Item #10

Attachment 10.A

2016 Annual Compliance Evaluation

CALVIVA HEALTH
2016 ANNUAL COMPLIANCE EVALUATION

The Fresno-Kings-Madera Regional Health Authority ("RHA") dba CalViva Health ("CalViva" or the "Plan") operates as a public agency, Local Initiative Medi-Cal managed care plan covering the counties of Fresno, Kings and Madera. The Plan does not offer any commercial or other product lines. CalViva Health is committed to establishing and maintaining its business operations in compliance with ethical standards, Department of Health Care Services ("DHCS") Medi-Cal contractual obligations, Department of Managed Health Care ("DMHC") requirements, and all-applicable state and federal statutes, regulations and rules. CalViva Health's compliance commitment extends to its own internal business operations, as well as its oversight and monitoring responsibilities relating to its business partners.

CalViva Health has an Administrative Services Agreement ("ASA") with Health Net Community Solutions ("Health Net") to provide certain administrative and operational services on the Plan's behalf. CalViva Health also has a Capitated Provider Services Agreement with Health Net for the provision of health care services to the majority of CalViva Health members through Health Net's network of contracted providers. CalViva Health also delegates responsibility to other organizations such as sub-contracted health plans (e.g. Kaiser Foundation Health Plan ("Kaiser")) that the Plan may contract with to provide services to CalViva Health members. One of the Plan's primary responsibilities is to ensure Health Net and sub-contracted health plans perform these services and activities in accordance with CalViva Health standards, contractual requirements and state and federal regulatory requirements.

This Annual Compliance Evaluation describes operational compliance information and major activities completed during 2016.

Compliance Programs

CalViva Health continued to operate a comprehensive Compliance Program in 2016. The Plan's Compliance Program includes written program descriptions, work plans and supporting policies and procedures documenting the Program requirements. Compliance Program documents created/reviewed and updated in 2016 included:

- Compliance Program Description
- Compliance Policies and procedures
- Code of Conduct
- Compliance Committee Charter
- Anti-Fraud Plan
- Privacy and Security Plan
- Compliance work plan tracking ongoing activities

During 2017, these Compliance Programs will continue to be updated as needed to comply with any new regulatory or contractual requirements or changed business practices. Furthermore, the Plan will continue its ongoing efforts to ensure Commissioners, officers and employees complete a Statement of Economic Interests (Form 700) and/or conflict of interest disclosure statement as

applicable on an annual basis and that the Office of Inspector General (OIG) exclusion list, Medi-Cal suspended/ineligible provider lists and licensing board sites are checked for all employees, contracted consultants, committee and Commission members as applicable.

Trainings

A primary required component of a successful Compliance Program is conducting ongoing education and training programs. Ongoing training helps CalViva Health staff to carry out daily Plan operations in an efficient and compliant manner. During 2016 the Plan conducted trainings for three (3) new hires as well as the following mandatory annual trainings:

Compliance Program and Code of Conduct	Anti-Fraud and Abuse Program
Privacy and Security Program	Confidentiality and Conflict of Interest
Drug Free Awareness Program	Cultural Competency

During 2016, all employees successfully completed all required trainings and passed any required quizzes with an 80% or above.

Feedback from evaluations obtained during the mandatory trainings indicated that those in attendance found the training "engaging", "simple", and "efficient." All attendees agreed the training objectives were met and the training experience will be useful in their work with the Plan.

Oversight and Monitoring of Delegated Activities

During 2016, CalViva Health staff continued a wide variety of activities to provide oversight and monitoring of the functions performed by Health Net and/or sub-contracted health plans on CalViva Health's behalf. These activities included:

- Continuing monthly management oversight meetings with Health Net key management staff to review reports, discuss issues and any improvement actions needed and an additional meeting after the monthly management oversight meeting to discuss key transitions in Health Net as a result of the Centene acquisition.
- Continuing quarterly Joint Operations Meetings with Kaiser key management staff to review reports, discuss implementation issues and any improvement actions needed.
- Conducted bi-weekly calls with Kaiser to address any issues.
- Monitoring and analyzing reports of key performance measures from delegated entities for timeliness, accuracy and identification of issues.
- Continued ongoing workgroups to perform monitoring and oversight and/or improve workflow processes in the following areas:
    - Appeal and Grievance Reporting
    - QI Workgroup (ongoing weekly workgroup addressing QI, UM, Credentialing and other areas and also assists in preparation of reports and materials for the CalViva Health QI/UM committee and Credentialing and Peer Review Sub-committees)
    - Monthly encounter data oversight workgroup with Health Net
    - Access Workgroup with Health Net to review reports and address access and

availability issues

Oversight Audits

Delegation Oversight Audit – Health Net

In 2016, CalViva Health continued efforts to streamline the audit process and increase staff efficiency in audit activities. The Plan developed an audit schedule that allows for functional areas to be reviewed throughout the course of the year.

During 2016, the Plan completed audits of the following Health Net functions:

Access and Availability	Emergency Services	Utilization Management
Continuity of Care	Pharmacy	Provider Disputes
Marketing	Quality Improvement	Provider Network
Claims	Privacy and Security	

Audits include desk reviews of policies and procedures used by Health Net to conduct Plan business, reports, and evidence submitted to meet the required audit elements. An onsite audit was conducted for the delegated activity of Claims.

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. Overall, these deficiencies did not rise to a level that could potentially result in a failure to pass the audit and primarily affected only one or two individual elements within the overall area audited.

Member and Provider Communications

CalViva Health compliance staff maintains a process for the review and approval of communications with members and providers. There have been no concerns and/or changes regarding the process to review and/or approve member communications. Furthermore, there have been no concerns raised with the literature which are currently being delivered to members. On the other hand, there were several delays in material developments and reviews as a result of changes at the regulatory level and within the Plan. For example, the annual mailing of the updated Member Handbook / Evidence of Coverage (EOC) was delayed as a result of not receiving the necessary regulatory approvals. The conversion to a quarterly printed provider directory was delayed as a result of delayed regulatory guidance. Lastly, there were several materials which were created as a result of organizational changes (i.e. switch to Envolve PeopleCare Disease Management program).

In 2016, contracted providers were sent ninety (90) Provider Updates with information on contractual and regulatory matters as well as health plan news and announcements. CalViva Health compliance staff also reviewed twenty-eight (28) informational letter templates for contracted providers and nineteen (19) forms intended for provider use. The Plan also created/updated seven (7) provider toolkits and approved for use:

- California Children's Services (CCS) Reference Guide (New) – Provides referral information and resources for children under age 21 with CCS eligible medical conditions.
- California Children's Services (CCS) Medical Eligibility ICD 10 Codes (New) – Tool provides ICD-10 codes for providers when they complete a SAR form and refer the child to the appropriate county CCS program.
- Guidelines for Compliance and Monitoring (Updated) – Tool provides standards to ensure members receive appointments within appropriate timeframes.
- Perinatal Resources for Provider Reference (New) – Tool provides resources to help providers optimize perinatal care for members
- Comprehensive Diabetes Care - Eye Exam Tool (New) – Tool assists providers with enhancing their HEDIS measures, codes associated with this measure and guidance for proper documentation.
- Narcotic Prescribing Tool for Providers (Updated) – The tool supports providers ensure member compliance to prescribed chronic narcotic medications and to prevent pain medication misuse.
- Medi-Cal Operations Guide (Updated) – Tool to assist providers with working with the health plan

Provider Relations

CalViva Health continued to maintain a large, diverse provider network in 2016. The following table provides the approximate number of network providers in the counties of Fresno, King and Madera as of Q4 2016.

Hospitals	11
Clinics	98
Primary Care Physicians	302
Mid-Level Practitioners	90
Specialists	1062
Ancillary Providers	99
Pharmacies	170
Mental Health Providers	173
Behavioral Health Therapy (BHT) Provider Network • Qualified Autism Service Providers (QASP) , Qualified Autism Service Professional (QASPRO), Qualified Autism Service Paraprofessional (QASPARA)	513

Kaiser Primary Care Providers	158
Kaiser Specialists	334
Kaiser Mental Health Providers	1143
Kaiser Behavioral Health Therapy (BHT) Provider Network • Qualified Autism Service Providers (QASP) , Qualified Autism Service Professional (QASPRO), Qualified Autism Service Paraprofessional (QASPARA)	886

In 2016, CalViva Health continued productive relationships with participating providers by completing 2,604 provider visits throughout Fresno, Kings, and Madera Counties. Plan staff conducted routine face-to-face visits, trainings and assisted providers with Medi-Cal guidelines and CalViva Health requirements in their day to day operations. Major activities in 2016 include:

- Medi-Cal Managed Care Operations Training, Complex Case Management Training, CCS Training, DRE/HbA1c Training, Lunch and Learn Training (Cultural Competency, HEDIS, Health Education) and Improving the Patient Experience Training
- Assisted providers with Access and Availability CAP/Awareness, DRE/HbA1c Awareness, and Fax Back Project
- Ensured newly contracted providers receive training in a timely manner
- Supporting provider workshops, conferences and seminars to provide knowledge and strategies for successful implementation of health care initiatives (e.g. EHS (PPG) seminar).

2016 Reports of Suspected Fraud & Abuse Cases

CalViva Health has an established Anti-Fraud Plan to identify, investigate, and if appropriate, prosecute instances of fraud by providers, members, contractors, or company employees. In addition, in 2016, as a result of organizational changes which occurred with the Plan's Administrator, the Plan introduced new strategies and approaches to identify, investigate, and if appropriate, prosecute instances of fraud by providers, members, contractors, or company employees.

The Plan is required to complete a preliminary investigation and report all suspected fraud and/or abuse cases to the DHCS within ten (10) working days following identification of a potential incident.

In 2016, the Plan identified and investigated forty-one (41) potential fraud/abuse leads. Thirty-eight (38) of the leads involved potential incidents involving provider billing practices and three (3) cases involved member incidents. Only one (1) case in 2016 was investigated and determined to reflect a suspected fraud and/or abuse case which was reported to DHCS within the ten (10) working days following identification. A majority of the leads in 2016 (approximately 37) remain open for observation and follow-up.

There were no cases identified that involved potential fraud or abuse by a CalViva Health employee.

There were no cases reported that involved potential provider or member fraud from the Plan's sub-contracted health plan Kaiser in 2016.

Privacy and Security Oversight

Regulatory and Contractual Obligations

CalViva Health continued to review and refine their practices and processes to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA), Department of Health Care Services (DHCS) contractual obligations and any other privacy and security related laws and regulations. The following key activities were completed for 2016:

- Breach Notifications and Assessments – Risk assessments were conducted on cases to determine the probability of compromise of protected health information in the event of a breach of unsecured protected health information.
- Notice of Privacy Practices (NPP) – The NPP was successfully distributed to new members upon enrollment.
- Risk Management Team – A team with knowledge about the organization's privacy and security policies and procedures, training program, computer system setup and technical security controls met as needed to identify threats and vulnerabilities and manage risk.
- Internal scanning for threats and vulnerabilities were continued
- Policy scanning for privacy and security related technical controls were continued

CalViva Health also continued their efforts in the oversight and monitoring of Business Associates (BA) who create, maintain and/or transmit protected health information (PHI). In addition, CalViva Health maintained a contract with a company to conduct security and vulnerability scans and another company for use of their software to assess CalViva Health's compliance with the HIPAA privacy and security regulations.

In 2017, CalViva Health will continue assessing their practices and processes to ensure compliance with HIPAA. These assessments could include but is not limited to reviewing operational business practices, completing a new risk analysis which was started in 2016, engaging in ongoing risk management activities and/or reviewing program documents related to HIPAA.

Reports of Possible Privacy and Security Incidents/Breaches

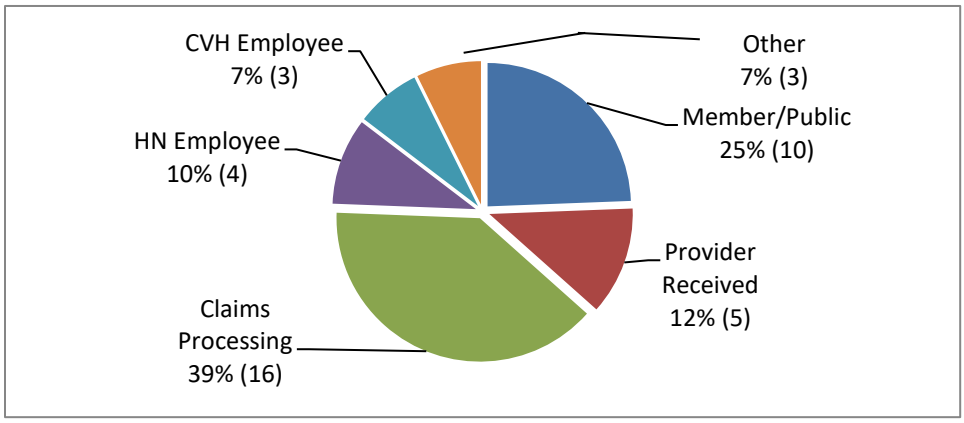
As described in the Plan's privacy and security policies and procedures, upon discovery of an incident/breach, CalViva Health must notify state and federal agencies of the incident/breach in accordance with regulatory requirements. In addition, the Plan must take prompt corrective action to mitigate any risks or damages involved.

In 2016, forty-one (41) privacy and security incidents were reported to the DHCS and the Health and Human Services (HHS) agency if applicable. Three (3) incidents occurred within CalViva Health. Two (2) incidents involved the Plan's sub-contracted health plan Kaiser. The remaining

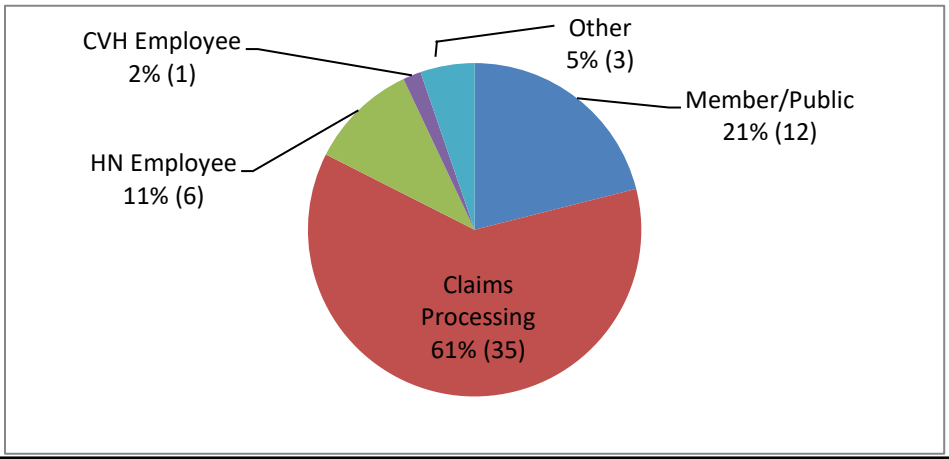
thirty-six (36) incidents involved the Plan's Administrator Health Net. Thirty-five (35) cases were deemed low risk or no risk after the completion of a risk assessment. Five (5) cases were deemed high risk, which required notifications to affected individuals and to HHS. There is one case which is still under investigation and waiting to be determined as a high-risk or low-risk case.

The first pie chart provides a high-level overview of the types of incidents which occurred in 2016. The second pie chart provides high-level overview of the types of incidents which occurred in 2015 for comparison purposes:

2016 Privacy and Security Cases



2015 Privacy and Security Cases



The pie charts reveal that the total number of privacy and security incidents decreased by 28% in 2016 (41 incidents) from 2015 (57 incidents). The total number of claim processing related privacy and security incidents decreased in 2016 by 54%. On the other hand, the number of incidents involving providers receiving PHI increased by 12%.

CalViva Health Internal Audits

CalViva Health conducts monthly workstation audits to enforce standards for protecting the

privacy of Personal Health Information (PHI). Compliance staff conduct an after business hours audit of internal workstations/offices and communal workspaces (e.g. document storage, fax machines, printers, and copy machines) to see if PHI is exposed and to determine if computers have been logged off. Spot check audits are also conducted during work hours to see if PHI is being exposed inappropriately or left unattended.

In 2016, there have been no incidents where an employee was subject to disciplinary action due to a privacy and security non-compliance issue.

Regulatory Filings and Reporting

As a licensed health plan, CalViva Health is required to submit a wide variety of information and materials (e.g. marketing and member materials, new benefits information, changes in Commission and committee members, key policies and procedures, etc.) to the DMHC and DHCS for review and approval. In 2016, CalViva Health made over 100 regulatory filings to DMHC and/or DHCS.

Additionally in 2016, the Plan submitted numerous daily, weekly, monthly, quarterly, semi-annual and annual reports and data submissions to the Department of Consumer Affairs (DCA), DMHC and DHCS in accordance with regulatory requirements and due dates. The following reports and data submissions required by DCA, DMHC and DHCS occurred in 2016:

- Bi-annual and annual reporting (e.g. Fraud Report, Timely Access Report, Facility Site Reviews, Medical Record Reviews, Claims, Provider Disputes)
- Annual Physical Accessibility Review Survey (PARS) assessment of specialists, ancillary providers, Community Based Adult Services (CBAS), and behavioral health providers serving a high volume of Seniors and Persons with Disabilities (SPDs) are listed in this report.
- Quarterly Operations Reporting (e.g. Call Center, Claims, Grievances, Provider Network)
- Quarterly Universal Reporting (e.g. reporting on areas such as the network adequacy, out of network cases, and grievances)
- Quarterly Optional Targeted Low Income Children (OTLIC) and SPD Reporting (e.g. population specific reporting on areas such as grievances and continuity of care)
- Quarterly Community Based Adult Services (CBAS) Reporting (e.g. population specific reporting on areas such as requests, assessments conducted, and grievances)
- Quarterly Mental Health Reporting (e.g. program specific reporting on areas such as continuity of care, referrals for services, and grievances)
- Daily, Monthly, and Quarterly Behavioral Health Therapy (BHT) for Autism Spectrum Disorder Reporting (e.g. calls and utilization information)
- Quarterly Dental General Anesthesia Reporting (e.g. requests, approvals and denials)
- Quarterly Provider Lists for Telephone Medical Advice Services

Regulatory Audits and Monitoring

In 2016, CalViva Health underwent various regulatory audits and/or monitoring activities from

regulatory agencies.

The DHCS and DMHC continued their process to conduct quarterly reviews of the Plan's provider network. The quarterly reviews evaluated the Plan's provider network against network requirements set forth under the DHCS contract and under the Knox Keene Act, as applicable. These quarterly reviews required a Plan response to the DHCS and DMHC inquires.

Along with the quarterly reviews of the Plan's provider network, the DHCS also continued their process to evaluate the quality of the Plan's encounter data. The DHCS assigns grades of "High-Performing," "Low Performing," or "Non-Compliant," in terms of encounter data quality. The Plan in 2016 only received a Quarter 1 2016 report from DHCS. The report indicated the Plan was "Low Performing." The Plan continues to work with their Administrator and Sub-contracted health plan to improve the quality of the data. Furthermore, the Plan continues to await the Quarter 2, 3, and 4 2016 reports from DHCS.

CalViva Health also received the following regulatory audits and performance reports in 2016:

- HEDIS® Compliance Audit for 2016
- DMHC Routine Full Service Survey
- DMHC SPD Survey
- DHCS Medical Audit
- DHCS State Supported Services
- DMHC Financial & Administrative Affairs Examination
- Final DHCS 2014-2015 Performance Evaluation report
- Final DHCS 2014-2015 Encounter Data Validation Study results

Overall, the Plan performed well in meeting regulatory requirements and for many of the above assessments required little or no corrective action. Where required, improvement plans were successfully implemented and/or ongoing implementation is occurring.

In 2017 CalViva Health may be involved in the following regulatory audits and monitoring processes:

- DHCS Medical Audit
- HEDIS® Compliance Audit for 2017
- DHCS 2015-2016 Performance Evaluation of CalViva Health
- Encounter Data Validation (EDV) Study
- 2016-2017 HSAG Quality Focus Study

Programs and Operational Accomplishments

In 2016, CalViva Health participated in numerous activities to address the implementation of programs and operational processes to ensure compliance issues are addressed and oversight and workflow processes are established as needed.

<u>Operational Processes</u>

- Quality Measures For Encounter Data ("QMED") – CalViva Health worked with DHCS to improve the quality of the Plan's encounter data.

- 274 Provider Transaction Format – CalViva Health is working with DHCS to transition to a new process and system to submit required files related to the provider network in a HIPAA compliant 274 provider transaction file format.

- Provider Directory – CalViva Health is working with DHCS and DMHC to make available a printed and online provider directory which is accurate and compliant with new regulatory requirements.

- Section 1557 of the Affordable Care Act (ACA) "Nondiscrimination" Final Rule – CalViva Health implemented activities related to this new government law that broadly prohibits discrimination on the basis of *race, color, national origin, sex, age, or disability* in certain health-related coverage, programs and activities. Activities implemented included training staff on the new law, posting required non-discrimination notices in all Plan public places, on the web site, in all significant member materials and communications, and creating/revising policies and procedures.

- Specialty Mail Order Pharmacy Program – implemented a mandatory program for certain Plan medications that will be transitioned to specialty pharmacies including, but not limited to drugs for the treatment of chronic and complex conditions such as Hepatitis C, Multiple Sclerosis, Immune and Metabolic Disorders, Cancer, Pulmonary Arterial Hypertension, Endocrine Disorders and Rheumatoid Arthritis. Effective January 6, 2017 members must obtain such specialty medications through the new mail order preferred pharmacy. Implementation activities included filing a Notice of Material Modification with DMHC, developing member and provider communications and creating a policy and procedure including a process for reviewing exception requests.

- Oversight of Centene – Health Net merger activities impacting CalViva Health processes, members and providers. The Plan participates in monthly status meetings regarding any changes or transitions affecting CalViva Heralth, has focused meetings with staff from specific operational areas of Centene and Health Net as needed to address implementation issues, is revising/creating Plan policies and procedures to reflect changes, reviewing and approving member and provider communications, and making regulatory filings as appropriate.

<u>Benefit Expansions</u>

- Behavioral Health Treatment (BHT) Coverage for Children Diagnosed with Autism Spectrum Disorder (ASD) – Continued the implementation of BHT services as a covered Medi-Cal benefit for individuals 0 to 21 years of age with ASD. The DHCS transitioned the responsibility for the provision of BHT services from Regional Centers to the Plan in 2016. 376 CalViva Health members had their services transitioned to the Plan.

- DHCS reinstated outpatient acupuncture services as a Medi-Cal managed care benefit effective July 1, 2016. The Plan's implementation activities included arrangements for acupuncture services to be provided by American Specialty Health Plans (ASH), member and provider communications.

Enrollment Expansions

- CalViva Health attributes a minor enrollment increase in 2016 as a result of Senate Bill (SB) 75 (Chapter 18, Statutes of 2015), Section 14007.8. This new regulatory requirement added to the Welfare and Institutions Code and amended by SB 4 (Chapter 709, Statutes of 2015) provided 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. The expansion completed in 2016, where approximately 3,766 beneficiaries in Fresno, King, and Madera Counties either selected or were defaulted into the Plan or the other Medi-Cal Managed Care Plan in the Service Area.

Summary of Plan Operational Compliance

In 2016, CalViva Health compliance staff also monitored various Plan operational activities. The following sections summarize performance in several key areas.

CalViva Health Member Service Call Center

Performance Indicators	**Member Service Calls**	**Member Service (Mental Health) Calls)**
Calls Received (includes calls that were not handled by Member Services and routed out to another department and abandoned calls)	146,696	1,845
Calls Handled	144,448	1,811
Abandonment Rate % (Goal 5% or less)	1.5%	1.8%
Average Speed of Answer (Goal 30secs) or less)	10.9	14
Service Level (Goal 80%)	92%	93%

Member Services met and exceeded several call performance standards in 2016. Kaiser's Call Center handled 3,247 member and provider calls related to CalViva Health in 2016. Checking benefits and eligibility, Primary Care Provider (PCP) changes, and changing personal information, were some of the top call reason categories for 2016.

Appeal and Grievance Resolution Activity Summary

CalViva monitors all appeal and grievance activity on an ongoing basis. Cases are reviewed for compliance with regulatory resolution timeframes, accuracy of language used in resolution letters, correct use of approved letter templates and completeness of case records. Expedited grievances and appeals must be resolved within 72 hours and standard appeals and grievances must be

resolved within 30 calendar days. Exempt grievances are grievances received over the telephone that are not coverage disputes, disputed health care services involving medical necessity or experimental/investigational treatment that are resolved by the close of the next business day.

The following table summarizes the number and type of A&G cases received, and the percent resolved within the compliance turnaround times (TAT) standards. For instances of non-compliance, corrective action was implemented in order to ensure there would not be future similar occurrences.

	No. of Cases Received	**No. of Cases Resolved** †	**% of Cases Resolved within TAT (No.)**
Standard Appeals	140	132	100% (132)
Expedited Appeals	57	56	100% (56)
Standard Grievances	709	698	100% (698)
Expedited Grievances	131	131	97.71% (128)
Total:	**1,037**	**1,017**	**99.71% (1,014)**
SPD Appeals & Grievances *	239	236	100% (236)
Exempt Grievances §	2559	NA	NA
CalViva Health - Kaiser Appeals & Grievances	92	92	100% (92)

† Total will not match as some cases received in December 2016 may remain open at the start of 2017 and the resolved case number may include some cases received in December 2015 and resolved in 2016.

* The number of total A&G cases which were attributed to seniors and persons with disabilities (SPD).

§ In March 2016, the classification of "exempt" grievances was broadened from 6 class types to 17 types.

There was a 18.3% decrease in the number of standard and expedited cases received from 1,269 in 2015 to 1,037 in 2016 despite a commensurate increase in overall CalViva membership: CalViva's total membership increased from 340,104 members in December 2015 to 359,697 in December 2016.

Provider Dispute Resolution Compliance

A total of 28,634 Provider Disputes were received in the regulatory reporting period of October 1, 2015 - September 30, 2016. 16,315 of the Provider Dispute cases met the resolution turnaround time of 45 working days. The majority of cases involved claims/billing disputes.

Claims Processing Compliance

The Plan received 6,081,738 medical and institutional claims and 5,890,550 claims were

processed (paid, denied, adjusted or contested) in the regulatory reporting period of October 1, 2015 - September 30, 2016. A total of 5,614,113 claims were paid or had adjustment payments and 275,888 claims were denied or contested during the reporting period. The turn-around for processing claims within the required timeframe (30 calendar/45 working days) met the required goal approximately 98% of the time. There were no compliance concerns to note.

Conclusion

CalViva Health continues to maintain the Plan's operational foundation while developing new or updated key activities to operate a successful and compliant health plan. Compliance efforts continue to focus on Plan staff and provider training; improving critical work flow processes between CalViva Health and Health Net or CalViva Health and other delegated organizations; conducting oversight audits, reviewing reports and data needed for oversight and monitoring of delegated organizations.

CalViva Health's staff succeeded in meeting the 2016 challenges of multiple regulatory audits/reviews, new regulation implementation, increased regulatory reporting and new program implementations (e.g. benefit expansions, enrollment expansions and transitions, etc.).

In 2017, the Plan expects to undergo additional audits and reviews from regulatory agencies and will continue to address new regulation implementation. In 2017, the Plan will be focusing on ongoing implementation of federal regulatory changes passed as the part of the Medicaid Managed Care regulation (aka Mega-Reg) and the associated Medi-Cal contract changes mandating the Plan's implementation of the changes. CalViva Health also expects the reporting requirements to continue and intensify. DMHC and DHCS have significantly increased their oversight and monitoring of health plan activities. Compliance efforts will focus on preparing for and successfully performing these activities. The 2017 Compliance Programs and work plans will focus on strengthening oversight activities, improving workflows, enhancing the effectiveness and efficiency of monitoring delegated activities, and identifying new areas of opportunity for collaboration with Health Net and sub-contracted health plans. The 2017 Compliance Programs will also be challenged with additional oversight responsibilities as a result of Centene's acquisition of Health Net Community Solutions and the DHCS decision to remove themselves from the Plan's three-way agreement with Kaiser Foundation Health Plan, Inc. This will result in additional Plan oversight and monitoring efforts that will need to be implemented.

APPROVAL:

		Date:	
Name:	Mary Beth Corrado		
Title:	Chief Compliance Officer		
		Date:	
Name:	Gregory Hund		
Title:	Chief Executive Officer		
		Date:	
Name:	David S. Hodge, M.D.		
Title:	RHA Commission Chairperson		

Item #11

Attachment 11.A

2017 Compliance Program Description

COMPLIANCE PROGRAM

For inquiries regarding this Compliance Program, please contact:

Mary Beth Corrado, CHC
Chief Compliance Officer
CalViva Health
7625 N. Palm Ave., Suite 109
Fresno, CA 93711
mbcorrado@CalVivahealth.org
(559) 540-7847

CALVIVA HEALTH COMPLIANCE PROGRAM

I. CalViva Health Overview

The Fresno-Kings-Madera Regional Health Authority (referred to as the "RHA"), is a public entity created pursuant to a Joint Exercise of Powers Agreement between the Counties of Fresno, Kings and Madera. RHA is governed by a board ("The Commission") consisting of representatives from these three counties. On April 15, 2010, RHA Commission adopted the name "CalViva Health" under which it does business. RHA was licensed on December 30, 2010 as a full-service health care plan ("The Plan") pursuant to the provisions of the Knox-Keene Health Care Service Plan Act of 1975 as amended. RHA is licensed to offer health care services to enrollees in the Medi-Cal Managed Care Plan under the Two Plan Model in the counties of Fresno, Kings, and Madera. On December 30, 2010, RHA executed a contract with the California Department of Health Care Services ("DHCS") to provide services to Medi-Cal managed care enrollees in all zip codes in these three counties.

CalViva Health contracts with health plans, provider organizations and other contractors to provide administrative services on behalf of the Plan and/or provide health care services to CalViva Health members. These first-tier subcontractors, and their downstream contracted entities, are required to have programs, standards, policies and processes in place that comply with state and federal regulations and Medi-Cal requirements as applicable to the type of entity.

In serving its membership, CalViva Health ("CalViva" or the "Plan") is committed to establishing and maintaining its business operations in compliance with ethical standards, contractual obligations, and all applicable state and federal statutes and regulations, especially those pertaining to the Medi-Cal program. To that end, CalViva established a Compliance Program as described below.

II. Compliance Program Purpose and Objectives

The Compliance Program exists to ensure that all CalViva members have access to quality health care services that are in compliance with all applicable state and federal statutes and regulations, and CalViva's contractual requirements to DHCS.

Table 1 presents the primary objectives implicit in this purpose.

Table 1. Program Objectives

Ensure the integrity of CalViva's Health Plan by upholding the ethical standards stated in the Code of Conduct, and complying with the policies and procedures that reflect our commitment to compliance.
Develop and maintain effective communication and collaboration with CalViva employees, subcontractors and regulators in order to maintain operational and regulatory integrity.
Provide oversight of subcontractors, including auditing of delegated functions.
Detect noncompliance as soon as possible, and in cooperation with CalViva subcontractors and stakeholders, make all reasonable efforts to correct or remedy the operational factors/circumstances under which the noncompliance occurred.
Report promptly to the appropriate state and federal agencies all required or contracted operational data, and also any suspected criminal and civil violations of statutes governing the provision of health care and health care plans.
Comply with the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) in their audits of CalViva and its providers.

Additionally, CalViva's Compliance Program is based on seven key elements stated in the Federal Sentencing Guidelines Manual as necessary for an effective compliance program:

1. Written standards of compliance
2. Designation of a Chief Compliance Officer
3. Effective education and training
4. Audits and evaluation techniques to monitor compliance
5. Reporting processes and procedures for complaints
6. Appropriate disciplinary mechanisms
7. Investigation and remediation of systemic problems

III. SCOPE

CalViva's Compliance Program oversight extends to the members of the Commission and the Commission's subcommittees, CalViva's employees and CalViva's delegated subcontractors, including contracted Knox-Keene licensed health plans, participating providers, and suppliers.

IV. AUTHORITY AND OVERSIGHT

A. GOVERNMENT AGENCIES

The following are some of the state and federal agencies that have legal authority to regulate various aspects of health care and health care plans.

- Centers for Medicare and Medicaid (CMS)
- Office of Civil Rights (OCR)
- Department of Managed Health Care (DMHC)
- Department of Health Care Services (DHCS)

By extension, CalViva assumes contractual responsibility from DHCS for assuring compliance with the regulations promulgated by these agencies and has developed various operational policies and procedures for that purpose. Section VIII of this Program Description lists the statutes and regulations that specifically relate to CalViva's Compliance Program. Moreover, these agencies have the right to access premises to determine/investigate compliance with the applicable regulations, executed contracts, and for any other reasonable purpose with or without notice to CalViva or its subcontractors and delegates.

Corporate oversight of CalViva's Compliance Program is shared by the RHA Commission, CalViva's Compliance Committee, and CalViva's Chief Compliance Officer ("CCO"). Their respective roles are briefly outlined below:

B. RHA COMMISSION

1. Bears ultimate responsibility for overseeing and supporting CalViva's operations, including the Compliance Program.
2. Reviews and approves the Compliance Program annually, including the Privacy and Security Plan, the Anti-Fraud Plan, and the Code of Conduct.
3. Reviews periodic reports of Compliance Program activities

C. THE COMPLIANCE COMMITTEE

1. Oversees CalViva's Compliance Program and advises the CCO on Program adequacy.
2. Reviews the Compliance Program annually, including the Privacy and Security Plan, the Anti-Fraud Plan, and the Code of Conduct and recommends revisions as needed.
3. Analyzes CalViva's contractual, legal, and regulatory requirements and risk areas and consults with advisors and legal counsel as necessary.
4. Monitors reports of fraud, waste and abuse, and unauthorized use and/or disclosures of personal information ("PI"), including protected health information ("PHI").
5. Reviews and approves recommendations to modify or establish internal systems

and controls necessary to carry out the Compliance Program.

6. Supports investigational activities performed by the CCO, and or state and federal officials, as they relate to violations of the federal False Claims Act, Anti-Kickback Statute, and the Health Insurance Portability and Accountability Act (HIPAA).
7. Reviews and approves disciplinary and corrective actions related to non-compliance with the Compliance Program.

D. CHIEF COMPLIANCE OFFICER (CCO)

1. Has operational accountability for the entire Compliance Program as detailed in this document.
2. Oversees the development, operation, evaluation and improvement of the Compliance Program, including corrective actions.
3. Develops the annual Compliance Program Work Plan.
4. Reports to CalViva's Chief Executive Officer and the Commission.
5. Chairs the CalViva Compliance Committee.
6. Serves as CalViva's "Privacy and Security Officer" and "Anti-Fraud Officer".
7. Is the primary CalViva liaison with DHCS and DMHC.

V. COMPLIANCE RISK AREAS

The following presents just some of the potential risks associated with the delivery of health care and health plan administration. These, and many others, are the focus of the Compliance Program's due diligence in monitoring, reporting, taking corrective action and improving**.**

A. Access & Availability, and Quality of Care:

- Unavailable or inaccessible covered services to members;
- Inappropriate withholding or delay of covered services;
- Improper interference with health care professionals' advice to members regarding member's health status, medical care and treatment;
- Non-credentialed physicians or unlicensed/certified practitioners and providers;
- Discrimination on the basis of race, color, national origin, sex, age or disability.

B**.** Data Collection and Submission**:**

- Noncompliance with contractual and regulatory requirements related to the accurate, complete, timely and truthful submission of data (e.g., encounters data, claims data, financial reports and other required operational reports).

C. Member Grievance and Appeal Procedures:

- Failure to ensure that members are properly notified of their grievance and appeal rights;
- Failure to respond and resolve member grievances and appeals within the required timeframes.

D. Emergency Services:

- Improper use of prior authorization for emergency services;
- Denial of payment for emergency services based on contractual standards, including the "prudent layperson" standard;
- Unavailable or inaccessible emergency services within the Plan's service area.

E. Kickbacks and Other Inducements:

- Willful offer, payment, solicitation or receipt of remuneration to induce the referral of business reimbursable under the Medi-Cal program;
- Inappropriate incentives or remuneration to enrollees to induce them to use a particular practitioner, provider, or supplier.

F. False Claims:

- False or fraudulent claims knowingly presented for payment or approval;
- False records or statements material to a false or fraudulent claim knowingly made, used, or caused to be made or used.

G. Confidentiality:

- Unauthorized use and or disclosure of a member's or an employee's personal information (PI) or protected health information (PHI);
- Improper disclosure of protected peer review information.

H. Excluded Providers:

- Contractual or employment relationships with persons or entities which are suspended, excluded or otherwise not eligible to participate in federal or state health care programs;
- Improper reimbursement for items or services furnished, ordered, prescribed, or supplied by an excluded person or entity;
- Failure to take appropriate corrective action upon subsequently learning of a person's or entity's excluded status.

I. Member Dis-Enrollment:

- Improper action to request or encourage an individual to dis-enroll from any health plan.

J. Marketing

- Improper or misleading marketing materials

VI. COMPLIANCE PROGRAM ELEMENTS

A. POLICIES AND PROCEDURES

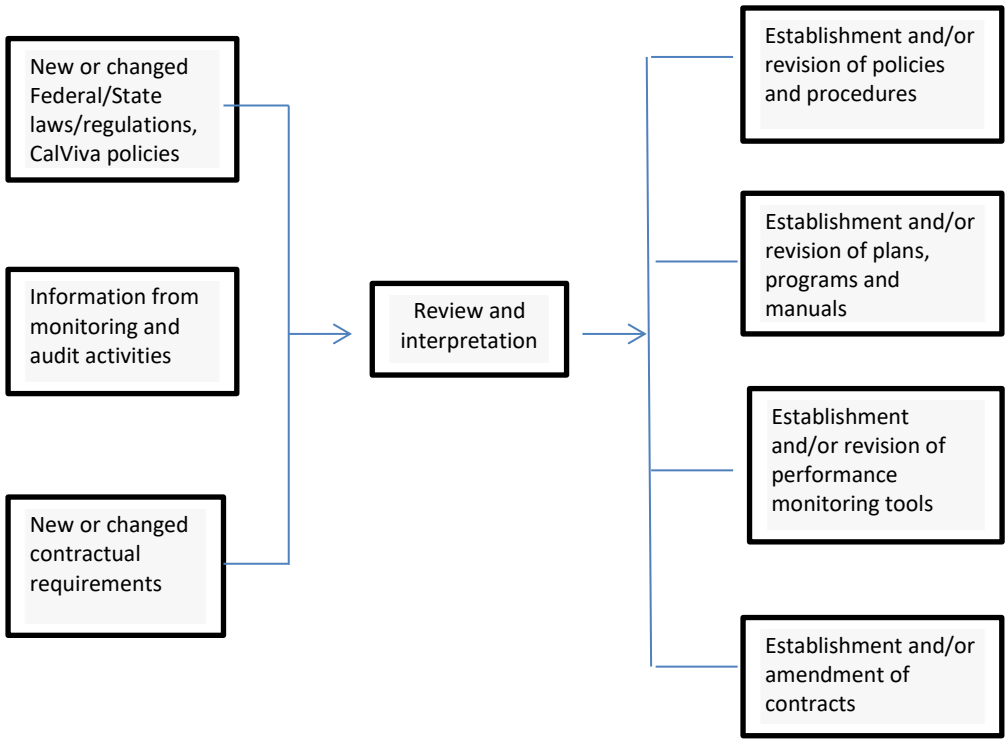
Prevention is the cornerstone to CalViva's Compliance Program. Efforts to prevent noncompliance are articulated through written policies, procedures, work plans, program descriptions and manuals. The Compliance Department staff implements the Program in collaboration with its internal stakeholders from the Medical Management and Finance Departments. CalViva's Compliance Committee or other Plan Committees, as applicable, meet regularly to review and approve proposed changes to CalViva's Policies and Procedures. CalViva maintains an on-line library of policies and procedures. Although it contains many policies, Table 2 lists those key policy topics that underpin the majority of CalViva's risk management approach and compliance methodologies. Two fundamental Compliance Program plans, the "Privacy and Security Plan" and the "Anti-Fraud Plan", are reviewed annually by the Commission and provide detailed plan requirements and activities.

Table 2. Key Compliance-Related Policy Topics

Code of Conduct	**Quality Improvement**
Conflict of Interest	**Utilization Management**
Privacy and Security	**Credentialing**
Anti-Fraud	**Peer Review**
Appeals and Grievances	**Delegation Oversight**
Claims	**Provider Disputes**

Figure 1 shows the factors that may precipitate changes in various policies, procedures, and ancillary documents.

Figure 1.



B. MONITORING

The Compliance Program incorporates periodic monitoring and auditing of its subcontractors. Mechanisms such as delegation oversight audits, case file audits, and periodic review of operational metrics are employed. Additionally, CalViva conducts joint operational and management meetings with subcontractors. Table 3 presents some of the key activities that are monitored and reported on a periodic basis (e.g., monthly, quarterly, annually).

Table 3. Activities Monitored by CalViva

Provider Network Contracting and Updating	**Member Appeals and Grievances**	**Practitioner and Provider Credentialing**
Provider Access	**Facility Site Reviews & Medical Record Reviews**	**Encounter Data**

Member Rights and Services	Cultural and Linguistic services	Claims Payment
Marketing	Provider Grievances and Disputes	Utilization Management & Case Management
Health Education	Mental Health & Behavioral Health Services	Quality Improvement
Pharmaceutical Services	Provider Training	Continuity of Care

When monitoring indicates problems, an appropriate Corrective Action Plan (CAP) is implemented to ensure issues are communicated and resolved.

C. EDUCATION AND TRAINING

The Compliance Department provides continuous training and education of its employees on their legal and ethical obligations under applicable laws, regulations and organizational policies. For example, upon completion of new hire training and annually thereafter, all employees must sign a certification statement acknowledging that they have read and understood the documents listed in Table 4.

Table 4. Program Documents

Compliance Program Description	Code of Conduct	Conflict of Interest	Anti-Fraud Plan
Privacy and Security Plan	Confidentiality Agreement	Drug Free Workplace	

Contracted consultants also receive copies of the Compliance Program, Anti-Fraud Plan, Privacy and Security Plan, and Code of Conduct. They must sign a certification statement acknowledging that they have read and understand the documents.

Employees also receive training on the proper execution of key work processes. CalViva regularly reviews and updates its training programs as well as identifies additional areas of training as needed based on new developments. Information regarding these developments and their implications are also communicated to and from CalViva's contractors as applicable.

Additionally, CalViva's CCO, Management and staff receive additional education and training through professional associations, webinars and regulatory agency meetings related to federal and state requirements and compliance.

D. REPORTING NONCOMPLIANCE

Fundamental to the effectiveness of CalViva's Compliance Program is the concept of

nonretaliation. All persons associated with CalViva, including its Commission members, Committees, employees, subcontractors, consultants, and vendors are free to come forward and report suspected noncompliance with the Code of Conduct, Program Documents, CalViva policy and procedures, and state and federal regulations without fear of retaliation or retribution. The following types of noncompliance are of particular concern for expeditious reporting and corrective action:

1. **Criminal and Civil Violations of Law**: CalViva conducts fact-finding activities, and reports to the proper authorities for further investigation and action, all credible, suspected occurrences of fraud, waste, abuse, kickbacks, and unauthorized uses and disclosures of protected information, including PHI.

2. **Contractual Violations**: As outlined in the "Scope of Work" section of CalViva's contract with DHCS (and occasionally as issued in DHCS "All Plan Letters"), CalViva must submit a broad range of Plan data and information to DHCS and DMHC (e.g., encounter data, grievances /appeals, provider network, timely access, etc.). Many of these reports are submitted in agency-specified formats by each Department's stated due date. Additionally, CalViva must also respond to DMHC and DHCS as it relates to members' requests for Independent Medical Reviews (IMRs) and State Hearings (SHs) by each Department's due date. Failure to comply in a timely manner to these agency's requests may result in CalViva receiving an Enforcement Action.

3. **Other Misconduct**: Those behaviors that do not comport with the general principles outlined in the Code of Conduct of treating other employees, subcontractors, providers, and Plan members with honesty, dignity, respect and courtesy.

E. Response and Corrective Action

Noncompliance with, and violation of, state and federal regulations can threaten CalViva's status as a reliable and trustworthy provider capable of participating in federal health care programs. Accordingly, CalViva in cooperation with subcontractors and regulators, will make all reasonable efforts to prevent, correct and remedy the operational factors and circumstances under which such noncompliance or violations occurs. Depending on the nature, circumstances and severity of the noncompliance/violation, if any CalViva employee is determined to be involved or responsible, these efforts may include a range of disciplinary and corrective actions up to and including termination. If any consultant or subcontractor is determined to be involved or responsible, these efforts may include a range of disciplinary and corrective actions up to and including termination of CalViva's contract with the consultant or subcontractor.

VII. SUMMARY

CalViva's Compliance Program employs a comprehensive approach to ensuring its business operations are in compliance with ethical standards, contractual obligations, and all applicable state and federal statutes and regulations, including those specifically related to the Medi-Cal program. Moreover, CalViva maintains an on-going commitment to ensure that the Compliance Program remains relevant and vigilant to the requirements of a constantly evolving and regulated managed health care system.

VIII. AUTHORITY

1. Knox-Keene Health Care Service Plan Act of 1975 and its amendments (California Health and Safety Code)
2. Title 28 of the California Code of Regulations
3. Title 22 of the California Code of Regulations
4. California Welfare and Institutions Codes
5. 42 CFR 438 (Managed Care)
6. 45 CFR 160, 162, and 164 (HIPAA Privacy & Security Rules)
7. 45 CFR 92 (Anti-Discrimination)
8. California Information Practices Act of 1977 (IPA)
9. The California Confidentiality of Medical Information Act (CMIA)
10. CalViva-DHCS Medi-Cal Contract (Including all amendments)
11. Federal Sentencing Guidelines Manual: Chapter 8, §8B2.1. Effective Compliance and Ethics Program

IX. Program Documents

1. Code of Conduct
2. Anti-Fraud Plan
3. Privacy and Security Plan
4. CalViva Policies & Procedures

X. APPROVAL

	_____	_____
Name:	Mary Beth Corrado	Date
Title:	Chief Compliance Officer	

	_____	_____
Name:	Gregory Hund	Date
Title:	Chief Executive Officer	

	_____	_____
Name:	David S. Hodge, M.D.	Date
Title:	Chair, RHA Commission	

DOCUMENT HISTORY	
Date	**Comments**
03/01/2011	New Program Description
02/09/2012	Annual Update of Program Description
01/17/2013	Annual Update of Program Description
02/06/2014	Annual Review: Changes to clarify current contractual relationships and activities; comply with new regulations and Medi-Cal contract requirements
01/26/2015	Annual Review: Changes to clarify monitoring and auditing activities
02/08/2016	Annual Review, added reference document
02/02/2017	Annual Review: Program Description is replaced in its entirety. Overall content is the same; reduced duplication with other program plans, formatting, editorial and organizational enhancements to all sections.

Item #12

Attachment 12.A

2017 Code of Conduct

Code of Conduct

For inquiries regarding this Code of Conduct, please contact:

Mary Beth Corrado
Chief Compliance Officer
CalViva Health
7625 N. Palm Ave., Suite 109
Fresno, CA 93711
mbcorrado@calvivahealth.org
Phone: 559-540-7847

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~~CALVIVA HEALTH CODE OF CONDUCT~~

I. CalViva Health Overview:

The Fresno-Kings-Madera Regional Health Authority (referred to as the "RHA"), is a public entity created pursuant to a Joint Exercise of Powers Agreement between the Counties of Fresno, Kings and Madera. RHA is governed by a board ("The Commission") consisting of representatives from these three counties. On April 15, 2010, RHA Commission adopted the name "CalViva Health" under which it does business. RHA was licensed on December 30, 2010 as a full-service health care plan ("The Plan") pursuant to the provisions of the Knox-Keene Health Care Service Plan Act of 1975 as amended. RHA is licensed to offer health care services to enrollees in the Medi-Cal Managed Care Plan under the Two Plan Model in the counties of Fresno, Kings, and Madera. On December 30, 2010, RHA executed a contract with the California Department of Health Care Services ("DHCS") to provide services to Medi-Cal managed care enrollees in all zip codes in these three counties.

CalViva Health contracts with health plans, provider organizations and other contractors to provide administrative services on behalf of the Plan and/or provide health care services to CalViva Health members. These first-tier subcontractors and their contracted downstream, and related entities are required to have programs, standards, policies and processes in place that comply with state and federal regulations and Medi-Cal requirements as applicable to the type of entity.

~~I.~~II. Purpose:

All employees and all persons associated with CalViva Health, including its Commission members, delegated organizations, consultants, contracted providers and vendors, are responsible for acting in a manner consistent with the code of conduct summarized in the following general principles:

1. We will treat all members with dignity, respect and courtesy.
2. We will consistently & accurately represent ourselves & our capabilities to members the public and the Medi-Cal program.
3. We expect all employees to perform their jobs with honesty and integrity.
4. We will strive to ensure that our providers render services that meet the identified needs of our members and avoid the provision of services which are not medically necessary, effective or efficient.
5. We will strive to respond in a meaningful way to the concerns of our stakeholders, Members, Providers, Counties of Fresno, Kings, and Madera.
6. We will strive to achieve an excellent standard of performance throughout the organization.

III. Elements:

The following provisions of the CalViva Health Code of Conduct are intended to guide employees and all persons associated with CalViva Health in their day-to-day activities. The above general principles are applied in the following:

1. Member Services and Rights:

A. CalViva Health requires its providers to adopt a standard of care that reflects federal and state laws and regulations, clinical practice guidelines, and the standards of each professional discipline.

B. CalViva Health employees and providers will treat members in a manner that reflects the following rights:

1. To be treated with respect, dignity and courtesy from health plan providers and staff. Members have the right to be free from retaliation or force of any kind when making decisions about their care.

~~1.~~2. To be provided with free aids and services to communicate effectively with CalViva Health employees and providers and not be discriminated against on the basis of race, color, national origin, age, disability or sex.

~~2.~~3. To have a private relationship with their provider and to have their medical record kept confidential. To be noticed if there is a breach of their protected health information. Members also have the right to receive a copy of, amend and request corrections to their medical record. Minors have the right to certain services that do not need a parent's okay.

~~3.~~4. To receive information about CalViva Health, its services, its doctors and other providers. Members have the right to choose their Primary Care Physician from the doctors and clinics listed in CalViva Health's provider directory. They also have the right to get appointments within a reasonable amount of time.

~~4.~~5. To talk with their doctor about any care the doctor provides or recommends, discuss all treatment options, and participate in making decisions about their care. Members have the right to talk candidly to their doctor about appropriate or medically necessary treatment options for their condition, regardless of the cost or what their benefits are.

~~5.~~6. To receive information about treatment regardless of the cost or what their benefits are. Members have the right to say "no" to treatment. Members have a right to decide in advance how they want to be cared for in cases of a life-threatening disease, illness, or injury.

~~6.~~7. To complain about CalViva Health, the health plans and providers we work with, or the care provided without fear of losing their benefits. CalViva Health will help the member with the process. If a member doesn't agree with a decision, they have the right to appeal. Members have the right to disenroll from CalViva Health whenever they want.

~~7.~~8. To request a State Hearing.

~~8.~~9. To receive emergency or urgent services as well as family planning and sexually transmitted disease services outside of CalViva Health's network. No services are covered outside the United States, except for emergency services requiring hospitalization in Canada or Mexico.

~~9.~~10. To request an interpreter at no charge and not use a family member or a friend to interpret. Members have the right to get the Member Handbook and other information in another language or format.

~~10.~~11. To receive information about member rights and responsibilities. Members have the right to make recommendations about these rights and responsibilities.

2. Provider/Vendor Relations and Contracts:

A. CalViva Health does not enter into contracts or other arrangements with providers which, directly or indirectly, pay or offer to pay anything of value, be it money, gifts, space, equipment or services, in return for the referral of members to or by CalViva Health for services paid by the Medicaid program or by any other federal health care program.

B. CalViva Health does not enter into financial arrangements with providers that base compensation on the volume of Medicaid services provided.

C. CalViva Health does not approve nor cause claims to be submitted to the Medicaid program or any other federal health care program:

1. For services provided as a result of payments made in violation of (1) above.

2. For services not rendered by the provider identified on the claim form.

3. For services rendered by a person who is not properly licensed or is known to have falsely claimed to be a specialist.

4. For services that are not reasonable and necessary.

5. For services, which cannot be supported by the documentation in the medical record.

D. CalViva Health does not falsify or misrepresent facts concerning the delivery of services or payment of claims in connection with the Medicaid program or any other federal health care benefit program.

E. CalViva Health does not provide improper or inappropriate incentives to providers to reduce or limit services to Medicaid beneficiaries or recipients of other federal health care programs.

F. CalViva Health conducts all business with provider and vendors at arm's length and pursuant to written contract.

G. All contracts with providers are for no less than a one year term, clearly state the responsibilities of the provider and clearly delineate compensation or fee schedules that meet regulatory guidelines and are not based on the volume of Medicaid services to be provided.

H. All provider contracts meet Medicaid program subcontracting requirements, including, but not limited to, a "hold harmless" provision.

I. Contracts with providers and vendors contain a provision that requires the vendor or provider to abide by all applicable provisions of the Plan.

3. Business Operations and Accounting:

A. CalViva Health does not retain Medicaid funds that are not properly owed to CalViva Health or one of its contracted providers.

B. CalViva Health does not engage in transactions that provide excessive economic benefit to persons with a vested interest in CalViva Health (e.g. members, directors, officers).

C. All financial reports, accounting records, research reports; expense accounts, time sheets and other financial documents shall accurately represent performance of operations.

D. CalViva Health strives to preserve and protect its assets and to direct such assets to its appropriate purposes.

E. CalViva Health has established procedures to ensure a system of internal controls that provide reasonable assurance that financial records are executed consistent with local, state and federal regulatory requirements and accounting industry

guidelines.

F. CalViva Health trains and/or educates accounting staff regarding asset accountability and the need to account for all financial transactions.

G. CalViva Health has an audit performed annually by an independent certified public accountant or independent accountant.

H. The accounting staff maintains documents and other records of original entry to support asset acquisitions and dispositions. Books and records shall fairly and accurately reflect, in reasonable detail, CalViva Health's business transactions, assets acquisitions, sales and deposits, as well as other activity.

I. CalViva Health regularly maintains assets and other such records in accordance with CalViva Health's policy, but no less frequent than monthly, to include, but not be limited to, Cash, Accounts Receivable, Fixed Assets, etc.

J. CalViva Health management regularly provides financial statements to the RHA Commission.

K. CalViva Health protects and secures its financial data. Record destruction is conducted in accordance with approved document destruction policies and procedures.

L. CalViva Health recognizes the potential for conflicts of interest in business activities. To achieve our goals and to maintain integrity, any employee or other persons associated with CalViva Health who could potentially benefit from a contract shall not participate in CalViva Health's decision-making process relative to that business entity.

M. To guard against any conflicts of interest, CalViva Health requests all RHA Commissioners, officers and employees to complete a Statement of Economic Interests (Form 700) and/or conflict of interest disclosure statement as applicable on an annual basis.

N. In compliance with Article 2.4 of Chapter 2 of Part 1 of Division 2 of Title 5 of the Government Code, on a biannual basis RHA Commissioners and CalViva Health officers will take the two-hour public service ethics law and principles AB 1234 course approved by the Attorney General and Fair Political Practices Commission.

O. CalViva Health prohibits the solicitation or acceptance of gifts, gratuities, favors or other benefits from persons or entities that do business with CalViva Health. Notwithstanding the foregoing, acceptance of common business hospitality, such as occasional meals, entertainment or nominal gifts with a value of $50.00 or less,

are not considered a violation of this paragraph.

P. CalViva Health is a not-for-profit public entity, and CalViva Health requires all employees to comply with campaign finance and ethics laws. No employee may use CalViva Health's funds to make any contribution to any political candidate, or political organization except as allowed under federal law. Individual employees may personally participate in and contribute to political organizations or campaigns with their own funds, but must do so as individuals and not as representatives of CalViva Health. CalViva Health may publicly offer recommendations concerning legislation or regulations being proposed which pertain to managed health care. However, neither CalViva Health nor a CalViva Health employee may attempt to influence the decision-making process of any governmental body or official by an improper offer.

Q. CalViva Health avoids any activities that unfairly or illegally reduce or eliminate competition, control prices, allocate markets or exclude competitors. To this end, CalViva Health:

1. Does not enter into agreements to unduly influence prices, charges, profits and service or supplier selection;

2. Negotiates contracts with contractors or suppliers on a competitive basis based upon such factors as price, quality and service; and,

3. Employees who attend association or professional association meetings, or who otherwise come in contact with competitors, avoid discussions at those meetings regarding pricing or any other topic which could be interpreted as collusion between competitors.

R. CalViva Health prepares Medicaid Capitation Program reports as necessary. The reports are prepared based upon the Accounting and Auditing Guidelines issued by the California Department of Managed Health Care and California Department of Health Care Services, which administer the various State Regulations as they relate to CalViva Health and its contractors.

S. No employee or person associated with CalViva Health prevents or delays the communication of information or records related to violation of the Plan's Compliance Program to the Chief Compliance Officer (CCO).

T. CalViva Health shall respond appropriately to government subpoenas. If CalViva Health has reason to believe that there is an impending government investigation, it retains all documents that may pertain to that investigation.

U. CalViva Health, in cooperation with subcontractors and regulators, will make all

reasonable efforts to prevent, correct and remedy the operational factors and circumstances under which such noncompliance or violation occurs. Depending on the nature, circumstances and severity of the noncompliance/violation, if any CalViva employee is determined to be involved or responsible, these efforts may include a range of disciplinary and corrective actions up to and including termination. If a subcontractor fails to remedy the circumstance, corrective action may include a range of disciplinary and corrective actions up to and including termination of the contract.

4. Medical Records:

A. Contractually, CalViva Health providers are required to maintain member medical records in accordance with Federal and State laws and regulations. Such records may be forwarded for review by CalViva Health (or CalViva Health is given access to such records) in a confidential manner, with access to medical records limited to those CalViva Health employees involved in claims adjudication, grievance/appeal review, quality improvement or medical/utilization review management.

B. CalViva Health handles and transmits electronic or paper medical record information in accordance with the HIPAA privacy and security regulations. CalViva Health will timely implement HIPAA-compliant systems. As part of its ~~HIPAA compliance~~Compliance Program, CalViva Health will:

1. Enter into written contracts with all business associates (as that term is defined in the HIPAA privacy regulations) to ensure that all entities performing services on behalf of CalViva Health comply with the HIPAA privacy and security regulations.

2. Maintain a member specific log of all requests for access to the medical information of a member by third parties and all releases of medical record information to third parties.

3. Report in a timely manner any suspected privacy and security incidents and/or breaches to the required regulatory agencies.

4. Conduct ongoing training of employees to ensure awareness and adherence with the HIPAA privacy and security regulations.

C. CalViva Health retains records in accordance with a written policy which incorporates Medicaid and all federal, state and local regulatory guidelines.

5. Medical Management and Claims:

A. CalViva Health monitors the claims submitted by providers to ensure honest, fair and accurate claim practices. All entities providing claims functions on behalf of

CalViva Health are required to demonstrate experience and knowledge in performing such functions in accordance with federal, state and local law.

B. CalViva Health monitors and periodically audits (part of delegation audits) the claims process of its contracted administrative organization and when applicable, other contracted delegated organizations, to ensure honest, fair and accurate claims processes.

C. CalViva Health reviews the written claims policies and procedures of its contracted administrative organization and when applicable, other contracted delegated organizations, to ensure that the policies properly reflect CalViva Health's policies and the requirements of the Medicaid program.

D. CalViva Health ensures that its' contracted administrative organization and when applicable, other contracted delegated organizations, properly coordinate benefits with any applicable third-party payor.

E. CalViva Health ensures that its' contracted administrative organization and when applicable, other contracted delegated organizations, have prior authorization policies, as applicable, for all inpatient admissions, partial hospitalizations and therapies requiring prior authorization and that prior authorization numbers accompany all claims from providers. CalViva Health and its contracted administrative organization maintain records to support decisions regarding prior authorization.

F. CalViva Health, its' contracted administrative organization and when applicable, other contracted delegated organizations, send denial letters and provide reconsideration and appeal of denials in accordance with applicable federal or state law.

G. CalViva Health does not compensate its contracted administrative organization and when applicable, other contracted delegated organizations, or contracted providers/vendors in such a manner as to induce improper or up-coded claims.

6. Employee Relations:

A. CalViva Health encourages all employees and contractors to respect the rights and cultural differences of other individuals.

B. CalViva Health does not discriminate on the basis of age, religion, color, race, sex, sexual preference or national origin in personnel policies and procedures.

C. CalViva Health strives to provide equal employment opportunities and a working environment free from harassment.

7. Avoiding Potential Conflict of Interest or Retribution

It is the policy of CalViva Health to promote a working environment free from conflict of interest or retribution against individuals who report suspected fraud. In training sessions with employees regarding fraud prevention, employees are informed that there is no retribution against employees for reporting fraud. Employees and members are notified in writing of the procedures for reporting fraud and that there is no retribution against individuals reporting suspected fraud. If anyone has concerns about retribution, he or she may elect to remain anonymous in reporting suspected fraud.

If the Chief Compliance Officer or any member of the Executive Management Staff has a conflict of interest in an incident of suspected fraud, the person must report the conflict of interest to the Chief Executive Officer or Chairman of the RHA Commission and be disassociated from the investigation. If necessary and appropriate, the report will be referred to outside counsel for investigation.

APPROVAL:

	_____	**Date:**	_____
Name:	Mary Beth Corrado		
Title:	Chief Compliance Officer		
	_____	**Date:**	_____
Name:	Gregory Hund		
Title:	Chief Executive Officer		
	_____	**Date:**	_____
Name:	David S. Hodge, M.D.		
Title:	RHA Commission Chairperson		

Item #13

Attachment 13.A

2017 Anti-Fraud Plan

ANTI-FRAUD PLAN

For inquiries regarding this Anti-Fraud Plan, please contact:

Mary Beth Corrado
Chief Compliance Officer
CalViva Health
7625 N. Palm Ave., Suite 109
Fresno, CA 93711
mbcorrado@calvivahealth.org
Phone: 559-540-7847

Table of Contents

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~~The Fresno-Kings-Madera Regional Health Authority (referred to as the "RHA"), is a public entity created pursuant to a Joint Exercise of Powers Agreement between the Counties of Fresno, Kings and Madera. On April 15, 2010, the RHA Commission adopted the name "CalViva Health" under which it will also do business. The RHA was licensed on December 30, 2010 as a full service health care service plan pursuant to the provisions of the Knox-Keene Health Care Service Plan Act of 1975 as amended. The RHA executed a contract with the California Department of Health Care Services ("DHCS") on December 30, 2010 to offer health care services to enrollees in its Medi-Cal Managed Care Plan under the Two Plan Model in the counties of Fresno, Kings, and Madera. The Medi-Cal Managed Care Plan is the only product line currently offered by the RHA.~~

1. Statement of Purpose:

The purpose of the RHA/CalViva Health ("CalViva" or the "Plan") Anti-Fraud Plan is to organize and implement an anti-fraud strategy to identify and reduce costs to the Plan, providers, members, and others caused by fraudulent and abusive activities, and to protect members and the public in the delivery of health care services through the timely detection, investigation, and prosecution of suspected fraud. Through the Anti-fraud Plan, CalViva also seeks to prevent violations of the Federal False Claims Act, as codified in Section 3729 of Title 31 of the United States Code. The Plan's Anti-Fraud Program will also comply with the federal Medicaid managed care requirements in 42 CFR 438.608, Health & Safety Code Section 1348 and the Department of Health Care Services Medi-Cal Contract requirements in Exhibit E, Attachment 2, Provision 26.

2. Definitions:

A. **Fraud** is defined as the intentional deception or misrepresentation made by a person with the knowledge that the deception could result in unauthorized benefit to himself/herself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.

Health care fraud is a crime. Any person convicted of health care fraud faces imprisonment and substantial fines. Health care fraud could be committed by dishonest health care providers such as doctors, laboratories, medical equipment suppliers, by health plan members, Plan staff, and Plan subcontractors.

Some examples of fraud include:

1. Billing for services or supplies not provided
2. Altering or falsifying claims
3. Falsifying a patient's diagnosis to justify tests, surgeries or other procedures that are not medically necessary
4. Using another person's Medi-Cal card to obtain medical care

See Appendix A for a more extensive set of examples**.**

B. **Abuse** means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program (42 CFR 455.2 and as further defined in W. & I. Code Section 14043.1(a).)

Some examples of abuse include**:**

1. Excessive charges for services or supplies
2. Overutilization/underutilization of medical or health care services

C. **Waste** means the overutilization or inappropriate utilization of services and misuse of resources, and typically is not a criminal or intentional act, as stated in CMS' Fraud, Waste, and Abuse Toolkit (42 CFR 455.2).

~~**3. CalViva Health Plan Model:**~~

~~The RHA has an Administrative Services Agreement ("ASA") with Health Net Community Solutions, Inc. ("Health Net") to provide certain administrative services on CalViva's behalf. The RHA also has a Capitated Provider Services Agreement ("CPSA") with Health Net for the provision of health care services to most CalViva members through Health Net's network of contracted providers. Although the capitated contract with Health Net covers a significant portion of the Plan's network, the RHA also maintains some direct contracts with providers. Health Net's~~

~~administrative services provided on CalViva's behalf also extend to Plan operational services related to these direct provider contracts.~~

~~Health Net has extensive experience administering benefits as a Medi-Cal managed care contractor throughout California, including in Fresno County. Health Net is contracted to provide a broad range of administrative services, including but not limited to: claims processing, outreach and marketing, utilization management, credentialing, member and provider services, and enrollment processing. Since Health Net performs most CalViva administrative functions and maintains the systems for most CalViva operations including enrollment, utilization and provider records, Health Net's Special Investigations Unit (SIU) and external special investigative services contractor also performs fraud and abuse investigations related to potential fraud cases involving CalViva members or providers.~~

~~CalViva Health may also delegate responsibilities to other organizations such as sub-contracted health plans that the Plan may contract with to provide services to CalViva Health members. These delegated organizations are required to comply with the requirements and regulations referenced in section 1 above and have policies and processes in place for the detection, identification, and investigation of suspected fraud incidents.~~

II. Scope of Anti-Fraud Plan:

In an effort to assure public accountability, conduct proper business practices, and operate within the limited resources of the Medi-Cal program, CalViva/delegated organizations will investigate and pursue prosecution of fraudulent activity by providers, enrollees, employees, and other individuals or entities. CalViva/delegated organizations also cooperate with local, state and federal authorities whenever appropriate.

The Anti-Fraud Plan is part of CalViva's comprehensive Compliance program and includes the following:

A. the designation of, or a contract with, individuals with specific investigative expertise in the management of fraud investigations;
B. training of plan personnel and contractors concerning the detection of health care fraud;
C. the plan's procedure for managing incidents of suspected fraud; and
D. the internal procedure for referring suspected fraud to the appropriate government agency.

1. Responsibilities for Anti-Fraud Plan:

The RHA Commission has ultimate responsibility for this Anti-Fraud Plan. The Anti-Fraud Plan will be submitted to the Commission for annual approval. An annual report will be made to the Commission regarding the Plan's Anti-Fraud activities, subject to any confidentiality protections which may be required.

The implementation of the Anti-Fraud Plan will be the responsibility of the Chief Compliance Officer ("CCO"), under the supervision of the Chief Executive Officer ("CEO"). The CEO will make certain that sufficient resources are in place to properly implement the Anti-Fraud Plan. The CCO will be responsible for overseeing any investigation or necessary corrective action, except as otherwise provided in this Plan.

The CCO will serve as the Anti-Fraud Officer and have the following duties:

1. Receive information (formal and informal) on cases of suspected fraud
2. Provide oversight of activities and investigations carried out on CalViva's behalf by Health Net and other delegated entities.
3. Receive information from Health Net and other delegated entities on cases of suspected fraud and abuse related to CalViva and investigated by the delegated entities' SIU.
4. Provide oversight and receive information from delegated organizations on cases of suspected fraud and abuse related to CalViva
5. Report to the CEO on suspected cases of fraud, plan of investigation, timelines, and resources required
6. Maintain logs to assure timely investigations and reporting
7. Review and approve training and other anti-fraud materials sent to participating providers on CalViva's behalf.
8. When directed by the CEO or legal counsel, make referrals to appropriate law enforcement agencies

2. General Anti-Fraud Oversight Mechanisms:

The general oversight mechanisms of the Plan's Anti-Fraud program include the following:

1. CalViva Health will conduct background checks on ~~Executive staff (CEO, CFO, CMO, and CCO) and the~~all employees, which includes staff designated to handle funds and prepare financial statements.
2. Policies and procedures for identifying, investigating and providing a prompt response against fraud and/or abuse in the provision of health care services under the Medi-Cal Program.
3. Development and implementation of corrective actions addressing fraud and abuse issues as appropriate.
4. Ongoing monitoring and oversight by the CalViva Compliance Committee.
5. Provide contracted providers with anti-fraud information including how to report suspected fraud incidents.
6. Provide members with information on how to report suspected

fraud incidents.

7. Investigate cases of suspected fraud with the most appropriate internal or external resources, appropriate to the problem.
8. Assure that conflicts of interest are not present in the investigation of suspected fraud cases.
9. Ensure that findings from independent audits and regulatory audits and surveys are followed up promptly by both the Plan as well as the subcontractors who may be cited; and identify any recurring trends.
10. Monitor member and provider issues, tracking and trending types of grievances and settings; and implementing corrective action when necessary.
11. Perform an annual file audit of a sample of contracted providers credentialed by Health Net and their delegated entities which ~~has~~have delegated credentialing responsibilities.
12. Monitor and review fraud cases/issues reported by delegated organizations.
13. Conduct formal and informal ongoing monitoring of the administrative services contracted to Health Net and delegated entities, through the review of performance reports and annual audits; and developing corrective action plans, when appropriate.
14. Review the Anti-Fraud Plan annually and, if revised, maintain documentation that approval has been received from the Department of Managed Health Care (DMHC).
15. Review Health Net's annual anti-fraud report to the DMHC.
16. Assure that Medicaid/Medi-Cal or Medicare terminated or suspended providers do not receive program funds.

3. Procedures for Investigating Suspected Fraud:

Processes used to investigate suspected cases of fraud are described in CalViva's policies and procedures.

1. The procedure for undertaking an investigation includes:
    A. A review of all identified related documents;
    B. Consultation, if necessary, with internal or external resources with knowledge of applicable law, regulations or policies, procedures or standards; and
    C. Interviews with persons with knowledge of the alleged activity.
2. A description of the investigation process is included in Plan policies and procedures. The policies and procedures are reviewed annually and revised as needed.

3. The Compliance Committee reviews reports of fraud, waste and abuse cases investigated and any corrective actions implemented.
4. All cases of suspected fraud, waste and/or abuse where there is reason to believe that an incident of fraud, waste and/or abuse has occurred by subcontractors, members, providers, or employees will be reported to the DHCS.
5. In addition, in situations where fraud is confirmed, disciplinary action may be taken and reports to appropriate third parties may be made, including the following:
    A. For employees, incidents may be grounds for immediate dismissal, and, if appropriate, referral to law enforcement agencies.
    B. For contracted providers, disciplinary action may include terminating any contracted relationship between the Plan and the provider or, in the case of a group or institutional provider, removal of the provider's subcontractor or employee from providing services with respect to CalViva members.
    C. For Medi-Cal members, disciplinary action will include referral to the Department of Health Care Services and, if appropriate, the initiation of procedures to disenroll the member from CalViva, according to provisions of the Medi-Cal managed care contract.
6. Appropriate local, State or Federal authorities will be notified as necessary.
7. A summary report of cases and outcomes is provided quarterly to the Compliance Committee and summary reports are included in the regular compliance reports to the RHA Commission.
8. To prevent repeat offenses, the CCO, and if applicable, in consultation with Health Net, may create new policies, procedures and employee training programs to address new issues regarding the Anti-Fraud Plan's implementation as they arise.

4. Use of External Resources for Special Investigations:

The following external resources are utilized by the Plan:

1. CalViva Employee, Consultant and Contractor Investigations - CalViva has retained Prentice, Long & Epperson, LLP to provide its General Counsel services. The law firm has municipal and litigation attorneys experienced in matters involving public agency ethics rules, restrictions on self-dealing, and prohibited financial transactions. Cases involving alleged fraud and improprieties by CalViva employees, officers, directors, consultants or contractors will be referred to Prentice, Long & Epperson, LLP for investigation as needed.
2. CalViva Member and Provider Investigations - As described in Section 3, in accordance with the ASA and CPSA between CalViva and Health Net, Health

Net~~'s~~ Special Investigations Unit (SIU) performs fraud and abuse investigations (i.e. prepay reviews; retrospective reviews, etc.) related to potential fraud cases involving CalViva members or providers. Health Net also conducts routine reviews of provider's billing/coding practices to ensure compliance with state and federal regulations. In addition, Health Net will review claim reports to ensure that codes and practices used in billing are correct and that the Plan has paid health care providers appropriately. The SIU team~~The Health Net SIU Director and Investigators~~ ha~~s~~ve a diverse range of qualifications that stem from the legal, healthcare, loss prevention, law enforcement, medical and other experience/educational backgrounds. Several members of the team are also~~of these Health Net associates have been~~ credentialed as Accredited Health Care Fraud Investigators ("AHFI"), Certified Professional Coders ("CPC"), and Certified Fraud Examiners ("CFE").~~Additionally, CalViva member or provider cases may be referred to Health Net's external special investigative services contractor OptumInsight ("Optum") for retrospective investigation and recovery services with respect to fraud, waste and abuse.~~

3. Member and Provider Investigations – Delegated Organizations -Organizations with delegated responsibilities (e.g. sub-contracted health plans, participating provider groups, etc.) that the Plan may contract with to provide services to CalViva Health members are required to comply with Plan requirements and all applicable state and federal regulations. Delegated organizations must participate with CalViva's Anti-Fraud Program and/or have policies, processes, experienced investigative staff/contractor in place for the detection, identification, and investigation of suspected fraud incidents.

5. Additional Internal and External Resources:

Other internal and external investigative resources available to the Plan include the following:

1. The Plan's Chief Medical Officer, Chief Financial Officer, other Compliance Department staff.
2. The Plan's independent financial audit firm
3. DHCS audits and surveys
4. DMHC audits and surveys

6. Freedom from Retaliation and Avoiding Conflicts of Interest:

CalViva will promote an environment free from retaliation or threats of retaliation against individuals who report suspected fraud. The Plan will comply with Section 3730(h) of Title 31 of the United States Code, which prohibits employer discrimination against employees in the terms or conditions of their employment because of the employees' lawful acts in furtherance of an action under the False Claims Act. In training sessions with employees regarding the Plan's anti-fraud

efforts, employees will be informed that there is no retaliation against employees for reporting fraudulent activities. Employees are also notified in writing of the procedures for reporting fraudulent activities, including that there is no retaliation against individuals for reporting potential fraudulent activities. If the reporting party still has concerns about retribution, the reporting party may choose to remain anonymous.

If the CEO, CCO, or member of the RHA Commission has a conflict of interest regarding an incident of suspected fraud, the individual must report the conflict of interest to the Chairperson of the RHA Commission, and disassociate him/herself from the relevant investigation. If appropriate, the investigation will be referred to outside counsel for investigation.

7. Referrals to or from Appropriate Outside Agencies:

Depending on the nature of fraud cases, CalViva may receive notices directly from the DHCS or will refer cases to the appropriate regulatory authority.

1. Fraud, Waste and Abuse Reporting to DHCS - CalViva will comply with the DHCS contractual requirements to report to DHCS any potential fraud, waste, or abuse that the Plan identifies to DHCS' Medi-Cal Managed Care Program Integrity Unit or any potential fraud directly to DHCS' Medicaid Fraud Control Unit.~~all cases of suspected fraud and/or abuse where there is reason to believe that an incident of fraud and/or abuse has occurred by subcontractors, members, providers, or employees.~~ The Plan will provide DHCS with the results of a preliminary investigation of the suspected fraud, waste and/or abuse within 10 working days of the date the Plan first becomes aware of, or is on notice of, such activity

   The report will be submitted on a Confidential Medi-Cal Complaint Report (MC 609) that can be sent to DHCS in one of three ways:

   a) Email at PIUCases@DHCS.ca.gov;
   b) E-fax at (916) 440-5287; or
   c) U.S. Mail at:
   Department of Health Care Services
   ~~Medi-Cal Managed Care~~Audits & Investigations Division
   Attention: Chief, ~~Program Integrity~~Intake Unit
   MS ~~4417~~2500
   ~~P.O. Box 997413~~
   Sacramento, CA ~~95899-7413~~95814
2. Receipts of a Credible Allegation from DHCS - CalViva may be notified by DHCS when there has been a credible allegation of fraud against a provider that is part of the Plan's provider network. In these cases, CalViva must take

one or more of the following four actions and submit all supporting documentation to the MCQMD@dhcs.ca.gov inbox:

1. Terminate the provider from its network
2. Temporarily suspend the provider from its network pending resolution of the fraud allegation
3. Temporarily suspend payment to the provider pending resolution of the fraud allegation; and/or
4. Conduct additional monitoring including audits of the provider's claims history and future claims submissions for appropriate billing.

3. Removed, Suspended, Excluded, or Terminated Provider Report - CalViva/delegated organizations are prohibited from employing, contracting or maintaining a contract with physicians or other health care providers that are excluded, suspended or terminated from participation in the Medicare or Medi-Cal/Medicaid programs. CalViva/delegated organizations will check the list of suspended and ineligible providers maintained in the Medi-Cal Provider Manual, which is updated monthly and available on line and in print at the DHCS Medi-Cal Web site (http://www.medi-cal.ca.gov) and by the Department of Health and Human Services, Office of Inspector General, List of Excluded Individuals and Entities (http://oig.hhs.gov). CalViva/delegated organizations are deemed to have knowledge of any providers on these lists. CalViva will notify the Medi-Cal Managed Care Program/Program Integrity Unit within 10 State working days of removing a suspended, excluded, or terminated provider from its provider network and confirm that the provider is no longer receiving payments in connection with the Medicaid program. A removed, suspended, excluded, or terminated provider report can be sent to DHCS in one of three ways:

    1. Email at PIUCases@DHCS.ca.gov;
    2. E-fax at (916) 440-5287; or
    3. U.S. Mail at:

    Department of Health Care Services
    Medi-Cal Managed Care Division
    Attention: Chief, Program Integrity Unit
    MS 4417
    P.O. Box 997413
    Sacramento, CA 95899-7413

4. Referrals to Other Regulatory Authorities - If the occurrence of fraudulent activity is confirmed, CalViva may refer cases to the appropriate local, state or federal authority for prosecution of health care fraud committed by enrollees, providers, agents, company employees and other individuals. Such referrals include but are not limited to:

1. Local police departments,
2. U.S. Postal Inspector,
3. Federal Bureau of Investigation,
4. Office of the Inspector General of the U.S. Department of Health and Human Services,
5. Internal Revenue Service
6. Local departments of Public Health in Fresno, Kings, or Madera counties,
7. DMHC,
8. Centers for Medicare and Medicaid Services,
9. State medical licensing and disciplinary boards or
10. Any other appropriate authorities or agencies.

5. Prosecution - In the event of fraud, the CEO or the RHA Commission will evaluate the appropriateness of pursuing civil prosecution. The Plan will consult with legal counsel, as described in section 8.A.

8. Staff Training and Education:

CalViva recognizes that the most effective way to combat fraud is to increase staff awareness through education. The Plan is therefore committed to assuring the education and training of its staff, the staff of its administrative contractor, and providers on fraud and fraud prevention.

The CEO and CCO, in consultation with the RHA Commission, and other executive staff as applicable, will develop a strategic approach to educating CalViva and its community about fraudulent activities that occur in health care environments. CalViva will work closely with Health Net to assure that appropriate fraud prevention strategies are in place and that staff are trained and educated to detect, deter, and refer instances of suspected fraud to the appropriate levels of the organization.

1. CalViva will provide information regarding the detection, prevention and investigation of fraudulent activity to all new staff during initial employment orientation. Employees will also be notified in writing of the procedures for reporting fraud and that there is no retribution taken against individuals reporting fraud.
2. An annual training session will be required for all CalViva staff. External experts for training will be consulted, as necessary, to augment and implement the training program.

9. Public Awareness:

CalViva members and their families are the ultimate victims of any fraud activity occurring within the Plan. It is therefore essential for them to be aware of activities that may constitute fraud and to have avenues to report suspected fraudulent activities in order to assist with the prevention and cessation of such activities. Information is included in the Member Handbook/Evidence of Coverage and articles regarding health care fraud and CalViva's efforts to prevent fraud will be sent out in periodic newsletters to members.

The Plan will publicize a fraud reporting telephone number. Potential fraud, waste and abuse incidents may be reported directly to CalViva via one of the following methods:

Toll-free Phone: 1-866-863-2465
Fax: 559-446-1998
Mail: Chief Compliance Officer
CalViva Health
7625 N. Palm Ave., Suite 109
Fresno, CA 93711
Email: fraudtips@calvivahealth.org

CalViva is sensitive to providing a quick response to any member service concerns that may arise for health plan members. Plan employees will convey any complaints, grievances and/or customer service concerns to the CCO, its administrative subcontractor, Health Net, or, if necessary, to the appropriate regulatory or law enforcement agency.

Concerns expressed are documented and investigation is initiated immediately. If appropriate, within 30 days, a letter is sent out to the originator to acknowledge receipt of the concern and to provide a brief status update.

Medi-Cal anti-fraud information resources are also available through the Department of Health Care Services through the following:

Websites:

- www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx
- www.stopmedi-calfraud.dhs.ca.gov

The Medi-Cal Program has a hotline maintained by the Department of Health Care Services: Medi-Cal Fraud Hotline: 1-800-822-6222

10. Participating Health Care Providers:

The Plan contracts with health care provider organizations, Health Net and other delegated organizations to provide services to CalViva members through their

network of health care providers. These provider networks include but are not limited to: primary care providers, medical specialists, mental health specialists, acute care hospitals, skilled nursing facilities, clinical laboratories, pharmacies and other ancillary providers. Providers are given information about fraud prevention, how to report suspected fraud or abuse incidents, and how the Plan and/or contracted organizations respond to fraudulent activity.

~~**15. CalViva Health Operations:**~~

~~At the operations level, the Plan's administrative services and capitated provider services contractor, Health Net, uses industry standard software applications designed for health plan operations that allows for the complete documentation of the care and services of every member. Policies and procedures have been developed for system security and confidentiality. All staff must sign an employee confidentiality and non-disclosure agreement. Accounts are inactivated upon the termination of the staff person.~~

~~Health Net staff that has been authorized for a specific, predetermined level of information may access these electronic records. Access to the records is based on the employee's name, password and position/title/department/role. Read access is on a "need to know" basis related to the individual's employment duties. Write access is also limited to appropriate and necessary fields for that individual. All entries are automatically saved and signed electronically with the user's name and discipline based on log on information. Once saved, entries cannot be changed; any corrections must be made with a subsequent entry referencing the mistake and indicating the correct information.~~

~~Databases and other systems are protected from unauthorized data inquiries. Users must be granted special privileges to abstract data to spreadsheet or database programs. The system is able to verify the privileges, register the user's name and keep a record of what information was abstracted.~~

~~The Plan's Finance Department will receive financial information directly from the administrative services subcontractor, Health Net and other subcontractors as appropriate. The financial information will be provided in formats, which comply with both internal control systems and regulatory reporting requirements. Reports and analytic data bases will be maintained by CalViva to monitor pertinent accounting functions.~~

~~Access to this financial information is also limited and available only to Accounting and Finance Department personnel. Furthermore, duties within the Accounting and Finance Department are segregated as an additional check.~~

~~Audit and External Control. CalViva will use an outside accounting firm to perform annual financial audits of its financial operations.~~

11. Location:

The address for the CEO, the CCO, and the Chairperson of the RHA Commission is:

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

12. Annual Report to the Department of Managed Health Care:

In compliance with California Health & Safety Code Section 1348, CalViva will file with the Department of Managed Health Care a written annual report regarding the Plan's anti-fraud activities, including, but not limited to:

1. CalViva's efforts to deter, detect and investigate fraud, and report cases of fraud to law enforcement agencies.
2. Of the cases reported to law enforcement agencies, a listing of the number of cases prosecuted and the status of prosecution if known.
3. Recommendations to further improve and refine the Plan's Anti-Fraud Plan.

Authority

DHCS Contract, Exhibit E, Attachment 2, Provision 26
Health & Safety Code Section 1348
Code of Federal Regulations, 42 CFR 438.608, 42 CFR 438.610 and 42 CFR 455.2
United States Code, 31 U.S.C. Section 3729 and 42 USC Section 1396a(a)(68)
Welfare & Institutions Code Section 14043.1(a) and (i), and Section 14115.75
DHCS All Plan Letter 08-007, 15-026, 16-001

References
CalViva Health Compliance Plan
CalViva Health Policies and Procedures

APPENDIX A

Types of Fraudulent Acts and Examples/Indicators of Potential Fraud (Adapted from National Health Care Anti-Fraud Association publications)

I. Types of Fraudulent Acts

It is virtually impossible to itemize every conceivable health care fraud; any opportunity to bill for services is an opportunity to commit health care fraud and every fraud scheme has its own unique characteristics. Most health care frauds, however, fall into one or more broad categories of activity, including the outright fabrication of claims and the falsification of claims.

A. Fabrication of Claims

In the outright fabrication of claims or portions of claims, a fraud perpetrator uses legitimate patient names and insurance information either to concoct entirely fictitious claims, or adds to otherwise legitimate claims fictitious charges for treatments or services that were never provided. Some examples of such fabrication are:

1. An individual provider who, using existing information on his/her patients creates claims for office visits or treatments that never took place.
2. A provider who, in the case of billing for patient treatments, adds charges for x-rays or lab tests that were never performed.
3. A contracted service provider/institution bills for services that were ordered but did not occur due to unforeseen circumstances (patient refused or was unable to make the appointment).

B. Falsification of Claims

In the falsification of claims, the perpetrator makes a material and intentional misrepresentation of one or more element(s) of information in a claim for the purpose of obtaining, a payment (or a higher payment) to which he/she is not entitled. Examples of outright falsifications include:

1. Falsifying patients' symptoms or diagnosis and/or the procedures performed as a pretext for obtaining payment for otherwise non-covered services (i.e.: alternative therapies; elective cosmetic surgeries etc.) and/or performing medically unnecessary services solely in order to submit claims and be paid.
2. Falsifying the dates on which service was provided so as to fall within a given coverage period.

3. Falsifying the identity of the provider of the service in an attempt to obtain payment for services rendered by a non-covered and/or non-licensed provider (i.e.: billing for massages as licensed physical therapy or counseling by a Social Worker as psychiatric treatment).
4. "Upcoding" or falsifying the nature of services provided to obtain a higher rate on payment (i.e.: filling a prescription with the generic equivalent but billing for the higher-priced brand-name drug).
5. "Unbundling" or deliberately billing separately for the various elements of a given medical procedure to which one all-encompassing billing code applies, so as to obtain a higher aggregate payment.

II. Examples of Indicators of Potential Fraud

Indicators of potential claims fraud are as varied as they are numerous, ranging from the obvious to more subtle signs. Visibly discernible alterations or handwriting anomalies on a given claim are examples of an obvious indicator. A subtler indicator would be an inconsistency of diagnosis and treatment or an unusually high incidence of a given condition among a provider's patients.

Deciding what factors represent indicators of potential fraud is a subjective matter that varies widely. There is no formulaic or universal set of such indicators. The presence of one or more indicators in and of itself does not necessarily signify fraud, it merely serves to call attention to a claim or situation that is out of the ordinary and therefore requires further review.

The following examples illustrate some of the signs that might represent indicators of potential fraud on the part of a dishonest provider, a provider employee and/or a dishonest claimant:

1. Misspelled medical terminology on claim.
2. Similarity of patient/provider handwriting.
3. Apparent alteration of dates, amounts and/or other claim information.
4. Claims for non-emergency services dated Sundays or holidays.
5. Inconsistency between treatment billed and patient's diagnosis, age, gender etc.
6. Inconsistency between provider type and treatment billed.
7. Inconsistency between patient diagnosis and prescription billed.
8. Inconsistency between patient's medical history and treatment billed.
9. Consistent submission of photocopied claims.
10. Provider's lack of support documentation for claim selected for audit.
11. High-dollar claim for service dated either soon after effective date of coverage or just before the termination of coverage.
12. Unusual time lapse between date of service and date claim submitted.
13. Anonymous and/or persistent telephone inquiries re: status of claims.
14. Undue pressure to pay claims quickly.
15. Payments to P.O. Box not under provider or claimant name.

APPENDIX B

CalViva Health Referral Form for Incident of Suspected Fraud

Please Note: CalViva Health will not discriminate against employees in the terms or conditions of their employment because of the employees' lawful acts in furtherance of an action under the Federal or California False Claims Act, including an investigation for, initiation of, testimony for, or assistance in such an action.

Name: _____ Contact Phone: _____

Department: _____

Please indicate here if you wish to remain anonymous: _ Yes, I wish to remain anonymous

Case Type: __ Provider __ Member __ Employee ___ Subcontractor ____Other ____

INFORMATION ABOUT THE SUSPECTED INDIVIDUAL/ENTITY

Name of Individual or Provider or Other: _____

Address: _____

Phone: _____

Other Identifying Information (Member ID Number, Date of Service, etc.) _____

Please describe how you were informed of the incident: _____

_____

_____

Please provide a description of the suspect incident: _____

_____

_____

_____

_____

Signed: _____ Date: _____

The completed form should be put in an envelope marked "Confidential, for CalViva Health Chief Compliance Officer and submitted to CalViva Health, 7625 N. Palm Ave., Suite 109, Fresno, CA 93711

APPROVAL:

_____

_____ **Date:** _____

Name: Mary Beth Corrado
Title: Chief Compliance Officer

_____ **Date:** _____

Name: Gregory Hund
Title: Chief Executive Officer

_____ **Date:** _____

Name: David S. Hodge, M.D.
Title: RHA Commission Chairperson

Program Description History		
Date	**Section #**	**Comment(s)**
3/1/2011		New Program Description
4/30/2012	Replaces former version	Annual review; changes to clarify and reflect current activity
1/7/2013	various	Annual review, clarified descriptions of activities
6/7/13	Cover page, sections 8 & 9	Changes to address DMHC requirements
2/6/14	Various	Annual review, changes to clarify current contractual relationships and activities
1-26-15	Sections 5, 6, 7, 8, 11, 13 and 15	Annual review, changes to update General Counsel information, clarify several sections to better reflect current activities and correct typographical errors
2-18-16	Section 11 and office address throughout	Updated office address and phone numbers and added information from APL15-026

2-17-17	Various	Clarified the overview and operational structure of CalViva Health. Removed reference to Optum as Health Net no longer uses Optum in their SIU activity.

Item #14

Attachment 14.A

2017 Privacy and Security Plan

PRIVACY AND SECURITY PLANROGRAM DESCRIPTION

For inquiries regarding this Privacy and Security Plan, please contact:

Mary Beth Corrado
Chief Compliance Officer
CalViva Health
7625 N. Palm Ave., Suite 109
Fresno, CA 93711
mbcorrado@calvivahealth.org
Phone: 559-540-7847

Table of Contents

~~CALVIVA HEALTH PRIVACY AND SECURITY PROGRAM DESCRIPTION~~

I. CalViva Health Overview

The Fresno-Kings-Madera Regional Health Authority (referred to as the "RHA"), is a public entity created pursuant to a Joint Exercise of Powers Agreement between the Counties of Fresno, Kings and Madera. RHA is governed by a board ("The Commission") consisting of representatives from these three counties. On April 15, 2010, RHA Commission adopted the name "CalViva Health" under which it does business. RHA was licensed on December 30, 2010 as a full-service health care plan ("The Plan") pursuant to the provisions of the Knox-Keene Health Care Service Plan Act of 1975 as amended. RHA is licensed to offer health care services to enrollees in the Medi-Cal Managed Care Plan under the Two Plan Model in the counties of Fresno, Kings, and Madera. On December 30, 2010, RHA executed a contract with the California Department of Health Care Services ("DHCS") to provide services to Medi-Cal managed care enrollees in all zip codes in these three counties.

CalViva Health contracts with health plans, provider organizations and other contractors to provide administrative services on behalf of the Plan and/or provide health care services to CalViva Health members. These first-tier subcontractors and their contracted downstream, and related entities are required to have programs, standards, policies and processes in place that comply with state and federal regulations and Medi-Cal requirements as applicable to the type of entity.

~~The Fresno-Kings-Madera Regional Health Authority (referred to as the "RHA"), is a public entity created pursuant to a Joint Exercise of Powers Agreement between the Counties of Fresno, Kings and Madera. The RHA is governed by a board ("The Commission") consisting of representatives from these three counties. On April 15, 2010, the RHA Commission adopted the name "CalViva Health" under which it will also do business. The RHA was licensed on December 30, 2010 as a full-service health care service plan pursuant to the provisions of the Knox-Keene Health Care Service Plan Act of 1975 as amended. The RHA is licensed to offer health care services to enrollees in the Medi-Cal Managed Care Plan under the Two Plan Model in the counties of Fresno, Kings, and Madera.~~

~~RHA/CalViva Health ("CalViva" or the "Plan") is committed to establishing and maintaining its business operations in compliance with ethical standards, contractual obligations, and all applicable state and federal statutes, regulations and rules. CalViva Health's commitment to privacy and security of health information extends to its own internal business operations, as well as its oversight and monitoring responsibilities relating to its business partners.~~

All of the processes and activities performed by contracted or delegated entities on CalViva Health's behalf are performed in compliance with CalViva Health's Privacy and Security ~~Program~~Plan described in the following pages. These entities agree to the same restrictions and conditions that apply to CalViva Health with respect to protected health information (PHI) and applicable provisions governing the use of PHI are incorporated into CalViva Health's service and/or

business associate agreements with contracted or delegated entities.

1. **Statement of Purpose**:

The purpose of CalViva Health's Privacy and Security Plan~~Program~~ is to safeguard the confidentiality of personal information (PI) and protected health information (PHI) while not impeding the exchange of information needed to provide quality health care treatment, payment and operations. To that end, CalViva Health develops and implements policies and procedures designed to enable compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH), the American Recovery and Reinvestment Act (ARRA) California's Information Practices Act of 1977 (IPA) and Confidentiality of Medical Information Act (CMIA). CalViva Health is committed to creating a culture that effectively encourages its employees and associates to comply with applicable laws, regulations and policies related to privacy of health information and to perform work duties with a conscious regard for the privacy rights of its members.

CalViva Health ensures that member health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care.
Everyone has a responsibility for monitoring and reporting any activity that appears toviolate this program or the supporting policies and procedures. Failure to follow the ~~program~~ Privacy and Security Plan and related policies and procedures are grounds for appropriate discipline, which may include immediate termination.

2. **Confidentiality Guideline:**

CalViva Health and its business associates have adopted a strict guideline regarding the confidentiality of certain information provided to CalViva Health employees and business associates. This guideline applies to all CalViva Health employees/business associates:

All employees/associates are prohibited from any unauthorized access to, use or disclosure of patient ("Member") protected health information (PHI), health care provider confidential information, or CalViva Health proprietary information. This includes, but is not limited to: medical records, claims, benefits or other administrative data that is personally identifiable, CalViva Health compliance program cases, peer review cases, quality improvement and utilization management programs, reports and disease management information containing PHI (hereinafter, collectively referred to as "Confidential Information").

Employees/associates must hold in strict confidence, and not copy, disclose or permit the disclosure to any person of any PHI or Confidential Information disclosed or delivered to him/her by CalViva Health or any provider except that which is allowable based on employee job role, by regulation, or by contractual and business associate agreements.
Employees/associates must comply with all CalViva Health policies and procedures concerning the maintenance of all Confidential Information made known to him/her as a

CalViva Health employee/associate.

Employees must comply with all applicable state and federal laws and regulations regarding the Confidential Information. CalViva Health limits access to CalViva Health employee data to a subset of employees who are permitted the use and disclosure of other employee confidential information as required in the scope of their duties.

Any violation of statutes, regulations, policies and/or procedures designed to safeguard the confidentiality of the Confidential Information ~~will~~may include a range of disciplinary and corrective actions up to and including~~ constitute grounds for~~ immediate discharge from CalViva Health. Failure to comply with this guideline and all applicable policies, laws, and regulations may result in legal action brought against the violating employee/associate.

~~**COMPLIANCE OFFICER CONTACT INFORMATION:**~~

~~Mary Beth Corrado~~
~~Chief Compliance Officer~~
~~7625 North Palm Ave, Suite 109~~
~~Fresno, CA 93711~~
~~Phone: 559-540-7847~~
~~FAX: 559-446-1998~~
~~Email: mbcorrado@calvivahealth.org or privacy@calvivahealth.org~~

II. DEFINITIONS, ~~PROGRAM~~ MISSION, AND GOALS AND OBJECTIVES

1. Definitions:

A. **Abuse** - incidents or practices of a provider, which although are not usually considered fraudulent, are inconsistent with accepted sound medical, business, or fiscal practices. These practices may directly or indirectly result in unnecessary cost to the program, improper payment, or payment for services that fail to meet professionally recognized standards of care, or that are medically unnecessary.

B. **Access and Uses** - allows employee access to PHI subject to qualifying job requirements. Each employee is provided appropriate levels of security to perform their job duties.

C. **Authorization** - written authorization for any use or disclosure of PHI that is not for treatment, payment, health care operations or otherwise permitted or required by regulations and/or statutes.

D. **Breach** - the acquisition, access, use, or disclosure of protected health information, where the security or privacy of an individual's information is compromised; the compromise shall be presumed to be a breach unless CalViva Health or one of its Business Associates as applicable demonstrates that there is a low probability that the protected health information has been compromised based on a risk assessment. See 45 C.F.R. § 164.402.

a. "Breach" excludes three scenarios:

- Any unintentional acquisition, access, or use of protected health information by a CalViva Health employee or person acting under the authority of CalViva Health or one of its business associates, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or

disclosure.

- Any inadvertent disclosure between employees of CalViva Health or of a CalViva Health business associate, where both employees are authorized to access such protected health information, and where the information received as a result of such disclosure is not further used or disclosed.

- A disclosure of protected health information where CalViva Health or one of its business associates has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

E. **Confidentiality** - the obligation of the holder of personal information to protect an individual's privacy. This obligation is determined by common practice, federal and state laws and regulations.

F. **Data Aggregation –**the combining of PHI created or received by the Plan on behalf of DHCS with PHI received by CalViva Health in its capacity as the contractor of another covered entity, to permit data analyses that relate to the health care operations of DHCS.

G. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information.

H. **Protected health information (PHI)** - Individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. "Individually identifiable health information" is information, including demographic data, that relates to: 1) the individual's past, present or future physical or mental health or condition, 2) the provision of health care to the individual, or 3) the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number)

I. **Risk Assessment/Analysis** – the process of identifying, prioritizing, and estimating risks of organizational operations (including mission, functions, image, and reputation), organizational assets, individuals, other organizations, and the Nation, resulting from the operation of an information system.

J. **Risk Management** – The program and supporting processes to manage information security risk to organizational operations (including mission, functions, image, reputation), organizational assets, individuals, other organizations, and the Nation,

and includes: (i) establishing the context for risk-related activities; (ii) assessing risk; (iii) responding to risk once determined; and (iv) monitoring the risk over time.

K. **Risk Mitigation** – Prioritizing, evaluating, and implementing the appropriate risk-reducing controls/countermeasures recommended from the risk management process.

L. **Security** - security or security measures encompassing all of the administrative, physical and technical safeguards in an information system. It relates to the extent to which information can be stored and provided with access limited to those who are authorized and have a legitimate "need to know".

M. **Threat** – Any circumstance or event with the potential to adversely impact organizational operations (including mission, functions, image or reputation), organizational assets, individuals, other organizations, or the Nation through an information system via unauthorized access, destruction, disclosure, or modification of information, and/or denial of service.

N. **Vulnerability** – Weakness in an information system, system security procedures, internal controls, or implementation that could be exploited by a threat source.

2. ~~Program~~ **Mission:**

CalViva Health has incorporated the HIPAA General Administrative Privacy Rule Requirements, the administrative, physical and technical safeguards of the HIPAA Security Rule, as required by the HITECH Act and the National Institute of Standards and Technology (NIST) Risk Management Guide for Information Technology systems into its Privacy and Security ~~Program~~Plan. CalViva Health has administrative and management arrangements or procedures, including a ~~Program~~ Privacy and Security Plan~~Description~~, which is designed to guard against the unauthorized access and/or use of PHI. This document provides a description of these requirements, which are as follows:

A. Written standards of conduct, policies, and procedures, which promote CalViva Health's commitment to comply with all applicable Federal and State standards.
B. The designation of a Chief Compliance Officer and compliance committee responsible for implementing and monitoring privacy and security activities.
C. Effective lines of communication with the organization's employees
D. Conducting ongoing education and training programs
E. Conducting ongoing Risk Analyses to identify threats and vulnerabilities within the organization.
F. Conducting ongoing Risk Mitigation efforts to protect PHI from threats and vulnerabilities.
G. Monitoring and auditing processes to assess the effectiveness of the ~~Program~~Privacy and Security Plan.

H. An internal reporting system for receiving complaints and for prompt response to detected offenses.
I. Mechanisms for enforcing compliance standards through well-publicized disciplinary guidelines.
J. The implementation of appropriate measures to prevent future offenses.

The elements of the ~~program~~ mission allow CalViva Health to:

A. Ensure that Member's health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care.
B. Comply with the requirements of ARRA including, but not limited to, Member requests for restrictions and accounting of disclosures.
C. Protect the public's health and well-being.
D. Adhere to the HIPAA General Administrative Privacy Rule Requirements as published in the final rule on December 28, 2000 and amended on March 27, 2002 and August 14, 2002. These requirements are found in 45 C.F.R. Part 160 and Part 164, sections 101 through 106 (otherwise known as Subparts A, B and C).
E. Adhere to the HIPAA General Administrative Security Rule as published in the final rule on February 20, 2003. These requirements are found in 45 C.F.R. Part 160, 162 and 164.
F. Adhere to the HIPAA Omnibus Rule as published on January 17, 2013.
G. Comply with the administrative, physical and technical safeguards of the HIPAA Security Rule, as required by the Health Information Technology for Economic and Clinical Health Act (HITECH Act).
H. Comply with the California Confidentiality of Medical Information Act, Civil Code 56 et seq. and California Health and Safety Code sections 1364.5 and 1386 (b)(15) requirements and the California information Practices Act of 1977.
I. Comply with the California Department of Health Care Services (DHCS) contract requirements Exhibit G; Department of Managed Health Care (DMHC), California Civil Code section 1798.82, Center for Medicare and Medicaid Services (CMS); and, the HITECH Act breach reporting requirements.
J. Ensure privacy and security training is provided to CalViva Health employees, management and business associates.
K. Ensure Risk Analyses and Risk Mitigation Implementation Plans are conducted and implemented.

3. ~~**Program**~~ **Goals and Objectives:**

The goal is to assure that a CalViva Health member's personal health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care.

CalViva Health's Privacy and Security ~~Program~~ Plan incorporates the following objectives:

A. Provides oversight and monitoring of responsibilities delegated to contracted and sub- contracted entities.
B. Implement corrective action plans to address deficiencies in the safeguard or use of protected health information.
C. Conducting ongoing Risk Analyses to identify threats and vulnerabilities within the organization.
D. Conducting ongoing Risk Mitigation efforts to protect PHI from threats and vulnerabilities.
E. Conduct internal monitoring and auditing of CalViva Health operations and functions to assess compliance with state and federal requirements.
F. Identify and investigate potential privacy and security breaches. Take appropriate action(s) to resolve and report breaches.
G. Provide education and other available resources to assist contracted providers and sub- contractors in becoming compliant with privacy and information security requirements.
H. Educate staff and enforce adherence to CalViva Health's Code of Conduct standards, privacy and security policies and procedures and ~~program~~ mission.
I. Provide new legislation updates to providers and contractors that specify required actions to ensure contractual compliance and makes available additional information about privacy and security activities and requirements on an ongoing basis as needed.

Anyone with questions or concerns about the Privacy and Security Plan~~rogram~~ or a particular policy or procedure should seek the guidance of the Chief Compliance Officer (CCO). The Chief Compliance Officer provides support in CalViva Health's ongoing commitment to provide quality services in compliance with the health information privacy and security laws.

~~Everyone has a responsibility for monitoring and reporting any activity that appears to violate this Privacy and Security Program or the supporting policies and procedures. Failure to follow the Privacy and Security Program and related policies and procedures will subject an employee to appropriate disciplinary sanctions, which may include immediate termination.~~

III. SCOPE OF PLAN~~PROGRAM~~

1. Policy and Procedures:

CalViva Health has adopted a set of policies and procedures. The policies and procedures are available to employees and business associates. Employees and business associates are able to access the policies in either a paper or electronic format. The policies and procedures along with this ~~description~~plan are the core of CalViva Health's Privacy and Security ~~Program~~ Plan and outline areas such as:

A. How PHI is used and disclosed
B. The individual's rights to PHI
C. CalViva Health's relationship with contractors and sub-contractors
D. CalViva Health's response plan for complaints and privacy breaches
E. CalViva Health's training programs
F. CalViva Health's risk analyses and risk mitigation measures
G. CalViva Health's contingency plans

2. Permitted Uses and Disclosures:

CalViva Health's Privacy and Security ~~Program~~ Plan covers the permitted uses and disclosures pertaining to protected health information. This includes sending a Notice of Privacy Practice to members upon enrollment and annually thereafter explaining how CalViva Health uses and discloses protected health information. CalViva Health is permitted to use and disclose protected health information for activities that are directly connected with the administration of the Plan's healthcare program, which includes but is not limited to establishing eligibility and methods of reimbursement, and providing services for members. CalViva Health extends this commitment to its own internal business operations, as well as its oversight and monitoring responsibilities relating to its business partners. CalViva Health provides DHCS with a list of external entities, including persons, organizations, and agencies to which it discloses PHI annually. ~~Permitted uses and disclosures are limited to those that would not violate the HIPAA regulations, if done by DHCS, and must, to the extent practicable, be limited to the limited data set, as defined in 45 CFR section 164.514(e)(2), or, if needed, to the minimum necessary to accomplish the intended purpose of such use or disclosure.~~ The guiding principles of CalViva Health's Permitted Uses and Disclosures of PHI include:

A. Use/disclosure of PHI for CalViva Health management and administration
B. Use/disclosure of PHI by CalViva Health for data aggregation services to DHCS
C. Use/disclosure of PHI by CalViva Health for conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the Plan's healthcare program
D. Use/disclosure of PHI by CalViva Health for legislative investigations/audits related to the administration of the Plan's healthcare program

~~CalViva Health's written policies and procedures includes the permitted uses and disclosure~~

~~of PHI, which is consistent with the Notice of Privacy Practice sent to CalViva Health members, the DHCS contract, and federal and state privacy and security regulations.~~

3. CalViva Health Responsibilities:

CalViva Health has made several commitments in its Privacy and Security Plan~~Program~~, policies and procedures and business operations. CalViva Health takes steps to ensure a member's Medi-Cal status is not divulged without prior approval except for treatment, payment and operations, or as required by law. CalViva Health's commitment to privacy and security of PHI also includes:

A. Implementing Safeguards – CalViva Health has in place appropriate administrative, technical and physical safeguards to protect the privacy of health information in both electronic and hard-copy form. CalViva Health employees are trained in methods to assure that they use all reasonable measures to safeguard protected health information from any use or disclosure that would violate the HIPAA or state regulations or CalViva Health's privacy and security policies. CalViva Health's employees have limited access to protected health information through role-based access and password protections. CalViva Health also has firewalls to protect information from those who do not need to access the protected health information to perform their job functions.

B. Implementing Security Measures – CalViva Health employees working with PHI sign a confidentiality agreement; undergo a background check and use workstations and laptops with encryption mechanisms. CalViva Health enforces the "minimum necessary" principle in regards to PHI and ensures employees send secure emails or utilize another appropriate secure method (i.e. secure file transfer protocol ("FTP") when PHI is involved. CalViva Health uses the latest antivirus software and security patches on their workstation and/or laptops. Any uses of removable media devices or remote access used by CalViva Health associates for PHI are encrypted. CalViva Health incorporates a data destruction method consistent with the Department of Defense standard methods and assigns unique usernames and passwords to users accessing PHI. CalViva Health enforces security measures in several ways:

1. **Use of System Security Controls –** CalViva Health will ensure computer systems automatically timeout after no more than 20 minutes of inactivity. CalViva Health will make sure all systems containing PHI display a warning banner stating that data is confidential, systems are logged, and system use is for business purposes only. CalViva Health's systems will include system-~~–~~logging functions, access controls, transmission encryption and host based intrusion detection. Logs and user activities are maintained by CalViva Health in accordance with the Plan's document and data retention policy and procedures ~~for six years~~.

2. **Use of Audit Controls –** CalViva Health will conduct system security reviews of all

systems processing and/or storing PHI. The audit controls in place include reviewing systems logs for unauthorized access and ensuring there is a documented change control procedure in place.

3. **Use of Paper Document Controls –** CalViva Health's paper document controls includes protection of data by making sure PHI in paper form is locked in a file cabinet rather than left unattended. CalViva Health also escorts visitors to areas in which PHI is housed. CalViva Health confidentially shreds and destroys PHI in paper form and never removes PHI from the premises except for routine business purposes or with the express written permission of a state and/or federal agency. Faxes containing PHI are never left unattended and outgoing faxes include a confidentiality statement notifying the recipient receiving to destroy faxes received in error. PHI is mailed using secure means and for large volume mailings of PHI, CalViva Health uses a bonded courier with signature required on receipt.

4. **Use of a Contingency Plan –** CalViva Health's contingency plan includes an ability to enable continuation of critical business processes and protection of the security of electronic PHI in the event of an emergency. CalViva Health makes sure all sensitive data including PHI is backed up regularly. Data backups are stored offsite, which allows for restoration of data in the event of an outage.

C. **Notification and Investigation of Incidents and/or Breaches -** CalViva Health is committed to compliance with HIPAA and state health information compliance laws and to correcting violations. Upon discovery of a suspected security incident and/or breach, CalViva Health notifies the applicable state and federal agencies without unreasonable delay. CalViva Health takes prompt corrective action to mitigate any risks or damages involved with the breach. Refer to the Plan's Privacy and Security policies and procedures for detailed descriptions of the breach investigation and notification processes.

1. **Investigation and Corrective Action -** If there is a report of noncompliance, or the Chief Compliance Officer, a member of the Compliance Committee or a Plan employee/associate discovers credible evidence of a violation, an investigation will immediately ensue. When CalViva Health substantiates a reported violation, it is the policy to institute corrective action.

2. **Initiating Systemic Changes to Correct Problems** - After a problem has been identified and corrected, the Chief Compliance Officer and Compliance Committee will review the circumstances to determine 1) whether similar problems have been uncovered elsewhere and 2) whether modifications of the policies and procedures are necessary to prevent and detect other inappropriate conduct or violations. The Chief Compliance Officer will work with the Compliance Committee to initiate systemic changes throughout the company to avoid future problems of a similar nature.

4. Education and Training Programs:

CalViva Health will ensure that training is provided to all employees and business associates. All employees with access to protected health information are required to attend and participate in privacy and security training sessions. Adherence to the provisions of this ~~Program~~Plan, such as attending training sessions, will be a factor in the annual evaluation of each employee. All new employees will be provided training within a reasonable period after orientation. ~~Failure to adhere to the provisions of this Program may result in disciplinary sanctions, up to and including termination of employment.~~

~~CalViva Health will periodically update the policies and procedures as operations at CalViva Health or applicable statutes and regulations may change. CalViva Health will distribute the updates to affected employees, and it will provide additional training as necessary to assure that employees understand the modified policies and procedures.~~

5. Risk Analysis and Risk Management:

CalViva Health understands a risk analysis is the first step in identifying and implementing safeguards that comply with and carry out the standards and implementation specifications in the Security rule. CalViva Health works to ensure an accurate and through assessment of the potential risks and vulnerabilities to the confidentiality, integrity and availability of PHI held by the Plan.

CalViva Health implements these steps when conducting a risk analysis:

a. Step 1: System Characterization
b. Step 2: Threat Identification
c. Step 3: Vulnerability Identification
d. Step 4: Control Analysis
e. Step 5: Likelihood Determination
f. Step 6: Impact Analysis
g. Step 7: Risk Determination
h. Step 8: Control Recommendations
i. Step 9: Results Documentation

The steps referenced above are consistent with the methodologies described in the National Institute of Standards and Technology (NIST) Special Publication (SP) 800-30 Risk Management Guide for Information Technology Systems and NIST SP 800-66 An Introductory Resource Guide for Implementing the Health Insurance Portability and Accountability Act (HIPAA) Security rule.

Along with risk analyses, CalViva Health maintains a risk management protocol which provides a structure for the evaluation, prioritization, and implementation of risk-reducing security measures. CalViva Health has a team of individuals in place who are knowledgeable about the organization's Privacy and Security policies, procedures, training program, computer system set up, and technical security controls, and who are responsible for the risk management process

and procedures.

IV. OVERSIGHT AND EVALUATION OF PLAN~~ROGRAM~~

1. Designation of Privacy and Security Officer:

CalViva Health has appointed a Chief Compliance Officer ("CCO") to serve as the focal point for privacy and security activities and report directly to the Chief Executive Officer and to the RHA Commission. The CCO is charged with the responsibility for developing, operating and monitoring the Privacy and Security Plan~~Program~~. This includes establishing and overseeing an auditing and monitoring plan, continuously reviewing organizational risk areas to identify necessary auditing and monitoring activities; assisting management with formulation of corrective action plans and overseeing and/or verifying implementation of corrective action. The CCO works with a Compliance Committee to assist in implementation of the Privacy and Security Plan~~Program~~.

The CCO responsibilities include:

A. Serving as the Privacy and Security Officer

B. Ensuring a Privacy and Security ~~Program~~ Plan is developed along with any applicable policies and procedures;

C. Ensuring Risk Analyses and Risk Mitigation plans are implemented;

D. Ongoing oversight and monitoring of ~~Program~~ Privacy and Security activities;

E. Preparing and overseeing distribution of the Notice of Privacy Practices;

F. Reporting on a regular basis to the RHA Commission on implementation and compliance;

G. Developing, coordinating and participating in an educational and training program on the elements of the ~~Program~~ Plan and ensuring that employees and managers are informed;

H. Developing an atmosphere to encourage employees to report possible noncompliance to CalViva Health, DHCS, or the Secretary of HHS without fear of retaliation;

I. Acting on matters related to privacy compliance, with the authority to design and coordinate internal reviews and any resulting need for corrective action;

J. Coordinating with the CEO regarding disciplinary sanctions for violations of the ~~Program~~Privacy and Security Plan, policies and procedures;

K. Coordinating mitigation efforts in the event of a disclosure that violates the privacy laws; and

L. Periodically evaluating and revising the ~~Program~~ Privacy and Security Plan and policies and procedures in light of changes at CalViva Health or in response to changes in federal or state requirements.

2. CalViva Health's Compliance Committee:

CalViva Health has established a Compliance Committee to advise the Chief Compliance Officer and to assist in the implementation of the Privacy and Security ~~Program~~Plan. The Committee is composed of the Plan's Chief Officers and meets at least quarterly and more frequently, as necessary. The CCO serves as chairperson of the meeting.
Compliance staff and other key staff are responsible to report on their respective monitoring activities and key performance indicators. The CCO provides summary reports of the Committee's activities, findings and any identified risk issues to the RHA Commission. The Committee shall maintain minutes of all its meetings to document its activities and recommendations.

The Committee's responsibilities include:

A. Recommending and monitoring, in conjunction with the relevant business units or departments, the development of internal systems to carry out the privacy and security policies and procedures as part of daily operations;

B. Determining the appropriate strategy/approach to promote compliance with the ~~Program~~ Privacy and Security Plan and detection of any potential violations, such as through hotlines and other reporting mechanisms;

C. Developing a system to solicit, evaluate and respond to complaints and problems;

D. Monitoring ongoing operations for the purpose of identifying potentially deficient areas and implementing corrective and preventive action;

E. Reviewing and tracking of possible confidentiality breaches that may be identified through incident reports, reports from CalViva Health's CCO, reports from contractors, appeals and grievances, etc.;

F. Overseeing the analysis and data collection of business processes, systems and relationships to understand the cause of a breach;

G. Creating or revising policies to better prevent or address privacy and security breaches; and

H. Overseeing development of resolutions to breach issues.

When a potential problem is identified, the CCO may also select various individuals to serve on an ad hoc task force to provide assistance in investigating an incident, such as an unauthorized disclosure, implementing mitigation measures and/or designing protocols to prevent a recurrence in the future.

3. CalViva Health Management:

Chief Officers and Directors must be available to discuss with each employee under their direct supervision and every contractor/business associate with which they are the primary liaison:

A. The content and procedures in the Privacy and Security ~~Program~~ Plan and any applicable Policies and Procedures

B. The legal requirements applicable to Employees' and Contractors' job functions or contractual obligations, as applicable

C. That adherence to the ~~Program~~ Plan and Policies and Procedures is a condition of employment

D. That CalViva Health shall take appropriate disciplinary action, including termination of employment or a Contractor's agreement with CalViva Health, for violation of the principles and requirements set forth in the Privacy and Security ~~Program~~ Plan and applicable law and regulations

The Chief Compliance Officer will include any significant ~~Program~~ issues as part of the compliance reports to the RHA Commission (CalViva Health's governing board).

4. Auditing and Monitoring of Delegated Activities and Internal Operations:

CalViva Health is committed to aggressive monitoring of its Privacy and Security ~~Program~~ Plan and applicable policies and procedures. Routine and random audits will be conducted to identify problems, reduce identified problems and maintain a high level of privacy.

The CCO along with the Compliance Department staff are responsible for ensuring the implementation of the ~~program~~ Privacy and Security Plan and all associated policies and procedures, performance standards and activities. This includes oversight and monitoring activities of CalViva Health internal business units and subcontractors (i.e. administrative services contractors, delegated providers).

Oversight monitoring of delegated entities is done to ensure that delegated responsibilities and services comply with ~~program~~ requirements and the appropriate state and federal regulatory

requirements. Any deficiencies identified during the monitoring process will result in corrective action plans. The corrective action plan developed will identify the deficiency, outline how the deficiency will be corrected and set a time frame for implementing the corrective actions.

APPROVAL:

_____ **Date:** _____

Name: Mary Beth Corrado
Title: Chief Compliance Officer

_____ **Date:** _____

Name: Gregory Hund
Title: Chief Executive Officer

_____ **Date:** _____

Name: David S. Hodge, M.D.
Title: RHA Commission Chairperson

Program Description History		
Date	**Section #**	**Comment(s)**
1/1/2012		New Program Description
3/1/2013		Updated entire document to properly reflect Privacy and Security Measures
2/6/2014		Changes to the Breach and Protected Health Information definition to align with the HIPAA FINAL Rule published on January 17, 2013; added language pertaining to the Risk Management Team; clarification to identify the Chief Compliance Officer is also the Privacy and Security Officer and other minor changes to clarify current contractual relationships and activities; comply with new regulations and Medi-Cal contract requirements
1/5/2015		Annual Review; No Changes Needed
2/18/2016		Annual Review; Updated the contact information for the Compliance Officer. Minor edits to clarify current practices.

2/16/2017		Annual Review; Updated overview clarify current contractual relationships and activities. Updated the name of document from Privacy and Security Program to Privacy and Security Plan.

Item #15

Attachment 15.A

Financial Statements as of
December 31, 2016

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Balance Sheet
As of December 31, 2016

	Total
ASSETS	
Current Assets	
Bank Accounts	
Cash	174,866,276.10
Savings CD	0.00
ST Investments	0.00
Wells Fargo Money Market Mutual Funds	5,234.56
Total Bank Accounts	**$ 174,871,510.66**
Accounts Receivable	
Accounts Receivable	62,644,838.24
Total Accounts Receivable	**$ 62,644,838.24**
Other Current Assets	
Interest Receivable	8,979.97
Investments - CDs	4,998,518.06
Prepaid Expenses	502,703.59
Security Deposit	0.00
Total Other Current Assets	**$ 5,510,201.62**
Total Current Assets	**$ 243,026,550.52**
Fixed Assets	
Buildings	7,582,702.79
Computers & Software	13,169.68
Land	3,161,419.10
Office Furniture & Equipment	180,793.91
Total Fixed Assets	**$ 10,938,085.48**
Other Assets	
Investment -Restricted	308,837.32
Total Other Assets	**$ 308,837.32**
TOTAL ASSETS	**$ 254,273,473.32**
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	86,378.99
Accrued Admin Service Fee	3,991,284.00
Capitation Payable	142,906,735.03
Claims Payable	45,931.09
Total Accounts Payable	**$ 147,030,329.11**
Other Current Liabilities	
Accrued Expenses	25,999.98
Accrued Payroll	93,113.84
Accrued Vacation Pay	184,550.85
Amt Due to DHCS	0.00
IBNR	149,087.86
Loan Payable-Current	0.00
Premium Tax Payable	208,137.41
Premium Tax Payable to BOE	5,313,590.61
Premium Tax Payable to DHCS	56,227,833.51
Total Other Current Liabilities	**$ 62,202,314.06**
Total Current Liabilities	**$ 209,232,643.17**
Long-Term Liabilities	
Renters' Security Deposit	36,500.00
Subordinated Loan Payable	0.00
Total Long-Term Liabilities	**$ 36,500.00**
Total Liabilities	**$ 209,269,143.17**
Equity	
Retained Earnings	38,352,168.72
Net Income	6,652,161.43
Total Equity	**$ 45,004,330.15**
TOTAL LIABILITIES AND EQUITY	**$ 254,273,473.32**

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Profit and Loss
July - December, 2016

	Total
Income	
Interest Earned	58,627.90
Premium/Capitation Income	643,543,443.16
Total Income	**$ 643,602,071.06**
Cost of Medical Care	
Capitation - Medical Costs	548,192,115.87
Medical Claim Costs	997,078.97
Total Cost of Medical Care	**$ 549,189,194.84**
Gross Margin	**$ 94,412,876.22**
Expenses	
Admin Service Agreement Fees	23,760,000.00
Bank Charges	2,906.28
Computer/IT Services	61,973.26
Depreciation Expense	145,302.42
Dues & Subscriptions	66,565.65
Insurance	92,470.23
Labor	1,266,339.52
Legal & Professional Fees	58,917.16
License Expense	299,378.72
Marketing	307,284.87
Meals and Entertainment	7,103.56
Office Expenses	31,563.33
Parking	660.24
Postage & Delivery	894.84
Printing & Reproduction	742.82
Recruitment Expense	35,730.40
Rent	2,776.87
Seminars and Training	4,806.79
Supplies	5,257.89
Taxes	61,874,044.98
Telephone	9,425.46
Travel	10,460.31
Total Expenses	**$ 88,044,605.60**
Net Operating Income	**$ 6,368,270.62**
Other Income	
Other Income	283,890.81
Total Other Income	**$ 283,890.81**
Net Other Income	**$ 283,890.81**
Net Income	**$ 6,652,161.43**

Item #15

Attachment 15.B

Appeals and Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2016

Current as of End of the Month: December

Revised Date: 2/9/2017

CalViva - 2016																		
Grievances	**Jan**	**Feb**	**Mar**	**Q1**	**Apr**	**May**	**Jun**	**Q2**	**Jul**	**Aug**	**Sep**	**Q3**	**Oct**	**Nov**	**Dec**	**Q4**	**2016 YTD**	**2015 YTD**
Expedited Grievances Received	9	14	14	37	4	12	10	26	6	7	7	20	18	9	21	48	131	131
Standard Grievances Received	71	70	70	211	49	58	46	153	50	60	47	157	48	86	55	189	710	935
Total Grievances Received	**80**	**84**	**84**	**248**	**53**	**70**	**56**	**179**	**56**	**67**	**54**	**177**	**66**	**95**	**76**	**237**	**841**	**1066**
Grievance Ack Letters Sent Noncompliant	0	0	2	2	4	0	0	4	1	1	0	2	0	1	1	2	10	10
Grievance Ack Letter Compliance Rate	**100.0%**	**100.0%**	**97.1%**	**99.1%**	**91.8%**	**100.0%**	**100.0%**	**97.4%**	**98.0%**	**98.3%**	**100.0%**	**98.7%**	**100.0%**	**98.8%**	**98.2%**	**98.9%**	**98.59%**	**98.9%**
Expedited Grievances Resolved Noncompliant	0	1	0	1	0	0	0	0	0	0	0	0	0	0	2	2	3	4
Expedited Grievances Resolved Compliant	9	13	14	36	4	12	9	25	7	6	8	21	17	9	20	46	128	125
Expedited Grievance Compliance rate	**100.0%**	**92.3%**	**100.0%**	**97.2%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**90.0%**	**95.7%**	**97.71%**	**96.9%**
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Standard Grievances Resolved Compliant	55	66	75	196	68	45	57	170	44	56	60	160	38	64	70	172	698	963
Standard Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.00%**	**99.8%**
Total Grievances Resolved	**64**	**80**	**89**	**233**	**72**	**57**	**66**	**195**	**51**	**62**	**68**	**181**	**55**	**73**	**92**	**220**	**829**	**1094**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**42**	**52**	**56**	**150**	**41**	**43**	**45**	**129**	**38**	**48**	**47**	**133**	**41**	**52**	**62**	**155**	**567**	**659**
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0
Access - PCP - DHCS	13	16	12	41	7	14	11	32	4	8	9	21	7	6	20	33	127	103
Access - Spec - DHCS	4	1	6	11	0	2	3	5	2	5	1	8	5	1	4	10	34	36
Access - Other - DMHC	4	6	3	13	0	1	1	2	2	0	1	3	1	2	4	7	25	64
Interpersonal	8	6	17	31	12	12	14	38	10	11	9	30	14	23	9	46	145	128
Administrative	8	13	8	29	3	5	11	19	13	12	15	40	9	15	17	41	129	273
Pharmacy	0	5	2	7	2	1	0	3	1	1	1	3	3	0	4	7	20	20
Other	5	5	8	18	17	8	5	30	6	11	10	27	2	5	4	11	86	35
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Quality Of Care Grievances	**22**	**28**	**33**	**83**	**31**	**14**	**21**	**66**	**13**	**14**	**21**	**48**	**14**	**21**	**30**	**65**	**262**	**435**
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - PCP - DHCS	5	11	5	21	7	3	2	12	1	3	7	11	4	3	5	12	56	99
Access - Spec - DHCS	2	1	2	5	0	0	0	0	1	0	0	1	1	2	1	4	10	8
Access - Other - DMHC	1	1	1	3	1	1	1	3	0	0	1	1	0	1	0	1	8	10
PCP Care	6	5	12	23	11	5	7	23	7	7	9	23	8	8	15	31	100	130
PCP Delay	1	4	5	10	5	3	7	15	1	3	3	7	1	2	1	4	36	100
Specialist Care	4	3	6	13	4	1	4	9	1	0	0	1	0	2	4	6	29	40
Specialist Delay	1	0	0	1	0	0	0	0	0	0	0	0	0	2	0	2	3	17
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	2	3	2	7	3	1	0	4	2	1	1	4	0	1	4	5	20	31
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Exempt Grievances Received - Old Classifications	**198**	**208**	**0**	**406**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**406* Total for Old Classifications Only**	**1192**
Access	24	31	0	**55**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**55**	220
Attitude/Service	78	74	0	**152**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**152**	513
Authorization	7	17	0	**24**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**24**	62
Benefit Issue	10	4	0	**14**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**14**	48
Other	12	22	0	**34**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**34**	78
PCP Assignment/Transfer	67	60	0	**127**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**127**	271
Exempt Grievances Received - New Classifications	-	-	237	**237**	293	205	179	**677**	161	177	128	**466**	245	284	244	**773**	**2153* Total for New Classifications Only**	-
Avail of Appt w/ PCP	-	-	19	**19**	35	18	16	**69**	11	24	19	**54**	17	11	16	**44**	**186**	-
Avail of Appt w/ Specialist	-	-	0	**0**	0	0	0	**0**	0	2	0	**2**	0	0	0	**0**	**2**	-
Avail of Appt w/ Other Providers	-	-	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	-
Wait Time - Too Long on Telephone	-	-	6	**6**	1	2	3	**6**	6	2	4	**12**	7	1	1	**9**	**33**	-
Wait Time - In Office for Scheduled Appt	-	-	3	**3**	4	6	3	**13**	4	3	2	**9**	0	6	2	**8**	**33**	-
Health Care Benefits	-	-	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	-
Interpersonal - Behavior of Clinic/Staff - Provider	-	-	46	**46**	57	60	48	**165**	42	54	36	**132**	83	91	72	**246**	**589**	-
Interpersonal - Behavior of Clinic/Staff - Vendor	-	-	0	**0**	1	1	2	**4**	2	1	1	**4**	1	5	0	**6**	**14**	-
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	-	-	3	**3**	10	9	11	**30**	4	6	3	**13**	10	16	13	**39**	**85**	-
PCP Assignment	-	-	130	**130**	122	65	63	**250**	62	46	39	**147**	90	85	75	**250**	**777**	-
Authorization	-	-	7	**7**	13	9	10	**32**	8	10	11	**29**	8	14	16	**38**	**106**	-
Claims Complaint	-	-	2	**2**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**3**	-
Eligibility Issue	-	-	8	**8**	8	4	5	**17**	6	4	0	**10**	3	6	2	**11**	**46**	-
ID Card - Not Received	-	-	4	**4**	28	15	4	**47**	7	8	0	**15**	9	26	12	**47**	**113**	-
Information Discrepancy	-	-	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**	-
Pharmacy	-	-	8	**8**	13	9	9	**31**	7	11	8	**26**	12	17	20	**49**	**114**	-
Other	-	-	0	**0**	0	7	5	**12**	2	6	5	**13**	5	6	15	**26**	**51**	-

CalViva Health Appeals and Grievances Dashboard 2016

Appeals	**Jan**	**Feb**	**Mar**	**Q1**	**Apr**	**May**	**June**	**Q2**	**Jul**	**Aug**	**Sep**	**Q3**	**Oct**	**Nov**	**Dec**	**Q4**	**YTD**	**YTD**
Expedited Appeals Received	6	2	1	9	8	4	4	16	4	9	5	18	6	6	2	14	57	49
Standard Appeals Received	5	7	13	25	11	6	13	30	15	16	14	45	9	19	11	39	139	154
Total Appeals Received	**11**	**9**	**14**	**34**	**19**	**10**	**17**	**46**	**19**	**25**	**19**	**63**	**15**	**25**	**13**	**53**	196	**203**
Appeals Ack Letters Sent Noncompliant	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	1	2
Appeals Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**94.7%**	**100.0%**	**97.4%**	**99.28%**	**98.7%**
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Expedited Appeals Resolved Compliant	5	3	0	**8**	8	4	5	**17**	3	10	5	**18**	6	5	2	13	56	47
Expedited Appeals Compliance Rate	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**50.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**100.00%**	**95.9%**
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	6	5	11	22	8	14	5	27	11	13	16	40	12	9	22	43	132	156
Standard Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.00%**	**100.0%**
Total Appeals Resolved	**11**	**8**	**11**	**30**	**16**	**18**	**10**	**44**	**14**	**23**	**21**	**58**	**18**	**14**	**24**	**56**	**188**	**205**
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	11	8	11	**30**	16	18	10	**44**	13	22	19	**54**	18	14	24	**56**	**184**	202
Pharmacy	6	5	3	14	7	7	8	22	7	7	5	19	13	7	15	35	90	118
Surgery	1	0	1	2	2	5	1	8	2	4	2	8	0	0	0	0	18	17
DME	2	1	5	8	2	3	0	5	1	7	4	12	2	5	3	10	35	36
Consultation	2	0	0	2	3	1	0	4	2	2	3	7	1	2	2	5	18	11
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	2	2	4	2	2	1	5	1	2	5	8	2	0	4	6	23	20
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	**0**	0	0	0	**0**	1	1	2	**4**	0	0	0	**0**	**4**	3
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
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	1	1	2	4	0	0	0	0	4	1
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	10	6	10	**26**	9	14	8	31	9	14	14	37	10	13	16	39	133	137
Uphold Rate	**90.9%**	**75.0%**	**90.9%**	**86.7%**	**56.3%**	**77.8%**	**80.0%**	**70.5%**	**64.3%**	**60.9%**	**66.7%**	**63.8%**	**55.6%**	**92.9%**	**66.7%**	**69.6%**	**70.74%**	**66.8%**
Overturns - Full	1	1	1	**3**	7	4	2	**13**	4	6	5	**15**	7	1	8	**16**	47	58
Overturn Rate - Full	**9.1%**	**12.5%**	**9.1%**	**10.0%**	**43.8%**	**22.2%**	**20.0%**	**29.5%**	**28.6%**	**26.1%**	**23.8%**	**25.9%**	**38.9%**	**7.1%**	**33.3%**	**28.6%**	**25.00%**	**28.3%**
Overturns - Partials	0	0	0	**0**	0	0	0	**0**	1	2	1	**4**	0	0	0	**0**	4	7
Overturn Rate - Partial	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**7.1%**	**8.7%**	**4.8%**	**6.9%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**2.13%**	**3.4%**
Withdrawal	0	1	0	**1**	0	0	0	**0**	0	1	1	**2**	1	0	0	1	**4**	3
Withdrawal Rate	**0.0%**	**12.5%**	**0.0%**	**0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**4.3%**	**4.8%**	**3.4%**	**5.6%**	**0.0%**	**0.0%**	**1.79%**	**2.13%**	**1.5%**
Membership	334,384	336,186	338,209		342,299	343,811	345,155		347,350	347,660	349,048		350,936	351,017	351,877			
Appeals - PTMPM	0.03	0.02	0.03	0.03	0.05	0.05	0.03	0.04	0.04	0.07	0.06	0.06	0.05	0.04	0.07	0.05	0.05	0.05
Grievances - PTMPM	0.19	0.24	0.26	0.23	0.21	0.17	0.19	0.19	0.15	0.18	0.19	0.17	0.16	0.21	0.26	0.21	0.20	0.29

CalViva Health Appeals and Grievances Dashboard 2016 (Fresno County)

Fresno County																		
Grievances	**Jan**	**Feb**	**Mar**	**Q1**	**Apr**	**May**	**Jun**	**Q2**	**Jul**	**Aug**	**Sep**	**Q3**	**Oct**	**Nov**	**Dec**	**Q4**	**2016 YTD**	**2015 YTD**
Expedited Grievances Received	7	10	12	29	2	12	8	22	5	6	6	17	15	7	21	43	111	111
Standard Grievances Received	58	55	61	174	43	53	35	131	44	48	39	131	43	76	45	164	600	810
Total Grievances Received	**65**	**65**	**73**	**203**	**45**	**65**	**43**	**153**	**49**	**54**	**45**	**148**	**58**	**83**	**66**	**207**	**711**	**921**
Grievance Ack Letters Sent Noncompliant	0	0	2	2	4	0	0	4	1	0	0	0	0	1	1	2	8	8
Grievance Ack Letter Compliance Rate	**100.0%**	**100.0%**	**96.7%**	**98.9%**	**90.7%**	**100.0%**	**100.0%**	**96.9%**	**97.7%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**98.7%**	**97.8%**	**98.8%**	**100.0%**	**0.99%**
Expedited Grievances Resolved Noncompliant	0	1	1	2	0	0	0	0	0	0	0	0	0	0	2	2	4	3
Expedited Grievances Resolved Compliant	7	9	11	27	2	12	7	21	6	5	7	18	14	8	19	41	107	106
Expedited Grievance Compliance rate	**100.0%**	**88.9%**	**90.9%**	**92.6%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**89.5%**	**0.0%**	**96.3%**	**97.25%**
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Standard Grievances Resolved Compliant	49	54	62	165	58	40	50	148	35	47	47	129	33	55	66	154	596	830
Standard Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**99.8%**
Total Grievances Resolved	**56**	**64**	**74**	**194**	**60**	**52**	**57**	**169**	**41**	**52**	**54**	**147**	**47**	**63**	**87**	**197**	707	**941**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**37**	**42**	**46**	**125**	**35**	**41**	**38**	**114**	**30**	**38**	**38**	**106**	**37**	**46**	**57**	**140**	485	**562**
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0
Access - PCP - DHCS	12	12	10	34	6	14	11	31	3	5	9	17	7	6	18	31	113	89
Access - Spec - DHCS	2	1	6	9	0	2	2	4	2	3	1	6	4	0	3	7	26	27
Access - Other - DMHC	4	6	1	11	0	1	1	2	2	0	1	3	1	1	4	6	22	58
Interpersonal	7	5	12	24	10	11	9	30	8	10	8	26	12	19	9	40	120	110
Administrative	8	10	8	26	3	4	10	17	11	11	8	30	8	15	15	38	111	232
Pharmacy	0	5	2	7	0	1	0	1	1	0	1	2	3	0	4	7	17	18
Other	4	3	7	14	16	8	5	29	3	9	9	21	2	5	4	11	75	28
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Quality Of Care Grievances	**19**	**22**	**28**	**69**	**25**	**11**	**19**	**55**	**11**	**14**	**16**	**41**	**10**	**17**	**30**	**57**	**222**	**379**
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - PCP - DHCS	5	9	4	18	7	3	2	12	1	3	6	10	2	2	5	9	49	87
Access - Spec - DHCS	2	0	2	4	0	0	0	0	1	0	0	1	1	2	1	4	9	8
Access - Other - DMHC	1	1	1	3	1	0	1	2	0	0	1	1	0	0	0	0	6	10
PCP Care	4	4	10	18	9	4	6	19	6	7	7	20	6	8	15	29	86	111
PCP Delay	1	3	4	8	4	3	7	14	1	3	2	6	1	2	1	4	32	90
Specialist Care	3	3	5	11	3	0	3	6	1	0	0	1	0	1	4	5	23	34
Specialist Delay	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0	1	2	9
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	2	2	2	6	1	1	0	2	1	1	0	2	0	1	4	5	15	30
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

CalViva Health Appeals and Grievances Dashboard 2016 (Fresno County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	5	2	1	8	7	4	4	15	4	6	3	13	6	4	2	12	48	38
Standard Appeals Received	4	7	9	20	9	4	12	25	12	13	14	39	8	14	10	32	116	94
Total Appeals Received	**9**	**9**	**10**	**28**	**16**	**8**	**16**	**40**	**16**	**19**	**17**	**52**	**14**	**18**	**12**	**44**	164	**132**
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0
Appeals Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**92.9%**	**100.0%**	**96.9%**	**99.1%**	**100.0%**
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	5	2	0	7	7	4	5	16	3	7	3	13	6	3	2	11	47	37
Expedited Appeals Compliance Rate	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**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	0
Standard Appeals Resolved Compliant	5	4	8	17	7	11	3	**21**	11	10	13	**34**	12	8	17	**37**	109	95
Standard Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Total Appeals Resolved	**10**	**6**	**8**	**24**	**14**	**15**	**8**	**37**	**14**	**17**	**16**	**47**	**18**	**11**	**19**	**48**	**156**	**133**
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**10**	**6**	**8**	**24**	**14**	**15**	**8**	**37**	**13**	**16**	**15**	**44**	**18**	**11**	**19**	**48**	**153**	**131**
Pharmacy	6	4	3	**13**	6	7	7	20	7	5	4	16	13	5	12	30	79	79
Surgery	0	0	1	**1**	2	3	0	5	2	4	1	7	0	0	0	0	13	7
DME	2	1	4	**7**	2	3	0	5	1	4	3	8	2	4	3	9	29	26
Consultation	2	0	0	**2**	2	1	0	3	2	1	3	6	1	2	1	4	15	8
Experimental/Investigational	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	1	0	**1**	2	1	1	**4**	1	2	4	**7**	2	0	3	5	17	10
Mental Health	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Post Service Appeals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**	**1**	**3**	**0**	**0**	**0**	**0**	**3**	**2**
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
DME	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Experimental/Investigational	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	**0**	0	0	0	0	1	1	1	0	0	0	0	0	0	1
Mental Health	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Appeals Decision Rates																		
Upholds	9	5	7	**21**	8	11	7	**26**	9	11	11	**31**	10	11	12	**33**	111	91
Uphold Rate	**90.0%**	**83.3%**	**87.5%**	**87.5%**	**57.1%**	**73.3%**	**87.5%**	**70.3%**	**64.3%**	**64.7%**	**68.8%**	**66.0%**	**55.6%**	**100.0%**	**63.2%**	**68.8%**	**71.2%**	**68.4%**
Overturns - Full	1	0	1	**2**	6	4	1	**11**	4	5	3	**12**	7	0	7	**14**	39	38
Overturn Rate - Full	**10.0%**	**0.0%**	**12.5%**	**8.33%**	**42.9%**	**26.7%**	**12.5%**	**29.73%**	**28.6%**	**29.4%**	**18.8%**	**25.53%**	**38.9%**	**0.0%**	**36.8%**	**29.17%**	**25.00%**	**28.57%**
Overturns - Partials	0	0	0	**0**	0	0	0	**0**	1	0	1	**2**	0	0	0	**0**	2	3
Overturn Rate - Partial	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**7.1%**	**0.0%**	**6.3%**	**4.3%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**1.3%**	**2.3%**
Withdrawal	0	1	0	**1**	0	0	0	**0**	0	1	1	**2**	1	0	0	**1**	4	1
Withdrawal Rate	**0.0%**	**16.7%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**5.9%**	**6.3%**	**0.0%**	**5.6%**	**0.0%**	**0.0%**	**2.1%**	**0.0%**	**0.8%**
Membership	275,680	277,208	278,967		282,738	284,186	285,319		287,289	287,706	289,265		290,926	290,921	291,473			**1491103**
Appeals - PTMPM	0.04	0.02	0.03	0.03	0.05	0.05	0.03	0.04	0.05	0.06	0.06	0.05	0.06	0.04	0.07	0.00	0.03	0.04
Grievances - PTMPM	0.20	0.23	0.27	0.23	0.21	0.18	0.20	0.20	0.14	0.18	0.19	0.17	0.16	0.22	0.30	0.00	0.15	0.23

CalViva Health Appeals and Grievances Dashboard 2016 (Kings County)

Kings County

Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2016 YTD	2015 YTD
Expedited Grievances Received	2	2	2	6	2	0	1	3	0	1	0	1	0	0	0	0	10	10
Standard Grievances Received	8	5	6	19	5	3	6	14	1	5	3	9	1	0	2	3	45	38
Total Grievances Received	**10**	**7**	**8**	**25**	**7**	**3**	**7**	**17**	**1**	**6**	**3**	**10**	**1**	**0**	**2**	**3**	**55**	**48**
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grievance Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**0.00%**
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Expedited Grievances Resolved Compliant	2	2	2	6	2	0	1	3	0	1	0	1	0	0	0	0	10	9
Expedited Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**88.9%**
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	4	8	3	15	7	4	5	16	4	2	6	12	1	1	0	2	45	38
Standard Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**
Total Grievances Resolved	**6**	**10**	**5**	**21**	**9**	**4**	**6**	**19**	**4**	**3**	**6**	**13**	**1**	**1**	**0**	**2**	55	**48**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**4**	**5**	**4**	**13**	**4**	**2**	**6**	**12**	**3**	**3**	**5**	**11**	**0**	**1**	**0**	**1**	37	**21**
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - PCP - DHCS	1	2	1	4	1	0	0	1	1	1	0	2	0	0	0	0	7	6
Access - Spec - DHCS	1	0	0	1	0	0	0	0	0	2	0	2	0	0	0	0	3	3
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Interpersonal	1	1	2	4	1	1	5	7	0	0	0	0	0	1	0	1	12	4
Administrative	0	1	0	1	0	1	1	2	0	0	4	4	0	0	0	0	7	2
Pharmacy	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	1
Other	1	1	1	3	1	0	0	1	2	0	1	3	0	0	0	0	7	3
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Quality Of Care Grievances	**2**	**5**	**1**	**8**	**5**	**2**	**0**	**7**	**1**	**0**	**1**	**2**	**1**	**0**	**0**	**1**	**18**	**27**
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - PCP - DHCS	0	1	0	1	0	0	0	0	0	0	1	1	1	0	0	1	3	7
Access - Spec - DHCS	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Access - Other - DMHC	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0
PCP Care	1	1	0	2	1	0	0	1	1	0	0	1	0	0	0	0	4	5
PCP Delay	0	1	1	2	1	0	0	1	0	0	0	0	0	0	0	0	3	7
Specialist Care	1	0	0	1	1	1	0	2	0	0	0	0	0	0	0	0	3	3
Specialist Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	1	0	1	2	0	0	2	0	0	0	0	0	0	0	0	3	1
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

CalViva Health Appeals and Grievances Dashboard 2016 (Kings County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	0	0	0	0	1	0	0	1	0	1	1	2	0	1	0	0	3	3
Standard Appeals Received	0	0	1	1	1	2	1	4	1	0	0	1	0	1	0	0	6	8
Total Appeals Received	**0**	**0**	**1**	**1**	**2**	**2**	**1**	**5**	**1**	**0**	**0**	**3**	**0**	**2**	**0**	**0**	9	**11**
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	**0.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
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	0	0	0	1	0	0	1	0	1	1	2	0	1	0	1	4	2
Expedited Appeals Compliance Rate	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**0.0%**	**100.0%**	**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	0
Standard Appeals Resolved Compliant	0	0	1	1	0	2	2	**4**	0	1	0	**1**	0	0	1	**1**	7	13
Standard Appeals Compliance Rate	**0.0%**	**0.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Total Appeals Resolved	**0**	**0**	**1**	**1**	**1**	**2**	**2**	**5**	**0**	**2**	**1**	**3**	**0**	**1**	**1**	**2**	**11**	**16**
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**0**	**0**	**1**	**1**	**1**	**2**	**2**	**5**	**0**	**2**	**1**	**3**	**0**	**1**	**1**	**2**	**11**	**16**
Pharmacy	0	0	0	**0**	1	0	1	2	0	1	0	1	0	1	1	2	5	8
Surgery	0	0	0	**0**	0	1	1	2	0	0	0	0	0	0	0	0	2	2
DME	0	0	0	**0**	0	0	0	0	0	1	0	1	0	0	0	0	1	4
Consultation	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
Other	0	0	1	**1**	0	1	0	**1**	0	0	1	**1**	0	0	0	0	3	2
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Pharmacy	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Appeals Decision Rates																		
Upholds	0	0	1	**1**	1	2	1	**4**	0	0	1	**1**	0	1	1	**2**	8	10
Uphold Rate	**0.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**50.0%**	**80.0%**	**0.0%**	**0.0%**	**100.0%**	**33.3%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**72.7%**	**62.5%**
Overturns - Full	0	0	0	**0**	0	0	1	**1**	0	1	0	**1**	0	0	0	**0**	2	5
Overturn Rate - Full	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**0.0%**	**0.0%**	**50.0%**	**20.00%**	**0.0%**	**50.0%**	**0.0%**	**33.33%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**18.18%**	**31.25%**
Overturns - Partials	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	1	1
Overturn Rate - Partial	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**50.0%**	**0.0%**	**33.3%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**9.1%**	**6.3%**
Withdrawal	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Withdrawal Rate	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
Membership	25,336	25,582	25,735		25,778	25,695	25,833		25,920	25,832	25,522		25,647	25,648	25,915			**218326**
Appeals - PTMPM	-	-	0.04	0.01	0.04	0.08	0.08	0.06	-	0.08	0.04	0.04	-	0.04	0.04	0.03	0.04	0.06
Grievances - PTMPM	0.24	0.39	0.19	0.27	0.35	0.16	0.23	0.25	0.15	0.12	0.24	0.17	0.04	0.04	-	0.03	0.18	0.16

CalViva Health Appeals and Grievances Dashboard 2016 (Madera County)

Madera County																		
Grievances	**Jan**	**Feb**	**Mar**	**Q1**	**Apr**	**May**	**Jun**	**Q2**	**Jul**	**Aug**	**Sep**	**Q3**	**Oct**	**Nov**	**Dec**	**Q4**	**2016 YTD**	**2015 YTD**
Expedited Grievances Received	0	2	0	2	0	0	1	1	1	0	1	2	3	2	0	5	10	10
Standard Grievances Received	5	10	3	18	1	2	5	8	5	7	5	17	4	10	8	22	65	87
Total Grievances Received	**5**	**12**	**3**	**20**	**1**	**2**	**6**	**9**	**6**	**7**	**6**	**19**	**7**	**12**	**8**	**27**	**75**	**97**
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Grievance Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**85.7%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**100.00%**
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	0	2	0	2	0	0	1	1	1	0	1	2	3	1	1	5	10	10
Expedited Grievance Compliance rate	**0.0%**	**100.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	2	4	10	16	3	1	2	6	5	7	7	19	4	8	4	16	57	95
Standard Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Total Grievances Resolved	**2**	**6**	**10**	**18**	**3**	**1**	**3**	**7**	**6**	**7**	**8**	**21**	**7**	**9**	**5**	**21**	67	**105**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**1**	**5**	**6**	**12**	**2**	**0**	**1**	**3**	**5**	**7**	**4**	**16**	**4**	**5**	**5**	**14**	45	**76**
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - PCP - DHCS	0	2	1	3	0	0	0	0	0	2	0	2	0	0	2	2	7	8
Access - Spec - DHCS	1	0	0	1	0	0	1	1	0	0	0	0	1	1	1	3	5	6
Access - Other - DMHC	0	0	2	2	0	0	0	0	0	0	0	0	0	1	0	1	3	4
Interpersonal	0	0	3	3	1	0	0	1	2	1	1	4	2	3	0	5	13	14
Administrative	0	2	0	2	0	0	0	0	2	1	3	6	1	0	2	3	11	39
Pharmacy	0	0	0	0	1	0	0	1	0	1	0	1	0	0	0	0	2	1
Other	0	1	0	1	0	0	0	0	1	2	0	3	0	0	0	0	4	4
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Quality Of Care Grievances	**1**	**1**	**4**	**6**	**1**	**1**	**2**	**4**	**1**	**0**	**4**	**5**	**3**	**4**	**0**	**7**	**22**	**29**
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - PCP - DHCS	0	1	1	2	0	0	0	0	0	0	0	0	1	1	0	2	4	5
Access - Spec - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0
PCP Care	1	0	2	3	1	1	1	3	0	0	2	2	2	0	0	2	10	14
PCP Delay	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	3
Specialist Care	0	0	1	1	0	0	1	1	0	0	0	0	0	1	0	1	3	3
Specialist Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	4
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	1	0	1	2	0	0	0	0	2	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

CalViva Health Appeals and Grievances Dashboard 2016 (Madera County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	1	0	0	1	0	0	0	0	0	2	1	3	0	1	0	1	5	8
Standard Appeals Received	1	0	3	4	1	0	0	1	2	3	0	5	1	4	1	6	16	50
Total Appeals Received	**2**	**0**	**3**	**5**	**1**	**0**	**0**	**1**	**2**	**5**	**0**	**8**	**1**	**5**	**1**	**7**	21	**58**
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%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**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	0	1	0	1	0	0	0	0	0	2	1	3	0	1	0	1	5	8
Expedited Appeals Compliance Rate	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**0.0%**	**100.0%**	**-400.0%**	**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	1	1	2	4	1	1	0	**2**	0	2	3	**5**	0	1	4	**5**	16	48
Standard Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Total Appeals Resolved	**1**	**2**	**2**	**5**	**1**	**1**	**0**	**2**	**0**	**4**	**4**	**8**	**0**	**2**	**4**	**6**	**21**	**56**
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**1**	**2**	**2**	**5**	**1**	**1**	**0**	**2**	**0**	**4**	**3**	**7**	**0**	**2**	**4**	**6**	**20**	**55**
Pharmacy	0	1	0	**1**	0	0	0	0	0	1	1	2	0	1	2	3	6	31
Surgery	1	0	0	**1**	0	1	0	1	0	0	1	1	0	0	0	0	3	6
DME	0	0	1	**1**	0	0	0	0	0	2	1	3	0	1	0	1	5	6
Consultation	0	0	0	**0**	1	0	0	1	0	1	0	1	0	0	1	1	3	3
Experimental/Investigational	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	1	1	**2**	0	0	0	**0**	0	0	0	**0**	0	0	1	1	3	9
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**1**	**1**
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
DME	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Experimental/Investigational	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	1	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**
Appeals Decision Rates																		
Upholds	1	1	2	**4**	0	1	0	**1**	0	3	2	**5**	0	1	3	**4**	14	36
Uphold Rate	**100.0%**	**50.0%**	**100.0%**	**80.0%**	**0.0%**	**100.0%**	**0.0%**	**50.0%**	**0.0%**	**75.0%**	**50.0%**	**62.5%**	**0.0%**	**50.0%**	**75.0%**	**66.7%**	**66.7%**	**64.3%**
Overturns - Full	0	1	0	**1**	1	0	0	**1**	0	0	2	**2**	0	1	1	**2**	6	15
Overturn Rate - Full	**0.0%**	**50.0%**	**0.0%**	**20.00%**	**100.0%**	**0.0%**	**0.0%**	**50.00%**	**0.0%**	**0.0%**	**50.0%**	**25.00%**	**0.0%**	**50.0%**	**25.0%**	**33.33%**	**28.57%**	**26.79%**
Overturns - Partials	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	1	3
Overturn Rate - Partial	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**25.0%**	**0.0%**	**12.5%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**4.8%**	**5.4%**
Withdrawal	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	2
Withdrawal Rate	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**3.6%**
Membership	33,368	33,396	33,507		33,783	33,930	34,003		34,141	34,122	34,261		34,363	34,448	34,489			**289216**
Appeals - PTMPM	0.03	0.06	0.06	0.05	0.03	0.03	-	0.02	-	0.12	0.12	0.08	-	0.06	0.12	0.06	0.05	0.14
Grievances - PTMPM	0.06	0.18	0.30	0.18	0.09	0.03	0.09	0.07	0.18	0.21	0.23	0.20	0.20	0.26	0.14	0.20	0.16	0.27

Item #15

Attachment 15.C

Key Indicator Report

Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP

Report from 01/01/2015 to 12/31/2016

Report created 1/10/2016

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:

Regional Team Lead Contact Information

Region	Contact Person
Region 3:	Jim Adlhoch

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 01/01/2015 to 12/31/2016
Report created 1/10/2016

ER utilization based on Claims data	2015-12	2015-Trenc	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	2016-10	2016-11	2016-12	2016-Trenc	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Qtr Trend	CY- 2015	CY-2016	CY-Trend
																		Quarterly Averages						Annual Averages	
Expansion Mbr Months	76,613		77,833	78,360	79,317	81,004	82,068	83,089	83,826	84,569	85,456	86,376	86,898	87,400		74,402	78,503	82,054	84,617	86,891		64,115	83,016	
Family/Adult/Other Mbr Mos	233,932		237,009	239,281	241,591	242,621	243,194	243,880	244,220	244,228	245,133	245,786	245,513	246,380		227,871	239,294	243,232	244,527	245,893		223,894	243,236	
SPD Mbr Months	27,405		27,679	27,852	28,001	28,191	28,232	28,446	28,633	28,801	28,940	29,113	29,248	29,400		27,312	27,844	28,290	28,791	29,254		26,794	28,545	
Admits - Count	2,347		2,175	2,191	2,270	2,054	2,287	2,045	2,144	2,262	2,179	2,123	2,088	2,257		2,256	2,212	2,129	2,195	2,156		2,152	2,173	
Expansion	554		532	553	537	485	601	532	564	626	582	566	576	637		554	541	539	591	593		490	566	
Family/Adult/Other	1,192		1,088	1,138	1,157	1,068	1,165	1,065	1,077	1,136	1,173	1,087	1,060	1,170		1,127	1,128	1,099	1,129	1,106		1,082	1,115	
SPD	591		551	499	573	498	520	447	500	499	424	470	451	449		571	541	488	474	457		576	490	
Admits Acute - Count	1,521		1,456	1,426	1,515	1,341	1,506	1,303	1,326	1,414	1,329	1,375	1,390	1,496		1,489	1,466	1,383	1,356	1,420		1,437	1,406	
Expansion	427		404	434	436	381	474	411	414	466	435	424	440	488		438	425	422	438	451		394	434	
Family/Adult/Other	554		536	528	560	496	560	479	453	484	498	521	528	586		525	541	512	478	545		509	519	
SPD	535		513	463	516	461	471	412	456	463	396	430	421	421		523	497	448	438	424		532	452	
Readmit 30 Day - Count	297		268	267	271	221	242	236	234	250	264	260	269	295		288	269	233	249	275		244	256	
Expansion	74		87	72	75	58	66	63	63	84	64	73	73	101		78	78	62	70	82		62	73	
Family/Adult/Other	77		73	84	76	58	71	75	76	67	96	84	91	96		72	78	68	80	90		65	79	
SPD	145		107	111	119	104	105	98	95	99	104	103	105	98		138	112	102	99	102		117	104	
Readmit 14 Day - Count	34		25	23	24	23	19	18	18	27	24	29	21	23		23	24	20	23	24		35	23	
Expansion	7		11	6	8	5	5	5	10	6	4	5	6	6		5	8	5	7	6		11	6	
Family/Adult/Other	9		5	6	6	9	6	3	2	10	10	12	7	5		6	6	6	7	8		8	7	
SPD	18		9	11	10	9	7	10	6	11	10	12	8	12		12	10	9	9	11		16	10	
**ER Visits - Count	17,104		18,576	19,199	19,183	18,213	18,657	16,451	16,262	16,717	17,142	16,847	14,942	6,663		17,170	18,986	17,774	16,707	12,817		16,451	16,571	
Expansion	3,508		3,769	3,594	3,955	3,794	3,990	3,915	4,225	4,075	3,864	3,684	3,387	1,401		3,529	3,773	3,900	4,055	2,824		3,259	3,638	
Family/Adult/Other	11,813		12,940	13,726	13,409	12,605	12,842	10,838	10,310	10,846	11,563	11,542	10,133	4,698		11,690	13,358	12,095	10,906	8,791		11,265	11,288	
SPD	1,720		1,822	1,820	1,773	1,765	1,798	1,686	1,701	1,785	1,712	1,614	1,416	562		1,838	1,805	1,750	1,733	1,197		1,888	1,621	
Admits Acute - PTMPY	53.3		50.6	49.3	52.0	45.7	51.1	44.0	44.6	47.4	44.4	45.7	46.1	49.4		52.8	50.6	46.9	45.5	47.1		53.5	47.5	
Expansion	65.8		62.3	66.5	66.0	56.4	69.3	59.4	59.3	66.1	61.1	58.9	60.8	67.0		70.6	64.9	61.7	62.2	62.2		73.7	62.7	
Family/Adult/Other	28.6		27.1	26.5	27.8	24.5	27.6	23.6	22.3	23.8	24.4	25.4	25.8	28.5		27.7	27.1	25.2	23.5	26.6		27.3	25.6	
SPD	236.0		222.4	199.5	221.1	196.2	200.2	173.8	191.1	192.9	164.2	177.2	172.7	171.8		229.8	214.3	190.0	182.7	173.9		238.1	190.0	
Bed Days Acute - PTMPY	240.0		252.6	213.3	243.3	202.9	227.0	202.6	195.9	205.3	200.4	210.7	212.1	237.7		249.8	236.4	210.8	200.5	220.2		251.1	216.9	
Expansion	355.9		320.8	334.2	342.8	273.0	308.8	303.6	283.9	345.7	304.0	317.0	306.7	375.5		388.8	332.7	295.3	311.2	333.2		354.5	318.1	
Family/Adult/Other	96.9		109.8	83.8	88.6	73.0	85.7	84.1	72.4	79.2	95.2	88.4	91.1	99.5		96.7	94.0	80.9	82.3	93.0		92.5	87.5	
SPD	1,152.9		1,298.0	997.8	1,296.4	1,111.4	1,205.0	921.3	983.6	856.2	785.3	928.2	944.1	985.7		1,220.0	1,197.4	1,078.8	874.7	952.8		1,394.6	1,024.0	
ALOS Acute	4.5		5.0	4.3	4.7	4.4	4.4	4.6	4.4	4.3	4.5	4.6	4.6	4.8		4.7	4.7	4.5	4.4	4.7		4.7	4.6	
Expansion	5.4		5.2	5.0	5.2	4.8	4.5	5.1	4.8	5.2	5.0	5.4	5.0	5.6		5.5	5.1	4.8	5.0	5.4		4.8	5.1	
Family/Adult/Other	3.4		4.0	3.2	3.2	3.0	3.1	3.6	3.3	3.3	3.9	3.5	3.5	3.5		3.5	3.5	3.2	3.5	3.5		3.4	3.4	
SPD	4.9		5.8	5.0	5.9	5.7	6.0	5.3	5.1	4.4	4.8	5.2	5.5	5.7		5.3	5.6	5.7	4.8	5.5		5.9	5.4	
Readmit % 30 Day - PTMPY	12.7%		12.3%	12.2%	11.9%	10.8%	10.6%	11.5%	10.9%	11.1%	12.1%	12.2%	12.9%	13.1%		12.8%	12.1%	10.9%	11.4%	12.7%		11.3%	11.8%	
Expansion	15.0%		16.4%	13.0%	14.0%	12.0%	11.0%	11.8%	11.2%	13.4%	11.0%	12.9%	12.7%	15.9%		14.1%	14.4%	11.6%	11.9%	13.9%		12.7%	12.9%	
Family/Adult/Other	6.1%		6.7%	7.4%	6.6%	5.4%	6.1%	7.0%	7.1%	5.9%	8.2%	7.7%	8.6%	8.2%		6.4%	6.9%	6.2%	7.1%	8.2%		6.0%	7.1%	
SPD	24.1%		19.4%	22.2%	20.8%	20.9%	20.2%	21.9%	19.0%	19.8%	24.5%	21.9%	23.3%	21.8%		24.2%	20.8%	21.0%	20.9%	22.3%		20.3%	21.2%	
Readmit % 14 Day - PTMPY	2.2%		1.7%	1.6%	1.6%	1.7%	1.3%	1.4%	1.4%	1.9%	1.8%	2.1%	1.5%	1.5%		1.5%	1.6%	1.4%	1.7%	1.7%		2.4%	1.6%	
Expansion	1.9%		2.7%	1.4%	1.8%	1.3%	1.1%	1.2%	2.4%	1.3%	0.9%	1.2%	1.4%	1.2%		1.2%	2.0%	1.2%	1.5%	1.3%		2.8%	1.5%	
Family/Adult/Other	1.4%		0.9%	1.1%	1.1%	1.8%	1.1%	0.6%	0.4%	2.1%	2.0%	2.3%	1.3%	0.9%		1.1%	1.0%	1.2%	1.5%	1.5%		1.5%	1.3%	
SPD	3.3%		1.8%	2.4%	1.9%	2.0%	1.5%	2.4%	1.3%	2.4%	2.5%	2.8%	1.9%	2.9%		2.2%	2.0%	1.9%	2.1%	2.5%		3.0%	2.1%	
**ER Visits - PTMPY	599.5		645.6	663.8	658.5	620.9	633.3	555.4	547.1	561.0	572.1	559.6	495.8	220.2		608.7	656.0	603.1	560.1	424.8		612.0	559.8	
Expansion	549.5		581.1	550.4	598.4	562.0	583.4	565.4	604.8	578.2	542.6	511.8	467.7	192.4		569.2	576.7	570.3	575.0	390.0		610.0	525.8	
Family/Adult/Other	606.0		655.2	688.4	666.0	623.4	633.7	533.3	506.6	532.9	566.0	563.5	495.3	228.8		615.6	669.9	596.7	535.2	429.0		603.8	556.9	
SPD	753.1		789.9	784.1	759.8	751.3	764.2	711.2	712.9	743.7	709.9	665.3	581.0	229.4		807.6	777.9	742.2	722.2	491.2		845.4	681.5	

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 01/01/2015 to 12/31/2016
Report created 1/10/2016

ER utilization based on Claims data	2015-12	2015-Trend	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	2016-10	2016-11	2016-12	2016-Trend	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Qtr Trend	CY- 2015	CY-2016	CY-Trend
Services	**pliance Go**		**TAT Compliance Goal: 100%**													**TAT Compliance Goal: 100%**						**TAT Compliance Goal: 100%**		
Preservice Routine	93.3%		96.7%	86.7%	100.0%	100.0%	100.0%	73.3%	73.3%	93.3%	100.0%	96.7%	93.3%	100.0%		96.7%	94.5%	91.1%	88.9%	96.7%		98%	88%	
Preservice Urgent	96.7%		90.0%	93.3%	100.0%	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		97.8%	94.4%	97.8%	100.0%	100.0%		97%	92%	
Postservice	93.3%		80.0%	93.6%	100.0%	100.0%	96.7%	100.0%	100.0%	90.0%	100.0%	96.7%	96.7%	96.7%		91.1%	91.2%	98.9%	96.7%	96.7%		96%	87%	
Concurrent (inpatient only)	96.7%		100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	90.0%	96.7%	93.3%	90.0%	93.3%	100.0%		96.7%	100.0%	100.0%	93.3%	94.4%		98%	100%	
Deferrals - Routine	100.0%		80.0%	73.3%	100.0%	100.0%	96.7%	73.3%	100.0%	96.7%	100.0%	100.0%	100.0%	100.0%		98.9%	84.4%	90.0%	98.9%	100.0%		99%	77%	
Deferrals - Urgent	88.9%		50.0%	61.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		96.3%	70.5%	100.0%	100.0%	100.0%		99%	56%	
Deferrals - Post Service	null		null	null	null	null	null	null	null	null	null	null	null	null		null	null	null	null	null		null	null	
	CCS ID RATI		**CCS ID RATE**													**CCS ID RATE**						**CCS ID RATE**		
CCS %	7.20%		7.61%	7.17%	7.25%	7.20%	7.30%	7.35%	7.43%	7.36%	7.23%	7.25%	7.25%	7.28%		7.29%	7.34%	7.28%	7.34%	7.26%		7.47%	7.45%	
	laternity Utilizatin ALL		**Inpatient Maternity Utilizatin ALL CV Mbrshp**													**Inpatient Maternity Utilizatin ALL CV Mbrshp**								
	Rate Per Thousand		**Rate Per Thousand**													**Rate Per Thousand**								
Births	23.8		20.9	21.5	20.8	19.6	21.6	20.6	23.0	23.9	23.8	20.1	18.7	20.9		22.6	21.1	20.6	23.6	20.0		22.1		
OB % Days	15.0%		13.5%	16.0%	14.2%	15.1%	15.1%	16.8%	18.9%	18.3%	19.7%	16.6%	18.6%	15.6%		16.9%	14.6%	15.7%	19.0%	15.7%		17.0%		
OB % Admits	29.0%		27.7%	28.5%	26.8%	28.1%	28.0%	30.0%	32.2%	31.8%	33.6%	29.6%	27.7%	28.4%		28.3%	27.7%	28.7%	32.5%	28.2%		30.0%		
	Complex Cases		**Complex Cases**													**Complex Cases**						**Complex Cases**		
Total Members Outreached	69		97	163	63	132	79	83	177	147	0	0	0	0		213	323	294	324	0		1352		
Total New Cases Open	29		31	37.0	9	32	37	30	46	73	2	0	0	0		59	77	99	121	0		308		
Total Cases Closed	145		83	173	95	88	138	107	102	147	105	29	27	25		358	351	328	354	81		1261		
Total Cases Open During Month	205		162	180	132	137	135	106	118	151	126	81	52	25		279	222	205	183	81		N/A		
	bulatory Case Manager		**Ambulatory Case Management**													**Ambulatory Case Management**						**Ambulatory Case Management**		
Total Outreached	77		112	138	138	133	113	68	67	61						248	388	314	128	0		1047	830	
Accepted	32		58	77	62	68	48	23	27	25						108	197	139	52	0		575	388	
Acceptance Rate	42%		52%	56%	45%	51%	42%	34%	40%	41%						44%	51%	44%	41%	-		55%	47%	
New Cases Opened	34		60	74	63	68	45	20	27	31						109	197	133	58	0		528	388	
Total Cases Open During Period	222		235	258	222	299	294	251	210	197						NA	NA	NA	NA	NA		NA	N/A	
Total Cases Closed	44		51	33	54	50	63	66	46	61						120	138	179	107	0		522	424	
Cases Ending Open	178		184	225	168	249	231	185	164	136						NA	NA	NA	NA	NA		NA	N/A	
	rinatal Case Manage		**Perinatal Case Management**													**Perinatal Case Management**						**Perinatal Case Management**		
Total Outreached	14		15	15	12	41	77	61	80	20	45	53	35			38	42	179	145	88		180	366	
Accepted	4		6	7	1	8	12	9	9	3	33	17	9			15	14	29	45	26		83	88	
Acceptance Rate	29%		40%	47%	8%	20%	16%	15%	11%	15%	73%	32%	26%			40%	32%	16%	31%	29%		45%	24%	
New Cases Opened	6		7	8	5	7	13	10	9	2	29	17	9			20	20	30	40	26		92	90	
Total Cases Open During Period	30		33	35	31	44	44	50	55	45	53	50	52			NA	NA	NA	NA	NA		NA	N/A	
Total Cases Closed	3		6	4	6	13	5	4	10	13	24	7	5			17	16	22	47	12		91	85	
Cases Ending Open	27		27	31	25	31	39	46	45	32	29	43	47			NA	NA	NA	NA	NA		NA	N/A	
	egrated Case Manage		**Integrated Case Management**													**Integrated Case Management**						**Integrated Case Management**		
Total Outreached											133	116	71						133	0			320	
Accepted											118	44	19						118	0			181	
Acceptance Rate											89%	38%	27%						89%	-			57%	
Total Screened and Refused/Decline											5	23	15						5	0			43	
Unable to Reach											10	19	33						10	NA			62	
New Cases Opened											65	44	19						65	0			128	
Total Cases Closed											32	180	175						32				N/A	
Cases Ending Open											65	24	23						65				79	
Total Cases Open During Period											97	156	152						NA				N/A	
Critical-Complex Acuity											1	16	23						1				40	
High/Moderate/Low Acuity											142	164	152						NA	NA			458	
	Record Processing		**Record Processing**													**Record Processing**						**Record Processing**		
Total Records	4,991		4,849	4,817	5,388	4,685	4,978	4,872	4,572	5,182	5,054	4,976	4,902	5,089		14,866	15,054	14,535	14,808	14,967		62,629	59,364	
Total Admissions	2,272		2,181	2,132	2,200	1,999	2,232	2,003	2,080	2,189	2,142	2,068	2,048	2,866		6,572	6,513	6,234	6,411	6,982		25,396	26,140	
Total Precerts	-																							

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 01/01/2015 to 12/31/2016
Report created 1/10/2016
Fresno County

ER utilization based on Claims data	2015-12	2015-Trend	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	2016-10	2016-11	2016-12	2016-Trend	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Qtr Trend	CY- 2015	CY-2016	CY-Trend
																Quarterly Averages						Annual Averages		
Expansion Mbr Months	63,389		64,423	64,812	65,633	67,185	68,181	69,083	69,746	70,416	71,268	72,073	72,563	72,942		61,354	64,956	68,150	70,477	72,526		52,343	69,027	
Family/Adult/Other Mbr Mos	193,443		195,605	197,363	199,333	199,989	200,523	201,091	201,399	201,470	202,483	202,973	202,711	203,363		187,942	197,434	200,534	201,784	203,016		183,565	200,692	
SPD Mbr Months	23,145		23,369	23,542	23,669	23,850	23,890	24,080	24,251	24,403	24,520	24,690	24,786	24,902		23,059	23,527	23,940	24,391	24,793		22,620	24,163	
Admits - Count	1,953		1,874	1,949	2,011	1,786	2,010	1,819	1,867	1,970	1,859	1,851	1,867	2,011		1,890	1,945	1,872	1,899	1,910		1,803	1,906	
Expansion	448		458	488	488	417	521	464	496	561	493	504	519	573		459	478	467	517	532		403	499	
Family/Adult/Other	996		919	1,011	996	910	1,015	947	911	966	990	936	934	1,020		943	975	957	956	963		901	963	
SPD	501		494	449	524	456	473	407	457	442	376	411	413	417		485	489	445	425	414		495	443	
Admits Acute - Count	1,263		1,259	1,260	1,347	1,178	1,343	1,143	1,165	1,243	1,149	1,198	1,237	1,347		1,249	1,289	1,221	1,186	1,261		1,209	1,239	
Expansion	349		344	380	395	328	424	356	365	419	371	381	402	447		363	373	369	385	410		325	384	
Family/Adult/Other	456		453	463	476	427	489	412	378	412	426	441	448	509		442	464	443	405	466		426	445	
SPD	454		460	416	473	420	429	374	419	411	352	376	386	390		442	450	408	394	384		456	409	
Readmit 30 Day - Count	256		238	237	243	194	216	212	210	226	230	231	238	276		247	239	207	222	248		211	229	
Expansion	71		74	67	67	48	57	55	56	77	57	65	69	98		68	69	53	63	77		53	66	
Family/Adult/Other	64		65	68	63	50	61	66	63	57	76	72	76	84		60	65	59	65	77		56	67	
SPD	121		98	102	112	95	98	91	91	92	97	94	93	94		119	104	95	93	94		102	96	
Readmit 14 Day - Count	28		19	20	23	21	18	18	16	25	23	24	18	23		20	21	19	21	22		31	21	
Expansion	7		6	5	8	4	4	5	8	6	4	5	5	6		5	6	4	6	5		10	6	
Family/Adult/Other	6		5	5	5	8	6	3	2	8	10	8	6	5		5	5	6	7	6		6	6	
SPD	15		8	10	10	9	7	10	6	11	9	11	7	12		10	9	9	9	10		14	9	
**ER Visits - Count	13,715		15,308	15,767	15,788	15,009	15,284	13,471	13,438	13,793	14,139	13,946	12,475	5,914		13,860	15,621	14,588	13,790	10,778		14,861	13,694	
Expansion	2,801		3,158	2,955	3,277	3,122	3,228	3,199	3,439	3,343	3,224	3,045	2,878	1,262		2,812	3,130	3,183	3,335	2,395		2,905	3,011	
Family/Adult/Other	9,464		10,602	11,240	11,027	10,381	10,562	8,867	8,544	8,939	9,490	9,549	8,352	4,147		9,450	10,956	9,937	8,991	7,349		10,204	9,308	
SPD	1,412		1,515	1,522	1,445	1,467	1,468	1,397	1,437	1,502	1,422	1,346	1,240	504		1,509	1,494	1,444	1,454	1,030		1,721	1,355	
Admits Acute - PTMPY	53.6		52.9	52.7	55.9	48.6	55.1	46.6	47.3	50.3	46.2	48.0	49.5	53.7		53.7	53.9	50.1	48.0	50.4		54.8	50.5	
Expansion	66.1		64.1	70.4	72.2	58.6	74.6	61.8	62.8	71.4	62.5	63.4	66.5	73.5		71.1	68.9	65.0	65.6	67.8		74.6	66.8	
Family/Adult/Other	28.3		27.8	28.2	28.7	25.6	29.3	24.6	22.5	24.5	25.2	26.1	26.5	30.0		28.2	28.2	26.5	24.1	27.5		27.8	26.6	
SPD	235.4		236.2	212.0	239.8	211.3	215.5	186.4	207.3	202.1	172.3	182.7	186.9	187.9		229.8	229.4	204.3	193.8	185.9		241.6	203.0	
Bed Days Acute - PTMPY	235.3		254.0	228.7	256.0	217.8	242.7	216.8	206.5	224.3	205.6	223.8	231.7	259.6		247.5	246.3	225.7	212.1	238.4		258.5	230.6	
Expansion	344.5		333.6	358.1	345.7	276.7	333.7	328.0	294.4	384.6	311.3	332.0	346.3	418.4		387.3	345.8	313.0	330.2	365.7		360.2	339.0	
Family/Adult/Other	93.1		94.0	86.3	91.2	75.9	86.8	83.2	69.4	82.0	90.3	90.6	91.8	99.8		94.3	90.5	82.0	80.6	94.1		93.7	86.8	
SPD	1,128.2		1,383.9	1,077.1	1,394.7	1,232.7	1,289.4	1,010.1	1,082.7	929.9	851.1	1,002.7	1,037.5	1,097.7		1,187.4	1,285.2	1,176.9	954.1	1,046.1		1,427.9	1,113.5	
ALOS Acute	4.4		4.8	4.3	4.6	4.5	4.4	4.7	4.4	4.5	4.4	4.7	4.7	4.8		4.6	4.6	4.5	4.4	4.7		4.7	4.6	
Expansion	5.2		5.2	5.1	4.8	4.7	4.5	5.3	4.7	5.4	5.0	5.2	5.2	5.7		5.4	5.0	4.8	5.0	5.4		4.8	5.1	
Family/Adult/Other	3.3		3.4	3.1	3.2	3.0	3.0	3.4	3.1	3.3	3.6	3.5	3.5	3.3		3.3	3.2	3.1	3.3	3.4		3.4	3.3	
SPD	4.8		5.9	5.1	5.8	5.8	6.0	5.4	5.2	4.6	4.9	5.5	5.6	5.8		5.2	5.6	5.8	4.9	5.6		5.9	5.5	
Readmit % 30 Day - PTMPY	13.1%		12.7%	12.2%	12.1%	10.9%	10.7%	11.7%	11.2%	11.5%	12.4%	12.5%	12.7%	13.7%		13.1%	12.3%	11.1%	11.7%	13.0%		11.7%	12.0%	
Expansion	15.8%		16.2%	13.7%	13.7%	11.5%	10.9%	11.9%	11.3%	13.7%	11.6%	12.9%	13.3%	17.1%		14.8%	14.5%	11.4%	12.3%	14.5%		13.1%	13.2%	
Family/Adult/Other	6.4%		7.1%	6.7%	6.3%	5.5%	6.0%	7.0%	6.9%	5.9%	7.7%	7.7%	8.1%	8.2%		6.4%	6.7%	6.2%	6.8%	8.0%		6.2%	6.9%	
SPD	24.2%		19.8%	22.7%	21.4%	20.8%	20.7%	22.4%	19.9%	20.8%	25.8%	22.9%	22.5%	22.5%		24.5%	21.3%	21.3%	22.0%	22.6%		20.7%	21.8%	
Readmit % 14 Day - PTMPY	2.2%		1.5%	1.6%	1.7%	1.8%	1.3%	1.6%	1.4%	2.0%	2.0%	2.0%	1.5%	1.7%		1.6%	1.6%	1.6%	1.8%	1.7%		2.5%	1.7%	
Expansion	2.0%		1.7%	1.3%	2.0%	1.2%	0.9%	1.4%	2.2%	1.4%	1.1%	1.3%	1.2%	1.3%		1.4%	1.7%	1.2%	1.6%	1.3%		3.1%	1.4%	
Family/Adult/Other	1.3%		1.1%	1.1%	1.1%	1.9%	1.2%	0.7%	0.5%	1.9%	2.3%	1.8%	1.3%	1.0%		1.1%	1.1%	1.3%	1.6%	1.4%		1.4%	1.3%	
SPD	3.3%		1.7%	2.4%	2.1%	2.1%	1.6%	2.7%	1.4%	2.7%	2.6%	2.9%	1.8%	3.1%		2.3%	2.1%	2.1%	2.2%	2.6%		3.1%	2.2%	
**ER Visits - PTMPY	581.6		643.8	659.6	655.3	618.6	626.8	549.4	545.9	558.6	568.8	558.3	498.9	235.6		595.5	652.9	598.1	557.8	430.7		673.2	558.6	
Expansion	530.2		588.2	547.1	599.1	557.6	568.1	555.7	591.7	569.7	542.9	507.0	475.9	207.6		549.9	578.2	560.5	567.9	396.3		665.9	523.4	
Family/Adult/Other	587.1		650.4	683.4	663.8	622.9	632.1	529.1	509.1	532.4	562.4	564.5	494.4	244.7		603.4	665.9	594.6	534.7	434.4		667.0	556.6	
SPD	732.1		778.0	775.8	732.6	738.1	737.4	696.2	711.1	738.6	695.9	654.2	600.3	242.9		785.3	762.0	723.8	715.2	498.5		913.2	673.1	

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 01/01/2015 to 12/31/2016
Report created 1/10/2016
Kings County

ER utilization based on Claims data	2015-12	2015-Trend	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	2016-10	2016-11	2016-12	2016-Trend	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Qtr Trend	CY- 2015	CY-2016	CY-Trend
																Quarterly Averages						Annual Averages		
Expansion Mbr Months	6,031		6,125	6,261	6,327	6,394	6,415	6,433	6,420	6,420	6,380	6,455	6,461	6,498		5,907	6,238	6,414	6,407	6,471		5,326	6,382	
Family/Adult/Other Mbr Mos	16,560		16,958	17,262	17,435	17,528	17,493	17,550	17,585	17,567	17,353	17,438	17,416	17,572		16,249	17,218	17,524	17,502	17,475		16,508	17,430	
SPD Mbr Months	2,066		2,087	2,092	2,101	2,104	2,109	2,115	2,124	2,136	2,152	2,153	2,168	2,188		2,048	2,093	2,109	2,137	2,170		1,995	2,127	
Admits - Count	178		103	52	72	63	79	53	81	73	85	76	50	68		163	76	65	80	65		81	71	
Expansion	48		24	16	12	11	22	13	21	14	22	14	9	20		47	17	15	19	14		24	17	
Family/Adult/Other	91		55	26	45	36	48	28	49	46	49	42	31	40		77	42	37	48	38		39	41	
SPD	39		24	10	15	16	9	12	11	13	14	20	10	8		39	16	12	13	13		18	14	
Admits Acute - Count	116		63	38	45	40	42	36	48	42	46	52	34	36		109	49	39	45	41		53	44	
Expansion	36		19	14	12	7	12	9	15	11	14	12	5	13		37	15	9	13	10		19	12	
Family/Adult/Other	43		22	14	21	17	22	15	24	20	18	22	20	16		35	19	18	21	19		17	19	
SPD	37		22	10	12	16	8	12	9	11	14	18	9	7		37	15	12	11	11		17	12	
Readmit 30 Day - Count	15		9	5	5	6	5	4	7	5	7	9	5	5		19	6	5	6	6		8	6	
Expansion	6		3	2	2	1	1	0	1	1	1	0	0	0		7	2	1	1	0		3	1	
Family/Adult/Other	2		2	2	1	1	4	2	4	4	3	7	4	3		4	2	2	4	5		2	3	
SPD	7		4	1	2	4	0	2	2	0	3	2	1	2		8	2	2	2	2		3	2	
Readmit 14 Day - Count	2		0	0	0	0	0	0	1	1	0	5	1	0		1	0	0	1	2		1	1	
Expansion	0		0	0	0	0	0	0	1	0	0	0	0	0		0	0	0	0	0		0	0	
Family/Adult/Other	1		0	0	0	0	0	0	0	1	0	4	1	0		0	0	0	0	2		0	1	
SPD	1		0	0	0	0	0	0	0	0	0	1	0	0		1	0	0	0	0		0	0	
**ER Visits - Count	1,721		1,370	1,594	1,635	1,457	1,649	1,467	1,418	1,440	1,482	1,424	1,066	274		1,666	1,533	1,524	1,447	921		8,869	1,356	
Expansion	426		324	358	386	348	437	423	457	411	353	369	255	67		413	356	403	407	230		1,683	349	
Family/Adult/Other	1,097		864	1,057	1,032	925	998	860	792	854	940	888	695	178		1,041	984	928	862	587		6,165	840	
SPD	189		175	177	212	179	214	184	163	173	189	166	115	28		200	188	192	175	103		1,016	165	
Admits Acute - PTMPY	55.1		29.6	17.6	20.8	18.4	19.4	16.6	22.0	19.3	21.3	24.0	15.7	16.5		51.9	22.7	18.1	20.9	18.7		50.3	20.1	
Expansion	71.6		37.2	26.8	22.8	13.1	22.4	16.8	28.0	20.6	26.3	22.3	9.3	24.0		75.2	28.9	17.5	25.0	18.5		78.5	22.4	
Family/Adult/Other	31.2		15.6	9.7	14.5	11.6	15.1	10.3	16.4	13.7	12.4	15.1	13.8	10.9		25.6	13.2	12.3	14.2	13.3		23.8	13.3	
SPD	214.9		126.5	57.4	68.5	91.3	45.5	68.1	50.8	61.8	78.1	100.3	49.8	38.4		218.7	84.1	68.3	63.6	62.7		210.0	69.6	
Bed Days Acute - PTMPY	291.0		119.2	74.8	66.6	75.6	68.7	86.9	69.8	59.3	84.4	96.8	59.9	80.9		284.0	86.7	77.1	71.1	79.2		232.4	78.5	
Expansion	433.8		199.8	145.7	60.7	75.1	76.7	78.3	117.8	76.6	116.6	159.9	39.0	201.3		400.2	134.7	76.7	103.6	133.5		374.7	112.0	
Family/Adult/Other	132.6		45.3	25.7	39.9	24.6	41.8	43.8	43.7	41.7	49.8	35.1	48.9	28.0		93.5	36.9	36.8	45.0	37.3		78.0	39.0	
SPD	1,231.4		506.0	275.3	308.4	501.9	267.4	470.9	141.2	151.7	267.7	406.9	210.3	148.1		1,595.4	363.1	413.4	187.1	254.4		1,187.4	303.7	
ALOS Acute	5.3		4.0	4.2	3.2	4.1	3.5	5.3	3.2	3.1	4.0	4.0	3.8	4.9		5.5	3.8	4.3	3.4	4.2		4.6	3.9	
Expansion	6.1		5.4	5.4	2.7	5.7	3.4	4.7	4.2	3.7	4.4	7.2	4.2	8.4		5.3	4.7	4.4	4.2	7.2		4.8	5.0	
Family/Adult/Other	4.3		2.9	2.6	2.8	2.1	2.8	4.3	2.7	3.1	4.0	2.3	3.6	2.6		3.7	2.8	3.0	3.2	2.8		3.3	2.9	
SPD	5.7		4.0	4.8	4.5	5.5	5.9	6.9	2.8	2.5	3.4	4.1	4.2	3.9		7.3	4.3	6.1	2.9	4.1		5.7	4.4	
Readmit % 30 Day - PTMPY	8.4%		8.7%	9.6%	6.9%	9.5%	6.3%	7.5%	8.6%	6.8%	8.2%	11.8%	10.0%	7.4%		11.7%	8.4%	7.7%	7.9%	9.8%		9.4%	8.4%	
Expansion	12.5%		12.5%	12.5%	16.7%	9.1%	4.5%	0.0%	4.8%	7.1%	4.5%	0.0%	0.0%	0.0%		15.5%	13.5%	4.3%	5.3%	0.0%		13.1%	6.1%	
Family/Adult/Other	2.2%		3.6%	7.7%	2.2%	2.8%	8.3%	7.1%	8.2%	8.7%	6.1%	16.7%	12.9%	7.5%		4.8%	4.0%	6.3%	7.6%	12.4%		3.8%	7.5%	
SPD	17.9%		16.7%	10.0%	13.3%	25.0%	0.0%	16.7%	18.2%	0.0%	21.4%	10.0%	10.0%	25.0%		20.5%	14.3%	16.2%	13.2%	13.2%		16.4%	14.2%	
Readmit % 14 Day - PTMPY	1.7%		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.1%	2.4%	0.0%	9.6%	2.9%	0.0%		1.2%	0.0%	0.0%	1.5%	4.9%		2.1%	1.5%	
Expansion	0.0%		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.7%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%	0.0%	2.5%	0.0%		1.9%	0.7%	
Family/Adult/Other	2.3%		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.0%	0.0%	18.2%	5.0%	0.0%		1.0%	0.0%	0.0%	1.6%	8.6%		1.5%	2.6%	
SPD	2.7%		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.6%	0.0%	0.0%		2.7%	0.0%	0.0%	0.0%	2.9%		2.9%	0.7%	
**ER Visits - PTMPY	816.9		642.9	740.3	756.4	671.4	760.6	674.5	651.2	661.5	687.0	656.1	491.1	125.2		793.9	713.5	702.1	666.5	423.3		4,335.2	626.0	
Expansion	847.6		634.8	686.2	732.1	653.1	817.5	789.1	854.2	768.2	663.9	686.0	473.6	123.7		839.7	684.9	753.4	762.3	427.1		3,790.7	656.2	
Family/Adult/Other	794.9		611.4	734.8	710.3	633.3	684.6	588.0	540.5	583.4	650.0	611.1	478.9	121.6		768.5	686.0	635.3	591.0	403.1		4,481.6	578.5	
SPD	1,097.8		1,006.2	1,015.3	1,210.9	1,020.9	1,217.6	1,044.0	920.9	971.9	1,053.9	925.2	636.5	153.6		1,171.7	1,077.7	1,094.2	982.5	569.7		6,113.5	928.4	

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 01/01/2015 to 12/31/2016
Report created 1/10/2016
Madera County

ER utilization based on Claims data	2015-12	2015-Trend	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	2016-10	2016-11	2016-12	2016-Trend	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Qtr Trend	CY- 2015	CY-2016	CY-Trend
																Quarterly Averages						Annual Averages		
Expansion Mbr Months	7,193		7,285	7,287	7,357	7,425	7,472	7,573	7,660	7,733	7,808	7,848	7,874	7,960		7,141	7,310	7,490	7,734	7,894		6,446	7,607	
Family/Adult/Other Mbr Mos	23,929		24,446	24,656	24,823	25,104	25,178	25,239	25,236	25,191	25,297	25,375	25,386	25,445		23,681	24,642	25,174	25,241	25,402		23,821	25,115	
SPD Mbr Months	2,194		2,223	2,218	2,231	2,237	2,233	2,251	2,258	2,262	2,268	2,270	2,294	2,310		2,205	2,224	2,240	2,263	2,291		2,179	2,255	
Admits - Count	216		198	190	187	205	198	173	196	219	235	196	171	178		203	192	192	217	182		195	196	
Expansion	48		50	49	37	57	58	55	47	51	67	48	48	44		48	45	57	55	47		43	51	
Family/Adult/Other	114		114	101	116	122	102	90	117	124	134	109	95	110		108	110	105	125	105		106	111	
SPD	53		33	40	34	26	38	28	32	44	34	39	28	24		47	36	31	37	30		45	33	
Admits Acute - Count	142		134	128	123	123	121	124	113	129	134	125	119	113		131	128	123	125	119		125	124	
Expansion	36		41	40	29	46	38	46	34	36	50	31	33	28		38	37	43	40	31		33	38	
Family/Adult/Other	58		61	51	63	52	49	52	51	52	54	58	60	61		49	58	51	52	60		51	55	
SPD	47		31	37	31	25	34	26	28	41	30	36	26	24		44	33	28	33	29		41	31	
Readmit 30 Day - Count	26		21	25	23	21	21	20	17	19	27	20	26	14		22	23	21	21	20		18	21	
Expansion	4		10	3	6	9	8	8	6	6	6	8	4	3		3	6	8	6	5		4	6	
Family/Adult/Other	7		6	14	12	7	6	7	9	6	17	5	11	9		8	11	7	11	8		6	9	
SPD	15		5	8	5	5	7	5	2	7	4	7	11	2		11	6	6	4	7		9	6	
Readmit 14 Day - Count	4		6	3	1	2	1	0	1	1	1	0	2	0		2	3	1	1	1		2	2	
Expansion	1		5	1	0	1	1	0	1	0	0	0	1	0		0	2	1	0	0		0	1	
Family/Adult/Other	1		0	1	1	1	0	0	0	1	0	0	0	0		1	1	0	0	0		1	0	
SPD	2		1	1	0	0	0	0	0	0	1	0	1	0		1	1	0	0	0		1	0	
**ER Visits - Count	1,668		1,898	1,838	1,760	1,747	1,724	1,513	1,406	1,484	1,521	1,477	1,401	475		1,643	1,832	1,661	1,470	1,118		8,830	1,520	
Expansion	281		287	281	292	324	325	293	329	321	287	270	254	72		304	287	314	312	199		1,626	278	
Family/Adult/Other	1,252		1,474	1,429	1,350	1,299	1,282	1,111	974	1,053	1,133	1,105	1,086	373		1,199	1,418	1,231	1,053	855		6,216	1,139	
SPD	119		132	121	116	119	116	105	101	110	101	102	61	30		129	123	113	104	64		985	101	
Admits Acute - PTMPY	50.0		46.8	44.7	42.8	42.4	41.6	42.4	38.6	44.0	45.5	42.3	40.2	38.0		43.7	44.8	42.2	42.7	40.1		45.4	42.4	
Expansion	58.4		67.5	65.9	47.3	74.3	61.0	72.9	53.3	55.9	76.8	47.4	50.3	42.2		64.4	60.2	69.4	62.1	46.6		62.2	59.4	
Family/Adult/Other	29.1		29.9	24.8	30.5	24.9	23.4	24.7	24.3	24.8	25.6	27.4	28.4	28.8		24.5	28.4	24.3	24.9	28.2		25.5	26.4	
SPD	262.5		167.3	200.2	166.7	134.1	182.7	138.6	148.8	217.5	158.7	190.3	136.0	124.7		207.9	178.1	151.8	175.0	150.1		227.2	163.7	
Bed Days Acute - PTMPY	241.2		340.0	188.8	269.2	173.2	213.6	169.8	201.1	153.1	241.2	183.9	158.0	169.0		178.0	265.9	185.5	198.5	170.3		205.6	204.7	
Expansion	390.4		309.7	283.2	559.5	410.5	281.0	272.5	327.4	214.1	390.4	308.9	161.5	125.1		281.5	384.7	321.0	310.8	198.1		291.8	301.8	
Family/Adult/Other	102.8		280.8	104.2	102.0	83.7	107.2	118.9	117.0	82.9	166.0	106.9	114.4	146.2		85.7	161.8	103.3	122.0	122.5		93.7	127.2	
SPD	1,340.0		1,139.0	838.6	1,183.3	391.6	1,187.6	394.5	712.1	726.8	566.1	613.2	627.7	571.4		955.1	1,054.0	657.0	668.2	604.0		1,238.6	744.3	
ALOS Acute	4.8		7.3	4.2	6.3	4.1	5.1	4.0	5.2	3.5	5.3	4.4	3.9	4.5		4.1	5.9	4.4	4.7	4.2		4.5	4.8	
Expansion	6.7		4.6	4.3	11.8	5.5	4.6	3.7	6.1	3.8	5.1	6.5	3.2	3.0		4.4	6.4	4.6	5.0	4.3		4.7	5.1	
Family/Adult/Other	3.5		9.4	4.2	3.3	3.4	4.6	4.8	4.8	3.3	6.5	3.9	4.0	5.1		3.5	5.7	4.2	4.9	4.3		3.7	4.8	
SPD	5.1		6.8	4.2	7.1	2.9	6.5	2.8	4.8	3.3	3.6	3.2	4.6	4.6		4.6	5.9	4.3	3.8	4.0		5.5	4.5	
Readmit % 30 Day - PTMPY	12.0%		10.6%	13.2%	12.3%	10.2%	10.6%	11.6%	8.7%	8.7%	11.5%	10.2%	15.2%	7.9%		4.9%	12.0%	10.8%	9.7%	11.0%		9.5%	10.8%	
Expansion	9.1%		20.0%	6.1%	16.2%	15.8%	13.8%	14.5%	12.8%	11.8%	9.0%	16.7%	8.3%	6.8%		7.4%	14.0%	14.7%	10.9%	10.7%		9.1%	12.6%	
Family/Adult/Other	6.0%		5.3%	13.9%	10.3%	5.7%	5.9%	7.8%	7.7%	4.8%	12.7%	4.6%	11.6%	8.2%		2.6%	9.7%	6.4%	8.5%	8.0%		5.7%	8.2%	
SPD	27.8%		15.2%	20.0%	14.7%	19.2%	18.4%	17.9%	6.3%	15.9%	11.8%	17.9%	39.3%	8.3%		8.4%	16.8%	18.5%	11.8%	22.0%		18.9%	17.0%	
Readmit % 14 Day - PTMPY	2.8%		4.5%	2.3%	0.8%	1.6%	0.8%	0.0%	0.9%	0.8%	0.7%	0.0%	1.7%	0.0%		0.9%	2.6%	0.8%	0.8%	0.6%		1.5%	1.2%	
Expansion	2.9%		12.2%	2.5%	0.0%	2.2%	2.6%	0.0%	2.9%	0.0%	0.0%	0.0%	3.0%	0.0%		0.0%	5.5%	1.5%	0.8%	1.1%		1.0%	2.2%	
Family/Adult/Other	1.7%		0.0%	2.0%	1.6%	1.9%	0.0%	0.0%	0.0%	1.9%	0.0%	0.0%	0.0%	0.0%		0.7%	1.1%	0.7%	0.6%	0.0%		1.6%	0.6%	
SPD	4.2%		3.2%	2.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.3%	0.0%	3.8%	0.0%		1.8%	2.0%	0.0%	1.0%	1.2%		1.6%	1.1%	
**ER Visits - PTMPY	587.4		663.2	641.4	612.0	602.7	593.1	517.8	479.9	506.1	516.0	499.4	472.9	159.6		6,153.6	638.8	571.1	500.7	376.9		3,198.2	520.7	
Expansion	468.8		472.8	462.7	476.3	523.6	521.9	464.3	515.4	498.1	441.1	412.8	387.1	108.5		6,110.4	470.6	503.1	484.6	302.0		3,026.2	438.4	
Family/Adult/Other	627.9		723.6	695.5	652.6	620.9	611.0	528.2	463.1	501.6	537.5	522.6	513.4	175.9		5,794.8	690.4	586.6	500.8	403.7		3,131.1	544.3	
SPD	650.9		712.6	654.6	623.9	638.4	623.4	559.8	536.8	583.6	534.4	539.2	319.1	155.8		10,318.4	663.7	607.1	551.6	336.9		5,423.4	538.5	

Item #15

Attachment 15.D

QI/UM Quarterly Summary Report

REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

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

COMMITTEE DATE: February 16th, 2017

SUBJECT: CalViva Health QI/UM Update of Activities in Quarter 4 2016 (November)

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 4 of 2016.

I. Meetings

Two QI/UM Committee meetings were held in Quarter 4, one on October 20th and one on November 17th. The October meeting was previously reported on at the November RHA Commission meeting. This report covers the November 17th meeting only. The following guiding documents were approved at the November meeting:

1. Preventive Screening Guidelines

Additionally, the following general documents were reviewed and approved at this meeting:

1. Pharmacy Recommended Drug List (October)

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 & Quarterly Reports** which track volumes, turn-around times, case classifications, inter-rater reliability and access related issues. Data through the end of September were reviewed.
  2. **Potential Quality Issues Report** This report summarizes cases identified during the reporting period that may result in substantial harm to a patient. PQI's may be initiated by a member or a non-member. Data was reviewed for Quarter 3 including follow up actions when indicated.
  3. **The Initial Health Assessment Comprehensive Report** was developed in follow up to CalViva's 2016 DHCS Audit to address the request for a more in-depth assessment of our IHA completion rates. This new multi-pronged approach includes the following:
     - Medical Record Review (MRR) via onsite provider audits
     - Monitoring of claims and encounters
     - Member outreach

     A PPG report has been created to provide feedback to providers. Quarterly reporting will continue.
  4. **Facility Site Review Report** The report displays a summary of the completed activity and results of the DHCS required Facility Site Review(FSR) and Medical Records Review (MRR) for PCP's and high volume specialists for Q1 and Q2 2016.
     - There were 27 FSR's completed in the first and second quarters 2016.
     - There were 28 MRR's completed in the first and second quarters 2016.
     - 10 FSR's and 3 MRR's required CAP's to verify correction during this time period.

- 33 Physical Accessibility Review Survey (PARS) have been completed since 2011, of which 37% have Basic Level access.

- **UMCM Reports -** Utilization and Case Management activities are monitored in an ongoing manner through a variety of performance, programmatic and regulatory reports. At the November meeting the UMCM related reports included but were not limited to the following:
  1. The **Key Indicator Report (KIR)** reflects data as of September 30th,2016. This report includes key metrics for tracking utilization and case management activities.
     - The Key Indicator Report provides a rolling 12 months.
     - Membership continues to increase.
     - ER visits have started to trend down.
     - Bed days per thousand have decreased for SPD's
     - Turn-around times have improved.
     - Complex and Ambulatory Case Management have now been merged into one program as of September 2016. There is one integrated Case Management program covering all levels of severity. This will enhance continuity of care for members over time.
     - Perinatal Case Management will be transitioning to a new program in 2017.
  2. The **Utilization Management Concurrent Review (CCR) Report** presents inpatient utilization data and clinical concurrent review activities for Q3 2016. Focus is on improving member health care 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.
     - The increase in membership has impacted inpatient utilization.
     - Increased enrollment of the MCE population which is new to managed care and may have had limited access to primary healthcare services previously, has contributed to higher acute admission rates and bed days..

- **Credentialing and Peer Review Sub-Committee Reports** were reviewed and submitted to RHA Commission for review.

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. The RY2016 HEDIS data became available in July 2016 and CalViva Medical Management staff has developed formal Performance Improvement Projects (PIPs) or other improvement projects that follow the rapid-cycle improvement process for all metrics below the minimum performance level.
New or updated plans for the coming year were submitted to DHCS/HSAG in September and October 2016.
Annual On-site Clinic Visits by the Medical Management team are complete. The goal of these visits is to engage the clinical and administrative leadership of high volume, low performing clinics (2-Fresno, 1-Kings, 1-Madera) to participate in our project improvement teams. We have been successful in engaging all four clinics.
These are the seven projects underway:

- Childhood Immunizations (CIS-3) Kings County
- Monitoring Persistent Meds (MPM) Kings County
- Cervical Cancer Screening (CCS) Madera County
- Avoiding Antibiotics for Bronchitis (AAB) Kings and Madera counties
- Controlling High Blood Pressure (CBP) Fresno County
- Postpartum Visits (PPC) Kings County
- Diabetes HbA1c Testing (CDC) Kings & Fresno counties

The results of these efforts will be monitored and reported regularly.

III. Access & Availability

Effective and efficient access to providers and services is critical to the provision of safe, high quality care.
CalViva has established an Access Workgroup to ensure this high-risk function receives adequate monitoring and oversight. The Access Workgroup reports key findings to the QI/UM Workgroup and the QI/UM Committee.
The Access Workgroup met on November 14th. Along with routine monitoring reports the Access Workgroup will:

- Develop a plan to address the Specialist Shortage finding from CVH 2016 DHCS Audit
- Implement the CVH After Hours Corrective Action Plan
- Implement the CVH Provider Access Corrective Action Plan

Results of activities will be routinely reported to the Access Workgroup with follow up initiated as indicated.

IV. Kaiser Report

Quarter 3 2016 reports were received in October and November with the following findings:

1. Grievance Reports 3rd Quarter- All member, SPD, CBAS and Targeted Low Income Child members
2. Utilization Management & DME 2nd Quarter – Summary - no significant findings
3. Mental Health Services 3rd Quarter –Mental Health COC Report, Mental Health Referral, Grievance, BHT Report no significant issues.
4. CBAS Services and Assessment – 3rd Quarter - no significant issues
5. Overall Volumes and Call Center Report – 3rd Quarter – no significant issues

V. 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.

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Attachment 15.E

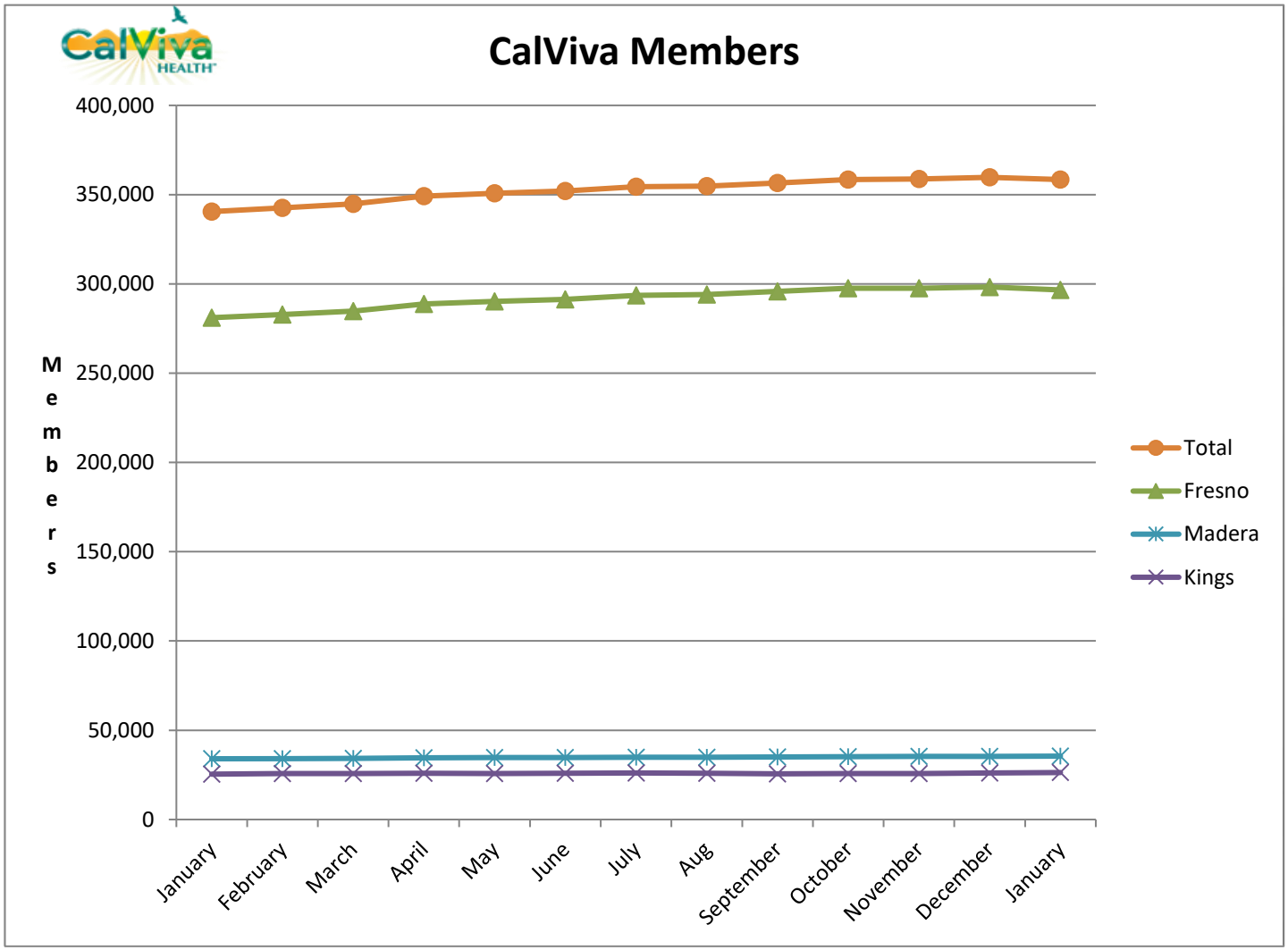
Executive Dashboard

Month	2016 January	2016 February	2016 March	2016 April	2016 May	2016 June	2016 July	2016 Aug	2016 September	2016 October	2016 November	2016 December	2017 January
CVH Members													
Fresno	281,084	282,892	284,722	288,696	290,219	291,380	293,530	293,999	295,801	297,534	297,649	298,282	296,674
Kings	25,414	25,670	25,820	25,873	25,791	25,924	26,021	25,934	25,635	25,758	25,762	26,036	26,310
Madera	34,019	34,108	34,234	34,515	34,703	34,778	34,953	34,899	35,106	35,211	35,311	35,379	35,504
Total	340,517	342,670	344,776	349,084	350,713	352,082	354,504	354,832	356,542	358,503	358,722	359,697	358,488
SPD	27,703	27,794	27,891	27,891	28,156	28,286	28,459	28,617	28,839	28,886	29,072	29,239	29,349
CVH Mrkt Share	69.98%	70.00%	70.09%	70.15%	70.25%	70.30%	70.34%	70.41%	70.46%	70.46%	70.45%	70.45%	70.40%
ABC Members													
Fresno	107,897	108,500	108,568	109,947	110,063	110,194	110,775	110,405	110,949	111,686	111,882	112,033	111,653
Kings	18,997	19,155	19,361	19,366	19,266	19,367	19,490	19,557	19,333	19,385	19,366	19,586	19,885
Madera	19,164	19,201	19,193	19,253	19,201	19,177	19,249	19,144	19,210	19,224	19,248	19,225	19,167
Total	146,058	146,856	147,122	148,566	148,530	148,738	149,514	149,106	149,492	150,295	150,496	150,844	150,705
Default													
Fresno	1,521	963	892	1,367	1,151	1,002	1,070	878	945	1,003	886	873	n/a
Kings	141	125	93	186	118	108	116	89	104	125	118	126	n/a
Madera	175	161	152	201	153	141	163	114	170	153	140	167	n/a
County Share of Choice as %													
Fresno	69.90%	70.20%	69.70%	70.20%	71.70%	69.10%	70.40%	70.20%	68.70%	67.90%	68.30%	66.50%	n/a
Kings	55.20%	58.00%	56.40%	55.40%	57.60%	53.10%	49.20%	54.10%	53.30%	57.10%	52.50%	57.20%	n/a
Madera	64.70%	58.80%	61.20%	64.70%	67.40%	67.10%	62.90%	66.00%	60.30%	60.60%	61.10%	60.00%	n/a
Voluntary Disenrollments													
Fresno	572	418	551	585	1,057	569	505	584	666	636	1,153	540	n/a
Kings	51	76	65	76	132	53	55	72	69	64	138	53	n/a
Madera	85	115	66	115	175	86	80	109	119	82	161	62	n/a
No. Claims Processed	189,023	180,921	188,366	201,115	179,781	203,583	175,777	183,750	180,762	160,087	184,227	196,360	n/a
Claims Turn-around	99.56%	99.12%	99.48%	99.78%	99.87%	99.90%	99.30%	99.86%	99.90%	99.80%	99.86%	99.91%	n/a
Weekly Average	37,805	36,184	37,673	40,223	44,945	50,896	43,944	45,938	45,191	40,022	46,057	49,090	n/a

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

Data Current as of February 3, 2017

Note: Claims Turn-around = 30 Calendar/45 Work Days - Updates will be available on quarterly basis based on calendar year.


CalViva HEALTH
CalViva Members
400,000
350,000
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Members
January
February
March
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Fresno
Madera
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