

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission
Meeting Minutes**
September 15, 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
✓	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	✓	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		Vacant, Valley Children's Hospital Appointee
		✓*	Paulo Soares, Commission At-large Appointee, Madera County
Commission Staff			
✓	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
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 1:31 pm. A quorum was present	
#2 Roll Call Cheryl Hurley, Clerk to the Commission	A roll call was taken for the current Commission Members.	<i>A roll call was taken</i>

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes dated 7/21/2022 b) Finance Committee Minutes dated 5/19/2022 c) QI/UM Committee Minutes dated 5/19/2022 d) PPC Minutes dated 3/2/22 e) PPC Minutes dated 6/1/22 f) PPC Charter g) Compliance Report <p>Action D. Hodge, MD, Chair</p>	<p>All consent items were presented and accepted as read.</p>	<p>Motion: Approve Consent Agenda 13 – 0 – 0 – 4</p> <p>(Nikoghosian / Frye)</p> <p>A roll call was taken</p>
<p>#4 Closed Session</p> <p>A. Public Employee Appointment, Employment, Evaluation, or Discipline Title: Chief Executive Officer Per Government Code Section 54957(b)(1)</p> <p>B. Conference with Legal Counsel-Existing Litigation</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session. The Commission discussed in closed session all items agendized for closed session discussion and read into the record part of closed session beginning regarding items 4.B and 4.C. Direction was given to staff. Regarding item 4.A a motion was made by Dr. Naz and seconded by Mr. Frye to continue the CEO’s employment with all current and existing terms and benefits plus a 5% increase in salary moving forward. This motion was adopted unanimously 14 – 0 – 0 – 3. The Commission took no other reportable action.</p> <p>Closed Session concluded at 2:22 pm.</p> <p><i>Soyla Griffin called in during Closed Session</i></p>	<p>Motion:</p>

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<p>Name of case: Case # 21CV381776 Per Government Code Section 54956.9(d)(1)</p> <p>C. Public Employee Appointment, Employment, Evaluation, or Discipline Title: Chief Equity Officer Per Government Code Section 54957(b)(1)</p>		
<p>#5 HEDIS®/MCAS Update Information P. Marabella, MD, CMO</p>	<p>The final HEDIS® results for CalViva for RY 2022 have been received. Dr. Marabella provided an update noting that Madera County met the 50th percentile benchmark for all required measures; 100% met goal. Kings County achieved the 50th percentile goal for 73% of measures with Childhood Immunizations, Immunizations for Adolescents, and Well-Child & Adolescent Visits coming in under the benchmark. Fresno County also achieved the 50th percentile goal for 73% of measures with Breast Cancer Screening, Childhood Immunizations, and Well-Child & Adolescent Visits coming in under the benchmark.</p> <p>Upcoming measures with no MPL established as of yet include:</p> <ul style="list-style-type: none"> • Lead Screening in Children • Follow-Up after ED Visit for Mental Health Illness – 30 Days • Follow-Up after ED Visit for Substance Abuse – 30 Days <p>Managed Care Accountability Set 2022-23 Requirements at this time:</p> <ul style="list-style-type: none"> • Current Performance Improvement Projects (PIPs) will continue through 12/31/2022 	<p>No Motion</p>

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	<ul style="list-style-type: none"> • Final documentation on PIPs due 04/21/2023. • CalViva will initiate a project with a Well-Child Visit focus using SWOT format. • Awaiting Annual DHCS Notification. 	
<p>#6 2022 Quality Improvement Work Plan Mid-Year Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2022 Quality Improvement Work Plan Mid-Year Evaluation.</p> <p>Planned Activities and QI Focus for 2022 consist of:</p> <ul style="list-style-type: none"> • Access, Availability, & Service: <ul style="list-style-type: none"> ○ Improve Access to Care by continuing to monitor appointment access via <i>Provider Appointment Availability Survey (PAAS)</i>; monitor After-hours Access via <i>Provider After Hours Access Survey (PAHAS)</i> – Urgent & Emergent Care. ○ Improve Member Satisfaction; Annual survey conducted in early April 2022. ○ <i>Access Action Plans</i> consists of MY21 Access CAP which is on target; revamping process to create criteria to identify non-compliant PPGs/Providers; align CAPs with DMHC proposed 70% compliance; and focus CAPS on Urgent/Non-urgent metrics and After Hours. ○ <i>Member Satisfaction Survey</i> results shared with stakeholders. The actions taken include distribution of a Provider Tip Sheet, and tracking of Improvement Initiatives that may impact the member experience. • Quality & Safety of Care: <ul style="list-style-type: none"> ○ Default Measures: Fresno and Kings Counties fell below the MPL in Childhood Immunizations; Madera County was above the MPL in Childhood Immunizations. All three counties exceeded MPL in Controlling High Blood Pressure, Timeliness of Prenatal Care, comprehensive Diabetes Care – HbA1c testing, and Cervical Cancer Screening. • Performance Improvement Projects (PIPs): <ul style="list-style-type: none"> ○ Childhood Immunizations: Under 2 years (CIS-10): The high volume, low compliance FQHC in Fresno County initiated this in Q1 2021. 	<p>Motion: Approve the 2022 QI Work Plan Mid-Year Evaluation</p> <p>14 – 0 – 0 – 3 (Nikoghosian / Cardona) A roll call was taken</p>

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	<ul style="list-style-type: none"> ▪ Progress made: Initiated Text Messaging Campaign Sep 2021; CIS-10 Rate in Fresno County & Clinic declining; began analysis to identify any trends or determine if flu vaccine is bringing rate down; discovered first HepB shot missing for many newborns and not in CAIR. Resolution in progress. ○ Breast Cancer Screening Disparity Project: The high volume, low compliance FQHC in Fresno County with an identified Southeast Asian disparity, the women’s imaging center, and The Fresno Center (TFC) agreed to continue our collaboration to improve BCS rates. <ul style="list-style-type: none"> ▪ Progress made: Hmong Sisters Educational Event at TFC On 09/24/21; Unable to schedule mammograms at the event & WISH unable to contact to schedule after the event; ultimately the event produced ONE (1) mammogram; decided to abandon our first intervention; received approval for second intervention mobile mammography events and held the first two-day event in March 2022, and second event was held June 22. Seventy-two (72) mammograms completed. Additionally, the team commissioned a new video that showcases testimonials from local Southeast Asian women presenting their personal experiences with mammography and breast cancer. Plan to show videos on Hmong TV, YouTube, and in local provider waiting rooms. <p>PIP Projects going forward consist of:</p> <ul style="list-style-type: none"> • Continue two PIPs through December 31, 2022. Final analysis due April 2023; • Initial guidance received from DHCS on Projects for 2022-2023 includes: One clinical & one non-clinical PIP; PIP Submission Form Annually; next submission September/October 2023. 	

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<p>#7 2022 Utilization Management Case Management Work Plan Mid-Year Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2022 Mid-Year Utilization Management Case Management Work Plan Evaluation.</p> <p>Activities in 2022 Focus on:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory & Accreditation Requirements 2. Monitoring the Utilization Management Process 3. Monitoring Utilization Metrics 4. Monitoring Coordination with Other Programs and Vendor Oversight 5. Monitoring Activities for Special Populations <p>Key metrics:</p> <ul style="list-style-type: none"> • Turn-around Time for processing authorizations from January – June was 99.6%. • Turn-around Time for appeals January – June was 100%. • Bed days/1000 had a decrease in Q1 & Q2 2022 from pre-COVID 2019. • Admits/1000 had a decrease in Q1 & Q2 2022 from pre-COVID 2019. • Average Length of Stay (ALOS) remains consistent. • Readmit 30 Day had a significant decrease in Q1 & Q2 1022 from pre-COVID 2019. <p>Metrics Too Soon to Tell if they will meet the target:</p> <ol style="list-style-type: none"> 1. Separation of Medical Decisions from Fiscal Considerations. 2. Timeliness of Processing Authorization Requests. 3. Behavioral Health Performance Measures. <p>Activities on target to meet year-end goals:</p> <ol style="list-style-type: none"> 1. Compliance with licensure & periodic audits. 2. Review, revision & updates to Program Descriptions, Work Plans and Policies at least annually. 3. Quarterly PPG Monitoring for Key Metrics. 	<p>Motion: Approve the 2022 UMCM Work Plan Mid-Year Evaluation</p> <p>14 – 0 – 0 – 3 (Soares / Cardona) A roll call was taken</p>

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	<ol style="list-style-type: none"> 4. Delegation Oversight provided denial review training for all PPGs. 5. Health Information Forms (HIF) completed Jan to Jun 2,014 with 573 members referred to Case Management. 6. 1,739 members managed through Q2 in physical, behavioral and transitional case management. 7. Members enrolled in High-Risk Pregnancy Program demonstrated 13.1% greater compliance with Postpartum visit and 1.8% fewer pre-term deliveries. 8. Continued bi-directional referral process between physical and behavioral health in all 3 counties. 	
<p>#8 Standing Reports</p> <ul style="list-style-type: none"> • Finance Reports Daniel Maychen, CFO 	<p>Finance</p> <p><u>Financial Report Fiscal Year End June 30, 2022</u></p> <p>Fiscal year end 2022 financials are currently being audited by Moss Adams, LLP and are in the final review stages. To date, there are no proposed audit adjustments or corrections to the financial statements.</p> <p>Moss Adams will be present during the October Finance meeting and the October Commission meeting to present the final audited financials for Fiscal Year 2022.</p> <p>Current total assets are approximately \$278.5M; current liabilities are approximately \$160.5M, this gives a current ratio of 1.73. TNE as of June 30, 2022 is approximately \$127.9M which is approximately 758% of the minimum required TNE by DMHC.</p> <p>Interest income actual recorded was approximately \$551K which is approximately \$455K more than projected mainly due to the implementation of GASB 87, in addition the rates on the Plan’s money market funds has increased. Premium</p>	<p>Motion: Standing Reports Approved</p> <p>11 – 0 – 0 – 6 (Frye / De La Torre)</p> <p>A roll call was taken</p>

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	<p>capitation income actual recorded was approximately \$1.34B which is approximately \$88.5M higher than what was budgeted primary due to rates and enrollment being higher than budgeted. The Plan had budgeted for the PHE to end approximately December 2021 which did not occur, and therefore actual enrollment was higher than budgeted. Total costs of medical care expense actual recorded is approximately \$1.1B which is approximately \$83.3M above what was budgeted primarily due to higher enrollment and rates. Admin service agreement fees expense actual recorded was approximately \$52.3M which is approximately \$2.3M above what was budgeted primarily due to enrollment being higher than projected. Grants expense actual recorded is approximately \$2.9M which is approximately \$720k less than budgeted due to the Plan’s Grants/Community Support Program related funds not being fully utilized due to Provider Recruitment grants not being fully utilized and also contingency funding not being utilized during FY 2022. All other expense items line items are in line, or below, with what was budgeted. Total net income for FY 2022 was approximately \$8.7M, which is approximately \$5.1M more than budgeted, primarily due to a budgeted \$2.2M MCO tax loss which did not occur as actual enrollment was higher than budgeted noting that the MCO tax revenue amount is directly correlated with enrollment. And secondly the Plan had higher enrollment and rates than projected.</p> <p><u>Financials as of July 31, 2022:</u></p> <p>Total current assets recorded were approximately \$249.3M; total current liabilities were approximately \$131.5M. Current ratio is approximately 1.89.</p> <p>Total equity as of the end of July 2022 was approximately \$127.8M which is approximately 757% above the minimum DMHC required TNE amount.</p>	

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<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p>The net loss for July 2022 is due to CalViva frontloading the grants so that funds could be distributed to the Plan’s community-based organizations sooner than later, which is consistent with prior years. Interest income actual recorded was approximately \$160K which is approximately \$131K more than budgeted primarily due to rates on the Plan’s money market funds being higher than anticipated. Premium capitation income actual recorded was approximately \$107.3M which is approximately \$3M more than budgeted primarily due to enrollment being higher than projected.</p> <p>Total cost of medical care expense actual recorded is approximately \$85.8M which is approximately \$2.5M more than budgeted due to enrollment being higher than projected. Admin service agreement fees expense actual recorded was approximately \$4.5M, which is approximately \$77K more than budgeted due to higher than projected enrollment. All other expense line items are in line with what was budgeted.</p> <p>For the first month of FY 2023 there was a net loss of approximately \$182K which is approximately \$623K less than the projected net loss of \$804K; The main reasons for lower net loss than projected are due to an MCO tax gain of approximately \$393K for July 2022, in combination with higher enrollment than projected.</p> <p>Medical Management</p> <p><u>Appeals and Grievances Dashboard</u></p> <p>Dr. Marabella presented the mid-year Appeals & Grievances Dashboard through Q2 2022.</p>	

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	<ul style="list-style-type: none"> • The total number of grievances remains consistent with prior year. • Quality of Service Grievances have a slight decrease from prior year. • Quality of Care Grievances have slightly increased from prior year. • Exempt Grievances remain consistent when compared to prior year. • Appeals through Q2 2022 have significantly decreased when compared to prior year, this is a result of the Pharmacy carve-out, Medi-Cal Rx. <p><u>Key Indicator Report</u></p> <p>Dr. Marabella presented the mid-year Key Indicator Report (KIR) through Q2 2022.</p> <p>A summary was shared that provided the most recent data for Admissions, Bed Days, Average Length of Stay, and Readmissions through Q2 2022. Membership continues to increase; Utilization for TANFs and SPDs has leveled off.</p> <p>Case Management results through Q2 2022 have shown increased referrals and engagement and demonstrate positive outcomes in all areas (Integrated, Perinatal, Transitional, and Behavioral).</p> <p><u>QI & UMCM Quarterly Report – Q2 2022</u></p> <p>Dr. Marabella provided the QI &UMCM Q2 2022 update. One QI/UMCM meeting was held in Quarter 2; May 2022.</p> <p>The following guiding documents were approved at this meeting:</p> <ol style="list-style-type: none"> 1. 2021 Health Equity End of Year Evaluation 2. 2022 Health Equity Program Description 3. 2022 Health Equity Work Plan 4. 2021 Health Equity Language Assistance Program Report 	

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	<p>5. 2021 Health Education End of Year Evaluation 6. 2022 Health Education Program Description 7. 2022 Health Education Work Plan</p> <p>In addition, the following general document was approved at the meeting: 1. Medical Policies</p> <p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard and Quarterly A & G reports, Potential Quality Issues (PQI) report, and Provider Office Wait Time report. Additional Quality Improvement reports as scheduled during Q2.</p> <p>The Utilization Management & Case Management reports reviewed were the Key Indicator Report and UM Concurrent Review report, and the Case Management and CCM Report. Additional UMCM Reports include the Concurrent Review IRR Report, TurningPoint, and other reports scheduled during Q2.</p> <p>HEDIS® Activity:</p> <p>In Q2, HEDIS® related activities focused on finalizing and preparing Measurement Year (MY)2021 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 15th deadline. Medi-Cal Managed Care (MCMC) health plans currently have 15 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 consist of:</p> <ul style="list-style-type: none"> • Breast Cancer Screening (BCS) PIP (Performance Improvement Project) 	

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	<ul style="list-style-type: none"> • Cervical Cancer Screening (CCS) • Diabetes – (CDC-H9) • Childhood Immunizations (CIS-10)– PIP Immunization birth to 2 years • COVID-19 Quality Improvement Plan (QIP) <p>No significant compliance issues have been identified. Oversight and monitoring processes will continue.</p> <p><u>Credentialing Sub-Committee Quarterly Report</u></p> <p>The Credentialing Sub-Committee met on July 21, 2022. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q1 2022 were reviewed for delegated entities, and Q2 2022 for MHN and Health Net.</p> <p>There was no case activity to report for the Q2 2022 Credentialing Report from Health Net.</p> <p><u>Peer Review Sub-Committee Quarterly Report</u></p> <p>The Peer Review Sub-Committee met on July 21, 2022. The county-specific Peer Review Sub-Committee Summary Reports for Q2 2022 were reviewed for approval. There were no significant cases to report.</p> <p>The Q2 2022 Peer Count Report was presented with a total of 16 cases reviewed. There were six (6) cases closed and cleared. There was one (1) case closed with administrative termination. There were no cases pending closure for Corrective Action Plan compliance or cases with outstanding CAPs. There were nine (9) cases pending for further information.</p>	

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<ul style="list-style-type: none"> Executive Report J. Nkansah, CEO 	<p>Ongoing monitoring and reporting will continue.</p> <p>Executive Report</p> <p>Enrollment through July 31, 2022 is 410,130 members. Enrollment continues to increase as a result of the Public Health Emergency (PHE). The PHE is likely to be extended though as least mid-January 2023 and possibly through April 2023. Choice percentages are appearing to show some promise of rebounding.</p> <p>There are no significant issues, concerns, or items to note as it pertains to the Plan’s IT Communications and Systems. The Plan is actively underway to upgrade computers, monitors, servers, and spam filters.</p> <p>Q2 2022 numbers are available. There are no significant issues or concerns as it pertains to the Call Center, CVH Website, Provider Network Activities, and Provider Relations.</p> <p>For Claims Processing and Provider Dispute activities the Q2 2022 numbers are not yet available.</p> <p><u>Medi-Cal Procurement Update</u></p> <p>Medi-Cal Procurement was announced on August 25, 2022 by DHCS and as specific to the Plan’s three counties, Anthem Blue Cross will remain as the Commercial Medi-Cal Plan competitor to CalViva Health.</p> <p>Kaiser will join January 1, 2024 and will be available to limited Medi-Cal beneficiaries.</p>	

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#9 Final Comments from Commission Members and Staff	Jeff Nkansah announced that CalViva Health won the National Community Action Corporate Partnership Award as a result of the Plan's continued work related to the Community Support programs. Jeff and Courtney Shapiro, Director of Community Relations and Marketing, traveled to New York to accept the award.	
#10 Announcements	None.	
#11 Public Comment	None.	
#12 Adjourn	The meeting was adjourned at 3:20 pm. The next Commission meeting is scheduled for October 20, 2022 in Fresno County.	

Submitted this Day: 11-17-2022

Submitted by: Cheryl Hurley
 Cheryl Hurley
 Clerk to the Commission