

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission
Meeting Minutes**
May 19, 2016

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

| Commission Members | | | |
|---|---|----|---|
| ✓ | David Cardona, M.D., Fresno County At-large Appointee | ✓* | Joe Neves, Vice Chair, Kings County Board of Supervisors |
| ✓ | Aldo De La Torre, Community Medical Center Representative | ✓ | Harold Nikoghosian, Kings County At-large Appointee |
| ✓ | Van Do-Reynoso, Director, Madera Co. Dept. of Social Services | ✓ | David Pomaville, Director, Fresno County Dept. of Public Health |
| | John Frye, Commission At-large Appointee, Fresno | ✓● | Deborah Poochigian, Fresno County Board of Supervisor |
| ✓* | Soyla Griffin, Fresno County At-large Appointee | ✓ | Stephen Ramirez, Fresno County At-large Appointee |
| ✓ | Derrick Gruen, Commission At-large Appointee, Kings County | ✓* | David Rogers, Madera County Board of Supervisors |
| ✓ | David Hodge, M.D., Chair, Fresno County At-large Appointee | | David Singh, Valley Children's Hospital Appointee |
| ✓ | Aftab Naz, Madera County At-large Appointee | ✓* | Paulo Soares, Commission At-large Appointee, Madera County |
| | | ✓● | Keith Winkler, Director, Kings County Dept. of Public Health |
| Commission Staff | | | |
| ✓ | Gregory Hund, Chief Executive Officer (CEO) | ✓ | Amy Schneider, R.N., Director of Medical Management |
| ✓ | William Gregor, Chief Financial Officer (CFO) | ✓ | Jeff Nkansah, Director, Compliance and Privacy/Security |
| ✓ | Patrick Marabella, M.D., Chief Medical Officer (CMO) | ✓ | Cheryl Hurley, Commission Clerk |
| ✓ | Mary Beth Corrado, Chief Compliance Officer (CCO) | ✓ | Daniel Maychen, Director of Finance & MIS |
| 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> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|---|--|--|
| <p>#3 Chair and Co-Chair Nominations for Fiscal Year 2017</p> <p>Action David Hodge, M.D, Chairman</p> | <p>The Commissioners nominated and subsequently re-elected David Hodge, MD as chair and Supervisor Joe Neves as Vice-Chair to serve during Fiscal Year 2017.</p> | <p>Motion: <i>Approve the nominations 13-0-1-3 (Rogers/Ramirez)</i></p> <p><i>A roll call was taken</i></p> |
| <p>#4 Closed Session</p> <p>A) Public Employee Appointment, Employment, Evaluation, or Discipline</p> | <p>The Commission discussed in closed session those items agendized for closed session discussion and direction was given to staff. The performance of CEO Gregory Hund was discussed and an increase in compensation was approved.</p> <p><i>Paulo Soares arrived at 1:35 pm</i></p> | <p>Motion: <i>Approve CEO review and increase 14-1-0-2 (Nikoghosian / Do-Reynoso)</i></p> <p><i>A roll call was taken</i></p> |
| <p>#5 Consent Agenda</p> <p>a) Commission Minutes 3/17/2016 b) Finance Committee Minutes 2/18/2016 c) QI/UM Committee Minutes 2/18/2016</p> <p>Action David Hodge, M.D., Chair</p> | <p>All consent items were presented and accepted as read.</p> | <p>Motion: <i>Approve Consent Agenda 14-0-1-2 (Neves / Rogers)</i></p> <p><i>A roll call was taken</i></p> |
| <p>#6 Committee Appointments for Fiscal Year 2017</p> | <p>D. Hodge, M.D has approved the Commissioner appointments for the following Committees as described in BL 16-007:</p> <ul style="list-style-type: none"> ➤ The Finance Committee ➤ The Quality Improvement/Utilization Management Committee ➤ The Credentialing Sub-Committee | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|--|--|--|
| <p>Information David Hodge, M.D Chairman</p> | <p>➤ The Peer Review Sub-Committee ➤ The Pubic Policy Committee</p> <p><i>Soyla Griffin left at 2:09 pm</i></p> | |
| <p>#7 Proposed Budget – Fiscal Year 2017</p> <p>Action David Hodge, M.D., Chair</p> | <p>W. Gregor, CFO, presented the proposed budget for Fiscal Year 2017. The Finance Committee reviewed the proposed budget and has recommended approval by the Commission. A motion was made to approve the budget with an amendment to adjust the remuneration as previously voted on by the Commission for the CEO.</p> | <p>Motion: <i>Approve proposed budget for FY 2017</i> 14 – 0 – 0 – 3 (Rogers /Naz)</p> <p><i>A roll call was taken</i></p> |
| <p>#8 Cultural and Linguistics (C&L) Annual Evaluation, Work Plan Evaluation and Program Description</p> <p>Action P Marabella, M.D., CMO</p> | <p>P. Marabella, MD presented the Cultural and Linguistics (C&L) 2015 Annual Evaluation, 2016 Program Description, and the 2016 Work Plan.</p> <p>For 2015, 100% of the work plan activities were completed in all four areas.</p> <ul style="list-style-type: none"> • Language Assistance Services: There has been substantial increase in requests for interpreter services. CVH was able to meet the requests, both telephonic and in-person. • Compliance Monitoring: The Geo Access Report was completed to identify language needs. C & L staff provided, support for the Public Policy Committee. • Communication, Training and Education: Developed a Quick Reference Guide for Appeals and Grievances staff to support appropriate coding of cases. • Health Literacy and Cultural Competency: Completed and disseminated a Health Literacy Toolkit. | <p>Motion: Approve 2015 C & L Work Plan Evaluation, 2016 C & L Program Description, 2016 C & L Work Plan</p> <p>12-0-0-5 (<i>Soares/Do-Reynoso</i>)</p> <p><i>A roll call was taken</i></p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-----------------------------------|---|--|
| | <p>The 2016 Program Description has been updated to include:</p> <ol style="list-style-type: none"> 1. The Mission Statement will now include a statement regarding being an industry leader in health equity. 2. Enhanced goals to maintain compliance and create cultural awareness throughout the organization and in our community. 3. Continue the health literacy efforts. 4. Expand consulting services to work with case managers, quality improvement and grievance coordinators. <p>The 2016 Work Plan will emphasize activities in the following areas:</p> <ol style="list-style-type: none"> 1. Language Assistance Services: continue to promote and meet the requests for interpreter services. 2. Compliance Monitoring: continue to follow up on all C & L related grievances and perform a full group needs assessment. 3. Communication, Training and Education: continue to train members, providers, and staff on C & L issues. 4. Health Literacy, Cultural Competency and Health Equity: materials will be enhanced to emphasize Health Literacy in an attempt to reduce cultural barriers. <p><i>Dr. Naz stepped out at 2:12 pm</i> <i>Supervisor Rogers left at 2:12 pm</i></p> | |
| <p>#9 Health Education</p> | <p>P. Marabella, MD presented the Health Education (HE) 2015 Annual Evaluation, 2016 Program Description and Work Plan.</p> <p>There were 15 program initiatives for the 2015 HE Work Plan.</p> | <p>Motion: Approve 2015 HE Work Plan Evaluation, 2016 HE Program Description, 2016 HE Work Plan</p> <p>13-0-0-4 (Neves/Gruen)</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|---|--|-------------------------------------|
| <p>Action P. Marabella, M.D., CMO</p> | <p>11 initiatives were completed:</p> <ol style="list-style-type: none"> 1) Chronic Disease Education 2) Healthy Hearts, Healthy Lives 3) Obesity Prevention 4) Well Care and Immunizations 5) Community Health Education 6) Group Needs Assessment 7) Member Newsletter 8) Public Policy Committee 9) State and County Collaboratives 10) Compliance: Staying Healthy Assessment, Oversight and Reporting 11) HE Department Materials Update, Development and Inventory <p>3 initiatives required modification:</p> <ol style="list-style-type: none"> 1) Member Engagement for Improved Health Initiative 2) Perinatal Initiative 3) Tobacco Cessation Program Initiative <p>1 initiative was not completed:</p> <ol style="list-style-type: none"> 1) Lifeline Program – this was still in administrative review and not yet approved. <p>The initiatives that were only partially or not met will be addressed in 2016.</p> <p>Changes to the Program Description for 2016 will include:</p> <ol style="list-style-type: none"> 1) an updated Health Literacy section. 2) expanded and clarified the description of the health disparity reduction process. | <p><i>A roll call was taken</i></p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|--|--|--|
| | <p>3) updated Staff Resources and Accountability section.</p> <p>The 2016 Work Plan will continue to include the 2015 initiatives with the following projects and priorities:</p> <ol style="list-style-type: none"> 1) Collaborate with the Quality Improvement and Provider Relations staff to provide targeted member education to improve HEDIS scores in diabetes, asthma, cervical cancer screening, and perinatal health. 2) Coordinate with departments to promote high utilization of health education interventions by members. 3) Explore new electronic health education tools to communicate with members and increase member reach. 4) Streamline opportunities to work in a more integrative manner with the Fresno County Department of Public Health. <p><i>Dr. Naz returned at 2:20 pm</i></p> | |
| <p>#10 Standing Reports</p> <ul style="list-style-type: none"> • Finance Report William Gregor, CFO | <p><u>Finance</u></p> <p>W. Gregor presented the financial statements as of April 30, 2016.</p> <p>Current assets are \$138.3M and current liabilities are \$113.3M, with a current ratio of 1.2. TNE as of the end of April was approximately \$36.4M. The DMHC required TNE is \$12M which is approximately 300% of the minimum of the DMHC required TNE amount.</p> <p>Revenue is \$896M, approximately \$139M above budgeted amount, which is due to an increase in enrollment greater than what was budgeted. Total cost of medical care expense was \$808M, which is</p> | <p>Motion: <i>Approve Standing Reports</i></p> <p>12 – 0 – 0 – 5 (Naz / Soares)</p> <p><i>A roll call was taken</i></p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|---|---|--------------|
| <ul style="list-style-type: none"> • Compliance Report Mary Beth Corrado, CCO | <p>\$127M greater than budget. Administrative Services fee was \$37.3M, which is \$2.6M great than budgeted, and premium taxes of \$37M, which is \$7.5M greater than budgeted. Net impact of all other expenses are in line with budget. Other income of \$213K is primarily related to \$40K of funds from Health Net for additional sponsorship support given to CalViva in August, and rental income of \$173K. The net income through April is \$9.6M, which overall is \$2.5M ahead of budget.</p> <p><u>Compliance</u></p> <p>MB Corrado presented the Compliance report. There were a total of three new privacy and breach security cases identified in April; one of which was high risk and two were no risk/low risk cases. In the high risk situation, the member was notified.</p> <p>Continued monthly oversight meetings with Health Net, and quarterly oversight meetings with Kaiser are ongoing. Due to the Health Net/Centene merger, an additional monthly meeting has been added to discuss the impact and/or changes that may affect our processes, policies, and procedures.</p> <p>DMHC provided results from the annual review of our provider network and the adequacy of the provider network. Deficiencies were found and will be addressed.</p> <p>DMHC and DHCS completed their onsite audit the last two weeks of April and will be submitting the preliminary report of findings within 30 – 60 days.</p> | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-------------------------|---|--------------|
| | <p>New laws reported on include:</p> <ul style="list-style-type: none"> • Mandating mental health parity for the Medicaid Managed Care programs effective May 31, 2016. This new law states cost sharing, copays, deductibles, any type of visit limitations, and mental health benefits must be the same as what is on the medical side and be on a parity basis. There is no expectation that this will affect the Plan. • An additional new law, the Medicaid and Children’s Health Insurance Program (CHIP) issued by CMS last month, covers changes to both Medicaid and CHIP in an effort to modernize the law as they apply to Medicaid Managed Care. This will affect the Plan with quality improvement and reporting requirements. Updates, when available, will be provided to the Commission at future meetings. <p>In regards to SB 137, Provider Directory Implementation, provider communications have gone out.</p> <p>The Commission was reminded the next Public Policy Committee meeting is scheduled for June 1, 2016 in Kings County.</p> <p>Results of the oversight audits of Health Net was reported. Seven oversight audits of various functions have been completed over the course of the last year. The functions reviewed were:</p> <ul style="list-style-type: none"> • Appeals and Grievances - CAP required regarding acknowledgement and resolution letters. • Claims | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|--|--|--------------|
| <ul style="list-style-type: none"> • Medical Management Patrick Marabella, M.D., CMO | <ul style="list-style-type: none"> • Credentialing • Cultural and Linguistic Services • Marketing – CAP required regarding distribution of 7-day requirement of member information. • Privacy & Security – CAP required regarding timeliness in breach notification and reporting. • Provider Dispute Resolution (PDR) – CAP required regarding resolution turnaround time standard. • Utilization Management <p>Corrective actions have been received and accepted, with the exception of Marketing. The Marketing CAP was recently received and will be reviewed for acceptance.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances</p> <p>Dr. Marabella presented the Appeals and Grievances Dashboard Report for the 1st quarter of 2016.</p> <ul style="list-style-type: none"> • Total number of grievances received in the first quarter has remained consistent month to month, with an increase in expedited grievances noted. • Total number of grievances resolved, number of Quality of Services and number of Quality of Care have also remained consistent. | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-------------------------|---|--------------|
| | <ul style="list-style-type: none"> • The number of Exempt Grievances have increased, primarily due to staff re-education and a change in the documentation process. • The number of appeals per month has remained consistent, with turnaround time being in compliance. • The ratios for approval and denial of appeals have normalized. • The rates of appeals and grievances per thousand members per month, when compared to 2015 have stayed the same for appeals, and have increased for grievances. The increase has been determined to be primarily due to the new membership. <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report.</p> <ul style="list-style-type: none"> • Membership through the end of 2015 gradually increased due to MCE population. • UM counts have stayed consistent from 2015 to 2016. • ER visits have been variable; however, have been confirmed accurate from Jan. 2015 through Dec. 2015. • ER visits, as currently counted, have decreased. • Utilization is currently lower than the previous year in general. • Turnaround time compliance is on track compared to previous months. • The CCS rate is still good at over 7%. • OB numbers have remained consistent. • Case management numbers have increased and will continue to be monitored. | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-------------------------|--|--------------|
| | <p>Quality Improvement/Utilization Management Quarterly Summary Report</p> <p>Dr. Marabella provided the QI/UM first quarter update. The meeting was held in March 2016.</p> <p>The QI/UM guiding documents reviewed included: 2016 QI Program Description and 2016 QI Work Plan.</p> <p>Additionally, the Pharmacy Provider Update for 1st Quarter 2016, and Recommended Drug List for February 2016 were reviewed and approved.</p> <p>The Quality Improvement Reports, including the Appeal and Grievances Dashboard, were reviewed noting that grievances have remained consistent. The MHN Report and Provider Office Wait Time Report were also reviewed.</p> <p>The UMCM Reports, including the Key Indicator Report, the Specialty Referrals Reports from Delegated Entities, the UM Concurrent Review Report, and the Inter-rater Reliability Reports were also reviewed. In addition, the Pharmacy Reports for Q4 of 2015, and the Credentialing and Peer Review Sub-Committee Reports were also reviewed.</p> <p>HEDIS® Activity was discussed. CVH currently has four standard improvement projects in progress consisting of:</p> <ul style="list-style-type: none"> • Kings County Bundle • Monitoring Persistent Medications • Cervical Cancer Screening | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-------------------------|--|--------------|
| | <ul style="list-style-type: none"> • Medication Management for People with Asthma <p>Two formal Performance Improvement Projects (PIPs) consist of:</p> <ul style="list-style-type: none"> • Postpartum Visit Improvement Project • Improving Compliance with HbA1c testing for Diabetic members <p>The Access and Availability workgroup findings were reviewed. The Timely Access Report (TAR) has been filed with DMHC.</p> <p>Kaiser Reports for Q1 2016 will be included in the next regular report.</p> <p>Credentialing Sub-Committee Quarterly Report</p> <p>The Credentialing Sub-Committee met May 19, 2016. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. A significant number of new credentials for EHS was noted.</p> <p>The Credentialing Sub-Committee Charter was reviewed and approved without changes for Commission approval in July.</p> <p>Peer Review Sub-Committee Quarterly Report</p> <p>The Peer Review Sub-Committee met May 19, 2016. There were no significant findings identified on the report.</p> <p>The Peer Review Sub-Committee Charter was reviewed and approved without changes for Commission approval in July.</p> | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|--|---|--------------|
| <ul style="list-style-type: none"> Executive Report G. Hund, CEO | <p><i>Supervisor Neves left at 2:52 pm</i></p> <p><u>Executive Report</u></p> <p>G. Hund presented the Executive Dashboard. Market share continues to exceed the 70% goal. April membership was 349,000, with May membership exceeding 350,000.</p> <p>As a result of SB 75, DHCS predicts there will be approximately 4,000 children in the three county service area who will eligible to enroll, . The majority will likely enroll with CalViva.</p> <p>As a result of proposed SB 586, CCS will move forward with their pilot project with the county operated health plans (COHS) beginning July 2017. Should the law pass, non-COHS plans will not see the transition happen until 2025. Further updates will be provided when available.</p> <p>New Federal regulations for Medicaid did not include an accreditation requirement for health plans.</p> | |
| <p>#11 Final Comments from Commission Members and Staff</p> | <p>None.</p> | |
| <p>#12 Announcements</p> | <p>None.</p> | |
| <p>#13 Public Comment</p> | <p>None.</p> | |
| <p>#14 Adjourn</p> | <p>The meeting was adjourned at 3:05 pm</p> <p>The next Commission meeting is scheduled for July 21, 2016 in Fresno County.</p> | |

Submitted this Day: 9-15-16

Submitted by: Cheryl Hurley
Cheryl Hurley
Clerk to the Commission