

FRESNO - KINGS -  
MADERA  
REGIONAL  
HEALTH  
AUTHORITY

Commission

**Fresno County**

David Luchini, Interim Director  
Public Health Department

David Cardona, M.D.  
At-large

David S. Hodge, M.D.  
At-large

Sal Quintero  
Board of Supervisors

Joyce Fields-Keene  
At-large

Soyla Reyna-Griffin  
At-large

**Kings County**

Joe Neves  
Board of Supervisors

Ed Hill, Director  
Public Health Department

Harold Nikoghosian  
At-large

**Madera County**

David Rogers  
Board of Supervisors

Sara Bosse  
Public Health Director

Aftab Naz, M.D.  
At-large

**Regional Hospital**

Brian Smullin  
Valley Children's Hospital

Aldo De La Torre  
Community Medical Centers

**Commission At-large**

John Frye  
Fresno County

Kerry Hydash  
Kings County

Paulo Soares  
Madera County

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

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

DATE: July 9, 2021

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Cheryl Hurley, Commission Clerk

RE: Commission Meeting Materials

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

**Thursday, July 15, 2021  
1:30 pm to 3:30 pm**

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

**Teleconference: 605-313-4819  
Participant Code: 270393**

Meeting materials have been emailed to you. Currently, there are **10** Commissioners who have confirmed their attendance for this meeting. At this time, a quorum has been secured. Please advise as soon as possible if you will not be in attendance to ensure a quorum is maintained

Thank you

# AGENDA

## Fresno-Kings-Madera Regional Health Authority Commission Meeting

July 15, 2021

1:30pm - 3:30pm

**Meeting Location:**

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

**Teleconference: 605-313-4819**

**Participant Code: 270393**

Item	Attachment #	Topic of Discussion	Presenter
1		<b>Call to Order</b>	D. Hodge, MD, Chair
2		<b>Roll Call</b>	C. Hurley, Clerk
<b>3 Action</b>		<b>Consent Agenda:</b>	D. Hodge, MD, Chair
	Attachment 3.A	<ul style="list-style-type: none"><li>• Commission Minutes dated 5/20/2020</li></ul>	
	Attachment 3.B	<ul style="list-style-type: none"><li>• Finance Committee Minutes dated 3/18/2021</li></ul>	
	Attachment 3.C	<ul style="list-style-type: none"><li>• QI/UM Committee Minutes dated 3/18/2021</li></ul>	
	Attachment 3.D	<ul style="list-style-type: none"><li>• Public Policy Committee Minutes dated 3/3/2021</li></ul>	
	Attachment 3.E	<ul style="list-style-type: none"><li>• Finance Committee Charter</li></ul>	
	Attachment 3.F	<ul style="list-style-type: none"><li>• Credentialing Committee Charter</li></ul>	
	Attachment 3.G	<ul style="list-style-type: none"><li>• Peer Review Committee Charter</li></ul>	
	Attachment 3.H	<ul style="list-style-type: none"><li>• Quality Improvement / Utilization Management Committee Charter</li></ul>	
	Attachment 3.I	<ul style="list-style-type: none"><li>• Public Policy Committee Charter</li></ul>	
		<i>Action: Approve Consent Agenda</i>	
<b>4 Action</b>	No attachment	<b>Official Appointment of Incoming CEO as Trustee of Retirement Plans</b>	G. Hund, CEO
		<ul style="list-style-type: none"><li>• Jeff Nkansah – effective 8/1/2021</li></ul>	
		<i>Action: Approve Appointment</i>	
<b>5 Information</b>	Attachment 5.A	<b>Review of Fiscal Year End 2021 Goals</b>	G. Hund, CEO
		<ul style="list-style-type: none"><li>• BL 21-008 Review of Fiscal Year End Goals 2021</li></ul>	
<b>6 Action</b>	Attachment 6.A	<b>Goals and Objectives for Fiscal Year 2022</b>	G. Hund, CEO
		<ul style="list-style-type: none"><li>• BL 21-009 Goals and Objectives FY 2022</li></ul>	
		<i>Action: Approve Goals for FY 2022</i>	

<b>7 Action</b>	<b>Standing Reports</b>	
	<b>Finance Report</b>	
Attachment 7.A	<ul style="list-style-type: none"> <li>Financials as of May 31, 2021</li> </ul>	D. Maychen, CFO
	<b>Compliance</b>	
Attachment 7.B	<ul style="list-style-type: none"> <li>Compliance Report</li> </ul>	M.B. Corrado, CCO
	<b>Medical Management</b>	
Attachment 7.C	<ul style="list-style-type: none"> <li>Appeals and Grievances Report</li> </ul>	P. Marabella, MD, CMO
Attachment 7.D	<ul style="list-style-type: none"> <li>Key Indicator Report</li> </ul>	
Attachment 7.E	<ul style="list-style-type: none"> <li>QIUM Quarterly Summary Report</li> </ul>	
Attachment 7.F	<ul style="list-style-type: none"> <li>Credentialing Sub-Committee Quarterly Report</li> </ul>	
Attachment 7.G	<ul style="list-style-type: none"> <li>Peer Review Sub-Committee Quarterly Report</li> </ul>	
	<b>Operations</b>	
Attachment 7.H	<ul style="list-style-type: none"> <li>Operations Report</li> </ul>	J. Nkansah, COO
	<b>Executive Report</b>	
Attachment 7.I	<ul style="list-style-type: none"> <li>Executive Dashboard</li> </ul>	G. Hund, CEO
	<i>Action: Accept Standing Reports</i>	
<b>8 Action</b>	<b>Closed Session:</b>	
	<b>The Board of Directors will go into closed session to discuss the following item(s)</b>	
	<ul style="list-style-type: none"> <li><b>Government Code section 54956.9(b) – Conference with Legal Counsel – Anticipated Litigation</b></li> </ul>	
<b>9</b>	<b>Final Comments from Commission Members and Staff</b>	
<b>10</b>	<b>Announcements</b>	
<b>11</b>	<b>Public Comment</b>	
	<i>Public Comment is the time set aside for comments by the public on matters within the jurisdiction of the Commission but not on the agenda. Each speaker will be limited to three (00:03:00) minutes. Commissioners are prohibited from discussing any matter presented during public comment except to request that the topic be placed on a subsequent agenda for discussion.</i>	
<b>12</b>	<b>Adjourn</b>	D. Hodge, MD, Chair

Supporting documents will be posted on our website 72 hours prior to the meeting.  
If you have any questions, please notify the Clerk to the Commission at: [Churley@calvivahealth.org](mailto:Churley@calvivahealth.org)

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

Next Meeting scheduled for September 16, 2021 in Fresno County  
CalViva Health, 7625 N. Palm Ave., Ste. 109, Fresno, CA 93711

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

# Item #3

## Attachment 3.A

Commission Minutes  
Dated 5/20/2021

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
Commission**  
**Meeting Minutes**  
May 20, 2021

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

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

<b>AGENDA ITEM / PRESENTER</b>	<b>MOTIONS / MAJOR DISCUSSIONS</b>	<b>ACTION TAKEN</b>
<b>#1 Call to Order</b>	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 by the Governor of	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	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><b>#2 Roll Call</b> Cheryl Hurley, Clerk to the Commission</p>	A roll call was taken for the current Commission Members.	<i>A roll call was taken</i>
<p><b>#3 Chair and Co-Chair Nominations for FY 2022</b></p> <p>Action David Hodge, MD, Chairman</p>	The Commissioners nominated and subsequently re-elected David Hodge, MD as chair and Supervisor Joe Neves as Co-Chair to serve during Fiscal Year 2021.	<p><b>Motion:</b> <i>Nominate and Approve Chair:</i> <i>13 – 0 – 0 – 4</i> <i>(Nikoghosian / Naz)</i></p> <p><i>Nominate and Approve Co-Chair:</i> <i>13 – 0 – 0 – 4</i> <i>(Nikoghosian / Cardona)</i></p> <p><i>A roll call was taken</i></p>
<p><b>#4 Fresno County Department of Public Health Commissioner</b></p>	David Luchini was introduced as the Interim Director for the Fresno County Department of Public Health and Commissioner on the FKM RHA Commission.	
<p><b>#5 Fresno County At-Large BOS Reappointment</b></p> <p>Information David Hodge, MD, Chairman</p>	Ms. Soyla Reyna-Griffin was re-appointed by the Fresno County BOS for a three-year term.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>#6 CRMC Reappointment</b></p> <p>Action David Hodge, MD, Chairman</p>	<p>The Commission ratified the reappointment of Aldo De La Torre for an additional three-year term.</p>	<p><b>Motion:</b> Ratify the reappointment of CRMC Representative.</p> <p><i>A roll call was taken</i></p>
<p><b>#7 Consent Agenda</b></p> <p>a) Commission Minutes 3/18/2021 b) Finance Committee Minutes 2/18/2021 c) QIUM Committee Minutes dated 2/18/2021</p> <p>Action D. Hodge, MD, Chair</p>	<p>All consent items were presented and accepted as read.</p>	<p><b>Motion:</b> Approve Consent Agenda <i>13 – 0 – 0 – 4</i></p> <p><i>(Neves / Nikoghosian)</i></p> <p><i>A roll call was taken</i></p>
<p><b>#8 Committee Appointments for FY 2022</b></p> <p>Information David Hodge, MD, Chairman</p>	<p>No changes in Commission members were made for FY 2022 to the following committees, as described in BL 21-005:</p> <ul style="list-style-type: none"> <li>➤ Finance Committee</li> <li>➤ Quality Improvement/Utilization Management Committee</li> <li>➤ Credentialing Sub-Committee</li> <li>➤ Peer Review Sub-Committee</li> <li>➤ Public Policy Committee</li> </ul>	
<p><b>#9 Community Support Funding</b></p>	<p>The Community Support Grant Recommendations were presented to the Commission with funding at \$3,625,000 for 2021-2022 fiscal year.</p>	<p><b>Motion #1:</b> Approve Community Support Grant Recommendations</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Action D. Hodge, MD, Chair</p>	<p>An additional program, Demonstration Kitchens, was presented to the Commission under the Community Support Grant Recommendations. The ad-hoc committee recommended the funds for this be taken from the current 2020-2021 fiscal year under the Community Support Green Space line item which was not spent due to the Corona Virus pandemic.</p>	<p>13 – 0 – 0 – 4 (Nikoghosian / Frye*) *Frye abstained specifically from CBO Poverello House funding</p> <p><b>Motion #2:</b> Approve Demonstration Kitchens funds from 2020-2021 grant funds 13 – 0 – 0 – 4 (Quintero / Smullin)</p>
<p><b>#10 2021 Cultural &amp; Linguistics</b></p> <ul style="list-style-type: none"> <li>• 2020 Annual Evaluation</li> <li>• 2021 Program Description</li> <li>• 2021 Work Plan</li> </ul> <p>Action David Hodge, MD, Chairman</p>	<p>Dr. Marabella presented the Cultural and Linguistic 2020 Executive Summary and Annual Evaluation; 2021 Change Summary and Program Description; and 2021 Executive Summary and Work Plan.</p> <p>All Work Plan activities for 2020 were completed in the following areas:</p> <ul style="list-style-type: none"> <li>• Language Assistance Services: 116 translation reviews completed; and bilingual certification/re-certification completed for 81 staff.</li> <li>• Compliance Monitoring: Investigated and completed follow up on 60 grievances in 2020; and updated all C &amp; L Policies.</li> <li>• Communication, Training and Education: Nine Call Center new hire classes completed; and conducted two trainings on coding &amp; resolution of C &amp; L related cases for A &amp; G Coordinators.</li> <li>• Health Literacy, Cultural Competency &amp; Health Equity: Coordinated Heritage/CLAS Month activities; twelve staff trainings covering a variety of topics including Social Determinants of Health, gender neutral language, and Adverse Childhood Experiences.</li> </ul>	<p>See #11 for Action Taken</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Breast Cancer Screening Disparity Performance Improvement Project has been restarted.</li> </ul> <p>The 2021 Program Description changes include the following:</p> <ul style="list-style-type: none"> <li>• Added Video Remote Interpreting services to the list of interpreter services available.</li> <li>• Updated “protected classes” to the expanded standard comprehensive list.</li> <li>• Other minor edits including department and individual title/name changes.</li> </ul> <p>The 2021 Work Plan is consistent with 2020, while incorporating and enhancing the following:</p> <ul style="list-style-type: none"> <li>• Complete the Action Plan activities that were identified by the 2020 Population Needs Assessment to expand language assistance program awareness and utilization.</li> <li>• Develop behavioral health/Adverse Childhood Experiences resources and tools for providers.</li> <li>• Implement two (2-part) Provider “Implicit Bias” Training Series offering up to four CME/CE credits.</li> <li>• Develop a series of Cultural Tip Sheets for providers on various health topics providing culturally competent patient care guidance.</li> </ul> <p>The Language Assistance Program Annual Evaluation analyzes and compares language service utilization at the end of each year. Year over year comparisons are also made. The conclusions from the Language Assistance Program annual report are:</p> <ul style="list-style-type: none"> <li>• Spanish and Hmong continue to be <i>CalViva Threshold Languages</i>. Spanish is highest volume.</li> <li>• Most interpretation is done via telephonic interpreters (83%) with Video Remote Interpreting (VRI) a low volume service at 1%.</li> </ul>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• C &amp; L staff review grievances related to language services and perceived discrimination. They also assist with development and implementation of related corrective actions.</li> <li>• Limited English and non-English membership remains high for CVH population and therefore interpreter services are integral to maintaining safe, high quality care.</li> </ul>	
<p><b>#11 Health Education</b></p> <ul style="list-style-type: none"> <li>• 2020 Annual Evaluation</li> <li>• 2021 Program Description</li> <li>• 2021 Work Plan</li> </ul> <p>Action David Hodge, MD, Chairman</p>	<p>Dr. Marabella presented the Health Education Executive Summary, the 2020 Annual Evaluation, the 2021 Change Summary and Program Description, and the 2021 Work Plan.</p> <p>Overall, 11 of the 19 key Program Initiatives met or exceeded the year-end goal. Eight initiatives partially met the year-end goals. The pandemic prevented many in-person educational sessions/events and DHCS delays in approving materials also impacted initiatives.</p> <p>The 11 initiatives that were fully met are:</p> <ol style="list-style-type: none"> <li>1) Chronic Disease-Asthma</li> <li>2) Community Health</li> <li>3) Health Equity Projects</li> <li>4) Immunization Initiative</li> <li>5) Member Newsletter</li> <li>6) Behavioral Health</li> <li>7) Pediatric Education</li> <li>8) Perinatal Education</li> <li>9) Compliance</li> <li>10) Department Promotion &amp; Materials</li> <li>11) Operations</li> </ol> <p>The eight initiatives partially met were:</p>	<p><b>Motion:</b> Approve Cultural &amp; Linguistics 2019 Annual Evaluation, 2020 Program Description, and 2020 Work Plan; and the Health Education 2019 Annual Evaluation, 2020 Program Description, and 2020 Work Plan</p> <p><i>13 – 0 – 0 – 4</i></p> <p><i>(Naz / Neves)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>1) Chronic Disease Education: Diabetes                  2) Digital Health                  3) Fluvention                  4) Know Your Numbers                  5) Obesity Prevention                  6) Promotores Health Network                  7) Tobacco Cessation Program                  8) Women’s Health</p> <p>The barriers identified are related to:</p> <ul style="list-style-type: none"> <li>• Regulatory approval delays</li> <li>• Pandemic preventing in-person sessions</li> </ul> <p>Action plans have been developed for each and are included in the 2021 Work Plan.</p> <p>Changes to the 2021 Program Description include:</p> <ol style="list-style-type: none"> <li>1) Updated Goals &amp; added Vision Statement</li> <li>2) Removed FFFL Community Classes, Know Your Numbers, myStrength, and updated Disease Management. Added myStrength as its own program.</li> <li>3) Deleted Community Health Fairs, Updated Health Ed Class Description, and Added Information on Krames online – 4,000 topics.</li> <li>4) Changed “disease management program” to Diabetes Prevention Program.</li> <li>5) Added “Population Needs Assessment” to QI description.</li> <li>6) Other minor edits completed throughout including correction of department names, individual titles, and a description of “Community Engagement”.</li> </ol> <p>The 2020 Work Plan initiatives will continue into 2021 with the following enhancements:</p> <ol style="list-style-type: none"> <li>1) Implement Asthma In-Home visitation program with CCAC (Central California Asthma Collaborative)</li> </ol>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	2) Launch Diabetes Prevention Program 3) Launch Fluvention & COVID 19 Communication Campaign	
<p><b>#12 Standing Reports</b></p> <ul style="list-style-type: none"> <li><b>Finance Report</b> Daniel Maychen, CFO</li> </ul>	<p><b><u>Finance</u></b></p> <p><b>Financials as of March 31, 2021:</b></p> <p>Total current assets were approximately \$257.6M; total current liabilities were approximately \$155.4M. Current ratio is 1.66. TNE as of March 31, 2021 was approximately \$112.3M, which is approximately 699% above the minimum DMHC required TNE amount.</p> <p>For the first nine months of current fiscal year 2021, investment income was under what was budgeted by approximately \$209K, primarily due to declining yields on money market accounts. Premium capitation income recorded was approximately \$989M which is approximately \$71.2M above budgeted amounts, primarily due to FY 2021 budget including Pharmacy Carve-out which reduced capitation rates noting that the Pharmacy Carve-out was budgeted to be effective January 2021 as proposed by DHCS; that date has been delayed to a yet to be determined date and most likely will not be effective this fiscal year. Actual revenues are projected to continue to grow larger than budgeted revenues. Pharmacy Carve-out in conjunction with enrollment being higher than projected, is the cause of revenues being higher than projected. Total cost of medical care expense actual recorded is approximately \$828.4M which is approximately \$71.2M more than budgeted due to enrollment being higher than projected. Admin service agreement fees expense recorded was \$36.9M, which is approximately \$879K more than budgeted due to actual enrollment being higher than projected. Taxes are approximately \$93K more than budgeted due to DHCS paying the Plan retroactive capitation payments that had MCO tax associated with those rates. Net income recorded through March was approximately \$3.55M which is approximately \$566K less than projected due to the</p>	<p><b><i>Motion: Standing Reports Approved</i></b></p> <p><i>13 – 0 – 0 – 4</i> <i>(Naz / Frye)</i></p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>MCO tax loss the Plan incurred during the first six months of the current fiscal year, which the Plan expects to be positive by current fiscal year end.</p> <p><b><u>FY 2022 Proposed Budget</u></b></p> <p>Due to the uncertainty of the pharmacy carve out effective date noting that the initial effective date was January 1, 2021 which was delayed to April 1, 2021 and was delayed a second time to a yet to be determined date, there were two different budgets presented to the Finance Committee in the March 2021 Finance Committee meeting. One with the assumption the pharmacy carve-out would begin July 1, 2021, and the second with the assumption the pharmacy carve-out would begin January 2022, with the understanding that the budget presented to the Commission in May is the budget we believe is more likely to occur. As the July 2021 date nears and no official date has been confirmed from DHCS and given the fact that DHCS would have to give Plans months in advance notice of the new pharmacy carve-out date, it appears less likely that the pharmacy carve-out date would be July 2021. As such, the budget presented to the Commission is with the presumption that the pharmacy carve-out would be effective January 2022. This is also the date that trade associations representing Medi-Cal Managed Care plans and the California Medical Association have recommended for the implementation date citing reasons such as allowing DHCS to address concerns Plans have regarding the transition, in addition to allowing DHCS to primarily focus on the COVID 19 vaccinations. Furthermore, the California State May Revised budget for State fiscal year 2021 – 2022, presumed the pharmacy carve-out would begin January 2022 although no official notice has been announced from DHCS.</p> <p>Enrollment is projected to increase slightly from current figure through December 2021 as the Public Health Emergency (PHE) is projected to continue through the end</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>of the calendar year 2021. This assumption is consistent with the California State Budget assumption. Beginning January 2022, enrollment is projected to steadily decline due to members moving out of Medi-Cal managed care and into employer sponsored coverage. In addition, membership is projected to decline beginning January 2022 due to the fact that when the PHE was declared, Governor Newsom signed an executive order that put a freeze on Medi-Cal disenrollment. When the PHE ends, Medi-Cal disenrollment will resume. Per DHCS, this will be a 12-month disenrollment process as opposed to it occurring all in one month.</p> <p>Revenues are projected to increase in comparison to FY 2021 primarily due to MCO tax revenues increasing, and new programs moving into Medi-Cal managed care. Enrollment is also projected to be higher than FY 2021 which will cause revenues to be higher as well.</p> <p>The Plan is projecting FY 2022 staffing at 18 full-time employees. Salary, Wages, and Benefits based on current staffing and rates.</p> <p>Consulting expense is projected to increase due to DHCS' California Advancing and Innovating Medi-Cal (Cal-AIM) initiative which is projected to require all Medi-Cal managed care plans to be accredited by the National Committee for Quality Assurance (NCQA) by 2026.</p> <p>An increase in MCO tax is projected for FY 2022 by approximately \$16.6M based on CMS approved tax structure which includes escalating MCO taxes. An MCO tax loss is projected beginning July 2021-December 2021 as enrollment projections from DHCS appear to be higher than what CVH is projecting during that same time period. Beginning January 2022, MCO tax revenue and expenses will be kept neutral or at a breakeven due to the uncertainty of DHCS increasing MCO tax</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li>• <b>Compliance</b> M.B. Corrado, CCO</li> </ul>	<p>revenue rates to account for underpayment during the first six months of the fiscal year 2022.</p> <p>Medical revenue is projected to be approximately \$1.25B, which is approximately \$64M more than budgeted in FY 2021 primarily due to an increase in MCO taxes and an increase in enrollment. Investment income is projected to decline due to declining yields from money market accounts. Administrative Services Fee expense projected to be approximately \$50M which is approximately \$2M more than budgeted in FY 2021 due to higher enrollment. Consulting is projected to increase by approximately \$300K in preparation for the NCQA accreditation process. Grants expense is declining by approximately \$575K primarily due to the large one-time grants made at the beginning of the COVID-19 pandemic to provide financial assistance to community-based organizations. Capital Expenditure Budget was increased by approximately \$200K to account for any tenant improvements needed for the vacant office space. Overall, projected net income is approximately \$3.6M for FY 2022 which is approximately \$1.7M less than budgeted for FY 2021 primarily due to the MCO tax loss the Plan is projected to incur, net of increase in enrollment.</p> <p><b><u>Compliance</u></b></p> <p>No new fraud cases to report to date for 2021.</p> <p>The Access &amp; Availability, and UM &amp; Case Management audits have been completed. Both resulted in a corrective action plan (CAP) currently in progress.</p> <p>The 2020 Annual Network Certification with DHCS has been closed and they approved the Alternative Access Standards submission.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The 18-month DMHC Follow-Up Audit interviews were held on 3/30/21. The Plan is awaiting the DMHC final report findings.</p> <p>The DMHC enforcement matter has been settled and is posted on the DMHC website. DMHC determined a CAP and administrative penalty of \$3K were warranted. The Plan executed a letter of agreement accepting the penalty and submitting a CAP. The Plan will submit an attestation from MHN confirming all elements of the CAP have been implemented.</p> <p>The Medi-Cal Rx transition is currently on hold.</p> <p>In reference to the CalAIM program, the Plan continues to participate in calls and meetings regarding the initiatives to be implemented on 1/1/22.</p> <p>CalViva will reopen to the public and walk-in members on June 15th. HN will continue to work remote until at minimum September 2021.</p> <p>The next Public Policy Committee meeting will be held on June 9, 2021, and will be held via teleconference.</p> <p>An Executive Summary with the results of the 2020 Oversight Audits of Health Net was presented and findings consist of: Appeals &amp; Grievances (CAP), Annual Claims &amp; PDRs (CAP), Marketing (CAP), Privacy &amp; Security (no CAP), Provider Network (no CAP), and Provider Disputes (CAP). For the audits requiring CAPs, the Plan has received and approved Health Net’s corrective actions.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li><b>Medical Management</b> P. Marabella, MD, CMO</li> </ul>	<p><b><u>Medical Management</u></b></p> <p><b>Appeals and Grievances Dashboard</b></p> <p>Dr. Marabella presented the Appeals &amp; Grievances Dashboard through Q1, 2021.</p> <p>The total number of grievances through Q1 2021 represents a slight increase from 2020.</p> <p>Quality of Service (QOS) grievances for Access, Administrative, and Transportation have all had a slight increase. 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 Q1 2021 has decreased compared to 2020.</p> <p><b>Key Indicator Report</b></p> <p>Dr. Marabella presented the Key Indicator Report (KIR) through March 31<sup>st</sup> 2021.</p> <p>Overall membership continues to increase.</p> <p>In-hospital utilization rates increased in March compared to previous months. The readmission rate slightly decreased in March. The number of ER Visits for Q1 2021 represents a slight decrease from previous year. The average “Length of Stay” decreased in March, compared to previous months.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Turn-around-time compliance dropped slightly to 98% in 3 metrics due to technical and training issues. Technical and training issues have been addressed.</p> <p>Case Management results for Q1 2021 demonstrate positive results in all areas consistent with previous months.</p> <p><b>QIUM Quarterly Summary Report</b></p> <p>Dr. Marabella provided the QI/UM Qtr. 1, 2021 update. Two QI/UM meetings were held in Quarter 1; one in February and one in March.</p> <p>The following guiding documents were approved at these meetings:</p> <ul style="list-style-type: none"> <li>• QI/UM Committee Charter 2021</li> <li>• 2020 Quality Improvement End of Year Evaluation</li> <li>• 2021 Quality Improvement Program Description</li> <li>• 2021 Quality Improvement Work Plan</li> <li>• 2020 Utilization Management/Case Management End of Year Evaluation</li> <li>• 2021 Utilization Management Program Description</li> <li>• 2021 Case Management Program Description</li> <li>• 2021 Utilization Management/Case Management Work Plan</li> </ul> <p>In addition, the following general documents were approved:</p> <ul style="list-style-type: none"> <li>• Pharmacy Formulary &amp; Provider Updates.</li> <li>• Medical Policies.</li> </ul> <p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard, Potential Quality Issues (PQI) Report, MHN Performance</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Indicator Report for Behavioral Health, and SPD HRA Outreach Report. Additional QI reports include Provider Preventable Conditions, Provider Office Wait Time, and County Relations, and others scheduled for presentation at the QIUM Committee during Q1.</p> <p>The Utilization Management &amp; Case Management reports reviewed were the Key Indicator Report, Inter-rater Reliability Results for Physicians and Non-physicians, and PA Member Letter Monitoring Report. Additional UMCM Reports include Case Management and CCM Report and the UM Concurrent Review Report, TurningPoint, NIA, MedZed and others scheduled for presentation at the QIUM Committee during Q1.</p> <p>Pharmacy reports reviewed included Operation Metrics, Top Medication Prior Authorization (PA) Requests, and quarterly Formulary changes. All Q4 2020 pharmacy prior authorization metrics were within 5% of standard.</p> <p>HEDIS® Activity:</p> <p>In Q1, HEDIS® related activities focused on data capture for MY20. Managed Care Medi-Cal health plans will have 18 quality measures that they will be evaluated on for RY21 and the Minimum Performance Level (MPL) is the 50th percentile.</p> <p>Activities include:</p> <ul style="list-style-type: none"> <li>• Finalized and submitted the 2021 HEDIS® Roadmap.</li> <li>• MY2020 HEDIS® data gathering from clinics and providers throughout the three-county area.</li> <li>• Initial reports in review for compliance with MCAS measures.</li> </ul> <p>Current improvement projects include:</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li>• <b>Operations</b> J. Nkansah, COO</li> </ul>	<ul style="list-style-type: none"> <li>• Breast Cancer Screening (BCS) PIP (Performance Improvement Project)</li> <li>• Chlamydia (CHL) Screening</li> <li>• Childhood Immunizations (CIS-10)– PIP Immunization birth to 2 years</li> </ul> <p>Each Plan is required to report on 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. The second CalViva COVID-19 QIP report was submitted on March 19th, 2021 and accepted by DHCS.</p> <p>The 3 improvement strategies include:</p> <ul style="list-style-type: none"> <li>• Antidepressant Medication Management (AMM) Member Outreach in Kings and Madera counties.</li> <li>• Adolescent Well-Care Visits in Fresno County.</li> <li>• Pharmacy Outreach in Fresno County.</li> </ul> <p><b><u>Operations Report</u></b></p> <p>For IT Communications and Systems, the Microsoft update to address the exchange server vulnerability was deployed and confirmed the Plan’s systems has the latest patch. To date, the Plan has received no notice that internal systems are compromised in any way. Backups and restoration of backups have been tested and confirmed working as expected.</p> <p>For Privacy and Security, the membership impact as a result of the Accellion breach affected in excess of 500 members requiring notifications to be sent to all impacted members, as well as the media, California Attorney General, and Secretary of Health and Human Services. A courtesy notice was also sent to DMHC. In response to the</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li>• <b>Executive Report</b> G. Hund, CEO</li> </ul>	<p>courtesy notice, DMHC requested an informational filing. There was one high risk case reported in March which impacted one member.</p> <p>For the Member Call Center and Behavioral Health Call Center, all metrics met goal. The Transportation Call Center service level remains below goal. Management is working with the Transportation Call Center on an Improvement Plan. The CVH website saw an increase in users during Q1 2021. It's possible the increase could be a positive reaction to the newly redesigned website launched in Q1 2021.</p> <p>The Provider Network Activities remain stable. Provider Relations activity has increased in terms of visits and trainings.</p> <p>No new updates for Claims Processing and Provider Disputes.</p> <p><b><u>Executive Report</u></b></p> <p><b>Dashboard</b></p> <p>Market share continues to trend down; however, root causes have been identified. The clinical measures for determining the default rate were reduced in the last two years. The Plan out-performed the competition using the old HEDIS® scores. When those measures were reduced there was a large emphasis on the safety net percentage. The Local Health Plans of California (LHPC) has agreed to lobby DHCS to make changes for the local plans.</p> <p><b>Staffing Announcement</b></p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Retirement was announced for Greg Hund, CEO, and Mary Beth Corrado, CCO effective July 31, 2021. Jeff Nkansah will take on the role of CEO, and Mary Lourdes Leone will take on the role of CCO, both effective 8/1/2021.</p> <p>Maria Sanchez was hired as the new Compliance Manager.</p>	
<p><b>#13 Closed Session</b></p> <p><b>A.</b> Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program or facility.</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session.</p> <p>Regarding the Closed Session Special Meeting item, no action was taken or reportable; direction was given to staff.</p> <p>Regarding Government Code section 54954.5 – conference report involving trade secret – discussion of service, program or facility, this was discussed and a motion was made unanimously to adopt Section 218 for Plan members to participate in Social Security and the defined retirement plan.</p> <p>Closed Session concluded at 2:58 pm.</p>	<p><b>Motion #1:</b> 10 – 0 – 0 – 7 (Nikoghosian/Griffin)</p> <p><i>A roll call was taken</i></p>
<p><b>#14 Final Comments from Commission Members and Staff</b></p>	<p>None.</p>	
<p><b>#15 Announcements</b></p>	<p>The 10<sup>th</sup> Anniversary dinner for Commission members is scheduled for June 9, 2021.</p>	
<p><b>#16 Public Comment</b></p>	<p>None.</p>	
<p><b>#17 Adjourn</b></p>	<p>The meeting was adjourned at 3:02 pm The next Commission meeting is scheduled for July 15, 2021 in Fresno County.</p>	

Submitted this Day: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Cheryl Hurley  
Clerk to the Commission

# Item #3

## Attachment 3.B

Finance Committee Minutes  
dated 3/18/2021



**CalViva Health  
Finance  
Committee 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

Finance Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Daniel Maychen, Chair	✓	Cheryl Hurley, Office Manager
✓	Gregory Hund, CEO	✓	Jiaqi Liu, Accounting Manager
	Paulo Soares		
✓●	Joe Neves		
✓●	Harold Nikoghosian		
✓●*	David Rogers		
✓●	John Frye		
		✓	Present
		*	Arrived late/Left Early
		●	Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order D. Maychen, Chair	The meeting was called to order at 11:30 am. A quorum was present via conference call in lieu of gathering in public per executive order signed 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.	A roll call was taken.
#2 Finance Committee Minutes	The minutes from the February 18, 2021 Finance meeting were	Motion: <i>Minutes were approved</i>

<p>dated February 18, 2021</p> <p>Attachment 2.A Action D. Maychen, Chair</p>	<p>approved as read.</p>	<p>5 – 0 – 0 – 2 (Nikoghosian / Frye)</p> <p>A roll call was taken.</p>
<p>#3 Financial Statements as of January 31, 2021</p> <p>Action D. Maychen, Chair</p>	<p>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>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</p>	<p>Motion: <i>Financials as of January 31, 2021 were approved</i></p> <p>6 – 0 – 0 – 1 (Frye / Nikoghosian)</p> <p>A roll call was taken.</p>

	<p>approximately between \$6M to \$7M by the end of FY 2021.</p> <p><i>Supervisor Rogers arrived at 11:31 am</i></p>	
<p>#4 Fiscal Year 2022 – Proposed Budget</p> <p>Action D. Maychen, Chair</p>	<p>They key changes to the FY 2022 basic budget assumptions from what was presented in the February 2021 Finance Committee meeting include two scenarios based on the pharmacy carve out effective date as it relates to revenues and medical cost of care expense.</p> <p>The first budget assumes the pharmacy carve out will be effective 7/1/2021. Under this assumption, revenues are projected to decrease in comparison to FY 2021 primarily due to the pharmacy carve out rates affecting entire FY 2022 revenues versus just half of FY 2021. That is net of an increase in rates due to an increase in MCO tax revenue rates and increase in rates to account for new programs moving into Medi-Cal Managed Care and an increase in enrollment.</p> <p>Second budget assumes the pharmacy carve out will be effective 1/1/2022. Under this assumption, revenues are projected to increase in comparison to prior year budget primarily due to the increase in MCO tax, increase in rates, and mainly due to an increase in enrollment.</p> <p>The second change made to the budget assumption is the Community Support/Grants expense. Additional federal funds were provided to the local county health departments to assist with COVID vaccinations and testing; therefore, this has been readjusted and funds have been reallocated to continue to provide support to the community and also to use those funds to address the declining market share.</p> <p>The main difference between the two budgets is the Medical Revenue and Medical Cost of Care Expense line items, all other line items are the same as presented during February’s meeting.</p> <p>Under the assumption the pharmacy carveout begins 1/1/22, medical</p>	<p>Motion: <i>FY 2022 Proposed Budget approval granted for both assumptions to forward to Commission</i></p> <p><i>6 – 0 – 0 – 1</i></p> <p><i>(Nikoghosian / Neves)</i></p> <p>A roll call was taken.</p>

revenue is projected to be approximately \$1.25B, which is approximately a \$64M increase from previous budget primarily due to an increase in MCO tax revenue, increase in rates, and an increase in enrollment. Investment income is projected to decline primarily due to the decline in yields, and the discontinuance of the Wells Fargo daily sweep account. Medical cost expense is projected to be approximately \$1B, which is approximately \$46.8M more than budgeted for FY 2021 primarily due to an increase in rates and an increase in enrollment. Admin service fees expense is projected to increase approximately \$2M primarily due to increase in enrollment projected for FY 2022. Salary, wages, and benefits expense is projected to increase by approximately \$448K primarily due to merit increases, increase in insurance premiums, and PTO accrual/payout. Consulting expense is projected to increase by approximately \$195K primarily due to the CalAIM initiative which requires all Medi-Cal Managed Care plans to be NCQA accredited by 2026. Grants expense decreased by approximately \$575K due to making one-time large adjustments in 2020 to provide funds to the community in response to COVID pandemic. Travel expense to decrease approximately \$9K due to COVID and limitations on traveling. MCO taxes projected to increase by approximately \$16.6M primarily due to the MCO tax structure which includes escalating taxes each State fiscal year. Capital expenditure to increase approximately \$200K more than budgeted in FY 2021 due to potential tenant improvements in relation to the vacant space available in building. MCO tax loss is projected to be approximately \$2.3M for the first six months of FY 2022. Overall, projected net income is approximately \$3.6M which is approximately \$1.7M less than prior budget primarily due to the MCO tax loss net of increase in enrollment.

Under the assumption the pharmacy carveout begins 7/1/21, the key difference is medical revenue which would be budgeted at \$1.14B, which is approximately a \$46.7M less from FY 2021 budget primarily due to pharmacy carve out being effective the entire FY 2022 in

	<p>comparison to half of FY 2021, net of increase in rates and increase in enrollment. The other key difference between the two budget assumptions would be Medical cost expense, which is projected to be approximately \$910.2M, which is about \$62.3M less than budgeted for FY 2021, primarily due to pharmacy carve out affecting all of FY 2022, net of increase in rates and enrollment. Net income projected to be approximately \$2M, which is about \$3.4M less than budgeted for FY 2021 primarily due to the MCO tax loss and pharmacy carve out affecting all of FY 2022.</p> <p>Overall, the difference between the two budget assumptions is approximately \$1.7M net income decrease if pharmacy carve out is effective 7/1/21 as opposed to 1/1/22.</p> <p>The recommendation is to present both budgets to the Commission and make a final decision based on the budget that is more aligned with the actual pharmacy carve out effective date when confirmed by DHCS.</p>	
<p>#5 Investment Policy  Action D. Maychen, Chair</p>	<p>The investment policy was revised per recommendation by Finance committee during February’s meeting. The revision was made to section 2.E stating the investment performance will be included as part of the Plan’s financials in the Budget vs Actuals Income Statement presented during each Finance Committee meeting.</p>	<p>Motion: <i>Investment Policy approved</i></p> <p>6 – 0 – 0 – 1</p> <p>(Frye / Nikoghosian)</p> <p>A roll call was taken.</p>
<p>#6 Announcements</p>	<p>None.</p>	
<p>#7 Adjourn</p>	<p>Meeting was adjourned at 11:51 am</p>	

Submitted by: Cheryl Hurley  
Cheryl Hurley, Clerk to the Commission

Dated: May 20, 2021

Approved by Committee: Daniel Maychen Finance Committee  
Daniel Maychen, Committee Chairperson

Dated: 5/20/2021

# Item #3

## Attachment 3.C

QIUM Committee Minutes  
dated 3/18/2021

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
QI/UM Committee  
Meeting Minutes**

March 18<sup>th</sup>, 2021

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

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Patrick Marabella, M.D., CalViva Chief Medical Officer, Chair	✓●*	Mary Beth Corrado, Chief Compliance Officer (CCO)
✓●*	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Amy Schneider, RN, Director of Medical Management Services
✓●	Brandon Foster, PhD, Family Health Care Network	✓	Mary Lourdes Leone, Director of Compliance
✓●	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Ashelee Alvarado, BS, Medical Management Specialist
	Raul Ayala, MD, Adventist Health, Kings County	✓	Lori Norman, Compliance Manager
✓●*	Joel Ramirez, M.D., Camarena Health Madera County	✓	Hyasha Anderson, Medical Management Coordinator
✓●	Rajeev Verma, M.D., UCSF Fresno Medical Center	✓	Mary Martinez, Medical Management Nurse Analyst
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
<b>Guests/Speakers</b>			

- ✓ = in attendance
- \* = Arrived late/left early
- = Attended via Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 <b>Call to Order</b> Patrick Marabella, M.D, Chair	The meeting was called to order at 10:32 am. A quorum was present.	
#2 <b>Approve Consent Agenda</b> - Committee Minutes: February 18, 2021 - QI/UM Committee Charter 2021 - Medical Policies Provider Update (Q4)	The February 18, 2021 QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Any item on the consent agenda may be pulled out for further discussion at the request of any committee member. The full March Formulary (PDL) was available for review at the meeting.	Motion: Approve Consent Agenda (Foster/Cardona) 4-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
2020) - Standing Referrals Report (Q4 2020) - Pharmacy Provider Updates (Q1) - Full March PDL (Attachments A-E) Action Patrick Marabella, M.D Chair	*Dr. Lee arrived at 10:35 am. *Dr. Ramirez arrived at 10:44 am.	
<b>#3 QI Business</b> - Appeals & Grievances Dashboard (January) - Appeals & Grievances Validation Audit Summary (Q3 2020) (Attachment F-G) Action Patrick Marabella, M.D, Chair	The Appeals & Grievances Dashboard through January 2021 was presented and discussed. <b>Appeals &amp; Grievances Data:</b> <ul style="list-style-type: none"> <li>➤ The total number of grievances through January 2021 is slightly lower at 76, but still consistent with previous months.</li> <li>➤ The highest volume of grievances reported were in the “Exempt” grievance type, followed by “Quality of Service” grievance type.</li> <li>➤ The volume of “Quality of Care” grievances remains consistent.</li> <li>➤ The majority of Exempt Grievances fell under the category of “PCP Assignment/Transfer – Health Plan Assignment – Change Request”.</li> <li>➤ The total number of Appeals Received for the first month of 2021 has decreased compared to same time last year. These results are attributable primarily to advanced imaging, and pharmacy denials.</li> </ul> <b>A&amp;G Validation Audit Quarterly Summary (Q3 2020):</b> CalViva Health conducts weekly A&G case validations to ensure each Grievance or Appeal case contains the appropriate documentation and evidence necessary for standard and expedited Quality of Service (QOS), Quality of Care (QOC), and Appeal cases. This Second report provides a summary of Quarter 3 2020 to evaluate whether cases meet compliance standards and provide adequate evidence to fully support the grievance or appeal response or decision in a timely and complete manner. In Q3, 95% of cases were found to have met compliance standards when initially transferred to CalViva. All documents identified to be missing from the cases were obtained and saved to complete the file before closing out the month. Trends in non-compliance are also monitored and addressed accordingly.	Motion: Approve - Appeals & Grievances Dashboard - Appeals & Grievances Validation Audit Summary (Foster/Cardona) 6-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>#3 QI Business</b>                      - MHN Performance Indicator Report for Behavioral Health Services (Q4 2020) (Attachment H)                      Action                      Patrick Marabella, M.D, Chair</p>	<p>The <b>MHN Performance Indicator Report for Behavioral Health Services (Q4 2020)</b> provides a summary of an array of indicators in order to evaluate the behavioral health services provided to CalViva members. Fifteen (15) out of the fifteen (15) metrics met or exceeded their targets this quarter.</p> <ul style="list-style-type: none"> <li>➤ There were 2 Life-Threatening Emergent cases and the appointment access standard was met. There were 10 Urgent cases and the appointment access standard was also met.</li> <li>➤ All Provider Disputes were resolved within timeliness standards (100%)</li> <li>➤ Accuracy results for CVH ABA approvals was 99% and CVH ABA denials was 100%.</li> </ul>	<p>Motion: Approve                      - MHN Performance Indicator Report for Behavioral Health Services (Q4 2020)                      (Ramirez/Lee)                      6-0-0-2</p>
<p><b>#3 QI Business</b>                      - SPD HRA Outreach (Q4 2020) (Attachment I)                      Action                      Patrick Marabella, M.D, Chair</p>	<p>The <b>SPD Health Risk Assessment Outreach Report</b> provides a summary of new member outreach success in order to identify higher risk individuals and offer case management and other care coordination services and resources to them. DHCS requires a minimum of 3 outreach calls within 45 days for high-risk individuals and three outreach calls to low-risk individuals within 90 days of enrollment in the Plan.</p> <p>Results for Quarter 4 2020 include the following:</p> <ul style="list-style-type: none"> <li>➤ 7,520 members were outreached timely according to standard outlined above.</li> <li>➤ 13 % of members completed the assessment.</li> <li>➤ POM (new software) is still under evaluation.</li> <li>➤ Additional outreach methods are under consideration.</li> </ul>	<p>Motion: Approve                      - SPD HRA Outreach (Q4 2020)                      (Cardona/ Ramirez)                      6-0-0-2</p>
<p><b>#4 Quality Improvement/ Utilization Management/Case Management Business</b>  <i>(PowerPoint Presentation - Presentation handouts available at meeting)</i>                      - Quality Improvement Program Description 2021                      - Quality Improvement</p>	<p>The <b>2021 Quality Improvement Program Description</b> and the <b>2021 Quality Improvement Annual Work Plan</b> were presented to the committee.</p> <p><u>The highlights of changes for the 2021 Quality Improvement Program Description include:</u></p> <ul style="list-style-type: none"> <li>➤ Changes in the Health Promotion Programs:                             <ul style="list-style-type: none"> <li>○ Removed Fit Families for Life, myStrength, Know Your Numbers events. Community Education Classes and Community Health Fairs.</li> </ul> </li> <li>➤ Disease Management (DM):                             <ul style="list-style-type: none"> <li>○ Changed section title to Health Management Programs. Updated and clarified descriptions of DM and Nurse Advice Line Programs.</li> </ul> </li> <li>➤ Satisfaction:                             <ul style="list-style-type: none"> <li>○ Updated Customer Experience Continuous Improvement (CXCI) initiatives such as redesign of the member Welcome Kit and improving work flows for UMCM and Population Health.</li> </ul> </li> </ul>	<p>Motion: Approve                      - Quality Improvement Program Description 2021                      - Quality Improvement Annual Work Plan 2021                      (Verma/Ramirez)                      6-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Annual Work Plan 2021 (Attachment J-K) Action Patrick Marabella, M.D, Chair</p>	<ul style="list-style-type: none"> <li>➤ Culture and Linguistics:               <ul style="list-style-type: none"> <li>○ Updated requirements for non-discrimination.</li> </ul> </li> <li>➤ Staff Resources &amp; Accountability:               <ul style="list-style-type: none"> <li>○ Updated description of the QI Team to include a Nurse Analyst.</li> </ul> </li> <li>➤ Other:               <ul style="list-style-type: none"> <li>○ Minor grammatical, language and formatting edits were also made throughout.</li> </ul> </li> </ul> <p><u>Activities for 2021 Quality Improvement Annual Work Plan to focus on:</u></p> <ul style="list-style-type: none"> <li>➤ Improve Access to Care:               <ul style="list-style-type: none"> <li>○ Timely appointments to Primary Care, Specialists, Ancillary Providers and After-Hours Access – Continue to monitor Appointment Access and After-Hours Access and educate providers using webinars and follow up surveys.</li> <li>○ Improve member satisfaction – Results from 2019 CAHPS Survey and 2019 Access Survey used to update strategies such as twice per Year “PPG CAHPS Webinars” with recommendations &amp; Best Practices.</li> </ul> </li> <li>➤ Improve the Quality &amp; Safety of Care:               <ul style="list-style-type: none"> <li>○ Chlamydia Screening – Working with high volume, low compliance clinic in Madera County to increase the rate of young women (16-24 years) screened for chlamydia.</li> <li>○ Overall Aim: Improve reproductive health of young women in Madera County and thereby reduce infertility and other morbidity later in life.</li> <li>○ Interventions – Initiate an EMR flag/alert for women between 18 and 24 years of age.</li> <li>○ Member then identified on Daily Huddle sheet for medical assistant and provider collaboration to write order and obtain specimen.</li> </ul> </li> <li>➤ Two formal Performance Improvement Projects (PIPs) are being restarted this year:               <ul style="list-style-type: none"> <li>○ Childhood Immunizations project in Fresno County (CIS-10).</li> <li>○ Breast Cancer Screening Disparity Project in Fresno County (BCS).</li> </ul> </li> </ul>	
<p>#4 Quality Improvement/ Utilization Management/Case Management Business</p>	<p>The <b>2021 Case Management Program Description &amp; Utilization Management/Case Management Work Plan 2021</b> were presented.</p> <p>The highlights of changes for the <b>2021 Case Management Program Description</b> include:</p> <ul style="list-style-type: none"> <li>➤ Goals of CM Programs – Updated timeframe for postpartum measure. Clarified goal for pre-term delivery is 2% lower for members managed.</li> </ul>	<p>Motion: Approve - Case Management Program Description 2021</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>(PowerPoint Presentation - Presentation handouts available at meeting)</p> <ul style="list-style-type: none"> <li>- Case Management Program Description</li> <li>- Utilization Management/Case Management Work Plan 2021</li> </ul> <p>(Attachment L-M) Action Patrick Marabella, M.D, Chair</p>	<ul style="list-style-type: none"> <li>➤ Complex CM Criteria – Modified criteria to align with standardized reports and allow for automated referral to Complex CM when indicated.</li> <li>➤ CM Criteria – Added criteria to address members who partially meet criteria and moved designated groups from Complex CM to CM.</li> <li>➤ Care Team Staffing Model – Increased maximum case load to 70 and changed frequency of meetings to at least monthly with weekly huddles.</li> <li>➤ Member Experience – Expanded method for conducting satisfaction surveys to include mail, email, text or telephone.</li> <li>➤ Special Programs – Added subscriptions describing Transitional Care Management and Palliative Care.</li> <li>➤ Other – minor edits and updates throughout.</li> </ul> <p>The areas of Focus for <b>UM/CM 2021 Work Plan</b>:</p> <ul style="list-style-type: none"> <li>➤ Compliance with Regulatory &amp; Accreditation Requirements: <ul style="list-style-type: none"> <li>○ Ensure compliance with regulations and licensure requirements for clinical staff.</li> <li>○ Confirm and document separation of medical decisions from fiscal considerations (attestations).</li> <li>○ Conduct audits</li> </ul> </li> <li>➤ Monitoring the UM Process: <ul style="list-style-type: none"> <li>○ Track and trend prior authorizations including turnaround times.</li> <li>○ Conduct inter-rater reliability testing for clinical staff.</li> <li>○ Analyze appeals data for trends to identify opportunities to remove or modify PA criteria.</li> </ul> </li> <li>➤ Monitoring Utilization Metrics: <ul style="list-style-type: none"> <li>○ Track effectiveness of care management.</li> <li>○ Monitor for Over/Under Utilization including PPGs address areas needing improvement.</li> <li>○ Continue to enhance PPG Profile monitoring.</li> </ul> </li> <li>➤ Monitoring Coordination with Other Programs and Vendor Oversight: <ul style="list-style-type: none"> <li>○ Maintain Disease Management Program</li> <li>○ Monitor MD interactions with Pharmacy</li> <li>○ Monitor Coordination between medical and behavioral health</li> </ul> </li> <li>➤ Monitoring Activities for Special Populations <ul style="list-style-type: none"> <li>○ Monitor CCS Identification – continue to refine identification, referral and coordination process.</li> <li>○ Monitor care for SPDs – continue to perform monthly risk stratification &amp; utilize programs to</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Utilization Management/ Case Management Work Plan 2021 (Lee/Foster)</li> </ul> <p>6-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#5 <b>UM/CM Business</b>                      - Key Indicator Report &amp; Turn Around Time Report (January)                      (Attachment N)                      Action                      Patrick Marabella, M.D,                      Chair</p>	<p>meet needs.</p> <p>The <b>Key Indicator Report</b> through January 31, 2021 was presented.</p> <p><b>Key Indicator Report &amp; Turn Around Time Report (January):</b></p> <ul style="list-style-type: none"> <li>➤ Overall membership continues to increase.</li> <li>➤ 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.</li> <li>➤ 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.</li> <li>➤ Case Management results for January 2021 demonstrate positive results in all areas consistent with recent months.</li> </ul>	<p>Motion: Approve                      - Key Indicator Report &amp; Turn Around Time Report (January)                      (Ramirez/Foster)</p>
<p>#5 <b>UM/CM Business</b>                      - Specialty Referral Report -HN (Q4)                      (Attachment O)                      Action                      Patrick Marabella, M.D,                      Chair</p>	<p><b>Specialty Referral Report Q4 2020.</b> This report provides a summary of Specialty Referral services that required prior authorization in the three-county area (Fresno, Kings, and Madera) for the fourth quarter of 2020. This report includes three areas:</p> <ul style="list-style-type: none"> <li>➤ Key services that while within the service area and within the network require clinical review</li> <li>➤ Services recognized as out of the tri-county area, but within the provider network</li> <li>➤ Out of network requests</li> </ul> <p>These reports provide evidence of a system-wide process for tracking and following up on member referrals requiring prior authorization, and includes a breakdown of SPD and non-SPD member specialty referral requests.</p> <p>CalViva specialty referrals will continue to be monitored quarterly by the CalViva Health Quality Improvement/Utilization Management Committee in collaboration with the CalViva Chief Medical Officer to assess for network adequacy and appropriate quality specialty care for CalViva members.</p>	<p>Motion: Approve                      - Specialty Referral Report -HN (Q4)                      (Ramirez/Foster)</p>
<p>#5 <b>UM/CM Business</b>                      - InterQual Inter-Rater Reliability Results (IRR) for Physicians and Non-Physicians                      (Attachment P)                      Action</p>	<p><b>InterQual Inter-Rater Reliability (IRR) Results for Physicians and Non-Physicians</b></p> <p>Utilization Management staff use InterQual Clinical Decision Support Criteria along with the other evidence-based medical policies, clinical support guidelines and technical assessment tools approved by the Medical Advisory Council to assist clinical reviewers in reviewing medical criteria, with consistency. All UM staff undergo InterQual training upon hire and annually, complete a “Summary of Changes” course that is conducted by InterQual instructors.</p> <ul style="list-style-type: none"> <li>➤ Purpose of Activity</li> </ul>	<p>Motion: Approve                      - InterQual Inter-Rater Reliability Results (IRR) for Physicians and Non-Physicians                      (Ramirez/Foster)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Patrick Marabella, M.D, Chair</p>	<ul style="list-style-type: none"> <li>○ Implementation of annual training and testing using the InterQual Inter-Rater Reliability (IRR) tool and asses the test results for user proficiency and consistent application of criteria.</li> </ul> <p>Non-Physician staff (the Utilization Management department) and Physician staff (the Medical Affairs department) that perform UM activities all participate annually in the InterQual Products Group IRR Program. Procedure Modules required are dependent on the reviewer’s job description, such as concurrent review or prior authorization.</p> <ul style="list-style-type: none"> <li>➤ Outcomes:               <ul style="list-style-type: none"> <li>○ The Utilization Management Department: 98.5% pass rate on all modules</li> <li>○ The Medical Affairs Department: 98.75% pass rate on all modules</li> </ul> </li> </ul> <p>Staff or physicians who do not pass continue with individual remediation until a passing score is obtained or move to another position.</p>	
<p>#5 UM/CM Business - MedZed Report (Q4) (Attachment Q) Action Patrick Marabella, M.D, Chair</p>	<p><b>MedZed Integrated Care Management Report – Q4 2020</b> The Quarterly MedZed Integrated Care Management Report monitors the volume and engagement of members referred to MedZed Care Management Program. The program’s designed as a bridge and support for member engagement in care plan goals and ultimately to engage the member in a traditional, Managed Care, Care Management program. Provided in this report are results for Quarter 4 2020. Eligibility numbers have trended down due to no new referrals were sent to MedZed related to the pandemic. Some referrals are beginning again.</p> <ul style="list-style-type: none"> <li>➤ Most service level metrics were met in Q4 however, some compliance rates negatively impacted by low volumes.</li> <li>➤ Medication reconciliation by 2<sup>nd</sup> in-home visit or 1<sup>st</sup> visit for post hospital discharge was met in Q4. As members build confidence with in-home visits again, the goal will continue to be on track with meeting expectations.</li> <li>➤ Not all Patient Calls were responded to within 30 min in Q4 as required by standards. However, this metric includes all call types and it is important to note that 100% of clinical related calls were answered within 30 minutes or less. The volume of calls decreased in November and December, causing the small number of calls not answered within 30 minutes to influence the percentage more significantly. MedZed is looking into their process and policy to determine opportunities to improve efficiency.</li> <li>➤ By Q2 2021, a plan will be established and implemented for a regularly scheduled cadence for newly identified eligibility leads to be sent to MedZed to engage with members and enroll into the program.</li> </ul>	<p>Motion: Approve - MedZed Report (Q4) (Ramirez/Foster)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>#6 Pharmacy Business</b></p> <ul style="list-style-type: none"> <li>- Executive Summary (Q4 2020)</li> <li>- Pharmacy Operations Metrics Report (Q4 2020)</li> <li>- CalViva Health Pharmacy Call Report (Q4 2020)</li> <li>- Pharmacy Top 30 Prior Authorizations (Q4 2020)</li> <li>- Pharmacy Inter-Rater Reliability Test Results (Q4 2020)</li> </ul> <p>(Attachment R-V) Action Patrick Marabella, M.D, Chair</p>	<p><b>Pharmacy Reports</b> for Quarter 4 2020 are reviewed in order to assess for emerging patterns in authorization requests, compliance around prior authorizations, and to evaluate the consistency of decision making in order to formulate potential process improvement recommendations.</p> <ul style="list-style-type: none"> <li>➤ Pharmacy Prior Authorizations (PA) metrics were within 5% of standard for fourth Quarter 2020. Overall TAT for Q4 2020 was 99.95% and TAT requirement for all pharmacy requests were within 24-hours of receipt by the plan.</li> <li>➤ Total PA requests were steady for Q4 2020 compared to Q3 2020. No significant differences seen in Q4 2020 compared to Q3 2020.</li> <li>➤ Fourth Quarter 2020 Top Medication PA Requests had variances from third Quarter 2020. Opioid PA requests increased in total number of requests from 3<sup>rd</sup> Quarter 2020. This was mainly driven by the Preferred Drug List changes to opioid pain medication on October 15<sup>th</sup> 2019 that included updates to quantity limits and restrictions to meet Federal DUR standards as described in APL 19-012. As a result, diabetes medications as well as other brand name medication requests moved down the list of those most frequently submitted for prior authorization and Opioid pain medications moved back to the top of the list.</li> </ul>	<p>Motion: Approve</p> <ul style="list-style-type: none"> <li>- Executive Summary (Q4 2020)</li> <li>- Pharmacy Operations Metrics Report (Q4 2020)</li> <li>- CalViva Health Pharmacy Call Report (Q4 2020)</li> <li>- Pharmacy Top 30 Prior Authorizations (Q4 2020)</li> <li>- Pharmacy Inter-Rater Reliability Test Results (Q4 2020)</li> </ul> <p>(Ramirez/Cardona) 6-0-0-2</p>
<p><b>#7 Credentialing &amp; Peer Review Subcommittee Business</b></p> <ul style="list-style-type: none"> <li>- Credentialing Subcommittee Report (Q1 2021)</li> <li>- Peer Review Subcommittee</li> </ul>	<p><b>Credentialing Sub-Committee Quarterly Report</b></p> <p>In Quarter 1, 2021, the Credentialing Sub-Committee met on February 18, 2021. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q3 2020 were reviewed for delegated entities, Q4 2020 reports were reviewed for both Health Net and MHN. There was one (1) case to report on in the Quarter 4 2020 Credentialing Report from Health Net.</p> <p><b>Peer Review Sub-Committee Quarterly Report</b></p>	<p>Motion: Approve</p> <ul style="list-style-type: none"> <li>- Credentialing Subcommittee Report (Q1 2021)</li> <li>- Peer Review Subcommittee Report (Q1 2021)</li> </ul> <p>(Foster/Cardona) 6-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Report (Q1 2021) (Attachment W-X) Action Patrick Marabella, M.D, Chair</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 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 pending for further information, and no cases with an outstanding CAP. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p>	
<p>#8 Policy &amp; Procedure Business - Pharmacy Policy &amp; Procedure Review 2021 (Attachment Y) Action Patrick Marabella, M.D, Chair</p>	<p>The <b>Pharmacy Policy &amp; Procedure Review 2021</b> grid was presented to the committee. All policies were reviewed and updated without changes this year. The <b>Pharmacy Policies &amp; Procedures for 2021</b> were approved.</p>	<p>Motion: Approve - Pharmacy Policy Review 2021 (Verma/Ramirez) 6-0-0-2</p>
<p>#9 Compliance Update - Compliance Regulatory Report (Attachment Z) Information Mary Beth Corrado, Chief Compliance Officer</p>	<p>Mary Beth Corrado presented the <b>Compliance Report</b>.</p> <p><b>CalViva Health Oversight Activities</b> CalViva Health’s management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health.</p> <p><b>Fraud, Waste, &amp; Abuse Activity</b> Since the last report, there has not been any new MC609 cases filed in 2021.</p> <p><b>Department of Health Care Services (“DHCS”) Annual Network Certification</b> On November 25, 2020 the DHCS issued the Plan a CAP for failure to meet the 2020 Network Certification Requirements as it related to time and distance standards. The Plan continues to provide the DHCS-requested “two-month CAP updates”. As part of the 2020 Network Certification Requirements, on 2/16/21 DHCS sent the Plan an Alternative Access Standard (AAS) validation request which is the last part of the process in order to give plans a final determination on their AAS. The Plan submitted the requested validation data on 3/8/21 and is</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>awaiting a response from DHCS.</p> <p><b>2021 DMHC 18-Month Follow-Up Audit</b>                      The DMHC has rescheduled their follow-up audit from 3/4/21 to 3/30/21. The focus of the audit interviews will be related to the two deficiencies in DMHC’s 2/5/20 Final Report and CAP having to do with Appeals &amp; Grievances and Post-Stabilization request from non-contracted hospitals. The Plan continues to meet with Health Net to respond to the DMHC’s requests for case files and supporting documentation.</p> <p><b>Behavioral Health Integration (BHI) Incentive Program</b>                      The 2019 Budget Act authorized DHCS to develop the Behavioral Health Integration (BHI) Incentive Program as part of its Proposition 56 Value-Based Payment initiatives in Medi-Cal managed care. By January 21, 2020, eligible Medi-Cal providers had to submit applications to managed care plans in order to promote behavioral health integration.</p> <p>CalViva Health and DHCS approved two (2) provider applicants covering three BHI programs for implementation.</p> <p><b>COVID-19 Novel Coronavirus</b></p> <ul style="list-style-type: none"> <li>➤ The DMHC and DHCS are requiring new as well as continuing COVID-19 reporting related to provider network stability and closures, support (monetary and supplies such as PPE) provided by plans to providers, information on relaxing of administrative rules and processes to ease the burden on hospitals and providers, etc. Our administrator has extended the delay in their return to office date and their staff ill continue to work on a remote basis until at least September 2021.</li> </ul> <p><b>Public Policy Committee</b>                      The Public Policy Committee (PPC) met in Fresno County on 3/3/21 via teleconference due to COVID-19 precautions. 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 referrals or recommendations for the Commission. Next meeting will be held on 6/9/21 and is tentatively scheduled to be held in Kings County depending on the COVID-19 situation and associated public health recommendations.</p>	
#10 Public Comment	None.	
#11 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 11:59 am.	

NEXT MEETING: May 20<sup>th</sup>, 2021

Submitted this Day: May 20, 2021

Submitted by:   
Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:



Patrick Marabella, MD Committee Chair

# Item #3

## Attachment 3.D

Public Policy Committee Minutes

dated 3/3/2021



Public Policy Committee  
Meeting Minutes  
March 3, 2021

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

Committee Members		Community Base Organizations (Alternates)	
✓●	Joe Neves, Chairman	✓●	Jeff Garner, KCAO
✓●	David Phillips, Provider Representative	✓●	Roberto Garcia, Self Help
	Leann Floyd, Kings County Representative		<b>Staff Members</b>
✓●	Sylvia Garcia, Fresno County Representative	✓	Courtney Shapiro, Community Relations Director
	Kristi Hernandez, At-Large Representative	✓	Cheryl Hurley, Commission Clerk
✓●	Kevin Dat Vu, Fresno County Representative	✓	Greg Hund, CEO
✓●	Norma Mendoza, At-Large Representative		Dr. Marabella, CMO
		✓●	Amy Schneider, RN, Director of Medical Management
		✓	Mary Lourdes Leone, Director of Compliance
		✓	Steven Si, Operations & Privacy Specialist
		✓	Lori Norman, Compliance Manager
			Jeff Nkansah, COO
		*	= late arrival
		●	= participation by teleconference

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<b>#1 Call to Order</b> Joe Neves, Chair	The meeting was called to order at 11:30 am. A quorum was present via conference call in lieu of gathering in public per executive order signed 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.	A roll call was taken.

March 3, 2021

**CalViva Health Public Policy Committee**

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<p><b>#2 Meeting Minutes from December 2, 2020</b></p> <p><b>Action</b> Joe Neves, Chair</p>	<p>The December 2, 2020 meeting minutes were reviewed. There were no discrepancies.</p>	<p><b>Motion:</b> Approve December 2, 2020 Minutes 7-0-0-2 (R. Phillips / R. Garcia)</p> <p>A roll call was taken.</p>
<p><b>#3 Enrollment Dashboard Information</b> Mary Lourdes Leone, Director of Compliance</p>	<p>Mary Lourdes Leone presented the enrollment dashboard through December 31, 2020. Membership as of the end of 2020 was 374,982. CalViva Health maintains a 70.10% market share.</p>	<p><b>No Motion</b></p>
<p><b>#4 Annual Report Information</b> Courtney Shapiro</p>	<p>A link to the Annual Report was included in the .pdf PPC Packet emailed to committee members. The Annual Report is a mandated report and is for the benefit of stakeholders, community partners, and elected officials; however, it is posted on the CVH website for public viewing.</p>	<p><b>No Motion</b></p>
<p><b>#5 Appeals, Grievances, and Complaints Information</b> Mary Lourdes Leone, Director of Compliance</p>	<p>Mary Lourdes Leone presented the appeals, grievances and complaints report for Q4 2020. Total appeals and grievances for Q4 2020 were 564, and for CY 2020 there was a combined 2,141. There was a total of 260 individual appeals for Q4 2020, and a total of 1,032 for CY2020. There was a total of 304 individual grievances for Q4 2020, and a total of 1,109 for CY2020. Turnaround time for resolved grievance and appeal cases was met at 100% in all areas with the exception of Expedited Appeals at 96%. The majority of appeals and grievances were from members in Fresno County which has the largest CalViva Health enrollment.</p>	<p><b>No Motion</b></p>

**CalViva Health Public Policy Committee**

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<p><b>#6 2021 DMHC 18-Month Follow-Up Audit; 2020 DHCS Audit Monthly CAP Updates</b></p> <p><b>Information</b> Mary Lourdes Leone, Director of Compliance</p>	<p>The 2021 DMHS 18-month follow-up audit is currently in process. Scheduled conferences begin 3/4/21. Further information and feedback will be presented at the June PPC meeting.</p> <p>Regarding the 2020 DHCS audit, CVH continues to provide monthly updates to DHCS. This will continue until DHCS is satisfied with the Plan's corrective actions.</p>	<p><b>No Motion</b></p>
<p><b>#7 Health Education</b> <i>Member Incentive Programs Semi-Annual Report Q3 and Q4 2020</i></p> <p><b>Information</b> Steven Si, Operations &amp; Privacy Specialist</p>	<p>A total of 340 CalViva Health (CVH) members participated in five health education and quality improvement incentive programs during Q3 and Q4 in 2020, which is a 55% decrease compared to Q1 &amp; Q2 2020. Of the 340 participants, 58 members received an incentive. In total, \$1,500 worth in gift cards were given to CVH members which is a 90% decrease compared to Q1 &amp; Q2 2020. Of the 58 award recipients, (16%) were from Fresno County, (5%) from Madera County and (79%) from Kings County.</p> <p>In Q3 &amp; Q4, 2020, CalViva Health continued to fulfill member requests based on the 2019 Member Incentive Statewide Program. In 2020, statewide incentive approach was put on hold and CalViva Health did not launch the plan-wide incentive program. COVID-19 shelter-in-place orders limited deployment of direct care programs, including PIPs and PDSA programs with an incentive component included. This influenced the number of incentives distributed in Q3 and Q4 of 2020. As COVID-19 evolves, CalViva Health will continue to follow CDC, state and local data to make informed decisions concerning outreach events and special projects.</p>	<p><b>No Motion</b></p>
<p><b>#8 Annual Compliance Report</b></p> <p><b>Information</b></p>	<p>The Member Service Call Center received 97,620 calls, of which 96,979 were handled. Overall service level was 96%.</p>	<p><b>No Motion</b></p>

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<p>Mary Lourdes Leone, Director of Compliance</p>	<p>The Member Service Call Center for Mental Health received 4,990 calls, of which 4,919 were handled. Overall service level was 87%.</p> <p>The Provider Network remains stable. New benefits or programs introduced in 2020 include:</p> <ul style="list-style-type: none"> <li>• Preventive Care Outreach Project Implementation</li> <li>• The aged, blind and disabled (ABD) persons could be transitioned into Medi-Cal Managed Care with no share of cost. The transition is voluntary in CalViva counties.</li> <li>• The transition of pharmacy services for Medi-Cal managed care to fee-for-service (FFS). This was delayed in late 2020 and is pending an updated transition date from DHCS.</li> </ul> <p>In 2020, 73 Member communications were reviewed by the Plan. These included 12 Printed Provider Directories and 1 Member Newsletters.</p> <p>In 2020, contracted providers were sent approximately 234 Provider Updates with information on contractual and regulatory matters as well as health plan news and announcements. Thirty-four (34) informational letter templates for contracted providers and 17 forms intended for provider use.</p> <p>The 2020 Regulatory audits and performance evaluations included:</p> <ul style="list-style-type: none"> <li>• 2020 DHCS Annual Medical Survey Audit</li> <li>• 2019 DMHC Audit, including the 18-month Follow-up Audit</li> <li>• HEDIS® 2020 Compliance Audit™</li> <li>• DHCS 2018-2019 Performance Evaluation Report</li> </ul> <p>Moving forward in 2021, the Plan expects to undergo additional audits and reviews from regulatory agencies. The Plan anticipates developing new policies</p>	

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>and implementing/revising existing processes as a result of new regulatory guidance and laws effective in 2020 and 2021.</p> <p>In addition, the Plan expects the reporting requirements to intensify; specifically, the DHCS will increase its oversight and monitoring of health plan activities. DHCS is refocusing efforts to implement CalAIM</p>	
<p><b>#9 Medi-Cal Rx Update</b></p> <p><b>Information</b> Mary Lourdes Leone, Director of Compliance</p>	<p>In reference to the Medi-Cal RX, the State will be sending out a notice to members as to the status of the Medi-Cal RX initiative. Additional specifics are expected later in the year as to their intent to relaunch the program.</p>	<p><b>No Motion</b></p>
<p><b>#10 2021 CalViva Health Member Handbook/Evidence of Coverage</b></p> <p><b>Information</b> Steven Si, Operations &amp; Privacy Specialist</p>	<p>The CVH Member Handbook/Evidence of Coverage for 2021 has been postponed until additional updates are received from the regulators in reference to the Medi-Cal RX transition. Members are to continue to use the 2020 Member Handbook/Evidence of Coverage.</p>	<p><b>No Motion</b></p>
<p><b>#11 Promotores Health Network Update</b></p> <p><b>Information</b> Tony Gonzalez, Health Education Specialist</p>	<p>Tony Gonzalez provided an in-depth presentation of the Promotores model and followed up with an update on the Promotores Health Network.</p>	<p><b>No Motion</b></p>

**CalViva Health Public Policy Committee**

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<p><b>#12 Announcements / Final Comments from Committee Members and Staff</b></p>	<p>David Phillips announced a second UHC health center opened in downtown Fresno. UHC will also begin giving vaccines to those in agriculture, education, and food service. UHC vaccinated 800 Sanger Unified staff the last week in February, and will be vaccinating 1,000 FUSD staff the first weekend in March. COVID testing events continue.</p> <p>Jeff Garner reported on KCAO and stated information regarding their services can be found on their website and also on Facebook. KCAO is focusing on rental assistance.</p> <p>Roberto Garcia provided an update on Self-Help Enterprises and their newest multi-family project in Porterville.</p> <p>Greg Hund announced the 10<sup>th</sup> Anniversary of CalViva Health. Since inception, CVH has made community investments of approximately \$12,000,000 focusing on meeting the needs of local food banks, women’s shelters, and community-based organizations that meet the needs of the Plan’s member.</p> <p>Courtney Shapiro shared information on recent funding which includes sponsorship of a local church that provides distance learning support; an organization call HOPE (helping others pursue excellence) focusing on men and women of color assisting them in the pursuit of entrepreneurship; Storyland Playland; Fresno EOC WIC; Best Buddies; Girl Scouts cookie buyout; presenting sponsor for the Two Cities marathon; and partnered with River Parkway Trust for their river camp low income children in Fresno and Firebaugh.</p>	
<p><b>#13 Public Comment</b></p>	<p>None.</p>	

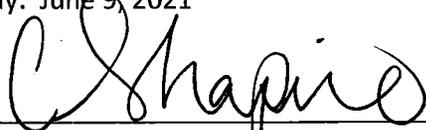
CalViva Health Public Policy Committee

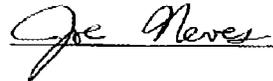
AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#14 Adjourn	Meeting adjourned at 12:59 pm.	

**NEXT MEETING**      **June 9, 2021 in Fresno County**  
**11:30 am - 1:30 pm**

Submitted This Day: June 9, 2021

Approval Date: June 9, 2021

Submitted By:   
Courtney Shapiro, Director Community Relations

Approved By:   
Joe Neves, Chairman

# Item #3

## Attachment 3.E

Finance Committee Charter

**FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY  
FINANCE COMMITTEE**

**I. Purpose**

- A. The purpose of the Finance Committee is to provide a committee structure to monitor and evaluate the financial status of the Fresno-Kings-Madera Regional Health Authority (RHA) from a regulatory compliance and general operating standpoint and to advise RHA on matters which are within the purview of the Finance Committee.

**II. Authority**

- A. The Finance Committee is given its authority by and reports to the Fresno-Kings-Madera Regional Health Authority (RHA) Commission in an advisory capacity.

**III. Definitions**

- A. Fresno-Kings-Madera Regional Health Authority (RHA) Commission -  
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.

**IV. Committee Responsibilities**

- A. The Commission's Finance Committee will discuss, advise and make recommendations to the Commission on the following areas:
1. Compliance with all financial statutory, regulatory, and industry standard requirements
  2. Medi-Cal managed care rate and impact to the Regional Health Authority
  3. Budgets prior to submission to the Commission
  4. Unaudited financial statements prepared by staff
  5. Compensation and benefit levels for staff
  6. Selection of an independent auditing firm.

**V. Committee Membership:**

A. Composition

1. The RHA Commission Chairperson shall appoint the members of the Committee.
2. The Finance Committee shall consist of at least three (3) Commission members, the Chief Executive Officer, and the Chief Financial Officer.
  - 2.1. Chairperson: Chief Financial Officer.
  - 2.2. The Committee shall be composed of less than a quorum of voting Commissioners.

B. Term of Committee Membership

**FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY  
FINANCE COMMITTEE**

1. Commissioner Committee members' terms will be established by the RHA Commission Chairperson on an annual basis at the start of each fiscal year.
- C. Vacancies
1. If vacancies arise during the term of Committee membership, the RHA Commission Chairperson will appoint a replacement member.
- D. Voting
1. All members of the Committee shall have one vote each
  2. If a potential conflict of interest is identified, the involved member will be excused from discussion and voting.

**VI. Meetings**

- A. Frequency
1. The frequency of the Finance Committee meeting will be at least quarterly
  2. The Committee Chairperson or RHA Commission may call additional meetings as necessary
  3. A quorum consists of at least 51% of the membership
  4. Meetings shall be open and public. Meetings will be conducted in accordance with California's Ralph M. Brown Open Meeting Law.
- B. Minutes
1. Minutes will be kept at every Finance Meeting by a designated staff member. Signed, dated, summary minutes are kept. Minutes are available for review by regulatory entities.
  2. A report of each meeting will be forwarded to the RHA Commission for oversight review.
- C. Structure
- The meeting agenda will consist of:
1. Approval of minutes
  2. Standing Items
  3. Activity Reports
  4. Data Information Reports
  5. Ad-hoc Items

**VII. Committee Support**

- A. The Chief Financial Officer/staff will provide Committee support, coordinate activities and perform the following as needed:
1. Regularly attend meetings
  2. Assist Chairperson with preparation of agenda and meeting documents
  3. Perform or coordinate other meeting preparation arrangements
  4. Prepare minutes

**FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY  
FINANCE COMMITTEE**

**APPROVAL:**

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**RHA Commission  
Chairperson**

\_\_\_\_\_  
David Hodge, MD  
Commission Chairperson

**Date:** \_\_\_\_\_

# Item #3

## Attachment 3.F

Credentialing Committee Charter

**Fresno-Kings-Madera Regional Health Authority  
Credentialing Sub-Committee Charter**

**I. Purpose:**

- A. The purpose of the Credentialing Sub-Committee is to give input on the credentialing and re-credentialing policies used by CalViva Health (“CalViva” or the “Plan”) and its Operating Administrator (Health Net) and monitor delegated credentialing/recredentialing activities. Delegated entities performance and compliance with credentialing standards will be monitored and evaluated on an ongoing basis by CalViva’s Chief Medical Officer (“CMO”), the Chief Compliance Officer (“CCO”), and CalViva’s Credentialing Sub-Committee.

**II. Authority:**

- A. The Credentialing Sub-Committee serves as a sub-committee of the Quality Improvement/Utilization Management (“QI/UM”) Committee and is given its authority by the Fresno-Kings-Madera Regional Health Authority (“RHA”) Commission to act in an advisory capacity.

**III. Definitions:**

- A. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – The governing board of CalViva Health. 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.

**IV. Committee Focus:**

The Credentialing Sub-Committee's responsibilities include, but are not limited to:

- A. Makes recommendations regarding credentialing and recredentialing, policies, processes, and standards.
- B. Has final decision-making responsibility to monitor, sanction, suspend, terminate or deny practitioners or organizational providers.
- C. Provide oversight of delegated credentialing and recredentialing functions.
- D. Report sanctions for quality of care issues to the appropriate licensing authority including 805 reporting requirements.
- E. Provide quarterly summary reports of Credentialing activities to the QI/UM Committee and RHA Commission.
- F. Ensure that the Plan’s credentialing and recredentialing criteria and activities are in compliance with state, federal and contractual requirements.

**V. Committee Membership:**

- A. Composition
  - 1. The RHA Commission shall appoint the members of the Sub-Committee.

**Fresno-Kings-Madera Regional Health Authority  
Credentialing Sub-Committee Charter**

2. The Sub-Committee is chaired by the CalViva CMO.
  3. Sub-Committee size is determined by the Commission with the advice of the CMO.
  4. The Sub-Committee is composed of participating physicians who are also serving as members of the QI/UM Committee.
    - a. Sub-committee membership shall reflect an appropriate geographic and specialty mix of participating practitioners including practitioners that serve the Seniors and Persons with Disabilities (SPD) population.
    - b. Membership shall consist of primary care providers and specialists to reflect our provider network.
    - d. The Sub-Committee shall be composed of less than a quorum of voting Commissioners.
- B. Term of Committee Membership
1. Appointments shall be made for two (2) years.
  2. Commissioner Sub-Committee members' terms are coterminous with their seat on the Commission.
- C. Vacancies
- If vacancies arise during the term of Sub-Committee membership, the RHA Commission will appoint a replacement member.
- D. Voting
1. All members of the Sub-Committee shall have one vote each.
  2. If a potential conflict of interest is identified, the involved member will be excused from discussion and voting.

**VI. Meetings:**

- A. Frequency
1. The frequency of the Sub-Committee meetings will be at least quarterly.
  2. The Sub-Committee Chairperson or RHA Commission may call additional *ad hoc* meetings as necessary.
  3. A quorum consists of at least 51% of the membership.
- B. Notice
1. The meeting date will be determined by the Chairperson with the consensus of the Sub-Committee members.
  2. Sub-Committee members will be notified in writing in advance of the next scheduled meeting.
- C. Minutes
1. Minutes will be kept at every Sub-Committee meeting by a designated staff member. Signed, dated, contemporaneous minutes are kept. Minutes are available for review by regulatory entities.

**Fresno-Kings-Madera Regional Health Authority  
Credentialing Sub-Committee Charter**

**D. Confidentiality**

1. Content of the meetings is kept confidential.
2. All members sign a confidentiality statement that shall be kept on file at CalViva Health.
3. Meetings, proceedings, records and review/handling of related documents will comply with all applicable state and federal laws and regulations regarding confidential information, including, but not limited to, the California Confidentiality of Medical Information Act (California Civil Code, Section 56 et seq.); the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act (42 U.S.C. 290dd-2); and the Privacy Act (U.S.C. 552a) and any other applicable state and federal law, rule, guideline or requirement.
4. Meeting proceedings and records as well as related letters and correspondence to providers and/or members are also protected from discovery under California Health & Safety Code 1370 and CA Evidence Code 1157.

**VII. Committee Support:**

The Plan Medical Management department staff will provide Sub-Committee support, coordinate activities and perform the following as needed:

- A. Regularly attend Sub-Committee meetings,
- B. Assist Chairperson with preparation of agenda and meeting documents,
- C. Perform or coordinate other meeting preparation arrangements,
- D. Prepare minutes and capture specific "suggestions or recommendations" and discussions,
- E. Ensure a quarterly summary of Sub-Committee activity and recommendations is prepared for submission to the QI/UM Committee and RHA Commission.

**VIII. Authority**

1. Health & Safety Code Sections 1370, 1370.1
2. California Code of Regulations, Title 28, Rule 1300.70
3. California Evidence Code Section 1157
4. California Civil Code, Section 56 et seq. (California Confidentiality of Medical Information Act)
5. 42 U.S.C. 290dd-2 (Alcohol, Drug Abuse and Mental Health Administration Reorganization Act)
6. U.S.C. 552a (Privacy Act)
7. DHCS Contract, Exhibit A, Attachment 4
8. MMCD Policy Letter 02-03
9. RHA Bylaws

Fresno-Kings-Madera Regional Health Authority  
Credentialing Sub-Committee Charter

APPROVAL:

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RHA Commission  
Chairperson

~~David S. Hodge~~

Date: 7/16/2020

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# Item #3

## Attachment 3.G

Peer Review Committee Charter

**Fresno-Kings-Madera Regional Health Authority  
Peer Review Sub-Committee Charter**

**I. Purpose:**

- A. The Sub-Committee processes and activities have been established to achieve an effective mechanism for the Plan’s continuous review and evaluation of the quality of care delivered to its enrollees, including monitoring whether the provision and utilization of services meets professional standards of practice and care, identifying quality of care problems, addressing deficiencies by the development of corrective action plans, and initiating remedial actions and follow-up monitoring where necessary and appropriate. Through the Plan’s peer review protected activities, the Plan aims to assure its enrollees receive acceptable standards of care and service.
- B. To provide a peer review committee structure for the consideration of patterns of medically related grievances that the Chief Medical Officer (CMO) determines require investigation of specific participating providers and to provide peer review of practitioners or organizational providers experiencing problematic credentialing issues, performance issues or other special circumstances.

**II. Authority:**

- A. The Peer Review Sub-Committee serves as a sub-committee of the Quality Improvement/Utilization Management (“QI/UM”) Committee and is given its authority by the Fresno-Kings-Madera Regional Health Authority (“RHA”) Commission to act in an advisory capacity.

**III. Definitions:**

- A. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – The governing board of CalViva Health. 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.

**IV. Committee Focus:**

The Peer Review Sub-Committee's responsibilities include, but are not limited to:

- A. Makes recommendations regarding peer review policies, processes, and standards.
- B. Reviews potential quality incidents referred by the QI/UM Committee that might involve the conduct or performance of specific practitioners or organizational providers and should be further investigated.
- C. Report sanctions for quality of care issues to the appropriate licensing authority including 805 reporting requirements.
- D. Establish and maintain a process for provider appeal of provider sanctions including a process of conducting fair hearings for providers who are sanctioned for issues related to quality of care.

**Fresno-Kings-Madera Regional Health Authority**  
**Peer Review Sub-Committee Charter**

- E. Provide quarterly summary reports of Peer Review activities to the QI/UM Committee and RHA Commission.
- F. Ensure that the Plan's peer review criteria and activities are in compliance with state, federal and contractual requirements.

**V. Committee Membership:**

A. Composition

- 1. The RHA Commission shall appoint the members of the Sub-Committee.
- 2. The Sub-Committee is chaired by the CalViva CMO.
- 3. Sub-Committee size is determined by the Commission with the advice of the CMO.
- 4. The Sub-Committee is composed of participating physicians who are also serving as members of the QI/UM Committee.
  - a. Sub-committee membership shall reflect an appropriate geographic and specialty mix of participating practitioners including practitioners that serve the Seniors and Persons with Disabilities (SPD) population.
  - b. Membership shall consist of primary care providers and specialists to reflect our provider network.
  - c. Participating Practitioners from other specialty areas shall be retained as necessary to provide peer review input.
  - d. The Sub-Committee shall be composed of less than a quorum of voting Commissioners.

B. Term of Committee Membership

- 1. Appointments shall be made for two (2) years.
- 2. Commissioner Sub-Committee members' terms are coterminous with their seat on the Commission.

C. Vacancies

If vacancies arise during the term of Sub-Committee membership, the RHA Commission will appoint a replacement member.

D. Voting

- 1. All members of the Sub-Committee shall have one vote each.
- 2. If a potential conflict of interest is identified, the involved member will be excused from discussion and voting.

**VI. Meetings:**

A. Frequency

- 1. The frequency of the Sub-Committee meetings will be at least quarterly.
- 2. The Sub-Committee Chairperson or RHA Commission may call additional *ad hoc* meetings as necessary.
- 3. A quorum consists of at least 51% of the membership.

**Fresno-Kings-Madera Regional Health Authority**  
**Peer Review Sub-Committee Charter**

**B. Notice**

1. The meeting date will be determined by the Chairperson with the consensus of the Sub-Committee members.
2. Sub-Committee members will be notified in writing in advance of the next scheduled meeting.

**C. Minutes**

1. Minutes will be kept at every Sub-Committee meeting by a designated staff member. Signed, dated, contemporaneous minutes are kept. Minutes are available for review by regulatory entities.

**D. Confidentiality**

1. Content of the meetings is kept confidential.
2. All members sign a confidentiality statement that shall be kept on file at CalViva Health.
3. Meetings, proceedings, records and review/handling of related documents will comply with all applicable state and federal laws and regulations regarding confidential information, including, but not limited to, the California Confidentiality of Medical Information Act (California Civil Code, Section 56 et seq.); the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act (42 U.S.C. 290dd-2); and the Privacy Act (U.S.C. 552a) and any other applicable state and federal law, rule, guideline or requirement.
4. Meeting proceedings and records as well as related letters and correspondence to providers and/or members are also protected from discovery under California Health & Safety Code 1370 and CA Evidence Code 1157.

**VII. Committee Support:**

The Plan Medical Management department staff will provide Sub-Committee support, coordinate activities and perform the following as needed:

- A. Regularly attend Sub-Committee meetings,
- B. Assist Chairperson with preparation of agenda and meeting documents,
- C. Perform or coordinate other meeting preparation arrangements,
- D. Prepare minutes and capture specific "suggestions or recommendations" and discussions,
- E. Ensure a quarterly summary of Sub-Committee activity and recommendations is prepared for submission to the QI/UM Committee and RHA Commission.

**VIII. Authority**

1. Health & Safety Code Sections 1370, 1370.1
2. California Code of Regulations, Title 28, Rule 1300.70
3. California Evidence Code Section 1157
4. California Civil Code, Section 56 et seq. (California Confidentiality of Medical Information Act)

**Fresno-Kings-Madera Regional Health Authority  
Peer Review Sub-Committee Charter**

5. 42 U.S.C. 290dd-2 (Alcohol, Drug Abuse and Mental Health Administration Reorganization Act)
6. U.S.C. 552a (Privacy Act)
7. DHCS Contract, Exhibit A, Attachment 4
8. MMCD Policy Letter 02-03
9. RHA Bylaws

**APPROVAL:**

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**RHA Commission  
Chairperson**

*David S. Hodge*

**Date:** 7/16/2020

# Item #3

## Attachment 3.H

QIUM Committee Charter

# **Fresno-Kings-Madera Regional Health Authority Quality Improvement/Utilization Management Committee Charter**

## **I. Purpose:**

- A. The purpose of the Quality Improvement/Utilization Management (“QI/UM”) Committee is to provide oversight and guidance for CalViva Health’s (“CalViva” or the “Plan”) QI, UM, and Credentialing Programs, monitor delegated activity, and provide professional input into CalViva’s development of medical policies.
- B. The QI/UM Committee monitors the quality and safety of care and services rendered to members, identifies clinical and administrative opportunities for improvement, recommends policy decisions, evaluates the results of QI and UM activities, institutes needed actions, and ensures follow up as appropriate.

## **II. Authority:**

- A. The QI/UM Committee is given its authority by and reports to the Fresno-Kings-Madera Regional Health Authority (“RHA”) Commission in an advisory capacity.

## **III. Definitions:**

- A. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – The governing board of CalViva Health. 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.

## **IV. Committee Focus:**

The QI/UM Committee's responsibilities include, but are not limited to the following activities.

- A. Review and recommend approval to the RHA Commission of the program documents listed below:
  - 1. Annual QI Program Description
  - 2. Annual QI Work Plan
  - 3. Annual QI Program Evaluation
  - 4. Annual UM Program Description
  - 5. Annual CM Program Description
  - 6. Annual UM/CM Work Plan
  - 7. Annual UM/CM Program Evaluation;
  - 8. Annual Health Education Program Description
  - 9. Annual Health Education Work Plan
  - 10. Annual Health Education Program Evaluation
  - 11. Annual Culture and Linguistics (“C&L”) Program Description
  - 12. Annual Culture and Linguistics Work Plan
  - 13. Annual Culture and Linguistics Program Evaluation

**Fresno-Kings-Madera Regional Health Authority**  
**Quality Improvement/Utilization Management Committee Charter**

- B. Reviews quarterly reports of Work Plan progress for the programs listed above;
- C. Monitors key clinical and service performance indicators for QI, UM, and Credentialing/Rec credentialing activities (e.g., access & availability, over and under utilization, key UM and case management indicators, HEDIS® measure results, disease management and public health programs activities, timeliness standards etc.);
- D. Provide oversight and review reports of delegated UM and Credentialing/Rec credentialing functions and collaborative QI functions;
- E. Reviews summarized grievance reports for medically related issues and administrative quality concerns;
- F. Reviews analysis of potential quality incident reports (developed from grievances/complaints, utilization management, utilization reports suggesting over or under utilization);
- G. Oversees and monitors CalViva's participation in the Department of Health Care Services ("DHCS") required Quality Improvement Projects ("QIPs");
- H. Approve and oversee conduct of special QI studies as warranted;
- I. Brings general medically-related concerns to the attention of the Plan's Operating Administrator (Health Net);
- J. Advises on the conduct of provider and member satisfaction surveys and submits its review to the Commission;
- K. Reviews the results of clinical outcome studies, identifies gaps and reports findings to the Commission;
- L. Forwards to the Credentialing /Peer Review Sub-Committee potential quality incidents that might involve the conduct of specific providers and should be further investigated;
- M. Receives reports from the Credentialing/Peer Review Sub-Committee;
- N. Provide quarterly summary reports of QI, UM, and Credentialing activities to the RHA Commission.
- O. Ensure that the Plan is in compliance with state, federal and contractual requirements for QI, UM, and Credentialing.

**V. Committee Membership:**

- A. Composition
  - 1. The RHA Commission Chairperson shall appoint the members of the Committee.
  - 2. The Committee is chaired by the CalViva Chief Medical Officer ("CMO").
  - 3. Committee size is determined by the RHA Commission with the advice of the CMO.
  - 4. The QI/UM Committee will be composed of:
    - 4.1. Participating health care providers, including physicians, as well as other health care ~~professionals~~ professional's representative of the CalViva direct contracting network and the Health Net provider network.
    - 4.2. The Committee composition may also include Commission members who are participating health care providers and shall be composed of less than a quorum of voting Commissioners.

**Fresno-Kings-Madera Regional Health Authority  
Quality Improvement/Utilization Management Committee Charter**

- 4.3. Committee membership shall reflect an appropriate geographic and specialty mix of participating practitioners including practitioners that serve the Seniors and Persons with Disabilities (SPD) population.
- 4.4. Participating Practitioners from other specialty areas shall be retained as necessary to provide specialty input.
- 4.5. For purpose of meeting a quorum, the RHA Commission Chair may appoint an alternate member, who is also a provider member of the RHA Commission, to serve as a voting member of the committee.

**B. Term of Committee Membership**

1. Appointments shall be made for two (2) years.
2. Commissioner Committee members' terms are coterminous with their seat on the Commission.

**C. Vacancies**

1. If vacancies arise during the term of Committee membership, the RHA Commission Chairperson will appoint a replacement member.

**D. Voting**

1. All members of the Committee shall have one vote each.
2. If a potential conflict of interest is identified, the involved member will be excused from discussion and voting.

**VI. Meetings:**

**A. Frequency**

1. The frequency of the QI/UM Committee meetings will be at least quarterly.
2. The Committee Chairperson or RHA Commission may call additional *ad hoc* meetings as necessary.
3. A quorum consists of at least 51% of the membership.
4. Meetings shall be open and public. Meetings will be conducted in accordance with California's Ralph M. Brown Open Meeting Law.

**B. Notice**

1. The meeting date will be determined by the Chairperson with the consensus of the Committee members.
2. Committee members will be notified in writing in advance of the next scheduled meeting.

**C. Minutes**

1. Minutes will be kept at every Committee meeting by a designated staff member. Signed, dated, contemporaneous minutes are kept. Minutes are available for review by regulatory entities.
2. A report of each meeting will be forwarded to the RHA Commission for oversight review and consideration of the Committee's recommendations.

**Fresno-Kings-Madera Regional Health Authority  
Quality Improvement/Utilization Management Committee Charter**

**VII. Committee Support:**

The Plan Medical Management department staff will provide Committee support, coordinate activities and perform the following as needed:

- A. Regularly attend Committee meetings,
- B. Assist Chairperson with preparation of agenda and meeting documents,
- C. Perform or coordinate other meeting preparation arrangements,
- D. Prepare minutes and capture specific "suggestions or recommendations" and improvement discussions,
- E. Ensure a quarterly summary of Committee activity and Committee recommendations is prepared for submission to the RHA Commission.

**VIII. Authority**

- A. Health & Safety Code Sections 1370, 1370.1
- B. California Code of Regulations, Title 28, Rule 1300.70
- C. DHCS Contract, Exhibit A, Attachments 4 and 5
- D. RHA Bylaws

**APPROVAL:**

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**RHA Commission  
Chairperson**

David S. Hodge

**Date:**

7/16/2020

# Item #3

## Attachment 3.1

Public Policy Committee Charter

**Fresno-Kings-Madera Regional Health Authority  
Public Policy Committee Charter**

**I. Purpose:**

- A. The purpose of the Public Policy Committee is to provide a committee structure for the consideration and formulation of CalViva Health (“CalViva” or the “Plan”) policy on issues affecting members. Subscribers and enrollees shall be afforded an opportunity to participate in establishing the public policy of the Plan.

**II. Authority:**

- A. The Public Policy Committee is given its authority by and reports to the Fresno-Kings-Madera Regional Health Authority (“RHA”) Commission. This authority is described in the RHA Bylaws.

**III. Definitions:**

- A. **Public Policy** means acts performed by the Plan or its employees and staff to assure the comfort, dignity, and convenience of patients who rely on the Plan’s facilities to provide health care services to them, their families, and the public. (Rule 1300.69)
- B. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – The governing board of CalViva Health.
1. 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.

**IV. Committee Focus:**

- A. The Public Policy Committee’s recommendations and reports will be regularly and timely reported to the Commission. The Commission shall act upon these reports and recommendations and the action taken by the Commission will be recorded in the minutes of the Commission’s meetings.
- B. Principal Responsibilities:
1. Review a quarterly summary report regarding the specific nature and volume of complaints received through the grievance process and how those complaints were resolved
  2. Make recommendations concerning the structure and operation of the Plan's grievance process including suggestions to assist the Plan in ensuring its’ grievance process addresses the linguistic and cultural needs of its member population as well as the needs of members with disabilities.
  3. Review and evaluate member satisfaction data
  4. Advise on health education and cultural and linguistic service needs through review of a population needs assessment, demographic, linguistic, and cultural information related to the Plan’s population in order to make recommendations regarding:

**Fresno-Kings-Madera Regional Health Authority  
Public Policy Committee Charter**

- 4.1. Linguistic needs of populations served and identify any enhancements or alternate formats that Plan materials may need.
- 4.2. Policies needed for increasing member access to services where there may be barriers resulting from cultural or linguistic factors.
- 4.3. Changes needed to the provider network to accommodate cultural, linguistic, or other ethnic preferences.
- 4.4. Improvement opportunities addressing member health status and behaviors, member health education, health disparities and gaps in services.
5. Advise on problems related to the availability and accessibility of services
  - 5.1. Review data/other Plan information and make recommendations for policy or Plan/provider network changes needed related to Americans with Disabilities Act (ADA) requirements or to minimize barriers and increase access for members with disabilities (e.g. identifying potential outreach activities, etc.).
6. Review member literature and other plan materials sent to members and advise on the effectiveness of the presentation.
7. Make recommendations or suggestions for member outreach activities, topics or articles/information for publication on the member website, in member education materials or newsletters, etc.
8. Recommend review/revision and/or development of policies and procedures to the RHA Commission or other Plan committees as appropriate based on the Committee's review of grievance, member satisfaction, and other Plan data.
9. Review financial information pertinent to developing the public policy of the Plan.
10. Other matters pertinent to developing the public policy of the Plan.

**V. Committee Membership:**

**A. Composition**

The RHA Commission Chairperson shall appoint the members of the Committee. The Public Policy Committee shall consist of not less than seven (7) members, who shall be appointed as follows:

1. One member of the RHA Commission who will serve as Chairperson of the Committee;
2. One member who is a provider of health care services under contract with the Plan; and
3. All others shall be members (must make-up at least 51% of the committee members) entitled to health care services from the Plan.
  - 3.1. Public Policy enrollee members shall be comprised of the following:
    - 3.1.1. Two (2) enrollees from Fresno County
    - 3.1.2. One (1) enrollee from Kings County
    - 3.1.3. One (1) enrollee from Madera County
    - 3.1.4. One (1) At-Large enrollee from either Fresno, Kings, or Madera County

**Fresno-Kings-Madera Regional Health Authority  
Public Policy Committee Charter**

- 3.2. Two (2) Community Based Organizations (CBO) representatives shall be appointed as alternate Public Policy Committee members to attend and participate in meetings of the Committee in the event of a vacancy or absence of any of the members appointed as provided in subsection 3.1 above.
  - 3.2.1. The alternates shall represent different Community Based Organizations (CBO) that serve Fresno, Kings, and/or Madera Counties and provide community service or support services to members entitled to health care services from the Plan.
  - 3.2.2 Two (2) alternates from the same CBO shall not be appointed to serve concurrent terms.
- 3.3. The enrollee members and CBO representatives shall be persons who are not employees of the Plan, providers of health care services, subcontractors to the Plan or contract brokers, or persons financially interested in the Plan.
- 3.4. In selecting the enrollee members and/or CBO representatives of the Committee, the RHA Commission Chairperson shall generally consider the makeup of the Plan's Medi-Cal enrollee population including Seniors and Persons with Disabilities (SPD), and such factors such as ethnicity, demography, occupation, and geography. Any such selection or election of enrollee members or a CBO representative shall be conducted on a fair and reasonable basis.

**B. Term of Committee Membership**

1. The Commissioner member may be appointed for a three (3) year term and his/her term will be coterminous with their seat on the Commission.
2. The provider member may be appointed for a three (3) year term.
3. Subscriber/enrollee members' and CBO representative terms shall be of reasonable length (one, two, or three years) and shall be staggered or overlapped so as to provide continuity and experience in representation.
4. At the conclusion of any term, a Committee member may be reappointed to a subsequent three-year term.

**C. Vacancies**

1. If vacancies arise during the term of Committee membership, the RHA Commission Chairperson will appoint a replacement member.

**D. Voting**

1. All members of the Committee shall have one vote each.
2. When attending a meeting in place of a regular member, an alternate member shall be entitled to participate in the same manner and under the same standards as a regular member, to the extent that the alternate member is not otherwise disqualified from participating in discussion and voting on an item due to a conflict of interest.

**Fresno-Kings-Madera Regional Health Authority  
Public Policy Committee Charter**

**VI. Meetings:**

A. Frequency

1. The frequency of the Public Policy Committee meetings will be quarterly.
2. The Committee Chairperson or RHA Commission may call additional *ad hoc* meetings as necessary.
3. A quorum consists of at least 51% of the membership
4. Meetings shall be open and public. Meetings will be conducted in accordance with California's Ralph M. Brown Open Meeting Law.

B. Place of Meetings

1. The Committee Chairperson will determine the place of the Committee meetings.

C. Notice

1. At the end of each Public Policy Committee meeting, the next meeting date will be determined by consensus unless a pre-arranged schedule has been established.
2. Committee members will be notified in writing in advance of the next scheduled meeting.

D. Minutes

1. Minutes will be kept at every Public Policy Committee meeting by a designated staff member.
2. A report of each meeting will be forwarded to the RHA Commission for oversight review and consideration of the Committee's recommendations.

**VII. Committee Support:**

A. The Plan Director of Community Relations

and designated Plan staff will provide Committee support, coordinate activities and perform the following as needed:

1. Regularly attend Public Policy meetings.
2. Prepare agenda and meeting documents.
3. Perform or coordinate other meeting preparation arrangements.
4. Prepare minutes and capture specific "suggestions or recommendations" for reporting to the RHA Commission and Quality Improvement/Utilization Management Committee.
5. Initiate and follow-up on action items and suggestions until completed and ensure that feedback is provided to the Committee to "close the loop".
6. Compliance staff will include a summary of Public Policy Committee activity and Committee recommendations in Compliance Reports to the RHA Commission.
7. Submit Public Policy Committee meeting minutes to the RHA Commission.

**Fresno-Kings-Madera Regional Health Authority  
Public Policy Committee Charter**

**VIII. Other Requirements:**

1. The Plan's Evidence of Coverage (EOC) includes a description of its system for member participation in establishing public policy.
2. The Plan will also furnish an annual EOC to its members with a description of its system for their participation in establishing public policy and will communicate material changes affecting public policy to members.

**IX. Authority**

1. Health & Safety Code Section 1369
2. California Code of Regulations, Title 28, Rule 1300.69
3. RHA Bylaws

**APPROVAL:**

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**RHA Commission Chairperson**

**Date:**

:

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David Hodge, MD

# Item #5

## Attachment 5.A

Review of Fiscal Year End Goals 2021

FRESNO-KINGS-  
MADERA  
REGIONAL  
HEALTH  
AUTHORITY

Commission

DATE: July 15, 2021  
 TO: Fresno-Kings-Madera Regional Health Authority Commission  
 FROM: Greg Hund, CEO  
 RE: Review of Goals and Objectives for Fiscal Year End 2021

BL #: 21-008  
 Agenda Item 5  
 Attachment 5.A

**DISCUSSION:**

Category	Goal	Review
Market Share	Maintain current market share.	Market share deteriorated due largely to the "Default Formula" adopted and applied for this period. Member "Choice" results are also being examined to determine the best strategy to increase market share.
Medical Management / Quality Improvement	Develop and implement Improvement Plans (IP) for those MCAS/HEDIS measures for Reporting YR (RY) 2020 below the required Minimum Performance Level (MPL) as determined by DHCS. Continue Performance Improvement Plans (PIP) from previous fiscal year—Breast Cancer Screening and CIS 10 Immunizations.	Developed and implemented a successful Improvement Plan to increase Chlamydia Screening in young women in Madera County. Breast Cancer Screening and Childhood Immunizations Performance Improvement Projects (PIP) were re-established after they were paused due to the pandemic.
Funding of Community Support Program	Administer the Community Investment Funding Program.	12 Provider recruitment grants awarded with 8 Providers recruited.
Tangible Net Equity (TNE)	Maintain DMHC TNE level of at least 700% of minimum TNE requirement.	TNE level of at least 700% of minimum TNE requirement was achieved.
Direct Contracting	Maintain current direct contracts to align with TNE requirements.	Maintained current direct contracts.
Community Outreach	Continue to participate in local community initiatives.	Participated in Covid Relief Efforts, See 2 Succeed Vision Program, Fresno Community Health Improvement Partnerships (FCHIP), The Children's Movement of Fresno (TCM Fresno), Group Prenatal Care Embrace, Live Well Madera, Reading Heart Advisory Group, Help Me Grow, and 150+ CBO Sponsorships.
State and Federal Advocacy	Continue to advocate Local Initiative Plan interest.	Continued as a Local Health Plan Association and Mid State MGMA Board Member
Strategic Planning	Oversee Strategic Planning Investments and evaluate community outcomes.	Completed 20/21 Strategic Plan Goals and Outcomes.

**Fresno County**

David Luchini, Interim Director  
Public Health Department

David Cardona, M.D.  
At-large

David S. Hodge, M.D.  
At-large

Sal Quintero  
Board of Supervisors

Joyce Fields-Keene  
At-large

Soyla Griffin - At-large

**Kings County**

Joe Neves  
Board of Supervisors

Ed Hill, Director  
Public Health Department

Harold Nikoghosian- At-large

**Madera County**

David Rogers  
Board of Supervisors

Sara Bosse, Director  
Public Health Department

Aftab Naz, M.D.  
At-large

**Regional Hospital**

Brian Smullin  
Valley Children's Hospital

Aldo De La Torre  
Community Medical Centers

**Commission At-large**

John Frye  
Fresno County

Kerry Hydash  
Kings County

Paulo Soares  
Madera County

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

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

# Item #6

## Attachment 6.A

Goals and Objectives Fiscal Year 2022

FRESNO - KINGS -  
MADERA  
REGIONAL  
HEALTH  
AUTHORITY

Commission

**Fresno County**

Sal Quintero  
Board of Supervisors

David Pomaville, Director  
Public Health Department

David Cardona, M.D.  
At-large

David S. Hodge, M.D.  
At-large

Joyce Fields-Keene  
At-large

Soyla Reyna-Griffin -  
At-large

**Kings County**

Joe Neves  
Board of Supervisors

Ed Hill, Director  
Public Health Department

Harold Nikoghosian- At-large

**Madera County**

David Rogers  
Board of Supervisors

Sara Bosse  
Public Health Director

Aftab Naz, M.D.  
At-large

**Regional Hospital**

Brian Smullin  
Valley Children's Hospital

Aldo De La Torre  
Community Medical Centers

**Commission At-large**

John Frye  
Fresno County

Kerry Hydash  
Kings County

Paulo Soares  
Madera County

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

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

DATE: July 15, 2021

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Greg Hund, CEO

RE: Goals and Objectives for Fiscal Year 2022

BL #: BL 21-009

Agenda Item 6

Attachment 6.A

**DISCUSSION:**

Category:

Goal:

Market Share	Maintain market share.
Medical Management / Quality Improvement	Develop and implement Improvement Plans (IP) for those MCAS/HEDIS measures for Measurement Year (MY)2020 below the required Minimum Performance Level (MPL) as determined by DHCS. Continue Performance Improvement Plans (PIP) from previous fiscal year—Breast Cancer Screening and CIS 10 Immunizations.
Funding of Community Support Program	Administer the Community Investment Funding Program
Tangible Net Equity (TNE)	Continue to meet minimum TNE requirement by DMHC.
Direct Contracting	Maintain current direct contracts to align with TNE requirements.
Community Outreach	Continue to participate in local community initiatives.
State and Federal Advocacy	Continue to advocate Local Initiative Plan interest.
Strategic Planning	Oversee Strategic Planning Investments and evaluate community outcomes.

# Item #7

## Attachment 7.A

Financials as of  
May 31, 2021

**Fresno-Kings-Madera Regional Health Authority dba CalViva Health**

**Balance Sheet**

**As of May 31, 2021**

		<b>Total</b>
<b>1</b>	<b>ASSETS</b>	
<b>2</b>	Current Assets	
<b>3</b>	Bank Accounts	
<b>4</b>	Cash & Cash Equivalents	192,084,097.41
<b>5</b>	Total Bank Accounts	\$ 192,084,097.41
<b>6</b>	Accounts Receivable	
<b>7</b>	Accounts Receivable	122,115,173.72
<b>8</b>	Total Accounts Receivable	\$ 122,115,173.72
<b>9</b>	Other Current Assets	
<b>10</b>	Interest Receivable	2,011.56
<b>11</b>	Investments - CDs	0.00
<b>12</b>	Prepaid Expenses	184,973.33
<b>13</b>	Security Deposit	0.00
<b>14</b>	Total Other Current Assets	\$ 186,984.89
<b>15</b>	Total Current Assets	\$ 314,386,256.02
<b>16</b>	Fixed Assets	
<b>17</b>	Buildings	6,461,865.82
<b>18</b>	Computers & Software	0.00
<b>19</b>	Land	3,161,419.10
<b>20</b>	Office Furniture & Equipment	100,091.25
<b>21</b>	Total Fixed Assets	\$ 9,723,376.17
<b>22</b>	Other Assets	
<b>23</b>	Investment -Restricted	300,825.34
<b>24</b>	Total Other Assets	\$ 300,825.34
<b>25</b>	<b>TOTAL ASSETS</b>	\$ <b>324,410,457.53</b>
<b>26</b>	<b>LIABILITIES AND EQUITY</b>	
<b>27</b>	Liabilities	
<b>28</b>	Current Liabilities	
<b>29</b>	Accounts Payable	
<b>30</b>	Accounts Payable	72,880.75
<b>31</b>	Accrued Admin Service Fee	4,225,947.00
<b>32</b>	Capitation Payable	167,525,583.18
<b>33</b>	Claims Payable	15,616.90
<b>34</b>	Directed Payment Payable	3,207,043.64
<b>35</b>	Total Accounts Payable	\$ 175,047,071.47
<b>36</b>	Other Current Liabilities	
<b>37</b>	Accrued Expenses	1,900,000.00
<b>38</b>	Accrued Payroll	124,116.55
<b>39</b>	Accrued Vacation Pay	361,628.19
<b>40</b>	Amt Due to DHCS	0.00
<b>41</b>	IBNR	32,576.79
<b>42</b>	Loan Payable-Current	0.00
<b>43</b>	Premium Tax Payable	0.00
<b>44</b>	Premium Tax Payable to BOE	6,052,350.70
<b>45</b>	Premium Tax Payable to DHCS	24,937,500.00
<b>46</b>	Total Other Current Liabilities	\$ 33,408,172.23
<b>47</b>	Total Current Liabilities	\$ 208,455,243.70
<b>48</b>	Long-Term Liabilities	
<b>49</b>	Renters' Security Deposit	0.00
<b>50</b>	Subordinated Loan Payable	0.00
<b>51</b>	Total Long-Term Liabilities	\$ 0.00
<b>52</b>	Total Liabilities	\$ 208,455,243.70
<b>53</b>	Equity	
<b>54</b>	Retained Earnings	108,757,395.00
<b>55</b>	Net Income	7,197,818.83
<b>56</b>	Total Equity	\$ 115,955,213.83
<b>57</b>	<b>TOTAL LIABILITIES AND EQUITY</b>	\$ <b>324,410,457.53</b>

**Fresno-Kings-Madera Regional Health Authority dba CalViva Health**  
**Budget vs. Actuals: Income Statement**  
**July 2020 - May 2021 (FY 2021)**

		Total		
		Actual	Budget	Over/(Under) Budget
<b>1</b>	<b>Income</b>			
<b>2</b>	Investment Income	93,554.40	363,000.00	(269,445.60)
<b>3</b>	Premium/Capitation Income	1,218,808,350.54	1,096,599,747.00	122,208,603.54
<b>4</b>	<b>Total Income</b>	<b>1,218,901,904.94</b>	<b>1,096,962,747.00</b>	<b>121,939,157.94</b>
<b>5</b>	<b>Cost of Medical Care</b>			
<b>6</b>	Capitation - Medical Costs	1,018,864,569.27	899,747,790.00	119,116,779.27
<b>7</b>	Medical Claim Costs	715,466.84	935,000.00	(219,533.16)
<b>8</b>	<b>Total Cost of Medical Care</b>	<b>1,019,580,036.11</b>	<b>900,682,790.00</b>	<b>118,897,246.11</b>
<b>9</b>	<b>Gross Margin</b>	<b>199,321,868.83</b>	<b>196,279,957.00</b>	<b>3,041,911.83</b>
<b>10</b>	<b>Expenses</b>			
<b>11</b>	Admin Service Agreement Fees	45,347,566.00	44,043,989.00	1,303,577.00
<b>12</b>	Bank Charges	998.77	6,050.00	(5,051.23)
<b>13</b>	Computer/IT Services	141,024.81	162,088.00	(21,063.19)
<b>14</b>	Consulting Fees	0.00	96,250.00	(96,250.00)
<b>15</b>	Depreciation Expense	262,271.36	280,500.00	(18,228.64)
<b>16</b>	Dues & Subscriptions	150,599.25	165,176.00	(14,576.75)
<b>17</b>	Grants	3,912,500.00	3,913,630.00	(1,130.00)
<b>18</b>	Insurance	162,553.79	166,810.00	(4,256.21)
<b>19</b>	Labor	3,200,912.09	3,216,968.00	(16,055.91)
<b>20</b>	Legal & Professional Fees	101,030.00	174,900.00	(73,870.00)
<b>21</b>	License Expense	685,851.61	784,135.00	(98,283.39)
<b>22</b>	Marketing	1,166,564.91	1,385,000.00	(218,435.09)
<b>23</b>	Meals and Entertainment	13,714.34	19,100.00	(5,385.66)
<b>24</b>	Office Expenses	52,858.75	77,000.00	(24,141.25)
<b>25</b>	Parking	0.00	1,375.00	(1,375.00)
<b>26</b>	Postage & Delivery	2,014.67	3,080.00	(1,065.33)
<b>27</b>	Printing & Reproduction	1,949.93	4,400.00	(2,450.07)
<b>28</b>	Recruitment Expense	24,820.61	33,000.00	(8,179.39)
<b>29</b>	Rent	0.00	11,000.00	(11,000.00)
<b>30</b>	Seminars and Training	1,616.01	22,000.00	(20,383.99)
<b>31</b>	Supplies	7,523.04	9,900.00	(2,376.96)
<b>32</b>	Taxes	137,248,779.56	137,156,250.00	92,529.56
<b>33</b>	Telephone	31,868.17	31,900.00	(31.83)
<b>34</b>	Travel	244.69	27,200.00	(26,955.31)
<b>35</b>	<b>Total Expenses</b>	<b>192,517,262.36</b>	<b>191,791,701.00</b>	<b>725,561.36</b>
<b>36</b>	<b>Net Operating Income/ (Loss)</b>	<b>6,804,606.47</b>	<b>4,488,256.00</b>	<b>2,316,350.47</b>
<b>37</b>	<b>Other Income</b>			
<b>38</b>	Other Income	393,212.36	440,000.00	(46,787.64)
<b>39</b>	<b>Total Other Income</b>	<b>393,212.36</b>	<b>440,000.00</b>	<b>(46,787.64)</b>
<b>40</b>	<b>Net Other Income</b>	<b>393,212.36</b>	<b>440,000.00</b>	<b>(46,787.64)</b>
<b>41</b>	<b>Net Income/ (Loss)</b>	<b>7,197,818.83</b>	<b>4,928,256.00</b>	<b>2,269,562.83</b>

**Fresno-Kings-Madera Regional Health Authority dba CalViva Health**  
**Income Statement: Current Year vs Prior Year**  
**FY 2021 vs FY 2020**

		Total	
		July 2020 - May 2021 (FY 2021)	July 2019 - May 2020 (FY 2020)
<b>1</b>	<b>Income</b>		
<b>2</b>	Investment Income	93,554.40	178,189.86
<b>3</b>	Premium/Capitation Income	1,218,808,350.54	1,103,130,115.18
<b>4</b>	<b>Total Income</b>	<b>\$ 1,218,901,904.94</b>	<b>\$ 1,103,308,305.04</b>
<b>5</b>	<b>Cost of Medical Care</b>		
<b>6</b>	Capitation - Medical Costs	1,018,864,569.27	957,657,238.90
<b>7</b>	Medical Claim Costs	715,466.84	2,393,428.34
<b>8</b>	<b>Total Cost of Medical Care</b>	<b>\$ 1,019,580,036.11</b>	<b>\$ 960,050,667.24</b>
<b>9</b>	<b>Gross Margin</b>	<b>\$ 199,321,868.83</b>	<b>\$ 143,257,637.80</b>
<b>10</b>	<b>Expenses</b>		
<b>11</b>	Admin Service Agreement Fees	45,347,566.00	42,897,294.00
<b>12</b>	Bank Charges	998.77	908.23
<b>13</b>	Computer/IT Services	141,024.81	116,033.52
<b>14</b>	Consulting Fees	0.00	7,823.00
<b>15</b>	Depreciation Expense	262,271.36	265,114.00
<b>16</b>	Dues & Subscriptions	150,599.25	150,150.73
<b>17</b>	Grants	3,912,500.00	2,551,645.75
<b>18</b>	Insurance	162,553.79	164,081.63
<b>19</b>	Labor	3,200,912.09	2,894,721.29
<b>20</b>	Legal & Professional Fees	101,030.00	89,666.20
<b>21</b>	License Expense	685,851.61	699,514.69
<b>22</b>	Marketing	1,166,564.91	946,042.72
<b>23</b>	Meals and Entertainment	13,714.34	15,616.87
<b>24</b>	Office Expenses	52,858.75	59,359.31
<b>25</b>	Parking	0.00	1,162.53
<b>26</b>	Postage & Delivery	2,014.67	2,787.33
<b>27</b>	Printing & Reproduction	1,949.93	2,458.65
<b>28</b>	Recruitment Expense	24,820.61	1,837.92
<b>29</b>	Rent	0.00	2,700.00
<b>30</b>	Seminars and Training	1,616.01	6,528.03
<b>31</b>	Supplies	7,523.04	9,586.96
<b>32</b>	Taxes	137,248,779.56	55,415,106.28
<b>33</b>	Telephone	31,868.17	31,335.21
<b>34</b>	Travel	244.69	17,332.47
<b>35</b>	<b>Total Expenses</b>	<b>\$ 192,517,262.36</b>	<b>\$ 106,348,807.32</b>
<b>36</b>	<b>Net Operating Income/ (Loss)</b>	<b>\$ 6,804,606.47</b>	<b>\$ 36,908,830.48</b>
<b>37</b>	<b>Other Income</b>		
<b>38</b>	Other Income	393,212.36	501,365.22
<b>39</b>	<b>Total Other Income</b>	<b>\$ 393,212.36</b>	<b>\$ 501,365.22</b>
<b>40</b>	<b>Net Other Income</b>	<b>\$ 393,212.36</b>	<b>\$ 501,365.22</b>
<b>41</b>	<b>Net Income/ (Loss)</b>	<b>\$ 7,197,818.83</b>	<b>\$ 37,410,195.70</b>

# Item #7

## Attachment 7.B

Compliance Report

RHA Commission Compliance – Regulatory Report



Regulatory Filings	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2021 YTD Total
<b># of DHCS Filings</b>													
<b>Administrative/Operational</b>	16	12	13	13	12	12	3						81
<b>Member &amp; Provider Materials</b>	5	2	2	3	2	0	0						14
<b># of DMHC Filings</b>	9	4	8	6	6	5	3						41

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

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

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

Fraud, Waste, & Abuse Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2021 YTD Total
<b># of New MC609 Cases Submitted to DHCS</b>	0	0	0	0	0	1	0						1
<b># of Cases Open for Investigation (Active Number)</b>	13	14	13	13	13	18	18						

**Summary of Potential Fraud, Waste & Abuse (FWA) cases**

Since the last report, there has been one MC609 filed. A participating psychologist, was referred to the Special Investigations Unit (SIU) by Managed Health Network (MHN) for billing outside the norm for frequency of visits. Referred on suspected abuse. There were no cases that needed to be referred to other law enforcement agencies by the Plan.

RHA Commission Compliance – Regulatory Report

Compliance Oversight & Monitoring Activities	Description
<p><b>CalViva Health Oversight Activities</b></p>	<p><b>Health Net</b>                      CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access &amp; availability, specialty referrals, utilization management data, grievances and appeals, etc.</p>
<p><b>Oversight Audits</b></p>	<p>The following annual audits are in-progress: Credentialing, Emergency Services, Claims &amp; PDR Audit, Call Center, and Provider Network and Provider Relations.</p> <p>Since the last meeting, no audits have been completed.</p>
Regulatory Reviews/Audits and CAPS	Status
<p><b>Department of Health Care Services (“DHCS”) Annual Network Certification (“ANC”)</b></p>	<p>The Plan submitted the 2021 ANC materials on 4/30/2021. On May 12, 2021 and June 3, 2021, the Plan submitted additional information in response to DHCS requests. Now awaiting DHCS findings.</p>
<p><b>Department of Health Care Services (“DHCS”) Subcontracted Network Certification (“SNC”) Readiness Plan</b></p>	<p>In 2022, DHCS is requiring plans to certify subcontracted networks as part of the ANC. (Since CalViva uses Health Net's direct network and their network of subcontracted provider groups and specialty plans, we will essentially be providing a certification of the same network we submit in the ANC referenced above.) In preparation for the 2022 ANC, DHCS requested all plans to submit a “Subcontracted Network Certification Readiness Plan” by June 1, 2021. The Plan submitted the SNC Readiness Plan on May 27, 2021. In response to a DHCS request for additional information, the Plan submitted a response on June 29, 2021.</p>
<p><b>2021 DMHC 18-Month Follow-Up Audit</b></p>	<p>The DMHC follow-up audit interviews were held 3/30/21. The Plan is awaiting the DMHC final report findings.</p> <p>The next routine DMHC medical survey for CalViva will be on 9/19/22.</p>
<p><b>Department of Health Care Services (“DHCS”) 2020 Medical Audit - CAP</b></p>	<p>The Plan received the DHCS Final 2020 Audit Report on 6/30/20 which resulted in two deficiencies requiring a corrective action plan (CAP). DHCS accepted the CAP for one deficiency and closed the deficiency on 8/28/20.</p> <p>The second finding was related to provider completion of the Individual Health Education Behavioral Assessment (IHEBA) as part of the Initial Health Assessment (IHA) within 120 days of enrollment. The actions for the IHEBA CAP are continuing as of July 2021 and the Plan provides periodic reports to DHCS on the progress of the CAP activities.</p> <p>The next routine DHCS medical audit for CalViva will be in April 2022 and will cover a 2-year look-back period as the 2021 audit was deferred due to the COVID-19 PHE.</p>

**RHA Commission Compliance – Regulatory Report**

<p><b>2019-20 Performance Evaluation Report of CalViva</b></p>	<p>DHCS contracts with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO) to perform an external, independent assessment of the quality and timeliness of, and access to health care that plans are providing to their members. On July 6, 2021, we received the Plan’s final 2019-20 Performance Evaluation Report from HSAG. HSAG had three recommendations related to CalViva performance. They were related to the 2020 DHCS Medical Audit and CAP (see above topic), dual eligibility calculations related to continuous enrollment criteria for performance measures and two QI PIPs. The Plan must submit a description of the actions taken from 7/1/20 through 6/30/21 to address the findings.</p> <p>Additionally, HSAG produces a report covering the performance of all plans in the 2019–20 Medi-Cal Managed Care External Quality Review Technical Report. CalViva specific performance data can be found in the report which is available to the public at: <a href="https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerfEQRTR.aspx">https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerfEQRTR.aspx</a>.</p>
<p><b>New Regulations / Contractual Requirements</b></p>	<p><b>Status</b></p>
<p><b>Medi-Cal Rx Transition</b></p>	<p>DHCS has not yet issued a new implementation date.</p>
<p><b>California Advancing and Innovating Medi-Cal (CalAIM)</b></p>	<p>CalViva Health continues to participate in DHCS calls, association calls and working with Health Net to implement the following key initiatives:</p> <ul style="list-style-type: none"> <li>• Major organ transplant carve-in – effective 1/1/22 for all CalViva counties and membership</li> <li>• Enhanced Care Management (ECM) and In lieu of Services (ILOS) will be implemented for Kings County 1/1/22 and Fresno &amp; Madera Counties 7/1/22</li> </ul> <p>DHCS is requiring plans to submit Model of Care (“MOC”) filings in phases describing how they plan to design, implement, and administer ECM &amp; ILOS. The Plan’s initial ECM-ILOS Model of Care was filed with DHCS 7/1/21.</p> <p>DHCS has a list of pre-approved ILOS that plans can implement. CalViva through its administrator, Health Net, is planning to offer all the services below on a phased in basis from 1/1/22 to 1/1/23 in our 3-county service area.</p> <ul style="list-style-type: none"> <li>• Housing Transition Navigation Services</li> <li>• Housing Tenancy and Sustaining Services</li> <li>• Recuperative Care (Medical Respite)</li> <li>• Meals/Medically Tailored Meals</li> <li>• Sobering Centers</li> <li>• Asthma Remediation</li> <li>• Housing Deposits</li> <li>• Environmental Accessibility Adaptations (Home Modifications)</li> <li>• Short-term Post-Hospitalization Housing</li> <li>• Respite Services</li> <li>• Day Habilitation Programs</li> <li>• Nursing Facility Transition/Diversion to Assisted Living Facilities</li> </ul>

**RHA Commission Compliance – Regulatory Report**

	<ul style="list-style-type: none"> <li>• Community Transition Services/Nursing Facility Transition to a Home</li> <li>• Personal Care and Homemaker Services</li> </ul>
<p><b>Medi-Cal Contract Amendments</b></p>	<p>A Medi-Cal contract amendment is being executed between DHCS and CalViva Health - Contract 10-87050 A15 Final Rule II Amendment. This amendment is effective retroactive to 7/1/2018 and covers the following:</p> <ul style="list-style-type: none"> <li>• Revised 2018 – 2019 capitation rates,</li> <li>• Language for Network Data Submissions,</li> <li>• QI PIP and EQRO language,</li> <li>• Behavioral Health Treatment (BHT) language, and</li> <li>• Other Final Rule provisions.</li> </ul>
<p><b>Plan Administration</b></p>	
<p><b>COVID-19 Novel Coronavirus</b></p>	<p>On 6/11/21 the Governor signed a “Mega Executive Order” or “MegaEO” (EO N-08-21) that repealed a significant number of previous EOs related to the COVID-19 Public Health Emergency. It also extended some EOs previously issued. For instance, the requirement temporarily eliminating Brown Act meeting in person requirements has been extended until 9/30/21.</p> <p>The Governor’s Office established a timeline and process to wind down provisions of the 58 COVID-related executive orders issued during the pandemic. The various EO provisions will sunset in phases, beginning in June, in July and in September. By the end of September, nearly 90 percent of the executive actions taken since March 2020 will have been lifted. Please also note many of the EOs listed in the MegaEO are not related to health care.</p> <p>EO N-08-21 can be found at: <a href="https://www.gov.ca.gov/wp-content/uploads/2021/06/6.11.21-EO-N-08-21-signed.pdf">https://www.gov.ca.gov/wp-content/uploads/2021/06/6.11.21-EO-N-08-21-signed.pdf</a></p> <p>The Plan continues to submit required reports to DMHC and DHCS. Due to easing of state and federal restrictions related to the public health emergency, we reopened the Palm office to members and public walk-in visitors on June 15, 2021. Our downtown office for walk-ins is still closed. Our administrator Health Net has indicated they will still continue to carry out operations on a remote basis until at least September 2021.</p>
<p><b>Committee Report</b></p>	
<p><b>Public Policy Committee</b></p>	<p>The Public Policy Committee met on June 9, 2021, via telephone conference due to the COVID-19 state of emergency. The following reports were presented: Q1 2021 Grievance and Appeals; the 2020 End-of-Year Health Education Work Plan; and the 2020 End-of-Year Cultural &amp; Linguistics Work Plan and 2021 Health Education and Cultural &amp; Linguistics Program Descriptions and Work Plans. A Population Needs Assessment Update was also provided to the Committee. The Public Policy Committee reviewed the Committee Charter. No changes were needed and the Committee approved the Charter with a recommendation to forward it to the Commission for final approval. There were no other recommendations for referral to the Commission.</p> <p>The next meeting will be held on September 1, 2021, at 11:30am and it is still to be determined if the meeting will be in person or if it will still be a teleconference due to COVID-19.</p>

# Item #7

## Attachment 7.C

Appeals & Grievances Dashboard

# CalViva Health

## Monthly Appeals and Grievances Dashboard

CY: 2021

Current as of End of the Month: May

Revised Date: 06/15/2021



CalViva Health Appeals and Grievances Dashboard 2021

PCP Assignment/Transfer - Mileage Inconvenience	4	4	10	18	16	7	0	23	0	0	0	0	0	0	0	0	0	41	58
Pharmacy - Authorization Issue	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	5
Pharmacy - Authorization Issue-CalViva Error	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Pharmacy - Eligibility Issue	8	5	8	21	10	10	0	20	0	0	0	0	0	0	0	0	0	41	144
Pharmacy - Quantity Limit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Pharmacy - Rx Not Covered	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Pharmacy - Pharmacy-Retail	8	2	2	12	4	2	0	6	0	0	0	0	0	0	0	0	0	18	45
Transportation - Access - Provider No Show	3	3	1	7	0	0	0	0	0	0	0	0	0	0	0	0	0	7	24
Transportation - Access - Provider Late	1	1	2	4	0	1	0	1	0	0	0	0	0	0	0	0	0	5	52
Transportation - Behaviour	4	4	1	9	0	4	0	4	0	0	0	0	0	0	0	0	0	13	119
Transportation - Other	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	12
OTHER - Other	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	7
OTHER - Balance Billing from Provider	8	4	16	28	12	15	0	27	0	0	0	0	0	0	0	0	0	55	161

CalViva Health Appeals and Grievances Dashboard 2021

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	8	6	9	23	1	6	0	7	0	0	0	0	0	0	0	0	30	115
Standard Appeals Received	45	68	90	203	59	68	0	127	0	0	0	0	0	0	0	0	330	918
<b>Total Appeals Received</b>	<b>53</b>	<b>74</b>	<b>99</b>	<b>226</b>	<b>60</b>	<b>74</b>	<b>0</b>	<b>134</b>	<b>0</b>	<b>360</b>	<b>1033</b>							
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.00%</b>	<b>99.7%</b>							
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Expedited Appeals Resolved Compliant	7	8	8	23	2	6	0	8	0	0	0	0	0	0	0	0	31	114
<b>Expedited Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.00%</b>	<b>99.1%</b>							
Standard Appeals Resolved Noncompliant	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Standard Appeals Resolved Compliant	51	45	76	172	84	55	0	139	0	0	0	0	0	0	0	0	311	916
<b>Standard Appeals Compliance Rate</b>	<b>98.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>99.4%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>99.68%</b>	<b>100.0%</b>							
<b>Total Appeals Resolved</b>	<b>59</b>	<b>53</b>	<b>84</b>	<b>196</b>	<b>86</b>	<b>61</b>	<b>0</b>	<b>147</b>	<b>0</b>	<b>343</b>	<b>1031</b>							
<b>Appeals Descriptions - Resolved Cases</b>																		
<b>Pre-Service Appeals</b>	<b>59</b>	<b>53</b>	<b>84</b>	<b>196</b>	<b>86</b>	<b>61</b>	<b>0</b>	<b>147</b>	<b>0</b>	<b>343</b>	<b>1029</b>							
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	1	4	5	1	1	0	2	0	0	0	0	0	0	0	0	7	17
DME	4	4	6	14	10	5	0	15	0	0	0	0	0	0	0	0	29	47
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	1	0	0	1	2	0	0	2	0	0	0	0	0	0	0	0	3	2
Advanced Imaging	22	18	34	74	37	21	0	58	0	0	0	0	0	0	0	0	132	488
Other	7	5	3	15	7	3	0	10	0	0	0	0	0	0	0	0	25	67
Pharmacy	20	24	33	77	24	26	0	50	0	0	0	0	0	0	0	0	127	362
Surgery	5	1	4	10	5	5	0	10	0	0	0	0	0	0	0	0	20	46
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Post Service Appeals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Decision Rates</b>																		
Upholds	35	33	47	115	53	32	0	85	0	0	0	0	0	0	0	0	200	577
<b>Uphold Rate</b>	<b>59.3%</b>	<b>62.3%</b>	<b>56.0%</b>	<b>58.7%</b>	<b>61.6%</b>	<b>52.5%</b>	<b>0.0%</b>	<b>57.8%</b>	<b>0.0%</b>	<b>58.3%</b>	<b>56.0%</b>							
Overturns - Full	22	17	35	74	31	28	0	59	0	0	0	0	0	0	0	0	133	432
<b>Overturn Rate - Full</b>	<b>37.3%</b>	<b>32.1%</b>	<b>41.7%</b>	<b>37.8%</b>	<b>36.0%</b>	<b>45.9%</b>	<b>0.0%</b>	<b>40.1%</b>	<b>0.0%</b>	<b>38.8%</b>	<b>41.9%</b>							
Overturns - Partial	1	2	2	5	0	1	0	1	0	0	0	0	0	0	0	0	6	12
<b>Overturn Rate - Partial</b>	<b>1.7%</b>	<b>3.8%</b>	<b>2.4%</b>	<b>2.6%</b>	<b>0.0%</b>	<b>1.6%</b>	<b>0.0%</b>	<b>0.7%</b>	<b>0.0%</b>	<b>1.7%</b>	<b>1.2%</b>							
Withdrawal	1	1	0	2	2	0	0	2	0	0	0	0	0	0	0	0	4	10
<b>Withdrawal Rate</b>	<b>1.7%</b>	<b>1.9%</b>	<b>0.0%</b>	<b>1.0%</b>	<b>2.3%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>1.4%</b>	<b>0.0%</b>	<b>1.2%</b>	<b>1.0%</b>							
<b>Membership</b>	<b>376,770</b>	<b>378,355</b>	<b>380,179</b>		<b>382,052</b>	<b>383,876</b>	<b>-</b>		<b>-</b>	<b>-</b>	<b>-</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>		<b>4,316,872</b>
Appeals - PTMPM	0.16	0.14	0.22	0.17	0.23	0.16	-	0.19	-	-	-	-	-	-	-	-	0.18	0.24
Grievances - PTMPM	0.20	0.27	0.36	0.28	0.32	0.37	-	0.34	-	-	-	-	-	-	-	-	0.30	0.27



CalViva Health Appeals and Grievances Dashboard 2021 (Fresno County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	6	4	9	19	1	4	0	5	0	0	0	0	0	0	0	0	24	96
Standard Appeals Received	37	49	80	166	46	59	0	105	0	0	0	0	0	0	0	0	271	789
<b>Total Appeals Received</b>	<b>43</b>	<b>53</b>	<b>89</b>	<b>185</b>	<b>47</b>	<b>63</b>	<b>0</b>	<b>110</b>	<b>0</b>	<b>295</b>	<b>885</b>							
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>99.7%</b>							
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Expedited Appeals Resolved Compliant	5	6	8	19	2	4	0	6	0	0	0	0	0	0	0	0	25	95
<b>Expedited Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>98.9%</b>							
Standard Appeals Resolved Noncompliant	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Standard Appeals Resolved Compliant	46	38	53	137	76	43	0	119	0	0	0	0	0	0	0	0	256	785
<b>Standard Appeals Compliance Rate</b>	<b>97.8%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>99.3%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>99.6%</b>	<b>100.0%</b>							
<b>Total Appeals Resolved</b>	<b>52</b>	<b>44</b>	<b>61</b>	<b>157</b>	<b>78</b>	<b>47</b>	<b>0</b>	<b>125</b>	<b>0</b>	<b>282</b>	<b>881</b>							
<b>Appeals Descriptions - Resolved Cases</b>																		
<b>Pre-Service Appeals</b>	<b>52</b>	<b>44</b>	<b>61</b>	<b>157</b>	<b>78</b>	<b>47</b>	<b>0</b>	<b>125</b>	<b>0</b>	<b>282</b>	<b>880</b>							
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	2	2	1	1	0	2	0	0	0	0	0	0	0	0	4	15
DME	4	4	6	14	10	3	0	13	0	0	0	0	0	0	0	0	27	38
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	1	0	0	1	2	0	0	2	0	0	0	0	0	0	0	0	3	2
Advanced Imaging	20	17	26	63	34	18	0	52	0	0	0	0	0	0	0	0	115	436
Other	7	5	3	15	5	2	0	7	0	0	0	0	0	0	0	0	22	58
Pharmacy	16	17	21	54	21	18	0	39	0	0	0	0	0	0	0	0	93	291
Surgery	4	1	3	8	5	5	0	10	0	0	0	0	0	0	0	0	18	40
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Post Service Appeals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Decision Rates</b>																		
Upholds	29	27	37	93	47	25	0	72	0	0	0	0	0	0	0	0	165	497
<b>Uphold Rate</b>	<b>55.8%</b>	<b>61.4%</b>	<b>60.0%</b>	<b>59.2%</b>	<b>60.3%</b>	<b>53.2%</b>	<b>0.0%</b>	<b>57.6%</b>	<b>0.0%</b>	<b>58.5%</b>	<b>56.4%</b>							
Overturns - Full	21	15	22	58	30	22	0	52	0	0	0	0	0	0	0	0	110	364
<b>Overturn Rate - Full</b>	<b>40.4%</b>	<b>34.1%</b>	<b>36.7%</b>	<b>36.9%</b>	<b>38.5%</b>	<b>46.8%</b>	<b>0.0%</b>	<b>41.6%</b>	<b>0.0%</b>	<b>39.0%</b>	<b>41.3%</b>							
Overturns - Partial	1	1	2	4	0	0	0	0	0	0	0	0	0	0	0	0	4	12
<b>Overturn Rate - Partial</b>	<b>1.9%</b>	<b>2.3%</b>	<b>3.3%</b>	<b>2.5%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>1.4%</b>	<b>1.4%</b>
Withdrawal	1	1	0	2	1	0	0	1	0	0	0	0	0	0	0	0	3	8
<b>Withdrawal Rate</b>	<b>1.9%</b>	<b>2.3%</b>	<b>0.0%</b>	<b>1.3%</b>	<b>1.3%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.8%</b>	<b>0.0%</b>	<b>1.1%</b>	<b>0.9%</b>							
<b>Membership</b>	<b>304,759</b>	<b>305,990</b>	<b>307,463</b>		<b>308,852</b>	<b>310,191</b>												<b>1700076</b>
Appeals - PTMPM	0.17	0.14	0.20	0.17	0.25	0.15	-	0.20	-	-	-	0.00	-	-	-	0.00	0.09	0.19
Grievances - PTMPM	0.21	0.27	0.36	0.28	0.35	0.38	-	0.37	-	-	-	0.00	-	-	-	0.00	0.16	0.21



CalViva Health Appeals and Grievances Dashboard 2021 (Kings County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
<b>Appeals Received</b>																		
Expedited Appeals Received	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	6
Standard Appeals Received	3	3	5	11	4	5	0	9	0	0	0	0	0	0	0	0	20	41
<b>Total Appeals Received</b>	<b>4</b>	<b>3</b>	<b>5</b>	<b>12</b>	<b>4</b>	<b>5</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>21</b>	<b>47</b>							
<b>Appeals Ack Letters Sent Noncompliant</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>							
<b>Expedited Appeals Resolved Noncompliant</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	6
<b>Expedited Appeals Compliance Rate</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Standard Appeals Resolved Noncompliant</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	1	3	5	9	3	4	0	7	0	0	0	0	0	0	0	0	16	45
<b>Standard Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>							
<b>Total Appeals Resolved</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>10</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>17</b>	<b>51</b>							
<b>Appeals Descriptions - Resolved Cases</b>																		
<b>Pre-Service Appeals</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>10</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>17</b>	<b>51</b>							
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	1	2	3	0	0	0	0	0	0	0	0	0	0	0	0	3	1
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	1	0	0	1	1	0	0	1	0	0	0	0	0	0	0	0	2	21
Other	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	4
Pharmacy	1	2	3	6	1	4	0	5	0	0	0	0	0	0	0	0	11	20
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Post Service Appeals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	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
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Decision Rates</b>																		
Upholds	1	2	1	4	2	2	0	4	0	0	0	0	0	0	0	0	8	26
<b>Uphold Rate</b>	<b>50.0%</b>	<b>66.7%</b>	<b>20.0%</b>	<b>40.0%</b>	<b>66.7%</b>	<b>50.0%</b>	<b>0.0%</b>	<b>57.1%</b>	<b>0.0%</b>	<b>47.1%</b>	<b>51.0%</b>							
Overturns - Full	1	0	4	5	0	1	0	1	0	0	0	0	0	0	0	0	6	24
<b>Overturn Rate - Full</b>	<b>50.0%</b>	<b>0.0%</b>	<b>80.0%</b>	<b>50.0%</b>	<b>0.0%</b>	<b>25.0%</b>	<b>0.0%</b>	<b>14.3%</b>	<b>0.0%</b>	<b>35.3%</b>	<b>47.1%</b>							
Overturns - Partial	0	1	0	1	0	1	0	1	0	0	0	0	0	0	0	0	2	0
<b>Overturn Rate - Partial</b>	<b>0.0%</b>	<b>33.3%</b>	<b>0.0%</b>	<b>10.0%</b>	<b>0.0%</b>	<b>25.0%</b>	<b>0.0%</b>	<b>14.3%</b>	<b>0.0%</b>	<b>11.8%</b>	<b>0.0%</b>							
Withdrawal	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	1
<b>Withdrawal Rate</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>33.3%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>14.3%</b>	<b>0.0%</b>	<b>5.9%</b>	<b>2.0%</b>							
<b>Membership</b>	<b>31,802</b>	<b>31,984</b>	<b>32,109</b>		<b>32,332</b>	<b>32,512</b>												<b>273008</b>
Appeals - PTMPM	0.06	0.09	0.16	0.10	0.09	0.12	-	0.11	-	-	-	0.00	-	-	-	0.00	0.05	0.14
Grievances - PTMPM	0.16	0.25	0.22	0.22	0.19	0.46	-	0.32	-	-	-	0.00	-	-	-	0.00	0.14	0.18



Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	1	2	0	3	0	2	0	2	0	0	0	0	0	0	0	0	5	13
Standard Appeals Received	5	16	5	26	9	4	0	13	0	0	0	0	0	0	0	0	39	88
<b>Total Appeals Received</b>	<b>6</b>	<b>18</b>	<b>5</b>	<b>29</b>	<b>9</b>	<b>6</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>44</b>	<b>101</b>							
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>							
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	1	2	0	3	0	2	0	2	0	0	0	0	0	0	0	0	5	13
<b>Expedited Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>							
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	4	4	18	26	5	8	0	13	0	0	0	0	0	0	0	0	39	86
<b>Standard Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>							
<b>Total Appeals Resolved</b>	<b>5</b>	<b>6</b>	<b>18</b>	<b>29</b>	<b>5</b>	<b>10</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>44</b>	<b>99</b>							
<b>Appeals Descriptions - Resolved Cases</b>																		
<b>Pre-Service Appeals</b>	<b>5</b>	<b>6</b>	<b>18</b>	<b>29</b>	<b>5</b>	<b>10</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>44</b>	<b>98</b>							
Continuity of Care	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
DME	0	0	0	0	0	2	0	2	0	0	0	0	0	0	0	0	2	6
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	1	1	8	10	2	3	0	5	0	0	0	0	0	0	0	0	15	31
Other	0	0	0	0	1	1	0	2	0	0	0	0	0	0	0	0	2	5
Pharmacy	3	5	9	17	2	4	0	6	0	0	0	0	0	0	0	0	23	51
Surgery	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	4
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Post Service Appeals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	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
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Decision Rates</b>																		
Upholds	5	4	9	18	4	5	0	9	0	0	0	0	0	0	0	0	27	54
<b>Uphold Rate</b>	<b>100.0%</b>	<b>66.7%</b>	<b>50.0%</b>	<b>62.1%</b>	<b>80.0%</b>	<b>50.0%</b>	<b>0.0%</b>	<b>60.0%</b>	<b>0.0%</b>	<b>61.4%</b>	<b>54.5%</b>							
Overturns - Full	0	2	9	11	1	5	0	6	0	0	0	0	0	0	0	0	17	44
<b>Overturn Rate - Full</b>	<b>0.0%</b>	<b>33.3%</b>	<b>50.0%</b>	<b>37.9%</b>	<b>20.0%</b>	<b>50.0%</b>	<b>0.0%</b>	<b>40.0%</b>	<b>0.0%</b>	<b>38.6%</b>	<b>44.4%</b>							
Overturns - Partial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Overturn Rate - Partial</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
<b>Withdrawal Rate</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>1.0%</b>
<b>Membership</b>	<b>40,209</b>	<b>40,381</b>	<b>40,607</b>		<b>40,868</b>	<b>41,173</b>												<b>343989</b>
Appeals - PTMPM	0.12	0.15	0.45	0.24	0.12	0.24	-	0.18	-	-	-	0.00	-	-	-	0.00	0.11	0.21
Grievances - PTMPM	0.17	0.25	0.47	0.30	0.17	0.19	-	0.18	-	-	-	0.00	-	-	-	0.00	0.12	0.20





CalViva Health Appeals and Grievances Dashboard 2021 (SPD)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	2	1	3	6	0	2	0	2	0	0	0	0	0	0	0	0	8	39
Standard Appeals Received	13	18	22	53	17	13	0	30	0	0	0	0	0	0	0	0	83	221
<b>Total Appeals Received</b>	<b>15</b>	<b>19</b>	<b>25</b>	<b>59</b>	<b>17</b>	<b>15</b>	<b>0</b>	<b>32</b>	<b>0</b>	<b>91</b>	<b>260</b>							
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>99.5%</b>							
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	2	1	2	5	1	2	0	3	0	0	0	0	0	0	0	0	8	34
<b>Expedited Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>							
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	12	14	20	46	20	14	0	34	0	0	0	0	0	0	0	0	80	214
<b>Standard Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>							
<b>Total Appeals Resolved</b>	<b>14</b>	<b>15</b>	<b>21</b>	<b>50</b>	<b>21</b>	<b>16</b>	<b>0</b>	<b>37</b>	<b>0</b>	<b>87</b>	<b>248</b>							
<b>Appeals Descriptions - Resolved Cases</b>																		
<b>Pre-Service Appeals</b>	<b>14</b>	<b>15</b>	<b>21</b>	<b>51</b>	<b>21</b>	<b>16</b>	<b>0</b>	<b>37</b>	<b>0</b>	<b>88</b>	<b>248</b>							
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	1	1	1	1	0	2	0	0	0	0	0	0	0	0	3	4
DME	2	2	1	5	5	1	0	6	0	0	0	0	0	0	0	0	11	24
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0
Advanced Imaging	3	4	10	17	7	7	0	14	0	0	0	0	0	0	0	0	31	97
Other	1	2	0	3	2	0	0	2	0	0	0	0	0	0	0	0	5	14
Pharmacy	8	6	9	23	5	7	0	12	0	0	0	0	0	0	0	0	35	100
Surgery	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	9
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Post Service Appeals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	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
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Decision Rates</b>																		
Upholds	7	9	12	28	9	7	0	16	0	0	0	0	0	0	0	0	44	123
<b>Uphold Rate</b>	<b>50.0%</b>	<b>60.0%</b>	<b>52.4%</b>	<b>56.0%</b>	<b>42.9%</b>	<b>43.8%</b>	<b>0.0%</b>	<b>43.2%</b>	<b>0.0%</b>	<b>50.6%</b>	<b>49.6%</b>							
Overturns - Full	6	6	8	20	11	9	0	20	0	0	0	0	0	0	0	0	40	116
<b>Overturn Rate - Full</b>	<b>42.9%</b>	<b>40.0%</b>	<b>38.1%</b>	<b>40.0%</b>	<b>52.4%</b>	<b>56.3%</b>	<b>0.0%</b>	<b>54.1%</b>	<b>0.0%</b>	<b>46.0%</b>	<b>46.77%</b>							
Overturns - Partial	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2	7
<b>Overturn Rate - Partial</b>	<b>0.0%</b>	<b>0.0%</b>	<b>9.5%</b>	<b>4.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>2.3%</b>	<b>2.8%</b>
Withdrawal	1	0	0	1	1	0	0	1	0	0	0	0	0	0	0	0	2	2
<b>Withdrawal Rate</b>	<b>7.1%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>2.0%</b>	<b>4.8%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>2.7%</b>	<b>0.0%</b>	<b>2.3%</b>	<b>0.8%</b>							
<b>Membership</b>	<b>33,854</b>	<b>33,850</b>	<b>33,872</b>	<b>33,913</b>	<b>33,913</b>	<b>33,987</b>												<b>101333</b>
Appeals - PTMPM	0.41	0.44	0.62	0.00	0.62	0.47	-	0.00	-	-	-	0.00	-	-	-	0.00	0.00	0.30
Grievances - PTMPM	1.27	1.18	1.45	0.00	1.56	1.56	-	0.00	-	-	-	0.00	-	-	-	0.00	0.00	0.52

**Cal Viva Dashboard Definitions**

<b>Categories</b>	<b>Description</b>
<b>GRIEVANCE</b>	Expression of dissatisfaction regarding any aspect of a plans or providers operations, contractual issues, activities or behaviors.
Expedited Grievances Received	Grievance received in the month with a TAT of 3 calendar days
Standard Grievances Received	Grievances received in the month with the standard 30 days TAT
Total Grievance Received	Amount of cases received within that month
Grievance Acknowledgement Sent Noncompliant	The number of Acknowledgement letters not sent within the 5 calendar day TAT
Grievance Acknowledgement Compliance Rate	Percentage of acknowledgement letters sent within 5 calendar days
Expedited Grievances Resolved Noncompliant	Expedited grievances closed after the 3 calendar day TAT
Expedited Grievances Resolved Compliant	Expedited grievances closed within the 3 calendar day TAT
Expedited Grievance Compliance Rate	Percentage of Expedited Grievances closed within the 3 calendar day TAT
Standard Grievances Resolved Noncompliant	Standard 30 day grievance cases closed after the 30 day TAT
Standard Grievances Resolved Compliant	Standard 30 day grievance cases closed within the 30 day TAT
Standard Grievance Compliance Rate	Percentage of cases closed within the 30 calendar day TAT
Total Grievances Resolved	Amount of cases closed for the month
<b>Quality of Service Grievances</b>	Grievances Related to non clinical concerns/administrative issues
Access to Care Grievance - Other	Long wait time for a scheduled appointment or unable to get an appointment with an ancillary provider
Access to Care Grievance - PCP	Long wait time for a scheduled appointment or unable to get an appointment with a PCP
Access to Care Grievance - Physical/OON	Access to care issues specifically due to physical distance or provider not being contracted with the plan
Access to Care Grievance - Specialist	Long wait time for a scheduled appointment or unable to get an appointment with a specialist
Administrative Grievance	Balance billing issue, claims delay in processing
Continuity of Care - Acute	Quality of service complaint/dispute regarding the continuity of care for acute care, as perceived by the enrollee from a provider.
Continuity of Care - Newborn	Quality of service complaint/dispute regarding the continuity of care for newborn care, as perceived by the enrollee from a provider.
Continuity of Care - Other	Quality of service complaint/dispute regarding the continuity of care for any other care not already categorized, as perceived by the enrollee from a provider.
Continuity of Care - Pregnancy	Quality of service complaint/dispute regarding the continuity of care for pregnancy care, as perceived by the enrollee from a provider.
Continuity of Care - Surgery	Quality of service complaint/dispute regarding the continuity of care for surgery, as perceived by the enrollee from a provider.
Continuity of Care - Terminal Illness	Quality of service complaint/dispute regarding the continuity of care for Terminal Illness, as perceived by the enrollee from a provider.
Interpersonal Grievance	Providers interaction with member
Mental Health	Grievances related to Mental Health providers/care
Other	All other QOS grievance types
Pharmacy	Long wait time for the drug to be called in or refilled
<b>Quality of Care Grievances</b>	Grievances Related to clinical concerns/possible impact to members health
Access to Care Grievance - Other	Long wait time for a scheduled appointment or unable to get an appointment with an ancillary provider
Access to Care Grievance - PCP	Long wait time for a scheduled appointment or unable to get an appointment with a PCP
Access to Care Grievance - Physical/OON	Access to care issues specifically due to physical distance or provider not being contracted with the plan
Access to Care Grievance - Specialist	Long wait time for a scheduled appointment or unable to get an appointment with a specialist
Mental Health	Grievances related to Mental Health providers/care
Other	All other QOC grievance types
PCP Care	Grievances related to quality of care provided by a PCP
PCP Delay	Grievances related to a delay in care provided by a PCP
Pharmacy	Wrong drug dispensed or adverse drug reaction.
Specialist Care	Grievances related to quality of care provided by a Specialist
Specialist Delay	Grievances related to a delay in care provided by a Specialist
<b>APPEALS</b>	Request for reconsideration. An oral or written request to change a decision or adverse determination.
Expedited Appeals Received	Appeals received in the month with a TAT of 3 calendar days
Standard Appeals Received	Appeals received in the month with a TAT of 30 calendar days
Total Appeals Received	Amount of cases received within that month
Appeals Acknowledgement Sent Non-compliant	Total number of acknowledgement letters not sent within the 5 calendar day TAT
Appeals Acknowledgement Compliance Rate	Percentage of Acknowledgement letters sent with the 5 calendar day TAT
Expedited Appeals Resolved Non-Compliant	Number of expedited appeals resolved after the 3 calendar day TAT
Expedited Appeals Resolved Compliant	Number of expedited appeals resolved within the 3 calendar day TAT
Expedited Appeals Compliance Rate	Percentage of expedited appeals closed with the 3 calendar day TAT
Standard Appeals Resolved Non-Compliant	Standard 30 day appeals resolved after the 30 calendar days
Standard Appeals Resolved Compliant	Standard 30 day appeals resolved within the 30 calendar days
Standard Appeals Compliance Rate	Percentage of Standard 30 calendar day TAT appeals closed within compliance
Total Appeals Resolved	Total number of appeals resolved for the month
<b>Appeal Descriptions</b>	
<b>Pre Service Appeal</b>	Any request for the reversal of a denied service prior to the services being rendered.
Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
Mental Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.
Pharmacy	Denied medication due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
<b>Post Service Appeal</b>	Any request for the reversal of a denied claim payment where the services were previously rendered.

Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
Mental Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.
Pharmacy	Denied medication due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
<b>Appeals Decision Rate</b>	Will include number of Upholds, Overturns, Partial overturns, and Withdrawals
Upholds	Number of Upheld Appeals
Uphold Rate	Percentage of Upheld appeals
Overturns - Full	Number of full overturned appeals
Overturn Rate - Full	Percentage of full overturned appeals
Overturn - Partial	Number of Partial Overturned appeals
Overturn Rate - Partial	Percentage of Partial Overturned appeals
Withdrawals	Number of withdrawn appeals
Withdrawal Rate	Percentage of withdrawn appeals
<b>EXEMPT GRIEVANCE</b>	Grievances received over the telephone that are not coverage dipsutes, disputed health care services involving medical necessity or experimental/investigational treatment that are resolved the the close of the next business day (1300.68 (d)(8)).
<b>Exempt Grievance tab key – Calviva Dashboard</b>	
<b>Column Definitions.</b>	
Date Opened	The date the case was received
SF #	The internal HealthNet system ID code for the CCC representative who documented the call
Rep Name	Name of the CCC associate who took the call
Sup Name	Supervisor of the CCC associate who took the call
Mbr ID	The Calviva Health ID number of the member
SPD	Marked "yes" if the member is part of the "Seniors & Persons with Disabilities" population
Date of Birth	Date of birth of the member
Mbr Name	Name of the member
Reason	The case was categorized as a Calviva Exempt Grievance, hence the reason it's on the report
Preventable	Used if an Exempt Grievance was determined to be preventable
Access to Care	Used if determined Exempt Grievance was related to Access to Care
Issue Main Classification	Case is categorized by type of complaint
Issue Sub Classification	Case is subcategorized by type of complaint
DMHC Complaint Category	Case is categorized based on the DMHC TAR template complaint category
Discrimination?	Marked "yes" if case involved perceived discrimination by the member, otherwise marked "no"
Resolution	The resolution to the exempt grievance is noted here
Date Reviewed	The date the case was reviewed by CCC exempt grievance personnel
Provider Involved	The provider involved in the exempt grievance is noted here
Provider Category	The type of provider that is involved
County	The county the member resides in is noted here
PPG	Whether the member is assigned to a PPG is noted here
Health Plan ID	The Internal HN Plan ID for the Provider Involved in the exempt grievance.
PPG Service Area	Internal HN Code for the PPG to whom the member belongs.
Yes	
<b>Classification Definitions</b>	
Authorization	Used when it's an Authorization/Referral issue related exempt grievance
Avail of Appt w/ Other Providers	The case is related to appointment availability of ancillary providers
Avail of Appt w/ PCP	The case is related to appointment availability of the PCP
Avail of Appt w/ Specialist	The case is related to appointment availability of a Specialist
Claims Complaint	The case is related to a claims issue/dispute
Eligibility Issue	The case is related to the members eligibility or lackthereof.
Health Care Benefits	When it's an exempt grievance related to a specific benefit, eg transportation
ID Card - Not Received	The case is related to the member having not received their ID card
Information Discrepancy	When the exempt grievance is related to being given wrong or misleading information
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	The case is related to the interpersonal behavior of a health plan staff member
Interpersonal - Behavior of Clinic/Staff - Provider	The case is related to the interpersonal behavior of a provider
Interpersonal - Behavior of Clinic/Staff - Vendor	The case is related to the interpersonal behavior of a vendor
Other	For miscellaneous exempt grievances
PCP Assignment/Transfer	
PCP Assignment/Transfer-Health Plan Assignment- Change Request	Use this when the member is upset/dissatisfied with the health plan's PCP assignment for the member, whether it be through the auto-assignment logic process or any other health plan assignments reasons.
PCP Assignment/Transfer-HCO Assignment - Change Request	Use this when the member is upset/dissatisfied with the health plan's PCP assignment for the member.This category will represent PCP assignments in which the assignment was made as a result of the 834 file HCO Input. "Electronic Assignment- HCO Input"
Pharmacy	The case is related to a pharmacy issue
Wait Time - In Office for Scheduled Appt	When the Access to Care complaint is in regards to wait time at a providers office
Wait Time - Too Long on Telephone	When the Access to Care complaint is in regards to being placed on hold or unable to get through by telephone
<b>The Outlier Tab</b>	This tab is used by the Reporting Team, CalViva, and A&G. The Reporting Team will use this tab to call out any outliers to the A&G team that were identified during the report creation such as trends or increase in volume of appeals and/or grievances. The Reporting team will send the outliers to the business when the Dashboard is sent for approval. CalViva will use this tab to call out any outliers to the A&G team that were identified during the report creation. The A&G Team will use this tab to document the reasons for the call out, trending, or unusual high numbers of complaints from the Reporting Team or CalViva on the outliers that were identified during the report creation or review of cases.
Month	This is used to track the month effected by the change that was made
Date	This is used to track the date the change was made
Outlier	This is the section that describes a brief explanation of the outlier such as increase number of PCP wait time complaints, trends, etc.
Explanation	This is the section that explains the outlier.
<b>Membership</b>	Excludes Kaiser membership and is addressed separately in a quarterly report by Kaiser Plan.
<b>PTMPM</b>	Per thousand members per month. PTMPM rates are calculated using the total number of appeals or grievances, divided by total membership and multiplied by 1,000

# Item #7

## Attachment 7.D

Key Indicator Report



# *Healthcare Solutions Reporting*

## **Key Indicator Report**

*Auth Based PPG Utilization Metrics for CALVIVA California SHP*  
*Report from 4/01/2021 to 4/30/2021*  
*Report created 5/25/2021*

***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:**

[Read Me](#)

[Main Report CalVIVA](#)

[CalVIVA Commission](#)

[CalVIVA Fresno](#)

[CalVIVA Kings](#)

[CalVIVA Madera](#)

[Glossary](#)

### **Contact Information**

#### Sections

Concurrent Inpatient TAT Metric  
TAT Metric  
CCS Metric  
Case Management Metrics

#### Contact Person

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**Key Indicator Report**  
**Auth Based PPG Utilization Metrics for CALVIVA California SHP**  
**Report from 4/01/2021 to 4/30/2021**  
 Report created 5/25/2021

ER utilization based on Claims data	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2020-Trenc	2021-01	2021-02	2021-03	2021-04	2021-Trend	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Qtr Trend	CY- 2020	YTD-2021	YTD-Trend	
																Quarterly Averages				Annual Averages					
Expansion Mbr Months	84,512	85,935	87,405	88,841	90,659	91,834	92,903	94,218	95,089		96,106	96,744	95,721	95,257		84,106	85,951	90,445	94,070	96,190		88,643	95,957		
Family/Adult/Other Mbr Mos	245,060	247,158	249,217	250,965	252,524	253,821	254,907	255,978	256,654		257,440	257,436	249,180	248,156		244,319	247,145	252,437	255,846	254,685		249,937	253,053		
SPD Mbr Months	34,647	34,669	34,734	34,767	34,809	34,804	34,834	34,819	34,774		34,716	34,560	34,031	33,833		34,617	34,683	34,793	34,809	34,436		34,726	34,285		
Admits - Count	1,616	1,793	1,938	2,059	2,251	2,089	2,158	2,027	2,010		2,018	1,820	2,155	2,018		2,204	1,782	2,133	2,065	1,998		2,046	505		
Expansion	509	581	627	666	690	703	718	663	572		563	533	679	654		625	572	686	651	592		634	141		
Family/Adult/Other	784	838	893	982	1,065	976	1,020	928	1,001		1,026	846	972	904		1,048	838	1,008	983	948		969	257		
SPD	318	372	415	409	494	408	415	432	434		422	435	494	452		527	368	437	427	450		440	106		
Admits Acute - Count	946	1,172	1,287	1,346	1,491	1,356	1,408	1,423	1,380		1,380	1,222	1,512	1,462		1,512	1,135	1,398	1,404	1,371		1,362	345		
Expansion	357	434	472	500	507	526	532	519	479		481	413	531	520		467	421	511	510	475		477	120		
Family/Adult/Other	300	389	416	462	515	454	499	493	491		500	412	531	514		559	368	477	494	481		475	125		
SPD	288	348	396	383	468	375	376	410	408		399	396	450	427		485	344	409	398	415		409	100		
Readmit 30 Day - Count	199	236	236	258	309	270	271	242	169		204	198	232	172		291	224	279	227	211		255	51		
Expansion	56	84	76	79	85	95	88	86	58		67	76	82	58		77	72	86	77	75		78	17		
Family/Adult/Other	54	68	67	74	99	78	78	61	39		52	40	53	31		82	63	84	59	48		72	13		
SPD	88	84	91	105	125	97	105	94	72		85	82	97	83		131	88	109	90	88		105	21		
**ER Visits - Count	7,587	9,401	10,781	12,304	11,325	10,651	10,941	10,436	9,728		9,257	9,038	10,562	7,188		16,638	9,256	11,427	10,368	9,619		11,922	2,314		
Expansion	2,434	3,129	3,391	3,856	3,631	3,362	3,427	3,214	3,167		2,937	2,806	2,999	1,953		3,770	2,918	3,616	3,269	2,914		3,393	734		
Family/Adult/Other	4,013	5,129	6,042	6,759	6,290	5,920	5,928	5,928	5,386		5,199	5,141	5,872	4,129		11,006	5,061	6,323	5,828	5,404		7,055	1,300		
SPD	1,133	1,331	1,324	1,409	1,389	1,330	1,331	1,256	1,165		1,108	1,036	1,231	716		1,839	1,263	1,376	1,251	1,125		1,432	277		
Admits Acute - PTMPY	31.2	38.2	41.6	43.1	47.3	42.7	44.1	44.3	42.8		42.6	37.7	46.6	45.1		50.0	37.0	44.4	43.8	42.3		43.8	10.6		
Expansion	50.7	60.6	64.8	67.5	67.1	68.7	68.7	66.1	60.4		60.1	51.2	66.6	65.5		66.6	58.8	67.8	65.1	59.3		64.6	15.0		
Family/Adult/Other	14.7	18.9	20.0	22.1	24.5	21.5	23.5	23.1	23.0		23.3	19.2	25.6	24.9		27.5	17.9	22.7	23.2	22.7		22.8	5.9		
SPD	99.7	120.5	136.8	132.2	161.3	129.3	129.5	141.3	140.8		137.9	137.5	158.7	151.4		168.1	119.0	140.9	137.2	144.6		141.3	34.9		
Bed Days Acute - PTMPY	166.0	207.3	233.0	269.9	264.8	237.3	243.8	258.4	299.6		355.0	250.6	232.8	227.3		246.0	202.3	257.2	267.4	279.4		243.6	88.6		
Expansion	265.0	321.6	347.3	451.4	382.0	386.5	403.9	373.4	479.4		531.2	363.6	367.9	337.4		349.2	311.8	406.3	419.2	420.8		373.3	133.0		
Family/Adult/Other	68.3	92.8	95.1	125.2	123.4	87.2	106.4	113.2	122.1		163.4	115.8	103.3	100.4		100.8	85.5	111.9	113.9	127.8		103.2	41.6		
SPD	611.7	740.4	933.5	849.1	985.3	938.5	822.6	1,015.7	1,116.7		1,289.3	939.9	871.0	925.7		1,018.2	762.0	924.3	984.9	1,034.6		922.4	326.4		
ALOS Acute	5.3	5.4	5.6	6.3	5.6	5.6	5.5	5.8	7.0		8.3	6.6	5.0	5.0		4.9	5.5	5.8	6.1	6.6		5.6	8.3		
Expansion	5.2	5.3	5.4	6.7	5.7	5.6	5.9	5.6	7.9		8.8	7.1	5.5	5.2		5.2	5.3	6.0	6.4	7.1		5.8	8.8		
Family/Adult/Other	4.6	4.9	4.8	5.7	5.0	4.1	4.5	4.9	5.3		7.0	6.0	4.0	4.0		3.7	4.8	4.9	4.9	5.6		4.5	7.0		
SPD	6.1	6.1	6.8	6.4	6.1	7.3	6.4	7.2	7.9		9.3	6.8	5.5	6.1		6.1	6.4	6.6	7.2	7.2		6.5	9.3		
Readmit % 30 Day	12.3%	13.2%	12.2%	12.5%	13.7%	12.9%	12.6%	11.9%	8.4%		10.1%	10.9%	10.8%	8.5%		13.2%	12.5%	13.1%	11.0%	10.6%		12.5%	10.1%		
Expansion	11.0%	14.5%	12.1%	11.9%	12.3%	13.5%	12.3%	13.0%	10.1%		11.9%	14.3%	12.1%	8.9%		12.3%	12.6%	12.6%	11.9%	12.7%		12.3%	11.9%		
Family/Adult/Other	6.9%	8.1%	7.5%	7.5%	9.3%	8.0%	7.6%	6.6%	3.9%		5.1%	4.7%	5.5%	3.4%		7.8%	7.5%	8.3%	6.0%	5.1%		7.4%	5.1%		
SPD	27.7%	22.6%	21.9%	25.7%	25.3%	23.8%	25.3%	21.8%	16.6%		20.1%	18.9%	19.6%	18.4%		24.9%	23.8%	24.9%	21.2%	19.5%		23.8%	20.1%		
**ER Visits - PTMPY	249.8	306.6	348.2	394.0	359.3	335.8	342.9	325.1	301.9		286.0	278.9	325.7	221.8		549.7	301.9	362.9	323.2	296.8		383.1	71.4		
Expansion	345.6	409.0	465.6	520.8	480.6	439.3	442.7	409.3	399.7		366.7	348.1	376.0	246.0		537.9	407.4	479.8	417.1	363.5		459.4	91.8		
Family/Adult/Other	196.5	249.0	290.9	323.2	298.9	279.9	290.4	277.9	251.8		242.3	239.6	282.8	199.7		540.6	245.8	300.6	273.3	254.6		338.7	61.6		
SPD	392.4	460.7	457.4	486.3	478.8	458.6	432.9	402.0			383.0	359.7	434.1	254.0		637.5	436.9	474.6	431.2	392.0		494.9	97.0		
Services	TAT Compliance Goal: 100%										TAT Compliance Goal: 100%					TAT Compliance Goal: 100%					TAT Compliance Goal: 100%				
Preservice Routine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	98.0%	100.0%		100.0%	100.0%	100.0%	100.0%	99.3%					
Preservice Urgent	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%		96.0%	100.0%	98.0%	98.0%		98.7%	99.3%	100.0%	99.3%	98.0%					
Postservice	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		98.0%	100.0%	98.0%	100.0%		100.0%	98.7%	100.0%	100.0%	98.7%					
Concurrent (inpatient only)	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%					
Deferrals - Routine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	95.4%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	98.5%					
Deferrals - Urgent	100.0%	-	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	Null	100.0%	Null		100.0%	99.0%	100.0%	100.0%	100.0%					
Deferrals - Post Service	NA	NA	NA	NA	NA	NA	NA	NA	NA		Null	Null	Null	Null		Null	Null	Null	Null	Null					
CCS %	CCS ID RATE										CCS ID RATE					CCS ID RATE					CCS ID RATE				
	8.24%	8.15%	8.30%	8.18%	8.16%	8.31%	8.29%	8.27%	8.25%		8.17%	8.29%	8.25%	8.21%		8.34%	8.23%	8.22%	8.27%	8.24%		8.27%	8.23%		
Total Number Of Referrals	207	176	178	232	166	161	164	127	113		136	154	265	173		783	561	559	404	555		2,307	728		
Pending	0	0	0	0	0	0	1	2	2		0	1	9	5		1	0	0	5	10		6	7		
Ineligible	6	9	15	8	12	11	2	4	2		7	8	22												

**Key Indicator Report**  
**Auth Based PPG Utilization Metrics for CALVIVA California SHP**  
**Report from 4/01/2021 to 4/30/2021**  
 Report created 5/25/2021

ER utilization based on Claims data	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2020-Trenc	2021-01	2021-02	2021-03	2021-04	2021-Trend	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Qtr Trend	CY- 2020	YTD-2021	YTD-Trend
<b>Total Cases Closed</b>	73	35	61	74	57	62	84	54	51		46	17	32	45		151	169	193	189	95		702	140	
<b>Cases Remained Open</b>	292	324	319	267	311	267	205	205	205		212	215	225	217		291	319	267	205	225		205	217	
<b>Integrated Case Management</b>																								
<b>Total Number Of Referrals</b>	139	156	144	214	188	159	178	160	150		123	119	118	92		373	439	561	488	360		1,861	452	
<b>Pending</b>	0	0	1	0	0	0	4	2	14		0	2	9	5		1	1	0	20	11		22	8	
<b>Ineligible</b>	10	6	12	12	26	13	32	33	32		19	10	9	6		23	28	51	97	38		199	48	
<b>Total Outreached</b>	129	150	131	202	162	146	142	125	104		104	107	100	81		349	410	510	371	311		1,640	396	
<b>Engaged</b>	57	66	70	108	94	88	78	77	69		74	76	72	55		172	193	290	224	222		879	276	
<b>Engagement Rate</b>	44%	44%	53%	53%	58%	60%	55%	62%	66%		71%	71%	72%	68%		49%	47%	57%	60%	71%		54%	70%	
<b>Total Screened and Refused/Decline</b>	22	22	21	34	22	16	23	16	10		8	9	10	8		55	65	72	49	27		241	36	
<b>Unable to Reach</b>	50	62	40	60	46	42	41	32	25		22	22	18	18		122	152	148	98	62		520	84	
<b>New Cases Opened</b>	57	66	70	108	94	88	78	77	69		74	76	72	55		172	193	290	224	222		879	276	
<b>Total Cases Closed</b>	55	37	50	51	65	80	92	85	63		60	60	52	48		105	142	196	240	172		683	218	
<b>Cases Remained Open</b>	221	252	289	359	397	314	292	292	292		310	322	330	327		184	289	314	292	330		292	327	
<b>Total Cases Managed</b>	228	240	276	339	381	417	407	373	357		378	394	406	408		279	367	533	541	526		990	578	
<b>Critical-Complex Acuity</b>	35	47	55	59	64	64	57	55	55		60	58	60	58		42	65	77	73	74		130	76	
<b>High/Moderate/Low Acuity</b>	193	193	221	280	317	353	350	318	302		318	336	346	350		237	302	456	468	452		860	502	
<b>Transitional Case Management</b>																								
<b>Total Number Of Referrals</b>	153	147	179	268	227	245	251	233	204		143	201	238	252		421	479	740	688	582		2,328	832	
<b>Pending</b>	0	0	0	0	0	0	0	0	25		0	0	22	17		0	0	0	25	22		25	17	
<b>Ineligible</b>	8	11	14	20	27	27	22	25	22		23	21	25	41		27	33	74	69	69		203	112	
<b>Total Outreached</b>	145	136	165	248	200	218	229	208	157		120	180	191	194		394	446	666	594	491		2,100	703	
<b>Engaged</b>	79	62	77	122	105	116	125	99	79		57	102	116	128		214	218	343	303	275		1,078	406	
<b>Engagement Rate</b>	54%	46%	47%	49%	53%	53%	55%	48%	50%		48%	57%	61%	66%		54%	49%	52%	51%	56%		51%	58%	
<b>Total Screened and Refused/Decline</b>	19	29	27	38	32	25	26	28	19		13	24	13	9		65	75	95	73	50		308	62	
<b>Unable to Reach</b>	47	45	61	88	63	77	78	81	59		50	54	62	57		115	153	228	218	166		714	235	
<b>New Cases Opened</b>	79	62	77	122	105	116	125	99	79		57	102	116	128		214	218	343	303	275		1,078	406	
<b>Total Cases Closed</b>	80	81	65	82	103	118	105	124	113		89	49	110	120		199	226	303	342	248		1,070	369	
<b>Cases Remained Open</b>	74	54	56	81	93	106	42	42	42		76	61	92	103		63	56	106	42	92		42	103	
<b>Total Cases Managed</b>	157	141	135	193	217	228	236	230	185		148	161	228	249		280	296	398	394	366		1,136	498	
<b>High/Moderate/Low Acuity</b>	157	141	135	193	217	228	236	230	185		146	159	226	249		280	296	398	394	364		1,136	496	
<b>Palliative Care</b>																								
<b>Total Number Of Referrals</b>	24	22	35	15	10	8	10	20	10		15	12	18	16		69	81	33	40	45		223	58	
<b>Pending</b>	1	0	0	0	0	0	2	5	0		2	0	6	6		0	1	0	7	8		4	8	
<b>Ineligible</b>	9	11	14	4	4	3	3	5	6		6	4	4	4		24	34	11	14	14		83	16	
<b>Total Outreached</b>	14	11	21	11	6	5	5	10	4		7	8	8	6		45	46	22	19	23		132	34	
<b>Engaged</b>	10	8	17	6	5	5	3	8	3		5	8	6	3		34	35	16	14	19		99	24	
<b>Engagement Rate</b>	71%	73%	81%	55%	83%	100%	60%	80%	75%		71%	100%	75%	50%		76%	76%	73%	74%	83%		75%	71%	
<b>Total Screened and Refused/Decline</b>	3	2	4	3	1	0	2	2	0		2	0	2	2		8	9	4	4	4		25	8	
<b>Unable to Reach</b>	1	1	0	2	0	0	0	1	0		0	0	0	1		3	2	2	1	0		8	2	
<b>New Cases Opened</b>	9	8	16	6	5	5	3	8	3		5	8	6	3		36	33	16	14	19		99	24	
<b>Total Cases Closed</b>	10	12	3	5	7	10	5	12	11		5	2	8	2		23	25	22	28	15		98	17	
<b>Cases Remained Open</b>	88	84	96	97	101	91	90	92	87		92	91	91	94		88	96	91	87	91		87	94	
<b>Total Cases Managed</b>	102	101	103	108	109	106	101	109	105		102	103	107	104		107	122	126	122	114		262	119	
<b>Behavioral Health Case Management</b>																								
<b>Total Number Of Referrals</b>	111	92	122	112	132	120	111	84	96		74	94	86	89		120	325	364	291	254		1,100	343	
<b>Pending</b>	0	0	0	0	0	0	0	0	6		0	0	2	2		0	0	0	6	2		6	3	
<b>Ineligible</b>	4	5	6	2	7	7	5	6	5		7	4	3	2		4	15	16	16	14		51	16	
<b>Total Outreached</b>	107	87	116	110	125	113	106	78	85		67	90	81	85		116	310	348	269	238		1,043		

Key Indicator Report  
 Auth Based PPG Utilization Metrics for CALVIVA California SHP  
 Report from 4/01/2021 to 4/30/2021  
 Report created 5/25/2021

ER utilization based on Claims data	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2020-Trenc	2021-01	2021-02	2021-03	2021-04	2021-Trend	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Qtr Trend	CY- 2020	YTD-2021	YTD-Trend
	Record Processing										Record Processing					Record Processing				Record Processing				
<b>Total Records</b>	5,414	7,551	7,558	7,566	7,570	6,699	6,785	4,586	4,594		1,972	1,769	2,110	1,981		23,580	20,523	21,835	22,827	5,851		81,903	7,832	
<b>Total Admissions</b>	1,595	2,072	2,069	2,066	2,060	2,001	2,055	1,617	1,610		1,821	1,650	1,975	1,854		6,537	5,736	6,127	6,342	5,446		23,682	7,300	

# Item #7

## Attachment 7.E

QIUM Quarterly Summary Report



## REPORT SUMMARY TO COMMITTEE

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**TO:** Fresno-Kings-Madera Regional Health Authority Commissioners

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

**COMMITTEE**

**DATE:** July 15<sup>th</sup>, 2021

**SUBJECT:** CalViva Health QI & UM Update of Activities Quarter 2 2021 (July 2021)

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### **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 2 of 2021.

### **I. Meetings**

One meeting was held in Quarter 2, in May 2021. The following guiding documents were approved at the May meeting:

1. 2020 Culture & Linguistics (C & L) End of Year Evaluation
2. 2021 C & L Program Description
3. 2021 C & L Work Plan
4. 2020 C & L Language Assistance Program Report
5. 2020 Health Education End of Year Evaluation
6. 2021 Health Education Program Description
7. 2021 Health Education Work Plan

In addition, the following general documents were approved at the meetings:

1. Pharmacy Formulary & Provider Updates
2. Medical Policies

### **II. QI Reports** - The following is a summary of some of the reports and topics reviewed:

1. The **Appeal and Grievance Dashboard & Quarterly A & G Reports** provide a summary of all grievances in order to track volumes, turn-around times and case classifications. A year-to-year evaluation is also presented.
  - a. The total number of grievances through March 2021 (Q1) demonstrated an increase in volumes in Q1 compared to 2020 results.
  - b. Although March was busiest in recent months, compliance has remained high.
  - c. Transportation related metrics demonstrate increase in volumes with some late and missed transports. This issue is being monitored closely to ensure improvement plans and CAPs are in place and actions are taken when indicated.
  - d. Appeals through Q1 remain consistent with recent months. The majority of cases are attributable to advanced imaging and pharmacy denials. Advanced Imaging volumes have shifted to MRI requests this quarter.

2. The **A & G Validation Audit Report** is a new report prepared by the Medical Management team to provide a summary of the results and findings associated with the weekly A&G file validations completed to ensure compliance with regulatory requirements and ongoing readiness for DHCS/DMHC audits. This report provides a summary of Quarter 1 2021 case reviews, performed to evaluate whether cases met compliance standards and provided adequate evidence to fully support the grievance or appeal response or decision in a timely and complete manner.  
In Q1, ninety-one percent (91%) of cases met compliance standards when initially transferred to CalViva. All documents identified to be missing from the cases were obtained and inserted to complete the file before closing out the month. Trends in non-compliance are also monitored and addressed accordingly.
3. **Provider Office Wait Time Report** summarizes efforts to monitor how long members wait to be seen by a provider in the office or clinic. This is one of the ways we monitor timely access to care and services. In Q1 2021, all three counties were within the 30-minute office wait time threshold for both mean and median metrics. Fifty-nine (59) providers submitted office wait time data in quarter 1 for a total of 1,253 patients monitored.
4. **Additional Quality Improvement Reports** including Potential Quality Issues (PQI) Report and others scheduled for presentation at the QI/UM Committee during Q2.

### III. **UMCM Reports** - The following is a summary of the reports and topics reviewed:

1. **The Key Indicator Report (KIR) & UM Concurrent Review Report** provide data through March 31<sup>st</sup>, 2021. Quarterly comparisons are reviewed with the following results:
  - a. Overall membership continues to increase.
  - b. In-hospital utilization rates for TANF, SPD and MCE populations increased in Q1 compared to Q4 2020.
  - c. The number of ER Visits for Q1 2021 represents a slight decrease from previous year.
  - d. The average "Length of Stay" decreased in March, compared to previous months.
  - e. Turn-around-time compliance dropped slightly to 98% in three metrics due to technical and training issues. Technical and training issues have been addressed.
  - f. Case Management results for Q1 2021 demonstrate positive results in all areas consistent with previous months.
2. **PA Member Letter Monitoring Report** summarizes monitoring activities for Notice of Action (NOA) letters including Prior Authorizations, Concurrent, and Post Service denials. Goals set for 100%. All metrics improved to 95% or higher except one. Medical Management has implemented a weekly audit meeting to review and analyze any failures and weekly progressive coaching of staff.
3. **Additional UMCM Reports** including Concurrent Review IRR Report, TurningPoint, and others scheduled for presentation at the QI/UM Committee during Q2.

**Pharmacy quarterly reports** include Executive Summary, Pharmacy Call Report, Operation Metrics, Top 30 Medication Prior Authorization (PA) Requests, Pharmacy Interrater Reliability Results (IRR), and quarterly Formulary changes which were all reviewed.

1. All first quarter 2021 pharmacy prior authorization metrics were within 5% of standard.
2. PA requests were down slightly in volume in Q1. Narcotic pain meds and diabetes management medications were the top 2 requests this quarter.
3. Interrater Reliability Results met the 90% threshold.

### IV. **HEDIS® Activity**

In Q2, HEDIS® related activities were focused on finalizing and preparing **Measurement Year (MY)2020 full HEDIS® Data for submission** to HSAG & DHCS for the Managed Care Accountability Set (MCAS) measures. Final Attestations and IDSS submission were completed by the June 15<sup>th</sup> deadline. Medi-Cal Managed Care (MCMC) health plans currently have 18 quality measures (MCAS) that we will be evaluated on this year. The Minimum Performance Level (MPL) remains at the 50<sup>th</sup> percentile.  
Our current improvement projects are:

- **Breast Cancer Screening (BCS) PIP** (Performance Improvement Project) restarted this year. Module 1 was approved and the Module 2 is due in July. The team plans to proceed with educational events this fall.
- **Chlamydia (CHL) Screening –improve screening for young women** – Two PDSA Cycles have been completed with positive results. Screening for Chlamydia (urine sample) has been integrated into routine care for young women 16 to 24 years old at the Madera clinic we have been working with. Improvement strategies to be shared with other providers in Madera and also in Fresno and Kings counties.
- **Childhood Immunizations (CIS-10) PIP** restarted this year. Modules 1 and 2 have been approved and Module 3 “Intervention Planning” is due in July. The team is planning an educational campaign that will utilize text messaging to connect with and begin parent education on the importance of timely and complete immunizations for children 0- 2 years old.

Additionally, 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. The second CalViva COVID-19 QIP report was submitted to DHCS on March 19<sup>th</sup>, 2021 and accepted by DHCS. The COVID 19 QIP is expected to continue later this year. We are awaiting instructions from DHCS on methodology and reporting format for 2021.

## **VI. Findings/Outcomes**

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

# Item #7

## Attachment 7.F

Credentialing Sub-Committee  
Quarterly Report



## REPORT SUMMARY TO COMMITTEE

**TO:** Fresno-Kings-Madera Regional Health Authority Commissioners  
CalViva QI/UM Committee

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

**COMMITTEE DATE:** July 15<sup>th</sup>, 2021

**SUBJECT:** CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 2 2021

**Purpose of Activity:**

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 2<sup>nd</sup> Quarter 2021 CalViva Health Credentialing Sub-Committee activities.

- I. The Credentialing Sub-Committee met on May 20<sup>th</sup>, 2021. At the May 20<sup>th</sup> meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services.
- II. Reports covering the fourth quarter for 2020 were reviewed for delegated entities and the first quarter 2021 for MHN and Health Net. A summary of the fourth quarter data is included in the table below.

III. Table 1. Fourth Quarter 2020 Credentialing/Recredentialing

	Sante	ChildNet	MHN	Health Net	La Salle	ASH	Engolve Vision	IMG	CVMP	Adventist	Totals
Initial credentialing	46	5	35	30	53	1	1	5	17	30	<b>223</b>
Recredentialing	98	33	27	21	37	0	1	19	6	0	<b>242</b>
Suspensions	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Resignations (for quality of care only)	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Totals</b>	<b>144</b>	<b>38</b>	<b>62</b>	<b>51</b>	<b>90</b>	<b>1</b>	<b>2</b>	<b>24</b>	<b>23</b>	<b>30</b>	<b>465</b>

- IV. The 2021 Credentialing Sub-Committee Charter was presented and approved without changes.
- V. There was no case activity to report for the Quarter 1 2021 Credentialing Report from Health Net.

# Item #7

## Attachment 7.G

Peer Review Sub-Committee  
Quarterly Report



## REPORT SUMMARY TO COMMITTEE

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**TO:** Fresno-Kings-Madera Regional Health Authority Commissioners  
CalViva QI/UM Committee

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

**COMMITTEE DATE:** July 15<sup>th</sup>, 2021

**SUBJECT:** CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 2 2021

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### **Purpose of Activity:**

This report is to provide the QI/UM Committee and RHA Commission with a summary of the CalViva Health Peer Review Sub-Committee activities. All Peer Review information is confidential and protected by law under the Knox Keene Health Care Services Plan Act of 1975, Section 1370 which prohibits disclosure to any parties outside the peer review process.

- I. The Peer Review Sub-Committee met on May 20<sup>th</sup>, 2021. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 1 2021 were reviewed for approval. There were no significant cases to report.
- II. The 2021 Peer Review Sub-Committee Charter was reviewed and approved without changes.
- III. The Quarter 1 2021 Peer Count Report was presented at the meeting with a total of 5 cases reviewed. The outcomes for these cases are as follows:
  - There were two (2) cases closed and cleared. There was one (1) case pending closure for Corrective Action Plan compliance. There were no cases (0) with outstanding CAPs. There were two (2) case pended for further information.
- IV. Follow up will be initiated to obtain additional information for the tabled case and ongoing monitoring and reporting will continue.

# Item #7

## Attachment 7.H

Operations Report

IT Communications and Systems									
IT Communications and Systems	Active Presence of an External Vulnerability within Systems	YES	Description: A good status indicator is all potential external vulnerabilities scanned and a very low identification of confirmed and/or potential vulnerabilities.						
	Active Presence of Viruses within Systems	NO	Description: A specific type of malware (designed to replicate and spread) intended to run and disable computers and/or computer systems without the users knowledge.						
	Active Presence of Failed Required Patches within Systems	NO	Description: A good status indicator is all identified and required patches are successfully being installed.						
	Active Presence of Malware within Systems	NO	Description: Software that is intended to damage or disable computers and computer systems.						
	Active Presence of Failed Backups within Systems	NO	Description: A good status indicator is all identified and required backups are successfully completed.						
	Average Age of Workstations	3 Years	Description: Identifies the average Computer Age of company owned workstations.						
Message From The COO	The Plan is monitoring two high-profile vulnerabilities which have impacted two prominent software organizations. One of these organizations is Microsoft. The other organization is Kaseya.								
Privacy and Security									
Privacy and Security	Risk Analysis (Last Completed mm/yy: 11/20)	Privacy Risk Rating: 9 Risks / Grade: A  Security Risk Rating: 10 Risks / Grade: A	Description: Conducting an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of PHI and ePHI held by the Health Plan. A Letter Grade is assigned: A (90%-100%), B (80-89%), C (74-79%), D (70%-73%), and D- (0-69%) based on risk assessment questions marked yes and remediated. The denominator is the total # of questions in the assessment.						
	Eff. Date & Last Annual Mail Date of NPP (mm/yy)	4/18 & 6/21	Description: Notice of Privacy Practices (NPP) describes how PHI may be used and disclosed. The NPP is review and updated when appropriate. The NPP is distributed upon enrollment and annually thereafter						
	Active Business Associate Agreements	5	Description: A signed agreement is required of any person/entity who is not a member of CalViva Health's workforce who will create or receive PHI of behalf of CalViva Health.						
	<b># Of Potential Privacy &amp; Security Breach Cases reported to DHCS and HHS (if applicable)</b>								
	Year	2021	2021	2021	2021	2021	2021	2021	2021
	Month	Jan	Feb	Mar	Apr	May	Jun	Jul	
	No/Low Risk	2	2	4	6	4	5	1	
	High Risk	0	1	1	0	0	1	0	
	<b>Total Cases By Month</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>6</b>	<b>4</b>	<b>6</b>	<b>1</b>	
	Year	2015	2016	2017	2018	2019	2020	2021	
No/Low Risk	54	36	28	38	23	28	24		
High Risk	3	5	1	1	2	3	3		
<b>Total Cases By Year</b>	<b>57</b>	<b>41</b>	<b>29</b>	<b>39</b>	<b>25</b>	<b>31</b>	<b>27</b>		
Message from the COO	A new High Risk case was reported in June 2021 since our last meeting. Membership impact was 1. No media or State Notifications required.								



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		Year	2019	2020	2020	2020	2020	2021
		Quarter	Q4	Q1	Q2	Q3	Q4	Q1
Member Call Center CalViva Health Website	(Main) Member Call Center	# of Calls Received	27,416	29,707	20,544	23,684	23,685	26,346
		# of Calls Answered	27,140	29,564	20,407	23,488	23,520	26,119
		Abandonment Level (Goal < 5%)	1.00%	0.50%	0.70%	0.80%	0.70%	0.90%
		Service Level (Goal 80%)	86%	96%	98%	93%	95%	93%
	Behavioral Health Member Call Center	# of Calls Received	1,132	1,228	1,028	1,798	936	1,196
		# of Calls Answered	1,124	1,218	1,022	1,752	927	1,189
		Abandonment Level (Goal < 5%)	0.70%	0.80%	0.60%	2.60%	1.00%	0.60%
		Service Level (Goal 80%)	87%	93%	94%	78%	89%	94%
	Transportation Call Center	# of Calls Received	16,264	17,872	11,717	10,011	9,867	7,364
		# of Calls Answered	16,085	17,765	11,506	9,801	9,808	7,209
		Abandonment Level (Goal < 5%)	1.10%	0.60%	1.80%	2.10%	0.60%	1.60%
		Service Level (Goal 80%)	83%	83%	76%	44%	76%	61%
	CalViva Health Website	# of Users	20,000	21,000	16,000	22,000	25,000	33,000
Top Page		Find a Provider	Main Page					
Top Device		Mobile (57%)	Mobile (60%)	Mobile (56%)	Mobile (63%)	Mobile (61%)	Mobile (57%)	
Session Duration		~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 1 minutes	
Message from the COO	Q2 2021 numbers are not yet available. There is no additional information to provide related to the Call Center and Website to provide at this time.							



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Provider Network Activities & Provider Relations	Year	2020	2020	2021	2021	2021	2021	2021	
	Month	Nov	Dec	Jan	Feb	Mar	Apr	May	
	Hospitals	10	10	10	10	10	10	10	
	Clinics	141	140	144	142	143	144	143	
	PCP	380	386	389	390	388	385	372	
	PCP Extender	219	220	229	234	235	241	253	
	Specialist	1452	1456	1455	1453	1445	1441	1436	
	Ancillary	194	195	196	201	210	210	210	
	Year	2019	2019	2020	2020	2020	2020	2020	2021
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q1
	Pharmacy	151	152	151	153	152	154	155	
	Behavioral Health	342	368	356	357	354	359	376	
	Vision	42	41	42	45	47	46	47	
	Urgent Care	13	12	12	11	12	11	12	
	Acupuncture	6	5	4	5	7	7	7	
	Year	2019	2019	2020	2020	2020	2020	2020	2021
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q1
	% of PCPs Accepting New Patients - Goal (85%)	90%	93%	93%	93%	94%	94%	95%	
	% Of Specialists Accepting New Patients - Goal (85%)	95%	95%	94%	97%	96%	96%	96%	
	% Of Behavioral Health Providers Accepting New Patients - Goal (85%)	72%	78%	82%	95%	96%	98%	97%	
	Year	2020	2020	2021	2021	2021	2021	2021	2021
	Month	Nov	Dec	Jan	Feb	Mar	Apr	May	
	Providers Touched by Provider Relations	205	241	75	271	216	273	181	
	Provider Trainings by Provider Relations	0	0	54	79	228	37	53	
	Year	2015	2016	2017	2018	2019	2020	2021	
	Total Providers Touched	2,003	2,604	2,786	2,552	1,932	3,354	1,016	
	Total Trainings Conducted	550	530	762	808	1,353	257	451	
<b>Message From the COO</b>	The network has remained relatively stable since our last meeting, however we did observe a drop in PCPs in May 2021. Management is monitoring. There are currently no updates as it pertains to our completed Network Adequacy filings for both the DMHC and the DHCS for calendar year 2021.								

	Year	2019	2019	2020	2020	2020	2020	2021	
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
<b>Claims Processing</b>	<b>Medical Claims Timeliness (30 days / 45 days)</b> <b>Goal (90% / 95%) - Deficiency Disclosure</b>	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	
	<b>Behavioral Health Claims Timeliness (30 Days / 45 days)</b> <b>Goal (90% / 95%) - Deficiency Disclosure</b>	97%/98% N/A	98% / 99% N/A	99% / 99% N/A	99% / 99% N/A	97% / 99% N/A	99% / 99% N/A	99% / 99% N/A	
	<b>Pharmacy Claims Timeliness (30 Days / 45 Days)</b> <b>Goal (90% / 95%) - Deficiency Disclosure</b>	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	
	<b>Acupuncture Claims Timeliness (30 Days / 45 Days)</b> <b>Goal (90% / 95%) - Deficiency Disclosure</b>	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	
	<b>Vision Claims Timeliness (30 Days / 45 Days)</b> <b>Goal (90% / 95%) - Deficiency Disclosure</b>	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	
	<b>Transportation Claims Timeliness (30 Days / 45 Days)</b> <b>Goal (90% / 95%) - Deficiency Disclosure</b>	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	
	<b>PPG 1 Claims Timeliness (30 Days / 45 Days)</b> <b>Goal (90% / 95%) - Deficiency Disclosure</b>	100% / 100% NO	100% / 100% NO	100% / 100% NO	95% / 97% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	
	<b>PPG 2 Claims Timeliness (30 Days / 45 Days)</b> <b>Goal (90% / 95%) - Deficiency Disclosure</b>	93% / 99% NO	93% / 100% NO	96% / 100% NO	85% / 100% NO	95% / 100% NO	95% / 100% NO	91% / 98% NO	
	<b>PPG 3 Claims Timeliness (30 Days / 45 Days)</b> <b>Goal (90% / 95%) - Deficiency Disclosure</b>	99% / 100% NO	99% / 100% NO	100% / 100% NO	100% / 100% NO	93% / 100% NO	92% / 100% NO	98% / 99% NO	
	<b>PPG 4 Claims Timeliness (30 Days / 45 Days)</b> <b>Goal (90% / 95%) - Deficiency Disclosure</b>	89% / 100% YES	88% / 98% YES	96% / 99% NO	82% / 100% YES	100% / 100% YES	99% / 100% YES	99% / 100% YES	
	<b>PPG 5 Claims Timeliness (30 Days / 45 Days)</b> <b>Goal (90% / 95%) - Deficiency Disclosure</b>	99% / 100% YES	100% / 100% YES	100% / 100% NO	87% / 100% YES	98% / 98% YES	99% / 100% YES	93% / 98% NO	
	<b>PPG 6 Claims Timeliness (30 Days / 45 Days)</b> <b>Goal (90% / 95%) - Deficiency Disclosure</b>	99% / 100% YES	98% / 98% YES	98% / 100% NO	73% / 100% YES	99% / 100% YES	90% / 92% YES	100% / 100% NO	
	<b>PPG 7 Claims Timeliness (30 Days / 45 Days)</b> <b>Goal (90% / 95%) - Deficiency Disclosure</b>	100% / 100% NO	99% / 100% NO	99% / 100% NO	92% / 100% NO	100% / 100% NO	99% / 100% NO	100% / 100% NO	
	<b>PPG 8 Claims Timeliness (30 Days / 45 Days)</b> <b>Goal (90% / 95%) - Deficiency Disclosure</b>	100% / 100% NO	99% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	98% / 100% NO	96% / 100% NO	
	<b>Message from the COO</b>	Quarter 1 numbers are available. All areas met goal as it relates to claims timeliness. Management is continuing to monitor the corrective action plan submitted by PPG 4 as it pertains to their Deficiency Disclosures and their timeline to achieve compliance.							

	Year	2019	2019	2020	2020	2020	2020	2021	
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
<b>Provider Disputes</b>	<b>Medical Provider Disputes Timeliness (45 days)</b> Goal (95%)	96%	95%	97%	99%	99%	99%	99%	
	<b>Behavioral Health Provider Disputes Timeliness (45 days)</b> Goal (95%)	100%	90%	99%	100%	100%	100%	100%	
	<b>Acupuncture Provider Dispute Timeliness (45 Days)</b> Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	<b>Vision Provider Dispute Timeliness (45 Days)</b> Goal (95%)	100%	100%	N/A	100%	100%	100%	100%	
	<b>Transportation Provider Dispute Timeliness (45 Days)</b> Goal (95%)	N/A	N/A	100%	N/A	N/A	N/A	N/A	
	<b>PPG 1 Provider Dispute Timeliness (45 Days)</b> Goal (95%)	89%	64%	92%	100%	91%	88%	95%	
	<b>PPG 2 Provider Dispute Timeliness (45 Days)</b> Goal (95%)	100%	100%	97%	100%	100%	100%	100%	
	<b>PPG 3 Provider Dispute Timeliness (45 Days)</b> Goal (95%)	100%	100%	87%	91%	97%	66%	35%	
	<b>PPG 4 Provider Dispute Timeliness (45 Days)</b> Goal (95%)	95%	99%	100%	100%	100%	100%	100%	
	<b>PPG 5 Provider Dispute Timeliness (45 Days)</b> Goal (95%)	93%	100%	100%	100%	100%	100%	97%	
	<b>PPG 6 Provider Dispute Timeliness (45 Days)</b> Goal (95%)	67%	100%	100%	100%	100%	100%	100%	
	<b>PPG 7 Provider Dispute Timeliness (45 Days)</b> Goal (95%)	100%	100%	100%	100%	98%	99%	99%	
	<b>PPG 8 Provider Dispute Timeliness (45 Days)</b> Goal (95%)	N/A	N/A	N/A	N/A	100%	100%	100%	
	<b>Message from the COO</b>	Quarter 1 numbers available. Most areas met goal. Management is monitoring a corrective action plan from PPG 3 on their efforts to attain compliance.							

# Item #7

## Attachment 7.1

Executive Dashboard



	2020	2020	2020	2020	2020	2020	2020	2020	2020	2021	2021	2021	2021	2021
Month	May	June	July	August	September	October	November	December	January	February	March	April	May	
<b>CVH Members</b>														
Fresno	286,059	289,126	291,870	294,617	298,003	300,085	302,118	303,493	304,759	305,990	307,463	308,852	310,191	
Kings	30,168	30,421	30,624	30,827	31,085	31,230	31,450	31,570	31,802	31,984	32,109	32,332	32,512	
Madera	38,054	38,457	38,713	39,035	39,329	39,530	39,733	39,919	40,209	40,381	40,607	40,868	41,173	
<b>Total</b>	<b>354,281</b>	<b>358,004</b>	<b>361,207</b>	<b>364,479</b>	<b>368,417</b>	<b>370,845</b>	<b>373,301</b>	<b>374,982</b>	<b>376,770</b>	<b>378,355</b>	<b>380,179</b>	<b>382,052</b>	<b>383,876</b>	
SPD	33,195	33,406	33,456	33,556	33,578	33,704	33,785	33,844	33,854	33,850	33,872	33,913	33,987	
<b>CVH Mrkt Share</b>	<b>71.01%</b>	<b>70.82%</b>	<b>70.68%</b>	<b>70.52%</b>	<b>70.40%</b>	<b>70.32%</b>	<b>70.21%</b>	<b>70.10%</b>	<b>70.02%</b>	<b>69.92%</b>	<b>69.84%</b>	<b>69.74%</b>	<b>69.64%</b>	
<b>ABC Members</b>														
Fresno	105,487	107,750	109,576	111,590	113,570	114,867	116,308	117,408	118,389	119,495	120,612	121,802	123,048	
Kings	19,218	19,423	19,591	19,758	20,020	20,139	20,380	20,546	20,697	20,865	20,994	21,100	21,271	
Madera	19,934	20,344	20,673	21,036	21,340	21,494	21,735	21,992	22,253	22,415	22,609	22,831	23,055	
<b>Total</b>	<b>144,639</b>	<b>147,517</b>	<b>149,840</b>	<b>152,384</b>	<b>154,930</b>	<b>156,500</b>	<b>158,423</b>	<b>159,946</b>	<b>161,339</b>	<b>162,775</b>	<b>164,215</b>	<b>165,733</b>	<b>167,374</b>	
<b>Default</b>														
Fresno	1,073	1,313	1,052	1,067	655	747	824	518	616	597	534	583	734	
Kings	166	183	178	153	123	143	164	105	150	145	93	115	122	
Madera	107	114	123	126	79	89	117	173	97	83	69	96	97	
<b>County Share of Choice as %</b>														
Fresno	62.00%	61.50%	61.80%	58.70%	61.60%	60.20%	59.40%	57.80%	59.10%	56.10%	59.20%	56.20%	57.40%	
Kings	54.00%	59.50%	48.80%	53.40%	42.90%	47.20%	51.10%	45.40%	48.40%	53.10%	54.40%	54.30%	50.90%	
Madera	62.70%	59.80%	55.70%	57.90%	58.90%	61.60%	60.40%	52.70%	57.90%	58.00%	61.00%	62.70%	64.20%	
<b>Voluntary Disenrollment's</b>														
Fresno	293	340	352	370	388	359	342	363	421	334	387	444	479	
Kings	21	30	31	63	39	42	31	27	36	29	37	51	42	
Madera	30	51	54	57	77	70	51	54	59	51	61	75	85	