	296,674	296,787	296,780	297,669	297,841	298,697	298,648	298,351	297,827	
Kings	26,021	25,934	25,635	25,758	25,762	26,036	26,310	26,680	26,903	26,979	26,942	27,000	26,947	27,004	27,140	
Madera	34,953	34,899	35,106	35,211	35,311	35,379	35,504	35,612	35,916	36,039	35,819	36,002	36,083	35,992	36,264	
Total	354,504	354,832	356,542	358,503	358,722	359,697	358,488	359,079	359,599	360,687	360,602	361,699	361,678	361,347	361,231	
SPD	28,459	28,617	28,839	28,886	29,072	29,239	29,349	29,447	29,493	29,608	29,618	29,797	29,982	30,135	30,292	
CVH Mrkt Share	70.34%	70.41%	70.46%	70.46%	70.45%	70.45%	70.40%	70.40%	70.44%	70.47%	70.50%	70.57%	70.63%	70.75%	70.75%	
ABC Members																
Fresno	110,775	110,405	110,949	111,686	111,882	112,033	111,653	111,865	111,821	111,970	111,881	111,674	111,460	110,740	110,518	
Kings	19,490	19,557	19,333	19,385	19,366	19,586	19,885	20,023	20,017	19,927	19,896	19,960	19,822	19,712	19,723	
Madera	19,249	19,144	19,210	19,224	19,248	19,225	19,167	19,061	19,098	19,258	19,104	19,178	19,090	18,965	19,070	
Total	149,514	149,106	149,492	150,295	150,496	150,844	150,705	150,949	150,936	151,155	150,881	150,812	150,372	149,417	149,311	
Default																
Fresno	1,070	878	945	1,003	886	873	1,071	896	948	1,061	913	877	922	815	962	
Kings	116	89	104	125	118	126	158	149	154	194	160	138	242	131	150	
Madera	163	114	170	153	140	167	191	132	188	180	147	167	156	151	201	
County Share of Choice as %																
Fresno	70.40%	70.20%	68.70%	67.90%	68.30%	66.50%	61.30%	61.90%	65.10%	67.10%	66.00%	69.60%	69.50%	68.50%	66.10%	
Kings	49.20%	54.10%	53.30%	57.10%	52.50%	57.20%	54.90%	59.70%	62.00%	60.00%	55.70%	55.70%	61.20%	63.60%	59.30%	
Madera	62.90%	66.00%	60.30%	60.60%	61.10%	60.00%	57.40%	66.70%	67.30%	58.90%	65.00%	65.80%	66.40%	66.70%	62.60%	
Voluntary Disenrollments																
Fresno	505	584	666	636	1,153	540	1,064	846	574	587	536	453	445	576	665	
Kings	55	72	69	64	138	53	66	57	57	45	53	47	65	82	72	
Madera	80	109	119	82	161	62	266	41	52	65	69	57	53	73	94	
No. Claims Processed	175,777	183,750	180,762	160,087	184,227	196,360	176,008	176,090	225,985	168,138	216,922	197,199	186,500	218,389	n/a	
Claims Turn-around	99.30%	99.86%	99.90%	99.80%	99.86%	99.91%	99.76%	99.92%	99.87%	99.79%	99.85%	99.73%	99.5%	99.25%	n/a	
Weekly Average	43,944	45,938	45,191	40,022	46,057	49,090	44,002	44,023	45,197	42,035	43,384	49,300	46,625	54,597	n/a	
Note: Most data is preliminary and may have retroactive adjustments as new or updated information becomes available..																
Note: Claims Turn-around = 30 Calendar/45 Work Days - Updates will be available on quarterly basis based on calendar year.																
Data Current as of SEPTEMBER 25 , 2017																



## CalViva Members

