

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Brian Smullin
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

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

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

DATE: July 12, 2019

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Cheryl Hurley, Commission Clerk

RE: Commission Meeting Materials

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

**Thursday, July 18, 2019
1:30 pm to 3:30 pm**

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

Meeting materials have been emailed to you.

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

Thank you

AGENDA

Fresno-Kings-Madera Regional Health Authority

Commission Meeting

July 18, 2019

1:30pm - 3:30pm

Meeting Location:

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

Item	Attachment #	Topic of Discussion	Presenter
1		Call to Order	D. Hodge, MD, Chair
2		Roll Call	C. Hurley, Clerk
3 Action		Consent Agenda:	D. Hodge, MD, Chair
	Attachment 3.A	<ul style="list-style-type: none">• Commission Minutes dated 5/16/19	
	Attachment 3.B	<ul style="list-style-type: none">• Finance Committee Minutes dated 3/21/19	
	Attachment 3.C	<ul style="list-style-type: none">• QI/UM Committee Minutes dated 3/21/19	
	Attachment 3.D	<ul style="list-style-type: none">• Public Policy Committee Minutes dated 3/6/2019	
	Attachment 3.E	<ul style="list-style-type: none">• Finance Committee Charter	
	Attachment 3.F	<ul style="list-style-type: none">• Credentialing Committee Charter	
	Attachment 3.G	<ul style="list-style-type: none">• Peer Review Committee Charter	
	Attachment 3.H	<ul style="list-style-type: none">• Quality Improvement / Utilization Management Committee Charter	
	Attachment 3.I	<ul style="list-style-type: none">• Public Policy Committee Charter	
	Attachment 3.J	<ul style="list-style-type: none">• Compliance Report	
		<i>Action: Approve Consent Agenda</i>	
4		Closed Session:	
		The Board of Directors will go into closed session to discuss the following item(s)	
		A. Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program, or facility.	
5 Action		Legal Services	G. Hund, CEO
	Attachment 5.A	<ul style="list-style-type: none">• Attorney Services Agreement	
		<i>Action: Commission to ratify Attorney Services Agreement</i>	
6 Action		Community Support Program – Funding for FY 2020	
	Attachment 6.A	<ul style="list-style-type: none">• BL 19-009 Community Support Program	
	Attachment 6.B	<ul style="list-style-type: none">• Funding recommendations	

Action: Approve funding recommendations

7 Information	Attachment 7.A	Review of Fiscal Year End 2019 Goals <ul style="list-style-type: none">• BL 19-010 Review of Fiscal Year End Goals 2019	D. Hodge, MD, Chair
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8 Action	Attachment 8.A	Goals and Objective for Fiscal Year 2020 <ul style="list-style-type: none">• BL 19-011 Goals and Objectives FY 2020	D. Hodge, MD, Chair
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Action: Approve Goals for FY 2020

9 Action		Standing Reports	
		Finance Report <ul style="list-style-type: none">• Financials as of May 31, 2019	D. Maychen, CFO
	Attachment 9.A		
	Attachment 9.B	Medical Management <ul style="list-style-type: none">• Appeals and Grievances Report	P. Marabella, MD, CMO
	Attachment 9.C	<ul style="list-style-type: none">• Key Indicator Report	
	Attachment 9.D	<ul style="list-style-type: none">• QIUM Quarterly Summary Report	
	Attachment 9.E	<ul style="list-style-type: none">• Credentialing Sub-Committee Quarterly Report	
	Attachment 9.F	<ul style="list-style-type: none">• Peer Review Sub-Committee Quarterly Report	
		Operations <ul style="list-style-type: none">• Operations Report	J. Nkansah, COO
	Attachment 9.G		
		Executive Report <ul style="list-style-type: none">• Executive Dashboard	G. Hund, CEO
	Attachment 9.H		

Action: Accept Standing Reports

10	Final Comments from Commission Members and Staff
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11	Announcements
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12	Public Comment <p><i>Public Comment is the time set aside for comments by the public on matters within the jurisdiction of the Commission but not on the agenda. Each speaker will be limited to three (00:03:00) minutes. Commissioners are prohibited from discussing any matter presented during public comment except to request that the topic be placed on a subsequent agenda for discussion.</i></p>
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13	Adjourn	D. Hodge, MD, Chair
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Supporting documents will be posted on our website 72 hours prior to the meeting.
If you have any questions, please notify the Clerk to the Commission at: Churley@calvivahealth.org

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

Next Meeting scheduled for July 18, 2019 in Fresno County

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

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

Item #3

Attachment 3.A

Commission Minutes
dated 5/16/19

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
May 16, 2019

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

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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:30 pm. A quorum was present.	
#2 Roll Call	A roll call was taken for the current Commission Members.	<i>A roll call was taken</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Cheryl Hurley, Clerk to the Commission		
<p>#3 Chair and Co-Chair Nominations for RY 2020</p> <p>Action David Hodge, MD, Chairman</p>	<p>The Commissioners nominated and subsequently re-elected David Hodge, MD as chair and Supervisor Joe Neves as Co-Chair to serve during Fiscal Year 2019.</p>	<p>Motion: <i>Nominate and Approve Chair:</i> 11 – 0 – 0 – 6 (Naz / Nikoghosian)</p> <p><i>Nominate and Approve Co-Chair:</i> 11 – 0 – 0 – 6 (Nikoghosian / Gruen)</p>
<p>#4 Consent Agenda</p> <p>a) Commission Minutes 3/21/19 b) Finance Committee Minutes 2/21/19 c) QI/UM Committee Minutes 2/21/19</p> <p>Action David Hodge, MD, Chairman</p>	<p>All consent items were presented and accepted as read.</p>	<p>Motion: <i>Approve Consent Agenda</i> 11 – 0 – 0 – 6 (Neves / Naz)</p>
<p>#5 Closed Session</p> <p>A. Government Code section 59454.5 – Report Involving Trade Secret – Discussion of service, program, or facility</p> <p>B. Government Code 54957(b)(1) – Public Employee Appointment,</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session. Commissioners discussed those items agendized for closed session.</p> <p>Regarding #5.A, Government Code section 59454.5 – Report Involving Trade Secret – Discussion of service, program, or facility, direction was given to staff.</p>	<p>Motion for item 5.B: <i>Approve CEO Annual Review</i> 12 – 0 – 0 – 5 (Rogers / Naz)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Employment, Evaluation, or Discipline – CEO Annual Review</p>	<p>Regarding item #5.B, involving Public Employee Appointment, Employment, Evaluation, or Discipline; Chief Executive Officer, per Government Code Section 54957(b)(1). A motion was made and passed unanimously that CEO Greg Hund be given a 5% increase to his base salary effective on his employment anniversary date.</p> <p>Closed Session concluded at 1:45 pm.</p> <p><i>Supervisor Quintero arrived at 1:37 pm</i></p>	
<p>#6 Committee Appointments for FY 2020</p> <p>Information David Hodge, MD, Chairman</p>	<p>No changes in Commission members were made for FY 2020 to the following committees, as described in BL 19-008:</p> <ul style="list-style-type: none"> ➤ Finance Committee ➤ Quality Improvement/Utilization Management Committee ➤ Credentialing Sub-Committee ➤ Peer Review Sub-Committee ➤ Public Policy Committee 	<p>No Motion</p>
<p>#7 Fiscal Year 2020 Proposed Budget</p> <p>Action David Hodge, MD, Chairman</p>	<p>D. Maychen presented the proposed budget for Fiscal Year 2020. The budget was reviewed and approved by the Finance Committee in March 2019.</p> <p>Overall, the budget reflects consistency in enrollment in comparison to FY 2019, with a slight increase to account for the addition of undocumented immigrants ages 19-26. MC revenue is projected to be \$1.131B, which is \$10.7M less than budgeted for FY 2019 primarily due to rates paid by DHCS decreasing by 1%. Interest income is increasing by approximately 565% due to moving excess funds into short term</p>	<p>Motion: <i>Approve FY 2020 Proposed Budget</i> <i>12 – 0 – 0 – 5</i></p> <p><i>(Neves / Frye)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>investment accounts, and implementation of a daily cash sweep investment account. Community Support Grant expense is projected to decrease by approximately \$350K. Marketing expense is projected to increase by approximately \$250K due to additional marketing activities and community-based sponsorships. MCO tax was not included in the State budget proposals by the Governor; however, it still is on the negotiating table; therefore, the MCO tax is included in the FY 2020 budget due to the fact of losing money due to paying more in taxes than receiving on the revenue side. Projected net income for FY 2020 is approximately \$7.5M.</p>	
<p>#8 Community Support Program – Ad-Hoc Committee Selection</p> <p>Action David Hodge, MD, Chairman</p>	<p>A new ad-hoc committee will be appointed by Commission Chair prior to July meeting. One Commissioner volunteered; two additional Commissioners will be appointed.</p>	<p><i>No Motion taken</i></p>
<p>#9 Cultural and Linguistics Program Description and Work Plan Evaluation</p> <p>Action David Hodge, MD, Chairman</p>	<p>Dr. Marabella presented the Cultural and Linguistic 2018 Work Plan Annual Evaluation, the 2019 Program Description and the 2019 Work Plan.</p> <p>For 2018, 100% of the Work Plan activities were completed in all four areas.</p> <ul style="list-style-type: none"> • Language Assistance Services: The Non-Discrimination Notice was updated and implemented. • Compliance Monitoring: Investigated and completed follow up on 32 grievances in 2018; and assisted with coordination of four Public Policy Committee meetings. • Communication, Training and Education: Trained staff on new culture, language and perceived discrimination coding structure for 	<p><i>See #10 for Motion</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Appeal & Grievance cases; and conducted seven LAP trainings for new Call Center staff.</p> <ul style="list-style-type: none"> • Health Literacy and Cultural Competency & Health Equity: Conducted training for clinic staff on cultural sensitivity and postpartum cultural practices and how to complete the cultural section of the revised OB form; and partnered with Health Education team to form the Mendota Community Advisory Group. <p>The 2019 Program Description is consistent with 2018, in addition has incorporated the following:</p> <ul style="list-style-type: none"> • Communication for LAP: Added provider relations representative. • C & L Consulting Services: Modified gender preference to sexual orientation. • Cultural Competency Education for Providers: Modified gender preference to sexual orientation and added update that Cultural Competency training is documented in the provider directory. • Health Equity Interventions: Included Medical Directors' support as part of the disparity reduction efforts. • Appendix 1: Updated staff roles and responsibilities and updated Health Net name to Health Net LLC. <p>The 2019 Work Plan activities will continue with an emphasis in the following areas:</p> <ul style="list-style-type: none"> • Enhancing LAP reporting activities inclusive of GEOAccess mapping, timely access reporting for language services and bilingual staff certification oversight. • Expand training and consulting services for contracted provider and staff inclusive of new disparity reduction efforts for postpartum care and breast cancer screening. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>David Pomaville stepped out at 1:59 pm; returned at 2:03 pm</i></p>	
<p>#10 Health Education Program Description and Work Plan Evaluation</p> <p>Action David Hodge, MD, Chairman</p>	<p>Dr. Marabella presented the Health Education 2018 Work Plan Annual Evaluation, the 2019 Program Description, and the 2019 Work Plan.</p> <p>Overall, 11 of the 14 Program Initiatives met or exceeded the year-end goal. Three initiatives partially met goal. Some sub-elements were not completed.</p> <p>The seven initiatives that were fully met are:</p> <ol style="list-style-type: none"> 1) Chronic Disease Ed 2) Community Partnerships 3) Digital Health Education Program 4) Health Equity Projects 5) HEDIS® Incentive Program 6) Immunization Initiative 7) Member Engagement 8) Member Newsletter 9) Promotores Health Network 10) Compliance: Oversight and Reporting 11) Materials Update, Development & Inventory <p>The three initiatives partially met were:</p> <ol style="list-style-type: none"> 1) Obesity Prevention: Members & Community 2) Pregnancy Matters 3) Smoking Cessation Program <p>Follow up is planned for these areas in 2019.</p>	<p>Motion: <i>Approve Cultural & Linguistics 2018 Executive Summary and Annual Evaluation, 2019 Change Summary and Program Description, and 2019 Executive Summary and Work Plan Summary; and the Health Education Executive Summary, 2018 Annual Evaluation, 2019 Change Summary and Program Description, and 2019 Work Plan.</i></p> <p><i>11 – 0 – 0 – 6</i></p> <p><i>(Naz / Cardona)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Changes to the 2019 Program Description include:</p> <ol style="list-style-type: none"> 1) Programs & Resources: Added diabetes prevention 2) Programs & Services: Updated to reflect new weight management and pregnancy programs. Removed recorded/support services no longer available and added Health Ed Resource Section. 3) Group Needs Assessment (GNA): Added updated GNA findings incorporated into annual work plan. 4) Members: Removed Breastfeeding & Nutrition Support Line. 5) Providers: Added Practice Transformation to Provider Relations Department & deleted Overweight Toolkits for providers. 6) CalViva Health and Health Net Staff: updated. 7) Standards & Guidelines: updated terms used to “Counseling” and modified description. 8) Leadership team/Incorporating Health Ed/Strategies: Updated titles and added Practice Transformation and PPGs. 9) Program Evaluation: Updated process to include internal monitoring and evaluation and reference to APLs. Updated reference to GNA to indicate changes are monitored annually. <p>The 2019 Work Plan initiatives will continue with the following enhancements:</p> <ol style="list-style-type: none"> 1) Diabetes Prevention Program – New benefit. 2) Asthma, behavioral health and geomapping capabilities added as new initiatives. 	
<p>#11 Standing Reports</p> <ul style="list-style-type: none"> • Finance Report Daniel Maychen, CFO 	<p><u>Finance</u></p> <p>Financial Statements as of March 31, 2019:</p>	<p>Motion: <i>Approve Standing Reports</i></p> <p><i>11 – 0 – 0 – 6</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Compliance M.B. Corrado, CCO 	<p>Total current assets were approximately \$452M; total current liabilities were approximately \$395.8M. Current ratio is 1.14. TNE as of March 31, 2019 was approximately \$66.8M, which is approximately 505% above the minimum DMHC required TNE amount.</p> <p>Premium capitation actual income was approximately \$879.9M which is \$23.6M above budgeted amounts primarily due to enrollment and rates being higher than projected. For those same reasons, medical costs and admin service fees expense are higher than budgeted.</p> <p>All other expense items are in line or below what was budgeted. Total net income for the first nine months of the fiscal year is approximately \$7M which is approximately \$1.8M more than budgeted.</p> <p><u>Compliance</u></p> <p>Mary Beth Corrado presented the Compliance Report.</p> <p>Since the 3/21/19 Commission Report, two new potential FWA case MC609s were submitted. One case involved a high prescriber of opioid cocktails. The second case involved a mid-level practitioner with billing and upcoding issues; DHCS has advised after their review they have closed this case with no further action. CVH was also informed that CA DOJ has opened a case on one of the January cases related to billing issues and possible Stark Law violations.</p> <p>Oversight activity and monthly meetings with Health Net continue.</p>	<p><i>(Frye / Neves)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Operations J. Nkansah, COO 	<p>On March 27, 2019, CVH received a letter from DHCS approving the CAP for the 2018 DHCS Medical Audit and have closed it.</p> <p>On March 19, 2019, DHCS sent a letter closing the encounter data CAP.</p> <p>Information regarding the Health Homes Program has been updated and the decision to withdrawal from the program was communicated to all Commissioners via email from the CEO as explaining the reasoning behind the withdrawal. In addition, the State has also been notified.</p> <p>The Public Policy will be meeting June 12, 2019 in Kings County.</p> <p>A summary of the 2018 CalViva Health Oversight Audit Results was reported out to the Commission. Call Center/Member Services Audit, Claims Audit, and Provider Disputes Audit were the areas where CAPs were issued. Appeals and Grievance, Credentialing, Provider Network, and Utilization Management areas were given discretionary improvement recommendations.</p> <p><u>Operations Report</u></p> <p>Jeff Nkansah presented the Operations Report.</p> <p>Currently, there are no issues, concerns, or items of significance as it relates to IT Communications and Systems.</p> <p>For Privacy and Security, a draft of the updated Risk Analysis Report is on schedule to be delivered to a CVH internal committee; once approved, results will be formalized and reported out to Commission at</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>a future date. The update of the annual mailing of Privacy Practices is pending receipt of model handbook from DHCS. Annual mailing will be completed once this has been received. One new high-risk case was reported since the last Commission meeting, with one member being impacted. This case was not a health plan error, nor an administrative error. The actual source occurred from a State agency.</p> <p>With regard to the Member Call Center, numbers for transportation continue to increase due to heightened interest in transportation benefits. All other areas of the Call Center did meet goal.</p> <p>Additional feedback regarding the CVH website and a member portal was acquired from the CVH Public Policy Committee, a local Promotores group in Madera county, and also the Local Health Plan Collaborative COO group. Due to information received from all groups, and the low engagement rate, CVH will look to more of a cosmetic revamp as opposed to creating a member portal.</p> <p>Activities related to Provider Network and Provider Relations are as of March 2019. The Plan is beginning the process to notify providers who have not been screened and enrolled that termination proceedings will begin. As of May 2019, if proof of screening and enrollment is not received, termination from the network will occur.</p> <p>With regard to Claims Processing and Provider Disputes activity, there is nothing significant to report at this time.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p><u>Medical Management</u></p> <p>Appeals and Grievances Dashboard</p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through Q1 2019.</p> <p>Grievance & Appeals Data:</p> <ul style="list-style-type: none"> A total of 298 grievances were received through March 31, 2019. Total grievances resolved for Q1 2019 was 300, compared to 183 in Q1 of 2018 which depicts that grievances have increased. Majority of grievances were Quality of Service with respect to Access, Administrative, Interpersonal, and Transportation. Exempt grievances for Q1 2019 were relatively low compared Q1 2018. The number of appeals received for Q1 2019 was 154, compared to 136 in Q1 2018. Total number of appeals resolved for Q1 2019 was 146, compared to 116 in Q1 of 2018. The majority of increase fell in the areas of DME, Advanced Imaging, and Surgery. <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report through Q1 2019.</p> <ul style="list-style-type: none"> Membership for TANF and SPD slightly increased in Q1 2019 compared to Q1 2018. Membership for MCE in Q1 2019 decreased from Q1 2018. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Admits and bed days for TANF were increased in Q1 2019 as they were in Q1 2018 possibly due to increased respiratory illness. • Case Management data show that members enrolled in these programs had fewer Admissions and Readmission. • Emergency Department (ED) Utilization also shows that after Case Management Enrollment, ED claims had a significant decrease in numbers. • Perinatal Case Management shows an improvement for prenatal visits and postpartum visits when members are enrolled in Case Management. <p>QI/UM Quarterly Report</p> <p>Dr. Marabella provided the QI/UM Qtr. 1, 2019 update. Two QI/UM meetings were held in Quarter 1; one in February and one in March.</p> <p>The following guiding documents were approved:</p> <ol style="list-style-type: none"> 1. QI/UM Committee Charter 2019 2. 2019 Quality Improvement Program Description 3. 2019 Quality Improvement Work Plan 4. 2019 Utilization Management Program Description 5. 2019 Case Management Program Description 6. 2019 Utilization Management/Case Management Work Plan <p>In addition, the Pharmacy Formulary & Provider Updates were also approved at these meetings.</p> <p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard for January 2019, MHN Performance Indicator Report, and PM 160 Reporting.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The Utilization Management & Case Management reports reviewed included the Key Indicator Report, Utilization Management Concurrent Review & Inter-rater Reliability Reports, and Delegated Specialty Referrals Reports.</p> <p>The quarterly Pharmacy reports were reviewed covering Operations Metrics, Top Medication Prior Authorization Requests and quarterly Formulary Changes. All fourth quarter pharmacy PA metrics were within 5% of standard. Inter-rater Reliability results met 90%. Annual Quality Assurance Report demonstrated that cumulative results met standard for all quarters.</p> <p>HEDIS® Activity:</p> <ul style="list-style-type: none"> • Q1 HEDIS® related activities focused on the following: <ul style="list-style-type: none"> ○ Finalized and submitted the 2019 HEDIS® Roadmap by 1/31/19. ○ HEDIS® data gathering from clinics and providers with final submission to DHCS and HSAG mid-June 2019 ○ Continue improvement activities as required and described in the DHCS Correction Action Plan (CAP) for the Minimum Performance Level (MPL) for three measures in Madera County. ○ <p>Efforts also continue with the two Performance Improvement Projects (PIPs) on Childhood immunizations and Postpartum visits. These PIPs are scheduled to close June 30th, 2019.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Executive Report G. Hund, CEO 	<p><u>Executive Report</u></p> <p>There have been no significant changes in Membership through April 2019. The market share for CVH has remained consistent.</p>	
<p>#12 Final Comments from Commission Members and Staff</p>	<p>Commissioner Quintero announced Dr. Hodge and Dr. Cardona were reappointed by the Fresno County Board of Supervisors. An official announcement will be included on the agenda for the July Commission meeting.</p>	
<p>#13 Announcements</p>	<p>None.</p>	
<p>#14 Public Comment</p>	<p>None.</p>	
<p>#15 Adjourn</p>	<p>The meeting was adjourned at 2:57 pm The next Commission meeting is scheduled for July 18, 2019 in Fresno County.</p>	

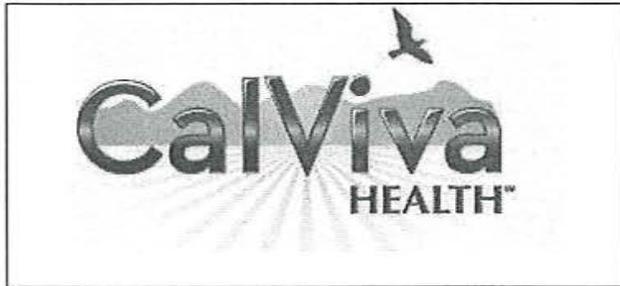
Submitted this Day: _____

Submitted by: _____
Cheryl Hurley
Clerk to the Commission

Item #3

Attachment 3.B

Finance Committee Minutes
dated 3/21/19



**CalViva Health
Finance
Committee Meeting Minutes**

March 21, 2019

Meeting Location

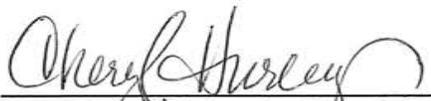
CalViva Health
7625 N. Palm Ave., #109
Fresno, CA 93711

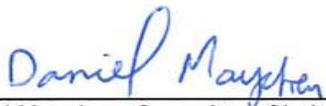
Finance Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Daniel Maychen, Chair	✓	Cheryl Hurley, Office Manager
✓	Gregory Hund, CEO	✓	Jiaqi Liu, Sr. Accountant
✓	Paulo Soares		
✓	Joe Neves		
✓	Harold Nikoghosian		
✓	David Rogers		
✓	John Frye		
		✓	Present
		*	Arrived late
		•	Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order D. Maychen, Chair	The meeting was called to order at 11:30 am, a quorum was present.	
#2 Finance Committee Minutes dated February 21, 2019 Attachment 2.A Action D. Maychen, Chair	The minutes from the February 21, 2019 Finance meeting were approved as read.	Motion: <i>Minutes were approved</i> 7-0-0-0 (Hund / Neves)
#3 Financial Statements as of January 31, 2019 Attachment 3.A	Total current assets were approximately \$165.8M; total current liabilities were approximately \$111.4M. Current ratio is 1.49. TNE as of January 31, 2019 was approximately	Motion: <i>Approve Financial Statements as of January 31, 2019</i> 7-0-0-0

<p>Action D. Maychen, Chair</p>	<p>\$65.1M, which is approximately 490% above the minimum DMHC required TNE amount.</p> <p>Total revenue for first seven months of current fiscal year is approximately \$687.3M which is \$21.3M above budgeted amounts primarily due to rates being higher than projected and enrollment being higher than projected. For those same reasons, capitation medical costs and admin service fees expense are higher than budgeted.</p> <p>All other expense line items are either below or consistent with budget, with the exception of marketing and license expense. Marketing expense was ramped up during the months of October 2018 through December 2018 with anticipation of open enrollment. In addition, license expense was higher than budgeted due to actual DMHC licensing fee being higher than initially projected. Total net income for the first seven months of the fiscal year is approximately \$5.3M which is approximately \$1.3M more than budgeted.</p>	<p><i>(Nikoghosian / Soares)</i></p>
<p>#4 Fiscal Year 2020 – Proposed Budget Attachment 4.A</p> <p>Action D. Maychen, Chair</p>	<p>The Budget Timetable for FY 2020 was presented at the previous Finance Committee meeting held on February 21, 2019 and has since been updated with recommendations as a result of the February meeting to include a budget with MCO Tax, and a budget without MCO Tax. All other information with regards to the budget was not changed.</p> <p>The net income on the budget including MCO tax is projected at \$7.5M. The net income on the budget without including MCO tax, is projected at \$8.3M. The difference is due to the tax loss that would be incurred as a result of the MCO tax, if extended as expected.</p>	<p>Motion: <i>Approve Proposed Budget</i> <i>7 – 0 – 0 – 0</i> <i>(Frye / Soares)</i></p>

	<p>It is more likely than not that the MCO tax will be extended and it was recommended that the budget including the MCO tax be carried on to the Commission for approval. The proposed budget for FY 2020 with MCO tax projects revenues to be approximately \$1.1B, which is approximately \$10.7M less than FY 2019 budget primarily due to FY 2020 rates decreasing on an aggregate and average basis. Correspondingly, medical cost expense will decrease by a similar amount. Interest income is increasing due to CalViva moving excess cash to short term investment accounts and implementing a daily cash sweep investment account. Administrative Services Fee is increasing due to a slight increase in enrollment in comparison to FY 2019 budgeted membership. Salary and wages will increase due to a projected merit increase of up to 5% and one additional FTE compared to FY 2019. Health insurance premiums will also increase. Bank charges will decrease due to CalViva negotiating an increase to -earnings credit rate -which offsets a large portion of bank charges. The Valley Health Team residency grant is ending June 30, 2019; however, physician recruitment and residency grants will continue. License and marketing fees will also increase for FY 2020. All other items are materially in line with prior year budget.</p>	
#5 Announcements	<p>The tentative meeting scheduled for April was cancelled as there were no budget revisions needed.</p>	
#6 Adjourn	<p>Meeting was adjourned at 11:52 am</p>	

Submitted by: 
 Cheryl Hurley, Clerk to the Commission
 Dated: May 16, 2019

Approved by Committee: 
 Daniel Maychen, Committee Chairperson
 Dated: May 18, 2019

Item #3

Attachment 3.C

QIUM Committee Minutes
dated 3/21/19

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
March 21st, 2019

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

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

✓ = in attendance

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D, Chair	The meeting was called to order at 10:43 am. A quorum was present.	
#2 Approve Consent Agenda - Committee Minutes: February 21, 2019 - QI/UM Committee Charter 2019 - Standing Referrals Report Q4 - Pharmacy Update	The February 2019 QI/UM minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full March Formulary (RDL) was available for review at the meeting.	Motion: Approve Consent Agenda (Foster/Cardona) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>(Q1 2019) - Pharmacy Formulary Drug List (March) (Attachments A-D) Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business Appeals & Grievances: - A&G Dashboard (January) (Attachment E) Action Patrick Marabella, M.D, Chair</p>	<p>The A & G Dashboard provides monthly data to facilitate monitoring for trends in the number and types of cases over time. The Dashboard included data through the end of January 2019.</p> <p><u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ There was a total of 116 grievances resolved in January with 97 Quality of Service grievances and 19 Quality of Care grievances. ➤ Number of grievances received in January increased compared to recent months. ➤ The volume of Exempt grievances reported in January remained fairly consistent with recent months. <p><u>Appeals:</u></p> <ul style="list-style-type: none"> ➤ There was a total of 52 Appeals resolved in the month of January. All were pre-service appeals. ➤ This represents an increase in volume when compared to recent months. ➤ The majority of cases involved advanced imaging and pharmacy requests. <p>No new trends were identified for January. We will continue to monitor.</p>	<p>Motion: Approve - A&G Dashboard (January) (Cardona/Ramirez) 4-0-0-3</p>
<p>#3 QI Business - MHN Performance Indicator Report (Q4</p>	<p>The MHN Performance Indicator Report was presented and reviewed. In Q4 2018, 19 out of 20 measures met or exceeded their targets. Performance was below target for Network Adequacy for Member Ratios of BCaBA/paraprofessional. MHN Provider Relations (PR) plans to complete the follow up outreach, collect the</p>	<p>Motion: Approve - MHN Performance</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>2018) (Attachment F)</p>	<p>required data, and update the system by the end of March. ABA groups that do not provide the required data in Q1 2019 will receive continued outreach until the data is received.</p>	<p>Indicator Report (Q4 2018) (Foster/Cardona) 4-0-0-3</p>
<p>#3 QI Business - PM-160 Report (Attachment G) Action Patrick Marabella, M.D., Chair</p>	<p>This report provides an update on provider compliance with submission of Child Health and Disability Prevention Program (CHDP) PM-160 INF forms. The data provided on the PM 160 forms assist CalViva Health to track preventative services for members under the age of 21.</p> <ul style="list-style-type: none"> ➤ DHCS finalized its decision to phase out the PM 160 forms as a requirement for managed care plans as of 1/1/2018. Although the form is no longer a requirement health plans may continue to utilize their own forms to collect information not captured through encounter data. ➤ CalViva is phasing out these forms and training is underway to educate providers on how to appropriately code to capture required data elements. ➤ PM 160 data will continue to be reported through the end of 2018. 	<p>Motion: Approve - PM-160 Report (Ramirez/Foster) 4-0-0-3</p>
<p>#4 QI/UM Business - 2019 QI Program Description - 2019 QI Work Plan (Attachments H-I) Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the 2019 Quality Improvement Program Description and the 2019 Quality Improvement Work Plan.</p> <p>The Quality Improvement Program Description revisions for 2019 include:</p> <ul style="list-style-type: none"> ➤ Changes in the Health Promotion Programs: <ul style="list-style-type: none"> • New description of the Health Ed interventions and resources available to members. • A new Diabetes Prevention Program was added. ➤ Case Management Program (CM): <ul style="list-style-type: none"> • Name change, previously “Integrated Case Management”, “Integrated has been removed and the new title is inclusive of all the various CM programs available. ➤ Access & Availability: <ul style="list-style-type: none"> • A new Telephone Access Survey was added to assess provider offices and the length of time it takes their staff to answer the phone and return calls to members. <p>The Quality Improvement Work Plan activities for 2019 will continue to focus on:</p> <ul style="list-style-type: none"> ➤ Improve access to care: <ul style="list-style-type: none"> • Continue to monitor Appointment Access and After-hours Access to care with updated 	<p>Motion: Approve - 2019 QI Program Description - 2019 QI Work Plan (Cardona/Ramirez) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>interventions. Full CAHPS survey in progress to identify ways to improve member satisfaction.</p> <ul style="list-style-type: none"> ➤ Improve the Quality & Safety of Care: <ul style="list-style-type: none"> • Increase appropriate antibiotic prescribing for Bronchitis in Madera County. • Continue to improve laboratory monitoring of patients on persistent medications. • Comprehensive diabetes care. • Breast cancer screening. ➤ There are two formal 18-month Performance Improvement Projects: <ul style="list-style-type: none"> • Postpartum Disparity Project in Fresno County. • Childhood Immunizations Project in Fresno County. 	
<p>#4 QI/UM Business - 2019 UM Program Description - 2019 CM Program Description - 2019 UM/CM Work Plan</p> <p>(Attachments J-L) Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the 2019 Utilization Management (UM) Program Description, the Case Management (CM) Program Description and the 2019 Utilization Management/Case Management Work Plan.</p> <p>Changes to the 2019 Utilization Management & Case Management Programs include:</p> <ul style="list-style-type: none"> • This year the Utilization Management and Case Management Programs have separated and will each have their own Program Description. • The annual Work Plan for UM and CM remains combined. <p>The three components of the 2019 UM and CM Programs are:</p> <ul style="list-style-type: none"> • 2019 Utilization Management Program Description (PD) and. • The 2019 Case Management Program Description, each PD provides a roadmap for structure, resources and monitoring for their respective programs. • 2019 UM/CM Work Plan is the plan for monitoring and improvement activities throughout the year. It is updated annually with a mid-year evaluation of progress. <p>Highlights of the changes to the Utilization Management 2019 Program Description include:</p> <ul style="list-style-type: none"> • Most references to Case Management (CM) have been removed and placed in the new CM Program Description, with the exception of sections where the Work Plan is referenced. • Pages 24-28 were initially deleted, however after further review it was determined that for consistency and clarity, they will for the most part, remain in the document. 	<p>Motion: Approve - 2019 UM Program Description - 2019 CM Program Description - 2019 UM/CM Work Plan</p> <p>(Ramirez/Foster) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Nurse Advice Line and Continuity of Care will remain in the UM Program Description. • Utilization Decision Criteria were updated to include additional detail and to reflect current practice. <p>Case Management’s new comprehensive Program Description covers:</p> <ul style="list-style-type: none"> • Scope, Goals & Objectives, and Functions. • Infrastructure and Tools. • Member Identification and Access. • Screening and Assessment. • Program Assessment and Impact Measurement. <p>The areas of focus for the 2019 Utilization Management / Case Management Work Plan include:</p> <ul style="list-style-type: none"> • Compliance with Regulatory & Accreditation Requirements: Ensure licensure, attestations and audits are current and complete • Monitoring the UM Process. A new initiative added to focus on increasing Medical Director collaboration with the UM teams to ensure members are receiving appropriate timely services. • Monitoring Utilization Metrics: Track effectiveness of care management. New 2019 goals added for this area: 10% reduction in admissions and a 5% increase in discharge to recuperative and alternative care. • Monitoring Coordination with Other Programs and Vendor Oversight. Behavioral Health Case Management has been added. • Monitoring Activities for Special Populations. Continue monitoring care of SPDs and monitor CCS identification rates. 	
<p>#5 UM Business</p> <ul style="list-style-type: none"> - Key Indicator Report & Turn-around Time Report (January) - UM Concurrent Review (Q4) <p>(Attachments M-N) Action</p>	<p>The Key Indicator Report reflects data as of January 31, 2019. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➤ Membership has remained consistent this year. ➤ Admits, especially for the TANF population increased in Quarter 1 in association with the Flu season. ➤ ER utilization has shown a slight decrease to date this year ➤ CCS rates remain steady. ➤ Perinatal Case Management outreach attempts and engagement rates have increased. ➤ Integrated Case Management and Transitional Care Management categories have been separated out for 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Key Indicator Report & Turn-around Time Report (January) - UM Concurrent Review (Q4)

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Patrick Marabella, M.D, Chair</p>	<p>reporting purposes. Outreach attempts in both categories remain steady.</p> <ul style="list-style-type: none"> ➤ Behavioral Health Case Management has been added and outreach attempts are increasing. <p><u>UM Concurrent Review Report (Q4)</u></p> <p>The Quarterly UM Concurrent Review Report presented inpatient data and clinical concurrent review activities such as authorization for inpatient admissions, discharge planning and medical appropriateness during 4th quarter 2018.</p> <p>A decrease was noted in acute admissions across all populations, which may be attributable to the efforts of the utilization and care management activities focused on reducing admissions or it may represent seasonal variation. An increase in 30 day re-admits for both the SPD and Expansion populations will require further analysis. The appropriate and timely disposition of complex patients with multiple social determinants of health remains the primary emphasis of the Concurrent Review Team.</p>	<p>(Foster/Cardona) 4-0-0-3</p>
<p>#5 UM Business - Concurrent Review Inter-Rater Reliability Report (Q4) (Attachments O) Action Patrick Marabella, M.D, Chair</p>	<p>The Concurrent Review Q4 Inter Rater Reliability (IRR) Report provides a summary of internal audits performed to ensure consistent, credible, and timely medical management decisions which promote improved member outcomes.</p> <p>Monitoring of the concurrent review process includes regulatory compliant components such as:</p> <ul style="list-style-type: none"> ➤ Turn-around-times (TAT) of initial medical decisions within 24 hours of receipt ➤ Documentation of proactive discharge planning and collaboration ➤ Application of standardized criteria (i.e. McKesson InterQual®, and /or evidence-based medical policies and technical assessment tools) <p>All criteria met established standard of 90% or greater compliance. Continue to monitor and follow up as indicated.</p>	<p>Motion: Approve - Concurrent Review Inter-Rater Reliability Report (Q4)</p> <p>(Cardona/Ramirez) 4-0-0-3</p>
<p>#5 UM Business - Delegated Specialty Referrals Report – La Salle, First Choice, IMG, Adventist, Central Valley</p>	<p>These reports provide a summary of Specialty Referral Services by delegated entities in Quarter 4 that require prior authorization in the tri-county area for La Salle, First Choice, IMG, Adventist, and Central Valley Medical Providers. Parameters for these reports have recently been clarified with Delegation Oversight staff. These reports provide evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members. Referral and denial rates are monitored on a quarterly basis and compared over time. Top priority medical</p>	<p>Motion: Approve - Delegated Specialty Referrals Report – La Salle, First Choice, IMG,</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Medical Providers (Attachment P)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>specialties are tracked along with turn-around times. Trends will continue to be monitored and follow up initiated when indicated.</p>	<p>Adventist, Central Valley Medical Providers</p> <p>(Ramirez/Foster) 4-0-0-3</p>
<p>#5 UM Business Agenda Item: DHCS Quality Corrective Action Plan, DHCS New Quality Monitoring and Oversight Program for MCP's</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>On September 25, 2018, the Plan received written notification from DHCS of a Corrective Action Plan (CAP) related to three External Accountability Set (EAS) indicators below the Minimum Performance Level (MPL) in Madera County for three consecutive years.</p> <ul style="list-style-type: none"> ➤ The Plan submitted its response on October 10, 2018, and it was accepted by DHCS. ➤ The Plan met with DHCS on February 11, 2019 to review the CAP process and is currently awaiting response. ➤ Currently above MPL in Madera County for all three measures. ➤ Next meeting between the Plan and DHCS is scheduled for May 13, 2019. <p>On February 28, 2019, the Plan received a Call to Action letter from Governor Gavin Newsome to improve the health of children in California especially those served by Medi-Cal. He is also placing an emphasis on mental health services for both children and adults.</p> <ul style="list-style-type: none"> ➤ He will be expanding requirements related to reducing health disparities considering the impact of social determinants of health in all aspects of service. ➤ DHCS will be modifying some of their oversight activities including more frequent facility site reviews and the imposition of new sanctions. ➤ The measures health plans are evaluated on annually, HEDIS®, will be modified to use of the CMS Child and Adult Core Set Measures. ➤ The minimum performance levels (MPLs) will be increased from the 25th percentile to the 50th percentile. Sanctions will be imposed for not meeting MPLs. ➤ These changes are expected to go into effect this calendar year. <p>More information to follow in at future QIUM Committee meetings.</p>	<p>Informational</p>
<p>#6 Pharmacy Business</p>	<p>Pharmacy reports for Q4 were reviewed in order to assess for emerging patterns in authorization requests,</p>	<p>Motion: Approve</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Executive Summary - Operations Metric Report - Pharmacy Top 30 Authorizations - Pharmacy IRR Test Results- Annual - Quality Assurance for Pharmacy- Annual (Attachment Q-U)</p> <p>Action Patrick Marabella, M.D., Chair</p>	<p>compliance around prior authorizations, and to evaluate the consistency of decision making in order to formulate potential process improvement recommendations.</p> <ul style="list-style-type: none"> ➤ Pharmacy Prior Authorizations (PA) metrics were within 5% of standard for fourth quarter 2018. PA turnaround time is monitored to identify PA requests that are approaching required turnaround time limits. ➤ Fourth quarter 2018 top medication PA requests varied minimally from third quarter 2018. ➤ The Inter-Rater Reliability results for 2018 show that the standard was met (at least 90%) by all pharmacists. Results were shared with each pharmacist individually. The annual Quality Assurance (QA) Report for Pharmacy provides a summary of an evaluation of those pharmacists involved in utilization and prior authorization decision making and their abilities to consistently and accurately follow criteria for decision-making and then communicate those decisions correctly to providers and members. Results for this reporting period show that the overall (cumulative) standard was met for the random request review in each quarter from Q4 2017 to Q4 2018. Some individual standards missed goal. Ongoing training occurs to address findings and individual pharmacist results are tabulated with individual training/corrective action per results. Cumulative results for each drug reviewed are documented and discussed at department meetings for educational purposes. 	<p>- Executive Summary - Operations Metric Report - Pharmacy Top 30 Authorizations - Pharmacy IRR Test Results- Annual - Quality Assurance for Pharmacy-Annual</p> <p>(Cardona/Ramirez) 4-0-0-3</p>
<p>#7 Peer Review and Credentialing Business</p> <p>- Credentialing Subcommittee Report (Attachment V)</p> <p>Action Patrick Marabella, M.D., Chair</p>	<p>This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Credentialing activities.</p> <p><u>Credentialing Subcommittee Report</u></p> <p>The Credentialing Sub-Committee met on February 21, 2019. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering the third quarter for 2018 were reviewed for delegated entities and the fourth quarter 2018 report was reviewed for Health Net. The Credentialing Sub-Committee reviewed and approved the Credentialing policies and procedures that were updated for 2019. Two policies had significant changes, one policy was retired and the remaining policies had no changes or minor edits. The Quarter 4 2018 Credentialing report was reviewed with one case that resulted in an uphold of denial for re-entry with subsequent request for Fair Hearing. Other County-specific Credentialing Sub-Committee reports were reviewed and approved. No other significant cases were identified on these reports.</p>	<p>Motion: Approve</p> <p>- Credentialing Subcommittee Report</p> <p>(Foster/Ramirez) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#7 Peer Review and Credentialing Business - Peer Review Subcommittee Report (Attachment W)</p> <p>Action Patrick Marabella, M.D., Chair</p>	<p>This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Peer Review activities.</p> <p><u>Peer Review Subcommittee Report</u> The Peer Review Sub-Committee met on February 21, 2019. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 4 2018 were reviewed for approval. There were no significant cases to report. The Peer Review policies and procedures were reviewed with the 2019 updates. One policy was accepted with minor edits and one policy with more significant edits was reviewed and also accepted.</p> <p>The Quarter 4, 2018 Peer Count Report was presented at the meeting with the following outcomes:</p> <ul style="list-style-type: none"> ➤ There were three cases closed and cleared. There were no cases pending closure for Corrective Action Plan compliance. There was one case pended for further information. <p>Follow up will be initiated to obtain additional information for the tabled case and ongoing monitoring and reporting will continue.</p>	<p>Motion: Approve - Peer Review Subcommittee Report</p> <p>(Cardona/Ramirez) 4-0-0-3</p>
<p>#8 Compliance Regulatory Update (Attachment X)</p>	<p>Mary Beth Corrado presented the Compliance Regulatory Update. See report for full details.</p> <p><u>CalViva Health Oversight Activities-</u></p> <ul style="list-style-type: none"> ➤ 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. <p><u>Oversight Audit-</u></p> <ul style="list-style-type: none"> ➤ The following audits are in-progress: Access & Availability, Quality Management, Pharmacy Services and Q3 2018 Provider Disputes. <p><u>2018 DHCS Medical Audit-</u> The DHCS has requested periodic updates that the CAP is being fully implemented from the December 17, 2018 Final Report. Consequently, final DHCS approval is still pending.</p> <p><u>Department of Managed Health Care ("DMHC") Undertaking Reports – Termination of contract with Kaiser-</u></p> <ul style="list-style-type: none"> ➤ On December 7, 2018, the DMHC closed the Undertaking requirement pending the submission of a 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Material Modification for Alternative Access Standards, and a Significant Network Change Amendment. These filings were submitted by January 31, 2019. In response, the DMHC has sent two Comment Letters for which CalViva must respond by 3/29/19 and 4/4/19, respectively.</p> <p><u>Department of Health Care Services (“DHCS”) 2019 Medical Audit and Department of Managed Health Care 2019 Medical Survey-</u></p> <ul style="list-style-type: none"> ➤ DHCS and DMHC conducted their respective audit during the week of February 25, 2019. Since then, the Plan continues to provide responses to the various agencies’ audit document requests. <p><u>Health Homes Program (HHP)-</u></p> <ul style="list-style-type: none"> ➤ The HHP is an integrated service delivery system for populations with complex, chronic conditions intended to improve outcomes by reducing fragmented care and promoting patient-centered care. This program will be implemented only in Fresno County initially. All required DHCS “deliverable” filings (e.g. Plan readiness status, policies and procedures, provider network information, etc.) were submitted on 3/1/19, several of which have been approved so far. Additional DMHC and DHCS filings are due throughout 2019 as the HHP is being implemented in phases. <p><u>Public Policy Committee-</u></p> <ul style="list-style-type: none"> ➤ The next Public Policy Committee meeting is scheduled for June 12, 2019, at 11:30 am, in Kings County, at 1400 Lacey Blvd., Hanford, CA <p><u>2019 New California Health Care Laws-</u>Mary Beth provided a summary of new California Health Care Laws in 2019. See report for details.</p>	
#9 Old Business	None.	
#10 Announcements	Ashelee Alvarado was introduced as the new Medical Management Administrative Coordinator. The next Quality Improvement Utilization Management meeting is scheduled for May 16, 2019.	
#11 Public Comment	None.	
#12 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:08 pm	

NEXT MEETING: May 16, 2019

Submitted this Day: May 16, 2019

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair

Item #3

Attachment 3.D

Public Policy Committee Minutes
dated 3/6/19



Public Policy Committee
Meeting Minutes
March 6, 2019

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

Committee Members		Community Base Organizations (Alternates)	
✓	Joe Neves, Chairman	✓	Jeff Garner, KCAO
✓	David Phillips, Provider Representative	✓	Roberto Garcia, Self Help
✓	Leann Floyd, Kings County Representative		Staff Members
✓	Sylvia Garcia, Fresno County Representative	✓	Mary Beth Corrado, Chief Compliance Officer
✓	Kristi Hernandez, At-Large Representative	✓	Mary Lourdes Leone, Director of Compliance
	Seng Moua, Fresno County Representative	✓	Cheryl Hurley, Commission Clerk
✓	Norma Mendoza, At-Large Representative	✓	Courtney Shapiro, Community Relations Director
		✓	Jeff Nkansah, Chief Operations Officer
		*	= late arrival

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#1 Call to Order Joe Neves, Chair	The meeting was called to order at 11:36 am. A quorum was present.	
#2 Meeting Minutes from December 5, 2018 Action Joe Neves, Chair	The December 5, 2018 meeting minutes were reviewed. There were no discrepancies.	Motion: Approve December 5, 2018 Minutes 8-0-0-1 (R. Garcia / D. Phillips)
#3 Committee Membership Update Information Joe Neves, Chair	Norma Mendoza was introduced as the newest member to join the Public Policy Committee. She has filled the Madera County At-Large position.	No motion
#4 Enrollment Dashboard Information	Mary Lourdes Leone presented the enrollment dashboard through January 2019. Membership as of the end of January was 357,409.	No motion

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
Mary Lourdes Leone, Director of Compliance		
#5 Annual Report Information Courtney Shapiro, Director of Community Relations	Courtney Shapiro announced the Annual Report for 2018 was published and sent to all stakeholders.	No motion
#6 Appeals & Grievances Information Mary Lourdes Leone, Director of Compliance	Mary Lourdes Leone presented the appeals, grievances and complaints report for Q4 2018 and calendar year totals for 2018. Total appeals and grievances for calendar year 2018 were 1,563. Total appeals for Q4 2018 were 115; with a total of 549 for the 2018 calendar year. Total grievances for Q4 2018 were 293; with a total of 1,022 for the 2018 calendar year. Turnaround time compliance standard for both Appeals, and Grievances, were met at 100%. The majority of appeals and grievances were from members in Fresno County which has the largest CalViva Health enrollment.	
#7 Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS) Audits Information Mary Lourdes Leone, Director of Compliance	Mary Lourdes Leone provided a detailed report on the tri-annual audit by the Department of Managed Health Care (DMHC), and the annual audit by the Department of Health Care Services (DHCS) that took place onsite in February 2019.	
#8 Health Education Information <i>CalViva Health Member Incentive Q3 & Q4 2018 Report</i>	Justina Felix presented the Q3 and Q4 2018 CalViva Health Member Incentive report. A total of 9,323 CalViva Health (CVH) members participated in 9 health education and quality improvement incentive	No motion

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
Justina Felix	<p>programs during Q3 and Q4 in 2018. Of the 9,323 participants, 9,066 members received an incentive. In total, \$256,010 worth of gift cards were given. Of the 9,066 award recipients, (67%) were from Fresno County, (18%) from Kings County and (15%) from Madera County. Eight of the nine incentive programs had higher award recipients in Q3 and Q4, 2018 compared to Q1 and Q2, 2018. During Q3 and Q4, four new incentive programs were implemented (Diabetes, Breast Cancer Screenings, Childhood Immunization, and Well-Child Visits).</p>	
<p>#9 Annual Operational Compliance Report</p> <p>Information Mary Lourdes Leone, Director of Compliance</p>	<p>Mary Lourdes Leone presented the Annual Operational Compliance Report. The Member Service Call Center received 135,511 calls, of which 133,919 were handled. Overall performance standards were exceeded.</p> <p>The Provider Network remains stable. In 2018, contracted providers were sent approximately 122 Provider Updates with information on contractual and regulatory matters as well as health plan news and announcements.</p> <p>In 2018, 69 communications were reviewed by the Plan. This included member-informing materials, health education, and information about incentive programs. It also included 12 Printed Provider Directories and 4 Member Newsletters. After a delay in receiving a Model Handbook from DMHC and DHCS, the Plan printed and distributed a final version to members by July 2018.</p>	<p>No motion</p>

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>Regulatory audits and performance evaluations included 2018 DHCS Annual Audit and Final Report; 2019 DHCS Annual Audit; and 2019 DMHC Tri-Annual Audit. Overall, the Plan performed well in meeting the 2018 DHCS Audit. The DHCS Final Report was received in December 2018 and indicated only one deficiency related to documented evidence of provider training having occurred within 10 days of provider enrollment with the Plan. CalViva submitted a Corrective Action Plan to the DHCs and is awaiting the DHCS' response. All other audit elements were compliant.</p>	
<p>#10 New Benefits Information Mary Lourdes Leone, Director of Compliance</p>	<p>New benefits include Behavioral Health Treatment (BHT); Health Homes Program (HHP); and Palliative Care.</p>	<p>No motion</p>
<p>#11 Website – Member Portal Information Jeffrey Nkansah, Chief Operations Officer</p>	<p>Jeff Nkansah, COO, provided information on the CalViva Health website and solicited feedback from the Public Policy Committee as to what they would potentially like to see included on the website in the future.</p>	<p>No motion</p>
<p>#12 Announcements</p>	<p>David Phillips announced the grand opening of United Health Center's Selma location on 3/13/19. Construction is underway for six new health centers.</p> <p>Roberto Garcia announced Self-Help just opened up a multi-family community in Lindsay; and continue to build single family homes throughout the valley.</p>	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>Jeff Garner announced KCAO is offering their tax program at no cost. Preparing to roll out their Community Needs Assessment that is performed every two years in Kings County.</p>	
<p>#13 Public Comment</p>	<p>Greg Hund announced there will be challenges over the course of the next year addressing issues to meet the unmet needs in California.</p> <p>Tony Gonzalez announced collaboration with Community Based Organizations for the Know Your Numbers initiative. The next event is 3/23/19.</p>	
<p>#14 Adjourn</p>	<p>Meeting adjourned at 12:50 pm.</p>	

NEXT MEETING **June 12, 2019 in Kings County**
11:30 am - 1:30 pm

Submitted This Day: June 12, 2019

Approval Date: June 12, 2019

Submitted By: 
 Courtney Shapiro, Director Community Relations

Approved By: 
 Joe Neves, Chairman

Item #3

Attachment 3.E

Finance Committee Charter

**FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY
FINANCE COMMITTEE**

I. Purpose

- A. The purpose of the Finance Committee is to provide a committee structure to monitor and evaluate the financial status of the Fresno-Kings-Madera Regional Health Authority (RHA) from a regulatory compliance and general operating standpoint and to advise RHA on matters which are within the purview of the Finance Committee.

II. Authority

- A. The Finance Committee is given its authority by and reports to the Fresno-Kings-Madera Regional Health Authority (RHA) Commission in an advisory capacity.

III. Definitions

- A. Fresno-Kings-Madera Regional Health Authority (RHA) Commission -
The Fresno-Kings-Madera Regional Health Authority (referred to as the RHA), is a public entity created pursuant to a Joint Exercise of Powers Agreement between the Counties of Fresno, Kings and Madera.

IV. Committee Responsibilities

- A. The Commission's Finance Committee will discuss, advise and make recommendations to the Commission on the following areas:
1. Compliance with all financial statutory, regulatory, and industry standard requirements
 2. Medi-Cal managed care rate and impact to the Regional Health Authority
 3. Budgets prior to submission to the Commission
 4. Unaudited financial statements prepared by staff
 5. Compensation and benefit levels for staff
 6. Selection of an independent auditing firm.

V. Committee Membership:

A. Composition

1. The RHA Commission Chairperson shall appoint the members of the Committee.
2. The Finance Committee shall consist of at least three (3) Commission members, the Chief Executive Officer, and the Chief Financial Officer.
 - 2.1. Chairperson: Chief Financial Officer.
 - 2.2. The Committee shall be composed of less than a quorum of voting Commissioners.

B. Term of Committee Membership

**FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY
FINANCE COMMITTEE**

1. Commissioner Committee members' terms will be established by the RHA Commission Chairperson on an annual basis at the start of each fiscal year.
- C. Vacancies
1. If vacancies arise during the term of Committee membership, the RHA Commission Chairperson will appoint a replacement member.
- D. Voting
1. All members of the Committee shall have one vote each
 2. If a potential conflict of interest is identified, the involved member will be excused from discussion and voting.

VI. Meetings

- A. Frequency
1. The frequency of the Finance Committee meeting will be at least quarterly
 2. The Committee Chairperson or RHA Commission may call additional meetings as necessary
 3. A quorum consists of at least 51% of the membership
 4. Meetings shall be open and public. Meetings will be conducted in accordance with California's Ralph M. Brown Open Meeting Law.
- B. Minutes
1. Minutes will be kept at every Finance Meeting by a designated staff member. Signed, dated, summary minutes are kept. Minutes are available for review by regulatory entities.
 2. A report of each meeting will be forwarded to the RHA Commission for oversight review.
- C. Structure
- The meeting agenda will consist of:
1. Approval of minutes
 2. Standing Items
 3. Activity Reports
 4. Data Information Reports
 5. Ad-hoc Items

VII. Committee Support

- A. The Chief Financial Officer/staff will provide Committee support, coordinate activities and perform the following as needed:
1. Regularly attend meetings
 2. Assist Chairperson with preparation of agenda and meeting documents
 3. Perform or coordinate other meeting preparation arrangements
 4. Prepare minutes

**FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY
FINANCE COMMITTEE**

APPROVAL:

**RHA Commission
Chairperson**

Date: ~~July 19, 2018~~ July 16, 2019

David Hodge, MD
Commission Chairperson

Item #3

Attachment 3.F

Credentialing Committee Charter

**Fresno-Kings-Madera Regional Health Authority
Credentialing Sub-Committee Charter**

I. Purpose:

- A. The purpose of the Credentialing Sub-Committee is to give input on the credentialing and re-credentialing policies used by CalViva Health (“CalViva” or the “Plan”) and its Operating Administrator (Health Net) and monitor delegated credentialing/recredentialing activities. Delegated entities performance and compliance with credentialing standards will be monitored and evaluated on an ongoing basis by CalViva’s Chief Medical Officer (“CMO”), the Chief Compliance Officer (“CCO”), and CalViva’s Credentialing Sub-Committee.

II. Authority:

- A. The Credentialing Sub-Committee serves as a sub-committee of the Quality Improvement/Utilization Management (“QI/UM”) Committee and is given its authority by the Fresno-Kings-Madera Regional Health Authority (“RHA”) Commission to act in an advisory capacity.

III. Definitions:

- A. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – The governing board of CalViva Health. The Fresno-Kings-Madera Regional Health Authority (referred to as the “RHA”), is a public entity created pursuant to a Joint Exercise of Powers Agreement between the Counties of Fresno, Kings and Madera.

IV. Committee Focus:

The Credentialing Sub-Committee's responsibilities include, but are not limited to:

- A. Makes recommendations regarding credentialing and recredentialing, policies, processes, and standards.
- B. Has final decision-making responsibility to monitor, sanction, suspend, terminate or deny practitioners or organizational providers.
- C. Provide oversight of delegated credentialing and recredentialing functions.
- D. Report sanctions for quality of care issues to the appropriate licensing authority including 805 reporting requirements.
- E. Provide quarterly summary reports of Credentialing activities to the QI/UM Committee and RHA Commission.
- F. Ensure that the Plan’s credentialing and recredentialing criteria and activities are in compliance with state, federal and contractual requirements.

V. Committee Membership:

- A. Composition
 - 1. The RHA Commission shall appoint the members of the Sub-Committee.

**Fresno-Kings-Madera Regional Health Authority
Credentialing Sub-Committee Charter**

2. The Sub-Committee is chaired by the CalViva CMO.
 3. Sub-Committee size is determined by the Commission with the advice of the CMO.
 4. The Sub-Committee is composed of participating physicians who are also serving as members of the QI/UM Committee.
 - a. Sub-committee membership shall reflect an appropriate geographic and specialty mix of participating practitioners including practitioners that serve the Seniors and Persons with Disabilities (SPD) population.
 - b. Membership shall consist of primary care providers and specialists to reflect our provider network.
 - d. The Sub-Committee shall be composed of less than a quorum of voting Commissioners.
- B. Term of Committee Membership
1. Appointments shall be made for two (2) years.
 2. Commissioner Sub-Committee members' terms are coterminous with their seat on the Commission.
- C. Vacancies
- If vacancies arise during the term of Sub-Committee membership, the RHA Commission will appoint a replacement member.
- D. Voting
1. All members of the Sub-Committee shall have one vote each.
 2. If a potential conflict of interest is identified, the involved member will be excused from discussion and voting.

VI. Meetings:

- A. Frequency
1. The frequency of the Sub-Committee meetings will be at least quarterly.
 2. The Sub-Committee Chairperson or RHA Commission may call additional *ad hoc* meetings as necessary.
 3. A quorum consists of at least 51% of the membership.
- B. Notice
1. The meeting date will be determined by the Chairperson with the consensus of the Sub-Committee members.
 2. Sub-Committee members will be notified in writing in advance of the next scheduled meeting.
- C. Minutes
1. Minutes will be kept at every Sub-Committee meeting by a designated staff member. Signed, dated, contemporaneous minutes are kept. Minutes are available for review by regulatory entities.

**Fresno-Kings-Madera Regional Health Authority
Credentialing Sub-Committee Charter**

D. Confidentiality

1. Content of the meetings is kept confidential.
2. All members sign a confidentiality statement that shall be kept on file at CalViva Health.
3. Meetings, proceedings, records and review/handling of related documents will comply with all applicable state and federal laws and regulations regarding confidential information, including, but not limited to, the California Confidentiality of Medical Information Act (California Civil Code, Section 56 et seq.); the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act (42 U.S.C. 290dd-2); and the Privacy Act (U.S.C. 552a) and any other applicable state and federal law, rule, guideline or requirement.
4. Meeting proceedings and records as well as related letters and correspondence to providers and/or members are also protected from discovery under California Health & Safety Code 1370 and CA Evidence Code 1157.

VII. Committee Support:

The Plan Medical Management department staff will provide Sub-Committee support, coordinate activities and perform the following as needed:

- A. Regularly attend Sub-Committee meetings,
- B. Assist Chairperson with preparation of agenda and meeting documents,
- C. Perform or coordinate other meeting preparation arrangements,
- D. Prepare minutes and capture specific "suggestions or recommendations" and discussions,
- E. Ensure a quarterly summary of Sub-Committee activity and recommendations is prepared for submission to the QI/UM Committee and RHA Commission.

VIII. Authority

1. Health & Safety Code Sections 1370, 1370.1
2. California Code of Regulations, Title 28, Rule 1300.70
3. California Evidence Code Section 1157
4. California Civil Code, Section 56 et seq. (California Confidentiality of Medical Information Act)
5. 42 U.S.C. 290dd-2 (Alcohol, Drug Abuse and Mental Health Administration Reorganization Act)
6. U.S.C. 552a (Privacy Act)
7. DHCS Contract, Exhibit A, Attachment 4
8. MMCD Policy Letter 02-03
9. RHA Bylaws

Fresno-Kings-Madera Regional Health Authority
Credentialing Sub-Committee Charter

APPROVAL:

RHA Commission
Chairperson

David S. Hodge

Date: July 19, 2018

Item #3

Attachment 3.G

Peer Review Committee Charter

**Fresno-Kings-Madera Regional Health Authority
Peer Review Sub-Committee Charter**

I. Purpose:

- A. The Sub-Committee processes and activities have been established to achieve an effective mechanism for the Plan’s continuous review and evaluation of the quality of care delivered to its enrollees, including monitoring whether the provision and utilization of services meets professional standards of practice and care, identifying quality of care problems, addressing deficiencies by the development of corrective action plans, and initiating remedial actions and follow-up monitoring where necessary and appropriate. Through the Plan’s peer review protected activities, the Plan aims to assure its enrollees receive acceptable standards of care and service.
- B. To provide a peer review committee structure for the consideration of patterns of medically related grievances that the Chief Medical Officer (CMO) determines require investigation of specific participating providers and to provide peer review of practitioners or organizational providers experiencing problematic credentialing issues, performance issues or other special circumstances.

II. Authority:

- A. The Peer Review Sub-Committee serves as a sub-committee of the Quality Improvement/Utilization Management (“QI/UM”) Committee and is given its authority by the Fresno-Kings-Madera Regional Health Authority (“RHA”) Commission to act in an advisory capacity.

III. Definitions:

- A. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – The governing board of CalViva Health. The Fresno-Kings-Madera Regional Health Authority (referred to as the “RHA”), is a public entity created pursuant to a Joint Exercise of Powers Agreement between the Counties of Fresno, Kings and Madera.

IV. Committee Focus:

The Peer Review Sub-Committee's responsibilities include, but are not limited to:

- A. Makes recommendations regarding peer review policies, processes, and standards.
- B. Reviews potential quality incidents referred by the QI/UM Committee that might involve the conduct or performance of specific practitioners or organizational providers and should be further investigated.
- C. Report sanctions for quality of care issues to the appropriate licensing authority including 805 reporting requirements.
- D. Establish and maintain a process for provider appeal of provider sanctions including a process of conducting fair hearings for providers who are sanctioned for issues related to quality of care.

Fresno-Kings-Madera Regional Health Authority
Peer Review Sub-Committee Charter

- E. Provide quarterly summary reports of Peer Review activities to the QI/UM Committee and RHA Commission.
- F. Ensure that the Plan's peer review criteria and activities are in compliance with state, federal and contractual requirements.

V. Committee Membership:

A. Composition

- 1. The RHA Commission shall appoint the members of the Sub-Committee.
- 2. The Sub-Committee is chaired by the CalViva CMO.
- 3. Sub-Committee size is determined by the Commission with the advice of the CMO.
- 4. The Sub-Committee is composed of participating physicians who are also serving as members of the QI/UM Committee.
 - a. Sub-committee membership shall reflect an appropriate geographic and specialty mix of participating practitioners including practitioners that serve the Seniors and Persons with Disabilities (SPD) population.
 - b. Membership shall consist of primary care providers and specialists to reflect our provider network.
 - c. Participating Practitioners from other specialty areas shall be retained as necessary to provide peer review input.
 - d. The Sub-Committee shall be composed of less than a quorum of voting Commissioners.

B. Term of Committee Membership

- 1. Appointments shall be made for two (2) years.
- 2. Commissioner Sub-Committee members' terms are coterminous with their seat on the Commission.

C. Vacancies

If vacancies arise during the term of Sub-Committee membership, the RHA Commission will appoint a replacement member.

D. Voting

- 1. All members of the Sub-Committee shall have one vote each.
- 2. If a potential conflict of interest is identified, the involved member will be excused from discussion and voting.

VI. Meetings:

A. Frequency

- 1. The frequency of the Sub-Committee meetings will be at least quarterly.
- 2. The Sub-Committee Chairperson or RHA Commission may call additional *ad hoc* meetings as necessary.
- 3. A quorum consists of at least 51% of the membership.

Fresno-Kings-Madera Regional Health Authority
Peer Review Sub-Committee Charter

B. Notice

1. The meeting date will be determined by the Chairperson with the consensus of the Sub-Committee members.
2. Sub-Committee members will be notified in writing in advance of the next scheduled meeting.

C. Minutes

1. Minutes will be kept at every Sub-Committee meeting by a designated staff member. Signed, dated, contemporaneous minutes are kept. Minutes are available for review by regulatory entities.

D. Confidentiality

1. Content of the meetings is kept confidential.
2. All members sign a confidentiality statement that shall be kept on file at CalViva Health.
3. Meetings, proceedings, records and review/handling of related documents will comply with all applicable state and federal laws and regulations regarding confidential information, including, but not limited to, the California Confidentiality of Medical Information Act (California Civil Code, Section 56 et seq.); the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act (42 U.S.C. 290dd-2); and the Privacy Act (U.S.C. 552a) and any other applicable state and federal law, rule, guideline or requirement.
4. Meeting proceedings and records as well as related letters and correspondence to providers and/or members are also protected from discovery under California Health & Safety Code 1370 and CA Evidence Code 1157.

VII. Committee Support:

The Plan Medical Management department staff will provide Sub-Committee support, coordinate activities and perform the following as needed:

- A. Regularly attend Sub-Committee meetings,
- B. Assist Chairperson with preparation of agenda and meeting documents,
- C. Perform or coordinate other meeting preparation arrangements,
- D. Prepare minutes and capture specific "suggestions or recommendations" and discussions,
- E. Ensure a quarterly summary of Sub-Committee activity and recommendations is prepared for submission to the QI/UM Committee and RHA Commission.

VIII. Authority

1. Health & Safety Code Sections 1370, 1370.1
2. California Code of Regulations, Title 28, Rule 1300.70
3. California Evidence Code Section 1157
4. California Civil Code, Section 56 et seq. (California Confidentiality of Medical Information Act)

**Fresno-Kings-Madera Regional Health Authority
Peer Review Sub-Committee Charter**

5. 42 U.S.C. 290dd-2 (Alcohol, Drug Abuse and Mental Health Administration Reorganization Act)
6. U.S.C. 552a (Privacy Act)
7. DHCS Contract, Exhibit A, Attachment 4
8. MMCD Policy Letter 02-03
9. RHA Bylaws

APPROVAL:

**RHA Commission
Chairperson**

David S. Hodge

Date: July 19, 2018

Item #3

Attachment 3.H

QIUM Committee Charter

Fresno-Kings-Madera Regional Health Authority Quality Improvement/Utilization Management Committee Charter

I. Purpose:

- A. The purpose of the Quality Improvement/Utilization Management (“QI/UM”) Committee is to provide oversight and guidance for CalViva Health’s (“CalViva” or the “Plan”) QI, UM, and Credentialing Programs, monitor delegated activity, and provide professional input into CalViva’s development of medical policies.
- B. The QI/UM Committee monitors the quality and safety of care and services rendered to members, identifies clinical and administrative opportunities for improvement, recommends policy decisions, evaluates the results of QI and UM activities, institutes needed actions, and ensures follow up as appropriate.

II. Authority:

- A. The QI/UM Committee is given its authority by and reports to the Fresno-Kings-Madera Regional Health Authority (“RHA”) Commission in an advisory capacity.

III. Definitions:

- A. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – The governing board of CalViva Health. The Fresno-Kings-Madera Regional Health Authority (referred to as the “RHA”), is a public entity created pursuant to a Joint Exercise of Powers Agreement between the Counties of Fresno, Kings and Madera.

IV. Committee Focus:

The QI/UM Committee's responsibilities include, but are not limited to the following activities.

- A. Review and recommend approval to the RHA Commission of the program documents listed below:
 - 1. Annual QI Program Description
 - 2. Annual QI Work Plan
 - 3. Annual QI Program Evaluation
 - 4. Annual UM Program Description
 - 4.5. Annual CM Program Description
 - 5-6. Annual UM/CM Work Plan
 - 6-7. Annual UM/CM Program Evaluation;
 - 7-8. Annual Health Education Program Description
 - 8-9. Annual Health Education Work Plan
 - 9-10. Annual Health Education Program Evaluation
 - 10-11. Annual Culture and Linguistics (“C&L”) Program Description
 - 11-12. Annual Culture and Linguistics Work Plan
 - 12-13. Annual Culture and Linguistics Program Evaluation

Fresno-Kings-Madera Regional Health Authority
Quality Improvement/Utilization Management Committee Charter

- B. Reviews quarterly reports of Work Plan progress for the programs listed above;
- C. Monitors key clinical and service performance indicators for QI, UM, and Credentialing/Rec credentialing activities (e.g. access & availability, over and under utilization, key UM and case management indicators, HEDIS® measure results, disease management and public health programs activities, timeliness standards etc.);
- D. Provide oversight and review reports of delegated UM and Credentialing/Rec credentialing functions and collaborative QI functions;
- E. Reviews summarized grievance reports for medically related issues and administrative quality concerns;
- F. Reviews analysis of potential quality incident reports (developed from grievances/complaints, utilization management, utilization reports suggesting over or under utilization);
- G. Oversees and monitors CalViva’s participation in the Department of Health Care Services (“DHCS”) required Quality Improvement Projects (“QIPs”);
- H. Approve and oversee conduct of special QI studies as warranted;
- I. Brings general medically-related concerns to the attention of the Plan’s Operating Administrator (Health Net);
- J. Advises on the conduct of provider and member satisfaction surveys and submits its review to the Commission;
- K. Reviews the results of clinical outcome studies, identifies gaps and reports findings to the Commission;
- L. Forwards to the Credentialing /Peer Review Sub-Committee potential quality incidents that might involve the conduct of specific providers and should be further investigated;
- M. Receives reports from the Credentialing/Peer Review Sub-Committee;
- N. Provide quarterly summary reports of QI, UM, and Credentialing activities to the RHA Commission.
- O. Ensure that the Plan is in compliance with state, federal and contractual requirements for QI, UM, and Credentialing.

V. Committee Membership:

- A. Composition
 - 1. The RHA Commission Chairperson shall appoint the members of the Committee.
 - 2. The Committee is chaired by the CalViva Chief Medical Officer (“CMO”).
 - 3. Committee size is determined by the RHA Commission with the advice of the CMO.
 - 4. The QI/UM Committee will be composed of:
 - 4.1. Participating health care providers, including physicians, as well as other health care professionals representative of the CalViva direct contracting network and the Health Net provider network.
 - 4.2. The Committee composition may also include Commission members who are participating health care providers and shall be composed of less than a quorum of voting Commissioners.

**Fresno-Kings-Madera Regional Health Authority
Quality Improvement/Utilization Management Committee Charter**

- 4.3. Committee membership shall reflect an appropriate geographic and specialty mix of participating practitioners including practitioners that serve the Seniors and Persons with Disabilities (SPD) population.
- 4.4. Participating Practitioners from other specialty areas shall be retained as necessary to provide specialty input.
- 4.5. For purpose of meeting a quorum, the RHA Commission Chair may appoint an alternate member, who is also a provider member of the RHA Commission, to serve as a voting member of the committee.

B. Term of Committee Membership

1. Appointments shall be made for two (2) years.
2. Commissioner Committee members' terms are coterminous with their seat on the Commission.

C. Vacancies

1. If vacancies arise during the term of Committee membership, the RHA Commission Chairperson will appoint a replacement member.

D. Voting

1. All members of the Committee shall have one vote each.
2. If a potential conflict of interest is identified, the involved member will be excused from discussion and voting.

VI. Meetings:

A. Frequency

1. The frequency of the QI/UM Committee meetings will be at least quarterly.
2. The Committee Chairperson or RHA Commission may call additional *ad hoc* meetings as necessary.
3. A quorum consists of at least 51% of the membership.
4. Meetings shall be open and public. Meetings will be conducted in accordance with California's Ralph M. Brown Open Meeting Law.

B. Notice

1. The meeting date will be determined by the Chairperson with the consensus of the Committee members.
2. Committee members will be notified in writing in advance of the next scheduled meeting.

C. Minutes

1. Minutes will be kept at every Committee meeting by a designated staff member. Signed, dated, contemporaneous minutes are kept. Minutes are available for review by regulatory entities.
2. A report of each meeting will be forwarded to the RHA Commission for oversight review and consideration of the Committee's recommendations.

**Fresno-Kings-Madera Regional Health Authority
Quality Improvement/Utilization Management Committee Charter**

VII. Committee Support:

The Plan Medical Management department staff will provide Committee support, coordinate activities and perform the following as needed:

- A. Regularly attend Committee meetings,
- B. Assist Chairperson with preparation of agenda and meeting documents,
- C. Perform or coordinate other meeting preparation arrangements,
- D. Prepare minutes and capture specific "suggestions or recommendations" and improvement discussions,
- E. Ensure a quarterly summary of Committee activity and Committee recommendations is prepared for submission to the RHA Commission.

VIII. Authority

- A. Health & Safety Code Sections 1370, 1370.1
- B. California Code of Regulations, Title 28, Rule 1300.70
- C. DHCS Contract, Exhibit A, Attachments 4 and 5
- D. RHA Bylaws

APPROVAL:

**RHA Commission
Chairperson**

David S. Hodge

Date:

July 19, 2018

**Fresno-Kings-Madera Regional Health Authority
Quality Improvement/Utilization Management Committee Charter**

Item #3

Attachment 3.1

Public Policy Committee Charter

**Fresno-Kings-Madera Regional Health Authority
Public Policy Committee Charter**

I. Purpose:

- A. The purpose of the Public Policy Committee is to provide a committee structure for the consideration and formulation of CalViva Health (“CalViva” or the “Plan”) policy on issues affecting members. Subscribers and enrollees shall be afforded an opportunity to participate in establishing the public policy of the Plan.

II. Authority:

- A. The Public Policy Committee is given its authority by and reports to the Fresno-Kings-Madera Regional Health Authority (“RHA”) Commission. This authority is described in the RHA Bylaws.

III. Definitions:

- A. **Public Policy** means acts performed by the Plan or its employees and staff to assure the comfort, dignity, and convenience of patients who rely on the Plan’s facilities to provide health care services to them, their families, and the public. (Rule 1300.69)
- B. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – The governing board of CalViva Health.
1. The Fresno-Kings-Madera Regional Health Authority (referred to as the “RHA”), is a public entity created pursuant to a Joint Exercise of Powers Agreement between the Counties of Fresno, Kings and Madera. On April 15, 2010, the RHA Commission adopted the name “CalViva Health” under which it will also do business.

IV. Committee Focus:

- A. The Public Policy Committee’s recommendations and reports will be regularly and timely reported to the Commission. The Commission shall act upon these reports and recommendations and the action taken by the Commission will be recorded in the minutes of the Commission’s meetings.
- B. Principal Responsibilities:
1. Review a quarterly summary report regarding the specific nature and volume of complaints received through the grievance process and how those complaints were resolved
 2. Make recommendations concerning the structure and operation of the Plan's grievance process including suggestions to assist the Plan in ensuring its’ grievance process addresses the linguistic and cultural needs of its member population as well as the needs of members with disabilities.
 3. Review and evaluate member satisfaction data
 4. Advise on cultural and linguistic service needs through review of demographic, linguistic, and cultural information related to the Plan’s population in order to make recommendations regarding:

**Fresno-Kings-Madera Regional Health Authority
Public Policy Committee Charter**

- 4.1. Linguistic needs of populations served and identify any enhancements or alternate formats that Plan materials may need.
- 4.2. Policies needed for increasing member access to services where there may be barriers resulting from cultural or linguistic factors.
- 4.3. Changes needed to the provider network to accommodate cultural, linguistic, or other ethnic preferences.
5. Advise on problems related to the availability and accessibility of services
 - 5.1. Review data/other Plan information and make recommendations for policy or Plan/provider network changes needed related to Americans with Disabilities Act (ADA) requirements or to minimize barriers and increase access for members with disabilities (e.g. identifying potential outreach activities, etc.).
6. Review member literature and other plan materials sent to members and advise on the effectiveness of the presentation.
7. Make recommendations or suggestions for member outreach activities, topics or articles/information for publication on the member website, in member education materials or newsletters, etc.
8. Recommend review/revision and/or development of policies and procedures to the RHA Commission or other Plan committees as appropriate based on the Committee's review of grievance, member satisfaction, and other Plan data.
9. Review financial information pertinent to developing the public policy of the Plan.
10. Other matters pertinent to developing the public policy of the Plan.

V. Committee Membership:

A. Composition

The RHA Commission Chairperson shall appoint the members of the Committee. The Public Policy Committee shall consist of not less than seven (7) members, who shall be appointed as follows:

1. One member of the RHA Commission who will serve as Chairperson of the Committee;
2. One member who is a provider of health care services under contract with the Plan; and
3. All others shall be members (must make-up at least 51% of the committee members) entitled to health care services from the Plan.
 - 3.1. Public Policy enrollee members shall be comprised of the following:
 - 3.1.1. Two (2) enrollees from Fresno County
 - 3.1.2. One (1) enrollee from Kings County
 - 3.1.3. One (1) enrollee from Madera County
 - 3.1.4. One (1) At-Large enrollee from either Fresno, Kings, or Madera County
 - 3.2. Two (2) Community Based Organizations (CBO) representatives shall be appointed as alternate Public Policy Committee members to attend and participate in meetings of the Committee in the event of a vacancy or

**Fresno-Kings-Madera Regional Health Authority
Public Policy Committee Charter**

absence of any of the members appointed as provided in subsection 3.1 above.

3.2.1. The alternates shall represent different Community Based Organizations (CBO) that serve Fresno, Kings, and/or Madera Counties and provide community service or support services to members entitled to health care services from the Plan.

3.2.2 Two (2) alternates from the same CBO shall not be appointed to serve concurrent terms.

3.3. The enrollee members and CBO representatives shall be persons who are not employees of the Plan, providers of health care services, subcontractors to the Plan or contract brokers, or persons financially interested in the Plan.

3.4. In selecting the enrollee members and/or CBO representatives of the Committee, the RHA Commission Chairperson shall generally consider the makeup of the Plan's Medi-Cal enrollee population including Seniors and Persons with Disabilities (SPD), and such factors such as ethnicity, demography, occupation, and geography. Any such selection or election of enrollee members or a CBO representative shall be conducted on a fair and reasonable basis.

B. Term of Committee Membership

1. The Commissioner member may be appointed for a three (3) year term and his/her term will be coterminous with their seat on the Commission.
2. The provider member may be appointed for a three (3) year term.
3. Subscriber/enrollee members' and CBO representative terms shall be of reasonable length (one, two, or three years) and shall be staggered or overlapped so as to provide continuity and experience in representation.
4. At the conclusion of any term, a Committee member may be reappointed to a subsequent three-year term.

C. Vacancies

1. If vacancies arise during the term of Committee membership, the RHA Commission Chairperson will appoint a replacement member.

D. Voting

1. All members of the Committee shall have one vote each.
2. When attending a meeting in place of a regular member, an alternate member shall be entitled to participate in the same manner and under the same standards as a regular member, to the extent that the alternate member is not otherwise disqualified from participating in discussion and voting on an item due to a conflict of interest.

VI. Meetings:

A. Frequency

1. The frequency of the Public Policy Committee meetings will be quarterly.

**Fresno-Kings-Madera Regional Health Authority
Public Policy Committee Charter**

2. The Committee Chairperson or RHA Commission may call additional *ad hoc* meetings as necessary.
3. A quorum consists of at least 51% of the membership
4. Meetings shall be open and public. Meetings will be conducted in accordance with California's Ralph M. Brown Open Meeting Law.

B. Place of Meetings

1. The Committee Chairperson will determine the place of the Committee meetings.

C. Notice

1. At the end of each Public Policy Committee meeting, the next meeting date will be determined by consensus unless a pre-arranged schedule has been established.
2. Committee members will be notified in writing in advance of the next scheduled meeting.

D. Minutes

1. Minutes will be kept at every Public Policy Committee meeting by a designated staff member.
2. A report of each meeting will be forwarded to the RHA Commission for oversight review and consideration of the Committee's recommendations.

VII. Committee Support:

- A. The Plan Director of Community Relations and designated Plan staff will provide Committee support, coordinate activities and perform the following as needed:
1. Regularly attend Public Policy meetings.
 2. Prepare agenda and meeting documents.
 3. Perform or coordinate other meeting preparation arrangements.
 4. Prepare minutes and capture specific "suggestions or recommendations" for reporting to the RHA Commission and Quality Improvement/Utilization Management Committee.
 5. Initiate and follow-up on action items and suggestions until completed and ensure that feedback is provided to the Committee to "close the loop".
 6. Compliance staff will include a summary of Public Policy Committee activity and Committee recommendations in Compliance Reports to the RHA Commission.
 7. Submit Public Policy Committee meeting minutes to the RHA Commission.

VIII. Other Requirements:

1. The Plan's Evidence of Coverage (EOC) includes a description of its system for member participation in establishing public policy.
2. The Plan will also furnish an annual EOC to its members with a description of its system for their participation in establishing public policy and will communicate material changes affecting public policy to members.

**Fresno-Kings-Madera Regional Health Authority
Public Policy Committee Charter**

IX. Authority

1. Health & Safety Code Section 1369
2. California Code of Regulations, Title 28, Rule 1300.69
3. RHA Bylaws

APPROVAL:

RHA Commission Chairperson _____ **Date:** _____
: David Hodge, MD

Item #3

Attachment 3.J

Compliance Report



Regulatory Filings	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2019 YTD Total
# of DHCS Filings													
Administrative/Operational	10	6	16	11	11	12							66
Member & Provider Materials	1	3	1	7	2	1							15
# of DMHC Filings	7	6	5	5	13	7							43

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

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

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

Fraud, Waste, & Abuse Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2019 YTD Total
# of New MC609 Cases Submitted to DHCS	2	0	0	2	1	1							6
# of Cases Open for Investigation (Active Number) **	16	16	16	16	13	**							

** The Plan and SIU are implementing a new case tracking system. Updated open case numbers will be provided in the next report to the Commission.

Summary of Potential Fraud, Waste & Abuse cases

Since the 5/16/19 Commission Report, two new potential FWA case MC609 were submitted: One case submitted in May involved a provider potentially upcoding E&M service codes for new and established patients (DHCS closed this case on 6/25/19 with no further action); the second case submitted in June involved a provider billing the highest level E&M service codes for new and established patients more frequently than would be expected. There were no cases that needed to be referred to other law enforcement agencies by the Plan.

RHA Commission Compliance – Regulatory Report

Compliance Oversight & Monitoring Activities	Description
<p>CalViva Health Oversight Activities</p>	<p>Health Net CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. With Q1 2019, Health Net is providing more detailed and comprehensive reports of participating provider groups (PPG) activity. The new and improved reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access & availability, telemedicine, utilization management data, grievances and appeals, etc.</p> <p>Kaiser Post-Contract termination, encounter data submissions and other financial reporting will continue into 2019 and possibly 2020.</p>
<p>Oversight Audits</p>	<p>The following audits are in-progress: Annual Claims & PDRs, Continuity of Care, Cultural & Linguistics, Q4 2018 Provider Disputes. The following audits have been completed: Pharmacy (CAP), Quality Management (no CAP), Privacy & Security (No CAP).</p>
Regulatory Reviews/Audits	Status
<p>Department of Managed Health Care (“DMHC”) Undertaking Reports – Termination of contract with Kaiser</p>	<p>On December 7, 2018, the DMHC closed the Undertaking requirement pending the submission of a Material Modification for Alternative Access Standards (AAS), and a Significant Network Change Amendment. These filings were submitted by January 31, 2019. In response to the Plan's filings and previous Comment Letter responses, the DMHC has closed the Significant Network Change filing. The Plan filed a June 27, 2019 response to the latest AAS Comment Letter and is pending a response from DMHC.</p>
<p>Department of Health Care Services (“DHCS”) Quality Corrective Action Plan</p>	<p>The Plan met with DHCS on May 13, 2019 to review the CAP progress. The Plan met all MPLs requirements and expectations for the CAP. After DHCS' publication of the CAP results in July, the Plan should be released from the CAP. Awaiting DHCS Final approval.</p>
<p>Department of Health Care Services (“DHCS”) 2019 Medical Audit and Department of Managed Health Care 2019 Medical Survey</p>	<p>DHCS and DMHC conducted their respective audits during the week of February 25, 2019, and the Plan is awaiting each Department's findings.</p>

RHA Commission Compliance – Regulatory Report

New Regulation / Contractual Requirements	
Health Homes Program (HHP)	After assessing the financial feasibility of implementing the HHP program, and the lack of community-based entity interest/capacity to fully administer the program, the Plan decided to withdraw its participation. The Plan provided a written notice of its decision to DHCS on May 13, 2019.
Committee Report	
Public Policy Committee	The Public Policy Committee met in Kings County on June 12, 2019. The Q1 2019 Grievance & Appeal report, Health Education and Cultural & Linguistics reports (Report Summaries, 2018 Work Plan Evaluations, 2019 Program Descriptions and 2019 Work Plans), and a web site update were some of the items presented to the Committee. Currently, the Fresno County Member Representative position is vacant. The Plan is actively recruiting a replacement. The next meeting will be held on September 4, 2019, 11:30 a.m. in Madera County, at Camarena Health, 344 E. Sixth Street, Madera 93638.

Item #5

Attachment 5.A

Legal Services
Attorney Services Agreement

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

This Agreement is effective the 1st day of July, 2019, by and between the Fresno-Kings-Madera Regional Health Authority Commission ("Commission"), and the law firm of Epperson Law Group, PC ("Firm") as General Counsel.

RECITALS

1. Commission previously engaged the services of Prentice, Long & Epperson, PC to discharge the services of General Counsel, with Jason S. Epperson serving as General Counsel. Corporate changes have required that Epperson Law Group, PC be formed as a separate entity. Commission desires to continue to engage the services of Jason S. Epperson and Epperson Law Group, PC to discharge the duties of the General Counsel. It is anticipated that Epperson Law Group, PC will utilize the services of Prentice & Long, PC and/or David A. Prentice in fulfilling the services of General Counsel at the discretion of Epperson Law Group, PC.

2. The Commission and Firm desire to set forth in this Agreement the terms, conditions, and benefits of such engagement.

3. Firm desires to accept the engagement as General Counsel as set forth herein.

4. This Agreement is subject to the Firm Billing Policies attached hereto as Exhibit 1 and incorporated herein. The Billing Policies are applicable and in effect unless otherwise changed by the terms of this Agreement.

5. Commission and Firm agree that the Effective Date of this Agreement shall be July 1, 2019, notwithstanding that this Agreement is executed below at a later date. Legal services provided prior to that date shall be performed under the prior legal services agreement between Commission and Firm.

6. This Agreement replaces in their entirety any and all prior agreements for legal services executed by the parties hereto.

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

SECTION I. DUTIES AND FIRM STATUS

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

SECTION 2. COMPENSATION

A. Capped Annual Fee

At the end of each month Firm will invoice Commission for all non-litigation legal services performed by Firm, which invoice is payable on receipt. The billable rate is One Hundred Eighty Dollars (\$180) per hour. Based on the Commission's estimate of 100 hours per annum for non-litigation services, fees are capped at \$18,000. Should more than 100 hours of non-litigation services be required in a calendar year, Firm and Commission shall discuss the need for said expenses and the rate at which they will be provided.

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

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

B. Litigation / Fraud Investigation Matters

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

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

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

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

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

C. Confidentiality and Absence of Conflicts

An attorney-client relationship requires mutual trust between the client and the attorney. It

is understood that communications exclusively between counsel and the client are confidential and protected by the attorney-client privilege.

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

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

SECTION 3. TERMINATION AND SEVERANCE

A. This Agreement shall be for a period of three (3) years and shall be effective July 1, 2019 and shall expire on June30, 2022.

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

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

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

SECTION 4. OTHER TERMS AND CONDITIONS OF AGREEMENT

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

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

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

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

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

SECTION 5. PERFORMANCE EVALUATION

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

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

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

SECTION 6. NOTICES

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

COMMISSION: Fresno-Kings-Madera Regional Health Authority
Attn: Cheryl Hurley

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

FIRM: Epperson Law Group, PC
Jason S. Epperson
114 E. Shaw Ave., Ste. 102
Fresno, CA 93710

Alternatively, notices required pursuant to this Agreement may be personally served in the same manner as applicable to civil judicial process. Notice shall be deemed given as of the date of personal service or as of the date of deposit of such written notice in the United States Postal Service.

SECTION 7. INSURANCE

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

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

SECTION 8. GENERAL PROVISIONS

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

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

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

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

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

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

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

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

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

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

K. This Agreement contemplates Firm shall provide professional services described herein, without assignment to outside individuals or entities, other than the Prentice & Long, PC

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

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

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

FRESNO-KINGS-MADERA REGIONAL
HEALTH AUTHORITY COMMISSION

By: _____
Gregory Hund, Chief Executive Officer

Dated: _____

EPPERSON LAW GROUP, PC

By: _____
Jason S. Epperson, Partner

Dated: _____

ATTEST:

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

EXHIBIT 1

COMPENSATION SCHEDULE AND REIMBURSABLE EXPENSES

REIMBURSABLE EXPENSES:

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

Item #6

Attachment 6.A & 6.B

- 6.A: BL 19-009 Community Support Program
- 6.B: Funding Recommendations

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

Sal Quintero
Board of Supervisors

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Brian Smullin
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

DATE: July 17, 2019

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Greg Hund, CEO

RE: CalViva Health Community Support Program

BL #: 19-009

Agenda Item 6

Attachment 6.A

In May 2017, the Fresno-Kings-Madera Regional Health Authority established a process to review and consider funding for Community Support programs/initiatives in excess of twenty thousand dollars (\$20,000) per fiscal year. Guidelines and an application were established and approved during this time.

As a reminder, the Commission approved total funds for the current fiscal year of \$1,750,000. These funds are intended for physician and extender recruitment assistance, physician incentives, and community based organization support. It is our recommendation that these funds would be used for the recruitment of 12 new PCPs or Extenders. This target is based on a funding plan guide that allocates \$100,000 per recruited physician or \$75,000 per recruited extender (incremental payments will be delivered upon contract signing and credentialing). The main goal of this grant opportunity is to increase the total number of primary care providers in our network.

The Ad-hoc committee reviewed the funding recommendations (attachment 6.B) on June 26, 2019 and voted to bring them to the full commission.

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

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

Community Support Grant Recommendations 2019-2020

Training

Parlier FP Residency UHC	\$150,000
--------------------------	-----------

Providers

Funding for 12 PCPs/Extenders	\$1,200,000
Year End Provider Incentives	\$100,000
Annual Provider Dinner	\$25,000

Community Based Organizations

Every Neighborhood Partnership	\$40,000
Tzu Chi-See 2 Succeed Vision Program	\$50,000
Habitat for Humanity Acts of Kindness Madera County	\$50,000
West Fresno Green Space (Sports Complex)	\$80,000

Other

Fresno Glow Group Prenatal Care	\$50,000
---------------------------------	----------

Total	\$1,745,000
2019-2020 Budgeted Amount	\$1,750,000
Remaining Funds	\$5,000

Item #7

Attachment 7.A

BL 19-010 Review of Fiscal Year
End Goals 2019

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse, Director
Public Health Department

Aftab Naz, M.D.
At-large

Regional Hospital

Brian Smullin
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

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

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

DATE: July 18, 2019

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Review of Goals and Objectives for Fiscal Year End 2018

BL #: 19-010

Agenda Item 7

Attachment 7.A

DISCUSSION:

Category	Goal	Review
Market Share	Maintain current market share.	
Medical Management / Quality Improvement	Complete interventions for both DHCS required Performance Improvement Projects: 1) Post Partum Care Disparity, and 2) Childhood Immunizations. Design and complete Improvement Projects for 4 measures with results below the Minimum Performance Level	Post Partum Disparity PIP completed with significant impact on post partum care visits, Childhood Immunization PIP to be continued into next phase. Successfully completed the Improvement Projects with results above the MPLs.
Funding of Community Support Program	Administer the Community Investment Funding Program.	7 Provider recruitment grants awarded with 6 providers recruited.
Tangible Net Equity (TNE)	Maintain DMHC TNE level of at least 400% of minimum TNE requirement as the goal for fiscal year 2019.	TNE minimum goal exceeded
Direct Contracting	Maintain current direct contracts to align with TNE requirements.	All direct contracts continued
Community Outreach	Participate in local community initiatives.	Participated in Pre-term Birth (PTBi), Vision Program (See 2 Succeed), Cradle to Career, Fresno Community Health Improvement Partnership (FCHIP), The Children's Movement (TCM Fresno), and 80+ CBO Sponsorships.
State and Federal Advocacy	Continue to advocate Local Initiative Plan interest.	Continued Board status with LHPC and MSMGMA
Administrative and Clinical Data Reporting	Execute a performance-based ASA incentive amendment.	Amended ASA signed on 1/23/19

Item #8

Attachment 8.A

BL 19-011 Goals & Objectives FY 2020

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

Sal Quintero
Board of Supervisors

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Joyce Fields-Keene
At-large

Soyla Reyna-Griffin -
At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Brian Smullin
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

DATE: July 18, 2019

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Goals and Objectives for Fiscal Year 2020

BL #: BL 19-011

Agenda Item 8

Attachment 8.A

DISCUSSION:

Category:

Goal:

Market Share	Maintain current market share.
Medical Management / Quality Improvement	Meet the Managed Care Accountability Set minimum performance levels for clinical care as required by DHCS
Funding of Community Support Program	Administer the Community Investment Funding Program
Tangible Net Equity (TNE)	Maintain DMHC TNE level of at least 500% of minimum TNE requirement.
Direct Contracting	Maintain current direct contracts to align with TNE requirements
Community Outreach	Continue to participate in local community initiatives.
State and Federal Advocacy	Continue to advocate Local Initiative Plan interest.
Strategic Planning	Coordinate strategic planning for 2020.

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

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

Item #9

Attachment 9.A

Financials as of May 31, 2019

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Balance Sheet
As of May 31, 2019

		Total
ASSETS		
Current Assets		
Bank Accounts		
Cash		73,579,831.42
Savings CD		0.00
ST Investments		0.00
Wells Fargo Money Market Mutual Funds		5,188,337.91
Total Bank Accounts	\$	78,768,169.33
Accounts Receivable		
Accounts Receivable		100,842,674.13
Total Accounts Receivable	\$	100,842,674.13
Other Current Assets		
Interest Receivable		10,507.68
Investments - CDs		0.00
Prepaid Expenses		189,982.25
Security Deposit		0.00
Total Other Current Assets	\$	200,489.93
Total Current Assets	\$	179,811,333.39
Fixed Assets		
Buildings		6,989,099.98
Computers & Software		2,947.91
Land		3,161,419.10
Office Furniture & Equipment		145,348.23
Total Fixed Assets	\$	10,298,815.22
Other Assets		
Investment -Restricted		313,614.02
Total Other Assets	\$	313,614.02
TOTAL ASSETS	\$	190,423,762.63
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
Accounts Payable		27,533.40
Accrued Admin Service Fee		3,951,002.00
Capitation Payable		88,488,811.29
Claims Payable		55,374.44
Total Accounts Payable	\$	92,522,721.13
Other Current Liabilities		
Accrued Expenses		946,789.44
Accrued Payroll		98,611.46
Accrued Vacation Pay		288,633.07
Amt Due to DHCS		0.00
IBNR		164,348.69
Loan Payable-Current		0.00
Premium Tax Payable		0.00
Premium Tax Payable to BOE		5,961,058.18
Premium Tax Payable to DHCS		20,978,675.50
Total Other Current Liabilities	\$	28,438,116.34
Total Current Liabilities	\$	120,960,837.47
Long-Term Liabilities		
Renters' Security Deposit		0.00
Subordinated Loan Payable		0.00
Total Long-Term Liabilities	\$	0.00
Total Liabilities	\$	120,960,837.47
Equity		
Retained Earnings		59,820,200.78
Net Income		9,642,724.38
Total Equity	\$	69,462,925.16
TOTAL LIABILITIES AND EQUITY	\$	190,423,762.63

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

	Total		
	Actual	Budget	Over/(Under) Budget
Income			
Interest Earned	1,452,307.76	110,000.00	1,342,307.76
Premium/Capitation Income	1,078,868,645.25	1,046,608,710.00	32,259,935.25
Total Income	1,080,320,953.01	1,046,718,710.00	33,602,243.01
Cost of Medical Care			
Capitation - Medical Costs	902,970,133.67	872,716,234.00	30,253,899.67
Medical Claim Costs	2,575,970.30	2,218,330.00	357,640.30
Total Cost of Medical Care	905,546,103.97	874,934,564.00	30,611,539.97
Gross Profit	174,774,849.04	171,784,146.00	2,990,703.04
Expenses			
Admin Service Agreement Fees	43,603,263.00	43,257,501.00	345,762.00
Bank Charges	660.08	15,400.00	(14,739.92)
Computer/IT Services	113,931.08	143,000.00	(29,068.92)
Consulting Fees	4,200.00	96,250.00	(92,050.00)
Depreciation Expense	266,096.93	275,000.00	(8,903.07)
Dues & Subscriptions	154,574.14	163,900.00	(9,325.86)
Grants	1,691,069.81	1,925,000.00	(233,930.19)
Insurance	183,176.76	196,199.00	(13,022.24)
Labor	2,801,084.43	2,892,428.00	(91,343.57)
Legal & Professional Fees	97,441.94	174,900.00	(77,458.06)
License Expense	618,023.86	572,000.00	46,023.86
Marketing	667,418.83	700,000.00	(32,581.17)
Meals and Entertainment	15,570.05	16,700.00	(1,129.95)
Office Expenses	49,104.57	71,500.00	(22,395.43)
Parking	1,240.21	1,100.00	140.21
Postage & Delivery	2,841.47	2,200.00	641.47
Printing & Reproduction	1,603.98	4,400.00	(2,796.02)
Recruitment Expense	1,206.13	33,000.00	(31,793.87)
Rent	1,800.00	11,000.00	(9,200.00)
Seminars and Training	7,098.50	22,000.00	(14,901.50)
Supplies	9,221.36	8,800.00	421.36
Taxes	115,382,733.94	115,382,712.00	21.94
Telephone	30,899.04	28,600.00	2,299.04
Travel	22,341.00	23,200.00	(859.00)
Total Expenses	165,726,601.11	166,016,790.00	(290,188.89)
Net Operating Income	9,048,247.93	5,767,356.00	3,280,891.93
Other Income			
Other Income	594,476.45	550,000.00	44,476.45
Total Other Income	594,476.45	550,000.00	44,476.45
Net Other Income	594,476.45	550,000.00	44,476.45
Net Income	9,642,724.38	6,317,356.00	3,325,368.38

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

	Total	
	Jul 2018 - May 2019	Jul 2017 - May 2018 (PY)
Income		
Interest Earned	1,452,307.76	353,232.14
Premium/Capitation Income	1,078,868,645.25	1,087,454,243.37
Total Income	\$ 1,080,320,953.01	\$ 1,087,807,475.51
Cost of Medical Care		
Capitation - Medical Costs	902,970,133.67	909,595,390.94
Medical Claim Costs	2,575,970.30	2,235,960.28
Total Cost of Medical Care	\$ 905,546,103.97	\$ 911,831,351.22
Gross Profit	\$ 174,774,849.04	\$ 175,976,124.29
Expenses		
Admin Service Agreement Fees	43,603,263.00	44,044,000.00
Bank Charges	660.08	7,555.86
Computer/IT Services	113,931.08	107,818.76
Consulting Fees	4,200.00	0.00
Depreciation Expense	266,096.93	264,568.12
Dues & Subscriptions	154,574.14	153,429.95
Grants	1,691,069.81	1,812,444.81
Insurance	183,176.76	180,804.70
Labor	2,801,084.43	2,640,930.44
Legal & Professional Fees	97,441.94	67,403.31
License Expense	618,023.86	570,729.06
Marketing	667,418.83	652,102.74
Meals and Entertainment	15,570.05	14,910.85
Office Expenses	49,104.57	51,514.67
Parking	1,240.21	1,354.10
Postage & Delivery	2,841.47	1,567.98
Printing & Reproduction	1,603.98	7,477.78
Recruitment Expense	1,206.13	1,516.73
Rent	1,800.00	3,300.00
Seminars and Training	7,098.50	10,205.90
Supplies	9,221.36	9,965.37
Taxes	115,382,733.94	117,002,440.64
Telephone	30,899.04	28,531.85
Travel	22,341.00	19,162.10
Total Expenses	\$ 165,726,601.11	\$ 167,653,735.72
Net Operating Income	\$ 9,048,247.93	\$ 8,322,388.57
Other Income		
Other Income	594,476.45	537,712.32
Total Other Income	\$ 594,476.45	\$ 537,712.32
Net Other Income	\$ 594,476.45	\$ 537,712.32
Net Income	\$ 9,642,724.38	\$ 8,860,100.89

Item #9

Attachment 9.B

Appeals & Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2019

Current as of End of the Month: May
Revised Date: 6/24/2019

CalViva Health Appeals and Grievances Dashboard 2019

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	10	15	14	39	15	20	0	35	0	0	0	0	0	0	0	0	74	124
Standard Appeals Received	31	35	50	116	50	56	0	106	0	0	0	0	0	0	0	0	222	420
Total Appeals Received	41	50	64	155	65	76	0	141	0	296	544							
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	98.8%							
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
Expedited Appeals Resolved Compliant	9	15	15	39	16	20	0	36	0	0	0	0	0	0	0	0	75	114
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	92.7%							
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	43	24	40	107	51	51	0	102	0	0	0	0	0	0	0	0	209	387
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	100.0%							
Total Appeals Resolved	52	39	55	146	67	71	0	138	0	284	510							
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	52	39	53	144	67	71	0	138	0	282	506							
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	1	0	0	1	1	2	0	3	0	0	0	0	0	0	0	0	4	48
DME	7	4	5	16	3	4	0	7	0	0	0	0	0	0	0	0	23	59
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	1	1	2	1	1	0	2	0	0	0	0	0	0	0	0	4	3
Advanced Imaging	23	15	19	57	29	33	0	62	0	10	0	10	0	0	6	6	135	143
Other	6	6	3	15	8	8	0	16	0	3	0	3	0	0	5	5	39	96
Pharmacy	13	8	17	38	20	20	0	40	0	0	0	0	0	0	0	0	78	138
Surgery	2	5	8	15	5	3	0	8	0	0	0	0	0	0	0	0	23	19
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2	4
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	32	20	29	81	34	31	0	65	0	0	0	0	0	0	0	0	146	319
Uphold Rate	61.5%	51.3%	52.7%	55.5%	50.7%	43.7%	0.0%	47.1%	0.0%	51.4%	62.5%							
Overturns - Full	17	18	25	60	30	39	0	69	0	0	0	0	0	0	0	0	129	173
Overturn Rate - Full	32.7%	46.2%	45.5%	41.1%	44.8%	54.9%	0.0%	50.0%	0.0%	45.4%	33.9%							
Overturns - Partial	2	1	1	4	2	0	0	2	0	0	0	0	0	0	0	0	6	15
Overturn Rate - Partial	3.8%	2.6%	1.8%	2.7%	3.0%	0.0%	0.0%	1.4%	0.0%	2.1%	2.9%							
Withdrawal	1	0	0	1	1	1	0	2	0	0	0	0	0	0	0	0	3	3
Withdrawal Rate	1.9%	0.0%	0.0%	0.0%	1.5%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	0.6%
Membership	353,445	353,877	353,039		352,929	353,499	-		-	-	-		-	-	-			
Appeals - PTMPM	0.15	0.11	0.16	0.14	0.19	0.20	-	0.20	-	-	-	-	-	-	-	-	0.16	0.12
Grievances - PTMPM	0.33	0.25	0.27	0.28	0.28	0.32	-	0.30	-	-	-	-	-	-	-	-	0.29	0.23

Cal Viva Dashboard Definitions

Categories	Description
GRIEVANCE	Expression of dissatisfaction regarding any aspect of a plans or providers operations, contractual issues, activities or behaviors.
Expedited Grievances Received	Grievance received in the month with a TAT of 3 calendar days
Standard Grievances Received	Grievances received in the month with the standard 30 days TAT
Total Grievance Received	Amount of cases received within that month
Grievance Acknowledgement Sent Noncompliant	The number of Acknowledgement letters not sent within the 5 calendar day TAT
Grievance Acknowledgement Compliance Rate	Percentage of acknowledgement letters sent within 5 calendar days
Expedited Grievances Resolved Noncompliant	Expedited grievances closed after the 3 calendar day TAT
Expedited Grievances Resolved Compliant	Expedited grievances closed within the 3 calendar day TAT
Expedited Grievance Compliance Rate	Percentage of Expedited Grievances closed within the 3 calendar day TAT
Standard Grievances Resolved Noncompliant	Standard 30 day grievance cases closed after the 30 day TAT
Standard Grievances Resolved Compliant	Standard 30 day grievance cases closed within the 30 day TAT
Standard Grievance Compliance Rate	Percentage of cases closed within the 30 calendar day TAT
Total Grievances Resolved	Amount of cases closed for the month
Quality of Service Grievances	Grievances Related to non clinical concerns/administrative issues
Access to Care Grievance - Other	Long wait time for a scheduled appointment or unable to get an appointment with an ancillary provider
Access to Care Grievance - PCP	Long wait time for a scheduled appointment or unable to get an appointment with a PCP
Access to Care Grievance - Physical/OON	Access to care issues specifically due to physical distance or provider not being contracted with the plan
Access to Care Grievance - Specialist	Long wait time for a scheduled appointment or unable to get an appointment with a specialist
Administrative Grievance	Balance billing issue, claims delay in processing
Continuity of Care - Acute	Quality of service complaint/dispute regarding the continuity of care for acute care, as perceived by the enrollee from a provider.
Continuity of Care - Newborn	Quality of service complaint/dispute regarding the continuity of care for newborn care, as perceived by the enrollee from a provider.
Continuity of Care - Other	Quality of service complaint/dispute regarding the continuity of care for any other care not already categorized, as perceived by the enrollee from a provider.
Continuity of Care - Pregnancy	Quality of service complaint/dispute regarding the continuity of care for pregnancy care, as perceived by the enrollee from a provider.
Continuity of Care - Surgery	Quality of service complaint/dispute regarding the continuity of care for surgery, as perceived by the enrollee from a provider.
Continuity of Care - Terminal Illness	Quality of service complaint/dispute regarding the continuity of care for Terminal Illness, as perceived by the enrollee from a provider.
Interpersonal Grievance	Providers interaction with member
Mental Health	Grievances related to Mental Health providers/care
Other	All other QOS grievance types
Pharmacy	Long wait time for the drug to be called in or refilled
Quality of Care Grievances	Grievances Related to clinical concerns/possible impact to members health
Access to Care Grievance - Other	Long wait time for a scheduled appointment or unable to get an appointment with an ancillary provider
Access to Care Grievance - PCP	Long wait time for a scheduled appointment or unable to get an appointment with a PCP
Access to Care Grievance - Physical/OON	Access to care issues specifically due to physical distance or provider not being contracted with the plan
Access to Care Grievance - Specialist	Long wait time for a scheduled appointment or unable to get an appointment with a specialist
Mental Health	Grievances related to Mental Health providers/care
Other	All other QOC grievance types
PCP Care	Grievances related to quality of care provided by a PCP
PCP Delay	Grievances related to a delay in care provided by a PCP
Pharmacy	Wrong drug dispensed or adverse drug reaction.
Specialist Care	Grievances related to quality of care provided by a Specialist
Specialist Delay	Grievances related to a delay in care provided by a Specialist
APPEALS	Request for reconsideration. An oral or written request to change a decision or adverse determination.
Expedited Appeals Received	Appeals received in the month with a TAT of 3 calendar days
Standard Appeals Received	Appeals received in the month with a TAT of 30 calendar days
Total Appeals Received	Amount of cases received within that month
Appeals Acknowledgement Sent Non-compliant	Total number of acknowledgement letters not sent within the 5 calendar day TAT
Appeals Acknowledgement Compliance Rate	Percentage of Acknowledgement letters sent with the 5 calendar day TAT
Expedited Appeals Resolved Non-Compliant	Number of expedited appeals resolved after the 3 calendar day TAT
Expedited Appeals Resolved Compliant	Number of expedited appeals resolved within the 3 calendar day TAT
Expedited Appeals Compliance Rate	Percentage of expedited appeals closed with the 3 calendar day TAT

Standard Appeals Resolved Non-Compliant	Standard 30 day appeals resolved after the 30 calendar days
Standard Appeals Resolved Compliant	Standard 30 day appeals resolved within the 30 calendar days
Standard Appeals Compliance Rate	Percentage of Standard 30 calendar day TAT appeals closed within compliance
Total Appeals Resolved	Total number of appeals resolved for the month
Appeal Descriptions	
Pre Service Appeal	Any request for the reversal of a denied service prior to the services being rendered.
Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
Mental Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.
Pharmacy	Denied medication due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
Post Service Appeal	Any request for the reversal of a denied claim payment where the services were previously rendered.
Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
Mental Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.
Pharmacy	Denied medication due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
Appeals Decision Rate	Will include number of Upholds, Overturns, Partial overturns, and Withdrawals
Upholds	Number of Upheld Appeals
Uphold Rate	Percentage of Upheld appeals
Overturns - Full	Number of full overturned appeals
Overturn Rate - Full	Percentage of full overturned appeals
Overturn - Partial	Number of Partial Overturned appeals
Overturn Rate - Partial	Percentage of Partial Overturned appeals
Withdrawals	Number of withdrawn appeals
Withdrawal Rate	Percentage of withdrawn appeals

EXEMPT GRIEVANCE	Grievances received over the telephone that are not coverage disputes, disputed health care services involving medical necessity or experimental/investigational treatment that are resolved the the close of the next business day (1300.68 (d)(8)).
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Exempt Grievance tab key – Calviva Dashboard	
Column Definitions.	
Date Opened	The date the case was received
SF #	The internal HealthNet system ID code for the CCC representative who documented the call
Rep Name	Name of the CCC associate who took the call
Sup Name	Supervisor of the CCC associate who took the call
Mbr ID	The Calviva Health ID number of the member
SPD	Marked "yes" if the member is part of the "Seniors & Persons with Disabilities" population
Date of Birth	Date of birth of the member
Mbr Name	Name of the member
Reason	The case was categorized as a Calviva Exempt Grievance, hence the reason it's on the report
Preventable	Used if an Exempt Grievance was determined to be preventable
Access to Care	Used if determined Exempt Grievance was related to Access to Care
Issue Main Classification	Case is categorized by type of complaint
Issue Sub Classification	Case is subcategorized by type of complaint
DMHC Complaint Category	Case is categorized based on the DMHC TAR template complaint category
Discrimination?	Marked "yes" if case involved perceived discrimination by the member, otherwise marked "no"
Resolution	The resolution to the exempt grievance is notated here
Date Reviewed	The date the case was reviewed by CCC exempt grievance personnel
Provider Involved	The provider involved in the exempt grievance is notated here
Provider Category	The type of provider that is involved
County	The county the member resides in is notated here
PPG	Whether the member is assigned to a PPG is notated here
Health Plan ID	The Internal HN Plan ID for the Provider Involved in the exempt grievance.
PPG Service Area	Internal HN Code for the PPG to whom the member belongs.
Yes	

Classification Definitions	
Authorization	Used when it's an Authorization/Referral issue related exempt grievance
Avail of Appt w/ Other Providers	The case is related to appointment availability of ancillary providers
Avail of Appt w/ PCP	The case is related to appointment availability of the PCP
Avail of Appt w/ Specialist	The case is related to appointment availability of a Specialist
Claims Complaint	The case is related to a claims issue/dispute
Eligibility Issue	The case is related to the members eligibility or lackthereof.
Health Care Benefits	When it's an exempt grievance related to a specific benefit, eg transportation
ID Card - Not Received	The case is related to the member having not received their ID card
Information Discrepancy	When the exempt grievance is related to being given wrong or misleading information
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	The case is related to the interpersonal behavior of a health plan staff member
Interpersonal - Behavior of Clinic/Staff - Provider	The case is related to the interpersonal behavior of a provider
Interpersonal - Behavior of Clinic/Staff - Vendor	The case is related to the interpersonal behavior of a vendor
Other	For miscellaneous exempt grievances
PCP Assignment	When the exempt grievance is specifically in regards to a PCP change or being assigned the incorrect provider
Pharmacy	The case is related to a pharmacy issue
Wait Time - In Office for Scheduled Appt	When the Access to Care complaint is in regards to wait time at a providers office
Wait Time - Too Long on Telephone	When the Access to Care complaint is in regards to being placed on hold or unable to get through by telephone
	This tab is used by the Reporting Team, CalViva, and A&G. The Reporting Team will use this tab to call out any outliers to the A&G team that were identified during the report creation such as trends or increase in volume of appeals and/or grievances. The Reporting team will send the outliers to the business when the Dashboard is sent for approval. CalViva will use this tab to call out any outliers to the A&G team that were identified during the report creation. The A&G Team will use this tab to document the reasons for the call out, trending, or unusual high numbers of complaints from the Reporting Team or CalViva on the outliers that were identified during the report creation or review of cases.
The Outlier Tab	
Month	This is used to track the month effected by the change that was made
Date	This is used to track the date the change was made
Outlier	This is the section that describes a brief explanation of the outlier such as increase number of PCP wait time complaints, trends, etc.
Explanation	This is the section that explains the outlier.
Membership	Excludes Kaiser membership and is addressed separately in a quarterly report by Kaiser Plan.
PTMPM	Per thousand members per month. PTMPM rates are calculated using the total number of appeals or grievances, divided by total membership and multiplied by 1,000

Item #9

Attachment 9.C

Key Indicator Report



Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2018 to 5/31/2019
Report created 6/24/2019

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

Exhibits:

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[CalVIVA Fresno](#)

[CalVIVA Kings](#)

[CalVIVA Madera](#)

[Glossary](#)

Contact Information

Sections

Concurrent Inpatient TAT Metric

TAT Metric

CCS Metric

Case Management Metrics

Authorization Metrics

Contact Person

Katherine Marie F. Coy <KATHERINE.F.COY@HEALTHNET.COM>

Katherine Marie F. Coy <KATHERINE.F.COY@HEALTHNET.COM>

Xinxuan.Deatherage@HealthNet.com

Kenneth Hartley <KHARTLEY@cahealthwellness.com>

John Gonzalez

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2018 to 5/31/2019
 Report created 6/24/2019

ER utilization based on Claims data	2018-06	2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	2018-Trenc	2019-01	2019-02	2019-03	2019-04	2019-05	2019-Trenc	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Qtr Trend	CY- 2018	YTD-2019	YTD-Trend
	Quarterly Averages															Annual Averages							
Expansion Mbr Months	85,324	85,426	85,634	86,164	86,304	86,306	86,548		86,028	85,742	85,628	85,549	85,316		85,666	85,392	85,741	86,386	85,799		85,797	85,653	
Family/Adult/Other Mbr Mos	246,784	246,205	245,361	244,704	243,691	243,770	244,563		246,618	242,455	243,691	243,226	242,143		246,495	246,597	245,423	244,008	244,255		245,631	243,627	
SPD Mbr Months	32,114	32,243	32,341	32,367	32,439	32,462	32,482		32,525	32,432	32,387	32,288	32,236		31,770	31,987	32,317	32,461	32,448		32,134	32,374	
Admits - Count	2,194	2,335	2,287	2,231	2,274	2,165	2,240		2,304	2,090	2,221	2,105	2,239		2,305	2,193	2,284	2,226	2,205		2,252	2,505	
Expansion	678	670	699	681	624	620	644		626	578	619	611	693		636	646	683	629	608		649	724	
Family/Adult/Other	993	1,133	1,100	1,065	1,143	1,022	1,074		1,134	1,071	1,067	1,006	1,060		1,139	1,037	1,099	1,080	1,091		1,089	1,216	
SPD	513	520	472	471	497	519	506		537	435	528	475	475		524	503	488	507	500		505	554	
Admits Acute - Count	1,461	1,516	1,484	1,468	1,457	1,419	1,473		1,580	1,472	1,554	1,450	1,536		1,598	1,502	1,489	1,450	1,535		1,510	1,729	
Expansion	486	499	496	518	452	468	485		468	436	473	468	543		486	485	504	468	459		486	553	
Family/Adult/Other	506	531	556	513	557	487	539		617	628	592	535	542		630	550	533	528	612		560	657	
SPD	465	481	423	432	447	462	443		492	404	484	441	447		480	462	445	451	460		460	514	
Readmit 30 Day - Count	284	289	277	292	296	276	310		319	271	293	264	300		288	277	286	294	294		286	330	
Expansion	86	88	95	92	92	75	102		93	66	74	67	90		90	84	92	90	78		89	92	
Family/Adult/Other	93	88	85	80	89	71	92		92	89	100	83	79		88	88	84	84	94		86	101	
SPD	105	113	96	119	112	129	116		133	116	119	112	131		109	105	109	119	123		111	137	
Readmit 14 Day - Count	23	25	22	24	21	26	19		38	23	16	31	29		24	24	24	22	26		23	31	
Expansion	2	2	5	8	7	5	4		13	10	5	6	14		8	7	5	5	9		6	10	
Family/Adult/Other	7	12	6	8	2	7	8		8	9	4	8	5		6	6	9	6	7		7	8	
SPD	14	11	11	8	12	14	7		16	4	7	17	10		9	11	10	11	9		10	12	
**ER Visits - Count	15,331	15,422	15,170	15,397	15,159	15,225	16,208		15,851	15,236	17,571	14,320	3,378		17,851	15,883	15,330	15,531	16,219		16,149	13,271	
Expansion	3,896	3,931	3,841	3,906	3,572	3,526	3,698		3,756	3,236	3,776	3,310	424		3,831	3,842	3,893	3,599	3,589		3,791	2,900	
Family/Adult/Other	9,754	9,701	9,610	9,731	9,872	10,129	10,879		10,461	10,492	12,134	9,581	2,732		12,172	10,144	9,681	10,293	11,029		10,573	9,080	
SPD	1,656	1,767	1,711	1,745	1,708	1,552	1,624		1,619	1,496	1,641	1,405	213		1,823	1,737	1,741	1,628	1,585		1,732	1,275	
Admits Acute - PTMPY	48.1	50.0	49.0	48.5	48.2	47.0	48.6		51.9	49.0	51.5	48.1	51.2		52.7	49.5	49.2	47.9	50.8		49.8	57.3	
Expansion	68.4	70.1	69.5	72.1	62.8	65.1	67.2		65.3	61.0	66.3	65.6	76.4		68.1	68.2	70.6	65.1	64.2		68.0	77.5	
Family/Adult/Other	24.6	25.9	27.2	25.2	27.4	24.0	26.4		30.0	31.1	29.2	26.4	26.9		30.7	26.7	26.1	25.9	30.1		27.4	32.3	
SPD	173.8	179.0	157.0	160.2	165.4	170.8	163.7		181.5	149.5	179.3	163.9	166.4		181.4	173.3	165.4	166.6	170.1		171.6	190.6	
Bed Days Acute - PTMPY	217.1	215.6	235.1	225.5	243.1	223.6	254.7		252.6	254.5	269.1	232.9	243.0		259.5	232.8	225.4	240.5	258.7		239.6	278.2	
Expansion	304.8	320.3	357.6	352.5	338.8	350.9	351.6		324.5	345.0	345.9	295.4	359.9		349.0	327.6	343.5	347.1	338.4		341.8	377.8	
Family/Adult/Other	93.7	87.7	99.0	82.4	95.3	79.3	95.5		114.2	129.7	106.9	102.6	105.4		123.8	101.1	89.7	90.0	116.9		101.2	124.3	
SPD	928.6	913.3	927.2	958.0	1,097.9	965.6	1,159.7		1,109.4	942.4	1,276.8	1,007.9	967.5		1,067.3	984.1	932.9	1,074.4	1,109.5		1,014.6	1,160.3	
ALOS Acute	4.5	4.3	4.8	4.7	5.0	4.8	5.2		4.9	5.2	5.2	4.8	4.7		4.9	4.7	4.6	5.0	5.1		4.8	4.9	
Expansion	4.5	4.6	5.1	4.9	5.4	5.4	5.2		5.0	5.7	5.2	4.5	4.7		5.1	4.8	4.9	5.3	5.3		5.0	4.9	
Family/Adult/Other	3.8	3.4	3.6	3.3	3.5	3.3	3.6		3.8	4.2	3.7	3.9	3.9		4.0	3.8	3.4	3.5	3.9		3.7	3.8	
SPD	5.3	5.1	5.9	6.0	6.6	5.7	7.1		6.1	6.3	7.1	6.1	5.8		5.9	5.7	5.6	6.4	6.5		5.9	6.1	
Readmit % 30 Day	12.9%	12.4%	12.1%	13.1%	13.0%	12.7%	13.8%		13.8%	13.0%	13.2%	12.5%	13.4%		12.5%	12.6%	12.5%	13.2%	13.3%		12.7%	13.2%	
Expansion	12.7%	13.1%	13.6%	13.5%	14.7%	12.1%	15.8%		14.9%	11.4%	12.0%	11.0%	13.0%		14.1%	13.1%	13.4%	14.2%	12.8%		13.7%	12.7%	
Family/Adult/Other	9.4%	7.8%	7.7%	7.5%	7.8%	6.9%	8.6%		8.1%	8.3%	9.4%	8.3%	7.5%		7.8%	8.5%	7.7%	7.8%	8.6%		7.9%	8.3%	
SPD	20.5%	21.7%	20.3%	25.3%	22.5%	24.9%	22.9%		24.8%	26.7%	22.5%	23.6%	27.6%		20.8%	20.8%	22.4%	23.5%	24.5%		21.9%	24.7%	
Readmit % 14 Day	1.6%	1.6%	1.5%	1.6%	1.4%	1.8%	1.3%		2.4%	1.6%	1.0%	2.1%	1.9%		1.5%	1.6%	1.6%	1.5%	1.7%		1.6%	1.8%	
Expansion	0.4%	0.4%	1.0%	1.5%	1.5%	1.1%	0.8%		2.8%	2.3%	1.1%	1.3%	2.6%		1.7%	1.4%	1.0%	1.1%	2.0%		1.3%	1.9%	
Family/Adult/Other	1.4%	2.3%	1.1%	1.6%	0.4%	1.4%	1.5%		1.3%	1.4%	0.7%	1.5%	0.9%		1.0%	1.2%	1.6%	1.1%	1.1%		1.2%	1.2%	
SPD	3.0%	2.3%	2.6%	1.9%	2.7%	3.0%	1.6%		3.3%	1.0%	1.4%	3.9%	2.2%		1.9%	2.5%	2.2%	2.4%	2.0%		2.3%	2.3%	
**ER Visits - PTMPY	603.8	604.8	605.8	606.8	607.8	608.8	609.8		598.8	599.8	600.8	601.8	602.8		588.5	523.5	505.9	513.4	536.7		532.9	440.1	
Expansion	547.9	552.2	538.2	544.0	496.7	490.3	512.7		523.9	452.9	529.2	464.3	59.6		536.6	539.9	544.8	499.9	502.0		530.2	406.3	
Family/Adult/Other	474.3	472.8	470.0	477.2	486.1	498.6	533.8		509.0	519.3	597.5	472.7	135.4		592.5	493.6	473.3	506.2	541.8		516.5	447.2	
SPD	618.8	657.6	634.9	647.0	631.8	573.7	600.0																

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2018 to 5/31/2019
 Report created 6/24/2019

ER utilization based on Claims data	2018-06	2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	2018-Trenc	2019-01	2019-02	2019-03	2019-04	2019-05	2019-Trenc	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Qtr Trend	CY- 2018	YTD-2019	YTD-Trend	
Deferrals - Urgent	100.0%	100.0%	100.0%	100.0%	N/A	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	93.8%	100.0%					
Deferrals - Post Service	NA	NA	NA	NA	NA	NA	NA		null	null	null	null	null		null	null	null	null	null					
CCS %	CCS ID RATE								CCS ID RATE						CCS ID RATE					CCS ID RATE				
	7.82%	7.97%	7.95%	8.00%	7.94%	7.97%	7.97%		8.07%	8.07%	8.06%	8.07%	8.14%		7.77%	7.81%	7.97%	7.96%	8.07%		7.88%	8.08%		
	Perinatal Case Management								Perinatal Case Management								Perinatal Case Management							
Total Number Of Referrals	80	127	247	98	72	61	36		45	40	55	69	191		169	217	472	169	140		1,027	387		
Pending	0	0	0	0	2	3			0	0	4	1	3		0	0	0	5	4		5	3		
Ineligible	2	10	16	12	10	9	2		5	2	8	6	9		41	15	38	21	15		115	21		
Total Outreached	78	117	231	86	62	50	31		40	38	43	62	179		128	202	434	143	121		907	363		
Engaged	7	10	19	14	19	22	3		10	13	7	23	43		38	47	43	44	30		172	97		
Engagement Rate	9%	9%	8%	16%	31%	44%	10%		25%	34%	16%	37%	24%		30%	23%	10%	31%	25%		19%	27%		
New Cases Opened	7	10	19	14	19	22	3		10	13	7	23	43		38	47	43	44	30		172	97		
Total Cases Managed	68	70	79	78	77	86	80		79	71	64	78	108		75	75	88	103	99		206	167		
Total Cases Closed	8	10	15	20	14	9	10		21	14	9	15	10		32	28	45	33	44		137	69		
Cases Remained Open	59	56	48	48	61	69	65		56	51	52	56	92		41	59	48	65	52		65	92		
	Integrated Case Management								Integrated Case Management								Integrated Case Management							
Total Number Of Referrals	61	73	69	146	67	113	45		45	33	74	65	69		142	159	288	225	152		814	279		
Pending	0	1	2	3	4	15	5		3	1	8	6	8		0	0	6	24	12		30	11		
Ineligible	8	3	7	13	9	11	1		1	2	7	13	3		26	27	23	21	10		97	21		
Total Outreached	53	69	60	130	54	87	39		41	30	59	46	58		116	132	259	180	130		687	247		
Engaged	12	29	24	42	20	31	18		13	8	31	19	25		45	33	95	69	52		242	102		
Engagement Rate	23%	42%	40%	32%	37%	36%	46%		32%	27%	53%	41%	43%		39%	25%	37%	38%	40%		35%	41%		
Total Screened and Refused/Decline	19	14	14	29	8	21	9		9	4	13	13	14		34	36	57	38	26		165	56		
Unable to Reach	31	25	35	71	34	51	13		21	20	19	24	33		58	77	131	98	60		364	124		
New Cases Opened	12	29	24	42	20	21	18		13	8	31	19	25		45	33	95	59	52		242	102		
Total Cases Closed	13	7	20	3	26	22	19		16	26	17	15	17		58	47	30	67	59		202	100		
Cases Remained Open	33	41	47	87	102	105	105		109	89	116	134	147		32	33	87	105	116		105	147		
Total Cases Managed	44	62	91	116	133	136	129		125	117	122	126	141		116	81	129	181	164		302	224		
Critical-Complex Acuity	33	45	62	67	38	27	27		23	22	20	23	27		77	63	77	42	26		116	36		
High/Moderate/Low Acuity	11	17	29	19	95	106	102		102	95	102	103	114		39	18	52	139	138		186	188		
	Transitional Case Management								Transitional Case Management								Transitional Case Management							
Total Number Of Referrals	39	68	78	48	62	32	29		41	52	68	61	47		96	122	191	123	161		532	262		
Pending	0	1	2	0	1	0	0		0	1	23	28	19		1	0	0	1	24		2	27		
Ineligible	5	2	13	12	10	8	4		12	11	8	13	12		17	18	27	22	31		84	55		
Total Outreached	34	65	63	36	51	24	25		29	40	37	20	17		78	104	164	100	106		446	180		
Engaged	13	26	20	16	21	9	6		9	14	19	11	7		62	52	62	36	42		212	70		
Engagement Rate	38%	40%	32%	44%	41%	38%	24%		31%	35%	51%	55%	41%		79%	50%	38%	36%	40%		48%	39%		
Total Screened and Refused/Decline	14	21	27	17	16	8	11		13	16	12	10	2		4	25	65	35	41		129	61		
Unable to Reach	9	18	20	6	15	8	8		8	12	7	4	9		13	29	44	31	27		117	57		
New Cases Opened	13	26	20	16	21	9	6		9	14	19	11	7		62	52	62	36	42		212	70		
Total Cases Closed	13	13	28	20	22	20	13		5	14	13	9	24		52	54	61	55	32		222	66		
Cases Remained Open	14	29	21	25	27	14	9		15	8	18	20	14		22	14	25	9	18		9	14		
Total Cases Managed	36	48	54	55	57	41	26		19	28	33	36	40		63	79	96	71	52		228	77		
Critical-Complex Acuity	0	5	2	6	7	4	2		0	0	0	0	0		0	0	8	7	0		13	0		
High/Moderate/Low Acuity	36	43	52	49	50	37	24		19	28	33	36	40		63	79	88	64	52		215	77		
	Behavioral Health Case Management								Behavioral Health Case Management								Behavioral Health Case Management							
Total Number Of Referrals	33	20	19	29	9	56	15		12	29	46	30	27		0	42	68	80	87		190	136		
Pending	0	0	0	0	0	0	1		0	0	8	1	2		0	0	0	1	8		1	2		
Ineligible	0	1	2	6	1	2	2		1	2	7	2	2		0	0	9	5	10		14	12		
Total Outreached	33	19	17	23	8	54	12		11	27	31	27	23		0	42	59	74	69		175	122		
Engaged	1	4	4	4	4	16	4		5	9	15	14	13		0	6	12	24	29		42	56		
Engagement Rate	3%	21%	24%	17%	50%	30%	33%		45.0%	33.0%	48.0%	52.0%	57.0%		0%	14%	20%	32%	42%		24%	46%		
Total Screened and Refused/Decline	1	0	1	4	0	0	0		0	2	0	0	1		0	1	5	0	2					

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New Cases Opened	1	4	4	4	4	16	4		5	9	15	14	13		0	6	12	24	29		42	56		
Total Cases Closed	2	2	3	4	3	3	6		6	7	7	3	12		0	3	9	12	20		24	36		
Cases Remained Open	2	4	6	5	4	10	15		13	17	21	35	36		0	2	5	15	21		15	36		
Total Cases Managed	5	7	10	10	10	23	24		23	26	34	41	50		0	6	12	30	47		42	74		
Critical-Complex Acuity	2	2	2	3	3	3	2		3	2	2	3	4		0	3	3	4	4		7	6		
High/Moderate/Low Acuity	3	5	8	7	7	20	22		20	24	32	38	46		0	3	9	26	43		35	68		
	Record Processing								Record Processing								Record Processing				Record Processing			
Total Records	8,968	8,261	7,664	6,808	7,838	5,881	7,124		7,479	7,327	7,723	7,256	9,524		22,344	26,574	22,733	20,843	22,529		92,494	39,309		
Total Admissions	2,153	2,292	2,247	2,198	2,194	1,619	2,178		2,249	2,058	2,183	2,087	2,242		6,757	6,436	6,737	5,991	6,490		25,921	10,819		

Item #9

Attachment 9.D

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: July 18th, 2019

SUBJECT: CalViva Health QI & UM Update of Activities Quarter 2 2019 (July 2019)

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 2 of 2019.

I. Meetings

One meeting was held in Quarter 2 in the month of May. The following guiding documents were approved at the May meeting:

1. 2018 Culture & Linguistics (C & L) End of Year Evaluation
2. 2019 C & L Program Description
3. 2019 C & L Work Plan
4. 2018 Health Education End of Year Evaluation
5. 2019 Health Education Program Description
6. 2019 Health Education Work Plan

In addition, the following general documents were approved at the meeting:

1. Pharmacy Formulary & Provider Updates
- **QI Reports** - The following is a summary of some of the reports and topics reviewed:
 1. The **Appeal and Grievance Dashboard for March 2019** tracks volumes, turn-around times, and case classifications. Results demonstrate that the volume of grievances (QOS & QOC) in the first quarter are consistent with quarter 4 2018. An increase in the number of appeals is noted when compared to recent months. Two cases were out of compliance in March for Acknowledgement Letter timeliness with all other turn-around times demonstrating good compliance.
 2. **Emergency Drug Report** is performed annually in to order demonstrate compliance with regulations regarding the provision of prescription medications after an Emergency Room (ER) visit. The study evaluates cases where the need for a discharge prescription is likely. The goal of at least 90% compliance was met in all three counties for the 2019 study.
 3. **Potential Quality Issues (PQI) Report & Corrective Action Plan (CAP)** provides a summary of the quarterly evaluation of cases/issues that may result in substantial harm to a member. Due to a failure of Clinical A & G staff to report upon and resolve some PQI's in a timely manner the need for corrective action was identified. A CAP has been developed to address the outstanding cases and prevent future failures. CAP monitoring will continue until monitoring results indicate all performance standards have been met.

4. **QI Summaries for Postpartum Care, Diabetes Care, Breast Cancer Screening and Childhood Immunizations** were presented in order to provide the QIUM Committee with a status report on these quality improvement projects. All four projects are focused in Fresno County and have been developed in collaboration with a high-volume, low performing clinic in order to identify barriers and develop improvement interventions for implementation and testing. Positive results and useful “Lessons Learned” have been obtained this year for all four projects.
- **UMCM Reports** - The following is a summary of some of the reports and topics reviewed:
 1. **The Key Indicator Report (KIR)** provided data through March 31st, 2019. A year-end comparison was reviewed with the following results:
 - a. Admits, especially for the TANF population increased similar to last year. Will track and conduct further analysis.
 - b. Medi-Cal Expansion rates were at or below threshold for 4 of 5 measures. These results are significantly better than the same period last year.
 - c. Perinatal Case Management outreach attempts and engagement rates have both improved.
 2. **Utilization Management Concurrent Review Report** presents inpatient utilization data and clinical concurrent review activities for Q1 2019.
 - a. An increase in utilization (Admits and Bed-days) is noted across all populations (SPD, TANF & Expansion) in Q1. There is also an increase in 30-Day Readmits noted for the TANF and SPD populations. Both of these increases represent a similar pattern to last year in the same time period. Upon further analysis, this increase was determined to be related to a particularly virulent flu strain resulting in an increase in ER visits and complications such as pneumonia and sepsis requiring hospitalization.
 - b. The appropriate and timely disposition of complex patients with multiple social determinants of health remains the primary emphasis of the Concurrent Review Team.
 3. **Case Management, TCM, MemberConnections, Behavioral Health Case Management & Palliative Care** offer a range of services available to all CalViva members who may benefit from their services. Members are assessed and referred to the appropriate program depending upon their needs. The effectiveness of each program is assessed using a variety of outcome and member satisfaction metrics. Overall results have been positive in Q1 2019.
 4. **Inter-rater Reliability Results for Physicians and Non-physicians (Inter-Qual®)** is an annual evaluation of UM physicians and staff to ensure InterQual® Clinical Decision Support Criteria and other guidelines are used consistently during clinical reviews for medical necessity. The passing score is 90%. Staff/physicians who do not pass are required to retake the exam. A progress report will be provided in August.
 - **Pharmacy Reports** – Pharmacy quarterly reports include Operation Metrics, Top Medication Prior Authorization (PA) Requests, and quarterly Formulary changes which were all reviewed.
 - All first quarter 2019 pharmacy prior authorization metrics were within 5% of standard.

II. HEDIS® Activity

In Q2, HEDIS® related activities focused on the following:

1. MY2018 full HEDIS® Data submission to HSAG & DHCS for all External Accountability Set (EAS) measures. Final Attestations and IDSS submission completed June 17th.
2. In follow up to the DHCS Corrective Action Plan (CAP) related to 3 indicators below the Minimum Performance Level (MPL) in Madera County, the following activities occurred in Q2:
 - In-person meeting between the Plan and DHCS held in Sacramento on May 13, 2019
 - All three measures were reported near or above the 50th percentile with the MPL set at 25th percentile.
 - Final meeting with DHCS set for August 12th. CAP closure is anticipated at that time.

3. Efforts wrapping up for several projects and some will continue into the 2019-2020 DHCS Quality season. Next season's measures will include a combination of HEDIS® and non- HEDIS® measures (19) from the CMS Child and Adult Core Sets and will now be called the Managed Care Accountability Set (MCAS).

4. RY2019 Quality Projects:

- a. Monitoring Patients on Persistent Medications (MPM) Madera County-FINAL PDSA 6/28/19 (close)
- b. Avoid Antibiotics in Adults with Bronchitis (AAB) Madera County- FINAL PDSA 6/28/19 (close)
- c. Breast Cancer Screening (BCS) Fresno County- Continue with conversion to PIP in 2019-2020
- d. Comprehensive Diabetes Care (CDC) -HbA1c & Nephropathy -Fresno County Continue with PDSA Project in 2020

Two Performance Improvement Projects (PIPs):

- a. Childhood Immunizations -closing with final data as of 6/30/19. Report due 8/16/19 (close)
- b. Postpartum Visits -closing with final data as of 6/30/19. Report due 9/20/19 (close)

Two new PIP Proposals are currently in development one of which will be a Disparity project and one focused on Care of Children. Proposals due in July.

Item #9

Attachment 9.E

Credentialing Sub-Committee
Quarterly Report



REPORT SUMMARY TO COMMITTEE

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

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

COMMITTEE DATE: July 18th, 2019

SUBJECT: CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 2 2019

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 2nd Quarter 2019 CalViva Health Credentialing Sub-Committee activities.

- I. The Credentialing Sub-Committee met on May 16th, 2019. At the May meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services.
- II. Reports covering the fourth quarter for 2018 were reviewed for delegated entities and the first quarter 2019 report was reviewed for Health Net. Both the fourth quarter 2018 and the first quarter 2019 reports were reviewed for MHN. A summary of the fourth quarter data is included in the table below.

III. Table 1. Fourth Quarter 2018 Credentialing/Recredentialing

	Sante	ChildNet	MHN	Health Net	La Salle	ASH	VSP	Envolve Vision	IMG	CVMP	Adventist	Totals
Initial credentialing	71	21	4	33	35	0	25	20	9	42	85	345
Recredentialing	66	33	8	4	53	0	75	0	5	1	0	245
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	137	54	12	37	88	0	100	20	14	43	85	590

- IV. The Credentialing Sub-Committee 2019 Charter was reviewed and approved without changes.
- V. The Quarter 1 2019 Credentialing report was reviewed with one case that resulted in the completion of a Fair Hearing. Release of hearing outcome within 45 days. Other County-specific Credentialing Sub-Committee reports were reviewed and approved. No other significant cases were identified on these reports.

Item #9

Attachment 9.F

Peer Review Sub-Committee
Quarterly Report



REPORT SUMMARY TO COMMITTEE

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

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

COMMITTEE DATE: July 18th, 2019

SUBJECT: CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 2 2019

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 May 16th, 2019. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 1 2019 were reviewed for approval. There were no significant cases to report.
- II. The 2019 Peer Review Sub-Committee Charter was reviewed and approved without changes.
- III. The Quarter 1, 2019 Peer Count Report was presented at the meeting with a total of 12 cases reviewed. The outcomes for these cases are as follows:
 - There were two cases closed and cleared. There was one case pending closure for Corrective Action Plan compliance. There were seven more cases pending for further information and two cases with outstanding CAPs.
- IV. Follow up will be initiated to obtain additional information for the tabled cases and ongoing monitoring and reporting will continue.

Item #9

Attachment 9.G

Operations Report

IT Communications and Systems								
IT Communications and Systems	Active Presence of an External Vulnerability within Systems	NO	Description: A good status indicator is all potential external vulnerabilities scanned and a very low identification of confirmed and/or potential vulnerabilities.					
	Active Presence of Viruses within Systems	NO	Description: A specific type of malware (designed to replicate and spread) intended to run and disable computers and/or computer systems without the users knowledge.					
	Active Presence of Failed Required Patches within Systems	NO	Description: A good status indicator is all identified and required patches are successfully being installed.					
	Active Presence of Malware within Systems	NO	Description: Software that is intended to damage or disable computers and computer systems.					
Message From The COO								
At present time, there are no issues, concerns, and/or items of significance to report as it relates to the Plan's IT Communications and Systems								
Privacy and Security								
Privacy and Security	Risk Analysis (Last Completed mm/yy: 6/19)	Risk Rating: Medium	Description: Conducting an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI held in the Health Plans IT and Communication Systems. A Rating is assigned: "No Risk", "Low Risk", "Medium Risk", "High Risk", "Critical Risk".					
	Eff. Date & Last Annual Mail Date of NPP (mm/yy)	4/18 & 7/18	Description: Notice of Privacy Practices (NPP) describes how PHI may be used and disclosed. The NPP is review and updated when appropriate. The NPP is distributed upon enrollment and annually thereafter					
	Active Business Associate Agreements	6	Description: A signed agreement is required of any person/entity who is not a member of CalViva Health's workforce who will create or receive PHI of behalf of CalViva Health.					
	# Of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)							
	Year	2019	2019	2019	2019	2019	2019	2019
	Month	Jan	Feb	Mar	Apr	May	Jun	July
	No/Low Risk	1	3	3	2	0	0	1
	High Risk	0	0	1	0	0	0	0
	Total Cases By Month	1	3	4	2	0	0	1
	Year	2013	2014	2015	2016	2017	2018	2019
	No/Low Risk	91	48	54	36	28	38	10
	High Risk	3	6	3	5	1	1	1
Total Cases By Year	94	54	57	41	29	39	11	
Message from the COO								
A new Risk Analysis was completed in June of 2019. The new Risk Analysis determined CalViva Health's risk environment is one of low to medium risk as opposed to low risk only. The risk rating was updated accordingly. The Active Business Associate Agreements decreased from 7 to 6. No issues, concerns, and/or items of significance to report as it relates to the Plan's Privacy and Security Breach Cases.								



CalViva Health
Operations Report

		Year	2018	2018	2018	2018	2019	2019
		Quarter	Q1	Q2	Q3	Q4	Q1	Q2
Member Call Center CalViva Health Website	(Main) Member Call Center	# of Calls Received	42,624	33,657	31,095	28,135	30,380	
		# of Calls Answered	41,872	33,162	30,937	27,948	30,174	
		Abandonment Level (Goal < 5%)	1.80%	1.50%	0.50%	0.70%	0.70%	
		Service Level (Goal 80%)	85%	91%	93%	91%	93%	
	Behavioral Health Member Call Center	# of Calls Received	1,417	1,058	1,121	1,034	1,297	
		# of Calls Answered	1,389	1,031	1,101	1,011	1,277	
		Abandonment Level (Goal < 5%)	2.00%	2.60%	1.80%	2.20%	1.50%	
		Service Level (Goal 80%)	83%	87%	88%	83%	84%	
	Transportation Call Center	# of Calls Received	9,777	10,910	13,854	13,776	14,470	
		# of Calls Answered	9,669	10,888	13,770	13,583	14,383	
		Abandonment Level (Goal < 5%)	1.10%	0.20%	0.60%	1.40%	0.60%	
		Service Level (Goal 80%)	84%	86%	86%	84%	82%	
	CalViva Health Website	# of Users	22,000	17,000	18,000	17,000	20,000	
		Top Page	Find a Provider	Find a Provider	Main Page	Main Page	Main Page	
		Top Device	Mobile (59%)	Mobile (58%)	Mobile (57%)	Mobile (58%)	Mobile (60%)	
		Session Duration	~ 3 minutes	~ 3 minutes	~ 3 minutes	~ 3 minutes	~ 2 minutes	
Message from the COO	Quarter 2 2019 numbers are not yet available for the Call Center and Website.							



CalViva Health
Operations Report

Provider Network Activities & Provider Relations									
Provider Network Activities & Provider Relations	Year	2018	2019	2019	2019	2019	2019	2019	
	Month	Dec	Jan	Feb	Mar	Apr	May	Jun	
	Hospitals	10	10	10	10	10	10		
	Clinics	112	111	112	115	116	120		
	PCP	348	346	356	353	352	354		
	Specialist	1185	1272	1318	1326	1344	1339		
	Ancillary	190	194	190	190	190	192		
	Provider Network Activities & Provider Relations								
	Year	2017	2018	2018	2018	2018	2019	2019	
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
	Pharmacy	163	164	165	167	164	161		
	Behavioral Health	181	206	261	226	336	342		
	Vision	83	79	77	71	77	31		
	Urgent Care	5	7	10	10	11	12		
	Acupuncture	8	6	6	11	5	7		
	Provider Network Activities & Provider Relations								
	Year	2017	2018	2018	2018	2018	2019	2019	
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
	% of PCPs Accepting New Patients - Goal (85%)	77%	88%	89%	91%	91%	94%		
	% Of Specialists Accepting New Patients - Goal (85%)	95%	97%	97%	98%	97%	95%		
	Provider Network Activities & Provider Relations								
	Year	2018	2019	2019	2019	2019	2019	2019	
	Month	Dec	Jan	Feb	Mar	Apr	May	Jun	
	In-Person Visits by Provider Relations	247	161	255	177	227	196		
	Provider Trainings by Provider Relations	47	24	112	145	163	133		
	Year	2013	2014	2015	2016	2017	2018	2019	
	Total In Person Visits	1,377	1,790	2,003	2,604	2,786	2,552	1,016	
	Total Trainings Conducted	30	148	550	530	762	808	577	
Message From the COO	The Plan is continuing to monitor the impacts of state and federal requirements to ensure providers have been screened and enrolled in order to deliver care to Medi-Cal beneficiaries. The Plan is currently doing a gap analysis for those providers who still have not enrolled after receiving the termination notices. The Plan is actively enforcing the new provider training and screening and enrollment requirements.								



CalViva Health
Operations Report

Claims Processing									
	Year	2017	2017	2018	2018	2018	2018	2019	
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
Claims Processing	Medical Claims Timeliness (30 days / 45 days) - Goal (90% / 95%) - Deficiency Disclosure	94% / 99% YES	95% / 99% NO	97% / 99% NO	98% / 99% YES	97%/99% NO	90% / 99% NO	90% / 99% YES	
	Behavioral Health Claims Timeliness (30 Days / 45 days) - Goal (90% / 95%) - Deficiency Disclosure	93% / 97% YES	92% / 96% YES	90% / 99% YES	96% / 99% YES	97%/99% YES	98% / 99% N/A	98% / 99% N/A	
	Pharmacy Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	
	Acupuncture Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	94% / 100% NO	100% / 100% NO	99% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	99% / 100% NO	
	Vision Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100 % / 100% NO	100% / 100% NO	100 % / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	
	Transportation Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure					99% / 99% NO	98% / 99% NO	95% / 100% NO	
	PPG 1 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	82% / 100% NO	96% / 100% NO	91% / 100% NO	84% / 100% NO	99% / 100 % NO	100% / 100% NO		
	PPG 2 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	95% / 100% NO	94% / 98% NO	90% / 100% YES	83% / 97% YES	78% / 88% YES	98% / 99% NO	99% / 100% NO	
	PPG 3 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	94% / 99% NO	91% / 100% NO	98 / 100% NO	94% / 98% NO	95% / 100% NO	99% / 100 % NO	92% / 100 % NO	
	PPG 4 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	
	PPG 5 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	86 % / 100% NO	100% / 100% NO	99% / 100% NO	89% / 100% NO	98% / 100% NO	93% / 98% NO	97% / 100% NO	
	PPG 6 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	97% / 100% NO	99% / 100% NO	90% / 100% NO	86% / 100% NO	95% / 100% NO	95% / 100% NO	94% / 100% NO	
	PPG 7 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure					95% / 100% NO	99% / 100% NO	96% / 100% NO	
	PPG 8 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure						100% / 100% NO	100% / 100% NO	
	PPG 9 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure							100% / 100% NO	
	Message from the COO	Quarter 1 2019 data is available for acupuncture, vision, transportation and the PPGs. All PPGs met goal and metrics. Claims processing activity is now available for PPG 9 which is a new PPG in the CalViva Health Service Area. Claims processing run-out activities have now been completed for PPG 1. PPG 1 is no longer an active PPG in the CalViva Health Service area. There will be no more data reported beyond Q4 2018.							



CalViva Health
Operations Report

	Year	2017	2017	2018	2018	2018	2018	2019	
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
Provider Disputes	Medical Provider Disputes Timeliness Quarterly Results (45 days) - Goal (95%)	93%	95%	90%	88%	97%	98%	99%	
	Behavioral Health Provider Disputes Timeliness (45 days) - Goal (95%)	N/A	100%	100%	100%	99%	100%	85%	
	Acupuncture Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Vision Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	N/A	N/A	N/A	N/A	100%	100%	
	Transportation Provider Dispute Timeliness (45 Days) - Goal (95%)					N/A	N/A	N/A	
	PPG 1 Provider Dispute Timeliness (45 Days) - Goal (95%)	96%	94%	96%	100%	100%	100%		
	PPG 2 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	99%	66%	54%	17%	67%	98%	
	PPG 3 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	100%	95%	94%	100%	100%	100%	
	PPG 4 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	100%	100%	100%	100%	100%	100%	
	PPG 5 Provider Dispute Timeliness (45 Days) - Goal (95%)	68%	100%	100%	100%	N/A	73%	100%	
	PPG 6 Provider Dispute Timeliness (45 Days) - Goal (95%)	88%	99%	N/A	100%	N/A	96%	96%	
	PPG 7 Provider Dispute Timeliness (45 Days) - Goal (95%)					N/A	95%	97%	
	PPG 8 Provider Dispute Timeliness (45 Days) - Goal (95%)						N/A	100%	
	PPG 9 Provider Dispute Timeliness (45 Days) - Goal (95%)							N/A	
	Message from the COO	<p>Quarter 1 2019 data for medical is available for behavioral health, acupuncture, vision, transportation and the PPGs. Behavioral health metrics did not meet goal. All other areas met goal. Provider Disputes activity is now available for PPG 9 which is a new PPG in the CalViva Health Service Area. Provider Disputes run-out activities have now been completed for PPG 1. PPG 1 is no longer an active PPG in the CalViva Health Service area. There will be no more data reported beyond Q4 2018.</p>							

Item #9

Attachment 9.H

Executive Dashboard



Month	2018	2018	2018	2018	2018	2018	2018	2019	2019	2019	2019	2019	2019
	June	July	August	September	October	November	December	January	February	March	April	May	June
CVH Members													
Fresno	293,831	293,382	292,471	292,548	291,230	290,419	288,236	291,690	291,607	291,254	290,257	291,340	291,316
Kings	28,047	28,143	28,233	28,255	28,368	28,723	28,753	28,970	29,201	29,165	29,385	29,399	29,326
Madera	36,775	36,709	36,635	36,730	36,762	36,586	36,553	36,749	36,749	36,769	36,788	36,842	37,002
Total	358,653	358,234	357,339	357,534	356,360	355,728	353,542	357,409	357,557	357,188	356,430	357,581	357,644
SPD	31,082	31,222	31,371	31,514	31,573	31,618	31,714	31,689	31,665	31,773	31,834	32,054	32,236
CVH Mrkt Share	71.03%	70.99%	70.99%	70.96%	70.92%	70.79%	70.74%	71.02%	71.04%	71.06%	71.06%	71.16%	71.20%
ABC Members													
Fresno	107,469	107,531	107,141	107,320	107,028	107,687	107,203	106,822	106,674	106,311	106,066	106,032	105,901
Kings	19,631	19,631	19,686	19,686	19,660	19,603	19,453	19,543	19,567	19,556	19,464	19,346	19,257
Madera	19,172	19,218	19,215	19,339	19,426	19,516	19,547	19,471	19,525	19,611	19,602	19,513	19,502
Total	146,272	146,380	146,042	146,345	146,114	146,806	146,203	145,836	145,766	145,478	145,132	144,891	144,660
Default													
Fresno	909	1,080	1,022	979	841	1,055	1,330	682	1,142	1,242	1,484	1,160	1,519
Kings	168	188	195	152	141	166	212	127	174	171	211	165	247
Madera	122	130	121	132	111	124	130	138	138	175	177	133	168
County Share of Choice as %													
Fresno	65.70%	65.50%	65.10%	65.90%	63.70%	66.0%	61.90%	64.30%	62.60%	69.00%	66.50%	67.40%	67.80%
Kings	54.60%	58.80%	59.10%	56.60%	61.50%	67.30%	69.80%	66.70%	69.00%	61.10%	68.80%	60.10%	58.50%
Madera	60.90%	63.50%	63.90%	55.40%	57.80%	56.80%	60.00%	53.40%	61.20%	55.20%	62.20%	65.20%	62.20%
Voluntary Disenrollment's													
Fresno	437	435	452	585	481	540	442	401	422	503	520	449	393
Kings	108	57	68	68	41	40	41	50	36	67	58	35	61
Madera	57	56	67	75	57	79	77	66	64	81	95	51	69