

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

David Singh
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

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

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

DATE: September 20, 2018

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Cheryl Hurley, Commission Clerk

RE: Commission Meeting Materials

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

**Thursday, September 20, 2018
1:30 pm to 3:30 pm**

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

Meeting materials have been emailed to you.

Currently, there are **14** 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 20, 2018

1:30pm - 3:30pm

Meeting Location:

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

Item	Attachment #	Topic of Discussion	Presenter
1		Call to Order	D. Hodge, MD; Chair
2		Roll Call	C. Hurley, Clerk
3 Action	Attachment A Attachment B Attachment C Attachment D	Consent Agenda <ul style="list-style-type: none">• Commission Minutes dated 7/19/18• Finance Committee Minutes dated 5/17/18• Public Policy Committee Minutes dated 6/13/18• QI/UM Committee Minutes dated 5/17/18 <p><i>Action: Approve Consent Agenda</i></p>	D. Hodge, MD; Chair
4		Closed Session: The Board of Directors will go into closed session to discuss the following item(s) A. Report Involving Trade Secret Discussion of proposed service. Estimated date of public disclosure: November 2018 Per Government Code Section 54954.5	
5 Information	Attachment A	Review of Fiscal Year End 2018 Goals <ul style="list-style-type: none">• BL 18-007 Review of Fiscal Year End Goals 2018	D. Hodge, MD; Chair
6 Action	Attachment A	Goals and Objectives for Fiscal Year 2019 <ul style="list-style-type: none">• BL 18-008 Goals and Objectives FY 2019 <p><i>Action: Approve Goals for FY 2019</i></p>	D. Hodge, MD; Chair
7 Action	Attachment A Attachment B	Community Support Program <ul style="list-style-type: none">• BL 18-009 Community Support Program• Funding recommendations <p><i>Action: Approve Community Support Program Funding Recommendations</i></p>	G. Hund, CEO

Handouts will be available at meeting

PowerPoint Presentations will be used for items 8 – 10
Combined Action will be taken for items 9 & 10

8 Information	Attachment A	HEDIS® Update – Reporting Year 2018	P. Marabella, MD, CMO
9 Action	Attachment A Attachment B	2018 Mid-Year Quality Improvement Work Plan Evaluation <ul style="list-style-type: none">• Executive Summary• Work Plan Evaluation <p><i>Action: See item 8 for Action</i></p>	P. Marabella, MD, CMO
10 Action	Attachment A Attachment B	2018 Mid-Year Utilization Management Work Plan Evaluation <ul style="list-style-type: none">• Executive Summary• Work Plan Evaluation <p><i>Action: Approve 2018 Mid-Year Quality Improvement Work Plan Evaluation; and 2018 Mid-Year Utilization Management Work Plan Evaluation</i></p>	P. Marabella, MD, CMO
11 Action		Standing Reports	
	Attachment A Attachment B	Finance Report <ul style="list-style-type: none">• Financial Report Fiscal Year End June 30, 2018• Financials as of July 31, 2018	D. Maychen, CFO
	Attachment C	Compliance <ul style="list-style-type: none">• Compliance Report	MB Corrado, CCO
	Attachment D Attachment E Attachment F Attachment G Attachment H	Medical Management <ul style="list-style-type: none">• Appeals and Grievances Report• Key Indicator Report• QIUM Quarterly Summary Report• Credentialing Sub-Committee Quarterly Report• Peer Review Sub-Committee Quarterly Report	P. Marabella, MD, CMO
	Attachment I	Operations <ul style="list-style-type: none">• Operations Report	J. Nkansah, COO
	Attachment J	Executive Report <ul style="list-style-type: none">• Executive Dashboard <p><i>Action: Accept Standing Reports</i></p>	G. Hund, CEO
12		Final Comments from Commission Members and Staff	
13		Announcements	
14		Public Comment <p><i>Public Comment is the time set aside for comments by the public on matters within the jurisdiction of the Commission but not on the agenda. Each speaker will be limited to three (00:03:00) minutes. Commissioners</i></p>	

are prohibited from discussing any matter presented during public comment except to request that the topic be placed on a subsequent agenda for discussion.

15

Adjourn

D. Hodge, MD; Chair

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

If special accommodations are needed to participate in this meeting, please contact Cheryl Hurley at 559-540-7840 during regular business hours (M-F 8:00 a.m. – 5:00 p.m.)

Next Meeting scheduled for October 18, 2018 in Fresno County
CalViva Health, 7625 N. Palm Ave., Ste. 109, Fresno, CA 93711

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

Item #3

Attachment 3.A

Commission Minutes dated 7/19/18

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
July 19, 2018

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

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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:31 pm. A quorum was present.	
#2 Roll Call	A roll call was taken for the current Commission Members.	<i>A roll call was taken</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Cheryl Hurley, Clerk to the Commission		
<p>#3 Chair and Co-Chair Nominations for FY2019 Action Greg Hund, CEO</p>	<p>The Commissioners nominated and subsequently re-elected David Hodge, MD as chair and Supervisor Joe Neves as Co-Chair to serve during Fiscal Year 2019.</p>	<p>Motion: Approve Chair Nomination: <i>9-0-0-8 (Nikoghosian / Soares)</i></p> <p>Approve Co-Chair Nomination: <i>9-0-0-8 (Nikoghosian / Hill)</i></p>
<p>#4 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes 5/17/18 b) Finance Committee Minutes 3/15/18 c) PPC Minutes 3/7/18 d) QI/UM Committee Minutes 3/15/18 e) Finance Committee Charter f) Credentialing Committee Charter g) Peer Review Committee Charter h) QIUM Committee Charter i) PPC Charter j) Compliance Report <p>Action David Hodge, MD, Chairman</p>	<p>All consent items were presented and accepted as read.</p>	<p>Motion: <i>Approve Consent Agenda</i> <i>9 - 0 - 0 - 8</i></p> <p><i>(Soares / Frye)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#5 Closed Session</p> <p>A. Public Employee Appointment, Employment, Evaluation, or Discipline Title: Chief Financial Officer Per Government Code Section 54957(b)(1)</p> <p>B. Conference with Legal Counsel – Anticipated Litigation Significant exposure to litigation pursuant to Government Code Section 54956.9(b), one case</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session. The Board discussed item #5A, Public Employee Appointment, Employment, Evaluation, or Discipline, regarding the Chief Financial Officer, per Government Code Section 54957(b)(1); and 5B, Conference with Legal Counsel – Anticipated Litigation, Significant exposure to litigation pursuant to Government Code Section 54956.9(b), one case.</p> <p>A motion was made and passed unanimously that Bill Gregor, CFO, be given a \$15K bonus upon his retirement from CalViva Health.</p> <p>Closed Session concluded at 1:53 pm.</p> <p><i>Sarah Bosse arrived at 1:41 pm</i> <i>Soyla Reyna-Griffin arrived at 1:41 pm</i></p>	<p>Motion: Approval of CFO retirement bonus. 11 – 0 – 0 – 6</p> <p><i>(Nikoghosian / Frye)</i></p>
<p>#6 Community Funding Fiscal Year Guidelines for Provider Recruitment</p> <p>Action G. Hund, CEO</p>	<p>A new ad-hoc committee will be appointed and convene prior to the September Commission meeting to discuss proposal for Grants. An application has been received from UHC to help fund their residency program; the request will be considered as part of the community funding grant program.</p>	<p>Motion: Approve Community Funding Fiscal Year Guidelines for Training, Physician Recruitment, and Physician extenders.</p> <p>11 – 0 – 0 – 6 <i>(Frye / Quintero)</i></p>
<p>#7 Conflict of Interest Code</p> <p>Action David Hodge, MD, Chairman</p>	<p>The amended Conflict of Interest Code was adopted as presented, subject to a 45-day comment period and approval by the FPPC.</p>	<p>Motion: Approve Conflict of Interest Code</p> <p>11 – 0 – 0 – 6 <i>(Neves / Soares)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#8 Standing Reports</p> <ul style="list-style-type: none"> Finance Report William Gregor, CFO Medical Management P. Marabella, MD, CMO 	<p><u>Finance</u></p> <p>Financial Statements as of May 31, 2018:</p> <p>Total current assets were approximately \$163M; total current liabilities were approximately \$115.5M. Current ratio is 1.41. TNE as of May 31, 2018 was approximately \$58.5M, which is approximately 437% of the minimum DMHC required TNE amount.</p> <p>Total premium capitation income recorded was \$1.087B which is \$43.8M above budgeted amounts primarily due to capitation rates and taxes being higher than budgeted. Medical Costs expense and taxes are higher than budgeted for the same reasons.</p> <p>All other expense line items are in line or below with current year budget. Total net income for the first 11 months of the fiscal year is approximately \$8.9M, which is approximately \$1.2M more than budgeted.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Report</p> <p>Dr. Marabella presented the Appeals and Grievances Dashboard through May 2018.</p> <ul style="list-style-type: none"> Overall, variation is noted in the number of Grievances received/resolved by grievance type during the months of April and May 2018 compared to previous months. 	<p>Motion: <i>Approve Standing Reports</i></p> <p><i>11-0-0-6 (Neves / Frye)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Total number of Grievances Resolved increased in April and decreased in May. • The number of Quality of Service Grievances and Quality of Care Grievances has remained stable. • An increase is noted in Exempt grievances which is in part related to the EHS transition. The inclusion of Transportation related grievances this year has also contributed to the increase in the number of Exempt Grievances. • However, Year -to-date Grievance Rates are lower than last year’s average. • Total number of Appeals Received/Resolved has demonstrated an increasing trend throughout the year so far. • The increase is noted primarily in the “Other” category related to advanced imaging and allergy treatment requests. It is anticipated that provider education will reduce these numbers over time. <p>Key Indicator Report Dr. Marabella presented the Key Indicator report through April 2018.</p> <ul style="list-style-type: none"> • Membership has remained consistent. • Admits remain comparable to previous months. • ER utilization has also remained steady. • Bed Days PTMPY have increased slightly. This may be related to the EHS transition causing system disruptions. • Turn-around Time (TAT) Compliance has several metrics below goal of 100%, but above 90%. EHS transition resulted in providers sending the wrong prior authorization form impacting case prioritization and ultimately turn-around compliance rates. This has been addressed. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • CCS and OB rates remain consistent. • Perinatal Case Management outreach attempts and engagement rates have increased. • Integrated Case Management outreach attempts are lower due to a more targeted member identification process resulting in a higher engagement rate. <p>QIUM Quarterly Summary Report</p> <p>Dr. Marabella provided the QI/UM Qtr. 2, 2018 update. One QI/UM meeting was held in Quarter 2, on May 17, 2018.</p> <p>The following guiding and general documents were approved:</p> <ul style="list-style-type: none"> • 2017 Cultural & Linguistics Annual Evaluation & Summary • 2018 Cultural & Linguistics Program Description & Summary • 2018 Cultural & Linguistics Work Plan & Summary • Language Assistance Program Report • 2017 Health Education Annual Evaluation & Summary • 2018 Health Education Program Description • 2018 Health Education Work Plan • Performance Improvement Project Updates (CIS-3 Immunization Improvement PIP, PPC Postpartum Visit PIP and MPM Monitoring Persistent Medications PDSA) • Pharmacy Formulary (Recommended Drug List) & Provider Updates <p>Reports reviewed included the following Quality Improvement Reports: Appeals and Grievances Dashboard & Quarter 1 Member Report, ED Drug Report, Initial Health Assessment, and Provider Wait</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Times. Other QI reports reviewed and approved included CCS Trending and the Potential Quality Issues (PQI) Report.</p> <p>The Utilization Management & Case Management reports reviewed included the Key Indicator Report, and the Case Management & TCM Report. Other UM reports reviewed included Concurrent Review Quarterly for Q1, and Concurrent Review IRR Report.</p> <p>Pharmacy reports were reviewed, which included Operations Metrics, Top Medication Prior Authorization Requests, and quarterly Formulary changes.</p> <p>HEDIS® Activity:</p> <ul style="list-style-type: none"> • In Quarter 2, continuing HEDIS® Performance Improvement Projects (PIPs) consisting of: <ul style="list-style-type: none"> ○ Childhood Immunization Status (CIS-3) – Fresno County ○ Postpartum Care Disparity Project– Fresno County • Rapid Cycle Projects include: <ul style="list-style-type: none"> ○ Annual Monitoring for Patients on Persistent Medications (MPM) – Madera County ○ Use of Imaging Studies for Low Back Pain (LBP) – Madera County ○ Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB) – Madera County <p>Quarter 1 2018 Kaiser reports were reviewed without any significant findings.</p> <p>Credentialing Sub-Committee Quarterly Report</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Operations J. Nkansah, COO 	<p>The Credentialing Sub-Committee met on May 17,2018. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q4 2017 were reviewed for delegated entities, Q1 2018 reports were reviewed for MHN and Health Net. The Credentialing Sub-Committee 2018 Charter was reviewed and approved without changes. The Q1 2018 Credentialing report was reviewed with one case of denied network admittance. No 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 17, 2018. The county-specific Peer Review Sub-Committee Summary Reports for Q1 2018 were reviewed for approval. There were no significant cases to report. The 2018 Peer Review Sub-Committee Charter was reviewed and approved without changes. The Q1 2018 Peer Count Report was presented and there was one case closed and cleared. There was one case pending closure for Corrective Action Plan compliance. There were two cases pended for further information. No significant Quality of Care issues were noted. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p> <p><u>Operations Report</u></p> <p>Jeff Nkansah presented the Operations Report.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>There were no significant fluctuations or changes with IT Communications and Systems. The Overall Network Health Score increased to 93%, up from 92% in May 2018.</p> <p>No significant activity has occurred in the area of Fraud, Waste, and Abuse. There has been a decrease in active cases, from 24 down to 16. Fraud, Waste, and Abuse activity, effective 7/1/18, will transition from the Operations Report to the Compliance Report.</p> <p>To date, there have been 17 Privacy and Security cases. There have been no high-risk cases reported since the Commission last met in May.</p> <p>Provider Network Activities include the closure of Coalinga Regional Medical Center, which will impact our hospital count. CVH has passed DHCS's Annual Network Certification for 2018. Alternative Access Requests were approved and there were no deficiencies noted. Increase in counts for PCP, Clinic, Specialist and Ancillary is attributed to both contracting efforts and data integrity efforts. Operating and complying with the new state and federal regulations ensuring contracted network providers are enrolled in the Med-Cal program is currently a significant issue of concern.</p> <p>Claims Processing of Behavioral Health Claims have not met timely payment standard as reported by the behavior health team. A Corrective Action Plan (CAP) was requested to address the concern.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Executive Report G. Hund, CEO 	<p>Medical Provider Disputes did not meet goal for Quarter 1 2018. In addition, PPG 2 did not meet goal for Quarter 1 2018. These areas are a concern and are continuing to be monitored.</p> <p><u>Executive Report</u></p> <p>Membership increased in the month of June. Market share is currently at 71.03%. Numbers remain consistent.</p>	
<p>#14 Final Comments from Commission Members and Staff</p>		
<p>#15 Announcements</p>		
<p>#16 Public Comment</p>	<p>None.</p>	
<p>#17 Adjourn</p>	<p>The meeting was adjourned at 2:38 pm The next Commission meeting is scheduled for September 20, 2018 in Fresno County.</p>	

Submitted this Day: _____

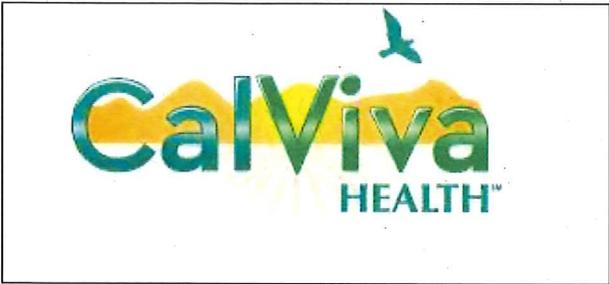
Submitted by: _____

Cheryl Hurley
Clerk to the Commission

Item #3

Attachment 3.B

Finance Committee
Minutes dated 5/17/18



**CalViva Health
Finance
Committee Meeting Minutes**

May 17, 2018

Meeting Location

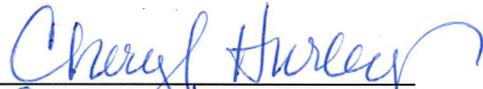
CalViva Health
7625 N. Palm Ave., #109
Fresno, CA 93711

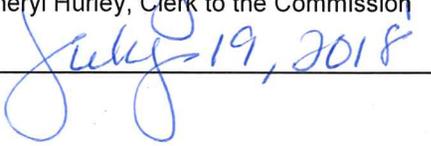
Finance Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	William Gregor, Chair	✓	Daniel Maychen, Director of Finance
✓	Gregory Hund, CEO	✓	Cheryl Hurley, Office Manager
	Paulo Soares	✓	Jiaqi Liu, Sr. Accountant
✓	Joe Neves		
	Harold Nikoghosian		
✓	David Rogers		
✓	David Singh	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

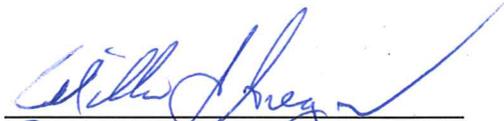
AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order W. Gregor, Chair	The meeting was called to order at 11:30 am a quorum was present.	
#2 Finance Committee Minutes dated March 15, 2018 Attachment 2.A Action W. Gregor, Chair	The minutes from the March 15, 2018 Finance meeting were approved as read.	Motion: <i>Minutes were approved</i> <i>5-0-0-2</i> <i>(Neves / Hund)</i>
#3 Financial Statements as of March 31, 2018 Attachment 3.A	Total current assets were approximately \$240.8M; total current liabilities were approximately \$194.9M. Current ratio is 1.23. TNE as of March 31, 2018 was \$56.8M, which	Motion: <i>Approve Financial Statements as of March 31, 2018</i> <i>5-0-0-2</i>

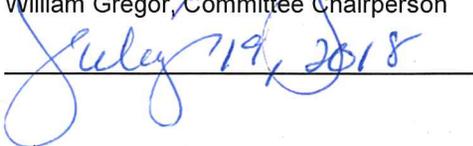
Finance Committee

<p>Action D. Maychen, Director of Finance & MIS</p>	<p>is approximately 410% of the minimum DMHC required TNE amount.</p> <p>Total premium capitation income recorded was \$899.2M which is \$45.2M above budgeted amounts primarily due to rates and taxes being higher than budgeted. Medical Costs expense and taxes are ahead of budget for the same reasons.</p> <p>All other expense line items are relatively in line with current year budget. Total net income for the first nine months of the fiscal year is approximately \$7.2M, which is approximately \$920K more than budgeted.</p>	<p>(Rogers / Neves)</p>
<p>#4 Finance Committee Charter Annual Review Attachment 4.A</p> <p>Action W. Gregor, Chair</p>	<p>The Finance Committee revised item IV. Committee Responsibilities, item A.2. to read: Medi-Cal managed care rate and impact to the Regional Health Authority. No other changes were made and the Finance Committee Charter was approved to move to Commission for final annual approval.</p>	<p>Motion: <i>Approve Finance Committee Charter to move to Commission for Approval.</i> 5 - 0 - 0 - 2 (Neves / Rogers)</p>
<p>#5 Announcements</p>	<p>The ad-hoc committee formed for grant requests as a result of the March Finance Committee meeting met and discussed the process. Two recommendations emanated as a result of the meeting; 1) includes only direct costs, and 2) FKM RHA will not fund more than 1/3 of that direct cost.</p>	
<p>#6 Adjourn</p>	<p>Meeting was adjourned at 11:45 am</p>	

Submitted by: 
Cheryl Hurley, Clerk to the Commission

Dated: 
July 19, 2018

Approved by Committee: 
William Gregor, Committee Chairperson

Dated: 
July 19, 2018

Item #3

Attachment 3.C

Public Policy Committee
Minutes dated 6/13/18



Public Policy Committee
Meeting Minutes
June 13, 2018

Kings County Government Center
1400 West Lacey Boulevard
Hanford, CA 93230

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

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#1 Call to Order Joe Neves, Chair	The meeting was called to order at 11:37 am. A quorum was present.	
#2 Meeting Minutes from March 7, 2018 Action Joe Neves, Chair	The March 7, 2018 meeting minutes were reviewed. There were no discrepancies.	Motion: Approve March 7, 2018 Minutes 7-0-0-2 (T. Klapps-Doan / D. Phillips)
#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 7-0-0-2 (R. Garcia / S. Garcia)
#4 Enrollment Dashboard Information Mary Lourdes Leone, Director of Compliance	Mary Lourdes Leone presented the enrollment dashboard through April 30, 2018. Membership as of the end of April was 357,397.	
#5 Health Education	Tony Gonzalez presented the Health Education Report	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<p><i>Report Summary; 2017 Work Plan Evaluation; 2018 Program Description; 2018 Work Plan</i></p> <p>Information Tony Gonzalez</p>	<p>For the 2017 Year End Work Plan Evaluation, there were 11 program initiatives of which seven (7) were met:</p> <ol style="list-style-type: none"> 1. Perinatal Initiative 2. Community Health Education: Community Awareness and Providers/Health Care Professionals 3. Member Newsletter Initiative 4. Public Policy Committee 5. Tobacco Cessation Program Initiative 6. Compliance: Staying Healthy Assessment, Oversight and Reporting 7. Health Education Department Materials Update, Development and Inventory <p>Four (4) program initiatives were partially met:</p> <ol style="list-style-type: none"> 1. Digital Educational Programs 2. Member Engagement for Improved Health Initiative 3. Promotores Health Network 4. Obesity Prevention Initiative: Members and Community <p>A brief summary of the 2018 Health Education Program Description and Work Plan was also presented to the Committee.</p>	
<p>#6 Appeals, Grievances, and Complaints</p> <p>Information</p>	<p>Mary Lourdes Leone presented the appeals, grievances and complaints report for Q1 2018. Total appeals and grievances for Q1 2018 were 359. Total appeals for Q1 2018 were 136. Total grievances for Q1 2018 were 223.</p>	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<p>Mary Lourdes Leone, Director of Compliance</p>	<p>The majority of appeals and grievances were from members in Fresno County.</p>	
<p>#7 Cultural & Linguistics <i>2017 Summand & Work Plan Evaluation; 2017 Summary & Language Assistance Program; 2018 Summary and Program Description 2018 Summary & Work Plan</i></p> <p>Information Lali Witrigo</p>	<p>For the 2017 Cultural & Linguistics (C&L) Work Plan Year End Evaluation 100% of the activities were completed in four areas:</p> <ol style="list-style-type: none"> 1. Language Assistance Services 2. Compliance Monitoring 3. Communication, Training and Evaluation 4. Health Literacy, Cultural Competency and Health Equity <p>For the 2017 Cultural & Linguistics (C&L) and MHN Language Assistance Program and year over year utilization, a breakdown was reported to the Committee covering areas for language services for both CVH and CVH-MHN. C&L will continue to monitor, analyze and trend language services utilization and rates annually.</p> <p>The 2018 C&L Program Description includes, and will be implemented, for the areas:</p> <ul style="list-style-type: none"> • Staff Resources and Accountability • Program Mission, Goals and Objectives • Work Plan • Scope of Programs and Services • Oversight and Monitoring <p>The 2018 C&L Work Plan activities include:</p>	

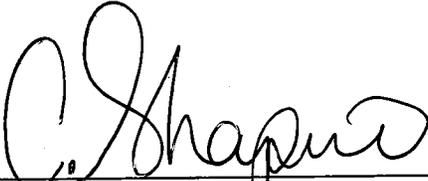
AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Language Assistance Services • Compliance Monitoring • Communication, Training, and Education • Health Literacy, Cultural Competency, and Health Equity <p>Mid-year and end of year evaluations will be completed.</p>	
<p>#8 Audit Update – Information Mary Lourdes Leone</p>	<p>Mary Lourdes Leone provided an update of audit activities for CalViva Health.</p>	
<p>#9 Final Comments from Committee Members and Staff</p>		
<p>#10 Announcements</p>	<p>Brief announcements referencing California Health Collaborative, and Every Woman Counts program were communicated to the Committee.</p>	
<p>#11 Public Comment</p>	<p>None.</p>	
<p>#12 Adjourn</p>	<p>Meeting adjourned at 12:31 pm.</p>	

NEXT MEETING **September 5, 2018 in Madera County**
11:30 am - 1:30 pm

Submitted This Day: September 5, 2018

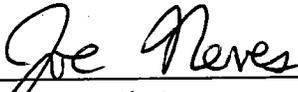
Approval Date: September 5, 2018

Submitted By:



Courtney Shapiro, Director Community Relations

Approved By:



Joe Neves, Chairman

Item #3

Attachment 3.D

QIUM Committee
Minutes dated 5/17/18

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
May 17th, 2018

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

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

✓= 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 10:34 am.	
#2 Approve Consent Agenda - Committee Minutes: March 15, 2018 - Pharmacy Update Qtr. 1 - Pharmacy Update Qtr. 2 - CCC DMHC Expedited Grievance Report - CCS Report - Appeals and Grievances Classification Audit Report	The March minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full Formulary/Recommended Drug List was available for review at the meeting.	Motion: Approve Consent Agenda (Cardona/Hodge) 5-0-0-3

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
- A&G Inter Rater Reliability Report - Quarterly Letter Monitoring Report - Pharmacy Formulary List Condensed Version (April) (Attachments A-I) Action Patrick Marabella, M.D Chair		
	Dr. Lee arrived at 10:52 AM	
#3 QI Business Appeals & Grievances: - Dashboard - Executive Summary Qtr. 1 - Quarterly Member Report (Attachment J-L) Action Patrick Marabella, M.D, Chair	The A & G reports provide monthly and quarterly data to facilitate monitoring for trends in the number and types of cases over time. Dr. Marabella presented the Appeals and Grievances Dashboard and the Executive Summary of A & G cases for Quarter 1 of 2018. <ul style="list-style-type: none"> • The number of Grievances for Q1 2018 is noted to have increased compared to prior quarters, primarily related to an increase in quality of service and exempt grievances in March. • The number of Quality of Care Grievances has remained comparable to previous months and quarters. • The increase in Exempt grievances is primarily related to the EHS transition. • The inclusion of Transportation related grievances in quarter 1, an expanded benefit in the past several months, has also contributed to the increased volumes. • The total number of Appeals received and resolved in quarter 1 and particularly in March is noted to have increased. An increase is noted in the "Other" category and is primarily related to a new prior authorization process for advanced imaging studies and allergy treatments. It is anticipated these numbers will decrease with provider education. • Inter-rater Reliability results were also reviewed with good compliance. 	Motion: Approve Appeals & Grievances Report - Dashboard Executive Summary Quarterly Member Report (Hodge/Verma) 6-0-0-2
#3 QI Business - Transportation Grievances Summary 2017 (Attachment M) Action Patrick Marabella, M.D, Chair	CalViva Health delegates the responsibility (administrative and financial) for arranging transportation services for CalViva Health members to Health Net. Health Net has contracted with Logisticare to arrange/provide Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) services. Logisticare, in turn, contracts with independent transportation companies that provide medical and/or non-medical transport. <ul style="list-style-type: none"> ➢ There was a total of 262 exempt grievances and 16 formal grievances resolved during the 2017 review period. ➢ Of the 262 exempt grievances, 227 were Fresno, 2 Kings, and 33 Madera County. ➢ There were 16 formal grievances resolved in 2017 and 15 were Fresno county, 1 Kings and zero for 	Motion: Approve Transportation Grievances Summary 2017 (Hodge/Verma) 6-0-0-2

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Madera county. Monthly monitoring of transportation related grievances will be performed going forward through the A & G Dashboard and quarterly grievance reports.</p>	
<p>#3 QI Business - ER Drug Report (Attachment N) Action Patrick Marabella, M.D, Chair</p>	<p>This report provides a summary of monitoring activities on a semi-annual basis associated with the provision of prescription medications to members post Emergency Room visit as required by state regulations.</p> <ul style="list-style-type: none"> ➤ The goal of 90% compliance was met overall for all counties in Quarter 2 and Quarter 3 of 2017. The delay in reporting is due to ER claims lag. <p>The committee approved the recommendation to reduce the frequency of monitoring to once per year continuing with current sample sizes.</p>	<p>Motion: Approve ER Drug Report (Lee/Foster) 6-0-0-2</p>
<p>#3 QI Business - Potential Quality Issues Report Qtr. 1 (Attachment O) Action Patrick Marabella, M.D, Chair</p>	<p>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>Motion: Approve Potential Quality Issues Report Qtr. 1 (Hodge/Cardona) 6-0-0-2</p>
<p>#3 QI Business - IHA Quarterly Audit Report (Attachment P) Action Patrick Marabella, M.D, Chair</p>	<p>The Department of Health Care Services (DHCS) requires completion of the Initial Health Assessment (IHA) for new Medi-Cal members within 120 days of enrollment. A multi-pronged approach to monitoring is performed and includes the following:</p> <ul style="list-style-type: none"> ➤ Medical Record Review (MRR) via onsite provider audits ➤ Monitoring of claims and encounters ➤ Member outreach <p>The current report covers Quarter 4, 2017. Of the total adult records reviewed during onsite visits, 84% were found compliant, while of the total pediatric records 100% were found in compliance in the fourth quarter. Overall, 93% of the records included in the review were compliant with IHA standards.</p> <ul style="list-style-type: none"> ➤ Claims and encounters monitoring for the first half of 2017 revealed lower compliance rates compared to record review, however, coding enhancements continue when opportunities are found. ➤ Overall compliance with member outreach was good. 	<p>Motion: Approve IHA Quarterly Audit Report (Lee/Hodge) 6-0-0-2</p>
<p>#3 QI Business - Provider Office Wait Time Qtr. 1 2018 (Attachment Q) Action Patrick Marabella, M.D,</p>	<p>Health plans are required to monitor waiting times in providers' offices to validate timely access to care and services. This report provides a summary that focuses on Quarter 1 2018 monitoring for Fresno, Kings and Madera Counties. All counties are within the 30-minute office wait time threshold for both mean and median metrics. Outliers are tracked and results of monitoring have been reported back to the participating providers. Monitoring and analysis will continue in 2018 to identify opportunities for improvement associated with specific providers.</p>	<p>Motion: Approve Provider Office Wait Time Qtr. 1 (Foster/Cardona) 6-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Chair		
<p>#4 C&L/HE Business</p> <ul style="list-style-type: none"> - 2017 C&L Annual Evaluation & Summary - 2018 C&L Program Description & Summary - 2018 C&L Work Plan & Summary - Language Assistance Program Report - 2017 HE Annual Evaluation & Summary - 2018 HE Program Description - 2018 HE Work Plan - Performance Improvement Project Updates <p>(Attachment R-X) Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the Cultural and Linguistic 2017 Work Plan Annual Evaluation, the 2018 Program Description and the 2018 Work Plan.</p> <p>For 2017, 100% of the Work Plan activities were completed in all four areas.</p> <ul style="list-style-type: none"> • Language Assistance Services: Posted Non-Discrimination Notices and Taglines on website; and completed the C & L Geo Access report. • Compliance Monitoring: Investigated and completed follow up on eight grievances in 2017; and assisted with coordinator of four Public Policy Committee meetings. • Communication, Training and Education: Updated the Quick Reference Guide and Desk Top procedure to support ongoing training for A & G staff; and conducted five cultural competency trainings for the Call Center, Provider Relations, and Provider Network staff. • Health Literacy and Cultural Competency & Health Equity: Conducted Key Informant Interviews aimed at identifying barriers to postpartum care in rural Fresno County in support of Postpartum Disparity Project. <p>The 2018 Program Description has been updated to include:</p> <ul style="list-style-type: none"> • Objectives: Added a statement regarding the HHS guidelines for Section 1557 requirement for non-discrimination including monitoring use of taglines and notices. • Interpreter Services: Added reference to non-discrimination compliance standards. • Alternate Formats: Added language regarding obtaining member preference for alternate formats and storing this information in health plan databases and providing all required materials in the preferred format. • Oversight of Contracted Services & Monitoring Quality: Added language regarding monitoring and oversight. • Cultural Competency Training for staff: updated description of the Annual Heritage Event for staff. • Clear and Simple Guide: Added description of this reference document for staff. • Roles and Responsibilities was updated. • Other minor edits and/or updates were completed throughout the document. <p>The 2018 Work Plan activities will continue with an emphasis in the following areas:</p> <ul style="list-style-type: none"> • Creating cultural awareness through education and consultation with an emphasis on non-discrimination. • Oversight and consultation for operational activities. • Enhance and expand on training for staff and providers inclusive of disparity reduction efforts. 	<p>Motion: Approve C&L/HE Program Documents</p> <p>(Cardona/Verma) 6-0-0-2</p>

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Dr. Marabella presented the Health Education 2017 Work Plan Annual Evaluation, the 2018 Program Description, and the 2018 Work Plan.</p> <p>Overall, seven of the eleven Program Initiatives were completed in 2017. Four of the initiatives were partially met. Some sub-elements were not completed.</p> <p>The seven initiatives that were fully met are:</p> <ol style="list-style-type: none"> 1) Perinatal Initiative 2) Community Health Education 3) Member Newsletter Initiative 4) Public Policy Committee 5) Tobacco Cessation Program 6) Compliance: Staying Healthy Assessment, Oversight and Reporting 7) Materials Update, Development & Inventory. <p>The four initiatives partially met are:</p> <ol style="list-style-type: none"> 1) Digital Education Programs (DHCS did not approve the Lifeline program) 2) Member Engagement for Improved Health (Member contact information was not current) 3) Promotores Health Network (Materials were delayed) 4) Obesity Prevention Initiative (No member requests and no direct promotion completed) <p>Follow up is planned for these areas in 2018.</p> <p>Changes to the 2018 Program Description include:</p> <ol style="list-style-type: none"> 1) Replaced Pregnancy Matters^o with new Healthy Pregnancy Program 2) California Smokers' Helpline: Removed detailed description 3) Nurse Advise Line: Added description of Audio Library 4) Digital Health Education: Revised description of T2X Program and added MyStrength, a website and mobile application to help members manage depression, anxiety, stress, substance use and pain management. 5) Health Promotion Incentive Programs: Added description of Incentive Program 6) Know Your Numbers: Added description of purpose and events. 7) List of Available Resources: Added the MyStrength 8) Roles & Responsibilities was updated 9) Department Listing: Added MemberConnections 10) Other minor edits and updates were completed throughout the document. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The 2018 Work Plan initiatives will continue with the following enhancements:</p> <ol style="list-style-type: none"> 1) Obesity Prevention - <ol style="list-style-type: none"> a. Identify high-risk members and promote program/resources. 2) Smoking Cessation - California Smokers' Helpline: <ol style="list-style-type: none"> a. Educate and encourage providers to use the e-referral into the Helpline in order to track enrollment status. 3) Well Care & General Health Promotion: <ol style="list-style-type: none"> a. Obtain updated contact information from secondary sources before initiating outreach; b. Continue HEDIS® improvement member incentives. c. Increase follow up calls to encourage appointment attendance. 4) Digital Education Programs: <ol style="list-style-type: none"> a. Continue promotion of T2X campaign to increase participation; b. Increase text messaging programs to improve reach rates and engagement. 	
<p>#4 C&L/HE Business - Performance Improvement Project Updates (Attachment Y) Action Patrick Marabella, M.D, Chair</p>	<p>Quality Improvement Initiative activity summaries were presented for three of the CalViva Health projects in progress in 2018 including two Performance Improvement Projects (PIPs) and one PDSA.</p> <p>Project updates covered:</p> <ul style="list-style-type: none"> - Childhood Immunizations (CIS-3) Performance Improvement Project - Postpartum Visit Disparities Performance Improvement Project - Annual Monitoring for Patients on Persistent Medications (PDSA) 	<p>Motion: Approve Performance Improvement Project Updates</p> <p>(Cardona/Verma) 6-0-0-2</p>
<p>#5 UM Business - Key Indicator Report & TAT Report (Attachment Z) Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the Key Indicator report through March 2018.</p> <ul style="list-style-type: none"> • Membership and acute admissions have remained consistent. • ER utilization has also remained steady. • Bed Days PTMPY have increased slightly. This may be related to the EHS transition. • Turn Around Time (TAT) Compliance for Preservice Routine authorizations has decreased in February and March due to higher volumes associated with the EHS transition. Actions focused on improvement are in progress. • Case Management rates are stabilizing with an increase in engagement and Total Cases Managed in March. 	<p>Motion: Approve Key Indicator Report & TAT Report</p> <p>(Lee/Verma) 6-0-0-2</p>
<p>#5 UM Business - Utilization Management Concurrent Review Report Qtr. 1 (Attachment AA)</p>	<p>The 2018 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Q1 2018. 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"> ➤ The increase in membership has impacted inpatient utilization. Upward trends in the MCE and SPD 	<p>Motion: Approve Utilization Management Concurrent Review Report Qtr. 1</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Action Patrick Marabella, M.D, Chair	populations may be attributable to the rate of homelessness in the Expansion population and lack of community resources to sustain the SPD population upon discharge. Further analysis is required.	(Cardona/Ramirez) 6-0-0-2
#5 UM Business - Case Management & TCM Report (Attachment BB) Action Patrick Marabella, M.D, Chair	This report provides a summary of Case Management (Integrated and Perinatal) and Transitional Care Management activities in quarter 1, 2018. The effectiveness of the case management program is based upon: <ul style="list-style-type: none"> ➤ Readmission rates ➤ ED utilization ➤ Overall health care costs ➤ Member Satisfaction Positive results are noted for these measures in quarter 1. Members enrolled in Perinatal Case Management demonstrated improved compliance with a timely first prenatal visit and timely postpartum visit. Transitional Care Management is focused on a successful transition from acute hospitalization to home with an emphasis on a timely PCP visit post discharge. TCM staff are working closely with Concurrent Review to improve referral rates.	Motion: Approve Case Management & TCM Report (Cardona/Ramirez) 6-0-0-2
#5 UM Business - 2018 Concurrent Review QI IRR Report – Qtr. 1 (Attachment CC) Action Patrick Marabella, M.D, Chair	The Concurrent Review IRR report provides a summary of routine audit activities performed to evaluate the consistency, accuracy, and timeliness of medical management decisions in order to promote improved member outcomes. Monitoring of the concurrent review process includes the following components: <ul style="list-style-type: none"> ➤ Turn-around-times (TAT) of medical decisions (within 24 hours of receipt of request) ➤ Documentation of proactive discharge planning and collaboration ➤ Application of standardized criteria (I.e. McKesson InterQual®, and /or evidence-based medical policies and technical assessment tools) All measures met or exceeded the 90% threshold for quarter 1.	Motion: Approve 2018 Concurrent Review QI IRR Report – Qtr. 1 (Cardona/Ramirez) 6-0-0-2
#6 Pharmacy Business - Executive Summary - Operations Metrics Report - Top 30 Prior Authorizations (Attachment DD - FF) Action Patrick Marabella, M.D,	Pharmacy reports for quarter 1 2018 include Executive Summary, Operation Metrics, and Top Medication Prior Authorization Requests, changes to assess for emerging patterns in authorization requests, compliance around prior authorizations, and consistency of decision making in order to formulate potential process improvements. <ul style="list-style-type: none"> ➤ Pharmacy prior authorization (PA) metrics were within 5% of standard for first quarter 2018. Effective 7/1/2017, the PA turnaround time requirement changed to 24 hours from 24 hours or 1 business day. ➤ First quarter 2018 top medication PA requests varied minimally from fourth quarter 2017. ➤ The results from first quarter 2018 top 30 medication PA requests varied minimally from fourth quarter 2017. 	Motion: Approve Executive Summary Operations Metrics Report Top 30 Prior Authorizations (Cardona/Ramirez) 6-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Chair		
#7 Compliance Update	<p>MB Corrado presented the Compliance report.</p> <p>The Plan received DHCS' Final Report on 2/28/2018 for the 2017 DHCS audit and filed its response to the CAP on 3/30/18. DHCS accepted the CAP and closed it in a 5/8/2018 report. The Final Audit Report and CAP will be posted on the DHCS website and available for public review.</p> <p>DHCS completed its on-site audit of Plan activities on 4/19/18 and completed onsite provider visits the week of 4/23/2018. Preliminary DHCS exit conference comments focused on IHA tracking documentation, Specialty Access in Kings and other counties, and network integrity. We are awaiting the DHCS' formal Preliminary Report findings.</p> <p>DMHC notified CalViva Health on 4/17/18 that the follow-up survey to the three deficiency findings from the 2016 audit have all been corrected. The Final Report will be posted on the DMHC website and available for public review</p> <p>DHCS issued a Corrective Action Plan to CalViva Health on December 26, 2017 identifying that the volume of encounter data submitted for Kings and Madera counties in 2015 and 2016 had trended down even though enrollment was increasing. Subsequent to the Plan's CAP response to DHCS on January 10, 2018, the DHCS has granted an extension for submitting the 2015-16 data in question until 5/30/18.</p> <p>The next Public Policy Committee meeting is scheduled for June 13, 2018, 11:30 a.m. in Kings County.</p> <p>A final enforcement action was received from DMHC regarding the Timely Access filing for 2014 data that was submitted in 2015. The final result is a \$2500 sanction primarily for technical violations regarding certain data that was not submitted correctly on the first submission.</p> <p>Coalinga Regional Hospital announced the closure of their facility effective June 15, 2018.</p> <p>A detailed Executive Summary was reported to the Committee regarding the 2017 Oversight Audits of Health Net Community Solutions, and their sub-contracted arrangements.</p>	
#7 Old Business	None.	
#8 Announcements	None.	
#9 Public Comment	None.	
#10 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:24 pm.	

NEXT MEETING: July 19th, 2018

Submitted this Day: July 19th 2018

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair

Item #5

Attachment 5.A

BL 18-007

Fiscal Year End 2018 Goals

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

Sal Quintero
Board of Supervisors

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Joyce Fields-Keene
At-large

Soyla Reyna-Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Sarah Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

David Singh
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

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

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

DATE: September 20, 2018
TO: Fresno-Kings-Madera Regional Health Authority Commission
FROM: Dr. David Hodge, Chairman
RE: Review of Goals and Objectives for Fiscal Year End 2018

BL #: BL 18-007
Agenda Item 5
Attachment 5.A

DISCUSSION:

Category: Goal:

Market Share	Maintain current market share.	Increased Market Share to 71%.
Medical Management / Quality Improvement	Initiate and complete Improvement Plans for 2017 HEDIS measures below the Minimum Performance Level (MPL) and meet the requirements by DHCS for two Performance Improvement Plans including one for health Disparity.	Completed Improvements Plans for 3 measures below MPL in Madera County. Designed two Performance Improvement Projects in Fresno county and successfully submitted the 4 modules required for each. The Disparity project focuses on PostPartum care and the other on childhood Immunizations.
Funding of Community Support Program	Administer the Community Investment Funding Program.	Nine (9) grants were awarded, resulting in four (4) grant payments for recruited providers.
Tangible Net Equity (TNE)	Maintain DMHC TNE requirements to avoid watch status (200% minimum) and achieve 400% of minimum TNE requirement as the goal for 2018.	Achieved 448% of the minimum DMHC required TNE as of June 30, 2018.
Direct Contracting	Maintain current direct contracts to align with TNE requirements.	Maintained direct contracts with three (3) FQHCs.
Community Outreach	Participate in local community initiatives.	Participated in Pre-term Birth (PTBi), Vision Program (See2Succeed), Cradle to Career, and 30+ CBO sponsorships.
State and Federal Advocacy	Continue to advocate Local Initiative Plan interest.	LHPC Board membership and local legislative advocacy have influenced several State Senate and Assembly Bills.
Administrative and Clinical Data Reporting	Complete Improvement Plans for HEDIS® measures scoring below Minimum Performance Level and two required Performance Improvement Plans (PIPs) per DHCS.	Completed Improvements Plans for 3 measures below MPL in Madera County. Designed two Performance Improvement Project in Fresno county and successfully submitted the 4 modules required for each. The Disparity project focused on PostPartum care and the other on childhood Immunizations.
Executive Staffing Changes	Implement executive staffing changes.	CFO and COO have transitioned as planned.

Item #6

Attachment 6.A

BL 18-008

Goals & Objectives FY 2019

FRESNO-KINGS-
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

Sal Quintero
Board of Supervisors

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Joyce Fields-Keene
At-large

Soyla Reyna-Griffin -
At-large

Kings County

Joe Neves
Board of Supervisors

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Sara Bosse
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Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

DATE: September 20, 2018

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Goals and Objectives for Fiscal Year 2019

BL #: BL 18-008

Agenda Item 6

Attachment 6.A

DISCUSSION:

Category:

Goal:

Market Share	Maintain current market share.
Medical Management / Quality Improvement	Complete interventions for both DHCS required Performance Improvement Projects: 1) Post Partum Care Disparity, and 2) Childhood Immunizations. Design and complete Improvement Projects for 4 measures with results below the Minimum Performance Level
Funding of Community Support Program	Administer the Community Investment Funding Program
Tangible Net Equity (TNE)	Maintain DMHC TNE level of at least 400% of minimum TNE requirement as the goal for fiscal year 2019.
Direct Contracting	Maintain current direct contracts to align with TNE requirements
Community Outreach	Participate in local community initiatives
State and Federal Advocacy	Continue to advocate Local Initiative Plan interest.
Administrative and Clinical Data Reporting	Execute a performance-based ASA incentive amendment.

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

Phone: 559-540-7840
Fax: 559-446-1990
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Item #7

Attachment 7.A & 7.B

Community Support Program

7.A BL 18-009

7.B Funding Recommendations

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

Sal Quintero
Board of Supervisors

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Joyce Fields-Keene
At-large

Soyla Reyna-Griffin - At-large

Kings County

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Regional Hospital

David Singh
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

DATE: September 20, 2018
TO: Fresno-Kings-Madera Regional Health Authority Commission
FROM: Greg Hund, CEO
RE: CalViva Health Community Support Program
BL #: BL 18-009
Agenda Item 7
Attachment 7.A

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

As a reminder, the Commission approved total funds for the current fiscal year of \$1,000,000. These funds are intended for training, physician and extender recruitment assistance. It is our recommendation that these funds would be used for the recruitment of 7 new PCPs or Extenders, as well as funding for training programs. This target is based on a funding plan guide that allocates \$100,000 per recruited physician or \$75,000 per recruited extender (incremental payments will be delivered upon contract signing and credentialing). The main goal of this grant opportunity is to increase the total number of primary care providers in our network.

The Ad-hoc committee reviewed the funding recommendations (attachment A) on August 13, 2018 and voted to bring them to the full commission.

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

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Grant Recommendations

Location/Project	Amount	Position	Alternative Position	Amount
Training				
Parlier	\$150,000	Family Practice Residency		
Providers				
Clovis	\$100,000	Family Practice		
	\$100,000	Family Practice		
or			Nurse Practitioner/Physician Assistant	\$75,000
Fresno 93703	\$100,000	Family Practice		
or			Nurse Practitioner/Physician Assistant	\$75,000
Fresno 93728	\$100,000	Family Practice		
or			Nurse Practitioner/Physician Assistant	\$75,000
Oakhurst	\$100,000	Pediatrician/ Family Practice		
Fowler	\$100,000	Family Practice		
Fresno 93701	\$100,000	Pediatrician/ Family Practice		
or			Nurse Practitioner/Physician Assistant	\$75,000
Other				
Fresno Glow	\$60,000	Group Prenatal Care project support		
Total w/ physicians only	\$910,000		Total w/ physicians and extenders	\$810,000

Item #8

Attachment 8.A

HEDIS® Update – Reporting Year 2018

RY 2018, 2017, 2016, 2015, 2014 HEDIS Results - CalViva Health

Acronym	Type	HEDIS Measure	Fresno	Fresno	Fresno	Fresno	Fresno	Fresno	Kings	Kings	Kings	Kings	Kings	Kings	Madera	Madera	Madera	Madera	Madera	Madera	MPL	HPL
			2018	2017	2016	2015	2014	2013	2018	2017	2016	2015	2014	2013	2018	2017	2016	2015	2014	2013	2017	2017
ACR	A	ALL-Cause Readmissions	N/A	N/A	N/A	-	13.06	10.64	N/A	N/A	N/A	-	7.98	10.31	N/A	N/A	N/A	-	13.44	10.81	N/A	N/A
AMB-ED	A	Ambulatory Care - ED Visits	N/A	N/A	N/A	-	-	45.57	N/A	N/A	N/A	-	-	60.31	N/A	N/A	N/A	-	-	50.89	N/A	N/A
CDF	H	Screening for Clinical Depression and follow-up plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
AMB-OP	A	Ambulatory Care - Outpatient Visits	N/A	N/A	N/A	-	-	448.77	N/A	N/A	N/A	-	-	452.56	N/A	N/A	N/A	-	-	444.01	N/A	N/A
AMR	A	Asthma Medication Ratio	69.8	69.38	N/A	N/A	N/A	N/A	69.8	66.29	N/A	N/A	N/A	N/A	70	71.38	N/A	N/A	N/A	N/A	55.33	72.38
IMA/HPV	H	Immunizations for Adolescents / HPV vaccines by 13 yr	41.10	32.36	N/A	N/A	N/A	N/A	30.90	16.06	N/A	N/A	N/A	N/A	54.70	45.74	N/A	N/A	N/A	N/A	15.87	30.39
BCS	A	Breast Cancer Screening	51.1	49.83	N/A	N/A	N/A	N/A	55.3	55.21	N/A	N/A	N/A	N/A	55.7	58.34	N/A	N/A	N/A	N/A	52.7	70.29
MPM	A	Monitoring Persistent Meds - Combined	87.47	85.73	84.80	84.57	84.72	82.60	86.92	90.29	83.11	80.96	86.09	79.37	86.83	82.34	83.61	84.42	84.14	81.13	N/A	N/A
MPM-ACE	A	Monitoring Persistent Meds - ACE/ARB	87.4	85.74	84.94	84.88	84.64	82.27	89.2	90.43	83.07	80.17	87.21	80.23	84.7	82.64	83.96	86.14	83.06	80.80	85.93	92.79
MPM-Diu	A	Monitoring Persistent Meds - Diuretics	87.6	86.24	85.07	84.82	84.96	83.02	89.5	90.78	84.26	82.83	84.25	78.03	84.9	82.20	83.57	82.97	85.94	81.88	85.52	92.47
AAB	A	Avoidance of ABX Tx in Adults with Bronchitis	31.7	35.34	37.62	40.38	38.66	38.41	35.3	29.56	21.38	27.37	17.24	32.14	24.6	18.26	19.69	20.65	16.67	25.61	24.91	39.53
CCS	H	Cervical Cancer Screening	65.8	61.22	61.05	64.74	64.34	70.07	65.3	57.95	54.99	51.12	57.18	61.56	62.8	57.56	52.87	58.68	64.44	60.83	51.82	70.8
CIS-3	H	Childhood Immz - Combo 3	71.3	65	68.19	66.96	71.80	76.89	66.7	67.71	63.03	57.76	70.06	69.83	72.5	72.22	71.19	69.54	66.96	71.29	65.25	79.32
CAP-1224	A	Access to PCP 12-24 mos.	94.71	94.12	94.29	95.19	96.60	97.82	92.68	92.96	92.49	89.62	94.68	96.98	97.08	96.39	97.28	95.37	98.08	98.53	93.27	97.89
CAP-256	A	Access to PCP 25 mos. - 6 yrs	87	85.65	86.88	89.70	91.08	91.50	85.3	83.36	83.71	83.53	83.58	89.76	91.65	90.83	91.18	92.02	93.49	91.75	84.94	93.16
CAP-711	A	Access to PCP 7 - 11 yrs	87.34	88.19	89.98	91.47	91.42	91.74	82.66	83.45	83.31	86.25	87.06	n/a*	90.57	90.84	91.71	92.71	92.88	n/a*	87.58	96.09
CAP-1219	A	Access to PCP 12 - 19 yrs	84.69	84.96	86.68	88.04	87.51	90.68	88.56	82.99	84.21	85.55	84.62	n/a*	88.56	88.54	90.37	90.48	90.68	n/a*	85.65	94.72
CDC-E	H	Eye Exam (Retinal) Performed ** (QIP) **	56.7	55.96	54.74	53.77	48.42	48.91	59.4	54.26	55.96	49.15	48.42	42.82	62.3	66.42	59.12	63.02	60.34	55.72	47.57	68.33
CDC-HT	H	HbA1c Testing	83.2	84.91	80.29	84.67	79.81	82.97	89.1	86.62	76.64	79.08	78.59	80.54	88.6	86.62	87.10	88.32	88.32	85.89	84.25	92.82
CDC-H9	H	HbA1c Poor Control (>9.0%)	46	42.34	55.47	43.31	54.74	47.45	35	41.85	47.69	46.72	52.07	50.85	33.3	43.31	50.36	38.44	49.39	43.31	48.57	29.07
CDC-H8	H	HbA1c Control (<8.0%)	44.8	46.23	36.74	47.69	38.20	43.80	51.6	47.69	42.34	44.28	39.66	41.85	55.5	49.39	44.28	50.12	43.07	46.47	41.94	59.12
CDC-N	H	Medical Attn. for Nephropathy	87.1	90.51	87.83	82.00	76.89	75.67	90.8	91.97	91.97	82.24	78.10	78.35	91.5	90.51	91.73	83.45	82.00	81.27	88.56	93.27
CDC-BP	H	B/P (<140/90 mm Hg)	66.7	61.31	55.72	60.58	54.26	48.66	66.7	65.21	60.34	57.18	45.50	50.36	71.3	67.15	65.45	67.40	64.96	59.37	52.7	75.91
CBP	H	Controlling High Blood Pressure	63	56.93	47.96	61.46	53.12	58.88	55.8	55.61	58.77	56.69	41.03	55.23	61.8	59.80	57.99	62.93	52.10	56.69	47.69	71.69
PPC-Pre	H	Prenatal Care	88.1	86.89	83.04	86.22	88.02	90.02	87	86.37	84.39	83.38	82.67	89.93	85.8	82.29	83.83	87.10	80.05	93.35	77.66	91.67
PPC-Pst	H	Postpartum Care	68.6	68.03	67.59	60.46	61.20	63.75	60	61.07	50.24	52.82	52.84	57.46	63.7	64.09	58.76	66.67	50.53	65.90	59.59	73.67
DSF	ECDS	Depression Screening and Follow-Up for Adolescents and Adults	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LBP	A	Use of Imaging Studies for Low Back Pain	74.3	70.65	76.03	77.90	79.90	82.11	85.90	75.50	72.87	75.11	80.23	75.50	75.6	66.67	74.17	74.24	70.68	77.17	66.23	78.29
WCC-N	H	Counseling for Nutrition	77.1	71.17	73.71	74.63	74.94	71.29	74.1	69.83	56.20	63.26	45.99	53.28	83.20	82.75	82.08	87.44	68.81	73.72	58.56	82.53
WCC-PA	H	Counseling for Physical Activity	62.6	60.97	61.18	57.80	52.55	44.53	67.1	63.26	46.23	45.26	36.98	41.36	79.30	77.49	73.48	80.40	60.82	64.72	49.06	75.4
W34	H	Well Child Visits in 3-6th Years of Life	81	74.43	76.39	76.80	82.69	81.51	71.7	73.32	66.32	64.82	59.29	67.40	87	86.22	87.08	83.16	87.34	84.43	66.18	82.77

LEGEND

YELLOW	Result below DHCS MPL for that RY (IP)
GREEN	Result above DHCS HPL for that RY
ITALICS	DHCS not holding plans to MPL for this measure in RY2015
*	Denominator fewer than 30
N/A	No Rate available (not reported)

**** Please note that RY 2014 is first year for IPs ****

Item #9

Attachment 9.A

2018 Mid-Year Quality Improvement Work Plan
Evaluation – Executive Summary



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Rocio T. Cortez /Ruth Eiermann, Quality Improvement

COMMITTEE DATE: September 20, 2018

SUBJECT: Executive Summary for CalViva Health 2018 Quality Improvement Mid-Year Evaluation

Summary:

CalViva Health's 2018 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 are implemented and monitored. In 2018, 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, and member access to care.

Purpose of Activity:

The QI Work Plan Mid-Year Evaluation Executive Summary provides a summary of the overall effectiveness of the QI activities and processes, and identifies barriers and opportunities for improvement.

Work Plan Initiatives:

Details are included in the full 2018 QI Work Plan Mid-Year Evaluation. Key areas of focus include:

1. Access, Availability, and Service:

Improve Access to Care: CalViva continues to monitor appointment access at the provider level through the annual Provider Appointment Availability Survey (PAAS). Surveys are being conducted by Sutherland Global beginning in August 2018. Provider Updates for MY2017 Appoint Access and After-Hours Survey Results are scheduled to go out August 2, 2018. MY2018 PAAS and After-Hours Survey Prep distributed June 14. P&P PV-100 Accessibility of Providers and Practitioners Red-line edits were reviewed at July Access Workgroup meeting.

MY2018 PAHAS Survey: After-Hours survey being conducted by SPH Analytics beginning in September 2018. MY2017 Corrective Action Plan packets will be distributed to non-compliant providers in August 2018.

Improve Member Satisfaction: Review of Patient Experience Toolkit: A major overhaul of this piece to take place in 2019. For this year, a "Patient Experience Tips and Guidelines" brochure was developed highlighting key areas: Patient Access, Access Standards, After-Hours Access, etc. and will be distributed to non-compliant providers in September 2018.

2. Quality and Safety of Care:

Improvement Projects

County	Measure Name	MPL Results
Madera	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	Current Measure is at 24.58% just below MPL of 24.91%.
Madera	Annual Monitoring for Patients on Persistent Medications (MPM)	ACE/ARB is currently just below MPL of (85.18%) at 84.74% and Diuretics was also below MPL (85.18%) at 84.88%.
Madera	Use of Imaging Studied for Low Back Pain (LBP)	Results for this measure were above MPL (66.23%) at 75.64%.

Performance Improvement Projects (PIPs):

Postpartum Care:

In Q1 CalViva Health established a multi-disciplinary Postpartum (PPC) Performance Improvement Team in collaboration with a high volume, low compliance clinic with an identified disparity in Fresno County. The PPC PIP team completed a detailed Process Map depicting the steps, from a member perspective, to scheduling and completing a postpartum care visit at the designated clinic. A Failure Modes and Effects Analysis, (FMEA), was also completed with the clinic staff in order to prioritize gaps in processes and identify potential interventions. Using the Process Map and FMEA the clinic staff, providers and CalViva Health team developed interventions to address the highest priority gaps identified in the FMEA.

The team implemented the first intervention, a color-coded, electronic medical record (EMR) Alert, after staff training. The Alert is created by the Medical Assistant for pregnant women at 35 weeks gestation and is visible to clerical and clinical staff who schedule postpartum visits. The Alert reminds staff of the 21-56-day timeframe for postpartum visit completion. Compliance data will be collected.

A second intervention will include modification of a pre-natal documentation (ACOG form) to include questions regarding customs, traditions, and cultural beliefs that may impact health care decisions around postpartum care. Education on cultural diversity will be provided to clinic staff along with the new ACOG form. This will be an opportunity for the clinic staff to gain insight into the cultural beliefs of their patients and ultimately improve the postpartum visit rates in Fresno County.

Childhood Immunizations Status-Combination-3:

In Q1 and Q2, CalViva Health established a multi-disciplinary Childhood Immunization (CIS-3), Performance Improvement Team in collaboration with two high volume, low compliance clinics in Fresno County and completed process mapping activities aimed at improving childhood immunization rates. A Failure Modes Effects Analysis (FMEA) was also completed with the clinic staff, to prioritize gaps in processes and identify potential interventions.

Using the process map and FMEA tool the clinic staff, providers and the CalViva Health team established the first intervention to address the highest priority gap identified. These activities completed Module 3.

The team implemented the first intervention of eliminating the double-booking option from provider scheduling templates (Monday through Friday) until the start of the work day. This is anticipated to allow space for patients to schedule same-day appointments for their needed immunizations. The clinics are also accommodating walk-in patients with designated "Walk-in Only Clinics" on Saturdays. It is estimated that more people will use the walk-in and "fast track" option over scheduling an appointment. Data will be gathered to evaluate outcomes.

A second intervention is in development and will be member based.

Item #10

Attachment 10.A

2018 Mid-Year Utilization Management Work Plan
Evaluation – Executive Summary



EXECUTIVE SUMMARY REPORT TO COMMITTEE

TO: CalViva Health QI/UM Committee

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

COMMITTEE DATE: September 20, 2018

SUBJECT: 2018 CalViva Work Plan Mid-Year Evaluation for Utilization Management/Case Management Executive Summary

Summary:

All activities are currently on target for this mid-year evaluation with the exception of the following metric listed below. This metric is indicated as Too soon To Tell for the mid-year evaluation reporting.

- 5.2 Provide UM/CM Programs to support Seniors and Persons with Disabilities (SPD) mandatory managed care requirements

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

All UM Process Monitoring activities are currently on target for this mid-year evaluation.

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

Turnaround Time (TAT) for processing authorization requests within regulatory timeframes had an overall score that averaged 95.65% for January – June 2018 with a goal of 100%. It was identified in Q1 that providers were using an incorrect authorization form which caused requests to be misrouted and not meet TAT. The issue with providers using the incorrect authorization form was resolved in April 2018 with provider communication and education and is no longer adversely impacting TAT. There are currently no known issues adversely impacting TAT. A formal CAP for TAT is in place that is reported on the 10th of every month.

b. UM Appeal determinations (Work plan element 2.4)

There were a total of 290 appeal cases January – June 2018 and the compliance turnaround time for appeals was 97.59%.

III. Monitoring Utilization Metrics

All UM Metric Monitoring activities are currently on target for this mid-year evaluation.

a. Acute in-patient performance (Work plan element 3.1)

Utilization goals for 2018 have been re-stated based on Acute Inpatient performance over the past 3 years. The Utilization team will continue to monitor, track and trend inpatient utilization in general and ED utilization in particular for opportunities to impact admissions and improve overall care.

Increase in TANF utilization was noted in first quarter 2018. The increase in admissions seems to correlate to an overall increase in homelessness and substance abuse based on the top ten admission diagnoses for 2017/18 with an accompanying increase in ED utilization as well.

ED visits for Influenza increased in occurrence advancing to the top eight diagnoses for ED visits for 2018 where it had not been in the Top Ten ED Diagnosis in previous years.

Admissions and bed days also increased in response to this unusual flu season.

Bed Days/K	2018 Goal	Jan-Jun 18 Actual
MCE	335.0	349.8
SPD	980.0	943.1
TANF	102.4	110.9

Admit/K	2018 Goal	Jan-Jun 18 Actual
MCE	65.0	67.9
SPD	177	170.1
TANF	27.1	29.2

ALOS	2018 Goal	Jan-Jun 18 Actual
MCE	5.1	5.2
SPD	5.0	5.5
TANF	3.8	3.8

% Re-admit	2018 Goal	Jan-Jun 18 Actual
MCE	13.0	13.6
SPD	21.0	21.4
TANF	8.0	8.1

b. **Over/Under Utilization** (Work plan element 3.2)

CVH PPG specific dashboard reports including Bed Days/K, Admits/K, and ALOS were developed and are produced and reviewed quarterly. The reports are being revised to include ER Visits/K, and 30-day all-cause readmission rates.

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.

a. **Integrated Case Management (ICM)** (Provides services along the continuum of care including critical and complex acuity) (Work plan element 4.1)

Outcome measures monitored quarterly include: readmission rates, ED utilization, overall health care costs & member satisfaction. Results for Q1 demonstrated decrease in readmission rates and ED utilization, inpatient health care cost decrease, slight decrease in outpatient and increase in pharmacy as expected. Small volume of member satisfaction surveys were completed; responses overall positive. Teams are re-evaluating outreach process to complete surveys in effort to increase completion volume.

Referrals to CM based on completed Health Information Forms (HIFs) was implemented in Q1. In January 2018 CalViva Health new member mailings included the 2017 HIF form. 2018 HIF was included in the New Member Welcome Packet in February.

Palliative care program monitoring was initiated in Q1 and monitoring continues.

Transitional Care Management (TCM) referral metrics are monitored separately as of June.

b. **Perinatal Case Management (PCM)** (Work plan element 4.2)

Referrals increased from 169 in Q1 to 217 in Q2. Through Q2, 120 members managed in PCM program, exceeding 2017 volume.

Hard copy program materials have been branded and approved; distribution is pending approval of program text messaging content by DHCS.

c. **Disease Management (DM)** (Work plan element 4.3)

Plans to insource the DM program are continuing. The Statement of Work with CalViva Health required rewording due to new privacy requirements and is in approval phase. Regulatory approval is required. The program will include notification material to providers upon member enrollment and will include care coordination between DM and CM.

d. **Behavioral Health Performance Measures** (Work plan element 4.6)

- Provider Appointment Availability Survey (PAAS): Q1 appointment access standards were met.
- Timeliness: Prior authorizations for autism and single case agreements in Q1 were all compliant with timeliness standards.
- PQI: no PQI's in Q1.
- Provider disputes: Out of 7 provider disputes in Q1 all were resolved timely.
- Network Availability and Adequacy: All availability and adequacy metrics met standard in Q1
- Timeliness to first appointment for members diagnosed with Autism Spectrum Disorder: Survey will be administered August through December 2018. Due to low response rate in 2017, provider

outreach was completed and overall results confirmed appointment availability and capacity for additional clients.

- Behavioral Health Complex Case Management was initiated through the HN CM department beginning late in Q2.

V. **Monitoring Activities for Special Populations**

All Monitoring Activities for Special Populations are currently on target for this mid-year evaluation with the exception of work plan element “5.2 Provide UM/CM Programs to support Seniors and Persons with Disabilities (SPD) mandatory managed care requirements” which is indicated as Too soon To Tell for the mid-year evaluation reporting.

a. **Monitoring of CCS identification rate** (Work plan element 5.1)

Teams are continuing current CCS policies and procedures including identification and referral of cases through identified resources. A work group has been assigned to assess opportunities to improve internal processes for CCS including early identification, referrals and collaboration with providers.

b. **UM/CM Programs to support SPD mandatory managed care requirements** (Work plan element 5.2)

Member stratification is being conducted monthly using Impact Pro to identify members for ICM. 105 SPD members have been managed 2018 through Q2.

Health Risk Assessment (HRA) completion is not meeting expectations as Health Net IT migration prevented data exchange. Root cause analysis and detailed action plan are in place. The vendor implemented hiring and retention strategies to meet call requirements.

Next Steps:

CalViva Health continues to increase its presence in the Central Valley community by establishing a comprehensive Medical Management team (Medical Hub) in the local CalViva Health office. The Medical Hub consists of staff responsible for prior authorization, post service review, onsite and telephonic concurrent review teams and a Regional Medical Director to oversee these teams and collaborate with directly contracted physicians and other providers of medical services. The Medical Hub will serve to further heighten collaboration and build relationships with providers of community resources in order to address Social Determinates of Health and provide comprehensive, whole person care for our members.

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 # 11

Attachment 11.A

Financial Report

Fiscal Year End

June 30, 2018

Fresno-Kings-Madera Regional Health Authority dba CalViva Health

U N A U D I T E D - Balance Sheet

As of June 30, 2018

	Total
ASSETS	
Current Assets	
Bank Accounts	
Cash	121,008,744.46
Savings CD	0.00
ST Investments	0.00
Wells Fargo Money Market Mutual Funds	54,565.72
Total Bank Accounts	\$ 121,063,310.18
Accounts Receivable	
Accounts Receivable	104,714,578.19
Total Accounts Receivable	\$ 104,714,578.19
Other Current Assets	
Interest Receivable	960.52
Investments - CDs	4,998,007.00
Prepaid Expenses	116,114.73
Security Deposit	0.00
Total Other Current Assets	\$ 5,115,082.25
Total Current Assets	\$ 230,892,970.62
Fixed Assets	
Buildings	7,230,748.97
Computers & Software	6,551.18
Land	3,161,419.10
Office Furniture & Equipment	166,192.90
Total Fixed Assets	\$ 10,564,912.15
Other Assets	
Investment -Restricted	311,066.90
Total Other Assets	\$ 311,066.90
TOTAL ASSETS	\$ 241,768,949.67
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	51,155.57
Accrued Admin Service Fee	7,990,070.00
Capitation Payable	166,956,650.95
Claims Payable	42,814.25
Total Accounts Payable	\$ 175,040,690.77
Other Current Liabilities	
Accrued Expenses	428,928.13
Accrued Payroll	104,097.97
Accrued Vacation Pay	239,824.64
Amt Due to DHCS	0.00
IBNR	156,852.68
Loan Payable-Current	0.00
Premium Tax Payable	0.00
Premium Tax Payable to BOE	5,961,854.70
Premium Tax Payable to DHCS	0.00
Total Other Current Liabilities	\$ 6,891,558.12
Total Current Liabilities	\$ 181,932,248.89
Long-Term Liabilities	
Renters' Security Deposit	16,500.00
Subordinated Loan Payable	0.00
Total Long-Term Liabilities	\$ 16,500.00
Total Liabilities	\$ 181,948,748.89
Equity	
Retained Earnings	49,619,929.41
Net Income	10,200,271.37
Total Equity	\$ 59,820,200.78
TOTAL LIABILITIES AND EQUITY	\$ 241,768,949.67

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
U N A U D I T E D - Budget vs. Actuals: Income Statement
 July 2017 - June 2018

	Total		
	Actual	Budget	Over/ (Under) Budget
Income			
Interest Earned	448,316.37	72,000.00	376,316.37
Premium/Capitation Income	1,185,176,639.69	1,138,569,000.00	46,607,639.69
Total Income	1,185,624,956.06	1,138,641,000.00	46,983,956.06
Cost of Medical Care			
Capitation - Medical Costs	991,824,587.86	963,035,172.00	28,789,415.86
Medical Claim Costs	2,400,372.73		2,400,372.73
Total Cost of Medical Care	994,224,960.59	963,035,172.00	31,189,788.59
Gross Profit	191,399,995.47	175,605,828.00	15,794,167.47
Expenses			
Admin Service Agreement Fees	48,045,723.00	47,611,080.00	434,643.00
Bank Charges	8,277.65	16,800.00	(8,522.35)
Computer/IT Services	116,503.26	84,000.00	32,503.26
Consulting Fees	0.00	105,000.00	(105,000.00)
Depreciation Expense	288,758.75	290,640.00	(1,881.25)
Dues & Subscriptions	167,520.08	178,800.00	(11,279.92)
Grants	1,499,712.52	2,100,000.00	(600,287.48)
Insurance	197,432.44	205,560.00	(8,127.56)
Labor	2,966,335.60	2,879,253.00	87,082.60
Legal & Professional Fees	74,939.31	190,800.00	(115,860.69)
License Expense	622,613.47	624,000.00	(1,386.53)
Marketing	723,631.57	750,000.00	(26,368.43)
Meals and Entertainment	15,709.02	17,700.00	(1,990.98)
Office Expenses	55,036.79	78,000.00	(22,963.21)
Parking	1,512.10	1,200.00	312.10
Postage & Delivery	1,609.49	2,400.00	(790.51)
Printing & Reproduction	7,717.44	4,800.00	2,917.44
Recruitment Expense	1,516.73	36,000.00	(34,483.27)
Rent	3,600.00	12,000.00	(8,400.00)
Seminars and Training	10,420.85	24,000.00	(13,579.15)
Supplies	10,540.82	7,600.00	2,940.82
Taxes	126,971,869.46	112,535,664.00	14,436,205.46
Telephone	31,274.05	18,000.00	13,274.05
Travel	21,396.57	24,900.00	(3,503.43)
Total Expenses	181,843,650.97	167,798,197.00	14,045,453.97
Net Operating Income	9,556,344.50	7,807,631.00	1,748,713.50
Other Income			
Other Income	643,926.87	600,000.00	43,926.87
Total Other Income	643,926.87	600,000.00	43,926.87
Net Other Income	643,926.87	600,000.00	43,926.87
Net Income	10,200,271.37	8,407,631.00	1,792,640.37

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
U N A U D I T E D - Income Statement CY vs PY
FY 2018 vs FY 2017

	Jul 2017 - Jun 2018 (FY 2018)	Jul 2016 - Jun 2017 (FY 2017)
Income		
Interest Earned	448,316.37	114,873.41
Premium/Capitation Income	1,185,176,639.69	1,135,866,108.32
Total Income	\$ 1,185,624,956.06	\$ 1,135,980,981.73
Cost of Medical Care		
Capitation - Medical Costs	991,824,587.86	953,891,340.10
Medical Claim Costs	2,400,372.73	2,021,297.60
Total Cost of Medical Care	\$ 994,224,960.59	\$ 955,912,637.70
Gross Profit	\$ 191,399,995.47	\$ 180,068,344.03
Expenses		
Admin Service Agreement Fees	48,045,723.00	47,650,009.00
Bank Charges	8,277.65	2,906.28
Computer/IT Services	116,503.26	126,197.28
Consulting Fees	0.00	3,225.00
Depreciation Expense	288,758.75	289,304.42
Dues & Subscriptions	167,520.08	133,528.17
Grants	1,499,712.52	0.00
Insurance	197,432.44	188,035.71
Labor	2,966,335.60	2,587,888.79
Legal & Professional Fees	74,939.31	102,678.14
License Expense	622,613.47	597,912.41
Marketing	723,631.57	597,868.51
Meals and Entertainment	15,709.02	12,338.68
Office Expenses	55,036.79	66,036.22
Parking	1,512.10	1,335.19
Postage & Delivery	1,609.49	2,115.72
Printing & Reproduction	7,717.44	2,062.24
Recruitment Expense	1,516.73	35,929.40
Rent	3,600.00	4,576.87
Seminars and Training	10,420.85	7,609.79
Supplies	10,540.82	11,999.11
Taxes	126,971,869.46	116,859,720.88
Telephone	31,274.05	21,208.47
Travel	21,396.57	20,415.29
Total Expenses	\$ 181,843,650.97	\$ 169,324,901.57
Net Operating Income	\$ 9,556,344.50	\$ 10,743,442.46
Other Income		
Other Income	643,926.87	524,318.23
Total Other Income	\$ 643,926.87	\$ 524,318.23
Net Other Income	\$ 643,926.87	\$ 524,318.23
Net Income	\$ 10,200,271.37	\$ 11,267,760.69

Item #11

Attachment 11.B

Financials as of July 31, 2018

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

	Total
ASSETS	
Current Assets	
Bank Accounts	
Cash	38,884,435.84
Savings CD	0.00
ST Investments	0.00
Wells Fargo Money Market Mutual Funds	4,853,858.43
Total Bank Accounts	\$ 43,738,294.27
Accounts Receivable	
Accounts Receivable	203,445,481.95
Total Accounts Receivable	\$ 203,445,481.95
Other Current Assets	
Interest Receivable	33.91
Investments - CDs	249,953.75
Prepaid Expenses	794,576.13
Security Deposit	0.00
Total Other Current Assets	\$ 1,044,563.79
Total Current Assets	\$ 248,228,340.01
Fixed Assets	
Buildings	7,208,780.88
Computers & Software	6,223.61
Land	3,161,419.10
Office Furniture & Equipment	164,297.93
Total Fixed Assets	\$ 10,540,721.52
Other Assets	
Investment -Restricted	311,193.77
Total Other Assets	\$ 311,193.77
TOTAL ASSETS	\$ 259,080,255.30
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	114,657.29
Accrued Admin Service Fee	7,989,102.00
Capitation Payable	172,721,285.74
Claims Payable	54,293.87
Total Accounts Payable	\$ 180,879,338.90
Other Current Liabilities	
Accrued Expenses	608,404.17
Accrued Payroll	121,782.65
Accrued Vacation Pay	239,824.64
Amt Due to DHCS	0.00
IBNR	156,852.68
Loan Payable-Current	0.00
Premium Tax Payable	0.00
Premium Tax Payable to BOE	5,961,854.75
Premium Tax Payable to DHCS	10,489,337.75
Total Other Current Liabilities	\$ 17,578,056.64
Total Current Liabilities	\$ 198,457,395.54
Long-Term Liabilities	
Renters' Security Deposit	16,500.00
Subordinated Loan Payable	0.00
Total Long-Term Liabilities	\$ 16,500.00
Total Liabilities	\$ 198,473,895.54
Equity	
Retained Earnings	59,820,200.78
Net Income	786,158.98
Total Equity	\$ 60,606,359.76
TOTAL LIABILITIES AND EQUITY	\$ 259,080,255.30

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

	Total		
	Actual	Budget	Over/ (Under) Budget
Income			
Interest Earned	108,790.17	10,000.00	98,790.17
Premium/Capitation Income	98,730,903.76	95,146,246.00	3,584,657.76
Total Income	98,839,693.93	95,156,246.00	3,683,447.93
Cost of Medical Care			
Capitation - Medical Costs	82,788,288.53	79,338,254.00	3,450,034.53
Medical Claim Costs	173,804.99	201,666.00	(27,861.01)
Total Cost of Medical Care	82,962,093.52	79,539,920.00	3,422,173.52
Gross Profit	15,877,600.41	15,616,326.00	261,274.41
Expenses			
Admin Service Agreement Fees	3,987,379.00	3,932,500.00	54,879.00
Bank Charges	655.08	1,400.00	(744.92)
Computer/IT Services	12,948.00	13,000.00	(52.00)
Consulting Fees	0.00	8,750.00	(8,750.00)
Depreciation Expense	24,190.63	25,000.00	(809.37)
Dues & Subscriptions	13,926.61	14,900.00	(973.39)
Grants	174,976.04	175,000.00	(23.96)
Insurance	16,627.74	16,627.00	0.74
Labor	302,106.54	246,384.00	55,722.54
Legal & Professional Fees	5,565.00	15,900.00	(10,335.00)
License Expense	56,929.44	52,000.00	4,929.44
Marketing	77,545.27	75,000.00	2,545.27
Meals and Entertainment	1,214.81	1,000.00	214.81
Office Expenses	6,777.98	6,500.00	277.98
Parking	90.00	100.00	(10.00)
Postage & Delivery	299.31	200.00	99.31
Printing & Reproduction	0.00	400.00	(400.00)
Recruitment Expense	0.00	3,000.00	(3,000.00)
Rent	300.00	1,000.00	(700.00)
Seminars and Training	3,880.99	2,000.00	1,880.99
Supplies	1,213.09	800.00	413.09
Taxes	10,489,337.80	10,489,337.00	0.80
Telephone	2,610.86	2,600.00	10.86
Travel	121.32	1,700.00	(1,578.68)
Total Expenses	15,178,695.51	15,085,098.00	93,597.51
Net Operating Income	698,904.90	531,228.00	167,676.90
Other Income			
Other Income	87,254.08	50,000.00	37,254.08
Total Other Income	87,254.08	50,000.00	37,254.08
Net Other Income	87,254.08	50,000.00	37,254.08
Net Income	786,158.98	581,228.00	204,930.98

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Income Statement: CY vs PY
July 2018 vs July 2017

	Jul 2018	Jul 2017 (PY)
Income		
Interest Earned	108,790.17	32,096.80
Premium/Capitation Income	98,730,903.76	98,836,645.74
Total Income	\$ 98,839,693.93	\$ 98,868,742.54
Cost of Medical Care		
Capitation - Medical Costs	82,788,288.53	83,373,483.02
Medical Claim Costs	173,804.99	177,156.49
Total Cost of Medical Care	\$ 82,962,093.52	\$ 83,550,639.51
Gross Profit	\$ 15,877,600.41	\$ 15,318,103.03
Expenses		
Admin Service Agreement Fees	3,987,379.00	3,901,260.00
Bank Charges	655.08	0.00
Computer/IT Services	12,948.00	15,600.50
Depreciation Expense	24,190.63	23,879.96
Dues & Subscriptions	13,926.61	13,205.05
Grants	174,976.04	0.00
Insurance	16,627.74	15,927.58
Labor	302,106.54	207,657.47
Legal & Professional Fees	5,565.00	5,112.00
License Expense	56,929.44	51,884.46
Marketing	77,545.27	64,405.06
Meals and Entertainment	1,214.81	600.54
Office Expenses	6,777.98	1,787.58
Parking	90.00	90.00
Postage & Delivery	299.31	215.99
Printing & Reproduction	0.00	228.87
Recruitment Expense	0.00	0.00
Rent	300.00	300.00
Seminars and Training	3,880.99	3,814.00
Supplies	1,213.09	744.22
Taxes	10,489,337.80	9,959,285.37
Telephone	2,610.86	2,486.13
Travel	121.32	666.89
Total Expenses	\$ 15,178,695.51	\$ 14,269,151.67
Net Operating Income	\$ 698,904.90	\$ 1,048,951.36
Other Income		
Other Income	87,254.08	62,195.33
Total Other Income	\$ 87,254.08	\$ 62,195.33
Net Other Income	\$ 87,254.08	\$ 62,195.33
Net Income	\$ 786,158.98	\$ 1,111,146.69

Item #11

Attachment 11.C

Compliance Report



Regulatory Filings	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2018 Total
# of DHCS Filings													
Administrative/Operational	8	6	8	7	10	7	9	11					66
Member & Provider Materials	1	1	3	0	2	6	2	2					17
# of DMHC Filings	2	3	7	8	5	6	4	6					41

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	2018 Total
# of MC609 FWA Submissions to DHCS	0	0	0	0	0	0	0	1					1
# of Cases Open for Investigation (Active Number)		42	37		24		16	17					

Potential Fraud, Waste & Abuse cases

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. Many cases which are open for investigation are triggered by the use of automated and/or manual data mining activities. “Open” cases are under active investigation and may or may not arise to the level of suspected potential fraud. The number reported above may be reduced as cases are closed and/or if an MC 609 Submissions are warranted. The number may increase as new cases are identified for investigation. If the case rises to the level of suspected potential fraud, CalViva Health reports the case to DHCS via an MC 609 form within 10 working days from the date the suspected potential fraud is identified.

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 other to critical projects or transitions that may affect CalViva Health. CalViva Health continues to review ongoing updates on Health Net's efforts to improve specialty provider access for CalViva Health members.</p> <p>Kaiser All remaining CalViva Health members assigned as Kaiser Continuity of Care (COC) Capitation members were transitioned back to CalViva Health effective September 1, 2018. Any COC requests to continue care after/starting September 1, 2018 will be reviewed following the Plan's "regular" COC rules. If COC requests from former Kaiser assigned members are approved, the member will remain assigned to CVH and not be capitated to Kaiser. Approval will be for a specific condition/ service and payments to Kaiser would be made on a Fee-for-Service basis.</p> <p>There are some activities, such as required regulatory reports, encounter data submissions, HEDIS data and other financial reporting related to Kaiser that will continue into 2019 and possibly 2020.</p>
<p>Oversight Audits</p>	<p>The following 2018 annual audits have completed: Utilization Management, Privacy & Security, and Cultural & Linguistics. None of these required CAPs.</p> <p>The following audits are in progress: Call Center, Credentialing Provider Network, and Q 2018 Provider Disputes,</p>
Regulatory Reviews/Audits	Status
<p>Department of Managed Health Care ("DMHC") Undertaking Reports – Termination of contract with Kaiser</p>	<p>As of 9/1/18, all previously assigned Kaiser-CalViva members were transitioned back to CalViva. In total, > 8,000 members were transitioned between 9/1/17 and 9/1/18. As was required by the 9/20/17 DMHC Undertakings requirements, the Plan submitted the "180-Day Amendment" on 8/30/18. Most of the information in this filing related to the Plan's network adequacy. The next required (and final filing) will be the "12-Month Report" scheduled for 9/20/18 and will focus on any grievances related to access to care and continuity of care (COC).</p> <p>Overall, the termination of the Kaiser contract and its associated member transition-related activities proceeded without significant disruptions to members' care.</p>
<p>Department of Health Care Services ("DHCS") 2018 Medical Audit</p>	<p>DHCS completed its on-site audit of Plan activities on 4/19/18 and completed onsite provider visits the week of 4/23/2018. We are awaiting the DHCS' formal Preliminary Report findings.</p>
<p>Department of Health Care Services ("DHCS") Encounter Data Corrective Action Plan</p>	<p>DHCS issued a Corrective Action Plan (CAP) to CalViva Health on December 26, 2017 identifying that the volume of encounter data submitted for Kings and Madera counties in 2015 and 2016 had trended down even though enrollment was increasing. The Plan has weekly CAP meetings with Health Net and continues to work with Health Net to address the issues and submit the outstanding encounter data. DHCS has granted another extension for submitting the 2015-16 data in</p>

RHA Commission Compliance – Regulatory Report

	question until 12/31/18. The Plan is now having monthly meetings with DHCS to discuss progress in meeting the CAP by 12/31/18.
Department of Managed Health Care 2019 Medical Survey	The Plan has been verbally notified by DMHC that the 3-year full medical survey has been scheduled for 2019. The survey will consist of a pre-audit review of documentation and onsite interviews, file audits and document review during the week of February 25, 2019. Written notification will be sent to the Plan by the end of the month.
New Regulation / Contractual Requirements	
Medicaid and Children’s Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, “Final Rule”	Both DMHC and DHCS have approved the Plan’s EOC/Model Handbook. The EOC mailing of English, Spanish and Hmong versions was completed in July. DHCS submitted the Final Rule contract amendment for managed care plans to CMS and it is still under review.
BHT Transition	In accordance with DHCS APL 18-006, effective July 1, 2018, MCPs became responsible for BHT treatment coverage for members under the age of 21 regardless of diagnosis under the EPSDT benefit when medically necessary. On August 7, 2018, CalViva Health received its latest DHCS file containing a list of 10 members to be transitioned to the Plan by 11/1/18. At this time, the Plan does not anticipate any additional members needing to be transitioned from the Central Valley Regional Center.
Committee Report	
Public Policy Committee	The Public Policy Committee met on September 5, 2018. The Committee reviewed the Enrollment Dashboard, the Health Education Member Incentives Program, Appeals & Grievances Report, and the Post-Partum Care Disparity Project update. There were no recommendations or action items requiring the response of the Commission. The next Public Policy Committee meeting is scheduled for December 5, 2018, 11:30 a.m. in Fresno County, at 7625 N. Palm Ave. Suite 109. Fresno, CA 93711.

Item #11

Attachment 11.D

Appeals & Grievances Report

CalViva Health Appeals and Grievances Dashboard 2018

CalViva - 2018																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2018 YTD	2017
Expedited Grievances Received	8	14	23	45	9	13	15	37	16	0	0	16	0	0	0	0	98	172
Standard Grievances Received	57	44	77	178	62	60	50	172	85	0	0	85	0	0	0	0	435	795
Total Grievances Received	65	58	100	223	71	73	65	209	101	0	0	101	0	0	0	0	533	967
Grievance Ack Letters Sent Noncompliant	0	1	2	3	3	1	2	6	4	0	0	4	0	0	0	0	13	12
Grievance Ack Letter Compliance Rate	100.0%	97.7%	97.4%	98.3%	95.2%	98.3%	96.0%	96.5%	95.3%	0.0%	0.0%	95.3%	0.0%	0.0%	0.0%	0.0%	97.01%	98.5%
Expedited Grievances Resolved Noncompliant	0	0	1	1	1	0	0	1	0	0	0	0	0	0	0	0	2	2
Expedited Grievances Resolved Compliant	6	9	24	39	10	12	10	32	17	0	0	17	0	0	0	0	88	170
Expedited Grievance Compliance rate	100.0%	100.0%	95.8%	97.4%	90.0%	100.0%	100.0%	96.9%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	97.78%	98.8%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13
Standard Grievances Resolved Compliant	58	40	45	143	75	61	40	176	54	0	0	54	0	0	0	0	373	800
Standard Grievance Compliance rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.00%	98.4%								
Total Grievances Resolved	64	49	70	183	86	73	50	209	71	0	0	71	0	0	0	0	463	985
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	46	38	57	141	59	55	42	156	58	0	0	58	0	0	0	0	355	712
Access - Other - DMHC	2	2	4	8	3	1	1	5	0	0	0	0	0	0	0	0	13	32
Access - PCP - DHCS	8	6	9	23	5	10	3	18	9	0	0	9	0	0	0	0	50	118
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	2	2	6	10	3	2	1	6	7	0	0	7	0	0	0	0	23	55
Administrative	11	10	18	39	19	12	15	46	19	0	0	19	0	0	0	0	104	151
Continuity of Care - Acute	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	9
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Continuity of Care - Other	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	2
Continuity of Care - PCP	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	5
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1
Continuity of Care - Specialist	1	0	2	3	1	1	1	3	0	0	0	0	0	0	0	0	6	27
Continuity of Care - Surgery	0	1	1	2	1	0	0	1	0	0	0	0	0	0	0	0	3	8
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Interpersonal	16	9	9	34	19	16	9	44	16	0	0	16	0	0	0	0	94	198
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	2	2	3	7	4	4	2	10	1	0	0	1	0	0	0	0	18	52
Pharmacy	2	3	4	9	3	5	6	14	3	0	0	3	0	0	0	0	26	34
Transportation	1	2	0	3	1	3	4	8	2	0	0	2	0	0	0	0	13	NA
Quality Of Care Grievances	18	11	13	42	27	18	8	53	13	0	0	13	0	0	0	0	108	273
Access - Other - DMHC	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	8
Access - PCP - DHCS	3	1	0	4	1	1	4	6	7	0	0	7	0	0	0	0	17	50
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	10
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	3	3	2	8	2	2	0	4	0	0	0	0	0	0	0	0	12	32
PCP Care	6	4	2	12	10	12	1	23	2	0	0	2	0	0	0	0	37	104
PCP Delay	1	2	8	11	8	1	3	12	1	0	0	1	0	0	0	0	24	28
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	4	1	1	6	6	1	0	7	1	0	0	1	0	0	0	0	14	37
Specialist Delay	1	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0	2	4
Exempt Grievances Received - Classifications	338	330	510	1178	818	389	245	1452	417	0	0	417	0	0	0	0	3047	2862
Authorization	9	6	3	18	6	3	2	11	1	0	0	1	0	0	0	0	30	94
Avail of Appt w/ Other Providers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Avail of Appt w/ PCP	11	22	21	54	16	10	6	32	35	0	0	35	0	0	0	0	121	114
Avail of Appt w/ Specialist	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Claims Complaint	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Eligibility Issue	4	7	5	16	5	3	1	9	3	0	0	3	0	0	0	0	28	66
Health Care Benefits	0	0	4	4	1	0	0	1	0	0	0	0	0	0	0	0	5	0
ID Card - Not Received	29	23	101	153	231	31	19	281	49	0	0	49	0	0	0	0	483	269
Information Discrepancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	7	5	1	13	6	4	3	13	2	0	0	2	0	0	0	0	28	97
Interpersonal - Behavior of Clinic/Staff - Provider	70	72	91	233	94	70	51	215	46	0	0	46	0	0	0	0	494	775
Interpersonal - Behavior of Clinic/Staff - Vendor	0	0	0	0	0	2	0	2	0	0	0	0	0	0	0	0	2	7
Other	10	15	16	41	4	6	5	15	10	0	0	10	0	0	0	0	66	95

CalViva Health Appeals and Grievances Dashboard 2018

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	5	26	24	55	13	3	10	26	8	0	0	8	0	0	0	0	89	66
Standard Appeals Received	19	27	35	81	49	62	55	166	34	0	0	34	0	0	0	0	281	171
Total Appeals Received	24	53	59	136	62	65	65	192	42	0	0	42	0	0	0	0	370	237
Appeals Ack Letters Sent Noncompliant	0	0	0	0	2	1	0	3	1	0	0	1	1	0	0	1	5	3
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	95.9%	98.4%	100.0%	98.2%	97.1%	0.0%	0.0%	97.1%	0.0%	0.0%	0.0%	0.0%	98.22%	98.2%
Expedited Appeals Resolved Noncompliant	0	0	3	3	4	0	0	4	1	0	0	1	0	0	0	0	8	1
Expedited Appeals Resolved Compliant	4	19	23	46	13	4	10	27	6	0	0	6	0	0	0	0	79	66
Expedited Appeals Compliance Rate	100.0%	100.0%	87.0%	93.5%	69.2%	100.0%	100.0%	85.2%	83.3%	0.0%	0.0%	83.3%	0.0%	0.0%	0.0%	100.0%	90.80%	98.5%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Standard Appeals Resolved Compliant	22	15	29	66	35	56	53	144	49	0	0	49	0	0	0	0	259	157
Standard 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%	98.1%
Total Appeals Resolved	26	34	55	115	52	60	63	175	56	0	0	56	0	0	0	0	346	227
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	25	34	55	114	52	58	63	173	56	0	0	56	0	0	0	0	343	224
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	2	1	3	6	7	4	5	16	5	0	0	5	0	0	0	0	27	5
DME	1	0	6	7	8	8	13	29	11	0	0	11	0	0	0	0	47	39
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	1	0	0	1	0	0	0	0	1	0	0	1	0	0	0	0	2	0
Advanced Imaging	3	10	12	25	18	11	16	45	15	0	0	15	0	0	0	0	85	59*
Other	3	13	15	31	8	18	17	43	5	0	0	5	0	0	0	0	79	0
Pharmacy	13	9	18	40	11	16	12	39	14	0	0	14	0	0	0	0	93	99
Surgery	2	1	1	4	0	1	0	1	5	0	0	5	0	0	0	0	10	22
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Post Service Appeals	1	0	0	1	0	2	0	2	0	0	0	0	0	0	0	0	3	3
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	1	0	2	0	2	0	0	0	0	0	0	0	0	3	2
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Appeals Decision Rates																		
Upholds	16	16	33	65	33	43	43	119	37	0	0	37	0	0	0	0	221	131
Uphold Rate	61.5%	47.1%	60.0%	56.5%	63.5%	71.7%	68.3%	68.0%	66.1%	0.0%	0.0%	66.1%	0.0%	0.0%	0.0%	0.0%	63.9%	57.7%
Overturns - Full	9	17	18	44	19	16	19	54	17	0	0	17	0	0	0	0	115	84
Overturn Rate - Full	34.6%	50.0%	32.7%	38.3%	36.5%	26.7%	30.2%	30.9%	30.4%	0.0%	0.0%	30.4%	0.0%	0.0%	0.0%	0.0%	33.2%	37.0%
Overturns - Partial	0	1	3	4	0	1	1	2	2	0	0	2	0	0	0	0	8	8
Overturn Rate - Partial	0.0%	2.9%	5.5%	3.5%	0.0%	1.7%	1.6%	1.1%	3.6%	0.0%	0.0%	3.6%	0.0%	0.0%	0.0%	0.00%	2.3%	3.5%
Withdrawal	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	4
Withdrawal Rate	3.8%	0.0%	1.8%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.6%	1.8%
Membership	357,378	357,239	356,452		357,319	357,792	358,472		358,032									
Appeals - PTMPM	0.07	0.10	0.15	0.11	0.15	0.17	0.18	0.16	0.16	-	-	0.16	-	-	-	-	0.14	0.05
Grievances - PTMPM	0.18	0.14	0.20	0.17	0.24	0.20	0.14	0.19	0.20	-	-	0.20	-	-	-	-	0.19	0.23

Item #11

Attachment 11.E

Key Indicator Report

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2017 to 6/30/2018
 Report created 7/25/2018

ER utilization based on Claims data	2017-07	2017-08	2017-09	2017-10	2017-11	2017-12	2017-Trenc	2018-01	2018-02	2018-03	2018-04	2018-05	2018-06	2018-Trenc	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Qtr Trend	CY- 2017	YTD-2018	YTD-Trend
	Quarterly Averages															Annual Averages								
Expansion Mbr Months	87,789	87,696	87,543	87,444	86,956	86,990		85,864	85,813	85,546	85,595	85,509	85,406		86,589	87,058	87,676	87,130	85,741	85,503		87,113	85,622	
Family/Adult/Other	247,794	247,194	247,186	246,434	246,195	246,902		246,290	246,438	246,448	246,357	246,419	246,445		247,181	247,737	247,391	246,510	246,392	246,407		247,205	246,400	
SPD Mbr Months	30,897	31,058	31,159	31,273	31,391	31,487		31,532	31,572	31,552	31,532	31,479	31,496		30,207	30,520	31,038	31,384	31,552	31,502		30,787	31,527	
Admits - Count	2,158	2,258	2,339	2,196	2,192	2,246		2,339	2,201	2,337	2,139	2,183	2,141		2,232	2,189	2,252	2,211	2,292	2,154		2,221	2,223	
Expansion	630	679	654	630	660	587		672	590	630	628	622	647		580	639	654	626	631	632		625	632	
Family/Adult/Other	1,048	1,083	1,181	1,076	1,037	1,134		1,164	1,138	1,178	1,036	1,100	1,023		1,121	1,051	1,104	1,082	1,160	1,053		1,090	1,107	
SPD	478	494	503	489	492	524		501	472	529	472	460	469		529	498	492	502	501	467		505	484	
Admits Acute - Count	1,372	1,470	1,487	1,435	1,490	1,490		1,605	1,523	1,632	1,498	1,500	1,433		1,491	1,477	1,443	1,472	1,587	1,477		1,471	1,532	
Expansion	445	498	459	474	507	459		512	448	497	482	492	474		435	490	467	480	486	483		468	484	
Family/Adult/Other	488	521	557	509	533	536		624	639	655	576	577	526		571	529	522	526	639	560		537	600	
SPD	437	450	471	451	449	494		467	435	480	438	430	431		483	458	453	465	461	433		476	447	
Readmit 30 Day - Count	264	282	264	273	294	296		310	236	311	259	281	281		265	282	270	288	286	274		276	280	
Expansion	87	71	70	77	90	85		97	67	100	79	88	85		72	88	76	84	88	84		80	86	
Family/Adult/Other	81	93	90	92	90	91		97	76	97	91	87	90		81	90	88	91	90	89		88	90	
SPD	96	118	104	104	112	120		115	93	114	89	106	104		112	104	106	112	107	100		108	104	
Readmit 14 Day - Count	15	18	21	22	24	25		30	21	18	23	24	23		24	27	18	24	23	23		23	23	
Expansion	4	5	3	4	4	9		10	9	6	8	9	1		5	7	4	6	8	6		5	7	
Family/Adult/Other	4	6	7	9	12	7		9	4	4	6	10	8		5	10	6	9	6	8		8	7	
SPD	7	7	11	9	8	9		11	8	8	9	5	14		13	11	8	9	9	9		10	9	
**ER Visits - Count	18,168	17,860	17,627	17,790	16,666	17,576		22,314	18,477	18,771	17,037	16,824	14,489		18,957	19,337	17,885	17,344	19,854	16,117		18,381	17,985	
Expansion	4,704	4,579	4,167	3,874	3,648	3,823		4,411	3,564	3,958	3,728	4,029	3,628		4,212	4,443	4,483	3,782	3,978	3,795		4,230	3,886	
Family/Adult/Other	11,443	11,212	11,627	12,072	11,224	11,907		14,407	12,361	12,220	11,059	10,893	9,441		12,747	12,945	11,427	11,734	12,996	10,464		12,213	11,730	
SPD	2,021	2,069	1,833	1,844	1,793	1,846		2,042	1,702	1,908	1,783	1,756	1,417		1,999	1,949	1,974	1,828	1,884	1,652		1,938	1,768	
Admits Acute - PTMPY	44.9	48.2	48.8	47.2	49.0	48.9		53.0	50.2	53.9	49.5	49.5	47.3		49.2	48.5	47.3	48.4	52.4	48.8		48.3	50.6	
Expansion	60.8	68.1	62.9	65.0	70.0	63.3		71.6	62.6	69.7	67.6	69.0	66.6		60.3	67.5	64.0	66.1	68.0	67.7		64.5	67.9	
Family/Adult/Other	23.6	25.3	27.0	24.8	26.0	26.1		30.4	31.1	31.9	28.1	28.1	25.6		27.7	25.6	25.3	25.6	31.1	27.3		26.1	29.2	
SPD	169.7	173.9	181.4	173.1	171.6	188.3		177.7	165.3	182.6	166.7	163.9	164.2		191.9	179.9	175.0	177.7	175.2	164.9		181.0	170.1	
Bed Days Acute - PTMPY	211.8	226.2	244.3	222.1	232.5	225.7		258.9	234.4	263.8	226.0	245.8	208.0		230.6	233.4	227.4	226.8	252.4	226.6		229.5	239.5	
Expansion	307.1	348.9	330.5	336.4	339.2	327.1		377.9	325.0	388.3	341.9	379.3	286.5		307.0	341.9	328.8	334.2	363.7	335.9		328.0	349.8	
Family/Adult/Other	88.9	101.3	103.7	95.9	98.5	95.0		128.2	115.6	113.8	100.3	111.2	96.2		103.1	98.3	98.0	96.5	119.2	102.5		98.9	110.9	
SPD	924.7	873.6	1,117.6	895.2	987.0	964.2		954.8	915.2	1,097.2	889.4	936.2	865.6		1,052.7	1,019.8	972.2	948.9	989.1	897.1		997.8	943.1	
ALOS Acute	4.7	4.7	5.0	4.7	4.7	4.6		4.9	4.7	4.9	4.6	5.0	4.4		4.7	4.8	4.8	4.7	4.8	4.6		4.7	4.7	
Expansion	5.0	5.1	5.3	5.2	4.8	5.2		5.3	5.2	5.6	5.1	5.5	4.3		5.1	5.1	5.1	5.1	5.4	5.0		5.1	5.2	
Family/Adult/Other	3.8	4.0	3.8	3.9	3.8	3.6		4.2	3.7	3.6	3.6	4.0	3.8		3.7	3.8	3.9	3.8	3.8	3.8		3.8	3.8	
SPD	5.4	5.0	6.2	5.2	5.8	5.1		5.4	5.5	6.0	5.3	5.7	5.3		5.5	5.7	5.6	5.3	5.6	5.4		5.5	5.5	
Readmit % 30 Day - PTMPY	12.2%	12.5%	11.3%	12.4%	13.4%	13.2%		13.3%	10.7%	13.3%	12.1%	12.9%	13.1%		11.9%	12.9%	12.0%	13.0%	12.5%	12.7%		12.4%	12.6%	
Expansion	13.8%	10.5%	10.7%	12.2%	13.6%	14.5%		14.4%	11.4%	15.9%	12.6%	14.1%	13.1%		12.4%	13.8%	11.6%	13.4%	14.0%	13.3%		12.8%	13.6%	
Family/Adult/Other	7.7%	8.6%	7.6%	8.6%	8.7%	8.0%		8.3%	6.7%	8.2%	8.8%	7.9%	8.8%		7.3%	8.6%	8.0%	8.4%	7.8%	8.5%		8.0%	8.1%	
SPD	20.1%	23.9%	20.7%	21.3%	22.8%	22.9%		23.0%	19.7%	21.6%	18.9%	23.0%	22.2%		21.2%	20.8%	21.6%	22.3%	21.4%	21.3%		21.5%	21.4%	
Readmit % 14 Day - PTMPY	1.1%	1.2%	1.4%	1.5%	1.6%	1.7%		1.9%	1.4%	1.1%	1.5%	1.6%	1.6%		1.6%	1.9%	1.2%	1.6%	1.4%	1.6%		1.6%	1.5%	
Expansion	0.9%	1.0%	0.7%	0.8%	0.8%	2.0%		2.0%	2.0%	1.2%	1.7%	1.8%	0.2%		1.1%	1.4%	0.9%	1.2%	1.7%	1.2%		1.1%	1.5%	
Family/Adult/Other	0.8%	1.2%	1.3%	1.8%	2.3%	1.3%		1.4%	0.6%	0.6%	1.0%	1.7%	1.5%		0.9%	1.9%	1.1%	1.8%	0.9%	1.4%		1.4%	1.1%	
SPD	1.6%	1.6%	2.3%	2.0%	1.8%	1.8%		2.4%	1.8%	1.7%	2.1%	1.2%	3.2%		2.8%	2.3%	1.8%	1.9%	2.0%	2.2%		2.2%	2.1%	
**ER Visits - PTMPY	594.9	585.6	578.1	584.6	548.6	577.2		736.2	609.4	619.6	562.4	555.5	478.5		625.0	635.2	586.2	570.2	655.1	532.2		604.1	593.6	
Expansion	643.0	626.6	571.2	531.6	503.4	527.4		616.5	498.4	555.2	522.6	565.4	509.8		583.7	612.4	613.6	520.8	556.7	532.6		582.7	544.7	
Family/Adult/Other	554.2	544.3	564.4	587.8	547.1	578.7		702.0	601.9	595.0	538.7	530.5	459.7		618.8	627.0	554.3	571.2	632.9	509.6		592.9	571.3	
SPD	784.9	799.4	705.9	707.6	685.4	703.5		777.1	646.9	725.7	678.5	669.4	539.9		794.0	766.4	763.3	698.8	716.5	629.3		755.2	672.9	
Services	TAT Compliance Goal: 100%						TAT Compliance Goal: 100%						TAT Compliance Goal: 100%						TAT Compliance Goal: 100%					
Preservice Routine	90.0%	96.7%	100.0%	96.7%	100.0%	100.0%		96.7%	83.3%	70.0%	100.0%	100.0%	93.3%		98.9%	94.4%	95.6%	98.9%	83.3%	97.8%				
Preservice Urgent	100.0%	100.0%	90.0%	96.7%	96.7%	100.0%		100.0%	100.0%	96.7%	96.7%	100.0%	100.0%		100.0%	100.0%	96.7%	97.8%	98.9%	98.9%				
Postservice	96.7%	96.7%	96.7%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	96.7%	96.7%	100.0%		97.8%	100.0%	96.7%	100.0%	100.0%	97.8%				
Concurrent																								

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2017 to 6/30/2018
 Report created 7/25/2018

ER utilization based on Claims data	2017-07	2017-08	2017-09	2017-10	2017-11	2017-12	2017-Trenc	2018-01	2018-02	2018-03	2018-04	2018-05	2018-06	2018-Trenc	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Qtr Trend	CY- 2017	YTD-2018	YTD-Trend				
Total Number Of Referrals	0	0	0	0	0	0		55	53	61	64	73	80		0	0	0	0	169	217		0	386					
Pending	0	0	0	0	0	0		0	0	0	0	0	0		0	0	0	0	0	0		0	0					
Ineligible	0	0	0	0	0	0		13	12	16	4	9	2		0	0	0	0	41	15		0	56					
Total Outreached	4	10	13	26	43	15		42	41	45	60	64	78		50	54	27	86	128	202		231	330					
Engaged	1	3	4	8	12	7		17	11	10	25	15	7		17	16	9	27	38	47		62	85					
Engagement Rate	25%	30%	31%	31%	28%	47%		40%	27%	22%	42%	23%	9%		34%	31%	33%	31%	30%	23%		27%	26%					
New Cases Opened	1	3	4	8	11	7		17	11	10	25	15	7		17	16	9	27	38	47		62	85					
Total Cases Managed	27	24	20	22	32	37		52	54	55	66	71	68		42	31	41	41	75	75		99	120					
Total Cases Closed	5	8	5	2	2	1		9	9	14	10	10	8		29	18	18	5	32	28		63	60					
Cases Remained Open	22	16	15	16	23	35		36	38	41	48	56	59		32	23	15	35	41	59		35	59					
	Integrated Case Management							Integrated Case Management							Integrated Case Management							Integrated Case Management						
Total Number Of Referrals	0	0	0	0	0	0		55	44	43	38	60	60		0	0	0	0	142	158		0	300					
Pending	0	0	0	0	0	0		0	0	0	0	3	3		0	0	0	0	0	6		0	6					
Ineligible	0	0	0	0	0	0		6	13	7	6	14	9		0	0	0	0	26	29		0	55					
Total Outreached	32	65	93	99	138	59		49	31	36	32	43	48		577	329	155	301	116	123		1346	239					
Engaged	15	27	29	29	47	34		22	12	11	10	8	7		101	66	70	111	45	25		334	70					
Engagement Rate	47%	42%	31%	29%	34%	58%		45%	39%	31%	31%	19%	15%		18%	21%	45%	36%	39%	20%		25%	29%					
Total Screened and Refused/Decline	7	16	7	20	21	15		13	8	13	8	9	19		127	91	33	58	34	36		307	70					
Unable to Reach	48	57	60	86	100	42		20	15	23	18	28	31		261	333	168	228	58	77		953	135					
New Cases Opened	15	27	21	29	47	34		22	12	11	10	8	7		98	69	70	111	45	25		334	70					
Total Cases Closed	27	21	11	36	24	45		23	20	15	16	18	13		133	24	76	104	58	47		400	105					
Cases Remained Open	58	58	48	53	70	69		48	42	32	31	30	33		174	174	48	71	32	33		69	33					
Total Cases Managed	87	88	78	95	110	120		86	76	66	62	54	44		133	99	107	178	116	81		461	133					
Critical-Complex Acuity	53	71	46	47	53	57		56	48	41	45	40	33		39	28	63	82	77	63		183	91					
High/Moderate/Low Acuity	34	17	32	48	57	63		30	28	25	17	14	11		123	71	44	96	39	18		278	42					
	Transitional Case Management							Transitional Case Management							Transitional Case Management							Transitional Case Management						
Total Number Of Referrals	0	0	0	0	0	0		30	23	43	42	41	39		0	0	0	0	96	122		0	218					
Pending	0	0	0	0	0	0		0	0	1	0	0	0		0	0	0	0	1	0		0	1					
Ineligible	0	0	0	0	0	0		5	5	7	7	6	5		0	0	0	0	17	18		0	35					
Total Outreached	0	0	0	0	0	0		25	18	35	35	35	34		0	0	0	0	78	104		0	182					
Engaged	0	0	0	0	0	0		21	15	26	24	15	13		0	0	0	0	62	52		0	114					
Engagement Rate	0%	0%	0%	0%	0%	0%		84%	83%	74%	69%	43%	38%		0%	0%	0%	0%	79%	50%		0%	63%					
Total Screened and Refused/Decline	0	0	0	0	0	0		1	0	3	2	9	14		0	0	0	0	4	25		0	29					
Unable to Reach	0	0	0	0	0	0		3	3	7	9	11	9		0	0	0	0	13	29		0	42					
New Cases Opened	0	0	0	0	0	0		21	15	26	24	15	13		0	0	0	0	62	52		0	114					
Total Cases Closed	0	0	0	0	0	0		18	14	20	24	17	13		0	0	0	0	52	54		0	106					
Cases Remained Open	0	0	0	0	0	0		22	20	22	20	18	14		0	0	0	0	22	14		0	14					
Total Cases Managed	0	0	0	0	0	0		28	28	41	47	39	36		0	0	0	0	63	79		0	122					
Critical-Complex Acuity	0	0	0	0	0	0		0	0	0	0	0	0		0	0	0	0	0	0		0	0					
High/Moderate/Low Acuity	0	0	0	0	0	0		28	28	41	47	39	36		0	0	0	0	63	79		0	122					
	Behavioral Health Case Management							Behavioral Health Case Management							Behavioral Health Case Management							Behavioral Health Case Management						
Total Number Of Referrals											3	6	33							42			42					
Pending											0	0	0							0			0					
Ineligible											0	0	0							0			0					
Total Outreached											3	6	33							42			42					
Engaged											2	3	1							6			6					
Engagement Rate											67.0%	50.0%	3%							14%			14%					
Total Screened and Refused/Decline											0	0	1							1			1					
Unable to Reach											1	3	32							36			36					
New Cases Opened											2	3	1							6			6					
Total Cases Closed											0	1	2							3			3					
Cases Remained Open											2	2	2							2			2					
Total Cases Managed											2	5	5							6			6					
Critical-Complex Acuity											1	2	2							3			3					
High/Moderate/Low Acuity											1	3	3							3			3					
	Record Processing							Record Processing							Record Processing							Record Processing						
Total Records	4,453	8,312	6,361	6,954	6,961	6,400		6,284	6,894	9,166	8,512	9,094	8,968		15,413	15,577	19,126	20,315	22,344	26,574		70,431	48,918					
Total Admissions	2,014	2,142	2,240	2,069	2,139	2,181		2,297	2,160	2,300	2,121	2,162	2,153		6,413	6,287	6,396	6,389	6,757	6,436		25,485	13,193					

Item #11

Attachment 11.F

QIUM Quarterly Summary Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

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

COMMITTEE

DATE: September 20th, 2018

SUBJECT: CalViva Health QI & UM Update of Activities in Quarter 3 2018 (September 2018)

Purpose of Activity:

This report is to provide the RHA Commission with an update on the CalViva Health QI & UM performance, program and regulatory activities in Quarter 3 of 2018.

I. Meetings

One QI/UM Committee meeting has been held to date in Quarter 3, on July 19th, 2018. The following general documents were approved at the July meeting:

1. Medical Policies Q1
2. Performance Improvement Project Updates for Low Back Pain and Avoidance of Antibiotics in Adults with Bronchitis.
3. Pharmacy Annual Policy Review Grid & select policies.
4. Pharmacy Formulary (July, Full & Condensed)

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

- **Quality Improvement Reports** - The quality and safety of many of the health plan functions are assessed and monitored through quality improvement reports. These reports cover health plan performance, programmatic documents and regulatory reports. During this reporting period the QI/UM Committee's review included, but was not limited to:
 1. The **Appeal and Grievance Dashboard through May 2018** tracks volumes, turn-around times, and case classifications. Results demonstrate good compliance with opportunity for continued improvement in some areas. Transportation related grievances are now tracked on the Dashboard in the Quality of Service, Exempt, and Appeal categories. Total number of Appeals Received/Resolved has demonstrated an increasing trend throughout the year so far. The increase is noted primarily in the "Other" category related to advanced imaging and allergy treatment requests. It is anticipated that provider education will reduce these numbers over time.
 2. The **Facility Site & Medical Record & PARS Review Report** displays completed activity and results of the DHCS required PCP Facility Site and Medical Record Reviews for CalViva Health in all counties. These site visits and record reviews evaluate provider compliance with standards of care and safe practices. The Physical Accessibility Review Survey (PARS) is an assessment of office/clinic access for members with disabilities. Access level is designated as Basic or Limited according to the results of an evaluation of 89 criteria. There were 15 Facility Site Reviews and 12 Medical Record Reviews completed in the 3rd and 4th Quarters of 2017. The overall mean Facility score for Fresno, Kings and Madera Counties was 98% for the 3rd and 4th Quarters of 2017.
 3. The **MHN Performance Indicator Report** provides written record of 18 performance indicator metrics covering access, authorization decision timeliness, potential quality issues and network availability and adequacy. All 18 metrics met or exceeded their targets.
 4. **Public Programs Report** for Q1. This report provides a summary of the relevant Public Health, Behavioral Health (BH) and Regional Center Activities, initiatives and updates for the three-county area.

Highlights for this quarter include implementation of the Drug Medical Organized Delivery System (ODS) Waiver Program for Behavioral Health. Various preventive health screenings and services. Treatment and prevention of sexually transmitted infections. Key metrics are reported.

5. **Other QI Reports** reviewed and approved include: Provider Preventable Conditions, PM160 Reporting and the Health Education Incentive Programs report.
- **UMCM Reports** - Utilization and Case Management activities are monitored in an ongoing manner through a variety of performance, programmatic and regulatory reports. At the July meeting the UMCM related reports included but were not limited to the following:
 1. **The Key Indicator Report (KIR)** provided data as of April 2018. This report includes key metrics for tracking utilization and case management activities.
 - Membership has remained consistent.
 - Admits remain comparable to previous months.
 - ER utilization has also remained steady after increase in January.
 - Bed Days PTMPY have increased slightly especially in the TANF category. This may be related to the EHS transition causing system disruptions.
 - Turn-around Time (TAT) Compliance has several metrics below goal of 100%, but above 90%. EHS transition resulted in providers sending the wrong prior authorization form impacting case prioritization and ultimately turn-around compliance rates. This has been addressed.
 - CCS and OB rates remain consistent.
 2. **Specialty Referral Reports** provide a summary of Specialty Referral Services that require prior authorization in the tri-county area for Adventist, First Choice, IMG and La Salle. These reports provide evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members. Results are trended over time.
 3. The **Top 10 Diagnosis Report** is prepared annually in order to provide the opportunity to track and monitor the volume of admissions per 1000 (AD/K), bed days per thousand (BD/K) and average length of stay (ALOS) of the top 10 diagnoses for acute hospital stays among the TANF, SPD and MCE populations. The report uses the principal diagnoses recorded at discharge. The majority of the top ten diagnoses identified in the 2018 report are consistent with stratification triggers used by our integrated care teams consisting of Concurrent Review, Public Programs and Integrated Case Management to identify and target high risk members.
 4. **Other report** reviewed was the Standing Referrals report.

II. HEDIS® Activity

HEDIS® performance measures are used to assess the quality of care provided to health plan members. Managed Care Plans are required by contract to annually report performance measurement results to DHCS/HSAG. Final RY18 results became available during Q3 and analysis initiated. The Medical Management Team met with DHCS leadership to discuss areas requiring improvement. Rapid cycle improvement (PDSA) Projects have been evaluated as RY2018 HEDIS® compliance rates have become available. Measures not meeting the MPL will continue into 2019 and any new projects initiated as per these results.

During Quarter 3 2018 CalViva also continued to move forward with the two Performance Improvement Projects (PIPs) selected, Childhood Immunizations and Postpartum Visits. Module 3, which includes Process Mapping, Failure Modes Effects Analysis (FMEA) and intervention prioritization was completed and approved by HSAG and DHCS. Bi-weekly, Improvement Team meetings have continued for the two targeted clinics. Initial interventions were identified and detailed implementation plans established for each project constituting the majority of the Module 4 documentation. Module 4 has been submitted and approved for each project. Monitoring of interventions and development of subsequent interventions is in progress.

III. Kaiser Reports

Quarter 2 2018 reports have been received to date with the following findings:

1. Grievance Reports 2nd Quarter--DHCS Report, CBAS-the All Member-no significant issues
2. Transportation Reports -Monthly reports received, no significant issues
3. Utilization Management 2nd Quarter – UM & DME, Out of Network, CBAS, Dental Anesthesia - no significant findings
4. Palliative Care Q2 – no significant issues

5. Mental Health Services 2nd Quarter –Mental Health COC Report, Mental Health Referral, Grievance, BHT Report-no significant issues.
6. CBAS Services and Assessment –2nd Quarter - no significant issues
7. Overall Volumes and Call Center Report 2nd Quarter – no significant issues

IV. Findings/Outcomes

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

Item #11

Attachment 11.G

Credentialing Sub-Committee
Quarterly Report



REPORT SUMMARY TO COMMITTEE

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

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

COMMITTEE DATE: September 20th, 2018

SUBJECT: CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 3 2018

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 3rd Quarter 2018 CalViva Health Credentialing Sub-Committee activities.

- I. The Credentialing Sub-Committee met on July 19th, 2018. At the July meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. Reports covering the first quarter for 2018 were reviewed for delegated entities and the second quarter 2018 report was reviewed for Health Net. A summary of the first quarter data is included in the table below.

II. Table 1. First Quarter 2018 Credentialing/Recredentialing

	Sante	ChildNet	MHN	Health Net	La Salle	ASH	VSP	Envolv Vision	IMG	Adventist	Totals
Initial credentialing	20	19	26	1	73	0	10	3	17	71	240
Recredentialing	53	26	10	0	63	0	82	0	13	0	247
Suspensions	0	0	0	0	0	0	0	0	0	0	0
Resignations (for quality of care only)	0	0	0	0	0	0	0	0	0	0	0
Totals	73	45	36	1	136	0	92	3	30	71	487

- III. The Quarter 2 2018 Credentialing report was reviewed with one case of denied network re-entry. Other County-specific Credentialing Sub-Committee reports were reviewed and approved. No significant cases were identified on these reports.

Item #11

Attachment 11.H

Peer Review Sub-Committee
Quarterly Report



REPORT SUMMARY TO COMMITTEE

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

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

COMMITTEE DATE: September 20th, 2018

SUBJECT: CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 3 2018

Purpose of Activity:

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

- I. The Peer Review Sub-Committee met on July 19th, 2018. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 2 2018 were reviewed for approval. There were no significant cases to report.
- II. The Quarter 2, 2018 Peer Count Report was presented at the meeting with the following outcomes:
 - There were four cases closed and cleared. There were no cases pending closure for Corrective Action Plan. There were four cases pending for further information.
- III. Follow up will be initiated to obtain additional information for tabled cases and ongoing monitoring and reporting will continue.

Item # 11

Attachment 11.1

Operations Report

IT Communications and Systems								
IT Communications and Systems	Overall Network Health Score	92%	Description: Weighted average calculation that provides an <i>At a Glance</i> overall network health score. 0% (lowest) to 100% (highest).					
	Patch Score	80%	Description: A good status indicator is zero un-scanned machines and a very low number of machines missing patches.					
	OS Score	100%	Description: A good status indicator is that all mission critical machines or server have Windows 2000 or higher installed.					
	Disk Score	95%	Description: A good status indicator is that the space used is less than 60%.					
	Event Log Score	91%	Description: A good status indicator is that there are less hits in the event log (i.e. More hits in the event log = lower score (proactive in nature)).					
	Active Presence of Viruses within Systems	NO	Description: A specific type of malware (designed to replicate and spread) intended to run and disable computers and/or computer systems without the users knowledge.					
	Active Presence of Malware within Systems	NO	Description: Software that is intended to damage or disable computers and computer systems.					
Message From The COO	Since the last Commission meeting (July 19, 2018), the Overall Network Health Score decreased from 93% to 92%. The Patch score decreased from 85% to 80%. There are currently no concerns or issues surrounding CalViva Health's IT Communications and Systems.							
Privacy and Security								
Privacy and Security	Risk Analysis (Last Completed mm/yy: 5/14)	Risk Rating: Low	Description: Conducting an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI held in the Health Plans IT and Communication Systems. A Rating is assigned: "No Risk", "Low Risk", "Medium Risk", "High Risk", "Critical Risk".					
	Eff. Date & Last Annual Mail Date of NPP (mm/yy)	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	2018	2018	2018	2018	2018	2018	2018
	Month	Apr	May	Jun	Jul	Aug	Sep	Oct
	No/Low Risk	4	4	4	3	3	3	
	High Risk	0	0	0	0	0	0	
Message from the COO	YTD 2018, CalViva Health has reported 25 Privacy and Security cases. There are currently no concerns or issues surrounding CalViva Health's Privacy and Security activities.							

Provider Network Activities									
Provider Network Activities	Year	2018							
	Month	Feb	Mar	Apr	May	Jun	Jul	Aug	
	Hospitals	11	11	11	11	10	10		
	Clinics	100	103	104	107	109	109		
	PCP	316	319	323	329	330	329		
	Specialist	1059	1068	1076	1127	1135	1143		
	Ancillary	96	103	105	105	103	181		
	2017 vs 2018								
	Year	2017	2017	2017	2018	2018	2018	2018	
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	Pharmacy	169	165	163	164	165			
	Behavioral Health	172	182	181	206	261			
	Vision	87	86	83	79	77			
	Urgent Care	5	5	5	7	10			
	Acupuncture	5	5	8	6	6			
	2017 vs 2018 - Patient Acceptance								
	Year	2017	2017	2017	2018	2018	2018	2018	
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	% of PCPs Accepting New Patients - Goal (85%)	85%	88%	77%	88%				
	% Of Specialists Accepting New Patients - Goal (85%)	96%	96%	95%	97%				
Message From the COO	Operating and complying with the new state and federal regulations ensuring contracted network providers are enrolled in the Med-Cal program is currently a significant issue of concern.								

	Year	2018	2018	2018	2018	2018	2018	2018	
	Month	Feb	Mar	Apr	May	Jun	Jul	Aug	
	No. Claims Processed	188,074	248,016	200,341	244,059	258,467	227,167		
	Claims Turn-Around	98.68%	99.83%	99.73%	99.52%	99.39%	99.38%		
	Weekly Average	47,019	62,004	50,085	61,015	64,617	56,792		
	Year	2017	2017	2017	2018	2018	2018	2018	
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Claims Processing	Medical Claims Timeliness (30 days / 45 days) - Goal (90% / 95%) - Deficiency Disclosure	93.57% / 99.79% YES	94% / 99% YES	95% / 99% NO	97% / 99% NO	98% / 99% YES			
	Behavioral Health Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	95.66% / 98.54% NO	93% / 97% YES	92% / 96% YES	90% / 99% YES	96% / 99% YES			
	Pharmacy Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO			
	Acupuncture Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	94% / 100% NO	100% / 100% NO	99% / 100% NO	100% / 100% NO			
	PPG 1 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	97% / 100% NO	82% / 100% NO	96% / 100% NO	91% / 100% NO	84% / 100% NO			
	PPG 2 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	97% / 100% NO	95% / 100% NO	94% / 98% NO	90% / 100% YES	83% / 97% YES			
	PPG 3 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	96% / 100% NO	94% / 99% NO	91% / 100% NO	98% / 100% NO	94% / 98% NO			
	PPG 4 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO			
	PPG 5 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	98% / 100% NO	86% / 100% NO	100% / 100% NO	99% / 100% NO	89% / 100% NO			
	PPG 6 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	97% / 100% NO	97% / 100% NO	99% / 100% NO	90% / 100% NO	86% / 100% NO			
	Vision Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO			
	Message from the COO	Medical, Behavioral Health, and PPG 2 disclosed a deficiency in Q2 2018. 30 Days Timeliness goals were not met for PPG 1, PPG 2, PPG5, and PPG 6. Corrective actions are in place.							

	Year	2017	2017	2017	2018	2018	2018	2018	
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Provider Disputes	Medical Provider Disputes Timeliness Quarterly Results (45 days) - Goal (95%)	95%	93%	95%	90%	88%			
	Behavioral Health Provider Disputes Timeliness (45 days) - Goal (95%)	100%	N/A	100%	100%	100%			
	Acupuncture Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	N/A	N/A	N/A	N/A			
	PPG 1 Provider Dispute Timeliness (45 Days) - Goal (95%)	99%	96%	94%	96%	100%			
	PPG 2 Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	100%	99%	66%	54%			
	PPG 3 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	100%	100%	95%	94%			
	PPG 4 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	100%	100%	100%	100%			
	PPG 5 Provider Dispute Timeliness (45 Days) - Goal (95%)	97%	68%	100%	100%	100%			
	PPG 6 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	88%	99%	N/A	100%			
	Vision Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	N/A	N/A	N/A	N/A			
	Message from the COO	Medical Provider Disputes did not meet goal for Quarter 2 2018. In addition, PPG 2 and PPG 3 did not meet goal for Quarter 2 2018. Administrative reasons were provided for both areas as the reason for not meeting goal. These areas are a concern and are continuing to be monitored. Corrective actions are in place for PPG 2 and PPG 3.							

Item #11

Attachment 11.J

Executive Dashboard



Month	2017	2017	2017	2017	2017	2018	2018	2018	2018	2018	2018	2018	2018
	August	September	October	November	December	January	February	March	April	May	June	July	August
CVH Members													
Fresno	298,351	297,827	296,752	295,344	295,793	293,838	293,142	292,528	293,074	293,288	293,831	293,382	292,471
Kings	27,004	27,140	27,175	27,284	27,481	27,541	27,780	27,854	27,940	28,046	28,047	28,143	28,233
Madera	35,992	36,264	36,142	36,185	37,272	36,155	36,383	36,221	36,383	36,656	36,775	36,709	36,635
Total	361,347	361,231	360,069	358,813	360,546	357,534	357,305	356,603	357,397	357,990	358,653	358,234	357,339
SPD	30,135	30,292	30,355	30,490	30,659	30,746	30,829	30,884	30,828	30,877	31,082	31,222	31,371
CVH Mrkt Share	70.75%	70.75%	70.74%	70.75%	70.83%	70.96%	70.78%	70.95%	71.00%	71.00%	71.03%	70.99%	70.99%
ABC Members													
Fresno	110,740	110,518	110,235	109,640	109,670	107,598	108,601	107,485	107,400	107,456	107,469	107,531	107,141
Kings	19,712	19,723	19,628	19,607	19,759	19,714	19,690	19,457	19,465	19,593	19,631	19,631	19,686
Madera	18,965	19,070	19,075	19,093	19,052	19,038	19,227	19,096	19,120	19,174	19,172	19,218	19,215
Total	149,417	149,311	148,938	148,340	148,481	146,350	147,518	146,038	145,985	146,223	146,272	146,380	146,042
Default													
Fresno	815	962	897	892	970	607	1,353	822	1,042	899	909	1,080	1,022
Kings	131	150	137	135	155	123	259	137	204	178	168	188	195
Madera	151	201	176	184	153	135	188	117	92	124	122	130	121
County Share of Choice as %													
Fresno	68.50%	66.10%	65.70%	67.90%	66.10%	67.00%	62.30%	70.91%	67.70%	67.50%	65.70%	65.50%	65.10%
Kings	63.60%	59.30%	58.10%	55.50%	61.20%	56.40%	61.70%	59.76%	52.10%	49.90%	54.60%	58.80%	59.10%
Madera	66.70%	62.60%	62.20%	58.30%	62.80%	61.00%	56.00%	66.39%	67.80%	63.20%	60.90%	63.50%	63.90%
Voluntary Disenrollments													
Fresno	576	665	444	596	462	482	671	504	497	433	437	435	452
Kings	82	72	59	73	64	34	51	60	73	50	108	57	68
Madera	73	94	61	84	58	87	144	71	63	63	57	56	67

Note: Most data is preliminary and may have retroactive adjustments as new or updated information becomes available..

Note: Claims Turn-around = 30 Calendar/45 W **Data Current as of 7.24.2018**

Data Current as of 8.27.18