# Fresno-Kings-Madera Regional Health Authority

# CalViva Health Commission Meeting Minutes November 17, 2022

### **Meeting Location:**

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

	Commission Members		
✓	Sara Bosse, Director, Madera Co. Dept. of Public Health	✓	David Luchini, Director, Fresno County Dept. of Public Health
<b>V</b>	David Cardona, M.D., Fresno County At-large Appointee	✓	Aftab Naz, Madera County At-large Appointee
<b>✓</b>	Aldo De La Torre, Community Medical Center Representative	✓	Joe Neves, Vice Chair, Kings County Board of Supervisors
<b>✓</b>	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
<b>å</b>	Soyla Griffin, Fresno County At-large Appointee	✓	Rose Mary Rahn, Director, Kings County Dept. of Public Health
	David Hodge, M.D., Chair, Fresno County At-large Appointee		David Rogers, Madera County Board of Supervisors
	Kerry Hydash, Commission At-large Appointee, Kings County	✓	Michael Goldring, Valley Children's Hospital Appointee
		✓	Paulo Soares, Commission At-large Appointee, Madera County
1,700	Commission Staff		
V	Jeff Nkansah, Chief Executive Officer (CEO)	<b>√</b>	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)	<b>V</b>	Cheryl Hurley, Commission Clerk
	General Counsel and Consultants		
✓•	Jason Epperson, General Counsel		
✓= C	ommissioners, Staff, General Counsel Present		
* = C	ommissioners arrived late/or left early	1.0	
• = A	ttended via Teleconference		
, <u>,</u>			

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:31 pm. A quorum was present	
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#2 Roll Call	A roll call was taken for the current Commission Members.	A roll call was taken
Cheryl Hurley, Clerk to the		
Commission		

	· · · · · · · · · · · · · · · · · · ·	Committee Calendar	
		2023 Credentialing Sub-	(y
		2023 QIUM Calendar	
		Committee Calendar	
1		2023 Finance	(1
		Calendar	
		2023 Commission	(ə
		772/5055	
		Minutes dated	_
·		QI\UM Committee	(p
A roll call was taken		7/21/2022	
1		Minutes dated	1-
(Nikoghosian / Fields-Keene)		QI\UM Committee	(o
		7/21/2022	
5-0-0-27		Finance Committee Minutes dated	/a
		dated 9/15/2022	14
маг арргочед.		Commission Minutes	(e
Motion: Consent Agenda	All consent items were presented and accepted as read.	senagA Jase	
phasp tassao) .acitoM	been se between has between every amoti tree and IIA		
A roll call was taken			
(Soares / Naz)			
5-0-0-21		_	
		OED, CEO	J. Nkar
noissimmo			noitaA
Goldring, was ratified by the			
appointee, Mr. Michael		ออุวเ	rioqqA
Valley Children's Hospital	order to activate his voting privileges for this meeting.	al – Commission	Hospit
Motion: The appointment of	Item #10 was moved up to ratify Mr. Goldring's appointment to the Commission in	lley Children's	
ACTION TAKEN	MOTIONS / MAJOR DISCUSSIONS	A TIEM / PRESENTER	

AGE	NDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
i	2023 Peer Review Sub-		
	Committee Calendar		
j	) 2023 Public Policy		
	Committee Calendar		
Actio	on		
J. Ne	eves, MD, Co-Chair		
#4 C	losed Session	Jason Epperson, General Counsel, reported out of closed session. The Commission considered those items agendized for closed session discussion, items A. and B. The	
Δ	Conference with Legal	Commission considered those matters in closed session and gave direction to staff.	
^	Counsel-Existing Litigation	_	
	Name of case: Case #	No other reportable action.	
	21CV381776	Closed Session concluded at 1:41 pm.	
	Per Government Code	$\kappa$	,
	Section 54956.9(d)(1)		
В.	Public Employee		
	Appointment,		
	Employment, Evaluation,		
	or Discipline		
	Title: Chief Equity Officer		
	Per Government Code		
	Section 54957(b)(1)		
#5 E	quity Officer	The job description for the Equity Officer position was presented to the Commission for review and approval. Recommendations for edit on page two under Education	Motion: The Equity Officer job description was approved
Action		to swap the first two bullets listing Master's or bachelor's degree first, with Medical	with edits.
1			with Edits.
J. IVK	ansah, CEO	Degree preferred to follow.	10 0 0 5
			12-0-0-5
			(Bosse / Soares)

	2. Provided multiple training sessions for new hires, A & G and Call Center.	
	and Ql.	
	2. Population Needs Assessment was completed in collaboration with Health Ed	
	Some of the activities completed consist of:	
	By June 30, 2022 all activities were on target for year end.	
	4. Health Literacy, Cultural Competency & Health Equity	
P. Marabella, MD, CMO	3. Communication, Training, and Education	
Action	2. Compliance Monitoring	
	1. Language Assistance Services	
Fvaluation	The 4 categories for the 2022 Work Plan are:	
<ul> <li>Work Plan Mid-Year</li> </ul>		
<ul> <li>Executive Summary</li> </ul>	Mid-Year Evaluation.	
#7 2022 Health Equity	Dr. Marabella presented the 2022 Health Equity Executive Summary and Work Plan	See #8 below for Motion
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	completing the work.	
	statements do not need to be adjusted and no issues were encountered when	
	compliance with GAAP. After completing the work, it was found that the financial	
representative	The required communications and the organization's accounting policies are in	
R. Suico, Moss Adams	confirmation of various account balances were discussed.	แลงกา รถพ แกว แกะ ป
Action Mosts Adams	external CPA firm. A discussion of general audit procedures performed including	(Naz / Cardona) A roll call was taken
ασitaΛ	financial statements, which is the highest audit opinion that could be provided by an expensed time.	17-0-0-2I
10r FY 2022	Moss Adams' audit will result in the issuance of an unmodified opinion on the	]
#6 Financial Audit Report	Rianne Suico, representative with Moss Adams, presented the results of the audit.	Motion:
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		A roll call was taken
AGENDA ITEM / PRESENTER	WOLIONS / WAJOR DISCUSSIONS	ACTION TAKEN

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	3. Reviewed 27 grievances with 2 interventions identified.	
	4. Supported Breast Cancer Screening Disparity PIP including Mobile	
	Mammography events.	
	5. Co-led internal BCS PIP Workgroup and Community Advisory Group (CAG).	
	6. Supported other Quality efforts including Immunization event (CIS-10) and	
	Diabetes Project with Motivational Interviewing.	
	All of the Work Plan activities continue on target for completion by end of calendar year 2022.	
	The Plan will continue to assess circumstances to modify plans as needed in order to	
	continue to implement, monitor and track Health Equity related services and	
	activities.	
		·
#8 2022 Health Education	Dr. Marabella presented the 2022 Health Education Executive Summary and Work	Motion:
Executive Summary	Plan Mid-Year Evaluation.	
Work Plan Mid-Year		12-0-0-5
Evaluation	Dr. Marabella presented the 2021 Health Education Work Plan Mid-Year Evaluation.	(Cardona / Luchini)
Action	Two areas of focus for 2022 consist of:	A roll call was taken
P. Marabella, MD, CMO	1. Programs and Services	
	2. Department Operations, Reporting and Oversight	
	Of the 15 Program Initiatives, 12 are on track to meet year-end goals. These consist	
	of:	
	3. Chronic Disease Education: Asthma	
	4. Chronic Disease: Diabetes	
	5. Chronic Disease: Hypertension	
	6. Community Engagement	

	Interest income actual recorded was approximately \$762K which is approximately \$677K more than budgeted primarily due to rates on the Plan's money market funds	
	Vlatemivorane zi dzidw VCAC2 vlatemivorane zew bobrozon leutae omożni tzanatal	
	approximately 792% above the minimum DMHC required TNE amount.	
	Total equity as of the end of September 2022 was approximately \$130.5M which is	
A roll call was taken		
(	were approximately \$164.5M. Current ratio is approximately 1.73.	O 12 (U2U2ÁNA IZUDA
(AssoB/ SDN)	Total current assets recorded were approximately \$285M; total current liabilities	<ul> <li>Finance Reports</li> <li>Daniel Maychen, CFO</li> </ul>
77-0-0-2	Financials as of September 30, 2022:	Strong eagenia
Approved	Figure 31 of Sembler 30 2022.	
Motion: Standing Reports	Finance	#9 Standing Reports
	or exceed year-end goals.	
	being addressed. 2022 initiatives will continue to be implemented in order to meet	
	Barriers to full implementation of planned activities have been identified and are	
	3. Compliance: Oversight & Report	
	Z. Tobacco Cessation program	
	1. Obesity Prevention	
	The three (3) initiatives that are off track consist of:	
	14. Health Education Materials update, Development, Utilization & Inventory	
	13. Women's Health	
	12. Population Needs Assessment (complete)	
	11. Perinatal Education	
	10. Pediatric Education	
	9. Mental/Behavioral Health	
	8. Member Newsletter	
	7. Fluvention & COVID-19	
ACTION TAKEN	MOTIONS / MAJOR DISCUSSIONS	AGENDA ITEM / PRESENTER

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	being higher than projected. Premium capitation income actual recorded was approximately \$326.2M which is approximately \$15.2M more than budgeted primarily due to enrollment being higher than projected.	
	Total cost of medical care expense actual recorded is approximately \$261.4M which is approximately \$13.4M more than budgeted due to enrollment being higher than projected. Admin service agreement fees expense actual recorded was approximately \$13.6M, which is approximately \$368K more than budgeted due to higher than projected enrollment.	
	Net income for the first three months of FY 2023 was approximately \$2.5M which is approximately \$2.4M more than budgeted due to enrollment being higher than budgeted. In addition, net income was higher than projected due to the Plan recording an approximate \$1.3M MCO tax gain, and interest income being higher than projected.	
	Compliance	
Compliance     M. Sanchez, Compliance     Manager	There were 160 Administrative & Operational regulatory filings for total YTD 2022; 26 Member Materials filed for approval; 177 Provider Materials reviewed and distributed; and 40 DMHC filings.	
	There were 29 Privacy & Security Breach Cases that were No-Risk/Low-Risk cases filed total YTD 2022.	
	There have been four (4) Fraud, Waste & Abuse MC609 cases filed with DHCS for YTD 2022.	

ACTION TAKEN	MOTIONS / MAJOR DISCUSSIONS	DA ITEM / PRESENTER
	The Plan's management team continues to monitor monthly and quarterly reports	
	covering overall performance. The Plan continues to meet with Health Net weekly	
	and monthly to review and discuss activities related to projects and upcoming	
	transitions.	
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	The Annual Oversight Audits of HN in-progress are Credentialing, Access and Availability: Emergency Services and Litilization Management, Audits completed	
	Availability; Emergency Services, and Utilization Management. Audits completed since the last report are Annual Claims, and PDR, which there was a CAP issued.	
	The Plan is still awaiting responses for both the 2021 DMHC 18-Month Follow-Up	
	Audit CAP response, and the DHCS 2020 Medical Audit CAP.	
	The Exit Conference for the Plan's DHCS 2022 Medical Audit was held on 10/4/22.	
	There were three audit findings; two concerned lack of documentation related to	
	the provision of blood lead screening of young children, and one related to the lack	
	of documentation of a Physician Certification Statement form for member's request	
	for non-emergency medical transportation (NEMT). The Plan responded to these	
	findings on October 19m 2022; currently pending a response.	
	The DMHC 2022 Medical Audit was conducted 9/19/22 and 9/20/22. The Plan is	
	currently responding to several audit requests from the DMHC.	
	The Plan continues to submit necessary documents for the Cal-AIM programs.	
	With regard to ECM/Community Supports, the Plan submitted updated Model of	
	Care documents on 10/25/22; currently pending a response.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
A Company of the Comp	With regard to Long Term Care, the plan submitted all network readiness requirements; confirmation from DHCS was received on 10/14/22 stating the Plan was in compliance with all requirements.	
	The Plan filed its Population Health Management program deliverables on 10/28/22; currently pending approval.	
	The Plan received DHCS and DMHC approval for its 2023 Member Handbook which will be posted to the Plan's website on 1/1/2023.	
	DHCS issued its 2024 Procurement Contract Operational Readiness Work Plan on 6/30/22; of which 238 deliverables must be submitted during phases, beginning August 12, 2022 for phase 1; December 15, 22 for phase 2; and April 20, 2023 for phase 3. The Plan has begun filing; which some have come back with errors which are mainly policy related. The Plan has been updating polices and submitted responses to those errors. The Plan has completed the 9/12/22 filing and is in the process to complete the 12/19/22 required filing.	
	The next Public Policy Committee meeting will be held on December 7, 2022 at 11:30am in the Plan's Administrative Office.	
	Medical Management	
Medical Management     P. Marabella, MD, CMO	Appeals and Grievances Dashboard	
	Dr. Marabella presented the Appeals & Grievances Dashboard through Q3 2022.	
	The total number of grievances had a slight increase in Q3 2022.	
	Quality of Service Grievances have increased from prior 2022 quarters.	

ACTION TAKEN	MOTIONS / MAJOR DISCUSSIONS	AGENDA ITEM / PRESENTER
	<ul> <li>Quality of Care Grievances have remained consistent for 2022 when compared</li> </ul>	
	to previous year.	
	<ul> <li>Exempt Grievances have had a slight decrease when compared to prior year.</li> <li>Appeals through Q3 2022 have significantly decreased when compared to prior</li> </ul>	
	year, this is a result of the Pharmacy carve-out, Medi-Cal Rx.	
	Key Indicator Report	
	Dr. Marabella presented the Key Indicator Report (KIR) through Q3 2022.	
	A summary was shared that provided the most recent data for Admissions, Bed	
	Days, Average Length of Stay, and Readmissions through Q3 2022. Membership	
	continues to increase; Utilization for TANFs and SPDs has leveled off.	
	Case Management results through Q3 2022 have shown increased referrals and	
	engagement and demonstrate positive outcomes in the areas of Integrated CM,	
	Transitional CM, and Palliative CM.	
	QI & UMCM Quarterly Report – Q3 2022	
	Dr. Marabella provided the QI & UMCM Q3 2022 update. Two QI/UMCM meetings	
	were held in Quarter 3; one in July and one in September 2022.	
	The following guiding documents were approved at this meeting:	
	1. 2022 QI Work Plan Mid-Year Evaluation	
	2. 2022 UMCM Work Plan Mid-Year Evaluation	
	3. Clinical Practice Guidelines  A. Prior Authorization Beguiropopte	
	4. Prior Authorization Requirements	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	In addition, the following general documents were approved at the meeting:	
	1. Pharmacy Provider Updates	
	2. Medical Policies	
	The following Quality Improvement Reports were reviewed: Appeals and	
	Grievances Dashboard and Quarterly A & G reports, the MHN Performance Indicator	
	Report for Behavioral Health Services, Initial Health Assessment (IHA), and Potential	
	Quality Issues (PQI) report. Additional Quality Improvement reports as scheduled during Q3.	
1	during Q3.	
	The Utilization Management & Case Management reports reviewed were the Key	
}	Indicator Report, the PA Member Letter Monitoring Report, and UM Top 10	
	Diagnosis Report. Additional UMCM Reports include the Concurrent Review IRR	
	Report, TurningPoint, Specialty Referrals Report, Case Management and CCM	
	Report, MedZed Report, NIA/Magellan, and other reports scheduled during Q3.	
	Pharmacy quarterly report include Executive Summary, Operation Metrics, Top	
	Medication Prior Authorization (PA) Requests, and Pharmacy Interrater Reliability	
	Results (IRR).	
	HEDIS® Activity:	
	,	
	In Q32, HEDIS® related activities focused on analyzing the results for MY 2021 under	
	the Manage Care Accountability Set (MCAS) measures and the minimum	
	performance level (MPL) of 50 <sup>th</sup> percentile.	
	Harring and the same of the sa	
	Upcoming measures with no MPL established as of yet, include:	
	Lead Screening in Children     Follow Up often FD Visit for Mantal Health Illinois 20 Days	
	Follow-Up after ED Visit for Mental Health Illness – 30 Days	

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	Peer Review Sub-Committee Quarterly Report
	approved. No concerns with the proposed schedule were raised.
	The 2023 Credentialing Sub-Committee meeting schedule was reviewed and
	Report from Health Net, covering July to September 2022.
	There was one (1) case for the Quarter 4 2022 CalViva Adverse Action Credentials
	2022 for MHN and Health Net.
	services. Reports covering Q2 2022 were reviewed for delegated entities, and Q3
	and re-credentialing reports were reviewed for both delegated and non-delegated
	The Credentialing Sub-Committee met on October 20, 2022. Routine credentialing
	Credentialing Sub-Committee Quarterly Report
	processes will continue.
	No significant compliance issues have been identified. Oversight and monitoring
	Awaiting Annual DHCS Notification.
	focus using SWOT format.
	<ul> <li>CalViva will initiate a project with a Well-Child Visit and CIS 10 Immunization</li> </ul>
	• Final documentation on PIPs due 04/21/2023
	72/31/2022
	<ul> <li>Current Performance Improvement Projects (PIPs) will continue through</li> </ul>
	Managed Care Accountability Set 2022-23 Requirements at this time:
	<ul> <li>Follow-Up after ED Visit for Substance Abuse – 30 Days</li> </ul>
ENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS ACTION TAKEN

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The Peer Review Sub-Committee met on October 20, 2022. The county-specific	
	Peer Review Sub-Committee Summary Reports for Q3 2022 were reviewed for	
	approval. There were no significant cases to report.	
	The Q3 2022 Peer Count Report was presented with a total of seven (7) 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 with	
	an outstanding CAP. There were three (3) cases pended for further information.	
	Ongoing monitoring and reporting will continue.	
	The 2023 Peer Review Sub-Committee meeting schedule was reviewed and	
	approved. No concerns with the proposed schedule were raised.	
	Executive Report	
Executive Report		
J. Nkansah, CEO	Enrollment through August 31 2022 is 411,852 members. Enrollment continues to	
	increase as a result of the Public Health Emergency (PHE). Choice percentages are	
	appearing to show some promise of rebounding. Procurement remains to be	
	monitored and will report updates in 2023.	
	A brief presentation of the CalViva Health website was shown which includes a new	
1	YouTube health education link, as well as a Community Giving section.	
#10 Final Comments from	None.	
Commission Members and		
Staff	Name -	
#11 Announcements	None.	
#12 Public Comment	None.	

	noissim	Submitted by: Cheryl Hurled
	E. E. E. J. 12. 12. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13	Submitted this Day:
	The next Commission meeting is scheduled for February 16, 2023 in Fresno County.	
	The meeting was adjourned at 3:03 pm.	#13 Adjourn
ACTION TAKEN	SNOISSUDSID ROLAM / SNOITOM	AGENDA ITEM / PRESENTER