

Item #7

Attachment 7.A

2017 Annual QI Work Plan Evaluation
Executive Summary



REPORT SUMMARY TO COMMITTEE

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

FROM: Quality Improvement Department

COMMITTEE DATE: February 15th, 2018

SUBJECT: Executive Summary of CalViva Health 2017 Quality Improvement Work Plan Annual Evaluation

Summary:

CalViva Health's 2017 Quality Improvement (QI) Program monitored improvement in clinical care and service using a range of indicators. These key performance indicators are found in service, clinical, and utilization reports from QI and various other departments. Based on these reports, areas of improvement are identified, and interventions implemented and monitored. In 2017, quality improvement initiatives were focused on (but not limited to) improving preventative care, disease management outcomes, continuity and coordination of patient care, patient safety metrics, member access to care, and supporting provider initiatives.

Purpose of Activity:

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

Work Plan Initiatives:

Details for the end of year outcomes are included in the 2017 QI Work Plan Evaluation. Key end-of-year highlights include:

1. Access, Availability, and Service
 - Overall CVH did very well this measurement year and was noncompliant for only one standard:
 - Urgent care appointments not requiring prior auth within 48 hours
 - CAPs were issued to noncompliant PPGs and in-office audits were conducted for providers who were noncompliant for two consecutive years.
 - In-office audits revealed potential for improving education to providers
 - Provider Appointment Availability Surveys for MY2017 were conducted by Sutherland Global and concluded 12/31/17.
 - The After-Hours survey for MY2017 was conducted by Alltran and concluded 12/13/17.
 - Educational materials were reviewed and updated as needed. The revised Toolkit was approved on 9/7/17 and was distributed to all providers receiving a CAP.

2. Quality and Safety of Care

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

Childhood Immunization Combo 3	All three counties exceeded DHCS MPL OF 64.30% New Improvement Project (PIP) initiated for declining rates in Fresno County.
Well Child Visits 3-6 years	All three counties exceeded DHCS MPL of 65.54
Timeliness of Prenatal Care	All three counties exceeded DHCS MPL of 77.44

Comprehensive Diabetes Care HbA1c Testing	All three counties exceeded DHCS MPL of 82.98%
Controlling High Blood Pressure	All three counties exceeded DHCS MPL 46.87%
Cervical Cancer Screening	All three counties exceeded DHCS MPL of 48.18%.

**Non-Default HEDIS® Minimum Performance Level (MPL) Measures –
Additional measures Below the MPL in RY 2017**

Timeliness of Postpartum Care	All three counties exceeded DHCS MPL of 55.47%. Disparity Improvement Project (PIP) initiated to address opportunity identified in Fresno County.
Annual Lab Monitoring for Patients on Persistent Medications (MPM)	Fresno and Kings Counties exceeded DHCS MPL for ACE/ARB of 85.63% Madera County fell below the MPL at 82.64% Fresno and Kings Counties exceeded the MPL for Diuretics of 85.18%. Madera County was below the MPL at 82.20%. PDSAs continue to be submitted timely and completely.
Avoidance of Antibiotic Treatment for Bronchitis (Adults) (AAB)	Fresno and Kings Counties exceeded the MPL of 22.12%. Madera County fell below at 18.26%. Summaries of Activities to improve performance continue to be submitted timely and completely.
Imaging Studies for Low Back Pain	Fresno and Kings Counties exceeded the MPL of 69.88% Madera County was below the MPL at 66.67% PDSAs are being submitted timely and completely

3. Performance Improvement Projects

DHCS requires **two** Performance Improvement Projects (PIPs) for each health plan. CalViva Health's PIPs for 2017 were:

- A. **Comprehensive Diabetes Care: HbA1c Testing:** Based on the RY2017 HEDIS rates for CDC HbA1c Testing, Fresno, Kings, and Madera Counties exceeded the MPL of 82.98%.
- A high volume, low performing provider with clinic sites in Fresno and Kings counties collaborated with the CVH Medical Management team to improve the HbA1c rates for members within their clinics.
 - The outcome measured was the percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had a HbA1c test during the measurement year.
 - The project focused on contacting members to complete testing. A Provider Profile was used and a member incentive was offered.
 - The project concluded and was closed and documentation completed with HSAG and DHCS in August 2017.
- B. **Timeliness of Postpartum Care:**
Based upon RY2017 HEDIS rates for Postpartum Visit completion, Fresno, Kings and Madera counties were all above the MPL of 55.47%.

- The goal for this improvement project is to improve the health of new mothers by ensuring that women attend a postpartum visit at a targeted OB clinic in Kings County.
- In 2017 CalViva Health completed the Postpartum Care PIP activities and submitted Modules 4 and 5. Through the duration of the PIP interventions, (April 2016 through April 2017), the timely postpartum completion rate at a low compliance, high volume clinic in Kings County increased from 57.6 percent to 66.7 percent. Two interventions were developed to achieve the SMART Aim goal and resulted in improvements to clinic processes. The interventions included:
 - Collecting contact information specific to the Postpartum Recovery Period while the patient was hospitalized. This activity resulted in 96.6% of total CalViva Health deliveries being scheduled for their postpartum care visit appointment.
 - Offering CalViva Health members a \$25 VISA gift card at the point of care for completing a timely postpartum care visit. This activity resulted in meeting the SMART Aim goal of 65.0 percent in October 2016, and the rate exceeded the SMART Aim goal for four of the seven months after the launch of the second intervention.

The data collected throughout both interventions illustrates a closure in the gap between completed postpartum visits, and timely completed postpartum visits. The evidence supporting the improvement in timely postpartum compliance rate was a meaningful improvement that includes achieving the SMART Aim goal by increasing the timely completed postpartum visit rate. The project concluded and was closed and documentation completed with HSAG and DHCS in August 2017.

In December 2017 CalViva Medical Management staff submitted Modules 1 and 2 for two new Performance Improvement Projects (PIPs) that will continue through June 2019:

1. Childhood Immunization Status (CIS-3) PIP in Fresno County
2. Postpartum Care/Visit Disparity (PPC) PIP in Fresno County.

Details of these projects will be provided in the 2018 Quality Improvement Workplan for CalViva Health.

Item #8

Attachment 8.A

2017 Annual UMCM Work Plan Evaluation
Executive Summary



EXECUTIVE SUMMARY REPORT TO COMMITTEE

TO: CalViva Health QI/UM Committee

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

COMMITTEE DATE: 2/15/2018

SUBJECT: Executive Summary for 2017 CalViva Utilization Management/Case Management Annual Work Plan Evaluation

Summary:

Utilization Management (UM) processes have been consistent throughout 2017 and evaluation/monitoring of UM metrics continue to be a priority. Both Case Management and Disease Management continue to monitor the effectiveness of programs in order to better serve our members.

Purpose of Activity:

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

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

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

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

Data/Results (include applicable benchmarks/thresholds):

Key data metrics to note:

- I. Turnaround Time (TAT) for processing authorization requests within regulatory timeframes had an overall score that averaged 97.0% for January – December 2017 with a goal of 100%. (Workplan element 2.2)

Month	All TAT Overall Score
January 2017	99.3%
February 2017	98.5%
March 2017	100%
April 2017	91%
May 2017	100%
June 2017	94%
July 2017	97.1%
August 2017	90.6%
September 2017	97.8%
October 2017	98%
November 2017	99.3%
December 2017	98.5%

- II. Appeals of UM Appeal determinations for time frame January – December 2017 (Workplan element 2.4)
Turnaround Time Compliance for Appeals = 98.24%

2016 Annual Count of Appeal Type		
	Outcome	Case Count
CalViva	Overturn	84
	Partial Uphold	8
	Uphold	131
	Withdrawal	4
CalViva Total	Cases	227

Annual Appeal Percentage	
Decision Overturn	37%
Partial Upholds	3.52%
Upholds	57.71%
Withdrawals	1.76%
Turnaround time Compliance	98.24%

III. Target UM Admit per thousand (AD/K), Bed days per thousand (BD/K) and average length of stay (ALOS) goals have been established for the SPD and Non-SPD populations. The UM targets for AD/K, BD/K and ALOS MCE population are under review. (Workplan element 3.1)

2017 Non-SPD (TANF), SPD, and MCE Days/1000 with goals

Goal	Actual
TANF= 216.6	TANF= 105
SPD=1128	SPD=967
MCE= TBD	MCE=357

IV. Case Management Metrics

- a. Integrated Case Management (Provides services along the continuum of care including critical and complex acuity)
 - Volume of referrals 1,346, referrals increased from 156 in Q3 to 301 in Q4
 - Quarterly average engagement rate increased from 18% Q1 to 36% in Q4
 - Percentage of complex cases managed increased from 30% in Q1 to 40% in Q4
 - Total number of cases managed from January through December was 461
 - Implemented utilization outcome reporting for members managed.
- b. Perinatal Case Management
 - Volume of referrals 231, referrals increased in Q4 (86/231).
 - Quarterly average engagement rate relatively consistent 30-34%
 - Total number cases managed January through December was 99
- c. Transitional Care Management
 - Volume of referrals 610, referrals decreased in Q4.
 - Quarterly average engagement rate relatively consistent 67%
 - Total number cases managed January through December was 408
 - Initiated MemberConnections referrals in August to increase TCM enrollment

Analysis/Findings/Outcomes:

Key findings to note:

- 1. Compliance with Regulatory and Accreditation Requirements.**
 - Medical Management reviewed and incorporated into practice new Federal and State legislation and regulations specific to California Medi-Cal Managed Care to ensure compliance with current policies and procedures.
 - Health Net Medical Directors and the CalViva Chief Medical Officer participated in all DHCS Medi-Cal Managed Care Division’s Medical Directors quarterly meetings in 2017.
- 2. Monitoring the UM Process.**
 - Annual Inter-rater Reliability Testing (IRR) testing for both clinical and non-clinical staff and MD’s is current. All but four associates passed on the first testing period. The four associates were allowed, per policy, to retest and subsequently passed the retest in December 2017.

- Timeliness of Processing Authorization Requests: Turnaround Time (TAT) for processing authorization requests within regulatory timeframes had an overall score that averaged 97.13% for January – June 2017, and averaged 98.24% for July – December 2017, with a goal of 100%.

3. Monitoring Utilization Metrics.

- PPG Profiles and Over/Under Metrics: Quarterly UM/QI reports have been generated by PPG and most recently for the FFS network. Parameters include: admission rates, maternity admission rates, ER utilization, and readmission rates. Further drill down into several AID code categories or population types has also been undertaken, including SPD, Expansion and non-expansion /SPD. These are shared and reviewed with CVH upon their completion.
- Expand On-site Concurrent Review at the Central Valley's highest volume hospitals to focus on enhanced discharge planning, and member/caregiver engagement.
- Continue to monitor IP case management initiatives for adults including early intervention to establish medical home and care coordination for Carve-out Services, community resources, behavioral health screening and referral according to patient needs.

4. Monitoring Coordination with Other Programs & Vendor Oversight.

- Integrated Case Management 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. The following trends are noted when comparing 2017 to previous years for both Integrated and Perinatal Case Management:
 - Decreased volume of referrals
 - Limited success with telephonic outreach for referred members
- TCM has noted a decrease in referrals from Concurrent Review Nurses. The new MemberConnections Program was initiated in the last 6 months of 2017 but to date there has been limited success in bridging these two programs. Challenges with data reconciliation have been identified due to use of different software systems.
- MHN continues to participate in rounds with case managers and physicians to integrate and coordinate care between medical and behavioral health.
- Behavioral Health Performance: Beginning in 2018, MHN will use the annual Provider Appointment Availability Survey (PAAS) required by DMHC to evaluate timely access for routine (including ABA appointments) and urgent appointments. The first report will be available in the first quarter of January 2018.
- Behavioral Health members continue to be referred bi-directionally based on symptoms, acuity and need for routine mild-mod vs specialty mod-severe behavioral health services. PCPs are offered opportunities to collaborate with MHN MDs for guidance on treating routine psychiatric conditions.

5. Monitoring Activities for Special Populations

- The Prior Auth and CCR teams screen requests for service and/or every inpatient admission, under their review, for CCS eligibility. Any person under the age of 21 with a complex medical condition is screened for potential CCS eligibility. Cases identified as potentially eligible or confirmed eligible for CCS services are referred to the local CCS office.
- The CCRNs 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.

Actions Taken:

1. A formal CAP has been implemented addressing the authorization request turn-around times (TAT). Progress updates have been reported regularly to CalViva leadership. As of December 2017, there are no outstanding issues that are affecting TATs, therefore anticipate CAP closure in Q1 2018.
2. Case Management
Integrated and Perinatal Case Management
 - Referral criteria for ICM were expanded in Q4. Implemented use of a claims report to identify women who are pregnant for outreach and completion of an assessment in effort to increase the referral volume to Perinatal CM
 - Reviewed with staff the process to research additional valid member phone numbers to facilitate successful member outreach
 - Transitioned all new Top One Percent (TOP) case referrals to TruCare on October 1, 2017
 - Completed monthly Motivational Interviewing classes to increase member engagement and retention in CM.
 - The CM and the Quality Improvement staff continue to work together on plans to initiate the StartSmart for Baby Program. This will support early identification of pregnant members for HEDIS compliance and increase the number of referrals to Perinatal CM.
3. Transition Case Management (TCM)
The reporting parameters for the TCM Program have been refined to include the following:
 - Percent of members with confirmed post-acute PCP follow-up appointment, changed to “within 10 days of discharge” rather than 7 days. Transitioned data capture to TruCare for consistency with other case management programs.
 - Additional staff supporting program

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Attachment 14.A

Financial Statements as of 12/31/17

Fresno-Kings-Madera Regional Health Authority dba CalViva Health

Balance Sheet

As of December 31, 2017

	<u>Total</u>
ASSETS	
Current Assets	
Bank Accounts	
Cash	27,101,313.42
Savings CD	0.00
ST Investments	0.00
Wells Fargo Money Market Mutual Funds	44,058.02
Total Bank Accounts	\$ 27,145,371.44
Accounts Receivable	
Accounts Receivable	123,969,932.51
Total Accounts Receivable	\$ 123,969,932.51
Other Current Assets	
Interest Receivable	127.63
Investments - CDs	4,995,456.50
Prepaid Expenses	587,217.52
Security Deposit	0.00
Total Other Current Assets	\$ 5,582,801.65
Total Current Assets	\$ 156,698,105.60
Fixed Assets	
Buildings	7,320,476.75
Computers & Software	8,516.60
Land	3,161,419.10
Office Furniture & Equipment	172,494.62
Total Fixed Assets	\$ 10,662,907.07
Other Assets	
Investment -Restricted	310,327.21
Total Other Assets	\$ 310,327.21
TOTAL ASSETS	\$ 167,671,339.88
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	375,727.54
Accrued Admin Service Fee	4,002,790.00
Capitation Payable	88,024,314.30
Claims Payable	37,728.87
Total Accounts Payable	\$ 92,440,560.71
Other Current Liabilities	
Accrued Expenses	578,178.13
Accrued Payroll	101,998.04
Accrued Vacation Pay	163,247.00
Amt Due to DHCS	18,840,414.02
IBNR	145,699.84
Loan Payable-Current	0.00
Premium Tax Payable	0.00
Premium Tax Payable to BOE	0.00
Premium Tax Payable to DHCS	0.00
Total Other Current Liabilities	\$ 19,829,537.03
Total Current Liabilities	\$ 112,270,097.74
Long-Term Liabilities	
Renters' Security Deposit	36,500.00
Subordinated Loan Payable	0.00
Total Long-Term Liabilities	\$ 36,500.00
Total Liabilities	\$ 112,306,597.74
Equity	
Retained Earnings	49,619,929.41
Net Income	5,744,812.73
Total Equity	\$ 55,364,742.14
TOTAL LIABILITIES AND EQUITY	\$ 167,671,339.88

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Budget vs. Actuals: FY 2018 Budget - FY18 Income Statement
 July - December, 2017

	Actual	Total Budget	over Budget
Income			
Interest Earned	100,005.69	36,000.00	64,005.69
Premium/Capitation Income	597,020,404.47	569,284,500.00	27,735,904.47
Total Income	\$ 597,120,410.16	\$ 569,320,500.00	\$ 27,799,910.16
Cost of Medical Care			
Capitation - Medical Costs	502,081,353.35	481,517,586.00	20,563,767.35
Medical Claim Costs	1,139,712.39		1,139,712.39
Total Cost of Medical Care	\$ 503,221,065.74	\$ 481,517,586.00	\$ 21,703,479.74
Gross Margin	\$ 93,899,344.42	\$ 87,802,914.00	\$ 6,096,430.42
Expenses			
Admin Service Agreement Fees	24,109,723.00	23,805,540.00	304,183.00
Bank Charges	3,761.06	8,400.00	-4,638.94
Computer/IT Services	67,095.76	42,000.00	25,095.76
Consulting Fees		52,500.00	-52,500.00
Depreciation Expense	144,045.81	145,320.00	-1,274.19
Dues & Subscriptions	79,611.80	89,400.00	-9,788.20
Grants	876,106.26	1,050,000.00	-173,893.74
Insurance	97,666.00	100,380.00	-2,714.00
Labor	1,404,448.72	1,424,391.00	-19,942.28
Legal & Professional Fees	35,254.43	95,400.00	-60,145.57
License Expense	311,306.76	312,000.00	-693.24
Marketing	294,056.91	450,000.00	-155,943.09
Meals and Entertainment	8,962.29	11,700.00	-2,737.71
Office Expenses	25,874.84	39,000.00	-13,125.16
Parking	719.50	600.00	119.50
Postage & Delivery	688.00	1,200.00	-512.00
Printing & Reproduction	1,917.06	2,400.00	-482.94
Recruitment Expense		18,000.00	-18,000.00
Rent	1,800.00	6,000.00	-4,200.00
Seminars and Training	4,857.00	12,000.00	-7,143.00
Supplies	5,035.18	4,000.00	1,035.18
Taxes	61,049,908.24	56,267,832.00	4,782,076.24
Telephone	15,079.44	9,000.00	6,079.44
Travel	9,675.77	13,500.00	-3,824.23
Total Expenses	\$ 88,547,593.83	\$ 83,960,563.00	\$ 4,587,030.83
Net Operating Income	\$ 5,351,750.59	\$ 3,842,351.00	\$ 1,509,399.59
Other Income			
Other Income	393,062.14	300,000.00	93,062.14
Total Other Income	\$ 393,062.14	\$ 300,000.00	\$ 93,062.14
Net Other Income	\$ 393,062.14	\$ 300,000.00	\$ 93,062.14
Net Income	\$ 5,744,812.73	\$ 4,142,351.00	\$ 1,602,461.73

Item #14

Attachment 14.B

Compliance Report



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2017 Total
# of DHCS Filings													
Administrative/Operational	4	3	7	10	7	6	10	7	1	10	8	7	80
Member & Provider Materials	0	1	3	2	3	3	3	3	2	2	1	4	27
# of DMHC Filings	4	5	3	4	3	5	8	8	2	4	2	4	52

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

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

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

Compliance Oversight & Monitoring Activities	Description
CalViva Health Oversight Meetings	<p>Health Net CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to the Centene-Health Net merger that may affect CalViva Health. CalViva Health continues to receive and review ongoing updates on Health Net's efforts to improve specialty provider access for CalViva Health members.</p> <p>Kaiser CalViva Health and Kaiser management are currently meeting as needed to address transition run-out related activities since the contractual relationship ended as of August 31, 2017. Most run-out activity is expected to continue until September 2018. There are some activities, such as required regulatory reports, encounter data submissions, HEDIS data and other financial reporting related to Kaiser that will continue into 2019 and possibly 2020.</p>

RHA Commission Compliance – Regulatory Report

<p>Oversight Audits</p>	<p><u>Health Net Oversight Audits:</u> Audits completed during October 2017 to January 2018 include: Appeal & Grievance – no Corrective Action Plan (CAP) required; Provider Relations and Provider Network – CAP approved. The following 2018 audits are in progress: Claims, Provider Dispute Resolution, Member Services/Call Center, and Utilization Management.</p> <p><u>Provider Dispute Resolution (PDR) Case Audits:</u> the Q1 2017 and Q2 2017 PDR audits were completed and CAPs for both quarters were approved. The Plan is currently working on the Q3 2017 audit.</p>
<p>Regulatory Reviews/Audits</p>	<p>Status</p>
<p>Material Modification Filing – Termination of contract with Kaiser</p>	<p>In late September 2017, DMHC and DHCS approved the Plan’s filings related to the termination of the contract between CalViva Health and Kaiser. The DMHC issued a list of Undertakings that the Plan is required to meet as part of the transition of the members assigned to Kaiser. The Plan submitted its first report in response to the Undertakings in December and the next report is due March 1, 2018.</p>
<p>Department of Health Care Services (“DHCS”) 2017 Medical Audit</p>	<p>The Plan had an exit conference with DHCS on January 26, 2018 and received the preliminary findings from the 2017 audit. The Plan has until February 12, 2018 to provide additional information before the findings are finalized and a final report is issued.</p>
<p>Department of Health Care Services (“DHCS”) 2018 Medical Audit</p>	<p>DHCS sent a January 31, 2018 letter to the Plan providing notification of the 2018 Medical Survey. DHCS will be onsite for two (2) weeks starting April 16, 2018. Pre-audit materials are due to DHCS by February 21, 2018. Areas to be audited include: Utilization Management, Case Management, Access and Availability, Member Rights, Privacy/Security, Quality Improvement, Fraud & Abuse, Administrative & Organizational Capacity. New areas to be reviewed include Behavioral Health Therapy and Non-Emergency & Non-Medical Transportation Services.</p>
<p>Department of Managed Health Care (“DMHC”) Follow-up to 2016 Medical Audit</p>	<p>On October 30, 2017, DMHC notified the Plan that they would be conducting a Desk Level Follow Up Review of the outstanding issues identified in the Final Report issued on December 21, 2016 for the Routine Medical Survey performed in April 2016. The Plan was required to provide case files, policies, reports and other documents for the review which started in mid-January, 2018. The Plan is currently awaiting completion of the follow-up audit and the report of the findings.</p>
<p>Department of Health Care Services (“DHCS”) Encounter Data Corrective Action Plan (CAP)</p>	<p>DHCS issued a Corrective Action Plan to CalViva Health on December 26, 2017 identifying that the volume of encounter data submitted for Kings and Madera counties in 2015 and 2016 had trended down even though enrollment was increasing. The Plan provided a CAP response to DHCS on January 10, 2018 and has a follow-up meeting with DHCS in late February 2018 to discuss the CAP.</p>

RHA Commission Compliance – Regulatory Report

<p>Department of Health Care Services (“DHCS”) 2017 - 2018 Encounter Data Validation (“EDV”) Study</p>	<p>DHCS contracted with Health Services Advisory Group, Inc. (HSAG) to conduct an EDV study for fiscal year 2017–2018. The EDV study will evaluate encounter data completeness and accuracy by comparing submitted encounter data to information documented in the medical records for sampled physician services rendered between July 1, 2016 and December 31, 2016. CalViva Health will be responsible for retrieving the medical records from the providers for 411 sampled beneficiaries between February 1, 2018 and May 11, 2018.</p>
<p>Department of Managed Health Care (“DMHC”) Cease & Desist Order Department of Health Care Services (“DHCS”) Corrective Action Plan Employee Health Systems (EHS and SynerMed</p>	<p>Through Health Net’s contract with EHS, EHS and their management services organization (MSO), SynerMed, were responsible for providing delegated administrative services and professional/medical care to CalViva Health members (and other health plan members throughout California) through EHS contracted providers. In November and December 2017 DMHC/DHCS identified two (2) whistleblower complaints were filed that led to DMHC/DHCS requiring health care plans to terminate their contract with EHS,</p> <p>1.) The first complaint alleged some non-compliant internal practices were in place at SynerMed that caused the regulators to request all participating provider groups (PPG) and health plans using SynerMed to discontinue their services as soon as possible. The Plans were also asked to place an Independent Management Organization (IMO) at the SynerMed Corporate office to monitor the transition or termination of business activities by SynerMed to ensure appropriate data transfer and retention of records, identify any new deficiencies and report to the impacted health plans and DHCS. This was done on December 15, 2017 and Health Net is the lead Plan in this monitoring process and responsible for coordinating/leading the efforts with the IMO, Optum, and the health plans.</p> <p>2.) The second whistleblower reported additional irregularities in the management practices of EHS. As a result, DMHC/DHCS required that health care plans terminate their contracts with EHS.</p> <p>CalViva Health Management has been meeting with Optum, Health Net and the other Medi-Cal health plans contracted with EHS. Following is an overview of actions taken as a result of the EHS/SynerMed situation:</p> <ul style="list-style-type: none"> • DHCS had issued a SynerMed corrective action plan (CAP) to all affected health plans on November 17, 2017 related to the ongoing maintenance of business and transition of services from SynerMed. On December 22, 2017, DHCS expanded this CAP to include EHS. This expanded CAP requires all Plans to terminate their contract with EHS as soon as possible. • A DMHC Cease and Desist Order was delivered to all health plans contracted directly or indirectly via subcontracts with EHS on December 26, 2017. This order required all Plans to terminate their contract with EHS as soon as possible and provide proof of compliance with the Order by February 5, 2018. • Health Net terminated their agreement with EHS effective January 31, 2018. • All providers in the CalViva network were sent a December 29, 2017 Provider Update notification about the EHS termination and transitioning members. • All CalViva Health members assigned to EHS were transitioned effective February 1, 2018 and remained with or were assigned to primary care providers (PCP) with a direct contract with Health Net or to another contracted PPG. Most members were able to stay with their same PCP. Notices and new ID cards have been sent to all transitioning CalViva Health members.

RHA Commission Compliance – Regulatory Report

New Regulation / Contractual Requirements	
New 2018 Regulations	There are only a few new regulations and legislation passed in 2017 that will affect CalViva Health. A summary of the new regulations will be included with the March 2018 Commission report.
Medicaid and Children’s Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability “Final Rule”	<p>In previous meetings, the Commission was provided information about the Final Rule and its phased in implementation. At the July Commission meeting, it was indicated that the Plan had received approval from DHCS for eight (8) of the thirteen (“13”) deliverables submitted to meet some Final Rule requirements. DHCS has now approved the remaining (5) deliverables.</p> <p>As noted the Final Rule requirements are being phased in over several years. One of the new requirements is that all health plans issue a standard model EOC/Member Handbook. DHCS released the model handbook in October 2017 for use by Plans at their next regular EOC issuance in 2018. On February 8, 2018, DHCS advised all plans to submit their customized Plan version to DHCS by February 28, 2018 for review.</p> <p>DHCS submitted the Final Rule contract amendment for managed care plans to CMS and it is still under review.</p>
Employee Trainings	
Annual Compliance, Anti-Fraud and Privacy/Security Training	CalViva employees participated in the annual trainings in December and completed the required post-program quiz.
Committee Report	
Public Policy Committee	<p>The Public Policy Committee met on December 6, 2017 approved the 2018 meeting schedule, reviewed the Enrollment Dashboard, Cultural and Linguistic and Health Education mid-year evaluations, 2017 HEDIS® Update, Appeals, Grievances, and Complaints related information. There were no recommendations or action items requiring the response of the Commission.</p> <p>The next Public Policy Committee meeting is scheduled for March 7, 2018, 11:30 a.m. at 7625 N. Palm Ave., Suite 109, Fresno, CA 93711.</p>

Item #14

Attachment 14.C

Appeals & Grievances Report

Attachment L

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2017

Current as of End of the Month: December

Revised Date: 1/15/2017

CalViva Health Appeals and Grievances Dashboard 2017

CalViva - 2017	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2017 YTD	2016 YTD
Grievances																		
Expedited Grievances Received	17	15	23	55	15	14	12	41	8	16	17	41	10	8	19	37	174	131
Standard Grievances Received	77	67	69	213	76	58	65	199	68	81	86	235	58	49	50	157	804	709
Total Grievances Received	94	82	92	268	91	72	77	240	76	97	103	276	68	57	69	194	978	840
Grievance Ack Letters Sent Noncompliant	2	1	1	4	1	0	0	1	2	0	4	6	1	0	0	1	12	10
Grievance Ack Letter Compliance Rate	97.4%	98.5%	98.6%	98.1%	98.7%	100.0%	100.0%	99.5%	97.1%	100.0%	95.3%	97.4%	98.3%	100.0%	100.0%	99.4%	98.51%	98.6%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	2	0	0	2	0	0	0	0	2	3
Expedited Grievances Resolved Compliant	17	13	25	55	13	15	12	40	6	12	22	40	10	6	19	35	170	128
Expedited Grievance Compliance rate	100.0%	66.7%	100.0%	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%	98.84%	97.7%							
Standard Grievances Resolved Noncompliant	1	0	0	1	0	0	0	0	10	1	1	12	0	0	0	0	13	0
Standard Grievances Resolved Compliant	59	75	77	211	63	74	61	198	48	69	79	196	88	63	44	195	800	698
Standard Grievance Compliance rate	98.3%	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	79.2%	98.6%	98.7%	93.9%	100.0%	100.0%	100.0%	100.0%	98.40%	100.0%
Total Grievances Resolved	77	88	102	267	76	89	73	238	66	82	102	250	98	69	63	230	985	829
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	52	55	69	176	53	65	50	168	44	59	83	186	75	54	53	182	712	567
Access - Other - DMHC	2	3	8	13	4	5	2	11	1	2	2	5	1	1	1	3	32	25
Access - PCP - DHCS	19	14	15	48	8	12	9	29	7	6	10	23	6	6	6	18	118	127
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Access - Spec - DHCS	2	3	8	13	8	9	4	21	3	8	5	16	1	1	3	5	55	34
Administrative	9	7	9	25	11	17	17	45	13	26	8	47	13	9	12	34	151	129
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	5	5	3	2	0	4	9	NA
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	2	2	NA
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0	2	2	NA
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	2	2	2	0	1	3	5	NA
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	NA
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	16	16	4	4	5	11	27	NA
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	5	5	2	1	0	3	8	NA
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	1	1	2	1	0	3	4	NA
Interpersonal	14	17	18	49	17	15	12	44	20	10	22	52	20	19	14	53	198	145
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	4	7	7	18	2	7	2	11	0	4	5	9	3	5	6	14	52	86
Pharmacy	2	4	4	10	3	0	4	7	0	3	2	5	5	2	5	12	34	20
Quality Of Care Grievances	25	33	33	91	23	24	23	70	22	23	19	64	23	15	10	48	273	262
Access - Other - DMHC	2	2	0	4	1	0	2	3	0	0	0	0	0	1	0	1	8	8
Access - PCP - DHCS	3	8	9	20	7	1	7	15	4	4	3	11	2	1	1	4	50	56
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	0	3	5	0	1	1	2	2	0	0	2	1	0	0	1	10	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	4	7	1	12	2	5	2	9	2	1	0	3	32	20
PCP Care	9	13	10	32	4	10	7	21	7	10	7	24	13	7	7	27	104	100
PCP Delay	5	2	4	11	3	0	1	4	3	2	2	7	3	3	0	6	28	36
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	1	5	4	10	4	5	7	13	4	2	3	9	1	2	2	5	37	29
Specialist Delay	0	0	1	1	0	0	1	0	0	0	2	2	1	0	0	1	4	3
Exempt Grievances Received - Classifications	279	183	219	681	224	288	197	709	219	375	222	816	238	233	185	656	2862	2153
Authorization	11	5	6	22	5	19	6	30	4	10	7	21	5	8	8	21	94	106
Avail of Appt w/ Other Providers	0	0	0	0	0	0	0	0	6	0	0	6	0	0	0	0	6	0
Avail of Appt w/ PCP	9	7	10	26	19	20	9	48	1	12	8	21	5	9	5	19	114	186
Avail of Appt w/ Specialist	0	0	1	1	0	0	0	0	0	1	0	1	1	0	0	1	3	2
Claims Complaint	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	NA
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Eligibility Issue	13	1	5	19	13	5	2	20	4	6	2	12	2	5	8	15	66	46
Health Care Benefits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ID Card - Not Received	30	11	16	57	27	29	39	95	15	31	25	71	14	20	12	46	269	113
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	21	19	47	9	7	2	18	6	12	3	21	4	7	0	11	97	85
Interpersonal - Behavior of Clinic/Staff - Provider	79	59	64	202	46	90	45	181	53	92	63	208	71	78	35	184	775	589
Interpersonal - Behavior of Clinic/Staff - Vendor	0	1	1	2	1	1	1	3	0	1	0	1	0	0	1	1	7	14
Other	13	9	9	31	14	11	4	29	4	14	4	22	4	5	4	13	95	51
PCP Assignment	98	55	76	229	79	90	74	243	115	172	99	386	116	84	90	290	1148	777
Pharmacy	12	9	10	31	8	13	10	31	8	21	9	38	16	16	19	51	151	114
Wait Time - In Office for Scheduled Appt	4	2	0	6	1	2	2	5	3	0	1	4	0	1	1	2	17	33

CalViva Health Appeals and Grievances Dashboard 2017

Wait Time - Too Long on Telephone	3	3	2	8	2	1	3	6	0	3	1	4	0	0	1	1	19	33
Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	6	5	9	20	5	3	3	11	2	7	4	13	5	12	5	22	66	57
Standard Appeals Received	22	11	9	42	8	6	13	27	11	16	22	49	20	19	17	56	174	140
Total Appeals Received	28	16	18	62	13	9	16	38	13	23	26	62	25	31	22	78	240	197
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	1	1	1	0	1	2	3	1
Appeals Ack Letter Compliance Rate	100.0%	95.5%	98.0%	95.0%	100.0%	94.1%	96.4%	98.28%	99.3%									
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
Expedited Appeals Resolved Compliant	7	4	10	21	5	3	3	11	1	6	5	12	5	11	6	22	66	56
Expedited Appeals Compliance Rate	100.0%	50.0%	100.0%	100.0%	91.7%	100.0%	100.0%	100.0%	100.0%	98.51%	100.0%							
Standard Appeals Resolved Noncompliant	1	0	0	1	0	1	0	1	1	0	0	1	0	0	0	0	3	0
Standard Appeals Resolved Compliant	9	20	13	42	6	9	7	22	11	11	14	36	19	25	13	57	157	132
Standard Appeals Compliance Rate	88.9%	100.0%	100.0%	97.6%	100.0%	88.9%	100.0%	94.4%	90.9%	100.0%	100.0%	97.2%	100.0%	100.0%	100.0%	100.0%	98.13%	100.0%
Total Appeals Resolved	17	24	23	64	11	13	10	34	14	17	19	50	24	36	19	79	227	188
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	17	24	23	64	11	13	10	34	14	17	19	50	24	34	18	76	224	184
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Consultation	0	1	0	1	0	0	0	0	0	2	0	2	0	1	1	2	5	18
DME	6	8	3	17	1	5	1	7	2	1	4	7	2	3	3	8	39	35
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	2	2	3	7	0	3	3	6	4	5	7	16	8	15	7	30	59	23
Pharmacy	6	9	14	29	8	3	6	17	5	9	6	20	13	13	7	33	99	90
Surgery	3	4	3	10	2	2	0	4	3	0	2	5	1	2	0	3	22	18
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	3	3	4
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	2	4
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	5	14	12	31	6	8	6	20	10	13	12	35	17	18	10	45	131	133
Uphold Rate	29.4%	58.3%	52.2%	48.4%	54.5%	61.5%	60.0%	58.8%	71.4%	76.5%	63.2%	70.0%	70.8%	50.0%	52.6%	57.0%	57.7%	70.7%
Overturns - Full	9	8	9	26	5	5	4	14	3	4	7	14	7	15	8	30	84	47
Overturn Rate - Full	52.9%	33.3%	39.1%	40.6%	45.5%	38.5%	40.0%	41.2%	21.4%	23.5%	36.8%	28.0%	29.2%	41.7%	42.1%	38.0%	37.0%	25.0%
Overturns - Partial	3	1	1	5	0	0	0	0	0	0	0	0	0	3	0	3	8	4
Overturn Rate - Partial	17.6%	4.2%	4.3%	7.8%	0.0%	0.0%	0.0%	8.3%	0.0%	3.80%	3.5%	2.1%						
Withdrawal	0	1	1	2	0	0	0	0	1	0	0	1	0	0	1	1	4	4
Withdrawal Rate	0.0%	4.2%	4.3%	3.1%	0.0%	0.0%	0.0%	0.0%	7.1%	0.0%	0.0%	2.0%	0.0%	0.0%	5.3%	1.27%	1.8%	2.1%
Membership	350,692	350,877	351,447		352,025	351,498	352,139		352,283	352,027	361,118		359,906	358,679	359,473			
Appeals - PTMPM	0.05	0.07	0.07	0.06	0.03	0.04	0.03	0.03	0.04	0.05	0.05	0.05	0.07	0.10	0.05	0.07	0.05	0.05
Grievances - PTMPM	0.22	0.25	0.29	0.25	0.22	0.25	0.21	0.23	0.19	0.23	0.28	0.23	0.27	0.19	0.18	0.21	0.23	0.20

Fresno County																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2017 YTD	2016 YTD
Expedited Grievances Received	16	12	21	49	15	14	11	40	7	14	15	36	7	8	13	28	153	111
Standard Grievances Received	74	58	62	194	74	50	56	180	59	68	73	200	52	43	36	131	705	599
Total Grievances Received	90	70	83	243	89	64	67	220	66	82	88	236	59	51	49	159	858	710
Grievance Ack Letters Sent Noncompliant	2	1	0	3	1	0	0	1	1	0	3	0	2	0	0	2	6	8
Grievance Ack Letter Compliance Rate	97.3%	98.3%	100.0%	98.5%	98.6%	100.0%	100.0%	99.4%	98.3%	100.0%	95.9%	100.0%	96.2%	100.0%	100.0%	98.5%	100.0%	100.00%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	2	0	0	2	0	0	0	0	2	4
Expedited Grievances Resolved Compliant	16	10	23	49	13	15	11	39	5	11	19	35	7	6	15	28	151	107
Expedited Grievance Compliance rate	100.0%	60.0%	100.0%	100.0%	94.3%	100.0%	100.0%	100.0%	0.0%	98.7%	96.26%							
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	8	1	1	10	0	0	0	0	10	0
Standard Grievances Resolved Compliant	47	72	68	187	58	71	53	182	41	59	68	168	75	56	38	169	706	596
Standard Grievance Compliance rate	100.0%	80.5%	98.3%	98.5%	94.0%	100.0%	100.0%	100.0%	100.0%	98.6%	100.0%							
Total Grievances Resolved	63	82	91	236	71	86	64	221	56	71	88	215	82	62	53	197	869	707
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	44	50	62	156	50	62	47	159	38	51	71	160	62	50	45	157	632	485
Access - Other - DMHC	2	3	7	12	3	5	2	10	1	2	2	5	0	1	0	1	28	22
Access - PCP - DHCS	15	14	13	42	8	11	8	27	6	6	9	21	6	6	5	17	107	113
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Access - Spec - DHCS	2	1	8	11	8	9	4	21	2	7	4	13	0	1	3	4	49	26
Administrative	8	6	8	22	10	16	17	43	10	21	5	36	21	7	9	37	138	111
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	5	5	2	2	0	4	9	NA
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	NA
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0	3	3	NA
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	2	2	2	0	1	3	5	NA
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	NA
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	13	13	3	4	5	12	25	NA
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	5	5	0	1	0	1	6	NA
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	1	1	2	1	0	3	4	NA
Interpersonal	11	16	16	43	17	14	10	41	19	9	20	48	16	17	11	44	176	120
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	4	6	7	17	1	7	2	10	0	4	4	8	3	5	6	14	49	75
Pharmacy	2	4	3	9	3	0	4	7	0	2	1	3	4	2	5	11	30	17
Quality Of Care Grievances	19	32	29	80	21	24	17	62	18	20	17	55	20	12	8	40	237	222
Access - Other - DMHC	0	2	0	2	1	0	1	2	0	0	0	0	0	0	0	0	4	6
Access - PCP - DHCS	2	8	8	18	7	1	6	14	3	4	3	10	2	1	1	4	46	49
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	0	2	4	0	1	0	1	2	0	0	2	1	0	0	1	8	9
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	3	2	6	4	7	1	12	1	3	2	6	1	1	0	2	26	15
PCP Care	9	12	9	30	4	10	5	19	5	9	6	20	12	6	6	24	93	86
PCP Delay	4	2	3	9	2	0	1	3	3	2	2	7	2	2	0	4	23	32
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	1	5	4	10	3	5	3	11	4	2	2	8	1	2	1	4	33	23
Specialist Delay	0	0	1	1	0	0	0	0	0	0	2	2	1	0	0	1	4	2

CalViva Health Appeals and Grievances Dashboard 2017 (Fresno County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	2	5	8	15	4	3	3	10	0	5	3	8	4	10	5	19	52	48
Standard Appeals Received	15	8	9	32	8	3	9	20	9	14	16	39	19	19	17	55	146	117
Total Appeals Received	17	13	17	47	12	6	12	30	9	19	19	47	23	29	22	74	198	165
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	94.1%	98.2%	99.3%	99.1%											
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	3	4	9	16	4	3	3	10	0	4	4	8	4	9	6	19	53	47
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%											
Standard Appeals Resolved Noncompliant	1	0	0	1	0	1	0	1	1	0	0	1	0	0	0	0	3	0
Standard Appeals Resolved Compliant	8	14	9	1	6	8	5	19	8	9	12	29	13	24	13	50	99	109
Standard Appeals Compliance Rate	87.5%	100.0%	100.0%	0.0%	100.0%	87.5%	100.0%	93.8%	87.5%	100.0%	100.0%	96.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total Appeals Resolved	12	18	18	48	10	12	8	30	9	13	16	38	17	33	19	69	185	156
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	12	18	18	48	10	12	8	30	9	13	16	38	17	31	18	66	182	153
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Consultation	0	0	0	0	0	0	0	0	0	1	0	1	0	1	1	2	3	15
DME	5	6	1	12	1	4	1	6	2	1	4	7	2	3	3	8	33	29
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	1	3	4	0	3	2	5	3	4	4	11	4	14	7	25	45	17
Pharmacy	5	7	11	23	7	3	5	15	3	7	6	16	10	11	7	28	82	79
Surgery	2	4	3	9	2	2	0	4	1	0	2	3	1	2	0	3	19	13
Post Service Appeals	0	0	2	1	3	3	3											
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	2	0
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	4	11	10	25	6	8	5	19	6	11	11	28	11	16	10	37	109	111
Uphold Rate	33.3%	61.1%	55.6%	52.1%	60.0%	66.7%	62.5%	63.3%	66.7%	84.6%	68.8%	73.7%	64.7%	48.5%	52.6%	53.6%	58.9%	71.2%
Overturns - Full	6	5	8	19	4	4	3	11	2	2	5	9	6	14	8	28	67	39
Overturn Rate - Full	50.0%	27.8%	44.4%	39.58%	40.0%	33.3%	37.5%	36.67%	22.2%	15.4%	31.3%	23.68%	35.3%	42.4%	42.1%	40.58%	36.22%	25.00%
Overturns - Partial	2	1	0	3	0	0	0	0	0	0	0	0	0	3	0	3	6	2
Overturn Rate - Partial	16.7%	5.6%	0.0%	6.3%	0.0%	0.0%	9.1%	0.0%	4.3%	3.2%	1.3%							
Withdrawal	0	1	0	1	0	0	0	0	1	0	0	1	0	0	1	1	3	4
Withdrawal Rate	0.0%	5.6%	0.0%	2.1%	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	5.3%	1.5%	2.1%	2.6%
Membership	289,913	289,663	289,706	290,154	289,926	290,380	290,474	290,218	297,716	296,594	295,211	295,708						
Appeals - PTMPM	0.04	0.06	0.06	0.06	0.03	0.04	0.03	0.03	0.03	0.04	0.05	0.04	0.06	0.11	0.06	0.00	0.03	0.03
Grievances - PTMPM	0.22	0.28	0.31	0.27	0.24	0.30	0.22	0.25	0.19	0.24	0.30	0.24	0.28	0.21	0.18	0.00	0.19	0.15

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	2	0	0	2	0	0	0	0	0	1	1	2	0	0	0	0	4	3
Standard Appeals Received	2	1	0	3	0	1	2	3	1	0	4	5	1	0	0	1	12	8
Total Appeals Received	4	1	0	5	0	1	2	3	1	1	5	7	1	0	0	1	16	11
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0
Appeals Ack Letter Compliance Rate	100.0%	75.0%	80.0%	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%									
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	2	0	0	2	0	0	0	0	0	1	1	2	0	0	0	0	4	4
Expedited Appeals Compliance Rate	100.0%																	
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	0	2	1	3	0	0	1	1	1	1	0	2	4	1	0	5	11	7
Standard Appeals Compliance Rate	100.0%																	
Total Appeals Resolved	2	2	1	5	0	0	1	1	1	2	1	4	4	1	0	5	15	11
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	2	2	1	5	0	0	1	1	1	2	1	4	4	1	0	5	15	11
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	1	0	1	0	0	0	0	0	1	0	1	0	0	0	0	2	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	1	0	2	0	0	1	1	0	0	1	1	1	0	0	1	5	3
Pharmacy	0	0	1	1	0	0	0	0	1	1	0	2	3	1	0	4	7	5
Surgery	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Post Service Appeals	0																	
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	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
Appeals Decision Rates																		
Upholds	0	1	1	2	0	0	1	1	1	2	0	3	4	1	0	5	11	8
Uphold Rate	0.0%	50.0%	100.0%	40.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	0.0%	75.0%	100.0%	100.0%	0.0%	100.0%	73.3%	72.7%
Overturns - Full	2	1	0	3	0	0	0	0	0	0	1	1	0	0	0	0	4	2
Overturn Rate - Full	100.0%	50.0%	0.0%	60.0%	0.0%	0.0%	0.0%	0.00%	0.0%	0.0%	100.0%	25.00%	0.0%	0.0%	0.0%	0.00%	26.67%	18.18%
Overturns - Partial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Overturn Rate - Partial	0.0%	9.1%																
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Withdrawal Rate	0.0%																	
Membership	26,193	26,551	26,782		26,839	26,801	26,846		26,793	26,862	27,136		27,166	27,273	27,486			
Appeals - PTMPM	0.08	0.08	0.04	0.06	-	-	0.04	0.01	0.04	0.07	0.04	0.05	0.15	0.04	-	0.06	0.05	0.04
Grievances - PTMPM	0.11	0.11	0.15	0.13	0.07	-	0.11	0.06	0.19	0.15	0.26	0.20	0.33	0.07	0.07	0.16	0.14	0.18

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	2	0	1	3	1	0	0	1	2	1	0	3	1	2	0	0	7	5
Standard Appeals Received	5	2	0	7	0	2	2	4	1	2	2	5	0	0	0	0	16	16
Total Appeals Received	7	2	0	10	0	2	2	5	3	3	2	8	0	0	0	0	23	21
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.00%	100.00%	100.00%	100.00%	100.0%	100.00%						
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	2	0	1	3	1	0	0	1	1	1	0	2	1	2	0	3	9	5
Expedited Appeals Compliance Rate	100.0%	50.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.00%	100.0%	100.0%	100.00%							
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	1	4	3	8	0	1	1	2	2	1	2	5	2	0	0	2	17	16
Standard Appeals Compliance Rate	100.0%	100.00%	100.00%	100.0%	100.0%	100.0%												
Total Appeals Resolved	3	4	4	11	1	1	1	3	4	2	2	8	3	2	0	5	27	21
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	3	4	4	11	1	1	1	3	4	2	2	8	3	2	0	5	27	20
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
DME	1	2	2	5	0	1	0	1	0	0	0	0	0	0	0	0	6	5
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	1	1	2	4	3	1	0	4	9	3
Pharmacy	1	2	2	5	1	0	1	2	1	1	0	2	0	1	0	1	10	6
Surgery	0	0	0	0	0	0	0	0	2	0	0	2	0	0	0	0	2	3
Post Service Appeals	0	0	0	0	0	1												
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	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
Appeals Decision Rates																		
Upholds	1	2	1	4	0	0	0	0	3	0	1	4	2	1	0	3	11	14
Uphold Rate	33.3%	50.0%	25.0%	36.4%	0.0%	0.0%	0.0%	0.0%	75.0%	0.0%	50.0%	50.0%	66.7%	50.0%	0.0%	60.0%	40.7%	66.7%
Overturns - Full	1	2	1	4	1	1	1	3	1	2	1	4	1	1	0	2	13	6
Overturn Rate - Full	33.3%	50.0%	25.0%	36.4%	100.0%	100.0%	100.0%	100.0%	25.0%	100.0%	50.0%	50.00%	33.3%	50.0%	0.0%	40.00%	48.15%	28.57%
Overturns - Partial	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	1
Overturn Rate - Partial	33.3%	0.0%	25.0%	18.2%	0.0%	0.0%	0.0%	0.0%	7.4%	4.8%								
Withdrawal	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Withdrawal Rate	0.0%	0.0%	25.0%	9.1%	0.0%	0.0%	0.0%	0.0%	9.1%	0.0%								
Membership	34,586	34,663	34,959	35,032	34,771	34,913	35,016	34,947	36,266	36,146	36,195	36,279	36,146	36,195	36,279			
Appeals - PTMPM	0.09	0.12	0.11	0.11	0.03	0.03	0.03	0.03	0.11	0.06	0.06	0.08	0.08	0.06	-	0.05	0.06	0.05
Grievances - PTMPM	0.32	0.09	0.20	0.20	0.09	0.09	0.17	0.11	0.14	0.20	0.19	0.18	0.19	0.14	0.22	0.18	0.17	0.16

CalViva Health Appeals and Grievances Dashboard 2017 (SPD)

CalViva SPD only																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2017 YTD	2016 YTD
Expedited Grievances Received	6	3	8	17	2	3	2	7	3	3	1	7	2	2	6	10	41	34
Standard Grievances Received	21	17	19	57	23	15	20	58	12	24	22	58	14	15	7	36	209	205
Total Grievances Received	27	20	27	74	25	18	22	65	15	27	23	65	16	17	13	46	250	239
Grievance Ack Letters Sent Noncompliant	0	1	0	1	0	0	0	0	0	0	1	0	0	0	0	0	1	0
Grievance Ack Letter Compliance Rate	100.0%	94.1%	100.0%	98.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.5%	98.5%	100.0%	100.0%	100.0%	100.0%	99.2%	100.00%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	6	3	8	17	3	2	3	8	3	2	2	7	2	2	6	10	42	34
Expedited Grievance Compliance rate	100.0%	100.00%																
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0
Standard Grievances Resolved Compliant	21	18	18	57	20	20	16	56	18	16	19	53	22	15	14	51	217	202
Standard Grievance Compliance rate	100.0%	94.7%	98.1%	100.0%	100.0%	100.0%	100.0%	99.5%	100.0%									
Total Grievances Resolved	27	21	26	74	23	22	19	64	21	18	22	61	24	17	20	61	260	236
Grievance Descriptions - Resolved Cases	27	21	26	74	23	22	19	64	21	18	22	61	24	17	20	61	260	236
Access to primary care	7	4	6	17	7	1	3	11	6	6	4	16	3	3	3	9	53	54
Access to specialists	1	0	1	2	1	4	0	5	1	2	2	5	0	0	1	1	13	13
Continuity of Care	0	0	0	0	0	0	0	0	0	0	3	3	2	3	2	7	10	NA
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	2	2	4	8	2	3	1	6	1	0	0	1	1	0	0	1	16	11
Out-of-network	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Physical accessibility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
QOC Non Access	6	6	5	17	4	7	2	13	7	4	4	15	3	2	1	6	51	51
QOS Non Access	11	9	10	30	9	7	13	29	6	6	9	21	15	9	13	37	117	106
Exempt Grievances Received - New Classifications	29	24	34	87	23	26	19	68	26	34	24	84	11	20	21	52	291	241
Authorization	0	1	0	1	2	4	3	9	0	2	3	5	0	1	3	4	19	29
Avail of Appt w/ Other Providers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Avail of Appt w/ PCP	0	2	0	2	1	2	0	3	2	1	1	4	1	0	1	2	11	18
Avail of Appt w/ Specialist	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
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	NA
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Eligibility Issue	2	0	1	3	1	1	0	2	1	0	0	1	1	0	0	1	7	3
Health Care Benefits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ID Card - Not Received	2	1	5	8	1	1	3	5	1	1	1	3	1	4	0	5	21	10
Information Discrepancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	1	2	3	6	1	1	1	3	2	1	1	4	0	1	0	1	14	14
Interpersonal - Behavior of Clinic/Staff - Provider	10	9	12	31	9	6	4	19	7	11	5	23	4	4	8	16	89	78
Interpersonal - Behavior of Clinic/Staff - Vendor	0	1	0	1	0	0	1	1	0	1	0	1	0	0	0	0	3	10
Other	1	2	0	3	3	2	0	5	0	3	0	3	0	0	0	0	11	4
PCP Assignment	10	4	6	20	3	7	6	16	10	9	9	28	3	4	6	13	77	49
Pharmacy	2	1	5	8	2	2	1	5	1	4	4	9	1	6	3	10	32	21
Wait Time - In Office for Scheduled Appt	1	0	0	1	0	0	0	0	1	0	0	1	0	0	0	0	2	1
Wait Time - Too Long on Telephone	0	1	2	3	0	0	0	0	0	1	0	1	0	0	0	0	4	4

CalViva Health Appeals and Grievances Dashboard 2017 (SPD)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	3	1	2	6	1	1	0	2	1	1	2	4	2	2	2	6	18	14
Standard Appeals Received	8	2	1	11	3	4	5	12	2	4	5	11	5	6	5	16	50	41
Total Appeals Received	11	3	3	17	4	5	5	14	3	5	7	15	7	8	7	22	68	55
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%																	
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	3	0	3	6	1	1	0	2	1	1	2	4	2	2	2	6	18	15
Expedited Appeals Compliance Rate	100.0%																	
Standard Appeals Resolved Noncompliant	1	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0
Standard Appeals Resolved Compliant	4	7	2	13	1	3	4	8	3	2	3	8	5	7	4	16	45	39
Standard Appeals Compliance Rate	75.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	88.9%	100.0%	97.2%	0.0%							
Total Appeals Resolved	8	7	5	20	2	5	4	11	4	3	5	12	7	9	6	22	65	54
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	8	7	5	20	2	5	4	11	4	3	5	12	7	9	6	22	65	51
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
DME	4	3	3	10	0	2	1	3	1	0	3	4	1	3	2	6	23	23
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	2	1	3	0	2	2	4	3	2	2	7	14	4
Pharmacy	4	3	2	9	2	1	2	5	3	1	0	4	3	4	2	9	27	18
Surgery	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Post Service Appeals	0																	
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	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
Appeals Decision Rates																		
Upholds	1	3	2	6	1	4	1	6	4	2	4	10	6	4	4	14	36	36
Uphold Rate	12.5%	42.9%	40.0%	30.0%	50.0%	80.0%	25.0%	54.5%	100.0%	66.7%	80.0%	83.3%	85.7%	44.4%	66.7%	63.6%	55.4%	66.7%
Overturns - Full	5	3	2	10	1	1	3	5	0	1	1	2	1	5	1	7	24	16
Overturn Rate - Full	62.5%	42.9%	40.0%	50.0%	50.0%	20.0%	75.0%	45.45%	0.0%	33.3%	20.0%	16.67%	14.3%	55.6%	16.7%	31.82%	36.92%	29.63%
Overturns - Partial	2	1	1	4	0	0	0	0	0	0	0	0	0	0	0	0	4	1
Overturn Rate - Partial	25.0%	14.3%	20.0%	20.0%	0.0%	6.2%	1.9%											
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1
Withdrawal Rate	0.0%	16.7%	4.5%	1.5%	1.9%													
Membership	21,458	21,545	21,534	64,537	21,505	21,425	21,486	64,416	21,544	21,604	21,860	21,873	21,872	21,927				
Appeals - PTMPM	0.37	0.32	0.23	0.31	0.09	0.23	0.19	0.17	0.19	0.14	0.23	0.18	0.32	0.41	0.27	0.33	0.25	0.21
Grievances - PTMPM	1.26	0.97	1.21	1.15	1.07	1.03	0.88	0.99	0.97	0.83	1.01	0.94	1.10	0.78	0.91	0.93	1.00	0.93

Item #14

Attachment 14.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 12/31/2017

Report created 1/23/2018

Purpose of Report:

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

Exhibits:

Attachment U

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[Main Report CalVIVA](#)

[CalVIVA Commission](#)

[CalVIVA Fresno](#)

[CalVIVA Kings](#)

[CalVIVA Madera](#)

[Glossary](#)

Regional Team Lead Contact Information

Region

Contact Person

Region 3:

John Gonzalez

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

ER utilization based on Claims data	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	2017-10	2017-11	2017-12	2017-Trend	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Qtr Trend	CY- 2016	CY-2017	CY-Trend
	Quarterly Averages												Annual Averages												
Expansion Mbr Months	86,801	86,849	85,869	87,242	87,392	87,795	88,053	88,000	87,807	87,458	86,866	86,883		78,503	82,054	84,617	86,891	86,506	87,476	87,953	87,069		83,016	87,251	
Family/Adult/Other Mbr Mos	246,584	246,646	244,435	246,745	247,749	249,061	246,480	245,715	247,004	244,875	244,431	245,141		239,294	243,232	244,527	245,893	245,888	247,852	246,400	244,816		243,236	246,239	
SPD Mbr Months	29,611	29,634	29,486	29,643	29,708	29,984	30,116	30,254	30,384	30,535	30,575	30,794		27,844	28,290	28,791	29,254	29,577	29,778	30,251	30,635		28,545	30,060	
Admits - Count	2,327	2,092	2,262	2,142	2,219	2,191	2,140	2,250	2,324	2,167	2,162	2,179		2,216	2,136	2,214	2,192	2,227	2,184	2,238	2,169		2,190	2,205	
Expansion	611	526	586	570	663	657	625	666	641	619	650	588		566	549	583	593	574	630	644	619		573	617	
Family/Adult/Other	1,177	1,068	1,140	1,084	1,080	1,029	1,051	1,102	1,179	1,081	1,028	1,087		1,092	1,079	1,128	1,103	1,128	1,064	1,111	1,065		1,101	1,092	
SPD	535	498	536	486	476	503	463	482	504	467	482	504		555	506	503	494	523	488	483	484		515	495	
Admits Acute - Count	1,530	1,382	1,552	1,459	1,496	1,465	1,362	1,465	1,477	1,417	1,470	1,447		1,469	1,388	1,370	1,445	1,488	1,473	1,435	1,445		1,418	1,460	
Expansion	444	370	448	438	516	498	443	495	454	474	501	453		433	423	433	445	421	484	464	476		434	461	
Family/Adult/Other	590	553	621	572	537	512	493	528	550	508	526	514		523	498	471	543	588	540	524	516		509	542	
SPD	493	459	483	447	443	453	425	442	473	435	443	480		510	466	466	455	478	448	447	453		474	456	
Readmit 30 Day - Count	292	239	263	267	306	273	261	281	266	270	290	288		269	234	251	280	265	282	269	283		258	275	
Expansion	75	66	68	78	99	95	90	74	73	75	88	82		81	61	68	78	70	91	79	82		72	80	
Family/Adult/Other	105	72	79	82	99	91	86	93	88	95	97	88		71	66	77	91	85	91	89	93		76	90	
SPD	112	101	116	106	108	87	85	114	105	100	104	118		116	106	106	110	110	100	101	107		110	105	
Readmit 14 Day - Count	22	26	22	31	27	23	15	18	21	22	24	24		24	20	23	26	23	27	18	23		23	23	
Expansion	3	6	6	9	9	6	3	5	5	3	7	7		8	5	8	6	5	8	4	6		7	6	
Family/Adult/Other	9	5	3	11	8	7	6	6	5	10	11	7		6	6	7	8	6	9	6	9		7	7	
SPD	10	15	13	11	10	10	6	7	11	9	6	10		10	9	9	12	13	10	8	8		10	10	
**ER Visits - Count	19,620	17,463	19,511	19,534	19,521	18,041	17,442	17,420	16,911	16,329	14,802	6,543		16,275	15,941	17,252	18,001	18,865	19,032	17,258	12,558		16,867	16,928	
Expansion	4,528	3,816	4,225	4,202	4,488	4,381	4,410	4,453	3,972	3,649	3,350	1,457		2,785	3,122	4,201	4,003	4,190	4,357	4,278	2,819		3,528	3,911	
Family/Adult/Other	13,001	11,791	13,308	13,428	13,084	11,814	11,130	10,966	11,204	10,985	9,893	4,530		11,653	10,985	11,226	12,166	12,700	12,775	11,100	8,469		11,508	11,261	
SPD	2,091	1,856	1,978	1,904	1,949	1,846	1,902	2,001	1,735	1,695	1,559	556		1,837	1,833	1,825	1,832	1,975	1,900	1,879	1,270		1,832	1,756	
Admits Acute - PTMPY	50.6	45.7	51.8	48.1	49.2	47.9	44.8	48.3	48.5	46.9	48.7	47.9		50.8	47.1	45.9	47.9	49.3	48.4	47.2	47.8		47.9	48.2	
Expansion	61.4	51.1	62.6	60.2	70.9	68.1	60.4	67.5	62.0	65.0	69.2	62.6		66.2	61.9	61.4	61.5	58.4	66.4	63.3	65.6		62.7	63.4	
Family/Adult/Other	28.7	26.9	30.5	27.8	26.0	24.7	24.0	25.8	26.7	24.9	25.8	25.2		26.2	24.6	23.1	26.5	28.7	26.2	25.5	25.3		25.1	26.4	
SPD	199.8	185.9	196.6	181.0	178.9	181.3	169.3	175.3	186.8	171.0	173.9	187.0		219.9	197.5	194.1	186.5	194.1	180.4	177.2	177.3		199.3	182.2	
Bed Days Acute - PTMPY	256.9	210.9	239.6	232.3	243.6	214.8	211.8	226.3	243.5	224.8	246.5	249.4		237.5	209.4	203.0	227.2	235.8	230.2	227.2	240.2		219.2	233.3	
Expansion	350.2	240.4	290.7	333.7	373.2	322.4	303.8	356.2	315.7	359.2	350.3	379.8		336.6	281.5	298.0	317.4	293.8	343.1	325.2	363.1		308.1	331.4	
Family/Adult/Other	128.4	98.3	116.6	106.7	104.1	91.1	90.1	98.5	108.1	97.7	119.8	98.7		89.9	78.8	81.2	92.9	114.4	100.6	98.9	105.4		85.7	104.8	
SPD	1,049.2	1,061.3	1,110.2	976.4	1,026.0	925.7	939.2	886.5	1,135.5	859.9	963.9	1,081.4		1,235.5	1,119.0	955.7	1,086.5	1,073.5	975.9	987.3	968.7		1,097.9	1,001.0	
ALOS Acute	5.1	4.6	4.6	4.8	5.0	4.5	4.7	4.7	5.0	4.8	5.1	5.2		4.7	4.4	4.4	4.7	4.8	4.8	4.8	5.0		4.6	4.8	
Expansion	5.7	4.7	4.6	5.5	5.3	4.7	5.0	5.3	5.1	5.5	5.1	6.1		5.1	4.6	4.9	5.2	5.0	5.2	5.1	5.5		4.9	5.2	
Family/Adult/Other	4.5	3.7	3.8	3.8	4.0	3.7	3.8	3.8	4.0	3.9	4.6	3.9		3.4	3.2	3.5	3.5	4.0	3.8	3.9	4.2		3.4	4.0	
SPD	5.3	5.7	5.6	5.4	5.7	5.1	5.5	5.1	6.1	5.5	5.8	5.8		5.6	5.7	4.9	5.8	5.5	5.4	5.6	5.5		5.5	5.5	
Readmit % 30 Day - PTMPY	12.5%	11.4%	11.6%	12.5%	13.8%	12.5%	12.2%	12.5%	11.4%	12.5%	13.4%	13.2%		12.1%	10.9%	11.3%	12.8%	11.9%	12.9%	12.0%	13.0%		11.8%	12.5%	
Expansion	12.3%	12.5%	11.6%	13.7%	14.9%	14.5%	14.4%	11.1%	11.4%	12.1%	13.5%	13.9%		14.4%	11.2%	11.7%	13.2%	12.1%	14.4%	12.3%	13.2%		12.6%	13.0%	
Family/Adult/Other	8.9%	6.7%	6.9%	7.6%	9.2%	8.8%	8.2%	8.4%	7.5%	8.8%	9.4%	8.1%		6.5%	6.1%	6.8%	8.3%	7.6%	8.5%	8.0%	8.8%		6.9%	8.2%	
SPD	20.9%	20.3%	21.6%	21.8%	22.7%	17.3%	18.4%	23.7%	20.8%	21.4%	21.6%	23.4%		20.9%	21.0%	21.0%	22.3%	21.0%	20.5%	21.0%	22.2%		21.3%	21.2%	
Readmit % 14 Day - PTMPY	1.4%	1.9%	1.4%	2.1%	1.8%	1.6%	1.1%	1.2%	1.4%	1.6%	1.6%	1.7%		1.6%	1.4%	1.7%	1.8%	1.6%	1.8%	1.3%	1.6%		1.6%	1.6%	
Expansion	0.7%	1.6%	1.3%	2.1%	1.7%	1.2%	0.7%	1.0%	1.1%	0.6%	1.4%	1.5%		1.9%	1.1%	1.8%	1.3%	1.2%	1.7%	0.9%	1.2%		1.5%	1.2%	
Family/Adult/Other	1.5%	0.9%	0.5%	1.9%	1.5%	1.4%	1.2%	1.1%	0.9%	2.0%	2.1%	1.4%		1.1%	1.2%	1.5%	1.5%	1.0%	1.6%	1.1%	1.8%		1.3%	1.4%	
SPD	2.0%	3.3%	2.7%	2.5%	2.3%	2.2%	1.4%	1.6%	2.3%	2.1%	1.4%	2.1%		1.9%	1.9%	1.9%	2.6%	2.6%	2.3%	1.8%	1.8%		2.1%	2.2%	
**ER Visits - PTMPY	648.6	577.1	650.7	644.6	642.1	590.2	574.0	574.3	555.7	540.0	490.8	216.4		562.3	540.9	578.4	596.7	625.4	625.5	568.0	415.7		569.8	558.8	
Expansion	626.0	527.3	590.4	578.0	616.3	598.8	601.0	607.2	542.8	500.7	462.8	201.2		425.8	456.6	595.8	552.9	581.2	597.7	583.7	388.5		5		

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

ER utilization based on Claims data	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	2017-10	2017-11	2017-12	2017-Trend	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Qtr Trend	CY- 2016	CY- 2017	CY-Trend
CCS ID RATE													CCS ID RATE								CCS ID RATE				
CCS %	7.19%	7.48%	7.48%	7.58%	7.58%	7.61%	7.62%	7.59%	7.64%	7.73%	7.71%	7.76%		7.34%	7.28%	7.34%	7.26%	7.38%	7.59%	7.62%	7.73%		7.45%	7.49%	
Inpatient Maternity Utilization ALL CV Mbrshp													Inpatient Maternity Utilization ALL CV Mbrshp												
Rate Per Thousand													Rate Per Thousand												
Births	21.2	19.6	18.8	18.2	20.1	18.7	20.9	21.0	22.9	20.8	19.6	20.3		21.1	20.6	23.7	20.1	19.9	19.0	21.7	20.3		21.4		
OB % Days	14.8%	15.8%	13.3%	15.2%	14.4%	14.6%	17.3%	16.4%	17.1%	17.6%	16.9%	15.4%		15.0%	15.8%	18.2%	15.1%	14.3%	14.6%	16.3%	15.4%		17.0%		
OB % Admits	27.6%	28.3%	25.0%	25.9%	27.6%	26.3%	29.9%	28.6%	30.4%	30.5%	28.0%	28.1%		27.5%	28.5%	32.0%	27.7%	27.0%	26.5%	29.4%	28.3%		30.0%		
Complex Cases													Complex Cases								Complex Cases				
Total Members Outreached														323	294	324	0								
Total New Cases Open														77	99	121	0								
Total Cases Closed														351	328	354	81								
Total Cases Open During Month														222	205	183	81								
Ambulatory Case Management													Ambulatory Case Management								Ambulatory Case Management				
Total Outreached														0	314	0	0						830		
Accepted														0	139	0	0						388		
Acceptance Rate														-	44%	41%	-						47%		
New Cases Opened														0	133	0	0						388		
Total Cases Open During Period														NA	NA	NA	NA						N/A		
Total Cases Closed														0	179	0	0						424		
Cases Ending Open														NA	NA	NA	NA						N/A		
Perinatal Case Management													Perinatal Case Management								Perinatal Case Management				
Total Outreached	23	13	14	11	30	13	4	10	13	26	43	15		103	179	55	103	50	54	27	86		469	231	
Engaged	8	5	4	3	8	5	1	3	4	8	12	7		28	29	15	28	17	16	9	27		116	62	
Engagement Rate	35%	38%	29%	27%	27%	38%	25%	30%	31%	31%	28%	47%		24%	16%	31%	27%	34%	31%	33%	31%		25%	27%	
New Cases Opened	8	5	4	3	8	5	1	3	4	4	11	7		19	150	7	19	15	13	11	27		289	62	
Total Cases Managed	50	45	31	27	34	31	27	24	20	22	32	37		NA	NA	NA	61	42	31	41	41		N/A	99	
Total Cases Closed	10	12	7	5	8	5	5	8	5	2	2	1		17	22	20	17	29	18	18	5		102	63	
Cases Remained Open	40	33	24	20	24	24	22	16	15	16	23	35		NA	NA	NA	N/A	32	23	15	35		N/A	35	
Integrated Case Management													Integrated Case Management								Integrated Case Management				
Total Outreached	206	173	198	186	85	58	32	65	93	99	138	59				469	265	577	329	155	301		398	1,346	
Engaged	45	35	21	23	15	28	15	27	29	29	47	34				59	85	101	66	70	111		203	334	
Engagement Rate	22%	20%	11%	12%	18%	33%	47%	42%	31%	29%	34%	58%				14%	32%	18%	21%	45%	36%		51%	25%	
Total Screened and Refused/Decline	36	54	37	41	40	10	7	16	7	20	21	15				118	55	127	91	33	58		60	307	
Unable to Reach	50	109	102	131	139	63	48	57	60	86	100	42				372	87	261	333	168	228		97	953	
New Cases Opened	45	35	18	26	15	28	15	27	21	29	47	34				59	85	98	69	70	111		150	334	
Total Cases Closed	180	183	37	28	15	28	27	21	11	36	24	45				80	220	133	24	76	104		N/A	400	
Cases Remained Open	39	55	80	62	50	62	58	58	48	53	70	69				192	86	174	174	48	71		79	69	
Total Cases Managed	145	138	117	101	102	95	87	88	78	95	110	120				NA	N/A	133	99	107	178		N/A	461	
Critical-Complex Acuity	45	45	28	29	26	29	53	71	46	47	53	57				83	30	39	28	63	82		N/A	183	
High/Moderate/Low Acuity	137	143	89	72	76	66	34	17	32	48	57	63				NA	190	123	71	44	96		N/A	278	
Record Processing													Record Processing								Record Processing				
Total Records	5,013	4,779	5,621	4,801	5,742	5,034	4,453	8,312	6,361	6,954	6,961	6,400		15054	14535	14808	14967	15413	15577	19126	20315		59,364	70,431	
Total Admissions	2,230	2,019	2,164	2,051	2,151	2,085	2,014	2,142	2,240	2,069	2,139	2,181		6513	6234	6411	6982	6413	6287	6396	6389		26,140	25,485	
Total Precerts																									

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

ER utilization based on Claims data	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	2017-10	2017-11	2017-12	2017-Trenc	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Qtr Trend	CY- 2016	CY-2017	CY-Trend		
	Quarterly Averages													Annual Averages													
Expansion Mbr Months	72,279	72,247	71,370	72,457	72,636	72,985	73,116	73,025	72,834	72,530	71,947	71,907		64,956	68,150	70,477	72,526	71,965	72,693	72,992	72,128		69,027	72,444			
Family/Adult/Other Mbr Mos	203,201	202,945	201,042	202,762	203,715	204,708	202,653	201,869	202,638	200,840	200,157	200,688		197,434	200,534	201,784	203,016	202,396	203,728	202,387	200,562		200,692	202,268			
SPD Mbr Months	25,074	25,075	24,977	25,145	25,186	25,414	25,503	25,620	25,710	25,810	25,865	26,078		23,527	23,940	24,391	24,793	25,042	25,248	25,611	25,918		24,163	25,455			
Admits - Count	2,046	1,855	1,974	1,877	1,919	1,939	1,909	1,993	2,012	1,909	1,886	1,942		1,948	1,877	1,916	1,941	1,958	1,912	1,971	1,912		1,921	1,938			
Expansion	546	460	496	503	583	589	561	589	567	545	583	517		497	476	507	530	501	558	572	548		503	545			
Family/Adult/Other	1,007	924	994	926	905	899	921	957	1,002	936	867	962		946	938	956	961	975	910	960	922		950	942			
SPD	489	471	484	446	431	449	426	447	443	428	434	463		504	462	452	448	481	442	439	442		467	451			
Admits Acute - Count	1,361	1,237	1,365	1,282	1,299	1,300	1,211	1,313	1,296	1,259	1,285	1,291		1,291	1,225	1,198	1,282	1,321	1,294	1,273	1,278		1,249	1,292			
Expansion	399	322	389	389	456	449	397	442	410	412	448	404		380	369	380	403	370	431	416	421		383	410			
Family/Adult/Other	506	480	538	479	440	437	422	460	470	450	437	444		446	430	397	465	508	452	451	444		435	464			
SPD	453	435	438	412	403	412	391	411	416	397	400	443		463	424	420	412	442	409	406	413		430	418			
Readmit 30 Day - Count	270	216	231	244	268	245	237	253	231	240	258	262		240	208	223	253	239	252	240	253		231	246			
Expansion	70	59	59	71	90	89	85	65	66	68	81	78		72	53	61	73	63	83	72	76		65	73			
Family/Adult/Other	93	59	68	71	77	80	72	83	71	79	79	75		59	56	63	79	73	76	75	78		64	76			
SPD	107	98	104	101	101	76	80	105	94	93	97	109		108	99	100	101	103	93	93	100		102	97			
Readmit 14 Day - Count	22	24	19	29	24	22	13	15	19	17	22	21		21	19	22	22	22	25	16	20		21	21			
Expansion	3	5	5	8	8	6	3	4	5	2	7	7		6	4	7	5	4	7	4	5		6	5			
Family/Adult/Other	9	4	2	10	6	6	5	5	3	6	9	5		5	6	6	6	5	7	4	7		6	6			
SPD	10	15	12	11	10	10	5	6	11	9	6	9		9	9	8	11	12	10	7	8		9	10			
**ER Visits - Count	16,040	14,186	15,798	15,932	15,921	14,787	14,491	14,298	14,176	13,873	12,765	5,838		16,275	15,941	14,164	14,742	15,341	15,547	14,322	10,825		15,280	14,009			
Expansion	3,708	3,140	3,450	3,450	3,701	3,627	3,687	3,661	3,357	3,165	2,971	1,339		2,785	3,122	3,442	3,288	3,433	3,593	3,568	2,492		3,159	3,271			
Family/Adult/Other	10,616	9,515	10,777	10,924	10,654	9,653	9,228	8,969	9,357	9,252	8,424	4,008		11,653	10,985	9,202	9,939	10,303	10,410	9,185	7,228		10,445	9,281			
SPD	1,716	1,531	1,571	1,558	1,566	1,507	1,576	1,668	1,462	1,456	1,370	491		1,837	1,833	1,520	1,515	1,606	1,544	1,569	1,106		1,676	1,456			
Admits Acute - PTMPY	54.3	49.4	55.1	51.2	51.7	51.5	48.2	52.4	51.6	50.5	51.8	51.9		54.0	50.2	48.5	51.2	52.9	51.5	50.8	51.4		51.0	51.6			
Expansion	66.2	53.5	65.4	64.4	75.3	73.8	65.2	72.6	67.6	68.2	74.7	67.4		70.3	65.0	64.8	66.7	61.7	71.2	68.4	70.1		66.6	67.9			
Family/Adult/Other	29.9	28.4	32.1	28.3	25.9	25.6	25.0	27.3	27.8	26.9	26.2	26.5		27.1	25.8	23.6	27.5	30.1	26.6	26.7	26.5		26.0	27.5			
SPD	216.8	208.2	210.4	196.6	192.0	194.5	184.0	192.5	194.2	184.6	185.6	203.8		236.2	212.5	206.6	199.6	211.8	194.4	190.2	191.4		213.5	196.9			
Bed Days Acute - PTMPY	285.9	230.6	253.2	253.8	255.6	232.2	231.7	251.3	263.3	236.6	254.5	265.8		252.4	223.8	214.9	247.2	256.6	247.2	248.8	252.3		234.5	251.2			
Expansion	386.7	249.0	291.2	366.8	390.6	356.8	328.7	398.7	350.3	374.4	355.4	395.5		348.9	294.8	315.6	346.8	309.0	371.4	359.2	375.1		326.5	353.8			
Family/Adult/Other	141.7	105.7	121.4	111.9	105.6	94.0	94.1	106.9	111.3	96.9	117.6	104.2		93.4	79.7	79.1	95.9	122.9	103.8	104.1	106.2		87.0	109.3			
SPD	1,159.1	1,189.2	1,204.9	1,070.0	1,079.6	986.9	1,046.0	969.6	1,214.5	935.9	1,033.7	1,152.2		1,327.9	1,225.1	1,045.1	1,193.1	1,184.4	1,045.3	1,076.9	1,041.0		1,196.5	1,086.4			
ALOS Acute	5.3	4.7	4.6	5.0	4.9	4.5	4.8	4.8	5.1	4.7	4.9	5.1		4.7	4.5	4.4	4.8	4.8	4.8	4.9	4.9		4.6	4.9			
Expansion	5.8	4.7	4.5	5.7	5.2	4.8	5.0	5.5	5.2	5.5	4.8	5.9		5.0	4.5	4.9	5.2	5.0	5.2	5.2	5.4		4.9	5.2			
Family/Adult/Other	4.7	3.7	3.8	3.9	4.1	3.7	3.8	3.9	4.0	3.6	4.5	3.9		3.4	3.1	3.3	3.5	4.1	3.9	3.9	4.0		3.3	4.0			
SPD	5.3	5.7	5.7	5.4	5.6	5.1	5.7	5.0	6.3	5.1	5.6	5.7		5.6	5.8	5.1	6.0	5.6	5.4	5.7	5.4		5.6	5.5			
Readmit % 30 Day - PTMPY	13.2%	11.6%	11.7%	13.0%	14.0%	12.6%	12.4%	12.7%	11.5%	12.6%	13.7%	13.5%		12.3%	11.1%	11.7%	13.0%	12.2%	13.2%	12.2%	13.2%		12.0%	12.7%			
Expansion	12.8%	12.8%	11.9%	14.1%	15.4%	15.1%	15.2%	11.0%	11.6%	12.5%	13.9%	15.1%		14.5%	11.1%	12.0%	13.7%	12.5%	14.9%	12.6%	13.8%		12.9%	13.5%			
Family/Adult/Other	9.2%	6.4%	6.8%	7.7%	8.5%	8.9%	7.8%	8.7%	7.1%	8.4%	9.1%	7.8%		6.3%	6.0%	6.6%	8.2%	7.5%	8.4%	7.8%	8.4%		6.8%	8.0%			
SPD	21.9%	20.8%	21.5%	22.6%	23.4%	16.9%	18.8%	23.5%	21.2%	21.7%	22.4%	23.5%		21.4%	21.4%	22.1%	22.6%	21.4%	21.0%	21.2%	22.6%		21.8%	21.5%			
Readmit % 14 Day - PTMPY	1.6%	1.9%	1.4%	2.3%	1.8%	1.7%	1.1%	1.1%	1.5%	1.4%	1.7%	1.6%		1.6%	1.6%	1.8%	1.7%	1.6%	1.9%	1.2%	1.6%		1.7%	1.6%			
Expansion	0.8%	1.6%	1.3%	2.1%	1.8%	1.3%	0.8%	0.9%	1.2%	0.5%	1.6%	1.7%		1.7%	1.1%	1.8%	1.3%	1.2%	1.7%	1.0%	1.3%		1.5%	1.3%			
Family/Adult/Other	1.8%	0.8%	0.4%	2.1%	1.4%	1.4%	1.2%	1.1%	0.6%	1.3%	2.1%	1.1%															

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

ER utilization based on Claims data	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	2017-10	2017-11	2017-12	2017-Trenc	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Qtr Trend	CY- 2016	CY-2017	CY-Trend
														Quarterly Averages								Annual Averages			
Expansion Mbr Months	6,569	6,640	6,622	6,770	6,828	6,799	6,823	6,855	6,854	6,868	6,864	6,895		6,238	6,414	6,407	6,471	6,610	6,799	6,844	6,876		6,382	6,782	
Family/Adult/Other Mbr Mos	17,757	18,010	17,814	18,101	18,135	18,289	17,983	18,069	18,334	18,149	18,306	18,423		17,218	17,524	17,502	17,475	17,860	18,175	18,129	18,293		17,430	18,114	
SPD Mbr Months	2,213	2,227	2,192	2,185	2,203	2,227	2,265	2,288	2,306	2,335	2,341	2,325		2,093	2,109	2,137	2,170	2,211	2,205	2,286	2,334		2,127	2,259	
Admits - Count	73	60	76	85	79	64	58	80	92	79	60			77	65	80	67	70	76	77	73		72	74	
Expansion	18	17	28	17	25	15	16	25	28	25	18			18	16	20	16	21	19	23	23		17	21	
Family/Adult/Other	44	39	32	56	41	39	34	44	47	42	40	32		42	37	48	38	38	45	42	38		41	41	
SPD	11	4	16	12	13	10	8	11	17	12	14	10		16	13	13	14	10	12	12	12		14	12	
Admits Acute - Count	30	34	46	51	50	40	39	48	46	48	53	36		49	40	46	43	37	47	44	46		44	43	
Expansion	10	14	19	13	19	9	12	17	12	23	21	11		15	10	13	11	14	14	14	18		12	15	
Family/Adult/Other	13	16	12	29	19	22	19	20	17	14	20	16		20	17	21	20	14	23	19	17		19	18	
SPD	7	4	15	9	12	9	8	11	17	11	12	9		15	12	12	12	9	10	12	11		13	10	
Readmit 30 Day - Count	4	6	7	5	9	4	5	5	12	8	8	7		6	5	6	7	6	6	7	8		6	7	
Expansion	2	4	3	2	4	0	2	2	3	2	1	0		2	1	1	1	3	2	2	1		1	2	
Family/Adult/Other	1	2	0	3	4	3	2	1	5	5	5	3		2	2	4	4	1	3	3	4		3	3	
SPD	1	0	4	0	1	1	1	2	4	1	2	4		2	2	2	2	2	1	2	2		2	2	
Readmit 14 Day - Count	0	2	1	0	1	0	0	1	1	1	0	1		0	0	1	2	1	0	1	1		1	1	
Expansion	0	1	0	0	1	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0		0	0	
Family/Adult/Other	0	1	0	0	0	0	0	1	1	0	0	0		0	0	0	2	0	0	0	0		1	0	
SPD	0	0	1	0	0	0	0	1	0	0	0	1		0	0	0	0	1	0	0	0		0	0	
**ER Visits - Count	1,859	1,640	1,878	1,824	1,804	1,642	1,457	1,567	1,196	965	646	261		16,275	15,941	1,579	1,689	1,792	1,757	1,407	624		8,871	1,395	
Expansion	496	412	468	439	450	402	429	454	302	194	132	62		2,785	3,122	437	418	459	430	395	129		1,690	353	
Family/Adult/Other	1,114	1,029	1,138	1,160	1,112	1,040	844	903	728	644	442	163		11,653	10,985	945	1,055	1,094	1,104	825	416		6,159	860	
SPD	249	199	272	225	242	200	184	210	166	127	72	36		1,837	1,833	198	216	240	222	187	78		1,021	182	
Admits Acute - PTMPY	13.6	15.2	20.7	22.6	22.1	17.6	17.3	21.2	20.1	21.1	23.1	15.6		23.0	18.3	21.0	19.8	16.5	20.8	19.5	19.9		20.5	19.2	
Expansion	18.3	25.3	34.4	23.0	33.4	15.9	21.1	29.8	21.0	40.2	36.7	19.1		28.9	19.3	24.3	19.8	26.0	24.1	24.0	32.0		23.0	26.5	
Family/Adult/Other	8.8	10.7	8.1	19.2	12.6	14.4	12.7	13.3	11.1	9.3	13.1	10.4		13.7	11.6	14.4	13.7	9.2	15.4	12.4	10.9		13.4	12.0	
SPD	38.0	21.6	82.1	49.4	65.4	48.5	42.4	57.7	88.5	56.5	61.5	46.5		84.1	70.2	65.5	68.2	47.0	54.4	63.0	54.8		71.9	54.9	
Bed Days Acute - PTMPY	43.0	68.3	108.2	102.0	125.0	65.0	72.7	78.5	75.9	100.5	174.9	134.6		89.2	77.5	71.3	77.0	73.2	97.3	75.7	136.7		78.7	95.9	
Expansion	43.8	137.3	213.8	173.7	268.9	79.4	80.9	105.0	73.5	230.6	328.7	208.8		141.7	90.4	93.7	125.5	131.9	174.1	86.5	256.0		112.7	162.5	
Family/Adult/Other	26.4	29.3	26.9	65.6	49.0	41.3	54.1	53.8	36.7	25.1	74.7	54.1		39.5	34.7	46.2	34.6	27.5	51.9	48.1	51.4		38.7	44.8	
SPD	173.5	177.8	448.9	181.2	305.0	215.5	196.0	194.1	395.5	303.2	507.5	552.3		351.6	394.4	209.6	274.7	266.0	234.0	262.4	454.2		306.9	305.9	
ALOS Acute	3.2	4.5	5.2	4.5	5.7	3.7	4.2	3.7	3.8	4.8	7.6	8.6		3.9	4.2	3.4	3.9	4.4	4.7	3.9	6.9		3.8	5.0	
Expansion	2.4	5.4	6.2	7.5	8.1	5.0	3.8	3.5	3.5	5.7	9.0	10.9		4.9	4.7	3.8	6.3	5.1	7.2	3.6	8.0		4.9	6.1	
Family/Adult/Other	3.0	2.8	3.3	3.4	3.9	2.9	4.3	4.1	3.3	2.7	5.7	5.2		2.9	3.0	3.2	2.5	3.0	3.4	3.9	4.7		2.9	3.7	
SPD	4.6	8.3	5.5	3.7	4.7	4.4	4.6	3.4	4.5	5.4	8.3	11.9		4.2	5.6	3.2	4.0	5.7	4.3	4.2	8.3		4.3	5.6	
Readmit % 30 Day - PTMPY	5.5%	10.0%	9.2%	5.9%	11.4%	6.3%	8.6%	6.3%	13.0%	10.1%	10.1%	11.7%		8.3%	7.7%	7.9%	9.9%	8.1%	7.9%	9.6%	10.6%		8.4%	9.0%	
Expansion	11.1%	23.5%	10.7%	11.8%	16.0%	0.0%	12.5%	8.0%	10.7%	8.0%	4.0%	0.0%		12.7%	4.2%	5.1%	4.3%	14.3%	10.5%	10.1%	4.4%		6.7%	9.7%	
Family/Adult/Other	2.3%	5.1%	0.0%	5.4%	9.8%	7.7%	5.9%	2.3%	10.6%	11.9%	12.5%	9.4%		4.0%	6.4%	7.7%	10.6%	2.6%	7.4%	6.4%	11.4%		7.1%	6.9%	
SPD	9.1%	0.0%	25.0%	0.0%	7.7%	10.0%	12.5%	18.2%	23.5%	8.3%	14.3%	40.0%		14.3%	15.8%	12.8%	14.3%	16.1%	5.7%	19.4%	19.4%		14.3%	15.2%	
Readmit % 14 Day - PTMPY	0.0%	5.9%	2.2%	0.0%	2.0%	0.0%	0.0%	2.1%	2.2%	2.1%	0.0%	2.8%		0.0%	0.0%	1.5%	5.4%	2.7%	0.7%	1.5%	1.5%		1.7%	1.5%	
Expansion	0.0%	7.1%	0.0%	0.0%	5.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%	2.6%	0.0%	2.3%	2.4%	0.0%	0.0%		0.7%	1.1%	
Family/Adult/Other	0.0%	6.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.9%	7.1%	0.0%	0.0%		0.0%	0.0%	1.6%	8.3%	2.4%	0.0%	1.8%	2.0%		2.6%	1.4%	
SPD	0.0%	0.0%	6.7%	0.0%	0.0%	0.0%	0.0%	9.1%	0.0%	0.0%	0.0%	11.1%		0.0%	0.0%	0.0%	5.4%	3.8%	0.0%	2.8%	3.1%		1.3%	2.4%	
**ER Visits - PTMPY	840.6	732.2	846.3	809.0	796.9	721.4	645.9	691.0	522.0	423.4	281.8	113.3		7,574.9	7,342.6	727.5	775.9	806.1	775.6	619.2	272.3		4,094.4	616.4	
Expansion	906.1	744.6	848.1	778.1	790.9	709.5	754.5	794.7	528.7	339.0	230.8	107.9		5,358.4	5,841.0	817.9	774.5	832.6	759.5	692.6	225.7		3,178.3	625.2	
Family/Adult/Other	752.8	685.6	766.6	769.0	735.8	682.4	563.2	599.7	476.5	425.8	289.7	106.2		8,121.1	7,522.6	647.7	724.2	734.8	728.9	546.1	273.1				

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

ER utilization based on Claims data	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	2017-10	2017-11	2017-12	2017-Trenc	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Qtr Trend	CY- 2016	CY-2017	CY-Trend
													Quarterly Averages				Annual Averages								
Expansion Mbr Months	7,953	7,962	7,877	8,015	7,928	8,011	8,114	8,120	8,119	8,060	8,055	8,081		7,310	7,490	7,734	7,894	7,931	7,985	8,118	8,065		7,607	8,025	
Family/Adult/Other Mbr Mos	25,626	25,691	25,579	25,882	25,899	26,064	25,844	25,777	26,032	25,886	25,968	26,030		24,642	25,174	25,241	25,402	25,632	25,948	25,884	25,961		25,115	25,857	
SPD Mbr Months	2,324	2,332	2,317	2,313	2,319	2,343	2,348	2,346	2,368	2,390	2,369	2,391		2,224	2,240	2,263	2,291	2,324	2,325	2,354	2,383		2,255	2,347	
Admits - Count	208	177	212	180	221	188	173	220	179	197	177	192		192	193	218	184	199	196	190	184		197	192	
Expansion	47	49	62	50	55	53	48	52	46	49	42	53		51	57	56	47	53	53	49	48		53	51	
Family/Adult/Other	126	105	114	102	134	91	96	101	130	103	121	93		105	104	124	105	115	109	109	106		110	110	
SPD	35	23	36	28	32	44	29	24	44	27	34	31		35	32	38	32	31	35	32	31		34	32	
Admits Acute - Count	139	111	141	126	147	125	112	104	135	110	132	120		128	124	126	120	130	133	117	121		124	125	
Expansion	35	34	40	36	41	40	34	36	32	39	32	38		38	43	39	31	36	39	34	36		38	36	
Family/Adult/Other	71	57	71	64	78	53	52	48	63	44	69	54		57	51	53	58	66	65	54	56		55	60	
SPD	33	20	30	26	28	32	26	20	40	27	31	28		33	29	34	30	28	29	29	29		32	28	
Readmit 30 Day - Count	18	17	25	18	29	24	19	23	23	22	24	19		23	21	21	20	20	24	22	22		21	22	
Expansion	3	3	6	5	5	6	3	7	4	5	6	4		7	8	6	5	4	5	5	5		7	5	
Family/Adult/Other	11	11	11	8	18	8	12	9	12	11	13	10		10	7	11	9	11	11	11	11		9	11	
SPD	4	3	8	5	6	10	4	7	7	6	5	5		6	6	4	7	5	7	6	5		6	6	
Readmit 14 Day - Count	0	0	2	2	2	1	2	2	1	4	2	2		3	1	1	1	1	2	2	3		2	2	
Expansion	0	0	1	1	0	0	1	0	1	0	1	0		2	1	0	0	0	0	0	0		1	0	
Family/Adult/Other	0	0	1	1	2	1	1	1	1	3	2	2		1	0	0	0	0	1	1	2		0	1	
SPD	0	0	0	0	0	0	1	0	0	0	0	0		1	0	0	0	0	0	0	0		0	0	
**ER Visits - Count	1,721	1,637	1,835	1,778	1,796	1,612	1,494	1,555	1,539	1,491	1,391	444		16,275	15,941	1,510	1,571	1,731	1,729	1,529	1,109		8,824	1,524	
Expansion	324	264	307	313	337	352	294	338	313	290	247	56		2,785	3,122	323	298	298	334	315	198		1,632	286	
Family/Adult/Other	1,271	1,247	1,393	1,344	1,318	1,121	1,058	1,094	1,119	1,089	1,027	359		11,653	10,985	1,079	1,172	1,304	1,261	1,090	825		6,222	1,120	
SPD	126	126	135	121	141	139	142	123	107	112	117	29		1,837	1,833	107	100	129	134	124	86		969	118	
Admits Acute - PTMPY	46.5	37.0	47.3	41.8	48.8	41.2	37.0	34.4	44.4	36.3	43.5	39.4		44.8	42.5	42.9	40.4	43.6	43.9	38.6	39.8		42.6	41.5	
Expansion	52.8	51.2	60.9	53.9	62.1	59.9	50.3	53.2	47.3	58.1	47.7	56.4		62.4	69.4	61.0	47.6	55.0	58.6	50.3	54.1		59.9	54.5	
Family/Adult/Other	33.2	26.6	33.3	29.7	36.1	24.4	24.1	22.3	29.0	20.4	31.9	24.9		27.9	24.3	25.0	27.6	31.1	30.1	25.2	25.7		26.2	28.0	
SPD	170.4	102.9	155.4	134.9	144.9	163.9	132.9	102.3	202.7	135.6	157.0	140.5		176.3	157.1	180.3	157.1	142.8	148.0	146.1	144.3		167.7	145.3	
Bed Days Acute - PTMPY	172.1	152.4	224.4	151.1	232.7	181.6	151.0	129.5	206.7	221.9	234.4	202.2		223.8	186.3	199.8	168.4	182.9	188.4	162.5	219.5		194.3	188.4	
Expansion	271.6	248.7	350.4	169.2	304.2	215.7	266.2	186.2	209.9	332.0	323.3	386.1		394.0	324.7	306.7	204.2	290.0	229.4	220.8	347.2		305.5	271.8	
Family/Adult/Other	93.7	88.3	141.2	95.5	130.7	103.1	83.6	63.8	133.7	154.4	168.7	88.1		96.9	102.3	122.5	109.1	107.7	109.8	93.8	137.0		107.8	112.1	
SPD	697.1	530.0	714.7	710.8	1,128.1	937.3	495.7	654.7	998.3	582.4	653.4	823.1		1,089.9	667.8	696.5	701.8	647.1	925.6	717.1	686.4		787.7	743.6	
ALOS Acute	3.7	4.1	4.7	3.6	4.8	4.4	4.1	3.8	4.7	6.1	5.4	5.1		5.0	4.4	4.7	4.2	4.2	4.3	4.2	5.5		4.6	4.5	
Expansion	5.1	4.9	5.8	3.1	4.9	3.6	5.3	3.5	4.4	5.7	6.8	6.8		6.3	4.7	5.0	4.3	5.3	3.9	4.4	6.4		5.1	5.0	
Family/Adult/Other	2.8	3.3	4.2	3.2	3.6	4.2	3.5	2.9	4.6	7.6	5.3	3.5		3.5	4.2	4.9	4.0	3.5	3.7	3.7	5.3		4.1	4.0	
SPD	4.1	5.2	4.6	5.3	7.8	5.7	3.7	6.4	4.9	4.3	4.2	5.9		6.2	4.3	3.9	4.5	4.5	6.3	4.9	4.8		4.7	5.1	
Readmit % 30 Day - PTMPY	8.7%	9.6%	11.8%	10.0%	13.1%	12.8%	11.0%	13.0%	10.5%	12.3%	12.2%	10.7%		12.0%	10.7%	9.8%	11.1%	10.1%	12.1%	11.4%	11.8%		10.9%	11.3%	
Expansion	6.4%	6.1%	9.7%	10.0%	9.1%	11.3%	6.3%	13.5%	8.7%	10.2%	14.3%	7.5%		13.6%	14.0%	11.3%	9.9%	7.6%	10.1%	9.6%	10.4%		12.3%	9.4%	
Family/Adult/Other	8.7%	10.5%	9.6%	7.8%	13.4%	8.8%	12.5%	8.9%	9.2%	10.7%	10.7%	10.8%		9.6%	6.7%	8.6%	8.3%	9.6%	10.4%	10.1%	10.7%		8.3%	10.2%	
SPD	11.4%	13.0%	22.2%	17.9%	18.8%	22.7%	13.8%	29.2%	15.9%	22.2%	14.7%	16.1%		17.0%	17.9%	11.5%	21.9%	16.0%	20.2%	18.6%	17.4%		16.8%	18.1%	
Readmit % 14 Day - PTMPY	0.0%	0.0%	1.4%	1.6%	1.4%	0.8%	1.8%	1.9%	0.7%	3.6%	1.5%	1.7%		2.6%	0.8%	0.8%	0.8%	0.5%	1.3%	1.4%	2.2%		1.3%	1.3%	
Expansion	0.0%	0.0%	2.5%	2.8%	0.0%	0.0%	0.0%	0.0%	2.8%	0.0%	2.6%	0.0%		5.3%	1.5%	0.8%	1.1%	0.9%	0.9%	1.0%	0.9%		2.2%	0.9%	
Family/Adult/Other	0.0%	0.0%	1.4%	1.6%	2.6%	1.9%	1.9%	2.1%	1.6%	6.8%	2.9%	3.7%		1.2%	0.7%	0.6%	0.6%	0.5%	2.1%	1.8%	4.2%		0.8%	2.1%	
SPD	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.8%	0.0%	0.0%	0.0%	0.0%	0.0%		2.0%	0.0%	1.0%	1.1%	0.0%	0.0%	1.2%	0.0%		1.1%	0.3%	
**ER Visits - PTMPY	575.2	545.9	615.5	589.2	596.2	531.2	493.8	514.9	505.7	492.4	458.7	146.0		5,675.1	5,479.6	514.1	529.6	578.8	572.1	504.8	365.4		3,022.2	504.9	
Expansion	488.9	397.9	467.7	468.6	510.1	527.3	434.8	499.5	462.6	431.8	368.0	83.2		4,572.6	5,001.9	501.2	453.0	451.4	502.0	465.7	294.1		2,574.7	428.1	
Family/Adult/Other																									

Item #14

Attachment 14.E

QIUM Quarterly Summary Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

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

COMMITTEE

DATE: February 15th, 2018

SUBJECT: CalViva Health QI/UM Update of Activities in Quarter 4 2017 (February 2018)

Purpose of Activity:

This report is to provide the RHA Commission with an update on the CalViva Health QI/UM performance, program and regulatory activities in Quarter 4 of 2017.

I. Meetings

Two QI/UM Committee meetings were held in Quarter 4, one on October 19th and one on December 8th, 2017. The following guiding documents were approved at the October & December meetings:

1. 2017 Culture & Linguistics (C & L) Geo Access Report & Summary
2. 2017 C& L Work Plan Mid-Year Evaluation
3. 2017 Health Education (HE) Work Plan Mid-Year Evaluation

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

1. 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 3 Member Report** track volumes, turn-around times, case classifications, access related issues and inter-rater reliability. Several new categories have been added for tracking and trending purposes related to Continuity of Care. Data will populate the Dashboard for these new categories starting in September. Issues with Ack Letter turn-around times are being addressed with a corrective action plan. Two new reports have been initiated 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 required 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. The 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 3 all metrics met or exceeded targets.

4. The **Public Programs Quarterly Report**. This report is currently being reformatted in an attempt to better provide details and descriptions for each County's activities and initiatives, meetings, County Updates/Projects and education associated with Public Health and Public Programs. This is challenging due to the volume of information. Good progress has been made and minor modifications continue.
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 submissions have been adequate for Fresno, Kings, and Madera 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, Facility Site Review & Medical Record Review & PARS Report, and the Potential Quality Issues (PQI) Report.

- **UMCM Reports** - Utilization and Case Management activities are monitored in an ongoing manner through a variety of performance, programmatic and regulatory reports. At the October and December meetings the UMCM related reports included but were not limited to the following:

1. **The Key Indicator Report (KIR)** provided data as of September 30th, 2017. This report includes key metrics for tracking utilization and case management activities. Admit and readmit numbers have remained consistent. Population growth is stable and utilization has remained consistent with random variation noted throughout the year.
2. **Case Management TCM Report** This report summarizes the case management and transition care management (TCM) activities for the third quarter. 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 critical/complex acuity. Currently the team is focusing on reducing variation in the staff process for researching member phone numbers to improve member outreach and engagement.
 - **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. Also focused on reducing variation in processes.
 - 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. Also, improving communication with local hospitals.
3. **Specialty Referral Reports** provide a summary of Specialty Referral Services that require prior authorization in the tri-county area for 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 reviewed, no issues identified.
4. **Other reports** reviewed include Standing Referrals and Concurrent Review IRR Report.

- **Pharmacy Reports** – Pharmacy quarterly reports include Operation Metrics, Top Medication Prior Authorization Requests, and quarterly Formulary changes to assess for emerging patterns in authorization requests and compliance around prior authorization turn-around time metrics.

- i. All third quarter 2017 pharmacy prior authorization metrics were within 5% of standard.

II. HEDIS® Activity

HEDIS® performance measures are used to assess the quality of care provided to health plan members. Managed Care Plans are required by contract to annually report performance measurement results to DHCS/HSAG. During quarter 4 new HEDIS® projects and report submission dates were negotiated and finalized with DHCS. Based upon RY2017 HEDIS® measurement results CalViva will create Rapid-Cycle improvement teams with monitoring and reporting of interventions for three measures. Additionally, two new formal Performance Improvement Projects were proposed to DHCS/HSAG.

Rapid Cycle Projects 2017-18:

- Annual Monitoring for Persistent Medications(MPM) Madera County-PDSAs
- Use of Imaging Studies for Low Back Pain (LBP) Madera County-PDSAs
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB) Madera County-QI Summary

Performance Improvement Projects (PIPs) 2017 to 2019

- Childhood Immunization Status (CIS-3) Fresno County- Module 1 & 2 submitted HSAG December 2017
- Postpartum Care/Visit Disparity (PPC) Fresno County-Module 1 & 2 submitted HSAG December 2017

Annual Clinic Visits by the Medical Management Team were completed in quarter 4. These visits to high volume clinics in all three counties are an opportunity to engage with clinic leadership and QI staff to share HEDIS® results and discuss quality improvement opportunities in the coming year. Four visits completed.

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 November 7th in quarter four of 2017. Along with routine monitoring reports the Access Workgroup reviewed/oversaw the following:

- MHN Provider Satisfaction Survey Report
- Specialist Access Improvement Corrective Action Plan
- MY2016 PAAS & After Hours Corrective Action Plan
- DMHC Feedback on TAR Submission

IV. Kaiser Reports

Quarter 3 2017 reports were received in October, November & December with the following findings:

1. Grievance Reports 3rd Quarter- DHCS Report, CBAS-the All Member, SPD and TLIC reports have been discontinued/no significant issues
2. Utilization Management 3rd Quarter – Out of Network, CBAS, Dental Anesthesia - no significant findings
3. Mental Health Services 3rd Quarter –Mental Health COC Report, Mental Health Referral, Grievance, BHT Report no significant issues.
4. CBAS Services and Assessment – 3rd Quarter - no significant issues
5. Overall Volumes and Call Center Report 3rd Quarter – no significant issues
6. HEDIS® Data for 2017-initial data for January through October received in December

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 #14

Attachment 14.F

Credentialing Sub-Committee
Quarterly Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

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

COMMITTEE DATE: February 15th, 2018

SUBJECT: CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 4 2017

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 4th Quarter 2017 CalViva Health Credentialing Sub-Committee activities.

- I. The Credentialing Sub-Committee met on October 19th, 2017. At the October meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. Reports covering the second quarter for 2017 were reviewed for delegated entities, third quarter 2017 reports were reviewed for MHN and Health Net. A summary of the second quarter data is included in the table below.

II. Table 1. Second Quarter 2017 Credentialing/Recredentialing

	EHS	Sante	ChildNet	MHN	Health Net	La Salle	ASH	VSP	Envolve Vision	IMG	Adventist	Totals
Initial credentialing	140	17	20	1	1	18	86	48	1	17	5	354
Recredentialing	50	54	38	3	0	12	120	286	0	5	9	577
Suspensions	0	0	0	0	0	0	0	0	0	0	0	0
Resignations (for quality of care only)	0	0	0	0	0	0	0	0	0	0	0	0
Totals	190	71	58	4	1	30	206	334	1	22	14	931

- III. The Credentialing Policies and Procedures were reviewed and approved by the Committee.
- IV. The Quarter 3 2017 Credentialing report was reviewed with one case tabled for a follow up chart review in 6 months. Other County-specific Credentialing Sub-Committee reports were reviewed and approved. No significant cases were identified on these reports.

Item #14

Attachment 14.G

Peer Review Sub-Committee
Quarterly Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

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

COMMITTEE DATE: February 15th, 2018

SUBJECT: CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 4 2017

Purpose of Activity:

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

- I. The Peer Review Sub-Committee met on October 19th, 2017. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 3 2017 were reviewed for approval. There were no significant cases to report.
- II. The Peer Review Policies and Procedures were reviewed and approved by the Committee.
- III. The Quarter 3 Peer Count Report was presented at the meeting with the following outcomes:
 - There were nine cases closed and cleared. There were no cases with outstanding corrective action plans. There were five cases pending for further information.
- IV. No significant quality of care issues noted. Follow up will be initiated to obtain additional information for tabled cases and ongoing monitoring and reporting will continue.

Item #14

Attachment 14.H

Operations Report



CalViva Health
Operations Report

IT Communications and Systems			
IT Communications and Systems	Overall Network Health Score	95%	Description: Weighted average calculation that provides an <i>At a Glance</i> overall network health score. 0% (lowest) to 100% (highest).
	Patch Score	92%	Description: A good status indicator is zero un-scanned machines and a very low number of machines missing patches.
	OS Score	100%	Description: A good status indicator is that all mission critical machines or server have Windows 2000 or higher installed.
	Disk Score	96%	Description: A good status indicator is that the space used is less than 60%.
	Event Log Score	94%	Description: A good status indicator is that there are less hits in the event log (i.e. More hits in the event log = lower score (proactive in nature).
	Active Presence of Viruses within Systems	NO	Description: A specific type of malware (designed to replicate and spread) intended to run and disable computers and/or computer systems without the users knowledge.
	Active Presence of Malware within Systems	NO	Description: Software that is intended to damage or disable computers and computer systems.
Message From The COO	The CalViva Health Network Health Score is currently 95% out of a total 100%. The latest patch scans have been completed and installed. There are no active malwares or viruses which have been identified within the systems. These systems are monitored on an ongoing basis.		
Fraud, Waste, & Abuse Operational Activity			
Fraud, Waste, & Abuse Operational Activity	# of MC 609 Submissions to DHCS (CY 2018)	0	Description: CalViva Health is required to investigate and submit potential fraud, waste, and abuse. If the case rises to the level suspicion of fraud, CalViva Health reports those cases to DHCS within 10 working days from the date of identification.
	# of Cases Open For Investigation (Active Number)	42	Description: CalViva Health receives cases from internal and external sources for investigation. These cases have not yet risen to the level suspicion of fraud and are under active investigation. This number will be reduced as cases are closed and/or if an MC 609 Submission is warranted. The number will also increase as new cases are identified for investigation.
Message From the COO	Many cases which are open for investigation are triggered by data mining activities, either through software or manually. Once the investigation has risen to the suspicion of fraud, CalViva Health will refer the case to regulatory agencies. In some instances, the cases are closed because the case did not rise to the suspicion of fraud and/or education is conducted. CalViva Health's Anti-Fraud Officer, the Chief Compliance Officer, is able to further elaborate on compliance activities.		



CalViva Health
Operations Report

Privacy and Security	Risk Analysis (Last Completed mm/yy: 5/14)	Risk Rating: Low		Description: Conducting an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI held in the Health Plans IT and Communication Systems. A Rating is assigned: "No Risk", "Low Risk", "Medium Risk", "High Risk", "Critical Risk".				
	Eff. Date & Last Annual Mail Date of NPP (mm/yy)	9/13 & 12/17		Description: Notice of Privacy Practices (NPP) describes how PHI may be used and disclosed. The NPP is review and updated when appropriate. The NPP is distributed upon enrollment and annually thereafter				
	Active Business Associate Agreements	5		Description: A signed agreement is required of any person/entity who is not a member of CalViva Health's workforce who will create or receive PHI of behalf of CalViva Health.				
	# Of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)							
	Year	2018	2018	2018	2018	2018	2018	2018
	Month	Jan	Feb	Mar	Apr	May	Jun	Jul
	No/Low Risk	2						
	High Risk	0						
Message from the COO	CalViva Health is currently in the process of updating their risk analysis. The estimated completion date for a new risk analysis and a redetermination as to whether the Risk Rating should be changed is May 2018. As a result of the Commission's appointment of a COO and the designation of the COO as the Health Plan's Privacy and Security Officer, the NPP and applicable policies and procedures are undergoing updates.							



CalViva Health
Operations Report

Provider Network Activities									
Provider Network Activities	Year	2017	2017	2017	2017	2017	2017	2018	
	Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
	Hospitals	11	11	11	11	11	11		
	Clinics	98	98	96	97	96	98		
	PCP	312	313	317	323	320	326		
	Specialist	1198	1200	1206	1160	1130	1114		
	Ancillary	97	98	98	96	96	97		
	Provider Network Activities								
	Year	2017	2017	2017	2018	2018	2018	2018	
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	Pharmacy	169	192	164					
	Behavioral Health	172	182	181					
	Vision	87	86	83					
	Urgent Care	5	5	5					
	Acupuncture	5	5	8					
	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%						
	% Of Specialists Accepting New Patients - Goal (85%)	96%	96%						
	Message From the COO	<p>The regulatory demands and oversight of the network will continue throughout calendar year 2018. Due to the ruralness of the service area, many providers are located in the major metropolitan city of Fresno in Fresno County. Members who reside in remote cities outside of Fresno and in Kings and Madera Counties oftentimes need to travel to Fresno for services. CalViva Health is undergoing many activities to improve the capacity of the network. CalViva Health is also monitoring new regulatory requirements which will have an impact on the network. The Q4 2017 data as it pertains to the % Accepting New Patients is not yet due for reporting.</p>							



CalViva Health
Operations Report

	Year	2017	2017	2017	2017	2017	2017	2018	
	Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
	No. Claims Processed	186,500	218,389	214,362	215,526	215,041	219,170		
	Claims Turn-Around	99.50%	99.25%	99.23%	99.52%	99.5%	98.79%		
	Weekly Average	46,625	54,597	53,591	53,882	53,760	54,793		
Claims Processing	Year	2017	2017	2017	2018	2018	2018	2018	
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	Medical Claims Timeliness (30 days / 45 days) - Goal (90% / 95%) - Deficiency Disclosure	93.57% / 99.79% YES	94% / 99% YES						
	Behavioral Health Claims Timeliness (30 Days / 45 days) - Goal (90% / 95%) - Deficiency Disclosure	95.66% / 98.54% NO	93% / 97% YES						
	Pharmacy Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO						
	Acupuncture Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	94% / 100% NO						
	PPG 1 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	97% / 100% NO	82% / 100% NO						
	PPG 2 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	97% / 100% NO	95% / 100% NO						
	PPG 3 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	96% / 100% NO	94% / 99% NO						
	PPG 4 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO						
	PPG 5 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	98% / 100% NO	86% / 100% NO						
	PPG 6 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	97% / 100% NO	97% / 100% NO						
	Vision Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO						
	Message from the COO	In accordance with AB1455, claims payment deficiencies were disclosed for medical claims during Q2 2017 and Q3 2017. For behavioral health claims, claims payment deficiencies were disclosed for Q3 2017. One PPG did not meet goal for Q3 Claims Timeliness. The Q4 2017 Claims Timeliness Data is not yet due for reporting.							



CalViva Health
Operations Report

Provider Disputes	Year	2017	2017	2017	2018	2018	2018	2018	
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	Medical Provider Disputes Timeliness Quarterly Results (45 days) - Goal (95%)	95.36%	93.23%						
	Behavioral Health Provider Disputes Timeliness (45 days) - Goal (95%)	100.00%	N/A						
	Acupuncture Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	N/A						
	PPG 1 Provider Dispute Timeliness (45 Days) - Goal (95%)	99.00%	96.00%						
	PPG 2 Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	100.00%						
	PPG 3 Provider Dispute Timeliness (45 Days) - Goal (95%)	100.00%	100.00%						
	PPG 4 Provider Dispute Timeliness (45 Days) - Goal (95%)	100.00%	100.00%						
	PPG 5 Provider Dispute Timeliness (45 Days) - Goal (95%)	97.00%	68.00%						
	PPG 6 Provider Dispute Timeliness (45 Days) - Goal (95%)	100.00%	88.00%						
	Vision Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	N/A						
	Message from the COO	Medical Provider Disputes did not meet the operational goal during Q3 2017. One PPG did not meet the operational goal during Q3 2017. The Q4 2017 Provider Disputes Data is not yet due for reporting and will be reported at a later date.							

Item #14

Attachment 14.1

Executive Dashboard



CalViva Members

