

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
Commission**  
**Meeting Minutes**  
July 15, 2021

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

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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:32 pm. A quorum was present via conference call in lieu of gathering in public per executive order signed by the Governor of	

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	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.	
<b>#2 Roll Call</b> Cheryl Hurley, Clerk to the Commission	A roll call was taken for the current Commission Members.	<i>A roll call was taken</i>
<b>#3 Consent Agenda</b> <ul style="list-style-type: none"> <li>a) Commission Minutes 5/20/2021</li> <li>b) Finance Committee Minutes 3/18/2021</li> <li>c) QIUM Committee Minutes dated 3/18/2021</li> <li>d) Public Policy Committee Minutes dated 3/3/21</li> <li>e) Finance Committee Charter</li> <li>f) Credentialing Committee Charter</li> <li>g) Peer Review Committee Charter</li> <li>h) QIUM Committee Charter</li> <li>i) Public Policy Committee Charter</li> </ul>	All consent items were presented and accepted as read.	<b><i>Motion: Approve Consent Agenda</i></b> <i>11 – 0 – 0 – 6</i>  <i>(Naz / Luchini)</i>  <i>A roll call was taken</i>

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Action D. Hodge, MD, Chair		
<p><b>#4 Official Appointment of Incoming CEO as Trustee of Retirement Plans</b></p> <p>Action Greg Hund, CEO</p>	<p>Incoming CEO Jeff Nkansah, was officially appointed as one of the trustees of the Plan's retirement plans effective 8/1/21.</p>	<p><b>Motion:</b> Approve Appointment of incoming CEO as Trustee of Retirement Plans</p> <p>11 – 0 – 0 – 6</p> <p>(Frye / Nikoghosian)</p> <p>A roll call was taken</p>
<p><b>#5 Review of Fiscal Year End 2021 Goals</b></p> <p>Information Greg Hund, CEO</p>	<p>Greg Hund reported the results for fiscal year end 2021 goals. All targeted goals were met with the exception of market share. This was due to the current default rate adopted and applied for FY 2021 favored ABC. The Plan has appealed to the State to analyze the formula and make changes to be more equitable.</p>	
<p><b>#6 Goals and Objectives for Fiscal Year 2022</b></p> <p>Action Greg Hund, CEO</p>	<p>Greg Hund presented the goals and objectives for FY 2022.</p>	<p><b>Motion:</b> Approve Goals &amp; Objectives for FY 2022</p> <p>11 – 0 – 0 – 6</p> <p>(Nikoghosian / Griffin)</p> <p>A roll call was taken</p>
<p><b>#7 Standing Reports</b></p>	<p><b>Finance</b></p>	<p><b>Motion:</b> Standing Reports</p>

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<ul style="list-style-type: none"> <li>• <b>Finance Report</b> Daniel Maychen, CFO</li> </ul>	<p><b>Financials as of May 31, 2021:</b></p> <p>Total current assets were approximately \$314.4M; total current liabilities were approximately \$208.5M. Current ratio is 1.51. Total equity was approximately \$116M which is approximately 722% above the minimum DMHC required TNE amount.</p> <p>For the first eleven months of current fiscal year 2021, investment income actual recorded was approximately \$93.5K, which is \$269K less than projected due to declining yields on money market accounts.</p> <p>Premium capitation income actual recorded was approximately \$1.2B which is approximately \$122.2M above budgeted amounts, primarily due to FY 2021 budget including Pharmacy Carve-out to be effective January 2021 which would have reduced revenues given the fact the Pharmacy component in rates would have been removed; however, the Pharmacy carve-out was delayed and will not be effective in FY 2021. In conjunction with enrollment being higher than projected, this is the cause of revenues being higher than projected. Total cost of medical care expense actual recorded is approximately \$1B which is approximately \$119M more than budgeted due to the delay in the Pharmacy Carve-out and enrollment being higher than projected. Admin service agreement fees expense actual recorded was approximately \$45.3M, which is approximately \$1.3M more than budgeted due to actual enrollment being higher than budgeted. Taxes are approximately \$92.5K more than budgeted due to DHCS paying the Plan retroactive rate adjustments received during FY 2021. Net income actual recorded through May 2021 was approximately \$7.2M which is approximately \$2.3M more than budgeted primarily due to the Pharmacy Carve-out delay and enrollment being higher than budgeted. MCO tax loss of approximately \$4.5M the Plan incurred during the first six months</p>	<p><i>Approved</i></p> <p><i>11 – 0 – 0 – 6</i> <i>(Smullin / Hill)</i></p> <p><i>A roll call was taken</i></p>

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<ul style="list-style-type: none"> <li>• <b>Compliance</b> M.B. Corrado, CCO</li> </ul>	<p>of the fiscal year 2021 has turned positive due to an increase in MCO tax revenue rates from DHCS beginning January 2021. As of the end of May 2021 the Plan is positive by approximately \$387K in relation to MCO taxes.</p> <p><u>Compliance</u></p> <p>There was one fraud and abuse case in June where a MC609 was filed due to suspected abuse.</p> <p>No additional audits completed since the May Commission meeting.</p> <p>The Plan submitted the 2021 Annual Network Certification materials in April, with additional information submitted in May and June at the request of DHCS. A letter has been received from DHCS with no findings. Next step is validation.</p> <p>The Plan submitted the Subcontracted Network Certification Readiness Plan in May; at the request of DHCS for additional information the Plan submitted a response in June. The Plan received an additional letter from DHCS in July requesting additional information specifically related to the Plan’s oversight of Health Net and the corrective action process.</p> <p>The Plan is currently awaiting the DMHC final report findings on the 2021 DMHC 18-month Follow-Up Audit. The next routine DMHC medical survey for the Plan will be in September 2022</p> <p>One CAP for the DHCS Final 2020 Audit Report was accepted and deficiency closed on 8/28/20. The second CAP related to the IHEBA is ongoing with periodic reports to DHCS on progress of CAP activities.</p>	

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	<p>The next routine DHCS medical audit for the Plan will be in April 2022</p> <p>The Plan received the final 2019-20 Performance Evaluation Report from HSAG. HSAG had three recommendations related to performance. They were related to the 2020 DHCS Medical Audit and CAP, 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>The Plan continues to participate in DHCS calls, association calls and working with Health Net in reference to CalAIM to implement key initiatives such as major organ transplant, and enhanced care management (ECM) and in lieu of services (ILOS). DHCS requires 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 these services on a phased in basis from 1/1/22 to 1/1/23 in the 3-county service area.</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.</p> <p>On 6/11/21 the Governor signed a "Mega Executive Order" (EO N-08-21) that repealed a significant number of previous EOs related to the COVID-19 Public Health Emergency and also extended some EOs previously issued. The Mega EO 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,</p>	

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<ul style="list-style-type: none"> <li>• <b>Medical Management</b> P. Marabella, MD, CMO</li> </ul>	<p>beginning in June, in July and in September and by the end of September, nearly 90 percent of the executive actions taken since March 2020 will have been lifted.</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, the Palm office opened to members and public walk-in visitors on June 15, 2021. The downtown office for walk-ins remains closed. Health Net has indicated they will still continue to carry out operations on a remote basis until at least September 2021.</p> <p>The Public Policy Committee met on June 9, 2021, via telephone conference due to the COVID-19 state of emergency. Reports presented included Q1 2021 Grievance and Appeals; the 2020 End-of-Year Health Education and Cultural &amp; Linguistics (C&amp;L) Work Plans; and 2021 Health Education and C&amp;L 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. The next meeting will be held on September 1, 2021, at 11:30am. It is still to be determined if the meeting will be in person or if it will remain as a teleconference due to COVID-19.</p> <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 May 2021.</p> <p>The total number of grievances through May 2021 is slightly elevated compared to</p>	

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	<p>last year.</p> <p>Quality of Service (QOS) for Access, Administrative, and Transportation remain the majority of grievances.</p> <p>The volume of "Quality of Care" grievances remains consistent.</p> <p>Exempt Grievances have slightly decreased from previous months.</p> <p>The total number of Appeals Received through May 2021 has decreased compared to Q1 2021.</p> <p><b>Key Indicator Report</b></p> <p>Dr. Marabella presented the Key Indicator Report (KIR) through April 2021.</p> <p>Overall membership has had a very slight decrease.</p> <p>In-hospital utilization rates have leveled off since March. The readmission rate continues to decrease.</p> <p>Turn-around-time compliance dropped slightly to 98% in only one metric; all others met goal at 100%.</p> <p>Case Management results remain strong and demonstrate positive results in all areas consistent with previous months.</p> <p><b>QIUM Quarterly Summary Report</b></p>	

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	<p>Dr. Marabella provided the QI/UM Qtr. 2, 2021 update. One QI/UM meeting was held in May 2021.</p> <p>The following guiding documents were approved at this meeting:</p> <ul style="list-style-type: none"> <li>• 2020 Culture &amp; Linguistics (C &amp; L) End of Year Evaluation</li> <li>• 2021 C &amp; L Program Description</li> <li>• 2021 C &amp; L Work Plan</li> <li>• 2020 C &amp; L Language Assistance Program Report</li> <li>• 2020 Health Education End of Year Evaluation</li> <li>• 2021 Health Education Program Description</li> <li>• 2021 Health Education 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 and Quarterly A &amp; G reports, A &amp; G Validation Audit Report, and Provider Office Wait Time Report. Additional QI reports reviewed included Potential Quality Issues (PQI) Report and others scheduled for presentation at the QI/UM Committee during Q2.</p> <p>The Utilization Management &amp; Case Management reports reviewed were the Key Indicator Report and UM Concurrent Review Report, and PA Member Letter Monitoring Report. Additional UMCM Reports included Concurrent Review IRR Report, TurningPoint Quarterly Report, and others scheduled for presentation at the QI/UM Committee during Q2.</p>	

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	<p>Pharmacy reports reviewed included Executive Summary, Pharmacy Call Report, Operation Metrics, Top 30 Medication Prior Authorization (PA) Requests, Pharmacy Interrater Reliability Results (IRR), and quarterly Formulary changes. All Q1 pharmacy prior authorization metrics were within 5% of standard.</p> <p>HEDIS® Activity:</p> <p>In Q2, HEDIS® related activities focused on finalizing and preparing Measurement Year (MY) 2020 full HEDIS® Data for submission to HSAG &amp; DHCS for the Managed Care Accountability Set (MCAS). 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 50th percentile.</p> <p>Current improvement projects include:</p> <ul style="list-style-type: none"> <li>• Breast Cancer Screening (BCS) PIP (Performance Improvement Project) Mammograms for women 50-74 years</li> <li>• Chlamydia (CHL) Screening in Young Women PDSA Project</li> <li>• Childhood Immunizations (CIS-10)– PIP Immunizations 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><b>Credentialing Sub-Committee Quarterly Report</b></p>	

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<ul style="list-style-type: none"> <li>• <b>Operations</b> J. Nkansah, COO</li> </ul>	<p>The Credentialing Sub-Committee met on May 20, 2021. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q4 2020 were reviewed for delegated entities, and Q1 2021 for MHN and Health Net. The 2021 Credentialing Sub-Committee Charter was presented and approved without changes. There was no case activity to report for the Q1 2021 Credentialing Report from Health Net.</p> <p>Ongoing monitoring and reporting will continue.</p> <p><b>Peer Review Sub-Committee Quarterly Report</b></p> <p>The Peer Review Sub-Committee met on May 20, 2021. The county-specific Peer Review Sub-Committee Summary Reports for Q1 2021 were reviewed for approval. There were no significant cases to report. The 2021 Peer Review Sub-Committee Charter was reviewed and approved without changes. The Q1 2021 Peer Count Report was presented with a total of 5 cases reviewed. Two (2) cases were closed and cleared. There was one (1) case pending closure for Corrective Action Plan compliance. There were no cases with outstanding CAPs. There were two (2) cases pending for further information. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p> <p><b><u>Operations Report</u></b></p> <p>For IT Communications and Systems, the Plan’s IT vendor reviewed the impact of the ransomware attack affecting Microsoft and Kaseya organizations. It was confirmed the Plan’s systems are safe, and remain safe. Ongoing monitoring will continue via the Plan’s IT vendor.</p> <p>For Privacy and Security, there was one high risk case reported in June 2021 which</p>	

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<ul style="list-style-type: none"> <li>• <b>Executive Report</b> G. Hund, CEO</li> </ul>	<p>impacted one member. The Plan’s Notice of Privacy Practices is included in the Plan’s Member Handbook/Evidence of Coverage. The Plan implemented the annual mailing of the Member Handbook/Evidence of Coverage in June 2021.</p> <p>No new updates to report for the Member Call Center, and the CVH Website.</p> <p>The Provider Network Activities remain stable. Compliance goal of 85% was met for % of PCPs, Specialists and Behavioral Health Providers Accepting New Patients, for Quarter 1 2021.</p> <p>Quarter 1 2021 numbers now available for Claims Processing; all areas met goal as it relates to claims timeliness. PPG 4 continues to report deficiency disclosures; management continues to monitor the CAP submitted to bring them into compliance.</p> <p>Quarter 1 2021 numbers available for Provider Disputes. All areas met goal with the exception of PPG 3; management is in review of a CAP and activities they are taking to obtain compliance.</p> <p><b><u>Executive Report</u></b></p> <p>CVH Membership continues to grow and currently marks the highest number to date since inception. Future growth will be impacted by both redetermination and undocumented residents over 50 who will be participating in the future. Market share continues to trend down for the reasons stated in review of 2021 Goals stated in Agenda Item #5.</p>	
<p><b>#8 Closed Session</b></p>	<p>Jason Epperson, General Counsel, reported out of Closed Session.</p>	

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A. Government Code section 54956.9(b) – Conference with Legal Counsel – Anticipated Litigation.	Regarding Government Code section 54956.9(b) – conference with legal counsel – anticipated litigation. Discussion was held and direction was given to staff.  Closed Session concluded at 2:45 pm.	
#9 Final Comments from Commission Members and Staff	Retirement awards and congratulatory commentaries were presented to Greg Hund, CEO, and Mary Beth Corrado, CCO.	
#10 Announcements	None.	
#11 Public Comment	None.	
#12 Adjourn	The meeting was adjourned at 3:02 pm The next Commission meeting is scheduled for September 16, 2021 in Fresno County.	

Submitted this Day: September 16, 2021

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

