

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: October 18, 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, October 18, 2018
1:30 pm to 3:30 pm**

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

Meeting materials have been emailed to you.

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

Thank you

AGENDA

Fresno-Kings-Madera Regional Health Authority

Commission Meeting

October 18, 2018

1:30pm - 3:30pm

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

Item	Attachment #	Topic of Discussion	Presenter
1		Call to Order	D. Hodge, MD; Chair
2		Roll Call	C. Hurley, Clerk
3 Action	Attachment 3.A Attachment 3.B Attachment 3.C	Consent Agenda <ul style="list-style-type: none">• Commission Minutes dated 9/20/18• Finance Committee Minutes dated 7/19/18• QIUM Committee Minutes dated 7/19/18 <p><i>Action: Approve Consent Agenda</i></p>	D. Hodge, MD; Chair
4 Action	<i>Handouts provided at meeting</i>	Financial Audit Report for Fiscal Year 2018 <ul style="list-style-type: none">• Moss Adams Board Presentation of Audit <p><i>Action: Approve Audit Report</i></p>	Moss Adams Representative: R. Suico
5 Action	Attachment 5.A.1 Attachment 5.A.2 Attachment 5.A.3 Attachment 5.A.4 Attachment 5.A.5 Attachment 5.A.6	2019 Calendar Year Meeting Proposal <ul style="list-style-type: none">• Commission Calendar• Finance Committee Calendar• QI/UM Committee Calendar• Credentialing Sub-Committee Calendar• Peer Review Sub-Committee Calendar• Public Policy Committee Calendar <p><i>Action: Approve 2019 Calendar Year Meeting Proposals</i></p>	D. Hodge, MD; Chair
	<i>Handout(s) will be available at meeting</i>	<i>PowerPoint Presentations will be used for Items 6-7</i> <u>One vote will be taken for combined items 6-7</u>	
6 Action	Attachment 6.A Attachment 6.B	2018 Cultural and Linguistics (C & L) <ul style="list-style-type: none">• Executive Summary• Work Plan Evaluation	P. Marabella, MD, CMO
7 Action	Attachment 7.A Attachment 7.B	2018 Health Education <ul style="list-style-type: none">• Executive Summary• Work Plan Evaluation	P. Marabella, MD, CMO

Action: Accept 2018 Mid-Year Evaluations for C & L and Health Education

8 Action

Standing Reports

Attachment 8.A	Finance Report <ul style="list-style-type: none">Financials as of August 31, 2018	D. Maychen, CFO
Attachment 8.B	Compliance <ul style="list-style-type: none">Compliance Report	M.L. Leone, Director of Compliance
Attachment 8.C Attachment 8.D Attachment 8.E	Medical Management <ul style="list-style-type: none">Appeals & Grievances ReportKey Indicator ReportQIUM Quarterly Summary Report	P. Marabella, MD, CMO
Attachment 8.F	Operations Report <ul style="list-style-type: none">Operations Report	J. Nkansah, COO
Attachment 8.G	Executive Report <ul style="list-style-type: none">Executive Dashboard	G. Hund, CEO

Action: Accept Standing Reports

9

Final Comments from Commission Members and Staff

10

Announcements

11

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.

12

Adjourn

D. Hodge, MD; Chair

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

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

Next Meeting scheduled for November 15, 2018 in Fresno County
CalViva Health, 7625 N. Palm Ave., Ste. 109, Fresno, CA 93711

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

Item #3

Attachment 3.A

Commission Minutes dated 9/20/18

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
September 20, 2018

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

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

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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Cheryl Hurley, Clerk to the Commission		
<p>#3 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes 7/19/18 b) Finance Committee Minutes 5/17/18 c) PPC Minutes 6/13/18 d) QI/UM Committee Minutes 5/17/18 <p>Action David Hodge, MD, Chairman</p>	<p>All consent items were presented and accepted as read.</p>	<p>Motion: Approve Consent Agenda 13 – 0 – 0 – 4</p> <p>(Neves / Frye)</p>
<p>#4 Closed Session</p> <p>A. Report Involving Trade Secret Discussion of proposed service. Estimated date of public disclosure: November 2018 Per Government Code Section 54954.5</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session. The Board discussed item #4A, Report Involving Trade Secret, discussion of proposed service, per Government Code Section 54954.5. Direction was given to staff.</p> <p>Closed Session concluded at 1:38 pm.</p>	<p>No Motion</p>
<p>#5 Review of Fiscal Year End 2018 Goals</p> <p>Information Greg Hund, CEO</p>	<p>Greg Hund reported the results for fiscal year end 2018 goals. All goals were met.</p> <p>Further explanation was given in regards to the Funding of Community Support Program, and Direct Contracting. Nine grants were awarded resulting in four grant payments for recruited providers. The Kaiser member transition was completed August 31, 2018.</p>	<p>No Motion</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#6 Goals & Objective for Fiscal Year 2019</p> <p>Action Greg Hund, CEO</p>	<p>Greg Hund presented the goals and objectives for FY 2019.</p> <p><i>Soyla Reyna-Griffin arrived at 1:40 pm</i></p>	<p>Motion: <i>Approve FY 2019 Goals & Objectives</i></p> <p>14 – 0 – 0 – 3 <i>(Neves / Nikoghosian)</i></p>
<p>#7 Community Support Program</p> <p>Action Greg Hund, CEO</p>	<p>The ad-hoc committee met on August 13, 2018. A total of nine (9) grants were recommended. Seven grants are for recruitment of providers in underserved areas which include Clovis, Fresno, Oakhurst and Fowler. The grantees have the option to recruit either a primary care physician (PCP) or a physician extender to ensure there are providers in the areas of greatest need. The other grants recommended are for the Family Practice Residency program for UHC in Parlier, and the Fresno Glow Program which is an extension of the Preterm Birth Initiative.</p>	<p>Motion: <i>Approve Community Support Funding Recommendations</i></p> <p>14 – 0 – 0 – 3 <i>(Neves / Soares)</i></p>
<p>#8 HEDIS® Update Information P. Marabella, MD, CMO</p>	<p>Dr. Marabella reported on HEDIS® scores for reporting year (RY) 2018, which reflects data for all of calendar year 2017.</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 for RY 2018 consist of:</p> <ol style="list-style-type: none"> 1. CIS-3: Childhood Immunizations – Combo 3 	<p>No Motion</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ol style="list-style-type: none"> 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>The Default Measures impact default enrollment or the percentage of new members that are assigned to CalViva Health or the other health plan in each county. CalViva Health met five (5) of the six (6) categories in all three counties. The exception being CDC-HT: HbA1c Testing for Fresno County.</p> <p>The minimum performance level (MPL) is the 25th percentile. If performance levels fall below the minimum performance level (MPL), the Plan is required to submit an improvement plan (IP).</p> <p>CalViva has improvement projects for the following measures in 2018:</p> <ul style="list-style-type: none"> • Monitoring Persistent Meds – Madera County • Avoidance of Antibiotics – Madera County • Breast Cancer Screening – Fresno County • Diabetes Care – HbA1c and Nephropathy Testing Fresno County 	
<p>#9 2018 Mid-Year Quality Improvement Work Plan Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2018 Mid-Year Quality Improvement Work Plan Evaluation.</p> <p>Initiatives on track at the mid-year point include:</p> <ul style="list-style-type: none"> • Access, Availability, and Service: 	<p>See Item #10 for combined motion</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ CVH continues to monitor appointment access and after-hours 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 RY18: <ul style="list-style-type: none"> ○ Monitoring Patients on Persistent Medications (MPM) and Avoidance of Antibiotics in Adults with Bronchitis (AAB) did not meet the MPL for Madera County. Improvement plans will continue. ○ Low Back Pain was above the MPL for Madera County and will no longer require an improvement plan. ● Performance Improvement Projects (PIPs): <ul style="list-style-type: none"> ○ Postpartum Care Disparity in Fresno County. Two interventions are being initiated to improve Postpartum Visit completion rates. ○ Childhood Immunization Status – Combination 3 targeting two clinics in Fresno County. Two interventions are planned. 	
<p>#10 2018 Mid-Year Utilization Management Work Plan Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2018 Mid-Year Utilization Management Case Management Work Plan Evaluation through June 30, 2018.</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>Motion: <i>Approve 2018 Mid-Year QI Work Plan Executive Summary and Work Plan Evaluation; and 2018 Mid-Year UM Work Plan Executive Summary and Work Plan Evaluation</i></p> <p>14 – 0 – 0 – 3</p> <p><i>(Naz / Fields-Keene)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Results of these activities:</p> <ul style="list-style-type: none"> • Turn-around Time for prior authorizations averaged at 95.65% • Turn-around Time for appeals was 97.59% • Utilization goals have been restated for 2018 based upon 3-year trends and were approved by the QI/UM Committee. • Increase in ED Utilization noted in Q1 related to Flu. • TANF and MCE Bed days/1000 exceeded goal • SPD Bed days/1000 was under goal. <p>Additional key findings include the following and will continue to meet 2018 year-end goals:</p> <ul style="list-style-type: none"> • Compliance activities are on target for year-end completion • PPG specific dashboard reports were developed • Integrated Case Management outcome measures are monitored on a quarterly basis and now include Transitional Case Management and Palliative Care • Perinatal Case Management has seen an increase in referrals compared to 2017 • Disease Management plans to insource • Complex Case Management was initiated for Behavioral Health • An internal workgroup has been assigned to assess opportunities to improve internal processes for CCS members • SPD member stratification is being conducted monthly to identify members appropriate for Case Management 	
#11 Standing Reports	<u>Finance</u>	Motion: Approve Standing Reports

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Finance Report Daniel Maychen, CFO 	<p>Fiscal Year End 2018 Financial Report:</p> <p>Current assets are \$230.9M; current liabilities are \$181.9M, this gives a current ratio of 1.27. TNE as of the end of FY 2018 is approximately \$59.8M which is approximately 448% of the minimum required TNE by DMHC.</p> <p>Total premium capitation income was \$1.185B which is \$46.6M 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, with the exception of Grants expense, are in line with budget for the year. Total net income for FY 2018 was \$10.2M, which is approximately \$1.8M more than budgeted.</p> <p>Financial Statements as of July 31, 2018:</p> <p>Total current assets were approximately \$248M; total current liabilities were approximately \$198M. Current ratio is 1.25. TNE as of July 31, 2018 was approximately \$60.6M, which is approximately 454% of the minimum DMHC required TNE amount.</p> <p>Total premium capitation income recorded was \$98.7M which is \$3.6M above budgeted amounts primarily due to capitation rates being higher than budgeted.</p>	<p>11-0-0-6 (Frye / Neves)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Compliance M.B. Corrado, CCO 	<p>All other expense line items are in line with current year budget. Total net income for the first month of the fiscal year is approximately \$786K, which is approximately \$200K more than budgeted.</p> <p><u>Compliance</u></p> <p>MB Corrado presented the Compliance report. Filing activity has remained consistent. Fraud, Waste, & Abuse activity is back under Compliance. One provider case was turned into DHCS. 17 cases are currently open for investigation.</p> <p>The Kaiser transition has been completed as of 9/1/18.</p> <p>An update on annual Oversight Audits was provided. The Utilization Management, Privacy and Security, and Cultural & Linguistics have all recently been completed and no significant issues were found to require a CAP. Audits currently in progress consist of Call Center & Member Service Activity, Credentialing, Provider Network, and Q2 Provider Disputes. DMHC has notified CVH that we will have an onsite audit in February 2019; and the DHCS will be onsite in April 2019 for their audit.</p> <p>The CVH Member EOC/Handbook was mailed to members in July 2018.</p> <p>The Public Policy Committee (PPC) met on September 5, 2018. The Committee reviewed various standing reports, as well as Health Education Member Incentives Program, Appeals & Grievances Report, and the Postpartum Care Disparity Project. There were no</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p>recommendations or action items requiring response of the Commission. The next PPC meeting will be held December 5, 2018.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Report Dr. Marabella presented the Appeals and Grievances Dashboard through July 2018.</p> <ul style="list-style-type: none"> • Number of Grievances received in July increased compared to recent months. • The number of Quality of Service Grievances and Quality of Care Grievances resolved in July remained stable. • An increase is noted in Exempt grievances received in July, which may be attributed in part to the tracking of transportation related grievances, new PPGs, and a change in relationships with current PPGs, • Total number of Appeals Received/Resolved has Remained consistent with previous months. <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator report through June 2018.</p> <ul style="list-style-type: none"> • Membership has remained consistent this year. • Admits, especially for the TANF population increased in Quarter 1 in association with the Flu season. • ER utilization has shown a slight decrease to date this year 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • CCS rates remain steady. • Perinatal Case Management outreach attempts and engagement rates have increased. • Integrated Case Management and Transitional Case Management categories have been separated out for reporting purposes. Outreach attempts in both categories remain steady. • Behavioral Health Case Management has been added and outreach attempts are increasing. <p>QIUM Quarterly Summary Report</p> <p>Dr. Marabella provided the QI/UM Qtr. 3, 2018 update. One QI/UM meeting was held in Quarter 3 at the time of this report and it was on July 19, 2018.</p> <p>The following general documents were approved:</p> <ul style="list-style-type: none"> • Medical Policies Q1 • Performance Improvement Project Updates for Low Back Pain and Avoidance of Antibiotics in Adults with Bronchitis. • Pharmacy Annual Policy Review Grid & select policies. • Pharmacy Formulary (July, Full & Condensed) <p>Reports reviewed included the following Quality Improvement Reports: Appeals and Grievances Dashboard through May 2018, Facility Site & Medical Record & PARS Review Report, MHN Performance Indicator Report, Public Programs Report, and other QI reports.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The Utilization Management & Case Management reports reviewed included the Key Indicator Report, Specialty Referral Reports, Top 10 Diagnosis Report, and the Standing Referrals Report.</p> <p>HEDIS® Activity:</p> <ul style="list-style-type: none"> • Final RY18 results became available during Q3 and analysis was initiated. Measures not meeting the MPL will continue into 2019 and two new projects will be initiated as per the results. • In Quarter 3, HEDIS® Performance Improvement Projects (PIPs) consisted of: <ul style="list-style-type: none"> ○ Childhood Immunizations. ○ Postpartum Care Disparity Project. <p>Monitoring of interventions and development of subsequent interventions is in progress.</p> <p>Quarter 2 2018 Kaiser reports were reviewed without any significant findings.</p> <p>Credentialing Sub-Committee Quarterly Report</p> <p>The Credentialing Sub-Committee met on July 19, 2018. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q1 2018 were reviewed for delegated entities, and the Q2 2018 report was reviewed for Health Net. The Q2 2018 Credentialing report was reviewed with one case of denied network re-entry. No significant cases were identified on these reports.</p> <p>Peer Review Sub-Committee Quarterly Report</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Operations J. Nkansah, COO 	<p>The Peer Review Sub-Committee met on July 19, 2018. The county-specific Peer Review Sub-Committee Summary Reports for Q2 2018 were reviewed for approval. There were no significant cases to report. The Q2 2018 Peer Count Report was presented and there were four cases closed and cleared. There were no cases pending closure for Corrective Action Plan. There were four cases pending for further information. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p> <p><u>Operations Report</u></p> <p>Jeff Nkansah presented the Operations Report.</p> <p>The Overall Network Health Score increased is at 92%. There were no concerns or issues surrounding CalViva Health’s IT Communications and Systems.</p> <p>Year-to-date 2018, there have been 25 Privacy and Security cases. There were no concerns or issues surrounding CalViva Health’s Privacy and Security activities.</p> <p>Provider Network Activities include the tracking of Provider enrollment, as required by DHCS. Potential areas of concern are Behavioral Health, Acupuncture, and Transportation. This will continue to be monitored and an update will be provided at the October Commission meeting.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Executive Report G. Hund, CEO 	<p>Claims Processing of Behavioral Health Claims and some PPGs have not met timely payment standard as reported. Corrective Action Plans (CAPs) have been provided and continue to be monitored.</p> <p>Medical Provider Disputes did not meet goal for Quarter 2 2018. In addition, PPG 2 did not meet goal for Quarter 2 2018. These areas are a concern and corrective actions are continuing to be monitored.</p> <p><u>Executive Report</u></p> <p>Membership for the month of August declined. Market share is currently at 70.99%. Numbers remain consistent.</p>	
<p>#12 Final Comments from Commission Members and Staff</p>		
<p>#13 Announcements</p>	<p>The CalViva Annual Bike Ride is October 5, 2018, all are welcome.</p>	
<p>#14 Public Comment</p>	<p>None.</p>	
<p>#15 Adjourn</p>	<p>The meeting was adjourned at 2:48 pm The next Commission meeting is scheduled for October 18, 2018 in Fresno County.</p>	

Submitted this Day: _____

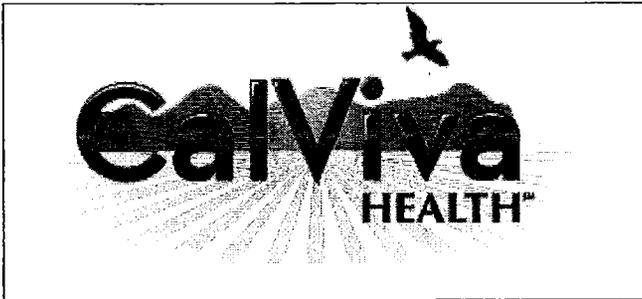
Submitted by: _____

Cheryl Hurley
Clerk to the Commission

Item #3

Attachment 3.B

Finance Committee
Minutes dated 7/19/18



**CalViva Health
Finance
Committee Meeting Minutes**

July 19, 2018

Meeting Location

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

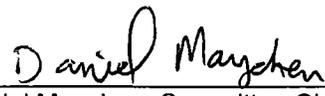
Finance Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	William Gregor, Chair	✓	Daniel Maychen, Director of Finance
✓	Gregory Hund, CEO	✓	Cheryl Hurley, Office Manager
✓	Paulo Soares	✓	Jiaqi Liu, Sr. Accountant
✓	Joe Neves		
✓	Harold Nikoghosian		
	David Rogers		
	David Singh	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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order W. Gregor, Chair	The meeting was called to order at 11:30 am a quorum was present.	
#2 Finance Committee Minutes dated May 17, 2018 Attachment 2.A Action W. Gregor, Chair	The minutes from the May 17, 2018 Finance meeting were approved as read.	Motion: <i>Minutes were approved</i> 4-0-0-3 (<i>Neves / Hund</i>)
#3 Financial Statements as of May 31, 2018 Attachment 3.A	Total current assets were approximately \$163M; total current liabilities were approximately \$115.5M. Current ratio is 1.41. TNE as of May 31, 2018 was approximately	Motion: <i>Approve Financial Statements as of May 31, 2018</i> 4-0-0-3

<p>Action D. Maychen, Director of Finance & MIS</p>	<p>\$58.5M, which is approximately 437% of the minimum DMHC required TNE amount.</p> <p>Total premium capitation income recorded was \$1.087B which is \$43.8M above budgeted amounts primarily due to capitation rates and taxes being higher than budgeted. Medical Costs expense and taxes are higher than budgeted for the same reasons.</p> <p>All other expense line items are in line or below with current year budget. Total net income for the first 11 months of the fiscal year is approximately \$8.9M, which is approximately \$1.2M more than budgeted.</p> <p><i>Paulo Soares arrived at 11:36 am (not included in vote)</i></p>	<p>(Nikoghosian / Neves)</p>
<p>#4 Announcements</p>	<p>None.</p>	
<p>#5 Adjourn</p>	<p>Meeting was adjourned at 11:45 am</p>	

Submitted by: 
Cheryl Hurley, Clerk to the Commission

Dated: Sept. 20, 2018

Approved by Committee: 
Daniel Maychen, Committee Chairperson

Dated: Sept. 20, 2018

Item #3

Attachment 3.C

QIUM Committee
Minutes dated 7/19/18

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
 July 19, 2018

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

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

✓= 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 10:53 am with one person short of quorum. Dr. Hodge arrived at 11:05 am prior to first motion.	
#2 Approve Consent Agenda - Committee Minutes: May 17, 2018 - Medical Policies First Quarter - Provider Preventable Conditions First Quarter - Standing Referrals Report First Quarter	The May 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. Dr. Hodge was introduced and thanked for joining the committee on short notice.	Motion: Approve Consent Agenda (Ramirez/Cardona) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- PM 160 Report - CCC DMHC Expedited Grievance Report - Pharmacy Recommended Drug List (July) (Attachments A-G) Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business Appeals & Grievances: - Dashboard (Attachment H) 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. This Dashboard included data through the end of May 2018. The following items were noted for May: <u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ There was a total of 73 grievances resolved. ➤ There was a total of 55 Quality of Service grievances. ➤ There were 18 Quality of Care grievances <ul style="list-style-type: none"> • There was a total of 389 exempt grievances. Overall, variation is noted in the number of Grievances received/resolved by grievance type during the months of April and May 2018 compared to previous months. • Total number of Grievances Resolved increased in April and decreased in May. • The number of Quality of Service Grievances and Quality of Care Grievances has remained stable. • An increase is noted in Exempt grievances which is in part related to the EHS transition. The inclusion of Transportation related grievances this year has also contributed to the increase in the number of Exempt Grievances. • However, Year -to-date Grievance Rates are lower than last year’s average. <p><u>Appeals:</u></p> <ul style="list-style-type: none"> • Total number of Appeals Received/Resolved has demonstrated an increasing trend throughout the year so far. • The increase is noted primarily in the “Other” category related to advanced imaging and allergy treatment requests. It is anticipated that provider education will reduce these numbers over time. 	<p>Motion: Approve Appeals & Grievances Dashboard (Cardona/Ramirez) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 QI Business Facility Site & Medical Record Review & PARS Report (Quarters 3 & 4 2017) (Attachment I)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>The Facility Site & Medical Record Review & PARS Report was presented and reviewed.</p> <ul style="list-style-type: none"> ➤ There were 15 Facility Site Reviews (FSR) and 12 Medical Record Reviews (MRR) completed in the 3rd and 4th Quarters of 2017. ➤ The overall mean FSR score for Fresno, Kings and Madera Counties was 98% for the 3rd and 4th Quarters of 2017. ➤ The Pediatric Preventive Care section mean score for the 3rd and 4th Quarters of 2017 was 95%. ➤ The Adult Preventive Care section mean score for the 3rd and 4th Quarters of 2017 was 85%. ➤ The CE CAP submission compliance rate within 10 business days was 100% in the 3rd and 4th Quarters of 2017. FSR and MRR CAPs were also closed at a 100% rate within 45 days of the audit (Table 4). ➤ 59 PARS were completed in the 3rd and 4th Quarters of 2017 of which 61% had Basic access. <p>Continue to monitor and report results.</p>	<p>Motion: Approve Facility Site & Medical Record Review & PARS Report (Cardona/Ramirez) 4-0-0-3</p>
<p>#3 QI Business - MHN Performance Indicator Report (Attachment J)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>The MHN Performance Indicator Report for Q1 2018 was presented. All 18 metrics met or exceeded their targets.</p> <ul style="list-style-type: none"> ➤ Noted the next report will include a more accurate reflection of the number of CalViva members that receive Mild to Moderate Behavioral Health Services through MHN. 	<p>- Motion: Approve MHN Performance Indicator Report (Ramirez/Hodge) 4-0-0-3</p>
<p>#3 QI Business - Public Program First Quarter Report (Attachment K)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>Public Programs Report Quarter 1, 2018</p> <ul style="list-style-type: none"> ➤ This report provides a summary of the relevant Public Health, Behavioral Health (BH) and Regional Center Activities, initiatives and updates for Fresno, Kings and Madera Counties. ➤ Highlights for this quarter include implementation of the Drug Medical Organized Delivery System (ODS) Waiver Program for Behavioral Health. ➤ Various preventive health screenings and services ➤ Treatment and prevention of sexually transmitted infections. <p>Quarter 1 data for BH referrals, CCS enrollment and TB screenings and treatment were reviewed.</p>	<p>Motion: Approve Public Programs Report (Hodge/Ramirez) 4-0-0-3</p>
<p>#4 QI Improvement/Health</p>	<p>Dr. Marabella reviewed the two QI Summaries with the committee covering Low Back Pain and Antibiotic Avoidance for Adults with Bronchitis. These reports summarize quality improvement activities associated</p>	<p>Motion: Approve QI Summaries</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Education Business QI Summaries: - Low Back Pain - Antibiotics Avoidance (Attachment L-M)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>with HEDIS® measures that have performed below the minimum performance level. Both projects were focused in Madera County. Our process has been to work with a high volume, low compliance clinics with some established quality activities and the capability to work with the Plan to initiate improvement interventions. The QI Summaries describe improvement interventions, results, and recommendations for each project. Positive results were noted for each.</p> <ul style="list-style-type: none"> ➤ Low Back Pain (LBP) The LBP HEDIS® measure is defined as the percentage of members with a primary diagnosis of low back pain that did not have an imaging study (plain X-ray, MRI, or CT scan) performed within 28 days of the initial diagnosis (National Committee for Quality Assurance, 2018). ➤ Antibiotic Avoidance for Adults with Bronchitis (AAB) The AAB HEDIS® measure is defined as the percentage of adults (18-64 years of age) with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription on or within three days of the diagnosis (National Committee for Quality Assurance, 2018). 	<p>(Ramirez/Hodge) 4-0-0-3</p>
<p>#4 QI Improvement/Health Education Business Health Education Incentive Programs Semi Annual Report (Attachment N)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>CalViva Health offers members an opportunity to earn incentives to increase participation in various programs associated with a healthy lifestyle and completion of routine preventive screenings.</p> <ul style="list-style-type: none"> ➤ A total of 1,169 CalViva Health members participated in 9 health education and quality improvement incentive programs during Q1 and Q2 in 2018, a 9% increase compared to Q3 and Q4 in 2017. ➤ The three most active incentive programs were Postpartum Visits, Monitoring for Patients on Persistent Medications and Baby showers. <p>Health Education staff will continue to collaborate with strategic provider partners and health plan staff to further develop and implement the incentive program in the coming year.</p>	<p>Motion: Approve Health Education Incentive Program Report (Cardona/Ramirez) 4-0-0-3</p>
<p>#5 UM Business - Key Indicator Report - Turn-around Time Report (Attachment O & P)</p>	<p>The Key Indicator Report reflects data as of April 30th, 2018. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➤ Membership has remained consistent. ➤ Admits remain comparable to previous months. ➤ ER utilization has also remained steady after increase in January. ➤ Bed Days PTMPY have increased slightly especially in the TANF category. This may be related to the EHS transition causing system disruptions. ➤ Turn-around Time (TAT) Compliance has several metrics below goal of 100%, but above 90%. 	<p>Motion: Approve Key Indicator Report (Ramirez/Cardona) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Action Patrick Marabella, M.D, Chair</p>	<p>EHS transition resulted in providers sending the wrong prior authorization form impacting case prioritization and ultimately turn-around compliance rates. This has been addressed.</p> <ul style="list-style-type: none"> ➤ CCS and OB rates remain consistent. ➤ Perinatal Case Management outreach attempts and engagement rates have increased. ➤ Integrated Case Management outreach attempts are lower due to a more targeted member identification process resulting in a higher engagement rate. 	
<p>#5 UM Business Specialty Referrals Reports Quarter 1 - Adventist - First Choice - IMG - LaSalle (Attachment Q)</p> <p>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 Adventist, First Choice, IMG and La Salle. These reports provide evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members. All reports reviewed.</p> <p>Results will continue to be monitored over time.</p>	<p>Motion: Approve Specialty Referrals Report Quarter 1- Adventist, First Choice, IMG & LaSalle (Hodge/Ramirez) 4-0-0-3</p>
<p>#5 UM Business - Top 10 Diagnosis Report (Attachment R)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>The annual Top 10 Diagnosis Report provides the opportunity to track and monitor the volume of admissions per 1000 (AD/K), bed days per thousand (BD/K) and average length of stay (ALOS) of the top 10 diagnoses for acute hospital stays among the TANF, SPD and MCE populations. The report uses the principal diagnoses recorded at discharge.</p> <p>This report presents utilization managements trends for CY 2017 based on paid claims for the CalViva Medi-Cal Membership through February 2018. Top 10 diagnoses comparison data for CY 2017 to CY 2016 are also presented.</p> <p>The majority of the top ten diagnoses identified in the 2018 report are consistent with stratification triggers used by our integrated care teams consisting of Concurrent Review, Public Programs and Integrated Case Management to identify and target high risk members. These teams work together to create a safety net of services and cultivate alliances with community resources such as recuperative care, Disease Management, Community Based Adult Service (CBAS) facilities and behavioral health care services with hands-on interventions through the member connections team to impact health care outcomes in this complex environment.</p>	<p>Motion: Approve Top 10 Diagnosis Report (Ramirez/Hodge) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#6 Pharmacy Business - Pharmacy Policy Grid (Attachment S)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>Pharmacy Policy & Procedure Annual Review Grid was presented to the committee. The majority of policies required update without changes or minor edits. All policies were available for review by committee members and two policies that required more extensive revisions were included in the meeting packet:</p> <ul style="list-style-type: none"> ➤ RX-101 Formulary Development, Updates, and Posting ➤ RX-124 UM of Pharmaceutical Services. <p>Policy edits were discussed and the Pharmacy policies were approved.</p>	<p>Motion: Approve Annual Pharmacy Policy Review (Cardona/Ramirez) 4-0-0-3</p>
<p>#7 Credentialing & Peer Review Subcommittee Business Credentialing Subcommittee Report (Attachment T)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Credentialing activities. <u>Credentialing Subcommittee Report</u> The Credentialing Sub-Committee met on May 17,2018. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q4 2017 were reviewed for delegated entities, Q1 2018 reports were reviewed for MHN and Health Net. The Credentialing Sub-Committee 2018 Charter was reviewed and approved without changes. The Q1 2018 Credentialing report was reviewed with one case of denied network admittance. No significant cases were identified on these reports.</p>	<p>Motion: Approve Credentialing Subcommittee Report (Ramirez/Cardona) 4-0-0-3</p>
<p>#7 Credentialing & Peer Review Subcommittee Business - Peer Review Subcommittee Report (Attachment U)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Peer Review activities. <u>Peer Review Subcommittee Report</u> The Peer Review Sub-Committee met on May 17, 2018. The county-specific Peer Review Sub-Committee Summary Reports for Q1 2018 were reviewed for approval. There were no significant cases to report. The 2018 Peer Review Sub-Committee Charter was reviewed and approved without changes. The Q1 2018 Peer Count Report was presented and there was one case closed and cleared. There was one case pending closure for Corrective Action Plan compliance. There were two cases pended for further information. No significant Quality of Care issues were noted. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p>	<p>Motion: Approve Peer Review Subcommittee Report (Ramirez/Cardona) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#8 Compliance Update: RHA QI/UM Committee Compliance – Regulatory Report (Attachment V)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>Mary Beth Corrado presented the Compliance Update:</p> <p>Oversight Meetings:</p> <ul style="list-style-type: none"> ○ (Health Net) CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health continues to review ongoing updates on Health Net’s efforts to improve specialty provider access for CalViva Health members ○ (Kaiser) CalViva Health is currently finalizing activities related to transitioning the remaining members receiving Kaiser continuity of care services to CalViva Health on September 1, 2018. There are some activities, such as required regulatory reports, encounter data submissions, HEDIS data and other financial reporting related to Kaiser that will continue into 2019 and possibly 2020. <p>Oversight Audits: <u>Health Net Oversight Audits:</u> The following 2018 annual audits are in progress: Credentialing, Cultural & Linguistics, Privacy & Security, and Utilization Management. The annual Claims and Provider Dispute audits were completed and CAPs were required. The CAPs have been completed and accepted by the Plan.</p> <p>DHCS 2018 Medical Audit: DHCS completed its on-site audit of Plan activities on 4/19/18 and completed onsite provider visits the week of 4/23/2018. We are awaiting the DHCS’ formal Preliminary Report findings.</p> <p>2018 DHCS Annual Network certification Effective July 1, 2018, DHCS began certifying Medi-Cal managed care health plans’ (MCPs’) provider network on an annual basis. DHCS notified CalViva Health on July 5, 2018 they found no deficiencies and was therefore deemed compliant with DHCS All Plan Letter (APL) 18-005 network adequacy standards.</p> <p>BHT Transition In accordance with DHCS APL 18-006, effective July 1, 2018, MCPs became responsible for BHT treatment coverage for members under the age of 21 regardless of diagnosis under the EPSDT benefit when medically necessary. On July 1, 2018, CalViva Health transitioned 57 members receiving BHT services from the Central Valley Regional Center.</p> <p>Public Policy Committee The Public Policy Committee met on June 13, 2018. The next Public Policy Committee meeting is scheduled for September 5, 2018, 11:30 a.m. in Madera County, at Camarena Health, 344 E. Sixth Street, Madera, CA 93638</p>	<p>Motion: Approve Compliance Regulatory Report (Hodege/Ramirez) 4-0-0-3</p>

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

NEXT MEETING: September 20, 2018

Submitted this Day: September 20, 2018

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair

Item #5

Attachment 5.A.1 – 5.A.6

- 5.A.1 Commission Meeting Calendar
- 5.A.2 Finance Committee Calendar
- 5.A.3 QIUM Committee Calendar
- 5.A.4 Credentialing Committee Calendar
- 5.A.5 Peer Review Committee Calendar
- 5.A.6 Public Policy Committee Calendar

**Fresno-Kings-Madera Regional Health Authority
2019 Commission Meeting Schedule**

Meeting Location:

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

Date	Time	County	Meeting Location
January			No Meeting
February 21, 2019	1:30 to 3:30	Fresno	CalViva Health
March 21, 2019	1:30 to 3:30	Fresno	CalViva Health
April			No Meeting
May 16, 2019	1:30 to 3:30	Fresno	CalViva Health
June			No Meeting
July 18, 2019	1:30 to 3:30	Fresno	CalViva Health
August			No Meeting
September 19, 2019	1:30 to 3:30	Fresno	CalViva Health
October 17, 2019	1:30 to 3:30	Fresno	CalViva Health
November 21, 2019	1:30 to 3:30	Fresno	CalViva Health
December			No Meeting

Fresno-Kings-Madera Regional Health Authority
Finance Committee
 2019 Meeting Schedule

Meeting Location:

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

Date	Time	County	Meeting Location
January			No Meeting
February 21, 2019	11:30 am to 12:00 pm	Fresno	CalViva Health
March 21, 2019	11:30 am to 12:00 pm	Fresno	CalViva Health
April 18, 2019	11:30 am to 12:00 pm TENTATIVE	Fresno	CalViva Health
May 16, 2019	11:30 am to 12:00 pm	Fresno	CalViva Health
June			No Meeting
July 18, 2019	11:30 am to 12:00 pm	Fresno	CalViva Health
August			No Meeting
September 19, 2019	11:30 am to 12:00 pm	Fresno	CalViva Health
October 17, 2019	11:30 am to 12:00 pm * <i>*Auditors presentation</i>	Fresno	CalViva Health
November 21, 2019	11:30 am to 12:00 pm	Fresno	CalViva Health
December			No Meeting

Fresno-Kings-Madera Regional Health Authority
Quality Improvement/Utilization Management
 2019 Meeting Schedule

Meeting Location:

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

Date	Time	County	Meeting Location
January			No Meeting
February 21, 2019	10:30 am – 12:00 pm	Fresno	CalViva Health
March 21, 2019	10:30 am – 12:00 pm	Fresno	CalViva Health
April			No Meeting
May 16, 2019	10:30 am – 12:00 pm	Fresno	CalViva Health
June			No Meeting
July 18, 2019	10:30 am – 12:00 pm	Fresno	CalViva Health
August			No Meeting
September 19, 2019	10:30 am – 12:00 pm	Fresno	CalViva Health
October 17, 2019	10:30 am – 12:00 pm	Fresno	CalViva Health
November 21, 2019	10:30 am – 12:00 pm	Fresno	CalViva Health
December			No Meeting

Fresno-Kings-Madera Regional Health Authority
Credentialing Sub-Committee
 2019 Meeting Schedule

Meeting Location:

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

Date	Time	County	Meeting Location
January			No Meeting
February 21, 2019	12:00pm – 12:30pm	Fresno	CalViva Health 1 st Quarter
March			No Meeting
April			No Meeting
May 16, 2019	12:00pm – 12:30pm	Fresno	CalViva Health 2 nd Quarter
June			No Meeting
July 18, 2019	12:00pm – 12:30pm	Fresno	CalViva Health 3 rd Quarter
August			No Meeting
September			No Meeting
October 17, 2019	12:00pm – 12:30pm	Fresno	CalViva Health 4 th Quarter
November			No Meeting
December			No Meeting

Fresno-Kings-Madera Regional Health Authority
Peer Review Sub-Committee
 2019 Meeting Schedule

Meeting Location:

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

Date	Time	County	Meeting Location
January			No Meeting
February 21, 2019	12:00pm – 12:30pm	Fresno	CalViva Health 1 st Quarter
March			No Meeting
April			No Meeting
May 16, 2019	12:00pm – 12:30pm	Fresno	CalViva Health 2 nd Quarter
June			No Meeting
July 18, 2019	12:00pm – 12:30pm	Fresno	CalViva Health 3 rd Quarter
August			No Meeting
September			No Meeting
October 17, 2019	12:00pm – 12:30pm	Fresno	CalViva Health 4 th Quarter
November			No Meeting
December			No Meeting

**CalViva Health
Public Policy Committee
2019 Meeting Schedule**

Date	Time	Meeting Location
January		No Meeting
February		No Meeting
March 6, 2019	11:30am – 1:30pm	Fresno County
April		No Meeting
May		No Meeting
June 12, 2019	11:30am – 1:30pm	Kings County
July		No Meeting
August		No Meeting
September 4, 2019	11:30am – 1:30pm	Madera County
October		No Meeting
November		No Meeting
December 4, 2019	11:30am – 1:30pm	Fresno County

Meeting Locations:

Fresno County:

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

King County:

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

Madera County

Camarena Health
344 E. Sixth Street
Second floor conference rooms
Madera, CA 93638

Item #6

Attachment 6.A

2018 Cultural & Linguistics
Executive Summary



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Lali Witrago, MPH, Sr. Cultural and Linguistics Consultant

COMMITTEE DATE: October 18, 2018

SUBJECT: Cultural and Linguistic Services (C&L) 2018 Work Plan Mid-Year Evaluation – Summary Report

Summary:

This report provides information on the C&L Services Department work plan activities which are based on providing cultural and linguistic services support and maintaining compliance with regulatory and contractual requirements. The C&L Work Plan is divided into the following four sections: 1) Language Assistance Services (LAP), 2) Compliance Monitoring, 3) Communication, Training and Education, and 4) Health Literacy, Cultural Competency, and Health Equity. As of June 30, 2018, all work plan activities are on target to be completed by the end of the year with a few already completed.

Purpose of Activity:

To provide a summary report of the cultural and linguistic services Work Plan Mid-Year Evaluation. CalViva Health (CVH) has delegated all language services to Health Net's C&L Services Department.

Data/Results (include applicable benchmarks/thresholds):

Below is a high level summary of the activities completed during the first six months of 2018. For a complete report and details per activity, please refer to the attached 2018 C&L Work Plan Mid-Year Evaluation Report.

1) Language Assistance Services

- a. Completed contract with new vendor for translation and alternate format production.
- b. Non-Discrimination Notice updated and implemented on January 1, 2018.
- c. Two quarterly LAP and Health Literacy meetings conducted. LAP and Health Literacy requirements and updates provided.

2) Compliance Monitoring

- a. C&L training for A&G Coordinators Conducted on 5/23 with a total of 30 staff in attendance. Training focused on new culture, language and perceived discrimination coding structure and how to code accordingly.
- b. C&L received a total of seven grievance cases with five interventions identified and scheduled to be delivered by Provider Relations.

- c. Completed, presented and received approval for the following reports: 2017 Summary and Work Plan Evaluation, 2017 Summary and Language Assistance Program, 2018 Summary and Program Description, and 2018 Summary and Work Plan.
- d. Assisted with planning and coordination of two Public Policy Committee meetings including the coordination of interpreters for each committee meeting.
- e. All C&L related P&Ps reviewed and updated.

3) *Communication, Training and Education*

- a. Provided support with the review and updating of the Quick Reference Guide (QRG) for Appeals and Grievance Department (A&G).
- b. Completed coding structure modification recommendations and trained A&G staff on 5/23 on how to code accordingly.
- c. Conducted four LAP trainings for new call center staff with 62 staff in attendance.
- d. Article promoting the Public Policy Committee was completed and disseminated in the spring 2018 Member Newsletter.

4) *Health Literacy, Cultural Competency and Health Equity*

- a. A total of 33 materials were reviewed for readability level, content and layout. Four of these came from MHN.
- b. Updated the Plain Language and Readability Software online training in March. A total of 202 staff completed the online training.
- c. Conducted four C&L EMR Database trainings via webinar with 131 staff in attendance.
- d. Conducted annual cultural competence education. New format this year included the development of articles and recorded presentations on various topics.
- e. Training on Gender Neutral Language conducted on June 5th with a total of 17 staff in attendance.
- f. Health Equity Newsletter Vol 2 completed and disseminated to all staff in January.
- g. Health Disparity training for staff on the topics of formative research and social determinants of health held on February 8 and 9th.
- h. Postpartum care disparity interventions under development. Cultural preferences question to be added to OB history form.
- i. Revised the "cultural guidelines for health care providers" and "prenatal and postpartum cultural competency" tips sheets for CalViva Health providers.

Analysis/Findings/Outcomes:

All activities are on target to be completed by the end of the year with a few already completed. Will continue to implement, monitor and track C&L related services and activities.

Next Steps:

Continue to implement the remaining six months of the C&L 2018 CalViva Health Work Plan and report to the QI/UM Committee.

Item #6

Attachment 6.B

2018 Cultural & Linguistics
Work Plan Evaluation



2018
Cultural and Linguistic Services
Work Plan Mid-Year Evaluation

Submitted by:

Patrick Marabella, MD, Chief Medical Officer

Amy Schneider, RN, BSN, Director Medical Management

Mission:

CalViva Health's C&L mission is to be an industry leader in ensuring health equity for all members and their communities.

Goals:

CalViva Health's C&L goals are based on providing support, maintaining compliance, and creating cultural awareness through education and consultation. These goals support the overall goal of promoting cultural responsiveness between Plan staff, members, and contracted providers. The goals are equally important and reinforce each other to fulfill the mission:

1. To ensure meaningful access and positive health outcomes through the provision of culturally and linguistically responsive services to members and providers.
2. To promote for members and potential enrollees to be active participants in their own health and health care through clear and effective communication.
3. To advance and sustain cultural and linguistic innovations.

Objectives:

To meet these goals, the following objectives have been developed:

- A. To ensure compliance with applicable Medi-Cal contractual requirements, state and federal regulations and other requirements of the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC).
- B. To ensure staff and providers have C&L resources available to provide culturally competent services to CalViva Health members.
- C. To be champions of cultural and linguistic services in the communities CalViva Health serves.
- D. To promote and be champions for diversity of CalViva Health members, providers and Plan staff.

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Cultural Competency	9
Health Equity	11

1	Main Area and Sub-Area	Activity	Measurable Objective	Due Dates	Mid-Year Update (1/1/18 - 6/30/18)	Year-End Update (7/1/18 - 12/31/18)
2	Language Assistance Program Activities					
3	Responsible Staff:	Primary: A. Canetto, L. Witrigo	Secondary: I. Diaz, D. Carr, D. Fang, L. Goodyear-Moya, A. Alvarado, H. Theba			
4	Audit	Assure C&L audit readiness to support DHCS Language Assistance Program (LAP) audit standards	Coordinate LAP audit requirements to include: collecting requested documentation, submitting documents as requested, participate in on-site interviews as requested	Annual	Oversight audit of C&L to be completed in July	
5	Contracted Vendors	Provide oversight and consultation for language and interpreter vendor management	Provide consultation on contract negotiations and response for proposals (RFP's)	Ongoing	Completed the contract for CQ Fluency to provide translation and alternate format services from May 1, 2018 to June 30, 2022	
6	Interpreter	Monthly collection of language utilization data for CalViva	Updated LAP utilization report to contain: monthly summary of bilingual phone calls answered by call center, in-person and telephonic interpreter utilization log	Semi-annual	LAP utilization data collection ongoing. Member race, ethnicity and language preference issues identified during data migration. Issues are expected to be resolved for end of year reporting	
7	NOLA	Update and provide Notice of Language Assistance (NOLA) in support of departments and vendors that produce member informing materials	Annual review and update as needed of NOLA, distribute updated NOLA to all necessary departments, maintain NOLA identification flow diagram, answer ad-hoc questions on the use and content of the NOLA, assure most recent NOLA is available on C&L intranet site	Annual	NDN updated in December 2017 and implemented 1/1/18	
8	Member Communication	Annual mailing to members advising how to access language assistance services	Write or revise annual language assistance article distributed to CalViva members	Annual	Fall 2018 member newsletters to include LAP "We speak your language" article. LAP article advise members on how to access language support services. The newsletter also contains the Non Discrimination notice and the taglines advising how to file a grievance and how to access language assistance services. Newsletter expected to be mailed out in August	
9	Operational	Complete LAP Trend Analysis, including year over year LAP trend analysis	Report to summarize utilization of LAP services, number of bilingual staff and provide year over year trends for the utilization of LAP services	Q2	2017 End of year LAP report inclusive of year over year trend analysis complete, submitted and approved during Q2	

10	Operational	Oversight of interpreter and translation operations. Review of metrics for invoicing and interpreter and translation coordination and document process	Conduct oversight meetings to review metrics for operations. Monthly meetings with Centralized Unit and escalate when metrics are not being met. Development of desktop documenting process	Monthly	Monthly meeting with CU to review and updated metrics for interpretation and translation requests are ongoing. Development of desktop in progress and to be completed by end of year
11	Operational	Document process for interpreter and translation issue escalation	Production of desktop	Q2	Development of desktop in progress and to be completed by end of year
12	Operational	Review interpreter service complaint logs and conduct trend analysis by vendor	Monitor interpreter service vendors through service complaints	Annual (trend)	Interpreter service complaint logs are being received and monitored on a monthly basis
13	Operational	Coordinate and deliver quarterly LAP/Health Literacy meetings to review requirements and department procedures for language and health literacy services	Minutes of meetings	Quarterly	Q1 and Q2 meetings held on February 8 and May 10th. LAP and health literacy requirements discussed and updates provided. Q3 and Q4 meeting scheduled for August 9 and November 8
14	Operational	Develop, update and/or maintain translation, alternate formats, interpreter services and bilingual assessment policies and procedures (P&Ps)	Annual update of P&Ps and off cycle revisions as needed and submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health C&L P&Ps	Annual	LAP related P&Ps reviewed and updated as needed. P&Ps scheduled to be submitted in July as part of the oversight audit of C&L
15	Operational	Collect and review LAP P&Ps from other departments to assure compliance with use of NOLA, translation process and interpreter coordination	Develop P&P checklist to ensure departments' compliance with language service requirements. P&Ps will be reviewed and placed in C&L LAP compliance folder	Annual	Collection and review of these P&Ps to take place during Q4
16	Training	Review, update and/or assign LAP online Training in collaboration with online team	Training online and number of staff who are assigned training	Annual	LAP training was updated and placed on online platform (Cornerstone). Training assignment sent to staff
17	Information Technology	Participate in information technology projects related to language assistance services to ensure C&L requirements are represented through projects	Successful implementation of information technology projects		C&L staff attended meetings to problem solve REL data issues
18	Strategic Partners	Monitor strategic partners and specialty plans for LAP services	Request information from specialty plans and strategic partners (e.g., MHN, VSP, etc.) semi-annually. Update report template to indicate delegation status of LAP, use of NOLA, any comments forwarded from delegation oversight and review of P&Ps	Ongoing	Updated report template for vendors and specialty plans to report LAP services for C&L oversight and monitoring. MHN LAP data received during Q1 for July-December 2017 and incorporated into C&L end of year LAP report
19	Compliance Monitoring				
20	Responsible Staff:	Primary: L. Witrago, B. Ferris, A. Canetto	Secondary: I. Diaz, D. Carr		

21	Complaints and Grievances	Oversight of complaints and grievances received about the LAP or C&L services, including monitoring and responding to all C&L related grievances. Collect grievance and call center reports. Maintain contact with the call center to ensure that they are monitoring C&L complaints. Grievance reports include grievances coded to C&L codes (including discrimination due to language or culture). Maintain grievance response log and list of materials and develop and document interventions when indicated	Report on grievance cases and interventions	Ongoing	C&L training for A&G Coordinators conducted on 5/23 with a total of 30 staff in attendance. Training focused on new culture, language and perceived discrimination coding structure and how to code accordingly. A total of seven cases were received and handled by C&L with five interventions deemed necessary. Of the seven cases, four were coded to culture (three non-discriminatory and one to perceived discriminations) and three to other codes (interpersonal and PCP - member not satisfied / appropriateness of treatment). Interventions were identified upon review of the members' allegations and providers' response and documentation. Interventions include tools and training resources addressing the concerns/issues identified, e.g., cultural competence/sensitivity and language services information and requirements. No grievances received were regarding MHN providers or services
22	Complaints and Grievances	Conduct a trend analysis of C&L grievances and complaints by providers	Production of trend analysis report	June	Trend analysis for grievances completed in Q1. Trend analysis for complaints in progress
23	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December	Desktop procedure under review / revisions by CalViva compliance, A&G, C&L and Operations to incorporate process for the review of perceived discrimination (1557) cases
24	Oversight	Complete all CalViva required C&L reports	Develop C&L CalViva work plan, write/revise and submit C&L CalViva Program Description. Prepare and submit work plan and LAP mid year reports and end of year reports	Ongoing	Completed, presented and received approval for the following reports: 2017 Summary and Work Plan Evaluation, 2017 Summary and Language Assistance Program, 2018 Summary and Program Description, and 2018 Summary and Work Plan
25	Oversight	Participate in all CalViva required work groups and committees	Participate in the ACCESS workgroup, QI/UM workgroup, QI/UM committee, monthly operations management meetings, Regional Health Authority meetings as needed or requested, etc	Ongoing	Attended the following CalViva Health meetings and committees: QI/UM work group, QI/UM Committee, RHA Committee, Access Committee, and Public Policy Committee

26	Oversight	Establish relationships with local community partners, identify participants for Public Policy Committee participation for Fresno, Kings and Madera Counties	Assist coordinate and attend Public Policy Committee planning meetings, Public Policy Committee meetings and C&L relevant community sponsored events as required	Quarterly	Provided planning support for two PPC meetings. Meeting held on 3/7 and 6/13. Prepared reports and power point presentations for the following reports: 2017 Summary and Work Plan Evaluation, 2017 Summary and Language Assistance Program, 2018 Summary and Program Description, and 2018 Summary and Work Plan. Presented the reports listed during the 6/13 meeting in Kings County. Also coordinated and processed invoices for Spanish language interpreter for member in attendance
27	Oversight	Develop, update and/or maintain all C&L related P&Ps	Updated P&Ps submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health C&L P&Ps	Annually	All C&L related P&Ps reviewed and updated. P&Ps scheduled to be submitted in July as part of the oversight audit of C&L
28	Communication, Training and Education				
29	Responsible Staff:	Primary: L. Witrago, B. Ferris	Secondary: D. Carr, I. Diaz, H. Theba		
30	Training and Support	Provide support and training to A&G on coding and resolution of grievances; re-align coding per 1557 non-discrimination reporting	Revised/updated Quick Reference Guide (QRG) for A&G staff regarding grievance responses, coding and when to send to C&L, etc. Explore opportunity to place developed tools / training online. Support provided	Ongoing	Provided support with the review and updating of the QRG. Completed coding structure modification recommendations and trained A&G staff on how and when to code. Deployment of new codes pending compliance approval
31	Staff Training	Provide C&L in-services for other departments as requested (e.g., Call Center, Provider Relations, etc). Update training decks with specific date slides at mid and end of year. Update interpreter and translation QRGs with any system updates or process changes	Curriculum/power point, name of department and total number of participants who attended the in-service	Ongoing	C&L conducted four LAP trainings for call center staff on the following dates: 1/5, 2/22, 2/28, and 5/17. A total of 62 call center staff were in attendance
32	Staff Communication	Maintenance and promotion of C&L intranet site	Timely posting of important information on C&L intranet, e.g., vendor attestation forms, threshold languages list, etc.	Ongoing	The C&L site (SharePoint) is managed on an ongoing basis. Updated the site to include the most current and updated materials

33	Provider Communication	Prepare and submit articles for publication to providers. Potential topics: LAP services , culture and health care, and promotion of on-line cultural competence/OMH training	Copies of articles and publication dates	Ongoing	Population demographics and interpreter information included in LAP services. Provider Update to be distributed by end of July. Promotion of on-line cultural competence/OMH training also incorporated into this Provider Update	
34	Provider Communication and Training	Promote C&L flyer and provider material request form about C&L department consultation and resources available, inclusive of LAP program and interpreter services	Provider material request forms received by C&L Department	Ongoing	Material request availability promoted. Two request for C&L tools and resources for providers were fulfilled	
35	Member Communication	Annual PPC promotion article on member newsletter	Write or revise annual PPC article distributed to CalViva members	Annual	PPC promotion article reviewed and included on the Spring 2018 member newsletter. Newsletter reached approximately 190,182 households during the month of March	
36	Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity					
37	Health Literacy					
38	Responsible Staff:	Primary: A. Alvarado, D. Carr	Secondary: B. Ferris, L. Witrago			
39	English Material Review	Conduct English Material Review (EMR) per end-end document production guidelines (review of content and layout of materials for C&L appropriateness and low literacy)	95% on-time completion of all EMRs as tracked through the C&L database	Ongoing	A total of 33 EMRs were completed during the reporting period. Four of the 33 EMRs came from MHN. Thirty three attestations also completed and provided to the staff who submitted the request. Unable to report on the percentage of on-time completion for all EMRs since the database was moved to a new server and this reporting feature can not be restored	
40	Operational	Review and update Health Literacy Tool Kit to include: a list of words that can be excluded during the readability check, database guide, checklists, readability assessment guide and other relevant materials	Production and distribution of toolkit	June	Updated the C&L Layout checklist, C&L review flow, All in One Guide to C&L Reviews and C&L Database (version 5)	

41	Training	Quarterly training for staff on how to use the C&L database and write in plain language	Quarterly training	Quarterly	Updated and deployed Plain Language and Readability Software online training in March. A total of 202 staff completed the online training during this reporting period. C&L also conducted four C&L EMR Database trainings via webinar on the following dates: 1/25, 3/1, 4/12 and 5/15. A total of 131 staff were in attendance	
42	Training	Conduct activities and promotion of national health literacy month (NHLM)	Production and tracking of action plan for NHLM and summary of activities	October	Activity scheduled to begin during Q3	
43	Cultural Competency					
44	Responsible Staff:	Primary: D. Carr, H. Theba, L. Witrago	Secondary: A. Canetto, L. Goodyear-Moya, A. Alvarado			
45	Collaboration-External	Representation and collaboration on ICE external workgroup	Minutes of meetings that reflect consultation and shared learning	Ongoing	Attended and participated in two ICE C&L work group and a four sub workgroup meetings. Sub workgroup working on the development of tools and resources for providers on the topic of qualified bilingual staff. Drafted a Guidance to Comply with New Interpreter Quality Standards Requirements on the use of Bilingual/Multilingual Staff as Interpreters. Also contributed with researching vendors and entities for testing and training for providers to use to refer their bilingual staff. Approval and finalization of these documents pending for Q3. C&L staff also worked on a sub work group to develop cultural competency provider training modules	

46	Provider Training	Conduct cultural competency training/workshops for contracted providers and provider groups upon request. Training content to include access to care needs for all members from various cultural and ethnic backgrounds, with limited English proficiency, disabilities, and regardless of their gender, sexual orientation or gender identity. Work with provider communication to implement ICE computer based training through provider update and/or provider newsletters and/or medical directors, promote OMH cultural competency training through provider operational manual and provider updates	Output number of providers who received cultural competency training by type of training received	Annual	Provider update promoting OMH training and customized cultural competency training scheduled to go out in July. No requests for provider training have been received	
47	Staff Training	Conduct annual cultural competence education through Heritage events and transition event to an online platform. Heritage to include informational articles / webinars that educate staff on culture, linguistics and the needs of special populations	Online tracking. Written summary of Heritage activities	Q3	Conducted annual cultural competence education for all staff. New format this year included the development of articles and recorded presentations. Articles with links to presentations were disseminated to all staff and also posted on the intranet. Topics for recorded presentation were: 1) Culture and Health Care, 2) Healthcare Experiences and Cultural Healthcare Needs of Recent Arrivals to U.S., 3) Cultural Proficiency in an organization and, 4) How to Apply Culturally Competent Practices in Your Work. Other articles included an introduction to this years format and a final / wrap up article. Recorded presentations were also placed on YouTube and links included on articles provided to CalViva Health for all local staff to access	
48	On Line Training	Review online content for cultural competency training and update when needed annually. Training will also include content on access to care needs for all members per 1557 non-discrimination rule	Annual online training and number of staff trained	Annual	Cultural competency training provided to CalViva Health's chief operations officer for administration to local staff. 100% of CalViva Health staff earned a passing score over 80%	
49	Training	Implement quarterly culture specific training series for staff in various departments	Training plan with a minimum of three trainings provided in collaboration with regional experts	Ongoing	Conducted training on Gender Neutral Language for staff on 6/5 with a total of 17 staff in attendance	

50	Health Equity					
51	Responsible Staff:	Primary: L. Witrigo, A. Canetto	Secondary: H. Theba, L. Goodyear-Moya			
52	Operational	Increase interdepartmental alignment on disparity reduction efforts	Facilitate of health equity advisory group twice a year	Q1 and Q3	Health Disparity Collaboration Group ongoing and meeting once to twice a month. Staff from various departments including QI, HE, Community Engagement and Marketing meet and discuss efforts and alignment	
53	Operational	Align population health and disparity initiatives across departments	Develop Health Disparity e-newsletter and listserv. Facilitate communication on health disparities and newsletter development and distribution. Coordinate Health Disparity training / retreat for staff.	Ongoing Q1: Training	Health Equity Newsletter Vol 2 completed and disseminated to all staff in January. Health Disparity training around formative research and social determinants of health held on February 8 and 9th. Staff from QI, HE and C&L were in attendance	
54	Operational	Co-lead DHCS Disparity PIP on prenatal/postpartum HEDIS measures and implement disparity reduction model, if appropriate	Support development of modules; meet PIP disparity reduction targets	Ongoing	Module 3 submitted and Module 4 under development	
55	Operational	Identify health disparity and develop interventions	Intervention delivered	Ongoing	Postpartum care disparity interventions under development. Cultural preference section added to OB history form. Intervention was determined based on focus group / key informant interview results. Section details were determined and tested by three different community / member groups. Social determinants of health literature review completed and issues / barriers identified. Community Advisory Group currently being formed	
56	Operational	Provide consultation to departments on cultural competency and improving health care outcomes (including enrollment) for key demographics and key metrics to support health equity	Consultation provided	Ongoing	Provided REL and LAP information and resources to HEDIS Coordinator to support education to providers during HEDIS visits. Revised the "cultural guidelines for health care providers" and "prenatal and postpartum cultural competency" tips sheets for CalViva Health	

Item #7

Attachment 7.A

2018 Health Education
Executive Summary



REPORT SUMMARY TO COMMITTEE

TO: CalViva QI/UM Committee

FROM: Hoa Su, MPH, Health Education Department Manager
Justina B. Felix, Health Educator

COMMITTEE DATE: October 18, 2018

SUBJECT: 2018 CalViva Health's Health Education Work Plan Mid-Year Evaluation

Summary

The 2018 Health Education Work Plan Mid-Year Evaluation report documents progress of **14 program initiatives**. Of the 14 initiatives, 11 key programs have met or exceeded 50% of the year-end goal and the remaining three did not meet 50% of the year-end goal. Obesity Prevention, Perinatal Education, and Tobacco Cessation experienced low enrollment and will require an increased focus on promotional/engagement efforts in Q3 and Q4.

Purpose of Activity:

To provide for QI/UM Committee review and approval of the 2018 Health Education Work Plan Mid-Year Evaluation Summary.

Data/Results (include applicable benchmarks/thresholds):

The Health Education Department developed programs and services on a variety of topics to promote healthy lifestyles and health improvement for CalViva Health (CVH) members. The main areas of focus are member engagement, weight control, pregnancy, smoking cessation, preventive health care services, and chronic disease education.

Within each initiative, there are multiple programs and services. **Table 1** compares 2018 mid-year utilization outcomes of key health education programs and services against 2018 year-end goals. By mid-year, 11 out of 14 program initiatives and services have already met or exceeded 50% of the year-end goal.

Table 1 Health Education Utilization Comparing 2018 Mid-Year Outcomes and Year-End Goals

Initiative	Program	2018 Year-End Goal	2018 Mid-Year Outcome	% Progress towards meeting Year-End Goal
1. Chronic Disease Education	Project Dulce Disease Self-Management and Education Program (DSME).	Conduct 1 DSME class series reaching 30% targeted CVH member participants	Conducted 2 Proyecto Dulce & 2 Diabetes Prevention Program to 18 participants, of which 12 (67%), were CVH members.	223%
2. Community Partnerships	Increase CVH member participation in health education classes	Reach a 55% member participation rate in classes	Conducted 132 health education classes to 1,533 participants, of which, 948 (62%) were CVH members.	113%
3. Digital Health Education Programs	Management of Persistent Medication (MPM) text messaging campaign	Reach 50% of targeted members	92% (100/109) members received an MPM text messaging.	184%
	myStrength	30 members	25 members enrolled	83%
4. Healthy Equity Projects	Improve postpartum rate for targeted provider in Fresno County.	Develop and implement 1 educational intervention to improve postpartum rate targeting Latinos in Fresno County	Completed SDoH training and barrier analysis including community/member, stakeholder and provider interviews to identify barriers to postpartum care	50%
5. HEDIS Improvement Incentive Programs	Implement MPM incentive program with a targeted provider	15% of members reached through a MPM text messaging campaign complete their MPM labs.	83% (52/63) of members who completed their labs were reached through text messaging.	553%
	Implement a baby shower member incentive program	Reach a 50% member participation rate in baby showers.	59% (117/198) member participation	118%
6. Immunization Initiative	Collaborate with QI to implement Childhood Immunization (CIS) Performance Improvement Plan (PIP)	Develop, implement and test for effectiveness 1 educational intervention to improve CIS rate in Fresno County.	Clinica Sierra Vista has been identified as the provider partner for CIS PIP. Intervention will be implemented in Q3-Q4.	50%
7. Member Engagement	Increase member screenings for diabetes care measures	15% of member participants in Know Your Numbers (KYN) interventions complete their screenings.	Conducted 1 Know Your Numbers event with 200 participants of which 56 (28%) were CVH members.	50%
8. Member Newsletter	Inform CVH members of current health education topics and Medi-Cal policies and services.	Produce 4 member newsletters	2 newsletters distributed to CVH members: Spring 2018: 190,182 Summer 2018: 190,194	50%
9. Obesity Prevention: 9a. Members	Fit Families for Life (FFFL) Home Edition Program enrollment & satisfaction	Enroll 400 members (70% flagged as high-risk) and 90% satisfaction from program surveys.	384 members enrolled (96% flagged as high risk) and 100% satisfaction from surveys.	96% (members) 137% (flagged as high risk) 111% (satisfaction)
	FFFL Coaching Program Enrollment	Enroll 75 members with 65% members completing at least 1 call (closed cases) and 40% members completing all 5 calls (closed cases with at least 1 call).	3 new members enrolled 65% completing at least 1 call (23 closed cases within timeframe) 67% members completing all 5 calls (closed cases with at least 1 call)	4% (members) 100% (1 coaching call) 167% (5 coaching calls)
	Increase Health Habits for Healthy People (HHHP) program enrollment	100 members	181 members	181%

9. Obesity Prevention: 9b. Community	Conduct FFFL Community classes, increase participant knowledge and acquire high satisfaction rates.	Reach a 25% member participation rate; participants achieve 80% correct answers per knowledge metric (post-tests) and 90% satisfaction rate from post-tests.	42% participation rate; 80% correct answers on all knowledge metrics (workshops); 100% satisfaction rate overall from workshops.	168% (member participation) 100% (correct answers) 111% (satisfaction rate)
10. Perinatal Education	Promote pregnancy packets to members	Distribute 1,500 pregnancy information packets to requesting CVH pregnant members.	541 pregnancy packets mailed to CVH members.	36%
	Coordinate bilingual baby showers to expectant mothers in Fresno and Kings County	Implement 25 baby showers within Kings and Fresno counties.	Completed 15 baby showers in Fresno County.	60%
11. Promotores Health Network	Increase member participation in diabetes prevention program classes.	Conduct 1 DSME class series reaching 30% targeted CVH member participants.	Conducted 2 Proyecto Dulce & 2 DPP to 18 participants, of which, 12 (67%) were CVH members.	223%
12. Tobacco Cessation Program	CA Smokers' Helpline (CSH)	Enroll 290 smokers into CA Smokers' Helpline	95 members enrolled	33%
13. Compliance: Oversight and Reporting	Update Health Education Department's Policies and Procedures.	Update Policies and Procedures.	Updated 5 Policies and Procedures.	100%
	Present Health Education updates at PPC meetings.	Present at 4 PPC meetings.	Presented at 2 PPC meetings.	50%
14. Health Education Department Promotion, Materials Update, Development, Utilization and Inventory	All required health education materials topics and languages available to providers, members and associates.	Develop needed materials and resources to meet compliance.	Reviewed 20 existing materials. Updated 20 DHCS Checklists.	100%

2018 Barrier Analysis and Actions Taken

Barriers	Actions to be taken in Q3 and Q4
Fewer provider referrals into the Fit Families for Life-Coaching program	Develop a new self-enrollment process
Fewer provider referrals into the CA Smokers' Helpline	Increase program promotion to providers via a webinar and provider communication.
Fewer members receiving Pregnancy Education packets because DHSC stopped providing list of pregnant members with presumptive eligibility	Change to new healthy pregnancy program; CalViva Health staff to mail packets automatically after provider fills out Notice of Pregnancy.

Next Steps:

Implement actions identified to address the barriers above and continue to carry out initiatives to meet year-end goals.

Item #7

Attachment 7.B

2018 Health Education
Work Plan Evaluation



2018 Health Education Department Work Plan *Mid-Year Evaluation*

Submitted by:

Patrick Marabella, MD, Chief Medical Officer
Amy Schneider, RN, BSN, Director Medical Management

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I. Purpose

The purpose of the CalViva Health (CVH) Health Education Work Plan is to provide a systematic plan of health education activities for the calendar year. It also documents the outcomes of proposed health education programs and services. The implementation of this plan requires the cooperation of CVH senior staff management and multiple departments such as Cultural and Linguistic Services, Quality Improvement, Utilization/Care Management, Members Services, Marketing, and Provider Relations.

II. Goals

1. To provide free, accessible, culturally and linguistically appropriate health education and health equity programs, services and resources to:
 - aid members and the community to achieve good health and overall wellbeing,
 - positively impact CVH's health care quality performance rates, and
 - positively impact member satisfaction and retention.
2. To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.

III. Objectives

1. Encourage members to practice positive health and lifestyle behaviors.
2. Promote members to appropriately use preventive care and primary health care services.
3. Teach members to follow self-care regimens and treatment therapies.
4. Support provider offices for efficient and cost effective delivery of health education services and referrals.

IV. Selection of the Health Education Department Activities and Projects

The Health Education Work Plan activities and projects are selected from results of CVH group needs assessment report (i.e., demographics, health status, risk factors, and surveys), regulatory requirements, department evaluation report from the previous year, HEDIS results, contractual requirements, and strategic corporate goals and objectives. After review and input from senior management staff, projects and new departmental activities are identified and incorporated into this work plan. Programs and services are developed with special attention to the cultural and linguistic needs of our membership. This work plan addresses the needs of our Medi-Cal (MC) members.

V. Strategies

The Health Education Work Plan supports and maintains excellence in the health education department's activities through the following strategies:

- increase provider support, resources and communication to ensure provision of comprehensive health care services;
- support community collaboratives to promote preventive health initiatives;
- enhance member utilization of health education and cultural and linguistic resources, help members better understand and manage their health conditions, and improve health care quality performance rates;
- improve the Health Education Department's efficiency; and
- meet compliance requirements.

The Health Education Department's (HED) main health focus areas include: pregnancy, weight control, member engagement, smoking cessation, preventive health care services, chronic disease prevention, and health promotion.

1. Initiative/ Project:	Chronic Disease Education			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	M. Zuniga, T. Gonzalez	Secondary:	H. Su
Goal of Initiative	To improve diabetes care and outcomes for our Medi-Cal members through health education; promotion of effective disease management strategies; and multifaceted communication.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Collaborate with key internal and external partners to identify best practices for implementing a National Diabetes Prevention Program.	Develop a work plan for implementing a National Diabetes Prevention Program for pre-diabetic Medi-Cal member.	No program in 2017.	Researched NPP approved curriculum and organizations implementing NDPP. Contract with Solera to provide DPP is pending release of DHCS policy letter.	
Collaborate with Madera County Department of Public Health's Project Dulce Disease Self Management and Education Program (DSME).	Conduct 1 DSME class series reaching 30% targeted CVH member participants.	No program in 2017.	Conducted 2 Proyecto Dulce & 2 DPP to 18 participants, of which, 12 (67%) were CVH members.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Promotores participate in DSME training		June 2018	T. Gonzalez	
Explore collaborative opportunities with Envolve People Care (EPC) for asthma and diabetes disease management.		December 2018	M. Zuniga, H. Su	
Contract with vendor to offer DPP as appropriate		December 2018	M. Zuniga, H. Su	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update NDPP Contract for Medi-Cal is pending release of DHCS policy letter. Provided Solera with member breakdown per zip code for complete NDPP coverage in preparation for 2019 implementation. Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

2. Initiative/ Project:	Community Health Education			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	T. Gonzalez, G. Toland	Secondary:	M. Beckett, I. Rivera. A. Corona
Goal of Initiative	To provide health education to members in the community.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Increase CVH member participation in health education classes.	Reach a 55% member participation rate in classes.	Conducted 101 health education classes to 687 participants, of which, 442 (64%) were CVH members.	Conducted 132 health education classes to 1,533 participants, of which, 948 (62%) were CVH members.	
Increase CVH member participation in health screenings.	Reach a 55% member participation rate in community health screenings.	Conducted 3 Know Your Numbers forums with 116 participants of which 73 (63%) were CVH Members.	Conducted 1 Know Your Numbers event with 200 participants of which 56 (28%) were CVH members.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Partner with Madera County Department of Public Health - Prevention First and Diabetes Prevention Program and community partners to implement community education classes and Know Your Numbers forums.		December 2018	T. Gonzalez	
Partner with Fresno County Department of Public Health's Fresno County Health Improvement Program and community partners to implement community education classes and Know Your Numbers forums.		December 2018	T. Gonzalez	
Partner with Kings County Diabetes Coalition, Adventist Health and community partners to implement community education classes.		December 2018	T. Gonzalez, G. Toland	
Coordinate with Provider Relations Department to implement provider lunch and learn trainings.		December 2018	T. Gonzalez, G. Toland	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update The total number of classes implemented for the first 6 months of 2018 exceeds the total number of classes implemented in 2017. Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			

Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input type="checkbox"/>	CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>	CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>
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3. Initiative/ Project:	Digital Health Education Programs			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input checked="" type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	G. Toland, H. Su, M. Zuniga, D. Carrillo		Secondary: T. Gonzalez
Goal of Initiative	To increase member engagement using electronica/digital communications.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Partner with QI to implement a Cervical Cancer Screening (CCS) text messaging campaign.	Reach 50% of targeted members	12.7% response rate.	No CCS text message campaign in partnership with provider was implemented in Q1-Q2.	
Partner with QI to develop and pilot a Management of Persistent Medication (MPM) text messaging campaign.	Reach 50% of targeted members	No campaign in 2017.	92% (100/109) members received an MPM text messaging about scheduling their labs.	
Partner with QI to develop and pilot a low back pain text messaging campaign.	Reach 50% of targeted members	No campaign in 2017.	No LBP message campaign implemented in Q1-Q2. Campaign to be launched in Q4.	
Partner with QI to develop and pilot an antibiotic awareness text messaging campaign.	Reach 50% of targeted members	No campaign in 2017.	No AAB message campaign implemented in Q1-Q2. Campaign to be launched in Q4.	
Promote member enrollment in myStrength.	Enroll 30 members.	Enrolled 32 members.	Enrolled 25 CVH members.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Collaborate with MHN and internally to synchronize myStrength promotion calendar.		May 2018	D. Carrillo	
Launch SMS text messaging campaign for MPM.		May 2018	G. Toland	
Launch SMS text messaging campaign for CCS.		June 2018	G. Toland	
Launch SMS text messaging campaign for low back pain.		October 2018	M. Zuniga	
Launch SMS text messaging campaign for antibiotic awareness.		December 2018	M. Zuniga	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Staff will revisit the opportunity to implement another CCS text messaging with another clinic. Due to the great success with the MPM text messaging pilot text messaging, CVH will continue with this campaign until the end of the year with Camarena Health Clinic. LBP and AAB text message campaign developed and in review phase. LBP text campaign to be launched in October and AAB text campaign to be launched in November.			

	Year-End Update
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>
Initiative Continuation Status (populate at year-end)	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> </p>

4. Initiative/ Project:	Healthy Equity Projects			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	T. Gonzalez	Secondary:	G. Toland, M. Beckett
Goal of Initiative	To improve maternal health in Fresno County.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Improve postpartum rate for targeted provider in Fresno County.	Develop and implement 1 educational intervention to improve postpartum rate targeting Latinos in Fresno County.	Conducted community assessment, key informant interviews and barrier analysis.	Completed social determinants of health (SDoH) training and barrier analysis including community/member, stakeholder and provider interviews to identify barriers to postpartum care.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Conduct staff training in social determinants of health (SDoH) and qualitative research methods.		February 2018	M. Beckett	
Develop educational interventions.		December 2018	T. Gonzalez	
Conduct postpartum visit follow up calls.		December 2018	T. Gonzalez	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update No barriers identified. A Community Advisory Group will be created to provide feedback and input to the health plan regarding future educational interventions and ensure the intervention effectively addresses the identified barriers and findings from the key informant interviews. Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

5. Initiative/ Project:	HEDIS Improvement Incentive Programs			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	T. Gonzalez, G. Toland, I. Rivera		Secondary: D. Carrillo, A. Campos
Goal of Initiative	To support members in being informed, satisfied and engaged to effectively manage their health.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Implement a cervical cancer screening (CCS) member incentive program to increase screenings with targeted providers.	50% of educated members complete their cervical cancer screening.	66% of targeted members received education and completed screening.	54% (15/28) of members who received education, completed their screening. An additional 24 members completed their cervical cancer screening with no education provided.	
Implement a monitoring patient with persistent medication (MPM) incentive program with a targeted provider.	15% of members reached through a MPM text messaging campaign complete their MPM labs.	No program in 2017.	83% (52/63) of members who completed their labs were reached through text messaging.	
Implement a baby shower member incentive program	Reach a 50% member participation rate in baby showers.	56% (148/264) of baby shower participants were members.	59% (117/198) of baby shower participants were members.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Identify high volume, low performing providers by county to partner with health education incentive programs.		March 2018	D. Carrillo	
Implement a member text (SMS) message to encourage members: 1) to schedule an appointment to complete labs and 2) to attend already scheduled appointments.		June 2018	T. Gonzalez, G. Toland	
Implement HEDIS clinics that support increase in cervical cancer screenings.		December 2018	T. Gonzalez, G. Toland	
Conduct follow up calls to members who have received education to complete their preventive health service.		December 2018	T. Gonzalez, I. Rivera, G. Toland	
Train providers with in-house health educators to conduct CCS and follow up calls to care gap members.		December 2018	T. Gonzalez, I. Rivera, G. Toland	
Distribute gift cards to incentive program participants.		Ongoing	A. Campos	
Download Care Gap reports and pull non-compliant members for HEDIS-based interventions.		Ongoing	D. Carrillo	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update All incentive programs met the mid-year outcome.			

<i>(populate at mid-year and year-end)</i>	Year-End Update
Overall Effectiveness/Lessons Learned <i>(populate at year-end)</i>	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>
Initiative Continuation Status <i>(populate at year-end)</i>	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> </p>

6. Initiative/ Project:	Immunization Initiative			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	T. Gonzalez	Secondary:	G. Toland
Goal of Initiative	Educate members to access timely preventive health care services.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Collaborate with QI to implement Childhood Immunization (CIS) Performance Improvement Plan (PIP)	Develop, implement and test for effectiveness 1 educational intervention to improve CIS rate in Fresno County.	No program in 2017	Clinica Sierra Vista has been identified as the provider partner for CIS PIP. Intervention will be implemented in Q3-Q4.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Implement and evaluate a childhood immunizations reminder campaign using SMS.		December 2018	T. Gonzalez	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update No barriers identified. A train-the-trainer session will be conducted in Q3 for the provider partner with a training emphasis on utilizing the health plan telephone script and messaging to encourage members to schedule and keep their medical appointments and improve immunization rates for targeted provider partner. Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

7. Initiative/ Project:	Member Engagement			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	T. Gonzalez		Secondary: M. Beckett, G. Toland, I. Rivera
Goal of Initiative	To support members in being informed, satisfied and engaged to effectively manage their health.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Increase member screenings for diabetes care measures.	15% of member participants in Know Your Numbers (KYN) interventions complete their screening.	10% member screened.	Conducted 1 Know Your Numbers event with 200 participants of which 56 (28%) were CVH members.	
Increase member understanding of health plan benefits, health plan satisfaction and preventive health screenings.	Achieve 90% satisfaction from participants attending the Member Orientation classes.	No project in 2017.	The DHCS revised the member handbook in May, therefore; the MO will be updated in Q3.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Develop member orientation implementation timeline and confirm target counties.		April 2018	T. Gonzalez	
Revise the KYN brochure, log and blood pressure curriculum with updated blood pressure measures.		June 2018	T. Gonzalez	
Revise member orientation curriculum and obtain approval of member benefits and resources materials addressing member needs related to social determinants of health.		June 2018	T. Gonzalez	
Partner with key providers to promote KYN forums to targeted members.		December 2018	T. Gonzalez	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update A new member handbook was created by the DHCS in May 2018 impacting the timeline for the revision of the member orientation curriculum to Q3 and moving the implementation of the member orientation classes to begin in Q3. Revised KYN brochure with updated blood pressure measure and submitted to marketing to update layout and will be available in Q3. Follow up will be conducted with members who participate in the KYN events to ensure they schedule an appointment with their doctor and complete their screenings and reported at year-end.</p> <p>Year-End Update</p>			

Overall Effectiveness/Lessons Learned <i>(populate at year-end)</i>	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>
Initiative Continuation Status <i>(populate at year-end)</i>	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> </p>

8. Initiative/ Project:	Member Newsletters			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	K. Schlater		Secondary:
Goal of Initiative	To educate members about different health topics and available programs and services.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Inform CVH members of current health education topics and Medi-Cal policies and services.	Produce 4 member newsletters.	4 newsletters distributed to CVH members: Spring 2017: 160, 175 Summer 2017: 161,116 Fall 2017: 160,180 Winter 2017: 159,061	2 newsletters distributed to CVH members: Spring 2018: 190,182 Summer 2018: 190,194	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Conduct interdepartmental meeting to decide 2018 newsletter topics.		January 2018	K. Schlater	
Update desktop procedure as needed.		December 2018	K. Schlater	
Submit 4 newsletters to C&L database.		Quarterly	K. Schlater	
Develop and implement member newsletters according to the production schedule.		Quarterly	K. Schlater	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update Lack of space for all Health Education and Compliance articles. Recommendations: Website usage for additional articles or expanded newsletter format. Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

9a. Initiative/ Project:	Obesity Prevention: Members			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	D. Carrillo		Secondary: T. Gonzalez, G. Toland
Goal of Initiative	To increase member awareness and participation in obesity prevention programs to improve health outcomes.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Increase Fit Families for Life (FFFL) Home Edition Program enrollment & satisfaction.	Enroll 400 members (70% flagged as high-risk) and 90% satisfaction from program surveys.	Enrolled 375 members (85% flagged as high risk) and 100% satisfaction.	Enrolled 384 members (96% flagged as high risk) and 100% satisfaction.	
Improve FFFL Coaching Program enrollment and engagement.	Enroll 75 members with 65% of members completing at least 1 call (closed cases) and 40% members completing all 5 calls (closed cases with at least 1 call).	Enrolled 94 members with 77% of members completing at least 1 call (closed cases) and 49.1% members completing all 5 calls (closed cases with at least 1 call).	Enrolled 3 new members with 65% of members completing at least 1 call (23 closed cases within timeframe) and 67% members completing all 5 calls (closed cases with at least 1 call).	
Increase Healthy Habits for Healthy People (HHHP) program enrollment.	100 members.	0 members enrolled.	Enrolled 181 members.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Draft process to update providers on FFFL referrals (monthly).		April 2018	D. Carrillo	
Update Desktop Procedures outlining population health outreach strategies.		July 2018	D. Carrillo	
Promote FFFL and HHHP in member newsletter. (no longer a supported activity)		August 2018	D. Carrillo	
Finalize contract with Envolve People Care to transition Coaching program to Raising Well (if applicable)		December 2018	D. Carrillo,	
Promote weight management resources on the CVH website.		December 2018	D. Carrillo	
Identify and utilize datasets acknowledging member risk based on weight status.		Ongoing	D. Carrillo	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update Enrollment into the FFFL Coaching program affected by reduced provider referrals into program. Because current enrollment is only possible via a provider referral, a new self-enrollment process will be developed for use in quarters 3 and 4. Year-End Update			

Overall Effectiveness/Lessons Learned <i>(populate at year-end)</i>	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>
Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>

9b. Initiative/ Project:	Obesity Prevention: Community			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	D. Carrillo		Secondary: T. Gonzalez, G. Toland
Goal of Initiative	To increase awareness and participation of CalViva Health's obesity prevention programs in the community to impact membership retention and improve health outcomes.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Conduct Fit Families for Life (FFFL) Community classes, increase participant knowledge and acquire high satisfaction rates.	Reach a 25% member participation rate; participants achieve 80% correct answers per knowledge metric (post-tests) and 90% satisfaction rate from post tests.	Reached a 31.5% member participation rate; 80% correct answers on all knowledge metrics (workshops); 100% satisfaction rate overall from workshops. No series data collected.	Reached a 42% member participation rate; 80% correct answers on all knowledge metrics (workshops); 100% satisfaction rate overall from workshops. No series data collected.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Mid-year FFFL performance review with Health Education Trainers.		July 2018	D. Carrillo	
Implement 2+ FFFL Classes.		December 2018	D. Carrillo	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update A total of 4 FFFL workshops conducted. Goals are on track for member-based participation and knowledge gain. No series classes conducted during the first half of 2018. Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

10. Initiative/ Project:	Perinatal Education			
Priority Counties	<input type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	K. Schlater, G. Toland, I. Rivera		Secondary: A. Campos, T. Gonzalez, D. Carrillo
Goal of Initiative	To educate and assist pregnant women to have healthy pregnancies, newborns and access timely prenatal and postpartum visits.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Promote pregnancy packets to members.	Distribute 1,500 pregnancy information packets to requesting CVH pregnant members.	1,447 pregnancy packets were mailed to CVH members.	541 pregnancy packets were mailed to CVH members.	
Coordinate bilingual baby showers in to expectant mothers in Fresno and Kings County.	Implement 25 baby showers within Kings and Fresno counties.	Completed 28 baby showers in Fresno and Kings Counties with 264 attendees, of which, 148 (56%) were CVH members.	Completed 15 baby showers in Fresno County with 198 attendees, of which, 117 (59%) were CVH members.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Coordinate with Provider Relations and QI departments to promote pregnancy education resources to providers serving a high volume of African American and Latino pregnant members.		December 2018	G. Toland, I. Rivera	
Coordinate with QI, community based organizations, and clinics to implement baby showers in English and Spanish.		December 2018	G. Toland, I. Rivera	
Train Provider Relations and QI department staff on updated Infant Nutrition Benefit Guide and breast pump policy.		December 2018	K. Schlater	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Fewer members receiving Pregnancy Education packets because DHSC stopped providing list of pregnant members with presumptive eligibility. A new CVH Pregnancy program is under development and will be launched in Q3. Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

11. Initiative/ Project:	Promotores Health Network (PHN)			
Priority Counties	<input type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	T. Gonzalez, A. Corona		Secondary: M. Beckett
Goal of Initiative	To use trusted community health advocates to provide health education to members and providers in the community.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Implement the Rx for Health intervention to increase member participation in PHN education charlas.	Reach a 30% member participation in education charlas.	No Rx for Health program in 2017.	Developed Rx for Health pad, approved by C&L for literacy level and submitted to marketing for layout. RX for Health pad will be implemented in Q3.	
Increase member participation in diabetes prevention program classes.	Conduct 1 DSME class series reaching 30% targeted CVH member participants.	No program in 2017.	Conducted 2 Proyecto Dulce & 2 DPP to 18 participants, of which, 12 (67%) were CVH members.	
Implement the Rx for Health intervention to increase member request for Fit Families for Life (FFFL) Home Edition educational resource.	25 members request FFFL Home Edition educational resources.	15 member requests in 2017.	Rx for Health will be implemented to promote FFFL in Q3-Q4.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Develop Rx for Health (prescription pad), obtain DHCS approval and train promotores.		June 2018	T. Gonzalez	
Complete DSME training for PHN promotoras.		June 2018	T. Gonzalez	
Establish partnership with Madera Community Hospital, Camarena Health and Madera County Department of Public Health to implement Diabetes Prevention Program and Project Dulce DSME programs.		December 2018	T. Gonzalez	
Collaborate with Madera Community Hospital and Camarena Health to refer members to diabetes classes.		December 2018	T. Gonzalez	
Continue collaboration with Madera Unified School District Parent Resource Centers to host diabetes classes.		December 2018	T. Gonzalez	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Company marketing priorities moved the development and layout of the Rx for Health to be completed in June. Submission of Rx for Health pad for review/approval from DHCS will be completed by the end of Q3.			

	<i>Year-End Update</i>
Overall Effectiveness/Lessons Learned <i>(populate at year-end)</i>	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>
Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>

12. Initiative/ Project:	Tobacco Cessation Program			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input type="checkbox"/> HEDIS <input type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	B. Nate	Secondary:	
Goal of Initiative	To improve members' health outcomes and reduce health care costs by decreasing the rate of tobacco users among CalViva Health membership.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Collaborate with California Smoker's Helpline and other internal departments to improve smoking cessation program enrollment for CVH members.	Enroll 290 smokers into CA Smokers' Helpline.	Enrolled 318 members.	Enrolled 95 members.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Identify smokers from pharmacy and claims using smoking related CDT and ICD-10 codes and encourage them to join the California Smokers' Helpline.		March/September 2018	B. Nate	
Develop provider on-line news article and promote provider web referral twice a year.		June/December 2018	B. Nate	
Update 2018 Program Description and Desktop Procedures.		September 2018	B. Nate	
Conduct one (1) provider webinar to promote CSH.		September 2018	B. Nate	
Promote CSH in one Medi-Cal newsletter.		September 2018	B. Nate	
Track and evaluate member participation in smoking cessation services.		Quarterly 2018	B. Nate	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Staff worked with internal HN data teams for claims, ICD-10 codes and pharma data to identify smokers to promote the California Smoker's Helpline (CSH). Provider webinar on track for September deadline. Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

13. Initiative/ Project:	Compliance: Oversight and Reporting			
Priority Counties	<input type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input type="checkbox"/> MADERA			
Initiative Aim(s)	<input type="checkbox"/> MEMBER UTILIZATION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input checked="" type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input type="checkbox"/> HEDIS <input type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	H. Su, M. Beckett	Secondary:	T. Gonzalez, M. Lin, G. Toland
Goal of Initiative	To meet DHCS and CalViva Health compliance requirements.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Complete and submit Health Education Department's Program Description, Work Plan, and Work Plan evaluation reports.	Complete and submit Program Description, Work Plan, and Work Plan evaluation reports.	Submitted work plan evaluation, work plan and Program Description.	Submitted work plan evaluation, work plan and Program Description.	
Update Health Education Department's Policies and Procedures.	Update Policies and Procedures.	Updated Policies and Procedures.	Updated 5 Policies and Procedures.	
Complete all incentive program reports to CalViva Health and DHCS.	Complete semi-annual progress reports and annual DHCS incentive evaluation reports.	Submitted semi-annual progress reports and annual DHCS incentive evaluation reports.	Submitted semi-annual progress report and 1 DHCS incentive evaluation n report.	
Develop and distribute a Provider Update on Staying Healthy Assessment (SHA).	Produce 1 Provider Update.	Produced one Provider Update.	Provider Update will be distributed by Q4	
Present Health Education updates at PPC meetings.	Present at 4 PPC meetings.	Present at 4 PPC meetings.	Presented at 2 PPC meetings.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Update Department Program Description.		April 2018	H. Su	
Complete mid-year and year end health education work plan evaluation reports.		April/October 2018	H. Su, M. Beckett	
Produce and distribute Provider Update on SHA.		September 2018	M. Lin	
Update Health Education Department's Policies and Procedures.		November 2018	H. Su	
Complete incentive program progress reports and annual DHCS evaluations.		Semi-annual, Annually	T. Gonzalez, H. Su	
Coordinate with CalViva Health and Cultural & Linguistic Services staff to implement PPC meetings.		Quarterly	T. Gonzalez, G. Toland	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update Reports were submitted on time. No barriers. Year-End Update			

Overall Effectiveness/Lessons Learned <i>(populate at year-end)</i>	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>
Initiative Continuation Status <i>(populate at year-end)</i>	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> </p>

14. Initiative/ Project:	Health Education Department Promotion, Materials Update, Development, Utilization and Inventory			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> HEDIS <input type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	G. Toland, M. Zuniga	Secondary:	A. Campos, N. Dominguez
Goal of Initiative	To produce and update health education resources to meet member and provider needs.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
All required health education materials topics and languages available to providers, members and associates.	Develop needed materials and resources to meet compliance.	All materials up for a review were updated.	Reviewed 20 existing materials. Updated 20 DHCS Checklists.	
Adapt, review and approve national healthy pregnancy educational program for CVH members.	Launch a new healthy pregnancy educational program.	No new program in 2017.	Some of the new CVH Pregnancy Program materials still under review. Program expected to fully launch in Q3.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Phase out member request form to start in 2019 and transition Krames link onto CalVivahealth.com website.		September 2018	G. Toland	
Update materials identification codes with scanning vendor.		December 2018	G. Toland	
Review, process, and track EPC materials review and approval for program implementation.		December 2018	G. Toland	
Bi-weekly meetings or as necessary meetings with Marketing and Health Ed. to discuss material status and projects.		December 2018	G. Toland	
Develop and implement 2018 CVH materials work plan and budget.		December 2018	G. Toland	
Partner with Provider Relations to promote health education materials.		December 2018	M. Zuniga, T. Gonzalez, G. Toland	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: The new CVH Pregnancy Program materials still under CVH Compliance/DHCS review. It's expected to be launched at the end of Q3 or beginning of Q4. Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			

Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input type="checkbox"/>	CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>	CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>
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Item #8

Attachment 8.A

Financials as of August 31, 2018

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

	Total
ASSETS	
Current Assets	
Bank Accounts	
Cash	60,831,961.52
Savings CD	0.00
ST Investments	0.00
Wells Fargo Money Market Mutual Funds	5,115,054.33
Total Bank Accounts	\$ 65,947,015.85
Accounts Receivable	
Accounts Receivable	104,756,876.08
Total Accounts Receivable	\$ 104,756,876.08
Other Current Assets	
Interest Receivable	574.00
Investments - CDs	0.00
Prepaid Expenses	708,541.51
Security Deposit	0.00
Total Other Current Assets	\$ 709,115.51
Total Current Assets	\$ 171,413,007.44
Fixed Assets	
Buildings	7,186,812.79
Computers & Software	5,896.04
Land	3,161,419.10
Office Furniture & Equipment	162,402.96
Total Fixed Assets	\$ 10,516,530.89
Other Assets	
Investment -Restricted	311,320.69
Total Other Assets	\$ 311,320.69
TOTAL ASSETS	\$ 182,240,859.02
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	49,591.51
Accrued Admin Service Fee	3,977,171.00
Capitation Payable	88,676,132.40
Claims Payable	43,483.61
Total Accounts Payable	\$ 92,746,378.52
Other Current Liabilities	
Accrued Expenses	657,781.74
Accrued Payroll	46,141.02
Accrued Vacation Pay	239,824.64
Amt Due to DHCS	0.00
IBNR	156,852.68
Loan Payable-Current	0.00
Premium Tax Payable	0.00
Premium Tax Payable to BOE	5,961,948.47
Premium Tax Payable to DHCS	20,978,675.50
Total Other Current Liabilities	\$ 28,041,224.05
Total Current Liabilities	\$ 120,787,602.57
Long-Term Liabilities	
Renters' Security Deposit	0.00
Subordinated Loan Payable	0.00
Total Long-Term Liabilities	\$ 0.00
Total Liabilities	\$ 120,787,602.57
Equity	
Retained Earnings	59,820,200.78
Net Income	1,633,055.67
Total Equity	\$ 61,453,256.45
TOTAL LIABILITIES AND EQUITY	\$ 182,240,859.02

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

	Total		
	Actual	Budget	Over/ (Under) Budget
Income			
Interest Earned	214,027.18	20,000.00	194,027.18
Premium/Capitation Income	196,212,789.84	190,292,492.00	5,920,297.84
Total Income	196,426,817.02	190,312,492.00	6,114,325.02
Cost of Medical Care			
Capitation - Medical Costs	164,324,927.75	158,676,508.00	5,648,419.75
Medical Claim Costs	383,398.84	403,332.00	(19,933.16)
Total Cost of Medical Care	164,708,326.59	159,079,840.00	5,628,486.59
Gross Margin	31,718,490.43	31,232,652.00	485,838.43
Expenses			
Admin Service Agreement Fees	7,964,550.00	7,865,000.00	99,550.00
Bank Charges	1,100.42	2,800.00	(1,699.58)
Computer/IT Services	22,091.50	26,000.00	(3,908.50)
Consulting Fees	0.00	17,500.00	(17,500.00)
Depreciation Expense	48,381.26	50,000.00	(1,618.74)
Dues & Subscriptions	27,568.22	29,800.00	(2,231.78)
Grants	341,770.27	350,000.00	(8,229.73)
Insurance	33,255.48	33,254.00	1.48
Labor	580,262.70	494,452.00	85,810.70
Legal & Professional Fees	10,416.34	31,800.00	(21,383.66)
License Expense	113,038.88	104,000.00	9,038.88
Marketing	120,697.94	150,000.00	(29,302.06)
Meals and Entertainment	1,464.16	2,000.00	(535.84)
Office Expenses	9,884.22	13,000.00	(3,115.78)
Parking	180.00	200.00	(20.00)
Postage & Delivery	435.34	400.00	35.34
Printing & Reproduction	59.39	800.00	(740.61)
Recruitment Expense	0.00	6,000.00	(6,000.00)
Rent	600.00	2,000.00	(1,400.00)
Seminars and Training	3,230.99	4,000.00	(769.01)
Supplies	2,222.52	1,600.00	622.52
Taxes	20,978,769.27	20,978,674.00	95.27
Telephone	5,323.85	5,200.00	123.85
Travel	1,294.85	3,400.00	(2,105.15)
Total Expenses	30,266,597.60	30,171,880.00	94,717.60
Net Operating Income	1,451,892.83	1,060,772.00	391,120.83
Other Income			
Other Income	181,162.84	100,000.00	81,162.84
Total Other Income	181,162.84	100,000.00	81,162.84
Net Other Income	181,162.84	100,000.00	81,162.84
Net Income	1,633,055.67	1,160,772.00	472,283.67

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

	Total	
	Jul - Aug, 2018	Jul - Aug, 2017 (PY)
Income		
Interest Earned	214,027.18	45,820.91
Premium/Capitation Income	196,212,789.84	195,174,971.50
Total Income	\$ 196,426,817.02	\$ 195,220,792.41
Cost of Medical Care		
Capitation - Medical Costs	164,324,927.75	164,266,766.98
Medical Claim Costs	383,398.84	382,115.35
Total Cost of Medical Care	\$ 164,708,326.59	\$ 164,648,882.33
Gross Margin	\$ 31,718,490.43	\$ 30,571,910.08
Expenses		
Admin Service Agreement Fees	7,964,550.00	7,794,534.00
Bank Charges	1,100.42	644.95
Computer/IT Services	22,091.50	33,769.26
Depreciation Expense	48,381.26	47,913.13
Dues & Subscriptions	27,568.22	26,589.10
Grants	341,770.27	183,285.42
Insurance	33,255.48	31,855.16
Labor	580,262.70	446,046.01
Legal & Professional Fees	10,416.34	9,858.39
License Expense	113,038.88	103,768.92
Marketing	120,697.94	70,205.06
Meals and Entertainment	1,464.16	939.58
Office Expenses	9,884.22	11,573.68
Parking	180.00	180.00
Postage & Delivery	435.34	231.98
Printing & Reproduction	59.39	288.26
Rent	600.00	600.00
Seminars and Training	3,230.99	3,834.00
Supplies	2,222.52	1,686.30
Taxes	20,978,769.27	19,918,617.21
Telephone	5,323.85	4,979.24
Travel	1,294.85	861.90
Total Expenses	\$ 30,266,597.60	\$ 28,692,261.55
Net Operating Income	\$ 1,451,892.83	\$ 1,879,648.53
Other Income		
Other Income	181,162.84	123,519.56
Total Other Income	\$ 181,162.84	\$ 123,519.56
Net Other Income	\$ 181,162.84	\$ 123,519.56
Net Income	\$ 1,633,055.67	\$ 2,003,168.09

Item #8

Attachment 8.B

Compliance Report



Regulatory Filings	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2018 Total
# of DHCS Filings													
Administrative/Operational	8	6	8	7	10	7	9	11	6				72
Member & Provider Materials	1	1	3	0	2	6	2	2	5				22
# of DMHC Filings	2	3	7	8	5	6	4	6	6				47

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

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

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

Fraud, Waste, & Abuse Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2018 Total
# of MC609 FWA Submissions to DHCS	0	0	0	0	0	0	0	1	1 *				1
# of Cases Open for Investigation (Active Number)		42	37		24		16	17	18				

Potential Fraud, Waste & Abuse cases

* This case involved an out-of-state non-contracted provider. CalViva Health members were targeted by unknown individuals for on-line purchases of topical pain products ultimately prescribed by this provider. Products were obtained from California and out-of-state pharmacies.

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

RHA Commission Compliance – Regulatory Report

Compliance Oversight & Monitoring Activities	Description
<p>CalViva Health Oversight Activities</p>	<p>Health Net CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related other to critical projects or transitions that may affect CalViva Health. CalViva Health continues to review ongoing updates on Health Net's efforts to improve specialty provider access for CalViva Health members.</p> <p>Kaiser All remaining CalViva Health members assigned as Kaiser Continuity of Care (COC) Capitation members were transitioned back to CalViva Health effective September 1, 2018.</p> <p>There are some activities, such as required regulatory reports, encounter data submissions, HEDIS data and other financial reporting related to Kaiser that will continue into 2019 and possibly 2020.</p>
<p>Oversight Audits</p>	<p>The following 2018 annual audits have completed: Utilization Management, Privacy & Security, and Cultural & Linguistics. None of these required CAPs.</p> <p>The following audits are in progress: Call Center, Credentialing Provider Network, and Q 2018 Provider Disputes,</p>
Regulatory Reviews/Audits	Status
<p>Department of Managed Health Care (“DMHC”) Undertaking Reports – Termination of contract with Kaiser</p>	<p>As was required by the 9/20/17 DMHC Undertakings requirements, the Plan submitted the final “12-Month Report” on 9/20/18. This report focused on grievances related to access to care and continuity of care (COC). On October 4, 2018, Compliance received DMHC’s Comment Letter. The Plan must respond to the formal notice within 30 days of receipt.</p>
<p>Department of Health Care Services (“DHCS”) 2018 Medical Audit</p>	<p>DHCS completed its on-site audit of Plan activities on 4/19/18 and completed onsite provider visits the week of 4/23/2018. We are awaiting the DHCS’ formal Preliminary Report findings.</p>
<p>Department of Health Care Services (“DHCS”) Encounter Data Corrective Action Plan</p>	<p>DHCS issued a Corrective Action Plan (CAP) to CalViva Health on December 26, 2017 identifying that the volume of encounter data submitted for Kings and Madera counties in 2015 and 2016 had trended down even though enrollment was increasing. The Plan has weekly CAP meetings with Health Net and continues to work with Health Net to address the issues and submit the outstanding encounter data. DHCS has granted another extension for submitting the 2015-16 data in question until 12/31/18. The Plan is now having monthly meetings with DHCS to discuss progress in meeting the CAP by 12/31/18.</p>
<p>Department of Health Care Services (“DHCS”) Quality Corrective Action Plan</p>	<p>On September 25, 2018, the Plan received written notification of the DHCS CAP related to three External Accountability Set (EAS) indicators below the minimum performance level. Medical Management will respond to the CAP by 10/12/2018.</p>
<p>Department of Managed Health Care 2019 Medical Survey</p>	<p>On September 28, 2018, the Plan received written notification from the DMHC that the 3-year full medical survey has been scheduled. The survey will consist of a pre-audit review of documentation and onsite interviews, file audits and document review during the week of February 25, 2019. A list of pre-audit documents was requested to be submitted by 10/29/18.</p>

RHA Commission Compliance – Regulatory Report

New Regulation / Contractual Requirements	
Medicaid and Children’s Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, “Final Rule”	DHCS submitted the Final Rule contract amendment for managed care plans to CMS and it is still under review.
BHT Transition	In accordance with DHCS APL 18-006, effective July 1, 2018, MCPs became responsible for BHT treatment coverage for members under the age of 21 regardless of diagnosis under the EPSDT benefit when medically necessary. On September 18, 2018, CalViva Health received its latest DHCS file containing a list of 2 members to be transitioned to the Plan by 12/1/18. At this time, the Plan does not anticipate any additional members needing to be transitioned from the Central Valley Regional Center.
Committee Report	
Public Policy Committee	<p>As of August 19, 2018, the Public Policy Committee has a vacant “At-Large” seat. The Plan is actively seeking a replacement.</p> <p>The next Public Policy Committee meeting is scheduled for December 5, 2018, 11:30 a.m. in Fresno County, at 7625 N. Palm Ave. Suite 109. Fresno, CA 93711.</p>

Item #8

Attachment 8.C

Appeals & Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2018

Current as of End of the Month: August

Revised Date: 9/18/2018

CalViva Health Appeals and Grievances Dashboard 2018

CalViva - 2018																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2018 YTD	2017
Expedited Grievances Received	8	14	23	45	9	13	15	37	16	18	0	34	0	0	0	0	116	172
Standard Grievances Received	57	44	77	178	62	60	50	172	85	82	0	167	0	0	0	0	517	795
Total Grievances Received	65	58	100	223	71	73	65	209	101	100	0	201	0	0	0	0	633	967
Grievance Ack Letters Sent Noncompliant	0	1	2	3	3	1	2	6	4	0	0	4	0	0	0	0	13	12
Grievance Ack Letter Compliance Rate	100.0%	97.7%	97.4%	98.3%	95.2%	98.3%	96.0%	96.5%	95.3%	100.0%	0.0%	97.6%	0.0%	0.0%	0.0%	0.0%	97.49%	98.5%
Expedited Grievances Resolved Noncompliant	0	0	1	1	1	0	0	1	0	0	0	0	0	0	0	0	2	2
Expedited Grievances Resolved Compliant	6	9	24	39	10	12	10	32	17	18	0	35	0	0	0	0	106	170
Expedited Grievance Compliance rate	100.0%	100.0%	95.8%	97.4%	90.0%	100.0%	100.0%	96.9%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	98.15%	98.8%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13
Standard Grievances Resolved Compliant	58	40	45	143	75	61	40	176	54	91	0	145	0	0	0	0	464	800
Standard Grievance Compliance rate	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.00%	98.4%									
Total Grievances Resolved	64	49	70	183	86	73	50	209	71	109	0	180	0	0	0	0	572	985
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	46	38	57	141	59	55	42	156	58	85	0	143	0	0	0	0	440	712
Access - Other - DMHC	2	2	4	8	3	1	1	5	0	2	0	2	0	0	0	0	15	32
Access - PCP - DHCS	8	6	9	23	5	10	3	18	9	14	0	23	0	0	0	0	64	118
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	2	2	6	10	3	2	1	6	7	4	0	11	0	0	0	0	27	55
Administrative	11	10	18	39	19	12	15	46	19	12	0	31	0	0	0	0	116	151
Continuity of Care - Acute	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	9
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Continuity of Care - Other	1	0	1	2	0	0	0	0	0	2	0	2	0	0	0	0	4	2
Continuity of Care - PCP	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	5
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1
Continuity of Care - Specialist	1	0	2	3	1	1	1	3	0	0	0	0	0	0	0	0	6	27
Continuity of Care - Surgery	0	1	1	2	1	0	0	1	0	0	0	0	0	0	0	0	3	8
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Interpersonal	16	9	9	34	19	16	9	44	16	25	0	41	0	0	0	0	119	198
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	2	2	3	7	4	4	2	10	1	5	0	6	0	0	0	0	23	52
Pharmacy	2	3	4	9	3	5	6	14	3	7	0	10	0	0	0	0	33	34
Transportation	1	2	0	3	1	3	4	8	2	15	0	17	0	0	0	0	28	NA
Quality Of Care Grievances	18	11	13	42	27	18	8	53	13	24	0	37	0	0	0	0	132	273
Access - Other - DMHC	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	8
Access - PCP - DHCS	3	1	0	4	1	1	4	6	7	0	0	7	0	0	0	0	17	50
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	10
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	3	3	2	8	2	2	0	4	0	2	0	2	0	0	0	0	14	32
PCP Care	6	4	2	12	10	12	1	23	2	16	0	18	0	0	0	0	53	104
PCP Delay	1	2	8	11	8	1	3	12	1	3	0	4	0	0	0	0	27	28
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	4	1	1	6	6	1	0	7	1	3	0	4	0	0	0	0	17	37
Specialist Delay	1	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0	2	4
Exempt Grievances Received - Classifications	338	330	510	1178	818	389	245	1452	417	602	0	1019	0	0	0	0	3649	2862
Authorization	9	6	3	18	6	3	2	11	1	9	0	10	0	0	0	0	39	94
Avail of Appt w/ Other Providers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Avail of Appt w/ PCP	11	22	21	54	16	10	6	32	35	31	0	66	0	0	0	0	152	114
Avail of Appt w/ Specialist	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Claims Complaint	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Eligibility Issue	4	7	5	16	5	3	1	9	3	5	0	8	0	0	0	0	33	66
Health Care Benefits	0	0	4	4	1	0	0	1	0	0	0	0	0	0	0	0	5	0
ID Card - Not Received	29	23	101	153	231	31	19	281	49	70	0	119	0	0	0	0	553	269
Information Discrepancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	7	5	1	13	6	4	3	13	2	2	0	4	0	0	0	0	30	97
Interpersonal - Behavior of Clinic/Staff - Provider	70	72	91	233	94	70	51	215	46	110	0	156	0	0	0	0	604	775
Interpersonal - Behavior of Clinic/Staff - Vendor	0	0	0	0	2	0	2	0	0	0	0	0	0	0	0	0	2	7
Other	10	15	16	41	4	6	5	15	10	16	0	26	0	0	0	0	82	95
PCP Assignment	154	132	205	491	311	141	75	527	146	243	0	389	0	0	0	0	1407	1148
Pharmacy	20	7	13	40	52	11	4	67	9	12	0	21	0	0	0	0	128	151
Transportation	19	33	44	96	85	105	77	267	114	92	0	206	0	0	0	0	569	NA
Wait Time - In Office for Scheduled Appt	1	4	3	8	3	3	2	8	1	7	0	8	0	0	0	0	24	17
Wait Time - Too Long on Telephone	4	4	2	10	4	0	0	4	1	5	0	6	0	0	0	0	20	19

CalViva Health Appeals and Grievances Dashboard 2018

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	5	26	24	55	13	3	10	26	8	8	0	16	0	0	0	0	97	66
Standard Appeals Received	19	27	35	81	49	62	55	166	34	25	0	59	0	0	0	0	306	171
Total Appeals Received	24	53	59	136	62	65	65	192	42	33	0	75	0	0	0	0	403	237
Appeals Ack Letters Sent Noncompliant	0	0	0	0	2	1	0	3	1	0	0	1	1	0	0	1	5	3
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	95.9%	98.4%	100.0%	98.2%	97.1%	100.0%	0.0%	98.3%	0.0%	0.0%	0.0%	0.0%	98.37%	98.2%
Expedited Appeals Resolved Noncompliant	0	0	3	3	4	0	0	4	1	1	0	2	0	0	0	0	9	1
Expedited Appeals Resolved Compliant	4	19	23	46	13	4	10	27	6	7	0	13	0	0	0	0	86	66
Expedited Appeals Compliance Rate	100.0%	100.0%	87.0%	93.5%	69.2%	100.0%	100.0%	85.2%	83.3%	85.7%	0.0%	83.3%	0.0%	0.0%	0.0%	100.0%	90.53%	98.5%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Standard Appeals Resolved Compliant	22	15	29	66	35	56	53	144	49	31	0	80	0	0	0	0	290	157
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.00%	98.1%
Total Appeals Resolved	26	34	55	115	52	60	63	175	56	39	0	95	0	0	0	0	385	227
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	25	34	55	114	52	58	63	173	56	39	0	95	0	0	0	0	382	224
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	2	1	3	6	7	4	5	16	5	11	0	16	0	0	0	0	38	5
DME	1	0	6	7	8	8	13	29	11	1	0	12	0	0	0	0	48	39
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	1	0	0	1	0	0	0	0	1	1	0	2	0	0	0	0	3	0
Advanced Imaging	3	10	12	25	18	11	16	45	15	10	0	25	0	0	0	0	95	59*
Other	3	13	15	31	8	18	17	43	5	3	0	8	0	0	0	0	82	0
Pharmacy	13	9	18	40	11	16	12	39	14	12	0	26	0	0	0	0	105	99
Surgery	2	1	1	4	0	1	0	1	5	1	0	6	0	0	0	0	11	22
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Post Service Appeals	1	0	0	1	0	2	0	2	0	0	0	0	0	0	0	0	3	3
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	1	0	2	0	2	0	0	0	0	0	0	0	0	3	2
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Appeals Decision Rates																		
Upholds	16	16	33	65	33	43	43	119	37	26	0	63	0	0	0	0	247	131
Uphold Rate	61.5%	47.1%	60.0%	56.5%	63.5%	71.7%	68.3%	68.0%	66.1%	66.7%	0.0%	66.3%	0.0%	0.0%	0.0%	0.0%	64.2%	57.7%
Overtures - Full	9	17	18	44	19	16	19	54	17	12	0	29	0	0	0	0	127	84
Overturn Rate - Full	34.6%	50.0%	32.7%	38.3%	36.5%	26.7%	30.2%	30.9%	30.4%	30.8%	0.0%	30.5%	0.0%	0.0%	0.0%	0.0%	33.0%	37.0%
Overtures - Partial	0	1	3	4	0	1	1	2	2	1	0	3	0	0	0	0	9	8
Overturn Rate - Partial	0.0%	2.9%	5.5%	3.5%	0.0%	1.7%	1.6%	1.1%	3.6%	2.6%	0.0%	3.2%	0.0%	0.0%	0.0%	0.00%	2.3%	3.5%
Withdrawal	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	4
Withdrawal Rate	3.8%	0.0%	1.8%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.5%	1.8%
Membership	357,378	357,239	356,452		357,319	357,792	358,472		358,032	357,081	-		-	-	-	-		
Appeals - PTMPM	0.07	0.10	0.15	0.11	0.15	0.17	0.18	0.16	0.16	0.11	-	0.13	-	-	-	-	0.13	0.05
Grievances - PTMPM	0.18	0.14	0.20	0.17	0.24	0.20	0.14	0.19	0.20	0.31	-	0.25	-	-	-	-	0.20	0.23

CalViva Health Appeals and Grievances Dashboard 2018 (Fresno County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	4	22	20	46	11	2	9	22	7	7	0	14	0	0	0	0	82	52
Standard Appeals Received	15	26	28	69	46	56	48	150	27	24	0	51	0	0	0	0	270	143
Total Appeals Received	19	48	48	115	57	58	57	172	34	31	0	65	0	0	0	0	352	195
Appeals Ack Letters Sent Noncompliant	0	0	0	0	2	1	0	0	1	0	0	1	0	0	0	0	1	1
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	95.7%	98.2%	100.0%	95.7%	96.3%	100.0%	0.0%	98.0%	0.0%	0.0%	0.0%	0.0%	99.6%	99.3%
Expedited Appeals Resolved Noncompliant	0	0	3	3	4	0	0	0	1	1	0	0	0	0	0	0	3	0
Expedited Appeals Resolved Compliant	3	17	17	37	11	3	9	23	5	6	0	11	0	0	0	0	71	53
Expedited Appeals Compliance Rate	100.0%	100.0%	82.4%	91.9%	63.6%	100.0%	100.0%	63.6%	100.0%	83.3%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Standard Appeals Resolved Compliant	19	13	29	61	28	50	51	129	41	25	0	66	0	0	0	0	256	99
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	22	30	49	101	43	53	60	156	47	32	0	79	0	0	0	0	336	185
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	21	30	49	100	43	53	60	156	47	32	0	79	0	0	0	0	335	182
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	2	1	3	6	7	4	4	15	4	9	0	13	0	0	0	0	34	3
DME	0	0	5	5	7	7	13	27	10	0	0	10	0	0	0	0	42	33
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Advanced Imaging	3	9	12	24	15	10	15	40	14	4	0	18	0	0	0	0	82	45*
Other	2	12	14	28	8	17	17	42	4	6	0	10	0	0	0	0	80	0
Pharmacy	11	7	14	32	6	14	11	31	11	12	0	23	0	0	0	0	86	82
Surgery	2	1	1	4	0	1	0	1	4	1	0	5	0	0	0	0	10	19
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Post Service Appeals	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Appeals Decision Rates																		
Upholds	14	14	29	57	25	38	42	105	33	20	0	53	0	0	0	0	215	109
Uphold Rate	63.6%	46.7%	59.2%	56.4%	58.1%	71.7%	70.0%	67.3%	70.2%	62.5%	0.0%	67.1%	0.0%	0.0%	#DIV/0!	0.0%	64.0%	58.9%
Overturns - Full	7	15	16	38	18	14	17	49	14	11	0	25	0	0	0	0	112	67
Overturn Rate - Full	31.8%	50.0%	32.7%	37.62%	41.9%	26.4%	28.3%	31.41%	29.8%	34.4%	0.0%	31.65%	0.0%	0.0%	#DIV/0!	0.00%	33.33%	36.22%
Overturns - Partial	0	1	3	4	0	1	1	2	0	1	0	1	0	0	0	0	7	6
Overturn Rate - Partial	0.0%	3.3%	6.1%	4.0%	0.0%	1.9%	1.7%	1.3%	0.0%	3.1%	0.0%	1.3%	0.0%	0.0%	#DIV/0!	0.0%	2.1%	3.2%
Withdrawal	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	3
Withdrawal Rate	4.5%	0.0%	2.0%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	#DIV/0!	2.0%	2.1%
Membership	293,695	293,083	292,391		293,009	293,122	293,678		293,217	292,272								
Appeals - PTMPM	0.07	0.10	0.17	0.11	0.15	0.18	0.20	0.18	0.16	0.11	-	0.09	-	-	-	0.00	0.10	0.03
Grievances - PTMPM	0.16	0.14	0.22	0.17	0.26	0.20	0.14	0.20	0.23	0.32	-	0.18	-	-	-	0.00	0.14	0.19

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Appeals Received	0	2	1	3	0	0	0	0	0	1	0	1	0	0	0	0	4	4
Expedited Appeals Received	1	0	1	2	2	1	2	5	3	0	0	3	0	0	0	0	10	12
Total Appeals Received	1	2	2	5	2	1	2	5	3	1	0	4	0	0	0	0	14	16
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Appeals Ack Letter Compliance Rate	100.0%	0.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	91.7%							
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	2	1	3	0	0	0	0	0	1	0	1	0	0	0	0	4	4
Expedited Appeals Compliance Rate	0.0%	100.0%	0.0%	100.0%														
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	0	1	0	1	1	2	1	4	2	3	0	5	0	0	0	0	10	11
Standard Appeals Compliance Rate	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%	100.0%								
Total Appeals Resolved	0	3	1	4	1	2	1	4	2	4	0	6	0	0	0	0	14	15
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	0	3	1	4	1	1	1	3	2	4	0	6	0	0	0	0	13	15
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	2	0	2	0	0	0	0	2	2
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	0	1	0	1	0	0	0	0	0	1	0	1	0	0	0	0	2	5*
Other	0	1	0	1	0	0	0	0	0	1	0	1	0	0	0	0	2	0
Pharmacy	0	1	1	2	1	1	1	3	2	0	0	2	0	0	0	0	7	7
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Post Service Appeals	0	0	0	0	0	1	0	1	0	1	0							
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Appeals Decision Rates																		
Upholds	0	1	0	1	1	2	0	3	0	4	0	4	0	0	0	0	8	11
Uphold Rate	0.0%	33.3%	0.0%	25.0%	100.0%	100.0%	0.0%	75.0%	0.0%	100.0%	0.0%	66.7%	0.0%	0.0%	0.0%	0.0%	57.1%	73.3%
Overturns - Full	0	2	1	3	0	0	1	1	1	0	0	1	0	0	0	0	5	4
Overturn Rate - Full	0.0%	66.7%	100.0%	60.0%	0.0%	0.0%	100.0%	25.00%	50.0%	0.0%	0.0%	16.67%	0.0%	0.0%	0.0%	0.00%	35.71%	26.67%
Overturns - Partial	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
Overturn Rate - Partial	0.0%	50.0%	0.0%	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%	7.1%	0.0%							
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Withdrawal Rate	0.0%																	
Membership	27,532	27,776	27,843	27,933	28,030	28,029	28,121	28,211										
Appeals - PTMPM	-	0.11	0.04	0.05	0.04	0.07	0.04	0.05	0.07	0.14	-	0.07	-	-	-	0.00	0.04	0.05
Grievances - PTMPM	0.33	0.07	0.11	0.17	0.18	0.21	0.11	0.17	-	0.07	-	0.02	-	-	-	0.00	0.09	0.14

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	1	2	3	6	2	1	1	4	1	0	0	1	0	0	0	0	11	7
Standard Appeals Received	3	1	6	10	1	5	5	11	4	1	0	5	0	0	0	0	26	16
Total Appeals Received	4	3	9	16	3	6	6	15	5	1	0	6	0	0	0	0	37	23
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	0.0%	100.0%	100.00%	100.00%	100.00%	100.00%	100.0%	100.00%									
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	1	0	5	6	2	1	1	4	1	0	0	1	0	0	0	0	11	9
Expedited Appeals Compliance Rate	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.00%	0.0%	100.0%	100.00%							
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	3	1	0	4	6	4	1	11	6	3	0	9	0	0	0	0	24	17
Standard Appeals Compliance Rate	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	100.00%	100.00%	0.0%	100.0%	100.0%						
Total Appeals Resolved	4	1	5	10	8	5	2	15	7	3	0	10	0	0	0	0	35	27
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	4	1	5	10	8	4	2	14	7	3	0	10	0	0	0	0	34	27
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	1	1	1	0	0	1	0	0	0	0	2	0
DME	1	0	1	2	1	1	0	2	1	1	0	2	0	0	0	0	6	6
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	1	1	0	2	0	0	0	0	2	0
Advanced Imaging	0	0	0	0	3	1	1	5	1	0	0	1	0	0	0	0	6	9*
Other	1	0	1	2	0	1	0	1	1	1	0	2	0	0	0	0	5	0
Pharmacy	2	1	3	6	4	1	0	5	1	0	0	1	0	0	0	0	12	10
Surgery	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	2
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Post Service Appeals	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Appeals Decision Rates																		
Upholds	2	1	4	7	7	3	1	11	4	2	0	6	0	0	0	0	24	11
Uphold Rate	50.0%	100.0%	80.0%	70.0%	87.5%	60.0%	50.0%	73.3%	57.1%	66.7%	0.0%	60.0%	0.0%	0.0%	0.0%	0.0%	68.6%	40.7%
Overturns - Full	2	0	1	3	1	2	1	4	2	1	0	3	0	0	0	0	10	13
Overturn Rate - Full	50.0%	0.0%	20.0%	30.0%	100.0%	40.0%	50.0%	0.0%	28.6%	33.3%	0.0%	30.00%	0.0%	0.0%	0.0%	0.00%	28.57%	48.15%
Overturns - Partial	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	2
Overturn Rate - Partial	0.0%	14.3%	0.0%	0.0%	10.0%	0.0%	0.0%	0.0%	0.0%	2.9%	7.4%							
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%									
Membership	36,151	36,380	36,218		36,377	36,640	36,765		36,694	36,598								
Appeals - PTMPM	0.11	0.03	0.14	0.09	0.22	0.14	0.05	0.14	0.19	0.08	-	0.09	-	-	-	0.00	0.08	0.06
Grievances - PTMPM	0.19	0.16	0.08	0.15	0.14	0.25	0.14	0.17	0.08	0.38	-	0.15	-	-	-	0.00	0.12	0.17

CalViva SPD only																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2018 YTD	2017
Expedited Grievances Received	2	3	4	9	0	2	5	7	8	6	0	14	0	0	0	0	30	41
Standard Grievances Received	10	10	19	39	21	13	18	52	23	27	0	50	0	0	0	0	141	209
Total Grievances Received	12	13	23	48	21	15	23	59	31	33	0	64	0	0	0	0	171	250
Grievance Ack Letters Sent Noncompliant	0	0	0	0	1	0	0	1	2	0	0	0	0	0	0	0	0	1
Grievance Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	95.2%	100.0%	100.0%	98.1%	91.3%	100.0%	0.0%	91.3%	0.0%	0.0%	0.0%	0.0%	72.3%	99.18%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	2	2	5	9	0	2	3	5	8	6	0	14	0	0	0	0	28	42
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Grievances Resolved Compliant	8	10	11	29	18	20	11	49	19	25	0	44	0	0	0	0	122	217
Standard Grievance Compliance rate	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.5%									
Total Grievances Resolved	10	12	16	38	18	22	14	54	27	31	0	58	0	0	0	0	150	260
Grievance Descriptions - Resolved Cases	10	12	16	38	18	22	14	54	27	31	0	58	0	0	0	0	150	260
Access to primary care	1	2	2	5	2	2	1	5	5	4	0	9	0	0	0	0	19	53
Access to specialists	0	0	0	0	1	0	0	1	1	1	0	2	0	0	0	0	3	13
Continuity of Care	0	0	1	1	0	1	0	1	0	1	0	1	0	0	0	0	3	10
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	1	3	5	1	2	1	4	1	1	0	2	0	0	0	0	11	16
Out-of-network	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Physical accessibility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QOC Non Access	1	3	3	7	6	5	1	12	2	5	0	7	0	0	0	0	26	51
QOS Non Access	7	6	7	20	8	12	11	31	18	19	0	37	0	0	0	0	88	117
Exempt Grievances Received - New Classifications	37	53	66	156	73	23	8	104	20	45	0	65	0	0	0	0	325	291
Authorization	3	0	1	4	1	1	0	2	0	1	0	1	0	0	0	0	7	19
Avail of Appt w/ Other Providers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Avail of Appt w/ PCP	1	1	0	2	2	0	0	2	3	3	0	6	0	0	0	0	10	11
Avail of Appt w/ Specialist	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Claims Complaint	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Eligibility Issue	0	0	0	0	0	1	0	1	0	1	0	1	0	0	0	0	2	7
Health Care Benefits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ID Card - Not Received	1	4	3	8	25	3	0	28	7	3	0	10	0	0	0	0	46	21
Information Discrepancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	1	2	0	3	0	1	0	1	0	0	0	0	0	0	0	0	4	14
Interpersonal - Behavior of Clinic/Staff - Provider	3	5	10	18	13	10	3	26	4	13	0	17	0	0	0	0	61	89
Interpersonal - Behavior of Clinic/Staff - Vendor	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	3
Other	3	5	1	9	0	0	1	1	0	5	0	5	0	0	0	0	15	11
PCP Assignment	11	11	15	37	25	6	3	34	4	15	0	19	0	0	0	0	90	77
Pharmacy	1	2	1	4	7	0	1	8	2	1	0	3	0	0	0	0	15	32
Transportation	12	23	32	67	0	0	0	0	0	0	0	0	0	0	0	0	67	NA
Wait Time - In Office for Scheduled Appt	1	0	0	1	0	0	0	0	0	2	0	2	0	0	0	0	3	2
Wait Time - Too Long on Telephone	0	0	2	2	0	0	0	0	0	1	0	1	0	0	0	0	3	4

CalViva Health Appeals and Grievances Dashboard 2018 (SPD)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	1	6	2	9	2	1	4	7	3	2	0	5	0	0	0	0	21	18
Standard Appeals Received	3	6	4	13	7	14	14	35	9	7	0	16	0	0	0	0	64	50
Total Appeals Received	4	12	6	22	9	15	18	42	12	9	0	21	0	0	0	0	85	68
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	100.0%	97.1%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	98.4%	100.0%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	1	5	2	8	2	2	4	8	1	3	0	4	0	0	0	0	20	18
Expedited Appeals Compliance Rate	100.0%	50.0%	100.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%							
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Appeals Resolved Compliant	7	2	7	16	2	10	10	22	14	8	0	22	0	0	0	0	60	45
Standard Appeals Compliance Rate	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	75.0%	97.2%									
Total Appeals Resolved	8	7	9	24	4	12	14	30	15	11	0	26	0	0	0	0	80	65
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	7	7	9	23	4	11	14	29	16	11	0	27	0	0	0	0	79	65
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	1	0	0	1	0	1	0	1	1	1	0	2	0	0	0	0	4	0
DME	1	0	4	5	0	4	4	8	7	0	0	7	0	0	0	0	20	23
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Advanced Imaging																		
Other	1	3	3	7	2	3	8	13	1	2	0	3	0	0	0	0	23	14
Pharmacy	3	4	1	8	2	3	2	7	4	5	0	9	0	0	0	0	24	27
Surgery	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Post Service Appeals	1	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Appeals Decision Rates																		
Upholds	4	3	5	12	3	8	10	21	11	7	0	18	0	0	0	0	51	36
Uphold Rate	50.0%	42.9%	55.6%	50.0%	75.0%	66.7%	71.4%	70.0%	73.3%	63.6%	0.0%	69.2%	0.0%	0.0%	0.0%	0.0%	63.0%	55.4%
Overturns - Full	3	4	3	10	1	4	3	8	5	4	0	9	0	0	0	0	27	24
Overturn Rate - Full	37.5%	57.1%	33.3%	41.67%	25.0%	33.3%	21.4%	26.67%	33.3%	36.4%	0.0%	34.62%	0.0%	0.0%	0.0%	0.0%	33.75%	36.92%
Overturns - Partial	0	0	1	1	0	0	1	1	0	0	0	0	0	0	0	0	2	4
Overturn Rate - Partial	0.0%	0.0%	11.1%	4.2%	0.0%	0.0%	7.1%	3.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.5%	6.2%
Withdrawal	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Withdrawal Rate	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.2%	1.5%								
Membership	21,920	21,964	21,939	65,823	21,886	21,872	21,970	65,728	21,995	22,037								
Appeals - PTMPM	0.36	0.32	0.41	0.36	0.18	0.55	0.64	0.46	0.68	0.50	-	0.39	-	-	-	0.00	0.30	0.25
Grievances - PTMPM	0.46	0.55	0.73	0.58	0.82	1.01	0.64	0.82	1.23	1.41	-	0.88	-	-	-	0.00	0.57	1.00

Item #8

Attachment 8.D

Key Indicator Report



Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP

Report from 1/01/2017 to 7/31/2018

Report created 9/17/2018

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

Exhibits:

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Contact Information

Sections

Concurrent Inpatient TAT Metric

TAT Metric

CCS Metric

Case Management Metrics

Authorization Metrics

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Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2017 to 7/31/2018
 Report created 9/17/2018

ER utilization based on Claims data	2017-08	2017-09	2017-10	2017-11	2017-12	2017-Trenc	2018-01	2018-02	2018-03	2018-04	2018-05	2018-06	2018-07	2018-Trend	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Qtr Trend	CY-2017	YTD-2018	YTD-Trend
	Quarterly Averages														Annual Averages									
Expansion Mbr Months	87,696	87,543	87,444	86,956	86,990		85,864	85,813	85,546	85,595	85,509	85,406	85,350		86,589	87,058	87,676	87,130	85,741	85,503		87,113	85,583	
Family/Adult/Other Mbr Mos	247,187	247,177	246,424	246,181	246,890		246,276	246,419	246,421	246,328	246,376	246,270	244,466		247,181	247,735	247,385	246,498	246,372	246,325		247,200	246,079	
SPD Mbr Months	31,058	31,159	31,273	31,388	31,484		31,532	31,572	31,551	31,530	31,477	31,494	31,444		30,207	30,520	31,038	31,382	31,552	31,500		30,787	31,514	
Admits - Count	2,260	2,340	2,197	2,194	2,249		2,344	2,204	2,339	2,148	2,195	2,177	2,292		2,233	2,190	2,254	2,213	2,296	2,173		2,222	2,243	
Expansion	674	653	663	673	620		669	617	646	613	628	664	665		576	632	649	652	644	635		627	643	
Family/Adult/Other	1,084	1,183	1,050	1,034	1,097		1,173	1,101	1,152	1,039	1,102	1,012	1,116		1,120	1,051	1,110	1,060	1,142	1,051		1,085	1,099	
SPD	499	504	484	487	531		502	484	541	496	465	500	511		535	506	493	501	509	487		509	500	
Admits Acute - Count	1,471	1,488	1,436	1,491	1,491		1,606	1,526	1,635	1,503	1,508	1,451	1,484		1,492	1,478	1,445	1,473	1,589	1,487		1,472	1,530	
Expansion	494	465	495	515	466		506	459	501	475	497	486	499		424	482	468	492	489	486		466	489	
Family/Adult/Other	516	553	494	531	524		633	620	644	568	576	509	512		577	531	520	516	632	551		536	580	
SPD	459	470	447	445	501		467	446	490	460	435	455	473		490	464	455	464	468	450		468	461	
Readmit 30 Day - Count	283	264	273	294	296		310	237	311	259	282	284	285		265	282	270	288	286	275		276	281	
Expansion	74	75	91	96	84		92	68	109	74	95	85	91		71	87	77	90	90	85		81	88	
Family/Adult/Other	92	91	85	91	93		105	75	87	88	78	91	77		82	93	92	90	89	86		89	86	
SPD	117	98	97	107	119		113	94	115	97	109	108	117		113	102	101	108	107	105		106	108	
Readmit 14 Day - Count	19	21	22	24	25		30	21	18	23	24	23	23		24	27	18	24	23	23		23	23	
Expansion	7	4	4	4	7		12	6	6	7	9	1	3		5	7	5	5	8	6		6	6	
Family/Adult/Other	6	7	9	12	7		7	7	4	7	9	7	10		4	9	6	9	6	8		7	7	
SPD	6	10	9	8	11		11	8	8	9	6	15	10		14	11	7	9	9	10		10	10	
**ER Visits - Count	17,860	17,627	17,790	16,666	17,576		20,833	17,644	17,951	16,394	16,731	15,004	7,218		18,957	19,337	17,885	17,344	18,809	16,043		18,381	15,968	
Expansion	4,579	4,167	3,874	3,648	3,823		4,539	3,699	4,032	3,757	4,094	3,770	1,833		4,212	4,443	4,483	3,782	4,090	3,874		4,230	3,675	
Family/Adult/Other	11,212	11,627	12,072	11,224	11,907		14,129	12,180	11,952	10,399	10,795	9,656	4,617		12,747	12,945	11,427	11,734	12,754	10,283		12,213	10,533	
SPD	2,069	1,833	1,844	1,793	1,846		2,132	1,736	1,947	1,783	1,825	1,568	756		1,999	1,949	1,974	1,828	1,938	1,725		1,938	1,678	
Admits Acute - PTMPY	48.2	48.8	47.2	49.1	49.0		53.0	50.3	54.0	49.6	49.8	47.9	49.3		49.2	48.6	47.4	48.4	52.4	49.1		48.4	50.6	
Expansion	67.6	63.7	67.9	71.1	64.3		70.7	64.2	70.3	66.6	69.7	68.3	70.2		58.8	66.4	64.1	67.8	68.4	68.2		64.2	68.6	
Family/Adult/Other	25.0	26.8	24.1	25.9	25.5		30.8	30.2	31.4	27.7	28.1	24.8	25.1		28.0	25.7	25.2	25.1	30.8	26.8		26.0	28.3	
SPD	177.3	181.0	171.5	170.1	191.0		177.7	169.5	186.4	175.1	165.8	173.4	180.5		194.7	182.4	176.0	177.6	177.9	171.4		182.6	175.5	
Bed Days Acute - PTMPY	226.2	244.4	222.2	232.6	225.8		259.6	235.1	264.0	227.1	247.2	216.6	212.2		227.7	229.5	227.5	226.8	252.9	230.3		227.9	237.4	
Expansion	353.9	322.1	344.2	336.2	320.6		367.7	335.3	370.6	323.0	364.9	303.9	318.5		287.1	342.0	327.6	333.7	357.9	330.6		322.6	340.6	
Family/Adult/Other	93.2	105.3	95.8	101.0	91.0		127.8	109.4	110.6	104.1	109.4	96.0	85.4		104.8	98.1	95.6	96.0	116.0	103.2		98.6	106.1	
SPD	911.1	1,129.9	876.8	977.2	1,020.3		994.0	943.4	1,172.6	927.5	1,005.3	921.3	909.8		1,062.5	975.0	991.4	958.3	1,036.6	951.4		996.3	982.0	
ALOS Acute	4.7	5.0	4.7	4.7	4.6		4.9	4.7	4.9	4.6	5.0	4.5	4.3		4.6	4.7	4.8	4.7	4.8	4.7		4.7	4.7	
Expansion	5.2	5.1	5.1	4.7	5.0		5.2	5.2	5.3	4.9	5.2	4.5	4.5		4.9	5.2	5.1	4.9	5.2	4.8		5.0	5.0	
Family/Adult/Other	3.7	3.9	4.0	3.9	3.6		4.1	3.6	3.5	3.8	3.9	3.9	3.4		3.7	3.8	3.8	3.8	3.8	3.8		3.8	3.8	
SPD	5.1	6.2	5.1	5.7	5.3		5.6	5.6	6.3	5.3	6.1	5.3	5.0		5.5	5.3	5.6	5.4	5.8	5.5		5.5	5.6	
Readmit % 30 Day - PTMPY	12.5%	11.3%	12.4%	13.4%	13.2%		13.2%	10.8%	13.3%	12.1%	12.8%	13.0%	12.4%		11.9%	12.9%	12.0%	13.0%	12.5%	12.7%		12.4%	12.5%	
Expansion	11.0%	11.5%	13.7%	14.3%	13.5%		13.8%	11.0%	16.9%	12.1%	15.1%	12.8%	13.7%		12.3%	13.8%	11.9%	13.9%	13.9%	13.3%		13.0%	13.6%	
Family/Adult/Other	8.5%	7.7%	8.1%	8.8%	8.5%		9.0%	6.8%	7.6%	8.5%	7.1%	9.0%	6.9%		7.3%	8.8%	8.3%	8.5%	7.8%	8.2%		8.2%	7.8%	
SPD	23.4%	19.4%	20.0%	22.0%	22.4%		22.5%	19.4%	21.3%	19.6%	23.4%	21.6%	22.9%		21.0%	20.2%	20.5%	21.5%	21.1%	21.5%		20.8%	21.5%	
Readmit % 14 Day - PTMPY	1.3%	1.4%	1.5%	1.6%	1.7%		1.9%	1.4%	1.1%	1.5%	1.6%	1.6%	1.5%		1.6%	1.8%	1.6%	1.6%	1.4%	1.6%		1.6%	1.5%	
Expansion	1.4%	0.9%	0.8%	0.8%	1.5%		2.4%	1.3%	1.2%	1.5%	1.8%	0.2%	0.6%		1.2%	1.5%	1.1%	1.0%	1.6%	1.2%		1.2%	1.3%	
Family/Adult/Other	1.2%	1.3%	1.8%	2.3%	1.3%		1.1%	1.1%	0.6%	1.2%	1.6%	1.4%	2.0%		0.8%	1.7%	1.2%	1.8%	0.9%	1.4%		1.4%	1.3%	
SPD	1.3%	2.1%	2.0%	1.8%	2.2%		2.4%	1.8%	1.6%	2.0%	1.4%	3.3%	2.1%		2.9%	2.4%	1.5%	2.0%	1.9%	2.2%		2.2%	2.1%	
**ER Visits - PTMPY	585.7	578.1	584.7	548.6	577.3		687.4	582.0	592.6	541.3	552.5	495.8	239.8		625.0	635.2	586.2	570.2	620.7	529.9		604.1	527.6	
Expansion	626.6	571.2	531.6	503.4	527.4		634.4	517.3	565.6	526.7	574.5	529.7	257.7		583.7	612.4	613.6	520.8	572.4	543.7		582.7	515.3	
Family/Adult/Other	544.3	564.5	587.9	547.1	578.7		688.4	593.1	582.0	506.6	525.8	470.5	226.6		618.8	627.0	554.3	571.2	621.2	501.0		592.9	513.6	
SPD	799.4	705.9	707.6	685.5	703.6		811.4	659.8	740.5	678.6	695.7	597.4	288.5		794.0	766.4	763.3	698.9	737.2	657.3		755.2	639.0	
Services	TAT Compliance Goal: 100%						TAT Compliance Goal: 100%						TAT Compliance Goal: 100%						TAT Compliance Goal: 100%					
Preservice Routine	96.7%	100.0%	96.7%	100.0%	100.0%		96.7%	83.3%	70.0%	100.0%	100.0%	93.3%	100.0%		98.9%	94.4%	95.6%	98.9%	83.3%	97.8%				
Preservice Urgent	100.0%	90.0%	96.7%	100.0%	100.0%		100.0%	100.0%	96.7%	100.0%	100.0%	100.0%	96.7%		100.0%	100.0%	96.7%	97.8%	98.9%	98.9%				
Postservice	96.7%	96.7%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	96.7%														

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Report from 1/01/2017 to 7/31/2018
 Report created 9/17/2018

ER utilization based on Claims data	2017-08	2017-09	2017-10	2017-11	2017-12	2017-Trenc	2018-01	2018-02	2018-03	2018-04	2018-05	2018-06	2018-07	2018-Trend	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Qtr Trend	CY- 2017	YTD-2018	YTD-Trend
Engaged	3	4	8	12	7		17	11	10	25	15	7	18		17	16	9	27	38	47		62	113	
Engagement Rate	30%	31%	31%	28%	47%		40%	27%	22%	42%	23%	9%	11%		34%	31%	33%	31%	30%	23%		27%	19%	
New Cases Opened	3	4	8	11	7		17	11	10	25	15	7	18		17	16	9	27	38	47		62	113	
Total Cases Managed	24	20	22	32	37		52	54	55	66	71	68	78		42	31	41	41	75	75		99	147	
Total Cases Closed	8	5	2	2	1		9	9	14	10	10	8	15		29	18	18	5	32	28		63	84	
Cases Remained Open	16	15	16	23	35		36	38	41	48	56	59	60		32	23	15	35	41	59		35	60	
Integrated Case Management																								
Total Number Of Referrals	0	0	0	0	0		55	44	43	38	60	60	70		0	0	0	0	142	158		0	441	
Pending	0	0	0	0	0		0	0	0	0	3	3	21		0	0	0	0	0	6		0	24	
Ineligible	0	0	0	0	0		6	13	7	6	14	9	1		0	0	0	0	26	29		0	58	
Total Outreached	65	93	99	138	59		49	31	36	32	43	48	48		577	329	155	301	116	123		1346	359	
Engaged	27	29	29	47	34		22	12	11	10	8	7	16		101	66	70	111	45	25		334	112	
Engagement Rate	42%	31%	29%	34%	58%		45%	39%	31%	31%	19%	15%	33%		18%	21%	45%	36%	39%	20%		25%	31%	
Total Screened and Refused/Decline	16	7	20	21	15		13	8	13	8	9	19	13		127	91	33	58	34	36		307	102	
Unable to Reach	57	60	86	100	42		20	15	23	18	28	31	22		261	333	168	228	58	77		953	195	
New Cases Opened	27	21	29	47	34		22	12	11	10	8	7	16		98	69	70	111	45	25		334	112	
Total Cases Closed	21	11	36	24	45		23	20	15	16	18	13	19		133	24	76	104	58	47		400	137	
Cases Remained Open	58	48	53	70	69		48	42	32	31	30	33	47		174	174	48	71	32	33		69	47	
Total Cases Managed	88	78	95	110	120		86	76	66	62	54	44	67		133	99	107	178	116	81		461	174	
Critical-Complex Acuity	71	46	47	53	57		56	48	41	45	40	33	49		39	28	63	82	77	63		183	117	
High/Moderate/Low Acuity	17	32	48	57	63		30	28	25	17	14	11	18		123	71	44	96	39	18		278	57	
Transitional Case Management																								
Total Number Of Referrals	0	0	0	0	0		30	23	43	42	41	39	80		0	0	0	0	96	122		0	366	
Pending	0	0	0	0	0		0	0	1	0	0	0	18		0	0	0	0	1	0		0	18	
Ineligible	0	0	0	0	0		5	5	7	7	6	5	7		0	0	0	0	17	18		0	41	
Total Outreached	0	0	0	0	0		25	18	35	35	35	34	55		0	0	0	0	78	104		0	307	
Engaged	0	0	0	0	0		21	15	26	24	15	13	21		0	0	0	0	62	52		0	170	
Engagement Rate	0%	0%	0%	0%	0%		84%	83%	74%	69%	43%	38%	38%		0%	0%	0%	0%	79%	50%		0%	55%	
Total Screened and Refused/Decline	0	0	0	0	0		1	0	3	2	9	14	21		0	0	0	0	4	25		0	70	
Unable to Reach	0	0	0	0	0		3	3	7	9	11	9	13		0	0	0	0	13	29		0	73	
New Cases Opened	0	0	0	0	0		21	15	26	24	15	13	21		0	0	0	0	62	52		0	170	
Total Cases Closed	0	0	0	0	0		18	14	20	24	17	13	19		0	0	0	0	52	54		0	138	
Cases Remained Open	0	0	0	0	0		22	20	22	20	18	14	45		0	0	0	0	22	14		0	45	
Total Cases Managed	0	0	0	0	0		28	28	41	47	39	36	66		0	0	0	0	63	79		0	178	
Critical-Complex Acuity	0	0	0	0	0		0	0	0	0	0	0	15		0	0	0	0	0	0		0	15	
High/Moderate/Low Acuity	0	0	0	0	0		28	28	41	47	39	36	51		0	0	0	0	63	79		0	163	
Behavioral Health Case Management																								
Total Number Of Referrals										3	6	33	18							42			80	
Pending										0	0	0	9							0			9	
Ineligible										0	0	0	2							0			4	
Total Outreached										3	6	33	7							42			67	
Engaged										2	3	1	6							6			16	
Engagement Rate										67.0%	50.0%	3%	86%							14%			24%	
Total Screened and Refused/Decline										0	0	1	0							1			2	
Unable to Reach										1	3	32	2							36			53	
New Cases Opened										2	3	1	6							6			16	
Total Cases Closed										0	1	2	2							3			8	
Cases Remained Open										2	2	2	6							2			6	
Total Cases Managed										2	5	5	10							6			16	
Critical-Complex Acuity										1	2	2	2							3			5	
High/Moderate/Low Acuity										1	3	3	8							3			11	
Record Processing																								
Total Records	8,312	6,361	6,954	6,961	6,400		6,284	6,894	9,166	8,512	9,094	8,968	8,261		15,413	15,577	19,126	20,315	22,344	26,574		70,431	57,179	
Total Admissions	2,142	2,240	2,069	2,139	2,181		2,297	2,160	2,300	2,121	2,162	2,153	2,292		6,413	6,287	6,396	6,389	6,757	6,436		25,485	15,485	

Item #8

Attachment 8.E

QIUM Quarterly Summary Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

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

COMMITTEE

DATE: October 18th, 2018

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

Purpose of Activity:

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

I. Meetings

Two QI/UM Committee meetings have been held in Quarter 3, the first was on July 19th, 2018 and was previously reported on in September. The second meeting was held on September 20th, 2018 and is reported on below. The following general documents were approved at the September meeting:

1. Quality Improvement Mid-Year Work Plan Evaluation
2. Utilization Management Mid-Year Work Plan Evaluation
3. UMCM Annual Policy Review
4. Medical Policies Q2
5. Pharmacy Provider Update
6. Pharmacy Formulary (July, Full & Condensed)

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

- **Quality Improvement Reports** - The quality and safety of many of the health plan functions are assessed and monitored through quality improvement reports. These reports cover health plan performance, programmatic documents and regulatory reports. During this reporting period the QI/UM Committee's review included, but was not limited to:
 1. The **Appeal and Grievance Dashboard through July 2018** tracks volumes, turn-around times, and case classifications. **All Quarter 2 A & G Reports** were presented and reviewed in order to evaluate compliance with standards and regulations. Results demonstrate good compliance with opportunity for continued improvement in some areas. Transportation related grievances continue to be tracked on the Dashboard and in the in the Quarterly Executive Summary in order to obtain baseline statistics. Total number of Appeals Received/Resolved has demonstrated an increasing trend throughout the year so far. The increase is noted primarily in the "Other" category related to advanced imaging and allergy treatments. Therefore, a new category has been added to the Appeals section called "Advanced Imaging". Trends will be monitored.
 2. The **Initial Health Assessment Report (Q1 & Q2)** is required to be completed within 120 days of enrollment for all new CalViva members. A multi-pronged approach to monitoring this activity is performed and includes the following:
 - a. Medical Record Review (MRR) via onsite provider audits (Small sample but good compliance)
 - b. Monitoring of claims and encounters (compliance rate is lower than record review however, coding enhancements are implemented when identified).
 - c. Member outreach (Good compliance).

Data tables were updated to include FSR/MRR IHA and IHEBA data to demonstrate a complete IHA occurrence. Combined IHA/IHEBA completion rates were noted to be higher for pediatric patients compared to adults.

- a. The 3-Step Member Outreach process averaged 95% for January to June 2018.
- b. Claims and encounters data for 2018 will be updated in the next report.

3. **The Potential Quality Issues Report** 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 through 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 is reviewed by the committee for all case types including the follow up actions taken when indicated.
4. **Public Programs Report** for Q2. This report provides a summary of the relevant Public Health, Behavioral Health (BH) and Regional Center Activities, initiatives and updates for the three-county area. Highlights for this quarter include full implementation of the Drug Medical Organized Delivery System (ODS) Waiver Program for Behavioral Health. Various preventive health screenings and services. Treatment and prevention of sexually transmitted infections. Key metrics are reported including behavioral health referrals and CCS identification rates.
5. **Other Reports** reviewed and approved include: Provider Update on Appointment Availability & After-Hours Survey Results and PM160 Reporting.

- **UMCM Reports** - Utilization and Case Management activities are monitored in an ongoing manner through a variety of performance, programmatic and regulatory reports. At the September meeting the UMCM related reports included but were not limited to the following:

1. **The Key Indicator Report (KIR)** provided data as of June 2018. This report includes key metrics for tracking utilization and case management activities.
 - a. Membership has remained consistent this year. However, admits, especially for the TANF population increased in Quarter 1 in association with the Flu season.
 - b. ER utilization has shown a slight decrease to date this year
 - c. CCS rates remain steady.
 - d. Perinatal Case Management outreach attempts and engagement rates have increased, while Integrated Case Management and Transitional Care Management outreach has remained steady.
 - e. Behavioral Health Case Management has been added and outreach attempts are increasing.
2. **Utilization Management Concurrent Review Report.** The 2018 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Q2 2018. The focus is on improving member healthcare outcomes, minimizing readmission risk, and reducing post-acute gaps in care delivery via proactive discharge planning and expeditious linkages to medically necessary health and support services. Additionally, there is an **UM Concurrent Review IRR Report** that provides a summary of routine audit activities performed to evaluate the consistency, accuracy, and timeliness of Medical Management decisions in order to promote improved member outcomes. All measures met or exceeded the 90% threshold for Q2.
3. **Case Management, Transitional Case Management (TCM) and Palliative Care (PC) Report** This report summarizes the integrated case management, perinatal case management, transition care management and recently added palliative care activities. This report continues to evolve and expand and will now include reporting on behavioral health case management as well. The goal of these programs is to identify members who would benefit from the services offered and to engage them in the appropriate program. The effectiveness of the case management program is based upon:
 - Readmission rates
 - ED utilization
 - Overall health care costs
 - Member Satisfaction

Positive results are noted for these measures in Quarter 2. Effectiveness of the other program types are established and evaluated and included in the quarterly report.

- **Pharmacy Reports** – Pharmacy quarterly reports include Operation Metrics, Top Medication Prior Authorization (PA) Requests, and quarterly Formulary changes to assess for emerging patterns in authorization requests and compliance around prior authorization turn-around time metrics.
 1. All second quarter 2018 pharmacy prior authorization metrics were within 5% of standard.

II. HEDIS® Activity

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

Projects for RY2019 include:

1. Monitoring Patients on Persistent Medications (MPM) Madera County
2. Avoid Antibiotics in Adults with Bronchitis (AAB) Madera County
3. Breast Cancer Screening (BCS) Fresno County
4. Comprehensive Diabetes Care (CDC) -HbA1c & Nephropathy -Fresno County

During Quarter 3 2018 CalViva also continued to move forward with the two Performance Improvement Projects (PIPs) selected, Childhood Immunizations and Postpartum Visits. Interventions have been initiated for both projects. Bi-weekly, Improvement Team meetings have continued for the two targeted clinics. Monitoring of interventions and development of subsequent interventions is in progress.

III. Kaiser Reports

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

1. Grievance Reports 2nd Quarter--DHCS Report, CBAS-the All Member-no significant issues
2. Transportation Reports -Monthly reports received, no significant issues
3. Utilization Management 2nd Quarter – UM & DME, Out of Network, CBAS, Dental Anesthesia - no significant findings
4. Palliative Care Q2 – no significant issues
5. Mental Health Services 2nd Quarter –Mental Health COC Report, Mental Health Referral, Grievance, BHT Report-no significant issues.
6. CBAS Services and Assessment –2nd Quarter - no significant issues
7. Overall Volumes and Call Center Report 2nd Quarter – no significant issues

Quarter 3 reports are beginning to come in.

IV. Findings/Outcomes

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

Item #8

Attachment 8.F

Operations Report

IT Communications and Systems									
IT Communications and Systems	Overall Network Health Score	92%	Description: Weighted average calculation that provides an <i>At a Glance</i> overall network health score. 0% (lowest) to 100% (highest).						
	Patch Score	80%	Description: A good status indicator is zero un-scanned machines and a very low number of machines missing patches.						
	OS Score	100%	Description: A good status indicator is that all mission critical machines or server have Windows 2000 or higher installed.						
	Disk Score	95%	Description: A good status indicator is that the space used is less than 60%.						
	Event Log Score	91%	Description: A good status indicator is that there are less hits in the event log (i.e. More hits in the event log = lower score (proactive in nature).						
	Active Presence of Viruses within Systems	NO	Description: A specific type of malware (designed to replicate and spread) intended to run and disable computers and/or computer systems without the users knowledge.						
	Active Presence of Malware within Systems	NO	Description: Software that is intended to damage or disable computers and computer systems.						
Message From The COO	Microsoft will be ending support for Microsoft Windows 7 in January 2020. The recommendation is to upgrade to the newest operating system Windows 10. CalViva Health is not impacted by the Microsoft notice to end support for Microsoft Windows 7.								
Privacy and Security									
Privacy and Security	Risk Analysis (Last Completed mm/yy: 5/14)	Risk Rating: Low	Description: Conducting an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI held in the Health Plans IT and Communication Systems. A Rating is assigned: "No Risk", "Low Risk", "Medium Risk", "High Risk", "Critical Risk".						
	Eff. Date & Last Annual Mail Date of NPP (mm/yy)	4/18 & 7/18	Description: Notice of Privacy Practices (NPP) describes how PHI may be used and disclosed. The NPP is review and updated when appropriate. The NPP is distributed upon enrollment and annually thereafter						
	Active Business Associate Agreements	6	Description: A signed agreement is required of any person/entity who is not a member of CalViva Health's workforce who will create or receive PHI of behalf of CalViva Health.						
	# Of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)								
	Year	2018	2018	2018	2018	2018	2018	2018	2018
	Month	Apr	May	Jun	Jul	Aug	Sep	Oct	
	No/Low Risk	4	4	4	4	3	8	0	
High Risk	0	0	0	0	0	0	0		
Message from the COO	YTD 2018, CalViva Health has reported 31 Privacy and Security cases. There are currently no concerns or issues surrounding CalViva Health's Privacy and Security activities.								

Provider Network Activities									
Provider Network Activities	Year	2018							
	Month	Feb	Mar	Apr	May	Jun	Jul	Aug	
	Hospitals	11	11	11	11	10	10	10	
	Clinics	100	103	104	107	109	109	112	
	PCP	316	319	323	329	330	329	342	
	Specialist	1059	1068	1076	1127	1135	1143	1167	
	Ancillary	96	103	105	105	103	181	182	
	2017 vs 2018 Comparison								
	Year	2017	2017	2017	2018	2018	2018	2018	2018
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q4
	Pharmacy	169	165	163	164	165			
	Behavioral Health	172	182	181	206	261			
	Vision	87	86	83	79	77			
	Urgent Care	5	5	5	7	10			
	Acupuncture	5	5	8	6	6			
	2017 vs 2018 Comparison - Patient Acceptance								
	Year	2017	2017	2017	2018	2018	2018	2018	2018
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q4
	% of PCPs Accepting New Patients - Goal (85%)	85%	88%	77%	88%	89%			
	% Of Specialists Accepting New Patients - Goal (85%)	96%	96%	95%	97%	97%			
Message From the COO	Operating and complying with the new state and federal regulations ensuring contracted network providers are enrolled in the Med-Cal program remains a significant issue of concern.								

	Year	2018	2018	2018	2018	2018	2018	2018	
	Month	Feb	Mar	Apr	May	Jun	Jul	Aug	
	No. Claims Processed	188,074	248,016	200,341	244,059	258,467	227,167	255,736	
	Claims Turn-Around	98.68%	99.83%	99.73%	99.52%	99.39%	99.38%	99.40%	
	Weekly Average	47,019	62,004	50,085	61,015	64,617	56,792	63,934	
Claims Processing	Year	2017	2017	2017	2018	2018	2018	2018	
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	Medical Claims Timeliness (30 days / 45 days) - Goal (90% / 95%) - Deficiency Disclosure	93.57% / 99.79% YES	94% / 99% YES	95% / 99% NO	97% / 99% NO	98% / 99% YES			
	Behavioral Health Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	95.66% / 98.54% NO	93% / 97% YES	92% / 96% YES	90% / 99% YES	96% / 99% YES			
	Pharmacy Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO			
	Acupuncture Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	94% / 100% NO	100% / 100% NO	99% / 100% NO	100% / 100% NO			
	PPG 1 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	97% / 100% NO	82% / 100% NO	96% / 100% NO	91% / 100% NO	84% / 100% NO			
	PPG 2 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	97% / 100% NO	95% / 100% NO	94% / 98% NO	90% / 100% YES	83% / 97% YES			
	PPG 3 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	96% / 100% NO	94% / 99% NO	91% / 100% NO	98% / 100% NO	94% / 98% NO			
	PPG 4 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO			
	PPG 5 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	98% / 100% NO	86% / 100% NO	100% / 100% NO	99% / 100% NO	89% / 100% NO			
	PPG 6 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	97% / 100% NO	97% / 100% NO	99% / 100% NO	90% / 100% NO	86% / 100% NO			
	Vision Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO			
	Message from the COO	At this time, there is no further update to provide other than what was provided during the last Commission Meeting on 9/20/18.							



CalViva Health
Operations Report

	Year	2017	2017	2017	2018	2018	2018	2018	
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Provider Disputes	Medical Provider Disputes Timeliness Quarterly Results (45 days) - Goal (95%)	95%	93%	95%	90%	88%			
	Behavioral Health Provider Disputes Timeliness (45 days) - Goal (95%)	100%	N/A	100%	100%	100%			
	Acupuncture Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	N/A	N/A	N/A	N/A			
	PPG 1 Provider Dispute Timeliness (45 Days) - Goal (95%)	99%	96%	94%	96%	100%			
	PPG 2 Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	100%	99%	66%	54%			
	PPG 3 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	100%	100%	95%	94%			
	PPG 4 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	100%	100%	100%	100%			
	PPG 5 Provider Dispute Timeliness (45 Days) - Goal (95%)	97%	68%	100%	100%	100%			
	PPG 6 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	88%	99%	N/A	100%			
	Vision Provider Dispute Timeliness (45 Days) - Goal (95%)	N/A	N/A	N/A	N/A	N/A			
	Message from the COO	At this time, there is no further update to provide other than what was provided during the last Commission Meeting on 9/20/18.							

Item #8

Attachment 8.G

Executive Dashboard



Month	2017 September	2017 October	2017 November	2017 December	2018 January	2018 February	2018 March	2018 April	2018 May	2018 June	2018 July	2018 August	2018 September
CVH Members													
Fresno	297,827	296,752	295,344	295,793	293,838	293,142	292,528	293,074	293,288	293,831	293,382	292,471	292,549
Kings	27,140	27,175	27,284	27,481	27,541	27,780	27,854	27,940	28,046	28,047	28,143	28,233	28,255
Madera	36,264	36,142	36,185	37,272	36,155	36,383	36,221	36,383	36,656	36,775	36,709	36,635	36,730
Total	361,231	360,069	358,813	360,546	357,534	357,305	356,603	357,397	357,990	358,653	358,234	357,339	357,534
SPD	30,292	30,355	30,490	30,659	30,746	30,829	30,884	30,828	30,877	31,082	31,222	31,371	31,514
CVH Mrkt Share	70.75%	70.74%	70.75%	70.83%	70.96%	70.78%	70.95%	71.00%	71.00%	71.03%	70.99%	70.99%	70.96%
ABC Members													
Fresno	110,518	110,235	109,640	109,670	107,598	108,601	107,485	107,400	107,456	107,469	107,531	107,141	107,320
Kings	19,723	19,628	19,607	19,759	19,714	19,690	19,457	19,465	19,593	19,631	19,631	19,686	19,686
Madera	19,070	19,075	19,093	19,052	19,038	19,227	19,096	19,120	19,174	19,172	19,218	19,215	19,339
Total	149,311	148,938	148,340	148,481	146,350	147,518	146,038	145,985	146,223	146,272	146,380	146,042	146,345
Default													
Fresno	962	897	892	970	607	1,353	822	1,042	899	909	1,080	1,022	979
Kings	150	137	135	155	123	259	137	204	178	168	188	195	152
Madera	201	176	184	153	135	188	117	92	124	122	130	121	132
County Share of Choice as %													
Fresno	66.10%	65.70%	67.90%	66.10%	67.00%	62.30%	70.91%	67.70%	67.50%	65.70%	65.50%	65.10%	65.90%
Kings	59.30%	58.10%	55.50%	61.20%	56.40%	61.70%	59.76%	52.10%	49.90%	54.60%	58.80%	59.10%	56.60%
Madera	62.60%	62.20%	58.30%	62.80%	61.00%	56.00%	66.39%	67.80%	63.20%	60.90%	63.50%	63.90%	55.40%
Voluntary Disenrollments													
Fresno	665	444	596	462	482	671	504	497	433	437	435	452	585
Kings	72	59	73	64	34	51	60	73	50	108	57	68	68
Madera	94	61	84	58	87	144	71	63	63	57	56	67	75

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

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

Data Current as of 9.24.18