

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: May 11, 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, May 17, 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 **12** Commissioners who have confirmed their attendance for this meeting. At this time, a quorum has been secured. Please advise as soon as possible if you will not be in attendance to ensure a quorum is maintained

Thank you

# AGENDA

## Fresno-Kings-Madera Regional Health Authority

### Commission Meeting

May 17, 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
<b>3 Action</b>	Attachment A Attachment B Attachment C	<b>Consent Agenda</b> <ul style="list-style-type: none"><li>• Commission Minutes dated 3/15/2018</li><li>• Finance Committee Minutes dated 2/15/18</li><li>• QI/UM Committee Minutes dated 2/15/18</li></ul> <p><i>Action: Approve Consent Agenda</i></p>	D. Hodge, MD; Chair
<b>4 Action</b>	<i>No attachment</i>	<b>Official Appointment of CFO (<i>incorporating Auditor, Controller, Treasurer, and Trustee of Retirement Plans</i>)</b> <ul style="list-style-type: none"><li>• Daniel Maychen – Effective 8/1/2018</li></ul> <p><i>Action: Approve Appointment</i></p>	D. Hodge, MD; Chair
<b>5 Information</b>	Attachment A	<b>Fresno County At-Large BOS Reappointed Commissioner</b> <ul style="list-style-type: none"><li>• Soyla Reyna-Griffin</li></ul>	D. Hodge, MD; Chair
<b>6 Action</b>	Attachment A	<b>Community Regional Medical Center Reappointed Commissioner</b> <ul style="list-style-type: none"><li>• Aldo De La Torre</li></ul> <p><i>Action: Approval of CRMC Representative Appointment</i></p>	D. Hodge, MD; Chair
7		<b>Closed Session:</b>  <b>The Board of Directors will go into closed session to discuss the following item(s)</b>  <b>A. Public Employee Appointment, Employment, Evaluation, or Discipline</b> Title: Chief Executive Officer Per Government Code Section 54957(b)(1)	

<b>8 Action</b>	Attachment A	<b>Community Support Program</b> <ul style="list-style-type: none"> <li>Community Support Program Guidelines and Application</li> </ul>	G. Hund, CEO
		<i>Recommended Action: Approve Guidelines</i>	
<b>9 Information</b>	Attachment A	<b>Committee Appointments for Fiscal Year 2019</b> <ul style="list-style-type: none"> <li>BL 18-004</li> </ul>	D. Hodge, MD; Chair
<b>10 Action</b>	Attachment A	<b>Proposed Budget - Fiscal Year 2019</b> <ul style="list-style-type: none"> <li>Proposed Budget</li> </ul>	W. Gregor, CFO
		<i>Action: Approve FY 2019 Budget</i>	
<i>Handouts will be available at meeting</i>		<i>PowerPoint Presentations will be used for item 11 and 12 One vote will be taken for combined items 11 and 12</i>	
<b>11 Action</b>	Attachment A Attachment B Attachment C	<b>Cultural and Linguistics (C &amp; L) Program Description and Work Plan Evaluation</b> <ul style="list-style-type: none"> <li>2017 Executive Summary and Annual Evaluation</li> <li>2018 Executive Summary and Program Description</li> <li>2018 Executive Summary and Work Plan Summary</li> </ul>	P. Marabella, MD, CMO
		<i>Action: Approve 2017 Annual Evaluation, 2018 Program Description, and 2018 Work Plan</i>	
<b>12 Action</b>	Attachment A Attachment B Attachment C Attachment D	<b>Health Education Program Description and Work Plan Evaluation</b> <ul style="list-style-type: none"> <li>Executive Summary</li> <li>2017 Annual Evaluation</li> <li>2018 Program Description</li> <li>2018 Work Plan</li> </ul>	P. Marabella, MD, CMO
		<i>Action: Approve Cultural and Linguistics 2017 Annual Evaluation, 2018 Program Description, and 2018 Work Plan, and the Health Education 2017 Annual Evaluation, 2018 Program Description, and 2018 Work Plan</i>	
<b>13 Action</b>		<b>Standing Reports</b>	
	Attachment A	<b>Finance Report</b> <ul style="list-style-type: none"> <li>Financials as of March 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 Attachment D Attachment E	<b>Medical Management</b> <ul style="list-style-type: none"> <li>Appeals and Grievances Report</li> <li>Key Indicator Report</li> <li>QIUM Quarterly Summary Report</li> </ul>	P. Marabella, MD, CMO
	Attachment F	<b>Operations</b> <ul style="list-style-type: none"> <li>Operations Report</li> </ul>	J. Nkansah, COO

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Attachment G	<b>Executive Report</b> <ul style="list-style-type: none"><li>• Executive Dashboard</li></ul>	G. Hund, CEO
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*Recommended Action: Accept Standing Reports*

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<b>14</b>	<b>Final Comments from Commission Members and Staff</b>
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<b>15</b>	<b>Announcements</b>
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<b>16</b>	<b>Public Comment</b> <p><i>Public Comment is the time set aside for comments by the public on matters within the jurisdiction of the Commission but not on the agenda. Each speaker will be limited to three (00:03:00) minutes. Commissioners are prohibited from discussing any matter presented during public comment except to request that the topic be placed on a subsequent agenda for discussion.</i></p>
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<b>17</b>	<b>Adjourn</b>	D. Hodge, MD; Chair
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Supporting documents will not be posted. If you would like a copy please email the Clerk to the Commission at: [Churley@calvivahealth.org](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 July 19, 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.”**

# Item #3

## Attachment 3.A

Commission Minutes dated 3/15/18

Fresno-Kings-Madera  
Regional Health Authority

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

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

<b>Commission Members</b>			
✓	<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 Nikoghosian</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		
<b>Commission Staff</b>			
✓	<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)		
<b>General Counsel and Consultants</b>			
✓	<b>Jason Epperson</b> , General Counsel		
✓ = Commissioners, Staff, General Counsel Present			
* = Commissioners arrived late/or left early			
● = Attended via Teleconference			

<b>AGENDA ITEM / PRESENTER</b>	<b>MOTIONS / MAJOR DISCUSSIONS</b>	<b>ACTION TAKEN</b>
<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><b>#3 Consent Agenda</b></p> <ul style="list-style-type: none"> <li>a) Commission Minutes 2/15/18</li> <li>b) Finance Committee Minutes 10/19/17</li> <li>c) QI/UM Committee Minutes 12/8/17</li> <li>d) Public Policy Committee Minutes 12/6/17</li> </ul> <p>Action David Hodge, MD, Chairman</p>	All consent items were presented and accepted as read.	<p><b>Motion:</b> Approve Consent Agenda 12 – 0 – 0 – 5</p> <p>(Neves / Frye)</p>
<p><b>#4 Madera County At-Large Appointment/Reappointment</b></p> <p>Action David Hodge, MD, Chairman</p>	Two applications were received for the Madera County At-Large Commission seat. One application received was from current Commission member Paulo Soares, whose term expired March 2018. The second application received was from Bertha Chaves Ramirez. Candidate Paulo Soares stepped out of the room during the discussion. A motion was made, and carried, to reappoint Paulo Soares for a three-year term ending March 2021.	<p><b>Motion:</b> Reappoint Paulo Soares for a three-year term. 12 – 0 – 0 – 5</p> <p>(Rogers / Neves)</p>
<p><b>#5 Closed Session</b></p> <p>A. Government Code section 54954.5 – Report Involving Trade Secret.</p>	Jason Epperson, General Counsel, reported out of Closed Session regarding item #5A, Government Code Section 54954.5, reporting Involving Trade Secret, Discussion of Service, Program or Facility. Direction was given to staff and Closed Session concluded at 1:48 pm.	
<p><b>#6 CEO Annual Review</b></p> <p>Action</p>	An ad-hoc Committee was selected to participate in the CEO Annual Review. The members selected to this ad-hoc committee are: Harold	<p><b>Motion:</b> An ad-hoc committee was selected.</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
David Hodge, MD, Chairman	Nikoghosian, Paulo Soares, David Pomaville, and Chairman David Hodge, M.D.	
<p><b>#7 2018 Quality Improvement</b></p> <ul style="list-style-type: none"> <li>• <b>Program Description</b></li> <li>• <b>Work Plan</b></li> </ul> <p>Action David Hodge, MD, Chairman</p>	<p>Dr. Marabella presented the 2018 Quality Improvement Program Description and the 2018 Quality Improvement Work Plan.</p> <p>The Quality Improvement Program Description revisions for 2018 include:</p> <ul style="list-style-type: none"> <li>• The Purposes and Goals were reorganized and updated.</li> <li>• The Pregnancy Matters® program was changed to the Healthy Pregnancy Program.</li> <li>• MemberConnections is a new education and an outreach program available to support Case Management and a description of this new program has been added.</li> <li>• It is anticipated that Disease Management will be changing to Envolve People Care this calendar year. It will continue to be available to members with asthma, diabetes, and heart failure.</li> <li>• Transition Care Management content was expanded. This program focuses on support during the transition from hospital to home.</li> <li>• Integrated Case Management was reformatted with expanded description of member identification process.</li> <li>• Credentialing has expanded with a description of the quality process.</li> <li>• Continuity &amp; Coordination of Care content now includes behavioral health conditions and other related programs.</li> </ul>	<p><i>See #8 for Action Taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Annual QI Work Plan section: replaced the listing of departments that may contribute to the Work Plan to with the elements documented for each initiative.</li> <li>• Additional minor edits/updates were made throughout the document.</li> </ul> <p>The Quality Improvement Workplan activities for 2018 focus on:</p> <ul style="list-style-type: none"> <li>• Access, Availability, &amp; Service:               <ul style="list-style-type: none"> <li>○ Continue to monitor Timeliness of Provider Appointment Access and After- Hours Access.</li> <li>○ A full CAHPS Member Survey was completed in 2016 and will be conducted again this year. Continue with current strategies at this time.</li> </ul> </li> <li>• Quality &amp; Safety of Care:               <ul style="list-style-type: none"> <li>○ Appropriate antibiotic prescribing for bronchitis project focused in Madera County.</li> <li>○ Laboratory monitoring of patients on persistent medications for members with high blood pressure or other conditions. Project focused in Madera County.</li> <li>○ Reduction of unnecessary imaging studies for uncomplicated low back pain. This project is also focused in Madera County.</li> </ul> </li> <li>• Performance Improvement Projects:               <ul style="list-style-type: none"> <li>○ Two new formal 18-month projects consisting of:                   <ul style="list-style-type: none"> <li>▪ Postpartum Disparity Project in Fresno County.</li> <li>▪ Childhood Immunizations Project in Fresno County.</li> </ul> </li> </ul> </li> </ul>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>#8 2017 Utilization Management Case Management</b></p> <ul style="list-style-type: none"> <li>• Program Description</li> <li>• Work Plan</li> </ul> <p>Action David Hodge, MD, Chairman</p>	<p>Dr. Marabella presented the 2018 Utilization Management Case Management (UMCM) Program Description and the 2018 UMCM Work Plan.</p> <p>The UMCM Program Description revisions for 2018 include:</p> <ul style="list-style-type: none"> <li>• Transitional Care Management -revised timeframes for follow up calls.</li> <li>• MemberConnections- new section added describing this new education and outreach program.</li> <li>• Be In Charge! Anticipate this will be replaced with Engage People Care during this calendar year. Continue with programs for asthma, heart failure, and diabetes.</li> <li>• Health Education updated regarding programs, services and materials.</li> </ul> <p>Organization Structure and Resources - updated titles and minor language revisions. Additional minor edits/updates were made throughout the document.</p> <p>The UMCM Workplan areas of focus for 2018 include:</p> <ul style="list-style-type: none"> <li>• Compliance with Regulatory &amp; Accreditation Requirements including licensure, separation of medical decisions from fiscal and conducting audits.</li> <li>• Monitoring the UM Process including tracking and trending of prior authorizations, inter-rater reliability studies and trending of appeals.</li> </ul>	<p><b>Motion:</b> Approve the 2018 Quality Improvement Program Description and Work Plan; and 2018 Utilization Management Case Management Program Description and Work Plan.</p> <p><i>12-0-0-5 ( Naz / Paulo )</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>Monitoring Utilization metrics has a new Expansion Population goal for 2018 and includes monitoring of under/over utilization. The effectiveness of case management is also monitored.</li> <li>Monitoring Coordination with Other Programs and Vendor Oversight includes several areas such as the Disease Management Program, physician interactions with pharmacy and coordination of care between medical and behavioral health.</li> <li>Monitoring Activities for Special Populations covers CCS identification and care for SPDs.</li> </ul>	
<p><b>#9 Standing Reports</b></p> <ul style="list-style-type: none"> <li><b>Finance Report</b> William Gregor, CFO</li> </ul>	<p><b><u>Finance</u></b></p> <p><b>Financial Statements as of January 31, 2017:</b></p> <p>Total current assets are \$167M; total current liabilities are \$122M. Current ratio is 1.37 which is a good liquidity measurement. TNE as of January 31, 2018 was \$56.1M, which is approximately 410% of the minimum required TNE by DMHC and at the amount desired by DHCS.</p> <p>Revenues are \$694M for the seven 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 seven months through January stands at \$6.4M which is approximately \$1.6M more than budget.</p>	<p><b>Motion: Approve Standing Reports</b></p> <p><i>11-0-0-6 ( Neves / Frye )</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li><b>Compliance</b> MB Corrado, CCO</li> </ul>	<p><b><u>Compliance</u></b></p> <p>MB Corrado presented the Compliance report. There are 16 filings for DHCS and five for DMHC through February. Filing activity is expected to increase for 2018.</p> <p>Oversight audits currently in progress include Utilization Management, Claims, Provider Dispute Resolution process, and Member Service and Call Center. Q3 Provider Dispute audit just concluded and a corrective action plan (CAP) is required for non-compliance of turn-around time standards.</p> <p>Regulatory reviews and audits include:</p> <ul style="list-style-type: none"> <li>• Kaiser Undertakings: 180-day undertaking response was filed. The second filing due 3/20/18 is on track to be filed on time.</li> <li>• DHCS 2017 Medical Audit: final results were received 2/28/18. CVH is currently working on CAP response. The three areas of findings were related to processing out of network emergency room claims with a potential CCS responsibility involved, specialty access in Kings County, and provisions in sensitive services policies.</li> <li>• DHCS 2018 Medical Audit: DHCS will be onsite for audit April 16 – 27, 2018.</li> <li>• No change in the 18-month DMHC follow-up.</li> <li>• DHCS Encounter Data Corrective Action Plan (CAP): CAP was issued for lack of appropriate submissions of encounter data from 2015 and 2016 in Madera and Kings Counties. DHCS is also undertaking an Encounter Data Validation Study where they compare encounter data with medical records submitted to validate the accuracy of the encounter data.</li> </ul>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li><b>Medical Management</b> P. Marabella, MD, CMO</li> </ul>	<p>The Public Policy Committee met on March 7, 2018. Items presented included annual reports, standard Appeals &amp; Grievances report, Health Education updates, and Member Handbook &amp; Provider Directory updates. The PPC committee had no recommendations for the Commission at this time. The next meeting is 6/13/18 in Kings County.</p> <p>New Regulations highlighted that impact CalViva Health include:</p> <ul style="list-style-type: none"> <li>• SB 133 – Continuity of Care (COC): CVH is compliant with member notices on how to request COC.</li> <li>• AB 1048 – Dispensing Controlled Substance Drugs: CVH is updating its policy on prescription drugs.</li> <li>• AB 205 – Medicaid Final Rule: Affects network adequacy, access, and time and distance standards. Effective 1/1/18, standards are set for PCP and hospital access under the Medi-Cal program. Effective 7/1/18 health plans must maintain a network that has specific time and distance standards by County by specific types of providers. CVH will update Plan policies, implement new reports for filing, and update member and provider communications where applicable.</li> </ul> <p><b><u>Medical Management</u></b></p> <p><b>Appeals and Grievances Report</b> Dr. Marabella presented the Appeals and Grievances Dashboard through January 2018.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• The total number of Grievances for January is consistent with the 2017 average and timeliness compliance is at 100%.</li> <li>• Transportation grievances will now be tracked through the Appeals &amp; Grievances processes and reporting.</li> <li>• Exempt Grievances are higher than previous months. This is primarily in the PCP Assignment category related to the EHS transition.</li> <li>• The total number of Appeals received and resolved for January is consistent with previous months and compliance is at 100%.</li> </ul> <p><b>Key Indicator Report</b>                      Dr. Marabella presented the Key Indicator report through January 2018.</p> <ul style="list-style-type: none"> <li>• No substantial difference in SPD and Expansion membership is noted.</li> <li>• The number of Admits has slightly increased from previous months.</li> <li>• ER utilization remained steady.</li> <li>• Bed Days PTMPY and the LOS has increased this month compared to 2017. This trend will be observed for another month.</li> <li>• Overall utilization is expected to improve in 2018.</li> <li>• Turn Around Time (TAT) Compliance is close to or at 100%.</li> <li>• Total Cases Managed under Integrated Case Management continues with positive trend.</li> </ul> <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>The Credentialing Sub-Committee met on February 15, 2018. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q3 2017 were reviewed for delegated entities, Q3 and Q4 2017 reports were reviewed for MHN and Q4 for Health Net. The Q4 2017 and Q1 2018 Credentialing reports were reviewed with one case of denied network admittance. 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 February 15, 2018. The county-specific Peer Review Sub-Committee Summary Reports for Q4 2017 were reviewed for approval. There were no significant cases to report. The Q4 2017 Peer Count Report was presented and there were seven cases closed and cleared. There were no cases with outstanding corrective action plans. Three cases were pended for further information. No significant Quality of Care issues were noted. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p> <p style="text-align: center;"><i>Sara Bosse left at 2:24 pm</i></p> <p><b><u>Operations Report</u></b></p> <p>Jeff Nkansah presented the Operations Report. For IT Communications and Systems, the overall Network Health Score is at a healthy percentage and there has been no activity within the systems to show cause for concern at this time.</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>For Fraud Waste and Abuse Operational Activity, there have been no cases submitted to DHCS and the number of cases open for investigation decreased from prior month report.</p> <p>For Privacy and Security, there are currently six Active Business Associate Agreements which is the result of activating an online grievance process.</p> <p>Provider Network Activities were provided through January 2018.</p> <p>Claims Processing activities showed the majority of entities met the 90% and 95% required goal.</p> <p>Provider Disputes goal is 95% within 45 days. With the exception of one PPG, the goal was met.</p> <p><b><u>Executive Report</u></b></p> <p>There was a reduction in membership in Fresno County during the month of February, primarily consisting of the expansion population. During the same timeframe, Kings and Madera Counties membership increased. Market share has not been affected by the change in membership numbers.</p>	
<p><b>#10 Final Comments from Commission Members and Staff</b></p>	<p>None.</p>	
<p><b>#11 Announcements</b></p>	<p>None.</p>	
<p><b>#12 Public Comment</b></p>	<p>None.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#13 Adjourn	The meeting was adjourned at 2:45 pm The next Commission meeting is scheduled for May 17, 2018 in Fresno County.	

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

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

Cheryl Hurley  
Clerk to the Commission

# Item #3

## Attachment 3.B

Finance Committee  
Minutes dated 2/15/18



**CalViva Health  
Finance  
Committee Meeting Minutes**

February 15, 2018

**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	✓	Jiaqi Liu, Sr. Accountant
✓	Joe Neves		
✓	Harold Nikoghosian		
✓*	David Rogers		
✓	David Singh		
		✓	Present
		*	Arrived late
		•	Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order W. Gregor, Chair	The meeting was called to order at 11:00 am a quorum was present.  W. Gregor introduced Jiaqi liu, Sr. Accountant for CalViva Health.	
#2 Finance Committee Minutes dated October 19, 2017 Attachment 2.A Action W. Gregor, Chair	The minutes from the October 19, 2017 Finance meeting were approved as read.	Motion: <i>Minutes were approved</i> <i>5 – 0 – 0 – 2</i> <i>(Neves / Hund)</i>

<p>#3 Financial Statements as of December 31, 2017 Attachment 3.A</p> <p>Action D. Maychen, Director of Finance &amp; MIS</p>	<p>Total current assets are \$156.7M; total current liabilities are \$112.3M. Current ratio is 1.4 which is a good liquidity measurement. TNE as of December 31, 2017 was \$55.4M, which is approximately 397% of the minimum DMHC required TNE amount and near the 400% desired by DHCS.</p> <p>Revenues are \$597M, approximately \$27.7M ahead of budget due to 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, Administrative Services Fee and Premium Tax. All other expense line items are below or in line with current year budget. Net income for six months through December is approximately \$1.6M more than budget.</p> <p style="text-align: center;"><i>Paulo Soares arrived at 11:04 am</i></p>	<p>Motion: <i>Approve Financial Statements as of December 31, 2017</i> <i>6 – 0 – 0 – 1</i> <i>(Neves / Soares )</i></p>
<p>#4 Fiscal Year 2019 – Review and Discuss Budget Attachment 4.A</p> <p>Action W. Gregor, Chair</p>	<p>The budget timetable for FY 2019 is consistent from prior years. A formalized budget is planned for presentation at the March meeting with intent to accept and adopt. Any changes as a result of the March meeting will carry on to an April meeting. The formal budget will be presented at the May Commission meeting. Basic assumptions are consistent with prior years with the exception of FTEs; the plan is to add one bringing the total to 17.</p> <p style="text-align: center;"><i>Supervisor Rogers arrived at 11:20 am</i></p>	<p>Motion: <i>Approval of Budget Assumptions</i> <i>7 – 0 – 0 – 0</i> <i>(Soares / Neves )</i></p>
<p>#5 Announcements</p>	<p>A consensus was reached to move the start time of this meeting to 11:30.</p>	
<p>#6 Adjourn</p>	<p>Meeting was adjourned at 11:33 am</p>	

Submitted by:

Cheryl Hurley

Cheryl Hurley, Clerk to the Commission

Dated:

March 15, 2018

Approved by Committee:

William Gregor

William Gregor, Committee Chairperson

Dated:

March 15, 2018

# Item #3

## Attachment 3.C

QIUM Committee  
Minutes dated 2/15/18

Fresno-Kings-Madera  
Regional Health Authority

CalViva Health  
**QI/UM Committee**  
**Meeting Minutes**  
 February 15, 2018

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

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

✓= in attendance

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 <b>Call to Order</b> Patrick Marabella, M.D, Chair	The meeting was called to order at 10:36 am. Dr. Ramirez was welcomed as a new member of the QI/UM Committee.	
	<i>Dr. Cardona joined at 10:38 AM.</i>	
#2 <b>Approve Consent Agenda</b> - Committee Minutes: December 8, 2017 - Provider Update Medical Policies-Q3 - California Children's Service Report (CCS) - Specialty Referrals Reports Adventist, EHS, First Choice, IMG, La Salle	The December minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full Formulary/Recommended Drug List was available for review at the meeting.	Motion: Approve Consent Agenda  (Zweifler/Cardona) 6-0-0-1

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li>- Health Education Incentive Program</li> <li>- A&amp;G Inter Rater Reliability Report (IRR)</li> <li>- A&amp;G Classification Audit Report</li> <li>- Provider Preventable Conditions Report-Q4</li> <li>- Provider Office Wait Time Report Q3 &amp; Q4</li> <li>- Public Programs Report-Q4</li> <li>- Pharmacy Formulary List Condensed Version (January)</li> </ul> (Attachments A-K) Action Patrick Marabella, M.D Chair		
	<i>Mary Beth Corrado joined at 10:52 AM</i>	
#8 <b>QI Business</b> Appeals & Grievances: <ul style="list-style-type: none"> <li>- Dashboard</li> <li>- Executive Summary Q4</li> <li>- Quarterly Member Report</li> </ul> (Attachment L-N) Action Patrick Marabella, M.D, Chair	The A & G reports provide monthly and quarterly data to facilitate monitoring for trends in the number and types of cases over time. The Dashboard included data through the end of December 2017. Year to Date Turn-around time standards not met for some ack/resolution letters in July. Corrective actions have been implemented and improvements noted. Dr. Marabella presented the Appeals and Grievances Dashboard for year-end 2017. New categories for Continuity of Care were added under both appeal and grievance categories in 2017. Dashboard: <u>Grievances:</u> <ul style="list-style-type: none"> <li>➤ An increase in total raw number of grievances filed was noted in 2017 compared to 2016. This increase was primarily related to an increase in Quality of Care and Exempt Grievances.</li> </ul> The rate of total grievances PTMPM increased slightly in 2017. <u>Appeals:</u> <ul style="list-style-type: none"> <li>➤ The appeals are broken down into two categories: Expedited and Standard.</li> <li>➤ An increase in the raw number of both standard and expedited appeals was noted in 2017 compared to 2016 end of year results.</li> <li>➤ The rate of appeals PTMPM remained the same in 2017 compared to 2016.</li> </ul> <u>Quarterly Reports:</u>	Motion: Approve Appeals & Grievances Report - Dashboard  (Lec/Foster) 6-0-0-1

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Member Appeals and Grievances</u></p> <ul style="list-style-type: none"> <li>➤ There were a total of 79 appeals. 76 cases were pre-service in Q4 2017.</li> <li>➤ There were 229 grievances.</li> <li>➤ We will continue to monitor volume fluctuation over the next quarter.</li> </ul> <p><u>Access Grievances -</u></p> <ul style="list-style-type: none"> <li>➤ There were 12 Access to Care - PCP Referral for Services</li> <li>➤ There were 6 Access to Care-Avail of Appt w/ PCP</li> <li>➤ There were 5 Access to Care-Avail of Appt w/ Specialist</li> </ul> <p><u>Turnaround Time</u></p> <ul style="list-style-type: none"> <li>➤ One grievance acknowledgement letter was out of compliance, however compliance rates remained high.</li> <li>➤ Two Appeal Acknowledgement Letters resulted out of compliance with overall compliance high.</li> </ul> <p><u>Inter-rater Reliability:</u></p> <ul style="list-style-type: none"> <li>➤ 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 fourth quarter overall score averaged 99.65%. The audit score threshold is 95%. No action required at this time.</li> </ul>	
<p>#3 <b>QI Business</b> - Quarterly A&amp;G Member Letter Monitoring Report (Attachment O) Action Patrick Marabella, M.D, Chair</p>	<p><i>Dr. Lee stepped out at 10:47AM and stepped back in at 10:54 AM.</i></p> <p>This report was created as part of a Corrective Action Plan (CAP) associated with CalViva's Appeal &amp; Grievance processes and 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 October, November or December. Any identified errors are corrected prior to mailing.</p>	<p>Motion: Approve Quarterly A&amp;G Member Letter Monitoring Report  (Lee/Foster) 6-0-0-1</p>
<p>#3 <b>QI Business</b> CCC DMHC Expedited Grievance Member Report (Attachment P) Action Patrick Marabella, M.D, Chair</p>	<p>This report was created as part of a Corrective Action Plan (CAP) associated with CalViva's Appeal &amp; Grievance processes. As part of this CAP, the Customer Contact Center (CCC) staff is required to read a script to notify members of their rights when filing any type of grievance, to specifically include expedited grievances.</p> <p>Compliance monitoring began in November 2016 and improvement has been noted over time. Staff training, coaching and reminders have been completed. Opportunities to improve the process will continue to be explored.</p>	<p>Motion: Approve CCC DMHC Expedited Grievance Member Report  (Lee/Foster) 6-0-0-1</p>
<p>#3 <b>QI Business</b> - Initial Health Assessment Q3</p>	<p>The Department of Health Care Services (DHCS) requires completion of the Initial Health Assessment (IHA) for new Medi-Cal members within 120 days of enrollment. CalViva has developed a multi-pronged approach to evaluating completion rates and encourage assessment completion to include the following:</p>	<p>Motion: Approve Initial Health Assessment Q3 (Zweifler/Cardona)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
(Attachment Q) Action Patrick Marabella, M.D, Chair	<ol style="list-style-type: none"> <li>1. Three Step Outreach Attempt Process                             <ul style="list-style-type: none"> <li>➤ Notification of the IHA in the New Member Packet</li> <li>➤ A New Member welcome call</li> <li>➤ An IHA postcard mailed to new members</li> </ul> </li> <li>2. FSR/MRR Audit Process-evaluation of IHA completion rates during Medical Record Reviews conducted at the time of the Facility Site Review. Follow up occurs with providers identified to be non-compliant.</li> <li>3. Claims and encounter data analysis is also performed. Data for 2017 revealed a slightly higher completion rate for adult members when compared to pediatric members. An improvement was noted in the percentage of IHA's completed when comparing Q4 2016 to Q3 2017 with 84% of IHA's within 120 days.</li> </ol> Quarterly reporting will continue.	6-0-0-1
<b>#3 QI Business</b> - Potential Quality Issues Q4 (Attachment R) Action Patrick Marabella, M.D, Chair	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. Peer review activities include cases with a severity code level of III or IV or any case the CVH CMO requests to be forwarded to Peer Review. Data was reviewed for all case types including the follow up actions taken when indicated. The volume of cases remained consistent for quarter 4 compared to previous quarters.	Motion: Approve Potential Quality Issues Q4 (Zweifler/Lee) 6-0-0-1
<b>#4 QI/UM Business</b> - QI Executive Summary & 2017 Work Plan Annual Evaluation (Attachment S) Action Patrick Marabella, M.D, Chair	Dr. Marabella presented the Annual Quality Improvement Work Plan Evaluation.  The planned activities and Quality Improvement focus for 2017 included the following: I. <b>Access, Availability and Service:</b> <ol style="list-style-type: none"> <li>a) 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>b) 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. Awaiting results of RY18 Appointment Availability and After-Hours Surveys.</li> </ul> </li> </ol> I. <b>Quality and Safety of Care:</b> <ol style="list-style-type: none"> <li>a) All three counties exceeded the DHCS Minimum Performance Level (MPL) in all six Default Enrollment Measures:</li> </ol>	Motion: Approve QI Executive Summary & 2017 Work Plan Annual Evaluation (Cardona/Zweifler) 6-0-0-1

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>o Childhood Immunization Combo 3</li> <li>o Well Child Visits 3-6 years</li> <li>o Prenatal Care</li> <li>o HbA1c Testing</li> <li>o Controlling High Blood Pressure</li> <li>o Cervical Cancer Screening</li> </ul> <p>I. <b>Performance Improvement Projects (PIPs):</b>                      The two PIPs for 2017 were:</p> <ul style="list-style-type: none"> <li>a) 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>b) 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>	
<p>#4 <b>QI/UM Business</b>                      - UM/CM Executive Summary &amp; 2017 Work Plan Annual Evaluation (Attachment T)                      Action                      Patrick Marabella, M.D.,                      Chair</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>o Licensure and credentialing requirements maintained.</li> <li>o Program documents and policies were updated to incorporate new regulatory requirements into practice.</li> <li>o 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>o Turn-around times for prior authorizations were monitored with a goal of 100%; the average for 2017 was 97%.</li> <li>o 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> <li>o</li> </ul> </li> </ul>	<p>Motion: Approve UM/CM Executive Summary &amp; 2017 Work Plan Annual Evaluation (Lec/Foster)                      6-0-0-1</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <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> <li>○ Inpatient Case Management continues efforts to identify members early and coordinate care and referrals according to patient needs.</li> </ul> </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>	
<p><b>#5 UM Business</b>                      - Key Indicator Report (Attachment U)                      Action                      Patrick Marabella, M.D,                      Chair</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>Motion: Approve Key Indicator Report (Zweifler/Foster)                      6-0-0-1</p>
<p><b>#5 UM Business</b>                      - Case Management and Transitional Care Management Q4 (Attachment V)                      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 fourth quarter. Our goal is to identify members who would benefit from case management and transitional care management and engage the members in the appropriate program. There are two case management programs included in this report:</p> <ul style="list-style-type: none"> <li>➤ <b>Integrated Case Management(ICM)-</b> <ul style="list-style-type: none"> <li>○ Volume of referrals increased from 156 in Q3 to 301 in Q4</li> <li>○ Outcomes – The effectiveness of the program is evaluated based on some of the following measures:</li> </ul> </li> </ul>	<p>Motion: Approve Case Management Q4 (Zweifler/Foster)                      6-0-0-1</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>▪ Readmission rates-decreased this reporting period</li> <li>▪ ED utilization-decreased this reporting period</li> <li>➤ <b>Perinatal Case Management (PCM)- this program seeks to identify high risk mothers during the prenatal period in order to provide services and resources reduce risks and improve outcomes.</b> <ul style="list-style-type: none"> <li>○ During Q4 the volume of referrals increased                             <ul style="list-style-type: none"> <li>▪ Members enrolled in the Perinatal Program demonstrated:                                     <ul style="list-style-type: none"> <li>• 4.7% greater compliance in completing the first prenatal visit within their first trimester</li> <li>• 11% greater compliance in completing their post-partum visit</li> </ul> </li> </ul> </li> </ul> </li> <li>➤ <b>Transitional Care Management (TCM) Program.</b> 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.                             <ul style="list-style-type: none"> <li>○ Referral volume decreased slightly in Q4</li> <li>○ Percentage of members who had a PCP follow-up appointment within 7 days of discharge was 21.5% in Q4, up from 13% in Q3.</li> </ul> </li> </ul>	
#6 <b>Compliance Update</b>	<p>MB Corrado provided the following compliance update:</p> <ul style="list-style-type: none"> <li>➤ CVH continues to perform Oversight Audits of HN: The A &amp; G and Provider Relations Audits were recently finished and the Claims, Provider Dispute and UMCM Audits are currently in progress.</li> <li>➤ DHCS Audit from April of 2017. Exit conference completed last week. Three findings are expected related to Specialty Access, State Supported Services and CCS ER Claims. Awaiting final written report.</li> <li>➤ CVH notified of April 2018 Annual DHCS Medical Audit. New areas of focus will be transportation and behavioral health services.</li> <li>➤ DMHC follow up Audit is in progress. This is an A&amp;G Desk Review Audit No updates at this time.</li> <li>➤ EHS- DHCS issued Cease and Desist Orders on 12/22/17 and 12/26/17. All Plans are required to terminate their relationships with EHS by 2/1/18. Action plans are in development for CVH effected members. A Provider Update has been distributed to providers. Additional updates will be provided at future meetings.</li> <li>➤ The last Public Policy Committee meeting was on 12/6/17. There were no recommendations or requests of the Committee at that time. The next meeting is on 3/7/18. All are welcome to attend.</li> </ul>	
#7 <b>Old Business</b>	None.	
#8 <b>Announcements</b>	None.	
#9 <b>Public Comment</b>	None.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#10 <b>Adjourn</b> Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:08 pm.	

NEXT MEETING: March 15, 2018

Submitted this Day: March 15<sup>th</sup> 2018

Submitted by:   
Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:

  
Patrick Marabella, MD Committee Chair

# Item #5

## Attachment 5.A

Fresno County BOS Reappointed  
At-Large Commissioner



# County of Fresno

## BOARD OF SUPERVISORS

Chairman  
**Sal Quintero**  
District Three

Vice-Chairman  
**Andreas Borgeas**  
District Two

**Brian Pacheco**  
District One

**Buddy Mendes**  
District Four

**Nathan Magsig**  
District Five

**Bernice E. Seidel**  
Clerk

May 8, 2018

Soyla A. Reyna-Griffin  
917 E. Windsor Circle  
Fresno, California 93720

### **Subject: Appointment to Fresno-Kings-Madera Regional Health Authority**

Dear Ms. Reyna-Griffin:

We are pleased to inform you that on **May 8, 2018**, under Supervisor Borgeas' nomination, you were reappointed by the Board of Supervisors to serve on the **Fresno-Kings-Madera Regional Health Authority** (hereinafter referred to as "authority") for a term expiring on **May 3, 2021**. We thank you for your interest in serving our County.

The check marked section in this letter requires action specifically to your appointment:

**Statement of Economic Interests (Form 700): You are required to file a Form 700 for your appointed position.** The form and instructions are available at the authority office or online at [www.fppc.ca.gov](http://www.fppc.ca.gov). If a designated filer fails to timely file a Form 700, he or she may, in addition to any other penalties or remedies established by law, be subject to liability for penalties in the amount of \$10 per day, for each day late up to a maximum of \$100, after the deadline until the Form 700 is filed.

### **Brown Act Requirements**

Newly elected and appointed members of a "legislative body" who have not yet assumed office must conform to the requirements of the Brown Act as if already in office. (Govt. Code section 54952.1). Until you hear otherwise, you should immediately begin to refrain from any discussions of authority business, with a quorum of the authority, outside a formal authority meeting. If you have any questions about the Brown Act or your responsibilities and duties under it, please consult your authority's legal counsel.

### **Fresno County Ordinance Code Section 2.68**

Please be aware that Fresno County has an attendance policy for those who are appointed to Boards, Commissions and Committees. You may obtain a copy of this policy from the secretary of the Board, by contacting our office or on our website at <http://www2.co.fresno.ca.us/0110a/BCC>.

### **State Mandated Ethics Training**

**California Government Code Section 53235** provides that if a local agency (which includes special districts) provides any type of compensation, salary, or stipend to a member of a legislative body, or provides for reimbursement for actual and necessary expenses incurred by a member of a legislative body in the performance of official duties, then all local agency officials shall receive training in ethics. Such

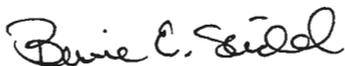
local agency officials must receive **two hours** of ethics training within one year of commencing service with the local agency and once every two years thereafter. Please consult your authority's legal counsel with questions relating to this requirement.

For your additional reference in complying with this requirement, the Fair Political Practices Commission (FPPC) offers **free online training** at <http://localethics.fppc.ca.gov/login.aspx>. This course requires that you log onto the FPPC's website, review the course content materials, and take periodic tests to assure retention of the information. For those who choose this option, please be aware that the certificate will record how much time an individual spends to complete the online training. You must complete **at least 2 hours** of training time in order to be compliant with the training requirement. If an individual completes the online training in less than two hours, the certificate will reflect this, indicating that the individual has not completed the required amount of training.

When you complete the training, you will receive a Proof of Participation certificate to sign and submit to whoever maintains the training compliance records for your authority (e.g., the clerk or secretary for the authority). You should keep a copy of the certificate for your records. The authority is required to retain the certificates as public records for at least five years.

On behalf of the Fresno County Board of Supervisors, we wish to extend sincere appreciation for the time and effort you are giving in service to your community and Fresno County.

Sincerely,



Bernice E. Seidel  
Clerk to the Board

cc: **Fresno-Kings-Madera Regional Health Authority**

**CERTIFICATE OF APPOINTMENT**

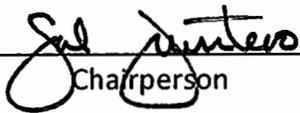
**BOARD OF SUPERVISORS**

**FRESNO COUNTY, CALIFORNIA**

I, SAL QUINTERO, Chairperson, Board of Supervisors for the County of Fresno, State of California, do hereby certify that **Soyla A. Reyna-Griffin** was duly reappointed to the **Fresno-Kings-Madera Regional Health Authority** Board of Directors, for a term to expire May 3, 2021.

Date Appointed: May 8, 2018

SAL QUINTERO  
Board of Supervisors

  
\_\_\_\_\_  
Chairperson

# Item #6

## Attachment 6.A

CRMC Reappointed Commissioner



April 3, 2018

Fresno-Kings-Madera Regional Health Authority Commissioners  
1315 Van Ness Boulevard  
Fresno, CA 93721

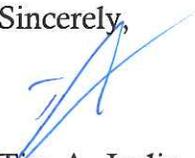
Dear Commissioners,

On November 3, 2014, a request was submitted to the Fresno- Kings-Madera Regional Health Authority Commissioners to appoint Mr. Aldo De La Torre to the Commission seat vacated by Mr. Abdul Kassir.

Mr. De Le Torre's three-year term on the Commission comes up for reappointment in May 2018. We would respectfully request that Mr. De La Torre continue on as the Community Regional Medical Center representative for another three year term.

We look forward to receiving confirmation of the reappointment.

Sincerely,



Tim A. Joslin, President and Chief Executive Officer  
Community Medical Centers

cc: Cheryl Hurley, Clerk to the Commission  
Aldo De La Torre, Sr. VP Managed Care

# Item #8

## Attachment 8.A

Community Support Program  
Guidelines and Application



## **Community Support Program Guidelines**

### **I. Purpose**

The Fresno-Kings-Madera Regional Health Authority dba CalViva Health (the “Plan” or “CalViva”) Commission has established a process to review and consider funding for project initiative/program requests in excess of twenty thousand dollars (\$20,000.00) per CalViva fiscal year (July 1 through June 30) in a consistent, organized and fair manner.

### **II. Application Requirements**

#### **Project Initiatives/Programs Funding**

Requesting entities must submit a completed application (see Attachment A) and any applicable supporting documentation for review by the designated Ad-Hoc Committee. Requests must include but are not limited to the following information:

1. Description of the program
2. Project goals and time frames for implementation and key milestones
3. Budget for funding being requested – Direct cost only, no overhead allocation
4. Funding not to exceed 1/3 of the funding need.
5. Agency operating budget
6. Sponsoring/requesting organization’s most recent audited (if available) financials and the previous year financials (i.e. income statement and balance sheet)
7. Specific information on how funds provided by the Plan will be used
8. Information about any matching funds/grants/other funding the organization has obtained or is pursuing
9. Targeted beneficiaries of the funding
10. A list of persons who will be responsible for administering the funds and project initiative/program. A bio or description of each person’s qualifications and related experience must be submitted with the list

### **III. Review and Evaluation Consideration**

The Ad-Hoc Funding Review Committee will review and evaluate the funding requests and make a recommendation to the Commission. The review and evaluation will include but not be limited to consideration of the following criteria:

1. CalViva Health Mission and Principles
2. Provider access impact
3. Benefit to Plan members
4. Potential Quality Improvement effects
5. Impact on current CalViva Health budgeted funds available
6. Funds requested as a percent of total net cost of the program.

7. Information from Plan staff research and input
8. The contracted entity's relationship with the Plan, track record and stability
9. Geographic region
10. Sustainability of the program

#### **IV. Application Deadline**

All requests for funding must be submitted in writing a **minimum** of 120 days prior to the anticipated initial funding date. The review committee will meet as needed.



## Community Support Program Application

Please complete the information below to apply for funding from the CalViva Health (CVH) funding of Community Support Programs. Refer to the Community Support Guidelines for detailed information regarding the funding.

For any questions regarding this program please contact: Courtney Shapiro,  
[Cshapiro@calvivahealth.org](mailto:Cshapiro@calvivahealth.org)

**Send completed applications by e-mail to [cshapiro@calvivahealth.org](mailto:cshapiro@calvivahealth.org), an acknowledgment will be sent when email is received.**

### Employing/Contracting Entity Information

**Entity Name:**

**Entity Address:**

**Entity City:**

**Contact Person:**

**Contracted with CVH:**

**Entity Zip:**

**Phone:**

**Yes      No**

### Overview

1. Provide a description of your program/positions to be funded.
2. Provide additional information as to why these program/positions should be funded.
3. Provide a description of geographic area served.
4. Provide documentation of the need.
5. Provide project goals and time frames for implementation and key milestones.
  - a. Provide sustainability plan if program is more than 12 months.
6. Who are the targeted beneficiaries of the funding?

## **Budget**

1. Provide specific information on how funds provided by the Plan will be used.
2. Provide information about any matching funds and other funding the organization has obtained or is pursuing.

## **Attachments**

Please include the following attachments:

1. Budget for funding being requested.
2. Sponsoring/requesting organization's most recent financials and the previous year financials (i.e. income statement and balance sheet)
3. A list of persons who will be responsible for administering the funds and project initiative/program. A bio or description of each person's qualifications and related experience must be submitted with the list.

# Item #9

## Attachment 9.A

FY 2019 Committee Appointments

FRESNO-KINGS-  
MADERA  
REGIONAL  
HEALTH  
AUTHORITY

Commission

**Fresno County**

Sal Quintero  
Board of Supervisors

David Pomaville, Director  
Public Health Department

David Cardona, M.D.  
At-large

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

Joyce Fields-Keene  
At-large

Soyla Griffin - At-large

**Kings County**

Joe Neves  
Board of Supervisors

Ed Hill  
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

DATE: May 17, 2018

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Committee Appointments—Commissioner Representation

BL #: **BL 18-004**

Agenda Item **9**

Attachment **A**

**DISCUSSION:**

**In accordance with the Committee Charters, Commissioner representation on committees will be established by the RHA Commission Chairperson on an annual basis at the start of each fiscal year except for the "Public Policy Committee". The Public Policy Committee Commission members will serve coterminous terms with their Commission appointment. Chairperson Hodge has approved the following appointments for the Commissioners listed below.**

**FINANCE:**

The **Finance Committee** meets at 11:30 am prior to the Commission meeting.  
*Commission members: Supervisor Neves, Supervisor Rogers, David Singh, Paulo Soares, and Harold Nikoghosian.*

**QUALITY IMPROVEMENT/UTILIZATION MANAGEMENT:**

The **Quality Improvement/Utilization Management (QI/UM) Committee** meets at 10:30am prior to the Commission meeting. This committee must consist of participating providers.  
*Commission members: David Cardona, MD, and five participating providers; David Hodge, MD is an alternate.*

**CREDENTIALING**

The **Credentialing Sub-Committee** meets at 12:00 pm following the QI/UM Committee and prior to the Commission meeting. This committee must consist of participating providers.  
*Commission members: David Cardona, MD, and five participating providers; David Hodge, MD is an alternate.*

**PEER REVIEW**

The **Peer Review Sub-Committee** meets following the Credentialing Sub-Committee and prior to the Commission meeting. This committee must consist of participating providers.  
*Commission members: David Cardona, MD, and five participating providers; David Hodge, MD is an alternate.*

**PUBLIC POLICY:**

The **Public Policy Committee** meets the first Wednesday of every quarter.  
*Commission member: Supervisor Neves serves as Chair. His seat is coterminous with his Commission seat.*

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

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

# Item #10

## Attachment 10.A

FY 2019 Proposed Budget

Fresno Kings Madera Regional Health Authority dba CalViva Health  
**PROPOSED BUDGET**

	<b>Proposed FY 2019 Budget</b>
MediCal Revenue	1,141,754,958
Interest Income	120,000
Total Revenues	<u>1,141,874,958</u>
Medical Cost	954,473,924
Gross Margin	<u>187,401,034</u>
<b>Expenses</b>	
Administrative Services Fee	47,190,000
Salary,Wages & Benefits	3,160,314
Bank Charges	16,800
Consulting	105,000
Computer support	156,000
Depreciation Expense	300,000
Dues & Subscriptions	178,800
Community Support	2,100,000
Insurance Expense	214,488
	-
Legal & Professional	190,800
License Expense	624,000
Marketing Expense	750,000
Meals	17,700
Office Expense	78,000
Parking	1,200
Postage & Delivery	2,400
Printing & Reproduction	4,800
Recruitment	36,000
Rent	12,000
Seminars & Training	24,000
Supplies	9,600
Telephone	31,200
Travel	24,900
Total Expenses	<u>55,228,002</u>
Income before Taxes	132,173,031
Taxes-MCO	<u>125,872,053</u>
Excess Revenue (Expenses)	6,300,978
Other Income	<u>600,000</u>
Net Income	<u><u>6,900,978</u></u>
Captital Expenditue Budget	<u><u>-</u></u>

Fresno Kings Madera Regional Health Authority dba CalViva Health  
**PROPOSED BUDGET**

	FY 2018 Projection As of Feb 2018	FY 2018 Approved Budget	Projected Over (under)	Proposed FY 2019 Budget	Proposed FY 2019 Budget vs FY 2018 Budget Difference	% change
MediCal Revenue	1,190,769,836	1,138,569,004	52,200,832	1,141,754,958	3,185,954	0.3%
Interest Income	204,937	72,000	132,937	120,000	48,000	66.7%
<b>Total Revenues</b>	<b>1,190,974,773</b>	<b>1,138,641,004</b>	<b>52,333,769</b>	<b>1,141,874,958</b>	<b>3,233,954</b>	<b>0.3%</b>
Medical Cost	1,003,643,659	963,035,175	40,608,484	954,473,924	(8,561,251)	-0.9%
<b>Gross Margin</b>	<b>187,331,114</b>	<b>175,605,829</b>	<b>11,725,285</b>	<b>187,401,034</b>	<b>11,795,205</b>	<b>6.7%</b>
<b>Expenses</b>						
Administrative Services Fee	48,161,218	47,611,080	550,138	47,190,000	(421,080)	-0.9%
Salary, Wages & Benefits	2,854,551	2,879,253	(24,702)	3,160,314	281,061	9.8%
Bank Charges	7,659	16,800	(9,141)	16,800	-	0.0%
Consulting	-	105,000	(105,000)	105,000	-	0.0%
Computer support	127,436	84,000	43,436	156,000	72,000	85.7%
Depreciation Expense	288,136	290,640	(2,504)	300,000	9,360	3.2%
Dues & Subscriptions	160,190	178,800	(18,610)	178,800	-	0.0%
Community Support	2,000,000	2,100,000	(100,000)	2,100,000	-	0.0%
Insurance Expense	205,000	205,560	(560)	214,488	8,928	4.3%
		-	-	-	-	0.0%
Legal & Professional	70,208	190,800	(120,592)	190,800	-	0.0%
License Expense	622,615	624,000	(1,385)	624,000	-	0.0%
Marketing Expense	750,000	750,000	-	750,000	-	0.0%
Meals	16,905	17,700	(795)	17,700	-	0.0%
Office Expense	52,796	78,000	(25,204)	78,000	-	0.0%
Parking	1,390	1,200	190	1,200	-	0.0%
Postage & Delivery	1,578	2,400	(822)	2,400	-	0.0%
Printing & Reproduction	3,286	4,800	(1,514)	4,800	-	0.0%
Recruitment	700	36,000	(35,300)	36,000	-	0.0%
Rent	8,000	12,000	(4,000)	12,000	-	0.0%
Seminars & Training	9,045	24,000	(14,955)	24,000	-	0.0%
Supplies	9,532	7,600	1,932	9,600	2,000	26.3%
Telephone	30,262	18,000	12,262	31,200	13,200	73.3%
Travel	18,818	24,900	(6,082)	24,900	-	0.0%
<b>Total Expenses</b>	<b>55,399,325</b>	<b>55,262,533</b>	<b>136,792</b>	<b>55,228,002</b>	<b>(34,531)</b>	<b>-0.1%</b>
Income before Taxes	131,931,789	120,343,296	11,588,493	132,173,031	11,829,735	9.8%
Taxes-MCO	121,741,401	112,535,667	9,205,734	125,872,053	13,336,386	11.9%
Excess Revenue (Expenses)	10,190,388	7,807,629	2,382,759	6,300,978	(1,506,651)	-19.3%
Other Income	596,000	600,000	(4,000)	600,000	-	0.0%
<b>Net Income</b>	<b>10,786,388</b>	<b>8,407,629</b>	<b>2,378,759</b>	<b>6,900,978</b>	<b>(1,506,651)</b>	<b>-17.9%</b>
Capital Expenditure Budget	36,000	36,000	-	-	(36,000)	

Fresno Kings Madera Regional Health Authority dba CalViva Health  
 Combined Fresno -Kings - Madera Counties  
 FY 2019 Budget Projections

	2018						2019						FY 2019
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Budget
<b>Enrollment</b>													
Enrollment	357,500	357,500	357,500	357,500	357,500	357,500	357,500	357,500	357,500	357,500	357,500	357,500	
<b>Total Enrollment</b>	<b>357,500</b>												
<b>Revenue</b>													
Current Mix	89,986,246	89,986,246	89,986,246	89,986,246	89,986,246	89,986,246	89,986,246	89,986,246	89,986,246	89,986,246	89,986,246	89,986,246	1,079,834,958
Maternity Kick , Hyde and supplementals	5,160,000	5,160,000	5,160,000	5,160,000	5,160,000	5,160,000	5,160,000	5,160,000	5,160,000	5,160,000	5,160,000	5,160,000	61,920,000
MediCal Revenue	95,146,246	95,146,246	95,146,246	95,146,246	95,146,246	95,146,246	95,146,246	95,146,246	95,146,246	95,146,246	95,146,246	95,146,246	1,141,754,958
Interest Income	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	120,000
<b>Total Revenues</b>	<b>95,156,246</b>	<b>1,141,874,958</b>											
<b>Medical Cost</b>	<b>79,539,920</b>	<b>79,539,920</b>	<b>79,539,920</b>	<b>79,539,352</b>	<b>954,473,924</b>								
<b>Gross Margin</b>	<b>15,616,326</b>	<b>15,616,326</b>	<b>15,616,326</b>	<b>15,616,895</b>	<b>187,401,034</b>								
<b>Expenses</b>													
Administrative Services Fee	3,932,500	3,932,500	3,932,500	3,932,500	3,932,500	3,932,500	3,932,500	3,932,500	3,932,500	3,932,500	3,932,500	3,932,500	47,190,000
Salary,Wages & Benefits	246,384	248,068	265,764	253,574	253,574	325,764	257,158	259,280	271,470	255,696	255,696	267,886	3,160,314
Bank Charges	1,400	1,400	1,400	1,400	1,400	1,400	1,400	1,400	1,400	1,400	1,400	1,400	16,800
Consulting	8,750	8,750	8,750	8,750	8,750	8,750	8,750	8,750	8,750	8,750	8,750	8,750	105,000
Computer Fees	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	156,000
Depreciation Expense	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	300,000
Dues & Subscriptions	14,900	14,900	14,900	14,900	14,900	14,900	14,900	14,900	14,900	14,900	14,900	14,900	178,800
Community Support	175,000	175,000	175,000	175,000	175,000	175,000	175,000	175,000	175,000	175,000	175,000	175,000	2,100,000
Insurance Expense	16,627	16,627	16,627	18,290	18,290	18,290	18,290	18,290	18,290	18,290	18,290	18,290	214,488
Legal & Professional	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	190,800
License Expense	52,000	52,000	52,000	52,000	52,000	52,000	52,000	52,000	52,000	52,000	52,000	52,000	624,000
Marketing Expense	75,000	75,000	75,000	75,000	75,000	75,000	50,000	50,000	50,000	50,000	50,000	50,000	750,000
Meals	1,000	1,000	4,200	2,500	2,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	17,700
Office Expense	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	78,000
Parking	100	100	100	100	100	100	100	100	100	100	100	100	1,200
Postage & Delivery	200	200	200	200	200	200	200	200	200	200	200	200	2,400
Printing & Reproduction	400	400	400	400	400	400	400	400	400	400	400	400	4,800
Recruitment	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	36,000
Rent	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	12,000
Seminars & Training	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	24,000
Supplies	800	800	800	800	800	800	800	800	800	800	800	800	9,600
Telephone	2,600	2,600	2,600	2,600	2,600	2,600	2,600	2,600	2,600	2,600	2,600	2,600	31,200
Travel	1,700	1,700	1,700	6,200	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	24,900
<b>Total Expenses</b>	<b>4,595,761</b>	<b>4,597,445</b>	<b>4,618,341</b>	<b>4,610,614</b>	<b>4,605,614</b>	<b>4,676,804</b>	<b>4,583,198</b>	<b>4,585,320</b>	<b>4,597,510</b>	<b>4,581,736</b>	<b>4,581,736</b>	<b>4,593,926</b>	<b>55,228,002</b>
<b>Income before Taxes</b>	<b>11,020,565</b>	<b>11,018,881</b>	<b>10,997,985</b>	<b>11,006,281</b>	<b>11,011,281</b>	<b>10,940,091</b>	<b>11,033,697</b>	<b>11,031,575</b>	<b>11,019,385</b>	<b>11,035,159</b>	<b>11,035,159</b>	<b>11,022,969</b>	<b>132,173,031</b>
<b>Taxes-MCO</b>	<b>10,489,338</b>	<b>125,872,053</b>											
<b>Excess Revenue (Expenses)</b>	<b>531,228</b>	<b>529,544</b>	<b>508,648</b>	<b>516,943</b>	<b>521,943</b>	<b>450,753</b>	<b>544,359</b>	<b>542,237</b>	<b>530,047</b>	<b>545,821</b>	<b>545,821</b>	<b>533,631</b>	<b>6,300,978</b>
<b>Other Income</b>	<b>50,000</b>	<b>600,000</b>											
<b>Net Income</b>	<b>581,228</b>	<b>579,544</b>	<b>558,648</b>	<b>566,943</b>	<b>571,943</b>	<b>500,753</b>	<b>594,359</b>	<b>592,237</b>	<b>580,047</b>	<b>595,821</b>	<b>595,821</b>	<b>583,631</b>	<b>6,900,978</b>

### **Basic assumptions used in FY2019 budget projections**

- Enrollment based on current actual enrollment rolled forward to July based on current mix of aid codes.
- Revenues projected based on actual enrollment breakdown by aid code and county and using aid code specific rates for each county in known at time of budget preparation. No new programs projected to be moved to Medi-Cal for FY 2019.
- Maternity KICK, Hep C, BHT and HYDE payments projected based on current historical monthly average. No increase or decrease projected.
- Medical Cost projected as Gross Medi-Cal Revenue less \$11 pmpm Administrative Services fee, MCO Tax and retention rate retained by CalViva.
- Administrative Services fee projected at \$11 pmpm based on enrollment.
- We are projecting FY 2019 staffing at 17 FTEs up from 16 FTEs in 2018. Salary, Wages, and Benefits based on current staffing and rates as of now. Wage increases of up to 5% based on employee performance at anniversary date, 8% increase in health insurance premiums based on August renewal, current deferral rate and employer contribution/match into 457 retirement program
- Knox-Keene License Expense is projected to be based on last year's per member rate and projected March 2018 enrollment for DMHC annual assessment of Health Plan.
- Marketing Expense incurred directly by the Plan is projected based on marketing plan for the fiscal year.
- Depreciation expense based on current fixed assets useful life.
- Premium Taxes expense and premium rate adjustment based on current FY2018 methodology and rate as no detail yet exists to project these tax rate to take effect in July.
- Expenses projected based on either specific identifiable projections for major categories or approximate current run rate for minor expense categories.
  - Consulting/IT
  - Dues and Subscriptions
  - Legal & Professional
  - Insurance

# Item #11

## Attachment 11.A

Cultural and Linguistics  
2017 Annual Evaluation  
Executive Summary  
*(Annual Evaluation document  
provided at meeting)*



## REPORT SUMMARY TO COMMITTEE

Attachment R. 1

---

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

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

**COMMITTEE DATE:** May 17, 2018

**SUBJECT:** Cultural and Linguistic Services (C&L) 2017 Work Plan End of Year Evaluation – Summary Report

---

### **Summary:**

This report provides information on the C&L Services Department work plan activities which are based on providing cultural and linguistic services support and maintaining compliance with regulatory and contractual requirements. The C&L Work Plan is divided into the following four sections: 1) Language Assistance Services (LAP), 2) Compliance Monitoring, 3) Communication, Training and Education, and 4) Health Literacy, Cultural Competency, and Health Equity. As of December 31, 2017, all work plan activities have been completed.

### **Purpose of Activity:**

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

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

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

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

- a. C&L prepared response and documentation for the audit of the C&L Services Department.
- b. Non Discrimination Notices and taglines have been posted on the website in compliance with implementation of Section 1557 of the Affordable Care Act.
- c. Completed the C&L Geo Access report.

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

- a. A total of eight grievance cases were received in 2017. One case was coded to 1557 perceived discrimination and seven to linguistic issues. Investigation and follow up completed.
- b. Completed, presented and obtained approval on all required reports.
- c. Assisted with planning and coordination of four Public Policy Committee meetings including the coordination of interpreters for each committee meeting.
- d. All C&L related policies and procedures were updated during 2017.

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

- a. Updated Quick Reference Guide and Desk Top procedure to support ongoing training efforts for Appeals and Grievance Department (A&G).
- b. Conducted a total of five trainings for staff in the following departments: call center, provider relations and provider network.
- c. Article promoting the Public Policy Committee was completed and disseminated in the spring 2017 Member Newsletter.

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

- a. A total of 55 materials were reviewed for readability level, content and layout.
- b. Conducted twelve C&L database and C&L Review trainings with 145 staff in attendance.
- c. Developed and distributed 2 Clear and Simple eNewsletters for staff.
- d. Provided training coordination and follow up support for Motivational Interviewing training for Aria Community Health Clinic with a total of 34 staff in attendance.
- e. Conducted/coordinated two cultural competency trainings for staff: one on Culture and End of Life Care and the second on "Unconscious Bias".
- f. Hosted the 2017 Heritage event on August 17th with 50 staff in attendance. Guest speaker presented on health care issues faced by Lesbian, Gay, Bisexual and Transsexual (LGBT) members.
- g. Co-presented a break out session on the revised Provider Tool Kit during the Industry Collaboration Effort Conference on December 4th in San Francisco.
- h. Health Equity Newsletter Vol 1 finalized and disseminated on August 29, 2017.
- i. Developed key informant interview tools for members, providers and community based organization (CBO) aimed at identifying issues or barriers to postpartum care. Interviewed a total of 28 key informants (12 providers, 8 members, and 8 CBO representatives). Identified cultural issues which may be impacting the rates, e.g. cuarentena, depression stigma, immigration status, family support.

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

All activities were completed. Will continue to implement, monitor and track C&L related services and activities.

### **Next Steps:**

Develop and implement 2018 C&L CalViva Health Work Plan and report to the QI/UM Committee.

# Item #11

## Attachment 11.B

Cultural and Linguistics

2018 Program Description

Executive Summary

*( Program Description document  
provided at meeting)*



## REPORT SUMMARY TO COMMITTEE

---

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

**FROM:** Lali Witrigo, MPH, Sr. Cultural and Linguistics Specialist

**COMMITTEE DATE:** May 17, 2018

**SUBJECT:** 2018 Cultural and Linguistic (C&L) Services Program Description – CalViva Health – Summary Report

---

### Summary:

The 2018 CalViva Health Cultural and Linguistic Services Program Description is an overview of all cultural and linguistic programs and services to be conducted in support of CalViva Health members, providers and staff. The Program Description is divided into the following sections: 1) Staff Resources and Accountability, 2) Program Mission, Goals and Objectives, 3) Work Plan, 4) Scope of Programs and Services, and 5) Oversight and Monitoring.

The 2018 Program Description is consistent with the 2017 Program Description while incorporating and enhancing the following:

- 1) Providing support, maintaining compliance, and creating cultural awareness through education and consultation inclusive of the new Nondiscrimination federal rule section 1557, 45 CFR 155.205
- 2) Enhancing C&L oversight for LAP operational activities inclusive of the new nondiscrimination notices and taglines as required by the federal rule
- 3) Continue to expand training and consulting services for contracted providers and staff case managers, health education, quality improvement and grievance coordinators to support cultural competency, language assistance, health literacy and health equity efforts inclusive of new disparity reduction efforts for postpartum care

### Purpose of Activity:

Present the 2018 Cultural and Linguistic Services Program Description and obtain the committee's approval.

### Next Steps:

Obtain approval from CalViva QI/UM committee. Next review scheduled for 2019.

# Item #11

## Attachment 11.C

Cultural and Linguistics  
2018 Work Plan Executive Summary  
*(Work Plan Document  
provided at meeting)*



## REPORT SUMMARY TO COMMITTEE

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

**FROM:** Lali Witrigo, MPH, Senior Cultural and Linguistics Specialist

**COMMITTEE DATE:** May 17, 2018

**SUBJECT:** 2018 Cultural and Linguistic (C&L) Work Plan – CalViva Health Summary Report

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### Summary:

The C&L 2018 Work Plan supports and maintains excellence in C&L Services through the following strategies: provide oversight of Language Assistance Program (LAP), integration and expansion of targeted health disparity efforts, Health Literacy and plain language standards, supporting CalViva Health in being a culturally competent Health Plan, expanding on consulting services, and maintain compliance with regulatory and contractual requirements inclusive of the new Nondiscrimination federal rule section 1557, 45 CFR 155.205.

The 2018 Work Plan is consistent with the 2017 Work Plan while incorporating and enhancing the following activities:

1. Providing support, maintaining compliance, and creating cultural awareness through education and consultation inclusive of the Nondiscrimination federal rule
2. C&L oversight and consultation for LAP operational activities to include the new nondiscrimination notices and taglines as required by the federal rule
3. Continue to enhance and expand on training and consulting services for contracted providers and staff case managers, quality improvement, health education, and grievance coordinators to support cultural competency, language assistance, health literacy and health equity efforts inclusive of new disparity reduction efforts for postpartum care

### Purpose of Activity:

Present the CalViva Health's Cultural and Linguistic Services 2018 Work Plan and obtain the committee's approval.

### Next Steps:

Once approved, implement and adhere to the C&L 2018 Work Plan and report to the QI/UM Committee.

# Item #12

## Attachment 12.A

Health Education  
Executive Summary



## REPORT SUMMARY TO COMMITTEE

<b>TO:</b>	CalViva Health QI/UM Committee
<b>FROM:</b>	Hoa Su, MPH, Health Education Department Manager
<b>COMMITTEE DATE:</b>	May 17, 2018
<b>SUBJECT:</b>	2017 CalViva Health's Health Education Year-End Executive Summary

### I. **SUMMARY:**

The 2017 CalViva Health's Health Education Work Plan Year-End Evaluation report documents performance measures of 11 program initiatives. Of the 11 program initiatives, the following (7) initiatives **were met**:

- Perinatal Initiative
- Community Health Education: Community Awareness and Providers/Health Care Professionals
- Member Newsletter Initiative
- Public Policy Committee
- Tobacco Cessation Program Initiative
- Compliance: Staying Healthy Assessment, Oversight and Reporting
- Health Education Department Materials Update, Development and Inventory

Of the 11 program initiatives, the following (4) were **partially met** although most of the performance objectives within each initiative were met:

- Digital Educational Programs (T2X, Lifeline and Text Messaging Programs)
- Member Engagement for Improved Health Initiative
- Promotores Health Network (PHN)
- Obesity Prevention Initiative: Members and Community

### II. **PURPOSE:**

To provide the QI/UM Committee an opportunity to review and approve the 2017 CalViva Health's Health Education Work Plan Year-End Evaluation.

### III. **DATA/RESULTS (include applicable benchmarks/thresholds):**

#### **2017 CalViva Health's Health Education Work Plan Year-End Evaluation**

Please refer to the attached 2017 CalViva Health (CVH) Health Education Work Plan Year-End Evaluation report for detailed information.

Table 1 compares utilization of key health education programs and services in 2016 and 2017 year-end for the three CVH Counties (Fresno, Kings and Madera).

**Table 1: Utilization of Health Education Programs and Services in 2016 and 2017 Year-End**

Program	2016 Year-End	2017 Year-End	% Change	Reason for Change
Fit Families for Life (FFFL), weight control program – Home Edition program enrollment	108 members	375 members	↑ 247%	Program materials became available and initiated direct program enrollment targeting members with BMI at the 85 <sup>th</sup> percentile or above.
FFFL-Coaching Program (Number of participants enrolled with at least one successful coaching call)	42 members	94 members	↑ 124%	Resumed enrollment in to FFFL program once educational resources became available.
Pregnancy Matters Packet requests	1,376 member requests	1,447 member request	↑ 5%	Fixed pregnancy identification database, allowing more members to be identified and enrolled in this program.
Smoking Cessation	323 members	318 members	↓ 1.5%	California Smokers' Helpline eliminated limited their statewide promotion.
Health education classes	143 classes, 1,170 attendees, (632 members = 54%)	101 classes, 687 attendees, (442 members = 64%)	↓ 29% in classes, ↓ 41% in attendees, ↑ 10% in member participation	Reduced general health education classes to reprioritize efforts to CalViva Health HEDIS improvement incentivized classes targeting care gap members. Telephone calls to remind members to attend classes showed a high rate of wrong numbers or disconnected phones (average 40%). However, successful outreach resulted in a 10% higher class participants being members.
Member Orientation Classes	5 classes, 25 attendees, (18 members = 72%)	4 classes, 13 attendees, (100% members)	↓ 48% in attendees, ↑ 28% in member participation	Classes were limited to members transferring from Kaiser to CalViva Health. Mailed class invitation to 3,432 English and 632 Spanish speaking members.

**Major Initiative Outcomes:**

- Digital Educational Programs:** Partnering with QI and the Adventist Health Clinic, the HED piloted a new cervical cancer screening education and reminder text message program which reached 110 out of 126 (87%) targeted care gap members. Although this pilot only had a 21% response rate, it did demonstrate that 87% of members' phone numbers were mobile and that text messaging could be used to reach members.

The T2X health promotion campaigns were widely promoted to CalViva Health and one other health plan's teens and adults. Even though health plan specific member participation information was not available, many of the 6,476 participants could be CalViva Health members. These 6,476 participants engaged in 472,188 learning activities and had 87% correct post test results for T2X campaigns.

- Fit Families For Life:**

**Fit Families for Life (FFFL)-Home Edition:** Program enrollment (n=375) increased by 247% since the previous reporting period. Material availability was no longer a barrier, allowing for timely distribution when requests were received. Furthermore, we began targeting at-risk members (overweight/obese classifications with BMI at the 85<sup>th</sup> percentile or above). This accounted for 85% of all enrollments into the program. Overall, 91% of enrollees reside in Fresno County, 5% in Kings County, and 4% in Madera County. In 2017, we piloted a new direct incentive

awarding every member who returned a FFFL Home Edition survey. The pilot was successful with a 21% return rate (45 of 213 pilot surveys) showing 89% very satisfied and 11% somewhat satisfied ratings with this program.

**Fit Families for Life (FFFL)-Coaching Program:** The Coaching program had a 124% increase in enrollment compared to 2016 as the accompanying Home Education educational resource became available. Of the closed cases, 77% (n=57) initiated the program with at least one successful coaching call. Once members initiate the program, there was success in maintaining member engagement. 49% completed the program in its entirety of 5 coaching calls. For the adult educational program (Healthy Habits for Healthy People), no member requests were made in 2017. Targeted outreach to eligible members will be implemented in 2018.

- 3. HEDIS Improvement Incentive Programs:** In 2017, we reprioritized our community health education classes to support the CalViva Health HEDIS improvement initiatives in an effort to educate and encourage targeted members to get diabetes screenings, cervical cancer screenings, asthma medication refills and timely postpartum visits. From these 4 programs, the HED educated 618 care gap members and of which, 227 (38%) completed their screenings, got asthma medication refill or attended a postpartum visit.
- 4. Perinatal:** The HED collaborated with Fresno Economic Opportunities Commission - Women, Infants, and Children (WIC) Program and Fresno County Department of Public Health - Black Infant Health (BIH) program to host baby showers reaching 264 attendees, of which, 148 (56%) were CalViva Health members.
- 5. Promotores Health Network (PHN):** The PHN program obtained a 75% member participation in diabetes, blood pressure, nutrition/Fit Families for Life, and asthma charlas (brief education sessions) just shy of our 78% member participation goal. The PHN promotoras promoted postpartum care using preventive screening charla resulting in a 63% member reach. The PHN lunch and learns established key partnerships with Camarena Health, Madera Community Hospital, Madera County Department of Public Health, Women's Infants and Children (WIC) program, Madera Unified School District, Vision y Compromiso, and City of Madera Parks and Recreation Department.
- 6. Tobacco Cessation Program:** A total of 318 CVH members enrolled in the California Smokers Helpline (CSH) in 2017, a 1.5% decrease from 2016. CVH promoted the CSH in the member newsletter, mailings to CVH smokers identified from ICD-10 and CPT codes, and educated providers to use the CSH web referral. Member enrollment in the CSH increased after each promotional mailing.

#### IV. **BARRIER ANALYSIS:**

- 1. Digital Educational Programs (T2X, Lifeline and Text Messaging Programs):** DHCS did not approve CalViva Health to promote the customized Lifeline program to members. Since the Text4baby program ended in July, no added program promotion was made in 2017 which resulted in only three newly enrolled members. New pregnancy text messaging will be explored in the future.
- 2. Member Engagement for Improved Health Initiative:** The member care gap member list did not have updated member contact information and in some cases, members were assigned to a different provider. Members have indicated they were unable to schedule timely appointments due to schedule conflicts with work or child care needs. This impacted our ability to conduct phone education and follow up calls to members to encourage them to complete their preventive health care service.
- 3. Promotores Health Network (PHN):** Due to competing priorities, the Marketing department could not produce the Rx for Health prescription pad in 2017.
- 4. Obesity Prevention Initiative:** No member requested the Healthy Habits for Healthy People adult weight management resource. Direct promotion and enrollment of overweight members into this program will be explored in 2018.

## V. **RECOMMENDATIONS FOR IMPROVEMENT:**

1. Get updated member contact information from partnering providers (if available) before doing outreach.
2. Implement more text messaging programs to better reach and engage members.
3. Continue to implement HEDIS improvement incentive and education programs to close care gaps.
4. Conduct more follow up calls to members educated through the HEDIS improvement programs to motivate them to keep their scheduled appointment.
5. Educate and encourage more providers to use the e-referral into the California Smokers' Helpline so providers can get member's program enrollment status.
6. Identify high risk members and promote weight management programs/resources to them to increase member enrollment.

# Item #13

## Attachment 13.A

Financials

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

	Total
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
Cash	21,561,845.30
Savings CD	0.00
ST Investments	0.00
Wells Fargo Money Market Mutual Funds	49,224.56
<b>Total Bank Accounts</b>	<b>\$ 21,611,069.86</b>
<b>Accounts Receivable</b>	
Accounts Receivable	213,892,419.26
<b>Total Accounts Receivable</b>	<b>\$ 213,892,419.26</b>
<b>Other Current Assets</b>	
Interest Receivable	58.97
Investments - CDs	4,995,049.75
Prepaid Expenses	342,444.96
Security Deposit	37,559.70
<b>Total Other Current Assets</b>	<b>\$ 5,375,113.38</b>
<b>Total Current Assets</b>	<b>\$ 240,878,602.50</b>
<b>Fixed Assets</b>	
Buildings	7,254,920.24
Computers & Software	7,533.89
Land	3,161,419.10
Office Furniture & Equipment	171,877.81
<b>Total Fixed Assets</b>	<b>\$ 10,596,761.04</b>
<b>Other Assets</b>	
Investment -Restricted	310,694.77
<b>Total Other Assets</b>	<b>\$ 310,694.77</b>
<b>TOTAL ASSETS</b>	<b>\$ 251,785,048.31</b>
<b>LIABILITIES AND EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
Accounts Payable	143,787.31
Accrued Admin Service Fee	3,978,348.00
Capitation Payable	183,449,767.19
Claims Payable	57,420.32
<b>Total Accounts Payable</b>	<b>\$ 187,629,322.82</b>
<b>Other Current Liabilities</b>	
Accrued Expenses	728,553.13
Accrued Payroll	50,977.53
Accrued Vacation Pay	163,247.00
Amt Due to DHCS	0.00
IBNR	203,777.22
Loan Payable-Current	0.00
Premium Tax Payable	0.00
Premium Tax Payable to BOE	6,175,853.28
Premium Tax Payable to DHCS	0.00
<b>Total Other Current Liabilities</b>	<b>\$ 7,322,408.16</b>
<b>Total Current Liabilities</b>	<b>\$ 194,951,730.98</b>
<b>Long-Term Liabilities</b>	
Renters' Security Deposit	16,500.00
Subordinated Loan Payable	0.00
<b>Total Long-Term Liabilities</b>	<b>\$ 16,500.00</b>
<b>Total Liabilities</b>	<b>\$ 194,968,230.98</b>
<b>Equity</b>	
Retained Earnings	49,619,929.41
Net Income	7,196,887.92
<b>Total Equity</b>	<b>\$ 56,816,817.33</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$ 251,785,048.31</b>

**Fresno-Kings-Madera Regional Health Authority dba CalViva Health**  
**Income Statement -Budget vs Actual**  
**July 2017 - March 2018**

	Actual	Total Budget	(under) over Budget
<b>Income</b>			
Interest Earned	144,533.22	54,000.00	90,533.22
Premium/Capitation Income	899,168,937.20	853,926,750.00	45,242,187.20
<b>Total Income</b>	<b>\$ 899,313,470.42</b>	<b>\$ 853,980,750.00</b>	<b>45,332,720.42</b>
<b>Cost of Medical Care</b>			
Capitation - Medical Costs	752,051,946.71	722,276,379.00	29,775,567.71
Medical Claim Costs	1,840,948.48		1,840,948.48
<b>Total Cost of Medical Care</b>	<b>\$ 753,892,895.19</b>	<b>\$ 722,276,379.00</b>	<b>31,616,516.19</b>
<b>Gross Margin</b>	<b>\$ 145,420,575.23</b>	<b>\$ 131,704,371.00</b>	<b>13,716,204.23</b>
<b>Expenses</b>			
Admin Service Agreement Fees	36,054,447.00	35,708,310.00	346,137.00
Bank Charges	5,993.15	12,600.00	(6,606.85)
Computer/IT Services	88,590.26	63,000.00	25,590.26
Consulting Fees		78,750.00	(78,750.00)
Depreciation Expense	216,186.86	217,980.00	(1,793.14)
Dues & Subscriptions	125,434.69	134,100.00	(8,665.31)
Grants	1,437,909.39	1,575,000.00	(137,090.61)
Insurance	147,549.22	152,970.00	(5,420.78)
Labor	2,143,001.00	2,150,867.00	(7,866.00)
Legal & Professional Fees	53,311.81	143,100.00	(89,788.19)
License Expense	466,960.14	468,000.00	(1,039.86)
Marketing	581,334.39	600,000.00	(18,665.61)
Meals and Entertainment	11,715.27	14,700.00	(2,984.73)
Office Expenses	39,366.11	58,500.00	(19,133.89)
Parking	1,051.50	900.00	151.50
Postage & Delivery	1,225.74	1,800.00	(574.26)
Printing & Reproduction	2,824.05	3,600.00	(775.95)
Recruitment Expense	1,095.56	27,000.00	(25,904.44)
Rent	2,700.00	9,000.00	(6,300.00)
Seminars and Training	8,611.95	18,000.00	(9,388.05)
Supplies	8,287.23	5,800.00	2,487.23
Taxes	97,289,446.76	84,401,748.00	12,887,698.76
Telephone	23,048.62	13,500.00	9,548.62
Travel	14,214.28	19,200.00	(4,985.72)
<b>Total Expenses</b>	<b>\$ 138,724,304.98</b>	<b>\$ 125,878,425.00</b>	<b>12,845,879.98</b>
<b>Net Operating Income</b>	<b>\$ 6,696,270.25</b>	<b>\$ 5,825,946.00</b>	<b>870,324.25</b>
<b>Other Income</b>			
Other Income	500,617.67	450,000.00	50,617.67
<b>Total Other Income</b>	<b>\$ 500,617.67</b>	<b>\$ 450,000.00</b>	<b>50,617.67</b>
<b>Net Other Income</b>	<b>\$ 500,617.67</b>	<b>\$ 450,000.00</b>	<b>50,617.67</b>
<b>Net Income</b>	<b>\$ 7,196,887.92</b>	<b>\$ 6,275,946.00</b>	<b>920,941.92</b>

# Item #13

## Attachment 13.B

Compliance Report



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2018 Total
<b># of DHCS Filings</b>													
<b>Administrative/Operational</b>	8	6	8	7									29
<b>Member &amp; Provider Materials</b>	1	1	3	0									5
<b># of DMHC Filings</b>	2	3	7	8									20

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

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

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

Compliance Oversight & Monitoring Activities	Description
<b>CalViva Health Oversight Meetings</b>	<p><b>Health Net</b> CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related other critical projects or transitions that may affect CalViva Health. CalViva Health continues to review ongoing updates on Health Net's efforts to improve specialty provider access for CalViva Health members.</p> <p><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>
<b>Oversight Audits</b>	<p><u>Health Net Oversight Audits:</u> The following 2018 annual audits are in progress: Claims, Provider Dispute Resolution, and Utilization Management. The Member Services/Call Center audit was completed and there is no CAP required. An executive summary describing results of 2017 Oversight Audits is attached to this report.</p> <p><u>Provider Dispute Resolution (PDR) Case Audits:</u> The Plan Q3 2017 audit was completed and a CAP was submitted and has been approved. The Q4 2017 PDR audit is underway as part of the annual audit noted above.</p>

**RHA Commission Compliance – Regulatory Report**

<b>Regulatory Reviews/Audits</b>	<b>Status</b>
<b>Department of Managed Health Care (“DMHC”) Undertaking Reports – Termination of contract with Kaiser</b>	In response to the Plan’s submission of its “180-Day” Amendment on 3/1/2018 to DMHC, it received a Comment Letter from the Department. The Plan’s response to the letter was filed on 4/30/18. The Plan has not received any DMHC feedback on its 3/20/18 DMHC submission, its second “180-Day Report”.
<b>Department of Health Care Services (“DHCS”) 2017 Medical Audit</b>	The Plan received DHCS’ Final Report on 2/28/2018 and filed its response to the CAP on 3/30/18. DHCS accepted the CAP and closed it in a 5/8/2018 report. The Final Audit Report and CAP will be posted on the DHCS website and available for public review.
<b>Department of Health Care Services (“DHCS”) 2018 Medical Audit</b>	DHCS completed its on-site audit of Plan activities on 4/19/18 and completed onsite provider visits the week of 4/23/2018. Preliminary DHCS exit conference comments focused on IHA tracking documentation, Specialty Access in Kings and other counties, and network integrity. We are awaiting the DHCS’ formal Preliminary Report findings.
<b>Department of Managed Health Care (“DMHC”) Follow-up to 2016 Medical Audit</b>	DMHC notified CalViva Health on 4/17/18 that the follow-up survey to the three deficiency findings from the 2016 audit have all been corrected. The Final Report will be posted on the DMHC website and available for public review.
<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. Subsequent to the Plan’s CAP response to DHCS on January 10, 2018, the DHCS has granted an extension for submitting the 2015-16 data in question until 5/30/18.
<b>New Regulation / Contractual Requirements</b>	
<b>Medicaid and Children’s Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, “Final Rule”</b>	Both DMHC and DHCS have approved the Plan’s EOC/Model Handbook. The Handbook is in pre-production and translation stages in preparation for member mailing.  DHCS submitted the Final Rule contract amendment for managed care plans to CMS and it is still under review.
<b>Employee Trainings</b>	
<b>Annual Compliance, Anti-Fraud and Privacy/Security Training</b>	One new CalViva Health compliance department employee received training in early May 2018 and passed the required post-program quizzes.
<b>Committee Report</b>	
<b>Public Policy Committee</b>	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.



**TO:** RHA Commission

**FROM:** Mary Beth Corrado

**DATE:** May 17, 2018

**SUBJECT:** Oversight Audits of Health Net Community Solutions – 2017 Executive Summary

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## **SUMMARY**

In 2017, CalViva Health completed several Oversight Audits involving activities delegated to Health Net Community Solutions (Health Net) and their subcontractors. CalViva Health employs both “desk review” and “on-site” audit methods. These audits were comprised of interviews with key personnel at Health Net, case file audits and desk reviews of evidence and documentation submitted to meet the required audit elements. An onsite audit was conducted for the Claims activities. Documentation reviewed included but is not limited to:

- Program Descriptions & Work Plans
- Policies and Procedures
- Functional Area Periodic Reports (e.g., Claims, A&G, UM, Credentialing)
- Individual case files
- Meeting Minutes
- Sample Template Letters and forms
- Tracking Logs
- Training Manuals
- Member Materials (e.g., Handbook/EOC, Welcome Packet)
- Provider Communications and Educational Materials
- Sub-delegated entity oversight reports

Overall, Health Net performed well and fully complied with most requirements.

## **PURPOSE OF ACTIVITY**

To perform oversight audits of the various functions and responsibilities delegated to Health Net to assess compliance with and adherence to CalViva Health’s policies and procedures, state and federal regulations and contractual requirements. When noncompliance issues are identified, corrective action plans (CAPS) are implemented to improve quality and performance.

## **RESULTS & ANALYSIS**

The following table summarizes the 2017 Oversight Audit results by functional area.

### **2017 CalViva Health Oversight Audit Results**

<b>Function</b>	<b>Period Audited</b>	<b>CAP</b>	<b>CAP Issue(s)</b>
Credentialing	Jan 2016 to Dec 2016	Yes	MHN practitioner files were lacking MCL Suspended & Ineligible Report monitoring; MHN Re-credentialing files did not provide a record of performance evaluation and quality monitoring results.
Claims	Oct 2015 to Dec 2016	No	NA
Cultural and Linguistics	Jan 2015 to Dec 2016	Yes	Lack of an MHN reporting structure for C&L/LAP compliance-related activities.
Emergency Services	Jan 2016 to Dec 2016	No	NA
Provider Disputes	Oct 2015 to Sep 2016	Yes	PDR case acknowledgment and resolution times did not meet turnaround time requirements.
Privacy and Security	Jan 2016 to Dec 2016	No	NA
Utilization Management	Jan 2016 to Dec 2016	Yes	MHN was not able to provide evidence of care coordination for Autism Spectrum Disorder (ASD) and Mental Health services members.
Provider Network	Jan 2015 to Dec 2016	Yes	MHN and HN lacked a process by which CVH could review/approve Provider communications; track provider directory requests and associated inaccuracies.
Health Education	Jul 2014 to Jun 2016	Yes	Marketing flyer was incorrectly branded; Ensure all HE materials are routed to CVH for review/approval.

Individual oversight audit deficiencies requiring CAPs did not rise to a level that could potentially result in a failure to pass the audit. As reflected in the table above, issues primarily affected only one or two individual elements within the overall area audited. All other audits were favorable.

## **ACTIONS TAKEN**

For those audits requiring CAPS, CalViva has received and approved Health Net's corrective actions.

## **NEXT STEPS**

Continue to perform oversight audits of functions handled by Health Net and their subcontractors on the Plan's behalf and work with Health Net to improve administration of activities as applicable.

# Item #13

## Attachment 13.C

Appeals & Grievances Report

# CalViva Health

## Monthly Appeals and Grievances Dashboard

CY: 2018

Current as of End of the Month: March

Revised Date: 5/9/2018

CalViva Health Appeals and Grievances Dashboard 2018

CalViva - 2018																	2018	2017
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Grievances Received	8	14	23	45	0	0	0	0	0	0	0	0	0	0	0	0	45	172
Standard Grievances Received	57	44	77	178	0	0	0	0	0	0	0	0	0	0	0	0	178	795
<b>Total Grievances Received</b>	<b>65</b>	<b>58</b>	<b>100</b>	<b>223</b>	<b>0</b>	<b>223</b>	<b>967</b>											
Grievance Ack Letters Sent Noncompliant	0	1	2	3	0	0	0	0	0	0	0	0	0	0	0	0	3	12
<b>Grievance Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>97.7%</b>	<b>97.4%</b>	<b>98.3%</b>	<b>0.0%</b>	<b>98.31%</b>	<b>98.5%</b>											
Expedited Grievances Resolved Noncompliant	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Expedited Grievances Resolved Compliant	6	9	24	39	0	0	0	0	0	0	0	0	0	0	0	0	39	170
<b>Expedited Grievance Compliance rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>95.8%</b>	<b>97.4%</b>	<b>0.0%</b>	<b>97.50%</b>	<b>98.8%</b>											
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13
Standard Grievances Resolved Compliant	58	40	45	143	0	0	0	0	0	0	0	0	0	0	0	0	143	800
<b>Standard Grievance Compliance rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.00%</b>	<b>98.4%</b>											
<b>Total Grievances Resolved</b>	<b>64</b>	<b>49</b>	<b>70</b>	<b>183</b>	<b>0</b>	<b>183</b>	<b>985</b>											
<b>Grievance Descriptions - Resolved Cases</b>																		
<b>Quality of Service Grievances</b>	<b>46</b>	<b>38</b>	<b>57</b>	<b>141</b>	<b>0</b>	<b>141</b>	<b>712</b>											
Access - Other - DMHC	2	2	4	8	0	0	0	0	0	0	0	0	0	0	0	0	8	32
Access - PCP - DHCS	8	6	9	23	0	0	0	0	0	0	0	0	0	0	0	0	23	118
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	2	2	6	10	0	0	0	0	0	0	0	0	0	0	0	0	10	55
Administrative	11	10	18	39	0	0	0	0	0	0	0	0	0	0	0	0	39	151
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
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	2
Continuity of Care - Other	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	2
Continuity of Care - PCP	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	5
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Continuity of Care - Specialist	1	0	2	3	0	0	0	0	0	0	0	0	0	0	0	0	3	27
Continuity of Care - Surgery	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	8
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Interpersonal	16	9	9	34	0	0	0	0	0	0	0	0	0	0	0	0	34	198
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	2	2	2	6	0	0	0	0	0	0	0	0	0	0	0	0	6	52
Pharmacy	2	3	4	9	0	0	0	0	0	0	0	0	0	0	0	0	9	34
Transportation	1	2	1	4	0	0	0	0	0	0	0	0	0	0	0	0	4	NA
<b>Quality of Care Grievances</b>	<b>18</b>	<b>11</b>	<b>13</b>	<b>42</b>	<b>0</b>	<b>42</b>	<b>273</b>											
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
Access - PCP - DHCS	3	1	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4	50
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	3	3	2	8	0	0	0	0	0	0	0	0	0	0	0	0	8	32
PCP Care	6	4	2	12	0	0	0	0	0	0	0	0	0	0	0	0	12	104
PCP Delay	1	2	8	11	0	0	0	0	0	0	0	0	0	0	0	0	11	28
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	4	1	1	6	0	0	0	0	0	0	0	0	0	0	0	0	6	37
Specialist Delay	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	4
<b>Exempt Grievances Received - Classifications</b>	<b>338</b>	<b>330</b>	<b>510</b>	<b>1178</b>	<b>0</b>	<b>1178</b>	<b>2862</b>											
Authorization	9	6	3	18	0	0	0	0	0	0	0	0	0	0	0	0	18	94
Avail of Appt w/ Other Providers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Avail of Appt w/ PCP	11	22	21	54	0	0	0	0	0	0	0	0	0	0	0	0	54	114
Avail of Appt w/ Specialist	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Claims Complaint	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Eligibility Issue	4	7	5	16	0	0	0	0	0	0	0	0	0	0	0	0	16	66
Health Care Benefits	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ID Card - Not Received	29	23	101	153	0	0	0	0	0	0	0	0	0	0	0	0	153	269
Information Discrepancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	7	5	1	13	0	0	0	0	0	0	0	0	0	0	0	0	13	97
Interpersonal - Behavior of Clinic/Staff - Provider	70	72	91	233	0	0	0	0	0	0	0	0	0	0	0	0	233	775



CalViva Health Appeals and Grievances Dashboard 2018

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	5	26	24	55	0	0	0	0	0	0	0	0	0	0	0	0	55	66
Standard Appeals Received	19	27	35	81	0	0	0	0	0	0	0	0	0	0	0	0	81	171
<b>Total Appeals Received</b>	<b>24</b>	<b>53</b>	<b>59</b>	<b>136</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>136</b>	<b>237</b>
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	3
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>98.77%</b>	<b>98.2%</b>
Expedited Appeals Resolved Noncompliant	0	0	3	3	0	0	0	0	0	0	0	0	0	0	0	0	3	1
Expedited Appeals Resolved Compliant	4	19	23	46	0	0	0	0	0	0	0	0	0	0	0	0	46	66
<b>Expedited Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>87.0%</b>	<b>93.5%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>50.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>93.88%</b>	<b>98.5%</b>
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Standard Appeals Resolved Compliant	22	15	29	66	0	0	0	0	0	0	0	0	0	0	0	0	66	157
<b>Standard Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.00%</b>	<b>98.1%</b>
<b>Total Appeals Resolved</b>	<b>26</b>	<b>34</b>	<b>55</b>	<b>115</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>115</b>	<b>227</b>
<b>Appeals Descriptions - Resolved Cases</b>																		
<b>Pre-Service Appeals</b>	<b>25</b>	<b>34</b>	<b>55</b>	<b>114</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>114</b>	<b>224</b>
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	2	1	3	6	0	0	0	0	0	0	0	0	0	0	0	0	6	5
DME	1	0	6	7	0	0	0	0	0	0	0	0	0	0	0	0	7	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	23	27	56	0	0	0	0	0	0	0	0	0	0	0	0	56	59
Pharmacy	13	9	18	40	0	0	0	0	0	0	0	0	0	0	0	0	40	99
Surgery	2	1	1	4	0	0	0	0	0	0	0	0	0	0	0	0	4	22
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
<b>Post Service Appeals</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	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
<b>Appeals Decision Rates</b>																		
Upholds	16	16	33	65	0	0	0	0	0	0	0	0	0	0	0	0	65	131
<b>Uphold Rate</b>	<b>61.5%</b>	<b>47.1%</b>	<b>60.0%</b>	<b>56.5%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>56.5%</b>	<b>57.7%</b>
Overtuns - Full	9	17	18	44	0	0	0	0	0	0	0	0	0	0	0	0	44	84
<b>Overturn Rate - Full</b>	<b>34.6%</b>	<b>50.0%</b>	<b>32.7%</b>	<b>38.3%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>38.3%</b>	<b>37.0%</b>
Overtuns - Partial	0	1	3	4	0	0	0	0	0	0	0	0	0	0	0	0	4	8
<b>Overturn Rate - Partial</b>	<b>0.0%</b>	<b>2.9%</b>	<b>5.5%</b>	<b>3.5%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.00%</b>	<b>3.5%</b>	<b>3.5%</b>
Withdrawal	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	4
<b>Withdrawal Rate</b>	<b>3.8%</b>	<b>0.0%</b>	<b>1.8%</b>	<b>1.7%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.00%</b>	<b>1.7%</b>	<b>1.8%</b>
<b>Membership</b>	<b>357,378</b>	<b>357,239</b>	<b>356,452</b>															
Appeals - PTMPM	0.07	0.10	0.15	0.11	-	-	-	-	-	-	-	-	-	-	-	-	0.11	0.05
Grievances - PTMPM	0.18	0.14	0.20	0.17	-	-	-	-	-	-	-	-	-	-	-	-	0.17	0.23



CalViva Health Appeals and Grievances Dashboard 2018 (SPD)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD	
Expedited Appeals Received	1	6	2	9	0	0	0	0	0	0	0	0	0	0	0	0	9	18	
Standard Appeals Received	3	6	4	13	0	0	0	0	0	0	0	0	0	0	0	0	13	50	
<b>Total Appeals Received</b>	<b>4</b>	<b>12</b>	<b>6</b>	<b>22</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22</b>	<b>68</b>	
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Expedited Appeals Resolved Compliant	1	5	2	8	0	0	0	0	0	0	0	0	0	0	0	0	8	18	
<b>Expedited Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Standard Appeals Resolved Compliant	7	2	7	16	0	0	0	0	0	0	0	0	0	0	0	0	16	45	
<b>Standard Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>33.3%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>33.3%</b>	<b>97.2%</b>	
<b>Total Appeals Resolved</b>	<b>8</b>	<b>7</b>	<b>9</b>	<b>24</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>65</b>	
<b>Appeals Descriptions - Resolved Cases</b>																			
<b>Pre-Service Appeals</b>	<b>7</b>	<b>7</b>	<b>9</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>23</b>	<b>65</b>	
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Consultation	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
DME	1	0	4	5	0	0	0	0	0	0	0	0	0	0	0	0	5	23	
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Mental Health	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
Other	1	3	3	7	0	0	0	0	0	0	0	0	0	0	0	0	7	14	
Pharmacy	3	4	1	8	0	0	0	0	0	0	0	0	0	0	0	0	8	27	
Surgery	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA	
<b>Post Service Appeals</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Other	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA	
<b>Appeals Decision Rates</b>																			
Upholds	4	3	5	12	0	0	0	0	0	0	0	0	0	0	0	0	12	36	
<b>Uphold Rate</b>	<b>50.0%</b>	<b>42.9%</b>	<b>55.6%</b>	<b>50.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>50.0%</b>	<b>55.4%</b>	
Overturns - Full	3	4	3	10	0	0	0	0	0	0	0	0	0	0	0	0	10	24	
<b>Overturn Rate - Full</b>	<b>37.5%</b>	<b>57.1%</b>	<b>33.3%</b>	<b>41.67%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.00%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.00%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>41.67%</b>	<b>36.92%</b>	
Overturns - Partial	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	4	
<b>Overturn Rate - Partial</b>	<b>0.0%</b>	<b>0.0%</b>	<b>11.1%</b>	<b>4.2%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>4.2%</b>	<b>6.2%</b>	
Withdrawal	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
<b>Withdrawal Rate</b>	<b>12.5%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>4.2%</b>	<b>1.5%</b>	
<b>Membership</b>	<b>21,920</b>	<b>21,964</b>	<b>21,939</b>	<b>65,823</b>															
Appeals - PTMPM	0.36	0.32	0.41	0.36	-	-	-	0.00	-	-	-	-	0.00	-	-	-	0.00	0.09	0.25
Grievances - PTMPM	0.46	0.55	0.73	0.58	-	-	-	0.00	-	-	-	-	0.00	-	-	-	0.00	0.14	1.00

# Item #13

## Attachment 13.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 3/31/2018*  
*Report created 4/18/2018*

**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](#)

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[CalVIVA Commission](#)

[CalVIVA Fresno](#)

[CalVIVA Kings](#)

[CalVIVA Madera](#)

[Glossary](#)

### **Contact Information**

#### Sections

Concurrent Inpatient TAT Metric  
TAT Metric  
CCS Metric  
Case Management Metrics  
Authorization Metrics

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**Key Indicator Report**  
**Auth Based PPG Utilization Metrics for CALVIVA California SHP**  
**Report from 1/01/2017 to 3/31/2018**  
 Report created 4/18/2018

ER utilization based on Claims data	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	2017-10	2017-11	2017-12	2017-Trenc	2018-01	2018-02	2018-03	2018-Trenc	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Qtr Trend	CY- 2017	YTD-2018	YTD-Trend
	Quarterly Averages														Annual Averages								
Expansion Mbr Months	87,242	87,392	87,795	88,053	88,000	87,807	87,458	86,866	86,883		85,660	85,508	85,350		86,506	87,476	87,953	87,069	85,506		87,251	85,506	
Family/Adult/Other Mbr Mos	246,745	247,749	249,061	246,480	245,715	247,004	244,875	244,431	245,141		246,593	244,933	247,714		245,888	247,852	246,400	244,816	246,413		246,239	246,413	
SPD Mbr Months	29,643	29,708	29,984	30,116	30,254	30,384	30,535	30,575	30,794		30,903	30,979	31,148		29,577	29,778	30,251	30,635	31,010		30,060	31,010	
Admits - Count	2,144	2,221	2,198	2,150	2,254	2,335	2,188	2,184	2,234		2,330	2,181	2,303		2,231	2,188	2,246	2,202	2,271		2,217	2,271	
Expansion	592	641	667	647	670	651	619	643	618		661	608	633		571	633	656	627	634		622	634	
Family/Adult/Other	1,051	1,090	1,016	1,038	1,095	1,179	1,083	1,054	1,100		1,180	1,109	1,160		1,133	1,052	1,104	1,079	1,150		1,092	1,150	
SPD	501	489	510	464	489	505	486	487	516		489	462	510		524	500	486	496	487		502	487	
Admits Acute - Count	1,461	1,496	1,471	1,368	1,468	1,487	1,431	1,484	1,485		1,598	1,513	1,616		1,490	1,476	1,441	1,467	1,576		1,469	1,576	
Expansion	447	508	495	453	499	453	465	490	473		504	456	505		426	483	468	476	488		464	488	
Family/Adult/Other	557	529	515	491	520	559	516	549	523		638	627	648		582	534	523	529	638		542	638	
SPD	457	458	458	423	449	475	450	445	489		456	428	463		480	458	449	461	449		462	449	
Readmit 30 Day - Count	268	305	273	263	282	265	273	293	296		308	235	301		265	282	270	287	281		276	281	
Expansion	87	100	94	93	77	73	79	96	85		97	76	111		72	94	81	87	95		83	95	
Family/Adult/Other	77	93	94	86	90	90	93	90	95		101	70	88		84	88	89	93	86		88	86	
SPD	104	112	85	84	115	102	101	107	116		110	89	102		108	100	100	108	100		104	100	
Readmit 14 Day - Count	31	27	23	15	18	21	22	24	26		30	21	18		24	27	18	24	23		23	23	
Expansion	10	7	7	3	6	5	3	7	8		11	8	6		5	8	5	6	8		6	8	
Family/Adult/Other	10	9	7	6	6	6	10	12	8		8	6	4		6	9	6	10	6		8	6	
SPD	11	11	9	6	6	10	9	5	10		11	7	8		13	10	7	8	9		10	9	
**ER Visits - Count	19,703	20,010	18,513	18,131	17,790	17,525	17,465	16,361	17,223		19,900	16,208	8,397		18,985	19,409	17,815	17,016	14,835		18,306	14,835	
Expansion	4,238	4,538	4,519	4,686	4,560	4,139	3,811	3,582	3,729		4,274	3,373	1,815		4,209	4,432	4,462	3,707	3,154		4,202	3,154	
Family/Adult/Other	13,516	13,158	12,067	11,415	11,150	11,553	11,814	10,995	11,662		13,607	11,288	5,821		12,736	12,914	11,373	11,490	10,239		12,128	10,239	
SPD	1,931	1,987	1,912	2,013	2,055	1,820	1,819	1,764	1,810		1,993	1,526	749		1,994	1,943	1,963	1,798	1,423		1,924	1,423	
Admits Acute - PTMPY	48.2	49.2	48.1	45.0	48.4	48.9	47.3	49.2	49.1		52.8	50.2	53.2		49.4	48.5	47.4	48.5	52.1		48.5	52.1	
Expansion	61.5	69.8	67.7	61.7	68.0	61.9	63.8	67.7	65.3		70.6	64.0	71.0		59.1	66.3	63.9	65.6	68.5		63.7	68.5	
Family/Adult/Other	27.1	25.6	24.8	23.9	25.4	27.2	25.3	27.0	25.6		31.0	30.7	31.4		28.4	25.8	25.5	25.9	31.1		26.4	31.1	
SPD	185.0	185.0	183.3	168.5	178.1	187.6	176.8	174.7	190.6		177.1	165.8	178.4		194.9	184.4	178.1	180.7	173.8		184.5	173.8	
Bed Days Acute - PTMPY	232.1	242.8	215.5	213.1	227.1	244.9	221.0	234.7	228.0		272.8	246.5	292.2		231.7	230.1	228.4	227.9	270.6		229.5	270.6	
Expansion	350.3	356.7	327.6	323.8	359.3	313.4	329.8	330.0	327.1		402.2	343.4	406.5		303.0	344.9	332.2	329.0	384.3		327.3	384.3	
Family/Adult/Other	99.0	105.7	90.1	85.8	96.6	107.2	97.6	104.0	95.7		143.8	121.3	138.2		103.9	98.3	96.5	99.1	134.5		99.4	134.5	
SPD	992.6	1,050.2	925.7	931.6	902.8	1,166.3	899.2	1,009.1	1,001.9		940.9	968.4	1,204.3		1,084.8	989.3	1,000.6	970.1	1,038.2		1,010.7	1,038.2	
ALOS Acute	4.8	4.9	4.5	4.7	4.7	5.0	4.7	4.8	4.6		5.2	4.9	5.5		4.7	4.7	4.8	4.7	5.2		4.7	5.2	
Expansion	5.7	5.1	4.8	5.2	5.3	5.1	5.2	4.9	5.0		5.7	5.4	5.7		5.1	5.2	5.2	5.0	5.6		5.1	5.6	
Family/Adult/Other	3.7	4.1	3.6	3.6	3.8	3.9	3.9	3.9	3.7		4.6	3.9	4.4		3.7	3.8	3.8	3.8	4.3		3.8	4.3	
SPD	5.4	5.7	5.1	5.5	5.1	6.2	5.1	5.8	5.3		5.3	5.8	6.8		5.6	5.4	5.6	5.4	6.0		5.5	6.0	
Readmit % 30 Day - PTMPY	12.5%	13.7%	12.4%	12.2%	12.5%	11.3%	12.5%	13.4%	13.2%		13.2%	10.8%	13.1%		11.9%	12.9%	12.0%	13.0%	12.4%		12.5%	12.4%	
Expansion	14.7%	15.6%	14.1%	14.4%	11.5%	11.2%	12.8%	14.9%	13.8%		14.7%	12.5%	17.5%		12.7%	14.8%	12.3%	13.8%	14.9%		13.4%	14.9%	
Family/Adult/Other	7.3%	8.5%	9.3%	8.3%	8.2%	7.6%	8.6%	8.5%	8.6%		8.6%	6.3%	7.6%		7.4%	8.4%	8.0%	8.6%	7.5%		8.1%	7.5%	
SPD	20.8%	22.9%	16.7%	18.1%	23.5%	20.2%	20.8%	22.0%	22.5%		22.5%	19.3%	20.0%		20.7%	20.1%	20.6%	21.8%	20.6%		20.8%	20.6%	
Readmit % 14 Day - PTMPY	2.1%	1.8%	1.6%	1.1%	1.2%	1.4%	1.5%	1.6%	1.8%		1.9%	1.4%	1.1%		1.6%	1.8%	1.2%	1.6%	1.5%		1.6%	1.5%	
Expansion	2.2%	1.4%	1.4%	0.7%	1.2%	1.1%	0.6%	1.4%	1.7%		2.2%	1.8%	1.2%		1.3%	1.7%	1.0%	1.3%	1.7%		1.3%	1.7%	
Family/Adult/Other	1.8%	1.7%	1.4%	1.2%	1.2%	1.1%	1.9%	2.2%	1.5%		1.3%	1.0%	0.6%		1.0%	1.6%	1.1%	1.9%	0.9%		1.4%	0.9%	
SPD	2.4%	2.4%	2.0%	1.4%	2.1%	2.0%	1.1%	2.0%	2.0%		2.4%	1.6%	1.7%		2.6%	2.3%	1.6%	1.7%	1.9%		2.1%	1.9%	
**ER Visits - PTMPY	569.0	662.3	582.2	596.7	586.5	575.9	577.6	542.5	569.6		657.6	538.1	276.7		629.4	637.9	586.3	563.3	490.5		604.3	490.5	
Expansion	582.9	623.1	617.7	638.6	621.8	565.6	522.9	494.8	515.0		598.7	473.4	255.2		583.9	607.9	608.7	511.0	442.6		578.0	442.6	
Family/Adult/Other	657.3	637.3	581.4	555.7	544.5	561.3	578.9	539.8	570.9		662.2	553.0	282.0		621.6	625.2	553.9	563.2	498.6		591.0	498.6	
SPD	781.7	802.6	765.2	802.1	815.1	718.8	714.9	692.3	705.3		773.9	591.1	288.6		809.0	783.1	778.5	704.2	550.5		768.2	550.5	
Services	TAT Compliance Goal: 100%										TAT Compliance Goal: 100%				TAT Compliance Goal: 100%				TAT Compliance Goal: 100%				
Preservice Routine	96.7%	100.0%	86.7%	90.0%	96.7%	100.0%	96.7%	100.0%	100.0%		96.7%	83.3%	70.0%		98.9%	94.4%	95.6%	98.9%	83.3%				
Preservice Urgent	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.7%	96.7%	100.0%		100.0%	100.0%	96.7%		100.0%	100.0%	96.7%	97.8%	98.9%				
Postservice	100.0%	100.0%	100.0%	96.7%	96.7%	96.7%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%		97.8%	100.0%	96.7%	100.0%	100.0%				
Concurrent (inpatient only)	100.0%	100.0%	80.0%	80.0%	100.0%	10																	

**Key Indicator Report**  
**Auth Based PPG Utilization Metrics for CALVIVA California SHP**  
**Report from 1/01/2017 to 3/31/2018**  
 Report created 4/18/2018

ER utilization based on Claims data	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	2017-10	2017-11	2017-12	2017-Trenc	2018-01	2018-02	2018-03	2018-Trenc	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Qtr Trend	CV- 2017	YTD-2018	YTD-Trend
Deferrals - Urgent	100.0%	100.0%	100.0%	80.0%	50.0%	100.0%	100.0%	100.0%	83.3%		100.0%	100.0%	100.0%		100.0%	100.0%	76.7%	94.4%	100.0%				
Deferrals - Post Service	NA	NA	NA	NA	NA	NA	NA	NA	NA		null	null	null		null	null	null	null	null				
CCS %	CCS ID RATE										CCS ID RATE				CCS ID RATE				CCS ID RATE				
	7.58%	7.58%	7.61%	7.62%	7.59%	7.64%	7.73%	7.71%	7.76%		7.82%	7.71%	7.80%		7.38%	7.59%	7.62%	7.73%	7.77%		7.49%		
	Inpatient Maternity Utilization ALL CV Mbrshp										Inpatient Maternity Utilization ALL CV Mbrshp				Inpatient Maternity Utilization ALL CV Mbrshp				Inpatient Maternity Utilization ALL CV Mbrshp				
	Rate Per Thousand										Rate Per Thousand				Rate Per Thousand				Rate Per Thousand				
Births	18.2	20.1	18.7	21.0	21.2	22.9	21.1	19.8	20.5		20.7	18.2	18.5		19.9	19.0	21.7	20.5	19.1		20.3		
OB % Days	15.0%	14.4%	14.6%	16.3%	16.3%	16.3%	16.5%	14.7%	15.6%		14.2%	13.5%	12.0%		15.4%	14.7%	16.3%	15.6%	13.2%		17.0%		
OB % Admits	25.8%	27.5%	26.1%	29.6%	28.5%	29.9%	29.2%	27.3%	27.7%		26.9%	25.1%	24.3%		26.9%	26.5%	29.3%	28.1%	25.4%		30.0%		
	Perinatal Case Management										Perinatal Case Management				Perinatal Case Management				Perinatal Case Management				
Total Outreached	11	30	13	4	10	13	26	43	15		43	31	42		50	54	27	86	128		231	128	
Engaged	3	8	5	1	3	4	8	12	7		15	11	10		17	16	9	27	38		62	38	
Engagement Rate	27%	27%	38%	25%	30%	31%	31%	28%	47%		35%	35%	24%		34%	31%	33%	31%	30%		27%	30%	
New Cases Opened	3	8	5	1	3	4	8	11	7		15	11	10		17	16	9	27	38		62	38	
Total Cases Managed	27	34	31	27	24	20	22	32	37		38	55	57		42	31	41	41	75		99	75	
Total Cases Closed	5	8	5	5	8	5	2	2	1		9	9	15		29	18	18	5	33		63	33	
Cases Remained Open	20	24	24	22	16	15	16	23	35		36	38	41		32	23	15	35	41		35	41	
	Integrated Case Management										Integrated Case Management				Integrated Case Management				Integrated Case Management				
Total Outreached	186	85	58	32	65	93	99	138	59		76	47	52		577	329	155	301	182		1,346	182	
Engaged	23	15	28	15	27	29	29	47	34		45	26	26		101	66	70	111	98		334	98	
Engagement Rate	12%	18%	33%	47%	42%	31%	29%	34%	58%		59%	55%	50%		18%	21%	45%	36%	54%		25%	54%	
Total Screened and Refused/Decline	41	40	10	7	16	7	20	21	15		17	12	13		127	91	33	58	39		307	39	
Unable to Reach	131	139	63	48	57	60	86	100	42		42	24	29		261	333	168	228	86		953	86	
New Cases Opened	26	15	28	15	27	21	29	47	34		45	26	26		98	69	70	111	98		334	98	
Total Cases Closed	28	15	28	27	21	11	36	24	45		38	35	32		133	24	76	104	108		400	108	
Cases Remained Open	62	50	62	58	58	48	53	70	69		70	62	54		174	174	48	71	54		69	54	
Total Cases Managed	101	102	95	87	88	78	95	110	120		146	104	95		133	99	107	178	170		461	170	
Critical-Complex Acuity	29	26	29	53	71	46	47	53	57		48	43	36		39	28	63	82	67		183	67	
High/Moderate/Low Acuity	72	76	66	34	17	32	48	57	63		98	61	59		123	71	44	96	103		278	103	
	Record Processing										Record Processing				Record Processing				Record Processing				
Total Records	4,801	5,742	5,034	4,453	8,312	6,361	6,954	6,961	6,400		6,284	6,894	9,166		15,413	15,577	19,126	20,315	13,178		70,431	22,344	
Total Admissions	2,051	2,151	2,085	2,014	2,142	2,240	2,069	2,139	2,181		2,297	2,160	2,300		6,413	6,287	6,396	6,389	4,457		25,485	6,757	

# Item #13

## Attachment 13.E

QIUM Quarterly Summary Report



## REPORT SUMMARY TO COMMITTEE

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

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

**COMMITTEE**

**DATE:** May 17<sup>th</sup>, 2018

**SUBJECT:** CalViva Health QI/UM Update of Activities in Quarter 1 2018 (May 2018)

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### Purpose of Activity:

This report is to provide the RHA Commission with an update on the CalViva Health QI/UM performance, program and regulatory activities in Quarter 1 of 2018.

### I. Meetings

Two QI/UM Committee meetings were held in Quarter 1, one on February 15<sup>th</sup> and one on March 15<sup>th</sup>, 2018. The following guiding documents were approved at the February & March meetings:

1. 2017 Quality Improvement Executive Summary and Annual Evaluation
2. 2018 Quality Improvement Program Description
3. 2018 Quality Improvement Work Plan
4. 2017 Utilization Management & Case Management Executive Summary & Annual Evaluation
5. 2018 Utilization Management & Case Management Program Description
6. 2018 Utilization Management & Case Management Work Plan
7. QI/UM Committee Charter 2018

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

1. Medical Policies Provider Update Q3 & Q4
2. Pharmacy Formulary (Recommended Drug List) & Provider Updates

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

- **Quality Improvement Reports** - The quality and safety of many of the health plan functions are assessed and monitored through quality improvement reports. These reports cover health plan performance, programmatic documents and regulatory reports. During this reporting period the QI/UM Committee's review included, but was not limited to:
  1. The **Appeal and Grievance Dashboard & Quarter 4 Member Report** track volumes, turn-around times, case classifications, Continuity of Care, access related issues and inter-rater reliability. Two additional reports were initiated in 2017 to track appropriate use of letter templates and adherence to DHCS/DMHC requirements in all member verbal and written communications. Results demonstrate good compliance with opportunity for continued improvement in some areas. Ongoing monitoring will continue in order to evaluate for sustained improvement and identify any new trends.
  2. **PM 160 Report** provides an update on provider compliance with submission of Child Health and Disability Prevention Program (CHDP) PM-160 INF forms. There has been variation in provider submission rates due to confusion regarding the state's plan to ultimately eliminate these forms. This data will be captured through claims and encounters data. The CalViva phase-out plan is as follows:
    - 2018 Paper & Electronic forms accepted
    - 2019 Electronic forms only
    - 2020 Forms eliminated

3. **The MHN Performance Indicator Report** captures data on 17 performance metrics to assess authorization decision timeliness, potential quality issues, network availability and network adequacy. In quarter 4 all metrics met or exceeded targets.
4. The **Public Programs Quarterly Report**. This report provides a summary of Public Health, Behavioral Health and Regional Center activities, initiatives, and updates occurring in Fresno, Kings and Madera Counties. The report also provides information on care coordination, updated Public Health/Behavioral Health referral data, TB screening data and ABA services related to Autism. All these activities support our compliance with the requirements of the Memorandum of Understanding between CalViva and the counties.
5. **Provider Office Wait Times** provides a summary of CalViva's ongoing monitoring of provider office wait times as required by DHCS. This audit relies on monthly submissions of patient wait times by provider offices. It was noted that average wait times remained below the 30-minute threshold for Q3 & Q4 2017 in all three counties.

Follow up Activities:

- Provider-specific outliers will be monitored for trends and follow up initiated when indicated.
  - Results will be shared with clinics/providers via reports emailed to clinic/office managers.
  - Provider Relations will assist with targeting clinics with low data submission rates.
- 6. **Other QI Reports reviewed and approved include:** PPC Reporting, Initial Health Assessment Monitoring, CCS Trending, Health Education, and the Potential Quality Issues (PQI) Report.
- **UMCM Reports** - Utilization and Case Management activities are monitored in an ongoing manner through a variety of performance, programmatic and regulatory reports. At the February and March meetings the UMCM related reports included but were not limited to the following:
  1. **The Key Indicator Report (KIR)** provided data as of January 31, 2018. This report includes key metrics for tracking utilization and case management activities. Admissions were noted to be slightly up. Bed Days PTMPY and the LOS were also increased in comparison to 2017. This trend will be observed for another month to see if it continues.
  2. **Case Management and TCM Report** This report summarizes the case management and transition care management (TCM) activities for the fourth quarter 2017. The goal of these programs is to identify members who would benefit from case management and transition care management and to engage these members in the appropriate program. There are two case management programs:
    - **Integrated Case Management(ICM)**- ICM services are provided to members along the continuum of care including times of low acuity and critical/complex acuity. Outcome measures have been modified to include Readmission Rates and ED Utilization.
    - **Perinatal Case Management (PCM)**- this program seeks to identify high risk mothers during the prenatal period in order to provide services and resources to reduce risks and improve outcomes. Outcome measures include timely Prenatal Visits and Postpartum Visits.
    - The purpose of the **TCM Program** is to provide a comprehensive, integrated transition process that supports members during movement between levels of care. Team focus at this time is on improving collaboration with Concurrent Review staff to improve outreach efforts. Percent of patients with a PCP follow up appointments within 7 days improved in Quarter 4.
  3. **Specialty Referral Reports** provide a summary of Specialty Referral Services that require prior authorization in the tri-county area for Health Net, First Choice (FCMG), EHS, IMG, LaSalle and Adventist. These reports provide evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members. All reports were reviewed and follow up initiated when indicated.
  4. **Inter-rater Reliability Report for Physicians and Non-physicians** is an annual evaluation of UM physicians and staff to ensure InterQual® Clinical Decision Support Criteria along with other evidence-based medical policies, clinical support guidelines and technical assessment tools are used consistently during clinical reviews for medical necessity. Required score to pass for both physicians and non-physicians is 90%. Any individual who does not pass with 90% is required to participate in a refresher course and retest.
  5. **Other reports** reviewed include Standing Referrals, Concurrent Review Quarterly for Q3 & Q4, and Concurrent Review IRR Report.
- **Pharmacy Reports** – Pharmacy quarterly reports include Operation Metrics, Top Medication Prior Authorization (PA) Requests, and quarterly Formulary changes to assess for emerging patterns in authorization requests and compliance around prior authorization turn-around time metrics.

1. All fourth quarter 2017 pharmacy prior authorization metrics were within 5% of standard. Effective 7/1/2017, the PA turn-around time requirement changed to 24 hours from 24 hours or 1 business day.

## II. HEDIS® Activity

HEDIS® performance measures are used to assess the quality of care provided to health plan members. Managed Care Plans are required by contract to annually report performance measurement results to DHCS/HSAG. During Quarter 1 2018 CalViva received approval to move forward with the two new Performance Improvement Projects (PIPs) selected, Childhood Immunizations and Postpartum Visits. Modules 1 and 2 for each PIP were approved by HSAG and DHCS. Onsite visits were held at the two different high volume, low compliance clinics identified for these projects to complete Module 3 for each. Module 3 includes Process Mapping, Failure Mode Effects Analysis and intervention identification.

### Rapid Cycle Projects 2018:

- Annual Monitoring for Patients on Persistent Medications(MPM) Madera County-PDSA submitted 2/28/18
- Use of Imaging Studies for Low Back Pain (LBP) Madera County-PDSA submitted 1/15/18
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB) Madera County-QI Summary 1/31/18

### Performance Improvement Projects (PIPs) 2017 to 2019

- Childhood Immunization Status (CIS-3) Fresno County- Module 3 in progress
- Postpartum Care/Visit Disparity (PPC) Fresno County- Module 3 in progress

## III. Access & Availability

Effective and efficient access to providers and services is critical to the provision of safe, high quality care. CalViva's Access Workgroup strives to ensure this high-risk function receives adequate monitoring and oversight. The Access Workgroup met on 1/23/18 and 3/6/18 in quarter one of 2018. Along with routine monitoring reports the Access Workgroup reviewed/oversaw the following:

- Specialist Access Improvement Corrective Action Plan
- MY2016 PAAS & After Hours Corrective Action Plan
- 2018 Annual Timely Access Report (TAR) Submission on 3/31/2018

## IV. Kaiser Reports

Quarter 4 2017 reports were received in January, February & March 2018 with the following findings:

1. Grievance Reports 4<sup>th</sup> Quarter--DHCS Report, CBAS-the All Member-no significant issues
2. Transportation Reports Q4-no significant issues
3. Utilization Management 4th Quarter – UM & DME, Out of Network, CBAS, Dental Anesthesia - no significant findings
4. Mental Health Services 4<sup>th</sup> Quarter –Mental Health COC Report, Mental Health Referral, Grievance, BHT Report-no significant issues.
5. CBAS Services and Assessment –4<sup>th</sup> Quarter - no significant issues
6. Overall Volumes and Call Center Report 4<sup>th</sup> Quarter – no significant issues
7. HEDIS® Data-RY2018 Roadmap received in Q1 and Remainder of 2017 Data (November/December) received in February.

## V. Findings/Outcomes

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

# Item #13

## Attachment 13.F

Operations Report

<b>IT Communications and Systems</b>	<b>Overall Network Health Score</b>	<b>92%</b>	Description: Weighted average calculation that provides an <i>At a Glance</i> overall network health score. 0% (lowest) to 100% (highest).
	<b>Patch Score</b>	<b>79%</b>	Description: A good status indicator is zero un-scanned machines and a very low number of machines missing patches.
	<b>OS Score</b>	<b>100%</b>	Description: A good status indicator is that all mission critical machines or server have Windows 2000 or higher installed.
	<b>Disk Score</b>	<b>95%</b>	Description: A good status indicator is that the space used is less than 60%.
	<b>Event Log Score</b>	<b>94%</b>	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).
	<b>Active Presence of Viruses within Systems</b>	<b>NO</b>	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.
	<b>Active Presence of Malware within Systems</b>	<b>NO</b>	Description: Software that is intended to damage or disable computers and computer systems.
<b>Message From The COO</b>	The CalViva Health Network Health Score trended downward 2% from 94 to 92%. The reason is attributed to the Patch Score also trending downward 8% from 87% to 79%. There were no active malware or viruses which have been identified within the systems. These systems are monitored on an ongoing basis.		
<b>Fraud, Waste, &amp; Abuse Operational Activity</b>	<b># of MC 609 Submissions to DHCS (CY 2018)</b>	<b>0</b>	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.
	<b># of Cases Open For Investigation (Active Number)</b>	<b>24</b>	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.
<b>Message From the COO</b>	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.		

<b>Privacy and Security</b>	<b>Risk Analysis (Last Completed mm/yy: 5/14)</b>	<b>Risk Rating: Low</b>		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".				
	<b>Eff. Date &amp; Last Annual Mail Date of NPP (mm/yy)</b>	<b>9/13 &amp; 12/17</b>		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				
	<b>Active Business Associate Agreements</b>	<b>6</b>		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.				
	<b># Of Potential Privacy &amp; Security Breach Cases reported to DHCS and HHS (if applicable)</b>							
	<b>Year</b>	<b>2018</b>	<b>2018</b>	<b>2018</b>	<b>2018</b>	<b>2018</b>	<b>2018</b>	<b>2018</b>
	<b>Month</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>
	<b>No/Low Risk</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>2</b>		
	<b>High Risk</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>		
<b>Message from the COO</b>	A high-risk case was identified which impacted 1 CalViva Health member.							

Provider Network Activities									
Provider Network Activities	Year	2017	2017	2017	2018	2018	2018	2018	
	Month	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
	Hospitals	11	11	11	11	11	11		
	Clinics	97	96	98	100	100	103		
	PCP	323	320	326	327	316	319		
	Specialist	1160	1130	1114	1113	1059	1068		
	Ancillary	96	96	97	97	96	103		
	Provider Network Activities								
	Year	2017	2017	2017	2018	2018	2018	2018	
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Pharmacy	169	165	163	164					
Behavioral Health	172	182	181	206					
Vision	87	86	83	79					
Urgent Care	5	5	5	7					
Acupuncture	5	5	8	6					
Provider Network Activities									
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%	88%					
% Of Specialists Accepting New Patients - Goal (85%)	96%	96%	95%	97%					
Message From the COO	The percentage of PCPs and Specialists Accepting New Patients met goal for Q1 2018. PCPs did not meet goal for Q4 2017. CalViva Health continues to monitor the adequacy and capacity of the network. Required regulatory reporting reflecting the adequacy and availability of the network has been provided to regulatory agencies.								



CalViva Health  
Operations Report

	Year	2017	2017	2017	2018	2018	2018	2018	
	Month	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
	<b>No. Claims Processed</b>	215,526	215,041	219,170	215,843	188,074	248,016		
	<b>Claims Turn-Around</b>	99.52%	99.5%	98.79%	98.68%	98.68%	99.83%		
<b>Weekly Average</b>	53,882	53,760	54,793	53,961	47,019	62,004			
Claims Processing	Year	2017	2017	2017	2018	2018	2018	2018	
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	<b>Medical Claims Timeliness (30 days / 45 days) - Goal (90% / 95%) - Deficiency Disclosure</b>	93.57% / 99.79% YES	94% / 99% YES	95% / 99% NO					
	<b>Behavioral Health Claims Timeliness (30 Days / 45 days) - Goal (90% / 95%) - Deficiency Disclosure</b>	95.66% / 98.54% NO	93% / 97% YES	92% / 96% YES					
	<b>Pharmacy Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure</b>	100% / 100% NO	100% / 100% NO	100% / 100% NO					
	<b>Acupuncture Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure</b>	100% / 100% NO	94% / 100% NO	100% / 100% NO					
	<b>PPG 1 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure</b>	97% / 100% NO	82% / 100% NO	96% / 100% NO					
	<b>PPG 2 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure</b>	97% / 100% NO	95% / 100% NO	94% / 98% NO					
	<b>PPG 3 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure</b>	96% / 100% NO	94% / 99% NO	91% / 100% NO					
	<b>PPG 4 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure</b>	100% / 100% NO	100% / 100% NO	100% / 100% NO					
	<b>PPG 5 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure</b>	98% / 100% NO	86% / 100% NO	100% / 100% NO					
	<b>PPG 6 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure</b>	97% / 100% NO	97% / 100% NO	99% / 100% NO					
	<b>Vision Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure</b>	100% / 100% NO	100% / 100% NO	100% / 100% NO					
	<b>Message from the COO</b>	The Q1 2018 reports are due 60 days after the close of the quarter. Data for Q1 2018 are not yet available for reporting.							



CalViva Health  
Operations Report

	Year	2017	2017	2017	2018	2018	2018	2018	
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
<b>Provider Disputes</b>	<b>Medical Provider Disputes Timeliness Quarterly Results (45 days) - Goal (95%)</b>	95%	93%	95%					
	<b>Behavioral Health Provider Disputes Timeliness (45 days) - Goal (95%)</b>	100%	N/A	100%					
	<b>Acupuncture Provider Dispute Timeliness (45 Days) - Goal (95%)</b>	N/A	N/A	N/A					
	<b>PPG 1 Provider Dispute Timeliness (45 Days) - Goal (95%)</b>	99%	96%	94%					
	<b>PPG 2 Provider Dispute Timeliness (45 Days) - Goal (95%)</b>	N/A	100%	99%					
	<b>PPG 3 Provider Dispute Timeliness (45 Days) - Goal (95%)</b>	100%	100%	100%					
	<b>PPG 4 Provider Dispute Timeliness (45 Days) - Goal (95%)</b>	100%	100%	100%					
	<b>PPG 5 Provider Dispute Timeliness (45 Days) - Goal (95%)</b>	97%	68%	100%					
	<b>PPG 6 Provider Dispute Timeliness (45 Days) - Goal (95%)</b>	100%	88%	99%					
	<b>Vision Provider Dispute Timeliness (45 Days) - Goal (95%)</b>	N/A	N/A	N/A					
	<b>Message from the COO</b>	The Q1 2018 reports are due 60 days after the close of the quarter. Data for Q1 2018 are not yet available for reporting.							

# Item #13

## Attachment 13.G

Executive Dashboard





# CalViva Members

