

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

David Singh
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

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

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

DATE: July 13, 2018

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Cheryl Hurley, Commission Clerk

RE: Commission Meeting Materials

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

**Thursday, July 19, 2018
1:30 pm to 3:30 pm**

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

Meeting materials have been emailed to you.

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

Thank you

AGENDA

Fresno-Kings-Madera Regional Health Authority

Commission Meeting

July 19, 2018

1:30pm - 3:30pm

Meeting Location:

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

Item	Attachment #	Topic of Discussion	Presenter
1		Call to Order	D. Hodge, MD; Chair
2		Roll Call	C. Hurley, Clerk
3 Action	No Attachment	Chair and Co-Chair Nominations for Fiscal Year 2018 <i>Action: Approve Appointments</i>	G. Hund, CEO
4 Action	Attachment A Attachment B Attachment C Attachment D Attachment E Attachment F Attachment G Attachment H Attachment I Attachment J	Consent Agenda <ul style="list-style-type: none">• Commission Minutes dated 5/17/18• Finance Committee Minutes dated 3/15/18• Public Policy Committee Minutes dated 3/7/18• QI/UM Committee Minutes dated 3/15/18• Finance Committee Charter• Credentialing Committee Charter• Peer Review Committee Charter• Quality Improvement/Utilization Management Committee Charter• Public Policy Committee Charter• Compliance Report <i>Action: Approve Consent Agenda</i>	D. Hodge, MD; Chair
5		Closed Session: The Board of Directors will go into closed session to discuss the following item(s) A. Public Employee Appointment, Employment, Evaluation, or Discipline Title: Chief Financial Officer Per Government Code Section 54957(b)(1) B. Conference with Legal Counsel – Anticipated Litigation Significant exposure to litigation pursuant to Government Code Section 54956.9(b), one case	

6 Action	Attachment A	Community Funding Fiscal Year Guidelines for Provider Recruitment (Physicians and Extenders) <ul style="list-style-type: none"> • BL 18-005 Community Support Program <i>Action: Approve Community Funding Fiscal Year Guidelines for Provider Recruitment</i>	G. Hund, CEO
7 Action	Attachment A Attachment B Attachment C	Conflict of Interest <ul style="list-style-type: none"> • BL 18 - 006 • Conflict of Interest Code – Amended • Notice of Intention 	D. Hodge, MD; Chair
8 Action		Standing Reports	
	Attachment A	Finance Report <ul style="list-style-type: none"> • Financials as of May 31, 2018 	W. Gregor, CFO
	Attachment B Attachment C Attachment D Attachment E Attachment F	Medical Management <ul style="list-style-type: none"> • Appeals and Grievances Report • Key Indicator Report • QIUM Quarterly Summary Report • Credentialing Sub-Committee Quarterly Report • Peer Review Sub-Committee Quarterly Report 	P. Marabella, MD, CMO
	Attachment G	Operations <ul style="list-style-type: none"> • Operations Report 	J. Nkansah, COO
	Attachment H	Executive Report <ul style="list-style-type: none"> • Executive Dashboard 	G. Hund, CEO
<i>Action: Accept Standing Reports</i>			
9	Final Comments from Commission Members and Staff		
10	Announcements		
11	Public Comment <i>Public Comment is the time set aside for comments by the public on matters within the jurisdiction of the Commission but not on the agenda. Each speaker will be limited to three (00:03:00) minutes. Commissioners are prohibited from discussing any matter presented during public comment except to request that the topic be placed on a subsequent agenda for discussion.</i>		
12	Adjourn		D. Hodge, MD; Chair

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

If special accommodations are needed to participate in this meeting, please contact Cheryl Hurley at 559-540-7840 during regular business hours

(M-F 8:00 a.m. – 5:00 p.m.)

Next Meeting scheduled for September 20, 2018 in Fresno County
CalViva Health, 7625 N. Palm Ave., Ste. 109, Fresno, CA 93711

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

Item #4

Attachment 4.A

Commission Minutes dated 5/17/18

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
May 17, 2018

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

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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:30 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 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes 3/15/18 b) Finance Committee Minutes 2/15/18 c) QI/UM Committee Minutes 2/15/18 <p>Action David Hodge, MD, Chairman</p>	All consent items were presented and accepted as read.	<p>Motion: Approve Consent Agenda 12 – 0 – 0 – 5</p> <p>(Neves / Gruen)</p>
<p>#4 Official Announcement and confirmed appointment of CFO including Auditor, Controller, Treasurer, and Trustee of Retirement Plans</p> <p>Action David Hodge, MD, Chairman</p>	The Commission officially announced and confirmed the appointment of Daniel Maychen to the positions of CFO, including the positions of Auditor, Controller, and Treasurer of the Fresno-Kings-Madera Regional Health Authority effective August 1, 2018 which took place at a closed session of the Commission on September 21, 2017. He was also appointed as a Trustee of the Retirement Plans, effective September 21, 2017.	<p>Motion: Approve appointment of Daniel Maychen as CFO, Auditor, Controller, Treasurer, and Trustee of Retirement Plans. 12 – 0 – 0 – 5</p> <p>(Neves / Naz)</p>
<p>#5 Fresno County At-Large Reappointment</p> <p>Information David Hodge, MD, Chairman</p>	Ms. Soyla Reyna-Griffin was re-appointed by the Fresno County BOS for a three-year term.	
<p>#6 CRMC Reappointment</p> <p>Action David Hodge, MD, Chairman</p>	The Commission ratified the reappointment of Aldo De La Torre for an additional three-year term.	<p>Motion: Ratify the reappointment of CRMC 12 – 0 – 0 – 5</p> <p>(Neves / Frye)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#7 Closed Session</p> <p>A. Government Code section 54957(b)(1) – Public Employee Appointment, Employment, Evaluation, or Discipline.</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session. The Board discussed item #7A, 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 1:43 pm.</p>	<p>Motion: Approve annual performance review and salary increase for CEO 12 – 0 – 0 – 5</p> <p><i>(Naz / Cardona)</i></p>
<p>#8 Community Support Program</p> <p>Action G. Hund, CEO</p>	<p>The ad-hoc committee reviewed and revised the program guidelines. Revisions to the policy include: Section II Item 3) budget for funding being requested is direct cost only, no overhead allocation; Section II, Item 4) funding not to exceed 1/3 of the funds need; and Section III Item 6) funds requested as a percent of total net cost of the program.</p> <p>The Commission suggested under Section II - Application Requirements, Item #3 specifically state “net of revenue generated from program.”</p>	<p>Motion: Adopt Community Support Program Guidelines with amended language. 12 – 0 – 0 – 5</p> <p><i>(Frye / Neves)</i></p>
<p>#9 Committee Appointments for FY 2019</p> <p>Information David Hodge, MD, Chairman</p>	<p>No changes in Commission members were made for FY 2019 to the following committees, as described in BL 18-004:</p> <ul style="list-style-type: none"> ➤ The Finance Committee ➤ The Quality Improvement/Utilization Management Committee ➤ The Credentialing Sub-Committee ➤ The Peer Review Sub-Committee ➤ The Public Policy Committee 	
<p>#10 Proposed Budget – Fiscal Year 2019</p>	<p>D. Maychen presented the proposed budget for Fiscal Year 2019. Overall, the budget reflects a slight decrease in enrollment in comparison to FY 2018. In addition, taxes are projected to increase</p>	<p>Motion: Approve FY 2019 Budget 12 – 0 – 0 – 5</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Action W. Gregor, CFO</p>	<p>due to an increase in tax rates assessed by DHCS. All other expense items are relatively in line with what was budgeted for FY 2018. Projected net income for FY 2019 is approximately \$6.9M. The FY 2019 proposed budget was reviewed, discussed and approved by the Finance Committee for submission to the Commission.</p>	<p><i>(Neves / Naz)</i></p>
<p>#11 Cultural and Linguistics Program Description and Work Plan Evaluation</p> <ul style="list-style-type: none"> • 2017 Annual Evaluation • 2018 Program Description • 2018 Work Plan Summary <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the Cultural and Linguistic 2017 Work Plan Annual Evaluation, the 2018 Program Description and the 2018 Work Plan.</p> <p>For 2017, 100% of the Work Plan activities were completed in all four areas.</p> <ul style="list-style-type: none"> • Language Assistance Services: Posted Non-Discrimination Notices and Taglines on website; and completed the C & L Geo Access report. • Compliance Monitoring: Investigated and completed follow up on eight grievances in 2017; and assisted with coordination of four Public Policy Committee meetings. • Communication, Training and Education: Updated the Quick Reference Guide and Desk Top procedure to support ongoing training for A & G staff; and conducted five cultural competency trainings for the Call Center, Provider Relations, and Provider Network staff. • Health Literacy and Cultural Competency & Health Equity: Conducted Key Informant Interviews aimed at identifying barriers to postpartum care in rural Fresno County in support of Postpartum Disparity Project. <p>The 2018 Program Description has been updated to include:</p>	<p><i>See #12 for Action Taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Objectives: Added a statement regarding the HHS guidelines for Section 1557 requirement for non-discrimination including monitoring use of taglines and notices. • Interpreter Services: Added reference to non-discrimination compliance standards. • Alternate Formats: Added language regarding obtaining member preference for alternate formats and storing this information in health plan databases and providing all required materials in the preferred format. • Oversight of Contracted Services & Monitoring Quality: Added language regarding monitoring and oversight. • Cultural Competency Training for staff: updated description of the Annual Heritage Event for staff. • Clear and Simple Guide: Added description of this reference document for staff. • Roles and Responsibilities was updated. • Other minor edits and/or updates were completed throughout the document. <p>The 2018 Work Plan activities will continue with an emphasis in the following areas:</p> <ul style="list-style-type: none"> • Creating cultural awareness through education and consultation with an emphasis on non-discrimination. • Oversight and consultation for operational activities. • Enhance and expand on training for staff and providers inclusive of disparity reduction efforts. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#12 Health Education Program Description and Work Plan Evaluation</p> <ul style="list-style-type: none"> • 2017 Annual Evaluation • 2018 Program Description • 2018 Work Plan Summary <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the Health Education 2017 Work Plan Annual Evaluation, the 2018 Program Description, and the 2018 Work Plan.</p> <p>Overall, seven of the eleven Program Initiatives were completed in 2017. Four of the initiatives were partially met. Some sub-elements were not completed.</p> <p>The seven initiatives that were fully met are:</p> <ol style="list-style-type: none"> 1) Perinatal Initiative 2) Community Health Education 3) Member Newsletter Initiative 4) Public Policy Committee 5) Tobacco Cessation Program 6) Compliance: Staying Healthy Assessment, Oversight and Reporting 7) Materials Update, Development & Inventory. <p>The four initiatives partially met are:</p> <ol style="list-style-type: none"> 1) Digital Education Programs (DHCS did not approve the Lifeline program) 2) Member Engagement for Improved Health (Member contact information was not current) 3) Promotores Health Network (Materials were delayed) 4) Obesity Prevention Initiative (No member requests and no direct promotion completed) <p>Follow up is planned for these areas in 2018.</p> <p>Changes to the 2018 Program Description include:</p>	<p>Motion: Approve the Cultural & Linguistics 2017 Annual Evaluation; 2018 Program Description; and 2018 Work Plan; and the Health Education 2017 Annual Evaluation; 2018 Program Description; and 2018 Work Plan.</p> <p><i>12-0-0-5 (Neves / Gruen)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ol style="list-style-type: none"> 1) Replaced Pregnancy Matters[®] with new Healthy Pregnancy Program 2) California Smokers' Helpline: Removed detailed description 3) Nurse Advise Line: Added description of Audio Library 4) Digital Health Education: Revised description of T2X Program and added MyStrength, a website and mobile application to help members manage depression, anxiety, stress, substance use and pain management. 5) Health Promotion Incentive Programs: Added description of Incentive Program 6) Know Your Numbers: Added description of purpose and events. 7) List of Available Resources: Added the MyStrength 8) Roles & Responsibilities was updated 9) Department Listing: Added MemberConnections 10) Other minor edits and updates were completed throughout the document. <p>The 2018 Work Plan initiatives will continue with the following enhancements:</p> <ol style="list-style-type: none"> 1) Obesity Prevention – <ol style="list-style-type: none"> a. Identify high-risk members and promote program/resources. 2) Smoking Cessation – California Smokers' Helpline: <ol style="list-style-type: none"> a. Educate and encourage providers to use the e-referral into the Helpline in order to track enrollment status. 3) Well Care & General Health Promotion: <ol style="list-style-type: none"> a. Obtain updated contact information from secondary sources before initiating outreach; 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> b. Continue HEDIS® improvement member incentives. c. Increase follow up calls to encourage appointment attendance. 4) Digital Education Programs: <ul style="list-style-type: none"> a. Continue promotion of T2X campaign to increase participation; b. Increase text messaging programs to improve reach rates and engagement. 	
<p>#13 Standing Reports</p> <ul style="list-style-type: none"> • Finance Report William Gregor, CFO 	<p><u>Finance</u></p> <p>Financial Statements as of March 31, 2017:</p> <p>Total current assets were approximately \$240.8M; total current liabilities were approximately \$194.9M. Current ratio is 1.23. TNE as of March 31, 2018 was \$56.8M, which is approximately 410% of the minimum DMHC required TNE amount.</p> <p>Total premium capitation income recorded was \$899.2M which is \$45.2M above budgeted amounts primarily due to rates and taxes being higher than budgeted. Medical Costs expense and taxes are ahead of budget for the same reasons.</p> <p>All other expense line items are relatively in line with current year budget. Total net income for the first nine months of the fiscal year is approximately \$7.2M, which is approximately \$920K more than budgeted.</p>	<p>Motion: <i>Approve Standing Reports</i></p> <p><i>12-0-0-5 (Frye / Neves)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Compliance MB Corrado, CCO 	<p><u>Compliance</u></p> <p>MB Corrado presented the Compliance report. There are 34 filings for DHCS and 20 for DMHC through April.</p> <p>The Plan received DHCS’ Final Report in February 2018 for the 2017 DHCS audit and filed its response to the CAP on 3/30/18. DHCS accepted the CAP and closed it in a 5/8/2018 report. The Final Audit Report and CAP will be posted on the DHCS website and available for public review.</p> <p>DHCS completed its on-site audit of Plan activities on 4/19/18 and completed onsite provider visits the week of 4/23/2018. Preliminary DHCS exit conference comments focused on IHA tracking documentation, Specialty Access in Kings and other counties, and network integrity. We are awaiting the DHCS’ formal Preliminary Report findings.</p> <p>DMHC notified CalViva Health on 4/17/18 that the follow-up survey to the three deficiency findings from the 2016 audit have all been corrected. The Final Report will be posted on the DMHC website and available for public review</p> <p>DHCS issued a Corrective Action Plan to CalViva Health on December 26, 2017 identifying that the volume of encounter data submitted for Kings and Madera counties in 2015 and 2016 had trended down even though enrollment was increasing. Subsequent to the Plan’s CAP response to DHCS on January 10, 2018, the DHCS has granted an extension for submitting the 2015-16 data in question until 5/30/18.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p>The next Public Policy Committee meeting is scheduled for June 13, 2018, 11:30 a.m. in Kings County.</p> <p>A final enforcement action was received from DMHC regarding the Timely Access filing for 2014 data that was submitted in 2015. The final result is a \$2500 sanction primarily for technical violations regarding certain data that was not submitted correctly on the first submission.</p> <p>Coalinga Regional Hospital announced the closure of their facility effective June 15, 2018.</p> <p>A detailed Executive Summary was reported to the Commission regarding the 2017 Oversight Audits of Health Net Community Solutions, and their sub-contracted arrangements.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Report Dr. Marabella presented the Appeals and Grievances Dashboard through Quarter 1 of 2018.</p> <ul style="list-style-type: none"> The number of Grievances for Q1 2018 is noted to have increased compared to prior quarters, primarily related to an increase in quality of service and exempt grievances in March. The number of Quality of Care Grievances has remained comparable to previous months and quarters. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • The increase in Exempt grievances is primarily related to the EHS transition. • The inclusion of Transportation related grievances in quarter 1, a new benefit in the past several months, has also contributed to the increased volumes. • The total number of Appeals received and resolved in quarter 1 and particularly in March is noted to have increased. An increase is noted in the “Other” category and is primarily related to a new prior authorization process for advanced imaging studies and allergy treatments. It is anticipated these numbers will decrease with provider education. <p>Key Indicator Report Dr. Marabella presented the Key Indicator report through March 2018.</p> <ul style="list-style-type: none"> • Membership and acute admissions have remained consistent. • ER utilization has also remained steady. • Bed Days PTMPY have increased slightly. This may be related to the EHS transition. • Turn Around Time (TAT) Compliance for Preservice Routine authorizations has decreased in February and March due to higher volumes associated with the EHS transition. Actions focused on improvement are in progress. • Case Management rates are stabilizing with an increase in engagement and Total Cases Managed in March. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>QIUM Quarterly Summary Report</p> <p>Dr. Marabella provided the QI/UM Qtr. 1 2018 update. Two QI/UM meetings were held in Quarter 1, one on February 15, 2018 and one on March 15, 2018.</p> <p>The following guiding and general documents were approved:</p> <ul style="list-style-type: none"> • 2017 Quality Improvement Executive Summary and Annual Evaluation • 2018 Quality Improvement Program Description • 2018 Quality Improvement Work Plan • 2017 Utilization Management & Case Management Executive Summary & Annual Evaluation • 2018 Utilization Management & Case Management Program Description • 2018 Utilization Management & Case Management Work Plan • QI/UM Committee Charter 2018 • Medical Policies Provider Update Q3 & Q4 • Pharmacy Formulary (Recommended Drug List) & Provider Updates <p>Reports reviewed included the following Quality Improvement Reports: Appeals and Grievances Dashboard & Quarter 4 Member Report, PM 160 Report, MHN Performance Indicator Report, Public Programs Quarterly Report, and Provider Office Wait Times. Other QI reports reviewed and approved include Provider Preventable Conditions Reporting, Initial Health Assessment Monitoring, CCS Trending, Health Education, and the Potential Quality Issues (PQI) Report.</p> <p>The Utilization Management & Case Management reports reviewed included the Key Indicator Report, the Case Management & TCM</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Report, Specialty Referral Reports, and the Inter-rate Reliability Report for Physicians and Non-physicians.</p> <p>Pharmacy reports were reviewed, which included Operations Metrics, Top Medication Prior Authorization Requests, and quarterly Formulary changes.</p> <p>HEDIS® Activity:</p> <ul style="list-style-type: none"> • In Quarter 1 new HEDIS® Performance Improvement Projects (PIPs) approved consisted of: <ul style="list-style-type: none"> ○ Childhood Immunization Status (CIS-3) – Fresno County ○ Postpartum Care Disparity Project– Fresno County • Rapid Cycle Projects include: <ul style="list-style-type: none"> ○ Annual Monitoring for Patients on Persistent Medications (MPM) – Madera County ○ Use of Imaging Studies for Low Back Pain (LBP) – Madera County ○ Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB) – Madera County <p>The Access Workgroup met twice in Q1, on January 23rd and March 6th, 2018. The Workgroup reviewed the following:</p> <ul style="list-style-type: none"> • Specialist Access Improvement CAP • MY2016 Provider Appointment Availability & After-Hours CAP • 2018 Annual TAR Submission-submitted 3/31/2018. <p>Quarter 4 2017 Kaiser reports were reviewed without any significant findings.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Health will now be giving out 300 prenatal vitamins at the first prenatal appointment.	
#15 Announcements	Mary Beth Corrado introduced Lori Norman as the newest CalViva Health staff member in the role of Compliance Analyst.	
#16 Public Comment	None.	
#17 Adjourn	The meeting was adjourned at 2:54 pm The next Commission meeting is scheduled for July 19, 2018 in Fresno County.	

Submitted this Day: _____

Submitted by: _____

Cheryl Hurley
Clerk to the Commission

Item #4

Attachment 4.B

Finance Committee
Minutes dated 3/15/18



**CalViva Health
Finance
Committee Meeting Minutes**

March 15, 2018

Meeting Location

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

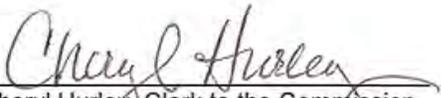
Finance Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	William Gregor, Chair	✓	Daniel Maychen, Director of Finance
✓	Gregory Hund, CEO	✓	Cheryl Hurley, Office Manager
✓	Paulo Soares	✓	Jiaqi Liu, Sr. Accountant
✓	Joe Neves		
✓	Harold Nikoghosian		
✓*	David Rogers		
✓	David Singh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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order W. Gregor, Chair	The meeting was called to order at 11:30 am a quorum was present.	
#2 Finance Committee Minutes dated February 15, 2018 Attachment 2.A Action W. Gregor, Chair	The minutes from the February 15, 2018 Finance meeting were approved as read.	Motion: <i>Minutes were approved</i> <i>6-0-0-1</i> <i>(Hund / Neves)</i>
#3 Financial Statements as of January 31, 2018	Total current assets are \$167.5M; total current liabilities are \$122.3M. Current ratio is 1.37 which is a good liquidity	Motion: <i>Approve Financial Statements as of January 31, 2018</i>

<p>Attachment 3.A</p> <p>Action D. Maychen, Director of Finance & MIS</p>	<p>measurement. TNE as of January 31, 2018 was \$56.1M, which is approximately 410% of the minimum DMHC required TNE amount and at the amount desired by DHCS.</p> <p>Actual gross revenues premium capitation income was above budgeted amounts by approximately \$30.4M due to capitation rates being higher than budgeted. Premium tax, Medical Costs, and Administrative Services Fee was also higher than budgeted due to higher capitation rates.</p> <p>All other expense line items are in line with current year budget. Net income for the first seven months of the fiscal year is approximately \$6.5M, which is \$1.6M more than budgeted.</p>	<p>6-0-0-1 (Nikoghosian / Soares)</p>
<p>#4 Fiscal Year 2019 – Proposed Budget</p> <p>Attachment 4.A</p> <p>Action W. Gregor, Chair</p>	<p>The Budget Timetable for FY 2019 was presented at the previous Finance Committee meeting held on February 15, 2018 and has since been updated with minor adjustments.</p> <p>The proposed budget for FY 2019 is fairly close to the budget from FY 2018. Changes include membership of 357,500 average per month; whereas FY 2018 was 360k. Revenues are based on lower enrollment and adjusted for an increase in premium tax. Other changes include a decrease Administrative Services Fee due to enrollment, salary and wages will increase due to an addition to FTE, and health insurance will increase due to a projected rate increase. Other increased expenses include hardware and software upgrades and/or additions, and security testing. All other items are in line with prior year budget. Projection for FY 2019 is approximately a \$6.9M net income</p>	<p>Motion: <i>Approval to forward Proposed Budget to Commission</i> 6-0-0-1 (Nikoghosian / Singh)</p>

Finance Committee

<p>#5 Grant Request</p> <p>Action G. Hund, CEO</p>	<p>United Health Centers submitted a grant request for a three-year contribution providing support for expansion of up to 12 residents per year at a core community health center training site for family medicine physicians. Other partners have been solicited for support as well.</p> <p>The outcome of the discussion resulted in a referral to the ad-hoc committee for structure. Item to be reviewed again at the next Finance meeting for motion to forward to Commission for approval.</p> <p style="text-align: center;"><i>Supervisor Rogers arrived at 11:59 am</i></p>	<p>Motion: Move for referral to ad-hoc committee for structure then return issue to Finance committee for evaluation.</p> <p>7-0-0-0 (Rogers / Soares)</p>
<p>#6 Announcements</p>	<p>The tentative April Finance Committee meeting to address budget issues is now cancelled as the meeting is not necessary.</p>	
<p>#7 Adjourn</p>	<p>Meeting was adjourned at 12:14 am</p>	

Submitted by: 
Cheryl Hurley, Clerk to the Commission

Dated: May 17, 2018

Approved by Committee: 
William Gregor, Committee Chairperson

Dated: May 17, 2018

Item #4

Attachment 4.C

Public Policy Committee
Minutes dated 3/7/18



Public Policy Committee
 Meeting Minutes
 March 7, 2018

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

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

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#1 Call to Order Joe Neves, Chair	The meeting was called to order at 11:32 am. A quorum was present.	
#2 Meeting Minutes from December 6, 2017 Action Joe Neves, Chair	The December 6, 2017 meeting minutes were reviewed. There were no discrepancies.	Motion: Approve December 6, 2017 Minutes 8-0-0-0 (T. Klapps-Doan / S. Garcia)
#3 Committee Membership Update Joe Neves, Chair	Sylvia Garcia was introduced as the newest Fresno County representative for the PPC Committee.	
#4 Enrollment Dashboard Information Mary Lourdes Leone, Director of Compliance	Mary Lourdes Leone presented the enrollment dashboard through the end of 2017 and also January 2018. Membership at the end of 2017 was 360,546. Membership at the end of January 2018 showed a slight decrease at 357,534.	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<p>#5 Annual Report Courtney Shapiro, Director Community Relations</p>	<p>The 2017 Annual Report was provided to each Committee member.</p>	
<p>#6 Appeals, Grievances, and Complaints Information Mary Lourdes Leone, Director of Compliance</p>	<p>Mary Lourdes Leone presented the appeals, grievances and complaints report for Q4 2017. Total appeals and grievances for 2017 were 1,277, compared to 2016 at 1,097. Total appeals for 2017 were 237, compared to 2016 at 218. Total grievances for 2017 were 978, compared to 2016 with a total 893. The majority of appeals and grievances were from Fresno County. Turnaround time compliance was at 100%.</p>	
<p>#7 Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS) Audits Information Mary Lourdes Leone, Director of Compliance</p>	<p>Mary Lourdes Leone provided an update from the DMHC and DHCS audits. CVH has corrected deficiencies from the DMHC 2016 audit CAP and is awaiting review results from DMHC. The DHCS final report from the 2017 audit was received and CVH is in the process of responding to identified deficiencies. The DHCS will be onsite again this year, April 2018, for their annual audit.</p>	
<p>#8 Health Education – CalViva Health Member Incentive Q3 & Q4 Report Information Hoa Su</p>	<p>Hoa Su reported on the second half of 2017 Health Education and Quality Improvement Incentive Programs. A total of 1,074 CalViva Health (CVH) members participated in 8 health education and quality improvement incentive programs during quarters 3 and 4 in 2017, which is a 31% increase compared to Q1 and Q2. Of total participants, 876 members received an incentive. Of the 876 award recipients, 408 (47%) were from Fresno County, 219 (25%) from Madera County and 249 (28%) from Kings County. The</p>	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>three most active incentive programs were postpartum visit and baby shower, cervical cancer screening, and diabetes screenings.</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 133,891 calls, of which 130,766 were handled. Overall performance standards were exceeded. The Provider Network remains stable. During 2017 there were changes to benefits which included the addition of non-medical transportation services for all CalViva Health members, and compliancy with the Federal Mental Health Parity regulations which stipulates that treatment limitations for mental health benefits may not be more restrictive than the predominate treatment limitations applied to medical and surgical.</p> <p>Member and Provider Communications included printed Provider Directories and Member Newsletters, and informational letter templates and forms for provider use.</p> <p>Regulatory audits included HEDIS, DMHC, DHCS, and HSAG activity. Overall the Plan performed well in meeting regulatory requirements. Increased regulatory and performance monitoring activity will continue on into 2018.</p>	
<p>#10 Member Handbook and Provider Directory</p> <p>Information</p>	<p>Mary Lourdes Leone reported on the Annual Member Handbook and Provider Directory. There were changes required by the State that are currently in review. CVH is anticipating that new material will go to print and mailing in</p>	

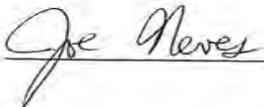
AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
Mary Lourdes Leone, Director of Compliance	May 2018. The Provider Directory is available electronically on the CVH website also.	
#11 Announcements	David Phillips, with United Health Centers, announced they have expanded Dental services in Lemoore and Optometry services in Mendota.	
#12 Public Comment	None.	
#13 Adjourn	Meeting adjourned at 12:23 pm.	

NEXT MEETING June 13, 2018 in Kings County
11:30 am - 1:30 pm

Submitted This Day: June 13, 2018

Approval Date: June 13, 2018

Submitted By: 
Courtney Shapiro, Director Community Relations

Approved By: 
Joe Neves, Chairman

Item #4

Attachment 4.D

QIUM Committee
Minutes dated 3/15/18

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
 March 15, 2018

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

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

✓= 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 10:47 am.	
#2 Approve Consent Agenda <ul style="list-style-type: none"> - Committee Minutes: February 15, 2018 - QI/UM Committee Charter 2018 - Standing Referrals Report Q4 - Medical Policies Provider Update Q4 - CCS Report - Pharmacy Provider Update Q4 	The February minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full Formulary/Recommended Drug List was available for review at the meeting.	
		Motion: Approve Consent Agenda (Verma/Cardona) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
- Pharmacy Formulary List Condensed Version (March) (Attachments A-G) Action Patrick Marabella, M.D Chair		
#3 QI Business Appeals & Grievances: - Dashboard (Attachment H) Action Patrick Marabella, M.D, Chair	Dr. Marabella presented the Appeals and Grievances Dashboard through January 2018 <ul style="list-style-type: none"> • The total number of Grievances for January is consistent with the 2017 average and timeliness compliance is at 100%. • Transportation grievances will now be tracked through the Appeals & Grievances processes and reporting. • Exempt Grievances are higher than previous months. This is primarily in the PCP Assignment category related to the EHS transition. • The total number of Appeals received and resolved for January is consistent with previous months and compliance is at 100%. 	Motion: Approve Appeals & Grievances Report – Dashboard (Ramirez/Verma) 4-0-0-3
#3 QI Business MHN Performance Indicator Report Q4 (Attachment I) Action Patrick Marabella, M.D, Chair	The MHN Performance Indicator Report was presented and reviewed. In Q3 2017, all 17 measures met or exceeded their targets. No action at this time.	Motion: Approve MHN Performance Indicator Report (Cardona/Verma) 4-0-0-3
#3 QI Business - PM 160 Report (Attachment J) Action Patrick Marabella, M.D, Chair	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 allow CalViva Health to track preventative services for members under the age of 21. <ul style="list-style-type: none"> ➤ Data is provided on reports submitted vs visits expected for children 0-2 years and 2-20 years. There has been variation in provider submission rates due to confusion regarding the state’s plan to ultimately eliminate these forms. This data will be captured through claims and encounters data. The CalViva phase-out plan is as follows: <ul style="list-style-type: none"> • 2018 Paper & Electronic forms accepted • 2019 Electronic forms only • 2020 Forms eliminated 	Motion: Approve PM 160 Report (Ramirez/Verma) 4-0-0-3
#3 QI Business CCC DMHC Expedited	This report was created as part of a Corrective Action Plan (CAP) associated with CalViva’s Appeal & Grievance processes. As part of this CAP, the Customer Contact Center (CCC) staff is required to read a script to notify members	Motion: Approve CCC DMHC Expedited

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Grievance Member Report (Attachment K) Action Patrick Marabella, M.D, Chair	of their rights when filing any type of grievance, to specifically include expedited grievances. Compliance monitoring began in November 2016 and improvement has been noted over time. Staff training, coaching and reminders have been completed. A software change has significantly improved compliance in 2018.	Grievance Member Report (Verma Ramirez) 4-0-0-3
#4 QI/UM Business - 2018 QI Quality Improvement Program Description - 2018 QI Work Plan - 2018 UM/CM Program Description - 2018 UM/CM Work Plan (Attachment L - O) Action Patrick Marabella, M.D, Chair	Dr. Marabella presented the 2018 Quality Improvement Program Description and the 2018 Quality Improvement Work Plan. The Quality Improvement Program Description revisions for 2018 include: <ul style="list-style-type: none"> • The Purposes and Goals were reorganized and updated. • The Pregnancy Matters® program was changed to the Healthy Pregnancy Program. • for MemberConnections is a new education and an outreach program available to support Case Management and a description of this new program has been added. • It is anticipated that Disease Management will be changing to Envolve People Care this calendar year. It will continue to be available to members with asthma, diabetes, and heart failure. • Transition Care Management content was expanded. This program focuses on support during the transition from hospital to home. • Integrated Case Management was reformatted with expanded description of member identification process. • Credentialing has expanded with a description of the quality process. • Continuity & Coordination of Care content now includes behavioral health conditions and other related programs. • Annual QI Work Plan section: replaced the listing of departments that may contribute to the Work Plan to with the elements documented for each initiative. • Additional minor edits/updates were made throughout the document. The Quality Improvement Workplan activities for 2018 focus on: <ul style="list-style-type: none"> • Access, Availability, & Service: <ul style="list-style-type: none"> ○ Continue to monitor Timeliness of Provider Appointment Access and After- Hours Access. ○ A full CAHPS Member Survey was completed in 2016 and will be conducted again this year. Continue with current strategies. • Quality & Safety of Care: <ul style="list-style-type: none"> ○ Appropriate antibiotic prescribing for bronchitis project focused in Madera County. ○ Laboratory monitoring of patients on persistent medications for members with high blood pressure or other conditions. Project focused in Madera County. 	- Motion: Approve 2018 QI Quality Improvement Program Description - 2018 QI Work Plan (Verma Cardona) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Reduction in unnecessary imaging studies for uncomplicated low back pain. This project is also focused in Madera County. • Performance Improvement Projects: <ul style="list-style-type: none"> ○ Two new formal 18-month projects consisting of: <ul style="list-style-type: none"> ▪ Postpartum Disparity Project in Fresno County. ▪ Childhood Immunizations Project in Fresno County. <p>Dr. Marabella presented the 2018 Utilization Management Case Management (UMCM) Program Description and the 2018 UMCM Work Plan.</p> <p>The UMCM Program Description revisions for 2018 include:</p> <ul style="list-style-type: none"> • Transitional Care Management -revised timeframes for follow up calls. • MemberConnections- new section added describing this new education and outreach program. • Be In Charge! Anticipate this will be replaced with Engage People Care during this calendar year. Continue with programs for asthma, heart failure, and diabetes. • Health Education updated regarding programs, services and materials. • Organization Structure and Resources - updated titles and minor language revisions. • Additional minor edits/updates were made throughout the document. <p>The UMCM Workplan areas of focus for 2018 include:</p> <ul style="list-style-type: none"> • Compliance with Regulatory & Accreditation Requirements including licensure, separation of medical decisions from fiscal and conducting audits. • Monitoring the UM Process including tracking and trending of prior authorizations, inter-rater reliability studies and trending of appeals. • Monitoring Utilization metrics has a new goal has been established in 2018 for the Expansion Population. We will continue to monitor under/over utilization. • Monitoring Coordination with Other Programs and Vendor Oversight includes several areas such as Case Management, the Disease Management Program, physician interactions with pharmacy and coordination of care between medical and behavioral health. • Monitoring Activities for Special Populations covers CCS identification and care for SPDs. 	<p>Motion: Approve:</p> <ul style="list-style-type: none"> - 2018 UM/CM Program Description - 2018 UM/CM Work Plan <p>(Cardona/Ramirez) 4-0-0-3</p>
<p>#5 UM Business - Key Indicator Report (Attachment P)</p>	<p>Dr. Marabella presented the Key Indicator report through January 2018.</p> <ul style="list-style-type: none"> • No substantial difference in SPD and Expansion membership is noted. 	<p>Motion: Approve Key Indicator Report (Ramirez/Cardona)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Action Patrick Marabella, M.D, Chair	<ul style="list-style-type: none"> • The number of Admits has slightly increased from previous months. • ER utilization remained steady. • Bed Days PTMPY and the LOS has increased this month compared to 2017. This trend will be observed for another month. • Overall utilization is expected to improve in 2018. • Turn Around Time (TAT) Compliance is close to or at 100%. • Total Cases Managed under Integrated Case Management continues with positive trend. 	4-0-0-3
#5 UM Business - UM Concurrent Review Report Q3 & Q4 (Attachment Q) Action Patrick Marabella, M.D, Chair	The Quarterly UM Concurrent Review Report presents inpatient data and clinical concurrent review activities such as authorization for inpatient admissions, discharge planning and medical appropriateness review. Data was presented for July to September and October to December 2017. Variation was noted in several metrics however no significant issues were identified. Continue to monitor for trends.	Motion: Approve UM Concurrent Review Q3 & Q4 (Ramirez/Cardona) 4-0-0-3
#5 UM Business - Concurrent Review Inter Rater Reliability (IRR) Q4 (Attachment R) Action Patrick Marabella, M.D, Chair	Health Net administers the Concurrent Review (CCR) Medical Management function for CalViva Health members. The CCR process includes: <ul style="list-style-type: none"> • Authorization of inpatient admissions • Proactive acute hospital discharge planning • Medical appropriateness review In monitoring the CCR process, findings reveal that threshold target scores of 90% were met in each element. Medical Management has analyzed the results and will continue to monitor processes for improvement opportunities.	Motion: Approve Concurrent Review Inter Rater Reliability (IRR) Q4 (Ramirez/Cardona) 4-0-0-3
#5 UM Business - Specialty Referrals Report HN (Attachment S) Action Patrick Marabella, M.D, Chair	The Health Net Specialty Referral Report provides a summary of Specialty Referral Services that required prior authorization in the tri-county area in the third quarter of 2017. This report provides evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members. Results will continue to be monitored and trended over time.	Motion: Approve Specialty Referrals Report -HN (Ramirez/Cardona) 4-0-0-3
#5 UM Business - Inter Rater Reliability	The Inter-Rater Reliability Report for Physicians and Non-physicians is an annual evaluation of UM physicians and	Motion: Approve Inter Rater Reliability (IRR) for

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
(IRR) for Physicians and Non-Physicians Annual Report (Attachment T) Action Patrick Marabella, M.D, Chair	staff to ensure InterQual® Clinical Decision Support Criteria along with other evidence-based medical policies, clinical support guidelines and technical assessment tools are used consistently during clinical reviews for medical necessity. <ul style="list-style-type: none"> ➤ The passing score is 90% for both physicians and non-physicians. ➤ Individuals who do not pass with a score of 90% or greater are required to participate in a refresher course and are re-tested. 	Physicians and Non-Physicians Annual Report (Ramirez/Cardona) 4-0-0-3
Pharmacy Business - Executive Summary - Operations Metrics Report - Inter-rater Reliability Test Results - Top 30 Prior Authorizations - Quality Assurance for Pharmacy - Annual (Attachment U-Y) Action Patrick Marabella, M.D, Chair	Pharmacy reports for quarter 4 2017 include Operation Metrics, Inter-rater Reliability Testing, Top Medication Prior Authorization Requests, Quality Assurance for Pharmacy and quarterly Recommended Drug List changes to assess for emerging patterns in authorization requests, compliance around prior authorizations, and consistency of decision making in order to formulate potential process improvements. <ul style="list-style-type: none"> ➤ Pharmacy prior authorization (PA) metrics were within 5% of standard for fourth quarter 2017. Effective 7/1/2017, the PA turnaround time requirement changed to 24 hours from 24 hours or 1 business day. ➤ Fourth quarter 2017 top medication PA requests varied minimally from third quarter 2017. ➤ The IRR results for 2017 show that the overall (cumulative) and individual standard was met in all quarters except quarter 3. In quarter 3 the overall standard was met, however an opportunity for improvement was identified for one individual. Appropriate follow up was completed and with retesting in quarter 4 met all standards. 	Motion: Approve Executive Summary - Operations Metrics Report - Inter-rater Reliability Test Results - Top 30 Prior Authorizations - Quality Assurance for Pharmacy - Annual (Cardona/Ramirez) 4-0-0-3
#7 Credentialing & Peer Review Subcommittee Business - Credentialing Subcommittee Report - Peer Review Subcommittee Report (Attachment Z-AA) Action Patrick Marabella, M.D, Chair	Credentialing Subcommittee Report. This report provides the QI/UM Committee with a summary of the CVH Credentialing Subcommittee activities. <ol style="list-style-type: none"> 1. The Credentialing Sub-committee met on February 15th, 2018. At the February meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. Reports covering the third quarter for 2017 were reviewed for delegated entities, third and fourth quarter for MHN and fourth quarter for Health Net. 2. County specific Credentialing Sub-Committee reports were reviewed for the fourth quarters of 2017. No significant cases were identified on these reports. Peer Review Subcommittee Report. This report provides the QI/UM Committee with a summary of the CVH Peer Review Subcommittee activities. All Peer Review information is confidential and protected under law.	Motion: Approve - Credentialing Subcommittee Report - Peer Review Subcommittee Report (Verma/Cardona) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ol style="list-style-type: none"> The Peer Review sub-committee met on February 15th, 2018. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 4 2016 were reviewed. There were no significant cases identified on the reports. The Quarter 4 Peer Count Report was presented at the meeting. For Q4, there were 7 cases closed and cleared to track and trend. Three were tabled pending further information. 	
#6 Compliance Update	<p>MB Corrado presented the Compliance report. There are 16 filings for DHCS and five for DMHC through February. Filing activity is expected to increase for 2018.</p> <p>Oversight audits currently in progress include Utilization Management, Claims, Provider Dispute Resolution process, and Member Service and Call Center. Q3 Provider Dispute audit just concluded and a corrective action plan (CAP) is required for non-compliance of turn-around time standards.</p> <p>Regulatory reviews and audits include:</p> <ul style="list-style-type: none"> Kaiser Undertakings: 180-day undertaking response was filed. The second filing due 3/20/18 is on track to be filed on time. DHCS 2017 Medical Audit: final results were received 2/28/18. CVH is currently working on CAP response. The three areas of findings were related to processing out of network emergency room claims with a potential CCS involved, specialty access in Kings County, and sensitive services. DHCS 2018 Medical Audit: DHCS will be onsite for audit April 16 - 27, 2018. No change in the 18-month DMHC follow-up. DHCS Encounter Data Corrective Action Plan (CAP): CAP was issued for lack of appropriate submissions of encounter data from 2015 and 2016 in Madera and Kings Counties. DHCS is also undertaking a new study on Encounter Data Validation where they will compare encounter data with medical records submitted to validate the accuracy of the encounter data. <p>The Public Policy Committee met on March 7, 2018. Items presented included annual reports, standard Appeals & Grievances report, Health Education updates, and Member Handbook & Provider Directory updates. The PPC committee had no recommendations for the Commission at this time. The next meeting is 6/13/18 in Kings County.</p>	
#7 Old Business	None.	
#8 Announcements	None.	
#9 Public Comment	None.	
#10 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:07 pm.	

NEXT MEETING: May 17, 2018

Submitted this Day: May 17, 2018

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair

Item #4

Attachment 4.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 ~~setting methodology~~ and impact ~~of 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.

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

- B. Term of Committee Membership
 - 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**

:

David Hodge, MD
Commission Chairperson

Date: _____

Item #4

Attachment 4.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**

Date:

DRAFT

Item #4

Attachment 4.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**

Date:

DRAFT

Item #4

Attachment 4.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
 - 5. Annual UM Work Plan
 - 6. Annual UM Program Evaluation;
 - 7. Annual Health Education Program Description
 - 8. Annual Health Education Work Plan
 - 9. Annual Health Education Program Evaluation
 - 10. Annual Culture and Linguistics (“C&L”) Program Description
 - 11. Annual Culture and Linguistics Work Plan
 - 12. 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.
 - 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.

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

- 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:

March 16, 2017

Item #4

Attachment 4.1

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
~~Chief Compliance Officer/department and designated Plan~~ staff will provide Committee support, coordinate activities and perform the following as needed:
1. Regularly attend Public Policy meetings.
 2. ~~Assist Chairperson with preparation of 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 and improvement discussions.
 5. ~~Monitor a tracking log of action items or recommendations requiring follow-up.~~
 6. 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 Ensure~~include a ~~quarterly~~ summary of Public Policy Committee activity and Committee recommendations in Compliance Reports to the RHA Commission is prepared for submission 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.

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

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.

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: ~~May 16,~~
~~2013~~ June 13,
2018

:

David Hodge, MD

Item #4

Attachment 4.J

Compliance Report



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2018 Total
# of DHCS Filings													
Administrative/Operational	8	6	8	7	10	7							46
Member & Provider Materials	1	1	3	0	2	6							13
# of DMHC Filings	2	3	7	8	5	6							31

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

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

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

Compliance Oversight & Monitoring Activities	Description
CalViva Health Oversight Meetings	<p>Health Net CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related other to critical projects or transitions that may affect CalViva Health. CalViva Health continues to review ongoing updates on Health Net's efforts to improve specialty provider access for CalViva Health members.</p> <p>Kaiser CalViva Health is currently finalizing activities related to transitioning the remaining members receiving Kaiser continuity of care services to CalViva Health on September 1, 2018. There are some activities, such as required regulatory reports, encounter data submissions, HEDIS data and other financial reporting related to Kaiser that will continue into 2019 and possibly 2020.</p>
Oversight Audits	<p><u>Health Net Oversight Audits:</u> The following 2018 annual audits are in progress: Credentialing, Cultural & Linguistics, Privacy & Security, and Utilization Management. The annual Claims and Provider Dispute audits were completed and CAPs were required. The CAPs have been completed and accepted by the Plan.</p> <p><u>Quarterly Provider Dispute Resolution (PDR) Case Audits:</u> The Q4 2017 audit was completed as part of the annual audit described above. The Q1 2018 PDR audit is underway.</p>

RHA Commission Compliance – Regulatory Report

Regulatory Reviews/Audits	Status
Department of Managed Health Care (“DMHC”) Undertaking Reports – Termination of contract with Kaiser	The Plan submitted a response to a 3/30/18 DMHC Comment Letter on 6/29/18 and is preparing the next Undertaking report due to DMHC by September 1, 2018.
Department of Health Care Services (“DHCS”) 2018 Medical Audit	DHCS completed its on-site audit of Plan activities on 4/19/18 and completed onsite provider visits the week of 4/23/2018. We are awaiting the DHCS’ formal Preliminary Report findings.
Department of Health Care Services (“DHCS”) Encounter Data Corrective Action Plan	DHCS issued a Corrective Action Plan to CalViva Health on December 26, 2017 identifying that the volume of encounter data submitted for Kings and Madera counties in 2015 and 2016 had trended down even though enrollment was increasing. The Plan continues to work with Health Net to address the issues and submit the outstanding encounter data. DHCS has granted another extension for submitting the 2015-16 data in question until 12/31/18.
New Regulation / Contractual Requirements	
Medicaid and Children’s Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, “Final Rule”	Both DMHC and DHCS have approved the Plan’s EOC/Model Handbook. The EOC mailing began in June for the English version. This will continue with mailings in July. Spanish and Hmong versions are in pre-production to be subsequently mailed. DHCS submitted the Final Rule contract amendment for managed care plans to CMS and it is still under review.
2018 DHCS Annual Network certification	Effective July 1, 2018, DHCS began certifying Medi-Cal managed care health plans’ (MCPs’) provider network on an annual basis. DHCS notified CalViva Health on July 5, 2018 they found no deficiencies and was therefore deemed compliant with DHCS All Plan Letter (APL) 18-005 network adequacy standards.
BHT Transition	In accordance with DHCS APL 18-006, effective July 1, 2018, MCPs became responsible for BHT treatment coverage for members under the age of 21 regardless of diagnosis under the EPSDT benefit when medically necessary. On July 1, 2018, CalViva Health transitioned 57 members receiving BHT services from the Central Valley Regional Center.
Employee Trainings	
Annual Compliance, Anti-Fraud and Privacy/Security Training	One new CalViva Health employee received training in early June 2018 and passed the required post-program quizzes.
Committee Report	
Public Policy Committee	The Public Policy Committee met on June 13, 2018. The Committee reviewed the Enrollment Dashboard, the Health Education and Cultural & Linguistics 2017 Evaluations and 2018 Program Descriptions and Work Plans, Appeals, Grievances, and Complaints related information, and Audit Updates. The next Public Policy Committee meeting is scheduled for September 5, 2018, 11:30 a.m. in Madera County, at Camarena Health, 344 E. Sixth Street, Madera, CA 93638.

Item #6

Attachment 6.A

Community Funding Support Program

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

David Singh
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

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

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

DATE: July 19, 2018

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Community Support Program

BL #: 18-005

Agenda Item 5

Attachment 5.A

DISCUSSION:

Community Support Program

In May 2017, CalViva Health establish a process to review and consider funding for Community Support programs/initiatives in excess of twenty thousand dollars (\$20,000) per fiscal year. Total funding for this Program will be determined through the annual budget process for CalViva Health. The purpose of this Program is to support requests from entities other than governmental entities and foundations that directly impact the following related to CalViva Health:

- Provider access impact
- Benefit to Plan members
- Improve Quality of Care
- Provider Network Expansion

An Ad-Hoc Committee of the Commission was appointed to work with Staff in evaluating proposed funding opportunities and to make a recommendation to the full Commission on the funding of any programs/initiatives.

Staff Recommendation:

1. Community Funding remain focused on provider recruitment and training.
2. Grants to be continued under the previously approved application and guideline.
3. Due to the challenges of recruiting providers to the Central Valley grants will include financial assistance per provider of \$100,000 for Primary Care Physicians and \$75,000 for Physician Extenders (FNP and PA).
4. Staff will consult with HN Network Management to determine service areas of greatest need.

Item #7

Attachment 7.A-C

Conflict of Interest Code

- A. BL 18-005
- B. COI Code – Amended
- C. Notice of Intention

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

David Singh
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

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

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

DATE: July 19, 2018

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Conflict of Interest Code

BL #: **BL 18-006**

Agenda Item **7**

Attachment **7.A**

DISCUSSION:

The Conflict of Interest Code (COI) for the Fresno-Kings-Madera Regional Health Authority is currently pending approval from the Fair Political Practices Commission (FPPC). Approval of the requested changes to the COI is needed from the Commission prior moving forward in the formal approval process. A black-lined copy has been provided (attachment 7.B) showing the revisions.

In addition, the COI is subject to a 45-day comment period via a Notice of Intention to Amend the Conflict of Interest Code, and approval by the FPPC.

The COI includes the following information:

- Explanation of the code
- Who the designated positions are that will complete portions of Form 700
- Positions that are obligated to complete the entire Form 700

RECOMMENDED ACTION:

Approve the requested changes to the Conflict of Interest Code. This COI is subject to a 45-day comment period, and approval by the FPPC.

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

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

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

**APPENDIX A
DESIGNATED POSITIONS**

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

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

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

OFFICIALS WHO MANAGE PUBLIC INVESTMENTS

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

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

An individual holding one of the above listed positions may contact the Fair Political Practices Commission for assistance or written advice regarding their filing obligations if they believe their position has been categorized incorrectly. The Fair Political Practices Commission makes the final determination whether a position is covered by Government Code Section 87200. 3

APPENDIX B
DISCLOSURE CATEGORIES

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

CATEGORY 1: Interest in real property within 500 feet of any real property owned or leased by the Authority.

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

NOTICE OF INTENTION TO AMEND THE CONFLICT OF INTEREST CODE
OF THE **FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY COMMISSION**

NOTICE IS HEREBY GIVEN that the **Fresno-Kings-Madera Regional Health Authority Commission**, pursuant to the authority vested in it by section 87306 of the Government Code, proposes amendment to its Conflict of Interest Code. All inquiries should be directed to the contact listed below.

The **Fresno-Kings-Madera Regional Health Authority Commission** proposes to amend its Conflict of Interest Code to include employee positions that involve the making or participation in the making of decisions that may foreseeably have a material effect on any financial interest, as set forth in subdivision (a) of section 87302 of the Government Code. The amendment carries out the purposes of the law and no other alternative would do so and be less burdensome to affected persons.

Changes to the Conflict of Interest Code include: **adding the newly created position of Chief Operating Officer**. The proposed amendment and explanation of the reasons can be obtained from the agency's contact.

Any interested person may submit written comments relating to the proposed amendment by submitting them no later than **XXXX**, or at the conclusion of the public hearing, if requested, whichever comes later. At this time, no public hearing is scheduled. A person may request a hearing no later than **XXXX**.

The **Fresno-Kings-Madera Regional Health Authority Commission** has determined that the proposed amendments:

1. Impose no mandate on local agencies or school districts.
2. Impose no costs or savings on any state agency.
3. Impose no costs on any local agency or school district that are required to be reimbursed under Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.
4. Will not result in any nondiscretionary costs or savings to local agencies.
5. Will not result in any costs or savings in federal funding to the state.
6. Will not have any potential cost impact on private persons, businesses or small businesses.

All inquiries concerning this proposed amendment and any communication required by this notice should be directed to: **Ms. Cheryl Hurley, Commission Clerk, (559) 540-7842, churley@calvivahealth.org**

Item #8

Attachment 8.A

Financials

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

	Total
ASSETS	
Current Assets	
Bank Accounts	
Cash	59,379,870.16
Savings CD	0.00
ST Investments	0.00
Wells Fargo Money Market Mutual Funds	53,334.14
Total Bank Accounts	\$ 59,433,204.30
Accounts Receivable	
Accounts Receivable	98,516,515.23
Total Accounts Receivable	\$ 98,516,515.23
Other Current Assets	
Interest Receivable	247.41
Investments - CDs	4,997,444.50
Prepaid Expenses	180,745.86
Security Deposit	0.00
Total Other Current Assets	\$ 5,178,437.77
Total Current Assets	\$ 163,128,157.30
Fixed Assets	
Buildings	7,252,717.06
Computers & Software	6,878.75
Land	3,161,419.10
Office Furniture & Equipment	168,087.87
Total Fixed Assets	\$ 10,589,102.78
Other Assets	
Investment -Restricted	310,944.17
Total Other Assets	\$ 310,944.17
TOTAL ASSETS	\$ 174,028,204.25
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	46,160.62
Accrued Admin Service Fee	3,988,347.00
Capitation Payable	84,377,982.51
Claims Payable	30,888.45
Total Accounts Payable	\$ 88,443,378.58
Other Current Liabilities	
Accrued Expenses	737,160.42
Accrued Payroll	93,178.84
Accrued Vacation Pay	163,247.00
Amt Due to DHCS	0.00
IBNR	203,777.22
Loan Payable-Current	0.00
Premium Tax Payable	0.00
Premium Tax Payable to BOE	5,959,113.85
Premium Tax Payable to DHCS	19,931,818.04
Total Other Current Liabilities	\$ 27,088,295.37
Total Current Liabilities	\$ 115,531,673.95
Long-Term Liabilities	
Renters' Security Deposit	16,500.00
Subordinated Loan Payable	0.00
Total Long-Term Liabilities	\$ 16,500.00
Total Liabilities	\$ 115,548,173.95
Equity	
Retained Earnings	49,619,929.41
Net Income	8,860,100.89
Total Equity	\$ 58,480,030.30
TOTAL LIABILITIES AND EQUITY	\$ 174,028,204.25

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Budget vs. Actuals: Income Statement
July 2017 - May 2018

	Total		
	Actual	Budget	Over/(Under) Budget
Income			
Interest Earned	353,232.14	66,000.00	287,232.14
Premium/Capitation Income	1,087,454,243.37	1,043,688,250.00	43,765,993.37
Total Income	\$ 1,087,807,475.51	\$ 1,043,754,250.00	44,053,225.51
Cost of Medical Care			
Capitation - Medical Costs	909,595,390.94	882,782,241.00	26,813,149.94
Medical Claim Costs	2,235,960.28		2,235,960.28
Total Cost of Medical Care	\$ 911,831,351.22	\$ 882,782,241.00	29,049,110.22
Gross Margin	\$ 175,976,124.29	\$ 160,972,009.00	15,004,115.29
Expenses			
Admin Service Agreement Fees	44,044,000.00	43,643,490.00	400,510.00
Bank Charges	7,555.86	15,400.00	(7,844.14)
Computer/IT Services	107,818.76	77,000.00	30,818.76
Consulting Fees		96,250.00	(96,250.00)
Depreciation Expense	264,568.12	266,420.00	(1,851.88)
Dues & Subscriptions	153,429.95	163,900.00	(10,470.05)
Grants	1,812,444.81	1,925,000.00	(112,555.19)
Insurance	180,804.70	188,030.00	(7,225.30)
Labor	2,640,930.44	2,628,421.00	12,509.44
Legal & Professional Fees	67,403.31	174,900.00	(107,496.69)
License Expense	570,729.06	572,000.00	(1,270.94)
Marketing	652,102.74	700,000.00	(47,897.26)
Meals and Entertainment	14,910.85	16,700.00	(1,789.15)
Office Expenses	51,514.67	71,500.00	(19,985.33)
Parking	1,354.10	1,100.00	254.10
Postage & Delivery	1,567.98	2,200.00	(632.02)
Printing & Reproduction	7,477.78	4,400.00	3,077.78
Recruitment Expense	1,516.73	33,000.00	(31,483.27)
Rent	3,300.00	11,000.00	(7,700.00)
Seminars and Training	10,205.90	22,000.00	(11,794.10)
Supplies	9,965.37	7,000.00	2,965.37
Taxes	117,002,440.64	103,157,692.00	13,844,748.64
Telephone	28,531.85	16,500.00	12,031.85
Travel	19,162.10	23,000.00	(3,837.90)
Total Expenses	\$ 167,653,735.72	\$ 153,816,903.00	13,836,832.72
Net Operating Income	\$ 8,322,388.57	\$ 7,155,106.00	1,167,282.57
Other Income			
Other Income	537,712.32	550,000.00	(12,287.68)
Total Other Income	\$ 537,712.32	\$ 550,000.00	(12,287.68)
Net Other Income	\$ 537,712.32	\$ 550,000.00	(12,287.68)
Net Income	\$ 8,860,100.89	\$ 7,705,106.00	1,154,994.89

Item #8

Attachment 8.B

Appeals & Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2018

Current as of End of the Month: May

Revised Date: 6/26/2018

CalViva - 2018																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2018 YTD	2017
Expedited Grievances Received	8	14	23	45	9	13	0	22	0	0	0	0	0	0	0	0	67	172
Standard Grievances Received	57	44	77	178	62	59	0	121	0	0	0	0	0	0	0	0	299	795
Total Grievances Received	65	58	100	223	71	72	0	143	0	366	967							
Grievance Ack Letters Sent Noncompliant	0	1	2	3	3	1	0	4	0	0	0	0	0	0	0	0	7	12
Grievance Ack Letter Compliance Rate	100.0%	97.7%	97.4%	98.3%	95.2%	98.3%	0.0%	96.7%	0.0%	97.66%	98.5%							
Expedited Grievances Resolved Noncompliant	0	0	1	1	1	0	0	1	0	0	0	0	0	0	0	0	2	2
Expedited Grievances Resolved Compliant	6	9	24	39	10	12	0	22	0	0	0	0	0	0	0	0	61	170
Expedited Grievance Compliance rate	100.0%	100.0%	95.8%	97.4%	90.0%	100.0%	0.0%	95.5%	0.0%	96.83%	98.8%							
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13
Standard Grievances Resolved Compliant	58	40	45	143	75	61	0	136	0	0	0	0	0	0	0	0	279	800
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	100.00%	98.4%							
Total Grievances Resolved	64	49	70	183	86	73	0	159	0	342	985							
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	46	38	57	141	59	55	0	114	0	255	712							
Access - Other - DMHC	2	2	4	8	3	1	0	4	0	0	0	0	0	0	0	0	12	32
Access - PCP - DHCS	8	6	9	23	5	10	0	15	0	0	0	0	0	0	0	0	38	118
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	2	2	6	10	3	2	0	5	0	0	0	0	0	0	0	0	15	55
Administrative	11	10	18	39	19	12	0	31	0	0	0	0	0	0	0	0	70	151
Continuity of Care - Acute	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	9
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Continuity of Care - Other	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	2
Continuity of Care - PCP	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	5
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Continuity of Care - Specialist	1	0	2	3	1	1	0	2	0	0	0	0	0	0	0	0	5	27
Continuity of Care - Surgery	0	1	1	2	1	0	0	1	0	0	0	0	0	0	0	0	3	8
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Interpersonal	16	9	9	34	19	16	0	35	0	0	0	0	0	0	0	0	69	198
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	2	2	3	7	4	7	0	11	0	0	0	0	0	0	0	0	18	52
Pharmacy	2	3	4	9	3	5	0	8	0	0	0	0	0	0	0	0	17	34
Transportation	1	2	0	3	1	0	0	1	0	0	0	0	0	0	0	0	4	NA
Quality Of Care Grievances	18	11	13	42	27	18	0	45	0	87	273							
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
Access - PCP - DHCS	3	1	0	4	1	1	0	2	0	0	0	0	0	0	0	0	6	50
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	3	3	2	8	2	2	0	4	0	0	0	0	0	0	0	0	12	32
PCP Care	6	4	2	12	10	12	0	22	0	0	0	0	0	0	0	0	34	104
PCP Delay	1	2	8	11	8	1	0	9	0	0	0	0	0	0	0	0	20	28
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	4	1	1	6	6	1	0	7	0	0	0	0	0	0	0	0	13	37
Specialist Delay	1	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0	2	4
Exempt Grievances Received - Classifications	338	330	510	1178	818	389	0	1207	0	2385	2862							
Authorization	9	6	3	18	6	3	0	9	0	0	0	0	0	0	0	0	27	94
Avail of Appt w/ Other Providers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Avail of Appt w/ PCP	11	22	21	54	16	10	0	26	0	0	0	0	0	0	0	0	80	114
Avail of Appt w/ Specialist	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Claims Complaint	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Eligibility Issue	4	7	5	16	5	3	0	8	0	0	0	0	0	0	0	0	24	66
Health Care Benefits	0	0	4	4	1	0	0	1	0	0	0	0	0	0	0	0	5	0
ID Card - Not Received	29	23	101	153	231	31	0	262	0	0	0	0	0	0	0	0	415	269
Information Discrepancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	7	5	1	13	6	4	0	10	0	0	0	0	0	0	0	0	23	97
Interpersonal - Behavior of Clinic/Staff - Provider	70	72	91	233	94	70	0	164	0	0	0	0	0	0	0	0	397	775

CalViva Health Appeals and Grievances Dashboard 2018

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	5	26	24	55	13	3	0	16	0	0	0	0	0	0	0	0	71	66
Standard Appeals Received	19	27	35	81	49	63	0	112	0	0	0	0	0	0	0	0	193	171
Total Appeals Received	24	53	59	136	62	66	0	128	0	0	0	0	0	0	0	0	264	237
Appeals Ack Letters Sent Noncompliant	0	0	0	0	2	1	0	3	0	0	0	0	1	0	0	1	4	3
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	95.9%	98.4%	0.0%	97.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	97.93%	98.2%
Expedited Appeals Resolved Noncompliant	0	0	3	3	4	0	0	4	0	0	0	0	0	0	0	0	7	1
Expedited Appeals Resolved Compliant	4	19	23	46	13	4	0	17	0	0	0	0	0	0	0	0	63	66
Expedited Appeals Compliance Rate	100.0%	100.0%	87.0%	93.5%	69.2%	100.0%	0.0%	76.5%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	90.00%	98.5%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Standard Appeals Resolved Compliant	22	15	29	66	35	56	0	91	0	0	0	0	0	0	0	0	157	157
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.00%	98.1%
Total Appeals Resolved	26	34	55	115	52	60	0	112	0	0	0	0	0	0	0	0	227	227
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	25	34	55	114	52	58	0	110	0	0	0	0	0	0	0	0	224	224
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	2	1	3	6	7	4	0	11	0	0	0	0	0	0	0	0	17	5
DME	1	0	6	7	8	8	0	16	0	0	0	0	0	0	0	0	23	39
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Other	6	23	27	56	26	29	0	55	0	0	0	0	0	0	0	0	111	59
Pharmacy	13	9	18	40	11	16	0	27	0	0	0	0	0	0	0	0	67	99
Surgery	2	1	1	4	0	1	0	1	0	0	0	0	0	0	0	0	5	22
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Post Service Appeals	1	0	0	1	0	2	0	2	0	0	0	0	0	0	0	0	3	3
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	1	0	2	0	2	0	0	0	0	0	0	0	0	3	2
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Appeals Decision Rates																		
Upholds	16	16	33	65	33	43	0	76	0	0	0	0	0	0	0	0	141	131
Uphold Rate	61.5%	47.1%	60.0%	56.5%	63.5%	71.7%	0.0%	67.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	62.1%	57.7%
Overtuns - Full	9	17	18	44	19	16	0	35	0	0	0	0	0	0	0	0	79	84
Overturn Rate - Full	34.6%	50.0%	32.7%	38.3%	36.5%	26.7%	0.0%	31.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	34.8%	37.0%
Overtuns - Partial	0	1	3	4	0	1	0	1	0	0	0	0	0	0	0	0	5	8
Overturn Rate - Partial	0.0%	2.9%	5.5%	3.5%	0.0%	1.7%	0.0%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	2.2%	3.5%
Withdrawal	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	4
Withdrawal Rate	3.8%	0.0%	1.8%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.9%	1.8%
Membership	357,378	357,239	356,452		357,319	357,792	-		-	-	-		-	-	-	-		
Appeals - PTMPM	0.07	0.10	0.15	0.11	0.15	0.17	-	0.16	-	-	-	-	-	-	-	-	0.13	0.05
Grievances - PTMPM	0.18	0.14	0.20	0.17	0.24	0.20	-	0.22	-	-	-	-	-	-	-	-	0.19	0.23

Item #8

Attachment 8.C

Key Indicator Report



Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP

Report from 1/01/2017 to 4/30/2018

Report created 5/24/2018

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

Exhibits:

[Read Me](#)

[Main Report CalVIVA](#)

[CalVIVA Commission](#)

[CalVIVA Fresno](#)

[CalVIVA Kings](#)

[CalVIVA Madera](#)

[Glossary](#)

Contact Information

Sections

Concurrent Inpatient TAT Metric

TAT Metric

CCS Metric

Case Management Metrics

Authorization Metrics

Contact Person

Patricia F. Frederickson <PATRICIA.F.FREDERICKSON@HEALTHNET.COM>

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

carol.x.hartoonians@healthnet.com

Kenneth Hartley <KHARTLEY@cahealthwellness.com>

John Gonzalez

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2017 to 4/30/2018
 Report created 5/24/2018

ER utilization based on Claims data	2017-05	2017-06	2017-07	2017-08	2017-09	2017-10	2017-11	2017-12	2017-Trenc	2018-01	2018-02	2018-03	2018-04	2018-Trenc	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Qtr Trend	CY- 2017	YTD-2018	YTD-Trend
	Quarterly Averages															Annual Averages							
Expansion Mbr Months	87,392	87,795	88,053	88,000	87,807	87,458	86,866	86,883		85,660	85,508	85,350	81,757		86,506	87,476	87,953	87,069	85,506		87,251	84,569	
Family/Adult/Other Mbr Mos	247,749	249,061	246,480	245,715	247,004	244,875	244,431	245,141		246,593	244,933	247,714	230,759		245,888	247,852	246,400	244,816	246,413		246,239	242,500	
SPD Mbr Months	29,708	29,984	30,116	30,254	30,384	30,535	30,575	30,794		30,903	30,979	31,148	30,380		29,577	29,778	30,251	30,635	31,010		30,060	30,853	
Admits - Count	2,224	2,198	2,151	2,255	2,339	2,192	2,185	2,239		2,334	2,191	2,319	2,116		2,231	2,189	2,248	2,205	2,281		2,218	2,240	
Expansion	663	635	638	676	635	635	661	607		672	611	639	598		575	634	650	634	641		623	630	
Family/Adult/Other	1,076	1,044	1,032	1,088	1,199	1,073	1,038	1,116		1,159	1,111	1,166	1,040		1,115	1,055	1,106	1,076	1,145		1,088	1,119	
SPD	485	519	478	490	504	483	483	515		503	469	514	476		538	500	491	494	495		506	491	
Admits Acute - Count	1,498	1,471	1,368	1,469	1,488	1,434	1,486	1,486		1,602	1,518	1,620	1,483		1,490	1,477	1,442	1,469	1,580		1,470	1,556	
Expansion	513	498	441	508	454	475	508	457		507	463	494	474		426	489	468	480	488		466	485	
Family/Adult/Other	532	507	487	510	561	511	534	542		626	623	663	563		570	529	519	529	637		537	619	
SPD	453	466	437	450	472	447	441	486		469	432	463	444		493	459	453	458	455		466	452	
Readmit 30 Day - Count	305	273	263	283	265	273	294	295		309	235	308	255		265	282	270	287	284		276	277	
Expansion	98	92	89	74	71	81	96	82		95	74	114	69		73	89	78	86	94		82	88	
Family/Adult/Other	96	93	84	95	90	89	91	96		99	74	88	89		77	90	90	92	87		87	88	
SPD	111	88	90	114	104	103	105	116		115	87	106	97		115	103	103	108	103		107	101	
Readmit 14 Day - Count	27	23	15	18	21	22	24	25		30	21	18	23		24	27	18	24	23		23	23	
Expansion	9	6	4	5	4	5	7	9		10	7	6	7		6	8	4	7	8		6	8	
Family/Adult/Other	8	6	5	7	7	8	11	7		8	7	5	6		4	9	6	9	7		7	7	
SPD	10	11	6	6	10	9	5	9		12	7	7	10		13	11	7	8	9		10	9	
**ER Visits - Count	20,037	18,538	18,157	17,832	17,578	17,636	16,512	17,431		20,217	17,006	16,863	7,754		18,995	19,436	17,856	17,193	18,029		18,370	15,460	
Expansion	4,548	4,523	4,695	4,572	4,155	3,838	3,617	3,779		4,368	3,542	3,786	1,744		4,211	4,439	4,474	3,745	3,899		4,217	3,360	
Family/Adult/Other	13,172	12,085	11,428	11,174	11,583	11,947	11,090	11,799		13,787	11,801	11,285	4,839		12,741	12,931	11,395	11,612	12,291		12,170	10,428	
SPD	1,990	1,915	2,017	2,061	1,826	1,830	1,785	1,831		2,035	1,642	1,774	720		1,997	1,947	1,968	1,815	1,817		1,932	1,543	
Admits Acute - PTMPY	49.3	48.1	45.0	48.4	48.9	47.4	49.3	49.1		52.9	50.4	53.4	48.7		49.4	48.6	47.4	48.6	52.2		48.5	51.4	
Expansion	70.4	68.1	60.1	69.3	62.0	65.2	70.2	63.1		71.0	65.0	69.5	69.6		59.1	67.1	63.8	66.2	68.5		64.1	68.7	
Family/Adult/Other	25.8	24.4	23.7	24.9	27.3	25.0	26.2	26.5		30.5	30.5	32.1	29.3		27.8	25.6	25.3	25.9	31.0		26.2	30.6	
SPD	183.0	186.5	174.1	178.5	186.4	175.7	173.1	189.4		182.1	167.3	178.4	175.4		200.2	184.8	179.7	179.4	175.9		185.9	175.8	
Bed Days Acute - PTMPY	243.0	215.5	212.4	227.3	244.9	223.7	234.0	226.3		258.5	234.4	255.2	229.7		231.8	234.4	228.2	228.0	249.4		230.6	244.5	
Expansion	361.7	328.7	286.6	359.3	314.1	332.9	327.3	319.2		384.3	333.7	377.4	348.4		299.1	347.7	320.0	326.5	365.1		323.4	361.1	
Family/Adult/Other	102.9	92.2	90.9	97.5	108.4	98.5	101.4	97.1		123.7	111.2	111.2	117.6		100.7	97.9	98.9	99.0	115.4		99.1	115.9	
SPD	1,061.9	908.5	981.4	883.7	1,152.4	912.1	1,019.3	991.4		985.5	933.9	1,066.0	926.3		1,121.5	1,038.3	1,006.1	974.3	995.3		1,034.4	978.3	
ALOS Acute	4.9	4.5	4.7	4.7	5.0	4.7	4.7	4.6		4.9	4.7	4.8	4.7		4.7	4.8	4.8	4.7	4.8		4.8	4.8	
Expansion	5.1	4.8	4.8	5.2	5.1	5.1	4.7	5.1		5.4	5.1	5.4	5.0		5.1	5.2	5.0	4.9	5.3		5.0	5.3	
Family/Adult/Other	4.0	3.8	3.8	3.9	4.0	3.9	3.9	3.7		4.1	3.6	3.5	4.0		3.6	3.8	3.9	3.8	3.7		3.8	3.8	
SPD	5.8	4.9	5.6	5.0	6.2	5.2	5.9	5.2		5.4	5.6	6.0	5.3		5.6	5.6	5.6	5.4	5.7		5.6	5.6	
Readmit % 30 Day - PTMPY	13.7%	12.4%	12.2%	12.5%	11.3%	12.5%	13.5%	13.2%		13.2%	10.7%	13.3%	12.1%		11.9%	12.9%	12.0%	13.0%	12.4%		12.5%	12.4%	
Expansion	14.8%	14.5%	13.9%	10.9%	11.2%	12.8%	14.5%	13.5%		14.1%	12.1%	17.8%	11.5%		12.6%	14.0%	12.0%	13.6%	14.7%		13.1%	14.0%	
Family/Adult/Other	8.9%	8.9%	8.1%	8.7%	7.5%	8.3%	8.8%	8.6%		8.5%	6.7%	7.5%	8.6%		6.9%	8.6%	8.1%	8.6%	7.6%		8.0%	7.8%	
SPD	22.9%	17.0%	18.8%	23.3%	20.6%	21.3%	21.7%	22.5%		22.9%	18.6%	20.6%	20.4%		21.4%	20.6%	20.9%	21.9%	20.7%		21.2%	20.6%	
Readmit % 14 Day - PTMPY	1.8%	1.6%	1.1%	1.2%	1.4%	1.5%	1.6%	1.7%		1.9%	1.4%	1.1%	1.6%		1.6%	1.9%	1.2%	1.6%	1.5%		1.6%	1.5%	
Expansion	1.8%	1.2%	0.9%	1.0%	0.9%	1.1%	1.4%	2.0%		2.0%	1.5%	1.2%	1.5%		1.5%	1.6%	0.9%	1.5%	1.6%		1.4%	1.5%	
Family/Adult/Other	1.5%	1.2%	1.0%	1.4%	1.2%	1.6%	2.1%	1.3%		1.3%	1.1%	0.8%	1.1%		0.8%	1.6%	1.2%	1.6%	1.0%		1.3%	1.1%	
SPD	2.2%	2.4%	1.4%	1.3%	2.1%	2.0%	1.1%	1.9%		2.6%	1.6%	1.5%	2.3%		2.6%	2.4%	1.6%	1.7%	1.9%		2.1%	2.0%	
**ER Visits - PTMPY	662.3	582.2	597.5	587.9	577.6	583.2	547.6	576.5		668.0	564.6	555.6	254.8		629.7	638.8	587.7	569.1	596.1		606.4	510.4	
Expansion	624.5	618.2	639.8	623.5	567.8	526.6	499.7	521.9		611.9	497.1	532.3	256.0		584.1	608.9	610.4	516.1	547.1		580.0	476.8	
Family/Adult/Other	638.0	582.3	556.4	545.7	562.7	585.5	544.4	577.6		670.9	578.2	546.7	251.6		621.8	626.1	555.0	569.2	598.6		593.1	516.0	
SPD	803.8	766.4	803.7	817.5	721.2	719.2	700.6	713.5		790.2	636.0	683.4	284.4		810.2	784.5	780.7	711.1	703.1		771.1	600.0	
Services	TAT Compliance Goal: 100%										TAT Compliance Goal: 100%					TAT Compliance Goal: 100%					TAT Compliance Goal: 100%		
Preservice Routine	100.0%	86.7%	90.0%	96.7%	100.0%	96.7%	100.0%	100.0%		96.7%	83.3%	70.0%	100.0%		98.9%	94.4%	95.6%	98.9%	83.3%				
Preservice Urgent	100.0%	100.0%	100.0%	100.0%	90.0%	96.7%	100.0%	100.0%		100.0%	100.0%	96.7%	96.7%		100.0%	100.0%	96.7%	97.8%	98.9%				
Postservice	100.0%	100.0%	96.7%	96.7%	96.7%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	96.7%		97.8%	100.0%	96.7%	100.0%	100.0%				
Concurrent (inpatient only)	100.0%	80.0%	80.0%	100.0%	100.0%	100.0%	100.0%	90.0%		100.0%	100.0%	100.0%	93.3%		100.0%	93.3%	93.3%	96.7%	93.3%				
Deferrals - Routine	100.0%	93.3%	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%		100.0%	85.6%	97.8%	1					

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2017 to 4/30/2018
 Report created 5/24/2018

ER utilization based on Claims data	2017-05	2017-06	2017-07	2017-08	2017-09	2017-10	2017-11	2017-12	2017-Trenc	2018-01	2018-02	2018-03	2018-04	2018-Trenc	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Qtr Trend	CV- 2017	YTD-2018	YTD-Trend
Deferrals - Urgent	100.0%	100.0%	80.0%	50.0%	100.0%	100.0%	100.0%	83.3%		100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	76.7%	94.4%	100.0%				
Deferrals - Post Service	NA	NA	NA	NA	NA	NA	NA	NA		null	null	null	null		null	null	null	null	null				
CCS %	CCS ID RATE									CCS ID RATE				CCS ID RATE				CCS ID RATE					
	7.58%	7.61%	7.62%	7.59%	7.64%	7.73%	7.71%	7.76%		7.82%	7.71%	7.80%	7.78%		7.38%	7.59%	7.62%	7.73%	7.77%		7.49%	7.78%	
	Inpatient Maternity Utilizatin ALL CV Mbrshp Rate Per Thousand									Inpatient Maternity Utilizatin ALL CV Mbrshp Rate Per Thousand				Inpatient Maternity Utilizatin ALL CV Mbrshp Rate Per Thousand									
	Perinatal Case Management									Perinatal Case Management				Perinatal Case Management				Perinatal Case Management					
Total Outreached	30	13	4	10	13	26	43	15		43	31	42	58		50	54	27	86	128		231	188	
Engaged	8	5	1	3	4	8	12	7		15	11	10	23		17	16	9	27	38		62	61	
Engagement Rate	27%	38%	25%	30%	31%	31%	28%	47%		35%	35%	24%	40%		34%	31%	33%	31%	30%		27%	32%	
New Cases Opened	8	5	1	3	4	8	11	7		15	11	10	23		17	16	9	27	38		62	61	
Total Cases Managed	34	31	27	24	20	22	32	37		38	55	57	64		42	31	41	41	75		99	97	
Total Cases Closed	8	5	5	8	5	2	2	1		9	9	15	10		29	18	18	5	33		63	43	
Cases Remained Open	24	24	22	16	15	16	23	35		36	38	41	48		32	23	15	35	41		35	48	
	Integrated Case Management									Integrated Case Management				Integrated Case Management				Integrated Case Management					
Total Outreached	85	58	32	65	93	99	138	59		76	47	52	60		577	329	155	301	182		1346	260	
Engaged	15	28	15	27	29	29	47	34		45	26	26	32		101	66	70	111	98		334	141	
Engagement Rate	18%	33%	47%	42%	31%	29%	34%	58%		59%	55%	50%	53%		18%	21%	45%	36%	54%		25%	54%	
Total Screened and Refused/Decline	40	10	7	16	7	20	21	15		17	12	13	11		127	91	33	58	39		307	50	
Unable to Reach	139	63	48	57	60	86	100	42		42	24	29	31		261	333	168	228	86		953	113	
New Cases Opened	15	28	15	27	21	29	47	34		45	26	26	32		98	69	70	111	98		334	141	
Total Cases Closed	15	28	27	21	11	36	24	45		38	35	32	41		133	24	76	104	108		400	156	
Cases Remained Open	50	62	58	58	48	53	70	69		70	62	54	53		174	174	48	71	54		69	53	
Total Cases Managed	102	95	87	88	78	95	110	120		146	104	95	106		133	99	107	178	170		461	213	
Critical-Complex Acuity	26	29	53	71	46	47	53	57		48	43	36	46		39	28	63	82	67		183	82	
High/Moderate/Low Acuity	76	66	34	17	32	48	57	63		98	61	59	60		123	71	44	96	103		278	131	
	Record Processing									Record Processing				Record Processing				Record Processing					
Total Records	5,742	5,034	4,453	8,312	6,361	6,954	6,961	6,400		6,284	6,894	9,166	8,512		15,413	15,577	19,126	20,315	22,344		70,431	30,856	
Total Admissions	2,151	2,085	2,014	2,142	2,240	2,069	2,139	2,181		2,297	2,160	2,300	2,121		6,413	6,287	6,396	6,389	6,757		25,485	8,878	

Item #8

Attachment 8.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 19th, 2018

SUBJECT: CalViva Health QI & UM Update of Activities in Quarter 2 2018 (July 2018)

Purpose of Activity:

This report is to provide the RHA Commission with an update on the CalViva Health QI & UM performance, program and regulatory activities in Quarter 2 of 2018.

I. Meetings

One QI/UM Committee meeting was held in Quarter 2, on May 17th, 2018. The following guiding documents were approved at the May meeting:

1. 2017 Cultural & Linguistics Annual Evaluation & Summary
2. 2018 Cultural & Linguistics Program Description & Summary
3. 2018 Cultural & Linguistics Work Plan & Summary
4. Language Assistance Program Report
5. 2017 Health Education Annual Evaluation & Summary
6. 2018 Health Education Program Description
7. 2018 Health Education Work Plan

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

1. Performance Improvement Project Updates (CIS-3 Immunization Improvement PIP, PPC Postpartum Visit PIP and MPM Monitoring Persistent Medications PDSA)
2. Pharmacy Formulary (Recommended Drug List) & Provider Updates

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

- **Quality Improvement Reports** - The quality and safety of many of the health plan functions are assessed and monitored through quality improvement reports. These reports cover health plan performance, programmatic documents and regulatory reports. During this reporting period the QI/UM Committee's review included, but was not limited to:
 1. The **Appeal and Grievance Dashboard & Quarter 1 Member Report** track volumes, turn-around times, case classifications, Continuity of Care, access related issues and inter-rater reliability. Results demonstrate good compliance with opportunity for continued improvement in some areas. A summary of transportation related grievances in 2017 provided the number and type (formal or exempt) of grievances for this recently expanded benefit. The transportation grievances were further broken down by county and the reason. Ongoing monitoring will continue in order to evaluate for sustained improvement and identify any new trends. Transportation grievances will be reported via the monthly A & G Dashboard and included in the quarterly A & G reports.
 2. The **ER Drug Report**. This report provides a summary of monitoring activities associated with the provision of prescription medications to members post Emergency Room visit as required by state regulations. The goal of 90% compliance was met overall for all counties in Quarter 2 and Quarter 3 of 2017. There is a reporting delay for this report due to ER claims lag. This report will now be prepared annually rather than the current twice per year reporting.

3. The **Initial Health Assessment** is required to be completed within 120 days of enrollment for all new CalViva members. A multi-pronged approach to monitoring this activity is performed and includes the following:
 - Medical Record Review (MRR) via onsite provider audits (Small sample but good compliance)
 - Monitoring of claims and encounters (compliance rate is lower than record review however, coding enhancements are implemented when identified).
 - Member outreach (Good compliance).
 4. **Provider Office Wait Times** provides a summary of CalViva's ongoing monitoring of provider office wait times as required by DHCS. This audit relies on monthly submissions of patient wait times by provider offices. It was noted that average wait times remained below the 30-minute threshold for Q1 2018 in all three counties for both mean and median rates.
Follow up Activities:
 - Provider-specific outliers are monitored for trends and follow up initiated when indicated.
 - Results have been shared with clinics/providers via reports emailed to clinic/office managers.
 - Provider Relations will assist with targeting clinics with low data submission rates.
 5. **Other QI Reports reviewed and approved include:** CCS Trending and the Potential Quality Issues (PQI) Report.
- **UMCM Reports** - Utilization and Case Management activities are monitored in an ongoing manner through a variety of performance, programmatic and regulatory reports. At the May meeting the UMCM related reports included but were not limited to the following:
 1. **The Key Indicator Report (KIR)** provided data as of March 31st, 2018. This report includes key metrics for tracking utilization and case management activities.
 - Bed Days PTMPY have increased slightly. This may be related to the EHS transition.
 - Turn Around Time (TAT) Compliance for Preservice Routine authorizations has decreased in February and March due to higher volumes associated with the EHS transition. Actions focused on improvement are in progress.
 - Case Management rates are stabilizing with an increase in engagement and Total Cases Managed in March.
 2. **Case Management and TCM Report** This report summarizes the case management and transition care management (TCM) activities for the first quarter 2018. The goal of these programs is to identify members who would benefit from case management and transition care management and to engage these members in the appropriate program. The effectiveness of the case management program is based upon:
 - Readmission rates
 - ED utilization
 - Overall health care costs
 - Member Satisfaction

Positive results are noted for these measures in quarter 1. Members enrolled in Perinatal Case Management demonstrated improved compliance with a timely first prenatal visit and timely postpartum visit.

Transitional Care Management is focused on a successful transition from acute hospitalization to home with an emphasis on a timely PCP visit post discharge. TCM staff are working closely with Concurrent Review to improve referral rates.
 3. **Other reports** reviewed include Concurrent Review Quarterly for Q1 and Concurrent Review IRR Report.
 - **Pharmacy Reports** – Pharmacy quarterly reports include Operation Metrics, Top Medication Prior Authorization (PA) Requests, and quarterly Formulary changes to assess for emerging patterns in authorization requests and compliance around prior authorization turn-around time metrics.
 1. All first quarter 2018 pharmacy prior authorization metrics were within 5% of standard.

II. HEDIS® Activity

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

Rapid Cycle Projects 2018:

- Annual Monitoring for Patients on Persistent Medications (MPM) Madera County-PDSA submitted 6/29/2018
- Use of Imaging Studies for Low Back Pain (LBP) Madera County-PDSA submitted 5/31/2018
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB) Madera County-QI Summary 5/31/2018

Performance Improvement Projects (PIPs) 2017 to 2019

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

III. Kaiser Reports

Quarter 1 2018 reports were received in April, May & June 2018 with the following findings:

1. Grievance Reports 1st Quarter--DHCS Report, CBAS-the All Member-no significant issues
2. Transportation Reports Q1-Monthly reports received, no significant issues
3. Utilization Management 1st Quarter – UM & DME, Out of Network, CBAS, Dental Anesthesia - no significant findings
4. Palliative Care Q1 – no significant issues
5. Mental Health Services 1st Quarter –Mental Health COC Report, Mental Health Referral, Grievance, BHT Report-no significant issues.
6. 2018 QI & UM Program Descriptions received.
7. CBAS Services and Assessment –1st Quarter - no significant issues
8. Overall Volumes and Call Center Report 1st Quarter – no significant issues
9. HEDIS® Data-RY2018 Roadmap-final documents received in Q2

IV. Findings/Outcomes

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

Item #8

Attachment 8.E

Credentialing Sub-Committee
Quarterly Summary Report



REPORT SUMMARY TO COMMITTEE

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

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

COMMITTEE DATE: July 19th, 2018

SUBJECT: CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 2 2018

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 2nd Quarter 2018 CalViva Health Credentialing Sub-Committee activities.

- I. The Credentialing Sub-Committee met on May 17th, 2018. At the May meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. Reports covering the fourth quarter for 2017 were reviewed for delegated entities and first quarter 2018 reports were reviewed for MHN and Health Net. A summary of the fourth quarter data is included in the table below.
- II. The Credentialing Sub-Committee 2018 Charter was reviewed and approved without changes.

III. Table 1. Fourth Quarter 2017 Credentialing/Recredentialing

	Sante	ChildNet	MHN	Health Net	La Salle	ASH	VSP	Envolv Vision	IMG	Adventist	Totals
Initial credentialing	38	26	34	0	17	1	14	2	6	20	158
Recredentialing	56	23	15	0	19	0	129	0	8	30	280
Suspensions	0	0	0	0	0	0	0	0	0	0	0
Resignations (for quality of care only)	0	0	0	0	0	0	0	0	0	0	0
Totals	94	49	49	0	36	1	143	2	14	50	438

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

Item #8

Attachment 8.F

Peer Review Sub-Committee
Quarterly Summary Report



REPORT SUMMARY TO COMMITTEE

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

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

COMMITTEE DATE: July 19th, 2018

SUBJECT: CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 2 2018

Purpose of Activity:

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

- I. The Peer Review Sub-Committee met on May 17th, 2018. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 1 2018 were reviewed for approval. There were no significant cases to report.
- II. The 2018 Peer Review Sub-Committee Charter was reviewed and approved without changes.
- III. The Quarter 1, 2018 Peer Count Report was presented at the meeting with the following outcomes:
 - There was one case closed and cleared. There was one case pending closure for Corrective Action Plan compliance. There were two cases pending for further information.
- IV. No significant quality of care issues noted in closed cases. Follow up will be initiated to obtain additional information for tabled cases and ongoing monitoring and reporting will continue.

Item #8

Attachment 8.G

Operations Report



CalViva Health
Operations Report

IT Communications and Systems			
IT Communications and Systems	Overall Network Health Score	93%	Description: Weighted average calculation that provides an <i>At a Glance</i> overall network health score. 0% (lowest) to 100% (highest).
	Patch Score	85%	Description: A good status indicator is zero un-scanned machines and a very low number of machines missing patches.
	OS Score	100%	Description: A good status indicator is that all mission critical machines or server have Windows 2000 or higher installed.
	Disk Score	94%	Description: A good status indicator is that the space used is less than 60%.
	Event Log Score	92%	Description: A good status indicator is that there are less hits in the event log (i.e. More hits in the event log = lower score (proactive in nature)).
	Active Presence of Viruses within Systems	NO	Description: A specific type of malware (designed to replicate and spread) intended to run and disable computers and/or computer systems without the users knowledge.
	Active Presence of Malware within Systems	NO	Description: Software that is intended to damage or disable computers and computer systems.
Message From The COO	Since the last Commission meeting (May 17, 2018), the Overall Network Health Score increased from 92% to 93%. The Patch score increased from 79% to 85%. There are currently no concerns or issues surrounding CalViva Health's IT Communications and Systems.		
Fraud, Waste, & Abuse Operational Activity			
Fraud, Waste, & Abuse Operational Activity	# of MC 609 Submissions to DHCS (CY 2018)	0	Description: CalViva Health is required to investigate and submit potential fraud, waste, and abuse. If the case rises to the level suspicion of fraud, CalViva Health reports those cases to DHCS within 10 working days from the date of identification.
	# of Cases Open For Investigation (Active Number)	16	Description: CalViva Health receives cases from internal and external sources for investigation. These cases have not yet risen to the level suspicion of fraud and are under active investigation. This number will be reduced as cases are closed and/or if an MC 609 Submission is warranted. The number will also increase as new cases are identified for investigation.
Message From the COO	Since the last Commission meeting (May 17, 2018), the # of Cases Open For Investigation decreased from 24 to 16. Cases closed with no regulatory referral to the state. Effective July 1, 2018, the tracking of this activity will transition from the CalViva Health Operations Report to the CalViva Health Compliance Report. The CalViva Health Chief Compliance Officer is the health plan's Anti-Fraud Plan officer.		



CalViva Health
Operations Report

Privacy and Security									
Privacy and Security	Risk Analysis (Last Completed mm/yy: 5/14)	Risk Rating: Low		Description: Conducting an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI held in the Health Plans IT and Communication Systems. A Rating is assigned: "No Risk", "Low Risk", "Medium Risk", "High Risk", "Critical Risk".					
	Eff. Date & Last Annual Mail Date of NPP (mm/yy)	9/13 & 12/17		Description: Notice of Privacy Practices (NPP) describes how PHI may be used and disclosed. The NPP is review and updated when appropriate. The NPP is distributed upon enrollment and annually thereafter					
	Active Business Associate Agreements	6		Description: A signed agreement is required of any person/entity who is not a member of CalViva Health's workforce who will create or receive PHI of behalf of CalViva Health.					
	# Of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)								
	Year	2018	2018	2018	2018	2018	2018	2018	2018
	Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Jul
	No/Low Risk	2	0	1	4	4	4	1	1
	High Risk	0	0	1	0	0	0	0	0
Message from the COO	YTD 2018, CalViva Health has reported 17 Privacy and Security cases. There are currently no concerns or issues surrounding CalViva Health's Privacy and Security activities.								



CalViva Health
Operations Report

Provider Network Activities									
Provider Network Activities	Year	2017	2018	2018	2018	2018	2018	2018	
	Month	Dec	Jan	Feb	Mar	Apr	May	Jun	
	Hospitals	11	11	11	11	11	11		
	Clinics	98	100	100	103	104	107		
	PCP	326	327	316	319	323	329		
	Specialist	1114	1113	1059	1068	1076	1127		
	Ancillary	97	97	96	103	105	105		
	Provider Network Activities								
Year	2017	2017	2017	2018	2018	2018	2018	2018	
Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q4	
Pharmacy	169	165	163	164					
Behavioral Health	172	182	181	206					
Vision	87	86	83	79					
Urgent Care	5	5	5	7					
Acupuncture	5	5	8	6					
Provider Network Activities									
Year	2017	2017	2017	2018	2018	2018	2018	2018	
Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q4	
% of PCPs Accepting New Patients - Goal (85%)	85%	88%	77%	88%					
% Of Specialists Accepting New Patients - Goal (85%)	96%	96%	95%	97%					
Message From the COO	<p>Coalinga Regional Medical Center, a hospital, is closing. This will impact the hospital counts and necessitate new alternative access requests. CalViva Health passed DHCS's Annual Network Certification for 2018. Alternative Access Requests were approved and there were no deficiencies noted. Increase in counts for PCP, Clinic, Specialist and Ancillary is attributed to both contracting efforts and data integrity efforts. Operating and complying with the new state and federal regulations ensuring contracted network providers are enrolled in the Med-Cal program is currently a significant issue of concern.</p>								

	Year	2017	2018	2018	2018	2018	2018	2018	
	Month	Dec	Jan	Feb	Mar	Apr	May	Jun	
	No. Claims Processed	219,170	215,843	188,074	248,016	200,341	244,059		
	Claims Turn-Around	98.79%	98.68%	98.68%	99.83%	99.73%	99.52%		
	Weekly Average	54,793	53,961	47,019	62,004	50,085	61,015		
	Year	2017	2017	2017	2018	2018	2018	2018	
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Claims Processing	Medical Claims Timeliness (30 days / 45 days) - Goal (90% / 95%) - Deficiency Disclosure	93.57% / 99.79% YES	94% / 99% YES	95% / 99% NO	97% / 99% NO				
	Behavioral Health Claims Timeliness (30 Days / 45 days) - Goal (90% / 95%) - Deficiency Disclosure	95.66% / 98.54% NO	93% / 97% YES	92% / 96% YES	90% / 99% YES				
	Pharmacy Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO				
	Acupuncture Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	94% / 100% NO	100% / 100% NO	99% / 100% NO				
	PPG 1 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	97% / 100% NO	82% / 100% NO	96% / 100% NO	91% / 100% NO				
	PPG 2 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	97% / 100% NO	95% / 100% NO	94% / 98% NO	90% / 100% YES				
	PPG 3 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	96% / 100% NO	94% / 99% NO	91% / 100% NO	98 / 100% NO				
	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				
	PPG 5 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	98% / 100% NO	86 % / 100% NO	100% / 100% NO	99% / 100% NO				
	PPG 6 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	97 % / 100 % NO	97% / 100% NO	99% / 100% NO	90% / 100% NO				
	Vision Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100 % / 100% NO	100% / 100% NO	100 % / 100% NO				
	Message from the COO	A concern has been identified concerning the Behavioral Health Claims Timeliness. The concern is surrounding the consecutive quarters the behavior health team has reported a deficiency disclosure. A Corrective Action Plan (CAP) was requested to address the concern.							

	Year	2017	2017	2017	2018	2018	2018	2018	
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Provider Disputes	Medical Provider Disputes Timeliness Quarterly Results (45 days) - Goal (95%)	95%	93%	95%	90%				
	Behavioral Health Provider Disputes Timeliness (45 days) - Goal (95%)	100%	N/A	100%	100%				
	Acupuncture Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	N/A	N/A	N/A				
	PPG 1 Provider Dispute Timeliness (45 Days) - Goal (95%)	99%	96%	94%	96%				
	PPG 2 Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	100%	99%	66%				
	PPG 3 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	100%	100%	95%				
	PPG 4 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	100%	100%	100%				
	PPG 5 Provider Dispute Timeliness (45 Days) - Goal (95%)	97%	68%	100%	100%				
	PPG 6 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	88%	99%	N/A				
	Vision Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	N/A	N/A	N/A				
	Message from the COO	Medical Provider Disputes did not meet goal for Quarter 1 2018. In addition, PPG 2 did not meet goal for Quarter 1 2018. Administrative reasons were provided for both areas as the reason for not meeting goal. These areas are a concern and are continuing to be monitored.							

Item #8

Attachment 8.H

Executive Dashboard

	A	G	H	I	J	K	L	M	N	O	P	Q	R	S
1														
2														
3														
4														
5		2017	2017	2017	2017	2017	2017	2017	2017	2018	2018	2018	2018	2018
6	Month	June	July	August	September	October	November	December	January	February	March	April	May	June
7														
8	CVH Members													
9	Fresno	298,697	298,648	298,351	297,827	296,752	295,344	295,793	293,838	293,142	292,528	293,074	293,288	292,528
10	Kings	27,000	26,947	27,004	27,140	27,175	27,284	27,481	27,541	27,780	27,854	27,940	28,046	27,854
11	Madera	36,002	36,083	35,992	36,264	36,142	36,185	37,272	36,155	36,383	36,221	36,383	36,656	36,221
12	Total	361,699	361,678	361,347	361,231	360,069	358,813	360,546	357,534	357,305	356,603	357,397	357,990	356,603
13	SPD	29,797	29,982	30,135	30,292	30,355	30,490	30,659	30,746	30,829	30,884	30,828	30,877	31,082
14	CVH Mrkt Share	70.57%	70.63%	70.75%	70.75%	70.74%	70.75%	70.83%	70.96%	70.78%	70.95%	71.00%	71.00%	70.91%
15														
16	ABC Members													
17	Fresno	111,674	111,460	110,740	110,518	110,235	109,640	109,670	107,598	108,601	107,485	107,400	107,456	107,469
18	Kings	19,960	19,822	19,712	19,723	19,628	19,607	19,759	19,714	19,690	19,457	19,465	19,593	19,631
19	Madera	19,178	19,090	18,965	19,070	19,075	19,093	19,052	19,038	19,227	19,096	19,120	19,174	19,172
20	Total	150,812	150,372	149,417	149,311	148,938	148,340	148,481	146,350	147,518	146,038	145,985	146,223	146,272
21														
22	Default													
23	Fresno	877	922	815	962	897	892	970	607	1,353	822	1,042	899	909
24	Kings	138	242	131	150	137	135	155	123	259	137	204	178	168
25	Madera	167	156	151	201	176	184	153	135	188	117	92	124	122
26														
27	County Share of Choice as %													
28	Fresno	69.60%	69.50%	68.50%	66.10%	65.70%	67.90%	66.10%	67.00%	62.30%	70.91%	67.70%	67.50%	65.70%
29	Kings	55.70%	61.20%	63.60%	59.30%	58.10%	55.50%	61.20%	56.40%	61.70%	59.76%	52.10%	49.90%	54.60%
30	Madera	65.80%	66.40%	66.70%	62.60%	62.20%	58.30%	62.80%	61.00%	56.00%	66.39%	67.80%	63.20%	60.90%
31														
32	Voluntary Disenrollments													
33	Fresno	453	445	576	665	444	596	462	482	671	504	497	433	437
34	Kings	47	65	82	72	59	73	64	34	51	60	73	50	108
35	Madera	57	53	73	94	61	84	58	87	144	71	63	63	57
36														
37														
38														
39	<p>Note: Most data is preliminary and may have retroactive adjustments as new or updated information becomes available..</p> <p>Note: Claims Turn-around = 30 Calendar/45 W Data Current as of 6.19.18 Data Current as of 6.28.18</p>													
40														



CalViva Members

