

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  
Public Health Department

Harold Nikoghosian  
At-large

**Madera County**

David Rogers  
Board of Supervisors

Dennis Koch  
Interim 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 15, 2017  
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 21, 2017  
1:30 pm to 3:30 pm**

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

**Teleconference Locations:**

**Kings County Government Center  
Administration Building  
1400 W. Lacey Boulevard  
Hanford, CA 93230**

**Fresno County Administrative Office  
Third Floor, Room 304  
2281 Tulare Street  
Fresno, CA 93721**

Meeting materials have been emailed to you.

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

Thank you

# AGENDA

Fresno-Kings-Madera Regional Health Authority

Commission Meeting

September 21, 2017

1:30pm - 3:30pm

Meeting Location:

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

**Teleconference Locations:**

Kings County Government Center  
Administration Conference Room  
1400 W. Lacey Blvd.  
Hanford, CA 93230

Fresno County Administrative Office  
Third Floor, Room 304  
2281 Tulare Street  
Fresno, CA 93721

Item	Attachment #	Topic of Discussion	Presenter
1		<b>Call to Order</b>	D. Hodge, MD; Chair
2		<b>Roll Call</b>	C. Hurley, Clerk
3 Information	Attachment 3.A	<b>Fresno County At-Large Appointment</b> <ul style="list-style-type: none"><li>Joyce Fields-Keene, CEO, CCFMG</li></ul>	D. Hodge, MD; Chair
4 Information	Attachment 4.A	<b>Madera County, Interim Director of Public Health Appointee</b> <ul style="list-style-type: none"><li>Dennis Koch</li></ul>	
5		<b>Closed Session:</b>  <b>The Board of Directors will go into closed session to discuss the following item:</b>  <b>A. Public Employee Appointment, Employment, Evaluation, or Discipline</b> Title: Executive Review Per Government Code Section 54957(b)(1) <b>B. Government Code section 54954.5 – Report Involving Trade Secret</b> – Discussion of service, program, or facility.	
6 Action	Attachment 6.A Attachment 6.B Attachment 6.C	<b>Consent Agenda</b> <ul style="list-style-type: none"><li>Commission Minutes dated 7/20/2017</li><li>Finance Committee Minutes dated 5/18/2017</li><li>QI/UM Committee Minutes dated 5/18/2017</li></ul> <i>Action: Approve Consent Agenda</i>	D. Hodge, MD; Chair
7 Information	Attachment 7.A	<b>Review of Fiscal Year End 2017 Goals</b> <ul style="list-style-type: none"><li>BL 17-004</li></ul>	D. Hodge, MD; Chair

<b>8 Action</b>	Attachment 8.A	<b>Goals and Objectives for Fiscal Year 2018</b> <ul style="list-style-type: none"> <li>• BL 17-005</li> </ul> <i>Action: Approve Goals for FY 2018</i>	D. Hodge, MD; Chair
	<i>Handouts will be available at meeting</i>	<i>PowerPoint Presentations will be used for items 9-11</i> <b>Combined Action will be taken for items 10 &amp; 11</b>	
<b>9 Information</b>	Attachment 9.A	<b>HEDIS® Update – Reporting Year 2017</b>	P. Marabella, MD, CMO
<b>10 Action</b>	Attachment 10.A Attachment 10.B	<b>2017 Mid-Year Quality Improvement Work Plan Evaluation</b> <ul style="list-style-type: none"> <li>• Executive Summary</li> <li>• Work Plan Evaluation</li> </ul> <i>Action: See item 11 for Action</i>	P. Marabella, MD, CMO
<b>11 Action</b>	Attachment 11.A Attachment 11.B	<b>2017 Mid-Year Utilization Management Work Plan Evaluation</b> <ul style="list-style-type: none"> <li>• Executive Summary</li> <li>• Work Plan Evaluation</li> </ul> <i>Action: Approve 2017 Mid-Year Quality Improvement Work Plan Evaluation; and 2017 Mid-Year Utilization Management Work Plan Evaluation</i>	P. Marabella, MD, CMO
<b>12 Action</b>		<b>Standing Reports</b>	
	Attachment 12.A Attachment 12.B	<b>Finance Report</b> <ul style="list-style-type: none"> <li>• Financial Report Fiscal Year End June 30, 2017</li> <li>• Financials as of July 31, 2017</li> </ul>	W. Gregor, CFO
	Attachment 12.C	<b>Compliance</b> <ul style="list-style-type: none"> <li>• Compliance Report</li> </ul>	M.B. Corrado, CCO
	Attachment 12.D Attachment 12.E Attachment 12.G Attachment 12.H	<b>Medical Management</b> <ul style="list-style-type: none"> <li>• Appeals and Grievances Report</li> <li>• Key Indicator Report</li> <li>• Credentialing Sub-Committee Quarterly Report</li> <li>• Peer Review Sub-Committee Quarterly Report</li> </ul>	P. Marabella, MD, CMO
	Attachment 12.I	<b>Executive Report</b> <ul style="list-style-type: none"> <li>• Executive Dashboard</li> </ul> <i>Action: Accept Standing Reports</i>	G. Hund, CEO
<b>13</b>		<b>Final Comments from Commission Members and Staff</b>	
<b>14</b>		<b>Announcements</b>	
<b>15</b>		<b>Public Comment</b> <i>Public Comment is the time set aside for comments by the public on matters within the jurisdiction of the Commission but not on the agenda. Each speaker will be limited to three (00:03:00) minutes. Commissioners are prohibited from</i>	

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

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**Adjourn**

D Hodge, Chair

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Supporting documents will not be posted. If you would like a copy please email the  
Clerk to the Commission at: [Churley@calvivahealth.org](mailto: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 19, 2017 in Fresno County  
CalViva Health, 7625 N. Palm Ave., Ste. 109, Fresno, CA 93711

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

# Item #3

## Attachment 3.A

Fresno County  
At-Large Appointment



# County of Fresno

## BOARD OF SUPERVISORS

Chairman  
**Brian Pacheco**  
District One

Vice-Chairman  
**Sal Quintero**  
District Three

**Andreas Borgeas**  
District Two

**Buddy Mendes**  
District Four

**Nathan Magsig**  
District Five

**Bernice E. Seidel**  
Clerk

August 8, 2017

Joyce Fields-Keene  
8886 N. 10th Street  
Fresno, California 93720

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

Dear Ms. Fields-Keene:

We are pleased to inform you that on **August 8, 2017**, under Supervisor Quintero's nomination, you were appointed by the Board of Supervisors to serve on the **Fresno-Kings-Madera Regional Health Authority** (hereinafter referred to as "authority") for a term expiring on **May 4, 2020**. You will serve in the seat previously held by Stephen Ramirez. We thank you for your interest in serving our County.

The check marked section in this letter requires action specifically to your appointment:

**Statement of Economic Interests (Form 700):** You are required to file a Form 700 for your appointed position. New appointees must file an assuming office Form 700 **no later than 30 days from the date of appointment** by the Board of Supervisors and annually thereafter. The form and instructions are available at the authority office or online at [www.fppc.ca.gov](http://www.fppc.ca.gov). You also have the option of completing your form on-line using eDisclosure. Please note: you must have an email address on file with the Clerk to the Board's office to take advantage of the benefits of this system. This program will assist you in accurately completing your form and electronically submitting your filing.

If a designated filer fails to timely file a Form 700, he or she may, in addition to any other penalties or remedies established by law, be subject to liability for penalties in the amount of \$10 per day, for each day late up to a maximum of \$100, after the deadline until the Form 700 is filed.

**Brown Act Requirements**

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

**Fresno County Ordinance Code Section 2.68**

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

## **State Mandated Ethics Training**

California Government Code Section 53235 provides that if a local agency (which includes special districts) provides any type of compensation, salary, or stipend to a member of a legislative body, or provides for reimbursement for actual and necessary expenses incurred by a member of a legislative body in the performance of official duties, then all local agency officials shall receive training in ethics. Such local agency officials must receive **two hours** of ethics training within one year of commencing service with the local agency and once every two years thereafter. Please consult your authority's legal counsel with questions relating to this requirement.

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

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

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

Sincerely,



Bernice E. Seidel  
Clerk to the Board

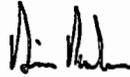
cc: Fresno-Kings-Madera Regional Health Authority

**CERTIFICATE OF APPOINTMENT**  
**BOARD OF SUPERVISORS**  
**FRESNO COUNTY, CALIFORNIA**

I, BRIAN PACHECO, Chairman, Board of Supervisors for the County of Fresno, State of California, do hereby certify that **Joyce Fields-Keene** was duly appointed to the **Fresno-Kings-Madera Regional Health Authority Board of Directors**, for a term to expire May 4, 2020.

Date Appointed: August 8, 2017

BRIAN PACHECO  
Board of Supervisors



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Chairman

# Item #4

## Attachment 4.A

Madera County

Interim Director of Public Health - Appointee



# BOARD OF SUPERVISORS COUNTY OF MADERA

MADERA COUNTY GOVERNMENT CENTER  
200 WEST 4<sup>TH</sup> STREET/MADERA, CALIFORNIA 93637  
(559) 675-7700 / FAX (559) 673-3302 / TDD (559) 675-8970

MEMBERS OF THE BOARD

BRETT FRAZIEI  
DAVID ROGER  
ROBERT L. POYTHRES  
MAX RODRIGUE  
TOM WHEELER

RHONDA CARGILL, Chief Clerk of the Board

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August 24, 2017

Dennis Koch  
Interim Director  
Madera County Public Health Department  
14215 Road 28  
Madera, CA 93638

Dear Mr. Koch:

I am pleased to inform you that on August 22, 2017, the Board of Supervisors appointed you to the Fresno-Kings-Madera Regional Health Authority for an indefinite term.

You are required to file a Statement of Economic of Interest. The Statement of Economic Interest must be completed and filed with the secretary of the committee to which you were appointed within 30 days of assuming office. If a designated filer fails to timely file a Form 700, he or she shall, in addition to any other penalties or remedies established by law, be subject to liability for penalties in the amount \$10 per day, for each day late up to a maximum of \$100, after the deadline until the Form 700 is filed.

Should you have any questions or need additional information, please do not hesitate to contact me.

Respectfully,

Rhonda Cargill  
Chief Clerk to the Board of Supervisors

cc: Cheryl Hurley, Commission Clerk, FMK RHA

# Item #6

## Attachment 6.A

Commission Minutes  
Dated 7/20/17

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
Commission**  
**Meeting Minutes**  
May 18, 2017

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

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

<b>AGENDA ITEM / PRESENTER</b>	<b>MOTIONS / MAJOR DISCUSSIONS</b>	<b>ACTION TAKEN</b>
<b>#1 Call to Order</b>	The meeting was called to order at 1:30 pm. A quorum was present.	
<b>#2 Roll Call</b> Cheryl Hurley, Clerk to the Commission	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
<p><b>#3 Madera County At-Large Reappointment</b> Information David Hodge, MD, Chairman</p>	<p>Dr. Naz has been reappointed by the Madera County BOS for a three-year term.</p>	
<p><b>#4 Fresno County At-Large Appointment/Reappointment</b> Information David Hodge, MD, Chairman</p>	<p>No action from the Fresno County BOS has been taken; appointment/reappointment is pending.</p>	
<p><b>#5 Kings County, Director of Public Health Dept. Appointment</b> Information David Hodge, MD, Chairman</p>	<p>Mr. Ed Hill, Director of Kings County Public Health Department has been appointed to the Commission.</p>	
<p><b>#6 Closed Session</b>  A. Government Code section 54954.5 – Report Involving Trade Secret.</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session. Regarding item #5.A, Government Code Section 54954.5, reporting Involving Trade Secret, Discussion of Service, Program or Facility. The report out is the relationship between CalViva Health and Kaiser will end August 31, 2017. Members will be transitioned to CalViva Health in network providers.</p> <p style="text-align: center;"><i>Mr. Gruen arrived at 1:33 pm</i> <i>Supervisor Quintero arrived at 1:37 pm</i></p>	
<p><b>#7 Consent Agenda</b> a) Commission Minutes 5/18/17 b) Finance Committee Minutes 3/16/17 c) Public Policy Committee Minutes dated 3/1/17</p>	<p>All consent items were presented and accepted as read.</p>	<p><i>Motion: Approve Consent Agenda 12 – 0 – 0 – 5</i></p> <p><i>(Neves / Frye)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>d) QI/UM Committee Minutes 3/16/17</p> <p>e) Finance Committee Charter</p> <p>f) Credentialing Committee Charter</p> <p>g) Peer Review Committee Charter</p> <p>h) QIUM Committee Charter</p> <p>i) Public Policy Committee Charter</p> <p>j) Compliance Report</p> <p>Action David Hodge, MD, Chairman</p>		
<p><b>#8 Standing Reports</b></p> <ul style="list-style-type: none"> <li><b>Finance Report</b> William Gregor, CFO</li> </ul>	<p><b><u>Finance</u></b></p> <p><b>Financial Statements as of April 30, 2017:</b> Total current assets are \$155M; total current liabilities are approximately \$116M. Current ratio is 1.34. TNE as of May 31, 2017 was approximately \$50.5M, which is 354% of the minimum DMHC required TNE amount. We are on goal to achieve 400% of the DMHC required TNE amount.</p> <p>As of May 31, 2017, revenues are \$1.169B, which is ahead of budget due to rates being paid, higher than budgeted enrollment, and increase in income tax premiums received compared to what was budgeted. Capitation Medical Cost expense, Admin Service Agreement Fees expense, and taxes are all above budget also due to those same reasons. All other expenses are in line with current</p>	<p><b>Motion:</b> Approve Standing Reports</p> <p>12-0-0-5 ( <i>Neves / Nikoshosian</i> )</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li><b>Medical Management</b> P. Marabella, MD, CMO</li> </ul>	<p>budget. Net income through May 31, 2017 is \$12.2M which is approximately \$3.1M more than what was budgeted.</p> <p><b><u>Medical Management</u></b></p> <p><b>Appeals and Grievances Report</b> Dr. Marabella presented the Appeals and Grievances Dashboard through May 31, 2017.</p> <ul style="list-style-type: none"> <li>The total number of Grievances decreased in Q2.</li> <li>The compliance rates for Grievances remain good.</li> <li>Exempt grievance numbers increased slightly in Q2 of 2017.</li> <li>Appeals resolved were all Preservice; the highest volumes by type were DME and Pharmacy related.</li> <li>The overall rate for Appeals compared to 2016 remains the same and the Grievance rate has increased slightly year-to-date.</li> </ul> <p><b>Key Indicator Report</b> Dr. Marabella presented the Key Indicator report.</p> <ul style="list-style-type: none"> <li>Admit and Readmit numbers have remained consistent.</li> <li>ER visits PTMPY has remained the same.</li> <li>Utilization remains consistent.</li> </ul> <p><b>QI/UM Quarterly Report</b> Dr. Marabella provided the QI/UM Quarter 2 2017 update. One QI/UM meeting was held in Quarter 2, on May 18, 2017.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The following guiding documents, and one general document, were approved at the May meeting:</p> <ul style="list-style-type: none"> <li>• 2016 Culture &amp; Linguistics (C &amp; L) Annual Workplan Evaluation</li> <li>• 2017 C &amp; L Program Description</li> <li>• 2017 C &amp; L Work Plan</li> <li>• 2016 Health Education (HE) Annual Workplan Evaluation</li> <li>• 2017 HE Program Description</li> <li>• 2017 HE Work Plan</li> <li>• Quality Improvement Policies &amp; Procedures</li> <li>• Pharmacy Provider Update Q1</li> </ul> <p>Some of the reports reviewed and approved included the following Quality Improvement Reports: Appeals and Grievances Dashboard &amp; Quarter 1 Member Report, Potential Quality Issues (PQI) Report, QI Summary Reports for Cervical Cancer Screening, Childhood Immunizations and the Postpartum Visit Quality Improvement Projects.</p> <p>The Utilization Management reports approved included the Key Indicator Report, the Concurrent Review Report, and the Case Management Report.</p> <p>Pharmacy reports were reviewed, which included Operations Metrics.</p> <p>In addition, HEDIS® Activity was reviewed and updated.</p> <p>Also reviewed was Access &amp; Availability, and Kaiser Reports. No significant compliance issues were identified.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li>• <b>Executive Report</b> G. Hund, CEO</li> </ul>	<p><b>Credentialing Sub-Committee Quarterly Report</b></p> <p>In Quarter 2 the Credentialing Sub-Committee met on May 18, 2017. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. The Charter, Credentialing policies, and county specific reports were reviewed and approved. The Credentialing Oversight Audit was completed and required a corrective action plan (CAP) to address two opportunities for improvement.</p> <p><b>Peer Review Sub-Committee Quarterly Report</b></p> <p>The Peer Review Sub-Committee met on May 18, 2017. The Charter and Peer Review policies were reviewed and approved. The Peer Count Report was presented indicating that there were three cases closed and cleared. There were no cases with an outstanding corrective action plan. Five cases were pended for further information.</p> <p>No significant Quality of Care issues were identified. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p> <p><b><u>Executive Report</u></b></p> <p>Membership has remained flat with the expectation of only small adjustments each month.</p> <p>The most recent update to the ACA was reported to the Commission.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#9 Final Comments from Commission Members and Staff	None.	
#10 Announcements	None.	
#11 Public Comment	None.	
#12 Adjourn	<p>The meeting was adjourned at 2:12 pm</p> <p>The next Commission meeting is scheduled for September 21, 2017 in Fresno County.</p>	

Submitted this Day: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Cheryl Hurley  
Clerk to the Commission

# Item #6

## Attachment 6.B

Finance Committee Minutes

Dated 5/18/17



**CalViva Health  
Finance  
Committee Meeting Minutes**

May 18, 2017

**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		
✓	Joe Neves		
✓	Harold Nikoghosian		
	David Rogers		
✓	David Singh		
		✓	Present
		*	Arrived late
		•	Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 11:00 am a quorum was present.	
#2 Finance Committee Minutes dated March 16, 2017 Attachment 2.A Action W Gregor, Chair	The minutes from March 16, 2017 Finance meeting were approved as read.	Motion: <i>Minutes were approved</i> 5-0-0-2 (Neves / Hund)
#3 Financial Statements as of April 30, 2017	Total current assets are approximately \$169.9M; total current liabilities are approximately \$131.4M. Current ratio is 1.29. TNE as of April 30, 2017 was approximately \$49.6M,	Motion: <i>Approve Financial Statements</i> 6-0-0-1 (Neves / Soares )

<p>Attachment 3.A</p> <p>Action Daniel Maychen, Director of Finance &amp; MIS</p>	<p>which is 348% of the minimum DMHC required TNE amount. We are on goal to achieve 400% of the DMHC required TNE amount.</p> <p>Premium capitation income was approximately \$1.073B, which is ahead of budget due to enrollment, premium tax increase and rate increase compared to what was budgeted. Capitation Medical Cost expense, Admin Service Agreement Fees expense, and taxes are all above budget also due to those same reasons. All other expense line items are either below, or in line, with budget. Total other income for the first ten months of fiscal year 2017 was approximately \$463K, which was rental income generated from building purchase. Total net income for the first ten months of fiscal year 2017 was approximately \$11.2M which is approximately \$2.9M more than what was budgeted.</p> <p><i>Paulo Soares arrived at 11:01 am</i></p>	
<p>#4 FY 2018 Budget</p> <p>Action W Gregor, Chair</p>	<p>Changes made to the budget since the March Finance meeting include adjusted revenue based on the new DHCS rates for the next fiscal year. The second change is the new Community Support Program. Detailed information on the new Community Support Program will be presented during the Commission meeting. The budget for this new program is \$2.1M; which includes the \$1.1M for the Valley Health Team Residency Program sponsorship. A surplus of approximately \$8.5M is projected for next year putting us well over the DHCS required TNE.</p>	<p>Motion: <i>Approve FY 2018 Budget for Commission Approval</i> <i>6-0-0-1</i> <i>(Nikoghosian / Neves)</i></p>
<p>#5 Announcements</p>	<p>None.</p>	
<p>#6 Adjourn</p>	<p>Meeting was adjourned at 11:16 am</p>	

Submitted by:

Cheryl Hurley  
Cheryl Hurley, Clerk to the Commission

Dated:

July 20, 2017

Approved by Committee:

**Finance Committee**  
William Gregor  
William Gregor, Committee Chairperson

Dated:

July 20, 2017

# Item #6

## Attachment 6.C

QIUM Committee Minutes  
Dated 5/18/17

Fresno-Kings-Madera  
Regional Health Authority

CalViva Health  
**QI/UM Committee**  
**Meeting Minutes**  
 May 18, 2017

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	✓	Brandi Ferris, 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
✓	Nicholas Nomicos, 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			
✓	Lali Witago, Cultural & Linguistics	✓	Brianne Jackson, Health Education

✓ = 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 16, 2017 - Pharmacy Provider Update Q1 - Standing Referrals Report - CCS Report - Appeals and Grievances Audit Report - Concurrent Review IRR Report - Pharmacy Recommended Drug List (April) (Attachments A-G) Action	The March minutes were reviewed and highlights from the consent agenda items were discussed and approved. Dr. Verma was introduced and welcomed to the committee. The full Recommended Drug List was available for review at the meeting.	Motion: Approve Consent Agenda (Nomicos/Zweifler) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Patrick Marabella, M.D, Chair		
#3 QI Business Appeals & Grievances: - Dashboard - Executive Summary Q1 - Quarterly Member Report (Attachment H-J) Action Patrick Marabella, M.D, Chair	<i>Dr. Lee arrived at 10:41 am.</i> The A & G reports provide monthly and quarterly data to facilitate monitoring for trends in the number and types of cases over time. In the first quarter report the following items were noted: Member Appeals and Grievances - > There were a total of 64 appeals. All cases were pre-service appeals. > There were 267 grievances. Access Grievances - > There were 17 Access to Care - Availability of Appointment with PCP. Exempt Grievances - the categories have been expanded for better trending of exempt grievances. Inter-rater Reliability - > This report evaluates clinical and non-clinical A&G staff adherence to regulatory requirements and internal policies and procedures established for handling appeals and grievances. The first quarter overall score averaged 99%. The audit score threshold is 95%. No action required at this time.	Motion: Approve Appeals & Grievances Reports (Lee/Nomicos) 6-0-0-1
#3 QI Business PQI Report Q1 (Attachment K) Action Patrick Marabella, M.D, Chair	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.	Motion: Approve Potential Quality Issues Report (Nomicos/Zweifler) 6-0-0-1
#3 QI Business QI Summaries: - Cervical Cancer Screening - Childhood Immunizations - Postpartum PIP (Attachment L-N) Action Patrick Marabella, M.D, Chair	Dr. Marabella reviewed three QI Summaries with the committee covering Cervical Cancer Screening, Childhood Immunizations, and Postpartum Visits. These reports summarize quality improvement activities associated with HEDIS® measures that have performed below the minimum performance level. Two projects were focused in Kings County, and one project was focused in Madera County. Our process has been to work with a high volume, low compliance clinic with some established quality activities and the capability to work with the Plan to initiate improvement interventions. The QI Summaries describe improvement interventions, results, and recommendations for each project. Positive results were noted for each.	Motion: Approve QI Summaries (Foster/Nomicos) 6-0-0-1
#3 QI Business Quality Improvement Policy Grid (Attachment O) Action	The Quality Improvement policies were presented for annual review and approval. All policies were available for review at the meeting.	Motion: Approve Quality Improvement Policy Grid (Lee/Zweifler) 6-0-0-1

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Patrick Marabella, M.D, Chair		
<p>#4 Cultural &amp; Linguistics and Health Education Business</p> <ul style="list-style-type: none"> <li>- 2016 CL Work Plan Evaluation and Summary</li> <li>- 2017 CL Program Description and Summary</li> <li>- 2017 CL Work Plan</li> <li>- Language Assistance Program Report</li> <li>- 2016 HE Work Plan Evaluation and Summary</li> <li>- 2017 HE Program Description</li> <li>- 2017 HE Work Plan (Attachment P-V)</li> </ul> <p>Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the 2016 Cultural and Linguistics and Health Education Work Plan Annual Evaluations, and 2017 Program Descriptions and Work Plans.</p> <p>The Cultural and Linguistics 2016 Work Plan Evaluation highlights include:</p> <ul style="list-style-type: none"> <li>➤ 100% of activities completed in four areas:                             <ul style="list-style-type: none"> <li>○ Language Assistance Services – Updated CalViva Notice of Language Assistance (NOLA)</li> <li>○ Compliance Monitoring – Developed a desktop procedure for grievance resolution, and collaborated with Health Education to complete the full scope Group Needs Assessment (GNA)</li> <li>○ Communication, Training and Education – Developed computer-based training for A&amp;G Coordinators, and conducted four Cultural Competency trainings for Call Center staff</li> <li>○ Health Literacy and Cultural Competency – Co-facilitated the update to the ICE Care for Diverse Populations Provider Toolkit</li> </ul> </li> </ul> <p>The Cultural and Linguistics Program Description highlights of changes for 2017:</p> <ul style="list-style-type: none"> <li>➤ Enhanced C&amp;L activities related to new federal nondiscrimination notices and taglines.</li> <li>➤ Continue to expand training and consulting services for staff and contracted providers.</li> </ul> <p>The Cultural and Linguistic Work Plan for 2017 focuses on:</p> <ul style="list-style-type: none"> <li>➤ Creating cultural awareness through education and consultation with an emphasis on non-discrimination</li> <li>➤ Oversight and consultation for operational activities.</li> <li>➤ Initiate recommendations identified through the GNA.</li> <li>➤ Continue to enhance and expand on training for staff and contracted providers.</li> </ul> <p>The Language Assistance Program highlights include:</p> <ul style="list-style-type: none"> <li>➤ A decline in all types of interpreter requests is noted for 2016</li> <li>➤ An internal and external barrier analysis is in process to discover root causes of this decline.</li> <li>➤ Continue to track rates in 2017 and report results of analysis.</li> </ul> <p>The 2016 Health Education Work Plan Evaluation highlights include:</p> <ul style="list-style-type: none"> <li>➤ Overall 9 of 14 program initiatives were completed.</li> <li>➤ There were five initiatives that were partially met. The majority of challenges encountered were due to educational materials/resources or program delays. Follow up in 2017.</li> <li>➤ Reprioritized efforts to support HEDIS initiatives in 2016.</li> </ul>	<p>Motion: Approve 2016 C&amp;L Work Plan Evaluation and 2017 Cultural and Linguistics Reports (Nomicos/Zweifler) 6-0-0-1</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The Health Education Program Description highlights of changes for 2017 include:</p> <ul style="list-style-type: none"> <li>➤ Minor updates to Educational Offerings</li> <li>➤ Updated IHEBA/SHA descriptions</li> <li>➤ Updated the Staff Resources and Accountability section</li> </ul> <p>The Health Education 2017 Work Plan Next Steps include:</p> <ul style="list-style-type: none"> <li>➤ Obesity Prevention Fit Families for Life                             <ul style="list-style-type: none"> <li>○ Finalize and reprint materials</li> <li>○ Resume promotional activities for high-risk members</li> <li>○ Distribute Provider Update</li> </ul> </li> <li>➤ Smoking Cessation California Smokers' Helpline                             <ul style="list-style-type: none"> <li>○ Continue to promote the Helpline to identified smokers.</li> </ul> </li> <li>➤ Well Care &amp; General Health Promotion                             <ul style="list-style-type: none"> <li>○ Partner with providers with a high volume of members to schedule reoccurring orientation and education at their sites.</li> <li>○ Continue HEDIS improvement member incentives.</li> </ul> </li> <li>➤ Electronic Educational Program                             <ul style="list-style-type: none"> <li>○ Continue promotion of T2X campaign to increase participation</li> <li>○ Launch Lifeline and Text Messaging Programs in 2017</li> <li>○ Promote MyStrength to case managers and members</li> </ul> </li> </ul>	<p>Motion: Approve 2016 HE Work Plan Evaluation and 2017 Health Education Reports (Zweifler/Lee) 6-0-0-1</p>
<p>#5 UM Business Key Indicator Report (Attachment W) Action Patrick Marabella, M.D, Chair</p>	<p>The Key Indicator Report reflects data as of March 31<sup>st</sup>, 2017. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> <li>➤ Membership for January has had a minimal decrease.</li> <li>➤ Bed Days Acute - SPD's had a slight increase.</li> <li>➤ ER visits PTMPY has decreased.</li> </ul>	<p>Motion: Approve Key Indicator Report (Nomicos/Foster) 6-0-0-1</p>
<p>#5 UM Business Utilization Management Concurrent Review Report Q1 (Attachment X) Action Patrick Marabella, M.D, Chair</p>	<p>The 2017 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Q1 2017. 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"> <li>➤ The increase in membership has impacted inpatient utilization. Increased enrollment of the MCE population which is new to managed care and may have had limited access to primary healthcare services previously, has contributed to higher acute admission rates and bed days.</li> <li>➤ The Transitional Care Management (TCM) program continues to demonstrate positive results focusing on members at high risk for readmission. TCM staff initiate proactive TCM referrals within 1 day of inpatient review to facilitate proactive and successful engagement at the time of acute hospitalization.</li> </ul>	<p>Motion: Approve UM Concurrent Review Report (Nomicos/Foster) 6-0-0-1</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#5 UM Business Case Management &amp; CCM Report (Attachment Y) Action Patrick Marabella, M.D, Chair</p>	<ul style="list-style-type: none"> <li>➤ The Case Management program provides an evidence based process for the medical management of members, including assessment, care plans and evaluation of care effectiveness. This report covers two case management programs: Integrated (ICM) and Perinatal (PCM). Complex cases are included within the Integrated Case Management Program. The goal of these programs is to identify high risk members and engage them in the appropriate program. Case volumes are stabilizing. Team training aimed at improving member engagement rates completed.</li> <li>➤ Skill building webinar for motivational interviewing attended by Case Management teams in March 2017.</li> </ul>	<p>Motion: Approve Case Management &amp; CCM Report (Nomicos/Foster) 6-0-0-1</p>
<p>#6 Pharmacy Business - Executive Summary - Operations Metrics Report - Inter-rater Reliability Test Results (Attachment Z-BB) Action Patrick Marabella, M.D, Chair</p>	<p>Pharmacy quarterly reports reviewed included Operation Metrics, Top Medication Prior Authorization Requests, and quarterly Recommended Drug List changes in order to assess for emerging patterns in authorization requests and compliance around prior authorization turnaround time metrics.</p> <p><u>Operations Metrics:</u></p> <ul style="list-style-type: none"> <li>➤ All first quarter 2017 pharmacy prior authorization metrics were within 5% of standard.</li> <li>➤ The August through December data is in process of being reconciled and will be presented once available.</li> </ul> <p><u>Top 30 Prior Authorizations:</u> First quarter 2017 top medication prior authorization requests varied minimally from third quarter.</p>	<p>Motion: Approve Pharmacy Reports (Lee/Zweifler) 6-0-0-1</p>
<p>#7 Compliance Update: RHA QI/UM Committee Compliance - Regulatory Report (Attachment CC) Action Patrick Marabella, M.D, Chair</p>	<p>Mary Beth Corrado presented the Compliance Update:</p> <ul style="list-style-type: none"> <li>➤ CalViva Health's management team continues to conduct monthly oversight meetings with Health Net. The Plan recently requested Health Net to provide corrective action plans (CAPs) for encounter data submissions, third-party liability information submissions, and specialty provider access. The encounter data and third-party liability CAPs were accepted and are now closed. The specialty provider access CAP is ongoing.</li> <li>➤ CalViva Health continues to meet with Kaiser on a quarterly basis. Kaiser currently has a CAP from DHCS and CVH in reference to encounter data.</li> <li>➤ Oversight audits in process consist of: Claims, Privacy and Security, Emergency Services, Cultural and Linguistics, and Utilization Management. A detailed summary of the 2016 audits was presented.</li> <li>➤ The status of the Regulatory Reviews/Audits are as follows:             <ul style="list-style-type: none"> <li>○ DHCS conducted an onsite audit April 17, 2017 – April 28, 2017. The Plan is currently awaiting the exit conference and the draft report from DHCS.</li> </ul> </li> <li>➤ In reference to new regulation implementation, CMS has issued a final rule on managed care in Medicaid. The Final Rule has a phased-in implementation process effective July 1, 2017 and impacts a number of documents including policies, the provider directory, Evidence of Coverage and others. The DHCS requested Plans to submit initial deliverables associated with the Final Rule Contract Amendment by May 12, 2017.</li> <li>➤ The first Public Policy Committee meeting for 2017 took place on March 1, 2017. There were no items requiring action by the QI/UM Committee or Commission. The next Public Policy Committee meeting is scheduled for June 7, 2017 in Kings County.</li> </ul>	<p>Motion: Approve Compliance - Regulatory Report (Nomicos/Foster) 6-0-0-1</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#8 Old Business	None.	
#9 Announcements	None.	
#10 Public Comment	None.	
#11 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:07 pm.	

NEXT MEETING: July 20<sup>th</sup>, 2017

Submitted this Day: July 20, 2017

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

Acknowledgment of Committee Approval:

Patrick Marabella  
Patrick Marabella, MD Committee Chair

# Item #7

## Attachment 7.A

Results of Fiscal Year End 2017 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 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

Dennis Koch  
Interim 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  
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DATE: September 21, 2017  
TO: Fresno-Kings-Madera Regional Health Authority Commission  
FROM: Dr. David Hodge, Chairman  
RE: Review of Goals and Objectives for Fiscal Year End 2017  
BL #: BL 17-004  
Agenda Item 7  
Attachment 7.A

**DISCUSSION:**

Category: Goal: Outcome:

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 2017	Achieved 386% of the minimum DMHC required TNE as of June 30, 2017. Fell short of the 400% goal because DHCS Tax was significantly increased in FY 2017 over FY2016 resulting in greater revenues and thus requiring greater TNE. Short-fall of TNE in meeting 400% goal was \$1.815 million
Market Share	Maintain at least 70% market share as a downside while striving to achieve 70.5% market share by end of 2017.	Achieved 70.5% market share.
Direct Contracting	Maintain current direct contracts to align with TNE requirements.	Done.
Community Outreach	Participate in local community initiatives: <ul style="list-style-type: none"> <li>• The Children's Movement</li> <li>• Vision Collaborative</li> <li>• Pre-Term Birth Initiative Steering Committee</li> <li>• FCHIP</li> <li>• Fresno Community Health Improvement Partnership</li> <li>• Cradle to Careers</li> <li>• Provider Access Task Force</li> <li>• Others</li> </ul>	Participated in all listed community initiatives.
State and Federal Advocacy	Continue to advocate Local Initiative Plan interest to DHCS, California Legislature, and CMS, via Local Health Plans of California (LHPC) board membership. Congressional advocacy via direct communications. Continue local CAMGMA Board Membership.	Continued Board participation and advocated at the state and federal level.
Administrative and Clinical Data Reporting	Complete Improvement Plans for HEDIS measures scoring below Minimum Performance Level.	All measures requiring Improvement Plan (IP) scored above MPL in HEDIS RY 2017. Both Performance Improvement Plans (PIP) reached targeted Goals.

# Item #8

## Attachment 8.A

Fiscal Year 2018 - Goals

FRESNO - KINGS -  
MADERA  
REGIONAL  
HEALTH  
AUTHORITY

Commission

**Fresno County**

Deborah A. Poochigian  
Board of Supervisors

David Pomaville, Director  
Public Health Department

David Cardona, M.D.  
At-large

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

Stephen Ramirez  
At-large

Soyla Griffin - At-large

**Kings County**

Joe Neves  
Board of Supervisors

Keith Winkler, Director  
Public Health Department

Harold Nikoghosian- At-large

**Madera County**

David Rogers  
Board of Supervisors

Van Do-Reynoso  
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

DATE: September 21, 2017

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Goals and Objectives for Fiscal Year 2018

BL #: BL 17-005

Agenda Item 8

Attachment 8.A

**DISCUSSION:**

Category:

Goal:

Market Share	Maintain current market share.
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
Funding of Community Support Program	Administer the Community Investment Funding Program.
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.
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	Complete Improvement Plans for HEDIS® measures scoring below Minimum Performance Level and two required Performance Improvement Plans (PIPs) per DHCS.
Executive Staffing Changes	Implement executive staffing changes.

Gregory Hund  
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# Item #9

## Attachment 9.A

HEDIS® Update – Reporting Year 2017

## RY 2017 HEDIS IPs - Results below MPL - CalViva Health

Acronym	Type	HEDIS Measure	Fresno	Kings	Madera	MPL	HPL	2017	2016	2015
			2017	2017	2017	2017	2017	IP?	IP?	IP?
MPM-ACE	A	Monitoring Persistent Meds - ACE/ARB	85.74	90.43	82.64	85.63	92.13	Y	Y	Y
MPM-Diu	A	Monitoring Persistent Meds - Diuretics	86.24	90.78	82.20	85.18	92.28	Y	Y	N
AAB	A	Avoidance of ABX Tx in Adults with Bronchitis	35.34	29.56	18.26	22.12	38.91	Y	Y	N
BCS	A	Breast Cancer Screening	49.83	55.21	58.34	52.24	71.52	Y	N	N
LBP	A	Use of Imaging Studies for Low Back Pain	70.65	75.50	66.67	69.88	81.42	Y	N	N

### 2017 HEDIS IP Volume by County:

Fresno:	1	BCS
Kings:	0	
Madera:	4	MPM-ACE, MPM-Diu, AAB, LBP
Total:	5	

### LEGEND

<b>YELLOW</b>	Result below DHCS MPL for that RY (IP)
<b>GREEN</b>	Result above DHCS HPL for that RY
*	Denominator fewer than 30
<b>N/A</b>	No Rate available (not reported)

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

Acronym	Type	HEDIS Measure	Fresno	Fresno	Fresno	Fresno	Fresno	Kings	Kings	Kings	Kings	Kings	Madera	Madera	Madera	Madera	Madera	MPL	HPL
			2017	2016	2015	2014	2013	2017	2016	2015	2014	2013	2017	2016	2015	2014	2013	2017	2017
ACR	A	ALL-Cause Readmissions	N/A	N/A	-	13.06	10.64	N/A	N/A	-	7.98	10.31	N/A	N/A	-	13.44	10.81	N/A	N/A
AMB-ED	A	Ambulatory Care - ED Visits	N/A	N/A	-	-	45.57	N/A	N/A	-	-	60.31	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
AMB-OP	A	Ambulatory Care - Outpatient Visits	N/A	N/A	-	-	448.77	N/A	N/A	-	-	452.56	N/A	N/A	-	-	444.01	N/A	N/A
AMR	A	Asthma Medication Ratio	69.38	N/A	N/A	N/A	N/A	66.29	N/A	N/A	N/A	N/A	71.38	N/A	N/A	N/A	N/A	54.55	70.00
IMA/HPV	H	Immunizations for Adolescents / HPV vaccines by 13 yr	32.36	N/A	N/A	N/A	N/A	16.06	N/A	N/A	N/A	N/A	45.74	N/A	N/A	N/A	N/A	N/A	N/A
BCS	A	Breast Cancer Screening	49.83	N/A	N/A	N/A	N/A	55.21	N/A	N/A	N/A	N/A	58.34	N/A	N/A	N/A	N/A	52.24	71.52
MPM	A	Monitoring Persistent Meds Combined	85.73	84.80	84.57	84.72	82.60	90.29	83.11	80.96	86.09	79.37	82.34	83.61	84.42	84.14	81.13	85.19	91.84
MPM-ACE	A	Monitoring Persistent Meds ACE/ARB	85.74	84.94	84.88	84.64	82.27	90.43	83.07	80.17	87.21	80.23	82.64	83.98	86.14	83.06	80.80	85.63	92.13
MPM-Diu	A	Monitoring Persistent Meds Diuretics	86.24	85.07	84.82	84.96	83.02	90.78	84.26	82.83	84.25	78.03	82.20	83.57	82.97	85.94	81.88	85.18	92.28
AAB	A	Avoidance of ABX Tx in Adults with Bronchitis	35.34	37.62	40.38	38.66	38.41	29.56	21.38	27.37	17.24	32.14	18.26	19.69	20.65	16.67	25.61	22.12	38.91
CCS	H	Cervical Cancer Screening	61.22	61.05	64.74	64.34	70.07	57.95	54.99	51.12	57.18	61.56	57.56	52.87	58.68	64.44	60.83	48.18	69.95
CIS-3	H	Childhood Immz - Combo 3	65	68.19	66.96	71.80	76.89	67.71	63.03	57.76	70.06	69.83	72.22	71.19	69.54	66.96	71.29	64.30	79.81
CAP-1224	A	Access to PCP 12-24 mos.	94.12	94.29	95.19	96.60	97.82	92.96	92.49	89.62	94.68	96.98	96.39	97.28	95.37	98.08	98.53	93.14	97.85
CAP-256	A	Access to PCP 25 mos. - 6 yrs	85.65	86.88	89.70	91.08	91.50	83.36	83.71	83.53	83.58	89.76	90.83	91.18	92.02	93.49	91.75	84.83	93.34
CAP-711	A	Access to PCP 7 - 11 yrs	88.19	89.98	91.47	91.42	91.74	83.45	83.31	86.25	87.06	n/a*	90.84	91.71	92.71	92.88	n/a*	87.91	96.10
CAP-1219	A	Access to PCP 12 - 19 yrs	84.96	86.68	88.04	87.51	90.68	82.99	84.21	85.55	84.62	n/a*	88.54	90.37	90.48	90.68	n/a*	85.84	94.69
CDC-E	H	Eye Exam (Retinal) Performed ** (QIP) **	55.96	54.74	53.77	48.42	48.91	54.26	55.96	49.15	48.42	42.82	66.42	59.12	63.02	60.34	55.72	44.53	68.11
CDC-HT	H	HbA1c Testing	84.91	80.29	84.67	79.81	82.97	86.62	76.64	79.08	78.59	80.54	86.62	87.10	88.32	88.32	85.89	82.98	92.88
CDC-H9	H	HbA1c Poor Control (>9.0%)	42.34	55.47	43.31	54.74	47.45	41.85	47.69	46.72	52.07	50.85	43.31	50.36	38.44	49.39	43.31	52.31	29.23
CDC-H8	H	HbA1c Control (<8.0%)	46.23	36.74	47.69	38.20	43.80	47.69	42.34	44.28	39.66	41.85	49.39	44.28	50.12	43.07	46.47	39.80	58.39
CDC-N	H	Medical Attn. for Nephropathy	90.51	87.83	82.00	76.89	75.67	91.97	91.97	82.24	78.10	78.35	90.51	91.73	83.45	82.00	81.27	88.32	93.56
CDC-BP	H	B/P (<140/90 mm Hg)	61.31	55.72	60.58	54.26	48.66	65.21	60.34	57.18	45.50	50.36	67.15	65.45	67.40	64.96	59.37	52.26	75.73
CBP	H	Controlling High Blood Pressure	56.93	47.96	61.46	53.12	58.88	55.61	58.77	56.69	41.03	55.23	59.80	57.99	62.93	52.10	56.69	46.87	70.69
PPC-Pre	H	Prenatal Care	86.89	83.04	86.22	88.02	90.02	86.37	84.39	83.38	82.67	89.93	82.29	83.83	87.10	80.05	93.35	74.21	91.00
PPC-Pst	H	Postpartum Care	68.03	67.59	60.46	61.20	63.75	61.07	50.24	52.82	52.84	57.46	64.09	58.76	66.67	50.53	65.90	55.47	73.61
LBP	A	Use of Imaging Studies for Low Back Pain	70.65	76.03	77.90	79.90	82.11	75.50	72.87	75.11	80.23	75.50	66.67	74.17	74.24	70.68	77.17	69.88	81.42
WCC-N	H	Counseling for Nutrition	71.17	73.71	74.63	74.94	71.29	69.83	56.20	63.26	45.99	53.28	82.75	82.08	87.44	68.81	73.72	51.84	79.52
WCC-PA	H	Counseling for Physical Activity	60.97	61.18	57.80	52.55	44.53	63.26	46.23	45.26	36.98	41.36	77.49	73.48	80.40	60.82	64.72	45.09	71.58
W34	H	Well Child Visits in 3-6th Years of Life	74.43	76.39	76.80	82.69	81.51	73.32	66.32	64.82	59.29	67.40	86.22	87.08	83.16	87.34	84.43	64.72	82.97

**LEGEND**

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

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

# Item #10

## Attachment 10.A

Executive Summary  
2017 Mid-Year QI Work Plan Evaluation



## REPORT SUMMARY TO COMMITTEE

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**TO:** CalViva Health QI/UM Committee

**FROM:** Amy Wittig/Ruth Eiermann, Quality Improvement

**COMMITTEE DATE:** September 21, 2017

**SUBJECT:** Executive Summary for CalViva Health 2017 Quality Improvement Mid-Year Evaluation

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### **Summary:**

CalViva Health's 2017 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 2017, 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:**

The Quality Improvement Department planned eight (8) initiatives and/or projects in 2017. All initiatives are on track to be completed by year end. Details are included in the full 2017 QI Work Plan Mid-Year Evaluation. Key areas of focus include:

#### **1. Access, Availability, and Service**

- CalViva continues to monitor appointment access at the provider level through the annual Provider Appointment Availability Survey (PAAS). After-hours access to providers, including urgent telephone calls and emergency instructions, is monitored via the Provider After Hours Access Survey (PAHAS). Survey results for MY2016 for both surveys have been analyzed and summarized and will be reported to Providers through a Provider Update in September 2017. Results are also shared with the Access Workgroup and QI/UM Committee.
- Overall, results are positive with some areas for improvement identified.
- PPG and provider corrective action plans (CAPs) will be required for results below established standards.
- AnThe CVH Patient Experience Toolkit and Appointment Access Tip sheet were updated. Final versions of the Toolkit and Tip Sheet were approved in June 2017 and will be distributed with the CAP packets to assist providers with compliance activities.
- 
- Contract being finalized for the MY2017 Provider Appointment Availability Survey (PAAS) with Sutherland Global. Contract established with AllTran for the MY2017 Provider After-Hours Access Survey. Both surveys to begin September 2017.

## 2. Quality and Safety of Care

- *Default HEDIS® Measure Status*

Childhood Immunization Combo 3	All 3 Counties exceed DHCS MPL of 64.30%. Fresno County did decrease by 3.19 points, however still above MPL.
Prenatal care	All 3 Counties exceed DHCS MPL of 74.20%
Well Child Visits	All 3 Counties exceed DHCS MPL of 83%
HbA1c Testing	All 3 Counties exceed DHCS MPL of 82.98%.
Controlling High Blood Pressure	All 3 Counties exceed DHCS MPL of 46.87%
Cervical Cancer Screening	All 3 Counties exceed DHCS MPL of 48.18%

- *Non Default HEDIS® Measures Performing below Standards*

Increase Appropriate Antibiotic Prescribing (AAB)	Kings County moved above the DHCS MPL of 22.12% to 29.56% this year. Madera County remained below MPL standard at 18.26%. Both counties have small denominators.
Monitoring Patients on Persistent medication (MPM)	Fresno and Kings County exceeded DHCS MPL of 85.63% ACE/ARB and 85.18% Diuretics this year. Madera County decreased by 1.35% points and remained below MPL.
Use of Imaging Studies for Low Back Pain	Madera County fellow below MPL standard of 69.88% at 66.70%.

All other RY2017 external accountability set measures are at or above minimal performance levels. CalViva will be submit required PDSA's or QI Summaries per DHCS requirements.

### Performance Improvement Projects

DHCS requires two Performance Improvement Projects (PIPs) annually for each health plan. One PIP is an Individual health plan PIP and the other must be a specific topic from the DHCS statewide collaborative PIP list. These PIPs run for approximately 18 months. The 2015 CalViva Health's PIPs concluded in August 2017 with the submission of final modules 4 & 5.

**Comprehensive Diabetes Care:** In 2016, CalViva Health initiated activities to address the low HbA1c rates in Kings County by partnering with the United Health Center (UHC) in Corcoran to implement a "New Patient Survey" that was part of an organization-wide initiative. The survey was used to collect new patient information and the best time to call to engage patients to complete the survey followed by scheduling appointments.

- The survey was validated for its ability to contact patients (96%) within 24 hours of identifying their best contact time and number, but due to the small sample size of only new CalViva members who were diabetic it could not reliably identify patients for the project.
- Since we were unable to proceed with testing, we could not determine if the process would improve the ability to contact patients to schedule appointments.

- 
- This intervention was abandoned and a new intervention was implemented in Fresno County with seven participating UHC clinics. It was hypothesized that the distribution of the Provider Profiles to the participating UHC clinics would aid in identifying CalViva members assigned to the clinics in need of HbA1c testing who would be contacted to schedule an appointment. This would ultimately improve the overall compliance rate for this HbA1c testing.
- This intervention began on January 26, 2017 with the expectation that the Profiles would be used to augment the CalViva Health member information in the clinic's daily Huddle List. This intervention was implemented for 6 months.
- As expected, the compliance rate was low at the beginning of the calendar year, however, testing rates increased sharply month over month through June 2017. If the completion rate continues to climb according to the trend-line, through the end of the year, we expect it will exceed the clinic's rate of 76% from last year and extend beyond the MPL of 83.17%.

**Postpartum Care:** CalViva Health established a multi-disciplinary Postpartum Care (PPC) Performance Improvement Team in collaboration with a high volume, low performing OB clinic in Kings County. In July 2016, the team implemented the first intervention of collecting contact information specific to the Postpartum Recovery Period while the patient was hospitalized. The first intervention showed that 96% of the postpartum appointments were being scheduled, yet a high volume of the patients did not show up for the scheduled appointments. The team adopted the first intervention, and developed a second intervention to address the no-show rate.

The second intervention offers CalViva Health members a \$25 VISA gift card at the point of care for completing a timely postpartum care visit. A tracking system using a member demographic sticker, already in use by the clinic staff, was developed for gift card distribution. In September 2016, the second intervention was launched. After review, the tracking log was revised to include a space to record the delivery date. This revision allows the team to reconcile the gift card tracking logs, and confirm appropriate distribution of the incentive cards. Approximately 20 gift cards are given out at the point of care each month. The team has established a workflow for distribution, reconciliation, and delivery of gift cards to the clinic.

Although the Postpartum Visit completion rate continues to demonstrate some variation improvements have been noted. In particular, the percent of visits that were completed on time (21-56 days after delivery) has improved significantly. There is opportunity to improve appointment scheduling procedures using the current software system that could improve the process further. This project ended in June 2017 and All PIP Modules have been completed and submitted to HSAG.

# Item #11

## Attachment 11.A

Executive Summary

2017 Mid-Year UM Work Plan Evaluation



## EXECUTIVE SUMMARY REPORT TO COMMITTEE

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**TO:** CalViva Health QI/UM Committee

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

**COMMITTEE DATE:** 9/21/2017

**SUBJECT:** 2017 CalViva Work Plan Mid-Year Evaluation for Utilization Management/Case Management Executive Summary

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### **Summary:**

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.

**Data/Results (include applicable benchmarks/thresholds):**

The metrics below were identified as Not Met Objectives or “Too Soon To Tell” for the Mid-Year Evaluation Reporting period:

2.2 Timeliness of processing the Authorization Request

2.4 The number of appeals of UM authorization decisions received, appeals upheld and overturned, and timeliness of appeals.

**Key data metrics to note:**

**2.2 Turnaround Time (TAT) for processing authorization requests within regulatory timeframes had an overall score that averaged 97.1% for January – June 2017 with a goal of 100%.**

**CalViva TAT for Authorization Requests 2017 YTD**

January 99.3%  
February 98.5%  
March 100%  
April 91%  
May 100%  
June 94%

**Average 97.1%**

**2.4 Appeals and Grievances**

**Totals:**

Overturn	39
Partial Uphold	5
Uphold	52
Withdrawal by Member	2
Grand Total	98

**Appeal Percentages**

Overturn: 39.80%  
Uphold: 53.06%  
Partial Uphold: 5.10%  
Withdrawal by Member: 2.04%

**Turn Around Time Compliance: 97.6%**

**Additional metrics:**

### **3.1 2017 Non-SPD (TANF), SPD, and MCE Days/1000 with goals**

#### **Goal**

TANF= 216.6

SPD=1128

MCE= TBD

#### **Actual**

TANF= 105

SPD=967

MCE=357

#### **Analysis/Findings/Outcomes:**

Key findings to note:

- Medical Management reviewed and incorporated into practice new Federal and State legislation and regulations specific to California Medi-Cal Managed Care to ensure compliance with current policies and procedure.
- Health Net Medical Directors and the CalViva Chief Medical Officer participated in all DHCS Medi-Cal Managed Care Division's Medical Directors quarterly meetings in 2017 YTD.
- Annual Inter-rater Reliability Testing (IRR) testing for both clinical and non-clinical staff and MD's is current and the next testing is scheduled for completion in December 2017.
- Timeliness of Processing Authorization Requests: Turnaround Time (TAT) for processing authorization requests within regulatory timeframes had an overall score that averaged 97.13% for January – June 2017 with a goal of 100%. Barriers included both staffing and process errors. Staff training is ongoing to address the staff and processes errors. A formal CAP will be put in place in Q3 based upon a review of historical data and an analysis of current processes.
- PPG Profiles and Over/Under Metrics: Quarterly UM/QI reports have been generated by PPG and most recently for the FFS network. Parameters include: admission rates, maternity admission rates, ER utilization, and readmission rates. Further drill down into several AID code categories or population types has also been undertaken, including SPD, Expansion and non-expansion /SPD. These are shared and reviewed with CVH upon their completion.
- Continue On-site Concurrent Review at the Central Valley's highest volume hospitals. Continue to monitor IP case management initiatives for adults including early intervention to establish medical home and care coordination for Carve-out Services, community resources, behavioral health screening and referral according to patient needs.
- Continue monitoring staff and referral volumes to adjust staffing resources to support high volume/high-risk populations, as needed. Key Indicator Report was modified to align with standardized Case Management (CM) reporting. CalViva members previously managed in the Top One Percent (TOP) Program have been transitioned to the dedicated CalViva team.
- As of January 2017, a new case management model was fully implemented for CalViva members and the team transitioned to a new case management documentation and reporting methodology as well.

The model is titled “Integrated Case Management (ICM).” ICM is the Case Management Society of America (CMSA) endorsed, complexity based case management model addressing the member’s biological, psychological, social and health system needs through a primary care manager who is responsible for coordinating all the aspects of member’s care.

Members needs vary from low to critical complexity and acuity and there is no longer a separate program for complex (critical) members. The same Case Manager remains assigned to the member through all phases of care.

- Continue initiative to identify high risk members and enroll them into the Transition Care Management (TCM) program. TCM staff collaborates with the On-site Concurrent Review (CCR) nurses to engage members with the highest risk of readmission based on our advanced analytics model.
- Perinatal Case Management: The average number of referrals per month, January through June, was 15. The average engagement rate for that period was 31% and the total number of members managed was 68.
- The CM and the Quality teams have partnered to evaluate the adoption of the StartSmart for Baby Program to support early identification of pregnant members and increase the number of referrals to Perinatal CM. In the interim we recently started utilizing other sources to identify members for the program including pre-delivery admissions on the inpatient daily census.
- Behavioral Health Performance: Behavioral Health Performance: Timeliness to first appointment offered for members with ASD is no longer tracked per the department. The team now uses the annual Provider Appointment Availability Survey (PAAS) for showing timely access for routine (including ABA appointments) and urgent appointments. The first report will be available in the first quarter of January 2018.
- Behavioral Health members continue to be referred bi-directionally based on symptoms, acuity and need for routine mild-mod vs specialty mod-severe behavioral health services. MHN also participates in weekly rounds with HN Case Managers and MDs to integrate and coordinate care between medical and behavioral health. PCPs are offered opportunities to collaborate with MHN MDs for guidance on treating routine psychiatric conditions.

### **Actions Taken:**

Ongoing monitoring of interventions will be essential for all areas to ensure appropriate actions are being taken to meet goals.

### **Next Steps:**

Continue progress towards completion of all activities.

# Item #12

## Attachment 12.A

Financial Report FY End June 30, 2017

**Fresno-Kings-Madera Regional Health Authority dba CalViva Health**  
**UNAUDITED Balance Sheet**  
As of June 30, 2017

		Total
<b>ASSETS</b>		
<b>Current Assets</b>		
Bank Accounts		
Cash		14,178,598.39
Savings CD		0.00
ST Investments		0.00
Wells Fargo Money Market Mutual Funds		10,929.27
<b>Total Bank Accounts</b>	<b>\$</b>	<b>14,189,527.66</b>
Accounts Receivable		
Accounts Receivable		222,020,099.54
<b>Total Accounts Receivable</b>	<b>\$</b>	<b>222,020,099.54</b>
<b>Other Current Assets</b>		
Interest Receivable		2,457.87
Investments - CDs		4,999,594.55
Prepaid Expenses		95,679.75
Security Deposit		10,295.52
<b>Total Other Current Assets</b>	<b>\$</b>	<b>5,108,027.69</b>
<b>Total Current Assets</b>	<b>\$</b>	<b>241,317,654.89</b>
<b>Fixed Assets</b>		
Buildings		7,451,589.77
Computers & Software		10,482.02
Land		3,161,419.10
Office Furniture & Equipment		170,592.59
<b>Total Fixed Assets</b>	<b>\$</b>	<b>10,794,083.48</b>
<b>Other Assets</b>		
Investment -Restricted		309,573.47
<b>Total Other Assets</b>	<b>\$</b>	<b>309,573.47</b>
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>252,421,311.84</b>
<b>LIABILITIES AND EQUITY</b>		
<b>Liabilities</b>		
<b>Current Liabilities</b>		
Accounts Payable		
Accounts Payable		191,491.09
Accrued Admin Service Fee		3,910,874.00
Capitation Payable		85,837,546.74
Claims Payable		33,793.27
<b>Total Accounts Payable</b>	<b>\$</b>	<b>89,973,705.10</b>
<b>Other Current Liabilities</b>		
Accrued Expenses		51,999.96
Accrued Payroll		88,864.08
Accrued Vacation Pay		163,247.00
Amt Due to DHCS		112,341,366.45
IBNR		145,699.84
Loan Payable-Current		0.00
Premium Tax Payable		0.00
Premium Tax Payable to BOE		0.00
Premium Tax Payable to DHCS		0.00
<b>Total Other Current Liabilities</b>	<b>\$</b>	<b>112,791,177.33</b>
<b>Total Current Liabilities</b>	<b>\$</b>	<b>202,764,882.43</b>
<b>Long-Term Liabilities</b>		
Renters' Security Deposit		36,500.00
Subordinated Loan Payable		0.00
<b>Total Long-Term Liabilities</b>	<b>\$</b>	<b>36,500.00</b>
<b>Total Liabilities</b>	<b>\$</b>	<b>202,801,382.43</b>
<b>Equity</b>		
Retained Earnings		38,352,168.72
Net Income		11,267,760.69
<b>Total Equity</b>	<b>\$</b>	<b>49,619,929.41</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$</b>	<b>252,421,311.84</b>

**Fresno-Kings-Madera Regional Health Authority dba CalViva Health**  
**Budget vs. Actuals: Income Statement - U N A U D I T E D**  
 July 2016 - June 2017

	Total		
	Actual	Budget	over (under) Budget
<b>Income</b>			
Interest Earned	114,873.41	60,000.00	54,873.41
Premium/Capitation Income	1,135,866,108.32	1,016,356,550.00	119,509,558.32
<b>Total Income</b>	<b>\$ 1,135,980,981.73</b>	<b>\$ 1,016,416,550.00</b>	<b>119,564,431.73</b>
<b>Cost of Medical Care</b>			
Capitation - Medical Costs	953,891,340.10	911,908,442.00	41,982,898.10
Medical Claim Costs	2,021,297.60	2,928,000.00	(906,702.40)
<b>Total Cost of Medical Care</b>	<b>\$ 955,912,637.70</b>	<b>\$ 914,836,442.00</b>	<b>41,076,195.70</b>
<b>Gross Margin</b>	<b>\$ 180,068,344.03</b>	<b>\$ 101,580,108.00</b>	<b>78,488,236.03</b>
<b>Expenses</b>			
Admin Service Agreement Fees	47,650,009.00	47,071,200.00	578,809.00
Bank Charges	2,906.28	16,800.00	(13,893.72)
Computer/IT Services	126,197.28	72,000.00	54,197.28
Consulting Fees	3,225.00	105,000.00	(101,775.00)
Depreciation Expense	289,304.42	288,000.00	1,304.42
Dues & Subscriptions	133,528.17	178,800.00	(45,271.83)
Insurance	188,035.71	195,177.00	(7,141.29)
Labor	2,587,888.79	2,684,506.00	(96,617.21)
Legal & Professional Fees	102,678.14	188,040.00	(85,361.86)
License Expense	597,912.41	541,200.00	56,712.41
Marketing	597,868.51	630,000.00	(32,131.49)
Meals and Entertainment	12,338.68	17,700.00	(5,361.32)
Office Expenses	66,036.22	48,000.00	18,036.22
Parking	1,335.19	1,200.00	135.19
Postage & Delivery	2,115.72	2,400.00	(284.28)
Printing & Reproduction	2,062.24	4,800.00	(2,737.76)
Recruitment Expense	35,929.40	36,000.00	(70.60)
Rent	4,576.87		4,576.87
Seminars and Training	7,609.79	24,000.00	(16,390.21)
Supplies	11,999.11	7,200.00	4,799.11
Taxes	116,859,720.88	40,019,039.00	76,840,681.88
Telephone	21,208.47	12,000.00	9,208.47
Travel	20,415.29	24,900.00	(4,484.71)
<b>Total Expenses</b>	<b>\$ 169,324,901.57</b>	<b>\$ 92,167,962.00</b>	<b>77,156,939.57</b>
<b>Net Operating Income</b>	<b>\$ 10,743,442.46</b>	<b>\$ 9,412,146.00</b>	<b>1,331,296.46</b>
<b>Other Income</b>			
Other Income	524,318.23	600,000.00	(75,681.77)
<b>Total Other Income</b>	<b>\$ 524,318.23</b>	<b>\$ 600,000.00</b>	<b>(75,681.77)</b>
<b>Net Other Income</b>	<b>\$ 524,318.23</b>	<b>\$ 600,000.00</b>	<b>(75,681.77)</b>
<b>Net Income</b>	<b>\$ 11,267,760.69</b>	<b>\$ 10,012,146.00</b>	<b>1,255,614.69</b>

**Fresno-Kings-Madera Regional Health Authority dba CalViva Health**  
**UNAUDITED Income Statement CY vs PY**  
 July 2016 - June 2017

	Total	
	Jul 2016 - Jun 2017	Jul 2015 - Jun 2016 (PY)
<b>Income</b>		
Interest Earned	114,873.41	44,857.29
Premium/Capitation Income	1,135,866,108.32	1,092,577,240.84
<b>Total Income</b>	<b>\$ 1,135,980,981.73</b>	<b>\$ 1,092,622,098.13</b>
<b>Cost of Goods Sold</b>		
Capitation - Medical Costs	953,891,340.10	984,855,036.83
Medical Claim Costs	2,021,297.60	1,851,122.62
<b>Total Cost of Goods Sold</b>	<b>\$ 955,912,637.70</b>	<b>\$ 986,706,159.45</b>
<b>Gross Profit</b>	<b>\$ 180,068,344.03</b>	<b>\$ 105,915,938.68</b>
<b>Expenses</b>		
Admin Service Agreement Fees	47,650,009.00	45,086,734.00
Bank Charges	2,906.28	17,433.53
Computer/IT Services	126,197.28	117,048.12
Consulting Fees	3,225.00	33,415.00
Depreciation Expense	289,304.42	169,484.14
Dues & Subscriptions	133,528.17	130,353.05
Insurance	188,035.71	163,356.85
Janitorial Expenses		3,315.04
Labor	2,587,888.79	2,445,265.15
Legal & Professional Fees	102,678.14	85,407.50
License Expense	597,912.41	481,750.50
Marketing	597,868.51	480,391.08
Meals and Entertainment	12,338.68	11,951.88
Office Expenses	66,036.22	57,244.09
Parking	1,335.19	8,528.00
Postage & Delivery	2,115.72	1,108.98
Printing & Reproduction	2,062.24	3,472.94
Recruitment Expense	35,929.40	22,019.00
Rent	4,576.87	49,500.85
Seminars and Training	7,609.79	13,774.86
Supplies	11,999.11	14,255.22
Taxes	116,859,720.88	45,111,563.72
Telephone	21,208.47	16,915.22
Travel	20,415.29	17,009.12
<b>Total Expenses</b>	<b>\$ 169,324,901.57</b>	<b>\$ 94,541,297.84</b>
<b>Net Operating Income</b>	<b>\$ 10,743,442.46</b>	<b>\$ 11,374,640.84</b>
<b>Other Income</b>		
Other Income	524,318.23	154,156.78
<b>Total Other Income</b>	<b>\$ 524,318.23</b>	<b>\$ 154,156.78</b>
<b>Net Other Income</b>	<b>\$ 524,318.23</b>	<b>\$ 154,156.78</b>
<b>Net Income</b>	<b>\$ 11,267,760.69</b>	<b>\$ 11,528,797.62</b>

# Item #12

## Attachment 12.B

Financials as of July 31, 2017

**Fresno-Kings-Madera Regional Health Authority dba CalViva Health**  
**Balance Sheet**  
As of July 31, 2017

	Total
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
Cash	106,088,701.97
Savings CD	0.00
ST Investments	0.00
Wells Fargo Money Market Mutual Funds	285,846.09
<b>Total Bank Accounts</b>	<b>\$ 106,374,548.06</b>
<b>Accounts Receivable</b>	
Accounts Receivable	148,715,975.49
<b>Total Accounts Receivable</b>	<b>\$ 148,715,975.49</b>
<b>Other Current Assets</b>	
Interest Receivable	8,299.02
Investments - CDs	4,747,685.50
Prepaid Expenses	724,891.82
Security Deposit	12,869.40
<b>Total Other Current Assets</b>	<b>\$ 5,493,745.74</b>
<b>Total Current Assets</b>	<b>\$ 260,584,269.29</b>
<b>Fixed Assets</b>	
Buildings	7,429,737.60
Computers & Software	10,154.45
Land	3,161,419.10
Office Furniture & Equipment	168,892.37
<b>Total Fixed Assets</b>	<b>\$ 10,770,203.52</b>
<b>Other Assets</b>	
Investment -Restricted	309,699.73
<b>Total Other Assets</b>	<b>\$ 309,699.73</b>
<b>TOTAL ASSETS</b>	<b>\$ 271,664,172.54</b>
<b>LIABILITIES AND EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
Accounts Payable	508,680.96
Accrued Admin Service Fee	7,812,134.00
Capitation Payable	130,377,336.19
Claims Payable	49,879.81
<b>Total Accounts Payable</b>	<b>\$ 138,748,030.96</b>
<b>Other Current Liabilities</b>	
Accrued Expenses	56,499.96
Accrued Payroll	99,590.50
Accrued Vacation Pay	163,247.00
Amt Due to DHCS	71,724,242.81
IBNR	145,699.84
Loan Payable-Current	0.00
Premium Tax Payable	0.00
Premium Tax Payable to BOE	-6,623.65
Premium Tax Payable to DHCS	9,965,909.02
<b>Total Other Current Liabilities</b>	<b>\$ 82,148,556.48</b>
<b>Total Current Liabilities</b>	<b>\$ 220,896,596.44</b>
<b>Long-Term Liabilities</b>	
Renters' Security Deposit	36,500.00
Subordinated Loan Payable	0.00
<b>Total Long-Term Liabilities</b>	<b>\$ 36,500.00</b>
<b>Total Liabilities</b>	<b>\$ 220,933,096.44</b>
<b>Equity</b>	
Retained Earnings	49,619,929.41
Net Income	1,111,146.69
<b>Total Equity</b>	<b>\$ 50,731,076.10</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$ 271,664,172.54</b>

**Fresno-Kings-Madera Regional Health Authority dba CalViva Health**  
**Income Statement --Actual vs Budget**  
 July 2017

	Actual	Total Budget	over (under) Budget
<b>Income</b>			
Interest Earned	32,096.80	6,000.00	26,096.80
Premium/Capitation Income	98,836,645.74	94,880,750.00	3,955,895.74
<b>Total Income</b>	<b>\$ 98,868,742.54</b>	<b>\$ 94,886,750.00</b>	<b>\$ 3,981,992.54</b>
<b>Cost of Medical Care</b>			
Capitation - Medical Costs	83,373,483.02	80,252,931.00	3,120,552.02
Medical Claim Costs	177,156.49		177,156.49
<b>Total Cost of Medical Care</b>	<b>\$ 83,550,639.51</b>	<b>\$ 80,252,931.00</b>	<b>\$ 3,297,708.51</b>
<b>Gross Margin</b>	<b>\$ 15,318,103.03</b>	<b>\$ 14,633,819.00</b>	<b>\$ 684,284.03</b>
<b>Expenses</b>			
Admin Service Agreement Fees	3,901,260.00	3,967,590.00	-66,330.00
Bank Charges		1,400.00	(1,400.00)
Computer/IT Services	15,600.50	7,000.00	8,600.50
Consulting Fees		8,750.00	(8,750.00)
Depreciation Expense	23,879.96	24,220.00	(340.04)
Dues & Subscriptions	13,205.05	14,900.00	(1,694.95)
Grants		175,000.00	(175,000.00)
Insurance	15,927.58	15,930.00	(2.42)
Labor	207,657.47	217,382.00	(9,724.53)
Legal & Professional Fees	5,112.00	15,900.00	(10,788.00)
License Expense	51,884.46	52,000.00	(115.54)
Marketing	64,405.06	75,000.00	(10,594.94)
Meals and Entertainment	600.54	1,000.00	(399.46)
Office Expenses	1,787.58	6,500.00	(4,712.42)
Parking	90.00	100.00	(10.00)
Postage & Delivery	215.99	200.00	15.99
Printing & Reproduction	228.87	400.00	(171.13)
Recruitment Expense		3,000.00	(3,000.00)
Rent	300.00	1,000.00	(700.00)
Seminars and Training	3,814.00	2,000.00	1,814.00
Supplies	744.22	1,000.00	(255.78)
Taxes	9,959,285.37	9,377,972.00	581,313.37
Telephone	2,486.13	1,500.00	986.13
Travel	666.89	1,900.00	(1,233.11)
<b>Total Expenses</b>	<b>\$ 14,269,151.67</b>	<b>\$ 13,971,644.00</b>	<b>\$ 297,507.67</b>
<b>Net Operating Income</b>	<b>\$ 1,048,951.36</b>	<b>\$ 662,175.00</b>	<b>\$ 386,776.36</b>
<b>Other Income</b>			
Other Income	62,195.33	50,000.00	12,195.33
<b>Total Other Income</b>	<b>\$ 62,195.33</b>	<b>\$ 50,000.00</b>	<b>\$ 12,195.33</b>
<b>Net Other Income</b>	<b>\$ 62,195.33</b>	<b>\$ 50,000.00</b>	<b>\$ 12,195.33</b>
<b>Net Income</b>	<b>\$ 1,111,146.69</b>	<b>\$ 712,175.00</b>	<b>\$ 398,971.69</b>

# Item #12

## Attachment 12.C

Compliance Report



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2017 Total
<b># of DHCS Filings</b>													
<b>Administrative/Operational</b>	4	3	7	10	7	6	10	7	0				54
<b>Member &amp; Provider Materials</b>	0	1	3	2	3	3	3	3	0				18
<b># of DMHC Filings</b>	4	5	3	4	3	5	8	8	1				41
<b># of Potential Privacy &amp; Security Breach Cases reported to DHCS and HHS (if applicable)</b>													
<b>No/Low Risk</b>	2	1	1	3	4	4	2	3	1				21
<b>High Risk</b>	0	0	0	0	0	0	0	0	0				0
<b># of Potential Fraud, Waste, &amp; Abuse Cases Received</b>													
<b># of MC 609 Submissions to DHCS</b>	0	0	1	1	1	0	0	0	0				3

**Summary of Filings**

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

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

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

**Potential Privacy and Security Breach Cases** - CalViva Health is required to provide notification and respond to a potential breach of the security of protected health information upon discovery, but no later than 24 hours after discovery. No/Low risk - Official letter not required to be sent to affected individuals. High risk - Official notice required to be sent to affected individuals.

**Potential Fraud, Waste & Abuse cases** - CalViva Health is required to investigate and submit potential fraud, waste and abuse. If the case rises to the level suspicion of fraud, CalViva Health reports those cases to DHCS within 10 working days from the date of identification.

RHA Commission Compliance – Regulatory Report

Compliance Oversight & Monitoring Activities	Description
<p><b>CalViva Health Oversight Meetings</b></p>	<p><b>Health Net</b>                      CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to the Centene-Health Net merger that may affect CalViva Health. The CAP on specialty provider access remains under review by CalViva Health and CalViva Health is receiving ongoing updates on Health Net's efforts to improve specialty provider access for CalViva Health members.</p> <p><b>Kaiser</b>                      CalViva Health and Kaiser management are currently meeting as needed to address transition related activities since the contractual relationship ended as of August 31, 2017.</p>
<p><b>Oversight Audits</b></p>	<p><u>Health Net Oversight Audits:</u> Audits for 2017 have been scheduled and several are in progress. The following 2017 audits are in progress: Appeals and Grievances and Provider Network. The 2017 Claims, Cultural and Linguistics, and Privacy and Security audits were completed. A CAP was requested for the 2017 Cultural and Linguistics Audit. There was no CAP required of the 2017 Claims and Privacy and Security Audits. A detailed summary of the audits, which were scheduled in 2017, will be provided to the Commission in the annual Executive Summary Audit Report to be provided in 2018.</p> <p><u>Provider Dispute Resolution (PDR) Case Audits:</u> The Plan is currently working on the Q1 2017 and Q2 2017 PDR audits. The Q4 2016 audit was completed. There was a CAP required. The CAP response has been received and was accepted.</p>
<p><b>Horisons Unlimited Healthcare Clinics</b></p>	<p>Horisons Unlimited Healthcare Clinics made a business decision to file for bankruptcy protection and cease operations effective August 1, 2017. 464 CalViva Health members were impacted. All CalViva Health members were transferred to another geographically accessible provider effective August 1, 2017 and continued to have uninterrupted access to their care through the provider network.</p>
Regulatory Reviews/Audits	Status
<p><b>Department of Health Care Services (“DHCS”) Medical Audit</b></p>	<p>The onsite audit of the Plan from April 17, 2017 – April 28, 2017 was completed. The Plan is still awaiting the <i>Draft</i> report from the DHCS.</p>
New Regulation / Contractual Requirements	
<p><b>Department of Health Care Services (“DHCS”) Network Adequacy Standards</b></p>	<p>On July 19, 2017, the Department of Health Care Services released new requirements regarding network adequacy standards which are effective during the 2018 Health Plan contract year that begins on July 1, 2018 in California. The information released by the DHCS is in response to meeting compliance with the network adequacy provisions of the Federal Medicaid and CHIP Managed Care Final Rule. The Plan may be required to submit updated policies and procedures or other requested deliverables to demonstrate compliance with the requirements effective July 1, 2018.</p>

**RHA Commission Compliance – Regulatory Report**

<b>Committee Report</b>	
<b>Public Policy Committee</b>	The Public Policy Committee met on September 6, 2017 and reviewed the Enrollment Dashboard, Cultural and Linguistic and Health Education related information, and Appeals, Grievances, and Complaints related information. There were no recommendations or action items requiring the response of the Commission. The next Public Policy Committee meeting is scheduled for December 6, 2017, 11:30 a.m. at 7625 N. Palm Ave., Suite 109, Fresno, CA 93711.

# Item #12

## Attachment 12.D

Appeals & Grievances Report

# CalViva Health

## Monthly Appeals and Grievances Dashboard

CY: 2017

Current as of End of the Month: July

Revised Date: 9/15/2017

Attachment J



CalViva Health Appeals and Grievances Dashboard 2017

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	6	5	9	20	5	3	3	11	2	0	0	2	0	0	0	0	33	57
Standard Appeals Received	22	11	9	42	8	6	13	27	12	0	0	12	0	0	0	0	81	140
<b>Total Appeals Received</b>	<b>28</b>	<b>16</b>	<b>18</b>	<b>62</b>	<b>13</b>	<b>9</b>	<b>16</b>	<b>38</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>114</b>	<b>197</b>
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.00%</b>	<b>99.3%</b>								
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
Expedited Appeals Resolved Compliant	7	4	10	21	5	3	3	11	1	0	0	1	0	0	0	0	33	56
<b>Expedited Appeals Compliance Rate</b>	<b>100.0%</b>	<b>50.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>97.06%</b>	<b>100.0%</b>							
Standard Appeals Resolved Noncompliant	1	0	0	1	0	1	0	1	1	0	0	0	0	0	0	0	2	0
Standard Appeals Resolved Compliant	9	20	13	42	6	9	7	22	11	0	0	11	0	0	0	0	75	132
<b>Standard Appeals Compliance Rate</b>	<b>88.9%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>97.6%</b>	<b>100.0%</b>	<b>88.9%</b>	<b>100.0%</b>	<b>94.4%</b>	<b>90.9%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>97.40%</b>	<b>100.0%</b>
<b>Total Appeals Resolved</b>	<b>17</b>	<b>24</b>	<b>23</b>	<b>64</b>	<b>11</b>	<b>13</b>	<b>10</b>	<b>34</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>112</b>	<b>188</b>
<b>Appeals Descriptions - Resolved Cases</b>																		
<b>Pre-Service Appeals</b>	17	24	23	64	11	13	10	34	14	0	0	14	0	0	0	0	112	184
Consultation	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	18
DME	6	8	3	17	1	5	1	7	2	0	0	2	0	0	0	0	26	35
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	2	2	3	7	0	3	3	6	4	0	0	4	0	0	0	0	17	23
Pharmacy	6	9	14	29	8	3	6	17	5	0	0	5	0	0	0	0	51	90
Surgery	3	4	3	10	2	2	0	4	3	0	2	5	0	0	0	0	19	18
<b>Post Service Appeals</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Decision Rates</b>																		
Upholds	5	14	12	31	6	8	6	20	10	0	0	10	0	0	0	0	61	133
<b>Uphold Rate</b>	<b>29.4%</b>	<b>58.3%</b>	<b>52.2%</b>	<b>48.4%</b>	<b>54.5%</b>	<b>61.5%</b>	<b>60.0%</b>	<b>58.8%</b>	<b>71.4%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>71.4%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>54.5%</b>	<b>70.7%</b>
Overturns - Full	9	8	9	26	5	5	4	14	3	0	0	3	0	0	0	0	43	47
<b>Overturn Rate - Full</b>	<b>52.9%</b>	<b>33.3%</b>	<b>39.1%</b>	<b>40.6%</b>	<b>45.5%</b>	<b>38.5%</b>	<b>40.0%</b>	<b>41.2%</b>	<b>21.4%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>21.4%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>38.4%</b>	<b>25.0%</b>
Overturns - Partial	3	1	1	5	0	0	0	0	0	0	0	0	0	0	0	0	5	4
<b>Overturn Rate - Partial</b>	<b>17.6%</b>	<b>4.2%</b>	<b>4.3%</b>	<b>7.8%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>4.5%</b>	<b>2.1%</b>
Withdrawal	0	1	1	2	0	0	0	0	1	0	0	1	0	0	0	0	3	4
<b>Withdrawal Rate</b>	<b>0.0%</b>	<b>4.2%</b>	<b>4.3%</b>	<b>3.1%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>7.1%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>7.1%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>2.7%</b>	<b>2.1%</b>
<b>Membership</b>	350,692	350,877	351,447		352,025	351,498	352,139		352,283	-	-		-	-	-	-		
Appeals - PTMPM	0.05	0.07	0.07	0.06	0.03	0.04	0.03	0.03	0.04	-	-	0.04	-	-	-	-	0.05	0.05
Grievances - PTMPM	0.22	0.25	0.29	0.25	0.22	0.25	0.21	0.23	0.19	-	-	0.19	-	-	-	-	0.23	0.20



CalViva Health Appeals and Grievances Dashboard 2017 (Fresno County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	2	5	8	15	4	3	3	10	0	0	0	0	0	0	0	0	25	48
Standard Appeals Received	15	8	9	32	8	3	9	20	11	0	0	11	0	0	0	0	63	117
<b>Total Appeals Received</b>	<b>17</b>	<b>13</b>	<b>17</b>	<b>47</b>	<b>12</b>	<b>6</b>	<b>12</b>	<b>30</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>88</b>	<b>165</b>
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>99.1%</b>
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	3	4	9	16	4	3	3	10	0	0	0	0	0	0	0	0	26	47
<b>Expedited Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Standard Appeals Resolved Noncompliant	1	0	0	1	0	1	0	1	1	0	0	1	0	0	0	0	3	0
Standard Appeals Resolved Compliant	8	14	9	1	6	8	5	19	8	0	0	8	0	0	0	0	28	109
<b>Standard Appeals Compliance Rate</b>	<b>87.5%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>87.5%</b>	<b>100.0%</b>	<b>93.8%</b>	<b>87.5%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>87.5%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Total Appeals Resolved</b>	<b>12</b>	<b>18</b>	<b>18</b>	<b>48</b>	<b>10</b>	<b>12</b>	<b>8</b>	<b>30</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>87</b>	<b>156</b>
<b>Appeals Descriptions - Resolved Cases</b>																		
<b>Pre-Service Appeals</b>	<b>12</b>	<b>18</b>	<b>18</b>	<b>48</b>	<b>10</b>	<b>12</b>	<b>8</b>	<b>30</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>87</b>	<b>153</b>
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15
DME	5	6	1	12	1	4	1	6	2	0	0	2	0	0	0	0	20	29
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	1	3	4	0	3	2	5	3	0	0	3	0	0	0	0	12	17
Pharmacy	5	7	11	23	7	3	5	15	3	0	0	3	0	0	0	0	41	79
Surgery	2	4	3	9	2	2	0	4	1	0	0	1	0	0	0	0	14	13
<b>Post Service Appeals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Decision Rates</b>																		
Upholds	4	11	10	25	6	8	5	19	6	0	0	6	0	0	0	0	50	111
<b>Uphold Rate</b>	<b>33.3%</b>	<b>61.1%</b>	<b>55.6%</b>	<b>52.1%</b>	<b>60.0%</b>	<b>66.7%</b>	<b>62.5%</b>	<b>63.3%</b>	<b>66.7%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>66.7%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>57.5%</b>	<b>71.2%</b>
Overturns - Full	6	5	8	19	4	4	3	11	2	0	0	2	0	0	0	0	32	39
<b>Overturn Rate - Full</b>	<b>50.0%</b>	<b>27.8%</b>	<b>44.4%</b>	<b>39.58%</b>	<b>40.0%</b>	<b>33.3%</b>	<b>37.5%</b>	<b>36.67%</b>	<b>22.2%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>22.22%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.00%</b>	<b>36.78%</b>	<b>25.00%</b>
Overturns - Partial	2	1	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	2
<b>Overturn Rate - Partial</b>	<b>16.7%</b>	<b>5.6%</b>	<b>0.0%</b>	<b>6.3%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>3.4%</b>	<b>1.3%</b>
Withdrawal	0	1	0	1	0	0	0	0	1	0	0	1	0	0	0	0	2	4
<b>Withdrawal Rate</b>	<b>0.0%</b>	<b>5.6%</b>	<b>0.0%</b>	<b>2.1%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>11.1%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>2.1%</b>	<b>0.0%</b>
<b>Membership</b>	<b>289,913</b>	<b>289,663</b>	<b>289,706</b>		<b>290,154</b>	<b>289,926</b>	<b>290,380</b>		<b>290,474</b>									
Appeals - PTMPM	0.04	0.06	0.06	0.06	0.03	0.04	0.03	0.03	0.03	-	-	0.01	-	-	-	0.00	0.03	0.03
Grievances - PTMPM	0.22	0.28	0.31	0.27	0.24	0.30	0.22	0.25	0.19	-	-	0.06	-	-	-	0.00	0.15	0.15



CalViva Health Appeals and Grievances Dashboard 2017 (Kings County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	3
Standard Appeals Received	2	1	0	3	0	1	2	3	0	0	0	0	0	0	0	0	6	8
<b>Total Appeals Received</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>11</b>
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	4
<b>Expedited Appeals Compliance Rate</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>								
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	0	2	1	3	0	0	1	1	1	0	0	1	0	0	0	0	5	7
<b>Standard Appeals Compliance Rate</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>								
<b>Total Appeals Resolved</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>11</b>
<b>Appeals Descriptions - Resolved Cases</b>																		
<b>Pre-Service Appeals</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>11</b>
Consultation	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	1	0	2	0	0	1	1	0	0	0	0	0	0	0	0	3	3
Pharmacy	0	0	1	1	0	0	0	0	1	0	0	1	0	0	0	0	2	5
Surgery	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
<b>Post Service Appeals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>								
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Decision Rates</b>																		
Upholds	0	1	1	2	0	0	1	1	1	0	0	1	0	0	0	0	4	8
<b>Uphold Rate</b>	<b>0.0%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>40.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>57.1%</b>	<b>72.7%</b>
Overturns - Full	2	1	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	2
<b>Overturn Rate - Full</b>	<b>100.0%</b>	<b>50.0%</b>	<b>0.0%</b>	<b>60.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.00%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.00%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.00%</b>	<b>42.86%</b>	<b>18.18%</b>
Overturns - Partial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
<b>Overturn Rate - Partial</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>9.1%</b>								
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Withdrawal Rate</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>								
Membership	26,193	26,551	26,782		26,839	26,801	26,846		26,793									
Appeals - PTMPM	0.08	0.08	0.04	0.06	-	-	0.04	0.01	0.04	-	-	0.01	-	-	-	0.00	0.02	0.04
Grievances - PTMPM	0.11	0.11	0.15	0.13	0.07	-	0.11	0.06	0.19	-	-	0.06	-	-	-	0.00	0.06	0.18



Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	2	0	1	3	1	0	0	1	2	0	0	2	0	0	0	0	6	5
Standard Appeals Received	5	2	0	7	0	2	2	4	1	0	0	1	0	0	0	0	12	16
<b>Total Appeals Received</b>	<b>7</b>	<b>2</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18</b>	<b>21</b>
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.00%</b>
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	2	0	1	3	1	0	0	1	1	0	0	1	0	0	0	0	5	5
<b>Expedited Appeals Compliance Rate</b>	<b>100.0%</b>	<b>50.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>-400.0%</b>	<b>100.00%</b>							
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	1	4	3	8	0	1	1	2	2	0	0	2	0	0	0	0	12	16
<b>Standard Appeals Compliance Rate</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>								
<b>Total Appeals Resolved</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>11</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>17</b>	<b>21</b>
<b>Appeals Descriptions - Resolved Cases</b>																		
<b>Pre-Service Appeals</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>11</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18</b>	<b>20</b>
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
DME	1	2	2	5	0	1	0	1	0	0	0	0	0	0	0	0	6	5
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	1	0	0	0	0	1	0	0	1	0	0	0	0	2	3
Pharmacy	1	2	2	5	1	0	1	2	1	0	0	1	0	0	0	0	8	6
Surgery	0	0	0	0	0	0	0	0	2	0	0	2	0	0	0	0	2	3
<b>Post Service Appeals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>								
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Decision Rates</b>																		
Upholds	1	2	1	4	0	0	0	0	3	0	0	3	0	0	0	0	7	14
<b>Uphold Rate</b>	<b>33.3%</b>	<b>50.0%</b>	<b>25.0%</b>	<b>36.4%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>41.2%</b>	<b>66.7%</b>
Overturns - Full	1	2	1	4	1	1	1	3	1	0	0	1	0	0	0	0	8	6
<b>Overturn Rate - Full</b>	<b>33.3%</b>	<b>50.0%</b>	<b>25.0%</b>	<b>36.4%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>33.3%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>33.33%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>47.06%</b>	<b>28.57%</b>
Overturns - Partial	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	1
<b>Overturn Rate - Partial</b>	<b>33.3%</b>	<b>0.0%</b>	<b>25.0%</b>	<b>18.2%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>11.8%</b>	<b>4.8%</b>
Withdrawal	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
<b>Withdrawal Rate</b>	<b>0.0%</b>	<b>0.0%</b>	<b>25.0%</b>	<b>9.1%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>9.1%</b>	<b>0.0%</b>
<b>Membership</b>	<b>34,586</b>	<b>34,663</b>	<b>34,959</b>		<b>35,032</b>	<b>34,771</b>	<b>34,913</b>		<b>35,016</b>									
Appeals - PTMPM	0.09	0.12	0.11	0.11	0.03	0.03	0.03	0.03	0.09	-	-	0.03	-	-	-	0.00	0.04	0.05
Grievances - PTMPM	0.32	0.09	0.20	0.20	0.09	0.09	0.17	0.11	0.14	-	-	0.05	-	-	-	0.00	0.09	0.16



CalViva Health Appeals and Grievances Dashboard 2017 (SPD)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	3	1	2	6	1	1	0	2	1	0	0	1	0	0	0	0	9	14
Standard Appeals Received	8	2	1	11	3	4	5	12	2	0	0	2	0	0	0	0	25	41
<b>Total Appeals Received</b>	<b>11</b>	<b>3</b>	<b>3</b>	<b>17</b>	<b>4</b>	<b>5</b>	<b>5</b>	<b>14</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>34</b>	<b>55</b>
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>								
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	3	0	3	6	1	1	0	2	1	0	0	1	0	0	0	0	9	15
<b>Expedited Appeals Compliance Rate</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>								
Standard Appeals Resolved Noncompliant	1	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0
Standard Appeals Resolved Compliant	4	7	2	13	1	3	4	8	3	0	0	3	0	0	0	0	24	39
<b>Standard Appeals Compliance Rate</b>	<b>75.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>66.7%</b>	<b>100.0%</b>	<b>88.9%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>Total Appeals Resolved</b>	<b>8</b>	<b>7</b>	<b>5</b>	<b>20</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>11</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>35</b>	<b>54</b>
<b>Appeals Descriptions - Resolved Cases</b>																		
<b>Pre-Service Appeals</b>	<b>8</b>	<b>7</b>	<b>5</b>	<b>20</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>11</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>35</b>	<b>51</b>
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
DME	4	3	3	10	0	2	1	3	1	0	0	1	0	0	0	0	14	23
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	2	1	3	0	0	0	0	0	0	0	0	3	4
Pharmacy	4	3	2	9	2	1	2	5	3	0	0	3	0	0	0	0	17	18
Surgery	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
<b>Post Service Appeals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>								
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Decision Rates</b>																		
Upholds	1	3	2	6	1	4	1	6	4	0	0	4	0	0	0	0	16	36
<b>Uphold Rate</b>	<b>12.5%</b>	<b>42.9%</b>	<b>40.0%</b>	<b>30.0%</b>	<b>50.0%</b>	<b>80.0%</b>	<b>25.0%</b>	<b>54.5%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>45.7%</b>	<b>66.7%</b>
Overturns - Full	5	3	2	10	1	1	3	5	0	0	0	0	0	0	0	0	15	16
<b>Overturn Rate - Full</b>	<b>62.5%</b>	<b>42.9%</b>	<b>40.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>20.0%</b>	<b>75.0%</b>	<b>45.45%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.00%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.00%</b>	<b>42.86%</b>	<b>29.63%</b>
Overturns - Partial	2	1	1	4	0	0	0	0	0	0	0	0	0	0	0	0	4	1
<b>Overturn Rate - Partial</b>	<b>25.0%</b>	<b>14.3%</b>	<b>20.0%</b>	<b>20.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>11.4%</b>	<b>1.9%</b>
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
<b>Withdrawal Rate</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>								
<b>Membership</b>	<b>21,458</b>	<b>21,545</b>	<b>21,534</b>		<b>21,505</b>	<b>21,425</b>	<b>21,486</b>		<b>21,544</b>									
Appeals - PTMPM	0.37	0.32	0.23	0.31	0.09	0.23	0.19	0.17	0.19	-	-	0.06	-	-	-	0.00	0.14	0.21
Grievances - PTMPM	1.26	0.97	1.21	1.15	1.07	1.03	0.88	0.99	0.97	-	-	0.32	-	-	-	0.00	0.62	0.93

# Item #12

## Attachment 12.E

Key Indicator Report



Attachment W

# *Healthcare Solutions Reporting*

## *Key Indicator Report*

*Auth Based PPG Utilization Metrics for CALVIVA California SHP*  
*Report from 08/01/2016 to 7/31/2017*  
*Report created 8/17/2017*

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

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[Region](#)

Region 3:

[Contact Person](#)

John Gonzalez

**Key Indicator Report**  
**Auth Based PPG Utilization Metrics for CALVIVA California SHP**  
**Report from 08/01/2016 to 7/31/2017**  
 Report created 8/17/2017

ER utilization based on Claims data	2016-08	2016-09	2016-10	2016-11	2016-12	2016-Trend	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-Trend	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Qtr Trend	CY- 2016	CY- 2017	CY-Trend
	Quarterly Averages															Annual Averages								
<b>Expansion Mbr Months</b>	84,569	85,456	86,376	86,898	87,400		86,801	86,849	85,869	87,242	87,392	87,795	88,053		78,503	82,054	84,617	86,891	86,506	87,476		83,016	87,143	
<b>Family/Adult/Other Mbr Mos</b>	244,228	245,133	245,786	245,513	246,380		246,584	246,646	244,435	246,745	247,749	249,061	246,480		239,294	243,232	244,527	245,893	245,888	247,852		243,236	246,814	
<b>SPD Mbr Months</b>	28,801	28,940	29,113	29,248	29,400		29,611	29,634	29,486	29,643	29,708	29,984	30,116		27,844	28,290	28,791	29,254	29,577	29,778		28,545	29,740	
<b>Admits - Count</b>	2,280	2,203	2,137	2,120	2,304		2,316	2,083	2,234	2,119	2,187	2,131	2,013		2,216	2,134	2,211	2,187	2,211	2,146		2,187	2,155	
Expansion	617	589	556	565	606		606	513	588	581	646	654	597		554	543	586	576	569	627		565	598	
Family/Adult/Other	1,143	1,169	1,084	1,063	1,199		1,175	1,087	1,134	1,066	1,078	1,003	1,002		1,108	1,091	1,131	1,115	1,132	1,049		1,111	1,078	
SPD	520	445	493	491	496		533	482	509	472	463	472	412		551	499	493	493	508	469		509	478	
<b>Admits Acute - Count</b>	1,427	1,347	1,383	1,415	1,525		1,523	1,377	1,535	1,447	1,473	1,421	1,266		1,469	1,388	1,369	1,441	1,478	1,447		1,417	1,435	
Expansion	458	448	417	434	472		440	373	458	438	507	485	416		425	419	441	441	424	477		432	445	
Family/Adult/Other	486	487	513	524	593		592	556	612	571	532	504	465		535	508	471	543	587	536		514	547	
SPD	483	412	450	456	457		489	447	463	438	434	431	384		506	459	455	454	466	434		469	441	
<b>Readmit 30 Day - Count</b>	251	268	265	273	300		290	237	259	265	300	266	252		269	234	251	279	262	277		258	267	
Expansion	80	68	74	76	92		80	67	74	81	97	94	86		77	62	70	81	74	91		72	83	
Family/Adult/Other	67	94	84	86	97		100	74	80	85	99	89	87		77	67	78	89	85	91		78	88	
SPD	104	106	106	111	111		110	96	105	99	104	83	79		114	104	104	109	104	95		108	97	
<b>Readmit 14 Day - Count</b>	28	24	29	22	26		22	24	22	30	25	23	13		24	20	23	26	23	26		23	23	
Expansion	7	6	8	5	9		4	7	8	7	8	7	3		8	5	7	7	6	7		7	6	
Family/Adult/Other	10	10	10	9	5		10	4	3	12	9	7	5		6	6	7	8	6	9		7	7	
SPD	11	8	11	8	12		8	13	11	11	8	9	5		10	9	9	10	11	9		10	9	
<b>**ER Visits - Count</b>	17,172	17,658	17,887	17,049	18,389		19,316	17,050	18,981	18,050	18,240	15,736	4,151		16,275	15,941	17,170	17,775	18,449	17,342		16,790	15,932	
Expansion	4,167	4,009	3,906	3,821	4,061		4,435	3,715	4,094	4,036	4,106	3,863	627		2,785	3,122	4,171	3,929	4,081	4,002		3,502	3,554	
Family/Adult/Other	11,139	11,852	12,169	11,460	12,489		12,851	11,564	13,002	12,309	12,147	10,442	3,289		11,653	10,985	11,179	12,039	12,472	11,633		11,464	10,801	
SPD	1,846	1,788	1,799	1,752	1,824		2,003	1,759	1,812	1,693	1,666	1,421	232		1,837	1,833	1,802	1,792	1,858	1,593		1,816	1,512	
<b>Admits Acute - PTMPY</b>	47.9	45.0	45.9	47.0	50.4		50.3	45.5	51.2	47.8	48.4	46.5	41.7		50.7	47.1	45.9	47.8	49.0	47.6		47.9	47.3	
Expansion	65.0	62.9	57.9	59.9	64.8		60.8	51.5	64.0	60.2	69.6	66.3	56.7		65.0	61.3	62.6	60.9	58.8	65.4		62.4	61.3	
Family/Adult/Other	23.9	23.8	25.0	25.6	28.9		28.8	27.1	30.0	27.8	25.8	24.3	22.6		26.8	25.0	23.1	26.5	28.6	25.9		25.4	26.6	
SPD	201.2	170.8	185.5	187.1	186.5		198.2	181.0	188.4	177.3	175.3	172.5	153.0		218.2	194.8	189.8	186.4	189.2	175.0		197.1	177.9	
<b>Bed Days Acute - PTMPY</b>	207.7	203.7	212.3	218.1	257.9		234.5	210.6	237.9	227.5	249.0	231.0	216.4		237.5	209.3	202.8	229.5	227.6	235.9		219.7	229.6	
Expansion	322.4	306.3	293.8	309.7	353.1		316.6	266.0	292.9	329.6	371.4	350.7	330.3		331.5	284.9	301.1	319.0	291.8	350.6		309.0	322.7	
Family/Adult/Other	83.7	89.4	90.1	89.4	101.0		104.3	98.9	113.0	106.9	111.9	98.2	88.1		92.8	79.7	81.4	93.5	105.4	105.6		86.8	103.0	
SPD	922.5	869.1	999.1	1,023.7	1,287.8		1,075.5	974.3	1,110.2	930.7	1,032.9	983.3	932.8		1,224.2	1,101.2	941.1	1,104.0	1,053.3	982.3		1,091.6	1,005.4	
<b>ALOS Acute</b>	4.3	4.5	4.6	4.6	5.1		4.7	4.6	4.6	4.8	5.1	5.0	5.2		4.7	4.4	4.4	4.8	4.6	5.0		4.6	4.8	
Expansion	5.0	4.9	5.1	5.2	5.4		5.2	5.2	4.6	5.5	5.3	5.3	5.8		5.1	4.6	4.8	5.2	5.0	5.4		5.0	5.3	
Family/Adult/Other	3.5	3.8	3.6	3.5	3.5		3.6	3.7	3.8	3.8	4.3	4.0	3.9		3.5	3.2	3.5	3.5	3.7	4.1		3.4	3.9	
SPD	4.6	5.1	5.4	5.5	6.9		5.4	5.4	5.9	5.2	5.9	5.7	6.1		5.6	5.7	5.0	5.9	5.6	5.6		5.5	5.7	
<b>Readmit % 30 Day - PTMPY</b>	11.0%	12.2%	12.4%	12.9%	13.0%		12.5%	11.4%	11.6%	12.5%	13.7%	12.5%	12.5%		12.1%	10.9%	11.4%	12.8%	11.8%	12.9%		11.8%	12.4%	
Expansion	13.0%	11.5%	13.3%	13.5%	15.2%		13.2%	13.1%	12.6%	13.9%	15.0%	14.4%	14.4%		13.8%	11.4%	11.9%	14.0%	12.9%	14.5%		12.8%	13.8%	
Family/Adult/Other	5.9%	8.0%	7.7%	8.1%	8.1%		8.5%	6.8%	7.1%	8.0%	9.2%	8.9%	8.7%		7.0%	6.2%	6.9%	8.0%	7.5%	8.7%		7.0%	8.1%	
SPD	20.0%	23.8%	21.5%	22.6%	22.4%		20.6%	19.9%	20.6%	21.0%	22.5%	17.6%	19.2%		20.8%	20.9%	21.0%	22.2%	20.4%	20.3%		21.2%	20.2%	
<b>Readmit % 14 Day - PTMPY</b>	2.0%	1.8%	2.1%	1.6%	1.7%		1.4%	1.7%	1.4%	2.1%	1.7%	1.6%	1.0%		1.6%	1.4%	1.7%	1.8%	1.5%	1.8%		1.6%	1.6%	
Expansion	1.5%	1.3%	1.9%	1.2%	1.9%		0.9%	1.9%	1.7%	1.6%	1.6%	1.4%	0.7%		1.9%	1.2%	1.7%	1.7%	1.5%	1.5%		1.6%	1.4%	
Family/Adult/Other	2.1%	2.1%	1.9%	1.7%	0.8%		1.7%	0.7%	0.5%	2.1%	1.7%	1.4%	1.1%		1.1%	1.2%	1.6%	1.5%	1.0%	1.7%		1.3%	1.3%	
SPD	2.3%	1.9%	2.4%	1.8%	2.6%		1.6%	2.9%	2.4%	2.5%	1.8%	2.1%	1.3%		2.0%	1.9%	1.9%	2.3%	2.3%	2.1%		2.0%	2.1%	
<b>**ER Visits - PTMPY</b>	576.2	589.4	594.1	565.7	607.6		638.6	563.4	633.1	595.7	599.9	514.8	136.6		562.3	540.9	575.6	589.2	611.6	570.0		567.2	525.7	
Expansion	591.3	563.0	542.7	527.7	557.6		613.1	513.3	572.1	555.1	563.8	528.0	85.4		425.8	456.6	591.5	542.7	566.2	548.9		506.2	489.4	
Family/Adult/Other	547.3	580.2	594.1	560.1	608.3		625.4	562.6	638.3	598.6	588.4	503.1	160.1		584.4	542.0	548.6	587.5	608.7	563.2		565.6	525.1	
SPD	769.1	741.4	741.5	718.8	744.5		811.7	712.3	737.4	685.4	673.0	568.7	92.4		791.6	777.7	751.1	735.0	753.8	642.1		763.4	610.2	
<b>Services</b>	TAT Compliance Goal: 100%															TAT Compliance Goal: 100%								
Preservice Routine	93.3%	100.0%	96.7%	93.3%	100.0%		100.0%	96.7%	100.0%	96.7%	100.0%	86.7%	90.0%		94.5%	91.1%	88.9%	96.7%				88%		
Preservice Urgent	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		94.4%	97.8%	100.0%	100.0%						

**Key Indicator Report**  
**Auth Based PPG Utilization Metrics for CALVIVA California SHP**  
**Report from 08/01/2016 to 7/31/2017**  
 Report created 8/17/2017

ER utilization based on Claims data	2016-08	2016-09	2016-10	2016-11	2016-12	2016-Trend	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-Trend	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Qtr Trend	CY- 2016	CY-2017	CY-Trend
OB % Days	18.4%	18.1%	15.2%	15.8%	15.2%		15.3%	17.5%	14.8%	14.8%	15.3%	14.8%	14.8%		15.2%	16.0%	18.3%	15.2%	15.1%	-		17.0%		
OB % Admits	31.5%	32.8%	28.7%	27.0%	28.0%		27.9%	29.2%	26.1%	26.1%	28.2%	26.1%	26.1%		27.6%	28.5%	32.1%	15.2%	27.8%	-		30.0%		
<b>Complex Cases</b>						<b>Complex Cases</b>						<b>Complex Cases</b>						<b>Complex Cases</b>						
Total Members Outreached	147	0	0	0	0										323	294	324	0						
Total New Cases Open	73	2	0	0	0										77	99	121	0						
Total Cases Closed	147	105	29	27	25										351	328	354	81						
Total Cases Open During Month	151	126	81	52	25										222	205	183	81						
<b>Ambulatory Case Management</b>						<b>Ambulatory Case Management</b>						<b>Ambulatory Case Management</b>						<b>Ambulatory Case Management</b>						
Total Outreached	61														0	314	0	0				830		
Accepted	25														0	139	0	0				388		
Acceptance Rate	41%														-	44%	41%	-				47%		
New Cases Opened	31														0	133	0	0				388		
Total Cases Open During Period	197														NA	NA	NA	NA				N/A		
Total Cases Closed	61														0	179	0	0				424		
Cases Ending Open	136														NA	NA	NA	NA				N/A		
<b>Perinatal Case Management</b>						<b>Perinatal Case Management</b>						<b>Perinatal Case Management</b>						<b>Perinatal Case Management</b>						
Total Outreached	20	45	53	35	15		23	13	14	11	30	13	4		103	179	55	103	50	54		469	108	
Engaged	3	33	17	9	2		8	5	4	3	8	5	1		28	29	15	28	17	16		116	34	
Engagement Rate	15%	73%	32%	26%	13%		35%	38%	29%	27%	27%	38%	25%		24%	16%	31%	27%	34%	31%		25%	31%	
New Cases Opened	2	29	17	9	2		8	5	4	3	8	5	1		28	30	15	28	17	16		118	34	
Total Cases Managed	45	53	50	52	49		50	45	31	27	34	31	27		NA	NA	NA	61	42	31		N/A	68	
Total Cases Closed	13	24	7	5	5		10	12	7	5	8	5	5		17	22	20	17	29	18		102	52	
Cases Remained Open	32		43	47	44		40	33	24	20	24	24	22		NA	NA	NA	N/A	32	23		N/A	22	
<b>Integrated Case Management</b>						<b>Integrated Case Management</b>						<b>Integrated Case Management</b>						<b>Integrated Case Management</b>						
Total Outreached	133	116	71	78			206	173	198	186	85	58	32				469	265	577	329		398	938	
Engaged		118	44	19	22		45	35	21	23	15	28	15				59	85	101	66		203	182	
Engagement Rate		89%	38%	27%	28%		22%	20%	11%	12%	18%	33%	47%				14%	32%	18%	21%		51%	19%	
Total Screened and Refused/Decline		5	23	15	17		36	54	37	41	40	10	7				118	55	127	91		60	225	
Unable to Reach		10	19	33	35		50	109	102	131	139	63	48				372	87	261	333		97	642	
New Cases Opened		65	44	19	22		45	35	18	26	15	28	15				59	85	98	69		150	182	
Total Cases Closed		32	180	175	174		180	183	37	28	15	28	27				80	220	133	24		N/A	498	
Cases Remained Open		65	24	23	39		39	55	80	62	50	62	58				192	86	174	174		79	58	
Total Cases Managed		97	156	152	135		145	138	117	101	102	95	87				NA	N/A	133	99		N/A	281	
Critical-Complex Acuity		1	16	23	30		45	45	28	29	26	29	53				83	30	39	28		N/A	60	
High/Moderate/Low Acuity		142	164	152	144		137	143	89	72	76	66	34				NA	190	123	71		N/A	221	
<b>Record Processing</b>						<b>Record Processing</b>						<b>Record Processing</b>						<b>Record Processing</b>						
Total Records	5,182	5,054	4,976	4,902	5,089		5,013	4,779	5,621	4,801	5,742	5,034	4,453		15,054	14,535	14,808	14,967	15,413	15,577		59,364	35,443	
Total Admissions	2,189	2,142	2,068	2,048	2,866		2,230	2,019	2,164	2,051	2,151	2,085	2,014		6,513	6,234	6,411	6,982	6,413	6,287		26,140	14,714	
Total Precerts	-	-	-	-	-																			

# Item #12

## Attachment 12.G

Credentialing Sub-Committee  
Quarterly Report



## REPORT SUMMARY TO COMMITTEE

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

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

**COMMITTEE DATE:** September 21<sup>st</sup>, 2017

**SUBJECT:** CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 3 2017

### Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 3<sup>rd</sup> Quarter 2017 CalViva Health Credentialing Sub-Committee activities.

- I. The Credentialing Sub-Committee met on July 20<sup>th</sup>, 2017. At the July meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. Reports covering the first quarter for 2017 were reviewed for delegated entities, second quarter 2017 reports were reviewed for MHN and Health Net. A summary of the first quarter data is included in the table below.

II. Table 1. First Quarter 2017 Credentialing/Recredentialing

	EHS	Sante	ChildNet	MHN	HealthNet	La Salle	Envolve Vision	IMG	Adventist	Totals
Initial credentialing	101	15	19	0	1	12	6	7	10	<b>171</b>
Recredentialing	34	45	19	1	0	13	1	0	5	<b>118</b>
Suspensions	0	0	0	0	0	0	0	0	0	<b>0</b>
Resignations (for quality of care only)	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Totals</b>	<b>135</b>	<b>60</b>	<b>38</b>	<b>1</b>	<b>1</b>	<b>25</b>	<b>7</b>	<b>7</b>	<b>15</b>	<b>289</b>

- III. The Quarter 2 2017 Credentialing report and other County-specific Credentialing Sub-Committee reports were reviewed and approved. No significant cases were identified on these reports.
- IV. The Credentialing Oversight Audit of Health Net was completed in Quarter 2 and required a corrective action plan to address two opportunities for improvement in the credentialing/recredentialing process. Corrective actions were implemented and a re-audit of files revealed 100% compliance. The CAP was closed and cleared. Continue with routine Oversight Audits.

# Item #12

## Attachment 12.H

Peer Review Sub-Committee  
Quarterly Report



## REPORT SUMMARY TO COMMITTEE

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

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

**COMMITTEE DATE:** September 21<sup>st</sup>, 2017

**SUBJECT:** CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 3 2017

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**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 20<sup>th</sup>, 2017. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 2 2017 were reviewed for approval. One administrative termination was identified for Fresno County and one administrative termination was identified for Madera County.
- II. The Quarter 2 Peer Count Report was presented at the meeting with the following outcomes:
  - There were three cases closed and cleared. Two cases closed and terminated. There were no cases with an outstanding corrective action plan. There were seven cases pended for further information.
- III. No significant quality of care issues noted. Follow up will be initiated to obtain additional information for tabled cases and ongoing monitoring and reporting will continue.

# Item #12

## Attachment 12.1

Executive Dashboard





# CalViva Members

