

# AGENDA

Fresno-Kings-Madera Regional Health Authority

Commission Meeting

March 15, 2018

1:30pm - 3:30pm

Meeting Location:

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

Item	Attachment #	Topic of Discussion	Presenter
1		<b>Call to Order</b>	D. Hodge, MD; Chair
2		<b>Roll Call</b>	C. Hurley, Clerk
3 Action	Attachment A Attachment B Attachment C Attachment D	<b>Consent Agenda</b> <ul style="list-style-type: none"><li>• Commission Minutes dated 2/15/2018</li><li>• Finance Committee Minutes dated 10/19/17</li><li>• QI/UM Committee Minutes dated 12/8/17</li><li>• Public Policy Committee Minutes dates 12/6/2017</li></ul> <i>Recommended Action: Approve Consent Agenda</i>	D. Hodge, MD; Chair
4 Information	Attachment A Attachment B Attachment C	<b>Madera County At-Large Appointment/Reappointment</b> <ul style="list-style-type: none"><li>• BL 18-003<ul style="list-style-type: none"><li>○ Paulo Soares</li><li>○ Bertha Chavez Ramirez</li></ul></li></ul>	D. Hodge, MD; Chair
5		<b>Closed Session:</b>  <b>The Board of Directors will go into closed session to discuss the following item(s)</b>  <b>A. Government Code section 54954.5 – Report Involving Trade Secret</b> – Discussion of service, program, or facility.	
6 Action	No Attachment	<b>CEO Annual Review</b> <ul style="list-style-type: none"><li>• Select ad-hoc Committee</li></ul> <i>Recommended Action: Selection of Ad-Hoc Committee</i>  <i>Handouts will be available at meeting</i>	D. Hodge, MD; Chair
		<i>PowerPoint Presentations will be used for item 7 and 8</i> <b>One vote will be taken for combined items 7-8</b>	
7 Action	Attachment A Attachment B	<b>2018 Quality Improvement</b> <ul style="list-style-type: none"><li>• 2018 Program Description</li><li>• 2018 Work Plan</li></ul>	P. Marabella, MD, CMO

<b>8 Action</b>	Attachment A	<b>2018 Utilization Management</b>	P. Marabella, MD, CMO
	Attachment B	<ul style="list-style-type: none"> <li>• 2018 Program Description</li> <li>• 2018 Work Plan</li> </ul>	
<i>Recommended Action: Approve the 2018 QI Program Description and Work Plan; and the 2018 UM Program Description and Work Plan</i>			
<b>9 Action</b>		<b>Standing Reports</b>	
	Attachment A	<b>Finance Report</b> <ul style="list-style-type: none"> <li>• Financials as of January 31, 2018</li> </ul>	W. Gregor, CFO
	Attachment B	<b>Compliance</b> <ul style="list-style-type: none"> <li>• Compliance Report</li> </ul>	M.B. Corrado, CCO
	Attachment C	<b>Medical Management</b> <ul style="list-style-type: none"> <li>• Appeals and Grievances Report</li> <li>• Key Indicator Report</li> <li>• Credentialing Sub-Committee Quarterly Report</li> <li>• Peer Review Sub-Committee Quarterly Report</li> </ul>	P. Marabella, MD, CMO
	Attachment D		
	Attachment E		
	Attachment F		
	Attachment G	<b>Operations</b> <ul style="list-style-type: none"> <li>• Operations Report</li> </ul>	J. Nkansah, COO
	Attachment H	<b>Executive Report</b> <ul style="list-style-type: none"> <li>• Executive Dashboard</li> </ul>	G. Hund, CEO
<i>Recommended Action: Accept Standing Reports</i>			
<b>10</b>	<b>Final Comments from Commission Members and Staff</b>		
<b>11</b>	<b>Announcements</b>		
<b>12</b>	<b>Public Comment</b> <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>		
<b>13</b>	<b>Adjourn</b>		D. Hodge, MD; Chair

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

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

Next Meeting scheduled for May 17, 2018 in Fresno County

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

**“To provide access to quality cost-effective healthcare and promote the health and well-being of the communities we serve in partnership with health care providers and our community partners.”**

FRESNO - KINGS -  
MADERA  
REGIONAL  
HEALTH  
AUTHORITY

Commission

**Fresno County**

David Pomaville, Director  
Public Health Department

David Cardona, M.D.  
At-large

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

Sal Quintero  
Board of Supervisors

Joyce Fields-Keene  
At-large

Soyla Griffin - At-large

**Kings County**

Joe Neves  
Board of Supervisors

Ed Hill, 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**

David Singh  
Valley Children's Hospital

Aldo De La Torre  
Community Medical Centers

**Commission At-large**

John Frye  
Fresno County

Derrick Gruen  
Kings County

Paulo Soares  
Madera County

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

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

DATE: March 9, 2018

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, March 15, 2018  
1:30 pm to 3:30 pm**

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

Meeting materials have been emailed to you.

Currently, there are **13** Commissioners who have confirmed their attendance for this meeting. At this time, a quorum has been secured. Please advise as soon as possible if you will not be in attendance to ensure a quorum is maintained

Thank you

# Item #3

## Attachment 3.A

Commission Minutes dated 2/15/18

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
Commission**  
**Meeting Minutes**  
February 15, 2018

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

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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>#1 Call to Order</b>	The meeting was called to order at 1:30 pm. A quorum was present.	
<b>#2 Roll Call</b>	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>Dr. Hodge introduced new member to the Commission, Sara Bosse, Director of Public Health Department for Madera County.</p> <p>Daniel Maychen, Director of Finance, introduced new CVH staff member Jiaqi Liu, Sr. Accountant.</p>	
<p><b>#3 Appointment/Reappointment of Board of Supervisors Commissioners</b></p> <p>Information David Hodge, MD, Chairman</p>	Fresno County has re-appointed Supervisor Sal Quintero as Commissioner, and Supervisor Brian Pacheco as alternate. Kings County has re-appointed Supervisor Joe Neves as Commissioner and Supervisor Doug Verboon as alternate. Madera County has re-appointed Supervisor David Rogers as Commissioner and Supervisor Brett Frazier as alternate.	
<p><b>#4 Madera County, Director of Public Health Dept. Appointment</b></p> <p>Information David Hodge, MD, Chairman</p>	Ms. Sara Bosse, Director of Madera County Public Health Department has been appointed to the Commission.	
<p><b>#5 Consent Agenda</b></p> <ul style="list-style-type: none"> <li>a) Commission Minutes 10/19/17</li> <li>b) Finance Committee Minutes 9/21/17</li> <li>c) PPC Committee Minutes 9/6/17</li> <li>d) QI/UM Committee Minutes 9/21/17</li> <li>e) QI/UM Committee Minutes 10/19/17</li> </ul> <p>Action David Hodge, MD, Chairman</p>	All consent items were presented and accepted as read.	<p><b><i>Motion: Approve Consent Agenda</i></b>  <b><i>13 – 0 – 0 – 4</i></b></p> <p><i>(Neves / Nikoghosian)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>#6 Annual Administration</b>  Information David Hodge, MD, Chairman	Dr. Hodge reminded the Commission the Form 700 is due on an annual basis. Commissioners will receive a notification from the Commission Clerk via email. In addition, if anyone is due for an updated Ethics Certification, they will be notified as well.	
<b>#7 2017 Annual Quality Improvement Work Plan Evaluation</b>  Action David Hodge, MD, Chairman	Dr. Marabella presented the Annual Quality Improvement Work Plan Evaluation.  The planned activities and Quality Improvement focus for 2017 included the following: <ul style="list-style-type: none"> <li>• Access, Availability and Service: <ul style="list-style-type: none"> <li>○ Improve Access to Care: <ul style="list-style-type: none"> <li>▪ CVH did well on Provider Appointment Availability with only one measure out of compliance: Urgent care appointments not requiring prior authorization within 48 hours.</li> <li>▪ Corrective Action Plans were issued to all non-compliant PPGs. Telephone audits were conducted for providers noncompliant for two consecutive years.</li> <li>▪ Provider Office Wait Time met overall goal for 30 minutes or less for all three counties in Q4.</li> </ul> </li> <li>○ Improve Compliance with After Hours Access to Care: <ul style="list-style-type: none"> <li>▪ 90% standard was met in RY2017 for emergency instructions in all three counties</li> <li>▪ 90% standard was not met for call-back within 30 minutes for urgent issues.</li> <li>▪ Corrective Action Plans were issued for all non-compliant providers and on-site audits were performed.</li> </ul> </li> </ul> </li> </ul> Awaiting results of RY18 Appointment Availability and After-Hours Surveys.	<i>See #8 for Action Taken</i>



AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Quality and Safety of Care: All three counties exceeded the DHCS Minimum Performance Level (MPL) in all six Default Enrollment Measures:               <ul style="list-style-type: none"> <li>○ Childhood Immunization Combo 3</li> <li>○ Well Child Visits 3-6 years</li> <li>○ Prenatal Care</li> <li>○ HbA1c Testing</li> <li>○ Controlling High Blood Pressure</li> <li>○ Cervical Cancer Screening</li> </ul> </li> <li>• Performance Improvement Projects (PIPs): The two PIPs for 2017 were:               <ul style="list-style-type: none"> <li>○ Comprehensive Diabetes Care - HbA1c Testing: CVH worked with a provider with clinic sites in Fresno and Kings counties to improve testing rates by supplying a Provider Profile of members in need of testing. A member incentive was also utilized to improve HbA1c testing rates. The project concluded in June 2017 with all documentation submitted to DHCS/HSAG in August 2017 and the project was formally closed.</li> <li>○ Timeliness of Postpartum Care: The focus for this project was to educate members on the importance of postpartum care. A new process for obtaining accurate member contact information was initiated at the Kings County hospital and postpartum visits were scheduled prior to discharge from the hospital. A member incentive was implemented at the point of service for completing a timely postpartum visit. This project also completed in June 2017 with final closure in August 2017.</li> </ul> </li> </ul>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<i>Joyce Fields-Keene arrived at 1:38 pm</i>	
<p><b>#8 2017 Annual Utilization Management Case Management Work Plan Evaluation</b></p> <p>Action David Hodge, MD, Chairman</p>	<p>Dr. Marabella presented the Annual Utilization Management Case Management Work Plan Evaluation.</p> <p>Utilization Management &amp; Case Management focused on the following areas for 2017:</p> <ul style="list-style-type: none"> <li>• Compliance with Regulatory &amp; Accreditation Requirements: <ul style="list-style-type: none"> <li>○ Licensure and credentialing requirements maintained.</li> <li>○ Program documents and policies were updated to incorporate new regulatory requirements into practice.</li> <li>○ DHCS Medi-Cal Managed Care Division Medical Director meetings attended by Medical Directors and CVH CMO.</li> </ul> </li> <li>• Monitoring the UM Process: <ul style="list-style-type: none"> <li>○ Turn-around times for prior authorizations were monitored with a goal of 100%; the average for 2017 was 97%.</li> <li>○ Annual trends for Appeal rates were reviewed including: Overturns, Partial Upholds, Upholds, and Withdrawals. In addition, the turn-around-time compliance rate was reviewed. Compliance rates have been consistent year to year.</li> </ul> </li> <li>• Monitoring Utilization Metrics: <ul style="list-style-type: none"> <li>○ PPG Profiles and Over/Under Utilization metrics are reviewed on a quarterly basis to evaluate UM activities.</li> <li>○ Expansion of On-site Concurrent Review staff presence at local hospitals is planned to enhance discharge planning and member engagement</li> </ul> </li> </ul>	<p><b>Motion:</b> Approve the 2017 Annual Quality Improvement Work Plan Evaluation and 2017 Annual Utilization Management Case Management Work Plan Evaluation.</p> <p><i>14-0-0-3 ( Hodge / Neves )</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>○ Inpatient Case Management continues efforts to identify members early and coordinate care and referrals according to patient needs.</li> <li>● Monitoring Coordination with Other Programs and Vendor Oversight:               <ul style="list-style-type: none"> <li>○ Integrated Case Management (ICM) provides services for all members along the continuum of care including critical and complex. This change occurred in Q4 2016 and the program continued to stabilize in 2017.</li> <li>○ Behavioral Health members continue to be referred bi-directionally based upon symptoms, acuity and need for routine mild-moderate versus specialty moderate-severe behavioral health services. PCPS are offered opportunities to collaborate with MHN MDs for guidance on treating routine psychiatric conditions.</li> </ul> </li> <li>● Monitoring Activities for Special Populations:               <ul style="list-style-type: none"> <li>○ CCS, SPD, CBAS, and Mental Health tracking and monitoring is ongoing. Concurrent Review RNs collaborate directly with the local CCS office to ensure coordinated services and expedited access to care through CCS paneled providers and/or Specialty Care Centers.</li> </ul> </li> </ul>	
<b>#9 - #13</b> <ul style="list-style-type: none"> <li>● 2017 Annual Compliance Evaluation</li> <li>● 2018 Compliance Program Description</li> <li>● 2018 Code of Conduct</li> <li>● 2018 Anti-Fraud Plan</li> </ul>	<p>MB Corrado reported on the Annual Compliance Evaluation, the Compliance Program Description, the Code of Conduct, and the Anti-Fraud Plan. Jeff Nkansah reported on the Privacy and Security Plan.</p> <p><b><u>2017 Annual Compliance Evaluation</u></b></p> <p>CalViva Health had one new hire for 2017. All employees participated in and passed annual mandatory trainings.</p>	<p><b>Motion:</b> Approve 2017 Annual Compliance Evaluation, 2018 Compliance Program Description, 2018 Code of Conduct, 2018 Anti-Fraud Plan, and 2018 Privacy &amp; Security Plan.</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li>2018 Privacy and Security Plan</li> </ul> <p>Action</p> <p>David Hodge, MD, Chairman</p>	<p>The main change with Oversight and Monitoring of Delegated activities was the termination of the Kaiser contract effective 9/1/2017. Joint operations meetings with Kaiser were terminated and replaced with ad-hoc meetings to address transition issues.</p> <p>Oversight Audits of delegated functions to Health Net were conducted in 2017 and returned favorable results with minor corrective actions.</p> <p>In 2017 there were over 200 member communications reviewed and approved consisting of newsletters, flyers, educational materials, etc. The annual mailing of the Member Handbook was sent out; however, it was the 2015-2016 version plus errata as the model handbook was not available in time for the annual mailing. DHCS has released a model handbook to be used in 2018 which CVH is currently working on.</p> <p>Updated printed Provider Directories are now being issued on a quarterly basis, which will move to monthly updates in 2018. Daily updates are done on the CVH website. 110 Provider Updates were sent to contracted providers and 2,786 providers visits occurred throughout Fresno, Kings and Madera counties.</p> <p>In 2017 the SIU was moved under Centene Corporation. Through the processing of the programs Centene uses, CVH has received leads primarily involving potential incidents related to provider billing practices. There were three potential member fraud/abuse cases reported to DHCS. There are 42 cases remaining open for investigation moving into 2018.</p>	<p>14-0-0-3 ( Soares / Gruen )</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The Risk Management Team continues to monitor CVH's practices and processes. Security and vulnerability scans are ongoing. No significant issues in 2017. There were 29 Privacy and Security incidents reported to DHCS. 25 of those were low or no risk with 1 being high risk. Three are still under investigation. Determination of risk is yet to be determined. There were no CVH employee incidents in 2017.</p> <p>2017 Regulatory Audits &amp; Performance Evaluations included: HEDIS® Compliance Audit, DMHC Routine Full-Service Survey (18-month follow-up desk audit), DHCS Medical Audit, DHCS State Supported Services, and Final DHCS 2015-2016 Performance Evaluation report.</p> <p>Significant activities and benefit expansions of 2017 included: Implementation of Final Rule requirements; Kaiser contract termination; oversight of Centene; EHS termination; CVH Operations Unit and COO position established; non-medical transport became a benefit for all members; NMT for carve-out services; and compliance of Federal Mental Health Parity regulations outlined in the "Final Rule."</p> <p>Highlights of Operational activities included the following:</p> <ul style="list-style-type: none"> <li>• The Member Services Call Center received 133,891 calls, of which 130,766 were handled. Mental Health calls are handled separately and there were 4,738 calls received and 4,689 were handled. Performance standards for the Call Center were either met or exceeded.</li> </ul>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• There were 4,080 Appeals and Grievances cases received; 98.4% of cases were resolved with the turnaround times.</li> <li>• There were 35,519 Provider Disputes received from 10/1/16 through 9/30/17. 29,536 of those cases met the resolution turnaround time of 45 working days.</li> <li>• There were 6,595,046 claims received, of which 6,365,837 claims were processed. 364,178 claims were denied or contested. 98% of the cases met the resolution turnaround time of 30 calendar/45 working days.</li> </ul> <p>Looking ahead into 2018, it is anticipated that there will be increased regulatory audit and performance monitoring activity.</p> <p><b><u>2018 Compliance Program Description</u></b> An annual review of the Compliance Program Description was completed. There were minor changes to Authority &amp; Oversight, section D, page 5; and Education &amp; Training, page 9, table 4.</p> <p><b><u>2018 Code of Conduct</u></b> Annual review; no changes needed.</p> <p><b><u>2018 Anti-Fraud Plan</u></b> Added references to the COO position and Operations staff. Minor grammatical changes.</p> <p><b><u>2018 Privacy and Security</u></b> The Privacy &amp; Security Plan has been revised to coincide with the new COO position. The COO has been designated as the Health Plan's Privacy and Security Officer. Changes were made throughout the</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	document to reflect the change. Minor changes for readability were made.	
<p><b>#14 Standing Reports</b></p> <ul style="list-style-type: none"> <li><b>Finance Report</b> William Gregor, CFO</li> <li><b>Compliance</b> MB Corrado, CCO</li> </ul>	<p><b><u>Finance</u></b></p> <p><b>Financial Statements as of December 31, 2017:</b></p> <p>Total current assets are \$156.7M; total current liabilities are \$112M. Current ratio is 1.4 which is a good liquidity measurement. TNE as of December 31, 2017 was \$55.3M, which is approximately 397% of the minimum DMHC required TNE amount and near the 400% desired by DHCS.</p> <p>Revenues are \$597M for the six months and are ahead of budget because of rates being paid are higher than budgeted and the increased premium tax for the current fiscal year compared to what was budgeted. These items also give rise to increased expenses for Medical Costs and Premium Tax expense. Other expenses overall are in line with current year budget. Net income for six months through December stands at \$5.7M which is approximately \$1.6M more than budget.</p> <p><b><u>Compliance</u></b></p> <p>MB Corrado presented the Compliance report. There 52 filings for DMHC and over 100 for DHCS. Filing activity will continue for 2018.</p>	<p><b>Motion:</b> <i>Approve Standing Reports</i></p> <p><i>13-0-0-4 ( Naz / Soares )</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>An Appeal &amp; Grievance audit of Health Net's activities was completed; no Corrective Action Plan was required. A Provider Relations and Provider Network audit was conducted in which a Corrective Action Plan was required; the CAP was approved. Q3 Provider Disputes Case File audits are currently in process.</p> <p>Kaiser transition activity will continue through 2018 due to members with continuity of care, and also due to undertakings that are required to be filed with the State.</p> <p>The preliminary findings from 2017 DHCS audit was received; these were expected. Currently awaiting the final report. Corrective action has been implemented.</p> <p>A DHCS onsite audit is scheduled for April 2018.</p> <p>DMHC 18-month follow up audit from 2016 audit findings related to grievance issues. Findings included incorporating an online grievance process through the CVH website; not bolding language properly in acknowledgement letter; lack of timeliness when informing members of their right to file with the State regarding urgent grievances. Corrective action has been implemented.</p> <p>A correction action plan was issued by DHCS regarding Encounter Data CAP from 2015 and 2016. An encounter data validation study has been started with DHCS.</p> <p>An update regarding EHS and Synermed was reported regarding the whistleblower events. DMHC has issued a cease and desist order and</p>	



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<ul style="list-style-type: none"> <li>• <b>Medical Management</b> P. Marabella, MD, CMO</li> </ul>	<p>DHCS issued two separate corrective action plans. Because of the whistleblower complaints both DMHC and DHCS have ordered plans contracted with EHS to terminate contract as soon as possible. HN terminated the contract as of 1/31/18. As of 2/1/18 all CVH members were transferred to new PCPs, a new provider group, or to Heath Net's direct network. An outbound call campaign began week of 2/12/18 focusing on members that had to change PCP, or members with continuing care needs to make sure their care is continuing.</p> <p>The Public Policy Committee met on 12/6/18. Items presented included mid-year evaluations, member dashboard, Cultural &amp; Linguistic program, Health Education program, Appeals, Grievances &amp; Complaints, and HEDIS® updates. The next meeting is 3/7/18.</p> <p><b><u>Medical Management</u></b></p> <p><b>Appeals and Grievances Report</b></p> <p>Dr. Marabella presented the Appeals and Grievances Dashboard for year-end 2017.</p> <ul style="list-style-type: none"> <li>• The total number of Grievances received and resolved in 2017 increased compared to the previous calendar year. The PTMPM rate increased slightly.</li> <li>• The number of Exempt Grievances received for 2017 was also noted to have increased when compared to 2016.</li> <li>• The total number of Appeals received and resolved for 2017 increased over 2016, however, the PTMPM rate remained consistent with the prior year. New categories for Continuity of Care were added were added</li> </ul>	

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	<p><b>Key Indicator Report</b></p> <p>Dr. Marabella presented the Key Indicator report for year-end 2017.</p> <ul style="list-style-type: none"> <li>• SPD and Expansion members increased slightly in 2017 over 2016.</li> <li>• ER utilization for 2017 remained steady.</li> <li>• Overall utilization remains consistent with a slight increase in membership for 2017.</li> <li>• Total Cases Managed under Integrated Case Management is trending upward.</li> </ul> <p><b>QIUM Quarterly Summary Report</b></p> <p>Dr. Marabella provided the QI/UM Qtr. 4 2017 update. Two QI/UM meetings were held in Quarter 4, one on October 19, 2017 and one on December 8, 2017.</p> <p>The following guiding and general documents were approved:</p> <ul style="list-style-type: none"> <li>• 2017 Culture &amp; Linguistics (C &amp; L) Geo Access Report &amp; Summary</li> <li>• 2017 C &amp; L Work Plan Mid-Year Evaluation</li> <li>• 2017 Health Education (HE) Work Plan Mid-Year Evaluation</li> <li>• Pharmacy Formulary (Recommended Drug List) &amp; Provider Updates</li> </ul> <p>Reports reviewed and approved included the following Quality Improvement Reports: Appeals and Grievances Dashboard &amp; Quarter 3 Member Report, PM 160 Report, MHN Performance Indicator Report, Public Programs Quarterly Report, and Provider Office Wait Times. Other QI reports reviewed and approved include PPC Reporting, Facility Site Review, and the Potential Quality (PQI) Report.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The Utilization Management Case Management reports approved included the Key Indicator Report, the Case Management &amp; TCM Report, and Specialty Referral Reports.</p> <p>Pharmacy reports were reviewed, which included Operations Metrics, Top Medication Prior Authorization Requests, and quarterly Formulary changes.</p> <p>HEDIS® Activity:</p> <ul style="list-style-type: none"> <li>• In Quarter 4 new HEDIS® projects and report submission dates were negotiated and finalized with DHCS.</li> <li>• Two new formal PIPs were proposed to DHCS/HSAG and three Rapid Cycle Improvement Teams were initiated for three measures.</li> </ul> <p>The Access Workgroup met once in Q4 on November 7, 2017. The Workgroup reviewed the following:</p> <ul style="list-style-type: none"> <li>• MHN Provider Satisfaction Survey Report</li> <li>• Specialist Access Improvement CAP</li> <li>• MY2016 Provider Appointment Availability &amp; After-Hours CAP</li> <li>• DMHC Feedback on TAR Submission</li> </ul> <p>Quarter 3 Kaiser reports were reviewed without any significant findings.</p> <p><b>Credentialing Sub-Committee Quarterly Report</b></p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li><b>Operations</b> J. Nkansah, COO</li> </ul>	<p>In Quarter 4 the Credentialing Sub-Committee met on October 19, 2017. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q2 2017 were reviewed for delegated entities, Q3 2017 reports were reviewed for MHN and Health Net. The Credentialing Policies and Procedures were reviewed and approved by the Committee. The Q3 2017 Credentialing report was reviewed with one case tabled for a follow-up chart review in six months. No significant cases were identified on these reports.</p> <p><b>Peer Review Sub-Committee Quarterly Report</b></p> <p>The Peer Review Sub-Committee met on October 19, 2017. The county-specific Peer Review Sub-Committee Summary Reports for Q3 2017 were reviewed for approval. There were no significant cases to report. The Peer Review Policies and Procedures were reviewed and approved. The Q3 2017 Peer Count Report was presented and there were nine cases closed and cleared. There were no cases with outstanding corrective action plans. Five cases were pended for further information. No significant Quality of Care issues were identified. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p> <p><b><u>Operations Report</u></b></p> <p>Jeff Nkansah presented the Operations Report. Main areas of the report covered high level detail in reference to IT Communications and Systems; Fraud, Waste, &amp; Abuse Operational Activity; Privacy &amp;</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li><b>Executive Report</b> G. Hund, CEO</li> </ul>	<p>Security; Provider Network Activities; Claims Processing; and Provider Disputes.</p> <p><b><u>Executive Report</u></b></p> <p>Since June 2017, membership has decreased by approximately 4,000. The decrease is primarily due to the expansion population in Fresno County. The percentage of market share has increased over the past six months.</p> <p>An update of the Community Support Grant Program with regard to Residency Status and Recruitment Status was provided to the Commission.</p> <p>Hard copies of the 2017 Annual Report was provided to Commission members.</p>	
#15 Final Comments from Commission Members and Staff	None.	
#16 Announcements	None.	
#17 Public Comment	Clinica Sierra Vista introduced their new CEO, Brian Harris.	
#18 Adjourn	<p>The meeting was adjourned at 2:59 pm</p> <p>The next Commission meeting is scheduled for March 15, 2018 in Fresno County.</p>	

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

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

Cheryl Hurley  
Clerk to the Commission

# Item #3

## Attachment 3.B

Finance Committee Minutes dated 10/19/17



**CalViva Health  
Finance  
Committee Meeting Minutes**

October 19, 2017

**Meeting Location**

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

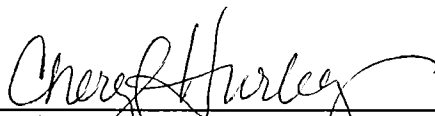
Finance Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	William Gregor, Chair	✓	Daniel Maychen, Director of Finance
✓	Gregory Hund, CEO	✓	Cheryl Hurley, Office Manager
✓	Paulo Soares		
✓	Joe Neves		
✓	Harold Nikoghosian		
	David Rogers		
	David Singh		
		✓	Present
		*	Arrived late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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 11:00 am a quorum was present.	
#2 Finance Committee Minutes dated September 21, 2017 Attachment 2.A Action W Gregor, Chair	The minutes from the September 21, 2017 Finance meeting were approved as read.	Motion: <i>Minutes were approved</i> <i>5 – 0 – 0 – 2</i> <i>(Hund / Neves)</i>
#3 Fiscal Year 2017 – Audit Results	Chris Pritchard, representative from Moss Adams, presented the results of the audit. Moss Adams audit will	Motion: Approve <i>Fiscal Year 2017 Audit</i> <i>Results to move to Commission for Approval</i>

**Finance Committee**

<p>Action C. Pritchard, Moss Adams</p>	<p>result in the issuance of an unmodified opinion on the financial statements. 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>5-0-0-2 (Neves / Soares)</p>
<p>#4 Financial Statements as of August 31, 2017</p> <p>Attachment 4.A</p> <p>Action Daniel Maychen, Director of Finance &amp; MIS</p>	<p>Total current assets are \$224.6M; total current liabilities are approximately \$184.1M. Current ratio is 1.2. TNE as of August 31, 2017 was approximately \$51.6M, which is approximately 390% of the minimum DMHC required TNE.</p> <p>Premium capitation income was \$195.2M and is ahead of budget due to capitation rates being paid higher than budgeted and taxes being higher than initially budgeted. Cost of Medical Care expense and taxes are going to be above what was budgeted. All other expense line items are in line or below the current year budget. Total net income for the first two months of the fiscal year is \$2M which is approximately \$580K above what was budgeted.</p>	<p>Motion: <i>Approve Financial Statements as of August 31, 2017</i> 5-0-0-2 (Neves / Soares )</p>
<p>#5 Announcements</p>		
<p>#6 Adjourn</p>	<p>Meeting was adjourned at 11:12 am</p>	

Submitted by:

  
Cheryl Hurley, Clerk to the Commission

Dated:

Feb. 15, 2018

Approved by Committee:

  
William Gregor, Committee Chairperson

Dated:

Feb. 15, 2018



# Item #3

## Attachment 3.C

QIUM Committee Minutes dated 12/8/17

Fresno-Kings-Madera  
Regional Health Authority

CalViva Health  
QI/UM Committee  
Meeting Minutes  
December 8<sup>th</sup>, 2017

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

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Patrick Marabella, M.D., CalViva Chief Medical Officer, Chair		✓ Mary Beth Corrado, Chief Compliance Officer (CCO)
	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Amy Schneider, RN, Director of Medical Management Services
✓	Brandon Foster, PhD. Family Health Care Network	✓	Melissa Holguin, Medical Management Administrative Coordinator
	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Mary Lourdes Leone, Director of Compliance
✓	John Zweifler, MD., At-large Appointee, Kings County	✓	Melissa Mello, Medical Management Specialist
	Kenneth Bernstein, 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 12:35 PM	
#2 Approve Consent Agenda - Committee Minutes: October 19th, 2017 - Standing Referrals Report - Facility Site & Medical Record & PARS Review Report - Concurrent Review IRR Report - Provider Preventable Conditions - Pharmacy Formulary Drug List Condensed	The October QI/UM minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full Recommended Drug List was available for review at the meeting.	Motion: Approve Consent Agenda (Zweifler/Foster) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Version (September) (Attachments A-F) Action Patrick Marabella, M.D Chair</p>		
<p>#3 <b>QI Business</b> Appeals &amp; Grievances: - Dashboard (September) - Executive Summary Q3 - Inter-Reliability Report (IRR) - Quarterly Member Report - Classification Audit Report  (Attachment G - K) Action Patrick Marabella, M.D, Chair</p>	<p><i>John Zwiefler joined at 12:52 PM</i></p> <p>Dr. Marabella presented the Appeals and Grievances Dashboard through September 30, 2017.</p> <p>The A &amp; 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 September 2017. There were 103 grievances received and 102 grievances resolved in September. There were 26 appeals received in September and 19 appeals were resolved.</p> <p><u>Member Appeals and Grievances (Q3):</u> In the third quarter report the following items were noted:</p> <ul style="list-style-type: none"> <li>➤ Grievance metrics are reported according to cases received and cases resolved within the time period. There were 250 total grievances and 50 appeals</li> <li>➤ Opportunity for improvement noted for timeliness of Ack Letters. A &amp; G staff are reviewing.</li> <li>➤ New members are being educated about standards and timelines.</li> <li>➤ New Continuity of Care categories have been added for tracking and trending.</li> <li>➤ Exempt Grievances – the categories have been expanded for better trending of exempt grievances.</li> </ul> <p><u>Access Grievances:</u> There were 3 Top Access Grievance Classifications: Availability of Appointment with Specialist, PCP Referral to Services and Appointment with PCP. These grievances are reviewed further at the Access Workgroup.</p> <p><u>Inter-rater Reliability -</u> This report evaluates clinical and non-clinical A&amp;G staff adherence to regulatory requirements and internal policies and procedures established for handling appeals and grievances. The third quarter overall score averaged 99%. The audit score threshold is 95%. No action required at this time.</p> <p><u>Classification Audit -</u> Initial classifications are logged by the A&amp;G Coordinators. The clinical audit oversight is conducted by A&amp;G clinical staff on a weekly basis. A&amp;G Clinical staff will notify Member A&amp;G should any misclassifications be identified to make necessary corrections. Out of 101 cases reviewed by A&amp;G Clinical Staff, all 101 were classified correctly, yielding a 100% accuracy ratio. No action required at this time</p>	<p>Motion: Approve Appeals &amp; Grievances Report – Dashboard, Executive Summary Q3, Inter-Reliability Report (IRR), Quarterly Member Report (Foster/Hodge) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 <b>QI Business</b>            - CVH Daily Letter Review Logs &amp; CAP Summary Report            (Attachment L)            Action            Patrick Marabella, M.D,            Chair</p>	<p>This report provides a summary of daily A &amp; G letter audits performed to ensure approved templates are used and other key requirements are correctly implemented. No errors identified in July, August, or September. Any identified errors are corrected prior to mailing.</p>	<p>Motion: Approve CVH Daily Letter Review Logs &amp; CAP Summary Report            (Foster/Hodge)            4-0-0-3</p>
<p>#3 <b>QI Business</b>            - PM160 Report Q3            (Attachment M)            Action            Patrick Marabella, M.D,            Chair</p>	<p>This report provides an update on provider compliance with required submission of Child Health and Disability Prevention Program (CHDP) PM-160 INF forms. The data provided on the PM 160 forms allow CalViva Health to track preventative services for members under the age of 21 and complies with the Department of Health Care Services (DHCS) requirements.</p> <ul style="list-style-type: none"> <li>➤ Data is provided on reports submitted vs visits expected for children 0-2 years and 2-20 years.</li> </ul> <p>The next steps include to identify and analyze providers with low submission rates. CalViva was recently notified that DHCS plans to eliminate the requirements related to PM160 submissions for Managed Care Plans. This change will be phased in since PM160 data is currently used for HEDIS measures. The phase-out plan is as follows:</p> <ul style="list-style-type: none"> <li>➤ 2018 Paper &amp; Electronic forms accepted</li> <li>➤ 2019 Electronic forms only</li> <li>➤ 2020 Forms eliminated</li> </ul> <p>Updates will be provided at future meetings.</p>	<p>Motion: Approve PM160 Report Q3            (Hodge/Zweiffer)            4-0-0-3</p>
<p>#3 <b>QI Business</b>            - Potential Quality Issues Q3            (Attachment N)            Action            Patrick Marabella, M.D,            Chair</p>	<p>This report provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member, PQI reviews may be initiated by a member, non-member or peer review activities. Data was reviewed including the follow up actions taken when indicated.</p>	<p>Motion: Approve Potential Quality Issues Q3            (Zweiffer/Foster)            4-0-0-3</p>
<p>#3 <b>QI Business</b>            - MHN Performance Indicator Report            (Attachment O)            Action            Patrick Marabella, M.D,            Chair</p>	<p>The MHN Performance Indicator Report was presented and reviewed. In Q3 2017, all 17 measures met or exceeded their targets. No action at this time.</p>	<p>Motion: Approve MHN Performance Indicator Report            (Hodge/Foster)            4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 <b>QI Business</b>  - Public Programs Report (Attachment P)  Action  Patrick Marabella, M.D,  Chair</p>	<p>Public Programs Report Quarter 3, 2017</p> <ul style="list-style-type: none"> <li>➤ This report has been reformatted in an attempt to better provide details and descriptions for each County's activities and initiatives, meetings, County Updates/Projects and education associated with Public Health and Public Programs. This is challenging due to the volume of information.</li> <li>➤ Data collection and reconciliation is in progress.</li> <li>➤ Actions taken and next steps were reviewed.</li> <li>➤ The report will continue to be adjusted to meet reporting needs.</li> </ul>	<p>Motion: Approve Public Programs Report (Zweifler/Foster)  4-0-0-3</p>
<p>#4 <b>UM Business</b>  - Key Indicator Report (Attachment Q)  Action  Patrick Marabella, M.D,  Chair</p>	<p>The Key Indicator Report reflects data as of September 30<sup>th</sup>, 2017. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> <li>➤ Membership remains stable.</li> <li>➤ ER visits have started to average out over the year.</li> <li>➤ Bed days per thousand for SPD's have increased minimally.</li> <li>➤ Turn-around times are acceptable.</li> <li>➤ Case Management continues with efforts to improve member engagement including partnering with the new Member Connections team.</li> </ul>	<p>Motion: Approve Key Indicator Report (Hodge/Zweifler)  4-0-0-3</p>
<p>#4 <b>UM Business</b>  - Case Management and TCM Report (Attachment R)  Action  Patrick Marabella, M.D,  Chair</p>	<p>The Case Management(CM) program provides an evidence-based process for the medical management of members, including assessment, care plans and evaluation of care effectiveness. This report summarizes the case management and transitional care management activities for the second quarter.</p> <p>There are two case management programs included in this report:</p> <ul style="list-style-type: none"> <li>➤ <u>Integrated Case Management(ICM)</u>- ICM services are provided to members along the continuum of care including times of critical/complex acuity. Top One Percent (TOPs) team integrated into TruCare. Focusing on reducing variation in staff process for researching member phone numbers.</li> <li>➤ <u>Perinatal Case Management (PCM)</u>- this program seeks to identify high risk mothers during the prenatal period in order to provide services and resources reduce risks and improve outcomes. Focusing on reducing variation in staff processes.</li> <li>➤ Another program included in this report is the <u>Transitional Care Management (TCM) Program</u>. The purpose of the TCM Program is to provide a comprehensive, integrated transition process that supports members during movement between levels of care. The overriding goal of the TCM nurse is to improve care transitions by providing members with the tools and support that promote knowledge and self-management of their transition that will ultimately reduce avoidable re-admissions. Focus at this time is on improving collaboration with Concurrent Review staff to improve outreach efforts. Improving communication with local hospitals as well.</li> </ul>	<p>Motion: Approve - Case Management and TCM Report (Hodge/Zweifler)  4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Data from Quarter 3, 2017 were reviewed for each program including key indicators such as total volumes, cases opened/closed, engagement rates, etc. Next steps were discussed including modifications to some of the monitoring parameters.	
<b>#4 UM Business</b> - Specialty Referrals Reports: EHS, La Salle, IMG, Adventist (Q3) (Attachment S) Action Patrick Marabella, M.D, Chair	These reports provide a summary of Specialty Referral Services that required prior authorization in the tri-county area for EHS, La Salle, IMG, Adventist, and First Choice (FCMG) in the third quarter of 2017. 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 and trended over time.	Motion: Approve - Specialty Referrals Reports: EHS, La Salle, IMG, Adventist, First Choice (Q3)  (Hodge/Foster) 4-0-0-3
<b>#5 Pharmacy Business</b> - Executive Summary (Attachment T) Action Patrick Marabella, M.D, Chair	Pharmacy quarterly reports reviewed included Operation Metrics, Top Medication Prior Authorization Requests, and the Inter-rater Reliability reports in order to assess for emerging patterns in authorization requests and compliance around prior authorization turnaround time metrics. The Executive Summary provides a summary of these reports including the following findings: <ul style="list-style-type: none"> <li>➤ All third quarter 2017 pharmacy Prior Authorization (PA) metrics were within 5% of standard.</li> <li>➤ The third quarter 2017 top medication PA requests varied minimally from second quarter 2017.</li> </ul>	Motion: Approve Executive Summary (Zweifler/Hodge) 4-0-0-3
<b>#5 Pharmacy Business</b> Operations Metrics Report (Q3) (Attachment U) Action Patrick Marabella, M.D, Chair	<u>Operations Metrics:</u> <ul style="list-style-type: none"> <li>➤ All third quarter 2017 pharmacy prior authorization metrics were within 5% of standard.</li> </ul> No action required. Continue to monitor.	Motion: Approve Pharmacy Operations Metrics Report (Q3) (Zweifler/Hodge) 4-0-0-3
<b>#5 Pharmacy Business</b> Top 30 Prior Authorizations (Q3) (Attachment V) Action Patrick Marabella, M.D, Chair	<u>Top 30 Prior Authorizations:</u> Third quarter 2017 top medication Prior Authorization requests varied minimally from second quarter. The Provider Update for 3 <sup>rd</sup> Quarter was also included in the meeting materials (attachment W)	Motion: Approve Top 30 Prior Authorizations (Q3) (Zweifler/Hodge) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>#6 Credentialing Review Sub-Committee Business</b> (Attachment X) Action Patrick Marabella, M.D, Chair	<u>Credentialing Subcommittee Report</u> This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Credentialing activities. <ol style="list-style-type: none"> <li>1. The Credentialing Sub-committee met in October 2017. At the October 19<sup>th</sup>, 2017 meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services.</li> <li>2. Reports covering the second quarter for 2017 were reviewed for delegated entities, third quarter 2017 reports were reviewed for MHN and Health Net.</li> <li>3. The Quarter 3 2017 Credentialing report was reviewed with one case tabled for a follow up chart review in 6 months. Other County-specific Credentialing Sub-Committee reports were reviewed and approved. No significant cases were identified on these reports.</li> </ol>	Motion: Approve Credentialing Subcommittee Report (Zweifler/Hodge) 4-0-0-3
<b>#6 Peer Review Sub-Committee Business</b> (Attachment Y) Action Patrick Marabella, M.D, Chair	<u>Peer Review Subcommittee Report</u> This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Peer Review Subcommittee activities. All Peer Review information is confidential and protected under law. <ol style="list-style-type: none"> <li>1. The Peer Review sub-committee met on October 19<sup>th</sup>, 2017. The county specific Peer Review Summary reports were reviewed and approved.</li> <li>2. The Q3 Peer Count Report was presented indicating that there were nine cases closed and cleared. There were no cases with an outstanding corrective action plan. Five cases were pended for further information.</li> <li>3. No significant quality of care issues noted. Follow up will be initiated to obtain additional information for tabled cases and ongoing monitoring and reporting will continue.</li> </ol>	Motion: Approve Peer Review Subcommittee Report (Foster/Hodge) 4-0-0-3
<b>#7 Compliance Update</b>	Mary Beth Corrado provided a verbal Compliance update: <ul style="list-style-type: none"> <li>➤ DMHC follow up Audit scheduled for January. This will be an A&amp;G Desk Review Audit.</li> <li>➤ DHCS Audit from April of 2017. Awaiting findings report.</li> <li>➤ Kaiser Undertakings in process. Reporting continues as required. Not a significant impact on the CalViva provider network.</li> <li>➤ New requirement is going into effect beginning 01/01/18 related to Provider Enrollment. Provider communication will be distributed soon. Providers will need to be enrolled in Medi-Cal by 5/1/18 or will be terminated from the network. Enrollment renewal is required every three to five years. CalViva is awaiting a gap analysis to determine the impact of this change. More information is forthcoming.</li> </ul>	
<b>#8 Old Business</b>	None.	
<b>#9 Announcements</b>	None.	
<b>#10 Public Comment</b>	None.	
<b>#11 Adjourn</b> Patrick Marabella, M.D,	Meeting was adjourned at 1:52 PM	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Chair		

NEXT MEETING: February 15<sup>th</sup>, 2018

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

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

Acknowledgment of Committee Approval:

\_\_\_\_\_  
Patrick Marabella, MD Committee Chair



# Item #3

## Attachment 3.D

PPC Committee Minutes dates 12/6/17



Public Policy Committee  
Meeting Minutes  
December 6, 2017

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

Committee Members		Community Base Organizations (Alternates)	
✓	Joe Neves, Chairman		Jeff Garner, KCAO
✓	David Phillips, Provider Representative	✓	Roberto Garcia, Self Help
✓	Gabriela Chavez, Madera County Representative		<b>Staff Members</b>
	Seng Moua, Fresno County Representative	✓	Mary Lourdes Leone, Compliance Project Manager
✓	Tanya Klapps-Doan, At-Large	✓	Cheryl Hurley, Commission Clerk
✓	Leann Floyd, Kings County Representative	✓	Courtney Shapiro, Community Relations Coordinator
		✓	Mary Beth Corrado, Chief Compliance Officer

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<b>#1 Call to Order</b> Joe Neves, Chair	The meeting was called to order at 11:31 am. A quorum was present.	
<b>#2 Meeting Minutes from September 6, 2017</b> <b>Action</b> Joe Neves, Chair	The September 6, 2017 meeting minutes were reviewed. There were no discrepancies.	<b>Motion:</b> Approve September 6, 2017 Minutes 5-0-0-3 (R. Garcia / T. Klapps-Doan)
<b>#3 Employment Update Information</b> Joe Neves, Chair	Mary Beth Corrado reported the CVH promotions. Jeff Nkansah, former Director of Compliance and Privacy/Security was promoted to Chief Operating Officer. Mary Lourdes Leone, former Compliance Project Manager was promoted to Compliance Director.	
<b>#4 Approved 2018 Calendar Information</b> Joe Neves, Chair	The 2018 PPC meeting calendar was provided to the committee members.	

December 6, 2017

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<b>#5 Enrollment Dashboard Information</b> Mary Lourdes Leone, Director of Compliance	Mary Lourdes Leone presented the enrollment dashboard through October 2017. Membership at end of October was 360,069, which represents a consistent 70% market share.	
<b>#6 Health Education – Work Plan Mid-Year Evaluation Information</b> Brianne Jackson	<p>Brianne Jackson reported on the Health Education Work Plan Mid-Year Evaluation dating from January 2017 through June 2017.</p> <p>The three primary goals of Health Education are: Free programs to members that are easily accessible; HEDIS® measures; and to have a positive impact on member satisfaction rates and member retention.</p> <p>There are 11 program initiatives, of which ten are on track in meeting year-end goals.</p> <p>The barriers the 2017 have been:</p> <ul style="list-style-type: none"> <li>• The goal of obtaining approval for TracFone to implement the LifeLine Program (SafeLink) was not approve by DHCS leading to the text messaging program to SafeLink participants to be terminated.</li> <li>• The myStrength program has experienced a low enrollment rate and will require an increased focus on promotional/engagement efforts in Q3 and Q4.</li> <li>• The member incentive programs and education efforts to improve HEDIS® was hindered due to a high percentage of inaccurate member contact information.</li> </ul> <p>The next steps are to:</p>	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Promote the myStrength program.</li> <li>• Work with provider relations.</li> <li>• Follow up with members.</li> <li>• Work with providers to get more accurate information.</li> <li>• Continue to work on meeting and/or exceeding year end goals.</li> </ul>	
<p><b>#7 Cultural &amp; Linguistics – Work Plan Mid-Year Evaluation; Mid-Year Language Assistance Program Report; Geo Access Report</b></p> <p><b>Information</b> Lali Witrigo</p>	<p>Lali Witrigo reported on the C &amp; L Work Plan Mid-Year Evaluation, Mid-Year Language Assistance, and Geo Access Report.</p> <p>The C &amp; L Work Plan activities completed during the first six months of 2017 included the following areas:</p> <ul style="list-style-type: none"> <li>• Language Assistance Services:</li> <li>• Compliance Monitoring:</li> <li>• Communication, Training &amp; Education:</li> <li>• Health Literacy, Cultural Competency, and Health Equity</li> </ul> <p>All activities are on target to be completed by the end of the year.</p> <p>C &amp; L 2017 Mid-Year Language Assistance Program Report:</p> <ul style="list-style-type: none"> <li>• Membership breakdown per ethnicity was presented for the first six months of 2017.</li> <li>• A summary of interpreter services requested was presented.</li> <li>• Interpreter utilization services was reported out. The reason for the previous decline was due to hiring more</li> </ul>	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>bilingual staff that could resolve the issue rather than requesting interpreter services.</p> <ul style="list-style-type: none"> <li>• Ongoing tracking for Language Assistance Services will continue for the remainder of 2017.</li> </ul> <p>C &amp; L Geo Access Report:</p> <ul style="list-style-type: none"> <li>• Member – Provider language gaps were identified in parts of all three counties. Ongoing efforts are being made to recruit physicians and offices that speak diverse languages to meet the need of the diverse membership.</li> </ul>	
<p><b>#8 Medical Management – RY 2017 HEDIS® Update</b></p> <p><b>Information</b> Courtney Shapiro, Director Community Relations</p>	<p>Courtney Shapiro reported on the HEDIS® update. CVH reporting requirements include 17 measures within health and wellness. For the 2017 reporting period, Fresno County was below the minimum performance level (MPL) in one measure; Kings County met the MPL in all areas; and Madera County was below in four measures with two of those measures are essentially the same with the only difference being the type of medication.</p> <p>Projects for 2017 – 2018 currently in process are Monitoring Persistent Meds; Low Back Pain; Avoid Antibiotics for Bronchitis; Immunization Project; and Postpartum Disparity Performance Improvement Project.</p>	
<p><b>#9 Appeals, Grievances and Complaints</b></p> <p><b>Information</b></p>	<p>Mary Lourdes Leone presented the appeals, grievances and complaints report for Q3 2017. Total appeals and grievances for Q3 were 357. Total appeals for Q3 were 62. Total grievances for Q3 were 276. Turnaround time for</p>	

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
Mary Lourdes Leone, Director of Compliance	standard grievances was 93.9%, expedited grievances 95%, expedited appeals 91.7%, and standard appeals was 97.2%. The majority of appeals and grievances were from Fresno County.	
<b>#10 2017 DHCS Audit; 2016 DMHC Follow-Up Audit</b>  <b>Information</b> Mary Lourdes Leone, Director of Compliance	Mary Lourdes Leone provided an update from the DHCS and DMHC audits. CVH has provided requests as a result of the corrective action plans and is awaiting review and response from both agencies.	
<b>#11 Annual Member Handbook/EOC Mailing</b>  <b>Information</b> Mary Lourdes Leone, Director of Compliance	Mary Lourdes Leone reported on the Annual Member Handbook/EOC Mailing update. Members were notified in November to continue to use the Handbook from 2015/1016. The State has been delayed in developing the new EOC which caused the delay in getting updates to members. That issue has since been resolved and the plan to distribute the updated Member Handbook/EOC is mid-year 2018.	
<b>#12 CalViva Health Website Update</b>  <b>Information</b> Mary Lourdes Leone, Director of Compliance	Mary Lourdes Leone provided an update on the CVH Website. Members are now able to file a grievance electronically through the website.	
<b>#13 Final Comments from Committee Members and Staff</b>	There is a vacancy on the Public Policy Committee for a Fresno County member. Any inquiries can be directed to Courtney Shapiro.	
<b>#14 Announcements</b>	None.	


CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#15 Public Comment	None.	
#16 Adjourn	Meeting adjourned at 12:49 pm.	

**NEXT MEETING**      **March 7, 2018 in Fresno County**  
**11:30 am - 1:30 pm**

Submitted This Day: March 7, 2018

Approval Date: March 7, 2018

Submitted By:   
Courtney Shapiro, Director Community Relations

Approved By:   
Joe Neves, Chairman



# Item #4 A-C

Madera County At-Large Appointment

Attachment 4.A – BL 18-003

Attachment 4.B – Paulo Soares

Attachment 4.C – Bertha Chavez Ramirez



FRESNO - KINGS -  
MADERA  
REGIONAL  
HEALTH  
AUTHORITY

Commission

**Fresno County**

Deborah A. Poochigian  
Board of Supervisors

David Pomaville, Director  
Public Health Department

David Cardona, M.D.  
At-large

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

Stephen Ramirez  
At-large

Soyla Griffin - At-large

**Kings County**

Joe Neves  
Board of Supervisors

Keith Winkler, Director  
Public Health Department

Harold Nikoghosian- At-large

**Madera County**

David Rogers  
Board of Supervisors

Van Do-Reynoso  
Public Health Director

Aftab Naz, M.D.  
At-large

**Regional Hospital**

David Singh  
Valley Children's Hospital

Aldo De La Torre  
Community Medical Centers

**Commission At-large**

John Frye  
Fresno County

Derrick Gruen  
Kings County

Paulo Soares  
Madera County

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

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

DATE: March 15, 2018

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

FROM: Dr. David Hodge, Chairman

RE: Commission Appointed - Madera At-Large Seat

BL #: BL 18-003  
Agenda Item 4  
Attachment 4.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 Madera At-Large position is due for appointment/re-appointment as of March 2018.

Two applications were received:

- Mr. Paulo Soares has expressed his interest to continue serving in his current position and has submitted an application for the position.
- Ms. Bertha Chavez Ramirez submitted an application for the position.

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

**RECOMMENDED ACTION:**

Review applications and appoint or re-appoint Madera At-Large Commissioner for a three year term.

RECEIVED  
JAN 05 2018

BY: CH

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.

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Name of Applicant: Paulo A. Soares  
Home Address: \_\_\_\_\_ City: Clovis Zip: 93619  
Current Employer: Camarena Health  
Business Address: 730 N. I Street #202 City: Madera Zip: 93637  
Home Phone: \_\_\_\_\_ Work Phone: 559-664-4089 E-mail Address:  
psoares@camarenahealth.org

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

List past or present affiliations with private and/or public health plans. Current appointment as commissioner to the Cal Viva Commission.

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

As CEO of Camarena Health, the largest provider of primary care services in Madera County, I can provide a good perspective on the needs of Cal Viva beneficiaries in Madera County as well as the needs/concerns of the providers. Currently, Camarena Health is responsible for the primary health care of approximately 15,000 Cal Viva members.

List community organizations to which you belong:

Central Valley Health Network – Board Member

California Primary Care Association – Board Member

Central California Partnership for Health – Board Chair

American Heart Association – Central California – Board Member

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 Kerry Hydash  
Affiliation Family Health Care Network - CEO  
Contact Phone Number 559-972-4097
2. Name Justin Preas  
Affiliation United Health Centers of the San Joaquin Valley - Deputy CEO  
Contact Phone Number 559-304-9727
3. Name Seann Garcia  
Affiliation Camarena Health - Board Chair  
Contact Phone Number 559-970-9770

**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 PRODEDURES 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)

1/5/2018  
(Date)

COMPLETE FORM AND RETURN TO:

Clerk to the Commission  
Fresno-Kings-Madera Regional Health Authority  
1315 Van Ness Avenue; Ste 103  
Fresno, CA 93721

Applications will be kept on file for a year.

BY: .....

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

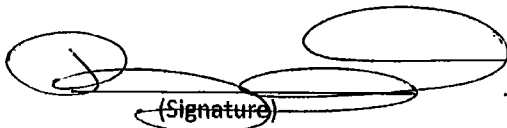
Church members of St. Columba Volunteered when possible and volunteer at St. Joseph in School and Church such as Harvest Festival.

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

1. Name Ruben Chavez, CAO  
Affiliation Clinica Sierra Vista  
Contact Phone Number 1-559-901-8524
2. Name Stephen Schilling, CEO  
Affiliation Clinica Sierra Vista  
Contact Phone Number 1-661-747-0445
3. Name Christine Noguera, CEO  
Affiliation Community Medical (Stockton)  
Contact Phone Number 1-559-960-7779

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.

 11/9/18  
(Signature) (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 #9

## Attachment 9.A

Financial Statements as of 1/31/18

# Fresno-Kings-Madera Regional Health Authority dba CalViva Health

## Balance Sheet

As of January 31, 2018

	Total
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
Cash	30,944,853.69
Savings CD	0.00
ST Investments	0.00
Wells Fargo Money Market Mutual Funds	46,405.88
Total Bank Accounts	\$ 30,991,259.57
Accounts Receivable	
Accounts Receivable	130,993,659.71
Total Accounts Receivable	\$ 130,993,659.71
Other Current Assets	
Interest Receivable	41.17
Investments - CDs	4,995,232.50
Prepaid Expenses	505,724.19
Security Deposit	2,492.51
Total Other Current Assets	\$ 5,503,490.37
Total Current Assets	\$ 167,488,409.65
Fixed Assets	
Buildings	7,298,624.58
Computers & Software	8,189.03
Land	3,161,419.10
Office Furniture & Equipment	170,641.19
Total Fixed Assets	\$ 10,638,873.90
Other Assets	
Investment -Restricted	310,453.73
Total Other Assets	\$ 310,453.73
<b>TOTAL ASSETS</b>	<b>\$ 178,437,737.28</b>
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	88,903.55
Accrued Admin Service Fee	3,984,321.00
Capitation Payable	88,172,427.43
Claims Payable	55,878.47
Total Accounts Payable	\$ 92,301,530.45
Other Current Liabilities	
Accrued Expenses	769,945.84
Accrued Payroll	129,312.72
Accrued Vacation Pay	163,247.00
Amt Due to DHCS	18,840,414.02
IBNR	145,699.84
Loan Payable-Current	0.00
Premium Tax Payable	0.00
Premium Tax Payable to BOE	0.00
Premium Tax Payable to DHCS	9,965,909.02
Total Other Current Liabilities	\$ 30,014,528.44
Total Current Liabilities	\$ 122,316,058.89
Long-Term Liabilities	
Renters' Security Deposit	16,500.00
Subordinated Loan Payable	0.00
Total Long-Term Liabilities	\$ 16,500.00
Total Liabilities	\$ 122,332,558.89
Equity	
Retained Earnings	49,619,929.41
Net Income	6,485,248.98
Total Equity	\$ 56,105,178.39
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$ 178,437,737.28</b>

**Fresno-Kings-Madera Regional Health Authority dba CalViva Health**  
**Income Statement**  
July 2017 - January 2018

	Total		
	Actual	Budget	(under) over Budget
<b>Income</b>			
Interest Earned	119,547.01	42,000.00	77,547.01
Premium/Capitation Income	694,615,737.68	664,165,250.00	30,450,487.68
<b>Total Income</b>	<b>\$ 694,735,284.69</b>	<b>\$ 664,207,250.00</b>	<b>\$ 30,528,034.69</b>
<b>Cost of Medical Care</b>			
Capitation - Medical Costs	584,089,860.29	561,770,517.00	22,319,343.29
Medical Claim Costs	1,368,941.02		1,368,941.02
<b>Total Cost of Medical Care</b>	<b>\$ 585,458,801.31</b>	<b>\$ 561,770,517.00</b>	<b>\$ 23,688,284.31</b>
<b>Gross Margin</b>	<b>\$ 109,276,483.38</b>	<b>\$ 102,436,733.00</b>	<b>\$ 6,839,750.38</b>
<b>Expenses</b>			
Admin Service Agreement Fees	28,094,044.00	27,773,130.00	320,914.00
Bank Charges	4,467.55	9,800.00	-5,332.45
Computer/IT Services	74,338.01	49,000.00	25,338.01
Consulting Fees		61,250.00	-61,250.00
Depreciation Expense	168,078.98	169,540.00	-1,461.02
Dues & Subscriptions	93,444.43	104,300.00	-10,855.57
Grants	1,063,373.97	1,225,000.00	-161,626.03
Insurance	114,293.74	117,910.00	-3,616.26
Labor	1,665,155.00	1,654,090.00	11,065.00
Legal & Professional Fees	40,954.43	111,300.00	-70,345.57
License Expense	363,191.22	364,000.00	-808.78
Marketing	394,886.59	500,000.00	-105,113.41
Meals and Entertainment	9,861.38	12,700.00	-2,838.62
Office Expenses	30,797.76	45,500.00	-14,702.24
Parking	809.50	700.00	109.50
Postage & Delivery	919.93	1,400.00	-480.07
Printing & Reproduction	1,917.06	2,800.00	-882.94
Recruitment Expense	384.66	21,000.00	-20,615.34
Rent	2,100.00	7,000.00	-4,900.00
Seminars and Training	5,276.00	14,000.00	-8,724.00
Supplies	5,560.10	4,600.00	960.10
Taxes	71,015,817.26	65,645,804.00	5,370,013.26
Telephone	17,653.32	10,500.00	7,153.32
Travel	10,977.15	15,400.00	-4,422.85
<b>Total Expenses</b>	<b>\$ 103,178,302.04</b>	<b>\$ 97,920,724.00</b>	<b>\$ 5,257,578.04</b>
<b>Net Operating Income</b>	<b>\$ 6,098,181.34</b>	<b>\$ 4,516,009.00</b>	<b>\$ 1,582,172.34</b>
<b>Other Income</b>			
Other Income	387,067.64	350,000.00	37,067.64
<b>Total Other Income</b>	<b>\$ 387,067.64</b>	<b>\$ 350,000.00</b>	<b>\$ 37,067.64</b>
<b>Net Other Income</b>	<b>\$ 387,067.64</b>	<b>\$ 350,000.00</b>	<b>\$ 37,067.64</b>
<b>Net Income</b>	<b>\$ 6,485,248.98</b>	<b>\$ 4,866,009.00</b>	<b>\$ 1,619,239.98</b>



# Item #9

## Attachment 9.B

### Compliance Report

## RHA Commission Compliance – Regulatory Report



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2017 Total
# of DHCS Filings													
Administrative/Operational	8	6											14
Member & Provider Materials	1	1											2
# of DMHC Filings	2	3											5

**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, promotional items, bylaw changes, Commission changes, undertakings, etc.

Compliance Oversight & Monitoring Activities	Description
CalViva Health Oversight Meetings	<p><b>Health Net</b> CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to the Centene-Health Net merger and other critical projects or transitions that may affect CalViva Health. CalViva Health continues to receive and review ongoing updates on Health Net's efforts to improve specialty provider access for CalViva Health members.</p> <p><b>Kaiser</b> CalViva Health and Kaiser management are currently meeting as needed to address transition run-out related activities since the contractual relationship ended as of August 31, 2017. Most run-out activity is expected to continue until September 2018. 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>

## RHA Commission Compliance – Regulatory Report

<b>Oversight Audits</b>	<p><u>Health Net Oversight Audits:</u> The following 2018 annual audits are in progress: Claims, Provider Dispute Resolution, Member Services/Call Center, and Utilization Management.</p> <p><u>Provider Dispute Resolution (PDR) Case Audits:</u> The Plan Q3 2017 audit was completed and a CAP is required for non-compliance with resolution time standards.</p>
<b>Regulatory Reviews/Audits</b>	<b>Status</b>
<b>Material Modification Filing – Termination of contract with Kaiser</b>	In late September 2017, DMHC and DHCS approved the Plan's filings related to the termination of the contract between CalViva Health and Kaiser. The DMHC issued a list of Undertakings that the Plan is required to meet as part of the transition of the members assigned to Kaiser. To date, the Plan has made three timely submissions: A "90-Day Amendment on 12/1/2017; a 90-Day Report on 12/20/2017; and a "180-Day" Amendment on 3/1/2018. A 180-Day Report is on track to be filed 3/20/2018.
<b>Department of Health Care Services ("DHCS") 2017 Medical Audit</b>	The onsite audit of the Plan from April 17, 2017 – April 28, 2017 was completed. The Plan received DHCS' Final Report on 2/28/2018. It included three findings for which CAPs are required by 3/30/2018: Timely payment of CCS-related ER Claims; Specialty Access in Kings County; and Plan's policies and other materials related to Sensitive Services contained language that incorrectly required parental consent.
<b>Department of Health Care Services ("DHCS") 2018 Medical Audit</b>	DHCS sent a January 31, 2018 letter to the Plan providing notification of the 2018 Medical Survey. DHCS will be onsite for two (2) weeks starting April 16, 2018. Pre-audit materials were submitted to DHCS on 2/20/18. Areas to be audited include: Utilization Management, Case Management, Access and Availability, Member Rights, Privacy/Security, Quality Improvement, Fraud & Abuse, Administrative & Organizational Capacity. New areas to be reviewed include Behavioral Health Therapy and Non-Emergency & Non-Medical Transportation Services.
<b>Department of Managed Health Care ("DMHC") Follow-up to 2016 Medical Audit</b>	DMHC notified CalViva Health that the follow-up survey to the findings of the 2016 audit was scheduled for January 15, 2018. This is a limited scope survey which will only review cases/processes related to the 2016 survey deficiencies. The Plan submitted the requested cases for DMHC review in December 2017 and the review started in January. The Plan is currently awaiting completion of the follow-up audit and the report of the findings.
<b>Department of Health Care Services ("DHCS") Encounter Data Corrective Action Plan (CAP)</b>	DHCS issued a Corrective Action Plan 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 provided a CAP response to DHCS on January 10, 2018. A follow-up meeting with DHCS was held on 3/1/18 to discuss the ED/CAP issues. The Plan is requesting an extension of due date for submitting the 2015-16 data in question.
<b>New Regulation / Contractual Requirements</b>	
<b>New 2018 Regulations</b>	Attached to this report is a description of the new 2018 laws impacting CalViva Health.

## RHA Commission Compliance – Regulatory Report

<b>Medicaid and Children’s Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability “Final Rule”</b>	<p>As previously noted the Final Rule requirements are being phased in over several years. One of the new requirements is that all health plans issue a standard model EOC/Member Handbook. DHCS released the model handbook in October 2017 for use by Plans at their next regular EOC issuance in 2018. The Plan submitted its EOC/Member Handbook on 2/28/2018 for DHCS and DMHC review.</p> <p>DHCS submitted the Final Rule contract amendment for managed care plans to CMS and it is still under review.</p>
<b>Employee Trainings</b>	
<b>Annual Compliance, Anti-Fraud and Privacy/Security Training</b>	<p>One new CalViva Health employee received training in early March 2018 and passed the required post-program quizzes.</p>
<b>Committee Report</b>	
<b>Public Policy Committee</b>	<p>The Public Policy Committee met on March 7, 2018. The Committee reviewed the CalViva Health Annual Report, Enrollment Dashboard, Health Education Member Incentive Report, Appeals, Grievances, and Complaints related information, Audit Updates, Member Handbook and Provider Directory Updates and the Annual Operational Compliance Report. There were no recommendations or action items requiring the response of the Commission.</p> <p>The next Public Policy Committee meeting is scheduled for June 13, 2018, 11:30 a.m. in Kings County, at 1400 W. Lacey Boulevard, Hanford, CA.</p>

## 2018 New California Health Care Laws

Bill	Name	Description	Applies to CalViva Health	Effective Date	Plan Action/Notes
<b>SB 133</b>	Hernandez	Requires a health plan to arrange for the completion of covered services by a non-contracted provider, when the enrollee's prior coverage under an <b>individual health care service plan</b> was terminated due to a health plan withdrawing from the market.  Health care service plans are required to include notice of the process by which an enrollee may request continuity of care (COC) under SB 133 in disclosure forms required under HSC Section 1363 and in EOCs issued after Jan. 1, 2018.	Yes	1/1/2018	CalViva's current EOC and new proposed EOC based on the DHCS model include member notices about how to request COC. Prepare and submit DMHC and DHCS filings.
<b>SB 171</b>	Hernandez	Makes necessary changes in state statute in order to implement the federal Medicaid Final Rule published by the Centers for Medicaid and Medicare Services in 2016. Medical Loss Ratio (MLR) 14197.2. (b) Requires a MCMC plan, commencing July 1, 2019, to comply with a minimum 85% MLR and requires the MLR to be calculated and reported for each MLR reporting year by the MCMC plan, consistent with specified federal regulations. 14197.2. (c) (1) Requires a MCMC plan, effective for contract rating periods commencing on or after July 1, 2023, to provide a remittance for an MLR reporting year if the ratio for that MLR reporting year does not meet the minimum MLR standard of 85%.	Yes	7/1/2019	Finance to implement.
<b>AB 1048</b>	Arambula	Authorizes a pharmacist to dispense a Schedule II controlled substance as a partial fill if requested by the patient or the prescriber beginning July 1, 2018 if certain requirements are met.	Yes	7/1/2018	CalViva is updating its policy on prescription drugs.
<b>AB 205</b>	Wood	Makes necessary changes in state law to implement the federal Medicaid Final Rule published by the Centers for Medicaid and Medicare Services in 2016 regarding network adequacy, access, and time and distance standards. <ul style="list-style-type: none"> <li>Effective January 1, 2018, plans must maintain a network of providers (PCP and hospitals) that are located within time and distance standards for services as specified in the law.</li> <li>Effective July 1, 2018, Plans must maintain a network of providers that are located within specific time and distance based on county</li> </ul>	Yes	1/1/2018; 7/1/2018	Update Plan policies and procedures to reflect new county-based standards. Implement new reports for annual certification filing. Update member and provider communications where applicable to report any new standards or requirements.

## RHA Commission Compliance – Regulatory Report

Bill	Name	Description	Applies to CalViva Health	Effective Date	Plan Action/Notes
		<p>specific standards for primary care providers, specialists, opioid treatment, outpatient substance use disorder services, and outpatient mental health.</p> <ul style="list-style-type: none"> <li>• If the Plan cannot meet the specified time and distance standards, annually the Plan has to submit a request for alternative access standards to DHCS, by specialty and zip code.</li> <li>• Permits DHCS to allow for the use of clinically appropriate telecommunication to be used to fulfill network requirements and for alternative access.</li> <li>• Starting July 1, 2018 Plans must undergo an annual Network Certification by DHCS. In March of every year, plans will submit reports and rosters on primary care, core specialists and behavioral health providers for DHCS review and validation.</li> </ul> <p>DHCS will post annual network certification results including any CAPs required due to non-compliance on their website for public availability.</p>			Prepare and submit DMHC and DHCS filings.
<b>INFORMATION ONLY</b>					
<b>AB 340</b>	Arambula	The bill requires that a workgroup, including health plan representatives and others, be convened at the Department of Social Services. This workgroup will review current EPSDT screening tools and determine if trauma screenings should be added to existing screening tools used by EPSDT providers. The bill also requires that regular review of the tools be conducted after the initial workgroup is completed.	NA	No	NA
<b>AB 265</b>	Wood	Prohibits prescription drug manufacturers the use of drug coupons under certain circumstances.	NA	No	NA

# Item #9

## Attachment 9.C

### Appeals & Grievances Report

## CalViva Health

### Monthly Appeals and Grievances Dashboard

CY: 2018

Current as of End of the Month: January

Revised Date: 3/08/2018



[illegible]

[illegible]

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	5	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	5	66
Standard Appeals Received	24	0	0	24	0	0	0	0	0	0	0	0	0	0	0	0	24	171
Total Appeals Received	29	0	0	29	0	0	0	0	0	0	0	0	0	0	0	0	29	237
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	3
Appeals Ack Letter Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	95.83%	98.2%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Expedited Appeals Resolved Compliant	4	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4	66
Expedited Appeals Compliance Rate	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%	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	0	0	22	0	0	0	0	0	0	0	0	0	0	0	0	22	157
Standard Appeals Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.00%	98.1%
Total Appeals Resolved	26	0	0	26	0	0	0	0	0	0	0	0	0	0	0	0	26	227
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	25	0	0	25	0	0	0	0	0	0	0	0	0	0	0	0	25	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	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	5
DME	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	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	0	0	0	0	0	0	0	0	1	0
Other	6	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	6	59
Pharmacy	13	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	13	99
Surgery	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	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	0	0	0	0	0	0	0	0	0	0	0	1	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	1	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	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	0	0	0	0	1
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Appeals Decision Rates																		
Upholds	16	0	0	16	0	0	0	0	0	0	0	0	0	0	0	0	16	131
Uphold Rate	61.5%	0.0%	0.0%	61.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	61.5%	57.7%
Overturns - Full	9	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0	9	84
Overturn Rate - Full	34.6%	0.0%	0.0%	34.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	34.6%	37.0%
Overturns - Partial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.0%	3.5%
Withdrawal	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	4
Withdrawal Rate	3.8%	0.0%	0.0%	3.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	3.8%	1.8%
Membership	357,378	-	-		-	-	-		-	-	-		-	-	-			4,252,164
Appeals - PTMPM	0.07			0.07	-	-	-	-	-	-	-	-	-	-	-	-	0.07	0.05
Grievances - PTMPM	0.18	-	-	0.18	-	-	-	-	-	-	-	-	-	-	-	-	0.18	0.23

# Item #9

## Attachment 9.D

### Key Indicator Report



# Healthcare Solutions Reporting

## Key Indicator Report

*Auth Based PPG Utilization Metrics for CALVIVA California SHP*

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

*Report created 2/23/2018*

**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:**

**Read Me**

**Main Report CalVIVA**

**CalVIVA Commission**

**CalVIVA Fresno**

**CalVIVA Kings**

**CalVIVA Madera**

**Glossary**

**Regional Team Lead Contact Information**

**Region**

Region 3:

**Contact Person**

John Gonzalez

**Key Indicator Report**  
**Auth Based PPG Utilization Metrics for CALVIVA California SHP**  
**Report from 1/01/2017 to 1/31/2018**  
 Report created 2/23/2018

ER utilization based on Claims data	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	2017-10	2017-11	2017-12	2017-Trend	2018-01	2018-Trend	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Qtr Trend	CY- 2017	CY-2018	CY-Trend
															Quarterly Averages				Annual Averages			
Expansion Mbr Months	86,849	85,869	87,242	87,392	87,795	88,053	88,000	87,807	87,458	86,866	87,400		85,660		86,506	87,476	87,953	87,069		87,251	7,138	
Family/Adult/Other Mbr Mos	246,646	244,435	246,745	247,749	249,061	246,480	245,715	247,004	244,875	244,431	246,380		246,593		245,888	247,852	246,400	244,816		246,239	20,549	
SPD Mbr Months	29,634	29,486	29,643	29,708	29,984	30,116	30,254	30,384	30,535	30,575	29,400		30,903		29,577	29,778	30,251	30,635		30,060	2,575	
Admits - Count	2,093	2,264	2,142	2,219	2,191	2,143	2,251	2,327	2,173	2,168	2,311		2,192		2,228	2,184	2,240	2,181		2,208	183	
Expansion	526	600	601	654	647	612	672	640	620	649	641		640		576	634	641	629		620	53	
Family/Adult/Other	1,076	1,126	1,056	1,088	1,038	1,069	1,093	1,182	1,075	1,042	1,170		1,109		1,130	1,061	1,115	1,065		1,093	92	
SPD	490	537	485	477	505	459	486	504	477	477	499		443		520	489	483	487		495	37	
Admits Acute - Count	1,383	1,552	1,459	1,495	1,465	1,363	1,466	1,480	1,419	1,473	1,528		1,509		1,488	1,473	1,436	1,451		1,462	126	
Expansion	384	451	454	520	497	441	493	459	466	495	489		483		427	490	464	472		463	40	
Family/Adult/Other	547	617	563	529	512	498	526	549	513	541	576		603		585	535	524	527		543	50	
SPD	452	484	442	446	455	421	447	471	440	437	462		423		476	448	446	453		456	35	
Readmit 30 Day - Count	239	263	268	305	272	261	281	266	271	290	300		269		265	282	269	284		275	22	
Expansion	70	78	78	96	92	86	86	70	81	94	97		82		76	89	81	84		82	7	
Family/Adult/Other	67	73	83	101	95	93	86	91	91	93	97		94		80	93	90	94		89	8	
SPD	102	112	107	108	85	82	109	105	99	103	106		93		109	100	99	107		104	8	
Readmit 14 Day - Count	26	22	31	27	23	15	18	21	22	24	26		25		23	27	18	24		23	2	
Expansion	6	9	10	7	5	4	5	2	4	7	8		8		6	7	4	7		6	1	
Family/Adult/Other	4	2	11	9	8	5	6	6	9	12	4		8		5	9	6	10		8	1	
SPD	16	11	10	11	10	6	7	13	9	5	14		9		12	10	9	8		10	1	
**ER Visits - Count	17,518	19,624	19,588	19,905	18,123	17,538	17,561	17,064	16,668	15,857	18,665		5,849		18,938	19,205	17,388	16,030		18,149	487	
Expansion	3,826	4,234	4,213	4,507	4,395	4,431	4,493	4,013	3,715	3,472	4,140		1,284		4,199	4,372	4,312	3,556		4,165	107	
Family/Adult/Other	0	0	0	0	0	0	0	0	0	0	0		0		0	0	0	0		0	0	
SPD	1,864	1,984	1,912	1,965	1,863	1,920	2,013	1,764	1,745	1,686	1,867		629		1,981	1,913	1,899	1,663		1,890	52	
Admits Acute - PTMPY	45.7	51.8	48.1	49.2	47.9	44.9	48.3	48.6	46.9	48.8	50.5		49.9		49.3	48.4	47.3	48.0		48.3	49.9	
Expansion	53.1	63.0	62.4	71.4	67.9	60.1	67.2	62.7	63.9	68.4	67.1		67.7		59.2	67.3	63.4	65.1		63.7	67.7	
Family/Adult/Other	26.6	30.3	27.4	25.6	24.7	24.2	25.7	26.7	25.1	26.6	28.1		29.3		28.6	25.9	25.5	25.8		26.4	29.3	
SPD	183.0	197.0	178.9	180.2	182.1	167.8	177.3	186.0	172.9	171.5	188.6		164.3		193.0	180.4	177.1	177.3		181.9	164.3	
Bed Days Acute - PTMPY	211.0	239.4	231.7	243.5	214.7	211.9	226.4	244.1	221.6	248.4	249.7		396.4		231.5	229.9	227.5	241.1		232.5	396.4	
Expansion	268.9	287.5	346.6	367.9	320.7	314.7	339.0	319.2	344.9	352.3	348.6		591.3		302.5	345.0	324.3	348.0		330.0	591.3	
Family/Adult/Other	96.0	113.9	104.8	105.8	91.0	86.2	101.8	105.5	93.4	121.4	98.8		207.4		106.2	100.5	97.8	108.1		103.2	207.4	
SPD	997.8	1,139.5	950.5	1,025.6	930.9	936.0	910.3	1,152.4	896.8	968.6	1,219.6		1,364.5		1,064.9	968.9	999.9	1,000.6		1,008.4	1,364.5	
ALOS Acute	4.6	4.6	4.8	5.0	4.5	4.7	4.7	5.0	4.7	5.1	4.9		7.9		4.7	4.7	4.8	5.0		4.8	7.9	
Expansion	5.1	4.6	5.6	5.2	4.7	5.2	5.0	5.1	5.4	5.2	5.2		8.7		5.1	5.1	5.1	5.3		5.2	8.7	
Family/Adult/Other	3.6	3.8	3.8	4.1	3.7	3.6	4.0	4.0	3.7	4.6	3.5		7.1		3.7	3.9	3.8	4.2		3.9	7.1	
SPD	5.5	5.8	5.3	5.7	5.1	5.6	5.1	6.2	5.2	5.6	6.5		8.3		5.5	5.4	5.6	5.6		5.5	8.3	
Readmit % 30 Day - PTMPY	11.4%	11.6%	12.5%	13.7%	12.4%	12.2%	12.5%	11.4%	12.5%	13.4%	13.0%		12.3%		11.9%	12.9%	12.0%	13.0%		12.4%	12.3%	
Expansion	13.3%	13.0%	13.0%	14.7%	14.2%	14.1%	12.8%	10.9%	13.1%	14.5%	15.1%		12.8%		13.2%	14.0%	12.6%	13.3%		13.3%	12.8%	
Family/Adult/Other	6.2%	6.5%	7.9%	9.3%	9.2%	8.7%	7.9%	7.7%	8.5%	8.9%</												

# Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP

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

Report created 2/23/2018

ER utilization based on Claims data	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	2017-10	2017-11	2017-12	2017-Trend	2018-01	2018-Trend	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Qtr Trend	CY- 2017	CY-2018	CY-Trend
Concurrent (Inpatient only)	100.0%	100.0%	100.0%	100.0%	80.0%	80.0%	100.0%	100.0%	100.0%	100.0%	90.0%		100.0%		100.0%	93.3%	93.3%	96.7%				
Deferrals - Routine	100.0%	100.0%	63.3%	100.0%	93.3%	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%		100.0%		100.0%	85.6%	97.8%	100.0%				
Deferrals - Urgent	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	50.0%	100.0%	100.0%	100.0%	83.3%		100.0%		100.0%	100.0%	76.7%	94.4%				
Deferrals - Post Service	null	null	NA	NA	NA	NA	NA	NA	NA	NA	NA		null		null	null	null	null				
	CCS ID RATE												CCS ID RATE		CCS ID RATE					CCS ID RATE		
CCS %	7.48%	7.48%	7.58%	7.58%	7.61%	7.62%	7.59%	7.64%	7.73%	7.71%	7.76%		7.82%		7.38%	7.59%	7.62%	7.73%		7.49%		
	Inpatient Maternity Utilization ALL CV Mbrshp												Inpatient Maternity Utilization ALL CV Mbrshp									
	Rate Per Thousand												Rate Per Thousand									
Births	19.6	18.9	18.2	20.1	18.7	20.9	21.2	23.0	21.1	19.7	21.2		20.0		19.9	19.0	21.7	20.7		20.3		
OB % Days	15.6%	13.3%	15.1%	14.4%	14.3%	16.1%	16.4%	16.4%	16.3%	14.2%	14.5%		15.2%		14.4%	14.6%	16.3%	15.0%		17.0%		
OB % Admits	28.3%	25.0%	25.8%	27.5%	26.2%	29.7%	28.5%	30.0%	29.4%	27.4%	27.7%		27.6%		26.9%	26.5%	29.4%	28.2%				
	Perinatal Case Management												Perinatal Case Management									
Total Outreached	13	14	11	30	13	4	10	13	26	43	15		43		50	54	27	86		231	43	
Engaged	5	4	3	8	5	1	3	4	8	12	7		15		17	16	9	27		62	15	
Engagement Rate	38%	29%	27%	27%	38%	25%	30%	31%	31%	28%	47%		35%		34%	31%	33%	31%		27%	35%	
New Cases Opened	5	4	3	8	5	1	3	4	8	11	7		15		17	16	9	27		62	15	
Total Cases Managed	45	31	27	34	31	27	24	20	22	32	37		38		42	31	41	41		99	38	
Total Cases Closed	12	7	5	8	5	5	8	5	2	2	1		9		29	18	18	5		63	9	
Cases Remained Open	33	24	20	24	24	22	16	15	16	23	35		36		32	23	15	35		35	36	
	Integrated Case Management												Integrated Case Management									
Total Outreached	173	198	186	85	58	32	65	93	99	138	59		76		577	329	155	301		1,346	76	
Engaged	35	21	23	15	28	15	27	29	29	47	34		45		101	66	70	111		334	45	
Engagement Rate	20%	11%	12%	18%	33%	47%	42%	31%	29%	34%	58%		59%		18%	21%	45%	36%		25%	59%	
Total Screened and Refused/Decline	54	37	41	40	10	7	16	7	20	21	15		17		127	91	33	58		307	17	
Unable to Reach	109	102	131	139	63	48	57	60	86	100	42		42		261	333	168	228		953	42	
New Cases Opened	35	18	26	15	28	15	27	21	29	47	34		45		98	69	70	111		334	45	
Total Cases Closed	183	37	28	15	28	27	21	11	36	24	45		38		133	24	76	104		400	38	
Cases Remained Open	55	80	62	50	62	58	58	48	53	70	69		70		174	174	48	71		69	70	
Total Cases Managed	138	117	101	102	95	87	88	78	95	110	120		146		133	99	107	178		461	146	
Critical-Complex Acuity	45	28	29	26	29	53	71	46	47	53	57		48		39	28	63	82		183	48	
High/Moderate/Low Acuity	143	89	72	76	66	34	17	32	48	57	63		98		123	71	44	96		278	98	
	Record Processing												Record Processing									
Total Records	4,779	5,621	4,801	5,742	5,034	4,453	8,312	6,361	6,954	6,961	6,400		6,284		15413	15577	19126	20315		70,431	6,284	
Total Admissions	2,019	2,164	2,051	2,151	2,085	2,014	2,142	2,240	2,069	2,139	2,181		2,297		6413	6287	6396	6389		25,485	2,297	
Total Precerts	-	-	-	-	-	-	-	-	-	-	-											

# Item #9

## Attachment 9.E

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:** March 15<sup>th</sup>, 2018

**SUBJECT:** CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 1 2018

### Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 1<sup>st</sup> Quarter 2018 CalViva Health Credentialing Sub-Committee activities.

- I. The Credentialing Sub-Committee met on February 15<sup>th</sup>, 2018. At the February meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. Reports covering the third quarter for 2017 were reviewed for delegated entities, third and fourth quarter 2017 reports were reviewed for MHN and fourth quarter for Health Net. A summary of the third quarter data is included in the table below.

### II. Table 1. Third Quarter 2017 Credentialing/Recredentialing

	EHS	Sante	ChildNet	MHN	Health Net	La Salle	ASH	VSP	Envolve Vision	IMG	Adventist	Totals
Initial credentialing	122	39	33	15	0	17	96*	17	0	3	2	344
Recredentialing	53	94	39	20	2	6	105*	135	0	7	26	487
Suspensions	0	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	0
<b>Totals</b>	<b>175</b>	<b>133</b>	<b>72</b>	<b>35</b>	<b>2</b>	<b>23</b>	<b>201*</b>	<b>152</b>	<b>0</b>	<b>10</b>	<b>28</b>	<b>831</b>

\*CalViva specific data not available for this reporting period.

- III. The Quarter 4 2017 and Quarter 1 2018 Credentialing reports were reviewed with one case of denied network admittance. Other County-specific Credentialing Sub-Committee reports were reviewed and approved. No significant cases were identified on these reports.

# Item #9

## Attachment 9.F

Peer Review Sub-Committee  
Quarterly Report



## REPORT SUMMARY TO COMMITTEE

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**COMMITTEE DATE:** March 15<sup>th</sup>, 2018

**SUBJECT:** CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 1 2018

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**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 February 15<sup>th</sup>, 2018. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 4 2017 were reviewed for approval. There were no significant cases to report.
- II. The Quarter 4 Peer Count Report was presented at the meeting with the following outcomes:
  - There were seven cases closed and cleared. There were no cases with outstanding corrective action plans. There were three cases pended for further information.
- III. No significant quality of care issues noted in closed cases. Follow up will be initiated to obtain additional information for tabled cases and ongoing monitoring and reporting will continue.

# Item #9

## Attachment 9.G

### Operations Report

IT Communications and Systems	Overall Network Health Score	94%	Description: Weighted average calculation that provides an <i>At a Glance</i> overall network health score. 0% (lowest) to 100% (highest).
	Patch Score	87%	Description: A good status indicator is zero un-scanned machines and a very low number of machines missing patches.
	OS Score	100%	Description: A good status indicator is that all mission critical machines or server have Windows 2000 or higher installed.
	Disk Score	96%	Description: A good status indicator is that the space used is less than 60%.
	Event Log Score	95%	Description: A good status indicator is that there are less hits in the event log (i.e. More hits in the event log = lower score (proactive in nature).
	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 Malware within Systems	NO	Description: Software that is intended to damage or disable computers and computer systems.
Message From The COO	The CalViva Health Network Health Score trended downward 1% to 94%. The reason is attributed to the Patch Score also trending downward 5% to 87%. There were no active malware or viruses which have been identified within the systems. These systems are monitored on an ongoing basis.		
Fraud, Waste, & Abuse Operational Activity	# of MC 609 Submissions to DHCS (CY 2018)	0	Description: CalViva Health is required to investigate and submit potential fraud, waste, and abuse. If the case rises to the level suspicion of fraud, CalViva Health reports those cases to DHCS within 10 working days from the date of identification.
	# of Cases Open For Investigation (Active Number)	37	Description: CalViva Health receives cases from internal and external sources for investigation. These cases have not yet risen to the level suspicion of fraud and are under active investigation. This number will be reduced as cases are closed and/or if an MC 609 Submission is warranted. The number will also increase as new cases are identified for investigation.
Message From the COO	Many cases which are open for investigation are triggered by data mining activities, either through software or manually. Once the investigation has risen to the suspicion of fraud, CalViva Health will refer the case to regulatory agencies. In some instances, the cases are closed because the case did not rise to the suspicion of fraud and/or education is conducted. CalViva Health's Anti-Fraud Officer, the Chief Compliance Officer, is able to further elaborate on compliance activities.		

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)	9/13 & 12/17	Description: Notice of Privacy Practices (NPP) describes how PHI may be used and disclosed. The NPP is review and updated when appropriate. The NPP is distributed upon enrollment and annually thereafter					
	Active Business Associate Agreements	6	Description: A signed agreement is required of any person/entity who is not a member of CalViva Health's workforce who will create or receive PHI of behalf of CalViva Health.					
	# Of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)							
	Year	2018	2018	2018	2018	2018	2018	2018
	Month	Jan	Feb	Mar	Apr	May	Jun	Jul
	No/Low Risk	2	0	1				
	High Risk	0	0	0				
Message from the COO	CalViva Health is currently in the process of updating their risk analysis. The estimated completion date for a new risk analysis and a redetermination as to whether the Risk Rating should be changed is May 2018.							

Provider Network Activities	Year	2017	2017	2017	2017	2017	2018	2018
	Month	Aug	Sep	Oct	Nov	Dec	Jan	Feb
	Hospitals	11	11	11	11	11	11	
	Clinics	98	96	97	96	98	100	
	PCP	313	317	323	320	326	327	
	Specialist	1200	1206	1160	1130	1114	1113	
	Ancillary	98	98	96	96	97	97	
	Year	2017	2017	2017	2018	2018	2018	2018
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Pharmacy	169	192	164				
	Behavioral Health	172	182	181				
	Vision	87	86	83				
	Urgent Care	5	5	5				
	Acupuncture	5	5	8				
	Year	2017	2017	2017	2018	2018	2018	2018
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	% of PCPs Accepting New Patients - Goal (85%)	85%	88%	77%				
	% Of Specialists Accepting New Patients - Goal (85%)	96%	96%	95%				
Message From the COO		Due to the ruralness of the service area, many providers are located in the major metropolitan city of Fresno in Fresno County. Members who reside in remote cities outside of Fresno and in Kings and Madera Counties oftentimes need to travel to Fresno for services. CalViva Health is undergoing many activities to improve the capacity of the network. CalViva Health is also monitoring new regulatory requirements which will have an impact on the network. The percentage of PCPs and Specialists Accepting New Patients decreased in Q4 2017 due to a provider group termination. Providers affiliated with the group were placed in a closed practice status.						

Claims Processing	Year	2017	2017	2017	2017	2017	2018	2018
	Month	Aug	Sep	Oct	Nov	Dec	Jan	Feb
	No. Claims Processed	218,389	214,362	215,526	215,041	219,170	215,843	
	Claims Turn-Around	99.25%	99.23%	99.52%	99.5%	98.79%	98.68%	
	Weekly Average	54,597	53,591	53,882	53,760	54,793	53,961	
	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				
	Behavioral Health Claims Timeliness (30 Days / 45 days) - Goal (90% / 95%) - Deficiency Disclosure	95.66% / 98.54% NO	93% / 97% YES	92% / 96% YES				
	Pharmacy Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	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				
	PPG 1 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	97% / 100% NO	82% / 100% NO	96% / 100% NO				
	PPG 2 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	97% / 100% NO	95% / 100% NO	94% / 98% NO				
	PPG 3 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	96% / 100% NO	94% / 99% NO	91% / 100% NO				
	PPG 4 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	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				
	PPG 6 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	97 % / 100 % NO	97% / 100% NO	99% / 100% NO				
	Vision Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100 % / 100% NO	100% / 100% NO				
Message from the COO	In accordance with AB1455, claims payment deficiencies were disclosed for behavioral health claims during Q4 2017.							




Provider Disputes	Year	2017	2017	2017	2018	2018	2018	2018
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Medical Provider Disputes Timeliness Quarterly Results (45 days) - Goal ( 95%)	95%	93%	95%				
	Behavioral Health Provider Disputes Timeliness (45 days) - Goal (95%)	100%	N/A	100%				
	Acupuncture Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	N/A	N/A				
	PPG 1 Provider Dispute Timeliness (45 Days) - Goal (95%)	99%	96%	94%				
	PPG 2 Provider Dispute Timeliness ( 45 Days) - Goal (95%)	N/A	100%	99%				
	PPG 3 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	100%	100%				
	PPG 4 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	100%	100%				
	PPG 5 Provider Dispute Timeliness (45 Days) - Goal (95%)	97%	68%	100%				
	PPG 6 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	88%	99%				
	Vision Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	N/A	N/A				
Message from the COO								
One PPG did not meet the operational goal during Q4 2017.								

# Item #9

## Attachment 9.H

Executive Dashboard

														
	2017	2017	2017	2017	2017	2017	2017	2017	2017	2017	2017	2017	2018	2018
Month	January	February	March	April	May	June	July	August	September	October	November	December	January	February
CVH Members														
Fresno	296,674	296,787	296,780	297,669	297,841	298,697	298,648	298,351	297,827	296,752	295,344	295,793	293,838	293,142
Kings	26,310	26,680	26,903	26,979	26,942	27,000	26,947	27,004	27,140	27,175	27,284	27,481	27,541	27,780
Madera	35,504	35,612	35,916	36,039	35,819	36,002	36,083	35,992	36,264	36,142	36,185	37,272	36,155	36,383
Total	358,488	359,079	359,599	360,687	360,602	361,699	361,678	361,347	361,231	360,069	358,813	360,546	357,534	357,305
SPD	29,349	29,447	29,493	29,608	29,618	29,797	29,982	30,135	30,292	30,355	30,490	30,659	30,746	30,829
CVH Mrkt Share	70.40%	70.40%	70.44%	70.47%	70.50%	70.57%	70.63%	70.75%	70.75%	70.74%	70.75%	70.83%	70.96%	70.78%
ABC Members														
Fresno	111,653	111,865	111,821	111,970	111,881	111,674	111,460	110,740	110,518	110,235	109,640	109,670	107,598	108,601
Kings	19,885	20,023	20,017	19,927	19,896	19,960	19,822	19,712	19,723	19,628	19,607	19,759	19,714	19,690
Madera	19,167	19,061	19,098	19,258	19,104	19,178	19,090	18,965	19,070	19,075	19,093	19,052	19,038	19,227
Total	150,705	150,949	150,936	151,155	150,881	150,812	150,372	149,417	149,311	148,938	148,340	148,481	146,350	147,518
Default														
Fresno	1,071	896	948	1,061	913	877	922	815	962	897	892	970	607	1,353
Kings	158	149	154	194	160	138	242	131	150	137	135	155	123	259
Madera	191	132	188	180	147	167	156	151	201	176	184	153	135	188
County Share of Choice as %														
Fresno	61.30%	61.90%	65.10%	67.10%	66.00%	69.60%	69.50%	68.50%	66.10%	65.70%	67.90%	66.10%	67.00%	62.30%
Kings	54.90%	59.70%	62.00%	60.00%	55.70%	55.70%	61.20%	63.60%	59.30%	58.10%	55.50%	61.20%	56.40%	61.70%
Madera	57.40%	66.70%	67.30%	58.90%	65.00%	65.80%	66.40%	66.70%	62.60%	62.20%	58.30%	62.80%	61.00%	56.00%
Voluntary Disenrollments														
Fresno	1,064	846	574	587	536	453	445	576	665	444	596	462	482	671
Kings	66	57	57	45	53	47	65	82	72	59	73	64	34	51
Madera	266	41	52	65	69	57	53	73	94	61	84	58	87	144
Note: Most data is preliminary and may have retroactive adjustments as new or updated information becomes available..														
Note: Claims Turn-around = 30 Calendar/45 Work Days - (Data Current as of February 28, 2018														



## CalViva Members

