

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

Stephen Ramirez
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Keith Winkler, Director
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Van Do-Reynoso
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

David Singh
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

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

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

DATE: February 10, 2017

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Cheryl Hurley, Commission Clerk

RE: Commission Meeting Materials

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

**Thursday, February 16, 2017
1:30 pm to 3:30 pm**

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

Teleconference Locations:

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

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

Meeting materials have been emailed to you.

Currently, there are 12 Commissioners who have confirmed their attendance for this meeting. At this time, a quorum has been secured. Please advise as soon as possible if you will not be in attendance to ensure a quorum is maintained

Thank you

AGENDA

Fresno-Kings-Madera Regional Health Authority

Commission Meeting

February 16, 2017

1:30pm - 3:30pm

Meeting Location:

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

Teleconference Locations:

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

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

| Item | Attachment # | Topic of Discussion | Presenter |
|---|--|--|-----------------------|
| 1 | | Call to Order | D. Hodge, M.D., Chair |
| 2 | | Roll Call | C. Hurley, Clerk |
| 3 Information | Attachment 3.A | Appointment / Reappointed Board of Supervisors Commissioners <ul style="list-style-type: none">• BL 17-001 2017 Reappointed Commissioners | D. Hodge, MD; Chair |
| 4 Information | Attachment 4.A Attachment 4.B | Fresno County At-Large Reappointments <ul style="list-style-type: none">• Dr. Hodge• Dr. Cardona | G. Hund, CEO |
| 5 Action | Attachment 5.A Attachment 5.B Attachment 5.C Attachment 5.D Attachment 5.E | Consent Agenda <ul style="list-style-type: none">• Commission Minutes dated 11/17/16• Finance Committee Minutes dated 10/20/16• QI/UM Committee Minutes dated 10/20/16• Public Policy Committee Minutes dated 9/7/16• Compliance Report | D. Hodge, M.D., Chair |
| <i>Recommended Action: Approve Consent Agenda</i> | | | |
| 6 | | Closed Session: The Board of Directors will go into closed session to discuss the following item(s) A. Government Code section 54954.5 – Report Involving Trade Secret – Discussion of service, program, or facility. Estimated date of disclosure: May 2017 | |

| | | | |
|----------------------|--|---|---|
| 7 Information | Attachment 7.A Attachment 7.B <i>No attachment</i> | Annual Administration <ul style="list-style-type: none"> • BL 17-002 Annual Administration • Form 700 • Ethics Training | D. Hodge, MD, Chair |
| | <i>Handouts will be available at meeting</i> | <i>PowerPoint Presentation will be used for items 8-9; One vote will be taken for combined items 8-9</i> | |
| 8 Action | Attachment 8.A Attachment 8.B Attachment 8.C | Annual Utilization Management Program Review <ul style="list-style-type: none"> • 2016 Executive Summary • 2016 Work Plan Evaluation • 2017 Utilization Management Program Description | P. Marabella, MD, CMO |
| 9 Action | Attachment 9.A Attachment 9.B | 2016 Annual Quality Improvement Work Plan Evaluation <ul style="list-style-type: none"> • Executive Summary • Work Plan Evaluation <p><i>Recommended Action: Approve 2016 Utilization Management Work Plan Evaluation, 2017 UM Program Description, and the 2016 Annual Quality Improvement Work Plan Evaluation</i></p> | P. Marabella, MD, CMO |
| | <i>Handouts will be available at meeting</i> | <i>PowerPoint Presentation will be used for items 10-14; One vote will be taken for combined items 10-14</i> | |
| 10 Action | Attachment 10.A | 2016 Annual Compliance Evaluation | M.B. Corrado, CCO |
| 11 Action | Attachment 11.A | 2017 Compliance Program Description | M.B. Corrado, CCO |
| 12 Action | Attachment 12.A | 2017 Code of Conduct | M.B. Corrado, CCO |
| 13 Action | Attachment 13.A | 2017 Anti-Fraud Plan | J. Nkansah, Direct, Compliance & Privacy/Security |
| 14 Action | Attachment 14.A | 2017 Privacy and Security Plan <p><i>Recommended Action: Approve 2016 Compliance Evaluation, 2017 Compliance Program Description, Code of Conduct, Anti-Fraud Plan, and Privacy and Security Plan.</i></p> | J. Nkansah, Direct, Compliance & Privacy/Security |
| 15 Action | | Standing Reports | |
| | Attachment 15.A | Finance Report <ul style="list-style-type: none"> • Financial Statements as of December 31, 2016 | W. Gregor, CFO |
| | Attachment 15.B | Medical Management <ul style="list-style-type: none"> • Appeals and Grievances Report | P. Marabella, M.D., CMO |

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- | | |
|-----------------|----------------------------------|
| Attachment 15.C | • Key Indicator Report |
| Attachment 15.D | • QI/UM Quarterly Summary Report |

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|-----------------|---|--------------|
| Attachment 15.E | Executive Report | G. Hund, CEO |
| No Attachment | • Executive Dashboard | |
| No Attachment | • Annual Report (<i>hard copy will be provided</i>) | |
| | • Vision Video | |

Recommended Action: Accept Standing Reports

| | |
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| 16 | Final Comments from Commission Members and Staff |
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|-----------|----------------------|
| 17 | Announcements |
|-----------|----------------------|

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| 18 | Public Comment |
| | <ul style="list-style-type: none">• <i>Public Comment is the time set aside for comments by the public on matters within the jurisdiction of the Commission but not on the agenda. Each speaker will be limited to three (00:03:00) minutes. Commissioners are prohibited from discussing any matter presented during public comment except to request that the topic be placed on a subsequent agenda for discussion.</i> |
-

| | | |
|-----------|----------------|-----------------------|
| 19 | Adjourn | D. Hodge, M.D., Chair |
|-----------|----------------|-----------------------|

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

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

Next Meeting scheduled for March 16, 2017 in Fresno County
CalViva Health, 7625 N. Palm Ave., #109, Fresno, CA 93711

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

Item #3

Attachment 3.A

BL 17-001

Appointed /Reappointed
Board of Supervisors Commissioners

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

Stephen Ramirez
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Keith Winkler, Director
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Regional Hospital

David Singh
Valley Children's Hospital

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John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

Gregory Hund
Chief Executive Officer
7625 N. Palm Ave., Ste. 109
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Phone: 559-540-7840
Fax: 559-446-1990
www.calvivahealth.org

DATE: February 16, 2017

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Appointed / Re-Appointed County BOS Commissioners (BL 17-001)

BL #: BL 17-001

Agenda Item 3

Attachment 3.A

Discussion Points:

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

| Term thru: | Commission Seat | Currently Occupied By: |
|--------------|--|---|
| January 2018 | Board of Supervisors—Fresno County Board of Supervisors—Fresno County Alt Board of Supervisors—Kings County Board of Supervisors—Kings County Alt Board of Supervisors—Madera County Board of Supervisors—Madera County Alt | Sal Quintero Brian Pacheco Joe Neves Doug VerBoon David Rogers Brett Frazier |
| March 2018 | Madera At-Large Commission Appointed | Paulo Soares |
| May 2018 | Fresno At-Large Community Medical Center | Soyla Griffin Aldo De La Torre |
| January 2019 | Kings At-Large Commission Appointed Fresno At-Large Commission Appointed | Derrick Gruen John Frye Jr. |
| January 2019 | Valley Children's Hospital | David Singh |
| May 2019 | Fresno At-Large Fresno At-Large | David Cardona, MD David S. Hodge, MD |
| March 2017 | Kings At-Large | Harold Nikoghoshian |
| May 2017 | Fresno At-Large | Stephen Ramirez |
| June 2017 | Madera At-Large | Aftab Naz, MD |
| | | |
| | Indefinite terms: | |
| | David Pomaville, Fresno County Health Dept | |
| | Keith Winkler, Kings County Health Dept | |
| | Van Do-Reynoso, Madera County Health Dept | |

Item #4

Attachment 4.A

Fresno County At-Large
Reappointment: Dr. Hodge



County of Fresno

BOARD OF SUPERVISORS

Chairman
Brian Pacheco
District One

Vice-Chairman
Sal Quintero
District Three

Andreas Borgeas
District Two

Buddy Mendes
District Four

Nathan Magsig
District Five

Bernice E. Seidel
Clerk

February 3, 2017

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

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

Dear Dr. Hodge:

We are pleased to inform you that on **January 31, 2017**, under Chairman Pacheco's nomination, you were reappointed by the Board of Supervisors to serve on the **Fresno-Kings-Madera Regional Health Authority** (hereinafter referred to as "authority") for a term expiring on **May 6, 2019**. We thank you for your interest in serving our County.

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

- ☐ **Certificate of Appointment and Oath of Office:** Your oath may be executed before a Notary Public or a Deputy Clerk from our office. **Please note you are not considered a voting member of your authority until your oath is taken.** Your original oath is to be filed with your authority and a copy forwarded to the Clerk to the Board's office at the following address:

Office of the Clerk to the Board of Supervisors
ATTN: Sherrie Evans
2281 Tulare Street, Room 301
Fresno, CA 93721

- ☐ **Statement of Economic Interests (Form 700):** **You are required to file a Form 700 for your appointed position.** The form and instructions are available at the authority office or online at www.fppc.ca.gov. You also have the option of completing your form on-line using eDisclosure. Please note: you must have an email address on file with the Clerk to the Board's office to take advantage of the benefits of this system. This program will assist you in accurately completing your form and electronically submitting your filing. If a designated filer fails to timely file a Form 700, he or she may, in addition to any other penalties or remedies established by law, be subject to liability for penalties in the amount of \$10 per day, for each day late up to a maximum of \$100, after the deadline until the Form 700 is filed.

Brown Act Requirements

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

Fresno County Ordinance Code Section 2.68

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

State Mandated Ethics Training

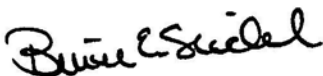
California Government Code Section 53235 provides that if a local agency (which includes special districts) provides any type of compensation, salary, or stipend to a member of a legislative body, or provides for reimbursement for actual and necessary expenses incurred by a member of a legislative body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

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

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

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

Sincerely,



Bernice E. Seidel
Clerk to the Board

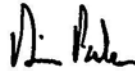
cc: Fresno-Kings-Madera Regional Health Authority

CERTIFICATE OF APPOINTMENT
BOARD OF SUPERVISORS
FRESNO COUNTY, CALIFORNIA

I, BRIAN PACHECO, Chairman, Board of Supervisors for the County of Fresno, State of California, do hereby certify that **David Hodge** was duly reappointed to the **Fresno-Kings-Madera Regional Health Authority** Board of Directors, for a term to expire May 6, 2019.

Date Appointed: January 31, 2017

BRIAN PACHECO
Board of Supervisors



Chairman

Item #4

Attachment 4.B

Fresno County At-Large
Reappointment: Dr. Cardona



County of Fresno

BOARD OF SUPERVISORS

Chairman
Brian Pacheco
District One

Vice-Chairman
Sal Quintero
District Three

Andreas Borgeas
District Two

Buddy Mendes
District Four

Nathan Magsig
District Five

Bernice E. Seidel
Clerk

February 3, 2017

David Cardona, MD

Fresno, CA

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

Dear Dr. Cardona:

We are pleased to inform you that on **January 31, 2017**, under Chairman Pacheco's nomination, you were reappointed by the Board of Supervisors to serve on the **Fresno-Kings-Madera Regional Health Authority** (hereinafter referred to as "authority") for a term expiring on **May 6, 2019**. We thank you for your interest in serving our County.

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

- ☐ **Certificate of Appointment and Oath of Office:** Your oath may be executed before a Notary Public or a Deputy Clerk from our office. **Please note you are not considered a voting member of your authority until your oath is taken.** Your original oath is to be filed with your authority and a copy forwarded to the Clerk to the Board's office at the following address:

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

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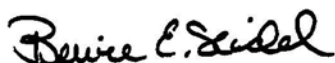
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On behalf of the Fresno County Board of Supervisors, we wish to extend sincere appreciation for the time and effort you are giving in service to your community and Fresno County.

Sincerely,



Bernice E. Seidel
Clerk to the Board

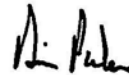
cc: Fresno-Kings-Madera Regional Health Authority

CERTIFICATE OF APPOINTMENT
BOARD OF SUPERVISORS
FRESNO COUNTY, CALIFORNIA

I, BRIAN PACHECO, Chairman, Board of Supervisors for the County of Fresno, State of California, do hereby certify that **David Cardona MD** was duly reappointed to the **Fresno-Kings-Madera Regional Health Authority** Board of Directors, for a term to expire May 6, 2019.

Date Appointed: January 31, 2017

BRIAN PACHECO
Board of Supervisors



Chairman

Item #5

Attachment 5.A

Commission Minutes
Dated 11/17/16

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
November 17, 2016

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 Nikoghossian , Kings County At-large Appointee |
| ✓* | Van Do-Reynoso , Director, Madera Co. Dept. of Social Services | ✓● | David Pomaville , Director, Fresno County Dept. of Public Health |
| ✓ | John Frye , Commission At-large Appointee, Fresno | ✓ | Deborah Poochigian , Fresno County Board of Supervisor |
| ✓ | Soyla Griffin , Fresno County At-large Appointee | ✓ | Stephen Ramirez , Fresno County At-large Appointee |
| | Derrick Gruen , Commission At-large Appointee, Kings County | ✓ | David Rogers , Madera County Board of Supervisors |
| ✓ | David Hodge , M.D., Chair, Fresno County At-large Appointee | | David Singh , Valley Children's Hospital Appointee |
| ✓ | Aftab Naz , Madera County At-large Appointee | ✓ | Paulo Soares , Commission At-large Appointee, Madera County |
| | | | Keith Winkler , Director, Kings County Dept. of Public Health |
| Commission Staff | | | |
| ✓ | Gregory Hund , Chief Executive Officer (CEO) | ✓ | Amy Schneider , R.N., Director of Medical Management |
| ✓ | William Gregor , Chief Financial Officer (CFO) | ✓ | Jeff Nkansah , Director, Compliance and Privacy/Security |
| ✓ | Patrick Marabella, M.D. , Chief Medical Officer (CMO) | ✓ | Cheryl Hurley , Commission Clerk |
| ✓ | Mary Beth Corrado , Chief Compliance Officer (CCO) | ✓ | Daniel Maychen , Director of Finance & MIS |
| 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 Cheryl Hurley, Clerk to the Commission | A roll call was taken for the current Commission Members. | <i>A roll call was taken</i> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|--|---|--|
| #3 Consent Agenda a) Commission Minutes 10/20/2016 b) Finance Committee Minutes 9/15/2016 c) QI/UM Committee Minutes 8/11/16 d) Compliance Report Action David Hodge, M.D, Chairman | All consent items were presented and accepted as read. | Motion: <i>Approve Consent Agenda</i> 13-0-0-4 (Rogers / Naz) |
| #4 Closed Session A. Government Code 54957(b)(1) - Public Employee Appointment, Employment, Evaluation, or Discipline – General Counsel Review Action David Hodge, M.D, Chairman | The Commission discussed the annual General Counsel Review and elected to extend the agreement with current Counsel for an additional three years. <i>Van Do-Reynoso arrived during closed session</i> | Motion: <i>Approve General Counsel Review and extend Attorney Services Agreement</i> 13-0-0-4 (unanimous decision) |
| #5 General Counsel – Attorney Services Agreement Renewal Action David Hodge, M.D, Chairman | The Commission elected to extend the agreement with current Counsel for an additional three years. | Motion: <i>Approve Attorney Services Agreement Renewal</i> 14-0-0-3 (Rogers / Poochigian) |
| #6 Standing Reports • Finance Report | <u>Finance</u> Financial Statements as of August 31, 2016: | Motion: Approve Standing Reports 13-0-0-4 (Naz / Neves) |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|---|--|------------------------------|
| William Gregor, CFO | <p>Current assets are \$172M and current liabilities are \$140.7M, with a current ratio of 1.22. TNE at the end of October was \$42.7M.</p> <p>Revenues through October were \$417.4M. Total cost of medical care expense, administrative service agreement fees expense and taxes are above budgeted amount. DHCS has finalized the premium taxes and accrued amount for FY17 has been booked. The new tax amount is approximately 10% of gross revenues. Any tax amounts assessed to CVH are matched with increase in revenues. The net income impact is minimal. All other expense line items are in line with budget. Net income ending October 2016 is \$4.3M which is \$1 million ahead of budget.</p> <p><u>Medical Management</u></p> | <i>A roll call was taken</i> |
| <ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO | <p>Appeals and Grievances Report</p> <p>Dr. Marabella presented the Appeals and Grievances Dashboard through September 2016.</p> <ul style="list-style-type: none"> The number of grievances are consistent through Q3. The quarterly total is the same as the Q2; however, the number is down compared to Q1. There have been no issues with turn-around time. Quality of Care grievances have decreased from the previous two quarters. Exempt grievances have decreased since the beginning of 2016. | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-------------------------|---|--------------|
| | <ul style="list-style-type: none"> • Overall appeals for Q3 have increased including a slight increase in Post Service Appeals • Current appeals have related to various issues including pharmacy and DME. <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator report.</p> <ul style="list-style-type: none"> • Membership continues to increase. • ER visits continue to trend down. • Acute Bed days per thousand, especially for SPD's, have decreased since the beginning of the calendar year. • SPD rates in general are trending downward. These improvements may be at least in part, attributable to the Transition Care Management Program which focuses on the transition time from the hospital to home providing support and resources to high-risk members. • Turn-around times are on track. • Complex and Ambulatory Case Management have now been merged into one program as of September 2016, under Centene's new Case Management program. There is one integrated Case Management program that is inclusive of all acuity levels. The program will now be all in-house, as opposed to vendors. Once a member is assigned to a Case Manager, that Case Manager will stay assigned to the member regardless of acuity level. This supports continuity of care for members over time. | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-------------------------|--|--------------|
| | <p>QI/UM</p> <p>Dr. Marabella provided the QI/UM Quarter 4 update. One QI/UM meeting was held during this reporting period, October 20, 2016. The guiding documents and general documents approved at the October meeting consist of:</p> <ul style="list-style-type: none"> • 2016 QI Mid-Year Evaluation • 2016 UMCM Mid-Year Evaluation • 2016 C & L Mid-Year Evaluation • 2016 Health Ed Mid-Year Evaluation • Medical Policies Qtr 2 • Language Assistance Program • Pharmacy Provider Update Qtr 3 <p>Some of the Quality Improvement reports reviewed included Appeals and Grievances Dashboard, the Provider Preventable Conditions Report, and Initial Health Assessment Report.</p> <p>The Utilization Management reports covered included the Key Indicator Report, and the Concurrent Review Report.</p> <p>In addition, HEDIS® Activity was reviewed and there are seven projects underway:</p> <ul style="list-style-type: none"> • Childhood Immunizations • Monitoring Persistent Meds • Cervical Cancer Screening • Avoiding Antibiotics for Bronchitis | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-------------------------|--|--------------|
| | <ul style="list-style-type: none"> • Controlling High Blood Pressure • Postpartum Visits • Diabetes HbA1c Testing <p>Also reviewed was Access & Availability, and Kaiser Reports.</p> <p>Credentialing Sub-Committee Quarterly Report</p> <p>The Credentialing Sub-Committee met on October 20, 2016. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. The number of entities that are performing the credentialing function has increased. A significant increase in the number of providers credentialed/recredentialed is noted due to the inclusion of VSP data. County specific reports were reviewed with no significant cases identified. The Annual Oversight Audit of the Credentialing function has begun.</p> <p>Peer Review Sub-Committee Quarterly Report</p> <p>The Peer Review Sub-Committee met on October 20, 2016. Quarter 2 and Quarter 3 data was reviewed. There were no significant cases identified on the reports. In Quarter 2, there were three cases closed and cleared to track and trend, four were tabled pending further information. In Quarter 3, four cases were closed and cleared to track and trend, and seven tabled pending further information.</p> <p>No significant Quality of Care issues were found. Ongoing monitoring will continue.</p> | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| <ul style="list-style-type: none"> Executive Report G. Hund, CEO | <p><u>Executive Report</u></p> <p>Membership growth through November was minimal with approximately 200 members added. We are currently in the open enrollment period with an expectation to see an increase in enrollment over the next two months.</p> <p>No immediate changes are expected as a result of the elections. If the ACA is repealed, CVH would maintain 275,000 members which is enough to remain healthy and viable.</p> | |
| #9 Final Comments from Commission Members and Staff | Supervisor Poochigian was presented with a plaque in honor of her service on the Commission from 2009-2016, as this was her final RHA Commission meeting. | |
| #10 Announcements | None. | |
| #11 Public Comment | None. | |
| #12 Adjourn | <p>The meeting was adjourned at 2:07 pm</p> <p>The next Commission meeting is scheduled for February 16, 2017 in Fresno County.</p> | |

Submitted this Day: _____

Submitted by: _____

Cheryl Hurley
Clerk to the Commission

Item #5

Attachment 5.B

Finance Committee Minutes
Dated 10/20/16



**CalViva Health
Finance
Committee Meeting Minutes**

October 20, 2016

Meeting Location

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

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

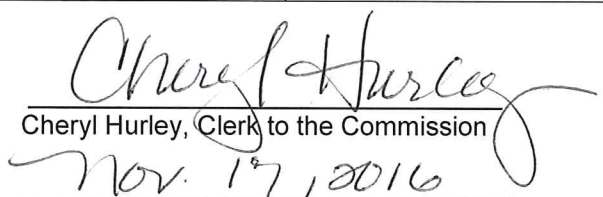
| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|---|--|---|
| #1 Call to Order | The meeting was called to order at 11:00 am a quorum was present. | |
| #2 Finance Committee Minutes dated September 15, 2016 Attachment 2.A Action W Gregor, Chair | The minutes from September 15, 2016 Finance meeting were approved as read. | Motion: <i>Minutes were approved</i> <i>6 – 0 – 0 – 1</i> <i>(Neves / Hund)</i> |
| #3 Presentation of FY2016 Audit Results – Moss Adams | Chris Pritchard and Ryan Suico from Moss Adams presented the audit results. | Motion: <i>Accepted; moved to Commission for</i> <i>Approval</i> |

| | | |
|--|--|--|
| <p>Attachment 3.A</p> <p>Action</p> <p>W Gregor, Chair</p> | <p>Moss Adams issued an unmodified audit opinion.</p> <p>R. Suico stated the cash and cash equivalent balances were reconciled on a timely basis and as of year-end they were properly supported with documentation and cash is reasonably stated. The capitation receivables increase was due to the increase in membership and rates, in addition to the timing of when payments are received from the State. Payments received in the months of July and August, were reviewed and year end balances were found to be substantially collected after year end. Other receivables, prepaid expenses and other assets have remained consistent with the prior year. There was a large increase in capital assets from the prior year, which is due to the purchase of the building. The purchase documents were reviewed and found to be properly approved. The furniture and equipment purchased during the year were recorded in accordance with the Plan's capitalization policy and in accordance with GAAP. No issues were found in terms of capital assets. Restricted cash, Knox Keene license requirement has remained the same as prior year.</p> <p>In reference to liabilities, payments made subsequent to yearend and liabilities have been paid out. Incurred but not reported medical claims payable had a fairly insignificant balance.</p> <p>The net position, with increase from prior year, showed positive operating results for FY 2016.</p> <p>Operating expenses, as presented in financial statements, shows the largest group of expenses being capitation to Health Net, followed by General and Administrative</p> | <p>6-0-0-1</p> <p>(Nikoghosian / Rogers)</p> |
|--|--|--|

| | | |
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| | <p>expenses which has remained consistent with prior year, and premium tax with is approximately 4% of total operating expenses.</p> <p>Operating revenues have increased approximately 8% from prior year due to the increase in members and increase in rates. The composition of expenses has been consistent with 2015. It was found that management has recorded these expenses consistently from year to year, which shows there is consistent application of accounting principles, and also in accordance with GAAP.</p> <p>No adjustments were proposed by Moss Adams after completion of the audit. The financial statements as presented were fairly stated.</p> | |
| <p>#4 Financial Statements as of August 31, 2016</p> <p>Attachment 4.A</p> <p>Action Daniel Maychen, Director of Finance & MIS</p> | <p>Current assets are \$130M and current liabilities are \$100.8M, with a current ratio of 1.29. TNE at the end of August was \$40.5M</p> <p>Total gross income is \$185.8M, which is above budgeted amount due to increase in enrollment. Total cost of medical care expense and administrative service agreement fees expense are also higher due to increase in enrollment. Expense line items are in line with budget. Unknown for FY2017 financials are premium taxes as DHCS is in process of finalizing tax amounts; however, it is expected that the impact will be relatively minimal. Other income was \$96.5K, related to income generated from building tenants. Net income was \$2.1M for FY to date.</p> <p>W. Gregor added in relation to financials, correspondence was received from DHCS and the premium tax will be approximately \$112M for the year. The premium tax is</p> | <p>Motion: <i>Approve Financial Statements</i></p> <p><i>6 – 0 – 0 – 1</i> (Rogers / Neves)</p> |

| | | |
|------------------|--|--|
| | based on 360K members per month. If the average drops below 360K, net income will be negatively impacted, and in correlation to this if the average is above 360K per month, there will be an additional net income pick up. Either way, this should not have a material impact to the financials. | |
| #5 Announcements | W. Gregor announced the routine DMHC financial audit which concluded week ending 10/14/16. During the exit conference, there were no material findings. Basic findings revolved around claims payment, which is a function of Health Net. Over payments and underpayments were found; however, nothing significant. Any financial impact will fall on Health Net's risk, as per the structure of the agreement between CVH and Health Net. A preliminary report is expected in approximately 2 – 4 weeks from DMHC at which time CVH will have the opportunity to respond to the report. The report will then become public on the DMHC website approximately 30 days following. Audits are conducted approximately every three years. | |
| #6 Adjourn | Meeting was adjourned at 11:23 am | |

Submitted by:



Cheryl Hurley, Clerk to the Commission

Dated:

Nov. 17, 2016

Approved by Committee:



William Gregor, Committee Chairperson

Dated:

Nov. 17, 2016

Item #5

Attachment 5.C

QI/UM Committee Minutes
Dated 10/20/16

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
October 20, 2016

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

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

✓ = in attendance

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| #1 Call to Order Patrick Marabella, M.D., Chair | The meeting was called to order at 10:36am. | |
| #2 Approve Consent Agenda - Committee Minutes 8/11/16 & Committee Notes 9/15/16 - Medical Policies Qtr 2 & Pharmacy Provider Update Qtr 3 - Language Assistance Program - Public Programs Update - Provider Preventable Conditions Qtr 2 (Attachments A-E) Action Patrick Marabella, M.D., | The August minutes were reviewed and highlights from the consent agenda items were discussed. | Motion: Approve Consent Agenda (Cardona/Foster) 4-0-0-2 |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| Chair | | |
| #3 QI Business Appeals & Grievances Dashboard (Attachment F) Informational Patrick Marabella, M.D, Chair | <p>This report provides monthly data to facilitate monitoring for trends in the number and types of cases over time. The Dashboard included data through the end of August 2016.</p> <p><u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ The grievances are broken down into two categories: Expedited and Standard ➤ Grievance metrics are reported according to cases received and cases resolved within the time period. There were 67 grievances received and 62 grievances resolved in August 2016. ➤ Grievances are further broken down into three categories: Quality of Service QOS (Administrative), Quality of Care QOC (Clinical), and Exempt Grievances. ➤ A downward trend was noted for both QOS and QOC cases. <p><u>Appeals:</u></p> <ul style="list-style-type: none"> ➤ The appeals are broken down into two categories: Expedited and Standard. ➤ Appeal metrics are reported by received date and resolved date. There were 25 appeals received in August 2016 and 23 appeals were resolved. ➤ It was noted that the most common type of appeal for August was Pre-Service Pharmacy. This is consistent with prior months as the management of Hepatitis C continues to evolve. | |
| | <i>Dr. Lee arrived at 10:40am.</i> | |
| #3 QI Business Provider Preventable Conditions Report Qtr 3 (Attachment G) Informational Patrick Marabella, M.D, Chair | <p>This report provides a summary of Provider Preventable Conditions (PPCs) identified during the reporting period. PPCs may be identified by providers/facilities, through claims data, encounter data or Potential Quality Issues (PQI) submissions. PPCs are associated with Hospital Acquired Conditions, Health Care Acquired Conditions and Other Provider Preventable Conditions as defined by state and federal regulations. When identified, DHCS requires health plans to report these cases via DHCS form 7107. There was one case identified and reported to DHCS during the reporting period.</p> | |
| #3 QI Business Initial Health Assessment Audit Comprehensive Report (Attachment H) Informational Patrick Marabella, M.D, Chair | <p>The Department of Health Care Services (DHCS) requires completion of the Initial Health Assessment (IHA) for new Medi-Cal members within 120 days of enrollment. In follow up to our 2016 DHCS Audit CalViva has initiated a more comprehensive and in-depth assessment of our IHA completion rates. This new multi-pronged approach includes the following:</p> <ul style="list-style-type: none"> ➤ Medical Record Review (MRR) via onsite provider audits ➤ Monitoring of claims and encounters ➤ Member outreach <p>This new expanded report covers Quarter 2, 2016 for MRR with 60 records of new members audited. 97% of pediatric and 96% of adult records demonstrated compliance. Semi-annual results for Q1 and Q2 2016 Member Outreach were reviewed. The initial analysis of claims and encounters data for 2016 revealed a higher completion rate for adult members when compared to pediatric members. An initial PPG report has been created to be used to provide feedback to providers on their completion rates.</p> | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | Quarterly reporting will continue as we refine our new reporting processes. | |
| #4 Quality Improvement Projects - Monitoring Persistent Medications QI Summary - Medication Management for People with Asthma QI Summary (Attachment I-J) Informational Patrick Marabella, M.D, Chair | <p><i>P. Marabella, MD presented two HEDIS Project Updates.</i></p> <p>Dr. Marabella reviewed two QI Summaries for the committee covering Monitoring Persistent Medications and Medication Management for People with Asthma. Both projects were focused in Kings County and described improvement interventions, results, and recommendations. Positive results have been identified for both projects.</p> | |
| #5 Quality Improvement/Utilization Management 2016 Mid-Year Evaluations - 2016 QI MY Eval & Summary - 2016 UM MY Eval & Summary (Attachment K, L) Action Patrick Marabella, M.D, Chair | <p><i>Dr. Marabella presented the 2016 Cultural & Linguistics and Health Education Work Plan Mid-Year Evaluations and Executive Summaries.</i></p> <p><u>2016 Quality Improvement Mid-Year Evaluation:</u> The three categories covered consist of:</p> <ol style="list-style-type: none"> 1. Access, Availability, & Service 2. Quality & Safety of Care 3. Performance Improvement Projects <p>All initiatives are on track to be completed by year-end.</p> <p>Access, Availability & Service</p> <ul style="list-style-type: none"> ➤ Improve Access to Care - CVH participating in single vendor process for 2016 Provider Appointment Availability Survey. ➤ Improve Compliance with After Hours Access-Corrective Action Plans will be issued for Providers who do not meet standards. ➤ 2016 DMHC Timely Access Reporting (TAR) – Submitted March 31st. <p>Quality & Safety of Care</p> <ul style="list-style-type: none"> ➤ Well-Child Visits and Prenatal Care measures met the Minimum Performance Level (MPL) in all three counties. ➤ Childhood immunizations were not met in Kings County. ➤ HbA1c Testing was not met in Kings or Fresno. | <p>Motion: Approve 2016 Quality Improvement Mid-Year Evaluation (Nomicos/Cardona) 4-0-0-2</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <ul style="list-style-type: none"> ➤ Controlling High Blood Pressure was not met in Fresno. ➤ Cervical Cancer Screening was not met in Madera County. <p>Performance Improvement Projects</p> <ul style="list-style-type: none"> ➤ Comprehensive Diabetic Care – Multidisciplinary team will initiate interventions over the next year to improve diabetes care in designated clinic with ultimate goal of spreading successful interventions to other clinics and counties. ➤ Postpartum Care - Preparing for initial intervention implementation with expanded data capture. First report available 8/31/16. <p><u>2016 Utilization Management/Case Management Mid-Year Evaluation:</u> Activities in 2016 Focus on:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory & Accreditation Requirements 2. Monitoring the UM Process 3. Monitoring Utilization Metrics 4. Monitoring Coordination with Other Programs and Vendor Oversight 5. Monitoring Activities for Special Populations <p>Key Findings:</p> <ol style="list-style-type: none"> 1. New federal and state regulations incorporated into policies and procedures. 2. Continue initiative to identify high-risk members to enroll in the Transitional Care Management Program. Greater than 55% engagement rate. 3. PPG Profiles and Over/Under Utilization Metrics are produced quarterly and presented to CVH. 4. Behavioral Health Performance-timeliness of first appointment for ASD (Autism) members continues to be challenging. Low denominators impact rates. Provider Relations with ongoing efforts. <p>Activities and initiatives will continue through December to meet 2016 year-end goals.</p> | <p>Motion: Approve 2016 Utilization Management Mid-Year Evaluation (Nomicos/Lee) 4-0-0-2</p> |
| <p>#6 Cultural & Linguistics/Health Education 2016 Mid-Year Evaluations</p> <ul style="list-style-type: none"> - 2016 C&L MY Work Plan Evaluation & Summary - 2016 Health Education MY Work Plan Evaluation & Summary | <p><i>Dr. Marabella presented the 2016 Cultural & Linguistics and Health Education Work Plan Mid-Year Evaluations and Executive Summaries.</i></p> <p><u>2016 Cultural & Linguistics Mid-Year Evaluation:</u> The four categories covered consist of:</p> <ul style="list-style-type: none"> • Language Assistance Services • Compliance Monitoring • Communication, Training and Education • Health Literacy, Cultural Competency and Health Equity <p>All activities were completed by June 30, 2016, or are on target for year-end completion.</p> | <p>Motion: Approve 2016 C&L MY Work Plan Evaluation (Cardona/Lee) 4-0-0-2</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| <p>(Attachment M, N) Action Patrick Marabella, M.D, Chair</p> | <p>Activities completed consist of:</p> <ul style="list-style-type: none"> • 24 materials, including member newsletters reviewed for readability level, content and layout. • C & L related grievances reviewed and follow-up completed. • Conducted 4 Cultural Competency trainings for Call Center staff. • Co-lead the Industry Collaborative Effort (ICE) to update ICE Provider Toolkit. • Provided training on Western Medicine and Working with Interpreters for Transitional Case Management staff. • Computer based training for A & G staff <p>All work plan activities are on target for year-end and will continue to monitor and track services and activities.</p> <p><u>2016 Health Education Mid-Year Evaluation:</u> The six major areas of focus for 2016 are:</p> <ul style="list-style-type: none"> • Pregnancy • Weight Control • Member Engagement • Smoking Cessation • Preventive Health Care • Chronic Disease Education <p>Overall, 12 of 14 initiatives are on track to meet year-end goals. There were issues with getting promotional materials printed, approved, and out on time for two initiatives. Therefore, these initiatives have been moved to Q3. Barriers to full implementation of activities have been identified and are being addressed. Efforts to implement all initiatives will continue through the end of 2016.</p> | <p>Motion: Approve 2016 Health Education MY Work Plan Evaluation (Nomicos/Foster) 4-0-0-2</p> |
| <p>#7 UM Business Key Indicator Report & Turnaround Time Report (Attachment O) Informational Patrick Marabella, M.D, Chair</p> | <p>The Key Indicator Report reflects data as of July 31, 2016. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➢ The Key Indicator Report is now a rolling 12 months. ➢ Membership continues to increase. ➢ ER visits have started to trend down. ➢ Bed days per thousand have decreased. ➢ Turn-around times are better than in previous months. ➢ Complex and Ambulatory Case Management have now been merged into one program as of September 2016 under Centene's Case Management program. There will be one integrated Case Management program moving forward. The program will now be all in-house, as opposed to vendors. Once a member has been assigned a Case Manager, that Case Manager will stay assigned to the | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p>member regardless of acuity level. This supports continuity of care for members over time.</p> <ul style="list-style-type: none"> ➤ Perinatal Case Management will transition to a new program after the first of the year. | |
| <p>#7 UM Business Utilization Management Concurrent Review IRR Report (Attachment P) Informational Patrick Marabella, M.D, Chair</p> | <p>This report covers the 2016 activities of the CCR Audit Review process and results. The goal of the CCR audit is to ensure the CCR process supports consistent, credible and timely medical management decisions and records that will facilitate improved member outcomes, minimize post discharge gaps in care, and ensure reliable and regulatory compliant member and provider communications.</p> <ul style="list-style-type: none"> ➤ The audit components include authorization processing, turnaround times, application of acute care criteria standards, and documentation of discharge collaboration. ➤ All elements met or exceeded the 90% goal. | |
| <p>#8 Credentialing and Peer Review Subcommittee Business - Credentialing Subcommittee Report - Peer Review Subcommittee Report (Attachment Q, R) Action Patrick Marabella, M.D, Chair</p> | <p>Credentialing Subcommittee Report. This report provides the QI/UM Committee with a summary of the CVH Credentialing Subcommittee activities.</p> <ol style="list-style-type: none"> 1. The Credentialing Sub-committee will meet on October 20th, 2016. At the October 2016 meeting routine credentialing and recredentialing reports will be reviewed for both delegated and non-delegated services. Reports covering the first quarter 2016 will be reviewed for delegated entities and second quarter for Health Net and MHN. 2. County specific Credentialing Sub-committee reports were reviewed for first quarter 2016. There were no cases identified with significant issues. <p>Peer Review Subcommittee Report. This report provides the QI/UM Committee with a summary of the CVH Peer Review Subcommittee activities. All Peer Review information is confidential and protected under law.</p> <ol style="list-style-type: none"> 1. The Peer Review sub-committee will meet on October 20th, 2016. The county specific Peer Review Summary reports for Quarter 2 will be reviewed and approved. There are no significant cases to report. 2. The Quarter 1 Peer Count Report that was presented at the May 19th, 2016 meeting included a total of 6 cases with 4 cases closed and cleared, one case with an outstanding CAP, and one case that requires ongoing monitoring. 3. The Quarter 2 Peer Review Count report will be reviewed at the October 20th Peer Review Subcommittee meeting. Any significant issues that require reporting to the RHA Commission will be included in the 4th quarter report. | <p>Motion: Approve the Credentialing Subcommittee Report (Nomicos/Lee) 4-0-0-2</p> <p>Motion: Approve the Peer Review Subcommittee Report (Nomicos/Lee) 4-0-0-2</p> |
| <p>#9 Compliance Update</p> | <p>MB Corrado presented the Compliance report.</p> <ul style="list-style-type: none"> ➤ A preliminary response from DHCS was received in September which identified three deficiencies; one which was related to claims in which CVH offered mitigating information and evidence showing disagreement in the extent of their findings. A response is currently pending. DMHC findings were | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p>also received for the two audits conducted; one audit was conducted on the SPD population and the second covered total Medi-Cal business. The SPD audit contained one deficiency and the full Medi-cal audit identified four deficiencies; one of which was the same identified in the SPD audit, three related to grievances, and one was in relation to an ID card issue. Overall, the joint audit went well, deficiencies were minimal and several have since been corrected. A corrective action plan is owed to both DMHC and DHCS after which final reports will be issued and become public.</p> <p>➤ The next Public Policy Committee meeting is scheduled for December 7, 2016 at CalViva Health. All Commissioners are invited to attend and observe.</p> | |
| #10 Old Business | None. | |
| #11 Announcements | None. | |
| #12 Public Comment | None. | |
| #13 Adjourn Patrick Marabella, M.D, Chair | Meeting was adjourned at 11:56am. | |

NEXT MEETING: November 17th, 2016

Submitted this Day: November 17, 2016

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair

Item #5

Attachment 5.D

Public Policy Committee Minutes
Dated 9/7/16



Public Policy Committee Meeting Minutes September 7, 2016

Camarena Health
344 E. Sixth Street
Madera, CA 93638

| Committee Members | | Community Base Organizations (Alternates) | |
|-------------------|---|---|---|
| ✓ | Joe Neves, Chairman | | Jeff Garner, KCAO |
| ✓ | David Phillips, Provider Representative | | Roberto Garcia, Self Help |
| | Beatrice Avila, Fresno County Representative | | Staff Members |
| ✓ | Gabriela Chavez, Madera County Representative | | Mary Beth Corrado, CCO |
| ✓ | Seng Moua, Fresno County Representative | ✓ | Jeffery Nkansah, Director, Compliance, Privacy & Security |
| ✓ | Tanya Klapps-Doan, At-Large | ✓ | Cheryl Hurley, Commission Clerk |
| | Magdalena Nino, Kings County Representative | | Courtney Shapiro, Community Relations Coordinator |

| AGENDA ITEM / PRESENTER | DISCUSSIONS | ACTION TAKEN |
|---|---|--|
| #1 Call to Order Joe Neves, Chair | The meeting was called to order at 11:35 am. A quorum was present. | |
| #2 Meeting Minutes from June 1, 2016 Action Joe Neves, Chair | The June 1, 2016 meeting minutes were reviewed. There were no discrepancies. | Motion: Approve June 1, 2016 Minutes 5-0-0-4 (Klapps-Doan / Chavez) |
| #3 Enrollment Dashboard Information Jeff Nkansah, Director, Compliance & Privacy/Security | Jeff Nkansah presented the enrollment dashboard. As of July, membership enrollment is currently at 354,504 members and modestly increasing. CalViva Health is averaging at a 70% marketshare. Voluntary disenrollment numbers remain low. | |
| #4 Health Education Information | Tony Gonzales presented an update on Promotores Health Network (PHN). HN provided an in-service with PHN to conduct education on the importance of the asthma action | |

September 7, 2016

| AGENDA ITEM / PRESENTER | DISCUSSIONS | ACTION TAKEN |
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| <p>Tony Gonzalez Lali Witrago</p> | <p>plan. There is a class scheduled for Friday, 9/9/16 at First 5 Family Resource Center in Madera.</p> <p>Tony Gonzalez also presented the Member Incentive Mid-Year Report. The new reporting format is mid-year progress, reporting on six months rather than three. The incentives reported are as follows:</p> <ul style="list-style-type: none"> • Kids and Teens: 23 CVH members enrolled the raffle • Fit Families for Life: 80 members were enrolled by mid-year; this is a drop of 22% from Fall of 2015 • Member Orientation: 33 participants attended 5 member orientation classes, of which 18 were CVH members. • Postpartum Direct Incentive: 755 forms were mailed to member in Q1 • Diabetes Log: 9 members returned completed logs in the first six months of 2016. <p>Moving forward continued collaboration to with these programs to promote member participation. The exception being the member incentive program for Member Orientation, this will end after June 2016. Member orientation will continue without the incentive.</p> <p>Lali Witrago reported the Group Needs Assessment and Update. Of the assessments that were mailed out, a 7% return rate was received. Due to the low number received, a second mailer was sent out in August. The Health</p> | |

| AGENDA ITEM / PRESENTER | DISCUSSIONS | ACTION TAKEN |
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| | Education department is also conducting follow up phone calls to the members that received the survey. Results from the second mailing will be reported at the December Public Policy Committee meeting. | |
| #5 Cultural and Linguistics Information Lali Witrigo | Lali Witrigo reported on Cultural and Linguistics. An update on the need for Mixteco language added to flyers was provided and Mixteco will not be added as the findings show that most that speak Mixteco cannot read Mixteco. As a reminder, assistance with language interpretation is always available. | |
| #6 Appeals, Grievances and Complaints Information Jeff Nkansah, Director, Compliance & Privacy/Security | Jeff Nkansah presented the appeals, grievances and complaints report for Q2 of 2016. Total appeals and grievances for Q2 2016 were 225, a decrease from Q1. The majority of appeals and grievances are from Fresno county. Total exempt grievances received were 677; 77 of those being SPD's. | |
| #7 Website Information Jeff Nkansah, Director, Compliance & Privacy & Security | Jeff Nkansah reported that CVH is in the process of enhancing the website in order to be compliant with SB 137. The current enhancement provides to ability to search the provider directory for mental health providers, pharmacies, vision providers, and clinics, hospitals and OB/GYN, and primary care providers. The next enhancement is schedule for early October and will include all specialist providers and ancillary providers. The printed provider directory scheduled for January 2017 will show the full list of providers. | |
| #8 Final Comments from Committee Members and Staff | Seng Moua inquired with Tony Gonzalez regarding educating members with allergies. Tony responded that | |

| AGENDA ITEM / PRESENTER | DISCUSSIONS | ACTION TAKEN |
|-------------------------|---|--------------|
| | education topics are based off of results from the Group Needs Assessments. | |
| #9 Announcements | Lali Witrigo handed out the most current CVH Newsletter. | |
| #10 Public Comment | None. | |
| #11 Adjourn | Meeting adjourned at 12:30 pm. | |

NEXT MEETING **December 7, 2016 in Fresno County**
11:30 am - 1:30 pm

Submitted This Day: December 7, 2016

Approval Date: December 7, 2016

Submitted By: C. Shapiro
 Courtney Shapiro, Community Relations Coordinator
 Director

Joe Neves
 Approved By: _____
 Joe Neves, Chairman

Item #5

Attachment 5.E

Compliance Report

RHA Commission Compliance – Regulatory Report



| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | 2016 Total |
|--|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| # of DHCS Filings | | | | | | | | | | | | | |
| Administrative/ Operational | 6 | 5 | 9 | 2 | 4 | 3 | 4 | 12 | 5 | 6 | 1 | 3 | 60 |
| Member & Provider Materials | 1 | 5 | 6 | 4 | 7 | 3 | 4 | 3 | 6 | 1 | 4 | 2 | 46 |
| # of DMHC Filings | 6 | 2 | 2 | 4 | 6 | 2 | 4 | 6 | 4 | 3 | 7 | 3 | 49 |
| # of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable) | | | | | | | | | | | | | |
| No/Low Risk | 3 | 5 | 7 | 2 | 2 | 4 | 6 | 0 | 2 | 0 | 2 | 3 | 36 |
| High Risk | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 5 |
| # Potential Fraud cases reported to DHCS | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Summary of Filings | <p>DHCS Administrative/Operational filings include ad-hoc reports, policies & procedures, Commission changes, and other Plan and Program documents.</p> <p>DHCS Member & Provider materials include advertising, health education materials, flyers, promotional items, etc.</p> <p>DMHC Filings include ad-hoc reports, Plan and Program documents, policies & procedures, advertising, flyers, promotional items, bylaw changes, Commission changes, undertakings, etc.</p> <p>Potential Privacy and Security Breach Cases - CalViva Health is required to provide notification and respond to a potential breach of the security of protected health information upon discovery, but no later than 24 hours after discovery. No/Low risk - Official letter not required to be sent to affected individuals. High risk - Official notice required to be sent to affected individuals.</p> <p>Potential Fraud cases - CalViva Health is required to perform a preliminary investigation and report such cases to DHCS within 10 days.</p> | | | | | | | | | | | | |

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| Compliance Oversight & Monitoring Activities | Description |
|---|--|
| CalViva Health Oversight Meetings | <p>Health Net CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to the Centene-Health Net merger that may affect CalViva Health. The Plan recently requested Health Net to provide corrective action plans (CAPs) for the following areas: encounter data submissions, third party liability information submissions, and specialty provider access. These CAPs will be monitored at the monthly oversight meetings until complete.</p> <p>Kaiser CalViva Health and Kaiser management continue to hold quarterly Joint Operations Meetings (JOM). The last meeting was November 3, 2016. The next meeting is scheduled for February 23, 2017. Kaiser has received a CAP and financial sanction from the Department of Health Care Services for failure to meet its regulatory and contractual obligations for reporting encounter data. This encounter data issue also affects the encounter data Kaiser submits to CalViva Health. The Plan is monitoring the Kaiser CAP as it relates to CalViva Health data at monthly encounter data oversight meetings with Kaiser as well as the quarterly JOMs.</p> |
| Oversight Audits | <p><u>Health Net Oversight Audits:</u> During 2016, the Plan completed audits of the following Health Net functions: Access and Availability, Continuity of Care, Marketing, Claims, Emergency Services, Pharmacy, Quality Improvement, Privacy and Security, Utilization Management, Provider Disputes and Provider Network.</p> <p>Corrective Action Plans (CAPs) were needed for Access and Availability, Claims, Provider Disputes, Provider Network, and Utilization Management. All other audits were favorable. The following CAPs have now been received and accepted: Claims, Provider Disputes, Utilization Management and Marketing. The following CAPs remain open: Access and Availability, and Provider Network.</p> <p><u>Provider Dispute Resolution (PDR) Case Audits:</u> During 2016, the Plan completed quarterly audits of Provider Dispute Resolution cases for Q1-Q4 2015. CAPs for Q1, Q3, and Q4 2015 were requested and approved. The Plan is currently working on the Q1 and Q2 2016 audits.</p> |
| Programs and Operations | Description |
| Member Handbook / Evidence of Coverage (“EOC”) | <p>On January 6, 2017, CalViva Health members began receiving notices about the new Acupuncture benefit and for members to continue using their Benefit Year 2015-2016 Member Handbook for the Benefit Year 2017 until they receive a new Member Handbook from CalViva Health. As a requirement of the federal Mega-Reg, DHCS is developing a standard template EOC that plans must start to use by July 1, 2017.</p> |

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| Provider Directory | Beginning with the Spring Volume 1, 2017 Provider Directory the directory has been expanded to include most of the providers in the Plan's network. CalViva Health will provide members with a printed provider directory which now includes: Clinics, Primary Care Physicians, Specialists, Vision, Hospital, Mental Health Providers, and Facilities and Other Services. CalViva Health members are also able to view or conduct a search online of the provider directory at http://www.calvivahealth.org . |
| Specialty Pharmacy Network | <p>Effective January 6, 2017 CalViva members requiring certain types of specialty drugs must obtain them from a contracted Plan specialty pharmacy of the Plan's choice. Medications that will be transitioned to specialty pharmacies include, but are not limited to drugs for the treatment of Hepatitis C, Multiple Sclerosis, Immune and Metabolic Disorders, Cancer, Pulmonary Arterial Hypertension, Endocrine Disorders and Rheumatoid Arthritis.</p> <p>AcariaHealth is the preferred specialty pharmacy of CalViva's choice. Member notices were sent on December 6, 2016 only to the approximately 400 current members who are impacted by this change.</p> |
| Contracts, Amendments, License Modifications | Description |
| Alternative Access Request to Network Adequacy Standards (Material Modification to Plan License) | The Department of Managed Health Care ("DMHC") and the Department of Health Care Services ("DHCS") provided their approval for alternate geographic access standards for PCPs in 3 zip codes and hospitals in 35 zip codes. This approval is effective January 12, 2017. |
| Amendments to Medi-Cal Contract | <p>Amendment # 8 Effective date: January 1, 2014 (executed in November 2016 with retroactive effective date) Purpose of amendment: It adjusts the 2014-2015 Optional Expansion capitation rates and revises the Medical Loss Ratio language by changing Exhibit B, Budget Detail and Payment Provisions. It also incorporates new and revises existing language by changing Exhibit E, Attachment 1, Definitions.</p> <p>Amendment # 9 Effective date: July 1, 2014 (executed in December 2016 with retroactive effective date) Purpose of amendment: It incorporates new language for Provider Preventable Conditions (PPCs) and in Determination of Rates to the contract. It also adjusts the 2014-2015 capitation rates by changing Exhibit B, Budget Detail and Payment Provisions.</p> <p>Amendment # 10 Effective date: December 31, 2016 (executed in December 2016) Purpose of amendment: Extends the contract term to December 31, 2020.</p> |

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| Business Associate Agreement (“BAA”) with TransUnion Health Care | The Plan executed a BAA with TransUnion Healthcare, a data clearinghouse as a result of the Plan’s encounter related activities and relationship with Health Net and Kaiser. Both Kaiser and Health Net have existing relationships with TransUnion. The BAA with TransUnion is effective January 24, 2017. TransUnion provides a variety of services that enhance encounter submissions and the correction process. By mid-2017, all CalViva Health related Kaiser encounter data and encounter data submitted by capitated participating physician groups in the Plan’s network will be submitted through TransUnion. |
| Madera County Department of Public Health (MCPHD) Targeted Case Management (TCM) Program MOU Addendum | The purpose of this MOU Addendum is to define the responsibilities and coordination between MCPHD and CalViva Health as well as provide assurance that claims for TCM do not duplicate claims for Medi-Cal managed care. TCM consists of comprehensive case management services that assist clients within a specified target population to gain access to needed medical, social, educational and other services. The MOU Addendum is based on a required DHCS template and is the same as the MOU Addendum executed with Kings County Public Health Department in November 2015. Fresno County does not have a TCM program currently. |
| Draft Medi-Cal Contract Amendment for Final Rule (aka Mega-Reg) | In the May 2016 Compliance Report to the Commission, it was noted the Centers for Medicare & Medicaid Services (CMS) issued a final rule on managed care in Medicaid and the Children’s Health Insurance Program (CHIP). This rule affects a wide range of health plan operations and policies. In December 2016, DHCS introduced a draft of the Final Rule amendment for the Medi-Cal managed care plan contracts. This amendment includes the changes proposed by DHCS to bring the plan contracts in compliance with the Final Rule provisions that are due to take effect on July 1, 2017. The health plans submitted extensive comments/questions to DHCS on the amendment. DHCS is working on finalizing the amendment for submission to CMS for approval and execution with plans. |
| Regulatory Reviews/Audits | Status |
| Department of Managed Health Care (“DMHC”) Routine Financial Examination | The DMHC completed a routine examination of the Plan as required by Section 1382 (a) of the Knox-Keene Health Care Service Plan Act. The examination reviewed the Plan’s fiscal and administrative affairs. The November Compliance report to the Commission noted there were no findings or action needed related to the Plan’s financial statements and tangible net equity calculations. The Plan received the DMHC Final Audit Report on January 30, 2017. There were minor findings noted regarding two Plan administrative processes and DMHC accepted the Plan’s corrective action. The Final Report will be published on the DMHC website. |
| Department of Health Care Services (“DHCS”) and Department of Managed Health Care (“DMHC”) Medical Audits | <p>The October 2016 Compliance Report to the Commission provided information about preliminary findings from the medical audits conducted by DHCS and DMHC in April, 2016. The Plan has now received final reports on all the audit results as listed below.</p> <ul style="list-style-type: none"> • DMHC 1115 Waiver Seniors and Persons with Disabilities Survey – Final Report and acceptance of corrective action plan (CAP) received on November 10, 2016. • DMHC Routine Full Service Medical Audit Survey – Final Report received on December 21, 2016. The Final Report requires the Plan to submit a status report on the Plan’s progress to address the deficiency of submission of online grievances by February 21, 2017. The DMHC also noted they would conduct a Follow-Up Review of the Plan within 14-16 months of the date of the Final Report. • DHCS Medical Survey Audit Plan - Received January 12, 2016 Final Report. The Plan is working on the CAP response which is due to the DHCS by February 15, 2017. |

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| | <ul style="list-style-type: none"> DHCS State Supported Services Audit – Received January 12, 2016 Final Report and no corrective action is required. <p>All the above audit reports are considered public information and will be posted on the DMHC and DHCS websites.</p> |
| Department of Managed Health Care (“DMHC”) Timely Access Report Measurement Year (“MY”) 2015 Report and Findings | <p>On February 2, 2017, DMHC released a public Timely Access Report (TAR) for MY 2015. The report was a compilation and summary of results from all health plans that submitted a TAR for MY 2015. The report identified DMHC concerns with the data submitted by plans. Plans were compared for data errors in 9 categories in the public report and CalViva Health performed comparatively well when compared to other plans listed in the report. DMHC also issued individual plan specific reports to each plan. The CalViva Health MY 2015 findings from DMHC noted concern with geographic access to hospitals for some zip codes and questioned the availability of some ancillary and specialty services.</p> |
| New Regulation Implementation | Status |
| Full-Scope Medi-Cal Coverage for All Children (Senate Bill 75 Transitioning Population) | <p>Pursuant to Senate Bill (SB) 75 (Chapter 18, Statutes of 2015), Section 14007.8 was added to the Welfare and Institutions Code and amended by SB 4 (Chapter 709, Statutes of 2015) to provide individuals under age 19 and who do not have satisfactory immigration status or are unable to establish satisfactory immigration status with full scope Medi-Cal benefits.</p> <p>The Department of Health Care Services (“DHCS”) completed the transition of impacted individuals from restricted scope to full scope Medi-Cal. DHCS issued a transition Population Summary Enrollment Data report on January 10, 2017 indicating 3,766 beneficiaries transitioned to CalViva Health or Anthem within the Plan’s service area of Fresno, Kings, and Madera Counties. The DHCS report noted 134,678 beneficiaries transitioned statewide.</p> |
| Affordable Care Act (“ACA”) Non-Discrimination Provisions | <p>In the September 2016 Compliance Report, it was noted that the Office of Civil Rights under the federal Department of Health and Human Services issued final rules regarding nondiscrimination provisions under Section 1557 of the Affordable Care Act (ACA). To comply with this Rule, CalViva Health implemented a policy and procedure effective July 18, 2016.</p> <p>Since the September Commission report, the Plan has incorporated the Non-discrimination policy and language assistance taglines in publications and communications which are regarded as significant. The language assistance notice and non-discrimination policy are posted on the CalViva Health website and have also been placed in all public areas of the Plan’s offices.</p> |
| Committee Report | |
| Public Policy Committee | <p>The Public Policy Committee had a meeting on December 7, 2016. The Public Policy Committee was provided information on the enrollment, health education, cultural and linguistic, appeals, grievances and complaints, the results of HEDIS measures for 2016, the new Federal Affordable Care Act Non-Discrimination Requirements and an update on the Plan’s 2016 DHCS/DMHC Medical Audit. There were no items requiring action by the Commission.</p> <p>The next Public Policy Committee meeting is scheduled for March 1, 2017, 11:30 a.m. at 7625 N. Palm Ave., Suite 109, Fresno, CA 93711.</p> |