

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

David Singh
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

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

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

DATE: February 9, 2018

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Cheryl Hurley, Commission Clerk

RE: Commission Meeting Materials

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

**Thursday, February 15, 2018
1:30 pm to 3:30 pm**

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

Meeting materials have been emailed to you.

Currently, there are **15** 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

February 15, 2018

1:30pm - 3:30pm

Meeting Location:

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

Item	Attachment #	Topic of Discussion	Presenter
1		Call to Order	D. Hodge, M.D., Chair
2		Roll Call	C. Hurley, Clerk
3 Information	Attachment 3.A	Reappointed Board of Supervisors Commissioners <ul style="list-style-type: none"> • BL 18-001 2018 Reappointed BOS Commissioners 	D. Hodge, MD; Chair
4 Information	Attachment 4.A	Madera County, Director of Public Health Appointee <ul style="list-style-type: none"> • Sara Bosse 	
5 Action	Attachment 5.A Attachment 5.B Attachment 5.C Attachment 5.D Attachment 5.E	Consent Agenda <ul style="list-style-type: none"> • Commission Minutes dated 10/19/17 • Finance Committee Minutes dated 9/21/17 • Public Policy Committee Minutes dated 9/6/17 • QI/UM Committee Minutes dated 9/21/17 • QI/UM Committee Minutes dated 10/19/17 <p><i>Action: Approve Consent Agenda</i></p>	D. Hodge, M.D., Chair
6 Information	Attachment 6.A Attachment 6.B <i>No attachment</i>	Annual Administration <ul style="list-style-type: none"> • BL 18-002 Annual Administration • Form 700 • Ethics Training 	D. Hodge, MD, Chair
	<i>Handouts will be available at meeting</i>	<i>PowerPoint Presentation will be used for items 7-8; One vote will be taken for combined items 7-8</i>	
7 Action	Attachment 7.A Attachment 7.B	2017 Annual Quality Improvement Work Plan Evaluation <ul style="list-style-type: none"> • Executive Summary • Work Plan Evaluation 	P. Marabella, MD, CMO
8 Action	Attachment 8.A	2017 Annual Utilization Management Case Management Workplan Evaluation <ul style="list-style-type: none"> • 2017 Executive Summary 	P. Marabella, MD, CMO

	Attachment 8.B	<ul style="list-style-type: none"> 2017 Work Plan Evaluation <p><i>Recommended Action: Approve 2017 Quality Improvement Workplan Evaluation, and the 2017 Annual Utilization Management Case Management Workplan Evaluation</i></p>	
	<i>Handouts will be available at meeting</i>	<i>PowerPoint Presentation will be used for items 9-13; One vote will be taken for combined items 9-13</i>	
9 Action	Attachment 9.A	2017 Annual Compliance Evaluation	M.B. Corrado, CCO
10 Action	Attachment 10.A	2018 Compliance Program Description	M.B. Corrado, CCO
11 Action	Attachment 11.A	2018 Code of Conduct	M.B. Corrado, CCO
12 Action	Attachment 12.A	2018 Anti-Fraud Plan	M.B. Corrado, CCO
13 Action	Attachment 13.A	2018 Privacy and Security Plan	J. Nkansah, COO
		<i>Recommended Action: Approve 2017 Compliance Evaluation, 2018 Compliance Program Description, Code of Conduct, Anti-Fraud Plan, and Privacy and Security Plan.</i>	
14 Action		Standing Reports	
		Finance Report	
	Attachment 14.A	<ul style="list-style-type: none"> Financial Statements as of December 31, 2017 	W. Gregor, CFO
		Compliance	
	Attachment 14.B	<ul style="list-style-type: none"> Compliance Report 	M.B. Corrado, CCO
		Medical Management	
	Attachment 14.C	<ul style="list-style-type: none"> Appeals and Grievances Report 	P. Marabella, M.D., CMO
	Attachment 14.D	<ul style="list-style-type: none"> Key Indicator Report 	
	Attachment 14.E	<ul style="list-style-type: none"> QI/UM Quarterly Summary Report 	
	Attachment 14.F	<ul style="list-style-type: none"> Credentialing Sub-Committee Quarterly Report 	
	Attachment 14.G	<ul style="list-style-type: none"> Peer Review Sub-Committee Quarterly Report 	
		Operations	J. Nkansah, COO
	Attachment 14.H	<ul style="list-style-type: none"> Operations Report 	
		Executive Report	G. Hund, CEO
	Attachment 14.I	<ul style="list-style-type: none"> Executive Dashboard 	
	<i>No attachment</i>	<ul style="list-style-type: none"> Community Support Grant <ul style="list-style-type: none"> Residency Status Recruitment Status 	
	<i>No attachment</i>	<ul style="list-style-type: none"> Annual Report (<i>hard copy will be provided</i>) 	

Recommended Action: Accept Standing Reports

15 **Final Comments from Commission Members and Staff**

16 **Announcements**

17 **Public Comment**

- *Public Comment is the time set aside for comments by the public on matters within the jurisdiction of the Commission but not on the agenda. Each speaker will be limited to three (00:03:00) minutes. Commissioners are prohibited from discussing any matter presented during public comment except to request that the topic be placed on a subsequent agenda for discussion.*
-

18 **Adjourn** D. Hodge, M.D., Chair

Supporting documents will be posted on the website at www.calvivahealth.org

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

Next Meeting scheduled for March 15, 2018 in Fresno County
CalViva Health, 7625 N. Palm Ave., #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

Reappointed BOS Commissioners

BL 18-001

FRESNO-KINGS-
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

David Singh
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

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

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

DATE: February 15, 2018
TO: Fresno-Kings-Madera Regional Health Authority Commission
FROM: Dr. David Hodge, Chairman
RE: Appointed / Re-Appointed County BOS Commissioners (BL 17-001)
BL #: BL 18-001
Agenda Item 3
Attachment 3.A

Discussion Points:

**Fresno County has appointed Supervisor Sal Quintero
Fresno County Alternate will be Supervisor Pacheco
Kings County has reappointed Supervisor Neves
Kings County Alternate will be Supervisor VerBoon
Madera County has reappointed Supervisor Rogers
Madera County Alternate will be Supervisor Frazier**

Term thru:	Commission Seat	Currently Occupied By:
January 2019	Board of Supervisors—Fresno County Board of Supervisors—Fresno County Alt Board of Supervisors—Kings County Board of Supervisors—Kings County Alt Board of Supervisors—Madera County Board of Supervisors—Madera County Alt	Sal Quintero Brian Pacheco Joe Neves Doug VerBoon David Rogers Brett Frazier
March 2018	Madera At-Large Commission Appointed	Paulo Soares
May 2018	Fresno At-Large Community Medical Center	Soyla Griffin Aldo De La Torre
January 2019	Kings At-Large Commission Appointed Fresno At-Large Commission Appointed	Derrick Gruen John Frye Jr.
January 2019	Valley Children's Hospital	David Singh
May 2019	Fresno At-Large Fresno At-Large	David Cardona, MD David S. Hodge, MD
March 2020	Kings At-Large	Harold Nikoghosian
May 2020	Fresno At-Large	Joyce Fields-Keene
June 2020	Madera At-Large	Aftab Naz, MD
	Indefinite terms:	
	David Pomaville, Fresno County Health Dept	
	Ed Hill, Kings County Health Dept	
	Sara Bosse, Madera County Health Dept	

Item #4

Attachment 4.A

Madera County
Director of Public Department Appointee



BOARD OF SUPERVISORS COUNTY OF MADERA

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

MEMBERS OF THE BOARD

BRETT FRAZIER
DAVID ROGERS
ROBERT L. POYTHRESS
MAX RODRIGUEZ
TOM WHEELER

RHONDA CARGILL, Chief Clerk of the Board

November 14, 2017

Sara Bosse, Director
Madera County Public Health Department
14215 Road 28
Madera, CA 93638

Dear Ms. Bosse:

I am pleased to inform you that on November 7, 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 #5

Attachment 5.A

Commission Minutes dated 10/19/17

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
October 19, 2017

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

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

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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Cheryl Hurley, Clerk to the Commission		
<p>#3 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes 9/21/17 b) Finance Committee Minutes 7/20/17 c) QI/UM Committee Minutes 7/20/17 <p>Action David Hodge, MD, Chairman</p>	<p>All consent items were presented and accepted as read.</p>	<p>Motion: Approve Consent Agenda 10 – 0 – 0 – 7</p> <p>(Neves / Frye)</p>
<p>#4 Financial Audit Report – FY 2017</p> <p>Action C. Pritchard, Moss Adams</p>	<p>Chris Pritchard, representative from Moss Adams, presented the results of the audit. Moss Adams audit will result in the issuance of an unmodified opinion on the financial statements. A discussion of general audit procedures performed including confirmation of various account balances were discussed.</p> <p>The required communications and the organization’s accounting policies are in compliance with GAAP. After completing the work, it was found that the financial statements do not need to be adjusted and no difficulties were encountered when completing the work.</p> <p><i>Soyla Griffin arrived at 1:39 pm and did not take part in the vote</i></p>	<p>Motion: Approve Financial Audit for FY 2017 10 – 0 – 1 – 6</p> <p>(Neves / Naz)</p>
<p>#5 2018 Calendar Year Meeting Proposal</p> <p>Action David Hodge, MD, Chairman</p>	<p>The 2018 calendar year meeting schedules were presented to the Commission for approval.</p>	<p>Motion: Approve 2018 Calendar Year Meeting dates 11 – 0 – 0 – 6</p> <p>(Neves / Soares)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#6 CVH Community Support Program Funding</p> <p>Action G. Hund, CEO</p>	<p>At this time Commissioners Soares and Griffin left the room during the discussion of the Community Support Program Funding to prevent what may appear as a conflict of interest, a potential conflict of interest, or an actual conflict of interest. They will be recused from voting, consideration, and discussion of item.</p> <p>An ad-hoc committee comprised of Greg Hund, CEO, William Gregor, CFO, Dr. Hodge, Commission Chairman, and Commissioners David Pomaville and Supervisor Neves were previously appointed and have reviewed requests for Community Support Program Funding. Each entity granted funding will sign a MOU that will require each to meet certain requirements in their recruitment process and also obligates CVH to make the payments as detailed in the letter. Nine funding requests were granted. Grants were awarded to Camarena Health, Clinica Sierra Vista, Family HealthCare Network, and Valley Health Team.</p>	<p>Motion: Approve Program Funding 9 – 0 – 2 – 6</p> <p>(Pomaville / Nikoghosian)</p>
<p>#7 2017 Cultural and Linguistics 2017 Mid-Year Executive Summary and Work Plan Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2017 Cultural & Linguistics Work Plan Mid-Year Evaluation and Executive Summary.</p> <p>The summary of activities completed during the first six months of 2017 consisted of four areas:</p> <ul style="list-style-type: none"> • Language Assistance Services • Compliance Monitoring • Communication, Training and Education • Health Literacy, Cultural Competency and Health Equity 	<p><i>See #8 for Action Taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>By June 30, 2017, all activities were either completed or are on target to be completed by the end of the year. C & L staff will continue to implement the remaining six months of the 2017 Work Plan.</p>	
<p>#8 2017 Health Education Mid-Year Executive Summary and Work Plan Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2017 Health Education Work Plan Mid-Year Evaluation and Executive Summary.</p> <p>Health Education (HE) has eleven initiatives this year. The three major areas of focus for the HE department for the first 6 months of 2017 included:</p> <ul style="list-style-type: none"> • Health Education Initiatives: <ul style="list-style-type: none"> ○ The Digital Education Program experienced challenges with obtaining DHCS approval. ○ Member Engagement ○ Obesity Prevention ○ Perinatal Initiative ○ Promotores Health Network • Health Education Programs: <ul style="list-style-type: none"> ○ Community Health Education ○ Public Policy Committee ○ Member Newsletter ○ Tobacco Cessation • Operations, Reporting and Oversight: <ul style="list-style-type: none"> ○ Compliance ○ Materials Update, Development & Inventory <p>Health Education will continue efforts to implement the second half of the 2017 Health Education Department Work Plan to meet or exceed year end goals.</p>	<p>Motion: Approve 2017 Mid-Year Cultural & Linguistics Executive Summary and Work Plan Evaluation; and 2017 Mid-Year Health Education Executive Summary and Work Plan Evaluation</p> <p>11 – 0 – 0 – 6</p> <p>(Neves / Gruen)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#9 Standing Reports</p> <ul style="list-style-type: none"> • Finance Report William Gregor, CFO • Compliance ML Leone, Director of Compliance 	<p><u>Finance</u></p> <p>Financial Statements as of August 31, 2017:</p> <p>Total current assets are \$224.6M; total current liabilities are approximately \$184.1M. Current ratio is 1.2 which is a good liquidity measurement. TNE as of August 31, 2017 was approximately \$51.6M, which is approximately 390% of the minimum DMHC required TNE amount and near the 400% desired by DHCS.</p> <p>Revenues ending August 31, 2017 are \$195M and is ahead of budget because of rates being paid are higher than budgeted, the increased premium tax for the current fiscal year compared to what was budgeted. These items also give rise to increased expenses for Medical Costs and Premium Tax expense. Other expenses are in line with current year budget. Net income for July and August stands at \$2M which is approximately \$580K more than budget.</p> <p><u>Compliance</u></p> <p>ML Leone presented the Compliance report. There was one high risk case in October for Privacy and Security. Members affected by this were notified.</p> <p>Ongoing oversight audits of the activities delegated to Health Net (HN). Currently in progress are Appeals & Grievances, and Provider Network audit.</p>	<p>Motion: <i>Approve Standing Reports</i></p> <p><i>11-0-0-6 (Naz / Neves)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p>In late September, DMHC and DHCS approved the Plan’s filings related to the termination of the contract between CalViva Health and Kaiser. Associated with that, are the undertakings which CVH is obligated to fulfill throughout the coming year through the end of August 2018.</p> <p>The Plan is still awaiting the draft report from the onsite DHCS audit that took place in April 2017.</p> <p>DMHC will be doing a limited follow-up survey to the findings of the 2016 audit, which is scheduled for January 2018. This is a limited scope survey which will only review cases/processes related to the 2016 survey deficiencies.</p> <p>The next Public Policy Committee meeting will be held December 6, 2017 at CalViva Health.</p> <p>CalViva Health employees participated in the annual Heritage Days C&L training and completed the required post-program quiz.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Report Dr. Marabella presented the Appeals and Grievances Dashboard through August 2017.</p> <ul style="list-style-type: none"> The total number of Grievances received in August increased slightly compared to the previous month, however the number of out of compliance cases has decreased. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • The number of Exempt Grievances has also increased. • The Appeal Decision Rates remain consistent with the prior month. <p>Key Indicator Report Dr. Marabella presented the Key Indicator report.</p> <ul style="list-style-type: none"> • Admit and Readmit numbers have remained consistent. • ER visits PTMPY have decreased. • Bed days and length of stay have remained consistent. • The population growth is stable. • Utilization remains consistent. • Turn-around-time for authorizations and deferrals has started to drift which has prompted a formal Corrective Action Plan. • Case Management has remained consistent. <p>QIUM Quarterly Summary Report</p> <p>Dr. Marabella provided the QI/UM Quarter 3 2017 update. Two QI/UM meetings were held in Quarter 3, one on July 20, 2017 and one on September 21, 2017.</p> <p>The following guiding documents were approved:</p> <ul style="list-style-type: none"> • 2017 Quality Improvement Mid-Year Evaluation • 2017 Utilization Management & Case Management Mid-Year Evaluation • Medical Policies (Q1) • Pharmacy Policies & Procedures • Public Health Policies & Procedures • Appeals & Grievances Policies & Procedures 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Some of the reports reviewed and approved included the following Quality Improvement Reports: Appeals and Grievances Dashboard & Quarter 2 Member Report, the Initial Health Assessment (IHA) Report, the MHN Performance Indicator Report, and the Public Programs Quarterly Report. Several QI Summary Reports were reviewed in order to provide updates on the quality projects for 2017, as well as the PM 160 Report, Emergency Drug Report, and the Potential Quality Issues (PQI) Report.</p> <p>The Utilization Management reports approved included the Key Indicator Report, the Concurrent Review Report, the Case Management Report, and Specialty Referral Reports.</p> <p>Pharmacy reports were reviewed, which included Operations Metrics, Top Medication Prior Authorization Requests, and quarterly Recommended Drug List changes.</p> <p>In Quarter 3 HEDIS® Activities included the review of the final RY2017 results, the identification of quality projects for the coming year (3) related to low performing measures, and the scheduling of Annual Clinic Visits for high volume clinics in all three counties. Two new Performance Improvement Projects (PIPs) will be initiated this year as well.</p> <p>The Access Workgroup met twice in Quarter 3 with a focus on identifying and establishing agreements with vendors to perform and validate the Provider Appointment and Provider Satisfaction surveys. The Workgroup also reviewed the corrective action plans for Specialist Access and After-Hours availability.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li data-bbox="107 521 365 586">• Operations J. Nkansah, COO <li data-bbox="107 911 380 976">• Executive Report G. Hund, CEO 	<p data-bbox="583 326 1402 391">Quarter 2 Kaiser reports were reviewed without any significant findings.</p> <p data-bbox="583 480 835 513"><u>Operations Report</u></p> <p data-bbox="583 561 1503 821">Jeffrey Nkansah presented information on the new Operations Report. This new category will outline new activities that have carried over to the Chief Operating Officer role. This report will cover high level activities related to Provider Network, Privacy and Security, Claims Processing, and the structural setup of CVH as it relates to Information Technology. The first report will be presented during the first meeting of 2018.</p> <p data-bbox="583 870 814 902"><u>Executive Report</u></p> <p data-bbox="583 951 1472 1211">During the months of June through September, membership has slowly decreased, with the loss of membership being primarily in Fresno County. Kings and Madera Counties have either maintained their membership or slightly increased. The SPD membership has gradually increased since June 2017, and continues to grow. During this same time, the market share has increased. Open enrollment begins in November with membership anticipated to increase.</p>	
<p data-bbox="107 1260 533 1325">#10 Final Comments from Commission Members and Staff</p>	<p data-bbox="583 1260 667 1292">None.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#11 Announcements	Mary Lourdes Leone was promoted to the Director of Compliance when Jeffrey Nkansah, who previously occupied that position, was promoted to Chief Operating Officer.	
#12 Public Comment	The Interim Director for Madera County Public Health Department, Dennis Koch, announced that Madera County has hired Sara Bosse as the new Director for the Health Department. Ms. Bosse will be officially appointed to the position in October and will assume the responsibility of RHA Commissioner for Madera County Public Health Department.	
#13 Adjourn	<p>The meeting was adjourned at 2:24 pm</p> <p>The next Commission meeting is scheduled for November 16, 2017 in Fresno County.</p>	

Submitted this Day: _____

Submitted by: _____

Cheryl Hurley
Clerk to the Commission

Item #5

Attachment 5.B

Finance Committee Minutes dated 9/21/17



**CalViva Health
Finance
Committee Meeting Minutes**

September 21, 2017

Meeting Location

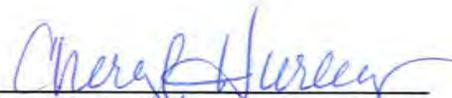
CalViva Health
7625 N. Palm Ave., #109
Fresno, CA 93711

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

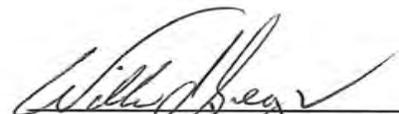
AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 11:02 am a quorum was present. <i>Supervisor Rogers stepped out @ 11:02 am</i>	
#2 Finance Committee Minutes dated July 20, 2017 Attachment 2.A Action W Gregor, Chair	The minutes from the July 20, 2017 Finance meeting were approved as read.	Motion: <i>Minutes were approved</i> <i>5 - 0 - 0 - 2</i> <i>(Neves / Nikoghosian)</i>

<p>#3 Financials – Fiscal Year End 2017</p> <p>Attachment 3.A</p> <p>Action Daniel Maychen, Director of Finance & MIS</p>	<p>Current assets are \$241.3M; current liabilities are \$202.8M, this gives a current ratio of 1.19. TNE as of the end of FY 2017 is approximately \$49Mm which is approximately 385% of the minimum required TNE by DMHC.</p> <p>Total premium capitation income actual was \$1.136B which is \$119M higher than what was budgeted due to membership, capitation rates, and taxes being higher than budgeted. Total costs of medical care expense, administrative service fees expense, and taxes are all above what was budgeted for the same reasons. All other line expense items are either below or in line with budget for the year. Total net income for FY 2017 was \$11.3M, which is approximately \$1.3M more than budgeted.</p> <p><i>Supervisor Rogers returned @ 11:05 am</i></p>	<p>Motion: <i>Fiscal Year End 2017 Financials were approved</i> 6 – 0 – 0 – 1 (Neves / Rogers)</p>
<p>#4 Financial Statements as of July 31, 2017</p> <p>Attachment 4.A</p> <p>Action Daniel Maychen, Director of Finance & MIS</p>	<p>Total current assets are approximately \$260M; total current liabilities are approximately \$221M. Current ratio is 1.18. TNE as of July 31, 2017 was approximately \$50.7M, which is 380% of the minimum DMHC required TNE amount.</p> <p>Premium capitation income was approximately \$98.8M, which is approximately \$4M more than budgeted due to capitation rates being higher than what was budgeted and taxes increasing for FY 2018. Admin Service Agreement Fees expense, and taxes are all above budget also due to those same reasons. Total net income through July 2017 was \$1.1M which is approximately \$398K more than what was budgeted.</p>	<p>Motion: <i>Approve Financial Statements as of July 31, 2017</i> 6 – 0 – 0 – 1 (Neves / Rogers)</p>
<p>#5 Announcements</p>	<p>Auditors will be in attendance for the October meeting to present FY End 2017 Audit results.</p>	

#6 Adjourn	Meeting was adjourned at 11:16 am	
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Submitted by: 
Cheryl Hurley, Clerk to the Commission

Dated: October 19, 2017

Approved by Committee: 
William Gregor, Committee Chairperson

Dated: October 19, 2017

Item #5

Attachment 5.C

Public Policy Committee Minutes dated 9/6/17



Public Policy Committee
Meeting Minutes
September 6, 2017

Camarena Health
344 E. Sixth Street
Madera, CA 93638

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

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#1 Call to Order Joe Neves, Chair	The meeting was called to order at 11:34 am. A quorum was present.	
#2 Meeting Minutes from June 7, 2017 Action Joe Neves, Chair	The June 7, 2017 meeting minutes were reviewed. There were no discrepancies.	Motion: Approve June 7, 2017 Minutes 5-0-0-3 (J. Garner / R. Garcia)
#3 Committee Membership Update Information Joe Neves, Chair	PPC membership was updated to show reappointment of Jeff Garner and Roberto Garcia for an additional 1-year term. Active recruitment is in process to fill the vacant position for Fresno County.	
#4 Enrollment Dashboard Information Mary Lourdes Leone, Compliance Project Manager	Mary Lourdes Leone presented the enrollment dashboard. Membership at end of July 2017 was 361,678. Market share is maintained at 70%.	
#5 Cultural and Linguistics Information	Lali Witrago presented the following updates for Cultural and Linguistics:	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
Lali Witrago	<ul style="list-style-type: none"> • C&L Annual Evaluation of 2016 Work Plan: 100% of Work Plan activities were completed in four areas: <ul style="list-style-type: none"> ○ Language Assistance ○ Compliance Monitoring ○ Communication, Training and Education ○ Health Literacy and Cultural Competency <li style="text-align: center;"><i>Leann Floyd arrived at 11:40 pm</i> • C&L 2016 Language Assistance Program: <ul style="list-style-type: none"> ○ Membership breakdown per ethnicity was presented. ○ A summary of interpreter services requested was presented. ○ Interpreter utilization showed a decline in all types of interpreter requested for 2016. ○ Ongoing tracking will continue for 2017. • 2017 C&L Program Description: <ul style="list-style-type: none"> ○ The program goals for 2017 was presented. ○ Highlights of changes for 2017 was presented. • 2017 C&L Work Plan: <ul style="list-style-type: none"> ○ Activities for 2017 will continue with an emphasis in creating cultural awareness through education and consultation; oversight for operational activities; and enhance and expand on training for staff and contracted providers. 	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<p>#6 Health Education</p> <p>Information Tony Gonzalez</p>	<p>Tony Gonzalez presented the Health Education mid-year member incentive report. A total of 669 CalViva Health members participated in 7 health education and quality improvement incentive programs from January-June, 2017. The postpartum direct incentive (40%, n=264), cervical cancer screening (32%, n=211) and the diabetes incentive program (11%, n=73) had the highest participation from CalViva Health members.</p> <p>The next steps in the Health Education Incentive Program include effort in the following areas:</p> <ul style="list-style-type: none"> • Fit Families for Life • Asthma • Cervical Cancer Screening • Postpartum Incentive • Diabetes Incentive • Childhood Immunization Incentive 	
<p>#7 Appeals, Grievances, and Complaints</p> <p>Information Mary Lourdes Leone, Compliance Project Manager</p>	<p>Mary Lourdes Leone presented the appeals, grievances and complaints report for Q2 2017. Total appeals and grievances for Q1 were 355. Total appeals for Q2 were 38. Total grievances for Q2 were 240. As requested at the June PPC meeting, the 2017 numbers are currently at approximately 50% for Q2 in comparison to the overall total for 2016. The majority of appeals and grievances were from Fresno County. Turnaround time for standard grievances, expedited grievances, and expedited appeals was at 100% compliancy, with standard appeals at 94.4% compliant.</p>	
<p>#8 Final Comments from Committee Members and Staff</p>	<p>The CVH Annual Bike Ride is October 6, 2017.</p>	

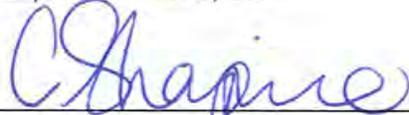
CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#9 Announcements	The interpreter card for provider offices has been improved and is available from the Cultural & Linguistics department.	
#10 Public Comment.	None.	
#11 Adjourn	Meeting adjourned at 12:46 pm.	

NEXT MEETING December 6, 2017 in Fresno County
 11:30 am - 1:30 pm

Submitted This Day: December 6, 2017

Approval Date: December 6, 2017

Submitted By: 
 Courtney Shapiro, Director Community Relations

Approved By: 
 Joe Neves, Chairman

Item #5

Attachment 5.D

QI/UM Committee Minutes dates 9/21/17

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
September 21, 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	✓	Melissa Holguin, Medical Management Administrative Coordinator
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Mary Lourdes Leone, Compliance Project Manager
✓	John Zweifler, MD., At-large Appointee, Kings County	✓	Melissa Mello, Medical Management Specialist
✓	Kenneth Bernstein, 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)		

✓ = 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 10:36 am. Dr. Bernstein was welcomed as a returning member of the QI/UM Committee.	
#2 Approve Consent Agenda - Committee Minutes: July 20, 2017 - Standing Referrals Report- HN - California Children's Service Report (CCS) - Appeals & Grievances Classification Audit Report Q2 - Appeals & Grievances Inter Rater Reliability Report Q2 - Health Education Incentive Program Report Semi Annual (Q1&Q2) - Public Health Policy Grid	The July minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full Recommended Drug List was available for review at the meeting.	Motion: Approve Consent Agenda (Bernstein/Zweifler) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
- Pharmacy Provider Updates - Pharmacy Formulary List Condensed Version (July) (Attachments A-I) Action Patrick Marabella, M.D Chair		
#3 QI Business Appeals & Grievances: - Dashboard (Attachment J, K & L) Action Patrick Marabella, M.D, Chair	<p><i>Fenglaly Lee joined at 10:38 AM; Mary Lourdes Leone joined at 10:50 AM</i></p> <p>The A & G reports provide monthly and quarterly data to facilitate monitoring for trends in the number and types of cases over time. The Dashboard included data through the end of July 2017. Turn-around time standards not met for some ack/resolution letters in July. Corrective actions have been implemented and improvements noted. In the second quarter report the following items were noted:</p> <p><u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ There was a total of 238 grievances resolved. (64 SPD) ➤ There was a total of 168 Quality of Service grievances. ➤ There were 70 Quality of Care grievances ➤ There was a total of 709 exempt grievances in quarter 2.. Member Services staff assist members to schedule appointments, request ID cards and resolve other issues during the call or within 1 day. <p><u>Appeals:</u></p> <ul style="list-style-type: none"> ➤ The appeals are broken down into two categories: Expedited and Standard. ➤ There were 34 Appeals for quarter 2, all Pre-service.. ➤ <p>Access Grievances:</p> <ul style="list-style-type: none"> ➤ <u>Top access grievance classifications were reviewed. No new trends.</u> <p><u>Inter-rater Reliability:</u></p> <ul style="list-style-type: none"> ➤ 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 second quarter overall score averaged 99.03%. The audit score threshold is 95%. No action required at this time. 	Motion: Approve Appeals & Grievances Report - Dashboard (Bernstein/Zweifler) 6-0-0-1
#3 QI Business - Initial Health Assessment Quarterly Audit Report Q2 (Attachment M)	<p><i>Dr. Bernstein stepped out at 11:09 AM and stepped back in at 11:10AM.</i></p> <p>The Department of Health Care Services (DHCS) requires completion of the Initial Health Assessment (IHA) for new Medi-Cal members within 120 days of enrollment. CalViva has developed a multi-pronged approach to evaluating completion rates to include the following:</p> <ul style="list-style-type: none"> ➤ Medical Record Review (MRR) via onsite provider audits ➤ Monitoring of claims and encounters data 	Motion: Approve Initial Health Assessment Quarterly Audit Report Q2 (Lee/Cardona) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Action Patrick Marabella, M.D, Chair</p>	<p>➤ Three-Step Member outreach Based on the MRR results, sites that were non-compliant will be sent a follow up educational letter advising of the DHCS requirements for timely completion of the IHA. For this reporting period, 5 sites were mailed letters during the week of 08/07/2017. Continue to monitor and refine reporting.</p> <p>The analysis of claims and encounters data for 2017 revealed a slightly higher completion rate for adult members when compared to pediatric members. An improvement was noted in the percentage of IHA's completed when comparing Q4 2016 to Q2 2017 with 91% of IHA's within 120 days. PPG pilot program report has been created to be used to provide feedback to providers on their completion rates. Quarterly reporting will continue.</p> <p>Member Outreach compliance rates for January through June 2017 were 90%.</p>	
<p>#3 QI Business - Potential Quality Issues (Attachment N) Action Patrick Marabella, M.D, Chair</p>	<p>This report provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member or peer review activities. Peer review activities include cases with a severity code level of III or IV or any case the CVH CMO requests to be forwarded to Peer Review. Data was reviewed for all case types including the follow up actions taken when indicated. The volume of cases remained consistent for quarter 2 compared to previous quarters.</p>	<p>Motion: Approve Potential Quality Issues Report (Bernstein/Zweifler) 6-0-0-1</p>
<p>#3 QI Business - MHN Performance Indicator Report (Q2) (Attachment O) Action Patrick Marabella, M.D, Chair</p>	<p>The MHN Performance Indicator Report for Q2 2017 was presented. Of the 17 metrics with targets, all but 2 met or exceeded their targets.</p> <p>➤ Noted data query is overly strict for Autism authorization timeliness causing some cases to be reported as outside of the TAT when they were not. This issue will be resolved and data updated by the next reporting cycle. Monthly audits will be initiated.</p> <p>The BCBA (autism)provider ratio was slightly below standard although improved from quarter 1. Continued improvement anticipated for next quarter.</p>	<p>Motion: Approve MHN Performance Indicator Report (Bernstein/Cardona) 6-0-0-1</p>
<p>#3 QI Business Appeals and Grievances CalViva Health Daily Letter Review Logs & CAP Summary Report (Attachment P) Action Patrick Marabella, M.D, Chair</p>	<p>This report provides a summary of daily A & G letter audits performed to ensure approved templates are used and other key requirements are correctly implemented. No errors identified in July. Any identified errors are corrected prior to mailing.</p>	<p>Motion: Approve Daily Letter Review Logs & CAP Summary Report (Bernstein/Lee) 6-0-0-1</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 QI Business - Public Program Report (Attachment Q) Action Patrick Marabella, M.D, Chair</p>	<p>Public Programs Report Quarter 2, 2017</p> <ul style="list-style-type: none"> ➤ This report has been revised and provides details and descriptions for each County's activities and efforts to include meetings, County Updates/Projects and education associated with Public Health and Public Programs. ➤ Data collection and reconciliation is in progress. ➤ Actions taken and next steps were reviewed. 	<p>Motion: Public Program Report (Bernstein/Lee) 6-0-0-1</p>
<p>#3 QI Business - Appeals & Grievance Policy Grid (Attachment R) Action Patrick Marabella, M.D, Chair</p>	<p><u>Appeals and Grievance Policy Grid:</u> The Policy Grid listed all policies and summarized the changes made to each. Due to a complete reorganization, numerous changes required to meet CMS Final Rule requirements, and the DHCS APL 17-006, all A & G policies were retired and replaced. All policies were available for review at the meeting.</p>	<p>Motion: Approve Appeals & Grievance Policies (Bernstein/Foster) 6-0-0-1</p>
<p>#3 QI Business - Cervical Cancer Screening QI Summary (Attachment S) Action Patrick Marabella, M.D, Chair</p>	<p>A QI Summary covering the Cervical Cancer Screening (CCS) Project implemented by the CVH Medical Management team this year in Madera County was reviewed for the committee. The Summary described improvement interventions, results, and recommendations. Positive results were obtained for this project. By June 30th, 2017 fifty-seven percent (57%) of women included in the study completed their cancer screening. Successful interventions and Lessons Learned will be shared with other providers in Fresno, Kings and Madera Counties to improve the health and wellness of our members.</p>	<p>Motion: Approve Cervical Cancer Screening QI Summary (Bernstein/Cardona) 6-0-0-1</p>
<p>#4 QI/UM Business - Quality Improvement Mid-Year Work Plan Evaluation & Executive Summary (Attachment T) Action Patrick Marabella, M.D, Chair Chair</p>	<p>Dr. Marabella presented the 2017 Mid-Year Quality Improvement Work Plan Evaluation. Initiatives on track at the mid-year point include:</p> <ul style="list-style-type: none"> ➤ Access, Availability, and Service: <ul style="list-style-type: none"> ○ CVH continues to monitor appointment access at the provider level through the annual Provider Appointment Availability Survey (PAAS). ○ PPG and provider corrective action plans (CAPs) will be required for results below established standards. ➤ Quality and Safety of Care: <ul style="list-style-type: none"> ○ All three counties exceed DHCS MPLs in the Default HEDIS® Measures Performance Improvement Projects: <ul style="list-style-type: none"> ● Diabetes Care in Kings County and Fresno County. ● Postpartum Care in Kings County. 	<p>Motion: Approve Quality Improvement Mid-Year Work Plan Evaluation & Executive Summary (Bernstein/Cardona) 6-0-0-1</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#4 QI/UM Business - Utilization Management Mid-Year Work Plan Evaluation & Executive Summary (Attachment U) Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the 2017 Mid-Year Utilization Management Case Management Work Plan Evaluation through June 30, 2017.</p> <p>Activities focused on:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory and Accreditation Requirements 2. Monitoring the UM Process 3. Monitoring the UM Metrics 4. Monitoring Coordination with Other Programs and Vendor Oversight 5. Monitoring Activities for Special Populations <p>Results of these activities:</p> <ul style="list-style-type: none"> • Turn-around Time for prior authorizations averaged at 97% • Turn-around Time for appeals was 97.6% • For SPDs and Non-SPDs the goal was met for Inpatient days/1000 <p>Additional key findings; all are on track and will continue through the end of the year:</p> <ul style="list-style-type: none"> • Incorporated new Federal and State regulations • Continuing Transition Case Management Program • PPG Profiles and Over/Under Utilization metrics • Behavioral Health Performance measures. 	<p>Motion: Approve Utilization Management Mid-Year Work Plan Evaluation & Executive Summary (Bernstein/Cardona) 6-0-0-1</p>
<p>#4 QI/UM Business - HEDIS RY2017 Update (Attachment V) Action Patrick Marabella, M.D, Chair</p>	<p>On an annual basis, DHCS selects an External Accountability Set (EAS) of performance measures to evaluate the quality of care provided to Medi-Cal members.</p> <p>There are 16 HEDIS® based metrics and the All-Cause Readmission measure which is a non-HEDIS measure, for a total of 17 performance measures.</p> <p>The Default Measures consist of:</p> <ol style="list-style-type: none"> 1. CIS-3: Childhood Immunizations - Combo 3 2. W34: Well Child Visits in 3-6th Years of Life 3. PPC-Pre: Prenatal Care 4. CDC-HT: HbA1c Testing 5. CBP: Controlling High Blood Pressure 6. CCS: Cervical Cancer Screening 	<p>Motion: Approve HEDIS RY2017 Update (Bernstein/Cardona) 6-0-0-1</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>CalViva Health met all six (6) categories in all three counties.</p> <p>The high-performance level (HPL) is the 90th percentile. If performance levels fall below the 25th percentile or minimum performance level (MPL), the Plan is required to submit an improvement plan (IP).</p> <p>For RY 2017 HEDIS®, Fresno and Madera Counties have results that are below DHCS MPL, however, Breast Cancer Screening (Fresno) is new this year and will not require submission of an improvement plan. Kings County met all MPLs for the RY2017 HEDIS®.</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 July 31, 2017. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➤ Admit and Readmit numbers have remained consistent. ➤ ER visits PTMPY have remained the same. ➤ The population growth is stable. ➤ Utilization remains consistent ➤ ➤ Case Management is initiating some new strategies to improve engagement rates including partnering with the Member Connections team to do home visits for difficult to reach members. 	<p>Motion: Approve Key Indicator Report (Bernstein/Lee) 6-0-0-1</p>
<p>#5 UM Business Turn Around Time Report (July) (Attachment X) Action Patrick Marabella, M.D., Chair</p>	<p>The UM Turn-around Time Report was reviewed which provides an analysis of and actions taken to address timeliness metrics that do not meet standards. Findings from analysis of TATs for July cases:</p> <ul style="list-style-type: none"> ➤ One staff error, addressed 	<p>Motion: Turn Around Time Report (July) (Bernstein/Lee) 6-0-0-1</p>
<p>#5 UM Business - Specialty Referrals Report (Q1 & Q2) First Choice Report (Attachment Y) Action Patrick Marabella, M.D., Chair</p>	<p>These reports provide a summary of Specialty Referral Services that require prior authorization in the tri-county area for First Choice Q1 & Q2 2017. These reports provide evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members. All reports reviewed. Results will continue to be monitored over time.</p>	<p>Motion: Approve Specialty Referrals Report (Q1 & Q2) First Choice Report (Bernstein/Lee) 6-0-0-1</p>

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#5 UM Business Utilization Management Concurrent Review Report (Attachment Z) Action Patrick Marabella, M.D, Chair</p>	<p>The 2017 Utilization Management/Medical Management Concurrent Review Report presents inpatient</p> <ul style="list-style-type: none"> ➤ utilization data and clinical concurrent review activities for Q2 2017. The purpose of concurrent review is to ensure members receive the right level and mix of services, at the right time, for the right reason, across the care continuum. Increases in membership due to the Medi-Cal expansion (MCE), under the ACA, impacts inpatient utilization. We continue to see increases in the MCE enrollment each quarter. The MCE population is new to managed care organizations. Access to primary healthcare services may have been limited for this population, prior to enrollment in managed care plans, thus contributing to high acute admission rates and bed days. ➤ Concurrent review (CCR) nurse activities include coordination of inpatient admissions for acute and continued stay medically necessary appropriateness review and discharge planning. <p>CCR nurses also provide CalViva representation with a direct point of contact on-site at high utilization hospitals including CRMC, St. Agnes, Madera, and Clovis Medical Center.</p>	<p>Motion: Approve Utilization Management Concurrent Review Report (Bernstein/Lee) 6-0-0-1</p>
<p>#5 UM Business Case Management Report/CCM Report (Attachment AA) Action Patrick Marabella, M.D, Chair</p>	<p>The Case Management(CM) program provides an evidence based process for the medical management of members, including assessment, care plans and evaluation of care effectiveness. This report summarizes the case management and transitional care management activities for the second quarter. Our goal is to identify members who would benefit from case management and transitional care management and engage the members in the appropriate program. There are two case management programs included in this report:</p> <ul style="list-style-type: none"> ➤ Integrated Case Management(ICM)- this program provides an evidence-based process for the medical management of members, including assessment, care plans and evaluation of care effectiveness. ICM services are provided to members along the continuum of care including times of critical/complex acuity. ➤ Perinatal Case Management (PCM)- this program seeks to identify high risk mothers during the prenatal period in order to provide services and resources reduce risks and improve outcomes. <p>One other program included in this report is the Transitional Care Management (TCM) Program. The purpose of the TCM Program is to provide a comprehensive, integrated transition process that supports members during movement between levels of care. The overriding goal of the TCM nurse is to improve care transitions by providing members with the tools and support that promote knowledge and self-management of their transition that will ultimately reduce avoidable re-admissions.</p> <p>Data from Quarter 2 were reviewed for each program including key indicators such as total volumes, cases opened/closed, engagement rates, etc. Next steps were discussed including modifications to some of the monitoring parameters, improving member outreach and member satisfaction.</p>	<p>Motion: Approve Case Management Report/CCM Report (Bernstein/Lee) 6-0-0-1</p>

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#6 Pharmacy Business Executive Summary (Q2) (Attachment BB) Action Patrick Marabella, M.D, Chair</p>	<p>Pharmacy quarterly reports reviewed included Operation Metrics, Top Medication Prior Authorization Requests, and the Inter-rater Reliability reports in order to assess for emerging patterns in authorization requests and compliance around prior authorization turnaround time metrics. The Executive Summary provides a summary of these reports including the following findings:</p> <ul style="list-style-type: none"> ➤ All second quarter 2017 pharmacy Prior Authorization (PA) metrics were within 5% of standard. Second quarter 2017 top medication Prior Authorization requests varied minimally from first quarter. ➤ The drug utilization review found no significant issues. 	<p>Motion: Approve Executive Summary (Q2) (Cardona/Lee) 6-0-0-1</p>
<p>#6 Pharmacy Business Operations Metrics Report (Q2) (Attachment CC) Action Patrick Marabella, M.D, Chair</p>	<p><u>Operations Metrics:</u></p> <ul style="list-style-type: none"> ➤ All second quarter 2017 pharmacy prior authorization metrics were within 5% of standard. <p>No action required. Continue to monitor.</p>	<p>Motion: Approve Operations Metrics Report (Q2) (Cardona/Lee) 6-0-0-1</p>
<p>#6 Pharmacy Business Top 30 Prior Authorizations (Q2) (Attachment DD) Action Patrick Marabella, M.D, Chair</p>	<p><u>Top 30 Prior Authorizations:</u></p> <ul style="list-style-type: none"> ➤ Second quarter 2017 top medication Prior Authorization requests varied minimally from first quarter. 	<p>Motion: Approve Top 30 Prior Authorizations (Q2) (Cardona/Lee) 6-0-0-1</p>
<p>#6 Pharmacy Business Inter-rater Reliability (IRR) Test Results (Q2) (Attachment EE) Action Patrick Marabella, M.D,</p>	<p>2016 Interrater Reliability (IRR) Test Results for Pharmacy:</p> <ul style="list-style-type: none"> ➤ The IRR results for 2016 show that the standard was met for all but one pharmacist. ➤ An action plan was created for the one pharmacist and a re-audit demonstrated 100% compliance. 	<p>Motion: Approve Top 30 Prior Authorizations (Q2) (Cardona/Lee) 6-0-0-1</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Chair		
<p>#7 Credentialing Review Sub-Committee Business (Attachment FF) Action Patrick Marabella, M.D, Chair</p>	<p><u>Credentialing Subcommittee Report</u> This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Credentialing activities.</p> <ol style="list-style-type: none"> 1. The Credentialing Sub-committee met in July 2017. At the July 20, 2017 meeting routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. 2. 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. 3. The corrective actions were implemented and a re-audit of files revealed 100% compliance. 	<p>Motion: Approve Credentialing Review Sub-Committee Business (Bernstein/Foster) 6-0-0-1</p>
<p>#7 Peer Review Sub-Committee Business (Attachment GG) Action Patrick Marabella, M.D, Chair</p>	<p><u>Peer Review Subcommittee Report</u> This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Peer Review Subcommittee activities. All Peer Review information is confidential and protected under law.</p> <ol style="list-style-type: none"> 1. The Peer Review sub-committee met on July 20th, 2017. The county specific Peer Review Summary reports were reviewed and approved. One administrative termination was identified for Fresno County and one administrative termination was identified for Madera County. 2. The Q2 Peer Count Report was presented indicating that there were three cases closed and cleared. There were two cases closed and terminated. There were no cases with an outstanding corrective action plan. Seven cases were pended for further information. 3. 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. <p>➤</p>	<p>Motion: Approve Peer Review Sub-Committee Business (Bernstein/Lee) 6-0-0-1</p>
<p>#8 Compliance Update</p>	<p>MB Corrado presented the Compliance report. Since July 2017, there have been four privacy incidents reported to the State, all of which were low risk. No new fraud cases identified.</p> <ul style="list-style-type: none"> ➤ The Kaiser transition of approximately 8,000 members completed on 9/1/17. There are approximately 1,000-1,200 members who will receive Continuity of Care for specific issues such as pregnancy, newborn, terminal illness, other acute issues, etc. Updates will be provided. ➤ Ongoing Oversight Audits of the activities delegated to Health Net (HN) continue. Currently in progress are Appeals & Grievances, and Provider Network audit. Recently completed audits are Claims, Cultural & Linguistics, and Privacy & Security. A corrective action plan (CAP) was requested from NH for the Cultural & Linguistics audit. Claims, and Privacy & Security passed with no CAP required. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>was also reported to the State.</p> <ul style="list-style-type: none"> ➤ CVH is awaiting the preliminary report from DHCS regarding the onsite audit that took place in April 2017. ➤ DHCS has released new Network Adequacy Standards to be effective July 1, 2018. This will result in some modifications in reporting and county assessments based upon size and population. More information is forthcoming. ➤ The Public Policy Committee (PPC) met on September 6, 2017 in Madera County. Standard reports were reviewed and there were no recommendations or requests of the QI/UM Committee or Commission at this time. The next PPC is scheduled for December 6, 2017 in Fresno County. All Commissioners and members of the public are welcome to attend the meeting. 	
#9 Old Business	None.	
#10 Announcements	None.	
#11 Public Comment	None.	
#12 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:18 pm.	

NEXT MEETING: October 19, 2017

Submitted this Day: October 19, 2017

Submitted by: 
Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:


Patrick Marabella, MD Committee Chair

Item #5

Attachment 5.E

QI/UM Committee Minutes dates 10/19/17

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
 October 19, 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	✓	Melissa Holguin, Medical Management Administrative Coordinator
	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Mary Lourdes Leone, Director of Compliance
✓	John Zweifler, MD., At-large Appointee, Kings County	✓	Melissa Mello, Medical Management Specialist
✓	Kenneth Bernstein, 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 Witrigo, Cultural & Linguistics	✓	Merritt Beckett, Health Education Manager
✓	Brianne Jackson, Health Education Department		

✓ = 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 10:40 am.	
#2 Approve Consent Agenda - Committee Minutes: September 21 st , 2017 - 2018 QIUM Meeting Schedule - Pharmacy Provider Update - Pharmacy Formulary List Condensed Version (October) (Attachments A-D) Action Patrick Marabella, M.D. Chair	The September QI/UM minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full Recommended Drug List was available for review at the meeting. The proposed 2018 QI/UM Meeting Schedule was reviewed with the Committee.	Motion: Approve Consent Agenda (Bernstein/Zweifler) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 QI Business Appeals & Grievances: - Dashboard (Attachment E) Action Patrick Marabella, M.D, Chair</p>	<p>The A & G Dashboard provides monthly data to facilitate monitoring for trends in the number and types of cases over time. The Dashboard included data through the end of August 2017.</p> <p>The number of Quality of Care and Quality of Service grievances for August are similar to previous months. Exempt grievances are noted to have increased in several categories this month. Continue to monitor for trends. The Dashboard is currently being modified to add some new categories related to Continuity of Care. The modified Dashboard is expected to be implemented for the September report.</p>	<p>Motion: Approve Appeals & Grievances Report - Dashboard (Bernstein/Zweifler) 4-0-0-3</p>
<p>#3 QI Business - DMHC EXR Member Notification Report (Attachment F) Action Patrick Marabella, M.D, Chair</p>	<p>This report was created as part of a Corrective Action Plan (CAP) associated with CalViva’s Appeal & Grievance processes. As part of this CAP, the Customer Contact Center (CCC) staff are required to read a script to notify members of their rights when filing any type of grievance, to specifically include expedited grievances. The CCC staff also documents this in the grievance file thus allowing for compliance monitoring of this new process. Compliance monitoring began in November 2016 and is reported on a monthly basis. Improvement is noted since monitoring was initiated. CalViva recently received preliminary notification that the DMHC will perform a follow up audit related to these new processes in January 2018. More information regarding the audit will be provided as it becomes available.</p>	<p>Motion: Approve DMHC EXR Member Notification Report (Foster/Bernstein) 4-0-0-3</p>
<p>#3 QI Business - Provider Preventable Conditions Report (Attachment G) Action Patrick Marabella, M.D, Chair</p>	<p>This report provides a summary of Provider Preventable Conditions (PPCs) identified during the reporting period. PPCs may be identified by providers/facilities, through claims data, encounter data or Potential Quality Issues (PQI) submissions. PPCs are associated with Hospital Acquired Conditions, Health Care Acquired Conditions and Other Provider Preventable Conditions as defined by state and federal regulations. When identified, DHCS requires health plans to report these cases via DHCS form 7107. There was one case identified and reported to DHCS during the reporting period.</p>	<p>Motion: Approve Provider Preventable Conditions Report (Foster/Bernstein) 4-0-0-3</p>
<p>#3 QI Business - Office Wait Time Report (Q2) (Attachment H) Action Patrick Marabella, M.D, Chair</p>	<p>This report provides a summary of CalViva’s ongoing monitoring of provider office wait times as required by DHCS. This audit relies on monthly submissions of patient wait times by provider offices. It was noted that submissions have been adequate for Fresno, Kings, and Madera Counties.</p> <p><u>Follow up Activities:</u></p> <ul style="list-style-type: none"> ➤ Provider-specific outliers will be monitored for trends and follow up initiated when indicated. ➤ Results will be shared with clinics/providers via reports emailed to clinic/office managers. <p>Provider Relations will assist with targeting clinics with low data submission rates.</p>	<p>Motion: Approve Office Wait Time Report (Q2) (Bernstein/Zweifler) 4-0-0-3</p>
<p>#3 QI Business C&L Language Assistance Program Report (Attachment I)</p>	<p>This report provides information on language services utilization by CalViva Health members for January – June 2017. During this time period, the total number of calls handled by Member Services Department representatives was 67,002 for all languages with 12,103 (18%) handled in Spanish or Hmong. Additionally, a total of 731 interpreter</p>	<p>Motion: Approve C&L Language Assistance Program Report</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Action Patrick Marabella, M.D, Chair	requests were fulfilled for CalViva Health members. Of these, 507 requests were fulfilled utilizing telephonic interpreter services followed by 120 for in-person and 104 for sign language interpretation. As of June 30, 2017, 33% of CalViva Health members are Limited English Proficient (LEP).	(Bernstein/Zweifler) 4-0-0-3
#3 QI Business - C & L Geo Access Report & Summary (Attachment J) Action Patrick Marabella, M.D, Chair	The purpose of the Geo Access Assessment of Cultural and Linguistic Needs is to examine the race, ethnicity and language of CalViva Health’s members and provider network in order to identify language needs or gaps for Fresno, Kings and Madera Counties. This report is produced every other year and includes the follow up activities conducted to address language needs and gaps identified between reporting periods. Based on the geographic analysis findings, the Cultural and Linguistic Services department will collaborate with Provider Network Management in order to use this information when developing network priorities for primary care and specialist sites in Fresno, Kings and Madera Counties that will support members’ language needs.	Motion: Approve C & L Geo Access Report & Summary (Bernstein/Zweifler) 4-0-0-3
#3 QI Business - Comprehensive Diabetes Care QI Summary (Attachment K) Action Patrick Marabella, M.D, Chair	This year CalViva Medical Management staff continued efforts to improve Diabetes Care through a formal Performance Improvement Project (PIP) related to Completion of HbA1c Testing. This is a HEDIS® measure that evaluates the percentage of members 18-75 years of age with diabetes (type 1 and type 2) who complete at least annual HbA1c testing. This QI Summary describes activities associated with these efforts completed in conjunction with a high volume, low performing clinic in Fresno and Kings Counties. This project concluded in June 2017 with a number of lessons learned and efforts to improve the health and safety of members will continue with providers in our three counties.	Motion: Approve Comprehensive Diabetes Care QI Summary (Bernstein/Zweifler) 4-0-0-3
#4 Cultural & Linguistics/Health Education - C&L Work Plan Mid-Year Evaluation & Executive Summary (Attachment L) Action Patrick Marabella, M.D, Chair	Dr. Marabella presented the 2017 Cultural & Linguistics Work Plan Mid-Year Evaluation and Executive Summary. The summary of activities completed during the first six months of 2017 consist of four areas: <ul style="list-style-type: none"> • Language Assistance Services • Compliance Monitoring • Communication, Training and Education • Health Literacy, Cultural Competency and Health Equity By June 30, 2017, all activities were either completed or are on target to be completed by the end of the year. CVH will continue to implement the remaining six months of the C&L 2017 Work Plan.	Motion: Approve C&L Work Plan Mid-Year Evaluation & Executive Summary (Bernstein/Foster) 4-0-0-3
#4 Cultural & Linguistics/Health Education - Health Education Mid-	Dr. Marabella presented the 2017 Health Education Work Plan Mid-Year Evaluation and Executive Summary. Health Education activities are selected based upon the county-specific Group Needs Assessment. The three major areas of focus for 2017 include:	Motion: Approve Health Education Mid-Year Work Plan Evaluation & Executive Summary

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Year Work Plan Evaluation & Executive Summary (Attachment M) Action Patrick Marabella, M.D, Chair</p>	<p>1. Health Education Initiatives: <ul style="list-style-type: none"> ○ There are 11 program initiatives; 10 of which are on track in meeting year-end goals ○ The Digital Education Program initiative experienced challenges with obtaining DHCS approval for one project. </p> <p>2. Health Education Programs: <ul style="list-style-type: none"> ○ This includes items such Member Newsletters and the CVH Public Policy Committee. </p> <p>3. Operations Report and Oversight. <ul style="list-style-type: none"> ○ Oversight monitoring and materials updates. </p> <p>Health Education will work to implement the second half of the 2017 Health Education Department Work Plan to meet or exceed year end goals.</p>	<p>(Bernstein/Foster) 4-0-0-3</p>
<p>#5 UM Business - Key Indicator Report (Attachment N) Action Patrick Marabella, M.D, Chair</p>	<p>The Key Indicator Report reflects data as of August 31, 2017. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➤ Admit and Readmit numbers have remained consistent. Some downward trends have been noted, however, this may represent random variation. Continue to monitor through end of year. ➤ ER visits PTMPY have remained the same. ➤ The population growth is stable. ➤ Utilization remains consistent, however Turn-around Times have been inconsistent in recent months. A Corrective Action Plan has been submitted and accepted. Continue to monitor to assess for improvement. ➤ Case Management will be initiating some new strategies to improve engagement rates including partnering with the Member Connections team to do home visits for difficult to reach members. ➤ Challenges continue with engaging High-Risk OB patients. A new program will be initiated in 2018. 	<p>Motion: Approve Key Indicator Report (Bernstein/Foster) 4-0-0-3</p>
<p>#4 UM Business - Specialty Referrals Reports: EHS, La Salle, IMG, Adventist (Q2) (Attachment O) Action Patrick Marabella, M.D, Chair</p>	<p>These reports provide a summary of Specialty Referral Services in quarter 2 that require prior authorization in the tri-county area for HN, EHS, La Salle, IMG and First Choice. These reports provide evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members. Results will continue to be monitored over time.</p>	<p>Motion: Approve Specialty Referrals Reports: EHS, La Salle, IMG, Adventist (Q2) (Bernstein/Foster) 4-0-0-3</p>
<p>#6 Compliance Update (Attachment O)</p>	<p>ML Leone presented the Compliance report.</p> <ul style="list-style-type: none"> ➤ There was one high risk case in October for Privacy and Security. Members affected by this were notified. ➤ Oversight audits of the activities delegated to Health Net (HN) continue in 2017. Currently in progress are Appeals & Grievances and Provider Network audit. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ➤ In late September, DMHC and DHCS approved the Plan’s filings related to the termination of the contract between CalViva Health and Kaiser. DMHC issued Undertakings which CVH is obligated to fulfill throughout the coming year through the end of August 2018. ➤ The Plan is still awaiting the draft report from the onsite DHCS audit that took place in April 2017. ➤ DMHC will be doing a limited follow-up survey to the findings of the 2016 audit, which is scheduled for January 2018. This is a limited scope survey which will only review cases/processes related to the 2016 survey deficiencies. ➤ The next Public Policy Committee meeting will be held December 6, 2017 at CalViva Health. All Commissioners and members of the public are welcome to attend the meeting. ➤ CalViva Health employees participated in the annual Heritage Days C&L training and completed the required post-program quiz for 2017. 	
#9 Old Business	None.	
#10 Announcements	None.	
#11 Public Comment	None.	
#12 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 11:17 am.	

NEXT MEETING: December 8th, 2017

Submitted this Day: December 8th 2017

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

Acknowledgment of Committee Approval:

A handwritten signature in black ink, appearing to read "Patrick Marabella", written in a cursive style.

Patrick Marabella, MD Committee Chair

Item #6

Attachment 6.A

Annual Administration
BL 18-002

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

David Singh
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

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

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

DATE: February 15, 2018
TO: Fresno-Kings-Madera Regional Health Authority Commission
FROM: Dr. David Hodge, Chairman
RE: Annual Administration (BL 17-002)
BL #: BL 18-002
Agenda Item 6
Attachment 6.A

Discussion Points:

Ethics Training:

Ethics Training must be completed every two years. If you have completed ethics training within the last two years by virtue of employment or membership on another board or commission then a copy of that certificate will suffice. If not, you can use the Fair Political Practices Commission (FPPC) free online training seminar website at <http://localethics.fppc.ca.gov>.

The Commission Clerk, and/or their designee, will follow-up with Commission members to obtain the necessary records.

Form 700:

The Statement of Economic Interests must be completed annually. The form is attached, or you can access the complete document with instructions at this website: <http://www.fppc.ca.gov/Form700.html>

Please complete and return to the Clerk, Cheryl Hurley, by April 2, 2018.

Item #
Attachment 6.B
Annual Administration
Form 700

2017/2018 Statement of Economic Interests



Form 700

A Public Document

Also available on the FPPC website:

- ***Form 700 in Excel format***
- ***Reference Pamphlet for Form 700***

California Fair Political Practices Commission

Email Advice: advice@fppc.ca.gov

Toll-free advice line: 1 (866) ASK-FPPC • 1 (866) 275-3772

Telephone: (916)322-5660 • Website: www.fppc.ca.gov

What's New

Gift Limit Increase

The gift limit increased to \$470 for calendar years 2017 and 2018. The gift limit during 2016 was \$460.

Who must file:

- Elected and appointed officials and candidates listed in Government Code Section 87200
- Employees, appointed officials, and consultants filing pursuant to a conflict of interest code ("code filers").
Obtain your disclosure categories, which describe the interests you must report, from your agency; they are not part of the Form 700
- Candidates running for local elective offices that are designated in a conflict of interest code (e.g., county sheriffs, city clerks, school board trustees, and water board members)

Exception: Candidates for a county central committee are not required to file the Form 700.

- Members of newly created boards and commissions not yet covered under a conflict of interest code
- Employees in newly created positions of existing agencies

See Reference Pamphlet, page 3, at www.fppc.ca.gov.

Where to file:

87200 Filers

State offices	⇒	Your agency
Judicial offices	⇒	The clerk of your court
Retired Judges	⇒	Directly with FPPC
County offices	⇒	Your county filing official
City offices	⇒	Your city clerk
Multi-County offices	⇒	Your agency

Code Filers — State and Local Officials, Employees, and Consultants Designated in a Conflict of Interest

Code: File with your agency, board, or commission unless otherwise specified in your agency's code (e.g., Legislative staff files directly with FPPC). In most cases, the agency, board, or commission will retain the statements.

Members of Boards and Commissions of Newly

Created Agencies: File with your newly created agency or with your agency's code reviewing body.

Employees in Newly Created Positions of Existing Agencies: File with your agency or with your agency's code reviewing body. See Reference Pamphlet, page 3.

Candidates: File with your local elections office.

How to file:

The Form 700 is available at www.fppc.ca.gov. Form 700 schedules are also available in Excel format. All statements must have an original "wet" signature or be duly authorized by your filing officer to file electronically under Government Code Section 87500.2. Instructions, examples, FAQs, and a reference pamphlet are available to help answer your questions.

When to file:

Annual Statements

⇒ March 1, 2018

- Elected State Officers
- Judges and Court Commissioners
- State Board and State Commission Members listed in Government Code Section 87200

⇒ April 2, 2018

- Most other filers

Individuals filing under conflict of interest codes in city and county jurisdictions should verify the annual filing date with their local filing officers.

Statements postmarked by the filing deadline are considered filed on time.

Assuming Office and Leaving Office Statements

Most filers file within 30 days of assuming or leaving office or within 30 days of the effective date of a newly adopted or amended conflict of interest code.

Exception:

If you assumed office between October 1, 2017, and December 31, 2017, and filed an assuming office statement, you are not required to file an annual statement until March 1, 2019, or April 1, 2019, whichever is applicable. The annual statement will cover the day after you assumed office through December 31, 2018. See Reference Pamphlet, pages 6 and 7, for additional exceptions.

Candidate Statements

File no later than the final filing date for the declaration of candidacy or nomination documents.

Amendments

Statements may be amended at any time. You are only required to amend the schedule that needs to be revised. It is not necessary to amend the entire filed form. Obtain amendment schedules at www.fppc.ca.gov.

There is no provision for filing deadline extensions unless the filer is serving in active military duty.

Statements of 30 pages or less may be faxed by the deadline as long as the originally signed paper version is sent by first class mail to the filing official within 24 hours.

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2017, through December 31, 2017.
-or- The period covered is ____/____/____, through December 31, 2017.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one)
 - The period covered is January 1, 2017, through the date of leaving office.
 - or- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments** – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule A-2 - Investments** – schedule attached **Schedule D - Income – Gifts** – schedule attached
- Schedule B - Real Property** – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached

- or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
()

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____ Signature _____
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name _____

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/17 ____/_____/17
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/17 ____/_____/17
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/17 ____/_____/17
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/17 ____/_____/17
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/17 ____/_____/17
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/17 ____/_____/17
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/17 ____/____/17</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/17 ____/____/17</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/17 ____/____/17</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
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NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/17 ____/____/17</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
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NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

**SCHEDULE D
 Income – Gifts**

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

Name _____

SCHEDULE E

Income – Gifts

Travel Payments, Advances, and Reimbursements

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____