

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Brian Smullin
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

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

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

DATE: February 15, 2019

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Cheryl Hurley, Commission Clerk

RE: Commission Meeting Materials

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

**Thursday, February 21, 2019
1:30 pm to 3:30 pm**

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

Meeting materials have been emailed to you.

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

Thank you

AGENDA

Fresno-Kings-Madera Regional Health Authority
Commission Meeting
February 21, 2019
1:30pm - 3:30pm

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

Item	Attachment #	Topic of Discussion	Presenter
1		Call to Order	D. Hodge, MD, Chair
2		Roll Call	C. Hurley, Clerk
3 Information	Attachment 3.A	Reappointed Board of Supervisors Commissioners <ul style="list-style-type: none">• BL 19-001 2019 Reappointed BOS Commissioners	D. Hodge, MD, Chair
4 Action	Attachment 4.A Attachment 4.B	Valley Children's Hospital Appointment Brian Smullin <ul style="list-style-type: none">• BL 19-002 Appointment Letter• VCH Appointment Letter <i>Recommended Action: Approve Appointment</i>	D. Hodge, MD, Chair
5 Action	Attachment 5.A Attachment 5.B	Fresno County At-Large Seat Nomination(s) <ul style="list-style-type: none">• BL 19-003 Fresno County At-Large Seat Nomination(s)• Application – J. Frye <i>Recommended Action: Approve appointment</i>	D. Hodge, MD, Chair
6 Action	Attachment 6.A Attachment 6.B	Kings County At-Large Seat Nomination(s) <ul style="list-style-type: none">• BL 19-004 Kings County At-Large Seat Nomination(s)• Application – D. Gruen <i>Recommended Action: Approve appointment</i>	D. Hodge, MD, Chair
7		Closed Session: The Board of Directors will go into closed session to discuss the following item(s) A. Government Code section 54954.5 – Report Involving Trade Secret – Discussion of service, program, or facility. B. Government Code 54957(b)(1) -Public Employee Appointment, Employment, Evaluation, or Discipline – General Counsel Review	

8 Action	Attachment 8.A Attachment 8.B Attachment 8.C Attachment 8.D Attachment 8.E Attachment 8.F	Consent Agenda <ul style="list-style-type: none"> • Commission Minutes dated 10/18/18 • Finance Committee Minutes dated 9/20/18 • QIUM Committee Minutes dated 9/20/18 • QIUM Committee Minutes dated 10/18/18 • Public Policy Committee Minutes dated 9/5/18 • Compliance Report <p><i>Action: Approve Consent Agenda</i></p>	D. Hodge, MD, Chair
9 Action	Attachment 9.A Attachment 9.B	Reappoint Moss Adams as Independent Auditors <ul style="list-style-type: none"> • BL 19-005 • Audit and Non-Attest Services Proposal <p><i>Recommended Action: Approve reappointment of Moss Adams</i></p>	D. Maychen, CFO
10 Information	Attachment 10.A Attachment 10.B <i>No attachment</i>	Annual Administration <ul style="list-style-type: none"> • BL 19-006 Annual Administration • Form 700 • Ethics Training 	D. Hodge, MD, Chair
11 information	Attachment 11.A Attachment 11.B	FPPC Approved Biennial Conflict of Interest Code <ul style="list-style-type: none"> • BL 19-007 Biennial Conflict of Interest • Approved Biennial Conflict of Interest 	D. Hodge, MD, Chair
12 Action	No Attachment	CEO Annual Review -Ad-Hoc Committee Selection <ul style="list-style-type: none"> • Select ad-hoc Committee <p><i>Recommended Action: Selection of Ad-Hoc Committee</i></p>	D. Hodge, MD, Chair
	<i>Handouts will be available at meeting</i>	<i>PowerPoint Presentation will be used for items 13-14; One vote will be taken for combined items 13-14</i>	
13 Action	Attachment 13.A Attachment 13.B	2018 Annual Quality Improvement Work Plan Evaluation <ul style="list-style-type: none"> • Executive Summary • Work Plan Evaluation 	P. Marabella, MD, CMO
14 Action	Attachment 14.A Attachment 14.B	2018 Annual Utilization Management Case Management Workplan Evaluation <ul style="list-style-type: none"> • 2018 Executive Summary • 2018 Work Plan Evaluation <p><i>Recommended Action: Approve 2018 Quality Improvement Workplan Evaluation, and the 2018 Annual Utilization Management Case Management Workplan Evaluation</i></p>	P. Marabella, MD, CMO
	<i>Handouts will be available at meeting</i>	<i>PowerPoint Presentation will be used for items 15-19; One vote will be taken for combined items 15-19</i>	

15 Action	Attachment 15.A	2018 Annual Compliance Evaluation	M.B. Corrado, CCO
16 Action	Attachment 16.A	2019 Compliance Program Description	M.B. Corrado, CCO
17 Action	Attachment 17.A	2019 Code of Conduct	M.B. Corrado, CCO
18 Action	Attachment 18.A	2019 Anti-Fraud Plan	M.B. Corrado, CCO
19 Action	Attachment 19.A	2019 Privacy and Security Plan	J. Nkansah, COO
		<i>Recommended Action: Approve 2018 Compliance Evaluation, 2019 Compliance Program Description, Code of Conduct, Anti-Fraud Plan, and Privacy and Security Plan.</i>	
20 Action		Standing Reports	
	Attachment 20.A	Finance Report Financials as of December 31, 2018	D. Maychen, CFO
	Attachment 20.B Attachment 20.C Attachment 20.D Attachment 20.E	Medical Management Appeals & Grievances Report Key Indicator Report Credentialing Sub-Committee Quarterly Report Peer Review Sub-Committee Quarterly Report	P. Marabella, MD, CMO
	Attachment 20.F	Operations Report Operations Report	J. Nkansah, COO
	Attachment 20.G No attachment No attachment	Executive Report Executive Dashboard Valley Health Team Residency Update Annual Report	G. Hund, CEO
		<i>Action: Accept Standing Reports</i>	
21		Final Comments from Commission Members and Staff	
22		Announcements	
23		Public Comment <i>Public Comment is the time set aside for comments by the public on matters within the jurisdiction of the Commission but not on the agenda. Each speaker will be limited to three (00:03:00) minutes. Commissioners are prohibited from discussing any matter presented during public comment except to request that the topic be placed on a subsequent agenda for discussion.</i>	

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

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

Next Meeting scheduled for March 21, 2019 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

BL 19-001

2019 Reappointed BOS Commissioners

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Brian Smullin
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

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

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

DATE: February 21, 2019

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Appointed / Re-Appointed County BOS Commissioners

BL #: 19-001

Agenda Item 3

Attachment 3.A

Discussion Points:

**Fresno County has re-appointed Supervisor Sal Quintero
Fresno County Alternate will be Supervisor Pacheco
Kings County has re-appointed Supervisor Neves
Kings County Alternate will be Supervisor VerBoon
Madera County—pending confirmation*
Madera County Alternate—pending confirmation***

***Kings Co. At-Large Commission Appointed—position up for reappointment*

***Fresno Co. At-Large Commission Appointed—position up for reappointment*

Term thru:	Commission Seat	Currently Occupied By:
January 2020	Board of Supervisors—Fresno County Board of Supervisors—Fresno County Alt Board of Supervisors—Kings County Board of Supervisors—Kings County Alt Board of Supervisors—Madera County Board of Supervisors—Madera County Alt	Sal Quintero Brian Pacheco Joe Neves Doug VerBoon *David Rogers *Brett Frazier
March 2021	Madera At-Large Commission Appointed	Paulo Soares
May 2021	Fresno At-Large Community Medical Center	Soyla Griffin Aldo De La Torre
January 2019	**Kings At-Large Commission Appointed **Fresno At-Large Commission Appointed	**Derrick Gruen **John Frye Jr.
January 2022	Valley Children's Hospital	Brian Smullin
May 2019	Fresno At-Large Fresno At-Large	David Cardona, MD David S. Hodge, MD
March 2020	Kings At-Large	Harold Nikoghosian
May 2020	Fresno At-Large	Joyce Fields-Keene
June 2020	Madera At-Large	Aftab Naz, MD
	Indefinite terms:	
	David Pomaville, Fresno County Health Dept	
	Ed Hill, Kings County Health Dept	
	Sara Bosse, Madera County Health Dept	

Item #4

Attachment 4.A & 4.B

- 4.A BL 19-002 VCH Appointment
- 4.B VCH Appointment Letter

FRESNO - KINGS -
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Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse, Director
Public Health Department

Aftab Naz, M.D.
At-large

Regional Hospital

Brian Smullin
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

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Kings County

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

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

DATE: February 21, 2019

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Commission Appointed—Hospital: Valley Children's Hospital

BL #: 19-002

Agenda Item 4

Attachment 4.A

BACKGROUND:

Under the terms of the Bylaws of the Fresno-Kings-Madera Regional Health Authority Commission (Section 2.3.5), one Commission member shall be a representative of the Children's Hospital Central California (the "Hospital"). The designation of this Commissioner shall be made by the Hospital, but each such designation is subject to confirmation by the Commission. The Commission may, in its discretion, reject any person designated by the Hospital and request additional designations.

DISCUSSION:

The Commission Appointed Valley Children's Hospital position is up for re-appointment as of January 2019.

Mr. Todd Suntrapak, President & CEO, Valley Children's Hospital, requests and approves the appointment of Mr. Brian Smullin, Vice President Managed Care, for a term of three (3) years.

RECOMMENDED ACTION:

Ratify the appointment Mr. Brian Smullin as the Commission Appointed representative for Valley Children's Hospital



January 11, 2019

David Hodge, MD
Chairperson
Fresno-Kings-Madera Regional Health Authority Commission
7625 N. Palm Avenue, #109
Fresno, CA 93711

Dear Chairperson Hodge:

By this letter, Valley Children's Hospital nominates Brian Smullin, Vice President Managed Care, to replace David Singh as Valley Children's Hospital's representative to the Fresno-Kings-Madera Regional Authority Commission.

Sincerely,

Todd A. Suntrapak
President and Chief Executive Officer

Office of the President

Valley Children's | HOSPITAL | MEDICAL GROUP | HOME CARE | FOUNDATION

9300 Valley Children's Place, Madera, CA 93636 • (559) 353-3000 • valleychildrens.org

Item #5

Attachment 5.A & 5.B

- 5.A BL 19-003
- 5.B Fresno Co. At-Large Application

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse, Director
Public Health Department

Aftab Naz, M.D.
At-large

Regional Hospital

Brian Smullin
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

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

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

DATE: February 21, 2019
TO: Fresno-Kings-Madera Regional Health Authority Commission
FROM: Dr. David Hodge, Chairman
RE: Commission Appointed – Fresno At-Large Seat
BL #: 19-003
Agenda Item 5
Attachment 5.A

BACKGROUND:

Under the terms of the Joint Exercise of Powers Agreement (JPA) between the Counties of Fresno, Kings and Madera (Section 6.B.2) and the Bylaws of the Fresno-Kings-Madera Regional Health Authority Commission (Section 2.3.4), the Commission shall appoint three (3) At-Large commissioners (one person representing each county). The appointees must be a resident of or employed in the county they are representing.

Qualified applicants shall represent the general public, beneficiaries, physicians; hospitals, clinics and other non-physician health care provider. Individuals considering Commission at-large positions should have a commitment to a health care system which seeks to improve access to quality health care for all persons, regardless of their economic circumstances, delivers high quality care and is financially viable.

DISCUSSION:

The Commission Appointed Fresno At-Large position is up for reappointment as of January 2019.

Mr. Frye has expressed his interest to continue serving in his current position

This appointment is for a three (3) year term.

RECOMMENDED ACTION:

Review application and reappoint Fresno County At-Large Commissioner for a three year term.

FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY
COMMISSION AT-LARGE APPOINTEE
APPLICATION FORM

Three Commission appointed positions have been designed as follows: one resident from Fresno County, one resident from Kings County and one resident from Madera County. Qualified applicants shall represent the general public, beneficiaries, physicians, hospitals, clinics and other non-physician health care provider. Individuals considering Commission at-large positions should have a commitment to a health care system which seeks to improve access to quality health care for all persons, regardless of their economic circumstances, delivers high quality care and is financially viable.

Name of Applicant: John W Frye Jr
Home Address: [REDACTED] City: Fresno Zip: 93711
Current Employer: Retired effective Jan 1, 2019
Business Address: N/A City: N/A Zip: N/A
Home Phone: [REDACTED] Work Phone: N/A E-mail Address: jwfrye@aol.com

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):

BHA Commissioner Fresno County At Large (-- to Present)

BHA Commissioner Madera County Alternate (-- to --)

List past or present affiliations with private and/or public health plans.
Central Valley Health Plan (2016-17)

Valu Care (1997-2000)

What experience or special knowledge can you bring to the Regional Health Authority?

Healthcare Executive in area hospitals (urban & rural) for 38 years
Experience in health plans & Medi-Cal

List community organizations to which you belong:

Poverello House Board Member since 1992
Board Chair 2016-17

Convictions and penalties- Have you ever been convicted of a felony? If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)

None

List any affiliation you or your spouse has with public service agencies:

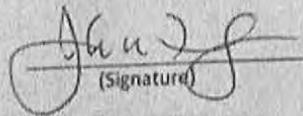
None

Provide a minimum of three references and their contact information that the commission Nominating Committee may contact:

1. Name Greg Hund
Affiliation Cal Viva CEO
Contact Phone Number (559) 540-7841
2. Name Nancy Hollingsworth CEO
Affiliation Saint Agnes Medical Center
Contact Phone Number (559) 450-3000
3. Name Steve Barotti Board Member/Past Chair
Affiliation Madera Community Hospital
Contact Phone Number (559) 674-8536

Please Note: Commission appointees are required to submit California Form 700 for filing with the Fair Political Practices Commission.

I HAVE READ THE "FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY COMMISSION POLICY" REGARDING CONFLICT OF INTEREST FOR COMMISSION APPOINTEES AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES AT ALL TIMES WHILE AN APPOINTED MEMBER. AT PRESENT, TO THE BEST OF MY KNOWLEDGE, NO CONFLICT OF INTEREST EXISTS IN MY SERVING ON THIS COMMITTEE.


(Signature)

10/15/2018
(Date)

COMPLETE FORM AND RETURN TO:

Clerk to the Commission
Fresno-Kings-Madera Regional Health Authority
7625 N. Palm Avenue, Suite 109
Fresno, CA 93711

Applications will be kept on file for a year.

Item #6

Attachment 6.A & 6.B

- 6.A BL 19-004
- 6.B Kings Co. At-Large Application

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse, Director
Public Health Department

Aftab Naz, M.D.
At-large

Regional Hospital

Brian Smullin
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

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

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

DATE: February 21, 2019
TO: Fresno-Kings-Madera Regional Health Authority Commission
FROM: Dr. David Hodge, Chairman
RE: Commission Appointed—Kings Co. At-Large Seat

BL #: 19-004
Agenda Item 6
Attachment 6.A

BACKGROUND:

Under the terms of the Joint Exercise of Powers Agreement (JPA) between the Counties of Fresno, Kings and Madera (Section 6.B.2) and the Bylaws of the Fresno-Kings-Madera Regional Health Authority Commission (Section 2.3.4), the Commission shall appoint three (3) At-Large commissioners (one person representing each county). The appointees must be a resident of or employed in the county they are representing.

Qualified applicants shall represent the general public, beneficiaries, physicians; hospitals, clinics and other non-physician health care provider. Individuals considering Commission at-large positions should have a commitment to a health care system which seeks to improve access to quality health care for all persons, regardless of their economic circumstances, delivers high quality care and is financially viable.

DISCUSSION:

The Commission Appointed Kings At-Large position is due for reappointment as of January 2019.

Mr. Gruen has expressed his interest to continue serving in his current position.

This appointment is for a three (3) year term.

RECOMMENDED ACTION:

Review application and reappoint Kings County At-Large Commissioner for a three year term.

FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY
COMMISSION AT-LARGE APPOINTEE
APPLICATION FORM

Three Commission appointed positions have been designed as follows: one resident from Fresno County, one resident from Kings County and one resident from Madera County. Qualified applicants shall represent the general public, beneficiaries, physicians, hospitals, clinics and other non-physician health care provider. Individuals considering Commission at-large positions should have a commitment to a health care system which seeks to improve access to quality health care for all persons, regardless of their economic circumstances, delivers high quality care and is financially viable.

Name of Applicant: DERRICK J. GRUEN
Home Address: [REDACTED] City: [REDACTED] Zip: 93654
Current Employer: ADVENTIST HEALTH
Business Address: 1479 W. LACEY BLVD City: MADERA Zip: 93623
Home Phone: [REDACTED] Work Phone: SAME E-mail Address: GRUENDJ@AH.ORG

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):

NONE

List past or present affiliations with private and/or public health plans.

ADVENTIST HEALTH PLAN (KINGS COUNTY)

What experience or special knowledge can you bring to the Regional Health Authority?

A 20 YEAR HISTORY OF WORKING IN THE CENTRAL VALLEY WITH RURAL HEALTHCARE. FORMER BOARD MEMBER CALIFORNIA RURAL HEALTH ASSOCIATION.

List community organizations to which you belong:

NONE

Convictions and penalties- Have you ever been convicted of a felony? If yes, give date(s), Location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)

None

List any affiliation you or your spouse has with public service agencies:

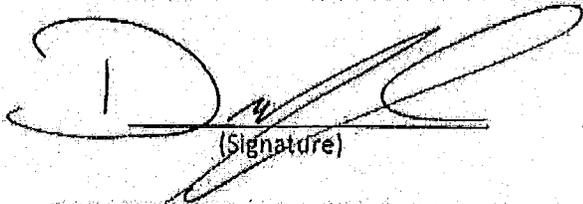
None

Provide a minimum of three references and their contact information that the commission Nominating Committee may contact:

1. Name WAYNE FERCH
 Affiliation SUPERVISOR
 Contact Phone Number 530-518-3708
2. Name BETO CONTRERA
 Affiliation MEDICAL DIRECTOR
 Contact Phone Number 559-852-6454
3. Name KENDALL FULTS
 Affiliation FRIEND AND MENTOR
 Contact Phone Number 559-381-1190

Please Note: Commission appointees are required to submit California Form 700 for filing with the Fair Political Practices Commission.

I HAVE READ THE "FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY COMMISSION POLICY" REGARDING CONFLICT OF INTEREST FOR COMMISSION APPOINTEES AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES AT ALL TIMES WHILE AN APPOINTED MEMBER. AT PRESENT, TO THE BEST OF MY KNOWLEDGE, NO CONFLICT OF INTEREST EXISTS IN MY SERVING ON THIS COMMITTEE.


(Signature)

11.10.18
(Date)

COMPLETE FORM AND RETURN TO:

Clerk to the Commission
Fresno-Kings-Madera Regional Health Authority
7625 N. Palm Avenue, Suite 109
Fresno, CA 93711

Applications will be kept on file for a year.

Item #8

Attachment 8.A

Commission Minutes dated 10/18/18

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
October 18, 2018

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

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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:37 pm. A quorum was present.	
#2 Roll Call	A roll call was taken for the current Commission Members.	<i>A roll call was taken</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Cheryl Hurley, Clerk to the Commission		
<p>#3 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes 9/20/18 b) Finance Committee Minutes 7/19/18 c) QI/UM Committee Minutes 7/19/18 <p>Action David Hodge, MD, Chairman</p>	<p>All consent items were presented and accepted as read.</p>	<p>Motion: <i>Approve Consent Agenda</i> 9 – 0 – 0 – 8</p> <p><i>(Neves / Soares)</i></p>
<p>#4 Financial Audit Report for Fiscal Year 2018</p> <p>Presenter: R. Suico, Moss Adams</p> <p>Action David Hodge, MD, Chairman</p>	<p>Rianne Suico, representative from Moss Adams, presented the results of the audit. Moss Adams’ audit will result in the issuance of an unmodified opinion on the financial statements, which is the highest audit opinion that could be provided by an external CPA firm. A discussion of general audit procedures performed including confirmation of various account balances were discussed.</p> <p>The required communications and the organization’s accounting policies are in compliance with GAAP. After completing the work, it was found that the financial statements do not need to be adjusted and no difficulties were encountered when completing the work.</p>	<p>Motion: <i>Approve Financial Audit Report for Fiscal Year 2018</i> 9 – 0 – 0 – 8</p> <p><i>(Rogers / Gruen)</i></p>
<p>#5 2019 Calendar Year Meeting Proposal</p> <p>Action David Hodge, MD, Chairman</p>	<p>The 2019 calendar year meeting schedules were presented to the Commission for approval.</p>	<p>Motion: <i>Approve 2019 Calendar Year Meeting Schedules</i> 9 – 0 – 0 – 8</p> <p><i>(Neves / Soares)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#6 Cultural & Linguistics – 2018 Executive Summary and Work Plan Evaluation</p> <p>Action P Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2018 Cultural & Linguistics Work Plan Mid-Year Evaluation.</p> <p>The 4 categories for the 2018 Work Plan are:</p> <ol style="list-style-type: none"> 1. Language Assistance Services 2. Compliance Monitoring 3. Communication, Training, and Education 4. Health Literacy, Cultural Competency & Health Equity <p>By June 30, 2018 all activities were on target.</p> <p>Some of the activities completed consist of:</p> <ol style="list-style-type: none"> 1. Non-Discrimination Notice updated and implemented. 2. Thirty-three (33) materials, including member newsletters reviewed for readability level, content, and layout. 3. Cultural & Linguistics related grievances reviewed with follow-up completed when indicated. 4. Training for Appeals & Grievances Coordinators focused on culture, language and perceived discrimination and how to code appropriately for these issues. 5. Language Assistance Program trainings for new Call Center staff. 6. Health Disparity Training for staff and Volume 2 of the Health Equity Newsletter was distributed to staff. <p>All Work Plans continue on target for completion by the end of calendar year 2018.</p>	<p>See #7 for Motion</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#7 Health Education – 2018 Executive Summary and Work Plan Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2018 Health Education Work Plan Mid-Year Evaluation.</p> <p>Two areas of focus for 2018 consist of:</p> <ol style="list-style-type: none"> 1. Health Ed Programs and Services 2. Department Operations, Reporting and Oversight <p>Of the 14 Program Initiatives, 11 have met or exceeded 50% of the year- end goal. These consist of:</p> <ol style="list-style-type: none"> 1. Chronic Disease Education 2. Community Partnerships 3. Digital Health 4. Health Equity 5. HEDIS® Incentives 6. Immunizations 7. Member Engagement 8. Member Newsletter 9. Promotores Health Network 10. Oversight & Reporting 11. Materials updates, development, utilization & inventory <p>The three (3) initiatives that did not meet 50% of year-end goal by 6/30/18 and barriers with plans to address this include:</p> <ol style="list-style-type: none"> 1. Obesity Prevention-decrease in referrals noted, therefore a new self-enrollment process will be initiated. 2. Perinatal Education-DHCS stopped providing eligibility list, so the internal notice of pregnancy list will be utilized to identify women to receive educational materials. 	<p>Motion: <i>Approve 2018 Cultural & Linguistics Executive Summary and Work Plan Evaluation; and 2018 Health Education Executive Summary and Work Plan Evaluation</i></p> <p><i>9 – 0 – 0 – 8 (Nikoghosian / Neves)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Additionally, there have been some PPG changes and transitions following the EHS closure which have contributed to an increase in Exempt Grievances. • Appeals have decreased in number for the month of August compared to previous months, however, year-to- date, appeals have increased this year compared to last. • Cases related to Advanced Imaging have remained consistent. • The Uphold/Overturn rates are at approximately 70%/30%. Continue to monitor monthly. <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator report through July 2018.</p> <ul style="list-style-type: none"> • Membership has remained consistent to date for 2018. • The increase in ER Visits and Inpatient Admissions noted in Q1 & Q2, particularly for TANFs was further investigated and analyzed and found to be related to a particularly virulent strain of flu this season. These rates are back down in July. • A new CalViva Pregnancy Program has recently been initiated and we are beginning to see an increase in referrals and engagement. • Turn-around Times for Utilization Management are all above 95% with 4 of 6 metrics at 100%. Continue to monitor all cases that do not meet standard through the Turn-around Time Report. • Integrated Case Management & Transitional Care Management are demonstrating good engagement rates. These two teams work together to provide smooth care transitions. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • MHN data is now provided on this report. Outreach efforts are being modified to improve reach and engagement rates for the behavioral health population. <p>QIUM Quarterly Summary Report</p> <p>Dr. Marabella provided the QI/UM Qtr. 3, 2018 update. Two QI/UM meetings were held in Quarter 3; one on July 19, 2018 which was reported during the September Commission meeting, and the second was held on September 20, 2018 and is reported upon today.</p> <p>The following general documents were approved at the September meeting:</p> <ul style="list-style-type: none"> • Quality Improvement Mid-Year Work Plan Evaluation • Utilization Management Mid-Year Work Plan Evaluation • UMCM Annual Policy Review • Medical Policies Q2 • Pharmacy Provider Update • Pharmacy Formulary (July, Full & Condensed) <p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard through July 2018, the Initial Health Assessment Report (Q1 & Q2), Potential Quality Issues Report, Public Programs Report (Q2), and other QI reports.</p> <p>The Utilization Management & Case Management reports reviewed included the Key Indicator Report, Utilization Management Concurrent Review Report, and the Case Management, Transitional Case Management, and Palliative Care Report.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The quarterly Pharmacy reports were reviewed covering Operations Metrics, Top Medication Prior Authorization Requests and quarterly Formulary Changes. These reports assess for emerging patterns in authorization requests and compliance with prior authorization (PA) turn-around times. All second quarter PA metrics were within 5% of standard.</p> <p>HEDIS® Activity:</p> <ul style="list-style-type: none"> • Final RY18 results became available during Q3 and analysis was initiated. Measures not meeting the MPL will continue into 2019. <p>Projects for RY2019 Include:</p> <ul style="list-style-type: none"> ○ Monitoring Patients on Persistent Medications – Madera County ○ Avoid Antibiotics in Adults with Bronchitis – Madera County ○ Breast Cancer Screening – Fresno County ○ Comprehensive Diabetes Care – Fresno County <p>In Quarter 3, efforts continued for the two HEDIS® Performance Improvement Projects (PIPs):</p> <ul style="list-style-type: none"> ○ Childhood Immunizations. ○ Postpartum Care Disparity Project. <p>Bi-weekly team meetings continue. Monitoring of interventions and development of subsequent interventions is in progress.</p> <p>Quarter 2 2018 Kaiser reports were reviewed with no significant findings.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The next Commission meeting is scheduled for November 15, 2018 in Fresno County.	

Submitted this Day: _____

Submitted by: _____

Cheryl Hurley
Clerk to the Commission

Item #8

Attachment 8.B

Finance Committee Minutes dated 09/20/18



**CalViva Health
Finance
Committee Meeting Minutes**

September 20, 2018

Meeting Location

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

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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order D. Maychen, Chair	The meeting was called to order at 11:30 am a quorum was present.	
#2 Finance Committee Minutes dated July 19, 2018 Attachment 2.A Action D. Maychen, Chair	The minutes from the July 19, 2018 Finance meeting were approved as read.	Motion: <i>Minutes were approved</i> <i>5-0-0-2</i> <i>(Neves / Nikoghosian)</i>
#3 Financials – Fiscal Year End 2018 Attachment 3.A	Current assets are \$230.9M; current liabilities are \$181.9M, this gives a current ratio of 1.27. TNE as of the end of FY 2018 is approximately \$59.8M which is approximately 448%	Motion: <i>See item #4 for combined Motion for #3 & #4.</i>

<p>Action</p>	<p>of the minimum required TNE by DMHC.</p> <p>Total premium capitation income was \$1.185B which is \$46.6M higher than what was budgeted due to membership, capitation rates, and taxes being higher than budgeted. Total costs of medical care expense, administrative service fees expense, and taxes are all above what was budgeted for the same reasons. All other line expense items, with the exception of Grants expense, are in line with budget for the year. Total net income for FY 2018 was \$10.2M, which is approximately \$1.8M more than budgeted.</p> <p><i>Paulo Soares arrived at 11:31 am</i></p>	
<p>#4 Financial Statements as of July 31, 2018 Attachment 4.A</p> <p>Action D. Maychen, Chair</p>	<p>Total current assets were approximately \$248M; total current liabilities were approximately \$198M. Current ratio is 1.25. TNE as of July 31, 2018 was approximately \$60.6M, which is approximately 454% of the minimum DMHC required TNE amount.</p> <p>Total premium capitation income recorded was \$98.7M which is \$3.6M above budgeted amounts primarily due to capitation rates being higher than budgeted.</p> <p>All other expense line items are in line with current year budget. Total net income for the first month of the fiscal year is approximately \$786K, which is approximately \$200K more than budgeted.</p> <p><i>Harold Nikoghosian stepped out at 11:41 am Harold Nikoghosian returned at 11:42 am (not included in vote)</i></p>	<p>Motion: <i>Approve Financials for Fiscal Year End 2018; and Financial Statements as of July 31, 2018</i> 5 – 0 – 0 – 2 <i>(Neves / Soares)</i></p>

#5 Announcements	None.	
#6 Adjourn	Meeting was adjourned at 11:43 am	

Submitted by: Cheryl Hurley
Cheryl Hurley, Clerk to the Commission
Dated: 10-18-18

Approved by Committee: Daniel Maychen
Daniel Maychen, Committee Chairperson
Dated: 10/18/18

Item #8

Attachment 8.C

QIUM Committee Minutes dated 9/20/18

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
September 20th, 2018

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

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Patrick Marabella, M.D., CalViva Chief Medical Officer, Chair	✓	Mary Beth Corrado, Chief Compliance Officer (CCO)
	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Amy Schneider, RN, Director of Medical Management Services
	Brandon Foster, Ph.D., Family Health Care Network		Melissa Holguin, Medical Management Administrative Coordinator
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Mary Lourdes Leone, Compliance Project Manager
✓	John Zweifler, MD., At-large Appointee, Kings County	✓	Melissa Mello, Medical Management Specialist
✓	Joel Ramirez, M.D., Camarena Health		
	Rajeev Verma, M.D., UCSF Fresno Medical Center		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
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 10:58 am.	
#2 Approve Consent Agenda - Committee Minutes: July 19, 2018 - California Children's Services Report (CCS) - Appeals & Grievances Classification Audit Report Quarter 2 - Appeals & Grievances Inter Rater Reliability	The July minutes were reviewed and highlights from the consent agenda were discussed and approved. The full Pharmacy Formulary was available for review at the meeting.	Motion: Approve Consent Agenda (Cardona/Ramirez) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Report Quarter 2 - Appeals and Grievances Daily Letter Monitoring Report Quarter 2 - Medical Policies Updates Quarter 2 - PM 160 Compliance and Analysis Report - Pharmacy Provider Updates Quarter 3 - Pharmacy Formulary List (July) (Attachments A-I) Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business Appeals & Grievances: - Dashboard (July) - Appeals and Grievances Executive Summary Q2 - Appeals and Grievances Quarterly Member Report (Attachments J-L) Action Patrick Marabella, M.D, Chair</p>	<p>The A & G Dashboard provides monthly data to facilitate monitoring for trends in the number and types of cases over time. This Dashboard included data through the end of July 2018. The following items were noted for July: <u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ There was a total of 71 grievances resolved. ➤ There was a total of 58 Quality of Service grievances. ➤ There were 13 Quality of Care grievances ➤ Number of Grievances received in July increased compared to recent months. ➤ The number of Quality of Service Grievances and Quality of Care Grievances resolved in July remained stable. ➤ An increase is noted in Exempt grievances received in July, which may be attributed in part to the tracking of transportation related grievances, new PPGs, and a change in relationships with current PPGs, <p><u>Appeals:</u></p> <ul style="list-style-type: none"> ➤ Total number of Appeals Received/Resolved has remained consistent. 	<p>Motion: Approve Appeals & Grievances Executive Summary Q2 (Cardona/Ramirez) 4-0-0-3</p>
	<p>The Appeals & Grievances Executive Summary and Quarterly Member Report for Q2 were presented and reviewed.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ➤ There was a total of 174 appeals for Q2. <ul style="list-style-type: none"> ○ 172 cases were pre-service and 2 post-service appeals ➤ There was a total of 209 grievances for Q2 <ul style="list-style-type: none"> ○ 156 Quality of Service (QOS) ○ 53 Clinical/Quality of Care (QOC) <p>Effective January 1, 2018, transportation vendor to notify CalViva Health of any exempt grievances resolved monthly. Transportation vendor will continue to track all exempt grievances and forward any formal grievances to CalViva Health for processing. All transportation grievances and exempt grievances initiated by vendor or CalViva Health are tracked monthly.</p> <ul style="list-style-type: none"> ➤ The Inter-rater Reliability audit evaluates clinical and non-clinical A&G staff adherence to regulatory requirements and internal policies and procedures established for the handling of appeals and grievances. ➤ For the audit period of April 1, 2018 through June 30, 2018, results for the appeals and grievances case reviews averaged an overall score of 99.78%. The audit score threshold is 95%. ➤ Feedback is provided to A&G staff on all audit findings. 	
<p>#3 QI Business - Initial Health Assessment Q1 & Q2 (Attachment M) Action Patrick Marabella, M.D., Chair</p>	<p>The Department of Health Care Services (DHCS) requires completion of the Initial Health Assessment (IHA) for new Medi-Cal members within 120 days of enrollment. A multi-pronged approach to monitoring is performed and includes the following:</p> <ul style="list-style-type: none"> ➤ Medical Record Review (MRR) via onsite provider audits ➤ Monitoring of claims and encounters ➤ Member outreach <p>The current report covers Quarters 1 & 2 of 2018. Data tables were updated to include FSR/MRR IHA and IHEBA data to demonstrate a complete IHA occurrence. Combined IHA/IHEBA completion rates were noted to be higher for pediatric patients compared to adults.</p> <ul style="list-style-type: none"> ➤ The 3-Step Member Outreach process averaged 95% for January to June 2018. ➤ Claims and encounters data for 2018 will be updated in the next report. 	<p>- Motion: Approve Initial Health Assessment Q1 & Q2 (Ramirez/Zweifler) 4-0-0-3</p>
<p>#3 QI Business - Potential Quality Issues Q2</p>	<p>Potential Quality Issues 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,</p>	<p>Motion: Approve Potential Quality Issues (Ramirez/Zweifler)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
(Attachment N) Action Patrick Marabella, M.D, Chair	non-member or peer review activities. Peer review activities include cases with a severity code level of III or IV or any case the CVH CMO requests to be forwarded to Peer Review. Data was reviewed for all case types including the follow up actions taken when indicated.	4-0-0-3
#3 QI Business Public Program Report (Q2) (Attachment O) Action Patrick Marabella, M.D, Chair	Public Programs Report Quarter 2, 2018 <ul style="list-style-type: none"> ➤ This report provides a summary of the relevant Public Health, Behavioral Health (BH) and Regional Center Activities, initiatives and updates for Fresno, Kings and Madera Counties. ➤ Highlights for this quarter include full implementation of the Drug Medical Organized Delivery System (ODS) Waiver Program for Behavioral Health. ➤ Various preventive health screenings and services ➤ Treatment and prevention of sexually transmitted infections. Quarter 2 data for BH referrals and CCS enrollment were reviewed.	Motion: Approve Public Program Report Q2 (Cardona/Ramirez) 4-0-0-3
#3 QI Business Appointment, Availability, & After-Hours Survey Results (PAAS) Provider Update (Attachment P) Action Patrick Marabella, M.D, Chair	This Provider Update summarizing the results of the 2017 PAAS and After-Hours Surveys was reviewed. The results are mostly favorable with the majority of appointment access metrics meeting or exceeding performance goals. <ul style="list-style-type: none"> ➤ Overall, 82.9% of PCPs are able to offer urgent appointments that do not require authorization within 48 hours. ➤ 90.1% of PCPs are able to offer non-urgent appointments within 10 business days. The After-Hours standard for Emergency Care instructions was met in all three counties. The Physician Availability within 30 minutes for urgent issues did not meet the 90% threshold. Failure to meet timely appointment or after-hours access standards will result in a corrective action plan. Survey follow up is in progress.	Motion: Approve Appointment, Availability, & After-Hours Survey Results (PAAS) Provider Update (Ramirez/Cardona) 4-0-0-3
#4 Quality Improvement/Utilization Management Business - Quality Improvement Mid-Year Work Plan Evaluation & Executive Summary (Attachment Q)	The 2018 Mid-Year Quality Improvement Work Plan Evaluation was presented. Initiatives on track at the mid-year point include: <ul style="list-style-type: none"> • Access, Availability, and Service: <ul style="list-style-type: none"> ○ CVH continues to monitor appointment access and after-hours access at the provider level through the annual Provider Appointment Availability Survey (PAAS). ○ PPG and provider corrective action plans (CAPs) will be required for results below established standards. 	Motion: Approve Quality Improvement Mid-Year Work Plan Evaluation & Executive Summary (Zweifler/Ramirez) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Action Patrick Marabella, M.D, Chair</p>	<ul style="list-style-type: none"> • Quality and Safety of Care RY18: <ul style="list-style-type: none"> ○ Monitoring Patients on Persistent Medications (MPM) and Avoidance of Antibiotics in Adults with Bronchitis (AAB) did not meet the MPL for Madera County. Improvement plans will continue. ○ Low Back Pain was above the MPL for Madera County and will no longer require an improvement plan. • Performance Improvement Projects (PIPs): <ul style="list-style-type: none"> ○ Postpartum Care Disparity in Fresno County. Two interventions are being initiated to improve Postpartum Visit completion rates. ○ Childhood Immunization Status – Combination 3 targeting two clinics in Fresno County. Two interventions are planned. 	
<p>#4 Quality Improvement/Utilization Management Business Utilization Management Mid-Year Work Plan Evaluation & Executive Summary (Attachment R)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>The 2018 Mid-Year Utilization Management Case Management Work Plan Evaluation through June 30, 2018 was presented.</p> <p>Activities focused on:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory and Accreditation Requirements 2. Monitoring the UM Process 3. Monitoring the UM Metrics 4. Monitoring Coordination with Other Programs and Vendor Oversight 5. Monitoring Activities for Special Populations <p>Results of these activities:</p> <ul style="list-style-type: none"> • Turn-around Time for prior authorizations averaged at 95.65% • Turn-around Time for appeals was 97.59% • Utilization goals have been restated for 2018 based upon 3-year trends and were approved by the QI/UM Committee. • Increase in ED Utilization noted in Q1 related to Flu. • TANF and MCE Bed days/1000 exceeded goal • SPD Bed days/1000 was under goal. <p>Additional key findings include the following and will continue to meet 2018 year-end goals:</p> <ul style="list-style-type: none"> • Compliance activities are on target for year-end completion • PPG specific dashboard reports were developed 	<p>Motion: Approve Utilization Management Mid-Year Work Plan Evaluation & Executive Summary (Ramirez/Cardona) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Integrated Case Management outcome measures are monitored on a quarterly basis and now include Transitional Case Management and Palliative Care • Perinatal Case Management has seen an increase in referrals compared to 2017 • Disease Management plans to insource • Complex Case Management was initiated for Behavioral Health • An internal workgroup has been assigned to assess opportunities to improve internal processes for CCS members • SPD member stratification is being conducted monthly to identify members appropriate for Case Management 	
<p>#4 Quality Improvement/ Utilization Management Business - HEDIS ® Update RY 2018 (Attachment S)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>A HEDIS® update was presented to the Committee. This included the scores for reporting year (RY) 2018, which reflects data for calendar year 2017.</p> <p>On an annual basis, DHCS selects an External Accountability Set (EAS) of performance measures to evaluate the quality of care provided to Medi-Cal members.</p> <p>There are 16 HEDIS® based metrics and the All-Cause Readmission measure which is a non-HEDIS measure, for a total of 17 performance measures.</p> <p>The Default Measures for RY 2018 consist of:</p> <ol style="list-style-type: none"> 1. CIS-3: Childhood Immunizations – Combo 3 2. W34: Well Child Visits in 3-6th Years of Life 3. PPC-Pre: Prenatal Care 4. CDC-HT: HbA1c Testing 5. CBP: Controlling High Blood Pressure 6. CCS: Cervical Cancer Screening <p>The Default Measures impact default enrollment or the percentage of new members that are assigned to CalViva Health or the other health plan in each county. CalViva Health met five (5) of the six (6) categories in all three counties. The exception being CDC-HT: HbA1c Testing for Fresno County.</p> <p>The minimum performance level (MPL) is the 25th percentile. If performance levels fall below the</p>	<p>Motion: Approve HEDIS ® Update RY 2018 (Zweifler/Ramirez) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>minimum performance level (MPL), the Plan is required to submit an improvement plan (IP).</p> <p>CalViva has improvement projects for the following measures in 2018:</p> <ul style="list-style-type: none"> • Monitoring Persistent Meds – Madera County • Avoidance of Antibiotics – Madera County • Breast Cancer Screening – Fresno County • Diabetes Care – HbA1c and Nephropathy Testing Fresno County 	
<p>#5 Utilization Management Business -Key Indicator Report (June) -Turn Around Time Report (June) (Attachments T & U)</p> <p>Action Patrick Marabella, MD, Chair</p>	<p>The Key Indicator Report reflects data as of June 30, 2018. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> • Membership has remained consistent this year. • Admits, especially for the TANF population increased in Quarter 1 in association with the Flu season. • ER utilization has shown a slight decrease to date this year • CCS rates remain steady. • Perinatal Case Management outreach attempts and engagement rates have increased. • Integrated Case Management and Transitional Case Management categories have been separated out for reporting purposes. Outreach attempts in both categories remain steady. • Behavioral Health Case Management has been added and outreach attempts are increasing. 	<p>Motion: Approve Key Indicator Report (June) and Turn Around Time Report (June) (Ramirez/Cardona) 4-0-0-3</p>
<p>#5 Utilization Management Business Utilization Management Concurrent Review Report (Q2) (Attachment V)</p>	<p>The 2018 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Q2 2018. Focus is on improving member healthcare 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"> ➢ Goals for 2018 have been restated based on past three years’ performance to establish a more meaningful measurement of utilization activities. The new goals were discussed and approved by the Committee. ➢ A significant increase in utilization across all populations (TANF, Expansion, and SPD) for admissions and emergency visits was noted. Most noticeable are admissions for the TANF population with a 24% increase in admission. An analysis of admission bed types and emergency visits attribute most of the increase to a particularly impactful influenza season. Influenza increased in occurrence advancing to the top eight diagnoses for ED visits where it had not been in 	<p>Motion: Approve Utilization Management Concurrent Review Report (Q2) (Cardona/Ramirez) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>the top ten diagnosis in previous years. The leading diagnosis for admissions was again Upper Respiratory infections, Asthma, Influenza, Abdominal pain, and chest pain. Admissions and ER visits are returning to baseline in Q2.</p> <ul style="list-style-type: none"> ➤ The Concurrent Review Team has expanded its involvement and collaboration with team members from both Integrated Case management and State Public Programs to broaden knowledge of the community resources available to our members. ➤ The Concurrent Review Department is working to further enhance their partnership with hospital care teams through regularly scheduled huddles and collaborations to improve the ability to effectively and safely discharge patients and provide the correct follow-up care. 	
<p>#5 Utilization Management Business -UM Concurrent Review IRR Report (Q2)</p>	<p>The Concurrent Review IRR Report provides a summary of routine audit activities performed to evaluate the consistency, accuracy, and timeliness of Medical Management decisions in order to promote improved member outcomes. Monitoring of the Concurrent Review process includes the following components:</p> <ul style="list-style-type: none"> ➤ Turn Around Times (TAT) of medical decisions (within 24 hours of receipt of request) ➤ Documentation of proactive discharge planning and collaboration ➤ Application of standardized criteria ➤ All measures met or exceeded the 90% threshold for Q2. 	<p>Motion: Approve UM Concurrent Review IRR Report (Q2) (Ramirez/Cardona) 4-0-0-3</p>
<p>#5 Utilization Management Business -Case Management Report/TCM Report (Q2)</p>	<p>This report provides a summary of Case Management, Transitional Care Management, and Palliative Care activities for Q2 2018. During this time frame it was agreed to separate metrics for Integrated Case Management from Transitional Care Management therefore, separate sections are included in this report with the appropriate metrics.</p> <p>This report continues to evolve and expand further and will now include reporting on behavioral health case management as well. The goal of these programs is to identify members who would benefit from the services offered and to engage them in the appropriate program. The effectiveness of the case management program is based upon:</p> <ul style="list-style-type: none"> • Readmission rates • ED utilization • Overall health care costs • Member Satisfaction <p>Positive results are noted for these measures in Quarter 2. Effectiveness of the other program types are established and evaluated and included in the quarterly report.</p>	<p>Motion: Approve Case Management Report/TCM Report (Q2) (Zweifler/Ramirez) 4-0-0-3</p>
<p>#5 Utilization Management Business</p>	<p>Utilization Management Policy & Procedure Annual Review Grid was presented to the committee. The majority of policies required update without changes or minor edits. All policies were available for review</p>	<p>Motion: Approve Annual UM Policy</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- UM Policy Grid (Attachment Y)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>by committee members and six policies that required more extensive revisions were included in the meeting packet:</p> <ul style="list-style-type: none"> ➤ UM-015 Seniors and Persons with Disabilities (SPDs) Health Risk Stratification and Assessment ➤ UM-023 Mental Health Services ➤ UM-024 Behavioral Health Treatment Services-Autism Spectrum Disorder ➤ UM-103 Continuity of Care ➤ UM-107 Care Coordination/Case Management Services ➤ UM-111 Identification and Referral of CCS Members <p>Policy edits were discussed and the Utilization Management policies were approved.</p>	<p>Review (Zweifler/Cardona) 4-0-0-3</p>
<p>#6 Pharmacy Business</p> <p>-Executive Summary (Q2) -Operations Metrics Report (Q2) Top 30 Prior Authorizations (Q2) (Attachments Z-BB)</p> <p>Action Patrick Marabella, MD, Chair</p>	<p>Pharmacy reports for quarter 2 2018 include Executive Summary, Operation Metrics, and Top Medication Prior Authorization Requests and quarterly formulary changes. These reports are provided in order to assess for emerging patterns in authorization requests, compliance around prior authorizations, and to evaluate the consistency of decision making in order to formulate potential process improvement recommendations.</p> <ul style="list-style-type: none"> ➤ Pharmacy prior authorization (PA) metrics were within 5% of standard for second quarter 2018. Effective 7/1/2017, the PA turnaround time requirement changed to 24 hours from 24 hours or 1 business day. ➤ Second quarter 2018 top medication PA requests varied minimally from first quarter 2018. <p>”</p>	<p>Motion: Approve Executive Summary (Q2) Operations Metrics (Q2) Top 30 Prior Authorizations (Q2) (Cardona/Ramirez) 4-0-0-3</p>
<p>#7 Credentialing & Peer Review Subcommittee Business</p> <p>Credentialing Subcommittee Report (Attachment CC)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Credentialing activities.</p> <p>Credentialing Sub-Committee Quarterly Report</p> <p>The Credentialing Sub-Committee met on July 19, 2018. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q1 2018 were reviewed for delegated entities, and the Q2 2018 report was reviewed for Health Net. The Q2 2018 Credentialing report was reviewed with one case of denied network re-entry. No significant cases were identified on these reports.</p>	<p>Motion: Approve Credentialing Subcommittee Report (Ramirez/Cardona) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#7 Credentialing & Peer Review Subcommittee Business - Peer Review Subcommittee Report (Attachment DD)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Peer Review activities.</p> <p>Peer Review Sub-Committee Quarterly Report The Peer Review Sub-Committee met on July 19, 2018. The county-specific Peer Review Sub-Committee Summary Reports for Q2 2018 were reviewed for approval. There were no significant cases to report. The Q2 2018 Peer Count Report was presented and there were four cases closed and cleared. There were no cases pending closure for Corrective Action Plan. There were four cases pending for further information. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p>	<p>Motion: Approve Peer Review Subcommittee Report (Ramirez/Cardona) 4-0-0-3</p>
<p>#8 Compliance Update: RHA QI/UM Committee Compliance – Regulatory Report (Attachment EE)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>Kaiser All remaining CalViva Health members assigned as Kaiser Continuity of Care (COC) Capitation members were transitioned back to CalViva Health effective September 1, 2018. Any COC requests to continue care after/starting September 1, 2018 will be reviewed following the Plan’s “regular” COC rules. If COC requests from former Kaiser assigned members are approved, the member will remain assigned to CVH and not be capitated to Kaiser. Approval will be for a specific condition/ service and payments to Kaiser would be made on a Fee-for-Service basis.</p> <p>There are some activities, such as required regulatory reports, encounter data submissions, HEDIS data and other financial reporting related to Kaiser that will continue into 2019 and possibly 2020</p> <p>Oversight Audits The following 2018 annual audits have completed: Utilization Management, Privacy & Security, and Cultural & Linguistics. None of these required CAPs.</p> <p>The following audits are in progress: Call Center, Credentialing, Provider Network, and Q2 2018 Provider Disputes.</p> <p>BHT Transition In accordance with DHCS APL 18-006, effective July 1, 2018, MCPs became responsible for BHT treatment coverage for members under the age of 21 regardless of diagnosis under the EPSDT benefit</p>	<p>Motion: Approve Compliance Regulatory Report (Cardona/Ramirez) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>when medically necessary. On August 7, 2018, CalViva Health received its latest DHCS file containing a list of 10 members to be transitioned to the Plan by 11/1/18. At this time, the Plan does not anticipate any additional members needing to be transitioned from the Central Valley Regional Center.</p> <p>Public Policy Committee The Public Policy Committee met on September 5, 2018. The Committee reviewed the Enrollment Dashboard, the Health Education Member Incentives Program, Appeals & Grievances Report, and the Post-Partum Care Disparity Project update. There were no recommendations or action items requiring the response of the QI/UM Committee.</p> <p>The next Public Policy Committee meeting is scheduled for December 5, 2018, 11:30 a.m. in Fresno County, at 7625 N. Palm Ave. Suite 109. Fresno, CA 93711.</p>	
#9 Old Business	None.	
#10 Announcements	None.	
#11 Public Comment	None.	
#12 Adjourn Patrick Marabella, M.D., Chair	Meeting was adjourned at 12:28 pm.	

NEXT MEETING: October 18, 2018

Submitted this Day: October 18, 2018

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

Acknowledgment of Committee Approval:

Patrick Marabella
 Patrick Marabella, MD Committee Chair

Item #8

Attachment 8.D

QIUM Committee Minutes dated 10/18/18

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
October 18th, 2018

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

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

✓ = in attendance

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D, Chair	The meeting was called to order at 10:35 am.	
#2 Approve Consent Agenda - Committee Minutes: September 20 th , 2018 - 2019 QIUM Meeting Schedule - Medical Policies Provider Update (Q2) - Pharmacy Provider Update (Q3) - Provider Preventable Conditions (Q2) - Preventive Screening Guidelines	The September QI/UM minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full Formulary (RDL) was available for review at the meeting. The proposed 2019 QI/UM Meeting Schedule was reviewed with the Committee.	Motion: Approve Consent Agenda (Ramirez/Cardona) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
- Pharmacy Formulary List (October) (Attachments A-F) Action Patrick Marabella, M.D Chair		
#3 QI Business Appeals & Grievances: - Dashboard (Attachment G) Action Patrick Marabella, M.D, Chair	The A & G Dashboard 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 August 2018. <ul style="list-style-type: none"> ➤ An increase is noted in the number of grievances received and resolved for August. Recent staff training may have resulted in improved identification and reporting of grievances which may have contributed to the increase. ➤ Additionally, there have been some PPG changes and transitions following the EHS closure which have also contributed to an increase in Exempt Grievances. These have not been serious issues, but they have been disruptive. ➤ Appeals have decreased in number for the month of August compared to previous months, however, year-to- date, appeals have increased this year compared to last. ➤ Cases related to Advanced Imaging have remained consistent. ➤ The Uphold/Overturn rates are at approximately 70%/30%. Continue to monitor monthly. 	Motion: Approve Appeals & Grievances Report - Dashboard (Zweifler/Ramirez) 4-0-0-3
#3 QI Business - MHN Performance Indicator Report for Behavioral Health Services (Attachment H) Action Patrick Marabella, M.D, Chair	The MHN Performance Indicator Report for Q2 2018 was presented. All 18 metrics met or exceeded their targets. <ul style="list-style-type: none"> ➤ Per committee request, a metric has been added to monitor the number of CalViva members that receive Mild to Moderate Behavioral Health Services through MHN on a quarterly basis. ➤ 1.7% of CVH total membership (362,722) had at least one claim during the quarter and therefore approximately 6,200 individual members received services. ➤ We will monitor this rate over time for trends. 	Motion: Approve MHN Performance Indicator Report for Behavioral Health Services (Cardona/Ramirez) 4-0-0-3
#3 QI Business - Public Programs Report (Attachment I) Action Patrick Marabella, M.D, Chair	Public Programs Report for Quarter 3 This report provides a summary of the relevant Public Health, Behavioral Health (BH) and Regional Center Activities, initiatives and updates for Fresno, Kings and Madera Counties. <ul style="list-style-type: none"> ➤ Fresno County has successfully contracted out their Psychiatry Services and these staffing updates have been shared. ➤ Fresno County Suicide Prevention Collaborative has released its Strategic Suicide Prevention Plan. 	- Motion: Approve Public Programs Report Q3 (Zweifler/Cardona) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ➤ Fresno County CCS plans to have a conference in 2019. ➤ On October 30th a Safe Sleep Practices for Infants Conference hosted by Maternal, Child and Adolescent Health will be held. ➤ Kings County Behavioral Health is contracted with Aspiranet to provide high-intensity wraparound services for children. ➤ Kings County Public Health reports that immunization rates are increasing as children head back to school. ➤ Madera County Behavioral Health is working on two Performance Improvement Plans (PIPs). One is clinical (PTSD diagnosis in children) and the other is administrative (texting reminder messages for appointments). ➤ Madera Public Health continues to focus on Sexually Transmitted Diseases, particularly syphilis and congenital syphilis. <p>Quarter 3 data for BH referrals, TB screening and CCS enrollment in Fresno, Kings and Madera counties were reviewed.</p>	
<p>#3 QI Business - C & L Language Assistance Program Mid-Year Report (Attachment.J) Action Patrick Marabella, M.D, Chair</p>	<p>This report provides a summary of language service utilization by CalViva Health members for January 1 to June 30, 2018. This report includes Managed Health Network’s (MHN) Behavioral Health language utilization by CalViva Health members for the same reporting period.</p> <p>During the first six months of 2018:</p> <ul style="list-style-type: none"> ➤ Member Services representatives handled approximately 75,034 calls across all languages. ➤ 11,302 (15%) were handled in Spanish and Hmong languages. ➤ 2,718 interpreter requests were also fulfilled for CalViva Health members. The majority of interpreter services were fulfilled through telephonic interpretation (93%) and 4% were for in-person interpretation. ➤ The final 3% (75) were for sign language interpretation. ➤ MHN Member Services Department representatives handled a total of 2,420 calls across all languages and fulfilled a total of 49 interpreter requests. Of the 49 requests, 48 were fulfilled in-person and 1 was for sign language interpretation. <p>It was noted that during the reporting period there were seven (7) complaints identified with five interventions initiated. Two potential discrimination cases were also identified. Additionally, challenges with data capture were identified for MHN. C & L staff will be working with MHN staff during the second half of 2018 to address these issues.</p>	<p>Motion: Approve C & L Language Assistance Program Mid-Year Report</p> <p>(Ramirez/Cardona) 4-0-0-3</p>

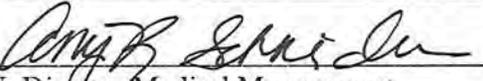
AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#4 Cultural & Linguistics/Health Education</p> <p>- C&L Work Plan Mid-Year Evaluation & Executive Summary (Attachment K)</p> <p>Action</p> <p>Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the 2018 Cultural & Linguistics Work Plan Mid-Year Evaluation and Executive Summary.</p> <p>The summary of activities completed during the first six months of 2018 consist of four areas:</p> <ul style="list-style-type: none"> • Language Assistance Services • Compliance Monitoring • Communication, Training and Education • Health Literacy, Cultural Competency and Health Equity <p>Some of the Activities Completed include:</p> <ol style="list-style-type: none"> 1. Non-Discrimination Notice updated and implemented on January 1, 2018. 2. Thirty-three (33) materials, including member newsletters reviewed for readability level, content and layout. 3. C & L related grievances reviewed with follow up completed when indicated. 4. Conducted training for A & G Coordinators focused on culture, language and perceived discrimination and how to code appropriately for these issues. 5. Language Assistance Program trainings held for new Call Center staff. 6. Health Disparity Training was provided for staff and Volume 2 of the Health Equity Newsletter was distributed to staff in January. <p>By June 30, 2018, all activities were either completed or are on target to be completed by the end of the year. CVH will continue to implement, monitor and track C & L related services and activities.</p>	<p>Motion: Approve C&L Work Plan Mid-Year Evaluation & Executive Summary</p> <p>(Ramirez/Zweifler)</p> <p>4-0-0-3</p>
<p>#4 Cultural & Linguistics/Health Education</p> <p>- Health Education Mid-Year Work Plan Evaluation & Executive Summary (Attachment L)</p> <p>Action</p> <p>Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the 2018 Health Education Work Plan Mid-Year Evaluation and Executive Summary.</p> <p>Health Education activities are selected based upon the county-specific Group Needs Assessment. The two major areas of focus for 2018 include:</p> <ul style="list-style-type: none"> ➤ Health Ed Programs and Services ➤ Department Operations, Reporting and Oversight <p>Activity Status at the mid-year:</p> <ul style="list-style-type: none"> ➤ 14 Program Initiatives for 2018 	<p>Motion: Approve Health Education Mid-Year Work Plan Evaluation & Executive Summary</p> <p>(Cardona/Zweifler)</p> <p>4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ➤ 11 met or exceeded 50% of the year-end goal ➤ 3 Initiatives did not meet 50% of year-end goal by 6/30/18 <p>Barriers to full implementation of planned activities have been identified and are being addressed. Continue with implementation of 2018 initiatives to meet or exceed year end goals.</p>	
<p>#5 UM Business - Key Indicator Report & Turn-around Time Report for July (Attachment M & N) Action Patrick Marabella, M.D., Chair</p>	<p>The Key Indicator Report reflects data as of 7/30/2018. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➤ The increase in ER Visits and Inpatient Admissions noted in Q1 & Q2, particularly for TANFs was further investigated and analyzed and found to be related to a particularly virulent strain of flu this season. These rates are back down in July. ➤ A new CalViva Pregnancy Program has recently been initiated and we are beginning to see an increase in referrals and engagement. ➤ Turn-around Times for Utilization Management are all above 95% with 4 of 6 metrics at 100%. Continue to monitor all cases that do not meet standard through the Turn-around Time Report. ➤ Integrated Case Management & Transitional Care Management are demonstrating good engagement rates. These two teams work together to provide smooth care transitions. ➤ MHN data is now provided on this report. Outreach efforts are being modified to improve reach and engagement rates for the behavioral health population. 	<p>Motion: Approve Key Indicator Report & Turn-around time report (Zweifler/Cardona) 4-0-0-3</p>
<p>#5 UM Business - Specialty Referrals Reports: Health Net (Q1 & Q2) (Attachment O) Action Patrick Marabella, M.D., Chair</p>	<p>These reports provide a summary of Specialty Referral Services in Quarters 1 and 2 that require prior authorization in the tri-county area for Health Net. In comparing volumes of cases, it was noted that Quarter 2 volumes were significantly higher than Quarter 1, however, denial and turn-around time results are similar.</p> <p>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.</p>	<p>Motion: Approve Specialty Referrals Reports: Health Net (Q1 & Q2) (Zweifler/Cardona) 4-0-0-3</p>
<p>#5 UM Business - Specialty Referrals Reports: La Salle, IMG, Adventist (Q2) (Attachment P) Action Patrick Marabella, M.D., Chair</p>	<p>These reports provide a summary of Specialty Referral Services in Quarter 2 that require prior authorization in the tri-county area for La Salle, IMG and Adventist. As parameters for these reports have recently been clarified with Delegation Oversight staff, there may be some edits or updates. First Choice will be available for review at the November meeting.</p> <p>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.</p>	<p>Motion: Approve Specialty Referrals Reports: La Salle, IMG, Adventist (Q2) (Ramirez/Zweifler) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#5 UM Business - Standing Referrals Report (Q2) (Attachment Q) Action Patrick Marabella, M.D, Chair</p>	<p>The Standing Referrals Report provides a summary of any denials during the reporting period for Standing Referrals for Chronic Conditions within or outside of the provider network. A Standing Referral is defined as 2 or more office visits with a single provider where the primary diagnosis may include, but is not limited to Congestive Heart Failure, Diabetes, End Stage Renal Disease, Coronary Artery Disease, Asthma, Chronic Obstructive Pulmonary Disease, Hypertension or HIV. In Quarter 2, there were three denials for Standing Referrals. All cases were for the hypertension diagnosis and they did not meet medical necessity criteria.</p>	<p>Motion: Approve Standing Referral Report (Q2) (Cardona/Zweifler) 4-0-3</p>
<p>#6 Compliance Update (Attachment R)</p>	<p>ML Leone presented the Compliance report.</p> <ul style="list-style-type: none"> ➤ 2018 DHCS Medical Audit – CalViva is awaiting DHCS Preliminary Report ➤ On 9/25/18 received written DHCS notification of a Quality Improvement Corrective Action Plan (CAP); Plan response due 10/12/18. ➤ On 9/28/18 Plan received written notification of the 2019 DMHC Medical Survey; DMHC on-site week of 2/25/19 ➤ Public Policy Committee “At-Large” member vacancy ➤ The next Public Policy Committee meeting is scheduled for December 5th, 2018 11:30 a.m. in Fresno County at the CalViva office on Palm Ave. 	
<p>#9 Old Business</p>	<p>None.</p>	
<p>#10 Announcements</p>	<p>None.</p>	
<p>#11 Public Comment</p>	<p>None.</p>	
<p>#12 Adjourn Patrick Marabella, M.D, Chair</p>	<p>Meeting was adjourned at 11:55 am.</p>	

NEXT MEETING: November 15th, 2018

Submitted this Day: November 15 2018

Submitted by: 
Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:


Patrick Marabella, MD Committee Chair

Item #8

Attachment 8.E

Public Policy Committee Minutes

Dated 9/5/18



Public Policy Committee
Meeting Minutes
September 5, 2018

Camarena Health
344 E. Sixth Street
Hanford, CA 93230

Committee Members		Community Base Organizations (Alternates)	
✓	Joe Neves, Chairman	✓	Jeff Garner, KCAO
	David Phillips, Provider Representative		Roberto Garcia, Self Help
✓	Gabriela Chavez, Madera County Representative		Staff Members
✓*	Seng Moua, Fresno County Representative	✓	Mary Lourdes Leone, Compliance Project Manager
✓	Leann Floyd, Kings County Representative	✓	Cheryl Hurley, Commission Clerk
✓	Sylvia Garcia, Fresno County Representative	✓	Courtney Shapiro, Community Relations Coordinator
		*	= late arrival

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#1 Call to Order Joe Neves, Chair	The meeting was called to order at 11:31 am. A quorum was present.	
#2 Meeting Minutes from June 13, 2018 Action Joe Neves, Chair	The June 13, 2018 meeting minutes were reviewed. There were no discrepancies.	Motion: Approve June 13, 2018 Minutes 4-0-0-3 (J. Garner / G. Chavez)
#3 Public Policy Committee Charter Action Joe Neves, Chair	The PPC Committee reviewed the changes made by the Commission.	Motion: Approve PPC Charter changes made by Commission. 4-0-0-3 (J. Garner / S. Garcia)
#4 Committee Membership Update Information Joe Neves, Chair	Updated membership terms were announced. There is a vacancy for the At-large position.	No motion

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<p>#5 Enrollment Dashboard Information Mary Lourdes Leone, Director of Compliance</p>	<p>Mary Lourdes Leone presented the enrollment dashboard through July 31, 2018. Membership as of the end of July was 358,234.</p>	
<p>#6 Health Education <i>2018 Member Incentive Update Q1 and Q2</i> Information Justina Felix</p>	<p>A total of 1,169 CalViva Health (CVH) members participated in 9 health education and quality improvement incentive programs during Q1 and Q2 in 2018, a 9% increase compared to Q3 and Q4 in 2017. Of the 1,169 participants, 802 members received an incentive. In total, \$19,000 worth of gift cards were given. Of the 802 award recipients, 567 (71%) were from Fresno County, 122 (15%) from Kings County and 113 (14%) from Madera County. Seven of the nine incentive programs had lower award recipients in Q1 and Q2, 2018 compared to Q3 and Q4, 2017 due to less promotion as a result of anticipated changes to their programs. The three most active incentive programs were Postpartum Visits, Monitoring for Patients on Persistent Medications and Baby Showers.</p>	
<p>#7 Appeals, Grievances, and Complaints Information Mary Lourdes Leone, Director of Compliance</p>	<p>Mary Lourdes Leone presented the appeals, grievances and complaints report for Q2 2018. Total appeals and grievances for Q2 2018 were 400. Total appeals for Q2 2018 were 192. Total grievances for Q2 2018 were 209. The majority of appeals and grievances were from members in Fresno County.</p>	
<p>#8 Postpartum Care Disparity Project Update</p>	<p>An update was reported to the PPC Committee on the 2-year Postpartum Care Disparity project. A disparity for</p>	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<p>Information Lali Witrigo</p>	<p>postpartum care was identified in Mendota. The three top barriers identified include:</p> <ol style="list-style-type: none"> 1. Transportation 2. Timing of appointment scheduling 3. Cultural practices <p>CVH is working on ways to assist, resolve, and improve the issues to all three barriers identified.</p>	
<p>#9 Final Comments from Committee Members and Staff</p>	<p>Chairman Neves announced Tanya Klapps-Doan resigned from the PPC; she was awarded a certificate of appreciation for serving on the Committee which will be delivered to her in her absence.</p> <p>Annual CVH Bike Ride will be October 5, 2018.</p> <p>Mary Lourdes Leone announced the Kaiser transition is complete and all members are back in the CVH network.</p> <p>Hoa Su announced the new MyStrength program available to CVH members via online or through their case manager.</p>	
<p>#10 Announcements</p>	<p>None.</p>	
<p>#11 Public Comment</p>	<p>None.</p>	

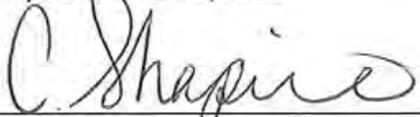
CalViva Health Public Policy Committee

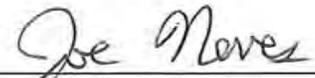
AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#12 Adjourn	Meeting adjourned at 12:42 pm.	

NEXT MEETING **December 5, 2018 in Fresno County**
11:30 am - 1:30 pm

Submitted This Day: December 5, 2018

Approval Date: December 5, 2018

Submitted By: 
Courtney Shapiro, Director Community Relations

Approved By: 
Joe Neves, Chairman

Item #8

Attachment 8.F

Compliance Report

RHA Commission Compliance – Regulatory Report



Show tools

Regulatory Filings	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2018 Total
# of DHCS Filings													
Administrative/Operational	8	6	8	7	10	7	9	11	6	7	6	5	90
Member & Provider Materials	1	1	3	0	2	6	2	2	5	9	3	3	37
# of DMHC Filings	2	3	7	8	5	6	4	6	6	5	6	7	65

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

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

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

Fraud, Waste, & Abuse Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2018 Total
# of MC609 FWA Submissions to DHCS	0	0	0	0	0	0	0	1	1	2	0	0	4
# of Cases Open for Investigation (Active Number)		42	37		24		16	17	18	18	18	18	

Summary of Potential Fraud, Waste & Abuse cases

In 2018, the Plan identified and investigated four cases which were determined to reflect a suspected fraud and/or abuse case. Accordingly, four MC609 reports were filed with the DHCS. All four were provider-related. The California Department of Justice (DOJ) has open cases on two of these four cases and has requested information from the Plan. The Plan is cooperating with the DOJ requests. These four cases were reported to DHCS within the 10 working days requirement following substantiation of potential fraud. DHCS has not informed the Plan of the outcome of the cases reported to them in 2018. There were no cases referred to other law enforcement agencies by the Plan.

RHA Commission Compliance – Regulatory Report

Compliance Oversight & Monitoring Activities	Description
<p>CalViva Health Oversight Activities</p>	<p>Health Net CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related other to critical projects or transitions that may affect CalViva Health. CalViva Health continues to review ongoing updates on Health Net's efforts to improve specialty provider access for CalViva Health members.</p> <p>Kaiser Post-Contract termination, encounter data submissions and other financial reporting will continue into 2019 and possibly 2020.</p>
<p>Oversight Audits</p>	<p>The following 2018 annual audits have been completed since the October Commission report: Call Center/Member Services, Credentialing, Emergency Services, Marketing, Provider Network (no CAPs required), Q2 2018 Provider Disputes (CAP required and completed)</p> <p>The following audits are in-progress: Access & Availability, Quality Management, Pharmacy Services, and the Q3 Provider Dispute Resolutions.</p>
Regulatory Reviews/Audits	Status
<p>Department of Managed Health Care ("DMHC") Undertaking Reports – Termination of contract with Kaiser</p>	<p>On December 7, 2018, the DMHC closed the Undertaking requirement pending the submission of a Material Modification for Alternative Access Standards, and a Significant Network Change Amendment. These filings were submitted by January 31, 2019.</p>
<p>Department of Health Care Services ("DHCS") 2018 Medical Audit</p>	<p>The DHCS Final Report was issued on December 17, 2018 and requested a CAP for a finding related to lack of documentation showing that new providers received the training package within 10-working days. The Plan filed the response to the CAP on January 18, 2019. Plan is awaiting DHCS review/approval.</p>
<p>Department of Health Care Services ("DHCS") Encounter Data Corrective Action Plan</p>	<p>DHCS issued a Corrective Action Plan (CAP) to CalViva Health on December 26, 2017 identifying that the volume of encounter data submitted for Kings and Madera counties in 2015 and 2016 had trended down even though enrollment was increasing. The Plan completed final submissions of all the CAP related encounter data to DHCS by January 31, 2019. A final report of the completed CAP results is being prepared for DHCS.</p>
<p>Department of Health Care Services ("DHCS") Quality Corrective Action Plan</p>	<p>On September 25, 2018, the Plan received written notification of the DHCS CAP related to three External Accountability Set (EAS) indicators below the minimum performance level. Plan submitted its response on October 10, 2018 and it was accepted by the DHCS. The Plan is meeting with DHCS on February 11, 2019 to review the CAP progress.</p>
<p>Department of Managed Health Care 2019 Medical Survey</p>	<p>DMHC requested 2019 Pre-Audit Request for documents in the Audit Notification letter dated September 28, 2018. All requested documents and case files were submitted by February 1, 2019. DMHC auditors will join DHCS auditors for the on-site audit during the week of February 25, 2019.</p>

RHA Commission Compliance – Regulatory Report

<p>Department of Health Care Services (“DHCS”) 2019 Medical Audit</p>	<p>On November 30, 2018 DHCS notified the Plan it would be conducting an annual on-site audit starting February 25, 2019 and provided a list of Pre-Audit documents to be provided by the Plan. All requested documents and case files were submitted by January 17, 2019.</p> <p>DHCS and DMHC will be on-site the week of February 25, 2019 at the same time. However, this is not a “joint audit” and each agency is conducting a separate audit reflecting different look-back periods and will issue separate independent reports.</p>
<p>New Regulation / Contractual Requirements</p>	
<p>Pediatric Palliative Care (PPC) Transition</p>	<p>Pediatric Palliative Care has been provided by DHCS under a waiver arrangement with CMS. DHCS ended the PPC waiver on December 31, 2018 due to the inability to come to consensus with CMS on an alternate workable structure for the waiver. Children enrolled in the waiver program will receive their palliative care services through managed care plans effective 1/1/2019. DHCS worked directly with plans, the current PPC waiver providers and county PPC waiver staff to facilitate the transition process. There were no CalViva members receiving PPC services that required transitioning.</p>
<p>BHT Transition</p>	<p>Beginning July 1, 2018, DHCS began transitioning the provision of medically necessary BHT services for eligible members under 21 years of age without an ASD diagnosis, from the Regional Centers to Managed Care Plans (MCPS). Approximately 150 members were transitioned to CalViva Health providers by the end of 2018.</p>
<p>Health Homes Program (HHP)</p>	<p>The HHP is an integrated service delivery system for populations with complex, chronic conditions intended to improve outcomes by reducing fragmented care and promoting patient-centered care. This program will be implemented only in Fresno County initially. In anticipation of the Plan’s July 1, 2019 launch of the Health Homes Program, a Town Hall meeting was conducted in November 2018 to reach-out to potential Community-Based Care Management Entities (CB-CMEs) within Fresno County. DMHC and DHCS filings (e.g. Plan readiness status, policies and procedures, provider network information, etc.) are due in March 2019 for this new program.</p>
<p>Diabetes Prevention Program (DPP)</p>	<p>The DPP is an evidence-based lifestyle change program, taught by peer coaches, designed to prevent or delay the onset of type 2 diabetes among individuals diagnosed with prediabetes. The Centers for Disease Control and Prevention (CDC) established the National DPP and set national standards and guidelines, also known as the CDC Diabetes Prevention Recognition Program (DPRP), for the effective delivery of the National DPP lifestyle change program. Effective January 1, 2019, MCPs must cover the DPP benefit and make it available to eligible members. Members must meet the most current CDC DPRP participant eligibility requirements to qualify for the DPP benefit.</p>
<p>Committee Report</p>	
<p>Public Policy Committee</p>	<p>Committee Appointments: Effective October 18, 2018, the “At-Large” member vacant position was filled, and effective January 30, 2019, the Madera County member vacancy was filled.</p> <p>The next Public Policy Committee meeting is scheduled for March 6, 2019, 11:30 a.m. in Fresno County, at 7625 N. Palm Ave. Suite 109. Fresno, CA 93711.</p>

Item #9

Attachment 9.A & 9.B

- 9.A BL 19-005 – Moss Adams
- 9.B Audit & Non-Attest Services Proposal

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse, Director
Public Health Department

Aftab Naz, M.D.
At-large

Regional Hospital

Brian Smullin
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

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

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

DATE: February 21, 2019

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Reappoint Moss Adams, LLP as Independent Auditors

BL #: 19-005

Agenda Item 9

Attachment 9.A

BACKGROUND:

Whereas the Auditor-Controller, with the approval of the Commission, shall contract with an independent certified public accountant or firm or certified public accountants to make an annual audit of the accounts and records of the Commission, and a complete written report of such audit shall be filed as public records annually, within six months of the end of the fiscal year under examination, with the Counties of Fresno, Kings, and Madera.

DISCUSSION:

A proposal from Moss Adams, LLP was presented to the Finance Committee on October 18, 2018 for retention of their services through fiscal year 2021. A motion was granted to recommend acceptance by the Commission for reappointment of Moss Adams, LLP as Independent Auditors during the February 2019 Commission meeting.

RECOMMENDED ACTION:

Reappoint Moss Adams, LLP as Independent Auditors through June 30, 2021.



T (415) 956-1500
F (415) 956-4149

101 Second Street
Suite 900
San Francisco, CA 94105

August 24, 2018

Fresno Kings Madera Regional Health Authority
dba CalViva Health
c/o Mr. Daniel Maychen
Chief Financial Officer
7625 North Palm Ave., Suite 109
Fresno, CA 93711

Subject: Audit and Nonattest Services

Dear Daniel,

Thank you for the opportunity to provide services to Fresno Kings Madera Regional Health Authority dba CalViva Health. In our engagement, we will audit the Company's statement of net position as of and for the years ended June 30, 2019; June 30, 2020; and June 20, 2021, and the related statements of revenues, expenses, and changes in net assets, and cash flows for the years then ended. In addition, we will provide the Company with the following nonattest services:

- Assist management in drafting the financial statements and related footnotes as of and for each of the years ended June 30, 2019; June 30, 2020; and June 20, 2021.

Rianne Suico is responsible for supervising the engagement and authorizing the signing of the report. Our fees for audit services will be:

Service Description	FY 2019	FY 2020	FY 2021
Annual Financial Statement Audit	\$56,000	\$58,000	\$60,000
Presentation of the audit results and Management Letter to the Finance Committee and Board of Commissioners		Included	
Total	\$56,000	\$58,000	\$60,000

You will also be billed for expenses at our cost as they are incurred.

The fee estimates are based on anticipated level of preparation and cooperation from your management and staff, your completion of the year-end closing and adjusting process prior to our arrival to begin fieldwork and the expectation that the records will be in good order. We may experience delays in completing our service due to your staff's unavailability or delays in your closing



MOSSADAMS

Fresno Kings Madera Regional Health Authority
dba CalViva Health
August 24, 2018
Page 2 of 2

and adjusting process. You understand our fees are subject to adjustment if we experience these delays in completing our services.

Our fees are also based on accounting and auditing standards currently in effect and on the assumption there will be minimal changes to the scope of accounting entity.

We appreciate the opportunity to be of service to you. Please let us know if you need additional information.

Very truly yours,

Rianne Suico, Senior Manager, for
Moss Adams LLP

Item #10

Attachment 10.A

- 10.A BL 19-006 Annual Administration

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

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

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

DATE: February 21, 2019

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Annual Administration

BL #: 19-006

Agenda Item 10

Attachment 10.A

Discussion Points:

Ethics Training:

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

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

Form 700:

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

Please complete and return to the Clerk, Cheryl Hurley, by April 2, 2019.

Item #11

Attachment 11.A & 11.B

- 11.A BL 19-007 Biennial COI
- 11.B Approved Biennial COI

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

David S. Hodge, M.D.
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Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

DATE: February 21, 2019

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Supervisor Neves, Co-Chair

RE: Conflict of Interest Code

BL #: 19-007

Agenda Item 11

Attachment 11.A

DISCUSSION:

On November 15, 2018, the Conflict of Interest Code (COI) for the Fresno-Kings-Madera Regional Health Authority was approved by the Fair Political Practices Commission (FPPC). The requested changes to the COI reviewed by the Fresno-Kings-Madera Regional Health Authority Commission on July 19, 2018 were enacted.

There were no comments received during the 45-day comment period.

RECOMMENDED ACTION:

None.

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

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

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

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

**APPENDIX A
DESIGNATED POSITIONS**

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

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

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

OFFICIALS WHO MANAGE PUBLIC INVESTMENTS

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

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

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

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

**APPENDIX B
DISCLOSURE CATEGORIES**

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

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

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

This is the last page of the conflict of interest code for the **Fresno-Kings-Madera Regional Health Authority**.



CERTIFICATION OF FPPC APPROVAL

Pursuant to Government Code Section 87303, the conflict of interest code for the **Fresno-Kings-Madera Regional Health Authority** was approved on 11/15 2018. This code will become effective on 12/15/ 2018.

A large, stylized handwritten signature in black ink, appearing to read "John M. Feser, Jr.", written over a horizontal line.

John M. Feser, Jr.

Senior Commission Counsel

Fair Political Practices Commission

Item #13

Attachment 13.A

2018 Annual Quality Improvement Work Plan
Evaluation Executive Summary



REPORT SUMMARY TO COMMITTEE

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

FROM: Corrie Haley / Ruth Eiermann, Quality Improvement Department

COMMITTEE DATE: February 21, 2019

SUBJECT: Executive Summary of CalViva Health 2018 Quality Improvement Work Plan Annual Evaluation

Summary:

The CalViva Health 2018 Quality Improvement (QI) Program monitored improvement in clinical care and service using a range of indicators. These key performance indicators are found in service, clinical, and utilization reports from QI and various other departments. Based on these reports, areas of improvement are identified, and interventions implemented and monitored. In 2018, quality improvement initiatives were focused on (but not limited to) improving preventative care, disease management outcomes, continuity and coordination of patient care, patient safety metrics, member access to care, and supporting provider initiatives.

Purpose of Activity:

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

Work Plan Initiatives:

Details for the end of year outcomes are included in the 2018 QI Work Plan Evaluation. Key end-of-year highlights include:

1. Access, Availability, and Service

Overall CVH did well this measurement year and was noncompliant for three standards:

1. Access to Urgent Care Services that require prior authorization (SCP) – Appointment within 96 hours of request

2. Access to Non-Urgent Appointments with Specialist – Appointment within 15 business days of request

3. AH urgent care – ability to contact an on-call provider (PCP) within 30 minutes for urgent issues

CAPs were issued to noncompliant PPGs in September 2018. This included 15 PPGs and 31 direct network providers. These numbers reflect a downward trend of the number of CAPs being issued – PPG = 13.3% decrease and Direct = 48.4% decrease.

Phone audits were conducted in November 2018 for providers who were noncompliant for two consecutive years. Twenty-two (22) phone audits were conducted which is a decrease of 60% as compared to MY2016. Two providers failed the initial phone audit for After-Hours messaging. Both passed on the secondary audit.

2. Quality and Safety of Care

o **HEDIS® Minimum Performance Level (MPL) Default Measures**

Childhood Immunization Combo 3	All three counties exceeded DHCS MPL OF 65.25% New Improvement Project (PIP) initiated for declining rates in Fresno County.
Well Child Visits 3-6 years	All three counties exceeded DHCS MPL of 66.18%
Timeliness of Prenatal Care	All three counties exceeded DHCS MPL of 77.66%
Comprehensive Diabetes Care HbA1c Testing	Two counties exceeded DHCS MPL of 84.25%. New Quality Improvement Project initiated for declining rates in Fresno County.
Controlling High Blood Pressure	All three counties exceeded DHCS MPL 47.69%
Cervical Cancer Screening	All three counties exceeded DHCS MPL of 51.82%.

Non-Default HEDIS® Minimum Performance Level (MPL) Measures – Additional measures Below the MPL in RY 2018

Timeliness of Postpartum Care	All three counties exceeded DHCS MPL of 59.59%. Disparity Improvement Project (PIP) initiated to address opportunity identified in Fresno County.
Annual Lab Monitoring for Patients on Persistent Medications (MPM)	Fresno and Kings Counties exceeded DHCS MPL for ACE/ARB of 85.93% Madera County fell below the MPL at 84.74% Fresno and Kings Counties exceeded the MPL for Diuretics of 85.52%. Madera County was below the MPL at 84.88%. PDSAs continue to be submitted timely and completely.
Avoidance of Antibiotic Treatment for Bronchitis (Adults) (AAB)	Fresno and Kings Counties exceeded the MPL of 24.91%. Madera County fell below at 24.58%. PDSAs are being submitted timely and completely.
Breast Cancer Screening (BCS)	Madera and Kings Counties exceeded the DHCS MPL of 52.0% Fresno County was below at 51.1%. PDSAs are being submitted timely and completely.

3. Performance Improvement Projects

DHCS requires **two** Performance Improvement Projects (PIPs) for each health plan. CalViva Health's PIPs for 2018 were:

Childhood Immunization: CIS-3:

In Q1 and Q2, CalViva Health established a multi-disciplinary Childhood Immunization (CIS-3), Performance Improvement Team in collaboration with two high volume, low compliance clinics in Fresno County to complete process mapping activities to improve childhood immunization rates. The FMEA was

also completed with the clinic staff, to prioritize gaps in processes and potential interventions. Using the FMEA and process map, the clinic staff, providers and CalViva Health team developed interventions to address high priority gaps identified in the FMEA. These activities completed Module 3. The team implemented the first intervention of eliminating double-booking option from provider scheduling templates Monday through Friday, until the start of the work day to allow space for patients to get their needed immunizations; and the accommodation walk-in clinics during the week, including Saturday clinics. It was estimated that more people would use the walk-in, “fast track” option over scheduling an appointment. Members were also offered to schedule an RN visit only.

In Q4, the clinics reported that none of the parents chose to walk-in, but scheduled an appointment instead. Panel Managers/RNs performed direct outreach and follow-up with members on the Provider Profile and offered an appointment time that was convenient for them with either the RN or the provider. The rate of “No Shows” remained low due to the convenient appointment times for the parents. The manager/RN also explained the importance of immunizations to parents during scheduling, which likely had a positive impact on appointment completion.

In Q4 2018, a second intervention was implemented to offer CalViva Health members a \$25.00 incentive gift card upon completion of their immunizations. Five gift cards incentives were distributed to members in December. The incentive will continue in 2019, and it is anticipated that the incentive will motivate parents to bring their children in for subsequent immunizations in the series.

Addressing Postpartum Visit Disparities:

In Q1 and Q2, CalViva Health established a multi-disciplinary Postpartum (PPC) Performance Improvement Team in collaboration with a high volume, low compliance clinic with an identified disparity in Fresno County to complete process mapping activities for scheduling postpartum care visits with patients. The Failure Modes and Effects Analysis, (FMEA), was also completed with the clinic staff, to prioritize gaps in processes and potential interventions. Using the FMEA and process map, the clinic staff, providers and CalViva Health team developed interventions to address high priority gaps identified in FMEA.

The team implemented the first intervention, a electronic medical record (EMR) Alert. The Alert is created by the Medical Assistant for pregnant women at 35 weeks gestation and is visible to clerical and clinical staff who schedule postpartum visits. The Alert reminds staff of the 21-56-day timeframe for the postpartum visit completion after delivery.

In Q3, the clinic staff was educated on the new EMR Alert process, and the implementation of the EMR Alert went live. The data collection from August 2018 through November 2018 reflected some variation, but demonstrated a positive trend in results for the number of OB Alerts created.

Shortly thereafter, the team launched a second intervention to address cultural barriers to receiving timely postpartum care. A modification was made to the pre-natal documentation (OB History form) to include questions regarding customs, traditions, and cultural beliefs that may impact health care decisions around postpartum care. Education on cultural practices during pregnancy was provided to clinic staff along with the new OB History form.

Monthly on-site medical record reviews of 30 random records were done to evaluate the compliance rates for the revised OB History form. Compliance data: October 2018 (15.4%) 4/26; November 2018 (44.4%) 12/27; and December 2018 (63.3%) 19/28. This intervention has created an opportunity for the clinic staff to gain insight into the cultural beliefs of their patients, and consequently improve the postpartum care rates in Fresno County.

Item #14

Attachment 14.A

2018 Annual Utilization Management Case
Management Work Plan
Evaluation Executive Summary



EXECUTIVE SUMMARY REPORT TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Jennifer Lloyd, Vice President Medical Management
Barbara Swartos, Vice President Medical Management

COMMITTEE DATE: February 21, 2019

SUBJECT: 2018 CalViva Work Plan End of Year Evaluation for Utilization Management/Case Management Executive Summary

Summary:

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

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

- 2.2 Timeliness of processing the authorization request
- 3.1 Improve Medi-Cal shared risk and FFS UM acute in-patient performance
 - MCE Bed days,
 - SPD ALOS,
 - TANF and MCE admits and
 - MCE 30 day readmits
- 4.6 Behavioral Health Performance Measures
 - Network Availability and Adequacy
- 5.2 Provide UM/CM Programs to support Seniors and Persons with Disabilities (SPD) mandatory managed care requirements

Purpose of Activity:

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

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

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

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

Analysis/Findings/Outcomes:

I. Compliance with Regulatory & Accreditation Requirements

All Compliance activities met objectives for this year end evaluation. No barriers have been identified.

II. Monitoring the Utilization Management Process

Monitoring of the utilization management process activities met objectives in 2018 with the exception of work plan element 2.2 Timeliness of processing the authorization request.

a. The number of authorizations for service requests received (Work plan element 2.1)

There are no known issues impacting authorization volume at this time.

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

Turnaround Time (TAT) for processing authorization requests within regulatory timeframes had an overall score that averaged 97.2% in 2018 with a goal of 100%. It was identified in Q1 that providers were using an incorrect authorization form which caused requests to be misrouted and not meet TAT. A formal CAP for TAT was established and was reported on the 10th of every month. The issue with providers using the incorrect authorization form was resolved in April 2018 with provider communication and education and is no longer adversely impacting TAT. In Q3 the TAT CAP was resolved. There are currently no known issues adversely impacting TAT.

c. UM Appeal determinations (Work plan element 2.4)

There were a total of 510 appeal cases in 2018 and the score for compliance with turnaround time was 98.24%.

III. Monitoring Utilization Metrics

All UM Metric Monitoring activities met objectives for this year end evaluation with the exception of work plan element 3.1, Improve Medi-Cal shared risk and FFS UM acute in-patient performance. The UM team did not meet goal for MCE Bed days, SPD ALOS, TANF and MCE admits and MCE 30 day readmits.

a. Acute in-patient performance (Work plan element 3.1)

In 2018, internal thresholds for TANF and SPD Populations were restated and goals for MCE population established using an average of the past 3 years' performance with a reduction of 5% for the new targets. Onsite and telephonic CCR teams continue to make immediate referrals to CM following an initial high level screening upon hospital admission; doubling CM referrals for 2018. Utilization management activities continue to move toward goals. The UM team did not meet goal for MCE Bed Days, SPD ALOS, TANF and MCE admits, and MCE 30 day readmits. Fragmented after care and adequate placement options for patients with multiple social determinants continue to be the unresolved barriers for this population.

Bed Days/K	2018 Goal	2018 Actual
MCE	335.0	344.7
SPD	980.0	958.9
TANF	102.4	101.6

Admit/K	2018 Goal	2018 Actual
MCE	65.0	69.8
SPD	177	169.8
TANF	27.1	27.7

ALOS	2018 Goal	2018 Actual
MCE	5.1	4.9
SPD	5.0	6.6
TANF	3.8	3.7

% Re-admit	2018 Goal	2018 Actual
MCE	13.0	13.5
SPD	21.0	19.8
TANF	8.0	7.8

IV. Monitoring Coordination with Other Programs and Vendor Oversight

All Coordination with Other Programs and Vendor Oversight activities met objectives for this year end evaluation with the exception of work plan element 4.6 Behavioral Health Performance Measures which are pending Q4 data and did not meet objective regarding Network Availability and Adequacy in Q3.

a. Behavioral Health Performance Measures (Work plan element 4.6)

MHN met all but one performance objective in the first 3 quarters and is expected to meet all in the 4th. This will be confirmed when 4th quarter data is available. MHN has increased the availability of telehealth services for members who reside in remote areas or who are unable/unwilling to travel to a provider's office.

- Appointment Availability by Risk Rating: Met targets for Q1-Q3 2018. Fourth quarter data not yet available.
- Timeliness of authorizations: Prior authorizations for autism and single case agreements in Q1 were all compliant with timeliness standards. In Q2 97% of ABA reviews were compliant with timeliness standards. In Q3, 98% of ABA reviews were compliant.
- PQI: There were 3 PQI's in 2018. Two had no quality of care findings, one was a Level 2 severity finding (medication error, incident or concern). All were resolved within timeliness standards.
- Provider disputes: Out of 7 provider disputes in Q1 all were resolved timely. There were 12 provider disputes in Q2, all were resolved within timeliness standards. Of these, 5 were disputes from autism providers. There was a large increase in the number of provider disputes in Q3 2018; the previous 7 quarters averaged 8 cases per quarter but 82 cases were resolved in Q3. 81 of 82 were resolved within timeliness standards. Of these, 52 disputes were from autism providers. It was noted that 2 providers submitted a large number of disputes.
- Network Availability and Adequacy: Met targets for Q1 and Q2. In Q3 did not meet BCBA (ABA paraprofessional) adequacy ratio target due to change in network status as a result of missing required information. This has been corrected.
- Timeliness to first appointment for member's diagnosis with Autism Spectrum Disorder: A survey administered in the second half of 2018 found excellent availability and capacity for additional clients in the Cal Viva service area.
- Behavioral health complex case management was initiated through the HN CM department beginning late in Q2. Referrals continue to increase each month and coordination between MHN and HN CM has been effective.

V. Monitoring Activities for Special Populations

All Monitoring Activities for Special Populations met objectives for this year end evaluation with the exception of work plan element, "5.2 Provide UM/CM Programs to support Seniors and Persons with Disabilities (SPD) mandatory managed care requirements".

a. UM/CM Programs to support SPD mandatory managed care requirements (Work plan element 5.2)

Member stratification is being conducted monthly using Impact Pro to identify members for ICM. 175 SPD members have been managed in 2018 through Q3.

Health Risk Assessment (HRA) completion was not meeting expectations as IT migration prevented data exchange. Root cause analysis and detailed corrective action plan were implemented in Q3. The vendor implemented hiring and retention strategies to meet call requirements in Q3 and corrective action plan completed by 12/31/2018. SPD HRA process is expected transition in house Q1 2019.

Next Steps:

CalViva Health continues to increase its presence in the Central Valley community by establishing a comprehensive Medical Management team (Medical Hub) in the local CalViva Health office. The Medical Hub consists of staff responsible for prior authorization, post service review, onsite and telephonic concurrent review teams, and a Regional Medical Director to oversee these teams and collaborate with directly contracted physicians and other providers of medical services. The Medical Hub will serve to further heighten collaboration and build relationships with providers of community resources in order to address Social Determinates of Health and provide comprehensive, whole-person care for our members.

2018 monitoring activities will continue into 2019 with appropriate updates and modifications.

Item #20

Attachment 20.A

Financials as of December 31, 2018

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Balance Sheet
As of December 31, 2018

	Total
ASSETS	
Current Assets	
Bank Accounts	
Cash	158,434,946.57
Savings CD	0.00
ST Investments	0.00
Wells Fargo Money Market Mutual Funds	5,149,618.18
Total Bank Accounts	\$ 163,584,564.75
Accounts Receivable	
Accounts Receivable	108,899,513.61
Total Accounts Receivable	\$ 108,899,513.61
Other Current Assets	
Interest Receivable	1,259.84
Investments - CDs	0.00
Prepaid Expenses	619,178.42
Security Deposit	0.00
Total Other Current Assets	\$ 620,438.26
Total Current Assets	\$ 273,104,516.62
Fixed Assets	
Buildings	7,098,940.43
Computers & Software	4,585.76
Land	3,161,419.10
Office Furniture & Equipment	154,823.08
Total Fixed Assets	\$ 10,419,768.37
Other Assets	
Investment -Restricted	312,559.38
Total Other Assets	\$ 312,559.38
TOTAL ASSETS	\$ 283,836,844.37
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	109,517.99
Accrued Admin Service Fee	7,929,658.00
Capitation Payable	172,751,679.61
Claims Payable	33,008.23
Total Accounts Payable	\$ 180,232,863.83
Other Current Liabilities	
Accrued Expenses	654,019.07
Accrued Payroll	109,278.53
Accrued Vacation Pay	258,568.26
Amt Due to DHCS	0.00
IBNR	141,150.17
Loan Payable-Current	0.00
Premium Tax Payable	0.00
Premium Tax Payable to BOE	5,961,058.18
Premium Tax Payable to DHCS	31,468,013.25
Total Other Current Liabilities	\$ 38,592,087.46
Total Current Liabilities	\$ 219,415,951.29
Long-Term Liabilities	
Renters' Security Deposit	0.00
Subordinated Loan Payable	0.00
Total Long-Term Liabilities	\$ 0.00
Total Liabilities	\$ 219,415,951.29
Equity	
Retained Earnings	59,820,200.78
Net Income	4,600,692.30
Total Equity	\$ 64,420,893.08
TOTAL LIABILITIES AND EQUITY	\$ 283,836,844.37

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Budget vs. Actuals: Income Statement
July 2018 - December 2018 (FY 2019)

	Total		
	Actual	Budget	Over/(Under) Budget
Income			
Interest Earned	448,931.78	60,000.00	388,931.78
Premium/Capitation Income	590,004,859.50	570,877,479.00	19,127,380.50
Total Income	590,453,791.28	570,937,479.00	19,516,312.28
Cost of Medical Care			
Capitation - Medical Costs	494,343,105.72	476,027,817.00	18,315,288.72
Medical Claim Costs	1,213,703.33	1,209,996.00	3,707.33
Total Cost of Medical Care	495,556,809.05	477,237,813.00	18,318,996.05
Gross Profit	94,896,982.23	93,699,666.00	1,197,316.23
Expenses			
Admin Service Agreement Fees	23,851,443.00	23,595,000.00	256,443.00
Bank Charges	655.08	8,400.00	(7,744.92)
Computer/IT Services	66,402.45	78,000.00	(11,597.55)
Consulting Fees	0.00	52,500.00	(52,500.00)
Depreciation Expense	145,143.78	150,000.00	(4,856.22)
Dues & Subscriptions	82,083.70	89,400.00	(7,316.30)
Grants	1,008,947.19	1,050,000.00	(41,052.81)
Insurance	99,868.26	104,751.00	(4,882.74)
Labor	1,562,464.75	1,593,128.00	(30,663.25)
Legal & Professional Fees	62,621.73	95,400.00	(32,778.27)
License Expense	337,476.64	312,000.00	25,476.64
Marketing	455,649.24	450,000.00	5,649.24
Meals and Entertainment	11,188.38	11,700.00	(511.62)
Office Expenses	29,217.78	39,000.00	(9,782.22)
Parking	787.11	600.00	187.11
Postage & Delivery	1,382.59	1,200.00	182.59
Printing & Reproduction	434.02	2,400.00	(1,965.98)
Recruitment Expense	938.00	18,000.00	(17,062.00)
Rent	1,200.00	6,000.00	(4,800.00)
Seminars and Training	4,542.11	12,000.00	(7,457.89)
Supplies	4,624.02	4,800.00	(175.98)
Taxes	62,936,045.19	62,936,022.00	23.19
Telephone	16,589.39	15,600.00	989.39
Travel	9,742.26	14,700.00	(4,957.74)
Total Expenses	90,689,446.67	90,640,601.00	48,845.67
Net Operating Income	4,207,535.56	3,059,065.00	1,148,470.56
Other Income			
Other Income	393,156.74	300,000.00	93,156.74
Total Other Income	393,156.74	300,000.00	93,156.74
Net Other Income	393,156.74	300,000.00	93,156.74
Net Income	4,600,692.30	3,359,065.00	1,241,627.30

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Income Statement
FY 2019 vs FY 2018

	Total	
	Jul - Dec, 2018	Jul - Dec, 2017 (PY)
Income		
Interest Earned	448,931.78	100,005.69
Premium/Capitation Income	590,004,859.50	597,020,404.47
Total Income	\$ 590,453,791.28	\$ 597,120,410.16
Cost of Medical Care		
Capitation - Medical Costs	494,343,105.72	502,081,353.35
Medical Claim Costs	1,213,703.33	1,139,712.39
Total Cost of Medical Care	\$ 495,556,809.05	\$ 503,221,065.74
Gross Profit	\$ 94,896,982.23	\$ 93,899,344.42
Expenses		
Admin Service Agreement Fees	23,851,443.00	24,109,723.00
Bank Charges	655.08	3,761.06
Computer/IT Services	66,402.45	67,095.76
Depreciation Expense	145,143.78	144,045.81
Dues & Subscriptions	82,083.70	79,611.80
Grants	1,008,947.19	876,106.26
Insurance	99,868.26	97,666.00
Labor	1,562,464.75	1,404,448.72
Legal & Professional Fees	62,621.73	35,254.43
License Expense	337,476.64	311,306.76
Marketing	455,649.24	294,056.91
Meals and Entertainment	11,188.38	8,962.29
Office Expenses	29,217.78	25,874.84
Parking	787.11	719.50
Postage & Delivery	1,382.59	688.00
Printing & Reproduction	434.02	1,917.06
Recruitment Expense	938.00	
Rent	1,200.00	1,800.00
Seminars and Training	4,542.11	4,857.00
Supplies	4,624.02	5,035.18
Taxes	62,936,045.19	61,049,908.24
Telephone	16,589.39	15,079.44
Travel	9,742.26	9,675.77
Total Expenses	\$ 90,689,446.67	\$ 88,547,593.83
Net Operating Income	\$ 4,207,535.56	\$ 5,351,750.59
Other Income		
Other Income	393,156.74	393,062.14
Total Other Income	\$ 393,156.74	\$ 393,062.14
Net Other Income	\$ 393,156.74	\$ 393,062.14
Net Income	\$ 4,600,692.30	\$ 5,744,812.73

Item #20

Attachment 20.B

Appeals & Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2018

Current as of End of the Month: December

Revised Date: 2/6/2019

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	5	26	24	55	13	3	10	26	8	7	8	23	7	9	4	20	124	66
Standard Appeals Received	19	27	35	81	49	62	55	166	29	26	23	78	31	21	43	95	420	171
Total Appeals Received	24	53	59	136	62	65	65	192	37	33	31	101	38	30	47	115	544	237
Appeals Ack Letters Sent Noncompliant	0	0	0	0	2	1	0	3	1	0	1	2	0	0	0	0	5	3
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	95.9%	98.4%	100.0%	98.2%	96.6%	100.0%	95.7%	97.4%	100.0%	100.0%	100.0%	100.0%	98.81%	98.2%
Expedited Appeals Resolved Noncompliant	0	0	3	3	4	0	0	4	1	1	0	2	0	0	0	0	9	1
Expedited Appeals Resolved Compliant	4	20	23	47	13	4	10	27	6	7	7	20	6	11	3	20	114	66
Expedited Appeals Compliance Rate	100.0%	100.0%	87.0%	93.6%	69.2%	100.0%	100.0%	85.2%	83.3%	85.7%	100.0%	83.3%	100.0%	100.0%	100.0%	100.0%	92.68%	98.5%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Standard Appeals Resolved Compliant	22	15	29	66	35	56	53	144	49	31	22	102	26	28	21	75	387	157
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.00%	98.1%												
Total Appeals Resolved	26	35	55	116	52	60	63	175	56	39	29	124	32	39	24	95	510	227
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	25	35	55	115	52	58	63	173	56	39	29	124	32	38	24	94	506	224
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	2	1	3	6	7	4	5	16	5	11	1	17	6	0	3	9	48	5
DME	1	0	6	7	8	8	13	29	11	1	1	13	3	2	5	10	59	39
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	1	0	0	1	0	0	0	0	1	1	0	2	0	0	0	0	3	0
Advanced Imaging	3	11	12	26	18	11	16	45	15	10	16	41	8	17	6	31	143	59*
Other	3	13	15	31	8	18	17	43	5	3	1	9	2	6	5	13	96	0
Pharmacy	13	9	18	40	11	16	12	39	14	12	10	36	12	8	3	23	138	99
Surgery	2	1	1	4	0	1	0	1	5	1	0	6	1	5	2	8	19	22
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Post Service Appeals	1	0	0	1	0	2	0	2	0	0	0	0	0	1	0	1	4	3
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	1	0	2	0	2	0	0	0	0	0	0	0	0	3	2
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Appeals Decision Rates																		
Upholds	16	16	33	65	33	43	43	119	37	26	22	85	17	18	15	50	319	131
Uphold Rate	61.5%	45.7%	60.0%	56.0%	63.5%	71.7%	68.3%	68.0%	66.1%	66.7%	75.9%	68.5%	53.1%	46.2%	62.5%	52.6%	62.5%	57.7%
Overturns - Full	9	18	18	45	19	16	19	54	17	12	4	33	14	20	7	41	173	84
Overturn Rate - Full	34.6%	51.4%	32.7%	38.8%	36.5%	26.7%	30.2%	30.9%	30.4%	30.8%	13.8%	26.6%	43.8%	51.3%	29.2%	43.2%	33.9%	37.0%
Overturns - Partial	0	1	3	4	0	1	1	2	2	1	2	5	1	1	2	4	15	8
Overturn Rate - Partial	0.0%	2.9%	5.5%	3.4%	0.0%	1.7%	1.6%	1.1%	3.6%	2.6%	6.9%	4.0%	3.1%	2.6%	8.3%	4.21%	2.9%	3.5%
Withdrawal	1	0	1	2	0	0	0	0	0	0	1	1	0	0	0	0	3	4
Withdrawal Rate	3.8%	0.0%	1.8%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.4%	0.8%	0.0%	0.0%	0.0%	0.00%	0.6%	1.8%
Membership	357,378	357,239	356,452		357,319	357,792	358,472		358,032	357,081	357,346		356,242	355,743	355,627			
Appeals - PTMPM	0.07	0.10	0.15	0.11	0.15	0.17	0.18	0.16	0.16	0.11	0.08	0.12	0.09	0.11	0.07	0.09	0.12	0.05
Grievances - PTMPM	0.18	0.14	0.20	0.17	0.24	0.20	0.14	0.19	0.20	0.31	0.25	0.25	0.35	0.26	0.25	0.29	0.23	0.23

CalViva Health Appeals and Grievances Dashboard 2018 (Fresno County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	4	22	20	46	11	2	9	22	7	6	8	21	6	5	4	15	104	52
Standard Appeals Received	15	26	28	69	46	56	48	150	22	25	18	65	28	18	38	84	368	143
Total Appeals Received	19	48	48	115	57	58	57	172	29	31	26	86	34	23	42	99	472	195
Appeals Ack Letters Sent Noncompliant	0	0	0	0	2	1	0	3	1	0	1	2	0	0	0	0	5	1
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	95.7%	98.2%	100.0%	95.7%	95.5%	100.0%	94.4%	96.9%	100.0%	100.0%	100.0%	100.0%	98.6%	99.3%
Expedited Appeals Resolved Noncompliant	0	0	3	3	4	0	0	4	1	1	0	2	0	0	0	0	9	0
Expedited Appeals Resolved Compliant	3	18	17	38	11	3	9	23	5	6	7	18	5	7	3	15	94	53
Expedited Appeals Compliance Rate	100.0%	100.0%	82.4%	92.1%	63.6%	100.0%	100.0%	63.6%	100.0%	83.3%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	91.3%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Standard Appeals Resolved Compliant	19	13	29	61	28	50	51	129	41	25	21	87	20	26	18	64	341	99
Standard Appeals Compliance Rate	100.0%																	
Total Appeals Resolved	22	31	49	102	43	53	60	156	47	32	28	107	25	33	21	79	444	185
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	21	31	49	101	43	53	60	156	47	32	28	107	25	32	21	78	442	182
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	2	1	3	6	7	4	4	15	4	9	1	14	3	0	3	6	41	3
DME	0	0	5	5	7	7	13	27	10	0	1	11	2	2	5	9	52	33
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Advanced Imaging	3	10	12	25	15	10	15	40	14	4	15	33	8	14	5	27	125	45*
Other	2	12	14	28	8	17	17	42	4	6	1	11	2	6	4	12	93	0
Pharmacy	11	7	14	32	6	14	11	31	11	12	10	33	9	5	2	16	112	82
Surgery	2	1	1	4	0	1	0	1	4	1	0	5	1	5	2	8	18	19
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Post Service Appeals	1	0	0	1	0	1	0	1	2	3								
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Appeals Decision Rates																		
Upholds	14	14	29	57	25	38	42	105	33	20	22	75	14	18	13	45	282	109
Uphold Rate	63.6%	45.2%	59.2%	55.9%	58.1%	71.7%	70.0%	67.3%	70.2%	62.5%	78.6%	70.1%	56.0%	54.5%	61.9%	57.0%	63.5%	58.9%
Overturns - Full	7	16	16	39	18	14	17	49	14	11	4	29	10	14	6	30	147	67
Overturn Rate - Full	31.8%	51.6%	32.7%	38.24%	41.9%	26.4%	28.3%	31.41%	29.8%	34.4%	14.3%	27.10%	40.0%	0.0%	0.0%	37.97%	33.11%	36.22%
Overturns - Partial	0	1	3	4	0	1	1	2	0	1	1	2	1	1	2	4	12	6
Overturn Rate - Partial	0.0%	3.2%	6.1%	3.9%	0.0%	1.9%	1.7%	1.3%	0.0%	3.1%	3.6%	1.9%	4.0%	3.0%	9.5%	5.1%	2.7%	3.2%
Withdrawal	1	0	1	2	0	0	0	0	0	0	1	1	0	0	0	0	3	3
Withdrawal Rate	4.5%	0.0%	2.0%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.6%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%	2.1%
Membership	293,695	293,083	292,391		293,009	293,122	293,678		293,217	292,272	292,397		291,128	290,581	290,334			
Appeals - PTMPM	0.07	0.11	0.17	0.12	0.15	0.18	0.20	0.18	0.16	0.11	0.10	0.12	0.09	0.11	0.07	0.00	0.10	0.03
Grievances - PTMPM	0.16	0.14	0.22	0.17	0.26	0.20	0.14	0.20	0.23	0.32	0.26	0.27	0.37	0.27	0.26	0.00	0.16	0.19

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	0	2	1	3	0	0	0	0	0	1	0	1	0	0	0	0	4	4
Standard Appeals Received	1	0	1	2	2	1	2	5	3	0	2	5	2	2	0	4	16	12
Total Appeals Received	1	2	2	5	2	1	2	5	3	1	2	6	2	2	0	4	20	16
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%	0.0%	100.0%	91.7%														
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	0	2	1	3	0	0	0	0	0	1	0	1	0	0	0	0	4	4
Expedited Appeals Compliance Rate	0.0%	100.0%	0.0%	100.0%														
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	0	1	0	1	1	2	1	4	2	3	0	5	2	2	2	6	16	11
Standard Appeals Compliance Rate	100.0%	100.0%	0.0%	100.0%														
Total Appeals Resolved	0	3	1	4	1	2	1	4	2	4	0	6	2	2	2	6	20	15
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	0	3	1	4	1	1	1	3	2	4	0	6	2	2	2	6	19	15
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	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	2	0	2	1	0	0	1	3	2
DME	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	0	1	0	1	0	0	0	0	0	1	0	1	0	1	0	1	3	5*
Other	0	1	0	1	0	0	0	0	0	1	0	1	0	0	1	1	3	0
Pharmacy	0	1	1	2	1	1	1	3	2	0	0	2	0	1	1	2	9	7
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Post Service Appeals	0	0	0	0	0	1	0	1	0	1	0							
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Appeals Decision Rates																		
Upholds	0	1	0	1	1	2	0	3	0	4	0	4	0	0	2	2	10	11
Uphold Rate	0.0%	33.3%	0.0%	25.0%	100.0%	100.0%	0.0%	75.0%	0.0%	100.0%	0.0%	66.7%	0.0%	0.0%	100.0%	33.3%	50.0%	73.3%
Overturns - Full	0	2	1	3	0	0	1	1	1	0	0	1	2	2	0	4	9	4
Overturn Rate - Full	0.0%	66.7%	100.0%	60.0%	0.0%	0.0%	100.0%	25.00%	50.0%	0.0%	0.0%	16.67%	100.0%	100.0%	0.0%	66.67%	45.00%	26.67%
Overturns - Partial	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
Overturn Rate - Partial	0.0%	50.0%	0.0%	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%	5.0%	0.0%							
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Withdrawal Rate	0.0%																	
Membership	27,532	27,776	27,843		27,933	28,030	28,029		28,121	28,211	28,239		28,359	28,429	28,714			
Appeals - PTMPM	-	0.11	0.04	0.05	0.04	0.07	0.04	0.05	0.07	0.14	-	0.07	0.07	0.07	0.07	0.07	0.06	0.05
Grievances - PTMPM	0.33	0.07	0.11	0.17	0.18	0.21	0.11	0.17	-	0.07	0.14	0.07	0.21	0.18	0.21	0.20	0.15	0.14

Madera County																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2018 YTD	2017
Expedited Grievances Received	2	0	3	5	0	2	0	2	1	2	3	6	2	3	0	5	18	12
Standard Grievances Received	8	0	4	12	5	9	2	16	12	5	5	22	11	8	6	25	75	55
Total Grievances Received	10	0	7	17	5	11	2	18	13	7	8	28	13	11	6	30	93	67
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	1	0	2	0	0	2	0	0	0	0	2	0
Grievance Ack Letter Compliance Rate	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	83.3%	100.0%	100.0%	83.3%	100.0%	100.0%	100.0%	100.0%	97.3%	100.0%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	1	0	3	4	0	2	0	2	1	2	3	6	2	3	0	5	17	12
Expedited Grievance Compliance rate	100.0%	0.0%	100.0%															
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Grievances Resolved Compliant	6	6	0	12	5	7	5	17	2	12	4	18	9	7	8	24	71	59
Standard Grievance Compliance rate	100.0%	100.0%	0.0%	100.0%	98.3%													
Total Grievances Resolved	7	6	3	16	5	9	5	19	3	14	7	24	11	10	8	29	88	72
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	4	4	3	11	5	9	5	19	3	13	5	21	7	10	5	22	73	49
Access - Other - DMHC	0	0	0	0	0	0	1	1	0	0	0	0	0	1	0	1	2	2
Access - PCP - DHCS	2	0	1	3	0	3	0	3	1	1	1	3	1	1	0	2	11	8
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	0	0	0	0	1	0	0	1	0	1	0	1	2	3
Administrative	1	1	0	2	3	2	2	7	1	3	2	6	3	3	0	6	21	14
Continuity of Care - Acute	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	1
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Continuity of Care - Surgery	0	0	1	1	1	0	0	1	0	0	0	0	0	0	0	0	2	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	1	2	1	4	0	1	0	1	0	2	0	2	1	0	1	2	9	12
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	1	0	1	1	1	0	2	0	2	0	2	0	0	0	0	5	1
Pharmacy	0	0	0	0	0	1	2	3	0	0	0	0	1	0	1	2	5	4
Transportation	0	0	0	0	0	0	0	0	0	5	2	7	1	4	3	8	15	NA
Quality Of Care Grievances	3	2	0	5	0	0	0	0	0	1	2	3	4	0	3	7	15	23
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Access - PCP - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	1	0	1	0	0	0	0	0	0	1	1	1	0	1	2	4	2
PCP Care	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	6
PCP Delay	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2	2	3	5
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	3	1	0	4	0	0	0	0	0	0	0	0	1	0	0	1	5	3
Specialist Delay	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	2	2	0

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	1	2	3	6	2	1	1	4	1	0	0	1	1	4	0	5	16	7
Standard Appeals Received	3	1	6	10	1	5	5	11	4	1	3	8	1	1	5	7	36	16
Total Appeals Received	4	3	9	16	3	6	6	15	5	1	3	9	2	5	5	12	52	23
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%																	
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	1	0	5	6	2	1	1	4	1	0	0	1	1	4	0	5	16	9
Expedited Appeals Compliance Rate	100.0%	0.0%	0.0%	0.0%	100.0%													
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	3	1	0	4	6	4	1	11	6	3	1	10	4	0	1	5	30	17
Standard Appeals Compliance Rate	100.0%	100.0%	0.0%	100.0%														
Total Appeals Resolved	4	1	5	10	8	5	2	15	7	3	1	11	5	4	1	10	46	27
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	4	1	5	10	8	4	2	14	7	3	1	11	5	4	1	10	45	27
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	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	1	1	1	0	0	1	2	0	0	2	4	0
DME	1	0	1	2	1	1	0	2	1	1	0	2	0	0	0	0	6	6
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	1	1	0	2	0	0	0	0	2	0
Advanced Imaging	0	0	0	0	3	1	1	5	1	0	1	2	0	2	1	3	10	9*
Other	1	0	1	2	0	1	0	1	1	1	0	2	0	0	0	0	5	0
Pharmacy	2	1	3	6	4	1	0	5	1	0	0	1	3	2	0	5	17	10
Surgery	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	2
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Post Service Appeals	0	0	0	0	0	1	0	1	0	1	0							
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Appeals Decision Rates																		
Upholds	2	1	4	7	7	3	1	11	4	2	0	6	3	0	0	3	27	11
Uphold Rate	50.0%	100.0%	80.0%	70.0%	87.5%	60.0%	50.0%	73.3%	57.1%	66.7%	0.0%	54.5%	60.0%	0.0%	0.0%	30.0%	58.7%	40.7%
Overturns - Full	2	0	1	3	1	2	1	4	2	1	0	3	2	4	1	7	17	13
Overturn Rate - Full	50.0%	0.0%	20.0%	30.0%	100.0%	40.0%	50.0%	0.0%	28.6%	33.3%	0.0%	27.27%	40.0%	100.0%	100.0%	70.0%	36.96%	48.15%
Overturns - Partial	0	0	0	0	0	0	0	0	1	0	1	2	0	0	0	0	2	2
Overturn Rate - Partial	0.0%	14.3%	0.0%	100.0%	18.2%	0.0%	0.0%	0.0%	0.0%	4.3%	7.4%							
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Withdrawal Rate	0.0%	9.1%																
Membership	36,151	36,380	36,218		36,377	36,640	36,765		36,694	36,598	36,710		36,755	36,733	36,579			
Appeals - PTMPM	0.11	0.03	0.14	0.09	0.22	0.14	0.05	0.14	0.19	0.08	0.03	0.10	0.14	0.11	0.03	0.09	0.10	0.06
Grievances - PTMPM	0.19	0.16	0.08	0.15	0.14	0.25	0.14	0.17	0.08	0.38	0.19	0.22	0.30	0.27	0.22	0.26	0.20	0.17

CalViva SPD only																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2018 YTD	2017
Expedited Grievances Received	2	3	4	9	0	2	5	7	8	6	2	16	5	6	5	16	48	41
Standard Grievances Received	10	10	19	39	21	13	18	52	24	26	31	81	25	25	26	76	248	209
Total Grievances Received	12	13	23	48	21	15	23	59	32	32	33	97	30	31	31	92	296	250
Grievance Ack Letters Sent Noncompliant	0	0	0	0	1	0	0	1	2	0	0	2	0	0	1	1	4	1
Grievance Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	95.2%	100.0%	100.0%	98.1%	91.7%	100.0%	100.0%	91.3%	100.0%	100.0%	96.2%	98.7%	97.0%	99.18%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	2	2	5	9	0	2	3	5	8	6	2	16	5	6	5	16	46	42
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.00%											
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Grievances Resolved Compliant	8	10	11	29	18	20	11	49	19	25	23	67	36	22	24	82	227	217
Standard Grievance Compliance rate	100.0%	99.5%																
Total Grievances Resolved	10	12	16	38	18	22	14	54	27	31	25	83	41	28	29	98	273	260
Grievance Descriptions - Resolved Cases	10	12	16	38	18	22	14	54	27	31	25	83	41	28	29	98	273	260
Access to primary care	1	2	2	5	2	2	1	5	5	4	3	12	3	2	2	7	29	53
Access to specialists	0	0	0	0	1	0	0	1	1	1	1	3	0	0	1	1	5	13
Continuity of Care	0	0	1	1	0	1	0	1	0	1	0	1	0	0	0	0	3	10
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	1	3	5	1	2	1	4	1	1	1	3	2	1	2	5	17	16
Out-of-network	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Physical accessibility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QOC Non Access	1	3	3	7	6	5	1	12	2	5	5	12	9	6	5	20	51	51
QOS Non Access	7	6	7	20	8	12	11	31	18	19	15	52	27	19	19	65	168	117
Exempt Grievances Received - New Classifications	37	53	66	156	73	23	8	104	20	45	26	91	27	29	18	74	425	291
Authorization	3	0	1	4	1	1	0	2	0	1	2	3	1	2	0	3	12	19
Avail of Appt w/ Other Providers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Avail of Appt w/ PCP	1	1	0	2	2	0	0	2	3	3	0	6	2	1	0	3	13	11
Avail of Appt w/ Specialist	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Claims Complaint	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Eligibility Issue	0	0	0	0	0	1	0	1	0	1	1	2	0	1	2	3	6	7
Health Care Benefits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ID Card - Not Received	1	4	3	8	25	3	0	28	7	3	3	13	2	8	2	12	61	21
Information Discrepancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	1	2	0	3	0	1	0	1	0	0	0	0	0	1	1	2	6	14
Interpersonal - Behavior of Clinic/Staff - Provider	3	5	10	18	13	10	3	26	4	13	8	25	8	3	4	15	84	89
Interpersonal - Behavior of Clinic/Staff - Vendor	0	0	0	0	0	1	0	1	0	0	0	0	0	0	2	2	3	3
Other	3	5	1	9	0	0	1	1	0	5	0	5	1	2	1	4	19	11
PCP Assignment	11	11	15	37	25	6	3	34	4	15	8	27	8	10	6	24	122	77
Pharmacy	1	2	1	4	7	0	1	8	2	1	3	6	4	1	0	5	23	32
Transportation	12	23	32	67	0	0	0	0	0	0	0	0	0	0	0	0	67	NA
Wait Time - In Office for Scheduled Appt	1	0	0	1	0	0	0	0	0	2	0	2	1	0	0	1	4	2
Wait Time - Too Long on Telephone	0	0	2	2	0	0	0	0	0	1	1	2	0	0	0	0	4	4

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	1	6	2	9	2	1	4	7	3	2	4	9	1	4	4	9	34	18
Standard Appeals Received	3	6	4	13	7	14	14	35	7	6	3	16	10	8	13	31	95	50
Total Appeals Received	4	12	6	22	9	15	18	42	10	8	7	25	11	12	17	40	129	68
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	100.0%	97.1%	100.0%	98.9%	100.0%							
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
Expedited Appeals Resolved Compliant	1	5	2	8	2	2	4	8	1	3	3	7	2	4	3	9	32	18
Expedited Appeals Compliance Rate	100.0%	50.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	96.9%	100.0%							
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Appeals Resolved Compliant	7	2	7	16	2	10	10	22	14	8	5	27	5	8	8	21	86	45
Standard Appeals Compliance Rate	100.0%	97.2%																
Total Appeals Resolved	8	7	9	24	4	12	14	30	15	11	8	34	7	12	11	30	118	65
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	7	7	9	23	4	11	14	29	16	11	8	35	7	11	11	29	116	65
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	1	0	0	1	0	1	0	1	1	1	1	3	1	0	1	2	7	0
DME	1	0	4	5	0	4	4	8	7	0	0	7	3	1	3	7	27	23
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Advanced Imaging									3	3	4	10	1	6	2	9	19	0
Other	1	3	3	7	2	3	8	13	1	2	1	4	1	0	2	3	27	14*
Pharmacy	3	4	1	8	2	3	2	7	4	5	2	11	1	4	1	6	32	27
Surgery	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2	2	3	1
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Post Service Appeals	1	0	0	0	0	1	0	1	0	0	0	0	0	1	0	1	2	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Appeals Decision Rates																		
Upholds	4	3	5	12	3	8	10	21	11	7	8	26	3	5	6	14	73	36
Uphold Rate	50.0%	42.9%	55.6%	50.0%	75.0%	66.7%	71.4%	70.0%	73.3%	63.6%	100.0%	76.5%	42.9%	41.7%	54.5%	46.7%	61.3%	55.4%
Overturns - Full	3	4	3	10	1	4	3	8	5	4	0	9	3	7	3	13	40	24
Overturn Rate - Full	37.5%	57.1%	33.3%	41.67%	25.0%	33.3%	21.4%	26.67%	33.3%	36.4%	0.0%	26.47%	42.9%	58.3%	27.3%	43.33%	33.90%	36.92%
Overturns - Partial	0	0	1	1	0	0	1	1	0	0	0	0	1	0	2	3	5	4
Overturn Rate - Partial	0.0%	0.0%	11.1%	4.2%	0.0%	0.0%	7.1%	3.3%	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%	18.2%	10.0%	4.2%	6.2%
Withdrawal	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Withdrawal Rate	12.5%	0.0%	0.8%	1.5%														
Membership	21,920	21,964	21,939	65,823	21,886	21,872	21,970	65,728	21,995	22,037	22,090		22,089	22,089	22,107			
Appeals - PTMPM	0.36	0.32	0.41	0.36	0.18	0.55	0.64	0.46	0.68	0.50	0.36	0.51	0.32	0.54	0.50	0.45	0.45	0.25
Grievances - PTMPM	0.46	0.55	0.73	0.58	0.82	1.01	0.64	0.82	1.23	1.41	1.13	1.26	1.86	1.27	1.31	1.48	1.03	1.00

Item #20

Attachment 20.C

Key Indicator Report



Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP

Report from 1/01/2017 to 12/31/2018

Report created 1/23/2019

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

Exhibits:

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Contact Information

Sections

Concurrent Inpatient TAT Metric

TAT Metric

CCS Metric

Case Management Metrics

Authorization Metrics

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Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2017 to 12/31/2018
 Report created 1/23/2019

ER utilization based on Claims data	2018-01	2018-02	2018-03	2018-04	2018-05	2018-06	2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	2018-Trenc	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Qtr Trend	CY- 2017	YTD-2018	YTD-Trend
	Quarterly Averages													Annual Averages											
Expansion Mbr Months	85,790	85,732	85,457	85,491	85,414	85,377	85,503	85,722	86,267	86,447	86,354	86,359		86,593	87,063	87,681	87,086	85,660	85,427	85,831	86,387		87,106	85,826	
Family/Adult/Other Mbr Mos	246,323	246,459	246,446	246,376	246,514	246,678	246,050	245,095	244,374	243,284	242,791	241,731		247,169	247,723	247,398	246,531	246,409	246,523	245,173	242,602		247,205	245,177	
SPD Mbr Months	31,691	31,765	31,788	31,815	31,827	31,939	32,019	32,101	32,080	32,082	32,023	31,948		30,208	30,522	31,053	31,478	31,748	31,860	32,067	32,018		30,815	31,923	
Admits - Count	2,356	2,206	2,351	2,164	2,214	2,191	2,330	2,281	2,217	2,243	2,123	2,178		2,233	2,189	2,254	2,218	2,304	2,190	2,276	2,181		2,224	2,238	
Expansion	655	624	635	616	635	646	685	686	655	641	623	645		580	625	652	631	638	632	675	636		622	646	
Family/Adult/Other	1,174	1,097	1,173	1,049	1,086	1,043	1,128	1,138	1,100	1,137	1,014	1,078		1,111	1,054	1,096	1,070	1,148	1,059	1,122	1,076		1,083	1,101	
SPD	526	485	542	495	490	500	513	457	459	462	486	453		540	508	504	514	518	495	476	467		517	489	
Admits Acute - Count	1,616	1,530	1,647	1,517	1,522	1,460	1,512	1,480	1,461	1,430	1,392	1,427		1,492	1,478	1,445	1,477	1,598	1,500	1,484	1,416		1,473	1,500	
Expansion	494	455	485	479	503	476	509	516	510	461	462	475		422	477	465	476	478	486	512	466		460	485	
Family/Adult/Other	629	630	669	574	564	526	527	555	519	552	494	549		575	535	514	521	643	555	534	532		536	566	
SPD	492	445	492	460	453	456	474	409	429	415	436	403		494	465	466	477	476	456	437	418		475	447	
Readmit 30 Day - Count	314	237	313	262	285	285	287	275	290	293	269	296		265	282	270	289	288	277	284	286		277	284	
Expansion	94	72	101	79	93	83	89	93	92	93	80	96		68	89	77	84	89	85	91	90		80	89	
Family/Adult/Other	99	73	96	88	84	96	86	88	82	89	68	96		83	89	87	92	89	89	85	84		88	87	
SPD	120	92	116	95	108	104	111	94	115	111	121	104		114	103	106	112	109	102	107	112		109	108	
Readmit 14 Day - Count	31	21	19	25	23	24	22	24	22	21	26	19		24	27	18	24	24	24	23	22		23	23	
Expansion	10	9	5	10	10	2	2	5	8	9	6	4		6	8	4	8	8	7	5	6		6	7	
Family/Adult/Other	8	4	6	4	7	8	12	6	8	1	8	11		4	8	6	9	6	6	9	7		7	7	
SPD	13	8	8	11	8	13	10	11	8	11	12	4		14	11	8	7	10	11	10	9		10	10	
**ER Visits - Count	21,281	18,465	18,793	16,470	17,377	16,124	16,136	15,788	15,803	15,217	11,671	2,058		18,957	19,337	17,885	17,344	19,513	16,657	15,909	9,649		18,381	15,432	
Expansion	4,665	3,934	4,267	3,915	4,276	4,080	4,143	4,035	3,997	3,566	2,517	310		4,212	4,443	4,483	3,782	4,289	4,090	4,058	2,131		4,230	3,642	
Family/Adult/Other	14,438	12,715	12,484	10,704	11,165	10,270	10,110	9,966	10,037	9,997	8,095	1,592		12,747	12,945	11,427	11,734	13,212	10,713	10,038	6,561		12,213	10,131	
SPD	2,178	1,816	2,042	1,851	1,936	1,774	1,883	1,787	1,769	1,654	1,059	156		1,999	1,949	1,974	1,828	2,012	1,854	1,813	956		1,938	1,659	
Admits Acute - PTMPY	53.3	50.4	54.3	50.1	50.2	48.1	49.9	48.9	48.3	47.4	46.2	47.6		49.2	48.6	47.4	48.5	52.7	49.5	49.1	47.1		48.4	49.6	
Expansion	69.1	63.7	68.1	67.2	70.7	66.9	71.4	72.2	70.9	64.0	64.2	66.0		58.5	65.7	63.6	65.6	67.0	68.3	71.5	64.7		63.4	67.9	
Family/Adult/Other	30.6	30.7	32.6	28.0	27.5	25.6	25.7	27.2	25.5	27.2	24.4	27.3		27.9	25.9	24.9	25.4	31.3	27.0	26.1	26.3		26.0	27.7	
SPD	186.3	168.1	185.7	173.5	170.8	171.3	177.6	152.9	160.5	155.2	163.4	151.4		196.1	182.8	180.2	181.7	180.0	171.9	163.7	156.7		185.1	168.0	
Bed Days Acute - PTMPY	262.4	235.6	268.0	229.1	249.8	216.9	215.3	234.6	225.2	239.5	220.1	234.9		227.7	229.5	227.5	228.2	255.3	231.9	225.0	231.5		228.2	236.0	
Expansion	356.3	323.6	348.9	317.1	361.5	299.2	322.9	375.6	358.5	337.6	330.0	338.6		279.5	332.8	321.8	327.4	342.9	325.9	352.4	335.4		315.4	339.2	
Family/Adult/Other	130.0	115.8	115.5	104.7	107.4	97.8	87.2	98.1	82.5	98.7	84.3	104.7		102.9	99.1	96.2	96.5	120.4	103.3	89.3	95.9		98.7	102.3	
SPD	1,037.1	927.8	1,230.7	941.8	1,034.6	911.9	907.3	900.5	950.1	1,018.9	953.3	939.0		1,099.0	991.9	1,007.4	978.9	1,065.3	962.7	919.3	970.5		1,018.7	979.3	
ALOS Acute	4.9	4.7	4.9	4.6	5.0	4.5	4.3	4.8	4.7	5.0	4.8	4.9		4.6	4.7	4.8	4.7	4.8	4.7	4.6	4.9		4.7	4.8	
Expansion	5.2	5.1	5.1	4.7	5.1	4.5	4.5	5.2	5.1	5.3	5.1	5.1		4.8	5.1	5.1	5.0	5.1	4.8	4.9	5.2		5.0	5.0	
Family/Adult/Other	4.2	3.8	3.5	3.7	3.9	3.8	3.4	3.6	3.2	3.6	3.5	3.8		3.7	3.8	3.9	3.8	3.8	3.8	3.4	3.6		3.8	3.7	
SPD	5.6	5.5	6.6	5.4	6.1	5.3	5.1	5.9	5.9	6.6	5.8	6.2		5.6	5.4	5.6	5.4	5.9	5.6	5.6	6.2		5.5	5.8	
Readmit % 30 Day	13.3%	10.7%	13.3%	12.1%	12.9%	13.0%	12.3%	12.1%	13.1%	13.1%	12.7%	13.6%		11.9%	12.9%	12.0%	13.0%	12.5%	12.7%	12.5%	13.1%		12.4%	12.7%	
Expansion	14.4%	11.5%	15.9%	12.8%	14.6%	12.8%	13.0%	13.6%	14.0%	14.5%	12.8%	14.9%		11.7%	14.3%	11.8%	13.4%	13.9%	13.4%	13.5%	14.1%		12.8%	13.7%	
Family/Adult/Other	8.4%	6.7%	8.2%	8.4%	7.7%	9.2%	7.6%	7.7%	7.5%	7.8%	6.7%	8.9%		7.5%	8.4%	8.0%	8.6%	7.8%	8.4%	7.6%	7.8%		8.1%	7.9%	
SPD	22.8%	19.0%	21.4%	19.2%	22.0%	20.8%	21.6%	20.6%	25.1%	24.0%	24.9%	23.0%		21.1%	20.3%	21.0%	21.8%	21.1%	20.7%	22.4%	24.0%		21.0%	22.0%	
Readmit % 14 Day	1.9%	1.4%	1.2%	1.6%	1.6%	1.6%	1.6%	1.5%	1.6%	1.5%	1.9%	1.3%		1.6%	1.8%	1.3%	1.6%	1.5%	1.6%	1.6%	1.6%		1.6%	1.6%	
Expansion	2.0%	2.0%	1.0%	2.1%	2.0%	0.4%	0.4%	1.0%	1.6%	2.0%	1.3%	0.8%		1.3%	1.6%	0.9%	1.7%	1.7%	1.5%	1.0%	1.4%		1.4%	1.4%	
Family/Adult/Other	1.3%	0.6%	0.9%	0.7%	1.2%	1.5%	2.3%	1.1%	1.5%	0.2%	1.6%	2.0%		0.8%	1.5%	1.2%	1.7%	0.9%	1.1%	1.6%	1.3%		1.3%	1.2%	
SPD	2.6%	1.8%	1.6%	2.4%	1.8%	2.9%	2.1%	2.7%	1.9%	2.7%	2.8%	1.0%		2.8%	2.4%	1.7%	1.5%	2.0%	2.3%	2.2%	2.2%		2.1%	2.2%	
**ER Visits - PTMPY	701.9	608.8	620.1	543.4	573.3	531.6	532.6	522.0	522.8	504.7	387.8	68.6		625.0	635.2	586.2	570.1	643.6	549.4	525.8	320.7		604.1	510.2	
Expansion	652.5	550.6	599.2	549.5	600.7	573.5	581.5	564.8	556.0	495.0	349.8	43.1		583.7	612.4	613.6	521.1	600.8	574.6	567.4	296.0		582.7	509.2	
Family/Adult/Other	703.4	619.1	607.9	521.3	543.5	499.6	493.1	487.9	492.9	493.1	400.1	79.0		618.8	627.1	554.3	571.2	643.4	521.5	491.3	324.5		592.9	495.9	
SPD	824.7	686.0	770.9	698.2	729.9	666.5	705.7	668.0	661.7	618.7	396.8	58.6		794.0	766.4	763.0	696.7	760.5	698.2	678.5	358.4		754.5	623.5	
Services	TAT Compliance Goal: 100%													TAT Compliance Goal: 100%											
Preservice Routine	96.7%	83.3%	70.0%	100.0%	100.0%	93.3%	100.0%	100.0%	96.7%	100.0%	100.0%	96.7%		98.9%	94.4%	95.6%	98.9%	83.3%	97.8%	98.9%	98.9%	</			

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2017 to 12/31/2018
 Report created 1/23/2019

ER utilization based on Claims data	2018-01	2018-02	2018-03	2018-04	2018-05	2018-06	2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	2018-Trenc	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Qtr Trend	CY- 2017	YTD-2018	YTD-Trend
Pending	0	0	0	0	0	0	0	0	0	0	2	3		0	0	0	0	0	0	0	5		0	5	
Ineligible	13	12	16	4	9	2	10	16	12	10	9	2		0	0	0	0	41	15	38	21		0	115	
Total Outreached	42	41	45	60	64	78	117	231	86	62	50	31		50	54	27	86	128	202	434	143		231	907	
Engaged	17	11	10	25	15	7	10	19	14	19	22	3		17	16	9	27	38	47	43	44		62	172	
Engagement Rate	40%	27%	22%	42%	23%	9%	9%	8%	16%	31%	44%	10%		34%	31%	33%	31%	30%	23%	10%	31%		27%	19%	
New Cases Opened	17	11	10	25	15	7	10	19	14	19	22	3		17	16	9	27	38	47	43	44		62	172	
Total Cases Managed	52	54	55	66	71	68	70	79	78	77	86	80		42	31	41	41	75	75	88	103		99	206	
Total Cases Closed	9	9	14	10	10	8	10	15	20	14	9	10		29	18	18	5	32	28	45	33		63	137	
Cases Remained Open	36	38	41	48	56	59	56	48	48	61	69	65		32	23	15	35	41	59	48	65		35	65	
Integrated Case Management													Integrated Case Management										Integrated Case Management		
Total Number Of Referrals	55	44	43	38	60	61	73	69	146	67	113	45		0	0	0	0	142	159	288	225		0	814	
Pending	0	0	0	0	0	0	1	2	3	4	15	5		0	0	0	0	0	0	6	24		0	30	
Ineligible	6	13	7	6	13	8	3	7	13	9	11	1		0	0	0	0	26	27	23	21		0	97	
Total Outreached	49	31	36	32	47	53	69	60	130	54	87	39		577	329	155	301	116	132	259	180		1346	687	
Engaged	22	12	11	10	11	12	29	24	42	20	31	18		101	66	70	111	45	33	95	69		334	242	
Engagement Rate	45%	39%	31%	31%	23%	23%	42%	40%	32%	37%	36%	46%		18%	21%	45%	36%	39%	25%	37%	38%		25%	35%	
Total Screened and Refused/Decline	13	8	13	8	9	19	14	14	29	8	21	9		127	91	33	58	34	36	57	38		307	165	
Unable to Reach	20	15	23	18	28	31	25	35	71	34	51	13		261	333	168	228	58	77	131	98		953	364	
New Cases Opened	22	12	11	10	11	12	29	24	42	20	21	18		98	69	70	111	45	33	95	59		334	242	
Total Cases Closed	23	20	15	16	18	13	7	20	3	26	22	19		133	24	76	104	58	47	30	67		400	202	
Cases Remained Open	48	42	32	31	30	33	41	47	87	102	105	105		174	174	48	71	32	33	87	105		69	105	
Total Cases Managed	86	76	66	62	54	44	62	91	116	133	136	129		133	99	107	178	116	81	129	181		461	302	
Critical-Complex Acuity	56	48	41	45	40	33	45	62	67	38	27	27		39	28	63	82	77	63	77	42		183	116	
High/Moderate/Low Acuity	30	28	25	17	14	11	17	29	19	95	106	102		123	71	44	96	39	18	52	139		278	186	
Transitional Case Management													Transitional Case Management										Transitional Case Management		
Total Number Of Referrals	30	23	43	42	41	39	68	78	48	62	32	29		0	0	0	0	96	122	191	123		0	532	
Pending	0	0	1	0	0	0	1	2	0	1	0	0		0	0	0	0	1	0	0	1		0	2	
Ineligible	5	5	7	7	6	5	2	13	12	10	8	4		0	0	0	0	17	18	27	22		0	84	
Total Outreached	25	18	35	35	35	34	65	63	36	51	24	25		0	0	0	0	78	104	164	100		0	446	
Engaged	21	15	26	24	15	13	26	20	16	21	9	6		0	0	0	0	62	52	62	36		0	212	
Engagement Rate	84%	83%	74%	69%	43%	38%	40%	32%	44%	41%	38%	24%		0%	0%	0%	0%	79%	50%	38%	36%		0%	48%	
Total Screened and Refused/Decline	1	0	3	2	9	14	21	27	17	16	8	11		0	0	0	0	4	25	65	35		0	129	
Unable to Reach	3	3	7	9	11	9	18	20	6	15	8	8		0	0	0	0	13	29	44	31		0	117	
New Cases Opened	21	15	26	24	15	13	26	20	16	21	9	6		0	0	0	0	62	52	62	36		0	212	
Total Cases Closed	18	14	20	24	17	13	13	28	20	22	20	13		0	0	0	0	52	54	61	55		0	222	
Cases Remained Open	22	20	22	20	18	14	29	21	25	27	14	9		0	0	0	0	22	14	25	9		0	9	
Total Cases Managed	28	28	41	47	39	36	48	54	55	57	41	26		0	0	0	0	63	79	96	71		0	228	
Critical-Complex Acuity	0	0	0	0	0	0	5	2	6	7	4	2		0	0	0	0	0	0	8	7		0	13	
High/Moderate/Low Acuity	28	28	41	47	39	36	43	52	49	50	37	24		0	0	0	0	63	79	88	64		0	215	
Behavioral Health Case Management													Behavioral Health Case Management										Behavioral Health Case Management		
Total Number Of Referrals				3	6	33	20	19	29	9	56	15							42	68	80			190	
Pending				0	0	0	0	0	0	0	0	1							0	0	1			1	
Ineligible				0	0	0	1	2	6	1	2	2							0	9	5			14	
Total Outreached				3	6	33	19	17	23	8	54	12							42	59	74			175	
Engaged				2	3	1	4	4	4	4	16	4							6	12	24			42	
Engagement Rate				67.0%	50.0%	3%	21%	24%	17%	50%	30%	33%							14%	20%	32%			24%	
Total Screened and Refused/Decline				0	0	1	0	1	4	0	0	0							1	5	0			6	
Unable to Reach				1	3	32	16	13	18	6	40	8							36	47	54			137	
New Cases Opened				2	3	1	4	4	4	4	16	4							6	12	24			42	
Total Cases Closed				0	1	2	2	3	4	3	3	6							3	9	12			24	
Cases Remained Open				2	2	2	4	6	5	4	10	15							2	5	15			15	
Total Cases Managed				2	5	5	7	10	10	10	23	24							6	12	30			42	
Critical-Complex Acuity				1	2	2	2	2	3	3	3	2							3	3	4			7	
High/Moderate/Low Acuity				1	3	3	5	8	7	7	20	22													

Item #20

Attachment 20.D

Credentialing Sub-Committee Quarterly Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

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

COMMITTEE DATE: February 21st, 2019

SUBJECT: CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 4 2018

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 4th Quarter 2018 CalViva Health Credentialing Sub-Committee activities.

- I. The Credentialing Sub-Committee met on October 18th, 2018. At the October meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. Reports covering the second quarter for 2018 were reviewed for delegated entities and the third quarter 2018 report was reviewed for Health Net. A summary of the second quarter data is included in the table below.

II. Table 1. Second Quarter 2018 Credentialing/Recredentialing

	Sante	ChildNet	MHN	Health Net	La Salle	ASH	VSP	Envolve Vision	IMG	Adventist	Totals
Initial credentialing	74	22	11	15	17	2	9	0	8	60	218
Recredentialing	91	38	14	0	70	2	67	0	15	0	297
Suspensions	0	0	0	0	0	0	0	0	0	0	0
Resignations (for quality of care only)	0	0	0	0	0	0	0	0	0	0	0
Totals	165	60	25	15	87	4	76	0	23	60	515

- III. The 2019 Credentialing Sub-Committee draft meeting schedule was reviewed and accepted.
- IV. The Quarter 3 2018 Credentialing report was reviewed with one case cleared and closed to normal track and trend, one case was postponed and one case approved for network re-entry with monitoring and subsequently administratively terminated. Other County-specific Credentialing Sub-Committee reports were reviewed and approved. No significant cases were identified on these reports.

Item #20

Attachment 20.E

Peer Review Sub-Committee Quarterly Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

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

COMMITTEE DATE: February 21st, 2019

SUBJECT: CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 4 2018

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 18th, 2018. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 3 2018 were reviewed for approval. There were no significant cases to report.
- II. The 2019 Peer Review Sub-Committee draft meeting schedule was reviewed and accepted.
- III. The Quarter 3, 2018 Peer Count Report was presented at the meeting with the following outcomes:
 - There were no cases closed and cleared. There was one case pending closure for Corrective Action Plan compliance. There was one case pended for further information.
- IV. Follow up will be initiated to obtain additional information for the tabled case and ongoing monitoring and reporting will continue.

Item #20

Attachment 20.F

Operations Report

IT Communications and Systems								
IT Communications and Systems	Active Presence of an External Vulnerability within Systems	NO	Description: A good status indicator is all potential external vulnerabilities scanned and a very low identification of confirmed and/or potential vulnerabilities.					
	Active Presence of Viruses within Systems	NO	Description: A specific type of malware (designed to replicate and spread) intended to run and disable computers and/or computer systems without the users knowledge.					
	Active Presence of Failed Required Patches within Systems	YES	Description: A good status indicator is all identified and required patches are successfully being installed.					
	Active Presence of Malware within Systems	NO	Description: Software that is intended to damage or disable computers and computer systems.					
Message From The COO		Microsoft requires users to not only use the latest version of their Operating System but also be on the latest build/version of their operating system to ensure all required patches are being provided by Microsoft.						
Privacy and Security								
Privacy and Security	Risk Analysis (Last Completed mm/yy: 5/14)	Risk Rating: Low	Description: Conducting an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI held in the Health Plans IT and Communication Systems. A Rating is assigned: "No Risk", "Low Risk", "Medium Risk", "High Risk", "Critical Risk".					
	Eff. Date & Last Annual Mail Date of NPP (mm/yy)	4/18 & 7/18	Description: Notice of Privacy Practices (NPP) describes how PHI may be used and disclosed. The NPP is review and updated when appropriate. The NPP is distributed upon enrollment and annually thereafter					
	Active Business Associate Agreements	7	Description: A signed agreement is required of any person/entity who is not a member of CalViva Health's workforce who will create or receive PHI of behalf of CalViva Health.					
	# Of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)							
	Year	2018	2018	2018	2018	2018	2019	2019
	Month	Aug	Sep	Oct	Nov	Dec	Jan	Feb
	No/Low Risk	3	8	0	4	4	1	2
	High Risk	0	0	0	0	0	0	0
	Total Cases By Month	3	8	0	4	4	1	2
	Year	2013	2014	2015	2016	2017	2018	2019
No/Low Risk	91	48	54	36	28	38	3	
High Risk	3	6	3	5	1	1	0	
Total Cases By Year	94	54	57	41	29	39	3	
Message from the COO		A draft of a Risk Analysis is available and is currently available on on schedule to be discussed internally within the Plan's internal/confidential Compliance Committee. The Commission will be made aware once a final Risk Analysis is complete and the Risk Rating from the new Risk Analysis. A review of potential privacy and security breach cases still to continue to show no notable trends or concerns where the Commission should be concerned. The Active Business Associate Agreements increased from 6 to 7.						



CalViva Health
Operations Report

Member Call Center CalViva Health Website	Year		2018	2018	2018	2018	2019	2019	
	Quarter		Q1	Q2	Q3	Q4	Q1	Q2	
	(Main) Member Call Center	# of Calls Received		42,624	33,657	31,095	28,135		
		# of Calls Answered		41,872	33,162	30,937	27,948		
		Abandonment Level (Goal < 5%)		1.80%	1.50%	0.50%	0.70%		
		Service Level (Goal 80%)		85%	91%	93%	91%		
	Behavioral Health Member Call Center	# of Calls Received		1,417	1,058	1,121	1,034		
		# of Calls Answered		1,389	1,031	1,101	1,011		
		Abandonment Level (Goal < 5%)		2.00%	2.60%	1.80%	2.20%		
		Service Level (Goal 80%)		83%	87%	88%	83%		
Transportation Call Center	# of Calls Received		9,777	10,910	13,854	13,776			
	# of Calls Answered		9,669	10,888	13,770	13,583			
	Abandonment Level (Goal < 5%)		1.10%	0.20%	0.60%	1.40%			
	Service Level (Goal 80%)		84%	86%	86%	84%			
CalViva Health Website	# of Users		22,000	17,000	18,000	17,000			
	Top Page		Find a Provider	Find a Provider	Main Page	Main Page			
	Top Device		Mobile (59%)	Mobile (58%)	Mobile (57%)	Mobile (58%)			
	Session Duration		~ 3 minutes	~ 3 minutes	~ 3 minutes	~ 3 minutes			
Message from the COO	There are no concerns surrounding call center activity. Metrics are within goal. The CalViva Health website continues to receive a steady stream of users. Users are frequently visiting either the main page or the Find a Provider page. Users top device of choice to visit the CalViva Health website is their mobile device.								

Provider Network Activities & Provider Relations								
Year	2018	2018	2018	2018	2018	2018	2018	2018
Month	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Hospitals	10	10	10	10	10	10	10	
Clinics	109	109	112	112	111	112	112	
PCP	330	329	342	342	339	345	348	
Specialist	1135	1143	342	342	1170	1181	1185	
Ancillary	103	181	182	182	187	191	190	
2017-2018 Comparison								
Year	2017	2017	2017	2018	2018	2018	2018	2018
Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Pharmacy	169	165	163	164	165	167	164	
Behavioral Health	172	182	181	206	261	226	336	
Vision	87	86	83	79	77	71	77	
Urgent Care	5	5	5	7	10	10	11	
Acupuncture	5	5	8	6	6	11	5	
2017-2018 Comparison (Patient Acceptance)								
Year	2017	2017	2017	2018	2018	2018	2018	2018
Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
% of PCPs Accepting New Patients - Goal (85%)	85%	88%	77%	88%	89%	91%		
% Of Specialists Accepting New Patients - Goal (85%)	96%	96%	95%	97%	97%	98%		
2018-2018 Comparison								
Year	2018	2018	2018	2018	2018	2018	2018	2018
Month	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
In-Person Visits by Provider Relations	94	137	210	261	336	201	247	
Provider Trainings by Provider Relations	5	47	76	78	110	82	47	
Year	2012	2013	2014	2015	2016	2017	2018	
Total In Person Visits	750	1,377	1,790	2,003	2,604	2,786	3,316	
Total Trainings Conducted	272	30	148	550	530	762	808	
Message From the COO								
<p>The Department of Health Care Services ("DHCS") has released new guidance as to what constitutes a "Network Provider". In addition, the Plan is continuing to monitor the impacts of state and federal requirements to ensure providers have been screened and enrolled in order to deliver care to Medi-Cal beneficiaries. The DHCS is also now conducting Timely Access Studies which also validates provider network data to hold Plan's accountable to the provider network data being reported.</p>								

Claims Processing								
	Year	2017	2017	2017	2018	2018	2018	2018
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Medical Claims Timeliness (30 days / 45 days) - Goal (90% / 95%) - Deficiency Disclosure	93.57% / 99.79% YES	94% / 99% YES	95% / 99% NO	97% / 99% NO	98% / 99% YES	97%/99% NO	90% / 99% NO
	Behavioral Health Claims Timeliness (30 Days / 45 days) - Goal (90% / 95%) - Deficiency Disclosure	95.66% / 98.54% NO	93% / 97% YES	92% / 96% YES	90% / 99% YES	96% / 99% YES	97%/99% YES	98% / 99% N/A
	Pharmacy Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100%/100% NO	100% / 100% NO	100% / 100% NO
	Acupuncture Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	94% / 100% NO	100% / 100% NO	99% / 100% NO	100% / 100% NO	100% / 100% NO	
	Vision Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100 % / 100% NO	100% / 100% NO	100 % / 100% NO	100% / 100% NO	100% / 100% NO	
	Transporation Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure						99% / 99% NO	
Claims Processing	PPG 1 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	97% / 100% NO	82%/ 100% NO	96% / 100% NO	91% / 100% NO	84% / 100% NO	99% / 100 % NO	
	PPG 2 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	97% / 100% NO	95% / 100% NO	94% / 98% NO	90% / 100% YES	83% / 97% YES	78% / 88% YES	
	PPG 3 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	96% / 100% NO	94% / 99% NO	91% / 100% NO	98 / 100% NO	94% / 98% NO	95% / 100% NO	
	PPG 4 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	
	PPG 5 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	98% / 100% NO	86 % / 100% NO	100% / 100% NO	99% / 100% NO	89% / 100% NO	98% / 100% NO	
	PPG 6 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	97 % / 100 % NO	97% / 100% NO	99% / 100% NO	90% / 100% NO	86% / 100% NO	95% / 100% NO	
	PPG 7 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure						95% / 100% NO	
	PPG 8 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure							
Message from the COO	<p>Discussions continue surrounding activity relating to the Behavioral Health's Claims Timeliness and PPG 2's claims timeliness. Behavioral Health Claim's timeliness issues are currently being attributed to an error in reporting. PPG 2's Claims timeliness issues are administrative and performance related. Corrective Action Plans are in effect with PPG 2 to perform. Additional Tranportation and PPG 7 information is now available and is being added to the report for monitoring. PPG 8 is a new relationship in the area being added for monitoring. A PPG 9 should also be expected shortly due to a new relationship in the service area. PPG 1 is currently in "run-out" activity as a relationship is no longer in place.</p>							

	Year	2017	2017	2017	2018	2018	2018	2018	
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Provider Disputes	Medical Provider Disputes Timeliness Quarterly Results (45 days) - Goal (95%)	95%	93%	95%	90%	88%	97%	98%	
	Behavioral Health Provider Disputes Timeliness (45 days) - Goal (95%)	100%	N/A	100%	100%	100%	99%	100%	
	Acupuncture Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A		
	Vision Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A		
	Tranportation Provider Dispute Timeliness (45 Days) - Goal (95%)						N/A		
	PPG 1 Provider Dispute Timeliness (45 Days) - Goal (95%)	99%	96%	94%	96%	100%	100%		
	PPG 2 Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	100%	99%	66%	54%	17%		
	PPG 3 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	100%	100%	95%	94%	100%		
	PPG 4 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	100%	100%	100%	100%	100%		
	PPG 5 Provider Dispute Timeliness (45 Days) - Goal (95%)	97%	68%	100%	100%	100%	N/A		
	PPG 6 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	88%	99%	N/A	100%	N/A		
	PPG 7 Provider Dispute Timeliness (45 Days) - Goal (95%)						N/A		
	PPG 8 Provider Dispute Timeliness (45 Days) - Goal (95%)								
	Message from the COO	Corrective Action Plans are in effect with PPG 2 to perform. Additional Tranportation and PPG 7 information is now available and is being added to the report for monitoring. Additional Tranportation and PPG 7 information is now available and is being added to the report for monitoring. PPG 8 is a new relationship in the area being added for monitoring. A PPG 9 should also be expected shortly due to a new relationship in the service area. PPG 1 is currently in "run-out" activity as a relationship is no longer in place.							

Item #20

Attachment 20.G

Executive Dashboard



	2018	2018	2018	2018	2018	2018	2018	2018	2018	2018	2018	2018	2019
Month	January	February	March	April	May	June	July	August	September	October	November	December	January
CVH Members													
Fresno	293,838	293,142	292,528	293,074	293,288	293,831	293,382	292,471	292,548	291,230	290,419	288,236	291,690
Kings	27,541	27,780	27,854	27,940	28,046	28,047	28,143	28,233	28,255	28,368	28,723	28,753	28,970
Madera	36,155	36,383	36,221	36,383	36,656	36,775	36,709	36,635	36,730	36,762	36,586	36,553	36,749
Total	357,534	357,305	356,603	357,397	357,990	358,653	358,234	357,339	357,534	356,360	355,728	353,542	357,409
SPD	30,746	30,829	30,884	30,828	30,877	31,082	31,222	31,371	31,514	31,573	31,618	31,714	31,689
CVH Mrkt Share	70.96%	70.78%	70.95%	71.00%	71.00%	71.03%	70.99%	70.99%	70.96%	70.92%	70.79%	70.74%	71.02%
ABC Members													
Fresno	107,598	108,601	107,485	107,400	107,456	107,469	107,531	107,141	107,320	107,028	107,687	107,203	106,822
Kings	19,714	19,690	19,457	19,465	19,593	19,631	19,631	19,686	19,686	19,660	19,603	19,453	19,543
Madera	19,038	19,227	19,096	19,120	19,174	19,172	19,218	19,215	19,339	19,426	19,516	19,547	19,471
Total	146,350	147,518	146,038	145,985	146,223	146,272	146,380	146,042	146,345	146,114	146,806	146,203	145,836
Default													
Fresno	607	1,353	822	1,042	899	909	1,080	1,022	979	841	1,055	1,330	682
Kings	123	259	137	204	178	168	188	195	152	141	166	212	127
Madera	135	188	117	92	124	122	130	121	132	111	124	130	138
County Share of Choice as %													
Fresno	67.00%	62.30%	70.91%	67.70%	67.50%	65.70%	65.50%	65.10%	65.90%	63.70%	66.0%	61.90%	64.30%
Kings	56.40%	61.70%	59.76%	52.10%	49.90%	54.60%	58.80%	59.10%	56.60%	61.50%	67.30%	69.80%	66.70%
Madera	61.00%	56.00%	66.39%	67.80%	63.20%	60.90%	63.50%	63.90%	55.40%	57.80%	56.80%	60.00%	53.40%
Voluntary Disenrollments													
Fresno	482	671	504	497	433	437	435	452	585	481	540	442	401
Kings	34	51	60	73	50	108	57	68	68	41	40	41	50
Madera	87	144	71	63	63	57	56	67	75	57	79	77	66