

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

David S. Hodge, M.D.
At-large

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Brian Smullin
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Derrick Gruen
Kings County

Paulo Soares
Madera County

Gregory Hund
Chief Executive Officer
7625 N. Palm Ave., Ste. 109
Fresno, CA 93711

Phone: 559-540-7840
Fax: 559-446-1990
www.calvivahealth.org

DATE: October 11, 2019

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Cheryl Hurley, Commission Clerk

RE: Commission Meeting Materials

Please find the agenda and supporting documents enclosed for the upcoming Commission meeting on:

**Thursday, October 17, 2019
1:30 pm to 3:30 pm**

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

Meeting materials have been emailed to you.

Currently, there are **11** Commissioners who have confirmed their attendance for this meeting. At this time, a quorum has been secured. Please advise as soon as possible if you will not be in attendance to ensure a quorum is maintained

Thank you

AGENDA

Fresno-Kings-Madera Regional Health Authority

Commission Meeting

October 17, 2019

1:30pm - 3:30pm

Meeting Location:

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

Item	Attachment #	Topic of Discussion	Presenter
1		Call to Order	D. Hodge, MD, Chair
2		Roll Call	C. Hurley, Clerk
3 Action	Attachment 3.A Attachment 3.B Attachment 3.C Attachment 3.D	Consent Agenda: <ul style="list-style-type: none">• Commission Minutes dated 9/19/19• Finance Committee Minutes dated 7/18/19• QI/UM Committee Minutes dated 7/18/19• Compliance Report <p><i>Action: Approve Consent Agenda</i></p>	D. Hodge, MD, Chair
4		Closed Session: The Board of Directors will go into closed session to discuss the following item(s) A. Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program, or facility.	
5 Action	<i>Handouts provided at meeting</i>	Financial Audit Report for Fiscal Year 2019 <ul style="list-style-type: none">• Moss Adams Board Presentation of Audit <p><i>Action: Approve Audit Report</i></p>	Moss Adams Representative: R. Suico
6 Action	<i>Handout available at meeting</i>	Physician Incentive Plan <ul style="list-style-type: none">• Performance incentive <p><i>Action: Approve Physician Incentive Plan</i></p>	G. Hund, CEO
7 Action	Attachment 7.A.1 Attachment 7.A.2 Attachment 7.A.3 Attachment 7.A.4 Attachment 7.A.5	2020 Calendar Year Meeting Proposal <ul style="list-style-type: none">• Commission Calendar• Finance Committee Calendar• QIUM Committee Calendar• Credentialing Sub-Committee Calendar• Peer Review Sub-Committee Calendar	D. Hodge, MD; Chair

	Attachment 7.A.6	<ul style="list-style-type: none"> Public Policy Committee Calendar 	
		<i>Action: Approve 2020 Calendar Year Meeting Calendars</i>	
	<i>Handouts will be available at meeting</i>	<i>PowerPoint Presentations will be used for item 8 & 9</i> One vote will be taken for combined items 8 & 9	
8 Action	Attachment 8.A	2019 Cultural and Linguistics (C & L) <ul style="list-style-type: none"> Executive Summary and Work Plan Evaluation 	P. Marabella, MD, CMO
		<i>Action: See item 9 for Action</i>	
9 Action	Attachment 9.A	2019 Health Education <ul style="list-style-type: none"> Executive Summary and Work Plan Evaluation 	P. Marabella, MD, CMO
		<i>Action: Approve 2019 C & L Work Plan Evaluation; and 2019 Health Education Work Plan Evaluation</i>	
10 Action		Standing Reports	
	Attachment 10.A	Finance Report <ul style="list-style-type: none"> Financials as of August 31, 2019 	D. Maychen, CFO
	Attachment 10.B Attachment 10.C Attachment 10.D	Medical Management <ul style="list-style-type: none"> Appeals and Grievances Report Key Indicator Report QIUM Quarterly Summary Report 	P. Marabella, MD, CMO
	Attachment 10.E	Operations <ul style="list-style-type: none"> Operations Report 	J. Nkansah, COO
	Attachment 10.F	Executive Report <ul style="list-style-type: none"> Executive Dashboard 	G. Hund, CEO
		<i>Action: Accept Standing Reports</i>	
11		Final Comments from Commission Members and Staff	
12		Announcements	
13		Public Comment <i>Public Comment is the time set aside for comments by the public on matters within the jurisdiction of the Commission but not on the agenda. Each speaker will be limited to three (00:03:00) minutes. Commissioners are prohibited from discussing any matter presented during public comment except to request that the topic be placed on a subsequent agenda for discussion.</i>	
14		Adjourn	D. Hodge, MD, Chair

Supporting documents will be posted on our website 72 hours prior to the meeting.

If you have any questions, please notify the Clerk to the Commission at: Churley@calvivahealth.org

If special accommodations are needed to participate in this meeting, please contact Cheryl Hurley at 559-540-7842 during regular business hours (M-F 8:00 a.m. – 5:00 p.m.)

Next Meeting scheduled for November 21, 2019 in Fresno County
CalViva Health, 7625 N. Palm Ave., Ste. 109, Fresno, CA 93711

“To provide access to quality cost-effective healthcare and promote the health and well-being of the communities we serve in partnership with health care providers and our community partners.”

Item #3

Attachment 3.A

Commission Minutes
dated 9/19/19

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
September 19, 2019

Meeting Location:
CalViva Health
7625 N. Palm Ave., #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
	Sara Bosse , Director, Madera Co. Dept. of Public Health	✓	David Pomaville , Director, Fresno County Dept. of Public Health
✓	John Frye , Commission At-large Appointee, Fresno		Sal Quintero , Fresno County Board of Supervisor
✓	Soyla Griffin , Fresno County At-large Appointee	✓	Joyce Fields-Keene , Fresno County At-large Appointee
✓	Derrick Gruen , Commission At-large Appointee, Kings County	✓	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
✓	Aftab Naz , Madera County At-large Appointee		
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 1:30 pm. A quorum was present.	
#2 Roll Call	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
Cheryl Hurley, Clerk to the Commission		
<p>#3 Confirmed Fresno County At-Large Reappointment</p> <p>Information David Hodge, MD, Chairman</p>	Fresno County Board of Supervisors reappointed Dr. Hodge and Dr. Cardona for an additional three-year term.	
<p>#4 Consent Agenda</p> <p>a) Commission Minutes 7/18/19 b) Finance Committee Minutes 5/16/19 c) QI/UM Committee Minutes 5/16/19 d) Public Policy Committee Minutes 6/12/19</p> <p>Action David Hodge, MD, Chairman</p>	All consent items were presented and accepted as read.	<p>Motion: Approve Consent Agenda 14 – 0 – 0 – 3</p> <p>(Neves / Naz)</p>
<p>#5 Closed Session</p> <p>A. Government Code section 59454.5 – Report Involving Trade Secret – Discussion of service, program, or facility B. Government Code section 54956.9(b) – Conference with Legal Counsel – Anticipated Litigation</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session. Commissioners discussed those items agendaized for closed session. Direction was given to staff.</p> <p>Closed Session concluded at 1:54 pm.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#6 HEDIS® update</p> <p>Information P. Marabella, MD, CMO</p>	<p>Dr. Marabella reported on HEDIS® scores for reporting year (RY) 2019.</p> <p>The three areas that reported results below the MPL in Fresno County are:</p> <ul style="list-style-type: none"> • Avoidance of ABX Tx in Adults with Bronchitis (Not on MCAS 2020) • Breast Cancer Screening • HbA1c Testing <p>Kings and Madera counties did not have any measures below the MPL for RY19. The HEDIS® project will no longer be referred to as HEDIS®; the new name is Managed Care Accountability Set (MCAS).</p> <p>The new Managed Care Accountability Set for 2020 includes the following:</p> <ul style="list-style-type: none"> • 22 measures vs 18 measures • Nine (9) new measures • Most of the new measures are from Adult/Child CMS Core Set • Thirteen (13) unchanged from External Accountability Set (EAS) • MPL is 50th percentile vs 25th percentile <p>New to the existing list of EAS are:</p> <ul style="list-style-type: none"> • Children’s Health: <ul style="list-style-type: none"> ○ WCC BMI – Weight assessment and counseling ○ CIS 10 – Childhood Immunization combo 10 ○ W15 – Well child visit first 15 months of life ○ IMA 2- Immunizations for Adolescents ○ AWC – Adolescent well care visit 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Women’s Health: <ul style="list-style-type: none"> ○ Chlamydia screening • Behavioral Health: <ul style="list-style-type: none"> ○ Antidepressant medication management acute ○ Antidepressant medication management continuation • Acute and Chronic Disease <ul style="list-style-type: none"> ○ Adult BMI ○ Comprehensive Diabetes A1C poor control >9 ○ PCR – Plan all-cause readmission <p>Efforts are underway to assess current compliance with new measures and old measures below the 50th percentile and initiate activities to improve rates where needed.</p>	
<p>#7 2019 Quality Improvement Work Plan Mid-Year Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2019 Quality Improvement Work Plan Mid-Year Evaluation.</p> <p>Initiatives on track to be completed by year end include:</p> <ul style="list-style-type: none"> • Access, Availability, and Service: <ul style="list-style-type: none"> ○ CVH continues to monitor appointment access and after-hours access at the provider level through the annual Provider Appointment Availability Survey (PAAS) and the Provider after Hours Access Survey (PAHAS). ○ PPG and provider corrective action plans (CAPs) have been issued, training session provided and onsite audits planned. • Quality & Safety of Care <ul style="list-style-type: none"> ○ All three counties exceeded MPL in Childhood Immunizations, Well-Child Visits, Timeliness of Prenatal Care, and Cervical 	<p>Motion: See #8 for motion</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Cancer Screening. Fresno County fell slightly below the MPL in HbA1c testing.</p> <ul style="list-style-type: none"> • Quality and Safety of Care Improvement Projects RY19: <ul style="list-style-type: none"> ○ Monitoring Patients on Persistent Medications (MPM) and Avoidance of Antibiotics in Adults with Bronchitis (AAB) met and exceeded the MPL for Madera County. ○ Fresno County did not meet MPL for HbA1c Testing and Breast Cancer Screening. Improvement plans will continue. • Performance Improvement Projects (PIPs): <ul style="list-style-type: none"> ○ Postpartum Care Disparity in Fresno County. Two interventions are being initiated to improve Postpartum Visit completion rates. Visit rate sustained above 80% for 6 months. Project closed 6/30/19. • Childhood Immunization Status: <ul style="list-style-type: none"> ○ Targeting two clinics in Fresno County. ○ Two interventions were initiated. ○ Immunization completion rate was above goal of 60% for 10 months. Project closed 6/30/19. <p>Two new PIPs are in development on Childhood Immunizations and Breast Cancer Screening.</p>	
<p>#8 2019 Utilization Management Work Plan Mid-Year Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2019 Mid-Year Utilization Management Case Management Work Plan Evaluation through June 30, 2019.</p> <p>Activities focused on:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory and Accreditation Requirements 2. Monitoring the UM Process 3. Monitoring the UM Metrics 4. Monitoring Coordination with Other Programs and Vendor Oversight 	<p>Motion: Approve 2019 Quality Improvement Work Plan Mid-Year Evaluation; and 2019 Utilization Management Work Plan Mid-Year Evaluation</p> <p>14 – 0 – 0 – 3</p> <p>(Neves / Cardona)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>5. Monitoring Activities for Special Populations</p> <p>Key findings:</p> <ul style="list-style-type: none"> • CAP for Prior Authorization Turn-around time in development. • Turn-around Time for appeals was 99.71%. • TANF and MCE Bed days/1000 both improved since last year with MCE below threshold (lower is better) • SPD Bed days/1000 exceeded the goal (lower is better) <p>Additional key findings include the following:</p> <ul style="list-style-type: none"> • Compliance activities are on target for year-end completion. • PPG specific dashboard reports are produced and reviewed quarterly. • Integrated Case Management outcome measures are monitored on a quarterly basis and now include Behavioral Health. • Perinatal Case Management has seen an increase in referrals in 2019 YTD compared to 2018 YTD. • Disease Management was successfully transitioned to Envolv People Care. • SPD member stratification continues monthly to identify members appropriate for Case Management. <p>Activities and initiatives will continue through December to meet 2019 year-end goals.</p>	
<p>#9 Standing Reports</p> <ul style="list-style-type: none"> • Finance Report Daniel Maychen, CFO 	<p><u>Finance</u></p> <p>Financial Report Fiscal Year End Jun 30, 2019:</p> <p>Current assets are \$191.6M; current liabilities are \$131.9M, this gives a</p>	<p>Motion: <i>Approve Standing Reports</i></p> <p><i>14 – 0 – 0 – 3</i></p> <p><i>(Frye / Soares)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>current ratio of 1.45. TNE as of June 30, 2019 is approximately \$70.3M which is approximately 530% of the minimum required TNE by DMHC.</p> <p>Total premium capitation income recorded was \$1.2B which is approximately \$35.3M higher than what was budgeted due to rates and membership being higher than budgeted. Total costs of medical care expense, and administrative service fees expense are higher than what was budgeted for the same reasons. All other line expense items are consistent or below budget, with the exception of License expense. Total net income for FY 2019 was \$10.5M, which is approximately \$3.6M more than budgeted.</p> <p>Fiscal year end 2019 financials are currently being audited by Moss Adams and are in final review stages. To date, there are no proposed audit adjustments.</p> <p>Financial Statements as of July 31, 2019:</p> <p>Total current assets were approximately \$161.6M; total current liabilities were approximately \$101M. Current ratio is 1.6. TNE as of July 31, 2019 was approximately \$71.2M, which is approximately 590% above the minimum DMHC required TNE amount.</p> <p>Premium capitation actual income was approximately \$87.2M which is approximately \$7M less than budgeted amounts due to MCO taxes. For FY 2020, MCO tax is currently going through approval process; it has passed the California State Assembly and Senate. The next step is Governor Newsom’s and federal approval. CAHP is confident Governor Newsom and the federal government will approve. If approved, MCO</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Compliance M.B. Corrado, CCO 	<p>taxes will go retroactive back to 7/1/19, which would bring revenues more in line with budgeted amounts</p> <p>All other expense items are in line or below what was budgeted, with the exception of Marketing expense. Marketing was over budget primarily due to timing because of multiple community-based sponsorships. For the first month of current FY 2020, total net income is approximately \$883K which is approximately \$241K more than budgeted.</p> <p><u>Compliance Report</u></p> <p>Mary Beth Corrado presented the Compliance Report.</p> <p>Filing activity is consistent with previous months. There were two new potential fraud cases that were reported to the State.</p> <p>Regulatory audits and review results were listed in detail on the Compliance report. Most results show no findings, or minimal findings. The exit conference from the DMHC Medical Survey conducted in February 2019 is scheduled for 9/27/19.</p> <p>With regard to New Regulations, Benefit Programs, and Contractual Requirements, the Full-Scope Medi-Cal Young Adult Expansion and Pharmacy Services Carve-out were reported to Commission</p> <p>The Public Policy Committee met in September in Madera County. No recommendations or proposals for the Commission were expressed. The next scheduled meeting is December 4, 2019 in Fresno County.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p><u>Medical Management</u></p> <p>Appeals and Grievances Dashboard</p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through July 2019.</p> <p>Grievance & Appeals Data:</p> <ul style="list-style-type: none"> The number of grievances received through Q2 shows an increase as compared to total Grievances in 2018 through the same time period. Total cases resolved shows a similar increase. Majority of increase in grievances were in the Quality of Service category with increases associated with Access, Administrative, and Transportation case types. Quality of Care Grievances remain consistent with the prior year with the exception of Specialist Care. This category has increased. Exempt grievances have improved for YTD 2019 compared to 2018. The number of appeals received for YTD 2019 compared with 2018, has increased. The majority of this increase can be attributed to the areas of Advanced Imaging, Pharmacy, and Surgery. <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report through July 31, 2019.</p> <ul style="list-style-type: none"> Acute Admits and bed days for TANF population exceeds goal for Q1 and Q2 2019 (lower is better). 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Readmission rates for SPD exceeds goal for Q1 and Q2 (lower is better). • Expansion rate for readmissions has remained below goal for Q1 and Q2. • Case Management Report demonstrates how members who participated in Case Management have a lower readmission rate when compared to those who did not. • Perinatal Case Management referrals have significantly increased as a result of improved outreach and engagement with our new program. <p>Credentialing Sub-Committee Quarterly Report</p> <p>In Quarter 3 the Credentialing Sub-Committee met on July 18, 2019. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q1 2019 were reviewed for delegated entities and Q2 2019 reports were reviewed for both Health Net and MHN. The Q2 2019 Credentialing Report was reviewed with one case that has been previously reviewed that resulted in an appeal of a Fair Hearing. Outcome was to uphold denial of re-entry into the network. Required report filed with National Practitioners Databank. Case was tabled pending feedback from SIU. No other significant cases were identified on these reports.</p> <p>Peer Review Sub-Committee Quarterly Report</p> <p>The Peer Review Sub-Committee met on July 18, 2019. The county-specific Peer Review Sub-Committee Summary Reports for Q2 2019 were reviewed for approval. There were no significant cases to report.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Operations J. Nkansah, COO 	<p>The Q2 2019 Peer Count Report was presented with 22 cases reviewed. Thirteen cases were closed and cleared. Two cases pending closure for Corrective Action Plan compliance. Five cases pended for further information and two cases with outstanding CAPs. Follow up will be initiated to obtain additional information on tabled case and ongoing monitoring and reporting will continue.</p> <p style="text-align: center;"><i>Dr. Naz stepped out at 2:23 pm; returned at 2:25 pm</i></p> <p><u>Operations Report</u></p> <p>Jeff Nkansah presented the Operations Report.</p> <p>Currently, there are no issues, concerns, or items of significance as it relates to IT Communications and Systems.</p> <p>For Privacy and Security, there was an increase of no risk/low risk incidents in August. There were no systemic concerns identified and individual employee education was conducted. A Cybersecurity Awareness Training was completed for all CVH employees.</p> <p>In reference to the Member Call Center and CVH website, through Q2 2019, all metrics for the Call Center met goal. There were 19,000 unique visits to the CVH website for Q2 mainly focused on the Find a Provider page.</p> <p>Activities related to Provider Network and Provider Relations are as of July 2019. There were no significant fluctuations in Provider counts.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Executive Report G. Hund, CEO 	<p>The results from the DHCS Annual Network Certification are available publicly. No issues related to ratios or missing Providers.</p> <p>With regard to Claims Processing and Provider Disputes activity, Q2 2019 results were presented. All Claims Processing activities met timeliness metrics. However, a deficiency disclosure was reported for the second straight quarter under Medical Claims Timeliness. Ongoing discussions with team members regarding this issue continue.</p> <p>For Provider Disputes activity, all metrics met goal with the exception of Behavioral Health. Ongoing discussions with team members regarding this issue continue.</p> <p><u>Executive Report</u></p> <p>There is a slight decrease in membership through August 2019; however, the number of SPD members continues to grow. The market share for CVH continues to increase.</p>	
<p>#10 Final Comments from Commission Members and Staff</p>	<p>It is not anticipated that the resignation of Jennifer Kent will have an impact on the Plan.</p>	
<p>#11 Announcements</p>	<p>None.</p>	
<p>#12 Public Comment</p>	<p>Dr. Arteaga from LaSalle Medical Associates addressed the Commission with regards to their contract.</p>	
<p>#13 Adjourn</p>	<p>The meeting was adjourned at 2:51 pm The next Commission meeting is scheduled for October 17, 2019 in Fresno County.</p>	

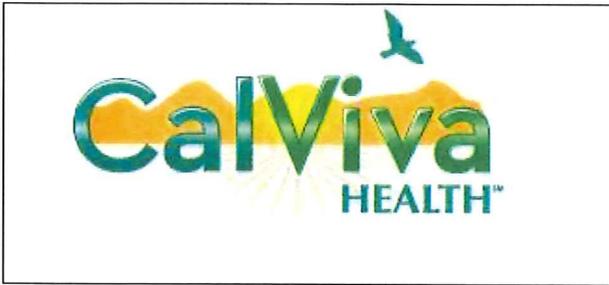
Submitted this Day: _____

Submitted by: _____
Cheryl Hurley
Clerk to the Commission

Item #3

Attachment 3.B

Finance Committee Minutes
dated 7/18/19



**CalViva Health
Finance
Committee Meeting Minutes**

July 18, 2019

Meeting Location

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

Finance Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Daniel Maychen, Chair	✓	Cheryl Hurley, Office Manager
✓	Gregory Hund, CEO	✓	Jiaqi Liu, Sr. Accountant
✓	Paulo Soares		
✓*	Joe Neves		
✓	Harold Nikoghosian		
✓	David Rogers		
✓	John Frye		
		✓	Present
		*	Arrived late
		•	Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order D. Maychen, Chair	The meeting was called to order at 11:30 am, a quorum was present.	
#2 Finance Committee Minutes dated May 16, 2019 Attachment 2.A Action D. Maychen, Chair	The minutes from the May 16, 2019 Finance meeting were approved as read.	Motion: <i>Minutes were approved</i> <i>6-0-0-1</i> <i>(Frye / Soares)</i>
#3 Financial Statements as of May 31, 2019 Attachment 3.A	Total current assets were approximately \$179.8M; total current liabilities were approximately \$121M. Current ratio is 1.49. TNE as of May 31, 2019 was approximately \$69.5M,	Motion: <i>Approve Financial Statements as of May 31, 2019</i> <i>7-0-0-0</i>

<p>Action D. Maychen, Chair</p>	<p>which is approximately 523% above the minimum DMHC required TNE amount.</p> <p style="text-align: center;"><i>Supervisor Neves arrived at 11:31 am</i></p> <p>Premium capitation actual income was approximately \$1.079B which is \$32.2M above budgeted amounts primarily due to enrollment and rates being higher than projected. For those same reasons, medical costs and admin service fees expense are higher than budgeted.</p> <p>All other expense items are in line or below what was budgeted, with the exception of License expense; this is the fee assessed by DMHC on Health Plans to fund their oversight operations. For the first 11 months of FY 2019, total net income is approximately \$9.6M which is approximately \$3.3M more than budgeted.</p>	<p>(Rogers / Nikoghosian)</p>
<p>#4 Announcements</p>	<p>DMHC routine examination audit is currently ongoing. There were minor preliminary findings which could potentially be resolved prior to final audit report.</p>	
<p>#5 Adjourn</p>	<p>Meeting was adjourned at 11:42 am</p>	

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

Dated: *9-19-19*

Approved by Committee: *Daniel Maychen*
Daniel Maychen, Committee Chairperson

Dated: *9/19/19*

Item #3

Attachment 3.C

QIUM Committee Minutes
Dated 7/18/19

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
July 18th, 2019

CalViva Health
7625 North Palm Avenue; Suite #109
Fresno, CA 93711
Attachment A

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Patrick Marabella, M.D., CalViva Chief Medical Officer, Chair	✓	Mary Beth Corrado, Chief Compliance Officer (CCO)
	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Amy Schneider, RN, Director of Medical Management Services
	Brandon Foster, PhD. Family Health Care Network	✓	Mary Lourdes Leone, Director of Compliance
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Melissa Mello, MHA, Medical Management Specialist
	John Zweifler, MD., At-large Appointee, Kings County	✓	Ashelee Alvarado, Medical Management Administrative Coordinator
✓	Joel Ramirez, M.D., Camarena Health Madera County	✓	Lori Norman, Compliance Analyst
✓	Rajeev Verma, M.D., UCSF Fresno Medical Center		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			

✓ = in attendance

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D, Chair	The meeting was called to order at 10:35 am. A quorum was present.	
#2 Approve Consent Agenda - Committee Minutes: May 16, 2019 - IHA Quarterly Audit Report (Q1) - Standing Referrals Report (Q1) - Medical Policies (Q1)	The May 2019 QI/UM minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full June Formulary (RDL) was available for review at the meeting.	Motion: Approve Consent Agenda (Cardona/ Marabella) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Provider Office Wait Time report (Q1) (Attachments A-E) Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business - Appeals & Grievances Dashboard & Turn Around Time Report (May) (Attachment F) Action Patrick Marabella, M.D, Chair</p>	<p>The A & G Dashboard provides monthly data to facilitate monitoring for trends in the number and types of cases over time. This Dashboard included data through the end of May 2019. The following items were noted for May: <u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ The number of grievances received through May 31, 2019 shows an increase as compared to end of 2018. Total cases resolved shows similar increase. ➤ Majority of increase in grievances were Quality of Service with noted changes in Access, Administrative and Transportation. ➤ Quality of Care Grievances although similar to end of 2018 show slight increase in the areas of PCP Care and Specialist Care for 2019 YTD. ➤ Exempt grievances for YTD 2019 have decreased from YTD 2018 but there are still some issues with PCP assignment and transportation. <p><u>Appeals:</u></p> <ul style="list-style-type: none"> ➤ The number of appeals received for YTD 2019 compared with YTD 2018; has increased slightly. The majority of increase was in the areas of Advanced Imaging and Pharmacy. 	<p>Motion: Approve - Appeals & Grievances Dashboard & Turn Around Time Report (May) (Cardona/Ramirez) 4-0-0-3</p>
<p>#3 QI Business - Facility Site & Medical Record and PARS Reviews Report (Q3 & Q4 2018) (Attachment G) Action Patrick Marabella, M.D, Chair</p>	<p>The Facility Site & Medical Record Review & PARS Report was presented and reviewed.</p> <ul style="list-style-type: none"> ➤ There were 24 Facility Site Reviews (FSR) and 26 Medical Record Reviews (MRR) completed in the 3rd and 4th Quarters of 2018. ➤ The overall mean FSR score for Fresno, Kings and Madera Counties was 96% for the 3rd and 4th Quarters of 2018. ➤ The overall mean MRR score for Fresno, Kings and Madera Counties was 93% for the 3rd and 4th Quarters of 2018. ➤ The Pediatric Preventive Care section mean score for the 3rd and 4th Quarters of 2018 was 94%. The mean score for the 1st and 2nd Quarters of 2018 was 96%. 	<p>Motion: Approve - Facility Site & Medical Record and PARS Reviews Report (Q3 & Q4 2018) (Verma/Ramirez) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ➤ The Adult Preventive Care section mean score for the 3rd and 4th Quarters of 2018 was 85%. The mean score for the 1st and 2nd Quarters of 2018 was 84%. ➤ Pediatric Initial Health Assessment (IHA) compliance scores for the 3 counties averaged 98% for the 3rd and 4th Quarters of 2018. Adult IHA scores averaged 94% for the 3rd and 4th Quarters of 2018. In the 1st and 2nd Quarters of 2018, Pediatric IHAs averaged 97% and Adult IHA scores averaged 91%. ➤ Pediatric SHA compliance was 69% in the 3rd and 4th Quarters of 2018. Adult SHA compliance was 63% in the 3rd and 4th Quarters of 2018. Pediatric SHA compliance was 75% and Adult SHA compliance was 58% in the 1st and 2nd Quarters of 2018. ➤ The CE CAP submission compliance rate within 10 business days was 100% in the 3rd and 4th Quarters of 2018. FSR and MRR CAPs were also closed at a 100% rate within 45 days of the audit. ➤ 10 FSRs and 4 MRRs required CAPs to verify corrections during this time period in 2018. <p>Continue to monitor and report results.</p> <p style="text-align: center;">Dr. Cardona stepped out at 10:57 am; returned at 10:58 am</p>	
<p>3 QI Business - MHN Performance Indicator Report for Behavioral Health Services (Q1) (Attachment H) Action Patrick Marabella, M.D, Chair</p>	<p>The MHN Performance Indicator Report for Behavioral Health Services (Q1 2019) was presented. 18 out of the 20 metrics met or exceeded their targets.</p> <ul style="list-style-type: none"> ➤ Performance was below target for Authorization Decision Timeliness. There were 355 ABA reviews in Q1 2019 and 333 of them were compliant with timeliness standards. Performance was below target by 1%. Challenges are being address. ➤ Quarter 1 2019 resolution timeliness was below target for Provider Disputes. <ul style="list-style-type: none"> - There were 331 Provider Disputes in Q1 2019. - 238 (72%) of these were submitted by autism providers and were disputes for underpayment of claims, of which the vast majority are the same modifier issue described above. - 44 of them (13%) were related to timely filing. - The remaining 49 (15%) were spread across multiple provider types and providers and were related to a variety of other issues. ➤ Provider dispute resolution timeliness was below target by 10%. MHN will provide additional information to CalViva regarding the claims-modifier issue. 	
<p>3 QI Business - County Relations</p>	<p>County Relations Quarterly Report (Q1) (Previously titled Public Programs Report) This report provides a summary of the relevant Public Health, Behavioral Health (BH) and Regional Center</p>	<p>Motion: Approve - County Relations</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Quarterly Report (Q1) (Attachment I) Action Patrick Marabella, M.D, Chair</p>	<p>Activities, initiatives and updates for Fresno, Kings and Madera Counties. Highlights for this quarter include:</p> <ul style="list-style-type: none"> ➤ Fresno County Suicide Prevention Collaborative is creating a needs assessment for healthcare providers to identify gaps in the system. ➤ Fresno County Public Health building reopened on 3/23/19 after flooding incident. ➤ Kings County Behavioral Health was recently awarded a grant for a Medication Assisted Treatment (MAT) Learning Collaborative for Criminal Justice and Drug Court System. ➤ Kings County STI rate continues to rise – Top 5 in the state. Public Health is working on a response plan. ➤ Madera County’s new bi-directional referral form for behavioral and physical health has seen highest number of referrals to date during this reporting period. ➤ Madera’s Maternal Child and Adolescent Health (MCAH) received a grant for a home visit program for new mothers (19-25 yrs). <p>Quarter 1 data for BH referrals, TB screening and CCS enrollment in Fresno, Kings and Madera counties were also reviewed.</p> <ul style="list-style-type: none"> ➤ 	<p>Quarterly Report (Q1) (Ramirez/Cardona) 4-0-0-3</p>
<p>3 QI Business - Provider Preventable Conditions (PPC) (Q1) (Attachment J) Action Patrick Marabella, M.D, Chair</p>	<p>Provider Preventable Conditions (PPC) (Q1) This report provides a summary of member impacted Provider Preventable Conditions (PPC). PPCs are identified via four (4) mechanisms:</p> <ol style="list-style-type: none"> 1. Provider / Facility confidential submission of DHCS Form 7107 2. Monthly Claims Data review 3. Monthly Encounter Data review (POA/ Indicator Report) 4. Confidential Potential Quality Issue (PQI) submission of identified/suspected quality cases <ul style="list-style-type: none"> ➤ There were five reported CalViva PPCs during the first quarter 2019. All cases have been closed. We continue to monitor and report. 	<p>Motion: Approve - Provider Preventable Conditions (PPC) (Q1) (Ramirez/Cardona) 4-0-0-3</p>
<p>3 QI Business - SPD HRA Outreach (Q1) (Attachment K) Action Patrick Marabella, M.D,</p>	<p>Health Net is delegated to perform SPD Health Risk Assessment (HRA) outreach for CalViva. Health Net has a new vendor that completes HRA outreach, Envolve People Care (EPC). The CalViva Health SPD HRA Assessment Outreach Report monitors compliance of member outreach performance standards.</p> <p>This report provides outreach results for the first quarter of 2019, showing CalViva’s SPD HRA findings.</p> <ul style="list-style-type: none"> ➤ Timely outreach of 100% after exclusion of incomplete data was achieved. Further analysis of the data 	<p>Motion: Approve - SPD HRA Outreach (Q1) (Ramirez/Cardona) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Chair	<p>revealed that 25.66% of records had incomplete data.</p> <ul style="list-style-type: none"> ➤ In next reporting period the vendor will provide and update to QI data. ➤ Audits of vendor outreach records will continue to identify any disparities. ➤ Meetings with vendor will continue on a regular basis to ensure service levels are met in a timely manner. 	
<p>#4 UM Business - Key Indicator & TAT Report (May) (Attachment L) Action Patrick Marabella, M.D, Chair</p>	<p>The Key Indicator Report was presented with a comparison from Q2 2018 through Q2 2019.</p> <ul style="list-style-type: none"> ➤ Acute Admits and Bed Days for Expansion population have increased; however, TANF rates have remained comparable to recent months. ➤ Readmission rates for SPD have significantly increased compared with previous months. ➤ Prior Authorization TAT data show a decline in compliance. Further investigation into the root cause of a significant increase in submissions impacting compliance. Update will be provided. ➤ Perinatal Case Management outreach and engagement has improved compared to recent months. ➤ Overall, all Case Management programs have shown improvement in outreach and engagement. 	<p>Motion: Approve - Key Indicator & TAT Report (May) (Verma/Ramirez) 4-0-0-3</p>
<p>#4 UM Business - Specialty Referrals Report-HN (Q1) - Specialty Referrals Report- La Salle, First Choice, IMG, Adventist, Santé, Central Valley Medical Physicians (Q1) (Attachment M-N) Action Patrick Marabella, M.D., Chair</p>	<p>The Health Net Specialty Referrals Report provides a summary of Specialty Referral Services that required prior authorization in the tri-county area in the first quarter of 2019. This report provides evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members.</p> <p>The following reports provide a summary of Specialty Referral Services by delegated entities in Quarter 1 that require prior authorization in the tri-county area for La Salle, First Choice, IMG, Adventist, Sante and Central Valley Medical Providers. Parameters for these reports have recently been clarified with Delegation Oversight staff.</p> <p>These reports provide evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members.</p> <p>Referral and denial rates are monitored on a quarterly basis and compared over time. Top priority medical specialties are tracked along with turn-around times. Trends will continue to be monitored and follow up initiated when indicated.</p>	<p>Motion: Approve - Specialty Referrals Report-HN (Q1) - Specialty Referrals Report-La Salle, First Choice, IMG, Adventist, Santé, Central Valley Medical Physicians (Q1) (Cardona/Ramirez) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#4 UM Business - CalViva Top 10 Diagnosis Report (Attachment O) Action Patrick Marabella, M.D., Chair</p>	<p>The annual Top 10 Diagnosis Report provides the opportunity to track and monitor the volume of admissions per thousand, Bed Days per thousand (BD/K) and average length of stay (ALOS) of the top 10 diagnoses for acute hospital stays among the TANF, SPD and MCE populations. The report uses the principal diagnoses recorded at discharge.</p> <p>This report presents utilization managements trends for CY 2018 based on paid claims for the CalViva Medi-Cal Membership through February 2019. Top 10 diagnoses comparison data for CY 2018 to CY 2017 are also presented.</p> <p>The majority of the top ten diagnoses identified in the 2018 report are consistent with stratification triggers used by our integrated care teams consisting of Concurrent Review, Public Programs and Integrated Case Management to identify and target high risk members.</p> <p>No modifications to high-risk member identification triggers were discovered through the data analysis. The established care teams will continue to work together to create a safety net of services and alliances with community resources such as recuperative care, Disease Management, Community Based Adult Service (CBAS) facilities and behavioral health care services and with hands-on interventions through the MemberConnections team to impact health care outcomes in this complex environment.</p>	<p>Motion: Approve - CalViva Top 10 Diagnosis Report (Ramirez/Cardona) 4-0-0-3</p>
<p>#5 Credentialing & Peer Review Business - Credentialing Subcommittee Report (Q2) - Peer Review Subcommittee Report (Q2) (Attachments P-Q) Action Patrick Marabella, M.D., Chair</p>	<p>Credentialing Sub-Committee Quarterly Report In Quarter 2 the Credentialing Sub-Committee met on May 16, 2019. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q4 2018 were reviewed for delegated entities and Q1 2019 report was reviewed for Health Net. Both the Q4 2018 and the Q1 2019 reports were reviewed for MHN. The Credentialing Sub-Committee reviewed and approved the 2019 Charter without changes. The Q1 2019 Credentialing report was reviewed with one case that resulted in the completion of a Fair Hearing. Other County-specific Credentialing Sub-Committee reports were reviewed and approved. No other significant cases were identified on these reports.</p> <p>Peer Review Sub-Committee Quarterly Report The Peer Review Sub-Committee met on May 16, 2019. The county-specific Peer Review Sub-Committee Summary Reports for Q1 2019 were reviewed for approval. There were no significant cases to report. The 2019 Peer Review Sub-Committee Charter was reviewed and approved without changes.</p>	<p>Motion: Approve - Credentialing Subcommittee Report (Q2) - Peer Review Subcommittee Report (Q2) (Cardona/Ramirez) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The Q1 2019 Peer Count Report was presented with twelve (12) cases reviewed. Two cases were closed and cleared. One case was pending closure for Corrective Action Plan compliance. Seven cases pended for further information and two cases with outstanding CAPs. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p>	
<p>#6 Compliance Update - Compliance Regulatory Report (Attachment R)</p>	<p>Mary Beth Corrado presented the Compliance Update:</p> <p>Oversight Meetings: (Health Net) CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health continues to review ongoing updates on Health Net's efforts to improve specialty provider access for CalViva Health members</p> <p>Oversight Audits: The following audits are in-progress: Annual Claims & PDRs, Continuity of Care, Cultural & Linguistics, Q4 2018 Provider Disputes. The following audits have been completed: Pharmacy (CAP), Quality Management (no CAP), Privacy & Security (No CAP).</p> <p>Fraud, Waste & Abuse Activity: To date in 2019, CalViva Health has reported six (6) potential fraud/abuse cases to DHCS. Since the 5/16/19 Report, two new potential FWA case MC609 were submitted: One case submitted in May involved a provider potentially upcoding E&M service codes for new and established patients (DHCS closed this case on 6/25/19 with no further action); the second case submitted in June involved a provider billing the highest level E&M service codes for new and established patients more frequently than would be expected.</p> <p>Department of Health Care Services ("DHCS") Quality Corrective Action Plan The Plan met with DHCS on May 13, 2019 to review the CAP progress. The Plan met all MPLs requirements and expectations for the CAP. After DHCS' publication of the CAP results in July, the Plan should be released from the CAP. Awaiting DHCS Final approval.</p> <p>DHCS 2019 Medical Audit and DMHC 2019 Medical Survey DHCS and DMHC conducted their respective audits during the week of February 25, 2019, and the Plan is awaiting each Department's findings.</p> <p>Health Homes Program (HHP) After assessing the financial feasibility of implementing the HHP program, and the lack of community-based entity interest/capacity to fully administer the program, the Plan decided to withdraw its participation. The Plan</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	provided a written notice of its decision to DHCS on May 13, 2019. Public Policy Committee The Public Policy Committee met on June 12, 2019. The next Public Policy Committee meeting is scheduled for September 4, 2019, 11:30 a.m. in Madera County, at Camarena Health, 344 E. Sixth Street, Madera, CA 93638.	
#9 Old Business	None.	
#10 Announcements	The next Quality Improvement Utilization Management meeting is scheduled for September 19, 2019.	
#11 Public Comment	None.	
#12 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 11:53 am.	

NEXT MEETING: September 19, 2019

Submitted this Day: September 19th, 2019

Submitted by: Amy Schneider
 Amy Schneider, RN, Director, Medical Management

Acknowledgment of Committee Approval:

Patrick Marabella
 Patrick Marabella, MD Committee Chair

Item #3

Attachment 3.D

Compliance Report

RHA Commission Compliance – Regulatory Report



Regulatory Filings	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2019 YTD Total
# of DHCS Filings													
Administrative/Operational	10	6	16	11	11	12	8	12	13	4			103
Member & Provider Materials	1	3	1	7	2	1	4	2	3	0			24
# of DMHC Filings	7	6	5	5	13	7	4	5	4	2			56

DHCS Administrative/Operational filings include ad-hoc reports, policies & procedures, Commission changes, Plan and Program documents, etc.

DHCS Member & Provider materials include advertising, health education materials, flyers, letter templates, promotional items, etc.

DMHC Filings include ad-hoc reports, Plan and Program documents, policies & procedures, advertising, bylaw changes, Commission changes, undertakings, etc.

Fraud, Waste, & Abuse Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2019 YTD Total
# of New MC609 Cases Submitted to DHCS	2	0	0	2	1	1	0	2	0	0			8
# of Cases Open for Investigation (Active Number)	16	16	16	16	13	28	25	25	23	21			

Summary of Potential Fraud, Waste & Abuse cases

Since the 9/19/19 Commission Report, no new MC609s have been submitted.

RHA Commission Compliance – Regulatory Report

Compliance Oversight & Monitoring Activities	Description
<p>CalViva Health Oversight Activities</p>	<p>Health Net CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. Starting Q1 2019, Health Net is providing more detailed and comprehensive reports of participating provider groups (PPG) activity. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access & availability, telemedicine, utilization management data, grievances and appeals, etc.</p> <p>Kaiser Post-Contract termination: All run-out reports are done and the main remaining activity is encounter data submissions.</p>
<p>Oversight Audits</p>	<p>The following audits are in-progress: Appeals & Grievances, Claims, Annual & Q4 2018 Provider Dispute Resolutions, Cultural & Linguistics, ER Services.</p> <p>The following audits have been completed: Health Education (no CAP), Pharmacy (CAP) - CAP actions and file review in process.</p>
Regulatory Reviews/Audits and CAPS	Status
<p>Department of Health Care Services (“DHCS”) Annual Network Certification CAP</p>	<p>The Department of Health Care Services (“DHCS”) issued a letter to the Plan dated July 9, 2019 communicating DHCS findings regarding the Plan’s 2019 Annual Network Certification (ANC) submission and requested a CAP. The Plan is awaiting the completion of DHCS’ review of the CAP response and updates.</p>
<p>Department of Health Care Services (“DHCS”) 2019 Medical Audit</p>	<p>DHCS held an Exit Conference with CalViva on September 27, 2019 to provide the draft report of findings. There are three areas of potential deficiencies. The Plan must provide a response to DHCS by October 14, 2019 with documentation and rationale demonstrating compliance for any deficiency finding it is disputing. After review of the Plan’s response DHCS will issue a Final Report and CAP request for any remaining deficiencies.</p>
<p>Department of Managed Health Care (“DMHC”) 2019 Medical Survey</p>	<p>The DMHC issued the Preliminary Report of audit findings to the Plan on September 19, 2019. There were four deficiency findings. The Plan has to provide a response describing the action taken to correct each deficiency and the results of such action by November 1, 2019. After review of the Plan’s response, DMHC will issue a Final Report.</p>
Committee Report	
<p>Public Policy Committee</p>	<p>The next meeting will be held on December 4, 2019, 11:30 a.m. in Fresno County, at 7625 N. Palm Ave. Suite 109, Fresno, CA 93711.</p>

Item #7

Attachment 7.A.1-6

1. Commission Calendar
2. Finance Committee Calendar
3. QIUM Calendar
4. Credentialing Sub-Committee Calendar
5. Peer Review Sub-Committee Calendar
6. Public Policy Committee Calendar

**Fresno-Kings-Madera Regional Health Authority
2020 Commission Meeting Schedule**

Meeting Location:

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

Date	Time	County	Meeting Location
January			No Meeting
February 20, 2020	1:30 to 3:30	Fresno	CalViva Health
March 19, 2020	1:30 to 3:30	Fresno	CalViva Health
April			No Meeting
May 21, 2020	1:30 to 3:30	Fresno	CalViva Health
June			No Meeting
July 16, 2020	1:30 to 3:30	Fresno	CalViva Health
August			No Meeting
September 17, 2020	1:30 to 3:30	Fresno	CalViva Health
October 15, 2020	1:30 to 3:30	Fresno	CalViva Health
November 19, 2020	1:30 to 3:30	Fresno	CalViva Health
December			No Meeting

Fresno-Kings-Madera Regional Health Authority
Finance Committee
 2020 Meeting Schedule

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

Date	Time	County	Meeting Location
January			No Meeting
February 20, 2020	11:30 am to 12:00 pm	Fresno	CalViva Health
March 19, 2020	11:30 am to 12:00 pm	Fresno	CalViva Health
April 16, 2020	11:30 am to 12:00 pm TENTATIVE	Fresno	CalViva Health
May 21, 2020	11:30 am to 12:00 pm	Fresno	CalViva Health
June			No Meeting
July 16, 2020	11:30 am to 12:00 pm	Fresno	CalViva Health
August			No Meeting
September 17, 2020	11:30 am to 12:00 pm	Fresno	CalViva Health
October 15, 2020	11:30 am to 12:00 pm * <i>*Auditors presentation</i>	Fresno	CalViva Health
November 19, 2020	11:30 am to 12:00 pm	Fresno	CalViva Health
December			No Meeting

Fresno-Kings-Madera Regional Health Authority
Quality Improvement/Utilization Management
 2020 Meeting Schedule

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

Date	Time	County	Meeting Location
January			No Meeting
February 20, 2020	10:30 am – 12:00 pm	Fresno	CalViva Health
March 19, 2020	10:30 am – 12:00 pm	Fresno	CalViva Health
April			No Meeting
May 21, 2020	10:30 am – 12:00 pm	Fresno	CalViva Health
June			No Meeting
July 16, 2020	10:30 am – 12:00 pm	Fresno	CalViva Health
August			No Meeting
September 17, 2020	10:30 am – 12:00 pm	Fresno	CalViva Health
October 15, 2020	10:30 am – 12:00 pm	Fresno	CalViva Health
November 19, 2020	10:30 am – 12:00 pm	Fresno	CalViva Health
December			No Meeting

Fresno-Kings-Madera Regional Health Authority
Credentialing Sub-Committee
 2020 Meeting Schedule

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

Date	Time	County	Meeting Location
January			No Meeting
February 20, 2020	12:00pm – 12:30pm	Fresno	CalViva Health 1 st Quarter
March			No Meeting
April			No Meeting
May 21, 2020	12:00pm – 12:30pm	Fresno	CalViva Health 2 nd Quarter
June			No Meeting
July 16, 2020	12:00pm – 12:30pm	Fresno	CalViva Health 3 rd Quarter
August			No Meeting
September			No Meeting
October 15, 2020	12:00pm – 12:30pm	Fresno	CalViva Health 4 th Quarter
November			No Meeting
December			No Meeting

Fresno-Kings-Madera Regional Health Authority
Peer Review Sub-Committee
 2020 Meeting Schedule

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

Date	Time	County	Meeting Location
January			No Meeting
February 20, 2020	12:00pm – 12:30pm	Fresno	CalViva Health 1 st Quarter
March			No Meeting
April			No Meeting
May 21, 2020	12:00pm – 12:30pm	Fresno	CalViva Health 2 nd Quarter
June			No Meeting
July 16, 2020	12:00pm – 12:30pm	Fresno	CalViva Health 3 rd Quarter
August			No Meeting
September			No Meeting
October 15, 2020	12:00pm – 12:30pm	Fresno	CalViva Health 4 th Quarter
November			No Meeting
December			No Meeting

**CalViva Health
Public Policy Committee
2020 Meeting Schedule**

Date	Time	Meeting Location
January		No Meeting
February		No Meeting
March 4, 2020	11:30am – 1:30pm	Fresno County
April		No Meeting
May		No Meeting
June 10, 2020	11:30am – 1:30pm	Kings County
July		No Meeting
August		No Meeting
September 2, 2020	11:30am – 1:30pm	Madera County
October		No Meeting
November		No Meeting
December 2, 2020	11:30am – 1:30pm	Fresno County

Meeting Locations:

Fresno County:

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

King County:

Kings County Government Center; Administration Building
1400 W. Lacey Boulevard
Hanford, CA 93230

Madera County

Camarena Health
344 E. Sixth Street
Second floor conference rooms
Madera, CA 93638

Item #8

Attachment 8.A

2019 Cultural and Linguistics
Executive Summary
and
Work Plan Evaluation



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Lali Witrago, MPH, Senior Cultural and Linguistics Specialist

COMMITTEE DATE: October 17, 2019

SUBJECT: Cultural and Linguistic Services (C&L) 2019 Work Plan Mid-Year Evaluation – Summary Report

Summary:

This report provides information on the C&L Services Department work plan activities, which are based on providing cultural and linguistic services support and maintaining compliance with regulatory and contractual requirements. The C&L Work Plan is broken down into the following four sections: 1) Language Assistance Services (LAP), 2) Compliance Monitoring, 3) Communication, Training and Education, and 4) Health Literacy, Cultural Competency, and Health Equity. As of June 30, 2019, all work plan activities are on target to be completed by the end of the year with some already completed.

Purpose of Activity:

To provide a summary report of the cultural and linguistic services Work Plan Mid-Year Evaluation. CalViva Health (CVH) has delegated all language services to Health Net's C&L Services Department.

Data/Results (include applicable benchmarks/thresholds):

Below is a high-level summary of the activities completed during the first six months of 2019. For a complete report and details per activity, please refer to the attached 2019 C&L Work Plan Mid-Year Evaluation Report.

1) Language Assistance Services

- a. Forty-eight staff completed their bilingual assessment / re-assessment.
- b. Two quarterly LAP and Health Literacy meetings conducted. LAP and Health Literacy requirements and updates provided.
- c. Timely Access Reporting on the Language Assistance Program Assessment completed and submitted.
- d. Ninety-one translation reviews were coordinated to ensure accuracy and completeness of translation.

2) Compliance Monitoring

- a. C&L reviewed 16 grievance cases with four interventions identified and scheduled to be delivered by Provider Relations.

- b. Completed, presented and received approval for the following reports: 2018 End of Year Language Assistant Program and 2018 End of Year Work Plan, 2019 Program Description and 2019 Work Plan.
- c. Assisted with planning and coordination of two Public Policy Committee meetings including recruitment of new committee member.

3) *Communication, Training and Education*

- a. Quick Reference Guide (QRG) on C&L codes for Appeals and Grievance Department (A&G) updated and posted internally.
- b. Interpreter QRG updated for call center staff and posted internally.

4) *Health Literacy, Cultural Competency and Health Equity*

- a. Thirty-nine materials were reviewed for readability level, content and layout. Three of these came from MHN.
- b. Conducted three C&L Database trainings via webinar with 22 staff in attendance.
- c. Trainings for staff conducted on the following: Impact of Poverty conducted on March 7 with 78 participants, Emotional Intelligence conducted on May 30 with 128 participants, and Making Reasonable Accommodations on June 20 with 82 participants.
- d. Health Disparity e-newsletter Volume 3, Issue 1 completed and disseminated in June.
- e. Continue support for DHCS Disparity PIP on postpartum. Conducted monthly record audits at clinic in collaboration with QI to document utilization and completion on revised OB History Forms' cultural practices section.
- f. Coordinated and hosted three training for United Health Centers' Mendota on Motivational Interviewing on April 30, May 16 and May 30 with 15, 14 and 13 providers and their staff in attendance respectively.
- g. Provided support to HE department with the planning and hosting of Mendota CAG meetings.
- h. Developed action plan with four priorities identified by the CAG members and supported HE department lead to address all areas identified.
- i. Supported planning and provided sponsorship for community forum in Mendota with a focus on mental health stigma.
- j. Obtained approval to begin formative research inclusive of literature review, focus groups and key informant interviews to learn about barriers to breast cancer screening among the Hmong community.
- k. Supported completion of DHCS survey on Social Determinants of Health.

Analysis/Findings/Outcomes:

All activities are on target to be completed by the end of the year with some already completed. Will continue to implement, monitor and track C&L related services and activities.

Next Steps:

Continue to implement the remaining six months of the C&L 2019 CalViva Health Work Plan and report to the QI/UM Committee.



2019
Cultural and Linguistic Services
Work Plan Mid Year Evaluation

Submitted by:

Patrick Marabella, MD, Chief Medical Officer

Amy Schneider, RN, BSN, Director Medical Management

Mission:

CalViva Health's C&L mission is to be an industry leader in ensuring health equity for all members and their communities.

Goals:

CalViva Health's C&L goals are based on providing support, maintaining compliance, and creating cultural awareness through education and consultation. These goals support the overall goal of promoting cultural responsiveness between Plan staff, members, and contracted providers. The goals are equally important and reinforce each other to fulfill the mission:

1. To ensure meaningful access and positive health outcomes through the provision of culturally and linguistically responsive services to members and providers.
2. To promote for members and potential enrollees to be active participants in their own health and health care through clear and effective communication.
3. To advance and sustain cultural and linguistic innovations.

Objectives:

To meet these goals, the following objectives have been developed:

- A. To ensure compliance with applicable Medi-Cal contractual requirements, state and federal regulations and other requirements of the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC).
- B. To ensure staff and providers have C&L resources available to provide culturally competent services to CalViva Health members.
- C. To be champions of cultural and linguistic services in the communities CalViva Health serves.
- D. To promote and be champions for diversity of CalViva Health members, providers and Plan staff.

Selection of the Cultural and Linguistics Activities and Projects:

The Cultural and Linguistics Work Plan activities and projects are selected based on the results from the CalViva Health Group Needs Assessment Report (GNA) (i.e., demographics, health status, risk factors, and surveys), regulatory requirements, department evaluation report from the previous year, HEDIS results, contractual requirements, and strategic corporate goals and objectives. After review and input from senior management staff, projects and new departmental activities are identified and incorporated into this work plan. Programs and services are developed with special attention to the cultural and linguistic needs of our membership. This work plan addresses the needs of our Medi-Cal (MC) members.

Strategies:

The Cultural and Linguistics Work Plan supports and maintains excellence in the cultural and linguistics activities through the following strategies:

- A. Goals and objectives are translated into an annual work plan with specific activities for the year to fulfill its mission of being an industry leader in ensuring health equity for all members and their communities;
- B. Work plan objectives and activities reflect the Office of Minority Health's national Culturally and Linguistically Service (CLAS) standards, and directly address various contractual and regulatory requirements;
- C. Support information-gathering and addressing needs through Group Needs Assessment reports (GNA), data analysis, and participation in the CalViva Health Public Policy Committee (PPC);
- D. Interacting with community-based organizations, advocacy groups, community clinics and human service agencies to identify the cultural and linguistic-related concerns of the community.

The Cultural and Linguistics Work plan is divided into the following areas in support of the Principal CLAS Standard (To provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs): 1) Language Assistance Program Activities, 2) Compliance Monitoring, 3) Communication, Training and Education and 4) Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity.

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1	Main Area and Sub-Area	Activity	Measurable Objective	Due Dates	Mid-Year Update (1/1/19 - 6/30/19)	Year-End Update (7/1/19 - 12/31/19)
2	Language Assistance Program Activities					
3	Rationale	The LAP and applicable policies and procedures incorporate the fifteen national standards for Culturally and Linguistically Appropriate Services (CLAS) in health care developed by the Office of Minority Health. Standards 5, 6, 7 & 8 provide the basics for language support services for CalViva Health members. ¹ According the GNA findings, almost half (48%) of members responded they have used a family member or friend to interpret because they feel comfortable. Based on GNA finding, C&L will continue to promote the use of medical interpreters and discourage the use of family and friends as interpreters.				
4	Responsible Staff:	Primary: H. Theba, L. Witrigo	Secondary: I. Diaz, D. Carr, D. Fang, L. Goodyear-Moya			
5	Audit	Assure C&L audit readiness to support DHCS Language Assistance Program (LAP) audit standards	Coordinate LAP audit requirements to include: collecting requested documentation, submitting documents as requested, participate in on-site interviews as requested	Annual	Audit readiness is ongoing.	
6	Contracted Vendors	Provide oversight and consultation for language and interpreter vendor management	Provide consultation on contract negotiations and response for proposals (RFP's)	Ongoing	No changes to contracts and SOWs. Voiance and Interpreter Unlimited SOWs in process to be renewed.	
7	Interpreter	Monthly collection of language utilization data for CalViva	Updated LAP utilization report to contain: monthly summary of bilingual phone calls answered by call center, in-person and telephonic interpreter utilization log	Semi-annual	Monthly collection of LAP data ongoing. Refer to LAP report for data.	
8	Data	Conduct membership data pulls	Validated membership reports	Monthly starting in February	Membership data pulls ongoing. Refer to LAP report for updates.	
9	NOLA	Update and provide Notice of Language Assistance (NOLA) in support of departments and vendors that produce member informing materials	Annual review and update as needed of NOLA, distribute updated NOLA to all necessary departments, maintain NOLA identification flow diagram, answer ad-hoc questions on the use and content of the NOLA, assure most recent NOLA is available on C&L intranet site	Annual	No changes to the NOLA.	
10	Member Communication GNA	Annual mailing to members advising how to access language assistance services	Write or revise annual language assistance article distributed to CalViva members	Annual	Member newsletter for LAP has been drafted and approved. Newsletter due in members homes in August.	

11	Operational	Ensure bilingual staff maintain bilingual certification; generate reporting and support to departments to identify staff who need bilingual certification updated	Number of staff certified annually	Annual	Provide support to departments needing bilingual certification of staff. A total of 48 staff completed their bilingual certification / re-certification during this reporting period.	
12	Operational	Complete LAP Trend Analysis, including year over year LAP trend analysis	Report to summarize utilization of LAP services, number of bilingual staff and provide year over year trends for the utilization of LAP services	Q2	2018 End of year LAP report inclusive of year over year trend analysis completed, submitted and approved by the various committees during Q2.	
13	Operational	Oversight of call center interpreter and translation operations. Review of metrics for invoicing and interpreter and translation coordination and document process	Conduct oversight meetings to review metrics for operations. Monthly meetings with Centralized Unit and escalate when metrics are not being met	Monthly	Monthly meeting with CU to review and updated metrics for interpretation and translation requests are ongoing.	
14	Operational	Review interpreter service complaints (exempt grievance) reports and conduct trend analysis. Provide complaint information to impacted area for resolution, e.g., vendor, internal process	Monitor interpreter service vendors through service complaints	Annual (trend)	On track. Interpreter service Call Center complaint logs are being received and monitored on a monthly basis.	
15	Operational GNA	Coordinate and deliver quarterly LAP/Health Literacy meetings to review requirements and department procedures for language and health literacy services	Minutes of meetings	Quarterly	LAP and Health Literacy quarterly meetings conducted on March 12 and June 26. LAP and health literacy requirements discussed and general updates, resources and support provided.	
16	Operational	Develop, update and/or maintain translation, alternate formats, interpreter services and bilingual assessment policies and procedures (P&Ps)	Annual update of P&Ps and off cycle revisions as needed and submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health C&L P&Ps	Annual	P&P reviewed and updated according to their review schedule.	
17	Operational	Collect and review LAP P&Ps from other departments to assure compliance with use of NOLA, translation process and interpreter coordination	P&Ps will be reviewed and placed in C&L LAP compliance folder	Annual	Ongoing. Departments were asked to provide their department desktops or P&Ps during the LAP Q1 and Q2 meetings. P&Ps received have been reviewed. Follow up actions being taken to ensure collection of all departments' P&Ps.	

18	Operational	Data collection and data analysis for C&L GeoAccess report	Production of C&L Geo Access report	Q3	Data collection and data analysis in progress and to be completed during Q3.	
19	Operational	Completion of C&L GeoAccess report and alignment of reports with PNM	Presentation of report to QI/UM and Access committee	Q4	Activity to be completed during Q4.	
20	Operational	Complete annual Timely Access Reporting on the Language Assistance Program Assessment	LAP Assessment Timely Access Report	Annually	Timely Access Reporting on the Language Assistance Program Assessment completed and submitted for filing during Q1.	
21	Operational	Coordinate and provide oversight to translation review process	Number of translation reviews completed	Ongoing	A total of 91 translation reviews were coordinated to ensure accuracy and completeness of translation.	
22	Training	Review, update and/or assign LAP online Training in collaboration with online team	Training online and number of staff who are assigned training	Annual	Training has been assigned to staff and total number of staff who completes the training will be available during the next reporting period.	
23	Information Technology	Participate in information technology projects related to language assistance services to ensure C&L requirements are represented through projects	Successful implementation of information technology projects	Ongoing	Ongoing. CalViva REL has no reported issues at this time.	
24	Strategic Partners	Monitor strategic partners and specialty plans for LAP services	Request information from specialty plans and strategic partners (e.g., MHN, VSP, etc.) semi-annually. Update report template to indicate delegation status of LAP, use of NOLA, any comments forwarded from delegation oversight and review of P&Ps	Ongoing	C&L monitoring semi-annual report request has been sent to all specialty plans. Held multiple meeting with MHN to ensure LAP data reported for CalViva utilization is tracked and reported accordingly.	

25	Translation and Alternate Format Management	Develop and maintain Translation and Alternate Format Tracking (TAFT) database with comprehensive list of member informing materials available and department responsible. Database will help support prompt identification of document and department responsible. Ongoing updating with bi-annual requests to all departments to review/update their list. Oversee implementation, management and updating of TAFT database	List of available materials	Ongoing	Ongoing management and updates to the materials and information listed in the TAFT database. SharePoint pages have been updated with information, materials, and Frequently Asked Questions for efficient distribution and onboarding for new users.	
26 Compliance Monitoring						
27	Rationale	Compliance monitoring conducted to ensure CalViva Health members receive consistent, high quality C&L services. The following processes are in place to ensure ongoing CalViva Health oversight of the C&L programs and services delegated to HNCS and the internal monitoring conducted by HNCS. Based on GNA finding, C&L will continue to promote the use of medical interpreters and discourage the use of family and friends as interpreters.				
28	Responsible Staff:	Primary: L. Witrago, B. Ferris, H. Theba Secondary: D. Carr, I. Diaz, D. Fang				
29	Complaints and Grievances GNA	Oversight of complaints and grievances received about the LAP or C&L services, including monitoring and responding to all C&L related grievances. Collect grievance and call center reports. Maintain contact with the call center to ensure that they are monitoring C&L complaints. Grievance reports include grievances coded to C&L codes (including discrimination due to language or culture). Maintain grievance response log and list of materials and develop and document interventions when indicated	Report on grievance cases and interventions	Ongoing	A total of 16 grievance cases were received and reviewed by C&L. Of these cases, one (1) was coded as 1557 perceived discrimination, six (6) were coded as culture perceived discrimination, four (4) were coded as culture non-discriminatory, and five (5) to other codes. Based on evidence reviewed, C&L identified four (4) interventions deemed necessary and to be delivered in collaboration with the provider relations department. Interventions included tools and training resources addressing the concerns/issues identified, e.g., cultural competence/sensitivity and language services information and requirements. One (1) grievance was received regarding MHN providers or services. In addition, two interpreter complaints were received and follow up completed during Q1. No interpreter complaint for Q2.	

30	Complaints and Grievances	Conduct a trend analysis of C&L grievances and complaints by providers	Production of trend analysis report	June	Consolidated trend analysis report for 2018 complaints and grievances and trending completed. Currently under review.	
31	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December	Desktop procedure revised and final approval pending.	
32	Oversight	Complete all CalViva required C&L reports	Develop C&L CalViva work plan, write/revise and submit C&L CalViva Program Description. Prepare and submit work plan and LAP mid year reports and end of year reports	Ongoing	C&L completed and received approvals during Q2 2019 on the following reports: 2018 End of Year Language Assistant Program and 2018 End of Year Work Plan, 2019 Program Description and 2019 Work Plan.	
33	Oversight	Participate in all CalViva required work groups and committees	Participate in the ACCESS workgroup, QI/UM workgroup, QI/UM committee, monthly operations management meetings, Regional Health Authority meetings as needed or requested, etc.	Ongoing	C&L participated in the following CalViva Health meetings and committees: QI/UM work group, QI/UM Committee, RHA Committee, Access Committee, and Public Policy Committee. C&L also attended and contributed at other required CalViva Health meetings and committees as follows: Postpartum care disparity bi weekly meetings, Breast Cancer Screening bi weekly meeting, among others. Also, conducted a presentation on behalf of CalViva on LAP and cultural competency requirements as well as member rights during the Pre Term Birth initiative (PTBi) committee meeting on March 4.	
34	Oversight GNA	Establish relationships with local community partners, identify participants for Public Policy Committee participation for Fresno, Kings and Madera Counties	Assist coordinate, attend and present at Public Policy Committee planning meetings, Public Policy Committee meetings and C&L relevant community sponsored events as required	Quarterly	Provided support with the planning of two PPC meetings held on March 6 and June 12. Prepared reports and power point presentations for the following reports: 2018 Summary and Work Plan Evaluation, 2018 Summary and Language Assistance Program, 2019 Summary and Program Description, and 2019 Summary and Work Plan. Presented these reports during the June meeting held in Kings County.	

35	Oversight	Develop, update and/or maintain all C&L related P&Ps	Updated P&Ps submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health C&L P&Ps	Annually	P&P reviewed and updated according to their review schedule.	
36	Communication, Training and Education					
37	Rationale	To provide information to providers and staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP program, C&L resources, and member diversity. Based on GNA finding, C&L will continue to promote the use of medical interpreters and discourage the use of family and friends as interpreters.				
38	Responsible Staff:	Primary: L. Witrago, B. Ferris	Secondary: D. Carr, I. Diaz, H. Theba			
39	Training and Support GNA	Provide support and training to A&G on coding and resolution of grievances; re-align coding per 1557 non-discrimination reporting	Revised/updated Quick Reference Guide (QRG) for A&G staff regarding grievance responses, coding and when to send to C&L, etc. Explore opportunity to place developed tools / training online. Support provided	Ongoing	Support to A&G staff on how and when to code is ongoing. Two C&L trainings for A&G coordinators scheduled for July 15. Quick reference guide updated and posted internally online.	
40	Staff Training GNA	Provide C&L in-services for other departments as requested (e.g., Call Center, Provider Relations, etc.). Update training decks with specific date slides at mid and end of year. Update interpreter and translation QRGs with any system updates or process changes	Curriculum/power point, name of department and total number of participants who attended the in-service	Ongoing	Call center had no new hire training classes in Q1 or Q2. Interpreter quick reference guide for call center staff updated and posted internally online on KW (Knowledge Base).	
41	Staff Communication GNA	Maintenance and promotion of C&L intranet site	Timely posting of important information on C&L intranet, e.g., vendor attestation forms, threshold languages list, etc.	Ongoing	The C&L site (SharePoint) is updated on an ongoing basis to include the most current and updated materials. C&L site promoted at every LAP/Health Literacy meeting.	
42	Provider Communication GNA	Prepare and submit articles for publication to providers. Potential topics: LAP services, culture and health care, and promotion of on-line cultural competence/OMH training	Copies of articles and publication dates	Ongoing	Online provider newsletter article on Tips on Giving Quality Care to Patients With Disabilities submitted and projected to be published on July 1st.	

43	Provider Communication and Training GNA	Promote C&L flyer and provider material request form about C&L department consultation and resources available, inclusive of LAP program and interpreter services	Provider material request forms received by C&L Department	Ongoing	C&L promoted availability of resources and consultation services. Three request for C&L tools and resources for providers were fulfilled.	
44	Member Communication	Annual PPC promotion article on member newsletter	Write or revise annual PPC article distributed to CalViva members	Annual	PPC article to be published during Q4.	
45	Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity					
46	Health Literacy					
47	Rationale	To ensure that the information received by members is culturally and linguistically appropriate and readability levels are assessed to ensure they comply with required readability levels mandated by regulatory agencies. According to GNA results, a third (35%) of responding members indicated they 'sometimes' had trouble filling out forms (35%). Based on GNA findings, C&L will provide support to departments to ensure resources and interventions are culturally and linguistically appropriate.				
48	Responsible Staff:	Primary: A. Kelechian, D. Carr	Secondary: B. Ferris, L. Witrago			
49	English Material Review GNA	Conduct English Material Review (EMR) per end-end document production guidelines (review of content and layout of materials for C&L appropriateness and low literacy)	Completion of all EMRs as tracked through the C&L database	Ongoing	A total of 39 EMRs have been completed to date. Of these, three came from MHN.	
50	Operational GNA	Review and update Health Literacy Tool Kit as needed inclusive of list of words that can be excluded during the readability check, database guide, checklists, readability assessment guide and other relevant materials	Production and distribution of toolkit	June	No updates needed to be completed. All materials remain current.	
51	Training GNA	Quarterly training for staff on how to use the C&L database and write in plain language	Quarterly training	Quarterly	Three training have been conducted on the use of the C&L database and plain language principles. Trainings conducted as follows: March 20 with 5 staff in attendance, May 3 with four staff in attendance and June 19 with 13 staff in attendance.	

52	Training GNA	Conduct activities and promotion of national health literacy month (NHLM)	Production and tracking of action plan for NHLM and summary of activities	October	Activity scheduled to begin during Q3.	
53	Cultural Competency					
54	Rationale	To integrate culturally competent best practices through provider and staff in-services, training, education, and consultation. Training program offers topic specific education and consultation as needed by staff, contracted providers and external collaborations. According to GNA results, one-third (31%) of members indicated their beliefs go against their PCP's advice. Based on GNA findings, C&L will continue to increase awareness of cultural sensitivity to address ongoing needs of members with diverse cultural backgrounds.				
55	Responsible Staff:	Primary: D. Carr, L. Witrigo	Secondary: H. Theba, L. Goodyear-Moya			
56	Collaboration- External	Representation and collaboration on Industry Collaboration Efforts (ICE) for Health external workgroup	Minutes of meetings that reflect consultation and shared learning	Ongoing	ICE representation and collaboration is ongoing. D. Carr is co-lead of ICE C&L work group. Continue to work on the development / completion of cultural competency training modules for providers.	
57	Provider Training GNA	Conduct cultural competency training/workshops for contracted providers and provider groups upon request. Training content to include access to care needs for all members from various cultural and ethnic backgrounds, with limited English proficiency, disabilities, and regardless of their gender, sexual orientation or gender identity. Work with provider communication to implement ICE for Health computer based training through provider update and/or provider newsletters and/or medical directors, promote OMH cultural competency training through provider operational manual and provider updates	Output number of providers who received cultural competency training by type of training received	Annual	C&L presented on LAP and cultural competency requirements as well as member rights during the Pre Term Birth initiative meeting on March 4. Twenty four participants were in attendance. C&L presented during Provider Relations' Lunch and Learn event on April 16 with 40 providers and 9 CVH staff in attendance. LAP and cultural competency requirements provided. C&L coordinated and hosted three training for United Health Centers' Mendota on Motivational Interviewing on April 30, May 16 and May 30th with 15, 14 and 13 providers and their staff in attendance respectively. Currently working with provider communication to promote OMH cultural competency training through the LAP / CC provider update schedule to be released in July.	

58	Staff Training GNA	Conduct annual cultural competence education through Heritage events and transition event to an online platform. Heritage to include informational articles / webinars that educate staff on culture, linguistics and the needs of special populations.	Online tracking. Written summary of Heritage activities	Q3	Planning for this year's Heritage Month is in progress with Heritage activities planned for August.	
59	On Line Training GNA	Review online content for cultural competency training and update when needed annually. Training will also include content on access to care needs for all members per 1557 non-discrimination rule	Annual online training and number of staff trained	Annual	Cultural competency training content currently under review. Training assignments scheduled for Q3.	
60	Training GNA	Implement quarterly culture specific training series for staff in various departments	Training plan with a minimum of three trainings provided in collaboration with regional experts	Ongoing	Quarterly trainings for staff conducted as follows: Impact of Poverty conducted on March 7 with 78 participants, Emotional Intelligence conducted on May 30 with 128 participants, and Making Reasonable Accommodations on June 20 with 82 participants.	
61	Health Equity					
62	Rationale	To support the health of CalViva Health members and promote the reduction of health disparities across our membership. In order to accomplish this, staff collaborates across departments and with external partners in order to analyze, design, implement and evaluate healthy disparity interventions. Based on GNA findings, C&L will support culturally and linguistically appropriate health education resources and quality improvement interventions to help members access preventive health services in a timely manner. C&L will also address cultural barriers that may impede members from accessing care and implement disparity projects to reduce barriers to care among disparate populations.				
63	Responsible Staff:	Primary: L. Witrago, D. Fang	Secondary: H. Theba, L. Goodyear-Moya			
64	Operational GNA	Increase interdepartmental alignment on disparity reduction efforts. Facilitate monthly meetings	Facilitation of health disparity collaborative	Quarterly	Interdepartmental alignment and monthly meeting on disparity reduction effort ongoing.	
65	Operational GNA	Align population health and disparity initiatives across departments	Develop Health Disparity e-newsletter and listserv. Facilitate communication on health disparities and newsletter development and distribution	Ongoing	Health Disparity e-newsletter Volume 3, Issue 1 completed and disseminated in June.	

66	Operational GNA	Continue to co-lead DHCS Disparity PIP on prenatal/postpartum HEDIS measures and implement disparity reduction model	Support development of modules; meet PIP disparity reduction targets	Ongoing	C&L continue to support DHCS Disparity PIP on postpartum HEDIS measure. Participated in bi weekly meetings led by CalViva with United Health Centers Mendota. C&L hosted bi weekly internal meetings to discuss progress and next steps. Conducted monthly records review audits at clinic in collaboration with QI to document utilization and completion on revised OB History Forms' cultural practices section. Provided support with planning, coordinating, and co-lead with HE a total of five Community Advisory Group meetings. Also coordinated three motivational interviewing trainings for UHC providers and staff. PPC rates have increased from 50% to 82%.	
67	Operational GNA	Continue to lead disparity reduction model implementation for prenatal/postpartum measure. Support/co-lead Mendota Community Advisory Group, develop action plan for priority areas and delivery of interventions. Participate in scale up discussions and deliverables	Agendas and Action Plan with outcome of activities	Ongoing	Provided support with the planning and hosting of CAG meetings on the following dates: January 31, February 28, March 28, April 25, and May 30. Developed action plan with four priorities identified by the CAG members and work to address all areas identified. Identified CAG priorities areas / action plan deliverables addressed as follows: topics/resources identified as needed/lacking presented during monthly meetings, e.g., community/park safety, city and street lighting, water contamination, etc. C&L coordinated in person interpreter for each CAG meeting. Also, coordinate and facilitated three training on motivational interviewing for clinic staff to support another area identified as a priority area. Supported planning and sponsorship of a community forum with a focus on mental health stigma which was identified as another action plan priority area.	

68	Operational GNA	Provide support to other departments on health disparities and deployment of interventions, e.g., mobile mammography	Disparities and interventions delivered	Ongoing	Provided support at a total of nine BCS mobile mammography events led by QI where C&L acted as cultural broker (for Hmong and Hispanics), conducted Hmong reminder/ educational calls, coordinated interpreter services for members and supported members intakes/registration and flow at clinics. A total of 224 members, primarily Hmong, completed their BCS screening.
[^] 69	Operational GNA	Implement disparity model for Hmong breast cancer screening disparity in Fresno County to include formative research, community, member and provider interventions	Work plan and report of activities	Ongoing	Obtained approval to begin formative research inclusive of literature review, focus groups and key informant interviews to learn about barriers to breast cancer screening among the Hmong community.
70	Operational GNA	Incorporate Motivational Interviewing and Teach Back trainings onto disparity projects as needed	Number of providers/staff trained and post-evaluation data showing increase in attitude and knowledge	Ongoing	Coordinated motivational interviewing training for United Health Clinic, Mendota providers and staff as part of the PPC Disparity PIP. Training provided by C&L's consultant, Dr. Ring, and held on April 30, May 16 and May 30th with 15, 14 and 13 participants attending each training respectively. A pre-test was completed by participants on April 30 and the post test completed on May 30th. Results from the pre and post test illustrated a significant increase in knowledge and skill among those in attendance.
71	Operational GNA	Provide consultation to departments on cultural competency and improving health care outcomes (including enrollment) for key demographics and key metrics to support health equity	Consultation provided	Ongoing	Consultation by C&L's biostatistician and specialist ongoing. Provide support with the completion of a DHCS survey on SDoH.

¹ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

[^] Indicates revisions.

Item #9

Attachment 9.A

2019 Health Education
Executive Summary
And
Work Plan Evaluation



REPORT SUMMARY TO COMMITTEE

TO: CalViva QI/UM Committee

FROM: Hoa Su, MPH, Health Education Department Manager
Justina B. Felix, Health Educator

COMMITTEE DATE: October 17, 2019

SUBJECT: Health Education Work Plan Mid-Year Executive Summary

Summary

The 2019 Health Education Work Plan Mid-Year Evaluation report documents progress of **16 program initiatives**. Of the 16 initiatives, 12 key initiatives have met or exceeded 50% of the year-end goal and the remaining 4 did not meet 50% of the year-end goal. Efforts are underway to meet all goals by year end.

Purpose of Activity:

To provide for QI/UM Committee review and approval of the 2019 Health Education Work Plan Mid-Year Evaluation Summary.

Data/Results (include applicable benchmarks/thresholds):

The Health Education Department developed programs and services on a variety of topics to promote healthy lifestyles and health improvement for CalViva Health (CVH) members. The main areas of focus are member engagement, weight control, pregnancy, smoking cessation, preventive health care services, and chronic disease education.

Within each initiative, there are multiple programs and services (35 key objectives). **Table 1** compares 2019 mid-year utilization outcomes of key health education programs and services against 2019 year-end goals. By mid-year, 30 out of 35 program objectives have already met or exceeded 50% of the year-end goal.

Table 1 Health Education Utilization Comparing 2019 Mid-Year Outcomes and Year-End Goals

Initiative	Program	2019 Year-End Goal	2019 Mid-Year Outcome	% Progress towards meeting Year-End Goal
1. Mental/Behavioral Health	Develop pain management education strategy.	Creation of opioid/pain management educational materials and distribution plan. Determine utilization baseline.	Created 4 items, 1 pending	100%
	Develop behavioral health education strategy.	Creation of 3+ behavioral health materials and distribution plan. Determine utilization baseline.	Materials being developed	25%
2. Chronic Disease Education: Asthma	Conduct asthma education classes.	Classes reach a 15% CalViva Health membership.	Reached a 76% (53/70) member participation	507%
3. Chronic Disease Education: Diabetes	Collaborate with Madera County Department of Public Health's Proyecto Dulce Disease Self-Management and Education Program (DSME).	Conduct 1 DSME class series reaching 50% targeted CVH member participants.	Conducted 1 DSME class series with 71% (10/14) member participation	100%
	Implement a Diabetes Prevention Program.	Enroll 25+ Medi-Cal members.	Completed Scope of Work, obtained regulatory approvals (Privacy and C&L), released Provider Update, and conducted provider webinar. Program to be launched in Q4.	50%
4. Community Health	Increase CVH member participation in health education classes.	Reach a 50% member participation rate in classes.	Reached a 69% (498/719) member participation.	138%
	Increase CVH member participation in health screenings.	Reach a 50% member participation rate in community health screenings.	Reached a 81% (63/78) member participation.	162%
5. Digital Health Education Programs	Partner with QI to continue with a Management of Persistent Medication (MPM) text messaging campaign.	Reach 50% of targeted members.	Reached 72% (86/120) of members with an MPM text message about scheduling their labs.	144%
	Promote member enrollment in myStrength.	Enroll 50+ members.	Enrolled 14 CVH members.	7%
6. Health Equity Projects	Improve postpartum rate for targeted provider in Fresno County.	Develop and implement 1 educational intervention to improve postpartum rate targeting Latinos in Fresno County.	Completed 1 motivational interviewing training for United Health Center clinics to increase provider's ability to be sensitive to various cultural practices related to postpartum care and improve the patient experience.	100%

	Improve breast cancer screening rate for targeted provider in Fresno County.	Develop and implement 1 educational intervention to improve breast cancer screening rate targeting Hmong members in Fresno County.	Completed literature review for breast cancer screening (BCS) and completed key informant interviews to identify barrier to BCS. Provided member phone education and scheduled over 30 members for breast cancer screening.	100%
7. Immunization Initiative	Collaborate with QI to implement Childhood Immunization (CIS) Performance Improvement Plan (PIP).	Support clinic Panel Managers with educational materials and call scripts to improve CIS rate in Fresno County.	Trained 7 Clinica Sierra Vista Panel Managers.	100%
8. Member Engagement	Increase member screenings for diabetes care measures.	65% of member participants in Know Your Numbers (KYN) interventions complete their screening.	Reached a 81% (63/78) member participation in Know Your Number screening events.	125%
	Increase member understanding of health plan benefits, health plan satisfaction and preventive health screenings.	Achieve 90% satisfaction from participants attending the Member Orientation classes.	Member orientation module has been revised. Will be submitted to DHCS for approval in Q3-Q4.	50%
9. Member Newsletters	Manage content for Medi-Cal Newsletter.	Develop and distribute 2 CVH member newsletters.	Distributed one newsletter.	50%
10a. Obesity Prevention: Members	Increase Fit Families for Life (FFL) Home Edition Program enrollment and satisfaction.	Enroll 500+ members (70% flagged as high-risk) and 90% satisfaction from both program surveys.	Enrolled 223 members (98% flagged as high risk), 92% satisfaction from direct incentive surveys.	45% (members enrolled) 140% (flagged as high risk) 102% (satisfaction)
	Increase Healthy Habits for Healthy People (HHHP) program enrollment.	350+ members.	Enrolled 36 members	10%
10b. Obesity Prevention: Community	Conduct Fit Families for Life (FFFL) Community classes, increase participant knowledge and acquire high satisfaction rates.	Reach a 25% member participation rate; participants achieve 80% correct answers per knowledge metric (post-tests) and 90% satisfaction rate from post-tests.	Reached a 70% member participation rate; 100% correct answers; 100% satisfaction rate overall from workshops.	280% (member participation) 125% (correct answers) 111% (satisfaction rate)
11. Perinatal Education	Promote pregnancy packets to members.	Distribute 1,000+ pregnancy information packets to requesting CVH pregnant members.	Mailed 825 CVH Pregnancy Program packets to members.	83%
	Coordinate bilingual baby showers to expectant mothers in Fresno and Kings County.	Reach 50% member participation at baby showers within Kings and Fresno Counties.	Reached a 62% (159/255) member participation at baby showers in Fresno County.	124%
12. Promotores Health Network (PHN)	Implement the RX for Health intervention to increase member participation in PHN education charlas.	Reach a 30% member participation in education charlas.	Reached a 66% (363/553) member participation through charlas. (24 charlas conducted).	220%
	Increase member participation in diabetes prevention program classes.	Conduct 1 DSME class series reaching 50% targeted CVH member participants.	Conducted 1 DSME class series with a 71% (10/14) member reach.	100% (DSME class series) 142% (member participation)
	Implement the Rx for Health intervention to increase	25 members request FFFL Home Edition educational	Rx for Health pad approved by DHCS. Pad to be implemented	50%

	member request for Fit Families for Life (FFFL) Home Edition educational resource.	resources.	in Q3-Q4.	
13. Tobacco Cessation Program	Collaborate with California Smokers' Helpline and other internal departments to improve smoking cessation program enrollment for CVH members.	Enroll 200+ smokers into CA Smokers' Helpline.	Enrolled 63 members	32%
14. Compliance: Oversight and Reporting	Complete and submit Health Education Department's Program Description, Work Plan, and Work Plan evaluation reports.	Complete and submit Program Description, Work Plan, and Work Plan evaluation reports.	Completed and submitted one Program Description, Work Plan, and Work Plan Evaluation report.	100%
	Update Health Education Department's Policies and Procedures.	Update Policies and Procedures.	Updated 4 Policies and Procedures.	100%
	Complete all incentive program reports to CalViva Health and DHCS.	Complete semi-annual progress reports and annual DHCS incentive evaluation reports.	Submitted semi-annual progress report and 8 annual DHCS incentive evaluation reports for the company.	100%
	Develop and distribute a Provider Update on Staying Healthy Assessment (SHA).	Produce 1 Provider Update.	Produced 1 Provider Update.	100%
	Present Health Education updates at PPC meetings.	Conduct 4 PPC meetings.	Presented at 2 PPC meetings.	50%
15. Health Education Department Promotion, Materials Update, Development, Utilization and Inventory	All required health education materials topics and languages available to providers, members and associates.	Develop needed materials and resources to assure compliance.	Reviewed 2 existing materials. Updated 2 DHCS Checklists. Developed 3 new in-house materials.	100%
	Educate members on accessing appropriate care.	Develop and disseminate 1 educational resource about Nurse Advice Line and when to use the ER.	Communication will be done in Q3.	50%
	Educate members on controlling asthma.	Develop and disseminate 1 educational resource about asthma action plan, use of medication, peak flow meter readings, and finding your triggers.	Resource will be done by Q4.	50%
16. Health Education Operations	Formalize GIS request structure	Develop an interdepartmental GIS project request dashboard.	Completed the GIS Mapping Request Dashboard.	100%
	GIS-assisted HEDIS intervention activities and Health Education outreach.	Develop geomaps for 10+ projects/outreach activities.	Completed 9 data/mapping requests.	90%
	Best practice based on proximity and geographic attributes	Develop best practice framework to intervention site planning (ex. Huff Gravity Model)	In development	50%

2019 Barrier Analysis and Actions to be Taken

Barriers	Actions to be taken in Q3 and Q4
Mental/Behavioral Health: <ul style="list-style-type: none"> • Behavioral health material development limited in 2019 due to changes in Marketing/Creative Services Department. 	<ul style="list-style-type: none"> • New staff being trained and assigned to assist in material development. Material development currently in discussion.
Digital Health Education Programs: <ul style="list-style-type: none"> • Low member enrollment into myStrength program. 	<ul style="list-style-type: none"> • myStrength flyer is in development. • Completed flyer will be used as program promotion. • Case Managers will refer eligible members to myStrength
Obesity Prevention: Members: <ul style="list-style-type: none"> • Low member enrollment into the Fit Families for Life-Home Edition program. Obesity Prevention: Members: <ul style="list-style-type: none"> • Low member enrollment into the Healthy Habits for Healthy People (HHHP) program. 	<ul style="list-style-type: none"> • Continue targeted outreach to high-risk members. Will include members identified as having high blood pressures and/or elevated cholesterol levels
Tobacco Cessation Program: <ul style="list-style-type: none"> • Fewer referrals into the CA Smokers' Helpline. 	<ul style="list-style-type: none"> • Increase program promotion with upcoming article in member newsletter. • Provide webinars to providers. • Conduct one more mailing during Q3.

Next Steps:

Implement actions identified to address the barriers above and continue to carry out initiatives to meet year-end goals.



2019 Health Education Work Plan Mid-Year Evaluation

Submitted by:

Patrick Marabella, MD, Chief Medical Officer

Amy Schneider, RN, BSN, Director Medical Management

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I. Purpose

The purpose of the CalViva Health (CVH) Health Education Work Plan is to provide a systematic plan of health education activities for the calendar year. It also documents the outcomes of proposed health education programs and services. The implementation of this plan requires the cooperation of CVH senior staff management and multiple departments such as Cultural and Linguistic Services, Quality Improvement, Utilization/Care Management, Members Services, Marketing, and Provider Relations.

II. Goals

1. To provide free, accessible, culturally and linguistically appropriate health education and health equity programs, services and resources to:
 - aid members and the community to achieve good health and overall wellbeing,
 - positively impact CVH's health care quality performance rates, and
 - positively impact member satisfaction and retention.
2. To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.

III. Objectives

1. Encourage members to practice positive health and lifestyle behaviors.
2. Promote members to appropriately use preventive care and primary health care services.
3. Teach members to follow self-care regimens and treatment therapies.
4. Support provider offices for efficient and cost effective delivery of health education services and referrals.

IV. Selection of the Health Education Department Activities and Projects

The Health Education Work Plan activities and projects are selected from results of CVH group needs assessment report (i.e., demographics, health status, risk factors, and surveys), regulatory requirements, department evaluation report from the previous year, HEDIS results, contractual requirements, and strategic corporate goals and objectives. After review and input from senior management staff, projects and new departmental activities are identified and incorporated into this work plan. Programs and services are developed with special attention to the cultural and linguistic needs of our membership. This work plan addresses the needs of our Medi-Cal (MC) members.

V. Strategies

The Health Education Work Plan supports and maintains excellence in the health education department's activities through the following

strategies:

- increase provider support, resources and communication to ensure provision of comprehensive health care services;
- support community collaboratives to promote preventive health initiatives;
- enhance member utilization of health education and cultural and linguistic resources, help members better understand and manage their health conditions, and improve health care quality performance rates;
- improve the Health Education Department's efficiency; and
- meet compliance requirements.

The Health Education Department's (HED) main health focus areas include: pregnancy, weight control, member engagement, smoking cessation, preventive health care services, chronic disease prevention, and health promotion.

1. Initiative/ Project:	Mental / Behavioral Health			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input type="checkbox"/> GNA			
Rationale	In CA, an estimated two-thirds of adults with a mental illness and two-thirds of adolescents with major depressive episodes did not get treatment (per CA Healthcare Foundation). In 2016, there were over 2,000 opioid overdose-related deaths (NIH-National Institute on Drug Abuse).			
Reporting Leader(s)	Primary:	D. Carrillo	Secondary:	M. Beckett, M. Geraty, T. Gonzalez, B. Nate, K. Schlater, G. Toland, M. Zuniga, M. Lin
Goal of Initiative	To support members with behavioral health resources and opioid education.			
Performance Measure(s)	Objective(s)	2018 Outcomes (Year-End)	2019 Outcomes (Mid-Year)	2019 Outcomes (Year-End)
Develop pain management education strategy	Creation of opioid/pain management educational materials and distribution plan. Determine utilization baseline.	New project for 2019	Created 4 items, 1 pending.	
Develop behavioral health education strategy	Creation of 3+ behavioral health materials and distribution plan. Determine utilization baseline.	New project for 2019	Materials being developed	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Solicit high risk member interest in pain management education using text, mail, and/or new member surveys.		June 2019	D. Carrillo	
Promote behavioral health resources in member newsletter		August 2019	D. Carrillo	
Finalize opioid-based and behavioral health education materials		December 2019	D. Carrillo, M. Lin	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Update. If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<p>Include barriers to implementation and systemic/organizational barriers.</p> <p>Mid-Year Update: Material development in 2019 limited due to changes in Marketing/Creative Services Department. New staff being trained and assigned to assist material development.</p> <p>Year-End Update:</p>			
Overall Effectiveness/Lessons Learned (populate at year-end)	Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

2. Initiative/ Project:	Chronic Disease Education: Asthma				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> GNA				
Rationale	Asthma is one of the most common chronic diseases and has been recognized as a growing health concern. According to the Centers for Disease Control and Prevention, 1 in 13 people have asthma. Asthma is the third-ranking cause of hospitalization among children younger than 15 and from 2008-2013, the annual economic cost of asthma was more than \$81.9 billion – including medical cost and loss of work and school days. A good number of CalViva Health members continue to access the Emergency Room for asthma related conditions.				
Reporting Leader(s)	Primary:	J. Felix, T. Gonzalez		Secondary:	H. Su
Goal of Initiative	To educate members in managing their asthma				
Performance Measure(s)	Objective(s)	2018 Outcomes (Year-End)	2019 Outcomes (Mid-Year)	2019 Outcomes (Year-End)	
Conduct asthma education classes	Classes reach a 15% CalViva Health membership	New project for 2019	Conducted 7 Asthma health education classes to 70 participants, of which, 53 (76%) were CalViva Health members.		
Major Activities		Timeframe For Completion	Responsible Party(s)		
Produce an asthma action plan		April 2019	J. Felix		
Provide in-service to promotores on how to use the asthma action plan, medication flyer, and asthma app		June 2019	J. Felix, T. Gonzalez		
Conduct asthma classes		December 2019	J. Felix, T. Gonzalez		
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
Update. If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Completed in-service for 26 promotores from CalViva Health Promotores Health Network program with a focus on the asthma action plan. Development of the asthma action plan is delayed due to staffing changes in Marketing department. It will be done by Q3. Year-End Update				
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>				
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>				

3. Initiative/ Project:	Chronic Disease Education: Diabetes			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> GNA			
Rationale	<p>According to the Centers for Disease Control and Prevention (CDC) more than 84 million US adults—that's 1 in 3—have prediabetes. More than 30 million Americans have diabetes, which increases their risk of serious health problems. Health plans must comply with DHCS requirements in accordance to the APL 18-018; California state law requires the Department of Health Care Services (DHCS) to establish the Diabetes Prevention Program (DPP) as a Medi-Cal covered benefit.</p> <p>1. CVH HbA1C testing (Fresno, 83%) and Nephropathy care (87%) are below MPL for Fresno</p>			
Reporting Leader(s)	Primary:	M. Zuniga, T. Gonzalez		Secondary: Guillermina Toland, H. Su
Goal of Initiative	To provide members with education on diabetes prevention and control through promotion of effective nutrition management strategies and multifaceted communication.			
Performance Measure(s)	Objective(s)	2018 Outcomes (Year-End)	2019 Outcomes (Mid-Year)	2019 Outcomes (Year-End)
Collaborate with Madera County Department of Public Health's Proyecto Dulce Disease Self-Management and Education Program (DSME).	Conduct 1 DSME class series reaching 50% targeted CVH member participants.	Reached 62 participants, of which, 43 (69%) were CVH members.	Conducted 1 DSME class series with 14 participants, of which 10 (71%) were CVH members.	
Implement a Diabetes Prevention Program.	Enroll 25+ Medi-Cal members.	New project for 2019	Completed Scope of Work, obtained regulatory approvals (Privacy and C&L), released Provider Update, and conducted provider webinar. Program to be launched in Q4.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Release Provider Update with Provider referral form		February 2019	M. Zuniga	
Develop DPP FAQ/referral guidelines for Member Services		February 2019	M. Zuniga	
Finalize SOW with DPP vendor(s)		May 2019	M. Zuniga, H. Su	
Set up monthly member eligibility data file transfer for DPP vendor		December 2019	M. Zuniga, D. Carrillo	
Promote DPP on the CalViva health website: member portal and provider portal.		April 2019	M. Zuniga, J. Felix, T. Gonzalez	
Conduct 1 Provider webinar to promote DPP		April 2019	M. Zuniga	
Develop and launch text message campaign to promote DPP program to targeted Medi-Cal members		October 2019	M. Zuniga, G.Toland	
Identify local in-person Medi-Cal certified DPP providers		Q 3-Q4 2019	M. Zuniga	
Refer Medi-Cal members diagnosed with type 2 diabetes participating in DPP program into disease management program.		Ongoing to December 2019	M. Zuniga	
Obtain weekly/monthly participant reports evaluation report from vendor to review program and member successes		Ongoing to December 2019	M. Zuniga	
Refer Medi-Cal members diagnosed with type 2 diabetes participating in DPP program into disease management program.		Ongoing to December 2019	M. Zuniga	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Update. If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: Diabetes Prevention Program (DPP) not launched in Q1-Q2 pending SOW approval, information security assessment renewal, and DHCS approval. Consistent follow up had been made to ensure we make progress in getting the necessary approvals.</p>			

	Year-End Update:
Overall Effectiveness/Lessons Learned <i>(populate at year-end)</i>	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>
Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>

4. Initiative/ Project:	Community Health Education			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> GNA			
Rationale	Breast Cancer Screening 2018 HEDIS rate is below MPL in Fresno County. Comprehensive Diabetes Care-Hemoglobin A1c testing 2018 HEDIS rate is below MPL in Fresno County. Comprehensive Diabetes Care-Medical Attention for Nephropathy 2018 HEDIS rate is below MPL in Fresno County.			
Reporting Leader(s)	Primary:	T. Gonzalez, G. Toland		Secondary: M. Beckett, I. Rivera. A. Corona
Goal of Initiative	Provide health education to members in their community.			
Performance Measure(s)	Objective(s)	2018 Outcomes (Year-End)	2019 Outcomes (Mid-Year)	2019 Outcomes (Year-End)
Increase CVH member participation in health education classes.	Reach a 50% member participation rate in classes.	Conducted 99 health education classes to 772 participants, of which 499 (65%) were CVH members.	Conducted 46 health education classes to 719 participants, of which 498 (69%) were CVH members.	
Increase CVH member participation in health screenings.	Reach a 50% member participation rate in community health screenings.	Conducted 4 Know Your Numbers events with 205 participants reached, of which 144 (70%) were CVH members	Conducted 2 Know Your Numbers events with 78 participants reached, of which 63 (81%) were CVH members.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Partner with Madera County Department of Public Health - Prevention First and Diabetes Prevention Program and community partners to implement community education classes and Know Your Numbers forums.		December 2019	T. Gonzalez	
Partner with Fresno County Department of Public Health's Fresno County Health Improvement Program and community partners to implement community education classes and Know Your Numbers forums.		December 2019	T. Gonzalez	
Partner with Kings County Diabetes Coalition, Adventist Health and community partners to implement community education classes.		December 2019	T. Gonzalez, G. Toland	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Update. If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: The Know Your Numbers intervention demonstrates to be a successful community health education model which engages key stakeholder and provider partners (e.g., Community Medical Centers, Clinica Sierra Vista, Centro La Familia Advocacy Services, Fresno County Department of Public Health and California Health Collaborative). Provider symposiums and lunch and learn provider in-services are planned in Q3 & 4 to promote diabetes incentive program to improve comprehensive diabetes care and impact HEDIS rates. No barriers encountered.</p> <p>Year-End Update</p>			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			

Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input type="checkbox"/>	CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>	CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>
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5. Initiative/ Project:	Digital Health Education Programs			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input checked="" type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> GNA			
Rationale	Annual Monitoring for Patients of Persistent Medications 2018 HEDIS rate is below MPL in Madera county. According to the Centers for Disease Control and Prevention (CDC), the use of antibiotics (AAB) is “the single most important factor leading to antibiotic resistance around the world.” The CDC estimates 30 percent of unnecessary antibiotics are prescribed in outpatient clinics. Madera AAB HEDIS rate is 24.6% and below MPL for 3 years. Fresno AAB HEDIS rate of 31.7% is marginally above the 50% percentile. More members are willing to use digital communications (text/email/mobile app) to access health education information.			
Reporting Leader(s)	Primary:	G. Toland, H. Su, M. Zuniga, D. Carrillo		Secondary: T. Gonzalez
Goal of Initiative	To increase member engagement using electronic/digital communications to improve member health knowledge, behavior, and outcomes.			
Performance Measure(s)	Objective(s)	2018 Outcomes (Year-End)	2019 Outcomes (Mid-Year)	2019 Outcomes (Year-End)
Partner with QI to continue with a Management of Persistent Medication (MPM) text messaging campaign.	Reach 50% of targeted members	77% (342/445) members received an MPM text messaging about scheduling their labs.	Reached 72% (86/120) of members with an MPM text message about scheduling their labs.	
Promote member enrollment in myStrength.	Enroll 50+ members.	Enrolled 45 CVH members.	Enrolled 14 CVH members.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Develop revised myStrength flyer promoting opioid / behavioral health education		May 2019	D. Carrillo	
Launch SMS text messaging campaign for MPM.		June 2019	G. Toland	
Promote myStrength in the CVH member newsletter		August 2019	D. Carrillo	
Launch SMS text messaging campaign for antibiotic awareness		September 2019	M. Zuniga	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Update. If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Antibiotics Awareness campaign cancelled per CalViva. Antibiotics no longer a measure below MPL for 2019. Low enrollment into myStrength due to a lack of approved promotional flyer. This flyer is being developed and will be ready by Q4 for promotion to members. Follow up is being conducted with Case Managers to ensure eligible members are informed about myStrength. Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

6. Initiative/ Project:	Healthy Equity Projects			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> GNA			
Rationale	Improve postpartum care with target providers above baseline of 65% and increase Breast cancer screening rates for Fresno above MPL (52.7%).			
Reporting Leader(s)	Primary:	T. Gonzalez		Secondary: M. Beckett
Goal of Initiative	To reduce health care access barriers that contribute to identified health disparities among our ethnically diverse membership in the area of postpartum care and breast cancer screening.			
Performance Measure(s)	Objective(s)	2018 Outcomes (Year-End)	2019 Outcomes (Mid-Year)	2019 Outcomes (Year-End)
Improve postpartum rate for targeted provider in Fresno County.	Develop and implement 1 educational intervention to improve postpartum rate targeting Latinos in Fresno County.	Completed 3 interventions; Developed the CalViva Health Mendota Community Advisory Group, Created OB Alert added to Electronic Medical Record to increase postpartum visits, added Cultural Practices Question to ACOG OB History Form.	Completed 1 motivational interviewing training for United Health Center clinics to increase provider's ability to be sensitive to various cultural practices related to postpartum care and improve the patient experience.	
Improve breast cancer screening rate for targeted provider in Fresno County.	Develop and implement 1 educational intervention to improve breast cancer screening rate targeting Hmong members in Fresno County.	60% (28/47) of targeted members completed their Breast cancer screening.	Completed literature review for breast cancer screening (BCS) and completed key informant interviews to identify barrier to BCS. Provided member phone education and scheduled over 30 members for breast cancer screening.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Develop Action Plan to address the Mendota Community Advisory Group (CAG) priority areas.		March 2019	T. Gonzalez	
Conduct literature review for breast cancer screening among Hmong women		March 2019	T. Gonzalez	
Conduct key informant interviews for to identify barriers to breast cancer screening		April 2019	T. Gonzalez	
Develop 2 educational interventions to address priority areas for Mendota Community Advisory Group.		December 2019	T. Gonzalez	
Initiative Status (populate at year-end)	<p style="text-align: center;"> MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> </p>			
Update. If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: Successfully implemented 4 Mendota Community Advisory Group meetings with an average of 12 health plan members and 6 agency partners in attendance. The CAG has addressed: timely access and quality of care which was addressed by United Health Centers; shared after hour appointment schedules and United Health Centers' staff received a motivational interviewing training; poor perception of the quality of the drinking water which was addressed by City of Mendota; and successfully implemented a mental health forum "Cultivating Good Health" which provided the community with an opportunity to learn about available mental health services in Mendota with over 50 community residents in attendance. No barriers encountered.</p>			

	<i>Year-End Update</i>
Overall Effectiveness/Lessons Learned <i>(populate at year-end)</i>	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>
Initiative Continuation Status <i>(populate at year-end)</i>	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> </p>

7. Initiative/ Project:	Immunization Initiative			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> GNA			
Rationale	California and the United States as a whole continue to strive to meet the Federal Department of Health and Human Services' Healthy People 2020 goal of on time vaccination for 90% of two-year-olds and 95% of school-age children. The percentage of MediCal Managed Care Plans (MCP) members who were fully immunized at age two has fallen for four consecutive years, from 78% in 2010 to 71% in 2015.			
Reporting Leader(s)	Primary:	Tony Gonzalez		Secondary: G. Toland
Goal of Initiative	Improve Fresno County Clinica Sierra Vista Regional Medical Community CIS Combo3 Compliance rates above HEDIS MPL (65%).			
Performance Measure(s)	Objective(s)	2018 Outcomes (Year-End)	2019 Outcomes (Mid-Year)	2019 Outcomes (Year-End)
Collaborate with QI to implement Childhood Immunization (CIS) Performance Improvement Plan (PIP)	Support clinic Panel Managers with educational materials and call scripts to improve CIS rate in Fresno County.	Baseline rate for clinic was 51%. As of 12/20/2018, clinic immunization rate had increased to 59.7%. Eliminating double booking and having Panel Managers schedule members for RN visit for immunizations improved immunization rate.	Conducted a training for 7 Clinica Sierra Vista Panel Managers.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Provide in-service training for Clinica Sierra Vista Panel Managers		December 2019		
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			
Update. If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Training topics for Clinica Sierra Vista Panel Managers included: 1) Immunization phone call script, 2) Member incentives and gift card distribution process, 3) Overview of health education programs and services, and 4) Transportation benefit and scheduling process. No barriers encountered. Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

8. Initiative/ Project:	Member Engagement			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> GNA			
Rationale	Together, heart disease, stroke, and other vascular diseases claim over 800,000 lives in the United States each year and cost over \$300 billion in annual health care costs and lost productivity from premature death.			
Reporting Leader(s)	Primary:	T. Gonzalez	Secondary:	M. Beckett, G. Toland, I. Rivera
Goal of Initiative	To improve member health screening rates by educating members on critical health indicators (numbers) associated with cardiovascular disease, annual preventive screenings, health plan benefits, and member rights and responsibilities.			
Performance Measure(s)	Objective(s)	2018 Outcomes (Year-End)	2019 Outcomes (Mid-Year)	2019 Outcomes (Year-End)
Increase member screenings for diabetes care measures.	65% of member participants in Know Your Numbers (KYN) interventions complete their screening.	Know Your Numbers events reached 205 participants of which 144 (70%) were CVH member. Of the members reached 123 (87%) completed a screening.	Conducted Know Your Numbers events reaching 78 participants, of which 63 (81%) were CVH members.	
Increase member understanding of health plan benefits, health plan satisfaction and preventive health screenings.	Achieve 90% satisfaction from participants attending the Member Orientation classes.	New project for 2019	Member orientation module has been revised and will be submitted to DHCS for approval in Q3-Q4.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Develop member orientation implementation timeline and confirm target counties.		June 2019	T. Gonzalez	
Revise member orientation curriculum and obtain approval of member benefits and resources materials addressing member needs related to social determinants of health.		December 2019	T. Gonzalez	
Partner with key providers to promote KYN forums to targeted members.		December 2019	T. Gonzalez	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Update. If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Established partnerships with key provider partners: Fresno County Diabetes Collaborative, Clinica Sierra Vista and Community Medical Centers. We will work with key partners to educate members on the importance of screenings to improve comprehensive diabetes care and increase health plan member screening compliance. Encountered a barrier: Community Medical Center’s policies prohibit outside screening vendors from operating out of their facilities. We will confirm our screening vendor (MedXM) has the appropriate Clinical Laboratory Improvement Amendments (CLIA) certificate for future screening events. Year-End Update:			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			

Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input type="checkbox"/>	CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>	CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>
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9. Initiative/ Project:	Member Newsletters			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> GNA			
Rationale	The newsletter meets the DHCS guideline that requires specific member communication to be mailed to members' homes. The member newsletter is also a mode of communication for NCQA articles and promotion of wellness programs and quality improvement interventions.			
Reporting Leader(s)	Primary:	K. Schlater		Secondary:
Goal of Initiative	To educate members about priority health topics and inform members about available programs, services and health care rights.			
Performance Measure(s)	Objective(s)	2018 Outcomes (Year-End)	2019 Outcomes (Mid-Year)	2019 Outcomes (Year-End)
Manage content for Medi-Cal Newsletter.	Develop and distribute 2 CVH member newsletters	Produced 4 newsletters	Distributed one newsletter to member homes on August 15, 2019.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Conduct interdepartmental meeting to decide 2018 newsletter topics.		January 2019	K. Schlater	
Update desktop procedure as needed.		December 2019	K. Schlater	
Submit 2 newsletters to C&L database.		December 2019	K. Schlater	
Develop and implement member newsletters according to the production schedule.		December 2019	K. Schlater	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Update. If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Newsletter schedule was changed in 2019 from 4 quarterly newsletters to 2 bi-annual newsletters. New member communication options being explored for 2020. Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

10a. Initiative/ Project:	Obesity Prevention: Members			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> GNA			
Rationale	Adult obesity rate in CA is 25.1% and 15.6% for adolescents 10-17 years old. Obesity is a documented contributor to various diseases and healthcare costs.			
Reporting Leader(s)	Primary:	D. Carrillo		Secondary:
Goal of Initiative	To support overweight and high risk members to incorporate healthy lifestyle habits through nutrition education and increased physical activity.			
Performance Measure(s)	Objective(s)	2018 Outcomes (Year-End)	2019 Outcomes (Mid-Year)	2019 Outcomes (Year-End)
Increase Fit Families for Life (FFFL) Home Edition Program enrollment & satisfaction.	Enroll 500+ members (70% flagged as high-risk) and 90% satisfaction from both program surveys.	Enrolled 699 members (96% flagged as high risk), 100% satisfaction from workbook survey and 84% satisfaction from pilot survey.	Enrolled 223 members (98% flagged as high risk), 92% satisfaction from direct incentive surveys. No workbook surveys received.	
Increase Healthy Habits for Healthy People (HHHP) program enrollment.	350+ members.	Enrolled 419 members.	Enrolled 36 members.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Promote FFFL and HHHP in member newsletter.		August 2019	D. Carrillo	
Introduce text-messaging outreach to introduce DPP and/or FFFL to overweight members		September 2019	D. Carrillo	
Promote weight management resources on the CVH website.		December 2019	D. Carrillo, J. Felix	
Identify and utilize datasets acknowledging member risk based on weight status.		Ongoing	D. Carrillo	
Introduce text-messaging as possible avenue to gauge program satisfaction		December 2019	D. Carrillo	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Update. If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Embedded FFFL workbook survey with quarterly raffle not effective in soliciting responses. Will continue direct incentive approach to evaluate program effectiveness. Looking to increase HHHP and FFFL enrollment by direct mail promotion to members with high blood pressure and/or elevated cholesterol who could benefit from this nutrition and physical activity educational resource. Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

10b. Initiative/ Project:	Obesity Prevention: Community			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> GNA			
Rationale	Adult obesity Rate in CA is 25.1% and 15.6% for adolescents 10-17 years old. Obesity is a documented contributor to various diseases and healthcare costs.			
Reporting Leader(s)	Primary:	D. Carrillo		Secondary: T. Gonzalez, G. Toland
Goal of Initiative	To increase awareness and participation of CalViva Health's obesity prevention programs in the community to impact membership satisfaction and improve health outcomes.			
Performance Measure(s)	Objective(s)	2018 Outcomes (Year-End)	2019 Outcomes (Mid-Year)	2019 Outcomes (Year-End)
Conduct Fit Families for Life (FFFL) Community classes, increase participant knowledge and acquire high satisfaction rates.	Reach a 25% member participation rate; participants achieve 80% correct answers per knowledge metric (post-tests) and 90% satisfaction rate from post-tests.	Workshop Data: Reached a 42% member participation rate; 80% correct answers on all knowledge metrics (workshops); 100% satisfaction rate overall from workshops. No series data collected.	Workshop Data: Reached a 70% member participation rate; 100% correct answers on all knowledge metrics (workshops); 100% satisfaction rate overall from workshops. No series data collected.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Mid-year FFFL performance review with Health Education Trainers.		June 2019	D. Carrillo	
Implement 4+ FFFL Classes.		December 2019	D. Carrillo	
Initiative Status (populate at year-end)	<p style="text-align: center;"> MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> </p>			
Update. If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: 2 scheduled workshops had no attendees. Will work with collaborating partners for additional avenues to promote and send reminders.</p> <p>Year-End Update</p>			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			
Initiative Continuation Status (populate at year-end)	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> </p>			

11. Initiative/ Project:	Perinatal Education			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> GNA			
Rationale	Postpartum care 2018 HEDIS rate is above MPL but below the 50 th percentile in Kings, Fresno and Madera counties.			
Reporting Leader(s)	Primary:	K. Schlater, G. Toland, I. Rivera		Secondary: A. Campos, T. Gonzalez, D. Carrillo
Goal of Initiative	To provide accessible, high quality health care and education to women of childbearing age and babies to have healthy pregnancies, healthy newborns, increased exclusive breastfeeding rates and lower perinatal health care costs.			
Performance Measure(s)	Objective(s)	2018 Outcomes (Year-End)	2019 Outcomes (Mid-Year)	2019 Outcomes (Year-End)
Promote pregnancy packets to members.	Distribute 1,000+ pregnancy information packets to requesting CVH pregnant members.	A total of 1,285 pregnancy packets were mailed to CVH members. (of which 167 packets were from the new CVH Pregnancy Program)	Mailed a total of 825 CVH Pregnancy Program packets to members.	
Coordinate bilingual baby showers in to expectant mothers in Fresno and Kings County.	Reach 50% member participation at baby showers within Kings and Fresno counties.	Completed 28 baby showers in Fresno County with 406 attendees, of which, 261 (64%) were CVH members.	Completed 15 baby showers in Fresno County with 255 attendees, of which, 159 (62%) were CVH members.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Coordinate with Provider Relations and QI departments to promote pregnancy education resources to providers serving a high volume of African American and Latino pregnant members.		December 2019	G. Toland, I. Rivera	
Coordinate with QI, community based organizations, and clinics to implement baby showers in English, Spanish, and Hmong		December 2019	G. Toland, I. Rivera	
Train Provider Relations and QI department staff on updated Infant Nutrition Benefit Guide and breast pump policy.		December 2019	K. Schlater	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Update. If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Baby showers continue to be an opportunity to engage diverse health plan members (e.g., African Americans, Southeast Asians and Latinos) and educate on the importance of prenatal/postpartum care, immunizations, cervical cancer, asthma and diabetes management. No barriers encountered. Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

12. Initiative/ Project:	Promotores Health Network (PHN)			
Priority Counties	<input type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> GNA			
Rationale	Diabetes HbA1c control (44.44%) and poor control (47.20%) are below MPL.			
Reporting Leader(s)	Primary:	T. Gonzalez, A. Corona		Secondary: M. Beckett
Goal of Initiative	To provide members culturally and linguistically appropriate health education, promote annual preventive screenings and create linkages to local resources.			
Performance Measure(s)	Objective(s)	2018 Outcomes (Year-End)	2019 Outcomes (Mid-Year)	2019 Outcomes (Year-End)
Implement the Rx for Health intervention to increase member participation in PHN education charlas.	Reach a 30% member participation in education charlas.	New project for 2019	Conducted 24 charlas with 553 participants, of which 363 (66%) were members.	
Increase member participation in diabetes prevention program classes.	Conduct 1 DSME class series reaching 50% targeted CVH member participants.	Reached 62 participants, of which, 43 (69%) were CVH members.	Conducted 1 DSME class series with 14 participants, of which 10 (71%) were members.	
Implement the Rx for Health intervention to increase member request for Fit Families for Life (FFFL) Home Edition educational resource.	25 members request FFFL Home Edition educational resources.	New project for 2019	Rx for Health to promote FFFL will be implemented on Q3-Q4.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Develop Rx for Health (prescription pad), obtain DHCS approval and train promotores.		March 2019	T. Gonzalez	
Refresher trainer on DSME training for PHN promotoras.		June 2019	T. Gonzalez	
Establish partnership with Madera Community Hospital, Camarena Health and Madera County Department of Public Health to implement Diabetes Prevention Program and Project Dulce DSME programs.		December 2019	T. Gonzalez	
Collaborate with Madera Community Hospital and Camarena Health to refer members to diabetes classes.		December 2019	T. Gonzalez	
Continue collaboration with Madera Unified School District Parent Resource Centers to host diabetes classes.		December 2019	T. Gonzalez	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Update. If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Rx for Health pad was approved by DHCS. Sixteen Promotoras completed a refresher training at Camarena Health Centers. Successfully collaborated with Madera Community Hospital, Camarena Health Centers and Madera County Department of Public Health to promote the diabetes –Project Dulce class series and will continue collaboration in Q3-Q4. We will collaborate with Madera Unified School District for a Know Your Numbers Diabetes event in Q3. No barriers encountered. Year-End Update			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			

Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input type="checkbox"/>	CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>	CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>
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13. Initiative/ Project:	Tobacco Cessation Program			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> GNA			
Rationale	Nationally, over 13 billion is spent on healthcare related costs due to smoking, and over 10 billion a year is lost in smoking related loss of productivity. Approximately 18% of CVH members are smokers, higher than the national average is 17% and California average of 11%.			
Reporting Leader(s)	Primary:	B. Nate	Secondary:	
Goal of Initiative	To improve members' health outcomes and reduce health care costs by decreasing the rate of tobacco users among CVH membership.			
Performance Measure(s)	Objective(s)	2018 Outcomes (Year-End)	2019 Outcomes (Mid-Year)	2019 Outcomes (Year-End)
Collaborate with California Smoker's Helpline and other internal departments to improve smoking cessation program enrollment for CVH members.	Enroll 200+ smokers into CA Smokers' Helpline.	Enrolled 189 members.	Enrolled 63 members.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Update 2019 Program Description and Desktop Procedures.		March 2019	B. Nate	
Identify smokers from pharmacy and claims using smoking related CDT and ICD-10 codes and encourage them to join the California Smokers' Helpline.		April 2019 & October 2019	B. Nate	
Develop provider on-line news article and promote provider web referral twice a year.		July 2019	B. Nate	
Conduct one (1) provider webinar to promote CSH.		July 2019	B. Nate	
Promote CSH in one Medi-Cal newsletter.		September 2019	B. Nate	
Track and evaluate member participation in smoking cessation services.		Ongoing	B. Nate	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Update. If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Currently, we are at 63 members enrolled into California Smoker's Helpline (CSH). One more mailing will be conducted in Q4 to help meet year end goal. Online news article and provider webinar to promote CSH has been pushed to Q3 based on CSH priorities. New efforts are underway to contract with CSH to conduct direct outreach to members who smoke and offer them a start kit of nicotine replacement therapy to encourage their participation in smoking cessation program. Year-End Update:			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

14. Initiative/ Project:	Compliance: Oversight and Reporting				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input checked="" type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input type="checkbox"/> GNA				
Rationale	Provide oversight to assure compliance to DHCS requirements.				
Reporting Leader(s)	Primary:	H. Su, M. Beckett		Secondary:	G. Toland, J. Felix
Goal of Initiative	To meet regulatory and company compliance				
Performance Measure(s)	Objective(s)	2018 Outcomes (Year-End)	2019 Outcomes (Mid-Year)	2019 Outcomes (Year-End)	
Complete and submit Health Education Department's Program Description, Work Plan, and Work Plan evaluation reports.	Complete and submit Program Description, Work Plan, and Work Plan evaluation reports.	Submitted work plan evaluation, work plan and Program Description.	Completed and submitted one Program Description, Work Plan, and Work Plan Evaluation report.		
Update Health Education Department's Policies and Procedures.	Update Policies and Procedures.	Updated 5 Policies and Procedures.	Updated 4 Policies and Procedures.		
Complete all incentive program reports to CalViva Health and DHCS.	Complete semi-annual progress reports and annual DHCS incentive evaluation reports.	Submitted semi-annual progress reports and 7 annual DHCS incentive evaluation reports for the company.	Submitted semi-annual progress report and 8 annual DHCS incentive evaluation reports for the company.		
Develop and distribute a Provider Update on Staying Healthy Assessment (SHA).	Produce 1 Provider Update.	Produced one Provider Update.	Produced one Provider Update.		
Present Health Education updates at PPC meetings.	Conduct 4 PPC meetings.	Presented at 4 PPC meetings.	Presented at 2 PPC meetings.		
Major Activities		Timeframe For Completion	Responsible Party(s)		
Update Department Program Description.		March 2019	H. Su		
Complete mid-year and year end health education work plan evaluation reports.		September 2019 & March 2020	H. Su, M. Beckett		
Produce and distribute Provider Update on SHA.		December 2019	M. Lin		
Complete incentive program progress reports and annual DHCS evaluations.		December 2019	H. Su		
Update Health Education Department's Policies and Procedures.		December 2019	H. Su		
Coordinate with CalViva Health and Cultural & Linguistic Services staff to implement PPC meetings.		December 2019	T. Gonzalez, G. Toland		
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
Update. If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: No barriers encountered. Year-End Update				
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>				

Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input type="checkbox"/>	CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>	CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>
------------------------------------------------------------------------	----------------------------------------	---------------------------------------------------------------	------------------------------------------------------------------------

15. Initiative/ Project:	Health Education Department Promotion, Materials Update, Development, Utilization and Inventory			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input checked="" type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> GNA			
Rationale	Assure health education resources are meeting DHCS requirements per APL 18-016.			
Reporting Leader(s)	Primary:	G. Toland, J. Felix, H. Su		Secondary: A. Campos, J. Landeros
Goal of Initiative	To produce and update health education resources to meet member and provider needs.			
Performance Measure(s)	Objective(s)	2018 Outcomes (Year-End)	2018/2019 Outcomes (Mid-Year)	2019 Outcomes (Year-End)
All required health education materials topics and languages available to providers, members and associates.	Develop needed materials and resources to assure compliance.	Reviewed 25 existing materials. Updated 25 DHCS Checklists. Developed 9 new in-house materials.	Reviewed 2 existing materials. Updated 2 DHCS Checklists. Developed 3 new in-house materials.	
Educate members on accessing appropriate care.	Develop and disseminate 1 educational resource about Nurse Advice Line and when to use the ER	New for 2019	Communication will be done in Q3.	
Educate members on controlling asthma	Develop and disseminate 1 educational resource about asthma action plan, use of medication, peak flow meter readings, and finding your triggers.	New for 2019	Resource will be done by Q4.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Update materials identification codes with scanning vendor.		September 2019	G. Toland	
Review, process, and track EPC materials review and approval for program implementation.		December 2019	G. Toland	
Monthly meetings or as necessary meetings with Marketing and Health Ed. to discuss material status and projects.		December 2019	G. Toland	
Develop and implement 2019 CVH materials work plan and budget.		December 2019	G. Toland	
Partner with Provider Relations to promote health education materials.		December 2019	M. Zuniga, T. Gonzalez, G. Toland	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Update. If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Delays in producing new educational resources due to staff shortage and procedural changes in Marketing department. Health Education is taking on new project management roles to ensure materials are produced by year end. Year-End Update;			
Overall Effectiveness/Lessons Learned (populate at year-end)	<i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

16. Initiative/ Project:	Health Education Operations			
LOB(s)	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Priority Counties	<input type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input checked="" type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input type="checkbox"/> GNA			
Rationale	Spatial analysis can assist public health activities by tracking the spread of disease, supporting intervention planning by geographic need, resource mapping / scatter maps and identifying spatial trends.			
Reporting Leader(s)	Primary:	D. Carrillo		Secondary:
Goal of Initiative	To incorporate the spatial perspective in Health Education planning and HEDIS activities			
Performance Measure(s)	Objective(s)	2018 Outcomes (Year-End)	2019 Outcomes (Mid-Year)	2019 Outcomes (Year-End)
Formalize GIS request structure	Develop an interdepartmental GIS project request dashboard	New project for 2019	Completed the GIS Mapping Request Dashboard.	
GIS-assisted HEDIS intervention activities and Health Education outreach	Develop geomaps for 10+ projects/outreach activities	New project for 2019	Completed 9 data/mapping requests.	
Best practice based on proximity and geographic attributes	Develop best practice framework for intervention site planning	New project for 2019	In development	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Monthly mapping meetings		Ongoing	D. Carrillo	
Research GIS application strategy to public health		March 2019	D. Carrillo	
Collect plotted outcome data to determine correlations between services offered and proximity		December 2019	D. Carrillo	
Draft and pilot outreach algorithms using Huff model principles		December 2019	D. Carrillo	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Update. If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers (populate at mid-year and year-end)	<p>Include barriers to implementation and systemic/organizational barriers.</p> <p>Mid-Year Update: Maps currently extended to colleagues are not interactive. Working to obtain software extensions that will offer increased functionality and control for the end users.</p> <p>Year-End Update</p>			
Overall Effectiveness/Lessons Learned (populate at year-end)	Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

Item #10

Attachment 10.A

Financials as of August 31, 2019

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Balance Sheet
As of August 31, 2019

		Total
1	ASSETS	
2	Current Assets	
3	Bank Accounts	
4	Cash	62,258,759.04
5	Savings CD	0.00
6	ST Investments	0.00
7	Wells Fargo Money Market Mutual Funds	5,217,705.89
8	Total Bank Accounts	\$ 67,476,464.93
9	Accounts Receivable	
10	Accounts Receivable	151,828,126.77
11	Total Accounts Receivable	\$ 151,828,126.77
12	Other Current Assets	
13	Interest Receivable	9,331.68
14	Investments - CDs	0.00
15	Prepaid Expenses	783,940.19
16	Security Deposit	0.00
17	Total Other Current Assets	\$ 793,271.87
18	Total Current Assets	\$ 220,097,863.57
19	Fixed Assets	
20	Buildings	6,923,195.71
21	Computers & Software	1,965.20
22	Land	3,161,419.10
23	Office Furniture & Equipment	139,663.32
24	Total Fixed Assets	\$ 10,226,243.33
25	Other Assets	
26	Investment -Restricted	314,258.42
27	Total Other Assets	\$ 314,258.42
28	TOTAL ASSETS	\$ 230,638,365.32
29	LIABILITIES AND EQUITY	
30	Liabilities	
31	Current Liabilities	
32	Accounts Payable	
33	Accounts Payable	34,028.86
34	Accrued Admin Service Fee	3,930,201.00
35	Capitation Payable	88,470,715.98
36	Claims Payable	51,262.97
37	Directed Payment Payable	58,542,749.58
38	Total Accounts Payable	\$ 151,028,958.39
39	Other Current Liabilities	
40	Accrued Expenses	823,343.14
41	Accrued Payroll	46,543.40
42	Accrued Vacation Pay	249,562.74
43	Amt Due to DHCS	0.00
44	IBNR	155,119.28
45	Loan Payable-Current	0.00
46	Premium Tax Payable	0.00
47	Premium Tax Payable to BOE	5,961,058.18
48	Premium Tax Payable to DHCS	0.00
49	Total Other Current Liabilities	\$ 7,235,626.74
50	Total Current Liabilities	\$ 158,264,585.13
51	Long-Term Liabilities	
52	Renters' Security Deposit	0.00
53	Subordinated Loan Payable	0.00
54	Total Long-Term Liabilities	\$ 0.00
55	Total Liabilities	\$ 158,264,585.13
56	Equity	
57	Retained Earnings	70,284,248.46
58	Net Income	2,089,531.73
59	Total Equity	\$ 72,373,780.19
60	TOTAL LIABILITIES AND EQUITY	\$ 230,638,365.32

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Budget vs. Actuals: Income Statement
July 2019 - August 2019 (FY 2020)

	Total		
	Actual	Budget	Over/(Under) Budget
1 Income			
2 Interest Earned	148,956.87	133,000.00	15,956.87
3 Directed Payment Income	58,684,965.12	0.00	58,684,965.12
4 Premium/Capitation Income	174,030,277.64	188,506,504.00	(14,476,226.36)
5 Total Income	232,864,199.63	188,639,504.00	44,224,695.63
6 Cost of Medical Care			
7 Capitation - Medical Costs	162,846,920.35	156,782,420.00	6,064,500.35
8 Directed Payment Expense	58,542,749.58	0.00	58,542,749.58
9 Medical Claim Costs	500,431.21	483,334.00	17,097.21
10 Total Cost of Medical Care	221,890,101.14	157,265,754.00	64,624,347.14
11 Gross Profit	10,974,098.49	31,373,750.00	(20,399,651.51)
12 Expenses			
13 Admin Service Agreement Fees	7,871,325.00	7,887,000.00	(15,675.00)
14 Bank Charges	5.00	1,100.00	(1,095.00)
15 Computer/IT Services	19,808.88	26,200.00	(6,391.12)
16 Consulting Fees	0.00	17,500.00	(17,500.00)
17 Depreciation Expense	48,381.26	49,200.00	(818.74)
18 Dues & Subscriptions	26,650.00	30,032.00	(3,382.00)
19 Grants	142,895.75	291,666.00	(148,770.25)
20 Insurance	33,323.38	33,254.00	69.38
21 Labor	483,675.09	529,411.00	(45,735.91)
22 Legal & Professional Fees	13,237.66	31,800.00	(18,562.34)
23 License Expense	127,184.48	115,700.00	11,484.48
24 Marketing	165,220.02	171,000.00	(5,779.98)
25 Meals and Entertainment	1,312.85	2,200.00	(887.15)
26 Office Expenses	10,982.59	13,600.00	(2,617.41)
27 Parking	195.00	250.00	(55.00)
28 Postage & Delivery	504.41	540.00	(35.59)
29 Printing & Reproduction	466.43	800.00	(333.57)
30 Recruitment Expense	0.00	6,000.00	(6,000.00)
31 Rent	600.00	2,000.00	(1,400.00)
32 Seminars and Training	5,200.99	4,000.00	1,200.99
33 Supplies	1,614.17	1,700.00	(85.83)
34 Taxes	0.00	20,978,676.00	(20,978,676.00)
35 Telephone	5,528.59	5,600.00	(71.41)
36 Travel	2,927.26	3,980.00	(1,052.74)
37 Total Expenses	8,961,038.81	30,203,209.00	(21,242,170.19)
38 Net Operating Income	2,013,059.68	1,170,541.00	842,518.68
39 Other Income			
40 Other Income	76,472.05	110,000.00	(33,527.95)
41 Total Other Income	76,472.05	110,000.00	(33,527.95)
42 Net Other Income	76,472.05	110,000.00	(33,527.95)
43 Net Income	2,089,531.73	1,280,541.00	808,990.73

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Income Statement: CY vs PY
FY 2020 vs FY 2019

	Total	
	July 2019 - August 2019 (FY 2020)	July 2018 - August 2018 (FY 2019)
1 Income		
2 Interest Earned	148,956.87	214,027.18
3 Directed Payment Income	58,684,965.12	0.00
4 Premium/Capitation Income	174,030,277.64	196,212,789.84
5 Total Income	\$ 232,864,199.63	\$ 196,426,817.02
6 Cost of Medical Care		
7 Capitation - Medical Costs	162,846,920.35	164,324,927.75
8 Directed Payment Expense	58,542,749.58	0.00
9 Medical Claim Costs	500,431.21	383,398.84
10 Total Cost of Medical Care	\$ 221,890,101.14	\$ 164,708,326.59
11 Gross Profit	\$ 10,974,098.49	\$ 31,718,490.43
12 Expenses		
13 Admin Service Agreement Fees	7,871,325.00	7,964,550.00
14 Bank Charges	5.00	1,100.42
15 Computer/IT Services	19,808.88	22,091.50
16 Depreciation Expense	48,381.26	48,381.26
17 Dues & Subscriptions	26,650.00	27,568.22
18 Grants	142,895.75	341,770.27
19 Insurance	33,323.38	33,255.48
20 Labor	483,675.09	580,262.70
21 Legal & Professional Fees	13,237.66	10,416.34
22 License Expense	127,184.48	113,038.88
23 Marketing	165,220.02	120,697.94
24 Meals and Entertainment	1,312.85	1,464.16
25 Office Expenses	10,982.59	9,884.22
26 Parking	195.00	180.00
27 Postage & Delivery	504.41	435.34
28 Printing & Reproduction	466.43	59.39
29 Rent	600.00	600.00
30 Seminars and Training	5,200.99	3,230.99
31 Supplies	1,614.17	2,222.52
32 Taxes	0.00	20,978,769.27
33 Telephone	5,528.59	5,323.85
34 Travel	2,927.26	1,294.85
35 Total Expenses	\$ 8,961,038.81	\$ 30,266,597.60
36 Net Operating Income	\$ 2,013,059.68	\$ 1,451,892.83
37 Other Income		
38 Other Income	76,472.05	181,162.84
39 Total Other Income	\$ 76,472.05	\$ 181,162.84
40 Net Other Income	\$ 76,472.05	\$ 181,162.84
41 Net Income	\$ 2,089,531.73	\$ 1,633,055.67

Item #10

Attachment 10.B

Appeals & Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2019

Current as of End of the Month: August

Revised Date: 9/13/2019

CalViva Health Appeals and Grievances Dashboard 2019

CalViva - 2019																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2019 YTD	2018
Expedited Grievances Received	20	11	25	56	20	23	31	74	16	9	0	25	0	0	0	0	155	170
Standard Grievances Received	87	74	80	241	85	76	120	281	106	114	0	220	0	0	0	0	742	859
Total Grievances Received	107	85	105	297	105	99	151	355	122	123	0	245	0	0	0	0	897	1029
Grievance Ack Letters Sent Noncompliant	0	0	2	2	2	2	2	6	2	1	0	3	0	0	0	0	11	16
Grievance Ack Letter Compliance Rate	100.0%	100.0%	97.5%	99.2%	97.6%	97.4%	98.3%	97.9%	98.1%	99.1%	0.0%	98.6%	0.0%	0.0%	0.0%	0.0%	98.52%	98.1%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Expedited Grievances Resolved Compliant	17	13	25	55	20	24	29	73	13	14	0	27	0	0	0	0	155	160
Expedited Grievance Compliance rate	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	98.8%									
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0
Standard Grievances Resolved Compliant	99	77	69	245	79	89	65	233	125	104	0	229	0	0	0	0	707	807
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.5%	99.6%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	99.86%	100.0%
Total Grievances Resolved	116	90	94	300	99	113	95	307	138	118	0	256	0	0	0	0	863	969
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	97	66	70	233	76	78	79	233	105	82	0	187	0	0	0	0	653	740
Access - Other - DMHC	6	2	3	11	2	1	4	7	5	3	0	8	0	0	0	0	26	30
Access - PCP - DHCS	16	9	7	32	15	13	22	50	21	15	0	36	0	0	0	0	118	124
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	5	2	6	13	6	9	3	18	4	4	0	8	0	0	0	0	39	37
Administrative	30	22	18	70	19	25	14	58	27	14	0	41	0	0	0	0	169	196
Continuity of Care	0	0	0	0	0	0	2	2	1	3	0	4	0	0	0	0	6	19
Interpersonal	11	11	9	31	14	6	2	22	10	8	0	18	0	0	0	0	71	167
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	7	5	3	15	2	3	13	18	10	9	0	19	0	0	0	0	52	32
Pharmacy	6	5	5	16	2	6	2	10	7	3	0	10	0	0	0	0	36	51
Transportation - Access	11	4	8	23	7	11	8	26	14	19	0	33	0	0	0	0	82	NA
Transportation - Behaviour	4	6	10	20	6	3	7	16	4	4	0	8	0	0	0	0	44	NA
Transportation - Other	1	0	1	2	3	1	2	6	2	0	0	2	0	0	0	0	10	NA
Quality Of Care Grievances	19	24	24	67	23	35	16	74	33	36	0	69	0	0	0	0	210	229
Access - Other - DMHC	0	0	1	1	0	3	0	3	1	3	0	4	0	0	0	0	8	2
Access - PCP - DHCS	0	0	0	0	0	0	1	1	2	1	0	3	0	0	0	0	4	20
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	1	1	0	1	0	1	0	0	0	0	0	0	0	0	2	2
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	4	5	4	13	2	6	4	12	3	4	0	7	0	0	0	0	32	26
PCP Care	7	5	7	19	8	10	5	23	18	14	0	32	0	0	0	0	74	88
PCP Delay	3	6	6	15	2	7	5	14	5	5	0	10	0	0	0	0	39	54
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	5	7	3	15	11	8	0	19	2	6	0	8	0	0	0	0	42	33
Specialist Delay	0	1	2	3	0	0	1	1	2	3	0	5	0	0	0	0	9	4
Exempt Grievances Received - Classifications	306	253	247	806	339	247	283	869	294	404	0	698	0	0	0	0	2373	5286
Authorization	2	4	2	8	8	2	3	13	0	2	0	2	0	0	0	0	23	73
Avail of Appt w/ Other Providers	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
Avail of Appt w/ PCP	16	11	11	38	8	4	5	17	7	5	0	12	0	0	0	0	67	214
Avail of Appt w/ Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Claims Complaint	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Eligibility Issue	5	0	4	9	3	2	3	8	1	1	0	2	0	0	0	0	19	52
Health Care Benefits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
ID Card - Not Received	15	21	12	48	10	7	10	27	12	19	0	31	0	0	0	0	106	725
Information Discrepancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	9	2	2	13	4	2	3	9	0	3	0	3	0	0	0	0	25	42
Interpersonal - Behavior of Clinic/Staff - Provider	35	16	13	64	32	16	33	81	35	35	0	70	0	0	0	0	215	775
Interpersonal - Behavior of Clinic/Staff - Vendor	0	0	0	0	1	1	0	2	1	2	0	3	0	0	0	0	5	5
Other	8	9	6	23	13	7	14	34	14	9	0	23	0	0	0	0	80	116
PCP Assignment	126	108	105	339	159	116	132	407	140	205	0	345	0	0	0	0	1091	2037
Pharmacy	9	15	17	41	6	8	13	27	20	27	0	47	0	0	0	0	115	165
Transportation - Access	39	33	41	113	49	52	25	126	33	55	0	88	0	0	0	0	327	NA
Transportation - Behaviour	30	30	29	89	45	20	35	100	24	35	0	59	0	0	0	0	248	NA
Transportation - Other	2	1	0	3	1	2	1	4	2	3	0	5	0	0	0	0	12	NA
Wait Time - In Office for Scheduled Appt	5	1	4	10	0	6	5	11	1	2	0	3	0	0	0	0	24	35
Wait Time - Too Long on Telephone	5	2	1	8	0	2	1	3	3	1	0	4	0	0	0	0	15	31

CalViva Health Appeals and Grievances Dashboard 2019

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	10	15	14	39	15	20	7	42	14	18	0	32	0	0	0	0	113	124
Standard Appeals Received	31	35	50	116	48	56	57	161	70	79	0	149	0	0	0	0	426	420
Total Appeals Received	41	50	64	155	63	76	64	203	84	97	0	181	0	0	0	0	539	544
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	1	0	1	1	0	0	1	0	0	0	0	2	5
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	98.2%	100.0%	99.4%	98.6%	100.0%	0.0%	99.3%	0.0%	0.0%	0.0%	0.0%	99.53%	98.8%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
Expedited Appeals Resolved Compliant	9	15	15	39	16	20	7	43	13	19	0	32	0	0	0	0	114	114
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.00%	92.7%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	1	1	1	0	0	1	0	0	0	0	2	0
Standard Appeals Resolved Compliant	43	24	40	107	51	51	50	152	68	69	0	137	0	0	0	0	396	387
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	98.5%	100.0%	0.0%	99.3%	0.0%	0.0%	0.0%	0.0%	99.50%	100.0%
Total Appeals Resolved	52	39	55	146	67	71	58	196	82	88	0	170	0	0	0	0	512	510
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	52	39	53	144	67	71	57	195	81	88	0	169	0	0	0	0	508	506
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	1	0	0	1	1	2	4	7	0	0	0	0	0	0	0	0	8	48
DME	7	4	5	16	3	4	2	9	4	2	0	6	0	0	0	0	31	59
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	1	1	2	1	1	0	2	1	3	0	4	0	0	0	0	8	3
Advanced Imaging	23	15	19	57	29	33	28	90	34	41	0	75	0	0	0	0	222	143
Other	6	6	3	15	8	8	3	19	5	3	0	8	0	0	0	0	42	96
Pharmacy	13	8	17	38	20	20	15	55	35	34	0	69	0	0	0	0	162	138
Surgery	2	5	8	15	5	3	5	13	2	5	0	7	0	0	0	0	35	19
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	2	2	0	0	1	1	1	0	0	1	0	0	0	0	4	4
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	1	1	0	0	1	1	0	0	0	0	0	0	0	0	2	3
Pharmacy	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	32	20	29	81	34	31	34	99	50	39	0	89	0	0	0	0	269	319
Uphold Rate	61.5%	51.3%	52.7%	55.5%	50.7%	43.7%	58.6%	50.5%	61.0%	44.3%	0.0%	52.4%	0.0%	0.0%	0.0%	0.0%	52.5%	62.5%
Overturns - Full	17	18	25	60	30	39	24	93	31	45	0	76	0	0	0	0	229	173
Overturn Rate - Full	32.7%	46.2%	45.5%	41.1%	44.8%	54.9%	41.4%	47.4%	37.8%	51.1%	0.0%	44.7%	0.0%	0.0%	0.0%	0.0%	44.7%	33.9%
Overturns - Partial	2	1	1	4	2	0	0	2	1	4	0	5	0	0	0	0	11	15
Overturn Rate - Partial	3.8%	2.6%	1.8%	2.7%	3.0%	0.0%	0.0%	1.0%	1.2%	4.5%	0.0%	2.9%	0.0%	0.0%	0.0%	0.00%	2.1%	2.9%
Withdrawal	1	0	0	1	1	1	0	2	0	0	0	0	0	0	0	0	3	3
Withdrawal Rate	1.9%	0.0%	0.0%	0.0%	1.5%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.6%	0.6%
Membership	353,445	353,877	353,039		352,929	353,499	353,499		357,064	356,302	-		-	-	-			
Appeals - PTMPM	0.15	0.11	0.16	0.14	0.19	0.20	0.16	0.18	0.23	0.25	-	0.24	-	-	-	-	0.18	0.12
Grievances - PTMPM	0.33	0.25	0.27	0.28	0.28	0.32	0.27	0.29	0.39	0.33	-	0.36	-	-	-	-	0.30	0.23

Cal Viva Dashboard Definitions

Categories	Description
GRIEVANCE	Expression of dissatisfaction regarding any aspect of a plans or providers operations, contractual issues, activities or behaviors.
Expedited Grievances Received	Grievance received in the month with a TAT of 3 calendar days
Standard Grievances Received	Grievances received in the month with the standard 30 days TAT
Total Grievance Received	Amount of cases received within that month
Grievance Acknowledgement Sent Noncompliant	The number of Acknowledgement letters not sent within the 5 calendar day TAT
Grievance Acknowledgement Compliance Rate	Percentage of acknowledgement letters sent within 5 calendar days
Expedited Grievances Resolved Noncompliant	Expedited grievances closed after the 3 calendar day TAT
Expedited Grievances Resolved Compliant	Expedited grievances closed within the 3 calendar day TAT
Expedited Grievance Compliance Rate	Percentage of Expedited Grievances closed within the 3 calendar day TAT
Standard Grievances Resolved Noncompliant	Standard 30 day grievance cases closed after the 30 day TAT
Standard Grievances Resolved Compliant	Standard 30 day grievance cases closed within the 30 day TAT
Standard Grievance Compliance Rate	Percentage of cases closed within the 30 calendar day TAT
Total Grievances Resolved	Amount of cases closed for the month
Quality of Service Grievances	Grievances Related to non clinical concerns/administrative issues
Access to Care Grievance - Other	Long wait time for a scheduled appointment or unable to get an appointment with an ancillary provider
Access to Care Grievance - PCP	Long wait time for a scheduled appointment or unable to get an appointment with a PCP
Access to Care Grievance - Physical/OON	Access to care issues specifically due to physical distance or provider not being contracted with the plan
Access to Care Grievance - Specialist	Long wait time for a scheduled appointment or unable to get an appointment with a specialist
Administrative Grievance	Balance billing issue, claims delay in processing
Continuity of Care - Acute	Quality of service complaint/dispute regarding the continuity of care for acute care, as perceived by the enrollee from a provider.
Continuity of Care - Newborn	Quality of service complaint/dispute regarding the continuity of care for newborn care, as perceived by the enrollee from a provider.
Continuity of Care - Other	Quality of service complaint/dispute regarding the continuity of care for any other care not already categorized, as perceived by the enrollee from a provider.
Continuity of Care - Pregnancy	Quality of service complaint/dispute regarding the continuity of care for pregnancy care, as perceived by the enrollee from a provider.
Continuity of Care - Surgery	Quality of service complaint/dispute regarding the continuity of care for surgery, as perceived by the enrollee from a provider.
Continuity of Care - Terminal Illness	Quality of service complaint/dispute regarding the continuity of care for Terminal Illness, as perceived by the enrollee from a provider.
Interpersonal Grievance	Providers interaction with member
Mental Health	Grievances related to Mental Health providers/care
Other	All other QOS grievance types
Pharmacy	Long wait time for the drug to be called in or refilled
Quality of Care Grievances	Grievances Related to clinical concerns/possible impact to members health
Access to Care Grievance - Other	Long wait time for a scheduled appointment or unable to get an appointment with an ancillary provider
Access to Care Grievance - PCP	Long wait time for a scheduled appointment or unable to get an appointment with a PCP
Access to Care Grievance - Physical/OON	Access to care issues specifically due to physical distance or provider not being contracted with the plan
Access to Care Grievance - Specialist	Long wait time for a scheduled appointment or unable to get an appointment with a specialist
Mental Health	Grievances related to Mental Health providers/care
Other	All other QOC grievance types
PCP Care	Grievances related to quality of care provided by a PCP
PCP Delay	Grievances related to a delay in care provided by a PCP
Pharmacy	Wrong drug dispensed or adverse drug reaction.
Specialist Care	Grievances related to quality of care provided by a Specialist
Specialist Delay	Grievances related to a delay in care provided by a Specialist
APPEALS	Request for reconsideration. An oral or written request to change a decision or adverse determination.
Expedited Appeals Received	Appeals received in the month with a TAT of 3 calendar days
Standard Appeals Received	Appeals received in the month with a TAT of 30 calendar days
Total Appeals Received	Amount of cases received within that month
Appeals Acknowledgement Sent Non-compliant	Total number of acknowledgement letters not sent within the 5 calendar day TAT
Appeals Acknowledgement Compliance Rate	Percentage of Acknowledgement letters sent with the 5 calendar day TAT
Expedited Appeals Resolved Non-Compliant	Number of expedited appeals resolved after the 3 calendar day TAT

Expedited Appeals Resolved Compliant	Number of expedited appeals resolved within the 3 calendar day TAT
Expedited Appeals Compliance Rate	Percentage of expedited appeals closed with the 3 calendar day TAT
Standard Appeals Resolved Non-Compliant	Standard 30 day appeals resolved after the 30 calendar days
Standard Appeals Resolved Compliant	Standard 30 day appeals resolved within the 30 calendar days
Standard Appeals Compliance Rate	Percentage of Standard 30 calendar day TAT appeals closed within compliance
Total Appeals Resolved	Total number of appeals resolved for the month
Appeal Descriptions	
Pre Service Appeal	Any request for the reversal of a denied service prior to the services being rendered.
Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
Mental Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.
Pharmacy	Denied medication due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
Post Service Appeal	Any request for the reversal of a denied claim payment where the services were previously rendered.
Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
Mental Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.
Pharmacy	Denied medication due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
Appeals Decision Rate	Will include number of Upholds, Overturns, Partial overturns, and Withdrawals
Upholds	Number of Upheld Appeals
Uphold Rate	Percentage of Upheld appeals
Overturns - Full	Number of full overturned appeals
Overturn Rate - Full	Percentage of full overturned appeals
Overturn - Partial	Number of Partial Overturned appeals
Overturn Rate - Partial	Percentage of Partial Overturned appeals
Withdrawals	Number of withdrawn appeals
Withdrawal Rate	Percentage of withdrawn appeals
EXEMPT GRIEVANCE	Grievances received over the telephone that are not coverage disputes, disputed health care services involving medical necessity or experimental/investigational treatment that are resolved the the close of the next business day (1300.68 (d)(8).

Exempt Grievance tab key – Calviva Dashboard	
Column Definitions.	
Date Opened	The date the case was received
SF #	The internal HealthNet system ID code for the CCC representative who documented the call
Rep Name	Name of the CCC associate who took the call
Sup Name	Supervisor of the CCC associate who took the call
Mbr ID	The Calviva Health ID number of the member
SPD	Marked "yes" if the member is part of the "Seniors & Persons with Disabilities" population
Date of Birth	Date of birth of the member
Mbr Name	Name of the member
Reason	The case was categorized as a Calviva Exempt Grievance, hence the reason it's on the report
Preventable	Used if an Exempt Grievance was determined to be preventable
Access to Care	Used if determined Exempt Grievance was related to Access to Care
Issue Main Classification	Case is categorized by type of complaint
Issue Sub Classification	Case is subcategorized by type of complaint
DMHC Complaint Category	Case is categorized based on the DMHC TAR template complaint category
Discrimination?	Marked "yes" if case involved perceived discrimination by the member, otherwise marked "no"
Resolution	The resolution to the exempt grievance is notated here
Date Reviewed	The date the case was reviewed by CCC exempt grievance personnel
Provider Involved	The provider involved in the exempt grievance is notated here

Provider Category	The type of provider that is involved
County	The county the member resides in is notated here
PPG	Whether the member is assigned to a PPG is notated here
Health Plan ID	The Internal HN Plan ID for the Provider Involved in the exempt grievance.
PPG Service Area	Internal HN Code for the PPG to whom the member belongs.
Yes	
Classification Definitions	
Authorization	Used when it's an Authorization/Referral issue related exempt grievance
Avail of Appt w/ Other Providers	The case is related to appointment availability of ancillary providers
Avail of Appt w/ PCP	The case is related to appointment availability of the PCP
Avail of Appt w/ Specialist	The case is related to appointment availability of a Specialist
Claims Complaint	The case is related to a claims issue/dispute
Eligibility Issue	The case is related to the members eligibilty or lackthereof.
Health Care Benefits	When it's an exempt grievance related to a specific benefit, eg transportation
ID Card - Not Received	The case is related to the member having not received their ID card
Information Discrepancy	When the exempt grievance is related to being given wrong or misleading information
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	The case is related to the interpersonal behavior of a health plan staff member
Interpersonal - Behavior of Clinic/Staff - Provider	The case is related to the interpersonal behavior of a provider
Interpersonal - Behavior of Clinic/Staff - Vendor	The case is related to the interpersonal behavior of a vendor
Other	For miscellaneous exempt grievances
PCP Assignment	When the exempt grievance is specifically in regards to a PCP change or being assigned the incorrect provider
Pharmacy	The case is related to a pharmacy issue
Wait Time - In Office for Scheduled Appt	When the Access to Care complaint is in regards to wait time at a providers office
Wait Time - Too Long on Telephone	When the Access to Care complaint is in regards to being placed on hold or unable to get through by telephone
	This tab is used by the Reporting Team, CalViva, and A&G. The Reporting Team will use this tab to call out any outliers to the A&G team that were identified during the report creation such as trends or increase in volume of appeals and/or grievances. The Reporting team will send the outliers to the business when the Dashboard is sent for approval. CalViva will use this tab to call out any outliers to the A&G team that were identified during the report creation. The A&G Team will use this tab to document the reasons for the call out, trending, or unusual high numbers of complaints from the Reporting Team or CalViva on the outliers that were identified during the report creation or review of cases.
The Outlier Tab	
Month	This is used to track the month effected by the change that was made
Date	This is used to track the date the change was made
Outlier	This is the section that describes a brief explanation of the outlier such as increase number of PCP wait time complaints, trends, etc.
Explanation	This is the section that explains the outlier.
Membership	Excludes Kaiser membership and is addressed separately in a quarterly report by Kaiser Plan.
PTMPM	Per thousand members per month. PTMPM rates are calculated using the total number of appeals or grievances, divided by total membership and multiplied by 1,000

Item #10

Attachment 10.C

Key Indicator Report



Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2018 to 8/31/2019
Report created 9/25/2019

Purpose of Report: Summary report on Inpatient and Outpatient Utilization Metrics by Region, County, PPG entity
Reports show inpatient Rates with and without maternity, readmission, TAT Compliance, Care Management Programs

Exhibits:

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[Main Report CalVIVA](#)

[CalVIVA Commission](#)

[CalVIVA Fresno](#)

[CalVIVA Kings](#)

[CalVIVA Madera](#)

[Glossary](#)

Contact Information

Sections

Concurrent Inpatient TAT Metric

TAT Metric

CCS Metric

Case Management Metrics

Authorization Metrics

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Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2018 to 8/31/2019
 Report created 9/25/2019

ER utilization based on Claims data	2018-09	2018-10	2018-11	2018-12	2018-Trend	2019-01	2019-02	2019-03	2019-04	2019-05	2019-06	2019-07	2019-08	2019-Trend	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Qtr Trend	CY- 2018	YTD-2019	YTD-Trend
	Quarterly Averages														Annual Averages									
Expansion Mbr Months	86,100	86,230	86,226	86,448		85,903	85,628	85,547	85,527	85,445	85,729	85,599	85,383		85,667	85,391	85,699	86,301	85,693	85,567		85,765	85,595	
Family/Adult/Other Mbr Mos	244,660	243,642	243,718	244,487		246,383	242,473	243,576	243,331	242,934	241,323	240,447	238,776		246,479	246,576	245,389	243,949	244,144	242,529		245,598	242,405	
SPD Mbr Months	32,467	32,559	32,587	32,625		32,692	32,626	32,626	32,614	32,657	32,671	32,562	32,444		31,772	31,989	32,381	32,590	32,648	32,647		32,183	32,612	
Admits - Count	2,233	2,280	2,177	2,250		2,312	2,099	2,246	2,131	2,293	2,154	2,296	2,260		2,305	2,195	2,287	2,236	2,219	2,193		2,256	2,410	
Expansion	673	616	602	645		642	585	633	616	701	668	714	716		637	645	680	621	620	662		646	717	
Family/Adult/Other	1,065	1,143	1,024	1,066		1,127	1,051	1,065	1,002	1,074	997	1,074	1,067		1,128	1,032	1,097	1,078	1,081	1,024		1,084	1,145	
SPD	476	511	537	517		529	454	538	498	511	476	491	462		533	506	494	522	507	495		514	535	
Admits Acute - Count	1,469	1,459	1,430	1,481		1,586	1,478	1,569	1,468	1,566	1,461	1,495	1,454		1,599	1,502	1,491	1,457	1,544	1,498		1,512	1,634	
Expansion	515	438	451	473		478	443	467	467	540	501	529	515		476	490	503	454	463	503		481	532	
Family/Adult/Other	504	558	494	545		613	612	601	530	552	514	512	517		628	538	527	532	609	532		557	603	
SPD	439	458	475	454		486	416	494	461	469	437	445	412		490	466	451	462	465	456		467	490	
Readmit 30 Day - Count	292	296	279	312		318	272	295	268	308	290	285	277		288	278	286	296	295	289		287	315	
Expansion	85	90	73	100		102	75	76	63	95	100	91	98		85	85	96	88	84	86		88	96	
Family/Adult/Other	87	86	68	89		85	84	94	89	82	78	89	90		85	86	80	81	88	83		83	94	
SPD	118	119	136	120		130	112	125	113	131	111	105	86		118	105	109	125	122	118		114	124	
Readmit 14 Day - Count	24	21	26	19		38	23	16	31	30	32	29	25		24	24	24	22	26	31		23	30	
Expansion	7	7	5	4		14	10	4	6	12	9	8	9		8	7	5	5	9	9		6	10	
Family/Adult/Other	8	0	8	9		10	8	4	8	6	11	11	6		6	7	8	6	7	8		7	9	
SPD	9	13	13	6		14	5	8	17	12	12	10	10		10	11	10	11	9	14		10	12	
**ER Visits - Count	15,453	15,226	15,322	16,326		16,022	15,469	18,051	15,779	15,178	14,492	14,247	6,801		17,853	15,901	15,381	15,625	16,514	15,150		16,190	14,505	
Expansion	3,917	3,587	3,546	3,727		3,793	3,275	3,872	3,790	3,752	3,138	3,936	1,755		3,831	3,845	3,907	3,620	3,647	3,760		3,801	3,489	
Family/Adult/Other	9,770	9,913	10,186	10,943		10,563	10,617	12,397	10,314	9,821	9,128	8,618	4,303		12,173	10,156	9,711	10,347	11,192	9,754		10,597	9,470	
SPD	1,750	1,719	1,570	1,647		1,648	1,558	1,759	1,642	1,567	1,579	1,645	722		1,823	1,739	1,747	1,645	1,655	1,596		1,739	1,515	
Admits Acute - PTMPY	48.5	48.3	47.3	48.9		52.1	49.1	52.0	48.7	52.0	48.7	50.0	48.8		52.7	49.5	49.2	48.2	51.1	49.8		49.9	54.3	
Expansion	71.8	61.0	62.8	65.7		66.8	62.1	65.5	65.5	75.8	70.1	74.2	72.4		66.7	68.9	70.4	63.1	64.8	70.5		67.3	74.6	
Family/Adult/Other	24.7	27.5	24.3	26.7		29.9	30.3	29.6	26.1	27.3	25.6	25.6	26.0		30.6	26.2	25.8	26.2	29.9	26.3		27.2	29.8	
SPD	162.3	168.8	174.9	167.0		178.4	153.0	181.7	169.6	172.3	160.5	164.0	152.4		184.9	174.8	167.1	170.2	171.0	167.5		174.2	180.3	
Bed Days Acute - PTMPY	225.6	243.2	225.6	256.1		253.7	258.7	270.5	241.2	249.4	232.5	245.6	231.4		259.6	232.9	226.0	241.7	261.0	241.1		240.0	264.5	
Expansion	350.5	329.4	332.8	338.6		329.5	340.4	331.0	310.4	377.5	340.8	377.2	386.4		347.2	328.0	337.9	333.6	333.7	342.9		336.7	373.7	
Family/Adult/Other	79.5	91.9	79.1	97.0		113.5	124.7	109.2	103.4	102.1	97.4	96.8	91.2		122.4	98.0	87.9	89.3	115.8	101.0		99.5	112.6	
SPD	975.4	1,134.8	1,017.5	1,190.6		1,098.3	1,019.6	1,301.7	1,055.6	1,009.0	927.4	993.2	831.1		1,081.4	994.1	962.4	1,114.3	1,139.8	997.3		1,038.1	1,090.8	
ALOS Acute	4.7	5.0	4.8	5.2		4.9	5.3	5.2	5.0	4.8	4.8	4.9	4.7		4.9	4.7	4.6	5.0	5.1	4.8		4.8	4.9	
Expansion	4.9	5.4	5.3	5.2		4.9	5.5	5.1	4.7	5.0	4.9	5.1	5.3		5.2	4.8	4.8	5.3	5.1	4.9		5.0	5.0	
Family/Adult/Other	3.2	3.3	3.3	3.6		3.8	4.1	3.7	4.0	3.7	3.8	3.8	3.5		4.0	3.7	3.4	3.4	3.9	3.8		3.7	3.8	
SPD	6.0	6.7	5.8	7.1		6.2	6.7	7.2	6.2	5.9	5.8	6.1	5.5		5.8	5.7	5.8	6.5	6.7	6.0		6.0	6.0	
Readmit % 30 Day	13.1%	13.0%	12.8%	13.9%		13.8%	13.0%	13.1%	12.6%	13.4%	13.5%	12.4%	12.3%		12.5%	12.7%	12.5%	13.2%	13.3%	13.2%		12.7%	13.1%	
Expansion	12.6%	14.6%	12.1%	15.5%		15.9%	12.8%	12.0%	10.2%	13.6%	15.0%	12.7%	13.7%		13.3%	13.2%	14.1%	14.1%	13.6%	13.0%		13.7%	13.3%	
Family/Adult/Other	8.2%	7.5%	6.6%	8.3%		7.5%	8.0%	8.8%	8.9%	7.6%	7.8%	8.3%	8.4%		7.5%	8.4%	7.3%	7.5%	8.1%	8.1%		7.7%	8.2%	
SPD	24.8%	23.3%	25.3%	23.2%		24.6%	24.7%	23.2%	22.7%	25.6%	23.3%	21.4%	18.6%		22.2%	20.7%	22.1%	24.0%	24.1%	23.9%		22.2%	23.1%	
Readmit % 14 Day	1.6%	1.4%	1.8%	1.3%		2.4%	1.6%	1.0%	2.1%	1.9%	2.2%	1.9%	1.7%		1.5%	1.6%	1.6%	1.5%	1.7%	2.1%		1.5%	1.9%	
Expansion	1.4%	1.6%	1.1%	0.8%		2.9%	2.3%	0.9%	1.3%	2.2%	1.8%	1.5%	1.7%		1.6%	1.4%	1.0%	1.2%	2.0%	1.8%		1.3%	1.9%	
Family/Adult/Other	1.6%	0.0%	1.6%	1.7%		1.6%	1.3%	0.7%	1.5%	1.1%	2.1%	2.1%	1.2%		1.0%	1.2%	1.6%	1.1%	1.2%	1.6%		1.2%	1.5%	
SPD	2.1%	2.8%	2.7%	1.3%		2.9%	1.2%	1.6%	3.7%	2.6%	2.7%	2.2%	2.4%		2.0%	2.4%	2.2%	2.3%	1.9%	3.0%		2.2%	2.4%	
**ER Visits - PTMPY	606.8	607.8	608.8	609.8		598.8	599.8	600.8	601.8	602.8	603.8	604.8	605.8		588.6	524.1	507.6	516.6	546.5	503.4		534.2	482.2	
Expansion	545.9	499.2	493.5	517.4		529.9	459.0	543.1	531.8	526.9	523.2	551.8	246.7		536.7	540.4	547.0	503.4	510.7	527.3		531.8	489.1	
Family/Adult/Other	479.2	488.2	501.5	537.1		514.5	525.4	610.7	508.6	485.1	453.9	430.1	216.3		592.7	494.3	474.9	509.0	550.1	482.6		517.8	468.8	
SPD	646.8	633.6	578.1	605.8		604.9	573.0	647.0	604.2	575.8	580.0	606.2	267.0		688.6	652.5	647.4	605.8	608.3	586.6		648.3	557.5	
Services	TAT Compliance Goal: 100%					TAT Compliance Goal: 100%					TAT Compliance Goal: 100%					TAT Compliance Goal: 100%								
Preservice Routine	96.7%	100.0%	100.0%	96.7%		100.0%	100.0%	96.7%	96.7%	40.0%	60.0%	90.0%	86.0%		83.3%	97.8%	98.9%	98.9%	98.9%	65.6%				
Preservice Urgent	100.0%	100.0%	100.0%	96.7%		100.0%	96.7%	100.0%	96.															

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2018 to 8/31/2019
 Report created 9/25/2019

ER utilization based on Claims data		2018-09	2018-10	2018-11	2018-12	2018-Trend	2019-01	2019-02	2019-03	2019-04	2019-05	2019-06	2019-07	2019-08	2019-Trend	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Qtr Trend	CY- 2018	YTD-2019	YTD-Trend
		CCS ID RATE						CCS ID RATE						CCS ID RATE						CCS ID RATE					
CCS %		8.00%	7.94%	7.97%	7.97%		8.07%	8.07%	8.06%	8.07%	8.14%	8.11%	8.13%	8.15%		7.77%	7.81%	7.97%	7.96%	8.07%	8.10%		7.88%	8.10%	
		Perinatal Case Management						Perinatal Case Management						Perinatal Case Management						Perinatal Case Management					
Total Number Of Referrals		98	72	61	36		43	40	53	64	183	267	275	270		169	217	472	169	135	514		1,027	1,120	
Pending		0	0	2	3		0	0	0	0	1	8	6	5		0	0	0	5	0	9		5	5	
Ineligible		12	10	9	2		3	1	6	6	10	12	17	14		41	15	38	21	10	28		115	56	
Total Outreached		86	62	50	31		40	38	47	58	172	247	252	238		128	202	434	143	125	477		907	1,046	
Engaged		14	19	22	3		10	13	8	23	43	54	56	58		38	47	43	44	31	120		172	260	
Engagement Rate		16%	31%	44%	10%		25%	34%	17%	40%	25%	22%	22%	24%		30%	23%	10%	31%	25%	25%		19%	25%	
New Cases Opened		14	19	22	3		10	13	8	23	43	54	56	58		38	47	43	44	31	120		172	260	
Total Cases Managed		78	77	86	80		79	71	66	80	108	152	189	216		75	75	88	103	99	177		206	325	
Total Cases Closed		20	14	9	10		21	14	9	15	10	13	30	25		32	28	45	33	44	38		137	134	
Cases Remained Open		48	61	69	65		56	51	52	56	92	125	154	180		41	59	48	65	52	125		65	180	
		Integrated Case Management						Integrated Case Management						Integrated Case Management						Integrated Case Management					
Total Number Of Referrals		146	67	113	45		45	31	76	62	70	130	108	130		142	159	288	225	152	262		814	610	
Pending		3	4	15	5		0	0	0	3	1	8	15	9		0	0	6	24	0	12		30	22	
Ineligible		13	9	11	1		3	1	6	11	4	10	9	13		26	27	23	21	10	25		97	49	
Total Outreached		130	54	87	39		42	30	70	48	65	112	84	98		116	132	259	180	142	225		687	529	
Engaged		42	20	31	18		15	8	35	19	27	27	35	34		45	33	95	69	58	73		242	194	
Engagement Rate		32%	37%	36%	46%		36%	27%	50%	40%	42%	24%	42%	35%		39%	25%	37%	38%	41%	32%		35%	37%	
Total Screened and Refused/Decline		29	8	21	9		8	4	16	14	15	29	20	22		34	36	57	38	28	58		165	126	
Unable to Reach		71	34	51	13		22	21	24	25	37	68	44	52		58	77	131	98	67	130		364	283	
New Cases Opened		42	20	21	18		15	8	35	19	27	27	35	34		45	33	95	59	58	73		242	194	
Total Cases Closed		3	26	22	19		15	28	20	19	17	34	41	35		58	47	30	67	63	70		202	205	
Cases Remained Open		87	102	105	105		109	134	116	134	147	137	151	142		32	33	87	105	116	137		105	142	
Total Cases Managed		116	133	136	129		125	129	136	135	143	153	153	141		116	81	129	181	164	189		302	311	
Critical-Complex Acuity		67	38	27	27		23	24	22	23	27	28	25	23		77	63	77	42	26	32		116	44	
High/Moderate/Low Acuity		19	95	106	102		102	105	114	112	116	125	128	118		39	18	52	139	138	157		186	267	
		Transitional Case Management						Transitional Case Management						Transitional Case Management						Transitional Case Management					
Total Number Of Referrals		48	62	32	29		41	49	64	60	45	34	117	168		96	122	191	123	152	139		532	537	
Pending		0	1	0	0		0	0	0	2	1	5	39	40		1	0	0	1	0	8		2	48	
Ineligible		12	10	8	4		10	11	8	18	12	15	19	16		17	18	27	22	29	45		84	91	
Total Outreached		36	51	24	25		29	38	56	40	32	14	59	94		78	104	164	100	123	86		446	380	
Engaged		16	21	9	6		9	14	27	14	8	2	30	50		62	52	62	36	50	24		212	153	
Engagement Rate		44%	41%	38%	24%		31%	38%	47%	38%	24%	14%	51%	53%		79%	50%	38%	36%	41%	28%		48%	40%	
Total Screened and Refused/Decline		17	16	8	11		13	15	16	16	2	4	17	19		4	25	65	35	44	22		129	107	
Unable to Reach		6	15	8	8		8	12	16	15	25	9	21	28		13	29	44	31	36	49		117	147	
New Cases Opened		16	21	9	6		9	15	27	13	8	2	30	50		62	52	62	36	51	23		212	153	
Total Cases Closed		20	22	20	13		5	11	13	11	24	9	11	35		52	54	61	55	29	44		222	116	
Cases Remained Open		25	27	14	9		15	20	18	20	14	13	26	42		22	14	25	9	18	13		9	42	
Total Cases Managed		55	57	41	26		19	28	44	46	43	21	43	83		63	79	96	71	52	55		228	164	
Critical-Complex Acuity		6	7	4	2		0	0	0	0	0	0	0	0		0	0	8	7	0	0		13	0	
High/Moderate/Low Acuity		49	50	37	24		19	28	44	46	43	21	43	83		63	79	88	64	52	55		215	164	
		Behavioral Health Case Management						Behavioral Health Case Management						Behavioral Health Case Management						Behavioral Health Case Management					
Total Number Of Referrals		29	9	56	15		12	27	40	29	30	44	54	81		0	42	68	80	80	103		190	310	
Pending		0	0	0	1		0	0	0	1	6	5	16	16		0	0	0	1	0	7		1	16	
Ineligible		6	1	2	2		1	2	6	2	6	1	9	7		0	0</								

Key Indicator Report
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Report from 1/01/2018 to 8/31/2019
 Report created 9/25/2019

ER utilization based on Claims data	2018-09	2018-10	2018-11	2018-12	2018-Trend	2019-01	2019-02	2019-03	2019-04	2019-05	2019-06	2019-07	2019-08	2019-Trend	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Qtr Trend	CY- 2018	YTD-2019	YTD-Trend
Critical-Complex Acuity	3	3	3	2		3	2	1	4	5	6	5	7		0	3	3	4	4	6		7	10	
High/Moderate/Low Acuity	7	7	20	22		20	25	33	36	46	42	57	57		0	3	9	26	43	57		35	120	
	Record Processing					Record Processing								Record Processing										
Total Records	6,808	7,838	5,881	7,124		7,479	7,327	7,723	7,256	9,524	7,696	7,900	7,867		22,344	26,574	22,733	20,843	22,529	24,476		92,494	62,772	
Total Admissions	2,198	2,194	1,619	2,178		2,249	2,058	2,183	2,087	2,242	2,111	2,277	2,260		6,757	6,436	6,737	5,991	6,490	6,440		25,921	17,467	

Item #10

Attachment 10.D

QIUM Quarterly Summary Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

FROM: Patrick C. Marabella, MD
Amy R. Schneider, RN

COMMITTEE

DATE: October 17th, 2019

SUBJECT: CalViva Health QI & UM Update of Activities Quarter 3 2019 (October 2019)

Purpose of Activity:

This report is to provide the RHA Commission with an update on the CalViva Health QI & UM performance, program and regulatory activities in Quarter 3 of 2019.

I. Meetings

Two meetings were held in Quarter 3, one in July and one in September. The following guiding documents were approved at the *July and September meetings*:

1. 2019 Quality Improvement Mid-Year Evaluation & Executive Summary
2. 2019 Utilization Management & Case Management Mid-Year Evaluation & Executive Summary

In addition, the following general documents were approved at the meetings:

1. Pharmacy Formulary & Provider Updates
2. Medical Policies

II. QI Reports - The following is a summary of some of the reports and topics reviewed:

- 1. The Appeal and Grievance Dashboard for July 2019** tracks volumes, turn-around times, and case classifications. Results demonstrate that the volume of grievances (QOS & QOC) in the second quarter show an increase as compared to total Grievances in 2018. Total cases resolved shows a similar increase.
 - a. Majority of increase in grievances were in the Quality of Service category with increases associated with Access, Administrative, and Transportation case types.
 - b. Quality of Care Grievances remain consistent with the prior year with the exception of Specialist Care. This category has increased.
- 2. Potential Quality Issues (PQI) Report & Corrective Action Plan (CAP)** provides a summary of the quarterly evaluation of cases/issues that may result in substantial harm to a member. Due to a failure of Clinical A & G staff to report upon and resolve some PQI's in a timely manner the need for corrective action was identified. A CAP is in place to address the outstanding cases and prevent future failures.
 - a. Non-member initiated PQI category was noted to have decreased compared to Q1, however Q1 was artificially high due to some catch up case processing associated with the corrective action plan.
 - b. Member generated PQI's remains consistent with previous quarters.
 - c. An increase in the number of peer review cases processed was noted. The majority of these cases closed in the same quarter.

3. **MHN Performance Indicator Report for Behavioral Health** in Q1 2019 had 18 of 20 metrics that met or exceeded their targets.
 - a. Performance was below target for Authorization Decision Timeliness by 1%. Challenges are being addressed.
 - b. Provider Dispute resolution timeliness below target in Quarter 1 2019. Most issues were related to a coding issue for autism providers. Corrective Action Plan in progress.
4. **Additional Quality Improvement Reports** including Initial Health Assessment, Facility Site & Medical Record Review, Provider Office Wait Time and others scheduled for presentation at the QI/UM Committee during Q3.

III. **UMCM Reports** - The following is a summary of some of the reports and topics reviewed:

1. **The Key Indicator Report (KIR)** provided data through July 31st, 2019. A quarterly comparison was reviewed with the following results:
 - a. Acute Admits and bed days for TANF population exceeds goal for Q1 and Q2 2019 (lower is better).
 - b. Readmission rates for SPD exceeds goal for Q1 and Q2 (lower is better).
 - c. Expansion rate for readmissions has remained below goal for Q1 and Q2.
 - d. Case Management Report demonstrates how members who participated in Case Management have a lower readmission rate when compared to those who did not.
 - e. Perinatal Case Management referrals have significantly increased as a result of improved outreach and engagement efforts to promote the new program.
2. **Top 10 Diagnosis Report** provides the opportunity to track and monitor the volume of admissions per thousand, Bed Days per thousand (BD/K) and average length of stay (ALOS) of the top 10 diagnoses for acute hospital stays among the TANF, SPD and MCE populations. The report uses the principal diagnosis recorded at discharge for comparative analysis.
 - a. The majority of the top ten diagnoses identified in the report are consistent with stratification triggers used by our integrated care teams consisting of Concurrent Review, Public Programs and Integrated Case Management to identify and target high-risk members.
 - b. No modifications to high-risk member identification triggers were discovered through the data analysis. Utilization and Case Management teams will continue their efforts to provide high quality safe services in this complex environment.
3. **Specialty Referrals Reports** provides a summary of Specialty Referral Services that required prior authorization in the tri-county area in the first quarter of 2019. This report provides evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members.
 - a. Referral and denial rates are monitored on a quarterly basis and trended over time. Top priority medical specialties are tracked along with turn-around times. Trends will continue to be monitored and follow up initiated when indicated.

IV. Pharmacy Reports – Pharmacy quarterly reports include Operation Metrics, Top Medication Prior Authorization (PA) Requests, and quarterly Formulary changes which were all reviewed. All second quarter 2019 pharmacy prior authorization metrics were within 5% of standard.

V. **HEDIS® Activity**

In Q3, HEDIS® related activities focused on the new mandates established by our new governor and DHCS' response to these new mandates. Managed Care Medi-Cal health plans will have 22 quality measures that they will be evaluated on next year and the new Minimum Performance Level (MPL) is the 50th percentile rather than the 25th.

1. These 22 metrics are called the **Managed Care Accountability Set (MCAS)**.
2. These changes become effective in January 2020, however current status on the new 2020 measures, [there are nine (9)] has been assessed and interventions are underway to enhance compliance.

3. There is no “grace period” for implementation. Sanctions begin next year.

Final HEDIS rates for RY19 became available in Q3. For CalViva only 3 measures were below the MPL (25th percentile). The three measures are:

- Avoidance of Antibiotics for Bronchitis in Adults (AAB). Not in 22 measures
- Breast Cancer Screening (BCS) *New PIP (Performance Improvement Project) this year*
- Diabetes Care– HbA1c testing *New PIP this year*

The Postpartum Visit Disparity PIP and Childhood Immunizations PIP both closed on June 30th, 2019.

The DHCS Quality CAP in Madera County also closed in Q3 with all three measures above the 50th percentile.

VI. Findings/Outcomes

Reports covering all pertinent areas have been reviewed and evaluated according to the established schedule to facilitate the ongoing monitoring of the quality and safety of care provided to CalViva members. No significant compliance issues have been identified. Oversight and monitoring processes will continue

Item #10

Attachment 10.E

Operations Report

IT Communications and Systems									
IT Communications and Systems	Active Presence of an External Vulnerability within Systems	NO	Description: A good status indicator is all potential external vulnerabilities scanned and a very low identification of confirmed and/or potential vulnerabilities.						
	Active Presence of Viruses within Systems	NO	Description: A specific type of malware (designed to replicate and spread) intended to run and disable computers and/or computer systems without the users knowledge.						
	Active Presence of Failed Required Patches within Systems	NO	Description: A good status indicator is all identified and required patches are successfully being installed.						
	Active Presence of Malware within Systems	NO	Description: Software that is intended to damage or disable computers and computer systems.						
Message From The COO	At present time, there are no issues, concerns, and/or items of significance to report as it relates to the Plan's IT Communications and Systems								
Privacy and Security									
Privacy and Security	Risk Analysis (Last Completed mm/yy: 6/19)	Risk Rating: Medium	Description: Conducting an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI held in the Health Plans IT and Communication Systems. A Rating is assigned: "No Risk", "Low Risk", "Medium Risk", "High Risk", "Critical Risk".						
	Eff. Date & Last Annual Mail Date of NPP (mm/yy)	4/18 & 7/18	Description: Notice of Privacy Practices (NPP) describes how PHI may be used and disclosed. The NPP is review and updated when appropriate. The NPP is distributed upon enrollment and annually thereafter						
	Active Business Associate Agreements	6	Description: A signed agreement is required of any person/entity who is not a member of CalViva Health's workforce who will create or receive PHI of behalf of CalViva Health.						
	# Of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)								
	Year	2019	2019	2019	2019	2019	2019	2019	2019
	Month	Apr	May	Jun	July	Aug	Sep	Oct	
	No/Low Risk	2	0	0	1	6	2	0	
	High Risk	0	0	0	0	0	0	0	
	Total Cases By Month	2	0	0	1	6	2	0	
	Year	2013	2014	2015	2016	2017	2018	2019	
	No/Low Risk	91	48	54	36	28	38	18	
	High Risk	3	6	3	5	1	1	1	
Total Cases By Year	94	54	57	41	29	39	19		
Message from the COO	At present time, there are no issues, concerns, and/or items of significance to report as it relates to the Plan's IT Communications and Systems								



CalViva Health
Operations Report

	Year		2018	2018	2018	2018	2019	2019
	Quarter		Q1	Q2	Q3	Q4	Q1	Q2
	Member Call Center	(Main) Member Call Center	# of Calls Received	42,624	33,657	31,095	28,135	30,380
# of Calls Answered			41,872	33,162	30,937	27,948	30,174	28,762
Abandonment Level (Goal < 5%)			1.80%	1.50%	0.50%	0.70%	0.70%	0.50%
Service Level (Goal 80%)			85%	91%	93%	91%	93%	94%
Behavioral Health Member Call Center								
Member Call Center	Behavioral Health Member Call Center	# of Calls Received	1,417	1,058	1,121	1,034	1,297	1,204
		# of Calls Answered	1,389	1,031	1,101	1,011	1,277	1,188
		Abandonment Level (Goal < 5%)	2.00%	2.60%	1.80%	2.20%	1.50%	1.30%
		Service Level (Goal 80%)	83%	87%	88%	83%	84%	88%
		Transportation Call Center						
CalViva Health Website	Transportation Call Center	# of Calls Received	9,777	10,910	13,854	13,776	14,470	14,281
		# of Calls Answered	9,669	10,888	13,770	13,583	14,383	14,224
		Abandonment Level (Goal < 5%)	1.10%	0.20%	0.60%	1.40%	0.60%	0.40%
		Service Level (Goal 80%)	84%	86%	86%	84%	82%	92%
		CalViva Health Website						
CalViva Health Website	CalViva Health Website	# of Users	22,000	17,000	18,000	17,000	20,000	19,000
		Top Page	Find a Provider	Find a Provider	Main Page	Main Page	Main Page	Find a Provider
		Top Device	Mobile (59%)	Mobile (58%)	Mobile (57%)	Mobile (58%)	Mobile (60%)	Mobile (59%)
		Session Duration	~ 3 minutes	~ 3 minutes	~ 3 minutes	~ 3 minutes	~ 2 minutes	~ 2 minutes
Message from the COO	Quarter 3 2019 numbers are not yet available. As such, at present time, there are no issues, concerns, and/or items of significance to report as it relates to the Plan's Call Center and Website.							



CalViva Health
Operations Report

Provider Network Activities & Provider Relations									
Provider Network Activities & Provider Relations	Year	2019	2019	2019	2019	2019	2019	2019	
	Month	Feb	Mar	Apr	May	Jun	Jul	Aug	
	Hospitals	10	10	10	10	10	10	10	
	Clinics	112	115	116	120	120	122	121	
	PCP	356	353	352	354	355	356	367	
	Specialist	1318	1326	1344	1339	1349	1305	1326	
	Ancillary	190	190	190	192	192	190	190	
	Provider Network Activities & Provider Relations								
	Year	2017	2018	2018	2018	2018	2019	2019	2019
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q2
	Pharmacy	163	164	165	167	164	161	151	151
	Behavioral Health	181	206	261	226	336	342	343	343
	Vision	83	79	77	71	77	31	39	39
	Urgent Care	5	7	10	10	11	12	14	14
	Acupuncture	8	6	6	11	5	7	6	6
	Provider Network Activities & Provider Relations								
	Year	2017	2018	2018	2018	2018	2019	2019	2019
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q2
	% of PCPs Accepting New Patients - Goal (85%)	77%	88%	89%	91%	91%	94%	93%	93%
	% Of Specialists Accepting New Patients - Goal (85%)	95%	97%	97%	98%	97%	95%	95%	95%
	Provider Network Activities & Provider Relations								
	Year	2019	2019	2019	2019	2019	2019	2019	2019
	Month	Feb	Mar	Apr	May	Jun	Jul	Aug	Aug
	In-Person Visits by Provider Relations	255	177	227	196	109	151	140	140
Provider Trainings by Provider Relations	112	145	163	133	83	143	97	97	
Year	2013	2014	2015	2016	2017	2018	2019	2019	
Total In Person Visits	1,377	1,790	2,003	2,604	2,786	2,552	1,416	1,416	
Total Trainings Conducted	30	148	550	530	762	808	900	900	
Message From the COO	At present time, there are no issues, concerns, and/or items of significance to report as it relates to the Plan's Provider Network and Provider Relations activities.								

	Year	2017	2018	2018	2018	2018	2019	2019
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Claims Processing	Medical Claims Timeliness (30 days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	95% / 99% NO	97% / 99% NO	98% / 99% YES	97%/99% NO	90% / 99% NO	90% / 99% YES	94% / 99% YES
	Behavioral Health Claims Timeliness (30 Days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	92% / 96% YES	90% / 99% YES	96% / 99% YES	97%/99% YES	98% / 99% N/A	98% / 99% N/A	97% / 99% N/A
	Pharmacy Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% /100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	Acupuncture Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	99% / 100% NO	100% / 100% NO	100% /100% NO	100% /100% NO	99% /100% NO	100% / 100% NO
	Vision Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100 % / 100% NO	100% / 100% NO				
	Transportation Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure				99% / 99% NO	98% / 99% NO	95% / 100% NO	100% / 100% NO
	PPG 1 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	96% / 100% NO	91% / 100% NO	84% / 100% NO	99% / 100 % NO	100%/100% NO		
	PPG 2 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	94% / 98% NO	90% / 100% YES	83% / 97% YES	78% / 88% YES	98% / 99% NO	99% / 100% NO	97% / 98% NO
	PPG 3 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	91% / 100% NO	98 / 100% NO	94% / 98% NO	95% / 100% NO	99% / 100 % NO	92% / 100 % NO	99% / 100 % NO
	PPG 4 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	95% / 100% NO
	PPG 5 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	99% / 100% NO	89% / 100% NO	98% / 100% NO	93% / 98% NO	97% / 100% NO	90% / 99% NO
	PPG 6 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	99% / 100% NO	90% / 100% NO	86% / 100% NO	95% / 100% NO	95% / 100% NO	94% / 100% NO	92% / 99% NO
	PPG 7 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure				95% / 100% NO	99% / 100% NO	96% / 100% NO	96% / 99% NO
	PPG 8 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure					100% / 100% NO	100% / 100% NO	100% / 100% NO
	PPG 9 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure						100% / 100% NO	99% / 100% NO
	Message from the COO	Quarter 3 2019 numbers are not yet available. As such, at present time, there are no issues, concerns, and/or items of significance to report as it relates to the Plan's Claims Processing Timeliness.						

	Year	2017	2018	2018	2018	2018	2019	2019	
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Provider Disputes	Medical Provider Disputes Timeliness (45 days) Goal (95%)	95%	90%	88%	97%	98%	99%	99%	
	Behavioral Health Provider Disputes Timeliness (45 days) Goal (95%)	100%	100%	100%	99%	100%	85%	89%	
	Acupuncture Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Vision Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	N/A	100%	100%	N/A	
	Transportation Provider Dispute Timeliness (45 Days) Goal (95%)				N/A	N/A	N/A	N/A	
	PPG 1 Provider Dispute Timeliness (45 Days) Goal (95%)	94%	96%	100%	100%	100%			
	PPG 2 Provider Dispute Timeliness (45 Days) Goal (95%)	99%	66%	54%	17%	67%	98%	100%	
	PPG 3 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	95%	94%	100%	100%	100%	100%	
	PPG 4 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	100%	100%	
	PPG 5 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	N/A	73%	100%	99%	
	PPG 6 Provider Dispute Timeliness (45 Days) Goal (95%)	99%	N/A	100%	N/A	96%	96%	100%	
	PPG 7 Provider Dispute Timeliness (45 Days) Goal (95%)				N/A	95%	97%	N/A	
	PPG 8 Provider Dispute Timeliness (45 Days) Goal (95%)					N/A	100%	100%	
	PPG 9 Provider Dispute Timeliness (45 Days) Goal (95%)						N/A	N/A	
	Message from the COO	Quarter 3 2019 numbers are not yet available. As such, at present time, there are no issues, concerns, and/or items of significance to report as it relates to the Plan's Provider Disputes Timeliness.							

Item #10

Attachment 10.F

Executive Dashboard



Month	2018 September	2018 October	2018 November	2018 December	2019 January	2019 February	2019 March	2019 April	2019 May	2019 June	2019 July	2019 August	2019 September
CVH Members													
Fresno	292,548	291,230	290,419	288,236	291,690	291,607	291,254	290,257	291,340	291,316	290,728	289,852	288,082
Kings	28,255	28,368	28,723	28,753	28,970	29,201	29,165	29,385	29,399	29,326	29,305	29,338	29,383
Madera	36,730	36,762	36,586	36,553	36,749	36,749	36,769	36,788	36,842	37,002	37,031	37,112	37,968
Total	357,534	356,360	355,728	353,542	357,409	357,557	357,188	356,430	357,581	357,644	357,064	356,302	355,433
SPD	31,514	31,573	31,618	31,714	31,689	31,665	31,773	31,834	32,054	32,236	32,382	32,441	32,582
CVH Mrkt Share	70.96%	70.92%	70.79%	70.74%	71.02%	71.04%	71.06%	71.06%	71.16%	71.20%	71.23%	71.28%	71.33%
ABC Members													
Fresno	107,320	107,028	107,687	107,203	106,822	106,674	106,311	106,066	106,032	105,901	105,546	104,884	104,326
Kings	19,686	19,660	19,603	19,453	19,543	19,567	19,556	19,464	19,346	19,257	19,203	19,200	19,103
Madera	19,339	19,426	19,516	19,547	19,471	19,525	19,611	19,602	19,513	19,502	19,505	19,451	19,398
Total	146,345	146,114	146,806	146,203	145,836	145,766	145,478	145,132	144,891	144,660	144,254	143,535	142,827
Default													
Fresno	979	841	1,055	1,330	682	1,142	1,242	1,484	1,160	1,519	1,080	1,053	1,080
Kings	152	141	166	212	127	174	171	211	165	247	146	177	159
Madera	132	111	124	130	138	138	175	177	133	185	145	160	132
County Share of Choice as %													
Fresno	65.90%	63.70%	66.0%	61.90%	64.30%	62.60%	69.00%	66.50%	67.40%	67.80%	68.10%	65.60%	67.30%
Kings	56.60%	61.50%	67.30%	69.80%	66.70%	69.00%	61.10%	68.80%	60.10%	58.50%	57.30%	64.70%	63.90%
Madera	55.40%	57.80%	56.80%	60.00%	53.40%	61.20%	55.20%	62.20%	65.20%	62.20%	57.70%	63.30%	60.10%
Voluntary Disenrollment's													
Fresno	585	481	540	442	401	422	503	520	449	393	394	418	486
Kings	68	41	40	41	50	36	67	58	35	61	43	38	48
Madera	75	57	79	77	66	64	81	95	51	69	68	86	67