

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Brian Smullin
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

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

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

DATE: September 13, 2019

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Cheryl Hurley, Commission Clerk

RE: Commission Meeting Materials

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

**Thursday, September 19, 2019
1:30 pm to 3:30 pm**

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

Meeting materials have been emailed to you.

Currently, there are **11** 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

September 19, 2019

1:30pm - 3:30pm

Meeting Location:

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

Item	Attachment #	Topic of Discussion	Presenter
1		Call to Order	D. Hodge, MD, Chair
2		Roll Call	C. Hurley, Clerk
3 Information	Attachment 3.A Attachment 3.B	Confirmed Fresno County At-Large Reappointments <ul style="list-style-type: none">• Dr. Hodge• Dr. Cardona	G. Hund, CEO
4 Action	Attachment 4.A Attachment 4.B Attachment 4.C Attachment 4.D	Consent Agenda: <ul style="list-style-type: none">• Commission Minutes dated 7/18/19• Finance Committee Minutes dated 5/16/19• QI/UM Committee Minutes dated 5/16/19• Public Policy Committee Minutes dated 6/12/2019 <p><i>Action: Approve Consent Agenda</i></p>	D. Hodge, MD, Chair
5		Closed Session: The Board of Directors will go into closed session to discuss the following item(s) A. Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program, or facility. B. Government Code section 54956.9(b) – Conference with Legal Counsel – Anticipated Litigation	
	<i>Handouts will be available at meeting</i>	<i>PowerPoint Presentations will be used for item 6 - 8</i> <i>One vote will be taken for combined items 7 & 8</i>	
6 Information	Attachment 6.A	HEDIS® Update – Reporting Year 2019	P. Marabella, MD, CMO
7 Action	Attachment 7.A Attachment 7.B	2019 Quality Improvement Work Plan Mid-Year Evaluation <ul style="list-style-type: none">• Executive Summary• Work Plan Evaluation	P. Marabella, MD, CMO

Action: See item 8 for Action

8 Action

Attachment 8.A
Attachment 8.B

2019 Utilization Management Work Plan Mid-Year Evaluation

- Executive Summary
- Work Plan Evaluation

P. Marabella, MD, CMO

Action: Approve 2019 Quality Improvement Work Plan Mid-Year Evaluation; and 2019 Utilization Management Work Plan Mid-Year Evaluation

9 Action

Attachment 9.A
Attachment 9.B

Standing Reports

Finance Report

- Financial Report Fiscal Year End June 30, 2019
- Financials as of July 31, 2019

D. Maychen, CFO

Attachment 9.C

Compliance

- Compliance Report

MB Corrado, CCO

Attachment 9.D
Attachment 9.E
Attachment 9.F
Attachment 9.G

Medical Management

- Appeals and Grievances Report
- Key Indicator Report
- Credentialing Sub-Committee Quarterly Report
- Peer Review Sub-Committee Quarterly Report

P. Marabella, MD, CMO

Attachment 9.H

Operations

- Operations Report

J. Nkansah, COO

Attachment 9.I

Executive Report

- Executive Dashboard

G. Hund, CEO

Action: Accept Standing Reports

10

Final Comments from Commission Members and Staff

11

Announcements

12

Public Comment

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.

13

Adjourn

D. Hodge, MD, Chair

Supporting documents will be posted on our website 72 hours prior to the meeting.
If you have any questions, please notify the Clerk to the Commission at: Churley@calvivahealth.org

If special accommodations are needed to participate in this meeting, please contact

Cheryl Hurley at 559-540-7842 during regular business hours (M-F 8:00 a.m. – 5:00 p.m.)

Next Meeting scheduled for October 17, 2019 in Fresno County
CalViva Health, 7625 N. Palm Ave., Ste. 109, Fresno, CA 93711

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

Item #3

Attachment 3.A

Fresno County At-Large
Reappointment:
Dr. Hodge



County of Fresno

BOARD OF SUPERVISORS

Chairman
Nathan Magsig
District Five

Vice-Chairman
Buddy Mendes
District Four

Brian Pacheco
District One

Steve Brandau
District Two

Sal Quintero
District Three

Bernice E. Seidel
Clerk

May 14, 2019

David Hodge, MD
6235 N Fresno, #106
Fresno, CA 93710

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

Dear Dr. Hodge,

We are pleased to inform you that on May 14, 2019, under Supervisor Quintero's nomination, you were reappointed by the Board of Supervisors to serve on the **Fresno-Kings-Madera Regional Health Authority** (hereinafter referred to as "authority") for a term expiring on **May 2, 2022**. We thank you for your interest in serving our County.

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

Brown Act Requirements

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

Fresno County Ordinance Code Section 2.68

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

State Mandated Ethics Training

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

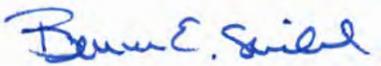
with the local agency and once every two years thereafter. Please consult your authority's legal counsel with questions relating to this requirement.

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

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

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

Sincerely,

A handwritten signature in blue ink that reads "Bernice E. Seidel". The signature is written in a cursive style and is positioned above the printed name and title.

Bernice E. Seidel
Clerk of the Board

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



— THE COUNTY OF FRESNO —
BOARD OF SUPERVISORS

CERTIFICATE OF APPOINTMENT

I, NATHAN MAGSIG, Chairman, Board of Supervisors for the
County of Fresno, State of California, do hereby certify that

David Hodge, MD

was duly reappointed to the

FRESNO-KINGS-MADERA
REGIONAL HEALTH AUTHORITY

for a term to expire

May 2, 2022

DATE APPOINTED

MAY 14, 2019

NATHAN MAGSIG
BOARD OF SUPERVISORS

CHAIRMAN

Item #3

Attachment 3.B

Fresno County At-Large
Reappointment:
Dr. Cardona



County of Fresno

BOARD OF SUPERVISORS

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Nathan Magsig

District Five

Vice-Chairman

Buddy Mendes

District Four

Brian Pacheco

District One

Steve Brandau

District Two

Sal Quintero

District Three

Bernice E. Seidel

Clerk

May 14, 2019

David Cardona, M.D
1946 E. Amaryllis
Fresno, CA 93730

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

Dear Dr. Cardona,

We are pleased to inform you that on May 14, 2019, under Supervisor Quintero's nomination, you were reappointed by the Board of Supervisors to serve on the **Fresno-Kings-Madera Regional Health Authority** (hereinafter referred to as "authority") for a term expiring on **May 2, 2022**. We thank you for your interest in serving our County.

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

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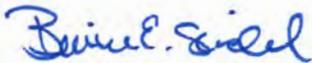
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On behalf of the Fresno County Board of Supervisors, we wish to extend sincere appreciation for the time and effort you are giving in service to your community and Fresno County.

Sincerely,



Bernice E. Seidel
Clerk of the Board

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



— THE COUNTY OF FRESNO —
BOARD OF SUPERVISORS

CERTIFICATE OF APPOINTMENT

I, NATHAN MAGSIG, Chairman, Board of Supervisors for the
County of Fresno, State of California, do hereby certify that

David Cardona, MD

was duly reappointed to the

FRESNO-KINGS-MADERA
REGIONAL HEALTH AUTHORITY

for a term to expire

May 2, 2022

DATE APPOINTED

MAY 14, 2019

NATHAN MAGSIG
BOARD OF SUPERVISORS

CHAIRMAN

Item #4

Attachment 4.A

Commission Minutes
dated 7/18/19

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
July 18, 2019

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

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

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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Cheryl Hurley, Clerk to the Commission		
<p>#3 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes 5/16/19 b) Finance Committee Minutes 3/21/19 c) QI/UM Committee Minutes 3/21/19 d) Public Policy Committee Minutes 3/6/19 e) Finance Committee Charter f) Credentialing Committee Charter g) Peer Review Committee Charter h) QIUM Committee Charter i) Public Policy Committee Charter j) Compliance Report <p>Action David Hodge, MD, Chairman</p>	<p>All consent items were presented and accepted as read.</p>	<p>Motion: Approve Consent Agenda 15 – 0 – 0 – 2</p> <p>(Neves / Rogers)</p>
<p>#4 Closed Session</p> <p>A. Government Code section 59454.5 – Report Involving Trade Secret – Discussion of service, program, or facility</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session. Commissioners discussed those items agendized for closed session. Direction was given to staff.</p> <p>Closed Session concluded at 1:58 pm.</p>	<p>Motion:</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#5 Legal Services</p> <p>Action David Hodge, MD, Chairman</p>	<p>Jason Epperson announced that Prentice Long & Epperson has now transitioned into Epperson Law Group, PC due to David Prentice moving into semi-retirement. The affiliation between Jason Epperson and David Prentice will still exist. Everything stated in the new ASA is exactly the same as previous ASA under Prentice Long & Epperson, with the exception of the change of address and name of organization.</p>	<p>Motion: Approve Attorney Services Agreement 15 – 0 – 0 – 2 (Neves / Nikoghosian)</p>
<p>#6 Community Support Program</p> <p>Action David Hodge, MD, Chairman</p>	<p>Greg Hund provided detailed information on recommended funding allocations based off the previously approved budget for the FY 2020 Community Support Program. The grantees include:</p> <ul style="list-style-type: none"> • Training for Parlier FP Residency UHC • Providers: <ul style="list-style-type: none"> ○ Funding for 12 PCPs/Extenders ○ Year End Provider Incentives ○ Annual Provider Dinner • Community Based Organizations: <ul style="list-style-type: none"> ○ Every Neighborhood Partnership ○ Tzu Chi-See 2 Succeed Vision Program ○ Habitat for Humanity Acts of Kindness Madera County ○ West Fresno Green Space (Sports Complex) • Fresno Glow Program which is an extension of the Preterm Birth Initiative. <p style="color: red; text-align: center;"><i>Dr. Naz stepped out at 2:02 pm; returned at 2:10 pm</i></p>	<p>Motion: Approve Community Support Funding Recommendations FY 2020 15 – 0 – 0 – 2 (Nikoghosian / Quintero)</p>
<p>#7 Review of Fiscal Year End 2019 Goals</p>	<p>Greg Hund reported the results for fiscal year end 2019 goals. All targeted goals were met.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Information David Hodge, MD, Chairman		
#8 Goals & Objective for Fiscal Year 2020 Action David Hodge, MD, Chairman	Greg Hund presented the goals and objectives for FY 2020.	Motion: Approve FY 2020 Goals & Objectives 15 – 0 – 0 – 2 (Neves / Frye)
#9 Standing Reports <ul style="list-style-type: none"> Finance Report Daniel Maychen, CFO 	<p><u>Finance</u></p> <p>Financial Statements as of May 31, 2019:</p> <p>Total current assets were approximately \$179.8M; total current liabilities were approximately \$121M. Current ratio is 1.49. TNE as of May 31, 2019 was approximately \$69.5M, which is approximately 523% above the minimum DMHC required TNE amount.</p> <p>Premium capitation actual income was approximately \$1.079B which is \$32.2M above budgeted amounts primarily due to enrollment and rates being higher than projected. For those same reasons, medical costs and admin service fees expense are higher than budgeted.</p> <p>All other expense items are in line or below what was budgeted, with the exception of License expense; this is the fee assessed by DMHC on Health Plans to fund their oversight operations. For the first 11 months of FY 2019, total net income is approximately \$9.6M which is approximately \$3.3M more than budgeted.</p>	Motion: Approve Standing Reports 12 – 0 – 0 – 5 (Naz / Gruen)

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p><u>Medical Management</u></p> <p>Appeals and Grievances Dashboard</p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through May 2019.</p> <p>Grievance & Appeals Data:</p> <ul style="list-style-type: none"> The number of grievances received through May 31, 2019 shows an increase as compared to end of 2018. Total cases resolved shows similar increase Majority of increase in grievances were Quality of Service with noted changes in Access, Administrative and Transportation. Quality of Care Grievances although similar to end of 2018 show slight increases in the areas of PCP Care and Specialist Care. Exempt grievances for YTD 2019 have decreased from YTD 2018 but there are still some issues with PCP assignment and transportation. The number of appeals received for YTD 2019 compared with YTD 2018; has increased slightly. The majority of increase was in the areas of Advanced Imaging and Pharmacy. <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report through May 31, 2019.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Acute Admits and bed days for Expansion population have a significant increase; whereas, the number for Family have remained comparable with previous months. • Readmission rates for SPD have significantly increased compared with previous months. • Prior Authorization TAT data show shows a decline in compliance rate; however, the data is a sample and not a full universe. There is further investigation into root cause with increased submissions affecting compliance • Perinatal Case Management outreach and engagement has significantly improved. • Overall, all Case Management programs have shown improvement in outreach and engagement. <p>QI/UM Quarterly Report</p> <p>Dr. Marabella provided the QI/UM Qtr. 2, 2019 update. One QI/UM meeting was held in Quarter 2 in May.</p> <p>The following guiding documents were approved:</p> <ol style="list-style-type: none"> 1. 2018 Culture & Linguistics (C & L) End of Year Evaluation 2. 2019 C & L Program Description 3. 2019 C & L Work Plan 4. 2018 Health Education End of Year Evaluation 5. 2019 Health Education Program Description 6. 2019 Health Education Work Plan <p>In addition, the Pharmacy Formulary & Provider Updates was also approved at this meeting.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard for March 2019, Emergency Drug Report, Potential Quality Issues Report & Corrective Action Plan, and QI Summaries for Postpartum Care, Diabetes Care, Breast Cancer Screening and Childhood Immunizations.</p> <p>The Utilization Management & Case Management reports reviewed included the Key Indicator Report, Utilization Management Concurrent Review Report, Case Management, TCM, MemberConnections, Behavioral Health Case Management & Palliative Care, Inter-rater Reliability Results for Physicians and Non-physicians, and Pharmacy Reports.</p> <p>HEDIS® Activity:</p> <ul style="list-style-type: none"> • Q2 HEDIS® related activities focused on the following: <ul style="list-style-type: none"> ○ HEDIS® data submission to DHCS and HSAG for External Accountability Set measures. ○ Continue improvement activities as required and described in the DHCS Correction Action Plan (CAP) for the Minimum Performance Level (MPL) for three measures in Madera County. ○ Continued activities on RY2019 Quality Projects. <p>Efforts also continue with the two Performance Improvement Projects (PIPs) on Childhood immunizations and Postpartum visits. These PIPs are scheduled to close June 30th, 2019.</p> <p>Credentialing Sub-Committee Quarterly Report</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>In Quarter 2 the Credentialing Sub-Committee met on May 16, 2019. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q4 2018 were reviewed for delegated entities and Q1 2019 report was reviewed for Health Net. Both the Q4 2018 and the Q1 2019 reports were reviewed for MHN. The Credentialing Sub-Committee reviewed and approved the 2019 Charter without changes. The Q1 2019 Credentialing report was reviewed with one case that resulted in the completion of a Fair Hearing. Other County-specific Credentialing Sub-Committee reports were reviewed and approved. No other significant cases were identified on these reports.</p> <p>Peer Review Sub-Committee Quarterly Report</p> <p>The Peer Review Sub-Committee met on May 16, 2019. The county-specific Peer Review Sub-Committee Summary Reports for Q1 2019 were reviewed for approval. There were no significant cases to report. The 2019 Peer Review Sub-Committee Charter was reviewed and approved without changes.</p> <p>The Q1 2019 Peer Count Report was presented with twelve (12) cases reviewed. Two cases were closed and cleared. One case was pending closure for Corrective Action Plan compliance. Seven cases pended for further information and two cases with outstanding CAPs. Follow up will be initiated to obtain additional information on tabled case and ongoing monitoring and reporting will continue.</p> <p><i>Dr. Naz stepped out at 2:19 pm; returned at 2:20 pm</i></p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Operations J. Nkansah, COO 	<p><u>Operations Report</u></p> <p>Jeff Nkansah presented the Operations Report.</p> <p>Currently, there are no issues, concerns, or items of significance as it relates to IT Communications and Systems.</p> <p>For Privacy and Security, the Risk Analysis Report was completed by the CVH internal Compliance Committee in June 2019. The risk rating was upgraded to medium. The Active Business Associate Agreements decreased from seven to six. One new low-risk incident was reported since the last Commission meeting. Overall, the Privacy and Security cases remain low and not an area of concern at this point.</p> <p>With regard to the Member Call Center, there is no data to report for Q2 at this time.</p> <p>Activities related to Provider Network and Provider Relations are as of May 2019. The Plan continues to monitor the policy and outcome of the screening and enrollment requirements by DHCS. The Plan is actively enforcing new provider training, and screening and enrollment requirements. Results of the Network Adequacy filing with DMHC is currently pending. Preliminary results from the Plan’s Network Certification were received from DHCS. The Plan did pass the provider member ratios and the mandatory provider type categories; a partial approval was given for one zip code in Madera County related to hospital time and distance standards.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Executive Report G. Hund, CEO 	<p>With regard to Claims Processing and Provider Disputes activity, Q1 2019 data is available for acupuncture, vision, transportation and the PPGs. Claims processing activity met goal for all areas, no deficiencies were disclosed. PPG 1 is no longer an active PPG in the CVH service area. For Provider Disputes activity, Behavioral Health metrics did not meet goal.</p> <p><u>Executive Report</u></p> <p>There have been no significant changes in Membership through June 2019. The market share for CVH continues to increase. Voluntary disenrollment numbers for Fresno County has shown a significant decrease.</p>	
<p>#10 Final Comments from Commission Members and Staff</p>		
<p>#11 Announcements</p>	<p>None.</p>	
<p>#12 Public Comment</p>	<p>None.</p>	
<p>#13 Adjourn</p>	<p>The meeting was adjourned at 2:48 pm The next Commission meeting is scheduled for September 19, 2019 in Fresno County.</p>	

Submitted this Day: _____

Submitted by: _____

Cheryl Hurley
Clerk to the Commission

Item #4

Attachment 4.B

Finance Committee Minutes
dated 5/16/19



**CalViva Health
Finance
Committee Meeting Minutes**

May 16, 2019

Meeting Location

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

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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order D. Maychen, Chair	The meeting was called to order at 11:30 am, a quorum was present.	
#2 Finance Committee Minutes dated March 21, 2019 Attachment 2.A Action D. Maychen, Chair	The minutes from the March 21, 2019 Finance meeting were approved as read.	Motion: <i>Minutes were approved</i> <i>6-0-0-1</i> <i>(Neves / Soares)</i>
#3 Financial Statements as of March 31, 2019 Attachment 3.A	Total current assets were approximately \$452M; total current liabilities were approximately \$395.8M. Current ratio is 1.14. TNE as of March 31, 2019 was approximately	Motion: <i>Approve Financial Statements as of March 31, 2019</i> <i>6-0-0-1</i>

<p>Action D. Maychen, Chair</p>	<p>\$66.8M, which is approximately 505% above the minimum DMHC required TNE amount.</p> <p>Premium capitation actual income was approximately \$879.9M which is \$23.6M above budgeted amounts primarily due to enrollment and rates being higher than projected. For those same reasons, medical costs and admin service fees expense are higher than budgeted.</p> <p>All other expense items are in line or below what was budgeted. Total net income for the first nine months of the fiscal year is approximately \$7M which is approximately \$1.8M more than budgeted.</p>	<p>(Nikoghosian / Frye)</p>
<p>#4 Finance Committee Charter Attachment 4.A Action D. Maychen, Chair</p>	<p>The Finance Committee Charter was approved to move to Commission for approval.</p>	<p>Motion: <i>Approval of Charter to move to Commission for formal approval.</i> 6-0-0-1 (Frye / Soares)</p>
<p>#5 Announcements</p>	<p>DMHC financial routine examination currently in progress. Audit covers quarter ending March 31, 2019. DMHC will be onsite June 17, 2019.</p>	
<p>#6 Adjourn</p>	<p>Meeting was adjourned at 11:37 am</p>	

Submitted by: 
Cheryl Hurley, Clerk to the Commission

Dated: July 18, 2019

Approved by Committee: 
Daniel Maychen, Committee Chairperson

Dated: 7/18/19

Item #4

Attachment 4.C

QIUM Committee Minutes
Dated 5/16/19

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
May 16th, 2019

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

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

✓ = in attendance

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D, Chair	The meeting was called to order at 10:37 am. A quorum was present. Dr. Marabella reminded members of the importance of consistent meeting attendance in order to establish and maintain quorum requirements. The committee discussed the meeting schedule dates and times. Committee members are encouraged to provide feedback on any ideas for improving the meeting schedule.	
#2 Approve Consent Agenda - Committee Minutes: March 21, 2019 - Appeals & Grievances Inter Rater Reliability Report (IRR) (Q1) - Appeals & Grievances	The March 2019 QI/UM minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full May Formulary (RDL) was available for review at the meeting.	Motion: Approve Consent Agenda (Cardona/ Marabella) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Classification Audit Report (Q1 2019)</p> <ul style="list-style-type: none"> - Quarterly A & G Member Letter - Monitoring Report (Q1) - IHA Quarterly Audit Report (Q4 2018) - California Children's Service Report (CCS) (Q1) - Provider Office Wait Time (Q3 & Q4 2018) - Concurrent Review IRR Report (Q1) - Standing Referrals Report - Pharmacy Provider Update (Q1) - Pharmacy Formulary List Condensed March (Full May Formulary) <p>(Attachments A-K) Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business Appeals & Grievances: - Appeals & Grievances Dashboard & Turn</p>	<p>The A & G reports provide monthly and quarterly data to facilitate monitoring for trends in the number and types of cases over time. Dr. Marabella presented the Appeals and Grievances Dashboard and the Executive Summary of A & G cases for Quarter 1 of 2019 compared to prior year (2018 Quarter 1). Committee members provided feedback on this</p>	<p>Motion: Approve - Appeals & Grievances Dashboard &</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Around Time Report (March)</p> <ul style="list-style-type: none"> - Appeals & Grievances Executive Summary (Q1) - Appeals & Grievances Quarterly Member Report (Q1) - CCC DMHC Expedited Grievance Report (Attachment L-O) <p>Action Patrick Marabella, M.D., Chair</p>	<p>format, indicating this is a good way to present the data.</p> <p>The quarterly Appeals and Grievances Reports provide a comparative analysis of cases over time in order to assess for emerging patterns, compliance with turn-around times and to identify opportunities to improve policies or processes impacting our members. The Q1 2019 Quarterly Member Report compares key performance indicators to the previous quarter (Q4 2018). An increase in appeals and decrease in overall grievances is noted for this reporting period.</p> <p><u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ In Q1, there were 300 total grievances resolved with 233 QOS and 67 QOC. These numbers are consistent with the prior quarter. ➤ A decrease in Exempt grievances is noted in 2019. This is primarily related to the completion of EHS transition last year which resulted in an increase in Exempt grievances which have since stabilized. ➤ The Transportation related grievances have continued to increase in volume as transportation utilization grows. Transportation grievances are being closely monitored and reporting processes continue to evolve as this is a fairly new benefit. Follow up actions are being initiated when trends are identified. One vendor was terminated in Quarter 4 due to persistent issues. <p><u>Appeals:</u></p> <ul style="list-style-type: none"> ➤ The total number of Appeals resolved in Quarter 1 2019 compared to Q4 2018 is noted to have increased. This increase is related to advanced imaging and pharmacy requests. <p><u>CCC DMHC Expedited Grievance Report</u></p> <p>The CCC DMHC Expedited Grievance Report provides a comparison of Quarter 1 2018 to Quarter 1 2019 in order to evaluate for patterns or trends, ensure compliance to turnaround time standards, and identify process/procedural changes to improve compliance. The Customer Contact Center (CCC) staff is required to read a script to notify members of their rights when filing any type of grievance, in particular to a member's ability to contact DMHC directly.</p> <ul style="list-style-type: none"> ➤ Improvement is noted since monitoring was initiated. ➤ Effective May 2019 a process change was implemented to further improve compliance. In the event that a provider calls on the member's behalf for a pre-service appeal, an outbound call will be placed by an Appeals and Grievance staff member to advise the member of his/her rights. 	<p>Turn Around Time Report (March)</p> <ul style="list-style-type: none"> - Appeals & Grievances Executive Summary (Q1) - Appeals & Grievances Quarterly Member Report (Q1) - CCC DMHC Expedited Grievance Report (Lee/Cardona) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ➤ Monitoring and reporting will continue to evaluate the effectiveness of this change. 	
<p>#3 QI Business - Emergency Drugs Report (Q4 2018) (Attachment P) Action Patrick Marabella, M.D., Chair</p>	<p>The Emergency Drug report is prepared annually to provide evidence of compliance with state regulations when prescription medications are ordered at the time of discharge from the Emergency Room.</p> <ul style="list-style-type: none"> ➤ The sample includes three designated hospitals (one in each county) and cases are identified by ICD-10 codes to include ear Otitis Media (ear infections), extremity fractures, and Urinary Tract Infections (UTI). Only patients discharged from the ER are included. ➤ The goal of 90% compliance was met or exceeded for all counties in Quarter 4 2018. 	<p>Motion: Approve - Emergency Drugs Report (Q4 2018) (Cardona/Lee) 4-0-0-3</p>
<p>#3 QI Business - Emergency Drugs Report (Q4 2018) - PM-160 Report (Q4 2018) (Attachment P-Q) Action Patrick Marabella, M.D., Chair</p>	<p><u>PM-160 Report (Q4)</u> This report provides an update on provider compliance with submission of Child Health and Disability Prevention Program (CHDP) PM-160 INF forms. The data provided on the PM 160 forms assist CalViva Health to track preventative services for members under the age of 21.</p> <ul style="list-style-type: none"> ➤ The PM-160 form has been retired and this data is now captured via encounters and claims data. ➤ Anyone with a low compliance rate had information brought to them by our Provider Relations team to ensure appropriate coding moving forward. ➤ This is the final PM 160 Report. 	<p>Motion: Approve - PM-160 Report (Q4 2018) (Cardona/Lee) 4-0-0-3</p>
<p>#3 QI Business - Potential Quality Issues (PQI) Report (Q1) - PQI Corrective Action Plan (Attachment R-S) Action Patrick Marabella, M.D., Chair</p>	<p><u>Potential Quality Issues (PQI) Report</u> This report provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member or peer review activities. Peer review activities include cases with a severity code level of III or IV or any case the CVH CMO requests to be forwarded to Peer Review. Data was reviewed for all case types including the follow up actions taken when indicated.</p> <p><u>PQI Corrective Action Plan</u> Clinical A & G staff is responsible for providing CVH with timely preparation of PQI, QOC and PPC case files to allow adequate time for CVH review, case completion, internal reporting, and when indicated, reporting to regulatory agencies.</p> <ul style="list-style-type: none"> ➤ Due to a failure of Clinical A & G staff to report upon and resolve some PQI's in a timely manner the need for corrective action was identified. ➤ A CAP has been developed to address the outstanding cases and prevent future failures. CAP monitoring 	<p>Motion: Approve - Potential Quality Issues (PQI) Report (Q1) - PQI Corrective Action Plan (Cardona/Lee) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>will continue until monitoring results indicate all performance standards have been met. The initial PQI CAP was reviewed. Monitoring will continue.</p>	
<p>#3 QI Business - QI Summaries (Postpartum Care, Diabetes Care, Breast Cancer Screening and Childhood Immunizations) (Attachment T) Action Patrick Marabella, M.D, Chair</p>	<p>Four QI Summaries were reviewed with the committee including: Postpartum Care Disparity Performance (PPC), Comprehensive Diabetes Care (CDC), Breast Cancer Screening (BCS), and Childhood Immunizations Status Combo 3 (CIS-3). These reports summarize quality improvement activities associated with HEDIS® measures that have performed below the minimum performance level. All four projects were focused in Fresno County. Our process has been to work with a high volume, low compliance clinic to work with the Plan to initiate improvement interventions in an effort to improve clinic and county rates and share successful interventions with other clinics/providers in the service area. The QI Summaries describe improvement interventions, results, and recommendations for each project. Positive results were noted for all measures.</p> <ul style="list-style-type: none"> ➤ Postpartum Care Disparity Performance Improvement Project (PPC) This PPC HEDIS® Performance Improvement Project (PIP) was initiated with a clinic in rural Fresno County and was focused on improving the rate of timely postpartum visits. Visit completion rates are currently above the 50th percentile. PIP closes 6/30/2019. ➤ Comprehensive Diabetes Care Improvement Project (CDC) This team implemented strategies to improve the percentage of members 18-75 years of age with diabetes who have completed screening tests that impact their disease: <ul style="list-style-type: none"> • Hemoglobin A1c (HbA1c) testing • Medical attention for nephropathy Compliance rates have improved at the targeted clinic. County level strategies need to be implemented. ➤ Breast Cancer Screening (BCS) The BCS HEDIS® measure evaluates the percentage of women 50-74 years of age who had a mammogram to screen for breast cancer. This project is focused on improving screening rates for the Hmong population at a targeted clinic. Hmong screening rates at the clinic were significantly lower than other groups. Team was successful in implementing Mobile Mammography at the targeted clinic with a 61.4% (81/132) completion rate during the first PDSA cycle and are at approximately 70% at this time. ➤ Childhood Immunizations Status Combo 3 (CIS-3) The CIS-3 HEDIS® PIP measure evaluates the percentage of children who complete their immunizations by the age of 2 years. This is a Performance Improvement Project (PIP) for CalViva. Completion rates improved, however due to a number of factors sustained improvement was not established at the targeted clinic. This PIP closes 6/30/2019. 	<p>Motion: Approve - QI Summaries (Postpartum Care, Diabetes Care, Breast Cancer Screening and Childhood Immunizations) (Lee/Cardona) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Improvement opportunities for 2020 are under consideration at this time.	
<p>#4 Cultural & Linguistics/Health Education Business</p> <ul style="list-style-type: none"> - 2018 C&L Work Plan End of Year Evaluation & Executive Summary - 2019 Cultural & Linguistics Program Description with Change Summary - 2019 Cultural & Linguistics Work Plan - Cultural & Linguistics Language Assistance Program Report (Attachment U-X) <p>Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the Cultural and Linguistic (C&L) 2018 Work Plan Annual Evaluation, the 2019 Program Description and the 2019 Work Plan.</p> <p>For 2018, 100% of the Work Plan activities were completed in all four areas.</p> <ul style="list-style-type: none"> ➤ Language Assistance Services: Non-Discrimination Notices and Taglines were updated and implemented on website; and four Language Assistance Program (LAP) and Health Literacy meetings took place. ➤ Compliance Monitoring: Investigated and completed follow up on thirty-two grievances in 2018; and assisted with coordinator of four Public Policy Committee meetings. ➤ Communication, Training and Education: Trained staff on new culture, language and perceived discrimination coding structure for Appeal & Grievance cases; and conducted seven LAP trainings for new Call Center staff. ➤ Health Literacy and Cultural Competency & Health Equity: Conducted training for clinic staff on cultural sensitivity and postpartum cultural practices and how to complete the cultural section of the revised OB form for our PPC HEDIS® PIP; and also partnered with the Health Education team to form the Mendota Community Advisory Group (CAG). <p>The 2019 C&L Program Description has been updated to include:</p> <ul style="list-style-type: none"> ➤ Communication for LAP: Added provider relations representative. ➤ C & L Consulting Services: modified gender preference to sexual orientation. ➤ Cultural Competency Education for Providers: modified gender preference to sexual orientation and added update that Cultural Competency training is documented in the provider directory. ➤ Health Equity Interventions: Included Medical Directors’ support as part of the disparity reduction efforts. ➤ Appendix 1: Updated staff roles and responsibilities and updated Health Net name to Health Net LLC. <p>The 2019 C&L Work Plan activities will continue with an emphasis in the following areas:</p> <ul style="list-style-type: none"> ➤ Enhancing LAP reporting activities inclusive of GeoAccess mapping, timely access reporting for language services and bilingual staff certification oversight. ➤ Expand training and consulting services for contracted providers and staff inclusive of new disparity reduction efforts for postpartum care and breast cancer screening. 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - 2018 C&L Work Plan End of Year Evaluation & Executive Summary - 2019 Cultural & Linguistics Program Description with Change Summary - 2019 Cultural & Linguistics Work Plan - Cultural & Linguistics Language Assistance Program Report (Cardona/Lee) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Cultural & Linguistics Language Assistance Program Report was reviewed briefly. No issues identified. This report provides information on the language services utilization by CalViva Health members for 2018 as well as updates on Language Assistance Program (LAP) areas. This report also incorporates MHN Services' (MHN) Mental Health/Behavioral Health language utilization by CalViva Health members.</p>	
<p>#4 Cultural & Linguistics/Health Education Business</p> <ul style="list-style-type: none"> - Health Education 2019 Executive Summary - 2018 Health Education Work Plan End of Year Evaluation - 2019 Health Education Program Description with Change Summary - 2019 Health Education Work Plan (Attachment Y-BB) Action <p>Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the Health Education (HE) 2018 Work Plan Annual Evaluation, the 2019 Program Description, and the 2019 Work Plan.</p> <p>Overall, eleven of the fourteen Program Initiatives were met or exceeded the year-end goal. Three of the initiatives were partially met. Some sub-elements were not completed.</p> <p>The eleven initiatives that were fully met:</p> <ol style="list-style-type: none"> 1. Chronic Disease Education 2. Community Partnerships 3. Digital Health Education Program 4. Health Equity Projects 5. HEDIS Incentive Program 6. Immunization Initiative 7. Member Engagement 8. Member Newsletter 9. Promotores Health Network 10. Compliance: Oversight and Reporting 11. Materials Update, Development & Inventory <p>The three initiatives that were partially met:</p> <ol style="list-style-type: none"> 1. Obesity Prevention: Members & Community: Planned closure of one program (FFFL Coaching) with as expected reduction in promotion and enrollment. The new Diabetes Prevention Program will address same population with roll-out in 2019. 2. Pregnancy Matters: DHCS stopped providing list of pregnant members with presumptive eligibility for program. Transition to new CVH Pregnancy Program with member incentive to inform of pregnancy and then enroll in program. 3. Smoking Cessation Program: Fewer provider referrals & less advertisement by California Smokers' 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Health Education 2019 Executive Summary - 2018 Health Education Work Plan End of Year Evaluation - 2019 Health Education Program Description with Change Summary - 2019 Health Education Work Plan <p>(Cardona/Lee) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Helpline. Increase promotion to providers. Explore opportunities to reach smokeless tobacco users and explore opportunity to outreach to members. Follow up is planned for these areas in 2019.</p> <p>The 2019 HE Program Description has been updated to include:</p> <ul style="list-style-type: none"> ➤ Programs & Resources: Added diabetes prevention ➤ Programs & Services: Updated to reflect new weight management and pregnancy programs. Removed recorded/support services no longer available and added Health Ed Resource section. ➤ Group Needs Assessment: Added updated GNA findings are incorporated into annual work plan. ➤ Members: Removed Breastfeeding & Nutrition Support Line. ➤ Providers: Added Practice Transformation to Provider Relations Department & deleted Overweight Toolkits for providers. ➤ CVH & HN Staff: This section has been updated. ➤ Standards & Guidelines: updated terms used to “Counseling” & modified description. ➤ Leadership team/Incorporating Health Ed/Strategies: Updated titles and added Practice Transformation and PPGs. ➤ Program Evaluation: Updated process to include internal monitoring and evaluation and reference to APLs. Updated reference to GNA to indicate changes are monitored annually. <p>The 2019 HE Work Plan activities will continue from 2018 initiatives with the following enhancements:</p> <ul style="list-style-type: none"> ➤ Diabetes Prevention Program (New benefit) ➤ Asthma, behavioral health and GeoMapping capabilities were also added as new initiatives. 	
<p>#5 UM Business - Key Indicator Report & TAT Report (March) (Attachment CC) Action Patrick Marabella, M.D., Chair</p>	<p>The Key Indicator Report was presented with a comparison from Q1 2018 through Q1 2019.</p> <ul style="list-style-type: none"> ➤ An increase in utilization (Admits and Bed-days) is noted across all populations (SPD, TANF & Expansion) in Q1. There is also an increase in 30-Day Readmits noted for the TANF and SPD populations. Both of these increases represent a similar pattern to last year in the same time period. Upon further analysis last year, this increase was determined to be related to a particularly virulent flu strain resulting in an increase in ER visits and complications such as pneumonia and sepsis requiring hospitalization. Similar analysis for 2019 is pending. ➤ Medi-Cal Expansion rates were at or below threshold for 4 of 5 measures. These results are significantly 	<p>Motion: Approve - Key Indicator Report & TAT Report (March) (Lee/Cardona) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>better than the same period last year.</p> <ul style="list-style-type: none"> ➤ Perinatal Case Management outreach attempts and engagement rates have both improved. 	
<p>#5 UM Business - Case Management, TCM, MemberConnections & Palliative Care Report (Q1) (Attachment DD) Action Patrick Marabella, M.D., Chair</p>	<p>This report provides a summary of Case Management, Transitional Care Management, MemberConnections and Palliative Care activities for Quarter 1 2019. A range of Case Management services are available to all CalViva members who may benefit. Members are assessed and referred to the appropriate program depending upon their needs. The effectiveness of each program is assessed using a variety of outcome and member satisfaction metrics. Overall results have been positive in Q1 2019.</p> <ul style="list-style-type: none"> ➤ Integrated Case Management (ICM) preliminary outcomes data demonstrates fewer readmissions and a reduction in ED visits for patients receiving ICM services compared to those who did not. ➤ Perinatal Case Management: The effectiveness of the program is evaluated based on the member's compliance with timely first prenatal visit and post-partum visit 21 and 56 days after delivery compared to pregnant members who were not enrolled in the program. Both of these metrics showed improved compliance this quarter (5%-6%). ➤ Behavioral Health Case Management (BH CM): The volume of referrals increased from Q4 2018 to Q1 2019 and the quarterly average engagement rate also increased. The total number of cases managed January through March was 47; which exceeded the total managed in 2018 which was 42. ➤ Palliative Care: Referrals increased from Q4 2018 to Q1 2019. Fifty percent of these referrals came from the Concurrent Review (CCR) nurses in the hospital. 	<p>Motion: Approve - Case Management, TCM, MemberConnections & Palliative Care Report (Q1) (Cardona/Lee) 4-0-0-3</p>
<p>#5 UM Business - Inter-Rater Reliability Results for Physicians and Non-Physicians (Attachment EE) Action Patrick Marabella, M.D., Chair</p>	<p>The Inter-Rater Reliability Report for Physicians and Non-physicians is an annual evaluation of UM physicians and staff to ensure InterQual® Clinical Decision Support Criteria along with other evidence-based policies and guidelines are used consistently during clinical reviews for medical necessity.</p> <ul style="list-style-type: none"> ➤ The passing score is 90% for both physicians and non-physicians. ➤ Staff and Physicians who do not pass are required to retake the exam. ➤ Testing continues. A progress report will be provided to Medical Management in August. 	<p>Motion: Approve - Inter-Rater Reliability Results for Physicians and Non-Physicians (Cardona/Lee) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#5 UM Business - Utilization Management Concurrent Review Report (Q1) (Attachment FF) Action Patrick Marabella, M.D., Chair</p>	<p>The 2019 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Q1 2019. Focus is on improving member healthcare outcomes, minimizing readmission risk and reducing post-acute gaps in care delivery via proactive discharge planning and expeditious linkages to medically necessary health and support services.</p> <ul style="list-style-type: none"> ➤ There continues to be a significant increase in utilization across all populations (TANF, Expansion, and SPD) for admissions and Emergency visits in Q1. ➤ There was an increase in 30 day re-admits for both the TANF and SPD populations This may represent a similar pattern to what was seen in 2018 related to an extremely virulent strain of flu resulting in increased ER visits and complications such as sepsis and pneumonia. ➤ A analysis, similar to last year, is pending. 	<p>Motion: Approve - Utilization Management Concurrent Review Report (Q1) (Lee/Cardona) 4-0-0-3</p>
<p>#6 Pharmacy Business - Pharmacy Executive Summary (Q1) - Pharmacy Operations Metrics Report (Q1) - Pharmacy Top 30 Prior Authorizations (Q1) (Attachments HH-II) Action Patrick Marabella, M.D, Chair</p>	<p>Pharmacy reports for quarter 1 2019 include an Executive Summary, Operation Metrics, Top Medication Prior Authorization Requests, 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.</p> <ul style="list-style-type: none"> ➤ Pharmacy prior authorization (PA) metrics were within 5% of standard for first quarter 2019. The overall PA turnaround time requirement was met. ➤ First quarter 2019 top medication PA requests remained the same. ➤ The Preferred Drug List was updated with changes considered to be “More Restrictive” than previously listed. 	<p>Motion: Approve - Pharmacy Executive Summary (Q1) - Pharmacy Operations Metrics Report (Q1) - Pharmacy Top 30 Prior Authorizations (Q1) (Cardona/Lee) 4-0-0-3</p>
<p>#7 Compliance Update - Compliance Regulatory Report (Attachment JJ)</p>	<p>Mary Beth Corrado presented the Compliance Regulatory Update. See report for full details.</p> <p>CalViva Health is required to investigate and submit potential fraud, waste and abuse cases to DHCS and other regulatory agencies as applicable. CalViva Health receives potential cases of suspected fraud from internal and external sources. Cases are opened based on tips, internal identification, or can be triggered by the use of automated and/or manual data mining activities. If the case rises to the level of suspected potential fraud, CalViva</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Health reports the case to DHCS via an MC 609 form within 10 working days from the date suspected potential fraud is substantiated.</p> <ul style="list-style-type: none"> ➤ In 2018, the Plan identified and submitted MC609s to DHCS for four cases which were determined to reflect suspected fraud and/or abuse activity. ➤ Thus far in 2019, the Plan identified and submitted MC609s to DHCS for four cases which were determined to reflect suspected fraud and/or abuse activity. <p><u>Department of Health Care Services (“DHCS”) 2018 Medical Audit</u> On March 27, 2019 the DHCS approved CalViva Health’s CAP and closed it out.</p> <p><u>Health Homes Program (HHP)</u> CVH has made the decision not to implement the HHP program. The state has been notified that the plan is withdrawing from participation in the program. There were concerns on the impact for the plan and provider groups regarding resources, time and efforts needed to implement the program.</p> <p>It was noted that the next Public Policy Committee will be held on June 12, 2019, 11:30 a.m. in Kings County.</p> <p><u>Oversight Audits of Health Net Community Solutions – 2018 Executive Summary</u> Mary Beth Corrado presented a summary of CVH’s oversight audit results which include:</p> <ul style="list-style-type: none"> ➤ Appeals and Grievances: No CAP was required, however opportunities for improvement were identified and discretionary recommendations made. ➤ Call Center/Member Services: This audit was completed in two phases. Phase-I was a desk audit and no CAP was needed. Phase-II was conducted by listening to actual recorded calls. Findings required a CAP response. The CAP for phase-II was completed & accepted 12/27/18. ➤ Claims: Audit completed and a CAP was required. Files audited did not meet standard that at least 95% of cases were resolved within 30 calendar days. CAP completed & accepted 7/10/18. ➤ Credentialing: No CAP was required, however opportunities for improvement were identified and discretionary recommendations made. ➤ Cultural and Linguistics: No CAP required. ➤ Emergency Services: No CAP required. ➤ Privacy and Security: No CAP required. ➤ Provider Disputes (Annual): For Q4 2017, did not meet standard of at least 95% of cases resolved within 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	45 calendar days. CAP completed & accepted 7/15/18. For the four quarterly audits (Q4 2016, Q1 2017, Q2 2017 and Q3 2017) any findings were identified and CAPs were completed and accepted at the time that the respective quarterly audits were completed. <ul style="list-style-type: none"> ➤ Provider Network: No CAP was required, however opportunities for improvement were identified and discretionary recommendations made. ➤ Utilization Management: No CAP was required, however opportunities for improvement were identified and discretionary recommendations made. 	
#9 Old Business	None.	
#10 Announcements	The next Quality Improvement Utilization Management meeting is scheduled for July 18, 2019.	
#11 Public Comment	None.	
#12 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:13 pm.	

NEXT MEETING: July 18, 2019

Submitted this Day: July 18th, 2019

Submitted by: 
 Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:


 Patrick Marabella, MD Committee Chair

Item #4

Attachment 4.D

Public Policy Committee Minutes
Dated 6/12/19



Public Policy Committee
 Meeting Minutes
 June 12, 2019

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

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

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#1 Call to Order Joe Neves, Chair	The meeting was called to order at 11:33 am. A quorum was present.	
#2 Meeting Minutes from March 6, 2019 Action Joe Neves, Chair	The March 6, 2019 meeting minutes were reviewed. There were no discrepancies.	Motion: Approve March 6, 2019 Minutes 8-0-0-1 (Garner / R. Garcia)
#3 Public Policy Committee Charter Action Joe Neves, Chair	The PPC Committee reviewed the Charter and approved to move forward to Commission for approval with no revisions.	Motion: Approve PPC Charter to move to Commission for approval 8-0-0-1 (Garner / Phillips)
#4 Enrollment Dashboard Information Mary Lourdes Leone, Director of Compliance	Mary Lourdes Leone presented the enrollment dashboard through April 2019. Membership as of the end of April was 356,430. Market share is consistent with previous months.	No motion

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<p>#5 Health Education</p> <ul style="list-style-type: none"> • Report Summary • 2018 Work Plan Evaluation • 2019 Program Description • 2019 Work Plan <p>Information Justina Felix</p>	<p>Justina Felix presented the Health Education report for 2018 and 2019.</p> <p>The 2018 Health Education Work Plan Year-End Evaluation report documents progress of 14 program initiatives. Of the 14 initiatives, 11 key programs met or exceeded the year-end goal. The remaining three (Obesity Prevention, Perinatal Education, and Tobacco Cessation) partially met the year-end goal.</p> <p>Major changes to the 2019 Health Education Program Description include:</p> <ul style="list-style-type: none"> • Added Diabetes Prevention Program as a new benefit. • Removed Fit Families for Life Coaching program and Breastfeeding and Nutrition Support Line as the services would be offered through the Diabetes Prevention Program and the Nurse Advice Line respectively. • Updated description of new pregnancy program. <p>The 2019 Health Education Work Plan activities include:</p> <ul style="list-style-type: none"> • Continue key programs and services from 2018 • Added new initiatives: asthma, behavioral health, Diabetes Prevention Program, geomapping capabilities 	
<p>#6 Appeals & Grievances</p> <p>Information Mary Lourdes Leone, Director of Compliance</p>	<p>Mary Lourdes Leone presented the appeals, grievances and complaints report for Q1 2019. Total appeals and grievances for Q1 2019 were 452. Total appeals for Q1 2019 were 154. Total grievances for Q1 2019 were 298.</p>	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>Turnaround time compliance standard for both Appeals, and Grievances, were met at 100%. The majority of appeals and grievances were from members in Fresno County which has the largest CalViva Health enrollment.</p>	
<p>#7 Cultural & Linguistics</p> <ul style="list-style-type: none"> • 2018 Summary & Work Plan Evaluation • 2018 Summary & Language Assistance Program • 2019 Summary & Program Description • 2019 Summary & Work Plan <p>Information Justina Felix</p>	<p>Lali Witrigo presented the components of the Cultural and Linguistics program, which includes 2018 C&L Work Plan Annual Evaluation, the 2018 Language Assistance Program Report, the 2019 C&L Program Description, and the 2019 C&L Work Plan.</p> <p>For 2018, 100% of Work Plan Activities were completed in four areas:</p> <ul style="list-style-type: none"> • Language Assistance Services • Compliance Monitoring • Communication, Training and Education • Health Literacy, Cultural Competency & Health Equity <p>The Language Assistance Program reported during 2018, the total number of calls handled by Member Services Department representatives accounted for 133,919 across all languages. Of these, 21,172 (16%) were handled in Spanish and Hmong languages. Additionally, 4,539 interpreter requests were fulfilled for CalViva Health members. A total of 4,128 (91%) of these requests were fulfilled utilizing telephonic interpreter services with 282 (6%) for in-person and 129 (3%) for sign language interpretation. MHN Member Services Department representatives handled a total of 4,532 across all languages with 245 in Spanish and 16 in other languages. In</p>	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>addition, a total of 81 interpreter requests for a medical point of contact were fulfilled. Eighty (99%) were fulfilled for in-person and 1 (1%) for sign language interpretation.</p> <p>The 2019 Program Description is consistent with 2018 Areas highlighted include the following:</p> <ul style="list-style-type: none"> • Staff Resources and Accountability • Program Mission, Goals and Objectives • Work Plan • Scope of Programs and Services, and • Oversight and Monitoring <p>The 2019 Work Plan supports and maintains excellence in C&L Services through the following strategies:</p> <ul style="list-style-type: none"> • Provide oversight of Language Assistance Program, • Integration and expansion of targeted health disparity efforts, • Health Literacy and plain language standards, • Supporting CalViva Health in being a culturally competent Health Plan, • Expanding on consulting services, and • Maintain compliance with regulatory and contractual requirements 	
<p>#8 Audit Update</p> <p>Information</p>	<p>No update available as preliminary report of findings has not been received.</p>	<p>No motion</p>

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
Mary Lourdes Leone, Director of Compliance		
<p>#9 HHP (Home Health Program) Update</p> <p>Information Mary Lourdes Leone, Director of Compliance</p>	<p>CalViva Health has withdrawn from the Health Homes Program (HHP) after careful review and analysis of the program. Certain elements of the HHP is already being done through Case Management. CalViva was the fourth Plan to withdrawal, with a total of five to date. Participation in the program would be considered in the future if restructuring of the program is done.</p>	<p>No motion</p>
<p>#10 Website Update</p> <p>Information Courtney Shapiro, Community Relations Director</p>	<p>As an update to the March PPC meeting regarding the website, based on the feedback received from the PPC members, representatives from the LHPC COO's, and local promotores group, a facelift to the website will be done rather than an entire website overhaul.</p>	<p>No motion</p>
<p>#11 Final Comments from Committee Members and Staff</p>	<p>Norma Mendoza reported on completion of asthma training in Madera.</p> <p>Robert Garcia reported Annandale Senior Living should be completed this year.</p> <p>David Phillips announced UHC has moved into their new corporate headquarters in Fresno. A second site has been added in Selma. Huron site will be opening in August. A new facility will be built in Corcoran.</p> <p>Jeff Garner reported KCAO is involved in the US Census count in Kings County.</p>	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>Roberto Garcia also reported the Self-Help computer labs are available to the public in order to complete US Census questionnaire.</p> <p>Tony Gonzalez reported CVH has been approached to provide outreach for the US Census; however, still in discussion stage.</p> <p>Tony Gonzales announced the staff member Ms. Corona was acknowledged as volunteer of the month by a statewide nonprofit.</p> <p>Greg Hund, CEO, spoke on the issue of physician shortage in the Central Valley and the availability of a state program granting approximately 1200 physicians coming out of medical school covering medical expense, and education expense reimbursement, averaging approximately \$250k for primary care physicians to get through their medical training. There will be more grants this coming year and is based on what percentage of practice is in Medi-Cal and that will determine how it will be disbursed.</p> <p>Lali Witrao announced the post-partum disparity project has received recognition for participating in a project out of Massachusetts General Hospital in Boston, MA. In addition, in July, recognition will be given in Washington, DC at a clinicians conference for the project and the cultural aspects of such and improvement of rates.</p>	
<p>#12 Announcements</p>	<p>There is an opening on the PPC Committee for a Fresno County member.</p>	

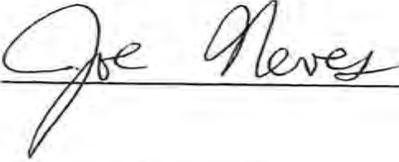
AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#13 Public Comment		
#14 Adjourn	Meeting adjourned at 12:59 pm.	

NEXT MEETING September 4, 2019 in Kings County
11:30 am - 1:30 pm

Submitted This Day: September 4, 2019

Approval Date: September 4, 2019

Submitted By: 
Courtney Shapiro, Director Community Relations

Approved By: 
Joe Neves, Chairman

Item #6

Attachment 6.A

HEDIS® Update – Reporting Year 2019

Item #7

Attachment 7.A

2019 QI Work Plan Mid-Year Evaluation
Executive Summary



REPORT SUMMARY TO COMMITTEE

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

FROM: Amy Wittig / Erin Dahl, Quality Improvement Department

COMMITTEE DATE: September 19th, 2019

SUBJECT: Executive Summary of CalViva Health 2019 Quality Improvement Work Plan Mid-Year Evaluation

Summary:

CalViva Health's 2019 Quality Improvement (QI) Program monitors improvement in clinical care and service using a range of indicators. These key performance indicators are found in service, clinical, and utilization reports from QI and various other departments. Based on these reports, areas of improvement are identified, and interventions implemented and monitored. In 2019, quality improvement initiatives are focused on (but not limited to) improving preventative care, disease management outcomes, continuity and coordination of patient care, patient safety metrics, member access to care, and supporting provider initiatives.

Purpose of Activity:

The QI Work Plan Mid-Year Evaluation Executive Report provides a summary of the status of monitoring activities and improvement interventions of the Quality Improvement Program as of the mid-point in the calendar year. It provides an opportunity to identify any barriers or modifications that could be addressed in order to support success in achieving the annual goals for improvement.

Work Plan Initiatives:

Details of the mid-year status are included in the full 2019 QI Mid-Year Work Plan Evaluation. Key mid-year highlights include the following:

1. Access, Availability, and Service

- 1.1 **Improve Access to Care:** CalViva continues to monitor appointment access through the Provider Appointment Availability Survey (PAAS). After Hours Access is evaluated annually through telephonic Provider After-Hours Access Survey. When deficiencies are identified through analysis of the survey results, improvement plans are requested of contracted providers and provider groups. All providers deemed noncompliant two years or more in a row will be subject to an in-office or phone audit to be scheduled in October 2019. Audits will provide education and ensure deficiencies have been corrected. The Access & Availability team conducted three PPG/provider webinars on Timely Access in August and will offer additional sessions in November and December.
- 1.2 **Improve Member Satisfaction:** CAHPS Metrics evaluate on getting needed care, getting care quickly, rating of all health care, rating of personal doctor, and how well doctors communicate. The full CAHPS Survey Measures will not have rates until Q4 of 2019. As we await those results all provider materials were reviewed in Q1 and Q2, and revisions are being made to reduce redundancies and streamline messaging to providers. Based on the CalViva Access Survey conducted in Q1 and Q2, rates are improved from last year on the ease of getting specialist appointments, and the ease of getting care/test/treatment measures.

2. Quality and Safety of Care

○ HEDIS® Minimum Performance Level (MPL) Default Measures

Childhood Immunization Combo 3	All three counties exceeded DHCS MPL OF 65.45% New Improvement Project (PIP) initiated for declining rates in Fresno County.
Well Child Visits 3-6 years	All three counties exceeded DHCS MPL of 67.15%
Timeliness of Prenatal Care	All three counties exceeded DHCS MPL of 76.89%
Comprehensive Diabetes Care HbA1c Testing	Two out of three counties exceeded DHCS MPL of 84.93%. PDSAs will continue to be submitted to DHCS due to RY19 result below MPL in Fresno County.
Controlling High Blood Pressure	All three counties exceeded DHCS MPL 49.15%
Cervical Cancer Screening	All three counties exceeded DHCS MPL of 54.26%.

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

Timeliness of Postpartum Care	All three counties exceeded DHCS MPL of 59.61%. Disparity Improvement Project (PIP) completed to address opportunity identified in Fresno County.
Annual Lab Monitoring for Patients on Persistent Medications (MPM)	All three counties exceeded DHCS MPL for ACE/ARB of 85.97% All three counties exceeded the MPL for Diuretics of 86.06%. The PDSA Improvement Project successfully concluded for Madera County.
Avoidance of Antibiotic Treatment for Bronchitis (Adults) (AAB)	Madera and Kings Counties exceeded the MPL of 27.63%. Fresno County fell below at 25.93%. PDSAs are being submitted timely and completely. This measure is not included in 2020 MCAS there no improvement project required for Fresno County. The PDSA Improvement Project successfully concluded for Madera County.
Breast Cancer Screening (BCS)	Madera and Kings Counties exceeded DHCS MPL of 51.78%. Fresno County remains below MPL. Comprehensive PDSA Worksheets submitted timely. Disparity Performance Improvement Project (PIP) will be initiated to address performance.

3. Performance Improvement Projects

DHCS requires **two** Performance Improvement Projects (PIPs) for each health plan. CalViva Health's PIPs for 2019 were:

Childhood Immunization: CIS-3:

In Q1 and Q2, 2019 CalViva Health Medical Management staff continued efforts with a multi-disciplinary Childhood Immunization (CIS-3) Performance Improvement Team to improve immunization rates for children birth to 2 years in Fresno County. These efforts were in collaboration with one high volume, low compliance clinic in Fresno County. The team implemented two interventions: 1) elimination of the double-booking option from provider scheduling to accommodate walk-in visits, nurse visit, and scheduled provider appointments, and 2) a \$25-member incentive.

The elimination of double-bookings and the use of nurse only visits demonstrated positive results for the number of childhood immunizations completed. The clinics reported that many of the parents preferred to schedule a nurse-only or provider appointment rather than just to walk in. The rate of "No Shows" remained low due to the convenient appointment times for the parents.

In an effort to continue improving compliance rates for CIS-3, a second intervention was implemented in December 2018 and included the integration of a member incentive which also had a positive impact on the childhood immunization rates. The member received a \$25 per visit/per member gift card incentive upon completion of needed immunizations.

Clinic compliance was at 48.7% at the time of project initiation. The highest rate of immunization completion was achieved in April 2019 with a rate of 72.9%; and the Performance Improvement Project concluded with a rate of 68.7%. This was above the SMART Aim goal of 60%. This PIP closed on June 30th, 2019.

Addressing Postpartum Visit Disparities:

In Q1 and Q2, 2019 CalViva Health Medical Management staff continued to lead a multi-disciplinary Postpartum (PPC) Performance Improvement Team, in collaboration with a high volume, low compliance clinic with an identified disparity in Fresno County. Two interventions were implemented during the life of the project. The first intervention, which was modified from its original intent because the clinic went live with a new software system, included having the Medical Assistant schedule all pregnant women for a postpartum visit as soon as an Estimated Date of Delivery (EDD) was established. Due to the delay with the new software, the revised intervention was only monitored for a limited time, however, positive results were found and staff is now reminded of the 21-56-day timeframe for the postpartum visit.

The second intervention implemented was designed to facilitate integration of the mother's cultural preferences regarding the postpartum period into the plan of care. The selected intervention was developed after barrier analysis was performed during a variety of meetings with Mendota clinic patients, staff, and providers. A revised OB History (ACOG) form was developed to prompt staff and providers to inquire about cultural preferences after delivery and document responses on the OB History form. After staff were trained and the revised form implemented, compliance monitoring was initiated. A regular monthly chart audit of 30 random records occurred from October 2018 through June 2019. The increasingly positive results of the audit findings were shared with clinic staff at their Medical Assistant Meetings and at the Monthly Provider Meetings.

After the implementation of the two interventions, the overall postpartum timely visit completion rate gradually improved over the lifetime of the 18-month project. The compliance rate remained at or above 80% for the first 6 months of 2019 and peaked at 82.0% in April and May of the same year. This is a significant improvement over prior year's that had remained at approximately 50% compliance. This PIP Project also closed as of June 30th, 2019.

Two new PIP Projects, one disparity and one opportunity for improved compliance, are in development with details forthcoming.

Item #8

Attachment 8.A

2019 UM Work Plan Mid-Year Evaluation
Executive Summary



EXECUTIVE SUMMARY REPORT TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Jennifer Lloyd, Vice President Medical Management

COMMITTEE DATE: September 19, 2019

SUBJECT: 2019 CalViva Utilization Management/Case Management Work Plan Mid-Year Evaluation Executive Summary

Summary:

Activities are currently on target for this mid-year evaluation with the exception of the following metrics listed below. These metrics are indicated as Too soon To Tell for the mid-year evaluation reporting:

- 2.2 Timeliness of processing the authorization request
- 2.3 Conduct annual Interrater Reliability (IRR) testing of healthcare professionals involved in UM decision-making
- 2.4 UM Process Improvement Initiative
- 4.7 Behavioral Health Performance Measures

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

Purpose of Activity:

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

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

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

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

Analysis/Findings/Outcomes:

I. Compliance with Regulatory & Accreditation Requirements

All Compliance activities are currently on target for this mid-year evaluation. No barriers have been identified.

II. Monitoring the Utilization Management Process

UM Process Monitoring activities listed as Too Soon To Tell for the mid-year evaluation reporting are outlined below. Other UM Process Monitoring elements are currently on track for this mid year evaluation with no barriers identified.

a. Timeliness of processing the authorization request (Work plan element 2.2)

Turnaround Time (TAT) Activities were on target in Q1 of 2019 at 98.9%. A new hiring process rolled out in Q1 resulted in delays in onboarding staff which contributed to a backlog in May and June and missed TAT. The Q2 TAT was 65.6%. Weekly meetings were held with Human Resources and Recruiting for status on open positions to ensure a timely candidate pool. Job Fairs were held in July to fill remaining vacancies.

Additionally a Central Valley provider inundated authorization request volumes, sending 100-600 requests daily in May, June. This caused a backlog throughout May and June. Medical Directors and Provider Relations were involved to educate provider on appropriate level of services being requested. Authorization requests continue to be received from this provider in July, however volumes have greatly reduced.

b. Conduct annual Interrater Reliability (IRR) testing of healthcare professionals involved in UM decision-making (Work plan element 2.3)

IRR training and retesting courses were offered in May/June 2019 for those who did not pass the 2018 test. Trainers will be attending train the trainer in July/August for IRR updates. Updates will be trained and retested Oct-Dec 2019.

c. UM Process Improvement Initiative (Work plan element 2.4)

The teams had inconsistent review process and workflows. End to End processes were formalized and trained to each department/team. The team is also working with an outside consultant to ensure reviews are consistent and appropriate.

III. Monitoring Utilization Metrics

All UM Metric Monitoring activities are currently on target for this mid-year evaluation. No barriers have been identified.

IV. Monitoring Coordination with Other Programs and Vendor Oversight

All Coordination with Other Programs and Vendor Oversight activities are currently on target for this mid-year evaluation with the exception of work plan element 4.7, Behavioral Health Performance Measures which is listed as Too Soon To Tell. No barriers have been identified in other work plan elements in this section.

a. Behavioral Health Performance Measures (Work plan element 4.7)

- Provider Appointment Availability Survey (PAAS): For MY 2018 all reporting populations and Psychiatrist & NPMH provider types fell below the 90% target for access to urgent appointments,

measuring against both the DMHC 96-hour standard and the CDI 48-hour standard. For non-urgent appointments (for either new or existing patients-the DMHC metric), Medi-Cal NPMH providers met the 90% standard but all other results are below standard. However, routine appointment access results came in at or above 80 % for both provider types and all reporting populations. MY 2018 showed excellent results among autism providers across all applicable reporting populations. Compliance results for routine appointment availability ranged between 90% and 100%. The DHMC tool does not adequately apply to autism providers and the autism model of care. DMHC has instructed plans to exclude autism providers from PAAS in measurement year 2019. Provider data accuracy and response rate to the survey continue to be a challenge.

- **Timeliness:** Performance was below target for Q1 2019 Authorization Decisions Timeliness. The overall rate for MHN was 93%, which is 2% below the target. CalViva Health discussed the issue with MHN and requested a formal CAP to remedy the deficiency. In Q2 2019 the Authorization Decisions Timeliness was on target at 100% for non-ABA requests and 96% for ABA requests.
- **Timeliness to first appointment for members diagnosed with Autism Spectrum Disorder:** For MY 2018, 83% compliance with 10 day first appointment standard was achieved. DMHC has instructed the industry to exclude autism providers from PAAS. MHN will be developing and administering its own survey by Q4-2019. It will be called the ABA Provider Accessibility Survey.

V. Monitoring Activities for Special Populations

All Monitoring Activities for Special Populations are currently on target for this mid-year evaluation and no barriers have been identified.

Next Steps:

Teams are continuing progress towards completion of all activities. Ongoing monitoring of interventions will be essential for all areas to ensure appropriate actions are being taken to meet goals.

Item #9

Attachment 9.A

Financial Report
Fiscal Year End June 30, 2019

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
UNAUDITED - Balance Sheet
As of June 30, 2019

	Total
ASSETS	
Current Assets	
Bank Accounts	
Cash	81,188,477.50
Savings CD	0.00
ST Investments	0.00
Wells Fargo Money Market Mutual Funds	5,198,289.21
Total Bank Accounts	\$ 86,386,766.71
Accounts Receivable	
Accounts Receivable	104,310,744.63
Total Accounts Receivable	\$ 104,310,744.63
Other Current Assets	
Interest Receivable	10,213.25
Investments - CDs	0.00
Prepaid Expenses	865,918.19
Security Deposit	0.00
Total Other Current Assets	\$ 876,131.44
Total Current Assets	\$ 191,573,642.78
Fixed Assets	
Buildings	6,967,131.89
Computers & Software	2,620.34
Land	3,161,419.10
Office Furniture & Equipment	143,453.26
Total Fixed Assets	\$ 10,274,624.59
Other Assets	
Investment -Restricted	313,824.00
Total Other Assets	\$ 313,824.00
TOTAL ASSETS	\$ 202,162,091.37
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	30,041.14
Accrued Admin Service Fee	3,969,658.00
Capitation Payable	89,000,145.70
Claims Payable	56,578.65
Total Accounts Payable	\$ 93,056,423.49
Other Current Liabilities	
Accrued Expenses	881,158.51
Accrued Payroll	106,507.46
Accrued Vacation Pay	249,562.74
Amt Due to DHCS	0.00
IBNR	155,119.28
Loan Payable-Current	0.00
Premium Tax Payable	0.00
Premium Tax Payable to BOE	5,961,058.18
Premium Tax Payable to DHCS	31,468,013.25
Total Other Current Liabilities	\$ 38,821,419.42
Total Current Liabilities	\$ 131,877,842.91
Long-Term Liabilities	
Renters' Security Deposit	0.00
Subordinated Loan Payable	0.00
Total Long-Term Liabilities	\$ 0.00
Total Liabilities	\$ 131,877,842.91
Equity	
Retained Earnings	59,820,200.78
Net Income	10,464,047.68
Total Equity	\$ 70,284,248.46
TOTAL LIABILITIES AND EQUITY	\$ 202,162,091.37

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

	Total		
	Actual	Budget	Over/(Under) Budget
Income			
Interest Earned	1,581,939.97	120,000.00	1,461,939.97
Premium/Capitation Income	1,177,025,680.60	1,141,754,958.00	35,270,722.60
Total Income	\$ 1,178,607,620.57	\$ 1,141,874,958.00	36,732,662.57
Cost of Medical Care			
Capitation - Medical Costs	985,159,137.36	952,053,925.00	33,105,212.36
Medical Claim Costs	2,789,037.80	2,420,000.00	369,037.80
Total Cost of Medical Care	\$ 987,948,175.16	\$ 954,473,925.00	33,474,250.16
Gross Profit	\$ 190,659,445.41	\$ 187,401,033.00	3,258,412.41
Expenses			
Admin Service Agreement Fees	47,572,921.00	47,190,000.00	382,921.00
Bank Charges	660.08	16,800.00	(16,139.92)
Computer/IT Services	124,955.45	156,000.00	(31,044.55)
Consulting Fees	4,200.00	105,000.00	(100,800.00)
Depreciation Expense	290,287.56	300,000.00	(9,712.44)
Dues & Subscriptions	167,807.93	178,800.00	(10,992.07)
Grants	1,982,712.52	2,100,000.00	(117,287.48)
Insurance	199,838.45	214,488.00	(14,649.55)
Labor	2,987,077.91	3,160,314.00	(173,236.09)
Legal & Professional Fees	102,108.60	190,800.00	(88,691.40)
License Expense	674,133.31	624,000.00	50,133.31
Marketing	716,004.39	750,000.00	(33,995.61)
Meals and Entertainment	16,994.46	17,700.00	(705.54)
Office Expenses	60,323.72	78,000.00	(17,676.28)
Parking	1,370.21	1,200.00	170.21
Postage & Delivery	3,176.91	2,400.00	776.91
Printing & Reproduction	1,657.97	4,800.00	(3,142.03)
Recruitment Expense	1,206.13	36,000.00	(34,793.87)
Rent	2,100.00	12,000.00	(9,900.00)
Seminars and Training	7,746.32	24,000.00	(16,253.68)
Supplies	9,755.52	9,600.00	155.52
Taxes	125,872,071.69	125,872,053.00	18.69
Telephone	33,659.71	31,200.00	2,459.71
Travel	25,184.96	24,900.00	284.96
Total Expenses	\$ 180,857,954.80	\$ 181,100,055.00	(242,100.20)
Net Operating Income	\$ 9,801,490.61	\$ 6,300,978.00	3,500,512.61
Other Income			
Other Income	662,557.07	600,000.00	62,557.07
Total Other Income	\$ 662,557.07	\$ 600,000.00	62,557.07
Net Other Income	\$ 662,557.07	\$ 600,000.00	62,557.07
Net Income	\$ 10,464,047.68	\$ 6,900,978.00	3,563,069.68

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
UNAUDITED - Income Statement: CY vs PY
FY 2019 vs FY 2018

	Total	
	Jul 2018 - June 2019 (FY 2019)	Jul 2017 - June 2018 (FY 2018)
Income		
Interest Earned	1,581,939.97	448,316.37
Premium/Capitation Income	1,177,025,680.60	1,185,176,639.69
Total Income	\$ 1,178,607,620.57	\$ 1,185,624,956.06
Cost of Medical Care		
Capitation - Medical Costs	985,159,137.36	991,824,587.86
Medical Claim Costs	2,789,037.80	2,400,372.73
Total Cost of Medical Care	\$ 987,948,175.16	\$ 994,224,960.59
Gross Profit	\$ 190,659,445.41	\$ 191,399,995.47
Expenses		
Admin Service Agreement Fees	47,572,921.00	48,045,723.00
Bank Charges	660.08	8,277.65
Computer/IT Services	124,955.45	116,503.26
Consulting Fees	4,200.00	0.00
Depreciation Expense	290,287.56	288,758.75
Dues & Subscriptions	167,807.93	167,520.08
Grants	1,982,712.52	1,499,712.52
Insurance	199,838.45	197,432.44
Labor	2,987,077.91	2,966,335.60
Legal & Professional Fees	102,108.60	74,939.31
License Expense	674,133.31	622,613.47
Marketing	716,004.39	723,631.57
Meals and Entertainment	16,994.46	15,709.02
Office Expenses	60,323.72	55,036.79
Parking	1,370.21	1,512.10
Postage & Delivery	3,176.91	1,609.49
Printing & Reproduction	1,657.97	7,717.44
Recruitment Expense	1,206.13	1,516.73
Rent	2,100.00	3,600.00
Seminars and Training	7,746.32	10,420.85
Supplies	9,755.52	10,540.82
Taxes	125,872,071.69	126,971,869.46
Telephone	33,659.71	31,274.05
Travel	25,184.96	21,396.57
Total Expenses	\$ 180,857,954.80	\$ 181,843,650.97
Net Operating Income	\$ 9,801,490.61	\$ 9,556,344.50
Other Income		
Other Income	662,557.07	643,926.87
Total Other Income	\$ 662,557.07	\$ 643,926.87
Net Other Income	\$ 662,557.07	\$ 643,926.87
Net Income	\$ 10,464,047.68	\$ 10,200,271.37

Item #9

Attachment 9.B

Financials as of July 31, 2019

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

	Total
ASSETS	
Current Assets	
Bank Accounts	
Cash	61,169,982.11
Savings CD	0.00
ST Investments	0.00
Wells Fargo Money Market Mutual Funds	5,207,846.89
Total Bank Accounts	\$ 66,377,829.00
Accounts Receivable	
Accounts Receivable	94,319,271.42
Total Accounts Receivable	\$ 94,319,271.42
Other Current Assets	
Interest Receivable	9,972.91
Investments - CDs	0.00
Prepaid Expenses	878,521.45
Security Deposit	0.00
Total Other Current Assets	\$ 888,494.36
Total Current Assets	\$ 161,585,594.78
Fixed Assets	
Buildings	6,945,163.80
Computers & Software	2,292.77
Land	3,161,419.10
Office Furniture & Equipment	141,558.29
Total Fixed Assets	\$ 10,250,433.96
Other Assets	
Investment -Restricted	314,041.13
Total Other Assets	\$ 314,041.13
TOTAL ASSETS	\$ 172,150,069.87
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	39,009.56
Accrued Admin Service Fee	3,941,124.00
Capitation Payable	89,451,509.03
Claims Payable	81,910.26
Total Accounts Payable	\$ 93,513,552.85
Other Current Liabilities	
Accrued Expenses	976,408.51
Accrued Payroll	127,190.15
Accrued Vacation Pay	249,562.74
Amt Due to DHCS	0.00
IBNR	155,119.28
Loan Payable-Current	0.00
Premium Tax Payable	0.00
Premium Tax Payable to BOE	5,961,058.18
Premium Tax Payable to DHCS	0.00
Total Other Current Liabilities	\$ 7,469,338.86
Total Current Liabilities	\$ 100,982,891.71
Long-Term Liabilities	
Renters' Security Deposit	0.00
Subordinated Loan Payable	0.00
Total Long-Term Liabilities	\$ 0.00
Total Liabilities	\$ 100,982,891.71
Equity	
Retained Earnings	70,284,248.46
Net Income	882,929.70
Total Equity	\$ 71,167,178.16
TOTAL LIABILITIES AND EQUITY	\$ 172,150,069.87

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Budget vs. Actuals: Income Statement
July 2019 (FY 2020)

	Total		
	Actual	Budget	Over/(Under) Budget
Income			
Interest Earned	64,415.83	66,500.00	(2,084.17)
Premium/Capitation Income	87,232,532.82	94,253,252.00	(7,020,719.18)
Total Income	\$ 87,296,948.65	\$ 94,319,752.00	(7,022,803.35)
Cost of Medical Care			
Capitation - Medical Costs	81,583,937.35	78,391,210.00	3,192,727.35
Medical Claim Costs	287,079.02	241,667.00	45,412.02
Total Cost of Medical Care	\$ 81,871,016.37	\$ 78,632,877.00	3,238,139.37
Gross Profit	\$ 5,425,932.28	\$ 15,686,875.00	(10,260,942.72)
Expenses			
Admin Service Agreement Fees	3,941,124.00	3,943,500.00	(2,376.00)
Bank Charges	5.00	550.00	(545.00)
Computer/IT Services	12,480.01	13,100.00	(619.99)
Consulting Fees	0.00	8,750.00	(8,750.00)
Depreciation Expense	24,190.63	24,600.00	(409.37)
Dues & Subscriptions	13,210.00	15,016.00	(1,806.00)
Grants	145,416.67	145,833.00	(416.33)
Insurance	16,661.69	16,627.00	34.69
Labor	256,357.23	263,560.00	(7,202.77)
Legal & Professional Fees	6,429.33	15,900.00	(9,470.67)
License Expense	63,592.24	57,850.00	5,742.24
Marketing	118,537.08	85,500.00	33,037.08
Meals and Entertainment	794.00	1,000.00	(206.00)
Office Expenses	4,019.60	6,800.00	(2,780.40)
Parking	90.00	125.00	(35.00)
Postage & Delivery	101.06	270.00	(168.94)
Printing & Reproduction	299.06	400.00	(100.94)
Recruitment Expense	0.00	3,000.00	(3,000.00)
Rent	300.00	1,000.00	(700.00)
Seminars and Training	4,400.00	2,000.00	2,400.00
Supplies	710.18	850.00	(139.82)
Taxes	0.00	10,489,338.00	(10,489,338.00)
Telephone	2,779.66	2,800.00	(20.34)
Travel	444.07	1,990.00	(1,545.93)
Total Expenses	\$ 4,611,941.51	\$ 15,100,359.00	(10,488,417.49)
Net Operating Income	\$ 813,990.77	\$ 586,516.00	227,474.77
Other Income			
Other Income	68,938.93	55,000.00	13,938.93
Total Other Income	\$ 68,938.93	\$ 55,000.00	13,938.93
Net Other Income	\$ 68,938.93	\$ 55,000.00	13,938.93
Net Income	\$ 882,929.70	\$ 641,516.00	\$ 241,413.70

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Income Statement: CY vs PY
FY 2020 vs FY 2019

	Total	
	Jul 2019 (FY 2020)	Jul 2018 (FY 2019)
Income		
Interest Earned	64,415.83	108,790.17
Premium/Capitation Income	87,232,532.82	98,730,903.76
Total Income	\$ 87,296,948.65	\$ 98,839,693.93
Cost of Medical Care		
Capitation - Medical Costs	81,583,937.35	82,788,288.53
Medical Claim Costs	287,079.02	173,804.99
Total Cost of Medical Care	\$ 81,871,016.37	\$ 82,962,093.52
Gross Profit	\$ 5,425,932.28	\$ 15,877,600.41
Expenses		
Admin Service Agreement Fees	3,941,124.00	3,987,379.00
Bank Charges	5.00	655.08
Computer/IT Services	12,480.01	12,948.00
Depreciation Expense	24,190.63	24,190.63
Dues & Subscriptions	13,210.00	13,926.61
Grants	145,416.67	174,976.04
Insurance	16,661.69	16,627.74
Labor	256,357.23	311,188.67
Legal & Professional Fees	6,429.33	5,565.00
License Expense	63,592.24	56,929.44
Marketing	118,537.08	77,545.27
Meals and Entertainment	794.00	1,214.81
Office Expenses	4,019.60	6,777.98
Parking	90.00	90.00
Postage & Delivery	101.06	299.31
Printing & Reproduction	299.06	0.00
Rent	300.00	300.00
Seminars and Training	4,400.00	3,880.99
Supplies	710.18	1,213.09
Taxes	0.00	10,489,337.80
Telephone	2,779.66	2,610.86
Travel	444.07	121.32
Total Expenses	\$ 4,611,941.51	\$ 15,187,777.64
Net Operating Income	\$ 813,990.77	\$ 689,822.77
Other Income		
Other Income	68,938.93	87,254.08
Total Other Income	\$ 68,938.93	\$ 87,254.08
Net Other Income	\$ 68,938.93	\$ 87,254.08
Net Income	\$ 882,929.70	\$ 777,076.85

Item #9

Attachment 9.C

Compliance Report



Regulatory Filings	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2019 YTD Total
# of DHCS Filings													
Administrative/Operational	10	6	16	11	11	12	8	12	4				90
Member & Provider Materials	1	3	1	7	2	1	4	2	2				23
# of DMHC Filings	7	6	5	5	13	7	4	5	2				54

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

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

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

Fraud, Waste, & Abuse Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2019 YTD Total
# of New MC609 Cases Submitted to DHCS	2	0	0	*2	1	1	0	2	0				8
# of Cases Open for Investigation (Active Number)	16	16	16	16	13	28	25	25	23				

Summary of Potential Fraud, Waste & Abuse cases

Since the 7/18/19 Commission Report, two new potential FWA case MC609s were submitted: One case was a provider identified by code auditing software, for repeatedly billing the same three therapeutic modality codes. This case was closed in September by DHCS, but remains under an active investigation with the SIU.

The second case was identified during a PBM investigative audit. A Pharmacy was unable to provide proof of sufficient drug stock purchases and prescription hard copies provided by Pharmacy could not be validated.

*Update: A MC609 case that was filed in April, closed by the DHCS remains under an active investigation with the SIU. Currently they are awaiting medical records to complete this final phase of their investigation.

There were no cases that needed to be referred to other law enforcement agencies by the Plan.

RHA Commission Compliance – Regulatory Report

Compliance Oversight & Monitoring Activities	Description
<p>CalViva Health Oversight Activities</p>	<p>Health Net CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. Starting Q1 2019, Health Net is providing more detailed and comprehensive reports of participating provider groups (PPG) activity. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access & availability, telemedicine, utilization management data, grievances and appeals, etc.</p> <p>Kaiser Post-Contract termination, encounter data submissions and other financial reporting will continue into 2019 and possibly 2020.</p>
<p>Oversight Audits</p>	<p>The following audits are in-progress: Annual Claims & PDRs, Cultural & Linguistics, Q4 2018 Provider Disputes, ER Services, Health Education.</p> <p>The following audits have been completed: Annual Compliance/HR Audit (no CAP), Continuity of Care (no CAP), Pharmacy (CAP) - CAP actions and file review in process.</p>
<p>Regulatory Reviews/Audits and CAPS</p>	<p>Status</p>
<p>Department of Managed Health Care (“DMHC”) Enforcement Matter 18-370</p>	<p>A Letter of Agreement (LOA) was executed between CalViva Health and the DMHC regarding data errors in the Plan’s submission of the MY 2016 Timely Access Report. A CAP and \$2,500.00 administrative penalty were submitted to the DMHC with the LOA. DMHC accepted the CAP and returned an executed copy of the LOA to the Plan on August 14, 2019. The LOA has been posted to the DMHC website and is available to the public.</p>
<p>Department of Health Care Services (“DHCS”) Annual Network Certification CAP</p>	<p>The Department of Health Care Services (“DHCS”) issued a letter to the Plan dated July 9, 2019 communicating DHCS findings regarding the Plan’s 2019 Annual Network Certification (ANC) submission and requested a CAP. Initially DHCS requested a CAP for a Network Adequacy issue involving the partial approval of Hospital Alternative Access standards for one zip code in Madera County.</p> <p>In reviewing the Plan’s August 2019 CAP submission, the DHCS subsequently identified an additional issue related to two missing Alternative Access Standards (AAS) requests related to not meeting time or distance for OB/GYN Primary Care Physician (“PCP”) in two zip codes (Fresno and Madera counties). The CAP requires monthly submissions of updates and DHCS may impose monetary sanctions once the CAP is accepted and closed by DHCS. The Plan submitted the monthly CAP update and a response addressing the additional findings on September 9, 2019.</p> <p>The initial results for each managed care plan are posted on the DHCS Network Adequacy web site and available to the public.</p>

RHA Commission Compliance – Regulatory Report

<p>Department of Health Care Services (“DHCS”) 2017-2018 Performance Evaluation Report from the Health Services Advisory Group (“HSAG”)</p>	<p>CalViva Health received the final Performance Evaluation Follow-up Report from Health Services Advisory Group (HSAG) (a DHCS contractor) for the review period July 1, 2017 through June 30, 2018. The Performance Evaluation includes a Compliance Review (HEDIS Compliance Audits and the DHCS Medical Survey) and HSAG recommendations for actions. For this report, HSAG had recommendations related to several HEDIS performance measures in Fresno and Madera counties. CalViva Health was required to submit a response describing actions taken during the period of July 1, 2018 – June 30, 2019, that address the HSAG recommendations. A timely response was provided on August 7, 2019.</p>
<p>Department of Managed Health Care (“DMHC”) Routine Financial Examination</p>	<p>The DMHC conducted an examination of the Plan’s fiscal and administrative affairs, including an examination of the financial report for the quarter ended March 31, 2019. Additionally, the DMHC examiners reviewed claims payment practices and files and provider dispute resolution processes. The DMHC included an on-site visit to CalViva during the week of June 17, 2019, file review and subsequent document review. DMHC sent the Plan the preliminary findings on September 11, 2019. There was only one administrative deficiency finding and DMHC noted that CalViva corrected the deficiency during the audit. The Plan has been requested provide some additional information related to the one finding. Once DMHC accepts our response, a Final Report will be issued, posted on the DMHC website and available to the public.</p>
<p>Department of Health Care Services (“DHCS”) Quality Corrective Action Plan RY 2018 HEDIS results for MY 2017</p>	<p>DHCS approved the Plan’s CAP after having met all MPLs requirements and expectations for the CAP. DHCS closed the CAP effective September 1, 2019.</p>
<p>Health Services Advisory Group (“HSAG”) HEDIS® 2019 Compliance Audit™ Final Report of Findings</p>	<p>CalViva received the results of HSAG’s annual HEDIS Compliance Audit. HSAG used NCQA’s standards to assess CalViva’s compliance with the HEDIS technical specifications. HSAG reviews CalViva’s databases and software environment, electronic/manual data collection procedures, applicable supplemental databases, and abstraction tools and processes for medical records review for hybrid measures. HSAG focused specifically on aspects of CalViva’s systems that could impact HEDIS measure reporting. CalViva was fully compliant for 6 out of 7 elements and partially compliant for one element. A corrective action was submitted for the partially compliant element and was accepted by HSAG before the Compliance Audit was completed.</p>
<p>Department of Health Care Services (“DHCS”) 2019 Medical Audit and Department of Managed Health Care 2019 Medical Survey</p>	<p>DHCS and DMHC conducted their respective audits during the week of February 25, 2019. DHCS has scheduled an Exit Conference with CalViva on September 27, 2019 to discuss their findings. The Plan is still waiting for DMHC’s preliminary report of findings.</p>

RHA Commission Compliance – Regulatory Report

<p>New Regulations / Benefit Programs / Contractual Requirements</p>	
<p>Full-Scope Medi-Cal Young Adult Expansion</p>	<p>Among other requirements, SB 104 expands full-scope Medi-Cal to the young adult population, ages 19 through 25, who do not have satisfactory immigration status, are unable to establish satisfactory immigration status, or are unable to verify United States citizenship. SB 104 was signed into law by the Governor on July 9, 2019. This expansion is modeled after the Medi-Cal coverage provided by SB 75 (Chapter 18, Statutes of 2015), which provided full-scope Medi-Cal to eligible children under age 19. DHCS is targeting implementation of the young adult expansion by January 1, 2020. DHCS has identified approximately 2,000 potential beneficiaries in CalViva’s service area that may be eligible for the initial transition to CalViva or Anthem.</p>
<p>Proposition 56 Supplemental Payments Updates</p>	<p>Under the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), the Budget Act of 2019 appropriated Proposition 56 funds for specific DHCS health care expenditures per the annual state budget process for state fiscal years 2019-20 through 2021-22. Under these requirements Medi-Cal managed care plans and/or Medi-Cal FFS, as applicable, make supplemental payments to designated provider types meeting the applicable criteria for each payment program. Some of these ongoing and new supplemental payment programs also require CMS approval. Some of the new supplemental programs cover retroactive payments.</p> <p>The following lists existing Proposition 56 supplemental payment programs that will continue through December 31, 2021:</p> <ul style="list-style-type: none"> • Family Planning, Access, Care and Treatment (Family PACT) Program • Women’s Health Services • Dental • Physician Services. • Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) Including Habilitative and Nursing. • Freestanding Pediatric Subacute (FS/PSA) Facilities. • HIV/AIDS Waiver. • ICF/DD Continuous Nursing Care -1915(c) Home and Community-Based Alternatives (HCBA) Waiver. <p>The following are <u>new</u> Proposition 56 supplemental payment programs per the Budget Act of 2019:</p> <ul style="list-style-type: none"> • Medi-Cal Family Planning - select family planning services covered under the Medi-Cal program • Medi-Cal Developmental Screenings • Trauma Screening • Non-Emergency Medical Transportation • Hospital-Based Pediatric Physicians • Community-Based Adult Services (CBAS)
<p>Pharmacy Services Carve-out</p>	<p>On January 7, 2019, Governor Newsom signed Executive Order N-01-19 that requires DHCS to transition pharmacy services for Medi-Cal managed care to fee-for-service (FFS) by January 2021. DHCS plans to contract with a pharmacy administrative services vendor to manage and operate the Medi-Cal FFS pharmacy services program. On August 23, 2019, the DHCS released a Request for Proposal (RFP) inviting prospective proposers to submit a completed proposal package by October 1, 2019.</p>

RHA Commission Compliance – Regulatory Report

Committee Report	
Public Policy Committee	The Public Policy Committee (PPC) met in Madera County on September 5, 2019. The Q2 2019 Grievance & Appeal report, and the Semi-Annual Health Education Incentive Program were some of the items presented to the Committee. The PPC was informed that members would be receiving a notice in their Annual Mailing to continue to use the current 2018 EOC/Member Handbook as DHCS has still not released to the Managed Care Plans the model 2019 EOC/Member Handbook template. Additionally, Mr. Kevin Dat Vu was appointed to the PPC representing Fresno County. There were no recommendations or action items requiring the response of the Commission. The next meeting will be held on December 4, 2019, 11:30 a.m. in Fresno County, at 7625 N. Palm Ave. Suite 109, Fresno, CA 93711.

Item #9

Attachment 9.D

Appeals & Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2019

Current as of End of the Month: July
Revised Date: 8/15/2019

CalViva Health Appeals and Grievances Dashboard 2019

CalViva - 2019																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2019 YTD	2018
Expedited Grievances Received	20	11	25	56	20	23	31	74	16	0	0	16	0	0	0	0	146	170
Standard Grievances Received	87	74	80	241	85	76	120	281	106	0	0	106	0	0	0	0	628	859
Total Grievances Received	107	85	105	297	105	99	151	355	122	0	0	122	0	0	0	0	774	1029
Grievance Ack Letters Sent Noncompliant	0	0	2	2	2	2	2	6	2	0	0	2	0	0	0	0	10	16
Grievance Ack Letter Compliance Rate	100.0%	100.0%	97.5%	99.2%	97.6%	97.4%	98.3%	97.9%	98.1%	0.0%	0.0%	98.1%	0.0%	0.0%	0.0%	0.0%	98.41%	98.1%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Expedited Grievances Resolved Compliant	17	13	25	55	20	24	29	73	13	0	0	13	0	0	0	0	141	160
Expedited Grievance Compliance rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.00%	98.8%								
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0
Standard Grievances Resolved Compliant	99	77	69	245	79	89	65	233	125	0	0	125	0	0	0	0	603	807
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.5%	99.6%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	99.83%	100.0%
Total Grievances Resolved	116	90	94	300	99	113	95	307	138	0	0	138	0	0	0	0	745	969
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	97	66	70	233	76	78	79	233	105	0	0	105	0	0	0	0	571	740
Access - Other - DMHC	6	2	3	11	2	1	4	7	5	0	0	5	0	0	0	0	23	30
Access - PCP - DHCS	16	9	7	32	15	13	22	50	21	0	0	21	0	0	0	0	103	124
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	5	2	6	13	6	9	3	18	4	0	0	4	0	0	0	0	35	37
Administrative	30	22	18	70	19	25	14	58	27	0	0	27	0	0	0	0	155	196
Continuity of Care	0	0	0	0	0	0	2	2	1	0	0	1	0	0	0	0	3	19
Interpersonal	11	11	9	31	14	6	2	22	10	0	0	10	0	0	0	0	63	167
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	7	5	3	15	2	3	13	18	10	0	0	10	0	0	0	0	43	32
Pharmacy	6	5	5	16	2	6	2	10	7	0	0	7	0	0	0	0	33	51
Transportation - Access	11	4	8	23	7	11	8	26	14	0	0	14	0	0	0	0	40	NA
Transportation - Behaviour	4	6	10	20	6	3	7	16	4	0	0	4	0	0	0	0	20	NA
Transportation - Other	1	0	1	2	3	1	2	6	2	0	0	2	0	0	0	0	8	NA
Quality Of Care Grievances	19	24	24	67	23	35	16	74	33	0	0	33	0	0	0	0	174	229
Access - Other - DMHC	0	0	1	1	0	3	0	3	1	0	0	1	0	0	0	0	5	2
Access - PCP - DHCS	0	0	0	0	0	0	1	1	2	0	0	2	0	0	0	0	3	20
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	1	1	0	1	0	1	0	0	0	0	0	0	0	0	2	2
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	4	5	4	13	2	6	4	12	3	0	0	3	0	0	0	0	28	26
PCP Care	7	5	7	19	8	10	5	23	18	0	0	18	0	0	0	0	60	88
PCP Delay	3	6	6	15	2	7	5	14	5	0	0	5	0	0	0	0	34	54
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	5	7	3	15	11	8	0	19	2	0	0	2	0	0	0	0	36	33
Specialist Delay	0	1	2	3	0	0	1	1	2	0	0	2	0	0	0	0	6	4
Exempt Grievances Received - Classifications	306	253	247	806	339	247	283	869	294	0	0	294	0	0	0	0	1969	5286
Authorization	2	4	2	8	8	2	3	13	0	0	0	0	0	0	0	0	21	73
Avail of Appt w/ Other Providers	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
Avail of Appt w/ PCP	16	11	11	38	8	4	5	17	7	0	0	7	0	0	0	0	62	214
Avail of Appt w/ Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Claims Complaint	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Eligibility Issue	5	0	4	9	3	2	3	8	1	0	0	1	0	0	0	0	18	52
Health Care Benefits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
ID Card - Not Received	15	21	12	48	10	7	10	27	12	0	0	12	0	0	0	0	87	725
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	9	2	2	13	4	2	3	9	0	0	0	0	0	0	0	0	22	42
Interpersonal - Behavior of Clinic/Staff - Provider	35	16	13	64	32	16	33	81	35	0	0	35	0	0	0	0	180	775
Interpersonal - Behavior of Clinic/Staff - Vendor	0	0	0	0	1	1	0	2	1	0	0	1	0	0	0	0	3	5
Other	8	9	6	23	13	7	14	34	14	0	0	14	0	0	0	0	71	116
PCP Assignment	126	108	105	339	159	116	132	407	140	0	0	140	0	0	0	0	886	2037
Pharmacy	9	15	17	41	6	8	13	27	20	0	0	20	0	0	0	0	88	165
Transportation - Access	39	33	41	113	49	52	25	126	33	0	0	33	0	0	0	0	159	NA
Transportation - Behaviour	30	30	29	89	45	20	35	100	24	0	0	24	0	0	0	0	124	NA
Transportation - Other	2	1	0	3	1	2	1	4	2	0	0	2	0	0	0	0	6	NA
Wait Time - In Office for Scheduled Appt	5	1	4	10	0	6	5	11	1	0	0	1	0	0	0	0	22	35
Wait Time - Too Long on Telephone	5	2	1	8	0	2	1	3	3	0	0	3	0	0	0	0	14	31

CalViva Health Appeals and Grievances Dashboard 2019

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	10	15	14	39	15	20	7	42	14	0	0	14	0	0	0	0	95	124
Standard Appeals Received	31	35	50	116	48	56	57	161	70	0	0	70	0	0	0	0	347	420
Total Appeals Received	41	50	64	155	63	76	64	203	84	0	0	84	0	0	0	0	442	544
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	1	0	1	1	0	0	1	0	0	0	0	2	5
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	98.2%	100.0%	99.4%	98.6%	0.0%	0.0%	98.6%	0.0%	0.0%	0.0%	0.0%	99.42%	98.8%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
Expedited Appeals Resolved Compliant	9	15	15	39	16	20	7	43	13	0	0	13	0	0	0	0	95	114
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.00%	92.7%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	1	1	1	0	0	1	0	0	0	0	2	0
Standard Appeals Resolved Compliant	43	24	40	107	51	51	50	152	68	0	0	68	0	0	0	0	327	387
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	98.5%	0.0%	0.0%	98.5%	0.0%	0.0%	0.0%	0.0%	99.39%	100.0%
Total Appeals Resolved	52	39	55	146	67	71	58	196	82	0	0	82	0	0	0	0	424	510
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	52	39	53	144	67	71	57	195	81	0	0	81	0	0	0	0	420	506
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	1	0	0	1	1	2	4	7	0	0	0	0	0	0	0	0	8	48
DME	7	4	5	16	3	4	2	9	4	0	0	4	0	0	0	0	29	59
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	1	1	2	1	1	0	2	1	0	0	1	0	0	0	0	5	3
Advanced Imaging	23	15	19	57	29	33	28	90	34	0	0	34	0	0	6	6	187	143
Other	6	6	3	15	8	8	3	19	5	0	0	5	0	0	5	5	44	96
Pharmacy	13	8	17	38	20	20	15	55	35	0	0	35	0	0	0	0	128	138
Surgery	2	5	8	15	5	3	5	13	2	0	0	2	0	0	0	0	30	19
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	2	2	0	0	1	1	1	0	0	1	0	0	0	0	4	4
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	1	1	0	0	1	1	0	0	0	0	0	0	0	0	2	3
Pharmacy	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	32	20	29	81	34	31	34	99	50	0	0	50	0	0	0	0	230	319
Uphold Rate	61.5%	51.3%	52.7%	55.5%	50.7%	43.7%	58.6%	50.5%	61.0%	0.0%	0.0%	61.0%	0.0%	0.0%	0.0%	0.0%	54.2%	62.5%
Overturns - Full	17	18	25	60	30	39	24	93	31	0	0	31	0	0	0	0	184	173
Overturn Rate - Full	32.7%	46.2%	45.5%	41.1%	44.8%	54.9%	41.4%	47.4%	37.8%	0.0%	0.0%	37.8%	0.0%	0.0%	0.0%	0.0%	43.4%	33.9%
Overturns - Partial	2	1	1	4	2	0	0	2	1	0	0	1	0	0	0	0	7	15
Overturn Rate - Partial	3.8%	2.6%	1.8%	2.7%	3.0%	0.0%	0.0%	1.0%	1.2%	0.0%	0.0%	1.2%	0.0%	0.0%	0.0%	0.00%	1.7%	2.9%
Withdrawal	1	0	0	1	1	1	0	2	0	0	0	0	0	0	0	0	3	3
Withdrawal Rate	1.9%	0.0%	0.0%	0.0%	1.5%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.7%	0.6%
Membership	353,445	353,877	353,039		352,929	353,499	353,499		357,064	-	-		-	-	-			
Appeals - PTMPM	0.15	0.11	0.16	0.14	0.19	0.20	0.16	0.18	0.23	-	-	0.23	-	-	-	-	0.17	0.12
Grievances - PTMPM	0.33	0.25	0.27	0.28	0.28	0.32	0.27	0.29	0.39	-	-	0.39	-	-	-	-	0.30	0.23

Fresno County																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2019 YTD	2018
Expedited Grievances Received	14	6	21	41	14	17	27	58	15	0	0	15	0	0	0	0	114	140
Standard Grievances Received	70	52	66	188	68	60	104	232	97	0	0	97	0	0	0	0	517	747
Total Grievances Received	84	58	87	229	82	77	131	290	112	0	0	112	0	0	0	0	631	887
Grievance Ack Letters Sent Noncompliant	0	0	2	2	1	2	2	5	2	0	0	2	0	0	0	0	9	12
Grievance Ack Letter Compliance Rate	100.0%	100.0%	97.0%	98.9%	98.5%	96.7%	98.1%	97.8%	97.9%	0.0%	0.0%	97.9%	0.0%	0.0%	0.0%	0.0%	98.3%	98.39%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Expedited Grievances Resolved Compliant	12	8	20	40	14	18	25	57	12	0	0	12	0	0	0	0	109	132
Expedited Grievance Compliance rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.24%								
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	79	65	49	193	67	73	50	190	108	0	0	108	0	0	0	0	491	697
Standard Grievance Compliance rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%								
Total Grievances Resolved	91	73	69	233	81	91	75	247	120	0	0	120	0	0	0	0	600	830
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	78	52	53	183	61	63	62	186	91	0	0	91	0	0	0	0	460	625
Access - Other - DMHC	5	1	3	9	1	1	4	6	5	0	0	5	0	0	0	0	20	25
Access - PCP - DHCS	15	9	5	29	12	10	20	42	21	0	0	21	0	0	0	0	92	111
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	4	0	6	10	5	5	3	13	4	0	0	4	0	0	0	0	27	34
Administrative	24	18	12	54	18	22	11	51	21	0	0	21	0	0	0	0	126	159
Continuity of Care	0	0	0	0	0	0	2	2	1	0	0	1	0	0	0	0	3	13
Interpersonal	10	8	9	27	11	4	2	17	9	0	0	9	0	0	0	0	53	147
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	2	5	2	9	1	2	10	13	9	0	0	9	0	0	0	0	31	25
Pharmacy	3	3	3	9	1	6	0	7	6	0	0	6	0	0	0	0	22	44
Transportation - Access	10	3	6	19	6	9	5	20	11	0	0	11	0	0	0	0	50	NA
Transportation - Behaviour	4	5	6	15	4	3	4	11	2	0	0	2	0	0	0	0	28	NA
Transportation - Other	1	0	1	2	2	1	1	4	2	0	0	2	0	0	0	0	8	NA
Quality Of Care Grievances	13	21	16	50	20	28	13	61	29	0	0	29	0	0	0	0	140	205
Access - Other - DMHC	0	0	0	0	0	2	0	2	1	0	0	1	0	0	0	0	3	2
Access - PCP - DHCS	0	0	0	0	0	0	1	1	2	0	0	2	0	0	0	0	3	19
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	1	1	0	1	0	1	0	0	0	0	0	0	0	0	2	2
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	3	4	2	9	1	6	4	11	2	0	0	2	0	0	0	0	22	21
PCP Care	5	4	4	13	7	7	4	18	16	0	0	16	0	0	0	0	47	81
PCP Delay	2	5	5	12	2	6	3	11	5	0	0	5	0	0	0	0	28	50
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	3	7	2	12	10	6	0	16	1	0	0	1	0	0	0	0	29	28
Specialist Delay	0	1	2	3	0	0	1	1	2	0	0	2	0	0	0	0	6	2

CalViva Health Appeals and Grievances Dashboard 2019 (Fresno County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	6	13	10	29	13	18	5	36	13	0	0	13	0	0	0	0	78	104
Standard Appeals Received	28	30	38	96	42	53	45	140	56	0	0	56	0	0	0	0	292	368
Total Appeals Received	34	43	48	125	55	71	50	176	69	0	0	69	0	0	0	0	370	472
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	1	0	1	2	0	0	2	0	0	0	0	3	5
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	98.1%	100.0%	99.3%	96.4%	0.0%	0.0%	96.4%	0.0%	0.0%	0.0%	0.0%	99.0%	98.6%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
Expedited Appeals Resolved Compliant	6	12	11	29	14	18	5	37	12	0	0	12	0	0	0	0	78	94
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	91.3%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	1	1	1	0	0	1	0	0	0	0	2	0
Standard Appeals Resolved Compliant	38	21	35	94	39	45	47	131	52	0	0	52	0	0	0	0	277	341
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.9%	99.2%	98.1%	0.0%	0.0%	98.1%	0.0%	0.0%	0.0%	0.0%	99.3%	100.0%
Total Appeals Resolved	44	33	46	123	53	63	53	169	65	0	0	65	0	0	0	0	357	444
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	44	33	44	121	53	63	52	168	64	0	0	64	0	0	0	0	353	442
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	1	0	0	1	0	1	4	5	0	0	0	0	0	0	0	0	6	41
DME	7	4	4	15	3	4	2	9	4	0	0	4	0	0	0	0	28	52
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	1	1	2	1	1	0	2	0	0	0	0	0	0	0	0	4	1
Advanced Imaging	20	12	18	50	23	33	26	82	27	0	0	27	0	0	0	0	159	125
Other	4	4	3	11	6	5	2	13	4	0	0	4	0	0	0	0	28	93
Pharmacy	10	7	12	29	16	17	13	46	27	0	0	27	0	0	0	0	102	112
Surgery	2	5	6	13	4	2	5	11	2	0	0	2	0	0	0	0	26	18
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	2	2	0	0	1	1	1	0	0	1	0	0	0	0	4	2
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	1	1	0	0	1	0	0	0	0	0	0	0	0	0	1	1
Pharmacy	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	27	18	24	69	26	27	33	86	39	0	0	39	0	0	0	0	194	282
Uphold Rate	61.4%	54.5%	52.2%	56.1%	49.1%	42.9%	62.3%	50.9%	60.0%	0.0%	0.0%	60.0%	0.0%	0.0%	0.0%	0.0%	54.3%	63.5%
Overturns - Full	15	14	22	51	25	35	20	80	25	0	0	25	0	0	0	0	156	147
Overturn Rate - Full	34.1%	42.4%	47.8%	41.46%	47.2%	55.6%	37.7%	47.34%	38.5%	0.0%	0.0%	38.46%	0.0%	0.0%	0.0%	0.00%	43.70%	33.11%
Overturns - Partial	1	1	0	2	1	0	0	1	1	0	0	1	0	0	0	0	4	12
Overturn Rate - Partial	2.3%	3.0%	0.0%	1.6%	1.9%	0.0%	0.0%	0.6%	1.5%	0.0%	0.0%	1.5%	0.0%	0.0%	0.0%	0.0%	1.1%	2.7%
Withdrawal	1	0	0	1	1	1	0	2	0	0	0	0	0	0	0	0	3	3
Withdrawal Rate	2.3%	0.0%	0.0%	0.0%	1.9%	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%
Membership	288,152	288,335	287,500		287,059	287,677	287,677		290,728									1758978
Appeals - PTMPM	0.15	0.11	0.16	0.14	0.18	0.22	0.18	0.20	0.22	-	-	0.07	-	-	-	0.00	0.10	0.10
Grievances - PTMPM	0.32	0.25	0.24	0.27	0.28	0.32	0.26	0.29	0.41	-	-	0.14	-	-	-	0.00	0.17	0.16

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	1	1	1	3	1	0	0	1	0	0	0	0	0	0	0	0	4	4
Standard Appeals Received	1	2	3	6	2	1	3	6	3	0	0	3	0	0	0	0	15	16
Total Appeals Received	2	3	4	9	3	1	3	7	3	0	0	3	0	0	0	0	19	20
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%								
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	1	1	1	3	1	0	0	1	0	0	0	0	0	0	0	0	4	4
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%	100.0%							
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	0	1	2	3	3	2	1	6	4	0	0	4	0	0	0	0	13	16
Standard Appeals Compliance Rate	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%							
Total Appeals Resolved	1	2	3	6	4	2	1	7	4	0	0	4	0	0	0	0	17	20
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	1	2	3	6	4	2	1	7	4	0	0	4	0	0	0	0	17	19
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	0	0	0	0	2	0	1	3	0	0	0	0	0	0	0	0	3	3
Other	0	1	0	1	0	2	0	2	0	0	0	0	0	0	0	0	3	3
Pharmacy	1	1	2	4	2	0	0	2	4	0	0	4	0	0	0	0	10	9
Surgery	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	1																
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	0	1	2	3	3	0	0	3	3	0	0	3	0	0	0	0	9	10
Uphold Rate	0.0%	50.0%	66.7%	50.0%	75.0%	0.0%	0.0%	42.9%	75.0%	0.0%	0.0%	75.0%	0.0%	0.0%	0.0%	0.0%	52.9%	50.0%
Overturns - Full	0	1	1	2	1	2	1	4	1	0	0	1	0	0	0	0	7	9
Overturn Rate - Full	0.0%	50.0%	33.3%	0.0%	25.0%	100.0%	100.0%	57.14%	25.0%	0.0%	0.0%	25.00%	0.0%	0.0%	0.0%	0.00%	41.18%	45.00%
Overturns - Partial	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Overturn Rate - Partial	100.0%	0.0%	0.0%	16.7%	0.0%	5.9%	5.0%											
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Withdrawal Rate	0.0%																	
Membership	28,743	28,985	29,013	29,232	29,166	29,166	29,305	252645										
Appeals - PTMPM	0.03	0.07	0.10	0.07	0.14	0.07	0.03	0.08	0.14	-	-	0.05	-	-	-	0.00	0.05	0.06
Grievances - PTMPM	0.31	0.17	0.24	0.24	0.14	0.45	0.27	0.29	0.24	-	-	0.08	-	-	-	0.00	0.15	0.15

CalViva Health Appeals and Grievances Dashboard 2019 (Madera County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	3	1	3	7	1	2	2	5	1	0	0	1	0	0	0	0	13	16
Standard Appeals Received	2	3	9	14	4	2	9	15	10	0	0	10	0	0	0	0	39	36
Total Appeals Received	5	4	12	21	5	4	11	20	11	0	0	11	0	0	0	0	52	52
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%								
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	2	2	3	7	1	2	2	5	1	0	0	1	0	0	0	0	13	16
Expedited Appeals Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%								
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	5	2	3	10	9	4	2	15	11	0	0	11	0	0	0	0	36	30
Standard Appeals Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%								
Total Appeals Resolved	7	4	6	17	10	6	4	20	12	0	0	12	0	0	0	0	49	46
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	7	4	6	17	10	6	4	20	12	0	0	12	0	0	0	0	49	45
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	1	1	0	2	0	0	0	0	0	0	0	0	2	4
DME	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	6
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	1	0	0	1	0	0	0	0	1	2
Advanced Imaging	3	3	1	7	4	0	1	5	7	0	0	7	0	0	0	0	19	10
Other	2	1	0	3	2	1	1	4	1	0	0	1	0	0	0	0	8	5
Pharmacy	2	0	3	5	2	3	2	7	3	0	0	3	0	0	0	0	15	17
Surgery	0	0	1	1	1	1	0	2	0	0	0	0	0	0	0	0	3	1
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	1								
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	5	1	3	9	5	4	1	10	8	0	0	8	0	0	0	0	27	27
Uphold Rate	71.4%	25.0%	50.0%	52.9%	50.0%	66.7%	25.0%	50.0%	66.7%	0.0%	0.0%	66.7%	0.0%	0.0%	0.0%	0.0%	55.1%	58.7%
Overturns - Full	2	3	2	7	4	2	3	9	4	0	0	4	0	0	0	0	20	17
Overturn Rate - Full	28.6%	75.0%	33.3%	0.0%	40.0%	33.3%	75.0%	0.0%	33.3%	0.0%	0.0%	33.33%	0.0%	0.0%	0.0%	0.0%	40.82%	36.96%
Overturns - Partial	0	0	1	1	1	0	0	1	0	0	0	0	0	0	0	0	2	2
Overturn Rate - Partial	0.0%	0.0%	16.7%	0.0%	10.0%	0.0%	0.0%	5.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.1%	4.3%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%								
Membership	36,550	36,557	36,526		36,638	36,656	36,656		37,031									328,598
Appeals - PTMPM	0.19	0.11	0.16	0.16	0.27	0.16	0.11	0.18	0.32	-	-	0.11	-	-	-	0.00	0.11	0.10
Grievances - PTMPM	0.44	0.33	0.49	0.42	0.38	0.25	0.33	0.32	0.30	-	-	0.10	-	-	-	0.00	0.21	0.20

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	5	4	7	16	4	3	1	8	4	0	0	4	0	0	0	0	28	34
Standard Appeals Received	7	6	13	26	9	16	20	45	18	0	0	18	0	0	0	0	89	95
Total Appeals Received	12	10	20	42	13	19	21	53	22	0	0	22	0	0	0	0	117	129
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	1	0	1	1	0	0	1	0	0	0	0	2	1
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	93.8%	100.0%	97.8%	94.4%	0.0%	0.0%	94.4%	0.0%	0.0%	0.0%	0.0%	97.8%	98.9%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Expedited Appeals Resolved Compliant	5	5	7	17	4	3	1	8	4	0	0	4	0	0	0	0	29	32
Expedited Appeals Compliance Rate	100.0%	0.0%	0.0%	-323.5%	0.0%	0.0%	0.0%	0.0%	100.0%	96.9%								
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
Standard Appeals Resolved Compliant	14	5	8	27	12	12	13	37	23	0	0	23	0	0	0	0	87	86
Standard Appeals Compliance Rate	100.0%	95.7%	0.0%	0.0%	95.7%	0.0%	0.0%	0.0%	0.0%	98.9%	100.0%							
Total Appeals Resolved	19	10	15	44	16	15	14	45	27	0	0	27	0	0	0	0	116	118
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	19	10	14	43	16	15	14	45	28	0	0	28	0	0	0	0	116	116
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
DME	6	2	3	11	1	3	1	5	3	0	0	3	0	0	0	0	19	27
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	1	1	2	0	0	0	0	1	0	0	1	0	0	0	0	3	1
Advanced Imaging	9	2	5	16	7	7	8	22	8	0	0	8	0	0	0	0	46	19
Other	0	1	1	2	0	1	1	2	3	0	0	3	0	0	0	0	7	27
Pharmacy	3	3	3	9	8	4	3	15	12	0	0	12	0	0	0	0	36	32
Surgery	1	1	1	3	0	0	1	1	1	0	0	1	0	0	0	0	5	3
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	9	5	7	21	12	8	5	25	16	0	0	16	0	0	0	0	62	73
Uphold Rate	47.4%	50.0%	46.7%	47.7%	75.0%	53.3%	35.7%	55.6%	59.3%	0.0%	0.0%	59.3%	0.0%	0.0%	0.0%	0.0%	53.4%	61.3%
Overturns - Full	8	5	8	21	4	7	9	20	12	0	0	12	0	0	0	0	53	40
Overturn Rate - Full	42.1%	50.0%	53.3%	47.73%	25.0%	46.7%	64.3%	44.44%	44.4%	0.0%	0.0%	44.44%	0.0%	0.0%	0.0%	0.00%	45.69%	33.90%
Overturns - Partial	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	5
Overturn Rate - Partial	5.3%	0.0%	0.0%	2.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%	4.2%
Withdrawal	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Withdrawal Rate	5.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.8%							
Membership	22,086	22,066	22,126	66,278	22,215	22,354	22,354	66,923	32,382									197836
Appeals - PTMPM	0.86	0.45	0.68	0.66	0.72	0.67	0.63	0.67	0.83	-	-	0.28	-	-	-	0.00	0.40	0.45
Grievances - PTMPM	1.81	1.59	1.54	1.64	1.53	1.48	1.52	1.51	1.42	-	-	0.47	-	-	-	0.00	0.91	1.03

Cal Viva Dashboard Definitions

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

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

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

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

Item #9

Attachment 9.E

Key Indicator Report



Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2018 to 7/31/2019
Report created 8/23/2019

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

Exhibits:

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Contact Information

Sections

Concurrent Inpatient TAT Metric

TAT Metric

CCS Metric

Case Management Metrics

Authorization Metrics

Contact Person

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Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2018 to 7/31/2019
 Report created 8/23/2019

ER utilization based on Claims data		2018-08	2018-09	2018-10	2018-11	2018-12	2018-Trenc	2019-01	2019-02	2019-03	2019-04	2019-05	2019-06	2019-07	2019-Trenc	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Qtr Trend	CY- 2018	YTD-2019	YTD-Trend			
		CCS ID RATE							CCS ID RATE							CCS ID RATE							CCS ID RATE					
CCS %		7.95%	8.00%	7.94%	7.97%	7.97%		8.07%	8.07%	8.06%	8.07%	8.14%	8.11%	8.13%		7.77%	7.81%	7.97%	7.96%	8.07%	8.10%		7.88%	8.10%				
		Perinatal Case Management							Perinatal Case Management							Perinatal Case Management							Perinatal Case Management					
Total Number Of Referrals		247	98	72	61	36		43	40	53	64	183	267	275		169	217	472	169	135	514		1,027	885				
Pending		0	0	0	2	3		0	0	0	0	1	8	6		0	0	0	5	0	9		5	9				
Ineligible		16	12	10	9	2		3	1	6	6	10	12	17		41	15	38	21	10	28		115	59				
Total Outreached		231	86	62	50	31		40	38	47	58	172	247	252		128	202	434	143	125	477		907	817				
Engaged		19	14	19	22	3		10	13	8	23	43	54	56		38	47	43	44	31	120		172	203				
Engagement Rate		8%	16%	31%	44%	10%		25%	34%	17%	40%	25%	22%	22%		30%	23%	10%	31%	25%	25%		19%	25%				
New Cases Opened		19	14	19	22	3		10	13	8	23	43	54	56		38	47	43	44	31	120		172	203				
Total Cases Managed		79	78	77	86	80		79	71	66	80	108	152	189		75	75	88	103	99	177		206	268				
Total Cases Closed		15	20	14	9	10		21	14	9	15	10	13	30		32	28	45	33	44	38		137	109				
Cases Remained Open		48	48	61	69	65		56	51	52	56	92	125	154		41	59	48	65	52	125		65	154				
		Integrated Case Management							Integrated Case Management							Integrated Case Management							Integrated Case Management					
Total Number Of Referrals		69	146	67	113	45		45	31	76	62	70	130	108		142	159	288	225	152	262		814	517				
Pending		2	3	4	15	5		0	0	0	3	1	8	15		0	0	6	24	0	12		30	19				
Ineligible		7	13	9	11	1		3	1	6	11	4	10	9		26	27	23	21	10	25		97	53				
Total Outreached		60	130	54	87	39		42	30	70	48	65	112	84		116	132	259	180	142	225		687	445				
Engaged		24	42	20	31	18		15	8	35	19	27	27	35		45	33	95	69	58	73		242	167				
Engagement Rate		40%	32%	37%	36%	46%		36%	27%	50%	40%	42%	24%	42%		39%	25%	37%	38%	41%	32%		35%	38%				
Total Screened and Refused/Decline		14	29	8	21	9		8	4	16	14	15	29	20		34	36	57	38	28	58		165	106				
Unable to Reach		35	71	34	51	13		22	21	24	25	37	68	44		58	77	131	98	67	130		364	237				
New Cases Opened		24	42	20	21	18		15	8	35	19	27	27	35		45	33	95	59	58	73		242	167				
Total Cases Closed		20	3	26	22	19		15	28	20	19	17	34	41		58	47	30	67	63	70		202	174				
Cases Remained Open		47	87	102	105	105		109	134	116	134	147	137	151		32	33	87	105	116	137		105	151				
Total Cases Managed		91	116	133	136	129		125	129	136	135	143	153	153		116	81	129	181	164	189		302	286				
Critical-Complex Acuity		62	67	38	27	27		23	24	22	23	27	28	25		77	63	77	42	26	32		116	40				
High/Moderate/Low Acuity		29	19	95	106	102		102	105	114	112	116	125	128		39	18	52	139	138	157		186	246				
		Transitional Case Management							Transitional Case Management							Transitional Case Management							Transitional Case Management					
Total Number Of Referrals		78	48	62	32	29		41	49	64	60	45	34	117		96	122	191	123	152	139		532	410				
Pending		2	0	1	0	0		0	0	0	2	1	5	39		1	0	0	1	0	8		2	46				
Ineligible		13	12	10	8	4		10	11	8	18	12	15	19		17	18	27	22	29	45		84	98				
Total Outreached		63	36	51	24	25		29	38	56	40	32	14	59		78	104	164	100	123	86		446	266				
Engaged		20	16	21	9	6		9	14	27	14	8	2	30		62	52	62	36	50	24		212	103				
Engagement Rate		32%	44%	41%	38%	24%		31%	38%	47%	38%	24%	14%	51%		79%	50%	38%	36%	41%	28%		48%	39%				
Total Screened and Refused/Decline		27	17	16	8	11		13	15	16	16	2	4	17		4	25	65	35	44	22		129	86				
Unable to Reach		20	6	15	8	8		8	12	16	15	25	9	21		13	29	44	31	36	49		117	101				
New Cases Opened		20	16	21	9	6		9	15	27	13	8	2	30		62	52	62	36	51	23		212	103				
Total Cases Closed		28	20	22	20	13		5	11	13	11	24	9	11		52	54	61	55	29	44		222	82				
Cases Remained Open		21	25	27	14	9		15	20	18	20	14	13	26		22	14	25	9	18	13		9	26				
Total Cases Managed		54	55	57	41	26		19	28	44	46	43	21	43		63	79	96	71	52	55		228	114				
Critical-Complex Acuity		2	6	7	4	2		0	0	0	0	0	0	0		0	0	8	7	0	0		13	0				
High/Moderate/Low Acuity		52	49	50	37	24		19	28	44	46	43	21	43		63	79	88	64	52	55		215	114				
		Behavioral Health Case Management							Behavioral Health Case Management							Behavioral Health Case Management							Behavioral Health Case Management					
Total Number Of Referrals		19	29	9	56	15		12	27	40	29	30	44	54		0	42	68	80	80	103		190	233				
Pending		0	0	0	0	1		0	0	0	0	1	6	5		0	0	0	1	0	7		1	5				
Ineligible		2	6	1	2	2		1	2	6	2	6	1	9		0	0	9	5									

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2018 to 7/31/2019
 Report created 8/23/2019

ER utilization based on Claims data	2018-08	2018-09	2018-10	2018-11	2018-12	2018-Trenc	2019-01	2019-02	2019-03	2019-04	2019-05	2019-06	2019-07	2019-Trenc	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Qtr Trend	CY- 2018	YTD-2019	YTD-Trend
Critical-Complex Acuity	2	3	3	3	2		3	2	1	4	5	6	5		0	3	3	4	4	6		7	7	
High/Moderate/Low Acuity	8	7	7	20	22		20	25	33	36	46	42	57		0	3	9	26	43	57		35	101	
	Record Processing						Record Processing						Record Processing						Record Processing					
Total Records	7,664	6,808	7,838	5,881	7,124		7,479	7,327	7,723	7,256	9,524	7,696	7,900		22,344	26,574	22,733	20,843	22,529	24,476		92,494	54,905	
Total Admissions	2,247	2,198	2,194	1,619	2,178		2,249	2,058	2,183	2,087	2,242	2,111	2,277		6,757	6,436	6,737	5,991	6,490	6,440		25,921	15,207	

Item #9

Attachment 9.F

Credentialing Sub-Committee
Quarterly Report



REPORT SUMMARY TO COMMITTEE

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

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

COMMITTEE DATE: September 19th, 2019

SUBJECT: CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 3 2019

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 3rd Quarter 2019 CalViva Health Credentialing Sub-Committee activities.

- I. The Credentialing Sub-Committee met on July 18th, 2019. At the July meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services.
- II. Reports covering the first quarter for 2019 were reviewed for delegated entities and the second quarter 2019 report was reviewed for both Health Net and MHN. A summary of the first quarter data is included in the table below.

III. Table 1. First Quarter 2019 Credentialing/Recredentialing

	Sante	ChildNet	MHN	Health Net	La Salle	ASH	VSP	Envolve Vision	IMG	CVMP	Adventist	Totals
Initial credentialing	42	19	6	30	35	0	0	15	6	59	54	266
Recredentialing	68	24	18	8	30	1	0	0	11	13	0	173
Suspensions	0	0	0	0	0	0	0	0	0	0	0	0
Resignations (for quality of care only)	0	0	0	0	0	0	0	0	0	0	0	0
Totals	110	43	24	38	65	1	0	15	17	72	54	439

- IV. The Quarter 2 2019 Credentialing report was reviewed with one case that has been previously reviewed that resulted in an appeal of a Fair Hearing. Outcome was to uphold denial of reentry into the network effective 5/24/2019. Required 805 report was filed with National Practitioners Databank. Case was tabled pending feedback from SIU. No other significant cases were identified on these reports.

Item #9

Attachment 9.G

Peer Review Sub-Committee
Quarterly Report



REPORT SUMMARY TO COMMITTEE

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

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

COMMITTEE DATE: September 19th, 2019

SUBJECT: CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 3 2019

Purpose of Activity:

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

- I. The Peer Review Sub-Committee met on July 18th, 2019. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 2 2019 were reviewed for approval. There were no significant cases to report.
- II. The Quarter 2, 2019 Peer Count Report was presented at the meeting with a total of 22 cases reviewed. The outcomes for these cases are as follows:
 - There were thirteen (13) cases closed and cleared. There were two cases pending closure for Corrective Action Plan compliance. There were five more cases pended for further information and two cases with outstanding CAPs.
- III. Follow up will be initiated to obtain additional information for the tabled cases and ongoing monitoring and reporting will continue.

Item #9

Attachment 9.H

Operations Report

IT Communications and Systems								
IT Communications and Systems	Active Presence of an External Vulnerability within Systems	NO	Description: A good status indicator is all potential external vulnerabilities scanned and a very low identification of confirmed and/or potential vulnerabilities.					
	Active Presence of Viruses within Systems	NO	Description: A specific type of malware (designed to replicate and spread) intended to run and disable computers and/or computer systems without the users knowledge.					
	Active Presence of Failed Required Patches within Systems	NO	Description: A good status indicator is all identified and required patches are successfully being installed.					
	Active Presence of Malware within Systems	NO	Description: Software that is intended to damage or disable computers and computer systems.					
Message From The COO								
At present time, there are no issues, concerns, and/or items of significance to report as it relates to the Plan's IT Communications and Systems								
Privacy and Security								
Privacy and Security	Risk Analysis (Last Completed mm/yy: 6/19)	Risk Rating: Medium	Description: Conducting an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI held in the Health Plans IT and Communication Systems. A Rating is assigned: "No Risk", "Low Risk", "Medium Risk", "High Risk", "Critical Risk".					
	Eff. Date & Last Annual Mail Date of NPP (mm/yy)	4/18 & 7/18	Description: Notice of Privacy Practices (NPP) describes how PHI may be used and disclosed. The NPP is review and updated when appropriate. The NPP is distributed upon enrollment and annually thereafter					
	Active Business Associate Agreements	6	Description: A signed agreement is required of any person/entity who is not a member of CalViva Health's workforce who will create or receive PHI of behalf of CalViva Health.					
	# Of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)							
	Year	2019	2019	2019	2019	2019	2019	2019
	Month	Mar	Apr	May	Jun	July	Aug	Sep
	No/Low Risk	3	2	0	0	1	6	0
	High Risk	1	0	0	0	0	0	0
	Total Cases By Month	4	2	0	0	1	6	0
	Year	2013	2014	2015	2016	2017	2018	2019
	No/Low Risk	91	48	54	36	28	38	16
	High Risk	3	6	3	5	1	1	1
Total Cases By Year	94	54	57	41	29	39	17	
Message from the COO								
There was an increase of no/low risk indents during August 2019. 4 out of the six incidents were attributed to employee error either directly by a CalViva Health employee, Administrator, or a vendor. There were no systemic concerns identified. Individual employee education were conducted. A cybersecurity awareness training was completed for all CalViva Health staff on September 12, 2019.								



CalViva Health
Operations Report

	Year	2018	2018	2018	2018	2019	2019	
	Quarter	Q1	Q2	Q3	Q4	Q1	Q2	
Member Call Center CalViva Health Website	(Main) Member Call Center	# of Calls Received	42,624	33,657	31,095	28,135	30,380	28,902
		# of Calls Answered	41,872	33,162	30,937	27,948	30,174	28,762
		Abandonment Level (Goal < 5%)	1.80%	1.50%	0.50%	0.70%	0.70%	0.50%
		Service Level (Goal 80%)	85%	91%	93%	91%	93%	94%
	Behavioral Health Member Call Center	# of Calls Received	1,417	1,058	1,121	1,034	1,297	1,204
		# of Calls Answered	1,389	1,031	1,101	1,011	1,277	1,188
		Abandonment Level (Goal < 5%)	2.00%	2.60%	1.80%	2.20%	1.50%	1.30%
		Service Level (Goal 80%)	83%	87%	88%	83%	84%	88%
	Transportation Call Center	# of Calls Received	9,777	10,910	13,854	13,776	14,470	14,281
		# of Calls Answered	9,669	10,888	13,770	13,583	14,383	14,224
		Abandonment Level (Goal < 5%)	1.10%	0.20%	0.60%	1.40%	0.60%	0.40%
		Service Level (Goal 80%)	84%	86%	86%	84%	82%	92%
	CalViva Health Website	# of Users	22,000	17,000	18,000	17,000	20,000	19,000
Top Page		Find a Provider	Find a Provider	Main Page	Main Page	Main Page	Find a Provider	
Top Device		Mobile (59%)	Mobile (58%)	Mobile (57%)	Mobile (58%)	Mobile (60%)	Mobile (59%)	
Session Duration		~ 3 minutes	~ 3 minutes	~ 3 minutes	~ 3 minutes	~ 2 minutes	~ 2 minutes	
Message from the COO	Quarter 2 2019 numbers are available. All Call Center metrics met goal.							



CalViva Health
Operations Report

Provider Network Activities & Provider Relations									
Provider Network Activities & Provider Relations	Year	2019							
	Month	Jan	Feb	Mar	Apr	May	Jun	Jul	
	Hospitals	10							
	Clinics	111	112	115	116	120	120	121	
	PCP	346	356	353	352	354	355	356	
	Specialist	1272	1318	1326	1344	1339	1349	1305	
	Ancillary	194	190	190	190	192	192	190	
	Provider Network Activities & Provider Relations								
	Year	2017	2018	2018	2018	2018	2019	2019	
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
	Pharmacy	163	164	165	167	164	161	151	
	Behavioral Health	181	206	261	226	336	342	343	
	Vision	83	79	77	71	77	31	39	
	Urgent Care	5	7	10	10	11	12	14	
	Acupuncture	8	6	6	11	5	7	6	
	Provider Network Activities & Provider Relations								
	Year	2017	2018	2018	2018	2018	2019	2019	
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
	% of PCPs Accepting New Patients - Goal (85%)	77%	88%	89%	91%	91%	94%	93%	
	% Of Specialists Accepting New Patients - Goal (85%)	95%	97%	97%	98%	97%	95%	95%	
	Provider Network Activities & Provider Relations								
	Year	2019							
	Month	Jan	Feb	Mar	Apr	May	Jun	Jul	
	In-Person Visits by Provider Relations	161	255	177	227	196	109	151	
	Provider Trainings by Provider Relations	24	112	145	163	133	83	143	
	Year	2013	2014	2015	2016	2017	2018	2019	
	Total In Person Visits	1,377	1,790	2,003	2,604	2,786	2,552	1,276	
	Total Trainings Conducted	30	148	550	530	762	808	803	
Message From the COO	The results of the Plan's Calendar Year 2019 DHCS Annual Network Certification Results are available publicly. The Plan Passed with Conditions as stated during the July 18, 2019 Commission meeting. The Plan continues to monitor the impacts of state and federal requirements to ensure providers have been screened and enrolled in order to deliver care to Medi-Cal beneficiaries.								



CalViva Health
Operations Report

Claims Processing								
	Year	2017	2018	2018	2018	2018	2019	2019
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Medical Claims Timeliness (30 days / 45 days) - Goal (90% / 95%) - Deficiency Disclosure		95% / 99% NO	97% / 99% NO	98% / 99% YES	97%/99% NO	90% / 99% NO	90% / 99% YES	94% / 99% YES
Behavioral Health Claims Timeliness (30 Days / 45 days) - Goal (90% / 95%) - Deficiency Disclosure		92% / 96% YES	90% / 99% YES	96% / 99% YES	97%/99% YES	98% / 99% N/A	98% / 99% N/A	97% / 99% N/A
Pharmacy Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure		100% / 100% NO						
Acupuncture Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure		100% / 100% NO	99% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	99% / 100% NO	100% / 100% NO
Vision Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure		100% / 100% NO						
Transportation Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure					99% / 99% NO	98% / 99% NO	95% / 100% NO	100% / 100% NO
PPG 1 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure		96% / 100% NO	91% / 100% NO	84% / 100% NO	99% / 100% NO	100% / 100% NO		
PPG 2 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure		94% / 98% NO	90% / 100% YES	83% / 97% YES	78% / 88% YES	98% / 99% NO	99% / 100% NO	97% / 98% NO
PPG 3 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure		91% / 100% NO	98 / 100% NO	94% / 98% NO	95% / 100% NO	99% / 100% NO	92% / 100% NO	99% / 100% NO
PPG 4 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure		100% / 100% NO	95% / 100% NO					
PPG 5 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure		100% / 100% NO	99% / 100% NO	89% / 100% NO	98% / 100% NO	93% / 98% NO	97% / 100% NO	90% / 99% NO
PPG 6 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure		99% / 100% NO	90% / 100% NO	86% / 100% NO	95% / 100% NO	95% / 100% NO	94% / 100% NO	92% / 99% NO
PPG 7 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure					95% / 100% NO	99% / 100% NO	96% / 100% NO	96% / 99% NO
PPG 8 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure						100% / 100% NO	100% / 100% NO	100% / 100% NO
PPG 9 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure							100% / 100% NO	99% / 100% NO
Message from the COO	Claims Processing activities met metrics in all areas except for one during quarter 2 2019. A Deficiency Disclosure was reported for the second straight quarter under Medical Claims Timeliness. Discussions are continuing with team members surrounding this area.							



CalViva Health
Operations Report

	Year	2017	2018	2018	2018	2018	2019	2019	
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Provider Disputes	Medical Provider Disputes Timeliness Quarterly Results (45 days) - Goal (95%)	95%	90%	88%	97%	98%	99%	99%	
	Behavioral Health Provider Disputes Timeliness (45 days) - Goal (95%)	100%	100%	100%	99%	100%	85%	89%	
	Acupuncture Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Vision Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	N/A	N/A	N/A	100%	100%	N/A	
	Transportation Provider Dispute Timeliness (45 Days) - Goal (95%)				N/A	N/A	N/A	N/A	
	PPG 1 Provider Dispute Timeliness (45 Days) - Goal (95%)	94%	96%	100%	100%	100%			
	PPG 2 Provider Dispute Timeliness (45 Days) - Goal (95%)	99%	66%	54%	17%	67%	98%	100%	
	PPG 3 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	95%	94%	100%	100%	100%	100%	
	PPG 4 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	100%	100%	100%	100%	100%	100%	
	PPG 5 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	100%	100%	N/A	73%	100%	99%	
	PPG 6 Provider Dispute Timeliness (45 Days) - Goal (95%)	99%	N/A	100%	N/A	96%	96%	100%	
	PPG 7 Provider Dispute Timeliness (45 Days) - Goal (95%)				N/A	95%	97%	N/A	
	PPG 8 Provider Dispute Timeliness (45 Days) - Goal (95%)					N/A	100%	100%	
	PPG 9 Provider Dispute Timeliness (45 Days) - Goal (95%)						N/A	N/A	
	Message from the COO	With the exception of Behavioral Health Provider Disputes, all areas met the Provider Disputes metric goal. Team members who work on the Behavioral Health Provider disputes are working on a corrective action plan to bring the area back within goal. Discussions are continuing with team members surrounding this area.							

Item #9

Attachment 9.1

Executive Dashboard



Month	2018 August	2018 September	2018 October	2018 November	2018 December	2019 January	2019 February	2019 March	2019 April	2019 May	2019 June	2019 July	2019 August
CVH Members													
Fresno	292,471	292,548	291,230	290,419	288,236	291,690	291,607	291,254	290,257	291,340	291,316	290,728	289,852
Kings	28,233	28,255	28,368	28,723	28,753	28,970	29,201	29,165	29,385	29,399	29,326	29,305	29,338
Madera	36,635	36,730	36,762	36,586	36,553	36,749	36,749	36,769	36,788	36,842	37,002	37,031	37,112
Total	357,339	357,534	356,360	355,728	353,542	357,409	357,557	357,188	356,430	357,581	357,644	357,064	356,302
SPD	31,371	31,514	31,573	31,618	31,714	31,689	31,665	31,773	31,834	32,054	32,236	32,382	32,441
CVH Mrkt Share	70.99%	70.96%	70.92%	70.79%	70.74%	71.02%	71.04%	71.06%	71.06%	71.16%	71.20%	71.23%	71.28%
ABC Members													
Fresno	107,141	107,320	107,028	107,687	107,203	106,822	106,674	106,311	106,066	106,032	105,901	105,546	104,884
Kings	19,686	19,686	19,660	19,603	19,453	19,543	19,567	19,556	19,464	19,346	19,257	19,203	19,200
Madera	19,215	19,339	19,426	19,516	19,547	19,471	19,525	19,611	19,602	19,513	19,502	19,505	19,451
Total	146,042	146,345	146,114	146,806	146,203	145,836	145,766	145,478	145,132	144,891	144,660	144,254	143,535
Default													
Fresno	1,022	979	841	1,055	1,330	682	1,142	1,242	1,484	1,160	1,519	1,080	1,053
Kings	195	152	141	166	212	127	174	171	211	165	247	146	177
Madera	121	132	111	124	130	138	138	175	177	133	185	145	160
County Share of Choice as %													
Fresno	65.10%	65.90%	63.70%	66.0%	61.90%	64.30%	62.60%	69.00%	66.50%	67.40%	67.80%	68.10%	65.60%
Kings	59.10%	56.60%	61.50%	67.30%	69.80%	66.70%	69.00%	61.10%	68.80%	60.10%	58.50%	57.30%	64.70%
Madera	63.90%	55.40%	57.80%	56.80%	60.00%	53.40%	61.20%	55.20%	62.20%	65.20%	62.20%	57.70%	63.30%
Voluntary Disenrollment's													
Fresno	452	585	481	540	442	401	422	503	520	449	393	394	418
Kings	68	68	41	40	41	50	36	67	58	35	61	43	38
Madera	67	75	57	79	77	66	64	81	95	51	69	68	86