

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

Deborah A. Poochigian
Board of Supervisors

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Stephen Ramirez
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Keith Winkler, Director
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Van Do-Reynoso
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: November 11, 2016

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

FROM: Cheryl Hurley, Commission Clerk

RE: Commission Meeting Materials

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

**Thursday, November 17, 2016
1:30 pm to 3:30 pm**

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

Teleconference Locations:

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

**Fresno County Administrative Office
Third Floor, Room 304
2281 Tulare Street
Fresno, CA 93721**

Meeting materials were also emailed to you today.

Currently, there are 12 Commissioners who have confirmed their attendance for this meeting. At this time, a quorum has been secured. Please advise as soon as possible if you will not be in attendance to ensure a quorum is maintained

Thank you

AGENDA

Fresno-Kings-Madera Regional Health Authority

Commission Meeting

November 17, 2016

1:30pm - 3:30pm

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

Teleconference Locations:

Fresno County Administrative Office Third Floor, Room 304 2281 Tulare Street Fresno, CA 93721	Kings County Government Center Administration Building 1400 W. Lacey Blvd. Hanford, CA 93230
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Item	Attachment #	Topic of Discussion	Presenter
1		Call to Order	D. Hodge, M.D., Chair
2		Roll Call	C. Hurley, Clerk
3 Action	Attachment 3.A Attachment 3.B Attachment 3.C Attachment 3.D	Consent Agenda <ul style="list-style-type: none"> Commission Minutes dated 10/20/16 Finance Committee Minutes dated 9/15/16 QI/UM Committee Minutes dated 8/11/16 Compliance Report <p><i>Recommended Action: Approve Consent Agenda</i></p>	D. Hodge, M.D., Chair
4		Closed Session: <p>The Board of Directors will go into closed session to discuss the following item(s)</p> <p>A. Government Code 54957(b)(1) -Public Employee Appointment, Employment, Evaluation, or Discipline – General Counsel Review</p>	
5 Action	Attachment 5.A	General Counsel – Prentice, Long & Epperson, LLP <ul style="list-style-type: none"> Attorney Services Agreement Renewal <p><i>Recommended Action: Approve Attorney Services Agreement</i></p>	D. Hodge, M.D., Chair
6 Action		Standing Reports	
	Attachment 6.A	Finance Report <ul style="list-style-type: none"> Financial Statements as of October 31, 2016 	W. Gregor, CFO
	Attachment 6.B	Medical Management <ul style="list-style-type: none"> Appeals and Grievances Report 	P. Marabella, M.D., CMO

Attachment 6.C	• Key Indicator Report
Attachment 6.D	• QI/UM Quarterly Summary Report
Attachment 6.E	• Credentialing Sub-Committee Quarterly Report
Attachment 6.F	• Peer Review Sub-Committee Quarterly Report

Attachment 6.G	Executive Report <ul style="list-style-type: none"> • Executive Dashboard • ACA, Post Election 	G. Hund, CEO
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Recommended Action: Accept Standing Reports

7	Final Comments from Commission Members and Staff
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8	Announcements
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9	Public Comment <ul style="list-style-type: none"> • <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>
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10	Adjourn	D. Hodge, M.D., Chair
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Supporting documents will not be posted. If you would like a copy please email the Clerk to the Commission at: Churley@calvivahealth.org

If special accommodations are needed to participate in this meeting, please contact Cheryl Hurley at 559-445-8731 during regular business hours (M-F 8:00 a.m. – 5:00 p.m.)

Next Meeting scheduled for February 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.”

Item #3

Attachment 3.A

Commission Minutes
dated 10/20/16

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
October 20, 2016

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 Nikoghossian , Kings County At-large Appointee
✓	Van Do-Reynoso , Director, Madera Co. Dept. of Social Services	✓	David Pomaville , Director, Fresno County Dept. of Public Health
✓	John Frye , Commission At-large Appointee, Fresno	✓*●	Deborah Poochigian , Fresno County Board of Supervisor
✓	Soyla Griffin , Fresno County At-large Appointee		Stephen Ramirez , Fresno County At-large Appointee
	Derrick Gruen , Commission At-large Appointee, Kings County	✓	David Rogers , Madera County Board of Supervisors
✓	David Hodge , M.D., Chair, Fresno County At-large Appointee	✓	David Singh , Valley Children's Hospital Appointee
✓	Aftab Naz , Madera County At-large Appointee		Paulo Soares , Commission At-large Appointee, Madera County
		✓	Keith Winkler , Director, Kings County Dept. of Public Health
Commission Staff			
✓	Gregory Hund , Chief Executive Officer (CEO)	✓	Amy Schneider , R.N., Director of Medical Management
✓	William Gregor , Chief Financial Officer (CFO)		Jeff Nkansah , Director, Compliance and Privacy/Security
✓	Patrick Marabella, M.D. , Chief Medical Officer (CMO)	✓	Cheryl Hurley , Commission Clerk
✓	Mary Beth Corrado , Chief Compliance Officer (CCO)	✓	Daniel Maychen , Director of Finance & MIS
General Counsel and Consultants			
✓	Jason Epperson , General Counsel		
✓ = Commissioners, Staff, General Counsel Present			
* = Commissioners arrived late/or left early			
● = Attended via Teleconference			

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:35 pm. A quorum was present.	
#2 Roll Call Cheryl Hurley, Clerk to the Commission	A roll call was taken for the current Commission Members.	<i>A roll call was taken</i>

[illegible]

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>In reference to liabilities, payments made subsequent to yearend and liabilities have been paid out. Incurred but not reported medical claims payable had a fairly insignificant balance.</p> <p>The net position, with increase from prior year, showed positive operating results for FY 2016.</p> <p>Operating expenses, as presented in financial statements, shows the largest group of expenses being capitation to Health Net, followed by General and Administrative expenses which has remained consistent with prior year, and premium tax which is approximately 4% of total operating expenses.</p> <p>Operating revenues have increased approximately 8% from prior year due to the increase in members and increase in rates. The composition of expenses has been consistent with 2015. It was found that management has recorded these expenses consistently from year to year, which shows there is consistent application of accounting principles, and also in accordance with GAAP.</p> <p>No adjustments were proposed by Moss Adams after completion of the audit. The financial statements as presented were fairly stated.</p>	
<p>#5 2017 Calendar Year Meeting Proposal</p> <p>Action David Hodge, M.D, Chairman</p>	<p>The 2017 calendar year meeting schedules were presented to the Commission for approval. All meetings have been scheduled to take place in Fresno County, with the exception of the Public Policy Committee meeting.</p>	<p>Motion: <i>Approve 2017 Calendar Year Meeting Schedules</i></p> <p>12-0-0-5 (Neves / Rogers)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#6 2016 Cultural and Linguistics (C & L)</p> <p>Action David Hodge, M.D, Chairman</p>	<p>Dr. Marabella presented the 2016 Cultural & Linguistics Work Plan Mid-Year Evaluation Executive Summary.</p> <p>The four categories covered consist of:</p> <ul style="list-style-type: none"> • Language Assistance Services • Compliance Monitoring • Communication, Training and Education • Health Literacy, Cultural Competency and Health Equity <p><i>Supervisor Poochigian joined the meeting at 1:46 pm</i></p> <p>All activities were completed by June 30, 2016, or are on target for year-end completion.</p> <p>Some of the activities completed at the mid-year consist of:</p> <ul style="list-style-type: none"> • 24 materials, including member newsletters reviewed for readability level, content and layout. • C & L related grievances reviewed and follow-up completed. • Conducted 4 Cultural Competency trainings for Call Center staff. • Co-lead the Industry Collaborative Effort (ICE) to update ICE Provider Toolkit. • Provided training on Western Medicine and Working with Interpreters for Transitional Case Management staff. • Computer based training for A & G staff. <p>All work plan activities are on target for year-end and will continue to monitor and track services and activities.</p>	<p>Motion: a combined vote was taken subsequently to the Health Education presentation. See Item #7 Motion.</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Revisions were made to the C & L Program Description to address federal regulations requiring culturally competent training to ensure services are delivered in a manner that meets the unique needs of our members regardless of gender, sexual orientation, or gender identity.</p> <p>Changes to the C & L Program Description were put in place by 8/31/16 and include changes to pages 9-11, and language was added to address training for staff, consulting services, and education for providers.</p> <p>Changes to the C & L Work Plan consisted of items 23, 40, 42, and 43, in addition, language added to address similar training issues for specific activities.</p> <p>Changes were as a result of statutes that require areas of potential discrimination be addressed.</p>	
<p>#7 Health Education</p> <p>Action David Hodge, M.D, Chairman</p>	<p>Dr. Marabella presented the 2016 Health Education Work Plan Mid-Year Evaluation Executive Summary.</p> <p>The six major areas of focus for 2016 are:</p> <ul style="list-style-type: none"> • Pregnancy • Weight Control • Member Engagement • Smoking Cessation • Preventive Health Care • Chronic Disease Education <p>Overall, 12 initiatives are on track to meet year-end goals.</p>	<p>Motion: Approve 2016 C & L Work Plan Mid-Year Evaluation; Program Description and Work Plan Update; 2016 Health Education Work Plan Mid-Year Evaluation</p> <p><i>13-0-0-4 (Naz / Frye)</i></p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>For Fit Families for Life, enrollment is down. There were issues with getting promotional materials printed, approved, and out on time; therefore, this initiative has been moved to Q3.</p> <p>For Pregnancy Matters, there were issues with perinatal database which has since been resolved and is currently on track to meet year-end goals.</p> <p>The Kids and Teens Challenge is for Well-care and includes an incentive program. Enrollment for this initiative is down. Promotional materials will be received in Q3 and efforts to meet goals will continue.</p> <p>The Smoking Cessation Program is on track.</p> <p>Member Health Education Classes are on track to meet year-end goals. CVH has improved the locations of these meetings so that they are more convenient to members.</p> <p>Barriers to full implementation of activities have been identified and are being addressed. Efforts to implement all initiatives will continue through 2016.</p>	
<p>#8 Standing Reports</p> <ul style="list-style-type: none"> Finance Report William Gregor, CFO 	<p><u>Finance</u></p> <p>Financial Statements as of August 31, 2016:</p>	<p>Motion: Approve Standing Reports</p> <p><i>13-0-0-4 (Naz / Neves)</i></p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Compliance Mary Beth Corrado, CCO 	<p>Current assets are \$130M and current liabilities are \$100.8M, with a current ratio of 1.29. TNE at the end of August was \$40.4M</p> <p>Total revenues are approximately \$185.7M, which is above budgeted amount due to increase in enrollment. Total cost of medical care expense and administrative service agreement fees expense are also higher due to increase in enrollment. Unknown for FY2017 financials are premium taxes as DHCS is in process of finalizing tax amounts; however, it is expected that the impact will be relatively minimal. Other expenses are in line with budget for the current fiscal year. Net income was \$2.1M for FY to date.</p> <p>A routine DMHC financial examination was recently completed and concluded week ending 10/14/16. The previous audit was held in 2012; audits are conducted approximately every three years. During the exit conference, there were no material findings. Basic findings revolved around claims payment. A preliminary report is expected in approximately 2 – 4 weeks from DMHC at which time CVH will have the opportunity to formally respond to the report. The report will then become finalized and made public on the DMHC website.</p> <p><u>Compliance</u></p> <p>MB Corrado presented the Compliance report. DMHC and DHCS held a joint medical audit earlier in the year. A preliminary response from DHCS was received in September which identified three deficiencies; one which was related to claims in which CVH offered mitigating information and evidence showing disagreement in the extent of their findings. A response is currently pending. DMHC findings were also received for the two audits conducted; one audit was conducted on</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<p>SPD population and the second covered total Medi-Cal business. The SPD audit contained one deficiency and the full medical audit identified four deficiencies; one of which was the same identified in the SPD audit, three related to grievances, and one in relation to an ID card issue. Overall, the joint audit went well, deficiencies were minimal and several have since been corrected. A corrective action plan is owed to both DMHC and DHCS after which final reports will be issued and become public.</p> <p>The next Public Policy Committee meeting is scheduled for December 7, 2016 at CalViva Health. All Commissioners are invited to attend and observe.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Report</p> <p>Dr. Marabella presented the Appeals and Grievances through August 2016.</p> <ul style="list-style-type: none"> • Grievance numbers have leveled off, including Quality of Service and Quality of Care which are slightly lower than the beginning of the year. • The number of Exempt grievances is currently better than in the past. • Appeals have increased slightly in August, relating to new pharmacy issues. • Current pharmacy issues continue to relate to new Hep C drugs. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator report.</p> <ul style="list-style-type: none"> • The Key Indicator Report is now a rolling 12 months. • Membership continues to increase. • ER visits have started to trend down. • Bed days per thousand have decreased. • Turn-around times are better than in previous months. • Complex and Ambulatory Case Management have now been merged into one program as of September 2016, now under Centene's new Case Management program. There will be one integrated Case Management program moving forward. The program will now be all in-house, as opposed to vendors. Once a member has been assigned a Case Manager, that Case Manager will stay assigned to the member regardless of acuity level. This supports continuity of care for members over time. • Perinatal Case Management will transition to a new program after the first of the year, 2017. <p><i>Dr. Naz stepped out at 2:07 pm</i> <i>Dr. Naz returned at 2:09 pm</i></p> <p>QI/UM</p> <p>Dr. Marabella provided the QI/UM Quarter 3 update. One QI/UM meeting was held during this reporting period, August 11, 2016, and</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>one Educational Session was held due to lack of quorum on September 15, 2016.</p> <p>Some of the Quality Improvement reports reviewed included Appeals and Grievances Dashboard, and Emergency Drug Availability, and Initial Health Assessment.</p> <p>Some of the Utilization Management reports covered included the Key Indicator Report, Specialty Referrals Reports from Delegated Entities, Utilization Management/Medical Management Concurrent Review Report, and the Qtr 2 Pharmacy Reports.</p> <p>In addition, HEDIS® Activity, Access & Availability, and Kaiser Reports were reviewed as well.</p> <p>All pertinent areas were reviewed and no significant compliance issues were identified.</p> <p>Credentialing Sub-Committee Quarterly Report</p> <p>The Credentialing Sub-Committee met on October 20, 2016. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. An Oversight Audit of several delegated entities and Health Net will be initiated within the next 60 days.</p> <p>Peer Review Sub-Committee Quarterly Report</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Executive Report G. Hund, CEO 	<p>The Peer Review Sub-Committee met on October 20, 2016. Quarter 1 and Quarter 2 date was reviewed. There are a fair number of cases open. Findings show that high volume providers are starting to get more grievances. No serious Quality of Care issues were found.</p> <p><u>Executive Report</u></p> <p>Membership growth for August was minimal with approximately 300 members added. September numbers reflect a growth in membership of approximately 1,700. October numbers not displayed on report reflect total membership currently at 358,500. Market share continues to trend upward.</p> <p>Current CVH Community initiatives include:</p> <ul style="list-style-type: none"> • The Children’s Movement • Fresno County Health Improvement Partnership • Cradle to Career (C2C) • Preterm Birth Initiative • Mobilizing for Action through Planning and Partnership (Madera county) • The Vision Program <p>Beginning in 2017, Staff will provide 5 minute educational sessions on various topics of interest to Commissioner to include TNE requirement and calculations, HEDIS, Clinical Management Trends, Network Development, etc. Commissioners should submit any topic of interest to the RHA Commission Clerk.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#9 Final Comments from Commission Members and Staff	Commissioner Winkler requested that all future RHA Commission meeting packets be posted on the CVH website.	No action was taken.
#10 Announcements	None.	
#11 Public Comment	None.	
#12 Adjourn	The meeting was adjourned at 2:22 pm The next Commission meeting is scheduled for November 17, 2016 in Fresno County.	

Submitted this Day: _____

Submitted by: _____

Cheryl Hurley
Clerk to the Commission

Item #3

Attachment 3.B

Finance Minutes
dated 9/15/16



**CalViva Health
Finance
Committee Meeting Minutes**

September 15, 2016

Meeting Location

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


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 11:10 am a quorum was present.	
#2 Finance Committee Minutes dated May 19, 2016 Attachment 2.A Action W Gregor, Chair	The minutes from May 19, 2016 Finance meeting were approved as read.	Motion: <i>Minutes were approved</i> <i>5 – 0 – 0 – 2</i> <i>(Neves / Soares)</i>
#3 Financial Statements for Fiscal Year 2016	Daniel Maychen presented the full year financials for Fiscal Year 2016.	Motion: <i>Financial Statements were approved</i>

<p>Attachment 3.A Action Daniel Maychen, Director of Finance & MIS</p>	<p>Current assets are \$140M and current liabilities are \$113.1M, with a current ratio of 1.24. TNE at the end of June 30, 2016 was approximately \$38.3M. Actual TNE is approximately 308% of the DMHC required minimum TNE amount.</p> <p>Premium capitation income was \$1.92B, which is \$180M above what was budgeted; this was due to enrollment being greater than what was budgeted. Total cost of medical care expense, administrative service agreement fee expense, and taxes are all above budgeted amounts. All expense line items are in line with budget, with the exception of depreciation expense due to the building purchase. Overall, for FY 2016, CVH is ahead of budget by \$2.9M with net income recorded at \$11.5M. There is \$154K in other income related to rental income.</p> <p>There were no audit adjustments from the Moss Adams audit. The numbers reported today is what will show in the audit report presented in October.</p>	<p>5 – 0 – 0 – 2 (Neves / Soares)</p>
<p>#4 Financial Statements as of July 31, 2016 Attachment 4.A Action Daniel Maychen, Director of Finance & MIS</p>	<p>Current assets are \$127.5M and current liabilities are \$99.4 M, with a current ratio of 1.28. TNE at the end of July was \$39.5M.</p> <p>Premium capitation income was \$94M. Total cost of medical care was \$88.6M. Net income at the end of July was \$1.1M; other income was \$47K. Unknown items related to FY 2017 are premium taxes and DHCS premium capitation rates. In reference to premium taxes, the old tax structure expired June 30, 2016. The new tax structure began July 1, 2016. Under the new tax, the tax amount</p>	<p>Motion: <i>Financial Statements were approved</i></p> <p>5 – 0 – 0 – 2 (Neves / Nikoghosian)</p>

	<p>assessed to plans could be more or less than what DHCS adjusts for in the capitation rates paid to CVH. Potentially, there is a positive or negative impact to plans based on the assessed tax amount, based on membership. Any impact will be minimal to CVH. The new tax will be on a per member per month (PMPM) basis. The new tax will impact all health care plans in the State of California, both commercial and Medi-Cal plans. In reference to DHCS premium capitation rates, DHCS is behind in paying CVH the applicable capitation rates. The current rates for FY 2017 are under review with CMS. Once those rates are approved the impact will be minimal; any increase or decrease in rates that relates to revenues has a similar impact on capitation expense because of the relationship between CVH and Heath Net.</p> <p>With regard to the building, occupancy is currently at 100% and earnings of 7% ROI is projected for the year.</p>	
#5 Announcements	DMHC Financial Audit will begin October 3, 2016, for a duration of two weeks.	
#6 Adjourn	Meeting was adjourned at 11:28 am	

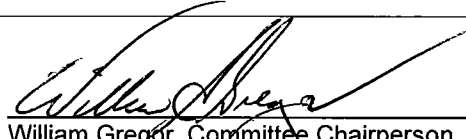
Submitted by:


Cheryl Hurley, Clerk to the Commission

Dated:

Oct. 20, 2016

Approved by Committee:


William Gregor, Committee Chairperson

Dated:

Oct. 20, 2016

Item #3

Attachment 3.C

QI/UM Committee Minutes
dated 8/11/16

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes

August 11, 2016

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)
✓	Terry Hutchison, M.D., Central California Faculty Medical Group	✓	Amy Schneider, RN, Director of Medical Management Services
✓	Brandon Foster, PhD, Family Health Care Network	✓	Brandi Ferris, 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		
✓	Fenglaly Lee, M.D., Central California Faculty Medical Group		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			

✓ = in attendance

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D, Chair	The meeting was called to order at 10:37am.	
#2 Approve Consent Agenda - Committee Minutes 5/19/16 - Pharmacy Provider Update Q2 - Health Education Incentive Programs Report - Public Programs Report - Provider Preventable Conditions - Standing Referrals Report - Provider Office Wait Time	The May minutes were reviewed and highlights from the consent agenda items were discussed. The full RDL was available at the meeting.	Motion: Approve Consent Agenda (Lee/Cardona) 5-0-0-1

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> - CCS Report Q1 & Q2 - Pharmacy Recommended Drug List (Attachments A-I) <p>Action Patrick Marabella, M.D, Chair</p>		
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard (Attachment J) <p>Informational Patrick Marabella, M.D, Chair</p>	<p>This report provides monthly data to facilitate monitoring for trends in the number and types of cases over time. The Dashboard included data through the end of June 2016.</p> <p><u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ The grievances are broken down into two categories: Expedited and Standard ➤ Grievance metrics are reported according to cases received and cases resolved within the time period. There were 175 grievances received and 195 grievances resolved in quarter 2 2016. ➤ Grievances are further broken down into three categories: Quality of Service QOS (Administrative), Quality of Care QOC (Clinical), and Exempt Grievances. ➤ A downward trend was noted for both QOS and QOC cases. <p><u>Appeals:</u></p> <ul style="list-style-type: none"> ➤ The appeals are broken down into two categories: Expedited and Standard. An increase in expedited appeals was noted over the past 6 months. ➤ Appeal metrics are reported by received date and resolved date. There were 50 appeals received in quarter 2 2016 and 44 appeals were resolved. ➤ It was noted that the most common type of appeal for quarter 2 was Pre-Service Pharmacy. This is consistent with prior months as the management of Hepatitis C continues to evolve. 	
<p>#3 QI Business</p> <p>Emergency Drugs Report (Attachment K)</p> <p>Informational Patrick Marabella, M.D, Chair</p>	<p><i>Dr. Hutchison arrived at 11:02AM.</i></p> <p>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.</p> <ul style="list-style-type: none"> ➤ The goal of 90% compliance was met overall for all counties in Quarter 4 2015 and Quarter 1 2016. Continue to monitor Provision of Emergency Medications and report results to QI/UM Committee. 	
<p>#3 QI Business</p> <p>Initial Health Assessment Audit Comprehensive Report (Attachment L)</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. IN follow up to our 2016 DHCS Audit CalViva has initiated a more comprehensive and in-depth assessment of our IHA completion rates. This new multi-pronged approach includes the following:</p> <ul style="list-style-type: none"> ➤ Medical Record Review (MRR) via onsite provider audits 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Informational Patrick Marabella, M.D, Chair	<ul style="list-style-type: none"> ➤ Monitoring of claims and encounters ➤ Member outreach <p>This new expanded report covers Quarter 1, 2016 for MRR with 64 records of new members audited. 100% of pediatric and 100% of adult records demonstrated compliance. Annual results for 2015 Member Outreach were reviewed. The initial analysis of claims and encounters data for 2015 revealed a higher completion rate for pediatric members when compared to adult members. An initial PPG report has been created to be used to provide feedback to providers on their completion rates. Quarterly reporting will continue as we refine our new reporting processes.</p>	
#3 QI Business Access After-Hours Survey Results Provider Update (Attachment M) Informational Patrick Marabella, M.D, Chair	<p>The Provider Appointment Availability & After-Hours Access Survey Results Provider Update was reviewed by the committee. This Update included results of both the Provider Appointment Availability (PAAS) and After-Hours Surveys. Results of the PAAS conducted in 2015 which focuses on appointment scheduling were positive many appointment access metrics met or exceeded the goal of 80%. Providers not meeting the established standards will be required to complete a corrective action plan.</p> <p>Results for the After-Hours Access Survey were as follows:</p> <ul style="list-style-type: none"> ➤ Overall survey results for Fresno, Kings, and Madera counties show 92% of those surveyed provided clear instructions for emergency situations. ➤ 86% of provider offices surveyed provided simple and comprehensive instructions on how to contact the on-call physician or qualified health care professional within the standard of 30 minutes for urgently needed services. <p>Providers not meeting standards will be required to complete a corrective action plan. Both of these surveys will be repeated in 2016 to evaluate the effectiveness of actions taken.</p>	
#3 QI Business Potential Quality Issues Report Q1 (Attachment N) Informational Patrick Marabella, M.D, Chair	<p>This report provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member or peer review activities. Data was reviewed including the follow up actions taken when indicated. Trends were noted to be positive.</p>	
#3 QI Business Top 10 Diagnosis Report (Attachment O) Informational Patrick Marabella, M.D, Chair	<p>The Top 10 Diagnosis Report summarizes on an annual basis the volumes for the most common conditions recorded as principal discharge diagnoses for inpatient admissions. Data is obtained from paid claims for our Medi-Cal Fee For Service and Shared Risk Membership.</p> <ul style="list-style-type: none"> ➤ Summary tables were reviewed comparing high volume diagnoses both when including and excluding pregnancy related conditions and diagnoses for the SPD and TANF populations for 2014 and 2015. ➤ The report discusses interventions already underway for these high volume diagnoses. ➤ No additional recommendations were provided by the committee membership. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#4 Quality Improvement Projects</p> <ul style="list-style-type: none"> - Cervical Cancer Screening QI Summary - Childhood Immunizations QI Summary - HEDIS® Results (Attachment P-R) <p>Action Patrick Marabella, M.D., Chair</p>	<p>➤ This report will continue to be prepared on an annual basis.</p> <p><i>P. Marabella, MD presented the HEDIS Reporting Year 2016 Update.</i></p> <p>Dr. Marabella reviewed two QI Summaries for the committee covering Cervical Cancer Screening and Childhood Immunizations. Both projects were focused in Kings County and described improvement interventions, results, and recommendations. Positive results have been identified for both projects.</p> <p><u>HEDIS® Data:</u></p> <ul style="list-style-type: none"> ➤ External Accountability Set (EAS) Performance Measures – The Department of Health Care Services (DHCS) selects a set of performance measures annually to evaluate the quality of care delivered to Med-Cal members in California. ➤ In 2016, MCP's report on 14 HEDIS® rates and the All-Cause Readmissions measure, a non-HEDIS measure for EAS performance. ➤ DHCS uses certain EAS measures to assign members to a health plan in each county. Default enrollment impacts the percentage of enrollment of members that are assigned to CalViva Health and the other health plan in each Medi-Cal County. Default Enrollment Measures include: <ul style="list-style-type: none"> ▪ Childhood Immunizations ▪ Well-Child Visits ▪ Prenatal Care ▪ HbA1c Testing ▪ Controlling High Blood Pressure ▪ Cervical Cancer Screening ➤ Managed Care Plans (MCP's) are required to meet MPLs and if performance levels are below MPLs (25th Percentile) an improvement plan must be developed and implemented. ➤ CVH's performance on the RY2016 HEDIS® measures were reviewed and opportunities for improvement identified. 	
<p>#5 UM Business</p> <p>Key Indicator Report & Turnaround Time Report (Attachment S)</p> <p>Informational Patrick Marabella, M.D., Chair</p>	<p>The Key Indicator Report reflects data as of July 31, 2016. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➤ The Managed Care Expansion (MCE) population continues to rise ➤ ER data issues previously identified have been reconciled, however the visit rate continues to rise. This appears to be impacted by the MCE population. ➤ Bed days/1000 and ALOS are demonstrating downward trends ➤ Health Net will be adopting Centene's model and software for case management which is a more locally managed model. ➤ There will no longer be a division between Ambulatory and Complex Case Management from the member's perspective. Reporting of data will be modified to address these changes. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	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.	
	<i>Dr. Hutchison left at 12:01PM.</i>	
#5 UM Business Specialty Referrals Report Qtr 1 EHS, Qtr 2 Health Net (Attachment T, U) Informational Patrick Marabella, M.D, Chair	These reports provide a summary of Specialty Referral Services that require prior authorization in the tri-county area for HN, EHS, La Salle, IMG and First Choice. These reports provide evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members. Results will continue to be monitored over time.	
	<i>Dr. Hutchison returned at 12:06PM.</i>	
#5 UM Business Utilization Management Concurrent Review Report (Attachment V) Informational Patrick Marabella, M.D, Chair	<p>The 2016 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Q1 2016. Focus is on improving member health care outcomes, minimizing readmission risk and reducing post-acute gaps in care delivery via proactive discharge planning and expeditious linkages to medically necessary health and support services.</p> <ul style="list-style-type: none"> ➤ 100% of members engaged for Transitional Care Management (TCM) received a personal health record, medication reconciliation along with other key services aimed at reducing the likelihood of hospital readmission for high risk members. ➤ For UM, 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 increased acute admission rates and increased bed days. ➤ Medical Management system enhancements have been implemented to support identification of acute care discharge barriers. 	
#5 UM Business Case Management & CCM Report (Attachment W) Informational Patrick Marabella, M.D, Chair	<p>The Case Management program provides an evidence based process for the medical management of members, including assessment, care plans and evaluation of care effectiveness. This report covers three case management programs: Ambulatory (ACM), Complex (CCM), and Perinatal (PCM). Transition to the Centene model to begin in September.</p> <p><u>ACM Analysis/Outcomes:</u></p> <ul style="list-style-type: none"> ➤ Q1 2016 acceptance rate increased from the previous quarter. Call process timeframe has been extended to allow additional time to reach and engage members. <p><u>CCM Analysis/Outcomes:</u></p> <ul style="list-style-type: none"> ➤ Focus for this quarter was to identify and engage the highest risk members for enrollment. ➤ The number of open cases decreased in Quarter 1. <p><u>PCM Analysis/Outcomes:</u></p> <ul style="list-style-type: none"> ➤ The acceptance rate has decreased from the previous quarter. This may be attributed to being 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>unable to reach the member.</p> <ul style="list-style-type: none"> ➤ Challenges in maintaining a consistent stream of new referrals from the provider community and internal sources continues. 	
<p>#6 Pharmacy Business</p> <ul style="list-style-type: none"> - Executive Summary - Operations Metrics Report - Top 30 Prior Authorizations Report - Pharmacy Policy Grid & Policies: RX-003, RX-101, RX-110, RX-114 <p>(Attachment X-AA) Informational Patrick Marabella, M.D, Chair</p>	<p>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 and Call Center metrics, and to formulate potential process improvements.</p> <p><u>Operations Metrics:</u></p> <ul style="list-style-type: none"> ➤ All second quarter 2016 pharmacy prior authorization metrics were within 5% of standard. ➤ All second quarter 2016 pharmacy call metrics met standard with the exception of Average Answer Speed for April 2016. Follow-up actions have been initiated. <p><u>Top 30 Prior Authorizations:</u></p> <ul style="list-style-type: none"> ➤ Second quarter 2016 top medication prior authorization requests varied minimally from last quarter. <p><u>Pharmacy Policy Grid:</u> The 2016 Pharmacy Policies were available at the meeting. Four policies were discussed:</p> <ol style="list-style-type: none"> 1. RX-003 – Updated to include additional detail regarding reporting parameters. 2. RX-101 – Revised to update language and provide additional information on reasons for formulary updates 3. RX-110 – Revised to include procedure for out-of-network pharmacies. 4. RX-114 – Policy revised based on a change in eligibility systems. 	<p>Motion: Approve the Pharmacy Policy Grid (Hutchison/Cardona) 6-0-0-0</p>
<p>#7 Compliance Update</p>	<p>MB Corrado presented the Compliance report.</p> <ul style="list-style-type: none"> ➤ CalViva Health is awaiting our final reports from both DHCS and DMHC related to 2016 audits. ➤ The CVH Annual Performance Evaluation received from DHCS for time period July 1 2015 to June 31 2016. This report covers the QI Program Description, Encounter Data, HEDIS Data, etc. Findings identified with the Encounter Data and CAP's in place to address findings. ➤ Status of Oversight audits of Health Net: <ul style="list-style-type: none"> ▪ Access & Availability currently in progress ▪ Continuity of Care currently in progress ▪ Claims - CAP required, and accepted by CVH ▪ Emergency Services – completed, no CAP required ▪ Pharmacy Audit – completed, no CAP required ▪ Provider Dispute – CAP required, and accepted by CVH ▪ Quality Improvement – completed, no CAP required ▪ UM – CAP required and will be implemented in stages 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#8 Old Business	None.	
#9 Announcements	None.	
#10 Public Comment	None.	
#11 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:40pm.	

NEXT MEETING: October 20th, 2016

Submitted this Day: October 20, 2016

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair

Item #3

Attachment 3.D

Compliance Report

RHA Commission Compliance – Regulatory Report



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2016 Total
# of DHCS Filings													
Administrative/ Operational	6	5	9	2	4	3	4	12	5	6	1		57
Member & Provider Materials	1	5	6	4	7	3	4	3	6	1	3		43
# of DMHC Filings	6	2	2	4	6	2	4	6	4	3	2		41
# of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)													
No/Low Risk	3	5	7	2	2	4	6	0	2	0	2		33
High Risk	0	0	1	1	0	0	0	0	0	2	0		4
# Potential Fraud cases reported to DHCS	0	0	0	1	0	0	0	0	0	0	0		1
Summary of Filings	<p>DHCS Administrative/Operational filings include ad-hoc reports, policies & procedures, Commission changes, and other Plan and Program documents.</p> <p>DHCS Member & Provider materials include advertising, health education materials, flyers, promotional items, etc.</p> <p>DMHC Filings include ad-hoc reports, Plan and Program documents, policies & procedures, advertising, flyers, promotional items, bylaw changes, Commission changes, undertakings, etc.</p> <p>Potential Privacy and Security Breach Cases - 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. 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>Potential Fraud cases - CalViva Health is required to perform a preliminary investigation and report such cases to DHCS within 10 days.</p>												

RHA Commission Compliance – Regulatory Report

Compliance Oversight & Monitoring Activities	Description
CalViva Health Oversight Meetings	<p>Health Net CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net have started additional joint meetings to review and discuss activities related to the Centene-Health Net merger that may affect CalViva Health.</p> <p>Kaiser CalViva Health and Kaiser management continue to hold quarterly Joint Operations Meetings (JOM). The last meeting was November 3, 2016. No major compliance concerns have been identified.</p>
Oversight Audits	<p>Health Net Oversight Audits: The Credentialing, Continuity of Care, and Provider Network audits are currently in progress. The Access and Availability audit is complete and there was a CAP required and it was completed on October 10, 2016. The Utilization Management audit has been completed, but an acceptable CAP is still in progress.</p> <p>Provider Dispute Resolution (PDR) Case Audits: The Q4 2015 audit is currently in progress.</p>
Regulatory Reviews/Audits	Status
Department of Managed Health Care (“DMHC”) Routine Financial Examination	<p>The DMHC completed a routine examination of the Plan as required by Section 1382 (a) of the Knox-Keene Health Care Service Plan Act. The examination reviewed the Plan’s fiscal and administrative affairs.</p> <p>The Plan received a preliminary report of the findings on November 9, 2016. The report noted there were no findings or action needed related to the Plan’s financial statements and tangible net equity calculations. There were minor findings noted regarding some Plan administrative processes. The Plan is working on a response to the preliminary report.</p>
Department of Health Care Services (“DHCS”) and Department of Managed Health Care (“DMHC”) Medical Audits	The October Compliance Report to the Commission provided information about preliminary findings from the medical audits conducted by DHCS and DMHC in April, 2016. The Plan has submitted responses to the DHCS and DMHC reports. The Plan is currently awaiting a response from the DMHC and DHCS with regards to acceptance of the responses.
New Regulation Implementation	Status
Behavioral Health Therapy (“BHT”) Transition	<p><u>Behavioral Health Treatment (BHT) Coverage for Children Diagnosed with Autism Spectrum Disorder (ASD)</u></p> <p>The DHCS transitioned the responsibility for the provision of BHT services from Regional Centers to DHCS Medi-Cal managed care health plans. The transition has been completed. Based on the information provided by the DHCS, 376 CalViva Health members had their services transitioned to the Plan.</p>
Committee Report	
Public Policy Committee	The next Public Policy Committee meeting is scheduled for December 7, 2016, 11:30 a.m. at 7625 N. Palm Ave., Suite 109, Fresno, CA 93711.

Item #5

Attachment 5.A

Attorney Services Agreement

**FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY COMMISSION
ATTORNEY SERVICES AGREEMENT**

This Agreement is effective the 1st day of ~~February 2017~~~~December 2016~~, by and between the Fresno-Kings-Madera Regional Health Authority Commission ("Commission"), and the law firm of Prentice, Long & Epperson ~~PCLLP~~ ("Firm") as General Counsel.

RECITALS

1. Commission desires to continue to engage the services of Firm to discharge the duties of the General Counsel. Commission has engaged Firm to provide the legal services described in this agreement since approximately December 1, 2014, and desires to continue to do so.
2. The Commission and Firm desire to set forth in this Agreement the terms, conditions, and benefits of such engagement.
3. Firm desires to accept the engagement as General Counsel as set forth herein.
4. This Agreement is subject to the Firm Billing Policies attached hereto as Exhibit 1 and incorporated herein. The Billing Policies are applicable and in effect unless otherwise changed by the terms of this Agreement.
5. Commission and Firm agree that the Effective Date of this Agreement shall be ~~February 1, 2017~~~~December 1, 2016~~, notwithstanding that this Agreement is executed below at a later date. Legal services provided prior to that date shall be performed under the prior legal services agreement between Commission and Firm.
6. This Agreement replaces in their entirety any and all prior agreements for legal services executed by the parties hereto.

NOW, THEREFORE, in consideration of the mutual covenants herein contained, the parties agree as follows:

SECTION I. DUTIES AND FIRM STATUS

Commission hereby retains Firm as General Counsel to perform such functions and duties and to provide legal advice and perform legal services for the Commission consistent with the role of General Counsel and as the Commission shall from time to time assign. Jason S. Epperson shall serve as the General Counsel, and David A. Prentice shall serve as the Assistant General Counsel. Other members of the Firm may be called upon to provide legal services to the Commission under the supervision and direction of General Counsel, as necessary.

SECTION 2. COMPENSATION

A. Capped Annual Fee

At the end of each month Firm will invoice Commission for all non-litigation legal services performed by Firm, which invoice is payable on receipt. The billable rate is One Hundred Eighty Dollars (\$180) per hour. Based on the Commission's estimate of 100 hours

per annum for non-litigation services, fees are capped at \$18,000. Should more than 100 hours of non-litigation services be required in a calendar year, Firm ~~shall provide such non litigation services without further expense to Commission during that calendar year and Commission shall discuss the need for said expenses and the rate at which they will be provided.~~

The scope of those services includes attendance at one regular monthly Commission meeting per month, staff meetings as required, occasional special meetings of the Commission, and all related transactional and advisory legal services. This fixed fee is subject to review and adjustment by mutual agreement, based on the amount of legal services needed by the Commission and performed by Firm in the future. Commission and Firm agree no charge will be billed by Firm for travel time to the Commission or other locations within 75 miles of the Fresno office of the Firm.

After this agreement has been in effect for one (1) year, all hourly fees charged by Firm shall be subject to an increase of 2.5% for the remainder of this agreement.

B. Litigation / Fraud Investigation Matters

In the event that the Commission or Chief Executive Officer assigns litigation matters to the Firm, special matters shall be billed as follows: \$200 per hour for Lead/Trial Attorney and \$185 per hour for other attorneys, plus costs. Paralegal services shall be billed at the rate of \$120 per hour. Litigation matters are defined for these purposes as any court action or any adjudicatory proceeding before an administrative agency, hearing officer, mediator, or arbitrator. Firm will provide a detailed hourly bill for all such services on a monthly basis, when litigation legal services are being performed by Firm.

In addition to litigation matters, the Commission may, from time to time, assign fraud investigation matters, as required by California Health and Safety Code section 1348(b). In the event a fraud investigation matter is assigned to the Firm, an attorney possessing sufficient skill, experience and knowledge shall be designated as the investigator. Billing for the investigation shall be in accordance with the litigation services referenced in this section.

Billable time additionally includes reviewing materials, drafting letters and pleadings, research, telephone calls, consultations, depositions, appearances in court (including waiting for the case to be called), and any other time required to represent the Commission in each matter. Additional billing policies are set forth in Exhibit 1 to this Agreement.

Statements are generated monthly and are due and payable within 30 days of the statement date. Any amounts not paid within 30 days of the statement date accrue interest at the current legal rate per annum from the statement date until paid. Firm shall have the right to discontinue rendering services to the Commission for nonpayment of fees, which will be considered a breach of this Agreement by Commission.

Nothing in this section requires the Commission to assign litigation to the Firm.

C. Confidentiality and Absence of Conflicts

An attorney-client relationship requires mutual trust between the client and the attorney. It is understood that communications exclusively between counsel and the client are confidential and protected by the attorney-client privilege,

To also assure mutuality of trust, Firm maintains a conflict of interest index. The California Rules of Professional Conduct defines whether a past or present relationship with any party prevents Firm from representing Commission. Similarly, Commission will be included in Firm's list of clients to ensure it complies with the Rules of Professional Conduct.

Firm warrants that no conflict exists with its current representation of other public entities and private clients. Based on that check, Firm has determined that it can provide legal services as General Counsel for the Fresno-Kings-Madera Regional Health Authority Commission.

SECTION 3. TERMINATION AND SEVERANCE

A. This Agreement shall be for a period of three (3) years and shall be effective February 1, 2017~~December 1, 2014~~ and shall expire on January 31, 2020~~17~~.

B. In the event Commission terminates this Agreement and discharges Firm from its engagement hereunder, for no reason or for any reason, Commission shall pay to Firm the sum due for services provided to the date of termination.

C. Commission may discharge Firm at any time subject to a 30-day written notice and the provisions of Section 3A above. If at the time of withdrawal or discharge Firm is representing Commission in any proceeding, then Commission will sign a Substitution of Attorney form immediately upon receipt of such a form from Firm.

D. Notwithstanding the above, Firm may withdraw from representation at any time as permitted under Rules of Professional Conduct of the State Bar of California with 30-day written notice to Commission.

SECTION 4. OTHER TERMS AND CONDITIONS OF AGREEMENT

A. The Commission, with mutual consent of the General Counsel, may amend or add any such other terms and conditions of engagement as it may determine from time to time relating to the performance of Firm.

B. Notwithstanding the withdrawal or discharge of Firm, Commission will remain obligated to pay at the agreed rate for all services already provided and to reimburse Firm for all costs advanced before the withdrawal or discharge related to work performed in litigation matters under Section 2B above.

C. Commission agrees that Firm shall have a lien on any and all sums recovered or received by Firm on Commission's behalf, for payment of any fees owing and/or any unreimbursed costs advanced for Commission.

D. Commission and Firm agree that in the event of a dispute between the parties concerning this Agreement, the prevailing party in arbitration or other legal proceeding will be entitled to recovery of reasonable attorney's fees and costs from the other party.

E. Commission and Firm also agree that the Chief Executive Officer is the responsible person for providing daily contact and direction to Firm on behalf of Commission. Firm agrees to coordinate the services to be provided with Commission to the extent required by

the Commission and the Chief Executive Officer.

SECTION 5. PERFORMANCE EVALUATION

A. Commission shall review and evaluate the performance of Firm at least once annually commencing one year from the effective date of this Agreement. Said review and evaluation shall be in accordance with specific criteria developed jointly by Commission and Firm. Said criteria may be added to or deleted from the above-described criteria, as the Commission may from time to time determine, in consultation with Firm. Further, Commission shall provide Firm with a summary written statement of Commission's findings and provide an adequate opportunity for Firm to discuss its evaluation with Commission.

B. Annually, commencing on the effective date of this Agreement, Commission and Firm shall define such goals and performance objectives that they jointly determine necessary for the effective continued relationship between Commission and Firm. Said goals and objectives shall be reduced to writing.

C. In effecting the provisions of this Section, Commission and Firm mutually agree to abide by the provisions of applicable laws.

SECTION 6. NOTICES

Notices pursuant to this Agreement shall be given by deposit in the United States Postal Service, postage prepaid, as follows:

COMMISSION:	Fresno-Kings-Madera Regional Health Authority Attn: Cheryl Hurley 1315 Van Ness Boulevard Fresno, CA 93721 <u>7625 N. Palm Ave., Ste. 109</u> <u>Fresno, CA 93711</u>
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FIRM:	Prentice, Long & Epperson PCLLP 5424 N. Palm Ave., Ste. 108 Fresno, CA 93704
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Alternatively, notices required pursuant to this Agreement may be personally served in the same manner as applicable to civil judicial process. Notice shall be deemed given as of the date of personal service or as of the date of deposit of such written notice in the United States Postal Service.

SECTION 7. INSURANCE

Firm carries errors and omissions insurance that provides aggregate coverage in excess of \$1,000,000.00. Firm maintains Workers' Compensation insurance in accordance with the requirements of California law.

Firm agrees to notify Commission in the event the limits of its errors and omissions insurance should fall below the coverage stated in this Section or if the insurance should lapse and substitute coverage is not obtained.

SECTION 8. GENERAL PROVISIONS

A. The text herein shall constitute the entire agreement between the parties. There are no oral agreements or understandings or any other written agreements which directly or indirectly affect the terms and conditions of this Agreement.

If any provision, or any portion thereof, contained in this Agreement is held unconstitutional, invalid, or unenforceable, the remainder of this Agreement, or portion thereof, shall be deemed severable, shall not be affected, and shall remain in full force and effect.

C. No addition, modification, amendment, or deletion to this Agreement shall be valid unless it is in writing and executed by the parties to this Agreement.

D. This Agreement shall be binding upon and inure to the benefit of the heirs at law and executors of Commission.

E. Commission and Firm agree that the construction and interpretation of this Agreement and the rights and duties of Commission and Firm hereunder shall be governed by the laws of the State of California.

F. Firm shall act as an independent contractor in providing the services described in this Agreement. Firm shall be solely responsible for the supervision, payment, and protection of its agents, employees, experts or consultants, if any, and furnish the services in Firm's own manner and method. In no respect shall Firm, its agents, employees, experts or consultants, if any, be considered employees of Commission.

O. Firm agrees to scrupulously avoid performing services for any party or entering into any contractual or other relationship with any party which might create a conflict with the rendering of services under this Agreement. Firm shall immediately inform Commission of any conflict of interest or potential conflict of interest which may arise during the term of this Agreement by virtue of any past, present, or prospective act or omission of Firm.

H. Firm agrees to comply with all federal, state and local laws, rules, and regulations, now or hereafter in force, pertaining to the services performed pursuant to this Agreement. Any dispute between Firm and Commission as to the services provided pursuant to this Agreement or payment thereon shall be submitted to arbitration for resolution, with the prevailing party to recover the costs and attorneys' fees of such proceedings.

I. Venue for any proceeding under this Agreement shall be in the County of Fresno.

J. Firm agrees to comply with all applicable fair employment and equal opportunity practices and not to discriminate against any applicants or employees of Firm because of their membership in a protected class.

K. This Agreement contemplates Firm shall provide professional services described herein, without assignment to outside individuals or entities. This Agreement, or any portion thereof, shall not be assigned or delegated without the prior written consent of Commission. Delegation to attorneys outside Firm shall be limited to those situations in which Firm is disqualified due to a conflict of interest or where Firm does not possess the expertise to competently perform services in a particular practice area. Firm shall supervise delegated work except when precluded from doing so by virtue of a conflict of interest.

L. All legal files pertaining to Commission shall be and will remain the property of Commission. Firm will control the physical location of such files during the term of this Agreement.

IN WITNESS WHEREOF, the Fresno-Kings-Madera Regional Health Authority Commission has caused this Agreement to be signed and executed on its behalf by its Chief Executive Officer and duly attested by its Commission Clerk, and Firm's representative has signed and executed this Agreement the day and year written below.

FRESNO-KINGS-MADERA REGIONAL
HEALTH AUTHORITY COMMISSION

By: _____
Gregory Hund, Chief Executive Officer

Dated: _____

PRENTICE, LONG & EPPERSON ~~PCLLP~~

By: _____
Jason S. Epperson, Partner

Dated: _____

ATTEST:

Clerk of the Fresno-Kings-Madera
Regional Health Authority Commission

EXHIBIT 1

COMPENSATION SCHEDULE AND REIMBURSABLE EXPENSES

REIMBURSABLE EXPENSES:

In-house duplication costs (50 copies or more)	\$0.10/page
Reproduction/duplication costs performed by an outside service	Actual Cost
Extraordinary postage or overnight delivery charges (e.g., FedEx, OnTrac, UPS)	Actual Cost
Fax transmissions (incoming and outgoing)	\$.50 per page
Court filing fees	Actual Cost
Attorney services (includes service of process fees, arbitrators, and mediators)	Actual Cost
Messenger services	Actual Cost
Online legal research outside of our prepaid service fee	Prorated so Client pays its proportionate share
Data analysis subscription fees associated with legal office or related software	Prorated so Client pays its proportionate share
Parking and toll fees	Actual Cost
Any other expense not listed above that becomes necessary for the successful resolution of a client matter	Actual Cost

Item #6

Attachment 6.A

Financial Report
as of October 31, 2016

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Balance Sheet
As of October 31, 2016

	<u>Total</u>
ASSETS	
Current Assets	
Bank Accounts	
Cash	115,036,151.90
Savings CD	0.00
ST Investments	0.00
Wells Fargo Money Market Mutual Funds	3,331.47
Total Bank Accounts	\$ 115,039,483.37
Accounts Receivable	
Accounts Receivable	51,440,226.71
Total Accounts Receivable	\$ 51,440,226.71
Other current assets	
Interest Receivable	6,606.94
Investments - CDs	5,003,917.27
Prepaid Expenses	656,663.99
Security Deposit	0.00
Total Other current assets	\$ 5,667,188.20
Total Current Assets	\$ 172,146,898.28
Fixed Assets	
Buildings	7,626,407.13
Computers & Software	14,499.04
Land	3,161,419.10
Office Furniture & Equipment	184,194.35
Total Fixed Assets	\$ 10,986,519.62
Other Assets	
Investment -Restricted	308,589.62
Total Other Assets	\$ 308,589.62
TOTAL ASSETS	\$ 183,442,007.52
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	504,878.95
Accrued Admin Service Fee	3,977,105.00
Capitation Payable	97,780,264.07
Claims Payable	51,661.03
Total Accounts Payable	\$ 102,313,909.05
Other Current Liabilities	
Accrued Expenses	17,333.32
Accrued Payroll	50,147.54
Accrued Vacation Pay	184,550.85
Amt Due to DHCS	0.00
IBNR	149,087.86
Loan Payable-Current	0.00
Premium Tax Payable	208,137.41
Premium Tax Payable to BOE	291,114.05
Premium Tax Payable to DHCS	37,485,222.33
Total Other Current Liabilities	\$ 38,385,593.36
Total Current Liabilities	\$ 140,699,502.41
Long-Term Liabilities	
Renters' Security Deposit	36,500.00
Subordinated Loan Payable	0.00
Total Long-Term Liabilities	\$ 36,500.00
Total Liabilities	\$ 140,736,002.41
Equity	
Retained Earnings	38,352,168.72
Net Income	4,353,836.39
Total Equity	\$ 42,706,005.11
TOTAL LIABILITIES AND EQUITY	\$ 183,442,007.52

Fresno-Kings-Madera Regional Health Authority dba CalViva Health

Income Statement

July - October, 2016

	<u>Total</u>
Income	
Interest Earned	36,933.03
Premium/Capitation Income	417,377,545.94
Total Income	\$ 417,414,478.97
Cost of Medical Care	
Capitation - Medical Costs	357,471,089.63
Medical Claim Costs	648,711.50
Total Cost of Medical Care	\$ 358,119,801.13
Gross Margin	\$ 59,294,677.84
Expenses	
Admin Service Agreement Fees	15,792,172.00
Bank Charges	2,906.28
Computer/IT Services	47,626.88
Depreciation Expense	96,868.28
Dues & Subscriptions	43,626.27
Insurance	60,615.07
Labor	793,102.43
Legal & Professional Fees	48,033.50
License Expense	199,867.48
Marketing	182,835.11
Meals and Entertainment	4,926.74
Office Expenses	24,525.52
Parking	458.24
Postage & Delivery	532.72
Printing & Reproduction	742.82
Recruitment Expense	35,730.40
Rent	1,200.00
Seminars and Training	3,823.29
Supplies	3,707.18
Taxes	37,781,185.98
Telephone	6,039.26
Travel	7,050.72
Total Expenses	\$ 55,137,576.17
Net Operating Income	\$ 4,157,101.67
Other Income	
Other Income	196,734.72
Total Other Income	\$ 196,734.72
Net Other Income	\$ 196,734.72
Net Income	\$ 4,353,836.39

Item #6

Attachment 6.B

Appeals & Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2016

Current as of End of the Month: September

Revised Date: 10/26/2016

CalViva - 2016																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2016 YTD	2015 YTD
Expedited Grievances Received	9	14	14	37	4	12	10	26	6	7	7	20	0	0	0	0	83	131
Standard Grievances Received	71	70	70	211	49	58	46	153	50	60	47	157	0	0	0	0	521	935
Total Grievances Received	80	84	84	248	53	70	56	179	56	67	54	177	0	0	0	0	604	1066
Grievance Ack Letters Sent Noncompliant	0	0	2	2	4	0	0	4	1	1	0	2	0	0	0	0	8	10
Grievance Ack Letter Compliance Rate	100.0%	100.0%	97.1%	99.1%	91.8%	100.0%	100.0%	97.4%	98.0%	98.3%	100.0%	98.7%	0.0%	0.0%	0.0%	0.0%	98.46%	98.9%
Expedited Grievances Resolved Noncompliant	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	4
Expedited Grievances Resolved Compliant	9	13	14	36	4	12	9	25	7	6	8	21	0	0	0	0	82	125
Expedited Grievance Compliance rate	100.0%	92.3%	100.0%	97.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	98.80%	96.9%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Standard Grievances Resolved Compliant	55	66	75	196	68	45	57	170	44	56	60	160	0	0	0	0	526	963
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.00%	99.8%
Total Grievances Resolved	64	80	89	233	72	57	66	195	51	62	68	181	0	0	0	0	609	1094
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	42	52	56	150	41	43	45	129	38	48	47	133	0	0	0	0	412	659
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0
Access - PCP - DHCS	13	16	12	41	7	14	11	32	4	8	9	21	0	0	0	0	94	103
Access - Spec - DHCS	4	1	6	11	0	2	3	5	2	5	1	8	0	0	0	0	24	36
Access - Other - DMHC	4	6	3	13	0	1	1	2	2	0	1	3	0	0	0	0	18	64
Interpersonal	8	6	17	31	12	12	14	38	10	11	9	30	0	0	0	0	99	128
Administrative	8	13	8	29	3	5	11	19	13	12	15	40	0	0	0	0	88	273
Pharmacy	0	5	2	7	2	1	0	3	1	1	1	3	0	0	0	0	13	20
Other	5	5	8	18	17	8	5	30	6	11	10	27	0	0	0	0	75	35
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Quality Of Care Grievances	22	28	33	83	31	14	21	66	13	14	21	48	0	0	0	0	197	435
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - PCP - DHCS	5	11	5	21	7	3	2	12	1	3	7	11	0	0	0	0	44	99
Access - Spec - DHCS	2	1	2	5	0	0	0	0	1	0	0	1	0	0	0	0	6	8
Access - Other - DMHC	1	1	1	3	1	1	1	3	0	0	1	1	0	0	0	0	7	10
PCP Care	6	5	12	23	11	5	7	23	7	7	9	23	0	0	0	0	69	130
PCP Delay	1	4	5	10	5	3	7	15	1	3	3	7	0	0	0	0	32	100
Specialist Care	4	3	6	13	4	1	4	9	1	0	0	1	0	0	0	0	23	40
Specialist Delay	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	17
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	2	3	2	7	3	1	0	4	2	1	1	4	0	0	0	0	15	31
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Exempt Grievances Received - Old Classifications	198	208	0	406	0	0	0	0	0	0	0	0	0	0	0	0	406	1192
Access	24	31	0	55	0	0	0	0	0	0	0	0	0	0	0	0	55	220
Attitude/Service	78	74	0	152	0	0	0	0	0	0	0	0	0	0	0	0	152	513
Authorization	7	17	0	24	0	0	0	0	0	0	0	0	0	0	0	0	24	62
Benefit Issue	10	4	0	14	0	0	0	0	0	0	0	0	0	0	0	0	14	48
Other	12	22	0	34	0	0	0	0	0	0	0	0	0	0	0	0	34	78
PCP Assignment/Transfer	67	60	0	127	0	0	0	0	0	0	0	0	0	0	0	0	127	271
Exempt Grievances Received - New Classifications			237	237	293	205	179	677	161	177	128	466						
Avail of Appt w/ PCP			19	19	35	18	16	69	11	24	19	54						
Avail of Appt w/ Specialist			0	0	0	0	0	0	0	2	0	2						
Avail of Appt w/ Other Providers			0	0	0	0	0	0	0	0	0	0						
Wait Time - Too Long on Telephone			6	6	1	2	3	6	6	2	4	12						
Wait Time - In Office for Scheduled Appt			3	3	4	6	3	13	4	3	2	9						
Health Care Benefits			0	0	0	0	0	0	0	0	0	0						
Interpersonal - Behavior of Clinic/Staff - Provider			46	46	57	60	48	165	42	54	36	132						
Interpersonal - Behavior of Clinic/Staff - Vendor			0	0	1	1	2	4	2	1	1	4						
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff			3	3	10	9	11	30	4	6	3	13						
PCP Assignment			130	130	122	65	63	250	62	46	39	147						
Authorization			7	7	13	9	10	32	8	10	11	29						
Claims Complaint			2	2	1	0	0	1	0	0	0	0						
Eligibility Issue			8	8	8	4	5	17	6	4	0	10						
ID Card - Not Received			4	4	28	15	4	47	7	8	0	15						
Information Discrepancy			1	1	0	0	0	0	0	0	0	0						
Pharmacy			8	8	13	9	9	31	7	11	8	26						
Other			0	0	0	7	5	12	2	6	5	13						

CalViva Health Appeals and Grievances Dashboard 2016

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	6	2	1	9	8	4	4	16	4	9	5	18	0	0	0	0	43	49
Standard Appeals Received	5	7	13	25	11	6	13	30	15	16	14	45	0	0	0	0	100	154
Total Appeals Received	11	9	14	34	19	10	17	46	19	25	19	63	0	0	0	0	143	203
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.00%	98.7%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Expedited Appeals Resolved Compliant	5	3	0	8	8	4	5	17	3	10	5	18	0	0	0	0	43	47
Expedited Appeals Compliance Rate	100.0%	100.0%	0.0%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.00%	95.9%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	6	5	11	22	8	14	5	27	11	13	16	40	0	0	0	0	89	156
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.00%	100.0%
Total Appeals Resolved	11	8	11	30	16	18	10	44	14	23	21	58	0	0	0	0	132	205
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	11	8	11	30	16	18	10	44	13	22	19	54	0	0	0	0	128	202
Pharmacy	6	5	3	14	7	7	8	22	7	7	5	19	0	0	0	0	55	118
Surgery	1	0	1	2	2	5	1	8	2	4	2	8	0	0	0	0	18	17
DME	2	1	5	8	2	3	0	5	1	7	4	12	0	0	0	0	25	36
Consultation	2	0	0	2	3	1	0	4	2	2	3	7	0	0	0	0	13	11
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	2	2	4	2	2	1	5	1	2	5	8	0	0	0	0	17	20
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	1	1	2	4	0	0	0	0	4	3
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	1	1	2	4	0	0	0	0	4	1
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	10	6	10	26	9	14	8	31	9	14	14	37	0	0	0	0	94	137
Uphold Rate	90.9%	75.0%	90.9%	86.7%	56.3%	77.8%	80.0%	70.5%	64.3%	60.9%	66.7%	63.8%	0.0%	0.0%	0.0%	0.0%	71.21%	66.8%
Overturns - Full	1	1	1	3	7	4	2	13	4	6	5	15	0	0	0	0	31	58
Overturn Rate - Full	9.1%	12.5%	9.1%	10.0%	43.8%	22.2%	20.0%	29.5%	28.6%	26.1%	23.8%	25.9%	0.0%	0.0%	0.0%	0.0%	23.48%	28.3%
Overturns - Partial	0	0	0	0	0	0	0	0	1	2	1	4	0	0	0	0	4	7
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.1%	8.7%	4.8%	6.9%	0.0%	0.0%	0.0%	0.00%	3.03%	3.4%
Withdrawal	0	1	0	1	0	0	0	0	0	1	1	2	0	0	0	0	3	3
Withdrawal Rate	0.0%	12.5%	0.0%	0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.3%	4.8%	3.4%	0.0%	0.0%	0.0%	0.00%	2.27%	1.5%
Membership																		
Appeals - PTMPM	0.03	0.02	0.03	0.03	0.05	0.05	0.03	0.04	0.04	0.07	0.06	0.06	-	-	-	-	0.04	0.05
Grievances - PTMPM	0.19	0.24	0.26	0.23	0.21	0.17	0.19	0.19	0.15	0.18	0.19	0.17	-	-	-	-	0.20	0.29

CalViva SPD only																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2016 YTD	2015 YTD
Expedited Grievances Received	4	4	1	9	1	3	2	6	1	1	0	2	0	0	0	0	17	45
Standard Grievances Received	21	24	26	71	14	13	15	42	12	11	0	23	0	0	0	0	136	237
Total Grievances Received	25	28	27	80	15	16	17	48	13	12	0	25	0	0	0	0	153	282
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0
Grievance Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	93.3%	97.6%	91.7%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Expedited Grievances Resolved Compliant	4	4	1	9	1	3	2	6	1	1	2	4	0	0	0	0	19	43
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	97.73%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	17	19	26	62	23	13	13	49	14	14	10	38	0	0	0	0	149	243
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Grievances Resolved	21	23	27	71	24	16	15	55	15	15	12	42	0	0	0	0	168	287
Grievance Descriptions - Resolved Cases																		
Physical accessibility	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0
Access to primary care	7	5	3	15	6	7	3	16	0	2	5	7	0	0	0	0	38	63
Access to specialists	2	1	3	6	0	0	0	0	1	1	0	2	0	0	0	0	8	9
Out-of-network	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	2	3	5	0	1	2	3	0	0	1	1	0	0	0	0	9	24
QOC Non Access	5	8	6	19	7	0	3	10	6	4	0	10	0	0	0	0	39	87
QOS Non Access	7	7	12	26	11	8	7	26	8	8	5	21	0	0	0	0	73	104
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Exempt Grievances Received - Old Classifications	12	13	1	26	0	0	0	0	0	0	0	0	0	0	0	0	26	121
Access	1	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	22
Attitude/Service	4	4	0	8	0	0	0	0	0	0	0	0	0	0	0	0	8	63
Authorization	1	5	1	7	0	0	0	0	0	0	0	0	0	0	0	0	7	11
Benefit Issue	1	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Other	5	2	0	7	0	0	0	0	0	0	0	0	0	0	0	0	7	25
Exempt Grievances Received - New Classifications			16	16	31	24	22	77	22	19	16	57						
Avail of Appt w/ PCP			0	0	3	4	1	8	0	3	0	3						
Avail of Appt w/ Specialist			0	0	0	0	0	0	0	0	0	0						
Avail of Appt w/ Other Providers			0	0	0	0	0	0	0	0	0	0						
Wait Time - Too Long on Telephone			1	1	0	1	1	2	0	1	0	1						
Wait Time - In Office for Scheduled Appt			0	0	0	0	0	0	0	1	0	1						
Health Care Benefits			0	0	0	0	0	0	0	0	0	0						
Interpersonal - Behavior of Clinic/Staff - Provider			3	3	6	7	9	22	8	7	3	18						
Interpersonal - Behavior of Clinic/Staff - Vendor			0	0	0	1	1	2	1	0	1	2						
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff			0	0	3	1	2	6	2	0	1	3						
PCP Assignment			7	7	9	3	0	12	4	4	3	11						
Authorization			1	1	5	5	4	14	3	1	5	9						
Claims Complaint			0	0	0	0	0	0	0	0	0	0						
Eligibility Issue			0	0	1	0	0	1	1	0	0	1						
ID Card - Not Received			2	2	2	0	0	2	1	0	0	1						
Information Discrepancy			0	0	0	0	0	0	0	0	0	0						
Pharmacy			2	2	2	0	3	5	2	2	3	7						
Other			0	0	0	2	1	3	0	0	0	0						

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	1	0	0	1	1	1	0	2	1	2	0	3	0	0	0	0	6	17
Standard Appeals Received	2	6	2	10	2	3	2	7	5	4	0	9	0	0	0	0	26	48
Total Appeals Received	3	6	2	11	3	4	2	9	6	6	0	12	0	0	0	0	32	65
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	97.9%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	2	0	0	2	1	1	0	2	1	2	2	5	0	0	0	0	9	16
Expedited Appeals Compliance Rate	100.0%	0.0%	0.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Standard Appeals Resolved Compliant	2	1	7	10	1	4	1	6	2	5	4	11	0	0	0	0	27	49
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	96.1%
Total Appeals Resolved	4	1	7	12	2	5	1	8	3	7	6	16	0	0	0	0	36	68
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	4	1	7	12	2	5	1	8	1	6	6	13	0	0	0	0	33	66
Pharmacy	2	0	2	4	1	0	1	2	1	1	1	3	0	0	0	0	9	41
Surgery	0	0	0	0	0	1	0	1	0	1	0	1	0	0	0	0	2	0
DME	1	1	5	7	1	3	0	4	0	3	4	7	0	0	0	0	18	20
Consultation	1	0	0	1	0	0	0	0	0	1	1	2	0	0	0	0	3	2
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	3
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	3	1	6	10	1	5	1	7	2	2	4	8	0	0	0	0	25	46
Uphold Rate	75.0%	100.0%	85.7%	83.3%	50.0%	100.0%	100.0%	87.5%	66.7%	28.6%	66.7%	50.0%	0.0%	0.0%	0.0%	0.0%	69.4%	67.6%
Overturns - Full	1	0	1	2	1	0	0	1	1	4	1	6	0	0	0	0	9	19
Overturn Rate - Full	25.0%	0.0%	14.3%	16.67%	50.0%	0.0%	0.0%	12.50%	33.3%	57.1%	16.7%	37.50%	0.0%	0.0%	0.0%	0.00%	25.00%	27.94%
Overturns - Partial	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	2
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%	6.3%	0.0%	0.0%	0.0%	0.0%	2.8%	2.9%
Withdrawal	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Membership	21,102	21,094	21,089		21,149	21,148	21,167		21,187	21,258	21,326						187,729	
Appeals - PTMPM	0.19	0.05	0.33	0.19	0.09	0.24	0.05	0.13	0.14	0.33	0.28	0.25	-	-	-	0.00	0.14	0.27
Grievances - PTMPM	1.00	1.09	1.28	1.12	1.13	0.76	0.71	0.87	0.71	0.71	0.56	0.66	-	-	-	0.00	0.66	1.15

Item #6

Attachment 6.C

Key Indicator Report



Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP

Report from 01/01/2015 to 9/30/2016

Report created 10/26/2016

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

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Regional Team Lead Contact Information

Region

Region 3:

Contact Person

Jim Adlhoch

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 01/01/2015 to 9/30/2016
Report created 10/26/2016

ER utilization based on Claims data	2015-10	2015-11	2015-12	2015-Trenc	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	2016-Trenc	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Qtr Trend	CY- 2015	CY-2016	CY-Trend
	Quarterly Averages														Annual Averages										
Expansion Mbr Months	72,115	74,478	76,613		77,833	78,360	79,317	81,004	82,068	83,089	83,826	84,569	85,456		53,970	60,645	67,444	74,402	78,503	82,054	84,617		64,115	81,725	
Family/Adult/Other Mbr Mos	218,517	231,165	233,932		237,009	239,281	241,591	242,621	243,194	243,881	244,221	244,230	245,133		228,043	229,016	210,646	227,871	239,294	243,232	244,528		223,894	242,351	
SPD Mbr Months	27,250	27,280	27,405		27,679	27,852	28,001	28,191	28,232	28,446	28,633	28,801	28,940		26,236	26,715	26,913	27,312	27,844	28,290	28,791		26,794	28,308	
Admits - Count	2,260	2,151	2,341		2,174	2,183	2,262	2,049	2,275	2,031	2,127	2,238	2,119		2,082	2,092	2,172	2,251	2,206	2,118	2,161		2,149	2,162	
Expansion	590	552	561		532	573	568	508	608	548	565	632	553		416	477	490	568	558	555	583		488	565	
Family/Adult/Other	1,108	1,051	1,191		1,103	1,128	1,130	1,061	1,159	1,061	1,076	1,126	1,175		1,088	1,033	1,120	1,117	1,120	1,094	1,126		1,090	1,113	
SPD	561	546	581		534	481	560	478	506	421	484	479	391		572	579	556	563	525	468	451		568	482	
Admits Acute - Count	1,487	1,451	1,517		1,455	1,420	1,507	1,338	1,497	1,290	1,316	1,397	1,282		1,404	1,426	1,429	1,485	1,461	1,375	1,332		1,436	1,389	
Expansion	460	425	423		412	438	438	381	479	409	416	455	406		337	395	402	436	429	423	426		393	426	
Family/Adult/Other	506	527	564		541	535	560	509	556	492	455	497	507		531	497	509	532	545	519	486		517	517	
SPD	520	498	525		498	446	505	446	460	388	443	444	369		533	533	514	514	483	431	419		524	444	
Readmit 30 Day - Count	288	279	296		268	266	269	219	243	234	228	248	253		223	241	222	288	268	232	243		243	248	
Expansion	68	76	75		86	68	79	54	61	62	64	77	60		48	65	58	73	78	59	67		61	68	
Family/Adult/Other	80	68	76		73	88	70	59	73	77	72	72	97		69	52	64	75	77	70	80		65	76	
SPD	140	135	145		108	109	119	105	109	95	92	99	96		106	124	99	140	112	103	96		117	104	
Readmit 14 Day - Count	16	18	34		25	22	24	23	19	18	17	27	22		42	38	35	23	24	20	22		35	22	
Expansion	4	4	7		10	7	8	6	5	5	9	5	0		13	13	11	5	8	5	5		11	6	
Family/Adult/Other	6	4	9		6	6	6	8	6	3	2	13	12		8	8	9	6	6	6	9		8	7	
SPD	6	10	18		9	9	10	9	7	10	6	9	10		21	17	15	11	9	9	8		16	9	
**ER Visits - Count	17,536	16,514	16,952		18,375	18,982	18,929	17,973	18,403	16,152	15,667	14,693	4,438		16,275	15,941	16,336	17,001	18,762	17,509	11,599		16,388	15,957	
Expansion	3,827	3,180	3,470		3,737	3,551	3,906	3,745	3,932	3,840	4,058	3,514	935		2,785	3,122	3,584	3,492	3,731	3,839	2,836		3,246	3,469	
Family/Adult/Other	11,444	11,605	11,740		12,807	13,600	13,242	12,463	12,691	10,647	9,987	9,665	3,086		11,653	10,985	10,687	11,596	13,216	11,934	7,579		11,230	10,910	
SPD	2,081	1,662	1,696		1,809	1,795	1,743	1,736	1,773	1,660	1,607	1,506	415		1,837	1,833	2,024	1,813	1,782	1,723	1,176		1,877	1,560	
Admits Acute - PTMPY	53.4	51.4	53.2		50.6	49.1	51.7	45.6	50.8	43.6	44.3	46.9	42.8		54.6	54.1	52.4	52.6	50.5	46.7	44.6		53.4	47.2	
Expansion	76.5	68.5	66.3		63.5	67.1	66.3	56.4	70.0	59.1	59.6	64.6	57.0		74.9	78.1	71.6	70.3	65.6	61.9	60.4		73.5	62.6	
Family/Adult/Other	27.8	27.4	28.9		27.4	26.8	27.8	25.2	27.4	24.2	22.4	24.4	24.8		27.9	26.0	29.0	28.0	27.3	25.6	23.9		27.7	25.6	
SPD	247.0	240.2	254.4		231.5	207.2	240.0	203.5	215.1	177.6	202.8	199.6	162.1		261.8	260.2	247.9	247.2	226.3	198.7	188.1		254.2	204.1	
Bed Days Acute - PTMPY	296.8	248.9	239.5		257.6	228.8	254.1	214.2	225.5	198.3	200.2	209.6	193.6		262.8	245.1	261.8	261.5	246.8	212.7	201.1		257.9	220.0	
Expansion	465.4	371.1	373.4		368.0	353.6	344.3	296.9	326.8	296.2	304.8	338.3	303.0		333.7	353.7	337.0	402.4	355.2	306.6	315.4		359.2	325.2	
Family/Adult/Other	107.5	102.3	97.4		104.1	89.1	97.6	85.2	85.7	89.5	74.8	85.5	93.5		106.7	86.8	104.5	102.3	96.9	86.8	84.6		100.0	89.4	
SPD	1,546.1	1,209.7	1,093.4		1,269.4	1,090.5	1,347.4	1,080.3	1,133.2	843.3	956.0	878.3	719.0		1,463.2	1,354.4	1,514.5	1,282.7	1,235.9	1,018.5	850.7		1,403.0	1,032.9	
ALOS Acute	5.6	4.8	4.5		5.1	4.7	4.9	4.7	4.4	4.6	4.5	4.5	4.5		4.8	4.5	5.0	5.0	4.9	4.6	4.5		4.8	4.7	
Expansion	6.1	5.4	5.6		5.8	5.3	5.2	5.3	4.7	5.0	5.1	5.2	5.3		4.5	4.5	4.7	5.7	5.4	5.0	5.2		4.9	5.2	
Family/Adult/Other	3.9	3.7	3.4		3.8	3.3	3.5	3.4	3.1	3.7	3.3	3.5	3.8		3.8	3.3	3.6	3.6	3.5	3.4	3.5		3.6	3.5	
SPD	6.3	5.0	4.3		5.5	5.3	5.6	5.3	5.3	4.7	4.7	4.4	4.4		5.6	5.2	6.1	5.2	5.5						

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 01/01/2015 to 9/30/2016
Report created 10/26/2016

Utilization based on Claims data																												
	2015-10	2015-11	2015-12	2015-Trend	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	2016-Trend	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Qtr Trend	CY- 2015	CY-2016	CY-Trend			
Services	TAT Compliance Goal: 100%				TAT Compliance Goal: 100%										TAT Compliance Goal: 100%										TAT Compliance Goal: 100%			
Preservice Routine	100.0%	96.7%	93.3%		96.7%	86.7%	100.0%	100.0%	100.0%	73.3%	73.3%	93.3%	100.0%		98.9%	97.8%	97.8%	96.7%	94.5%	91.1%	88.9%		98%	88%				
Preservice Urgent	96.7%	100.0%	96.7%		90.0%	93.3%	100.0%	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%		98.9%	96.7%	95.6%	97.8%	94.4%	97.8%	100.0%		97%	92%				
Postservice	96.7%	83.3%	93.3%		80.0%	93.6%	100.0%	100.0%	96.7%	100.0%	100.0%	90.0%	100.0%		95.6%	100.0%	96.7%	91.1%	91.2%	98.9%	96.7%		96%	87%				
Concurrent (inpatient only)	100.0%	93.3%	96.7%		100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	90.0%	96.7%	93.3%		96.7%	100.0%	97.8%	96.7%	100.0%	100.0%	93.3%		98%	100%				
Deferrals - Routine	100.0%	96.7%	100.0%		80.0%	73.3%	100.0%	100.0%	96.7%	73.3%	100.0%	96.7%	100.0%		100.0%	100.0%	95.6%	98.9%	84.4%	90.0%	98.9%		99%	77%				
Deferrals - Urgent	100.0%	100.0%	88.9%		50.0%	61.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	96.3%	70.5%	100.0%	100.0%		99%	56%				
Deferrals - Post Service	null	null	null		null	null	null	null	null	null	null	null	null		null	null	null	null	null	null	null		null	null				
	CCS ID RATE				CCS ID RATE										CCS ID RATE										CCS ID RATE			
CCS %	7.37%	7.31%	7.20%		7.61%	7.17%	7.25%	7.20%	7.30%	7.35%	7.43%	7.36%	7.23%		7.37%	7.42%	7.78%	7.29%	7.34%	7.28%	7.34%		7.47%	7.45%				
	Inpatient Maternity Utilizatin ALL CV Mbrshp				Inpatient Maternity Utilizatin ALL CV Mbrshp										Inpatient Maternity Utilizatin ALL CV Mbrshp													
	Rate Per Thousand				Rate Per Thousand										Rate Per Thousand													
Births	22.7	21.4	23.8		20.9	21.5	20.8	19.6	21.6	20.6	23.0	23.9	23.8		21.9	20.8	22.9	22.6	21.1	20.6	23.6		22.1					
OB % Days	16.9%	13.9%	15.0%		13.5%	16.0%	14.2%	15.1%	15.1%	16.8%	18.9%	18.3%	19.7%		16.0%	13.5%	15.2%	16.9%	14.6%	15.7%	19.0%		17.0%					
OB % Admits	28.0%	28.2%	29.0%		27.7%	28.5%	26.8%	28.1%	28.0%	30.0%	32.2%	31.8%	33.6%		27.1%	26.2%	28.7%	28.3%	27.7%	28.7%	32.5%		30.0%					
	Complex Cases				Complex Cases										Complex Cases										Complex Cases			
Total Members Outreached	70	74	69		97	163	63	132	79	83	177	147	0		30	97	1012	213	323	294	324		1352					
Total New Cases Open	19	11	29		31	37.0	9	32	37	30	46	73	2		12	34	203	59	77	99	121		308					
Total Cases Closed	145	68	145		83	173	95	88	138	107	102	147	105		40	42	821	358	351	328	354		1261					
Total Cases Open During Month	229	190	205		162	180	132	137	135	106	118	151	126		36	50	245	279	222	205	183		N/A					
	Ambulatory Case Management				Ambulatory Case Management										Ambulatory Case Management										Ambulatory Case Management			
Total Outreached	98	73	77		112	138	138	133	113	68	67	61			288	220	291	248	388	314	128		1047	830				
Accepted	47	29	32		58	77	62	68	48	23	27	25			179	106	182	108	197	139	52		575	388				
Acceptance Rate	48%	40%	42%		52%	56%	45%	51%	42%	34%	40%	41%			62%	48%	62%	44%	51%	44%	40%		55%	47%				
New Cases Opened	50	25	34		60	74	63	68	45	20	27	31			168	98	153	109	197	133	58		528	388				
Total Cases Open During Period	240	232	222		235	258	222	299	294	251	210	197			NA	NA	NA	NA	NA	NA	NA		NA	N/A				
Total Cases Closed	34	42	44		51	33	54	50	63	66	46	61			183	127	92	120	138	179	107		522	424				
Cases Ending Open	206	190	178		184	225	168	249	231	185	164	136			NA	NA	NA	NA	NA	NA	NA		NA	N/A				
	Perinatal Case Management				Perinatal Case Management										Perinatal Case Management										Perinatal Case Management			
Total Outreached	7	17	14		15	15	12	41	77	61	80	20			60	40	42	38	42	179	100		180	321				
Accepted	3	8	4		6	7	1	8	12	9	9	3			31	22	15	15	14	29	12		83	55				
Acceptance Rate	43%	47%	29%		40%	47%	8%	20%	16%	15%	11%	15%			52%	53%	36%	40%	32%	16%	13%		45%	17%				
New Cases Opened	5	9	6		7	8	5	7	13	10	9	2			33	25	14	20	20	30	11		92	61				
Total Cases Open During Period	31	34	30		33	35	31	44	44	50	55	45			NA	NA	NA	NA	NA	NA	NA		NA	N/A				
Total Cases Closed	4	10	3		6	4	6	13	5	4	10	13			22	29	23	17	16	22	23		91	61				
Cases Ending Open	27	24	27		27	31	25	31	39	46	45	32			NA	NA	NA	NA	NA	NA	NA		NA	N/A				
	Integrated Case Management				Integrated Case Management										Integrated Case Management										Integrated Case Management			
Total Outreached																												
Accepted																												
Acceptance Rate																												
Total Screened and Refused/Decline																												
Unable to Reach																												
New Cases Opened																												
Total Cases Closed																												
Cases Ending Open																												
Total Cases Open During Period																												
Critical-Complex Acuity																												
High/Moderate/Low Acuity																												
	Record Processing				Record Processing										Record Processing										Record Processing			
Total Records	5,168	4,707	4,991		4,849	4,817	5,388	4,685	4,978	4,872	4,572	5,182	5,054		13,724	19,618	14,421	14,866	15,054	14,535	14,808		62,629	44,397				
Total Admissions	2,210	2,090	2,272		2,181	2,132	2,200	1,999	2,232	2,003	2,080	2,189	2,142															
Total Precerts	-	-	-																									

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 01/01/2015 to 9/30/2016
Report created 10/26/2016
Fresno County

utilization based on Claims data	2015-10	2015-11	2015-12	2015-Trend	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	2016-Trenc	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Qtr Trend	CY- 2015	CY-2016	CY-Trend
Quarterly Averages																								
Annual Averages																								
Expansion Mbr Months	59,247	61,427	63,389		64,423	64,812	65,633	67,185	68,181	69,083	69,746	70,416	71,268		43,865	49,144	55,010	61,354	64,956	68,150		52,343	67,861	
Family/Adult/Other Mbr Mos	179,479	190,903	193,443		195,605	197,363	199,333	199,989	200,523	201,092	201,400	201,471	202,483		186,976	187,118	172,224	187,942	197,434	200,535		183,565	199,918	
SPD Mbr Months	22,998	23,033	23,145		23,369	23,542	23,669	23,850	23,890	24,080	24,251	24,403	24,520		22,160	22,556	22,705	23,059	23,527	23,940		22,620	23,953	
Admits - Count	1,907	1,803	1,948		1,874	1,941	2,004	1,781	2,000	1,806	1,856	1,952	1,811		1,759	1,748	1,808	1,886	1,940	1,862		1,800	1,892	
Expansion	492	440	458		461	506	508	436	536	477	499	564	474		346	389	402	463	492	483		400	496	
Family/Adult/Other	934	891	987		935	999	977	906	1,003	946	914	961	991		913	859	924	937	970	952		908	959	
SPD	480	470	496		475	436	515	437	459	382	441	426	346		497	497	477	482	475	426		488	435	
Admits Acute - Count	1,253	1,225	1,259		1,259	1,254	1,340	1,175	1,335	1,131	1,158	1,230	1,109		1,189	1,197	1,198	1,246	1,284	1,214		1,208	1,221	
Expansion	386	343	349		357	382	390	324	432	353	369	410	351		284	323	333	359	376	370		325	374	
Family/Adult/Other	425	455	459		457	468	480	443	483	426	382	424	431		441	416	419	446	468	451		431	444	
SPD	441	426	447		443	404	466	406	418	351	405	395	327		462	457	442	438	438	392		450	402	
Readmit 30 Day - Count	244	240	255		238	236	242	192	217	210	205	224	222		204	205	187	246	239	206		211	221	
Expansion	57	63	65		74	61	68	43	51	54	57	70	52		45	52	48	62	68	49		52	59	
Family/Adult/Other	65	57	67		65	73	59	52	64	68	60	62	81		62	47	52	63	66	61		56	65	
SPD	122	120	123		98	102	114	96	102	88	88	92	89		97	106	86	122	105	95		103	97	
Readmit 14 Day - Count	15	16	28		19	19	23	21	18	15	25	21	21		39	33	30	20	20	19		31	20	
Expansion	4	3	6		5	5	8	4	4	5	7	5	0		13	11	10	4	6	4		10	5	
Family/Adult/Other	5	4	7		6	5	5	8	6	3	2	11	12		7	7	6	5	5	6		6	6	
SPD	6	9	15		8	9	10	9	7	10	6	9	9		19	15	14	10	9	9		15	9	
**ER Visits - Count	14,337	13,267	13,595		15,169	15,611	15,608	14,824	15,092	13,247	12,969	12,544	4,084		16,275	15,941	13,302	13,733	15,463	14,388		14,813	13,239	
Expansion	3,100	2,482	2,774		3,139	2,928	3,243	3,082	3,182	3,147	3,302	3,016	902		2,785	3,122	2,887	2,785	3,103	3,137		2,895	2,882	
Family/Adult/Other	9,343	9,385	9,401		10,507	11,150	10,912	10,277	10,457	8,723	8,299	8,199	2,780		11,653	10,985	8,692	9,376	10,856	9,819		10,177	9,034	
SPD	1,742	1,342	1,393		1,506	1,502	1,422	1,445	1,447	1,375	1,358	1,322	400		1,837	1,833	1,691	1,492	1,477	1,422		1,713	1,309	
Admits Acute - PTMPY	54.6	52.6	53.4		52.9	52.5	55.6	48.4	54.8	46.1	47.0	49.8	44.6		56.4	55.5	53.5	53.5	53.7	49.8		54.7	50.2	
Expansion	78.2	67.0	66.1		66.5	70.7	71.3	57.9	76.0	61.3	63.5	69.9	59.1		77.8	78.9	72.6	70.3	69.5	65.1		74.5	66.2	
Family/Adult/Other	28.4	28.6	28.5		28.0	28.5	28.9	26.6	28.9	25.4	22.8	25.3	25.5		28.3	26.7	29.2	28.5	28.5	27.0		28.2	26.6	
SPD	250.5	244.9	257.2		243.9	222.2	261.1	219.9	230.6	190.4	218.2	209.5	169.3		269.1	264.6	252.3	250.8	242.4	213.5		259.1	218.0	
Bed Days Acute - PTMPY	274.7	246.5	234.7		264.6	247.5	263.6	231.5	241.0	211.7	212.2	230.2	196.1		278.5	251.8	275.6	251.8	258.6	228.0		264.2	232.9	
Expansion	484.3	347.7	357.6		398.6	381.4	339.7	304.2	358.2	317.9	326.0	377.0	304.6		352.2	365.9	338.5	395.1	373.1	326.8		364.4	344.7	
Family/Adult/Other	113.9	102.3	93.7		93.8	92.4	103.8	91.1	85.0	90.1	71.1	89.6	89.0		110.8	88.2	109.1	103.0	96.7	88.7		102.7	89.5	
SPD	1,150.5	1,215.0	1,080.0		1,336.1	1,191.2	1,396.3	1,196.5	1,213.1	920.4	1,047.5	960.4	764.9		1,546.0	1,358.4	1,603.5	1,148.4	1,308.0	1,109.4		1,412.3	1,111.4	
ALOS Acute	5.0	4.7	4.4		5.0	4.7	4.7	4.8	4.4	4.6	4.5	4.6	4.4		4.9	4.5	5.1	4.7	4.8	4.6		4.8	4.6	
Expansion	6.2	5.2	5.4		6.0	5.4	4.8	5.3	4.7	5.2	5.1	5.4	5.2		4.5	4.6	4.7	5.6	5.4	5.0		4.9	5.2	
Family/Adult/Other	4.0	3.6	3.3		3.3	3.2	3.6	3.4	2.9	3.5	3.1	3.5	3.5		3.9	3.3	3.7	3.6	3.4	3.3		3.6	3.4	
SPD	4.6	5.0	4.2		5.5	5.4	5.3	5.4	5.3	4.8	4.8	4.6	4.5		5.7	5.1	6.4	4.6	5.4	5.2		5.5	5.1	
Readmit % 30 Day - PTMPY	12.8%	13.3%	13.1%		12.7%	12.2%	12.1%	10.8%	10.9%	11.6%	11.0%	11.5%	12.3%		11.6%	11.7%	10.4%	13.1%	12.3%	11.1%		11.7%	11.7%	
Expansion	11.6%	14.3%	14.2%		16.1%	12.1%	13.4%	9.9%	9.5%	11.3%	11.4%	12.4%	11.0%		13.0%	13.4%	11.9%	13.3%	13.8%	10.2%		12.9%	11.9%	
Family/Adult/Other	7.0%	6.4%	6.8%		7.0%	7.3%	6.0%	5.7%	6.4%	7.2%	6.6%	6.5%	8.2%		6.8%	5.5%	5.6%	6.7%	6.8%	6.4%		6.2%	6.8%	
SPD	25.4%	25.5%	24.8%		20.6%	23.4%	22.1%	22.0%	22.2%	23.0%	20.0%	21.6%	25.7%		19.5%	21.2%	18.1%	25.2%	22.0%	22.4%		21.0%	22.2%	
Readmit % 14 Day - PTMPY	1.2%	1.3%	2.2%		1.5%	1.5%	1.7%	1.8%	1.3%	1.6%	1.3%	2.0%	1.9%		3.3%	2.7%	2.5%	1.6%	1.6%	1.6%		2.5%	1.6%	
Expansion	1.0%	0.9%	1.7%		1.4%	1.3%	2.1%	1.2%	0.9%	1.4%	1.9%	1.2%	0.0%		4.7%	3.3%	2.9%	1.2%	1.6%	1.2%		2.9%	1.3%	
Family/Adult/Other	1.2%	0.9%	1.5%		1.3%	1.1%	1.0%	1.8%	1.2%	0.7%	0.5%	2.6%	2.8%		1.6%	1.6%	1.5%	1.2%	1.1%	1.3%		1.5%	1.5%	
SPD	1.4%	2.1%	3.4%		1.8%	2.2%	2.1%	2.2%	1.7%	2.8%	1.5%	2.3%	2.8%		4.1%	3.4%	3.2%	2.3%	2.1%	2.2%		3.2%	2.1%	
**ER Visits - PTMPY	624.6	569.8	576.5		637.9	653.0	647.8																	

Key Indicator Report
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Report from 01/01/2015 to 9/30/2016
Report created 10/26/2016
Kings County

utilization based on Claims data	2015-10	2015-11	2015-12	2015-Trend	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	2016-Trenc	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Qtr Trend	CY- 2015	CY-2016	CY-Trend
	Quarterly Averages														Annual Averages									
Expansion Mbr Months	5,792	5,898	6,031		6,125	6,261	6,327	6,394	6,415	6,433	6,420	6,420	6,380		4,635	5,199	5,565	5,907	6,238	6,414		5,326	6,353	
Family/Adult/Other Mbr Mos	15,783	16,404	16,560		16,958	17,262	17,435	17,528	17,493	17,550	17,585	17,568	17,353		16,937	17,348	15,500	16,249	17,218	17,524		16,508	17,415	
SPD Mbr Months	2,033	2,046	2,066		2,087	2,092	2,101	2,104	2,109	2,115	2,124	2,136	2,152		1,940	1,990	2,002	2,048	2,093	2,109		1,995	2,113	
Admits - Count	146	165	177		103	52	71	63	79	53	78	69	84		142	153	162	163	75	65		155	72	
Expansion	41	60	53		23	18	18	14	22	13	23	12	25		33	43	53	51	20	16		45	19	
Family/Adult/Other	68	70	88		57	24	43	33	49	29	44	46	47		72	72	79	75	41	37		75	41	
SPD	37	35	36		23	10	10	16	8	11	11	11	12		35	38	31	36	14	12		35	12	
Admits Acute - Count	106	105	116		63	38	44	40	42	36	47	39	46		99	102	102	109	48	39		103	44	
Expansion	35	46	38		18	14	14	8	12	10	16	8	13		26	36	39	40	15	10		35	13	
Family/Adult/Other	34	27	44		24	14	23	16	23	15	22	21	21		39	30	34	35	20	18		34	20	
SPD	37	32	34		21	10	7	16	7	11	9	10	12		34	36	29	34	13	11		33	11	
Readmit 30 Day - Count	21	21	15		9	5	4	6	5	4	7	5	7		11	17	11	19	6	5		14	6	
Expansion	9	9	6		3	2	3	1	1	0	1	1	1		2	8	6	8	3	1		6	1	
Family/Adult/Other	6	3	2		2	2	1	1	4	2	4	4	3		4	2	2	4	2	2		3	3	
SPD	6	9	7		4	1	0	4	0	2	2	0	3		5	8	3	7	2	2		6	2	
Readmit 14 Day - Count	0	2	2		0	0	0	0	0	0	1	1	0		2	4	1	1	0	0		2	0	
Expansion	0	1	0		0	0	0	0	0	0	1	0	0		0	2	0	0	0	0		1	0	
Family/Adult/Other	0	0	1		0	0	0	0	0	0	0	1	0		0	1	1	0	0	0		1	0	
SPD	0	1	1		0	0	0	0	0	0	0	0	0		1	1	0	1	0	0		1	0	
**ER Visits - Count	1,599	1,629	1,694		1,324	1,546	1,570	1,418	1,606	1,413	1,321	935	35		16,275	15,941	1,581	1,641	1,480	1,479		8,859	1,241	
Expansion	418	386	416		313	344	371	341	427	407	435	255	8		2,785	3,122	407	407	343	392		1,680	322	
Family/Adult/Other	949	1,050	1,089		833	1,027	989	897	967	825	733	575	25		11,653	10,985	973	1,029	950	896		6,160	763	
SPD	214	186	184		173	173	205	175	212	181	150	104	2		1,837	1,833	195	195	184	189		1,015	153	
Admits Acute - PTMPY	50.7	50.0	55.1		29.6	17.6	20.4	18.4	19.4	16.6	21.6	17.9	21.3		50.7	49.9	49.0	51.9	22.5	18.1		50.4	20.3	
Expansion	72.5	93.6	75.6		35.3	26.8	26.6	15.0	22.4	18.7	29.9	15.0	24.5		66.5	83.9	84.1	80.6	29.5	18.7		79.2	23.7	
Family/Adult/Other	25.9	19.8	31.9		17.0	9.7	15.8	11.0	15.8	10.3	15.0	14.3	14.5		27.6	20.5	26.3	25.8	14.2	12.3		25.0	13.7	
SPD	218.4	205.3	209.1		132.2	57.4	57.1	91.3	45.5	62.4	62.1	61.8	66.9		218.5	227.1	183.8	210.9	82.2	66.4		210.0	70.7	
Bed Days Acute - PTMPY	305.3	255.7	290.9		119.2	74.8	65.7	75.6	68.7	86.9	67.5	56.0	84.4		212.8	210.0	221.9	283.9	86.4	77.1		232.7	77.6	
Expansion	317.0	490.3	531.3		180.2	132.2	83.5	82.6	102.9	93.3	121.5	67.3	107.2		239.1	357.0	466.5	447.6	131.5	92.9		385.1	107.5	
Family/Adult/Other	79.8	68.8	109.4		53.8	30.6	42.7	21.9	44.6	43.8	37.5	41.0	58.8		94.7	63.2	82.6	86.2	42.3	36.8		81.5	41.6	
SPD	2,243.0	1,184.8	1,132.6		494.5	275.3	205.6	501.9	165.0	425.5	152.5	146.1	223.0		1,072.0	1,105.5	831.3	1,517.3	324.8	364.1		1,134.3	287.1	
ALOS Acute	6.0	5.1	5.3		4.0	4.2	3.2	4.1	3.5	5.3	3.1	3.1	4.0		4.2	4.2	4.5	5.5	3.8	4.3		4.6	3.8	
Expansion	4.4	5.2	7.0		5.1	4.9	3.1	5.5	4.6	5.0	4.1	4.5	4.4		3.6	4.3	5.5	5.6	4.5	5.0		4.9	4.5	
Family/Adult/Other	3.1	3.5	3.4		3.2	3.1	2.7	2.0	2.8	4.3	2.5	2.9	4.0		3.4	3.1	3.1	3.3	3.0	3.0		3.3	3.0	
SPD	10.3	5.8	5.4		3.7	4.8	3.6	5.5	3.6	6.8	2.5	2.4	3.3		4.9	4.9	4.5	7.2	4.0	5.5		5.4	4.1	
Readmit % 30 Day - PTMPY	14.4%	12.7%	8.5%		8.7%	9.6%	5.6%	9.5%	6.3%	7.5%	9.0%	7.2%	8.3%		7.5%	11.1%	6.8%	11.7%	8.0%	7.7%		9.3%	8.0%	
Expansion	22.0%	15.0%	11.3%		13.0%	11.1%	16.7%	7.1%	4.5%	0.0%	4.3%	8.3%	4.0%		5.1%	17.7%	11.4%	15.6%	13.6%	4.1%		12.9%	7.7%	
Family/Adult/Other	8.8%	4.3%	2.3%		3.5%	8.3%	2.3%	3.0%	8.2%	6.9%	9.1%	8.7%	6.4%		5.1%	2.3%	2.1%	4.9%	4.0%	6.3%		3.6%	6.2%	
SPD	16.2%	25.7%	19.4%		17.4%	10.0%	0.0%	25.0%	0.0%	18.2%	18.2%	0.0%	25.0%		15.1%	20.4%	10.9%	20.4%	11.6%	17.1%		16.9%	14.3%	
Readmit % 14 Day - PTMPY	0.0%	1.9%	1.7%		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.1%	2.6%	0.0%		1.7%	4.2%	1.3%	1.2%	0.0%	0.0%		2.1%	0.5%	
Expansion	0.0%	2.2%	0.0%		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.3%	0.0%	0.0%		0.0%	6.4%	0.9%	0.8%	0.0%	0.0%		2.1%	0.9%	
Family/Adult/Other	0.0%	0.0%	2.3%		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.8%	0.0%		0.9%	2.2%	2.0%	1.0%	0.0%	0.0%		1.5%	0.6%	
SPD	0.0%	3.1%	2.9%		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		4.0%	3.7%	1.1%	1.9%	0.0%	0.0%		2.8%	0.0%	
**ER Visits - PTMPY	765.0	775.7	804.0		621.3	718.0	726.3	653.5	740.7	649.7	606.7	429.5	16.2		8,306.3	7,796.1	760.2	781.6	688.8	681.3		4,330.5	573.6	
Expansion	866.0	785.4	827.7		613.2	659.3	703.7	640.0	798.8	759.2	813.1	476.6	15.0		7,211.7	7,206.5	878.4	826.1	659.2	732.8		3,785.8	608.9	
Family/Adult/Other	721.5	768.1	789.1		589.5	713.9	680.7	614.1	663.4	564.1	500.2	392.8	17.3		8,256.2	7,598.9	753.6	760.2	661.9	613.8		4,477.9	526.1	
SPD	1,263.2	1,090.9	1,068.7		994.7	992.4	1,170.9	998.1	1,206.3	1,027.0	847.5	584.3	11.2		11,358.9	11,055.3	1,171.0	1,140.4	1,052.9	1,077.1		6,105.0	867.5	

Key Indicator Report
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Report from 01/01/2015 to 9/30/2016
Report created 10/26/2016
Madera County

utilization based on Claims data	2015-10	2015-11	2015-12	2015-Trend	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	2016-Trenc	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Qtr Trend	CY- 2015	CY-2016	CY-Trend
	Quarterly Averages														Annual Averages									
Expansion Mbr Months	7,076	7,153	7,193		7,285	7,287	7,357	7,425	7,472	7,573	7,660	7,733	7,808		5,470	6,303	6,870	7,141	7,310	7,490		6,446	7,511	
Family/Adult/Other Mbr Mos	23,255	23,858	23,929		24,446	24,656	24,823	25,104	25,178	25,239	25,236	25,191	25,297		24,131	24,550	22,923	23,681	24,642	25,174		23,821	25,019	
SPD Mbr Months	2,219	2,201	2,194		2,223	2,218	2,231	2,237	2,233	2,251	2,258	2,262	2,268		2,136	2,169	2,207	2,205	2,224	2,240		2,179	2,242	
Admits - Count	207	183	216		197	190	187	205	196	172	193	217	224		181	192	202	202	191	191		194	198	
Expansion	57	52	50		48	49	42	58	50	58	43	56	54		37	45	36	53	46	55		43	51	
Family/Adult/Other	106	90	116		111	105	110	122	107	86	118	119	137		103	102	117	104	109	105		107	113	
SPD	44	41	49		36	35	35	25	39	28	32	42	33		40	44	48	45	35	31		44	34	
Admits Acute - Count	128	121	142		133	128	123	123	120	123	111	128	127		115	127	129	130	128	122		125	124	
Expansion	39	36	36		37	42	34	49	35	46	31	37	42		27	35	31	37	38	43		33	39	
Family/Adult/Other	47	45	61		60	53	57	50	50	51	51	52	55		51	51	56	51	57	50		52	53	
SPD	42	40	44		34	32	32	24	35	26	29	39	30		37	40	43	42	33	28		41	31	
Readmit 30 Day - Count	23	18	26		21	25	23	21	21	20	16	19	24		9	19	24	22	23	21		18	21	
Expansion	2	4	4		9	5	8	10	9	8	6	6	7		2	5	5	3	7	9		4	8	
Family/Adult/Other	9	8	7		6	13	10	6	5	7	8	6	13		4	3	10	8	10	6		6	8	
SPD	12	6	15		6	6	5	5	7	5	2	7	4		3	10	9	11	6	6		8	5	
Readmit 14 Day - Count	1	0	4		6	3	1	2	1	0	1	1	1		1	1	4	2	3	1		2	2	
Expansion	0	0	1		5	2	0	2	1	0	1	0	0		0	0	1	0	2	1		0	1	
Family/Adult/Other	1	0	1		0	1	1	0	0	0	0	1	0		0	0	2	1	1	0		1	0	
SPD	0	0	2		1	0	0	0	0	0	0	0	1		1	0	1	1	0	0		1	0	
**ER Visits - Count	1,600	1,618	1,663		1,882	1,825	1,751	1,731	1,705	1,492	1,377	1,214	319		16,275	15,941	1,453	1,627	1,819	1,643		8,824	1,477	
Expansion	309	312	280		285	279	292	322	323	286	321	243	25		2,785	3,122	290	300	285	310		1,624	264	
Family/Adult/Other	1,152	1,170	1,250		1,467	1,423	1,341	1,289	1,267	1,099	955	891	281		11,653	10,985	1,022	1,191	1,410	1,218		6,213	1,113	
SPD	125	134	119		130	120	116	116	114	104	99	80	13		1,837	1,833	138	126	122	111		983	99	
Admits Acute - PTMPY	45.3	42.7	50.0		46.5	44.7	42.8	42.4	41.3	42.1	37.9	43.7	43.1		43.5	46.0	45.9	46.0	44.6	41.9		45.4	42.7	
Expansion	66.1	60.4	60.1		60.9	69.2	55.5	79.2	56.2	72.9	48.6	57.4	64.5		43.5	67.3	53.6	62.2	61.8	69.4		60.5	62.7	
Family/Adult/Other	24.3	22.6	30.6		29.5	25.8	27.6	23.9	23.8	24.2	24.3	24.8	26.1		25.2	25.1	29.1	25.8	27.6	24.0		26.3	25.5	
SPD	237.9	223.5	268.0		194.3	189.4	188.3	134.1	209.6	149.3	170.1	222.8	174.6		224.7	245.3	261.0	243.1	190.6	164.3		243.7	181.4	
Bed Days Acute - PTMPY	470.5	263.4	241.2		302.2	188.8	315.4	173.2	212.6	168.7	198.0	150.7	252.7		173.9	219.0	182.2	324.8	268.9	184.8		226.0	217.8	
Expansion	429.1	473.1	380.4		255.3	296.4	610.0	415.4	232.9	271.0	264.8	211.0	448.8		266.2	256.4	220.7	427.4	388.0	306.0		296.3	333.6	
Family/Adult/Other	77.4	125.2	118.9		221.4	103.7	86.5	82.7	119.6	116.5	130.3	84.3	152.7		83.5	92.5	85.0	107.4	136.8	106.3		92.1	121.8	
SPD	5,007.7	1,177.6	1,197.8		1,295.5	789.9	1,904.1	386.2	1,193.0	410.5	728.1	684.4	693.1		958.8	1,541.7	1,218.1	2,469.3	1,330.9	662.4		1,551.6	896.7	
ALOS Acute	10.4	6.2	4.8		6.5	4.2	7.4	4.1	5.2	4.0	5.2	3.5	5.9		4.0	4.8	4.0	7.1	6.0	4.4		5.0	5.1	
Expansion	6.5	7.8	6.3		4.2	4.3	11.0	5.2	4.1	3.7	5.5	3.7	7.0		4.5	3.8	4.1	6.9	6.3	4.4		4.9	5.3	
Family/Adult/Other	3.2	5.5	3.9		7.5	4.0	3.1	3.5	5.0	4.8	5.4	3.4	5.9		3.3	3.7	2.9	4.2	5.0	4.4		3.5	4.8	
SPD	21.0	5.3	4.5		6.7	4.2	10.1	2.9	5.7	2.8	4.3	3.1	4.0		4.3	6.3	4.7	10.2	7.0	4.0		6.4	4.9	
Readmit % 30 Day - PTMPY	11.1%	9.8%	12.0%		10.7%	13.2%	12.3%	10.2%	10.7%	11.6%	8.3%	8.8%	10.7%		4.8%	9.7%	11.7%	11.1%	12.0%	10.8%		9.4%	10.7%	
Expansion	3.5%	7.7%	8.0%		18.8%	10.2%	19.0%	17.2%	18.0%	13.8%	14.0%	10.7%	13.0%		4.5%	11.9%	13.0%	6.3%	15.8%	16.3%		8.8%	14.8%	
Family/Adult/Other	8.5%	8.9%	6.0%		5.4%	12.4%	9.1%	4.9%	4.7%	8.1%	6.8%	5.0%	9.5%		3.5%	2.9%	8.5%	7.7%	8.9%	5.7%		5.8%	7.3%	
SPD	27.3%	14.6%	30.6%		16.7%	17.1%	14.3%	20.0%	17.9%	17.9%	6.3%	16.7%	12.1%		8.3%	23.3%	18.8%	24.6%	16.0%	18.5%		19.0%	15.4%	
Readmit % 14 Day - PTMPY	0.8%	0.0%	2.8%		4.5%	2.3%	0.8%	1.6%	0.8%	0.0%	0.9%	0.8%	0.8%		0.9%	0.8%	2.8%	1.3%	2.6%	0.8%		1.5%	1.4%	
Expansion	0.0%	0.0%	2.8%		13.5%	4.8%	0.0%	4.1%	2.9%	0.0%	3.2%	0.0%	0.0%		0.0%	0.9%	2.2%	0.9%	6.2%	2.3%		1.0%	3.1%	
Family/Adult/Other	2.1%	0.0%	1.6%		0.0%	1.9%	1.8%	0.0%	0.0%	0.0%	0.0%	1.9%	0.0%		0.7%	0.6%	3.6%	1.3%	1.2%	0.0%		1.6%	0.6%	
SPD	0.0%	0.0%	4.5%		2.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.3%		1.8%	0.8%	2.3%	1.6%	1.0%	0.0%		1.6%	0.7%	
**ER Visits - PTMPY	566.5	570.5	585.6		657.6	636.9	608.9	597.2	586.5	510.6	470.0	414.0	108.2		6,153.6	5,792.5	516.3	574.2	634.4	564.7		3,196.0	508.6	
Expansion	524.0	523.4	467.1		469.5	459.4	476.3	520.4	518.7	453.2	502.9	377.1	38.4		6,110.4	5,944.2	506.6	504.7	468.4	497.2		3,024.2	421.8	
Family/Adult/Other	594.5	588.5	626.9		720.1	692.6	648.3	616.2	603.9	522.5	454.1	424.4	133.3		5,794.8	5,369.6	534.8	603.4	686.8	580.8		3,129.6	533.6	
SPD	676.0	730.6	650.9		701.8	649.2	623.9	622.3	612.6	554.4	526.1	424.4	68.8		10,318.4	10,142.9	748.6	685.8	658.3	596.3		5,415.6	530.4	

Item #6

Attachment 6.D

QI/UM Quarterly Summary Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

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

COMMITTEE

DATE: November 17th, 2016

SUBJECT: CalViva Health QI/UM Update of Activities in Quarter 4 2016

Purpose of Activity:

This report is to provide the RHA Commission with an update on the CalViva Health QI/UM performance, program and regulatory activities in Quarter 4 of 2016.

I. Meetings

One QI/UM Committee meeting has been held to date in Quarter 4, on October 20th. The summary of November & December activities will be reported to the Commission in Quarter 1, 2017. The following guiding documents were approved at the October meeting:

1. 2016 QI Mid-Year Evaluation
2. 2016 UMCM Mid-Year Evaluation
3. 2016 C & L Mid-Year Evaluation
4. 2016 Health Ed Mid-Year Evaluation

Additionally, the following general documents were reviewed and approved at this meeting:

1. Medical Policies Qtr 2
2. Language Assistance Program
3. Pharmacy Provider Update Qtr 3

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 & Quarterly Reports** which track volumes, turn-around times, case classifications, and access related issues. Data through the end of August were reviewed. Pharmacy appeals continue to be related primarily to Hepatitis C drugs.
 2. **Provider Preventable Conditions Report** Potential PPCs may be identified by providers/facilities, through claims data, encounter data or Potential Quality Issues (PQI) submissions. PPCs are associated with Hospital Acquired Conditions, Health Care Acquired Conditions and Other Provider Preventable Conditions as defined by state and federal regulations. When identified, DHCS requires health plans to report these cases via DHCS form 7107. There was one case identified and reported to DHCS during the reporting period.
 3. **The Initial Health Assessment Comprehensive Report** was developed in follow up to CalViva's 2016 DHCS Audit to address the request for a more in-depth assessment of our IHA completion rates. This new multi-pronged approach includes the following:
 - Medical Record Review (MRR) via onsite provider audits
 - Monitoring of claims and encounters
 - Member outreach

An initial PPG report has been created to be used to provide feedback to providers on their completion rates. Quarterly reporting will continue as we refine our new reporting processes.

- **UMCM Reports** - Utilization and Case Management activities are monitored in an ongoing manner through a variety of performance, programmatic and regulatory reports. At the October meeting the UMCM related reports included but were not limited to the following:
 1. The **Key Indicator Report (KIR)** reflects data as of August 31, 2016. This report includes key metrics for tracking utilization and case management activities.
 - The Key Indicator Report is now a rolling 12 months.
 - Membership continues to increase.
 - ER visits have started to trend down.
 - Bed days per thousand have decreased.
 - Turn-around times are better than in previous months.
 - Complex and Ambulatory Case Management have now been merged into one program as of September 2016 under Centene's Case Management program. There will be one integrated Case Management program moving forward. This supports continuity of care for members over time.
 - Perinatal Case Management will transition to a new program after the first of the year.
 2. The **Utilization Management Concurrent Review (CCR) IRR Report** summarizes the 2016 CCR Audit Review process. The audit review process evaluates medical management decisions to ensure timely, consistent and credible decisions. All elements met or exceeded the 90% goal.
- **Credentialing and Peer Review Sub-Committee Reports** were reviewed and submitted to RHA Commission for review.

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. The RY2016 HEDIS data became available in July 2016 and CalViva Medical Management staff has developed formal Performance Improvement Projects (PIPs) or other improvement projects that follow the rapid-cycle improvement process for all metrics below the minimum performance level.

New or updated plans for the coming year were submitted to DHCS/HSAG in September and October 2016.

Annual On-site Clinic Visits by the Medical Management team are complete. The goal of these visits is to engage the clinical and administrative leadership of high volume, low performing clinics (2-Fresno, 1-Kings, 1-Madera) to participate in our project improvement teams. We have been successful in engaging all four clinics.

These are the seven projects underway:

- Childhood Immunizations (CIS-3) Kings County
- Monitoring Persistent Meds (MPM) Kings County
- Cervical Cancer Screening (CCS) Madera County
- Avoiding Antibiotics for Bronchitis (AAB) Kings and Madera counties
- Controlling High Blood Pressure (CBP) Fresno County
- Postpartum Visits (PPC) Kings County
- Diabetes HbA1c Testing (CDC) Kings & Fresno counties

The results of these efforts will be monitored and reported regularly.

III. Access & Availability

Effective and efficient access to providers and services is critical to the provision of safe, high quality care.

CalViva has established an Access Workgroup to ensure this high-risk function receives adequate monitoring and oversight. The Access Workgroup reports key findings to the QI/UM Workgroup and the QI/UM Committee.

The Access Workgroup met on September 12th, 2016 and will meet in Quarter 4 on November 14th. Along with routine monitoring reports the Access Workgroup will:

- Develop a plan to address the Specialist Shortage finding from CVH 2016 DHCS Audit
- Implement the CVH After Hours Corrective Action Plan
- Implement the CVH Provider Access Corrective Action Plan

Results of activities will be routinely reported to the Access Workgroup with follow up initiated as indicated.

IV. Kaiser Report

Quarter 3 2016 reports were received in October and November with the following findings:

1. Grievance Reports 3rd Quarter- All member, SPD, CBAS and Targeted Low Income Child members
2. Utilization Management & DME 2nd Quarter – Summary - no significant findings
3. Mental Health Services 3rd Quarter –Mental Health COC Report, Mental Health Referral, Grievance, BHT Report no significant issues.
4. CBAS Services and Assessment – 3rd Quarter - no significant issues
5. Overall Volumes and Call Center Report – 3rd 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 #6

Attachment 6.E

Credentialing Sub-Committee
Quarterly Report



REPORT SUMMARY TO COMMITTEE

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

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

COMMITTEE DATE: November 17th, 2016

SUBJECT: CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 4 2016

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 4th Quarter 2016 CalViva Health Credentialing Sub-Committee activities.

- I. The Credentialing Sub-Committee met on October 20th, 2016. At the October meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. Reports covering the first and second quarter for 2016 were reviewed for delegated entities, second quarter for MHN and second and third quarter for Health Net. A summary of the second quarter data is included in the table below.

II. Table 1. Second Quarter 2016 Credentialing/Recredentialing

	EHS	Sante	ChildNet	MHN	HealthNet	La Salle	VSP	IMG	Adventist	Totals
Initial credentialing	63	22	12	6	11	18	7	23	5	167
Recredentialing	17	80	37	18	2	12	251	1	5	423
Suspensions	0	0	0	0	0	0	0	0	0	0
Resignations (for quality of care only)	0	0	0	0	0	0	0	0	0	0
Totals	80	102	49	24	13	30	258	24	10	590

Note: Administrative Terminations have been removed from this table. This category is considered non-significant since they are related to physician retirement, relocation, etc and are voluntary. This category is no longer tracked on the ICE Credentialing Template.

- III. An increase in the number of entities that are performing the credentialing function is noted as indicated in Table 1 above. The large increase in the number of providers credentialed/recruited is noted to be due to the inclusion of VSP data in this report.
- IV. County specific Credentialing Sub-Committee reports were reviewed for the second and third quarters of 2016. No significant cases were identified on these reports.
- V. A standardized template for submitting credentialing data has been distributed to both delegated and non-delegated entities. The updated template includes the required data elements per the Industry Collaboration Effort (ICE) recommendations. These new forms are now consistently used by those submitting reports.
- VI. CalViva Medical Management Team is currently performing the Annual Oversight Audit of the Credentialing function.

Item #6

Attachment 6.F

Peer Review Sub-Committee
Quarterly Report



REPORT SUMMARY TO COMMITTEE

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

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

COMMITTEE DATE: November 17th, 2016

SUBJECT: CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 4 2016

Purpose of Activity:


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

- I. The Peer Review Sub-Committee met on October 20th, 2016. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 2 & 3 2016 were reviewed for approval. There are no significant cases identified on the reports.
- II. The Quarter 2 & 3 Peer Count Reports were presented at the meeting with the following outcomes:
 - a. Quarter 2 - three cases were closed and cleared to track and trend, four were tabled pending further information.
 - b. Quarter 3 – four cases were closed and cleared to track and trend, seven tabled pending further information.
- III. No significant quality of care issues were noted, however opportunities for improved interpersonal communication, referral procedures, and provider education were identified. Follow up activities were completed as indicated. Ongoing monitoring and reporting will continue.

Item #6

Attachment 6.G

Executive Dashboard

														
	2015	2015	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016	
Month	November	December	January	February	March	April	May	June	July	Aug	September	October	November	
CVH Members														
Fresno	276,915	281,057	281,084	282,892	284,722	288,696	290,219	291,380	293,530	293,999	295,801	297,534	297,649	
Kings	25,024	25,185	25,414	25,670	25,820	25,873	25,791	25,924	26,021	25,934	25,635	25,758	25,762	
Madera	33,785	33,862	34,019	34,108	34,234	34,515	34,703	34,778	34,953	34,899	35,106	35,211	35,311	
Total	335,724	340,104	340,517	342,670	344,776	349,084	350,713	352,082	354,504	354,832	356,542	358,503	358,722	
SPD	27,421	27,543	27,703	27,794	27,891	27,891	28,156	28,286	28,459	28,617	28,839	28,886	n/a	
CVH Mrkt Share	69.87%	69.89%	69.98%	70.00%	70.09%	70.15%	70.25%	70.30%	70.34%	70.41%	70.46%	n/a	n/a	
ABC Members														
Fresno	107,029	108,532	107,897	108,500	108,568	109,947	110,063	110,194	110,775	110,405	110,949	n/a	n/a	
Kings	18,635	18,790	18,997	19,155	19,361	19,366	19,266	19,367	19,490	19,557	19,333	n/a	n/a	
Madera	19,134	19,173	19,164	19,201	19,193	19,253	19,201	19,177	19,249	19,144	19,210	n/a	n/a	
Total	144,798	146,495	146,058	146,856	147,122	148,566	148,530	148,738	149,514	149,106	149,492	n/a	n/a	
Default														
Fresno	1,151	1,117	1,521	963	892	1,367	1,151	1,002	1,070	878	945	n/a	n/a	
Kings	169	139	141	125	93	186	118	108	116	89	104	n/a	n/a	
Madera	186	136	175	161	152	201	153	141	163	114	170	n/a	n/a	
County Share of Choice as %														
Fresno	71.20%	71.90%	69.90%	70.20%	69.70%	70.20%	71.70%	69.10%	70.40%	70.20%	68.70%	n/a	n/a	
Kings	57.90%	50.30%	55.20%	58.00%	56.40%	55.40%	57.60%	53.10%	49.20%	54.10%	53.30%	n/a	n/a	
Madera	59.40%	59.40%	64.70%	58.80%	61.20%	64.70%	67.40%	67.10%	62.90%	66.00%	60.30%	n/a	n/a	
Voluntary Disenrollments														
Fresno	461	482	572	418	551	585	1,057	569	505	584	666	n/a	n/a	
Kings	88	59	51	76	65	76	132	53	55	72	69	n/a	n/a	
Madera	74	58	85	115	66	115	175	86	80	109	119	n/a	n/a	
No. Claims Processed	196,028	224,176	189,023	180,921	188,366	201,115	179,781	203,583	175,777	183,750	180,762	n/a	n/a	
Claims Turn-around	99.60%	99.42%	99.56%	99.12%	99.48%	99.78%	99.87%	99.90%	99.30%	99.86%	99.90%	n/a	n/a	
Weekly Average	49,007	44,835	37,805	36,184	37,673	40,223	44,945	50,896	43,944	45,938	45,191	n/a	n/a	
Note: Most data is preliminary and may have retroactive adjustments as new or updated information becomes available..								Data Current as of November 9, 2016						
Note: Claims Turn-around = 30 Calendar/45 Work Days - Updates will be available on quarterly basis based on calendar year.														



CalViva Members

