

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission
Meeting Minutes**
March 18, 2021

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 1:32 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 Madera County At-Large Seat Nomination Action David Hodge, MD, Chairman</p>	<p>One application was received for the Madera County At-Large Commission seat from current Commission member Paulo Soares. A motion was made, and carried, to reappoint Paulo Soares for a three-year term ending March 2024. Mr. Soares was not present.</p>	<p>Motion: <i>Appointment of Madera Co. At-Large seat</i> <i>11 – 0 – 0 – 6</i> <i>(Frye / Neves)</i></p>
<p>#4 Consent Agenda a) Commission Minutes 2/18/2021 b) Finance Committee Minutes 11/19/2020 c) QIUM Committee Minutes dated 11/19/2020 d) PPC Minutes dated 12/2/2020 Action D. Hodge, MD, Chair</p>	<p>All consent items were presented and accepted as read.</p>	<p>Motion: <i>Approve Consent Agenda</i> <i>11 – 0 – 0 – 6</i> <i>(Nikoghosian / Fields-Keene)</i> <i>A roll call was taken</i></p>

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<p>#5 Reappointment of Moss Adams</p> <p>Action David Hodge, MD, Chairman</p>	<p>The acceptance of Moss Adams as CalViva’s independent auditor was approved for an additional term through fiscal year end 2024.</p>	<p><i>Motion: Approve reappointment of Moss Adams</i> <i>11 – 0 – 0 – 6</i></p> <p><i>(Griffin / Fields-Keene)</i></p> <p><i>A roll call was taken</i></p>
<p>#6 2021 Quality Improvement</p> <ul style="list-style-type: none"> • Program Description • Work Plan <p>Action David Hodge, MD, Chairman</p>	<p>Dr. Marabella presented the 2021 Quality Improvement Program Description and Work Plan.</p> <p>The highlights of changes for the 2021 QI Program Description include:</p> <ul style="list-style-type: none"> • Health Promotion Programs: <ul style="list-style-type: none"> ○ Removed Fit Families for Life, myStrength, Know Your Numbers events, Community Education Classes and Community Health Fairs. • Disease Management (DM): <ul style="list-style-type: none"> ○ Changed section title to Health Management Programs. Updated and clarified descriptions of DM & Nurse Advice Line programs. • Satisfaction: <ul style="list-style-type: none"> ○ Update Customer Experience Continuous Improvement (CXCI) initiatives such as redesign of the member Welcome Kit and improving work flows for UMCM & Population Health. • Culture & Linguistics: <ul style="list-style-type: none"> ○ Updated requirements for non-discrimination. • Staff Resources & Accountability: 	<p><i>See #7 for Action Taken</i></p>

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	<ul style="list-style-type: none"> ○ Updated description of the QI Team to include a Nurse Analyst <p>Activities for 2021 Quality Improvement Work Plan continue to focus on:</p> <ul style="list-style-type: none"> ● Improve Access to Care: <ul style="list-style-type: none"> ○ Continue to monitor Appointment Access and After-hours Access and educate providers using webinars and follow-up surveys. ○ Results from 2019 CAHPS Survey and 2019 Access Survey used to update strategies such as twice per year “PPG CAHPS Webinars” with recommendations & Best Practices. ● Improve the Quality & Safety of Care: <ul style="list-style-type: none"> ○ Chlamydia Screening - Working with high volume, low compliance clinic in Madera County to increase the rate of young women screened for chlamydia. ○ An EHR flag/alert is being used to populate Daily Huddle sheets to prompt MA and provider collaboration. ● Performance Improvement Projects (PIPs): <ul style="list-style-type: none"> ○ Childhood Immunizations project in Fresno County (CIS-10). ○ Breast Cancer Screening Disparity Project in Fresno County (BCS). ○ Modules are in development for submission to HSAG prior to intervention implementation. 	
<p>#7 2021 Utilization Management Case Management</p> <ul style="list-style-type: none"> ● CM Program Description ● UMCM Work Plan 	<p>Dr. Marabella presented the 2021 Case Management Program Description and 2021 Utilization Management Case Management Work Plan.</p>	<p>Motion: Approve the 2021 Quality Improvement Program Description and Work Plan; and the 2021 Case</p>

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<p>Action David Hodge, MD, Chairman</p>	<p>The highlights of changes for the 2021 Case Management Program Description include:</p> <ul style="list-style-type: none"> • Goals of CM Program: Updated timeframe for postpartum measure. Clarified goal for pre-term delivery is 2% lower for members managed. • Complex CM Criteria: Modified criteria to align with standardized reports and allow for automated referral to Complex CM when indicated. • CM Criteria: Added criteria to address members who partially meet criteria and moved designated groups from Complex CM to CM. • Care Team Staffing Model: Increased maximum case load to 70 and changed frequency of meetings to at least monthly with weekly huddles. • Member Experience: Expanded method for conducting satisfaction surveys to include mail, email, text or telephone. • Special Programs: Added subsections describing Transitional Care Management and Palliative Care. <p>The areas of focus for the 2021 Utilization Management & Case Management Work Plan include:</p> <ul style="list-style-type: none"> • Compliance with Regulatory & Accreditation Requirements: Ensure licensure, attestations and audits are current and complete. • Monitoring the UM Process: Track and trend prior authorizations, conduct inter-rater reliability testing for clinical staff, and analyze appeals data to identify opportunities to remove or modify PA criteria. • Monitoring Utilization Metrics: Track effectiveness of care management, monitor for over/under utilization, and continue to enhance PPG Profile monitoring. 	<p>Management Program Description, and 2021 UMCM Work Plan</p> <p>11 – 0 – 0 – 6</p> <p>(Cardona / Neves)</p>

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	<ul style="list-style-type: none"> Monitoring Coordination with Other Programs and Vendor Oversight as it pertains to effectiveness of Case Management, Perinatal Case Management, and Behavioral Health Case Management. Maintain Disease Management, and monitor MD interactions with Pharmacy, and coordination between medical and behavioral health. Monitoring Activities for Special Populations: Continue monitoring care of SPDs and CCS identification. 	
<p>#8 Standing Reports</p> <ul style="list-style-type: none"> Finance Report Daniel Maychen, CFO 	<p><u>Finance</u></p> <p>Financials as of January 31, 2021: Total current assets were approximately \$311.1M; total current liabilities were approximately \$212.7M. Current ratio is 1.46. TNE as of January 31, 2021 was approximately \$108.5M, which is approximately 686% above the minimum DMHC required TNE amount.</p> <p>Through January 31, 2021, actual premium capitation income recorded was approximately \$739.6M which is approximately \$728K above budgeted amounts, primarily due to CVH no longer experiencing an MCO tax loss beginning January 2021, and also due to the pharmacy carve out being delayed. In the budgeted financials for FY 2021, we projected the pharmacy carve out effective date of 1/1/21; that has since been delayed a second time and is likely to be delayed through the end of FY 2021, which will lead to higher actual revenues/rates in comparison to budgeted revenues/rates. As such, the difference between actual and budgeted revenue is projected to continue to grow on the positive side through the end of FY 2021.</p>	<p><i>Motion: Standing Reports Approved</i></p> <p><i>12 – 0 – 0 – 5</i> <i>(Frye / Cardona)</i></p> <p><i>A roll call was taken</i></p>

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<ul style="list-style-type: none"> • Compliance M.B. Corrado, CCO 	<p>Total cost of medical care expense actual recorded is approximately \$617.7M which is approximately \$4M more than budgeted due to enrollment being higher than projected. Admin service agreement fees expense was \$548K more than budgeted primarily due to enrollment being higher than projected. With the exception of Labor, all other expense line items are in line or below what is budgeted for FY 2021. Through January 2021, there is a net loss of approximately \$279K, which is approximately \$3.7M less than projected primarily due to the MCO tax loss incurred during the first six months of FY 2021. Effective January 2021, DHCS has increased the MCO tax revenue rate and the net loss is anticipated to turn positive with projected net income to be approximately between \$6M to \$7M by the end of FY 2021.</p> <p style="text-align: center;"><i>Supervisor Rogers arrived at 1:57 pm</i></p> <p><u>Compliance</u></p> <p>No new fraud cases to report to date for 2021.</p> <p>Notice was received from DHCS that the CAP for the Annual Network Certification has been closed and they approved the Alternative Access Standards submission.</p> <p>The 18-month DMHC Follow-Up Audit has been postponed to the week of 3/29/21.</p> <p>DHCS has further delayed the transition of Medi-Cal Rx to fee-for-service for managed care plans. A new date has yet to be set.</p>	

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<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<p>CVH is actively working with Health Net on implementing the two rules issued by CMS and HHS Office of the National Coordinator for Health Information Technology regarding interoperability and patient access provisions of the 21st Century Cures Act. The rules are to be phased in over time with the first compliance date of July 1, 2021.</p> <p>In reference to the CalAIM program, the Enhanced Care Management (ECM) and In Lieu of Services (ILOS) will be implemented for Kings County 1/1/22 and Fresno & Madera counties 7/1/22.</p> <p>The Public Policy Committee met on 3/3/21. The following reports were presented: CalViva Health’s 2020 Annual Report; the Q4 2020 Grievance and Appeals; the 2020 Annual Compliance Evaluation; and the Health Education Member Incentive Programs Semi-Annual Report (Q3 and Q4 2020). There were no recommendations for referral to the Commission. The next meeting will be held on June 9,2021, tentatively scheduled for Kings County depending on COVID restrictions and public health recommendations.</p> <p>A list of 2021 New California Health Care Laws was provided in detail on the report.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Dashboard</p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard for month ending January 2021.</p>	

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	<p>The total number of grievances through January 2021 is consistent with previous months.</p> <p>The highest volume of grievances reported were in the "Exempt" grievance type, followed by "Quality of Service" grievance type.</p> <p>The volume of "Quality of Care" grievances remains consistent.</p> <p>The majority of Exempt Grievances fell under the category of "PCP Assignment/Transfer – Health Plan Assignment – Change Request".</p> <p>The total number of Appeals Received for the first month of 2021 have decreased compared to same time last year.</p> <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report through January 2021.</p> <p>Overall membership continues to increase.</p> <p>In-hospital utilization rates remain consistent with previous months. The number of ER Visits during the course of 2020 fluctuated due to the COVID-19 pandemic and the aversion to the emergency department. The average "Length of Stay" has increased. This is primarily due to long lengths of stay for COVID patients and challenges in the discharge process during the pandemic.</p>	

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	<p>Case Management results for January 2021 demonstrate positive results in all areas consistent with recent months.</p> <p>Credentialing Sub-Committee Quarterly Report</p> <p>The Credentialing Sub-Committee met on February 18, 2021. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q3 2020 were reviewed for delegated entities, and Q4 2020 for MHN and Health Net. There was one (1) ongoing case on the Q4 2020 Credentialing Report from Health Net. This is related to the production of records associated with an 805 filing. An extension to this request to January 2021 was approved.</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 February 18, 2021. The county-specific Peer Review Sub-Committee Summary Reports for Q4 2020 were reviewed for approval. There were no significant cases to report. The 2021 Peer Review Sub-Committee Policies and Procedures were reviewed and approved. The Q4 2020 Peer Count Report was presented with a total of 4 cases reviewed. There were three (3) cases closed and cleared. There were no cases pending closure for Corrective Action Plan compliance. There was one (1) case 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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<ul style="list-style-type: none"> Operations J. Nkansah, COO 	<p><u>Operations Report</u></p> <p>For IT Communications and Systems, there was an exchange server vulnerability occurring with Microsoft products primarily impacting mail exchange servers. A patch was released by Microsoft to address the vulnerability and will be deployed at CVH.</p> <p>For Privacy and Security, there were three (3) cases reported in February of which one has turned into a high-risk case. The high-risk case involves a vendor by the name of Accellion. Accellion specializes in file transfer services and is utilized by our Administrator, Health Net. A breach did occur and had a member impact. Further investigation into the degree and scope of the impact is being conducted. Updates will be provided to Commissioners as more information is uncovered.</p> <p>For the Member Call Center, and CVH website activities, there are no additional updates to provide at this time.</p> <p>With regard to Provider Network Activities, and Provider Relations, there are no significant changes. The DMHC Measurement Year 2019 report findings have been received and are consistent with past measurement years.</p> <p>Quarter 4 2020 numbers are available for Claims Processing and Provider Disputes. All areas met timeliness goals. Deficiencies disclosures were noted for three (3) PPGs.</p> <p>With regard to Provider Disputes, two (2) PPGs did not meet goal. All other areas met timeliness and compliance goals.</p>	

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<ul style="list-style-type: none"> Executive Report G. Hund, CEO 	<p><u>Executive Report</u></p> <p>Membership as of the end of February 2021 continues to increase; however, market share continues to decline. Health Net is evaluating and creating a plan to regain market share.</p>	
<p>#9 Closed Session</p> <p>A. Government Code section 54957(b)(1) – Public Employee Appointment, Employment, Evaluation, or Discipline – Staffing (Action)</p> <p>B. Government Code section 54957(b)(1) – Public Employee Appointment, Employment, Evaluation, or Discipline – Staffing (Action)</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session.</p> <p>Motion made by Harold Nikoghosian and seconded by Soyla Griffin to authorize the Board Chair and the current CEO to execute a contract for Jeffrey Nkansah to serve as CalViva Health’s new CEO effective immediately upon Greg Hund’s retirement on July 31, 2022, with terms as stated.</p> <p>Second motion was made by Harold Nikoghosian and seconded by Supervisor Rogers to accept the resignation of current CEO Greg Hund effective July 31, 2021.</p> <p>A third motion made by Supervisor Rogers and seconded by Soyla Griffin to enter into an agreement with current CEO Greg Hund to serve as an advisory CEO to the new CEO upon Mr. Hund’s resignation at 20% time beginning August 1, 2021 through January 7, 2022.</p> <p>Closed Session concluded at 2:41 pm.</p> <p><i>Supervisor Quintero not in attendance for Closed Session – not included in votes</i></p>	<p>Motion #1: 10 – 0 – 0 – 7 <i>(Nikoghosian/Griffin)</i></p> <p>Motion #2 10 – 0 – 0 – 7 <i>(Nikoghosian/Rogers)</i></p> <p>Motion #3 10 – 0 – 0 – 7 <i>(Rogers/Griffin)</i></p> <p><i>A roll call was taken</i></p>

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#10 Final Comments from Commission Members and Staff	None.	
#11 Announcements	CEO Greg Hund has extended an endorsement for SB 365 on behalf of CalViva Health in relation to compensation for primary care physicians making referrals for e-consults for specialty services.	
#12 Public Comment	None.	
#23 Adjourn	The meeting was adjourned at 2:48 pm The next Commission meeting is scheduled for May 20, 2021 in Fresno County.	

Submitted this Day: May 20, 2021

Submitted by: Cheryl Hurley
Cheryl Hurley
Clerk to the Commission