

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
Commission**  
**Meeting Minutes**  
October 21, 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>			
✓●	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
✓	David Hodge, M.D., Chair, Fresno County At-large Appointee		Brian Smullin, Valley Children's Hospital Appointee
	Kerry Hydash, Commission At-large Appointee, Kings County	✓●	Paulo Soares, Commission At-large Appointee, Madera County
<b>Commission Staff</b>			
✓	Jeff Nkansah, Chief Executive Officer (CEO)	✓	Mary Lourdes Leone, Chief Compliance Officer
✓	Daniel Maychen, Chief Financial Officer (CFO)	✓	Amy Schneider, R.N., Director of Medical Management
✓	Patrick Marabella, M.D., Chief Medical Officer (CMO)	✓	Cheryl Hurley, Commission Clerk
<b>General Counsel and Consultants</b>			
✓	Jason Epperson, 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>
#1 Call to Order	The meeting was called to order at 1:30 pm. A quorum was present via conference call in lieu of gathering in public per executive order signed 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	



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<p>Action Moss Adams Representative R. Suico and E. Garibaldi</p>	<p>unmodified opinion on the financial statements, which is the highest audit opinion that could be provided by an external CPA firm. A discussion of general audit procedures performed including confirmation of various account balances were discussed.</p> <p>The required communications and the organization’s accounting policies are in compliance with GAAP. After completing the work, it was found that the financial statements do not need to be adjusted and no issues were encountered when completing the work.</p>	<p>10 – 0 – 0 – 6</p> <p><i>No vote for Aldo De La Torre</i></p> <p><i>(Luchini / Neves)</i></p> <p><i>A roll call was taken</i></p>
<p><b>#5 2021 Cultural &amp; Linguistics Executive Summary and Work Plan Mid-Year Evaluation</b></p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2021 Cultural &amp; Linguistics (C&amp;L) Work Plan Mid-Year Evaluation.</p> <p>The 4 categories for the 2021 Work Plan are:</p> <ol style="list-style-type: none"> <li>1. Language Assistance Services</li> <li>2. Compliance Monitoring</li> <li>3. Communication, Training, and Education</li> <li>4. Health Literacy, Cultural Competency &amp; Health Equity</li> </ol> <p>By June 30, 2021 all activities were on target for year end.</p> <p>Some of the activities completed consist of:</p> <ol style="list-style-type: none"> <li>1. Population Needs Assessment was completed in collaboration with Health Education and Quality Improvement. (Formerly GNA)</li> <li>2. C &amp; L related grievances reviewed. Follow up completed including four (4) interventions.</li> <li>3. Completed and disseminated a Member Newsletter on how to access language services.</li> <li>4. Four (4) Call Center trainings conducted.</li> </ol>	<p><b>See #7 for Motion</b></p>

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	<p>5. Collaborated on Breast Cancer Screening Disparity PIP intervention development.</p> <p>6. Conducted Motivational Interviewing training.</p> <p>All of the Work Plan activities continue on target for completion by the end of calendar year 2021.</p>	
<p><b>#6 2021 Health Education Executive Summary and Work Plan Mid-Year Evaluation</b></p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2021 Health Education Work Plan Mid-Year Evaluation.</p> <p>Two areas of focus for 2021 consist of:</p> <ol style="list-style-type: none"> <li>1. Programs and Services</li> <li>2. Department Operations, Reporting and Oversight</li> </ol> <p>Of the 17 Program Initiatives, 12 are on track to meet year-end goals. These consist of:</p> <ol style="list-style-type: none"> <li>3. Chronic Disease Education: Asthma</li> <li>4. Chronic Disease: Hypertension</li> <li>5. Community Engagement</li> <li>6. Fluvention &amp; COVID-19</li> <li>7. Health Equity Project</li> <li>8. Member Newsletter</li> <li>9. Obesity Prevention</li> <li>10. Pediatric Education</li> <li>11. Perinatal Education</li> <li>12. Promotores Health Network</li> <li>13. Compliance: Oversight and Reporting</li> <li>14. Department Materials Development, Utilization and Inventory</li> </ol> <p>The five (5) initiatives that are off track consist of:</p> <ol style="list-style-type: none"> <li>1. Chronic Disease: Diabetes Prevention Program – finalize contract and obtain approvals.</li> </ol>	<p><b>See #7 for Motion</b></p>

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	<p>2. Mental Health: Educate members to increase ACEs screenings.</p> <p>3. Tobacco Cessation: complete program enhancement and obtain approvals.</p> <p>4. Women’s Health: Evaluate outcomes of other email/IVR programs before proceeding.</p> <p>5. Geographic Information Systems: Outreach to departments to identify activities that might benefit from spatial analysis.</p> <p>15.</p> <p>Barriers to full implementation of planned activities have been identified and are being addressed. 2021 initiatives will continue to be implemented in order to meet or exceed year-end goals.</p>	
<p><b>#7 Quality Improvement Update 2021-2022</b></p> <p>Action</p> <p>P. Marabella, MD, CMO</p>	<p>Dr. Marabella provided an update on HEDIS®, PIP, and PDSA Projects.</p> <p>Two new PDSA projects include:</p> <ol style="list-style-type: none"> <li>1. Diabetes: A1c&gt; 9% with Clinica Sierra Vista, Fresno County.</li> <li>2. Cervical Cancer Screening with Clinica Sierra Vista, Fresno County.</li> </ol> <p>Continuing Performance Improvement Projects (PIP) include:</p> <ol style="list-style-type: none"> <li>1. Childhood Immunizations with Family HealthCare Network, Fresno County.</li> <li>2. Breast Cancer Screening with Greater Fresno Health Organization, Fresno County.</li> </ol> <p>The continuing Quality Improvement Projects (QIP) relating to COVID-19 includes:</p> <ol style="list-style-type: none"> <li>1. Antidepressant Outreach</li> <li>2. HTN &amp; Diabetes outreach</li> <li>3. Well-Child &amp; Chlamydia screening</li> </ol>	<p><b>Motion:</b> Approve 2021 C&amp;L Executive Summary, Work Plan Mid-Year Evaluation; 2021 HE Executive Summary, Work Plan Mid-Year Evaluation; and 2021-2022 QI Update</p> <p>11 – 0 – 0 – 5 (Naz / Neves)</p> <p>A roll call was taken</p>
<p><b>#8 Standing Reports</b></p> <ul style="list-style-type: none"> <li>• <b>Finance Reports</b> Daniel Maychen, CFO</li> </ul>	<p><b><u>Finance</u></b></p> <p><b>Financials as of August 31, 2021:</b></p>	<p><b>Motion:</b> Standing Reports Approved</p> <p>11 – 0 – 0 – 5 (Naz / Nikoghosian)</p>

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<ul style="list-style-type: none"> <li>• <b>Compliance</b> M.L. Leone, CCO</li> </ul>	<p>Total current assets recorded were approximately \$340.3M; total current liabilities were approximately \$231M. Current ratio is approximately 1.47. Total net equity as of August 2021 was approximately \$119.3M which is approximately 737% above the minimum DMHC required TNE amount.</p> <p>Premium capitation income actual recorded was approximately \$226.7M which is approximately \$393K less than budgeted due to the retroactive rate adjustment that DHCS made in August 2021 which related to DHCS updating the pharmacy component of the rate for the entire 2021 calendar year which reduced the Plan's rates and revenues. Total cost of medical care expense actual recorded is approximately \$187.8M which is approximately \$896K less than budgeted due to the same reason as stated above. The revenue difference is smaller than the medical cost difference because the MCO tax loss was not as great as what was budgeted. Admin service agreement fees expense actual recorded was approximately \$8.5M, which is approximately \$154k more than budgeted due to higher than expected enrollment. All other line-item expense items are in line with what was budgeted. For the first two months of FY 2022 net income was approximately \$206k primarily due to front loading grants made to various entities and CBOs which is approximately \$542K more than budgeted primarily due to the MCO tax loss not being as high as projected due to enrollment being higher than anticipated.</p> <p><b><u>Compliance</u></b></p> <p>There were no new breaches reported to DHCS since the September Commission meeting.</p> <p>No new MC609 filings with DHCS; 24 cases are still open for investigation.</p>	<p><i>A roll call was taken</i></p>

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	<p>Three oversight audits completed include:</p> <ul style="list-style-type: none"> <li>• Pharmacy (No CAP)</li> <li>• Emergency Services (No CAP)</li> <li>• Annual 2020 Claims resulted in a corrective action plan (CAP) relating to misdirected claims not being forwarded on time, and Prop 56 payments not paid within 90-calendar days of claims receipt.</li> </ul> <p>In reference to Regulatory Reviews and Audits, and CAPs, 2021 DMHC 18-month Follow-Up Audit: Audit interviews were held 3/30/21; the Plan is currently awaiting the final report. The next DMHC audit is scheduled for September 2022.</p> <p>The 2020 DHCS Audit CAP: the Plan filed its final CAP update on 8/27/21; the Plan is currently awaiting response from DHCS regarding CAP closure.</p> <p>DHCS Subcontracted Network Certification (SNC) Readiness Plan: The Plan submitted the Subcontracted Network Certification Readiness Plan on 5/27/21; at the request of DHCS the Plan submitted responses as a result of three separate requests for additional information; currently pending final determination by DHCS.</p> <p>The Medi-Cal RX transition will become effective 1/1/2022.</p> <p>The enhanced Care Management (ECM) and In Lieu of Services (ILOS) under California Advancing and Innovating Medi-Cal (CalAIM) will become effective 1/1/22 in Kings County, and 7/1/22 in Fresno and Madera counties. The Plan’s initial ECM-ILOS Model of Care Part 1 was filed with DHCS 7/1/21 and approved. The Plan submitted the MOC Part 2 deliverable on 9/1/21, and MOC part 3 on 10/1/21 and is responding to any additional request for information/updates.</p>	

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<ul style="list-style-type: none"> <li>• <b>Medical Management</b> P. Marabella, MD, CMO</li> </ul>	<p>The Major Organ Transplant (MOT) carve-in will become effective 1/1/22 for all CVH service counties and membership. The Plan submitted its MOT Network Certification listing California transplant centers on 9/2/21. The Plan’s administrator is currently negotiating contracts with these centers to cover transplants for the Plan’s Medi-Cal membership.</p> <p>On 8/30/21 the Plan submitted the Q2 Behavioral Milestone Report to DHCS. This included the 2019 Baseline Data Report for Adventist, and the 2020 Baseline Data Report for both Adventist and Camarena. The Plan expects to receive payment this month.</p> <p>The next Public Policy Committee meeting will be held on December 1, 2021 at 11:30 am and it is still to be determined if the meeting will be in person or if it will be 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 August 2021.</p> <ul style="list-style-type: none"> <li>• The total number of grievances received in August decreased compared to recent months, however the number resolved remained consistent.</li> <li>• An increase was noted in the number of <i>Quality-of-Care</i> grievances resolved in August, mainly attributable to ancillary services and specialist care as members obtain services postponed due to the pandemic.</li> <li>• One (1) grievance Ack Letter and one (1) Expedited Appeal were noted to be out of compliance. Follow up completed.</li> <li>• Exempt Grievances had a slight increase from previous months.</li> </ul>	



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	<ul style="list-style-type: none"> <li>• Appeals continue to demonstrate variation with the majority of cases related to Advanced Imaging and Pharmacy consistent with last month.</li> </ul> <p><b>Key Indicator Report</b></p> <p>Dr. Marabella presented the Key Indicator Report (KIR) through August 2021.</p> <p>Acute Care Admission rates for SPDs remain low, however they appear to be increasing for the Family/Adult and Expansion populations.</p> <p>Length of Stay remains higher than prior years for Family/Adult and Expansion populations.</p> <p>Turn-around Times for Prior Authorizations were noted to have some opportunities for improvement this month. An increase in the number of requests submitted as “urgent” was noted along with some COVID-related staffing issues.</p> <p>The volume of Deferrals is low and therefore the rate is highly sensitive to variations.</p> <p>Adjustments are in progress, anticipate improvement next month.</p> <p>Case Management results remain strong and demonstrate positive results in all areas consistent with previous months.</p> <p><b>QIUM Quarterly Report – Q3</b></p> <p>Dr. Marabella provided the QI/UM Qtr. 3, 2021 update. Two QI/UM meetings were held in Quarter 3; one in July and one in September.</p> <p>The following guiding documents were approved at these meetings:</p>	

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	<p>1. 2021 QI Work Plan Mid-Year Evaluation                      2. 2021 UMCM Work Plan Mid-Year Evaluation                      3. Clinical Practice Guidelines</p> <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 &amp; Quarterly A &amp; G Reports, the A &amp; G Validation Audit Report, and Initial Health Assessment. Additional QI reports include Potential Quality Issues (PQI) Report, Facility Site and Medical Record Review Report, Provider Office Wait Time, County Relations Report and others scheduled for presentation at the QIUM Committee during Q3.</p> <p>The Utilization Management &amp; Case Management reports reviewed were the Key Indicator Report, PA Member Letter Monitoring Report, and UM Top 10 Diagnosis Report. Additional UMCM Reports include Concurrent Review IRR Report, TurningPoint, Standing Referrals Report, Specialty Referrals Report, Case Management and CCM Report and others scheduled for presentation at the QIUM Committee during Q3.</p> <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 Q2 2021 pharmacy prior authorization metrics were within 5% of standard. Overall TAT for Q2 was 96.66%. Total PA requests were comparable to Q1 2021. Inter-Rater Reliability Results for Q2 2021 reached 95% accuracy (90% threshold met). Follow up to occur</p>	

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	<p>when opportunities for improvement are identified both on an individual and team basis.</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>In Q3, HEDIS® related activities were focused on analyzing the results for MY2020 under the Managed Care Accountability Set (MCAS) measures and the minimum performance level (MPL) of 50th percentile.</p> <p>The areas that CalViva reported results below the 50th percentile MPL are:</p> <ul style="list-style-type: none"> <li>• Antidepressant Medication Management (AMM), for both the Acute Phase and the Continuation Phase, for all three counties.</li> <li>• Breast Cancer Screening for Fresno and Kings Counties.</li> <li>• Cervical Cancer Screening for Fresno County.</li> <li>• Chlamydia Screening for Fresno and Madera Counties.</li> <li>• Childhood Immunizations – Combo 10 for Fresno and Kings Counties.</li> <li>• Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (&gt;9%) for Fresno and Madera Counties.</li> <li>• Controlling High Blood Pressure for Fresno County.</li> <li>• Weight Assessment and Counseling – BMI Percentile for Fresno County.</li> <li>• Well-Child Visits in the first 15 months of life for all three counties.</li> </ul> <p>There were no sanctions or Corrective Action Plans (CAPs) for failure to meet MPLs for MY 2020.</p>	

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<ul style="list-style-type: none"> <li>• <b>Executive Report</b> J. Nkansah, CEO</li> </ul>	<p>For MY2021 each MCP is required to develop no more than three (3) PDSA rapid cycle improvement projects from the MCAS measures that are below the MPL. CalViva is required to complete two (2) new PDSA Projects over the next 9 months: one for Cervical Cancer Screening and one for CDC- HbA1c Poor Control.</p> <p>Additionally, each Plan is required to continue 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 adapted to improve the health and wellness of its members during the COVID 19 Emergency. These interventions are to be associated with preventive services, chronic illness and/or behavioral health.</p> <p><b><u>Executive Report</u></b></p> <p>CVH Membership continues to increase. Market share continues to trend down primarily due to the moratorium on enrollment as a result of the Public Health Emergency (PHE), and the default algorithm measures in terms of the methodology used by the State to auto-assign members that do not choose a plan. The State will continue with the current default rate for another year.</p> <p>There are no significant issues, concerns, or items to note as it pertains to the Member Call Center and CVH website.</p> <p>There are no significant issues, concerns, or items to note as it pertains to the Plan’s IT Communications and Systems.</p> <p>As it pertains to the Provider Network Activities, the August 2021 numbers have slightly decreased in the areas of PCP and Specialists. The Plan’s Administrator is conducting a roster clean up and validating information. The bulk of the activity is related to data clean-up, accuracy, and integrity. In relation to Provider Relations,</p>	

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	<p>the team continues to engage Providers through a variety of mechanisms which is working well and productivity is better in the sense of being able to engage Providers in a timely matter and more frequently.</p> <p>There are no updates to provide at this time for Claims Processing and Provider Disputes.</p> <p>As an update to CalAIM Care Coordination and Dual Special Needs Plan (DSNP), DHCS leadership and CMS leadership have come to an understanding and support the Plan’s model and arrangement to continue the Plan’s Care Coordination efforts with Health Net and their Dual Special Needs Plan (DNSP) in Fresno County and are receptive with the Plan continuing to extend those arrangements in all CVH service area counties.</p> <p>In relation to the Plan’s social media campaigns, CalViva Health is in process of launching a Facebook page. Once it becomes available communication will go out to all Commissioners.</p>	
<p><b>#9 Closed Session</b></p> <p>A. Government Code section 54956.9(b) – Conference with Legal Counsel – Anticipated Litigation.</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session. The Commission went into closed session to discuss item agendaized for closed session specifically conference with legal counsel; anticipated litigation pursuant to Government Code section 54956.9(b). Discussion was held and direction was given to staff.</p> <p>Closed Session concluded at 2:46 pm.</p>	
<p><b>#10 Final Comments from Commission Members and Staff</b></p>	<p>Dr. Naz has asked the Commission to look into the feasibility of increasing payments to Providers, potentially via a bonus. Jeff Nkansah, CVH CEO, stated the Plan will look into the request as part of the Commission’s funding of Community Support Programs.</p>	
<p><b>#11 Announcements</b></p>	<p>None.</p>	

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#12 Public Comment	None.	
#13 Adjourn	The meeting was adjourned at 2:50 pm The next Commission meeting is scheduled for November 18, 2021 in Fresno County.	

Submitted this Day: 2-17-2022

Submitted by: Cheryl Hurley  
Cheryl Hurley  
Clerk to the Commission