

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission
Meeting Minutes**
November 19, 2020

Meeting Location:
Teleconference Meeting due
to COVID-19 Executive Order
CalViva Health
7625 N. Palm Ave., #109
Fresno, CA 93711

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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:30 pm. A quorum was present via conference call in lieu of gathering in public per executive order signed	

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	<p>by the Governor of California on Monday, 3/16/2020, allowing Public Health Plans subject to the Brown Act to hold public meetings via teleconferencing due to COVID-19. A quorum remains a requirement to take actions, but can be achieved with any combination of Commissioners' physical attendance at the public location or by teleconferencing.</p>	
<p>#2 Roll Call Cheryl Hurley, Clerk to the Commission</p>	<p>A roll call was taken for the current Commission Members.</p>	<p><i>A roll call was taken</i></p>
<p>#3 Consent Agenda a) Commission Minutes 10/15/2020 b) Finance Committee Minutes 9/17/2020 c) QIUM Committee Minutes dated 9/17/2020 d) Compliance Report</p> <p>Action D. Hodge, MD, Chair</p>	<p>All consent items were presented and accepted as read.</p> <p><i>Joyce Fields-Keene not included in vote</i></p>	<p>Motion: Approve Consent Agenda 10 – 0 – 0 – 7</p> <p><i>(Neves / Nikoghosian)</i></p> <p><i>A roll call was taken</i></p>
<p>#4 CVH Website Demonstration</p> <p>Information D. Hodge, MD, Chair</p>	<p>Jeff Nkansah gave an in-depth demonstration via WebEx of the new CalViva Health (CVH) website. The updated/rebrand of the website is a result of solicited feedback provided from the CVH Public Policy Committee, other local health plans similar to CVH, and a local promotores community group from Madera county. The update was also a result of ADA Accessibility and Section 508 website compliance.</p>	<p>No Motion</p>

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<p>#5 Standing Reports</p> <ul style="list-style-type: none"> Finance Report Daniel Maychen, CFO 	<p><u>Finance</u></p> <p>September 2020 Financials:</p> <p>Total current assets were approximately \$283.8M; total current liabilities were approximately \$186.6M. Current ratio is 1.52. TNE as of September 30, 2020 was approximately \$107.4M, which is approximately 724% above the minimum DMHC required TNE amount.</p> <p>For July 2020 through September 2020 actual premium capitation income recorded was approximately \$320.5M which is approximately \$4.25M below budgeted amounts, primarily due to MCO tax being less than what was projected, and rates being less than budgeted. The MCO tax loss is decreasing due to an increase in enrollment; however, is still creating a material loss to the Plan. From July 2020 to September 2020, the Plan has incurred an approximate \$2.5M MCO tax loss.</p> <p>Furthermore, assuming enrollment remains relatively consistent, the projected tax loss of approximately \$4.3M for the period of July 2020 through December 2020 is expected. DHCS has acknowledged and are keeping track of the MCO tax loss the Plans are experiencing, and are currently assessing potential solutions; the timing of any adjustments is yet to be determined. In addition, DHCS is in the process of creating their MCO tax revenue rate for the period of January 2021 through June 2021; those rates should be received late December 2020.</p> <p>Total cost of medical care expense recorded is approximately \$269.2M which is approximately \$1.7M less than budgeted due to rates being less than projected. All other expense line items are in line or below what is budgeted. For the first three months of fiscal year 2021, there is</p>	<p>Motion: <i>Approve Standing Reports</i></p> <p>11 – 0 – 0 – 7 <i>(Nikoghosian / Frye)</i></p> <p><i>A roll call was taken</i></p>

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<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p>an approximate net loss of \$1.3M, noting Net Income is approximately \$2.5M less than budgeted, primarily due to the MCO tax loss.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Dashboard</p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through the end of Q3 2020.</p> <p>The total number of grievances through Q3 has remained relatively consistent with Q2, but is noted to be lower than Q1 2020.</p> <p>The majority of grievances were due to Exempt grievances followed by Quality of Service issues.</p> <p>Quality of Care grievances have decreased from both Q1 and Q2 2020.</p> <p>The Exempt grievances for Q3 have remained consistent with Q2 2020. The two categories stated as “PCP Assignment/Transfer” that were labeled incorrectly have been modified to better reflect the issues.</p> <p>The total number of Appeals Received as of the end of Q3 2020 has demonstrated variation quarter to quarter with increased volumes compared to the prior year. Opportunities to further evaluate these appeals and educate providers have been identified, and training has been conducted.</p>	

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	<p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report through Q3, 2020.</p> <p>In-hospital utilization rates have dipped in all areas in Q3. The lower admission numbers may be related to the spikes in COVID-19 cases throughout the year.</p> <p>Turn-around time compliance in Q3 was 100%</p> <p>Case Management results in 2020 continue to demonstrate positive trends in all areas.</p> <p>QIUM Quarterly Report</p> <p>Dr. Marabella provided the QI/UM Qtr. 4, 2020 update. One QI/UM meeting was held in Quarter 4 thus far, on October 15, 2020.</p> <p>The following guiding documents were approved at this meeting:</p> <ul style="list-style-type: none"> • 2020 Culture & Linguistics (C&L) Work Plan Mid-Year Evaluation. • 2020 Health Education (HE) Work Plan Mid-Year Evaluation <p>In addition, the following general documents were approved at the meetings:</p> <ul style="list-style-type: none"> • Culture & Linguistics Language Assistance Program • CVH Preventive Screening Guidelines 2020 	

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	<ul style="list-style-type: none"> • Provider Appointment Availability and After-Hours Access Survey Results • Pharmacy Formulary • Medical Policies Q2 • UMCM Policy & Procedure Review <p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard & Quarterly Reports, MHN Performance Indicator Report, SPD Health Risk Assessment (HRA), and Access Provider Office Wait Time Reporting.</p> <p>The Utilization Management & Case Management reports reviewed included the Key Indicator Report, Specialty Referral Report, MedZed Integrated Care Management Report, and additional UMCM reports.</p> <p>HEDIS® Activity:</p> <p>In Q4, HEDIS® related activities focused on analyzing the results for RY2020 under the new Managed Care Accountability Set (MCAS) measures and the minimum performance level (MPL) of 50th percentile.</p> <p>The areas CalViva reported results below the 50th percentile MPL are:</p> <ul style="list-style-type: none"> • Antidepressant Medication Management, for both the Acute Phase and the Continuation Phase, for all three counties. • Adolescent Well-Care Visit for Fresno County. • Breast Cancer Screening for Fresno County. • Chlamydia Screening for Madera County. • Childhood Immunization – Combo 10 for Fresno and Kings counties. 	

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	<ul style="list-style-type: none"> • Well-Child Visits in the first 15 months of life for Fresno and Kings counties. <p>Proposed Performance Improvement Projects (PIPs) consist of:</p> <ul style="list-style-type: none"> • Childhood Immunizations – Combo 10 • Breast Cancer Screening <p>On November 2nd CalViva submitted notification to DHCS of intent to re-establish Performance Improvement Projects (PIPs) for these two measures.</p> <p>New this year, each Plan is required to report on what is called the “COVID-19 Quality Improvement Plan (QIP)”. This is a selection of 3 or more improvement strategies that demonstrate how the Plan has/will adapt to improve the health/wellness of its members during the COVID 19 Emergency. These interventions are to be associated with preventive services, chronic illness and/or behavioral health.</p> <p>The initial CalViva COVID-19 QIP report was submitted to DHCS on October 21st, 2020 and has been accepted by DHCS. The 3 improvement strategies include:</p> <ol style="list-style-type: none"> 1. Antidepressant Medication Management (AMM) Member Outreach effort by Behavioral Health Case Managers in Kings and Madera counties to encourage medication adherence. 2. Adolescent Well-Care Visits will be addressed through a MemberConnections Outreach intervention for families in Fresno County. 	

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	<p>3. Pharmacy Outreach effort to encourage medication adherence for patients on blood pressure medications and/or anti-diabetic agents in Fresno County.</p> <p>Credentialing Sub-Committee Quarterly Report</p> <p>In Quarter 4, the Credentialing Sub-Committee met on October 15, 2020. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q2 2020 were reviewed for delegated entities, Q2 and Q3 for MHN, and Q3 2020 reports were reviewed for Health Net. There was one (1) ongoing case on the Quarter 3 2020 Credentialing Report from Health Net. This is related to ongoing monitoring of a case in Fresno County following a denial for re-entry into the network.</p> <p>Ongoing monitoring and reporting will continue.</p> <p>Peer Review Sub-Committee Quarterly Report</p> <p>The Peer Review Sub-Committee met on October 15, 2020. The county-specific Peer Review Sub-Committee Summary Reports for Q3 2020 were reviewed for approval. There were no significant cases to report. The Q3 2020 Peer Count Report was presented with a total of 8 cases reviewed. There were three (3) cases closed and cleared. There were no cases pending closure for Corrective Action Plan compliance. There were five (5) cases pended for further information. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p>	

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<p>#6 Closed Session</p> <p>A. Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program, or facility – <i>(Confidential – Action Required)</i></p> <p>B. Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program, or facility – <i>(Information Only)</i></p>	<p>Jason Epperson, General Counsel, reported out of Closed Session. Commissioners discussed those items agendized for closed session discussion. Specifically,</p> <ol style="list-style-type: none"> 1. Item 6.A Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program, or facility – <ul style="list-style-type: none"> • A motion was made and seconded to adopt a resolution by the Commission to conduct an election by all eligible employees regarding employee social security benefits. Motion was adopted unanimously by a vote of 10/0. 2. Item 6.B Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program, or facility – <ul style="list-style-type: none"> • Direction was given to staff. <p>Closed Session concluded at 2:54 pm.</p> <p><i>Harold Nikoghosian absent for Closed Session; not included in vote</i></p>	<p>6.A Motion: 10 – 0 – 0 – 7 <i>(Neves / Griffin)</i></p> <p><i>A roll call was taken</i></p> <p>6.B No Motion; Information only</p>
<p>#7 Final Comments from Commission Members and Staff</p>	<p>None.</p>	
<p>#8 Announcements</p>	<p>None.</p>	
<p>#9 Public Comment</p>	<p>None.</p>	
<p>#10 Adjourn</p>	<p>The meeting was adjourned at 2:55 pm The next Commission meeting is scheduled for February 18, 2021 in Fresno County.</p>	

Submitted this Day: Feb. 18, 2021

Submitted by: Cheryl Hurley
Cheryl Hurley
Clerk to the Commission