

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: May 10, 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, May 16, 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

May 16, 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	No attachment	Chair and Co-Chair Nominations for Fiscal Year 2020: <i>Action: Nominate and Approve Appointments</i>	G. Hund, CEO
4 Action	Attachment A Attachment B Attachment C	Consent Agenda: <ul style="list-style-type: none">• Commission Minutes dated 3/21/19• Finance Committee Minutes dated 2/21/19• QI/UM Committee Minutes dated 2/21/19 <i>Action: Approve Consent Agenda</i>	D. Hodge, MD, Chair
5		Closed Session: The Board of Directors will go into closed session to discuss the following item(s) A. Report Involving Trade Secret Discussion of proposed service. Estimated date of public disclosure: July 2019 B. Public Employee Appointment, Employment, Evaluation, or Discipline Title: Chief Executive Officer Per Government Code Section 54957(b)(1)	
6 Information	Attachment A	Committee Appointments for Fiscal Year 2020: <ul style="list-style-type: none">• BL 19-008	D. Hodge, MD, Chair
7 Action	Attachment A	Fiscal Year 2020 Proposed Budget <ul style="list-style-type: none">• Proposed Budget <i>Action: Approve FY 2020 Budget</i>	D. Maychen, CFO

8 Action	No attachment	Community Support Program – Ad-Hoc Committee Selection <i>Recommended Action: Select and Approve Ad-Hoc Committee Members</i>	
	<i>Handouts will be available at meeting</i>	<i>PowerPoint Presentations will be used for item 9 thru 10</i> One vote will be taken for combined items 9-10	
9 Action	Attachment A Attachment B Attachment C	Cultural and Linguistics (C & L) Program Description and Work Plan Evaluation <ul style="list-style-type: none"> • 2018 Executive Summary and <i>Annual Evaluation</i> • 2019 Change Summary and <i>Program Description</i> • 2019 Executive Summary and <i>Work Plan Summary</i> 	P. Marabella, MD, CMO
10 Action	Attachment A Attachment B Attachment C Attachment D	Health Education Program Description and Work Plan Evaluation <ul style="list-style-type: none"> • Executive Summary • 2018 Annual Evaluation • 2019 Change Summary and Program Description • 2019 Work Plan <i>Action: Approve Cultural and Linguistics 2018 Annual Evaluation, 2019 Program Description, and 2019 Work Plan, and the Health Education 2018 Annual Evaluation, 2019 Program Description, and 2019 Work Plan</i>	P. Marabella, MD, CMO
11 Action	Attachment A Attachment B Attachment C Attachment D Attachment E Attachment F Attachment G	Standing Reports Finance Report <ul style="list-style-type: none"> • Financials as of March 31, 2019 Compliance <ul style="list-style-type: none"> • Compliance Report Medical Management <ul style="list-style-type: none"> • Appeals and Grievances Report • Key Indicator Report • QIUM Quarterly Summary Report Operations <ul style="list-style-type: none"> • Operations Report Executive Report <ul style="list-style-type: none"> • Executive Dashboard <i>Action: Accept Standing Reports</i>	D. Maychen, CFO M.B. Corrado, CCO P. Marabella, MD, CMO J. Nkansah, COO G. Hund, CEO
12		Final Comments from Commission Members and Staff	
13		Announcements	
14		Public Comment	

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.

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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 July 18, 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 #4

Attachment 4.A

Commission Minutes
dated 3/21/19

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
March 21, 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
<p>Cheryl Hurley, Clerk to the Commission</p> <p>#3 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes 2/21/19 b) Finance Committee Minutes 10/18/18 c) QI/UM Committee Minutes 11/15/18 d) Public Policy Committee Minutes 12/5/18 <p>Action Joe Neves, Vice-Chair</p>	<p>All consent items were presented and accepted as read.</p> <p><i>David Pomaville arrived at 1:31 pm and was included in vote</i> <i>Soyla Griffin arrived at 1:32 pm and was not included in vote</i></p>	<p>Motion: Approve Consent Agenda 11 – 0 – 0 – 6</p> <p><i>(Nikoghosian / Frye)</i></p>
<p>#4 2019 Quality Improvement Program Description and Work Plan</p> <p>Action Joe Neves, Vice-Chair</p>	<p>Dr. Marabella presented the 2019 Quality Improvement Program Description and Work Plan.</p> <p>The highlights of changes for the 2019 QI Program Description include:</p> <ul style="list-style-type: none"> • Changes in the Health Promotion Programs: <ul style="list-style-type: none"> ○ New description of the Health Ed interventions and resources available to members. ○ A new Diabetes Prevention Program was added. • Case Management Program (CM): <ul style="list-style-type: none"> ○ Name change, previously “Integrated Case Management”, “Integrated has been removed and the new title is inclusive of all the various CM programs available. • Access & Availability: 	<p><i>See #6 for Action Taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ A new Telephone Access Survey was added to assess provider offices and the length of time it takes their staff to answer the phone and return calls to members. <p>Activities for 2019 Quality Improvement Work Plan continue to focus on:</p> <ul style="list-style-type: none"> ● Improve access to care: <ul style="list-style-type: none"> ○ Continue to monitor Appointment Access and After-hours Access to care with updated interventions. Full CAHPS survey in progress to identify ways to improve member satisfaction. ● Improve the Quality & Safety of Care: <ul style="list-style-type: none"> ○ Increase appropriate antibiotic prescribing for Bronchitis in Madera County. ○ Continue to improve laboratory monitoring of patients on persistent medications. ○ Comprehensive diabetes care. ○ Breast cancer screening. ● There are two formal 18-month Performance Improvement Projects: <ul style="list-style-type: none"> ○ Postpartum disparity project in Fresno County. ○ Childhood Immunizations project in Fresno County. <p>Dr. Marabella concluded with a brief summary of the Governor’s letter received February 28, 2019. This letter outlines the results of a State audit and the Governor’s plans to address deficiencies that were identified. Going forward emphasis will be on access to healthcare, children’s initiatives and alignment with the CMS Core Measures. The minimum performance level will increase from the 25th percentile to</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>the 50th percentile for the state reported quality measures. Updates will be provided as additional information becomes available.</p>	
<p>#5 2019 Utilization Management Program Description and Work Plan Evaluation</p> <p>Action Joe Neves, Vice-Chair</p>	<p>Dr. Marabella presented the 2019 Utilization Management and Case Management Program Descriptions and Work Plan.</p> <p>Changes to the 2019 Utilization Management & Case Management Programs include:</p> <ul style="list-style-type: none"> • This year the Utilization Management and Case Management Programs have separated and will each have their own Program Description. • The annual Work Plan for UM and CM remains combined. <p>The three components of the 2019 UM and CM Programs are:</p> <ul style="list-style-type: none"> • 2019 Utilization Management Program Description and Case Management Program Description each provide a roadmap for structure, resources and monitoring for their respective programs. • 2019 UM/CM Work Plan is the plan for monitoring and improvement activities throughout the year. It is updated annually with a mid-year evaluation of progress. <p>Highlights of the changes to the Utilization Management 2019 Program Description include:</p> <ul style="list-style-type: none"> • Most references to Case Management (CM) have been removed and placed in the new CM Program Description, with the exception of sections where the Work Plan is referenced. • Pages 24-28 were initially deleted, however after further review it was determined that for consistency and clarity they will for the most part, remain in the document. 	<p><i>See #6 for Action Taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Nurse Advice Line and Continuity of Care will remain in the UM Program Description. • Utilization Decision Criteria were updated to include additional detail and to reflect current practice. <p>The areas of focus for the 2019 Utilization Management / Case Management Work Plan include:</p> <ul style="list-style-type: none"> • Compliance with Regulatory & Accreditation Requirements: Ensure licensure, attestations and audits are current and complete • Monitoring the UM Process. A new initiative added to this process creates a focus on increasing Medical Director collaboration with the UM teams to ensure members are receiving appropriate timely services. • Monitoring Utilization Metrics: Track effectiveness of care management. New measurable goals have been added for this area and are stated as a 10% reduction in admissions and a 5% increase in discharge to recuperative and alternative care. • Monitoring Coordination with Other Programs and Vendor Oversight. Behavioral Health Case Management has been added. • Monitoring Activities for Special Populations. Continue monitoring care of SPDs and CCS identification. 	
<p>#6 2019 Case Management Program Description</p> <p>Action Joe Neves, Vice-Chair</p>	<p>Dr. Marabella announced new for 2019, Case Management will have its own Program Description covering:</p> <ul style="list-style-type: none"> • Scope, Goals & Objectives, and Functions. • Infrastructure and Tools. • Member Identification and Access. • Screening and Assessment. • Program Assessment and Impact Measurement. 	<p>Motion: Approve 2019 Quality Improvement Program Description and Work Plan; the 2019 Utilization Management Program Description and Work Plan; and the 2019 Case Management Program Description</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
		<i>13-0-0-4 (Nikoghosian / Cardona)</i>
<p>#7 Standing Reports</p> <ul style="list-style-type: none"> Operations J. Nkansah, COO 	<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, and Privacy & Security.</p> <p>With regard to the Member Call Center and CVH Website, 1st quarter 2019 numbers are not yet available. During the March Public Policy Committee meeting a discussion was had with recommendations on potential enhancements that could bring value to the CVH Website. This is still in the exploratory phase and any updates will be reported out during future Commission meetings included with either the Operations report or Compliance report.</p> <p>Activities related to Provider Network and Provider Relations are as of January 2019. The increase in Specialist count is attributed to data integrity efforts. The status as of March with regards to screening and enrolling Providers into the network as it relates to regulatory issues is that if a Provider is new to our network and has not gone through the screening and enrollment process CVH will allow the provider to provide proof from the state that they have, at minimum, applied so that it can be validated and CVH can provisionally allow them into the network. This will continue to be monitored and if found they have not applied, they will be removed from the network. In addition, if existing providers have not provided proof and have not gone through the</p>	<p>Motion: <i>Approve Standing Reports</i></p> <p><i>13 – 0 – 0 – 4 (Rogers / Fields-Keene)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Finance Report Daniel Maychen, CFO 	<p>process to screen and enroll, CVH will begin efforts to comply with regulatory requirements to remove the providers from the network.</p> <p>With regard to Claims Processing activities, quarterly numbers were received as it relates to our participating provider groups. PPG2 has met goal for Q4. Compliance requirements and goals were met in all other areas for PPGs</p> <p>With regard to Provider Disputes, PPG2 did not meet goals for Q4. The Corrective Action Plans remain in effect and preliminary information reveals they should meet goal in Q1 2019.</p> <p><u>Finance</u></p> <p>Financial Statements as of January 31, 2019:</p> <p>Total current assets were approximately \$165.8M; total current liabilities were approximately \$111.4M. Current ratio is 1.49. TNE as of January 31, 2019 was approximately \$65.1M, which is approximately 490% above the minimum DMHC required TNE amount.</p> <p>Total revenue for first seven months of current fiscal year is approximately \$687.3M which is \$21.3M above budgeted amounts primarily due to rates being higher than projected and enrollment being higher than projected. For those same reasons, capitation medical costs and admin service fees expense are higher than budgeted.</p> <p>All other expense line items are either below or consistent with budget, with the exception of marketing and license expense. Marketing</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Compliance M.B. Corrado, CCO 	<p>expense was ramped up during the months of October 2018 through December 2018 with anticipation of open enrollment. In addition, license expense was higher than budgeted due to actual DMHC licensing fee being higher than initially projected. Total net income for the first seven months of the fiscal year is approximately \$5.3M which is approximately \$1.3M more than budgeted.</p> <p><u>Compliance</u></p> <p>Mary Beth Corrado presented the Compliance Report. As of mid-March, there have been a total of 46 filings, which is an increase in filing activity compared to end of March 2018.</p> <p>There were two Fraud Waste and Abuse cases reported to the State in January, zero in February and March to date.</p> <p>Oversight activity and monthly meetings with Health Net continue. In final stages and wrap up with Kaiser.</p> <p>In relation to Regulatory Reviews and Audits, DMHC closed the Undertaking requirement regarding the termination of contract with Kaiser, pending the submission of a Material Modification for Alternative Access Standards and a Significant Network Change Amendment which was submitted by 1/31/19. CVH is currently in process of responding to comment letters received from DMHC.</p> <p>In December 2018 CVH received a letter from DHCS listing their findings from the 2018 Medical Audit; in January 2019 CVH filed a CAP response</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p>with an update filed in February, and another to be filed in March. Final approval is still pending.</p> <p>The encounter data CAP with DHCS has officially been closed as of 3/20/19.</p> <p>The Plan continues to provide responses and post-audit documents to DHCS and DMHC in relation to the onsite audit that took place in February 2019.</p> <p>The Health Homes Program (HHP) is a multi-phase program with the first phase being implemented as of 7/1/19. The Plan is currently in the process of filings for the program. Member notifications will be sent out. The second phase, relating to mental health, will be implemented October or November of 2019.</p> <p>The Public Policy Committee met March 6, 2019. The committee reviewed several reports relating to Grievance & Appeals, Health Education, and Compliance. The next meeting is scheduled for June 12, 2019 in Kings County.</p> <p>A comprehensive report on 2019 New California Health Care Laws was reported out.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Dashboard</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Dr. Marabella presented the Appeals & Grievances Dashboard through January 31, 2019.</p> <p>Grievance & Appeals Data:</p> <ul style="list-style-type: none"> • A total of 107 grievances were received in January 2019. • Total grievances resolved was 116. • Majority of grievances were Quality of Service with respect to Administrative; with minimal Quality of Care grievances. • Exempt grievances for January 2019 were relatively low compared to last year. • The number of appeals received for January was 41 • Total number of appeals resolved was 52, all of which were pre-service with the majority related to Advanced Imaging and pharmacy. <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report through January 2019.</p> <ul style="list-style-type: none"> • Membership remains consistent. • Acute Admits have increased through Q4 2018 and into January 2019 similar to last year. • ER visits have declined since same time last year. • CCS identification rate has increased slightly • Turn-around times had good compliance in January. • Total cases managed for Perinatal Case Management and Integrated Case Managed have remained consistent. • Overall the case management program results have been favorable. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>QI/UM Quarterly Report</p> <p>Dr. Marabella provided the QI/UM Qtr. 4, 2018 through February 2019 update. Two QI/UM meetings were held in Quarter 4; in October and November, and one in February 2019. The following guiding documents were approved:</p> <ol style="list-style-type: none"> 1. Preventive Screening Guidelines 2. C & L Language Assistance Program Mid-Year Report 3. C & L Work Plan Mid-Year Evaluation 4. Health Education Mid-Year Evaluation 5. 2018 QI Work Plan End of Year Evaluation 6. 2018 UMCM Work Plan End of Year Evaluation 7. Clinical Practice & Preventive Screening Guidelines <p>The following general documents were also approved at these meetings:</p> <ul style="list-style-type: none"> • QI Annual Policy Review • Medical Policies • Pharmacy Formulary & Provider Updates • Public Health Annual Policy Review <p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard through December 2018, all Q4 A & G reports, the Initial Health Assessment Report (Q1 & Q2), Potential Quality Issues Report, Facility Site (FSR) & Medical Record (MRR) & PARS Review, MHN Performance Indicator Report, and other QI reports.</p> <p>The Utilization Management & Case Management reports reviewed included the Key Indicator Report, Utilization Management Concurrent</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Review Report, and the Case Management, Transitional Case Management, Palliative Care, and Behavioral Health Case Management (BHCM) Report.</p> <p>The quarterly Pharmacy reports were reviewed covering Operations Metrics, Top Medication Prior Authorization Requests and quarterly Formulary Changes. These reports assess for emerging patterns in authorization requests and compliance with prior authorization (PA) turn-around times. All third quarter pharmacy PA metrics were within 5% of standard.</p> <p>HEDIS® Activity:</p> <ul style="list-style-type: none"> • Q4 HEDIS® related activities focused on improving targeted measures above the Minimum Performance Level (MPL). Projects for RY2019 Include: <ul style="list-style-type: none"> ○ Monitoring Patients on Persistent Medications – Madera County ○ Avoid Antibiotics in Adults with Bronchitis – Madera County ○ Breast Cancer Screening – Fresno County ○ Comprehensive Diabetes Care – Fresno County <p>Efforts also continue with the two Performance Improvement Projects (PIPs) on Childhood immunizations and Postpartum visits. These PIPs are scheduled to close June 30th, 2019.</p> <p>Credentialing Sub-Committee Quarterly Report</p> <p>In Quarter 1 the Credentialing Sub-Committee met on February 21, 2019. Routine credentialing and re-credentialing reports were reviewed</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>for both delegated and non-delegated services. Reports covering Q3 2018 were reviewed for delegated entities and Q4 2018 report was reviewed for Health Net. The Credentialing Sub-Committee reviewed and approved the Credentialing policies and procedures that were updated for 2019. Two policies had significant changes, one policy was retired and the remaining policies had no changes or minor edits. The Q4 2018 Credentialing report was reviewed with one case that resulted in an uphold of denial for re-entry with subsequent request for 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</p> <p>The Peer Review Sub-Committee met on February 21, 2019. The county-specific Peer Review Sub-Committee Summary Reports for Q4 2018 were reviewed for approval. There were no significant cases to report. The Peer Review policies and procedures were reviewed with the 2019 updates. One policy was accepted with minor edits and one policy with more significant edits was reviewed and accepted.</p> <p>The Q4 2018 Peer Count Report was presented and there were three cases closed and cleared. There were no cases pending closure for Corrective Action Plan compliance. There was one case pended for further information. Follow up will be initiated to obtain additional information on tabled case and ongoing monitoring and reporting will continue.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Executive Report G. Hund, CEO 	<p><u>Executive Report</u></p> <p>Membership for February 2019 is consistent with previous months. Year over year, CalViva Health is one of three Health Plans of all public health plans that had an increase in membership. The Share of Choice % in Kings County increased for the first time since inception of CalViva Health.</p> <p>An update on the Telehealth program in reference to e-Consult was provided.</p> <p>A letter from the Governor of California was received on 2/28/19 asking all CEOs of health plans to respond to his concerns regarding access for preventative care for children; a response from CVH will be sent by 4/1/19 and include current initiatives with regard to this matter.</p>	
<p>#21 Final Comments from Commission Members and Staff</p>	<p>None.</p>	
<p>#22 Announcements</p>	<p>None.</p>	
<p>#23 Public Comment</p>	<p>None.</p>	
<p>#24 Adjourn</p>	<p>The meeting was adjourned at 2:49 pm The next Commission meeting is scheduled for May 16, 2019 in Fresno County.</p>	

Submitted this Day: _____

Submitted by: _____

Cheryl Hurley
Clerk to the Commission

Item #4

Attachment 4.B

Finance Committee Minutes
dated 2/21/19



**CalViva Health
Finance
Committee Meeting Minutes**

February 21, 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 New Finance Committee Member Information D. Maychen, Chair	New Finance Committee member, John Frye, was announced.	
#3 Finance Committee Minutes dated October 18, 2018 Attachment 3.A Action	The minutes from the October 18, 2018 Finance meeting were approved as read.	Motion: <i>Minutes were approved</i> <i>5-0-0-2</i> <i>(Neves / Nikoghosian)</i>

<p>D. Maychen, Chair</p> <p>#4 Financial Statements as of December 31, 2018 Attachment 4.A</p> <p>Action D. Maychen, Chair</p>	<p>Total current assets were approximately \$273M; total current liabilities were approximately \$219M. Current ratio is 1.24. TNE as of December 31, 2018 was approximately \$64.4M, which is approximately 484% of the minimum DMHC required TNE amount.</p> <p>Total revenue reported for first six months of fiscal year was approximately \$590M which is \$19.1M above budgeted amounts primarily due to rates being higher than projected and enrollment being higher than projected. For those same reasons, capitation medical costs and admin service fees expense are higher than budgeted.</p> <p>All other expense line items are either below or in line with budget. Total net income for the first six months of the fiscal year is approximately \$4.6M which is approximately \$1.2M more than budgeted.</p> <p><i>John Frye arrived @ 11:31</i></p>	<p>Motion: <i>Approve Financial Statements as of December 31, 2018</i> <i>6 – 0 – 0 – 1</i> <i>(Nikoghosian / Soares)</i></p>
<p>#5 Fiscal Year 2020 – Review and Discuss Budget Attachment 5.A</p> <p>Action D. Maychen, Chair</p>	<p>A formalized budget is planned for presentation at the March meeting with intent to accept and adopt. Any changes as a result of the March meeting will carry on to an April meeting. The formal budget will be presented at the May Commission meeting. Basic assumptions are consistent with prior years with the exception of an increase in Knox Keene licensing fee, marketing expense, interest income, net income, and staffing increase to 18. In addition, enrollment is projected to be relatively flat for FY 2020. An overall rate decrease of approximately 1.3% is also projected. The current MCO tax is set to expire June 30, 2019 and an extension was not included in Gov. Newsom’s initial state fiscal year 2020 budget proposal. As such, MCO</p>	<p>Motion: <i>Approve Budget Assumptions</i> <i>6 – 0 – 0 – 1</i> <i>(Nikoghosian / Neves)</i></p>

	<p>taxes were not included in CalViva's fiscal year 2020 preliminary budget.</p> <p>A recommendation was made by John Frye to create a secondary budget adding MCO tax.</p>	
#6 Announcements	A brief discussion on the Community Support program and the Marketing plan took place.	
#7 Adjourn	Meeting was adjourned at 11:49 am	

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

Dated: *March 21, 2019*

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

Dated: *3/21/19*

Item #4

Attachment 4.C

QIUM Committee Minutes
dated 2/21/19

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
February 21st, 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		
✓	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 10:50 am. A quorum was present.	
#2 Approve Consent Agenda - Committee Minutes: November 15, 2018 - Provider Update Medical Policies (Q4) - California Children's Services (CCS) Report (Q4) - Provider Preventable Conditions (Q4) - A&G Inter-Rater Reliability Report (IRR).	The November 2018 QI/UM minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full January Formulary (RDL) was available for review at the meeting.	Motion: Approve Consent Agenda (Ramirez/Verma) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> - A & G Classification Audit Report - Quarterly A&G Member Letter Monitoring Report - CCC DMHC Expedited Grievance Member Report (Q4) - Health Education Incentive Program - Public Programs Report (Q4) - Pharmacy Formulary Drug List (January) (Attachments A-J) <p>Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business</p> <p>Appeals & Grievances:</p> <ul style="list-style-type: none"> - Dashboard and Turnaround Time Report (December) - Executive Summary (Q4) - Quarterly Member Report (Q4) (Attachments K-M) <p>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. The Dashboard included data through the end of December 2018.</p> <p><u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ There was a total of 89 grievances resolved in December with 69 Quality of Service grievances and 20 Quality of Care grievances. ➤ Number of grievances received in December decreased compared to previous 2 months. ➤ A decrease is noted in Exempt grievances in December. <p><u>Appeals:</u></p> <ul style="list-style-type: none"> ➤ Total number of Appeals Resolved decreased in December compared to recent months. <p>The Appeals and Grievances Executive Summary and Quarterly Member Report for Q4 were presented and reviewed. A year-end summary was presented to the committee comparing 2018 totals to 2017 with the following findings:</p>	<p>Motion: Approve Appeals & Grievances - Dashboard and Turnaround Time Report (December) Executive Summary Q4 Quarterly Member Report Q4 (Verma/Ramirez) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Grievances</u></p> <ul style="list-style-type: none"> ➤ The total number of grievances received in 2018 remained relatively stable when compared to 2017 data. ➤ The total number of Quality of Service Grievances in 2018 also remained stable when compared to the previous year. Although the new category of Transportation Related grievances was added. The number of Quality of Care Grievances resolved in 2018 decreased compared to the prior year. ➤ A significant increase was noted in Exempt grievances for 2018. ➤ A theme noted throughout the year for all grievances is a shift in grievance type associated with the EHS transition. The increase in volume for Exempt grievances is also attributable to the EHS transition and the addition of the Transportation benefit and subsequent grievance tracking and monitoring. <p><u>Appeals</u></p> <ul style="list-style-type: none"> ➤ An increase in the total number of Appeals Received/Resolved is noted in 2018. This increase is attributable primarily to advanced imaging (CTs, MRI and cardiac imaging), allergy shots, and pharmacy denials. Practitioner education regarding prior authorization criteria has been ongoing and these numbers are expected to decline. ➤ Overall, an evaluation of the per thousand member per month rates for grievances and appeals when comparing 2017 to 2018, the rate for grievances remained the same at 0.23 and appeals increased from 0.05 to 0.12. <p><u>Quarter 4 2018 Results</u></p> <ul style="list-style-type: none"> ➤ The total number of appeals increased slightly in Q4 compared to Q3 2018. ➤ Noted increase in Q4 appeals attributed to appeals for allergy medications and advanced imaging services. ➤ The total number of grievances decreased slightly in Q4 compared to Q3. ➤ 232 Quality of Service (QOS) ➤ 76 Quality of Care (QOC) <p><u>Access Grievances</u></p> <ul style="list-style-type: none"> ➤ The top Access grievance classifications for Quarter 4 2018 are: ➤ PCP Referral for Services grievances ➤ Availability of Appointment with PCP ➤ Availability of Appointment with Specialist <p><u>Exempt Grievances</u></p> <ul style="list-style-type: none"> ➤ The highest volume of exempt grievances in Q4 were: PCP Assignment, Transportation and Interpersonal Clinic/Provider staff. ➤ The number of exempt grievances reported in Q4 remained consistent with Q3. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Inter-rater Reliability Report</u></p> <ul style="list-style-type: none"> ➤ The Inter-rater Reliability audit evaluates clinical and non-clinical A&G staff adherence to regulatory requirements and internal policies and procedures established for the handling of appeals and grievances. ➤ For the audit period of October 1, 2018 through December 31, 2018, results for the appeals and grievances case reviews averaged an overall score of 99.93%. The audit score threshold is 95%. ➤ Feedback is provided to A&G staff on all audit findings. 	
<p>#3 QI Business -Potential Quality Issues (Q4) (Attachment N)</p> <p>Action Patrick Marabella, M.D., Chair</p>	<p>This report provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member, or peer review activity. Peer review activities include cases with a severity code level of III or IV or any case the CalViva Health Chief Medical Officer (CMO) requests to be forwarded to Peer Review.</p> <ul style="list-style-type: none"> ➤ Several non-member PQI's in 2018 were discovered during this reporting period not to have been adjudicated in a timely manner. ➤ Cases were reconciled and this Q4 report reflects accurate information. Q1-3 Reports have been reconciled and updated as well. ➤ A Corrective Action Plan (CAP) is in development with Health Net. ➤ An increase in non-member PQIs adjudicated is expected for upcoming reports. <p>Data was reviewed for all case types including the follow-up actions taken when indicated.</p>	<p>Motion: Approve Potential Quality Issues Q4 (Ramirez/Hodge) 4-0-0-3</p>
<p>#3 QI Business -Provider Office Wait Time (Q2) (Attachment O)</p> <p>Action Patrick Marabella, M.D., Chair</p>	<p>Health plans are required to monitor waiting times in providers' offices to validate timely access to care and services. This report provides a summary that focuses on Quarter 2 2018 monitoring for Fresno, Kings and Madera Counties. All counties are within the 30-minute office wait time threshold for both mean and median metrics. Outliers are tracked and results of monitoring have been reported back to the participating providers. Monitoring and analysis will continue in 2018 to identify opportunities for improvement associated with specific providers.</p>	<p>Motion: Approve Provider Office Wait Time Q2 (Ramirez/Verma) 4-0-0-3</p>
<p>#3 QI Business -Avoidance of Antibiotics for Bronchitis (AAB) QI Summary - Monitoring of Patients on Persistent Medications (MPM) QI Summary (Attachments P-Q)</p>	<p>Two QI Summaries were reviewed with the committee covering Antibiotic Avoidance for Adults with Bronchitis (AAB) and Monitoring for Patients on Persistent Medications (MPM). These reports summarize quality improvement activities associated with HEDIS® measures that have performed below the minimum performance level. Both projects were focused in Madera County. Our process has been to work with a high volume, low compliance clinic to work with the Plan to initiate improvement interventions in an effort to improve clinic and county rates and share successful interventions with other clinics/providers in the service area. The QI Summaries describe improvement interventions, results, and recommendations for each project. Positive results were noted for both.</p> <ul style="list-style-type: none"> ➤ Antibiotic Avoidance for Adults with Bronchitis (AAB) The AAB HEDIS® measure is defined as the percentage of adults (18-64 years of age) with a diagnosis of acute bronchitis who were not dispensed an 	<p>Motion: Approve Avoidance of Antibiotics for Bronchitis (AAB) QI Summary and Monitoring of Patients on Persistent Medications (MPM) QI</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Action Patrick Marabella, M.D., Chair</p>	<p>antibiotic on or within three days of the diagnosis (National Committee for Quality Assurance [NCQA]), (2018).</p> <p>➤ Monitoring for Patients on Persistent Medications (MPM) The MPM HEDIS® measure evaluates the percentage of members 18 years of age and older who are taking antihypertensive/diuretic medications during the measurement year. The required annual tests to monitor these medications include: either serum potassium and serum creatinine tests or a metabolic lab panel test that includes results with these values. The medications monitored for this measure include:</p> <ul style="list-style-type: none"> • Angiotensin Converting Enzyme (ACE) inhibitors; or • Angiotensin Receptor Blockers (ARBs); and/or • Diuretics <p>(National Association for Quality Assurance [NCQA]), (2018).</p>	<p>Summary (Hodge/Ramirez) 4-0-0-3</p>
<p>#4 QI/UM Business - QI Executive Summary & 2018 Work Plan End of Year Evaluation (Attachments R) Action Patrick Marabella, M.D., Chair</p>	<p>Dr. Marabella presented the 2018 Annual Quality Improvement Work Plan Evaluation.</p> <p>The planned activities and Quality Improvement focus for 2018 included the following:</p> <p>I. Access, Availability and Service /Improve Access to Care:</p> <ul style="list-style-type: none"> ➤ Three measures did not meet compliance for Provider Appointment Availability: <ul style="list-style-type: none"> ○ Urgent care appointments with Specialists that require prior authorizations within 96 hours ○ Non-urgent appointment with Specialists within 15 days ○ After Hours Urgent Care to contact on-call provider within 30 minutes. ➤ Corrective Action Plans were issued to all non-compliant PPGs and directly contracted providers. Telephone audits were conducted for providers noncompliant for two consecutive years. ➤ Provider Office Wait Time met overall goal for 30 minutes or less for all three counties in Q2. <p>II. Quality and Safety of Care: All three counties exceeded the DHCS Minimum Performance Level (MPL) in five of the six Default Enrollment Measures; Fresno County fell below in HbA1c testing:</p> <ul style="list-style-type: none"> ➤ Childhood Immunization Combo 3 ➤ Well Child Visits 3-6 years ➤ Prenatal Care ➤ HbA1c Testing ➤ Controlling High Blood Pressure ➤ Cervical Cancer Screening 	<p>Motion: Approve QI Executive Summary & 2018 Work Plan End of Year Evaluation</p> <p>(Ramirez/Verma) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>III. Performance Improvement Projects (PIPs): The two PIPs for 2018 were:</p> <ul style="list-style-type: none"> ➤ Childhood Immunizations (CIS-3) ➤ Postpartum Care Disparity Project (PPC) ➤ These projects will close out on June 30th, 2019 <p>IV. Ongoing Workplan Activity.</p> <ul style="list-style-type: none"> ➤ Monitoring of completion of routine activities. 	
<p>#4 QI/UM Business UM/CM Executive Summary & 2018 Work Plan End of Year Evaluation (Attachments S) Action Patrick Marabella, M.D., Chair</p>	<p>Dr. Marabella presented the Annual Utilization Management Case Management Work Plan Evaluation.</p> <p>Utilization Management & Case Management focused on the following areas for 2018:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory & Accreditation Requirements: <ul style="list-style-type: none"> ➤ Licensure and credentialing requirements maintained. ➤ Program documents and policies were updated to incorporate new regulatory requirements into practice. ➤ DHCS Medi-Cal Managed Care Division Medical Director meetings attended by Medical Directors and CVH CMO. 2. Monitoring the UM Process: <ul style="list-style-type: none"> ➤ Turn-around times for prior authorizations were monitored with a goal of 100%; the average for 2018 was 97.2%. ➤ Annual trends for Appeal rates were reviewed including: Overturns, Partial Upholds, Upholds, and Withdrawals. In addition, the turn-around-time compliance rate was reviewed. Compliance rates have been consistent year to year. 3. Monitoring Utilization Metrics: <ul style="list-style-type: none"> ➤ All UM metrics for Monitoring Utilization met the objectives except “Improve shared risk and FFS UM acute inpatient performance”. ➤ Goals were not met for: <ul style="list-style-type: none"> ▪ Expansion population (MCE) Bed days, admits/K and 30-day readmits ▪ SPD Avg Length of Stay ▪ TANF admits/K ➤ These goals were not met primarily due to fragmented aftercare and inadequate placement options for patients with multiple social determinants of health. 4. Monitoring Coordination with Other Programs and Vendor Oversight: 	<p>Motion: Approve UM/CM Executive Summary & 2018 Work Plan End of Year Evaluation</p> <p>(Ramirez/Verma) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ➤ All metrics for Behavioral Health met goal with the exception of “Network Availability and Adequacy” for Q3 related to some autism providers lacking information in files. ➤ Complex Case Management initiated for behavioral health in Q2 2018. Referrals continue to increase. <p>5. Monitoring Activities for Special Populations:</p> <ul style="list-style-type: none"> ➤ CCS, SPD, CBAS, and Mental Health tracking and monitoring is ongoing. ➤ All monitoring activities met goals except “Provide UMCM Programs to support SPD Mandatory Managed Care Requirements”. ➤ Health Risk Assessments were not meeting expectations as IT migration prevented data exchange. ➤ A Corrective Action Plan was initiated in Q3 and completed by 12/31/18. 	
<p>#4 QI/UM Business Agenda Item: DHCS Quality Corrective Action Plan</p>	<p>On September 25, 2019, the Plan received written notification from DHCS of a Corrective Action Plan (CAP) related to three External Accountability Set (EAS) indicators below the Minimum Performance Level (MPL) in Madera County for three consecutive years.</p> <ul style="list-style-type: none"> ➤ The Plan submitted its response on October 10, 2018, and it was accepted by DHCS. ➤ The Plan met with DHCS on February 11, 2019 to review the CAP process and is currently awaiting response. ➤ Next meeting between the Plan and DHCS is scheduled for May 13th, 2019. 	<p>Informational</p>
<p>#5 UM Business - Key Indicator Report & Turn-around Time Report (December) - Utilization Management Turn-around Time Report (Attachments T) Action Patrick Marabella, M.D, Chair</p>	<p>The Key Indicator Report was presented with a year-end comparison against goals for Q4 2017 through Q4 2018.</p> <ul style="list-style-type: none"> ➤ TANF rates for Q4 2018 were at or below goals in all categories (lower number is better). ➤ SPD rates for Q4 2018 were challenging with Acute Average Length of Stay and Readmission rates above goals. ➤ Medi-Cal Expansion rates were at or slightly above goal in all categories. ➤ Early in 2018 (Q1 & Q2) some measures were well above goal for particular measures in the MCE and TANF populations due to a particularly virulent influenza strain, however these rates came down in the second half of the year. 	<p>Motion: Approve Key Indicator Report & Turn-around time report (December) (Ramirez/Verma) 4-0-0-3</p>
<p>#5 UM Business - Case Management, Transitional Care & Palliative Care (Q4)</p>	<p>This report provides a summary of Case Management, Transitional Care Management, and Palliative Care activities for Quarter 4 2018. The goal of these programs is to identify members who would benefit from the services offered and to engage them in the appropriate program. The effectiveness of the case management program is based upon:</p> <ul style="list-style-type: none"> • Readmission rates 	<p>Motion: Approve Case Management, Transitional Care, & Palliative Care (Q4)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
(Attachments U) Action Patrick Marabella, M.D, Chair	<ul style="list-style-type: none"> • ED utilization • Overall health care costs • Member Satisfaction Positive results continue for these measures in Quarter 4 2018. Effectiveness of the other program types are established and evaluated and included in the quarterly report.	(Verma/Ramirez) 4-0-0-3
#5 UM Business - Specialty Referrals Report: HN(Q4) - Specialty Referrals Report: LaSalle (Q1-Q3) (Attachments V-W) Action Patrick Marabella, M.D, Chair	These reports provide a summary of Specialty Referral Services that required prior authorization in the tri-county area in Q4 for Health Net and revised versions of Q1-Q3 for La Salle. Parameters for these reports have recently been clarified with Delegation Oversight staff. Evidence of the tracking process in place to ensure appropriate access to specialty care is summarized for CalViva Health members. Results will continue to be monitored and reported over time.	Motion: Approve Specialty Referrals Report: HN Q4; Specialty Referrals Reports: LaSalle (Q1-Q3) (Hodge/Verma) 4-0-0-3
#5 UM Business - Clinical Practice and Preventative Health Guidelines (Attachment X) Action Patrick Marabella, M.D, Chair	The Clinical Practice and Preventive Health Guidelines were presented to the committee for review and adoption for CalViva Health. These guidelines are provided in a new format this year and include current recommended practices and screening activities from recognized sources in healthcare literature. <ul style="list-style-type: none"> ➤ These guidelines are available electronically on the Provider Portal. 	Motion: Approve Clinical Practice and Preventative Health Guidelines (Ramirez/Verma) 4-0-0-3
#6 Policies and Procedures -Quality Improvement Policy & Procedure Review (Attachment Y) Action Patrick Marabella, M.D., Chair	The Quality Improvement Policy & Procedure Annual Review grid was presented to the committee. The majority of policies were updated without changes or had minor edits. One policy is new. Former policy PH-061 Initial Health Assessment and HE-001 Individual Health Education Behavioral Assessment were archived and replaced with the policy below: <ul style="list-style-type: none"> ➤ QI-018 Initial Health Assessment and Individual Health Education Behavioral Assessment/Staying Healthy ➤ QI-005 The Quality Improvement Program Requirements policy was also provided to committee members in its entirety for approval due to a large volume of edits, although the basic program elements and procedures have not changed. The policy edits were discussed and the Quality Improvement policies were approved.	Motion: Approve Quality Improvement Policy and Procedure Review (Verma/Ramirez) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#8 Compliance Regulatory Update (Attachment Z)</p>	<p>Mary Beth Corrado presented the Compliance Regulatory Update.</p> <ul style="list-style-type: none"> ➤ 2018 DHCS Medical Audit- The DHCS Final Report was issued on December 17, 2018 and requested a CAP for a finding related to lack of documentation showing that new providers received the training package within 10 working days. The Plan filed a response to the CAP on January 19, 2019, and is awaiting DHCS review/approval. ➤ DMHC auditors will join DHCS auditors for the on-site audit during the week of February 25, 2019. This is not a “joint audit” and each agency is conducting a separate audit reflecting different look-back periods and will issue separate independent reports. ➤ All DMHC requested pre-audit documents and case files were submitted by February 1, 2019. All DHCS requested pre-audit documents and case files were submitted by January 17, 2019. ➤ Pediatric Palliative Care- In the November report to this Committee, it was indicated that one CalViva member would transition under this program. However, it turned out that the member was no longer receiving PPC services at the time of the January 1, 2019 transition. There were no CalViva members receiving PPC services that required transitioning. ➤ Health Homes Program (HHP)- The HHP is an integrated service delivery system for populations with complex, chronic conditions intended to improve outcomes by reducing fragmented care and promoting patient-centered care. The program will be implemented only in Fresno County initially. In anticipation of the July 1, 2019 launch of the HHP, a town hall meeting was conducted in November, 2018 to reach-out to potential Community-Based Care Management Entities (CB-CMEs) within Fresno County. DMHC and DHCS filings (e.g. Plan readiness status, policies and procedures, provider network information, etc.) are due in March 2019 for this new program. ➤ Diabetes Prevention Program- The DPP is an evidence-based lifestyle change program, taught by peer coaches designed to prevent or delay the onset of type 2 diabetes among individuals diagnosed with pre-diabetes. The Centers for Disease Control and Prevention (CDC) established the National DPP, and set national standards and guidelines, also known as CDC Diabetes Prevention Recognition Program (DPRP), for the effective delivery of the National DPP lifestyle change program. Effective January 1, 2019, MCPs must cover the DPP benefit and make it available to eligible members. Members must meet the most current CDC DPRP participant eligibility requirements to qualify for the DPP benefit. ➤ Effective January 20, 2019, the Madera County member vacancy was filled Public Policy Committee. ➤ Th next Public Policy Committee meeting is scheduled for March 6, 2019, at 11:30 am, in Fresno County, at 7625 N. Palm Ave., Suite 109, Fresno, CA 93711. 	
<p>#9 Old Business</p>	<p>None.</p>	
<p>#10 Announcements</p>	<p>None.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#11 Public Comment	None.	
#12 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:30 pm	

NEXT MEETING: March 21, 2019

Submitted this Day: March 21, 2019

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair

Item #6

Attachment 6.A

Committee Appointments
FY 2020

FRESNO-KINGS-
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

Sal Quintero
Board of Supervisors

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill
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

DATE: May 16, 2019

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Committee Appointments—Commissioner Representation

BL #: **BL 19-008**

Agenda Item **6**

Attachment **A**

DISCUSSION:

In accordance with the Committee Charters, Commissioner representation on committees will be established by the RHA Commission Chairperson on an annual basis at the start of each fiscal year except for the "Public Policy Committee". The Public Policy Committee Commission members will serve coterminous terms with their Commission appointment. Chairperson Hodge has approved the following appointments for the Commissioners listed below.

FINANCE:

The **Finance Committee** meets at 11:30 am prior to the Commission meeting.

Commission members: *Supervisor Neves, Supervisor Rogers, John Frye, Paulo Soares, and Harold Nikoghosian.*

QUALITY IMPROVEMENT/UTILIZATION MANAGEMENT:

The **Quality Improvement/Utilization Management (QI/UM) Committee** meets at 10:30am prior to the Commission meeting. This committee must consist of participating providers.

Commission members: *David Cardona, MD, and five participating providers; David Hodge, MD is an alternate.*

CREDENTIALING

The **Credentialing Sub-Committee** meets at 12:00 pm following the QI/UM Committee and prior to the Commission meeting. This committee must consist of participating providers.

Commission members: *David Cardona, MD, and five participating providers; David Hodge, MD is an alternate.*

PEER REVIEW

The **Peer Review Sub-Committee** meets following the Credentialing Sub-Committee and prior to the Commission meeting. This committee must consist of participating providers.

Commission members: *David Cardona, MD, and five participating providers; David Hodge, MD is an alternate.*

PUBLIC POLICY:

The **Public Policy Committee** meets the first Wednesday of every quarter.

Commission member: *Supervisor Neves serves as Chair. His seat is coterminous with his Commission seat.*

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

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Item #7

Attachment 7.A

Fiscal Year 2020 Proposed Budget

**Fresno Kings Madera Regional Health Authority dba CalViva Health
FY 2020 PROPOSED BUDGET**

	Proposed FY 2020 Budget
Medical Revenue	1,131,039,026
Interest Income	798,000
Total Revenues	<u>1,131,837,026</u>
Medical Cost	943,594,535
Gross Margin	<u>188,242,491</u>
Expenses	
Administrative Services Fee	47,322,000
Salary,Wages & Benefits	3,392,535
Bank Charges	6,600
Consulting	105,000
Computer support	157,200
Depreciation Expense	295,200
Dues & Subscriptions	180,192
Community Support	1,750,000
Insurance Expense	214,761
Legal & Professional	190,800
License Expense	694,200
Marketing Expense	1,000,000
Meals	19,700
Office Expense	81,600
Parking	1,500
Postage & Delivery	3,240
Printing & Reproduction	4,800
Recruitment	36,000
Rent	12,000
Seminars & Training	24,000
Supplies	10,200
Telephone	33,600
Travel	28,090
Total Expenses	<u>55,563,218</u>
Income before Taxes	132,679,273
Taxes-MCO	<u>125,872,053</u>
Excess Revenue (Expenses)	<u>6,807,220</u>
Other Income	<u>660,000</u>
Net Income	<u>7,467,220</u>
Capital Expenditure Budget	<u>-</u>

Fresno Kings Madera Regional Health Authority dba CalViva Health
FY 2020 PROPOSED BUDGET

	FY 2019 Projection As of March 2019	FY 2019 Approved Budget	Projected Over (under)	Proposed FY 2020 Budget	Proposed FY 2020 Budget vs FY 2019 Budget Difference	Proposed FY 2020 Budget vs FY 2019 Budget % change
Medical Revenue	1,173,247,335	1,141,754,958	31,492,377	1,131,039,026	(10,715,931.54)	-0.9%
Interest Income	897,864	120,000	777,864	798,000	678,000	565.0%
Total Revenues	1,174,145,199	1,141,874,958	32,270,241	1,131,837,026	(10,037,932)	-0.9%
Medical Cost	984,781,489	954,473,924	30,307,565	943,594,535	(10,879,389)	-1.1%
Gross Margin	189,363,709	187,401,034	1,962,675	188,242,491	841,457	0.4%
Expenses						
Administrative Services Fee	47,597,587	47,190,000	407,587	47,322,000	132,000	0.3%
Salary,Wages & Benefits	3,066,197	3,160,314	(94,117)	3,392,535	232,221	7.3%
Bank Charges	1,832	16,800	(14,968)	6,600	(10,200)	-60.7%
Consulting	5,600	105,000	(99,400)	105,000	-	0.0%
Computer support	127,488	156,000	(28,512)	157,200	1,200	0.8%
Depreciation Expense	290,288	300,000	(9,712)	295,200	(4,800)	-1.6%
Dues & Subscriptions	169,892	178,800	(8,908)	180,192	1,392	0.8%
Community Support	2,012,440	2,100,000	(87,560)	1,750,000	(350,000)	-16.7%
Insurance Expense	199,804	214,488	(14,684)	214,761	273	0.1%
Legal & Professional	116,779	190,800	(74,021)	190,800	-	0.0%
License Expense	674,407	624,000	50,407	694,200	70,200	11.3%
Marketing Expense	795,911	750,000	45,911	1,000,000	250,000	33.3%
Meals	18,814	17,700	1,114	19,700	2,000	11.3%
Office Expense	55,546	78,000	(22,454)	81,600	3,600	4.6%
Parking	1,335	1,200	135	1,500	300	25.0%
Postage & Delivery	3,301	2,400	901	3,240	840	35.0%
Printing & Reproduction	2,139	4,800	(2,661)	4,800	-	0.0%
Recruitment	1,608	36,000	(34,392)	36,000	-	0.0%
Rent	1,600	12,000	(10,400)	12,000	-	0.0%
Seminars & Training	6,447	24,000	(17,553)	24,000	-	0.0%
Supplies	9,310	9,600	(290)	10,200	600	6.3%
Telephone	33,539	31,200	2,339	33,600	2,400	7.7%
Travel	22,812	24,900	(2,088)	28,090	3,190	12.8%
Total Expenses	55,214,675	55,228,002	(13,327)	55,563,218	335,216	0.6%
Income before Taxes	134,149,034	132,173,032	1,976,002	132,679,273	506,241	0.4%
Taxes-MCO	125,872,078	125,872,053	25	125,872,053	-	0.0%
Excess Revenue (Expenses)	8,276,956	6,300,979	1,975,977	6,807,220	506,241	8.0%
Other Income	706,198	600,000	106,198	660,000	60,000	10.0%
Net Income	8,983,154	6,900,979	2,082,175	7,467,220	566,241	8.2%
Capital Expenditure Budget	-	-	-	-	-	

Fresno Kings Madera Regional Health Authority dba CalViva Health
Combined Fresno -Kings - Madera Counties
FY 2020 Budget Projections

	2019						2020						FY 2020
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Budget
Enrollment													
Enrollment	358,500	358,500	358,500	358,500	358,500	358,500	358,500	358,500	358,500	358,500	358,500	358,500	
Total Enrollment	<u>358,500</u>												
Revenue													
Current Mix	88,733,252	88,733,252	88,733,252	88,733,252	88,733,252	88,733,252	88,733,252	88,733,252	88,733,252	88,733,252	88,733,252	88,733,252	1,064,799,026
Maternity Kick , Hyde and supplementals	5,520,000	5,520,000	5,520,000	5,520,000	5,520,000	5,520,000	5,520,000	5,520,000	5,520,000	5,520,000	5,520,000	5,520,000	66,240,000
Medi-Cal Revenue	94,253,252	94,253,252	94,253,252	94,253,252	94,253,252	94,253,252	94,253,252	94,253,252	94,253,252	94,253,252	94,253,252	94,253,252	1,131,039,026
Interest Income	66,500	66,500	66,500	66,500	66,500	66,500	66,500	66,500	66,500	66,500	66,500	66,500	798,000
Total Revenues	<u>94,319,752</u>	<u>1,131,837,026</u>											
Medical Cost	<u>78,632,878</u>	<u>943,594,535</u>											
Gross Margin	15,686,874	15,686,874	15,686,874	15,686,874	15,686,874	15,686,874	15,686,874	15,686,874	15,686,874	15,686,874	15,686,874	15,686,874	188,242,491
Expenses													
Administrative Services Fee	3,943,500	3,943,500	3,943,500	3,943,500	3,943,500	3,943,500	3,943,500	3,943,500	3,943,500	3,943,500	3,943,500	3,943,500	47,322,000
Salary,Wages & Benefits	263,560	265,851	286,119	270,119	270,119	361,119	274,151	276,318	292,318	272,286	272,286	288,286	3,392,535
Bank Charges	550	550	550	550	550	550	550	550	550	550	550	550	6,600
Consulting	8,750	8,750	8,750	8,750	8,750	8,750	8,750	8,750	8,750	8,750	8,750	8,750	105,000
Computer Fees	13,100	13,100	13,100	13,100	13,100	13,100	13,100	13,100	13,100	13,100	13,100	13,100	157,200
Depreciation Expense	24,600	24,600	24,600	24,600	24,600	24,600	24,600	24,600	24,600	24,600	24,600	24,600	295,200
Dues & Subscriptions	15,016	15,016	15,016	15,016	15,016	15,016	15,016	15,016	15,016	15,016	15,016	15,016	180,192
Community Support	145,833	145,833	145,833	145,833	145,833	145,833	145,833	145,833	145,833	145,833	145,833	145,833	1,750,000
Insurance Expense	16,627	16,627	16,627	18,320	18,320	18,320	18,320	18,320	18,320	18,320	18,320	18,320	214,761
Legal & Professional	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	190,800
License Expense	57,850	57,850	57,850	57,850	57,850	57,850	57,850	57,850	57,850	57,850	57,850	57,850	694,200
Marketing Expense	85,500	85,500	95,000	95,000	95,000	95,000	95,000	75,000	75,000	75,000	75,000	74,000	1,000,000
Meals	1,000	1,200	4,200	2,500	1,500	1,500	1,500	1,500	1,200	1,200	1,200	1,200	19,700
Office Expense	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800	81,600
Parking	125	125	125	125	125	125	125	125	125	125	125	125	1,500
Postage & Delivery	270	270	270	270	270	270	270	270	270	270	270	270	3,240
Printing & Reproduction	400	400	400	400	400	400	400	400	400	400	400	400	4,800
Recruitment	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	36,000
Rent	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	12,000
Seminars & Training	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	24,000
Supplies	850	850	850	850	850	850	850	850	850	850	850	850	10,200
Telephone	2,800	2,800	2,800	2,800	2,800	2,800	2,800	2,800	2,800	2,800	2,800	2,800	33,600
Travel	1,990	1,990	1,990	6,200	1,990	1,990	1,990	1,990	1,990	1,990	1,990	1,990	28,090
Total Expenses	<u>4,611,021</u>	<u>4,613,513</u>	<u>4,646,281</u>	<u>4,634,484</u>	<u>4,629,274</u>	<u>4,720,274</u>	<u>4,613,306</u>	<u>4,615,473</u>	<u>4,631,173</u>	<u>4,611,141</u>	<u>4,611,141</u>	<u>4,626,141</u>	<u>55,563,218</u>
Income before Taxes	11,075,853	11,073,362	11,040,594	11,052,391	11,057,601	10,966,601	11,073,569	11,071,402	11,055,702	11,075,734	11,075,734	11,060,734	132,679,273
Taxes-MCO	<u>10,489,338</u>	<u>125,872,053</u>											
Operating Income (Loss)	586,515	584,024	551,256	563,053	568,263	477,263	584,231	582,064	566,364	586,396	586,396	571,396	6,807,220
Other Income	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	660,000
Net Income	<u>641,515</u>	<u>639,024</u>	<u>606,256</u>	<u>618,053</u>	<u>623,263</u>	<u>532,263</u>	<u>639,231</u>	<u>637,064</u>	<u>621,364</u>	<u>641,396</u>	<u>641,396</u>	<u>626,396</u>	<u>7,467,220</u>

Basic assumptions used in FY 2020 budget projections

- Enrollment based on current actual enrollment rolled forward to July 2019 based on current mix of aid codes. Membership projected to remain relatively consistent in comparison to prior year budget with slight increase to account for undocumented adult immigrants, ages 19-26.
- Revenues projected based on actual enrollment breakdown by aid code and county, using aid code specific rates for each county known at time of budget preparation.
- Maternity KICK, Hep C, BHT and HYDE payments projected based on current historical monthly average. No material increase or decrease projected.
- Medical Cost projected as Gross Medi-Cal Revenue less taxes, \$11 pmpm Administrative Services fee, and retention rate retained by CalViva.
- Administrative Services fee projected at \$11 pmpm based on enrollment.
- We are projecting FY 2020 staffing at 18 FTEs up from 17 FTEs in FY 2019. Salary, Wages, and Benefits based on current staffing and rates as of now. Projected wage increases of up to 5% based on employee performance at anniversary date, 7% increase in health insurance premiums based on August renewal, current deferral rate and employer contribution/match into 457 retirement program.
- Knox-Keene DMHC License Expense is to be based on last year's per member rate as an initial benchmark plus a forecasted rate increase and projected March 2019 enrollment for DMHC annual assessment fee to Health Plan.
- Marketing Expense incurred directly by the Plan is projected based on marketing plan for the fiscal year. Increase in marketing from FY 2019 budget due to additional marketing activities and community based sponsorships.
- Depreciation expense based on current fixed assets useful life.
- Premium Taxes (MCO Tax) set to expire June 30, 2019. Although Gov. Newsom's initial budget proposal did not include an extension of the MCO tax, an extension appears likely given the fact that the state of Michigan recently received federal approval for a similar MCO tax structure in December 2018. In addition, the California Legislative Analyst's Office recommended Gov. Newsom include the extension of MCO tax in revised budget, referencing likelihood of approval and also noting that approval would provide a net benefit of approximately \$1.5 billion to the state of California.
- Expenses projected based on either specific identifiable projections for major categories or approximate current run rate for minor expense categories.
 - Consulting/IT
 - Dues and Subscriptions
 - Legal & Professional
 - Insurance

Item #9

Attachment 9.A

2018 Cultural & Linguistics
Executive Summary and Annual Evaluation



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Lali Witrago, MPH, Sr. Cultural and Linguistics Specialist

COMMITTEE DATE: May 16, 2019

SUBJECT: Cultural and Linguistic Services (C&L) 2018 Work Plan End of Year Evaluation – Executive 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 divided 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 December 31, 2018, all work plan activities have been completed with a few projects, e.g., postpartum and breast cancer disparity, continuing in 2019.

Purpose of Activity:

To provide a summary report of the cultural and linguistic services Work Plan End of 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 2018. For a complete report and details per activity, please refer to the attached 2018 C&L Work Plan End of Year Evaluation Report.

1) Language Assistance Services

- a. Submitted audit documentation and responses for the two audit requests received.
- b. Completed contract with new vendor for translation and alternate format production and modified contracts with two other vendors for onsite interpreting.
- c. Non-Discrimination Notice updated and implemented in 2018.
- d. Member newsletter including "We speak your language" article disseminated in August.
- e. Four quarterly LAP and Health Literacy meetings held with requirements and updates provided.

2) Compliance Monitoring

- a. C&L received a total of thirty two grievance cases with fifteen interventions identified and delivered by Provider Relations. Two of these cases were coded to interpersonal issues.
- b. Completed, presented and received approval for the following 2018 reports: 2017 Summary and Work Plan Evaluation, 2017 Summary and Language Assistance Program, 2018 Summary and

Program Description, 2018 Summary and Work Plan, 2018 Summary and Mid Year Work Plan Evaluation, and 2018 Summary and Mid Year Language Assistance Program report.

- c. Assisted with planning and coordination of four Public Policy Committee meetings inclusive of presenting C&L reports at two of the committee meeting.
- d. All C&L related P&Ps reviewed, updated and filed.

3) *Communication, Training and Education*

- a. Provided support with the review and updating of the Quick Reference Guide (QRG) for Appeals and Grievance Department (A&G).
- b. Completed coding structure modifications and implementation on 8/2 in collaboration with A&G. Trained a total of 144 staff on new culture, language and perceived discrimination coding structure and how to code accordingly.
- c. Conducted seven LAP trainings for new call center staff with 99 staff in attendance.
- d. Two LAP / Cultural Competency updates sent to providers to notify them of the LAP and Cultural Competency requirements and resources available.
- e. Article promoting the Public Policy Committee disseminated in the spring 2018 Member Newsletter.

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

- a. A total of 65 materials were reviewed for readability level, content and layout.
- b. Updated the Plain Language and Readability Software online training in March and October.
- c. Conducted six C&L EMR Database trainings via webinar with 136 staff in attendance.
- d. National Health Literacy Month activities conducted during the month of October inclusive of weekly Plain Language trivia utilizing survey monkey and webinar trainings.
- e. Attended and participated in Industry Collaboration Effort (ICE) for Health C&L Team and work groups. Collaborated in the developed of guidance for providers to comply with new Interpreter Quality Standards Requirements on the use of Bilingual/Multilingual Staff as Interpreters as well as the creation of cultural competency training for providers.
- f. Conducted annual cultural competence education. New format included the development of informational articles and recorded presentation on the following topics: 1) Culture and Health Care, 2) Healthcare Experiences and Cultural Healthcare Needs of Recent Arrivals to U.S., 3) Cultural Proficiency in an organization and, 4) How to Apply Culturally Competent Practices in Your Work.
- g. Staff trainings conducted on Gender Neutral Language and Unconscious Bias.
- h. Two Health Equity Newsletters completed and disseminated to all staff in January and December.
- i. Health Disparity training for staff on the topics of formative research and social determinants of health held on February 8 and 9th.
- j. Postpartum care disparity project activities included completion of barrier analysis, revision and field testing of new cultural section of the OB form. Conducted training for clinic staff on cultural sensitivity and postpartum cultural practices and how to complete the cultural section of the revised OB form. A total of 28 staff attended the training. Conducted monthly records reviews in collaboration with QI to evaluate compliance with utilizing the new form. Partnered with the HE team to form the Mendota Community Advisory Group (CAG). Co-lead CAG meetings on 9/13, 10/18 and 11/15. Action plan under development to address and prioritize community needs identified.
- k. Revised the "cultural guidelines for health care providers" and "prenatal and postpartum cultural competency" tips sheets for CalViva Health providers.
- l. Partnered with QI to conduct disparity analysis on Breast Cancer Screening in Fresno County. Analysis identified Hmong women ages 50-64 years with the lowest adherence to breast cancer

screening. Developed disparity work plan that includes a literature review to identify best practices and social determinants of health mapping and analysis to identify community needs. Key informant questions for member, community and providers were also initiated and will be submitted for approvals.

- m. C&L staff have been supporting QI efforts during the BCS clinics by coordinating interpreter support for members, coordinating translation of materials to Hmong, conducting reminder calls and acting as cultural broker for the Hmong population to ensure adherence to their appointment at the BCS screening event.
- n. C&L staff secured a booth and attended the Hmong New year held in Fresno on 12/27 to create awareness on BCS.

Analysis/Findings/Outcomes:

Identified an increase on grievance cases coded to C&L. The increase in the number of grievances reported can be partially attributed to the following: new C&L coding structure implemented on 8/2, additional training to A&G Coordinators on coding accurately, monthly feedback and reclassifying of cases. Additionally, one member filed six separate grievances during this reporting period. C&L will continue to track and monitor this increase and continue to work with A&G department to ensure cases are coded and reported accurately.

Next Steps:

Obtain approval on 2018 end of year work plan evaluation report. Present the 2019 work plan and obtain approval from the QI/UM Committee.



2018
Cultural and Linguistic Services
Work Plan End of 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.

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1	Main Area and Sub-Area	Activity	Measurable Objective	Due Dates	Mid-Year Update (1/1/18 - 6/30/18)	Year-End Update (7/1/18 - 12/31/18)
2	Language Assistance Program Activities					
3	Responsible Staff:	Primary: A. Canetto, L. Witrigo	Secondary: I. Diaz, D. Carr, D. Fang, L. Goodyear-Moya, A. Kelechian, H. Theba			
4	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	Oversight audit of C&L to be completed in July	Submitted audit request and documentation in July for audit review period of January 1, 2017 – December 31, 2017. Provided C&L area responses in October for DMHC 2019 audit tool
5	Contracted Vendors	Provide oversight and consultation for language and interpreter vendor management	Provide consultation on contract negotiations and response for proposals (RFP's)	Ongoing	Completed the contract for CQ Fluency to provide translation and alternate format services from May 1, 2018 to June 30, 2022	Modified telephone interpreter vendor contract (Voiance) to also provide bilingual assessment services from 10/1/2018 to 9/30/2022. Added vendor (Language Services Associates) to provide onsite interpreter services from 8/1/2018 to 7/30/2021. Modified contract with vendor (Akorbi) to provide onsite interpreter services from 10/1/2018 to 9/30/2022
6	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	LAP utilization data collection ongoing. Member race, ethnicity and language preference issues identified during data migration. Issues are expected to be resolved for end of year reporting	LAP utilization data collection ongoing. Member race, ethnicity and language preference issues resolved during Q3
7	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	NDN updated in December 2017 and implemented 1/1/18	No changes needed for NDN and taglines during this time frame

8	Member Communication	Annual mailing to members advising how to access language assistance services	Write or revise annual language assistance article distributed to CalViva members	Annual	Fall 2018 member newsletter to include LAP "We speak your language" article. LAP article advise members on how to access language support services. The newsletter also contains the Non Discrimination notice and the taglines advising how to file a grievance and how to access language assistance services. Newsletter expected to be mailed out in August	Fall newsletter disseminated and in members' homes August 9 - 23, 2018. Newsletter sent to the approximate 191,072 member households
9	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	2017 End of year LAP report inclusive of year over year trend analysis complete, submitted and approved during Q2	2018 mid year report completed and approved during Q3
10	Operational	Oversight of 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. Development of desktop documenting process	Monthly	Monthly meeting with CU to review and updated metrics for interpretation and translation requests are ongoing. Development of desktop in progress and to be completed by end of year	Monthly meeting with CU ongoing and desktop completed and updated as needed throughout the year
11	Operational	Document process for interpreter and translation issue escalation	Production of desktop	Q2	Development of desktop in progress and to be completed by end of year	Desktop for interpreter and translation issue escalation process completed
12	Operational	Review interpreter service complaint logs and conduct trend analysis by vendor	Monitor interpreter service vendors through service complaints	Annual (trend)	Interpreter service complaint logs are being received and monitored on a monthly basis	A total of four vendor related complaints were received, investigated and resolved for 2018
13	Operational	Coordinate and deliver quarterly LAP/Health Literacy meetings to review requirements and department procedures for language and health literacy services	Minutes of meetings	Quarterly	Q1 and Q2 meetings held on February 8th and May 10th. LAP and health literacy requirements discussed and updates provided. Q3 and Q4 meeting scheduled for August 9 and November 8	Q3 and Q4 meetings held on August 9th and November 15th. LAP and health literacy requirements, updates and training information provided

14	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	LAP related P&Ps reviewed and updated as needed. P&Ps scheduled to be submitted in July as part of the oversight audit of C&L	P&Ps submitted in July as part of the oversight audit of C&L
15	Operational	Collect and review LAP P&Ps from other departments to assure compliance with use of NOLA, translation process and interpreter coordination	Develop P&P checklist to ensure departments' compliance with language service requirements. P&Ps will be reviewed and placed in C&L LAP compliance folder	Annual	Collection and review of these P&Ps to take place during Q4	Collection and review of department P&Ps is ongoing
16	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	LAP training was updated and placed on online platform (Cornerstone). Training assignment sent to staff	A total of 4,493 staff took the training
17	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		C&L staff attended meetings to problem solve REL data issues	REL data issues resolved with no additional issues identified
18	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	Updated report template for vendors and specialty plans to report LAP services for C&L oversight and monitoring. MHN LAP data received during Q1 for July-December 2017 and incorporated into C&L end of year LAP report	MHN LAP data received during Q3 for January - June and incorporated into C&L mid year LAP report.

19	Compliance Monitoring					
20	Responsible Staff:	Primary: L. Witrigo, B. Ferris, A. Canetto	Secondary: I. Diaz, D. Carr, D. Fang			
21	Complaints and Grievances	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 seven cases were received and handled by C&L with five interventions deemed necessary. Of the seven cases, four were coded to culture (three non-discriminatory and one to perceived discrimination) and three to other codes (interpersonal and PCP - member not satisfied / appropriateness of treatment). Interventions were identified upon review of the members' allegations and providers' response and documentation. Interventions include tools and training resources addressing the concerns/issues identified, e.g., cultural competence/sensitivity and language services information and requirements. No grievances received were regarding MHN providers or services	A total of 25 grievance cases were received and handled by C&L. Of the 25 cases, five were coded to linguistic non-discriminatory, two cultural non-discriminatory, fourteen cultural perceived discrimination, two 1557 perceived discrimination and two to other codes (interpersonal, PCP / Specialist member not satisfied, etc.). Based on evidence reviewed, C&L identified ten intervention deemed necessary. Interventions included tools and training resources addressing the concerns/issues identified, e.g., cultural competence/sensitivity and language services information and requirements. The increase in the number of grievances reported can be partially attributed to the following: new C&L coding structure implemented 8/2, additional training to A&G Coordinators on coding accurately, monthly feedback and reclassifying of cases. Additionally, one member filed six separate grievances during this reporting period. No grievances received were regarding MHN providers or services. Note: the three cases classified under other codes during Jan-June 2018, have been reclassified to cultural non-discriminatory (2) and cultural perceived discrimination (1)*
22	Complaints and Grievances	Conduct a trend analysis of C&L grievances and complaints by providers	Production of trend analysis report	June	Trend analysis for grievances completed in Q1. Trend analysis for complaints in progress	2017 complaints reports received and trending completed. Consolidated trend analysis report for 2018 complaints and grievances scheduled for Q1

23	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December	Desktop procedure under review / revisions by CalViva compliance, A&G, C&L and Operations to incorporate process for the review of perceived discrimination (1557) cases	Desktop procedure revised and final draft completed and submitted to compliance with final approval pending
24	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	Completed, presented and received approval on the following reports: 2017 Summary and Work Plan Evaluation, 2017 Summary and Language Assistance Program, 2018 Summary and Program Description, and 2018 Summary and Work Plan	Completed, presented and received approval for the following reports: 2018 Mid Year Work Plan Evaluation and 2018 Mid Year Language Assistance Program
25	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	Attended the following CalViva Health meetings and committees: QI/UM work group, QI/UM Committee, RHA Committee, Access Committee, and Public Policy Committee	Attended the following CalViva Health meetings and committees: QI/UM work group, QI/UM Committee, RHA Committee, Access Committee, and Public Policy Committee
26	Oversight	Establish relationships with local community partners, identify participants for Public Policy Committee participation for Fresno, Kings and Madera Counties	Assist coordinate and attend Public Policy Committee planning meetings, Public Policy Committee meetings and C&L relevant community sponsored events as required	Quarterly	Provided planning support for two PPC meetings. Meeting held on 3/7 and 6/13. Prepared reports and power point presentations for the following reports: 2017 Summary and Work Plan Evaluation, 2017 Summary and Language Assistance Program, 2018 Summary and Program Description, and 2018 Summary and Work Plan. Presented the reports listed during the 6/13 meeting in Kings County. Also coordinated and processed invoices for Spanish language interpreter for member in attendance	Provided planning support for two PPC meetings. Meeting held on 9/5 in Madera County and 12/5 in Fresno County. Prepared high level power point presentations for the 2018 Mid Year Work Plan Evaluation and 2018 Mid Year Language Assistance Program reports and presented these during the 12/5 meeting
27	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	All C&L related P&Ps reviewed and updated. P&Ps scheduled to be submitted in July as part of the oversight audit of C&L	All C&L related P&Ps submitted in July as part of the oversight audit of C&L

28	Communication, Training and Education					
29	Responsible Staff:	Primary: L. Witrigo, B. Ferris	Secondary: D. Carr, I. Diaz, H. Theba			
30	Training and Support	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	Provided support with the review and updating of the QRG. Completed coding structure modifications in collaboration with A&G department. C&L conducted training for A&G Coordinators on 5/23 with a total of 30 staff in attendance. Training focused on new culture, language and perceived discrimination coding structure and how to code accordingly. Deployment of new codes pending compliance approval*	Support to A&G staff on how and when to code is ongoing. New codes approved and implemented on 8/2/18. C&L trainings for A&G coordinators conducted on 8/28 with a total of 144 staff in attendance. Training for Call Center staff also conducted on 11/9 with a total of 5 staff in attendance. Training focused on new culture, language and perceived discrimination coding structure and how to code accordingly to ensure exempt grievance are coded to C&L consistently
31	Staff Training	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	C&L conducted four LAP trainings for call center staff on the following dates: 1/5, 2/22, 2/28, and 5/17. A total of 62 call center staff were in attendance	C&L conducted three LAP trainings for call center staff on the following dates: 8/27, 10/11, and 11/29. A total of 47 call center staff were in attendance. Also conducted training for Call Center on C&L coding on 11/9. Conducted training/in service on 12/19 for new CalViva administration staff regarding C&L department programs, services and core areas
32	Staff Communication	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 managed on an ongoing basis. Updated the site to include the most current and updated materials	The C&L site (SharePoint) is updated on an ongoing basis to include the most current and updated materials

33	Provider Communication	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	Population demographics and interpreter information included in LAP services. Provider Update to be distributed by end of July. Promotion of on-line cultural competence/OMH training also incorporated into this Provider Update	LAP provider update disseminated on July 20. An updated provider update on LAP and notification of cultural competence training was disseminated on December 6th. Provider online articles prepared and submitted for publication on the following topics: 1) LAP program, 2) Diverse Populations and Interpreter access and 3) Using Botanical Treatments
34	Provider Communication and Training	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	Material request availability promoted. Two request for C&L tools and resources for providers were fulfilled	A total of five request for C&L tools and materials were received and fulfilled. Additionally, multiple email inquiries and requests for additional information and training resources were received from providers as a result of the Provider Updates
35	Member Communication	Annual PPC promotion article on member newsletter	Write or revise annual PPC article distributed to CalViva members	Annual	PPC promotion article reviewed and included on the Spring 2018 member newsletter. Newsletter reached approximately 190,182 households during the month of March	Article published in March
36	Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity					
37	Health Literacy					
38	Responsible Staff:	Primary: A. Kelechian, D. Carr, L. Goodyear-Moya	Secondary: B. Ferris, L. Witrago			
39	English Material Review	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)	95% on-time completion of all EMRs as tracked through the C&L database	Ongoing	A total of 33 EMRs were completed during the reporting period. Four of the 33 EMRs came from MHN. Thirty three attestations also completed and provided to the staff who submitted the request. Unable to report on the percentage of on-time completion for all EMRs since the database was moved to a new server and this reporting feature can not be restored	A total of 32 EMRs and attestations were completed during this reporting period. One of the 32 EMRs came from MHN. In addition, a total of 37 materials were reviewed for translation accuracy and thoroughness

40	Operational	Review and update Health Literacy Tool Kit to include: a 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	Updated the C&L Layout checklist, C&L review flow, All in One Guide to C&L Reviews and C&L Database (version 5)	Updated the C&L Content & Layout checklist, C&L review flow, All in One Guide to C&L Reviews and C&L Database (version 6-8)
41	Training	Quarterly training for staff on how to use the C&L database and write in plain language	Quarterly training	Quarterly	Updated and deployed Plain Language and Readability Software online training in March. A total of 202 staff completed the online training during this reporting period. C&L also conducted four C&L EMR Database trainings via webinar on the following dates: 1/25, 3/1, 4/12 and 5/15. A total of 131 staff were in attendance	Updated and redeployed Plain Language and Readability Software online training in October. C&L also conducted 2 C&L EMR Database trainings via webinar on the following dates: 11/8/18, and 11/28/18. A total of 5 staff were in attendance.
42	Training	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	Summary report of activities completed inclusive of NHLM activities took place from October 1st to November 2nd. Activities included online article introducing NHLM, posting of weekly Plain Language Question utilizing survey monkey, Plain Language and Readability Studio Trainings, Readability Studio Challenge and wrap up article highlighting the month long activities. A total of 128 employees participated in this years NHLM activities with 23 staff completing the Plain Language and/or Readability Studio Training

43	Cultural Competency					
44	Responsible Staff:	Primary: D. Carr, H. Theba, L. Witrago	Secondary: A. Canetto, L. Goodyear-Moya			
45	Collaboration-External	Representation and collaboration on ICE for Health external workgroup	Minutes of meetings that reflect consultation and shared learning	Ongoing	Attended and participated in two ICE for Health C&L work group and a four sub workgroup meetings. Sub workgroup working on the development of tools and resources for providers on the topic of qualified bilingual staff. Drafted a Guidance to Comply with New Interpreter Quality Standards Requirements on the use of Bilingual/Multilingual Staff as Interpreters. Also contributed with researching vendors and entities for testing and training for providers to use to refer their bilingual staff. Approval and finalization of these documents pending for Q3. C&L staff also worked on a sub work group to develop cultural competency provider training modules	Attended and participated in ICE for Health C&L Team meetings and two of the work group. One work group developed guidance for providers to comply with new Interpreter Quality Standards Requirements on the use of Bilingual/Multilingual Staff as Interpreters. The work group also developed a resource for a list of vendors and entities for testing and training for providers to use if they want to send their bilingual staff for assessment or training. Both of these document were approved by the ICE for Health leadership and published on the ICE for Health website in September. C&L has share these approved resources with provider facing staff for dissemination with providers, e.g., Facility Site Review, Provider Relations. C&L staff continues to work with another work group on the development of cultural competency training for providers. Module 1 on cultural competency and patient engagement has been completed, approved by the ICE leadership and published on the ICE site library for providers to access

46	Provider Training	<p>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 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</p>	<p>Output number of providers who received cultural competency training by type of training received</p>	Annual	<p>Provider update promoting OMH training and customized cultural competency training scheduled to go out in July. No requests for provider training have been received</p>	<p>Provider update disseminated on July 20th. An updated Provide Update also completed and sent out on December 6th. Update included promotion of the OMH training and availability of customized trainings by C&L. Multiple requests for additional online training information were received from providers. OMH, ICE for Health and C&L customized training information provided upon request</p>
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47	Staff Training	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	Conducted annual cultural competence education for all staff. New format this year included the development of articles and recorded presentations. Articles with links to presentations were disseminated to all staff and also posted on the intranet. Topics for recorded presentation were: 1) Culture and Health Care, 2) Healthcare Experiences and Cultural Healthcare Needs of Recent Arrivals to U.S., 3) Cultural Proficiency in an organization and, 4) How to Apply Culturally Competent Practices in Your Work. Other articles included an introduction to this years format and a final / wrap up article. Recorded presentations were also placed on YouTube and links included on articles provided to CalViva Health for all local staff to access	Completed during Q3
48	On Line Training	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 provided to CalViva Health's chief operations officer for administration to local staff. 100% of CalViva Health staff earned a passing score over 80%	Online cultural competency training taken by a total of 2,585 staff completing the training
49	Training	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	Conducted training on Gender Neutral Language for QI staff on 6/5 with a total of 13 staff in attendance*	Conducted the following two trainings: Unconscious Bias on 10/16 with 23 staff in attendance and Gender Neutral Language on 12/13 with 39 staff in attendance

50	Health Equity					
51	Responsible Staff:	Primary: L. Witrigo, A. Canetto	Secondary: H. Theba, L. Goodyear-Moya			
52	Operational	Increase interdepartmental alignment on disparity reduction efforts	Facilitate of health equity advisory group twice a year	Q1 and Q3	Health Disparity Collaboration Group ongoing and meeting once to twice a month. Staff from various departments including QI, HE, Community Engagement and Marketing meet and discuss efforts and alignment	Health Disparity Collaboration Group meeting ongoing. CalViva disparity projects' efforts discussed for feedback and alignment with other departments
53	Operational	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. Coordinate Health Disparity training / retreat for staff.	Ongoing Q1: Training	Health Equity Newsletter Vol 2 completed and disseminated to all staff in January. Health Disparity training around formative research and social determinants of health held on February 8 and 9th. Staff from QI, HE and C&L were in attendance	Health Equity Newsletter Vol 2, Issue 2 and Vol 2, Issue 3 completed and disseminated to all staff in July and December, respectively
54	Operational	Co-lead DHCS Disparity PIP on prenatal/postpartum HEDIS measures and implement disparity reduction model, if appropriate	Support development of modules; meet PIP disparity reduction targets	Ongoing	Module 3 submitted and Module 4 under development	Provided input to QI on modules 3 and 4. Continue to collaborate with QI and HE departments and host bi monthly PPC disparity PIP work group meetings to discuss progress and next steps

55	Operational	Identify health disparity and develop interventions	Intervention delivered	Ongoing	<p>Postpartum care disparity interventions under development. Cultural preference section added to OB history form. Intervention was determined based on focus group / key informant interview results. Section details were determined and tested by three different community / member groups. Social determinants of health literature review completed and issues / barriers identified. Community Advisory Group currently being formed'</p>	<p>Finalized OB form and conducted training for staff on cultural competence/sensitivity around postpartum cultural practices and how to complete the cultural section of the OB form. A total of 28 staff attended the training (3 MDs, 1 PA, 1 LVN, 1 RD, 1 clinic manager, MAs, HEs, and CPHWs). Conducted monthly records reviews in collaboration with QI to evaluate compliance with utilizing and completing the new section. Compliance rate with completing the cultural section was low during the first month (15.4% in September) yet has incrementally increased over the months (44.4% in October and 63.3% in December). C&L also partnered with the HE team to form the Mendota Community Advisory Group (CAG). CAG membership is composed of CalViva members and community stakeholders including clinic staff to provide direction on community priorities. HE and C&L lead CAG meetings on 9/13, 10/18 and 11/15. September meeting focused on CAG goals and purpose as well as postpartum project status update. During the October meeting, staff facilitated a community cafe to obtain feedback on community issues, barriers and needs inclusive of SDOH. The November meeting focused on determining community needs and activities to address needs identified</p>
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56	Operational	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	Provided REL and LAP information and resources to HEDIS Coordinator to support education to providers during HEDIS visits. Revised the "cultural guidelines for health care providers" and "prenatal and postpartum cultural competency" tips sheets for CalViva Health	C&L partnered with QI to conduct disparity analysis on Breast Cancer Screening in Fresno County. Race/Ethnicity/Language and Age analysis identified Hmong women ages 50-64 years with the lowest adherence to breast cancer screening. C&L developed disparity work plan and obtained approval to implement during Q4. Work plan includes a literature review to identify best practices and social determinants of health mapping and analysis to identify community needs. Key informant questions for member, community and providers were also initiated and will be submitted for approvals. At the same time, C&L staff have been supporting QI efforts during the BCS clinics by coordinating interpreter support for all members, coordinating translation of materials to Hmong, conducting reminder calls and acting as cultural broker for the Hmong population to ensure adherence to their appointment at the BCS screening event. During the first event held on 12/12, a total of 28 (out of 47 scheduled) BCS screening were completed for a 60% show rate. C&L staff secured a booth and attended the Hmong New year held in Fresno on 12/27 to create awareness on BCS
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* Correction to entry.

Item #9

Attachment 9.B

2019 Cultural & Linguistics
Executive Summary and Program Description



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Lali Witrigo, MPH, Sr. Cultural and Linguistics Specialist

COMMITTEE DATE: May 16, 2019

SUBJECT: 2019 Cultural and Linguistic (C&L) Services Program Description – CalViva Health – Change Summary

Redline Page #	Section/Paragraph name	Description of Change	New Page #
Page 10	Communication for LAP	Added provider relations representatives	Page 9
Page 11	Cultural and Linguistic Consulting Services	Modified gender preference to sexual orientation	Page 11
Page 11	Cultural Competency Education for Providers	Modified (twice) gender preference to sexual orientation	Page 11
Page 11	Cultural Competency Education for Providers	Added update regarding Cultural Competency training for providers is documented in the provider directory	Page 11
Page 14	Health Equity Interventions	Included Medical Directors' support as part of the disparity reduction efforts	Page 13
Page 20	Appendix 1 under HNCS C&L Services Department Staff Roles and Responsibilities	Modified C&L staff to six Senior C&L Specialists, one Diversity and Disability Program Specialist, two supplemental staff, one Biostatistician, and one Project Coordinator	Page 19
Page 20	Appendix 1 under HNCS Leadership Team	Modified Health Net Inc. to Health Net LLC due to name change	Page 19

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Cultural and Linguistic Services
Program Description



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1.0 EXECUTIVE SUMMARY

The Fresno-Kings-Madera Regional Health Authority (RHA) is a local public agency, created through a joint exercise of powers agreement by the Counties of Fresno, Kings, and Madera in California. Under California's Medi-Cal Managed care program, the RHA dba CalViva Health is designated as the Local Initiative. CalViva Health is contracting with Health Net Community Solutions (HNCS) to provide cultural and linguistic services and programs for the majority of CalViva Health's membership. CalViva Health ("CalViva" or "Plan") may also contract with other entities or health plans to provide or arrange cultural and linguistic services and programs for members enrolled with CalViva Health.

CalViva Health, in collaboration with Health Net Community Solutions (HNCS), is committed to improving health outcomes by providing cultural and linguistic services and programs that facilitate effective communication between a diverse membership, provider networks, and CalViva Health and HNCS.

The HNCS Cultural and Linguistic Services Department (C&L Services Department) develops programs and services to facilitate understanding, communication and cultural responsiveness between members, providers and Plan staff.

The C&L Services Department, on behalf of CalViva Health, provides resources, materials, trainings, and in-services on a wide range of C&L topics that impact health and health care. Services offered include, but are not limited to, cultural and language information for providers and their staff, as well as for Plan staff; trainings on language assistance requirements imposed by state and federal regulatory agencies; interpreter support for members and providers; culturally appropriate translation and review of member materials; and cultural responsiveness education.

C&L services are part of a continuing quality improvement endeavor. The C&L program description, work plan, language assistance utilization report and end of year reports are all submitted to the CalViva Health Quality Improvement / Utilization Management (QI/UM) committee for review and approval.

2.0 Staff Resources and Accountability

2.1 Staff Roles and Responsibilities

A detailed description of staff roles and responsibilities is included in Appendix 1.

3.0 MISSION, GOALS AND OBJECTIVES

3.1 Mission

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

3.2 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:

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

3.3 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).
 - Develop and implement Policies and Procedures (P&Ps) related to the delivery of culturally and linguistically appropriate services.
 - Utilize and implement the Culturally and Linguistically Appropriate Services (CLAS) Standards developed by the Office of Minority Health, to address Health Care disparities.
 - Collect and analyze C&L information and requirements as identified by DMHC and DHCS and other regulatory or oversight entities.
 - Adhere and implement HHS guidelines for Section 1557 of the ACA for C&L services and requirement for non-discrimination based on race, color, national

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- origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability.
- Collect, analyze and report membership language, race and ethnicity data.
 - Inform members of interpreter services via the member newsletter, the Member Handbook/Evidence of Coverage (EOC), and other communication sources at least once annually.
 - Maintain information links with the community through Public Policy Committee (PPC) meetings, Group Needs Assessment (GNA) and other methods.
 - Inform contracted providers annually of the C&L services available via Provider Updates, online newsletter articles, the Provider Operations Manual, in-services, trainings, conferences, and other communication sources.
 - Monitor the use of taglines and Non Discrimination notices in all required communications.
- B. To ensure staff and providers have C&L resources available to provide culturally competent services to CalViva Health members.
- Provide C&L information and support for HNCS and CalViva Health staff in their efforts to provide excellent customer relations and services.
 - Collaborate with other departments, where appropriate, to further the mutual attainment of culturally and linguistically appropriate healthcare services received by members.
 - Support efforts of contracted providers to deliver culturally and linguistically appropriate health care services by providing informative materials, cultural competency workshops, and in-services.
 - Promote effective communication by staff and contracted providers with LEP members by providing them with easy access to culturally and linguistically appropriate materials, high quality translations of member-informing materials, high quality interpreter services, and culturally responsive staff and health care providers.
 - Deliberately address health equity through collaborating to develop and implement an organizational and member level strategic plan to improve health disparities.
 - Sustain efforts to address health literacy in support of CalViva Health members.
 - Provide oversight for the assessment of bilingual capabilities of bilingual staff and provide ongoing education and support.
- C. To be champions of cultural and linguistic services in the communities CalViva Health serves.
- Continue involvement with local community-based organizations, coalitions, and collaborative efforts in counties where CalViva Health members reside and to be a resource for them on C&L issues.

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- Participate actively and leverage resources from community and government committees including Health Industry Collaboration Effort (ICE), America's Health Insurance Plans (AHIP), and California Association of Health Plans (CAHP).

D. To promote and be champions for diversity of CalViva Health members, providers and Plan staff. This includes:

- Provide C&L services that support member satisfaction, retention, and growth.
- Increase cultural awareness of Plan staff through trainings, newsletter articles, annual "Heritage Month", and other venues.

4.0 C&L SERVICES WORK PLAN

The 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. The 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.

The work plan also supports information-gathering through annual GNA updates, data analysis, and participation in the CalViva Health Public Policy Committee (PPC). In addition, the Plan interacts with community-based organizations, advocacy groups, community clinics and human service agencies to identify the cultural and linguistic-related concerns of the community.

The work plan is divided into the following areas:

- Language Assistance Program Activities
- Compliance Monitoring
- Communication, Training and Education
- Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity

The work plan activities are evaluated twice a year by CalViva Health's QI/UM committee. The work plan activities are also shared as information to CalViva Health's PPC. The mid-year review monitors the progress of each activity and assesses if it is meeting the established objective. The mid-year review allows for modifications to be taken if necessary, and ensures progress is on course. The end of year evaluation assesses if the activity has met the objective, its successes, identifies the challenges and barriers encountered and how they were addressed, and is also an assessment for the future direction of C&L services. This work plan review process assures that a standard of excellence is maintained in the delivery of cultural and linguistic services. The work plan has more detailed information and activities in these areas.

5.0 SCOPE OF PROGRAMS AND SERVICES

The Plan is committed to ensuring quality care and services that meet the needs of diverse communities within the CalViva Health service area. CalViva Health, in collaboration with the Health Net Community Solutions (HNCS), ensures that all services provided to members are culturally and linguistically appropriate. There are some aspects of language assistance services that are delegated to HNCS with oversight by CalViva Health. The collaboration and coordination between both plans ensure that there is dedicated staff providing overall support and guidance to C&L program and services.

5.1 Language Assistance Program

The Plan established and monitors the Language Assistance Program (LAP) for members and providers. The LAP is a comprehensive program that ensures language assistance services are provided for all members and that there are processes in place for training and education of Plan staff and providers. The LAP ensures equal access to quality health care and services for all members. C&L provides oversight for LAP operational activities and directly provides LAP services related to member and provider communication.

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. The mandated standards (4, 5, 6, and 7) provide the basics for language support services for CalViva Health members.

The LAP main elements include:

- **Demographic Data Collection for Members**

The standards for direct collection of members' race, ethnicity, alternate format, spoken and written language needs consist of informing members of the need to collect information, requesting information from members, capturing the information accurately in the membership data bases and monitoring the information collected. Members are informed of the need to collect this information thru a variety of methods such as the member newsletter. Providers may request the information collected for lawful purposes.

- **Interpreter Services**

Interpreter services range from ensuring contracted vendors are in place, monitoring the provision of services and annual communication with members and providers on how to access these services. Interpreter services are available in over 150 languages supported by the contracted vendors and bilingual staff. Interpreter services are guided by the Interpreter Services and Assessment of Bilingual Staff policies and procedures

and meet the national quality standards for interpreter support. Interpreter services facilitate communication with LEP members to speak with Plan staff and/or its contracted providers. Bilingual staff and contracted telephone interpreter services vendors are used to assist LEP members.

Providers and members may request an interpreter 24 hours a day, 7 days a week at no cost. Interpretation services may be delivered either telephonically, face-to-face or sign language (SL) depending on the nature of the appointment and need. Interpreter services also include oral translation services of print documents upon request from a member, which may be provided by either a bilingual staff or contracted interpreter vendor. Quality standards for contracted interpreter services are incorporated into the vendor scope of work agreements and include demonstrating that the interpreter is versed in health care and medical terminology as demonstrated by a validated test instrument, familiarity with interpreter ethics, and verification process for basic interpreter skills such as sign translation, listening and memory skills, commitment, confidentiality and punctuality. Interpreter quality standards are fully compliant with the new interpreter quality definitions from the federal requirements in Section 1557 of the ACA and with CA SB223, Language Assistance Services.

The Plan also supports provider groups and individual providers' efforts to supply interpreter services for CalViva Health's LEP members. Providers may call the Provider Services toll free number and request interpreter assistance. Updates on C&L services available to contracted providers are sent regularly to all contracted providers.

- **Translation Services**

Translation services are guided by the Translation of Written Member Informing Materials P&P and are based on industry translation standards. Translation services includes quality standards for translators, a style guide to promote consistent translation quality, a glossary of common terms in each threshold language, provision of materials in Alternate Formats, a review process to prepare English documents for translation, and a process to monitor translations for quality, timely delivery, and accuracy. Translation services ensure that member informing documents are provided in the threshold languages of English, Spanish and Hmong and that a notice of language assistance (NOLA) is included in member mailing when required. The translation program includes oversight of the use of the Non Discrimination notices and taglines with English documents as required by federal rules (Section 1557, 45 CFR 155.205).

- **Alternate Formats** – CalViva Health provides alternate formats of member informing documents to members as required by regulation, law, and upon member request. Alternate formats consist of Braille, large print and accessible PDF documents. The quality of the documents and the time to fulfill member requests for these documents are monitored to assure timely access of benefit information to CalViva Health members. The provision of alternate formats is compliant with Section 1557 of the ACA. This consists of informing members of

the need to collect information on their preferred alternate format, requesting the information, capturing the information accurately in the membership data bases and monitoring the information collected. If a member states their preferred alternate format is Braille, CalViva Health will provide all required member information material to this member in this format moving forward.

- **Oversight of Contracted Specialty Plans and Health Care Service Vendors**

The C&L Services Department is responsible for monitoring its Language Assistance Program (LAP), including plan partners, specialty plans and delegated health care service vendors, and to make modifications as necessary to ensure full compliance. Monitoring includes assurance that all language assistance regulations are adhered to for members at all points of contact.

- **Training on LAP**

All Plan staff who have direct routine contact with LEP members and whose duties may include elements of CalViva Health's language services must be trained on the LAP and on the P&Ps specific to their duties. Training is conducted annually and is done either in person and/or on-line.

- **Monitoring for LAP Quality**

The quality of the LAP is assured through quarterly monitoring of the utilization of language services such as interpreter requests by language, telephone interpreter utilization by language, and the number of member requested translations. Quality of translations and interpreters is monitored through quarterly review of linguistic grievances and member complaints that are related to language.

The C&L Services Department also oversees and monitors the delegation of LAP services with our specialty plans and ancillary vendors. The C&L Services Department in collaboration with other departments ensures LAP services are available to all members at all points of contact and that the specialty plans and ancillary vendors have processes in place to adhere to the regulations. To assure that all language assistance regulations are adhered to for members at all points of contact, C&L requests/obtains a semi-annual report from each specialty plan or health care service vendor. The C&L Services Department provides consultation services to these plans and vendors as necessary.

- **Communication for LAP**

The Plan has implemented processes to assure routine member and provider communication promoting the LAP. The Plan advises members annually of no-cost language services (inclusive of interpreter and translation support) that are available to them. Methods of member communication are inclusive of PPCs, community-based

organizations, member service representatives and/or other Plan staff, member newsletters, ~~and~~ call center scripts, and provider relations representatives.

Providers receive an annual reminder of the language assistance services that are available to them in support of CalViva Health members which includes how to access the LAP at no cost to members. Methods for communication are inclusive of the online Provider Operations Manual, Provider Updates, Operational Toolkits (including the new Rainbow Guide), mailings, in-person visits, and/or trainings/in-services.

5.2 Cultural Competency

CalViva Health integrates culturally competent best practices through provider and Plan staff in-services, training, education, and consultation. The training program offers topic specific education and consultation as needed by Plan staff and contracted providers. The cultural competency training program covers non-discrimination based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability.

▪ Cultural Competency Training for staff

Support for staff includes workshops, training, in-service, and cultural awareness events. Training and education on C&L services and/or cultural competency is provided on ongoing bases to Member Services, Provider Relations, Health Education, Quality Improvement department staff, etc. The goal of these is to provide information to staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP, C&L resources, and member diversity.

Annually, the Plan hosts a Heritage event for Plan staff as the main cultural competency training activity. Staff engages in training, interactive learning and events related to cultural competency.— The cultural issues that impact seniors and persons with disabilities are topics covered during the Heritage event. Cultural competency training course will also include content on access to care needs for all members regardless of their gender, sexual orientation or gender identity. The event demonstrates CalViva Health's commitment to being a culturally competent organization by providing a forum for Plan staff to learn about diverse cultures, which increases their understanding of the diverse cultures represented in CalViva Health's membership. This understanding also serves to build sensitivities that promote a non-discrimination environment.

▪ Cultural and Linguistic Consulting Services

Each C&L staff member has a cultural subject matter area of expertise that includes: cultural issues that impact seniors and persons with disabilities, cultural issues that impede health care access for Lesbian, Gay, Bisexual & Transgender (LGBT) populations, cultural disconnects that may result in perceived discrimination based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital

status, sexual orientation, health status, or disability, and the cultural issues that impede accessing health care services for recent arrivals. C&L staff also offers s specialized consultation on many other areas including:

- Case managers to assist in building trust with patients who are recently arrived immigrants
- Quality improvement coordinators to help identify cultural issues and strategies to help improve preventative access to care
- Grievance coordinators and provider relations representatives to address perceived discriminations including but not limited to those due to members' gender, gender preference sexual orientation or gender identity
- Care coordinators trying to obtain medical information for patients hospitalized outside of the U.S.

- **Cultural Competency Education for Providers**

The Plan supports contracted providers in their efforts to provide culturally responsive and linguistically appropriate care to members. The services that are offered to contracted providers are intended to:

- Encourage cultural responsiveness and awareness
- Provide strategies that can easily be implemented into a clinical practice
- Foster improved communication and health outcome for patients from diverse cultural and ethnic backgrounds, with limited English proficiency, disabilities, regardless of their gender, gender preference sexual orientation or gender identity
- Foster non-discrimination based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability.

To identify the cultural needs of providers, the Plan collects information from providers using a variety of methods, including the annual provider survey that is conducted by the Quality Improvement Department.

Cultural competency services are also promoted to providers through the provider website, the ICE provider toolkit, "Better Communication - Better Care" and tailored cultural competency workshops. Many topic areas for presentations on cultural aspects of health care, and provider group in-services on interpreter services, cultural and linguistic requirements and working with SPD population are available to providers upon request. [Cultural Competency training for providers is documented in the provider directory.](#)

Additionally, the Plan has developed materials for use in provider offices that specifically address cultural background and clinical issues. CalViva Health recognizes that diverse backgrounds include culture, ethnicity, religion, age, residential area, disability, gender, gender preference sexual orientation and gender identity. Because diversity is complex and an important component for individuals as they access and utilize services, emphasis is placed on developing materials that are researched and field-tested to

assure quality and cultural appropriateness. Providers may access the materials by calling the Cultural and Linguistic Services Department toll free number during business hours at (800) 977-6750.

- **Collaborations**

Representatives of the Plan have been an active participant and co-chair/lead on the Industry Collaboration Efforts (ICE). Participation on this collaboration has provided the Plan with suggestions to implement new cultural or linguistic legislation. It has also provided a forum to discuss language assistance program challenges faced by providers and other health plans that result in a more consistent experience for LEP members.

5.3 Health Literacy

The Plan continues to make strides in the promotion of health literacy through the implementation of the health literacy initiative *Clear and Simple*. The Initiative offers: a) Plain Language on-line training b) Plain Language tip sheets, c) Support in development of documents at appropriate grade level, d) Access to plain language readability software, e) Readability software training, f) Cultural Competency and Plain Language checklists for materials production, g) A database that streamlines the English Material Review process, h) Participation in National Health Literacy Month, and i) Provider training on motivational interviewing/reflective listening and plain language resources.

- **Plain Language 101 Training**

The available training provides Plan staff with a basic understanding of health literacy and its impact on health care access. For example, trainings cover useful tips on how to write in plain language such as avoiding jargon, using simple words, and giving examples to explain difficult concepts. This ensures that communications available to members are clear and easy to understand.

- **Readability Software and Training**

In an effort to sustain the Clear and Simple initiative, the Readability software was made available to all staff developing member informing materials.– The software supports staff in editing written materials so that they are easily understandable for members.– All staff that produces written materials for members are required to utilize readability studio, edit their documents and provide the grade level analysis to C&L prior to a request for English Material Review.

The C&L Department has developed and implemented Readability Studio training so that staff have the support to affectively navigate the software and produce effective member materials. The training is delivered utilizing adult learning theory and provides

hands-on experiential learning in operating the software and editing written materials to a 6th grade reading level.

- **Clear and Simple Guide**

The C&L Services Department produces a Plain Language Guide that provides 15 tips for staff to follow when preparing member materials and as well as a document checklist to confirm plain language standards were applied. The guide is provided during training and is also available online.

- **English Materials Review (EMRs)**

The C&L Services Department conducts English material reviews through the EMR database. EMRs are conducted on all member informing materials to ensure that the information received by members is culturally and linguistically appropriate. Readability levels are assessed on the original document and revised accordingly to ensure they comply with required readability levels mandated by regulatory agencies. The review process ensures that document layouts are clean, easy-to-read, well organized, and that images are appropriate and culturally relevant and prepares documents to be ready to be translated, when indicated. Cultural competency and plain language checklists are required to be submitted with all EMR requests.

- **National Health Literacy Month**

National Health Literacy Month is promoted internally by Plan staff every October and offers an opportunity for staff to participate in various contests to exemplify how they are using the Clear and Simple principles in their everyday work.

5.4 Health Equity

CalViva Health is committed to supporting the health of our members and promoting the reduction of health disparities across our membership. In order to accomplish this, Plan staff collaborates across departments and with external partners in order to analyze, design, implement and evaluate healthy disparity interventions.

- **Health Equity Interventions**

Health Equity Project: This intervention involves the development and implementation of an action plan to reduce health disparities.— Plan staff look systematically and deliberately at the alignment of resources and development of strategies to reduce targeted health disparities. Disparity reduction efforts are implemented through a model that integrates collaboration across departments, e.g., Quality Improvement, Provider

Relations, Cultural and Linguistics, Health Education, [Medical Directors](#), and Public Programs. The model utilizes a multidimensional approach to improving quality and delivery of care inclusive of community outreach and media, provider interventions and system level initiatives. The following highlights the core components of the disparity reduction model:

- Planning inclusive of key informant interviews, literature reviews, data analysis (spatial and descriptive), development of community and internal advisory groups and budget development
- Implementation of efforts are targeted at 3 core levels 1.) Member/Community where partnerships are formed to identify existing initiatives and leverage support of community feedback to design and implement interventions, 2.) Provider interventions targeting high volume low performing groups and providers who have disparate outcomes, and 3.) Internal programs to improve disparities in identification, engagement and outcomes in Case Management and Disease Management
- Evaluation and improvement of health disparity efforts is conducted using PDSA cycles.

Consultation: Plan staff collaborates across departments to provide consultative services for cultural competency and linguistic perspectives in order to improve health disparities. Examples of consultations include partnership on QI intervention development and support of care transition programs.

- **Collaborations**

CBO's: To support the reduction of health disparities, Plan staff interact with community-based organizations (CBOs) to identify C&L related concerns, obtain feedback on C&L service needs of the community and promote C&L services to community members.

5.5 Public Policy Committee

CalViva Health maintains a Public Policy Committee, as one way for members to participate in establishing the public policy of the plan. "Public policy" means acts performed by the Plan or its employees and staff to assure the comfort, dignity and convenience of members who rely on the Plan's facilities to provide health care services to them, their families, and the public.

The Public Policy Committee meets four times a year. Committee responsibilities include obtaining feedback and guidance in delivery of culturally and linguistically appropriate health care services inclusive of the group needs assessment, and establishing and maintaining the community linkages. The Committee includes CalViva Health members, member advocates (supporters), a Commissioner of CalViva Health's governing board, the Fresno-Kings-Madera Regional Health Authority (RHA) Commission, and health care providers.

6.0 OVERSIGHT AND MONITORING

CalViva Health and HNCS collaborate to ensure that CalViva Health members receive consistent, high quality C&L services. The collaboration also forms a unity among the plans that permits a uniform message to be delivered to contracted providers and members. This collaboration is an avenue that increases services for the community and increases the impact that C&L programs can make. 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.

6.1 CalViva Health Monitoring and Evaluation

CalViva Health receives, reviews, and if necessary approves numerous key reports in a calendar year. CalViva Health ensures C&L services, programs, and activities are meeting the required regulatory and compliance requirements through the following methods:

- **Member and Provider Communications Review**

CalViva Health reviews and approves all member materials before distribution to CalViva Health Members. The review process includes but is not limited to ensuring member materials have been approved by HNCS as culturally appropriate and the appropriate reading level. In addition, CalViva Health reviews and approves C&L provider communications prior to release to contracted providers.

- **Reports**

CalViva Health reviews and approves key C&L reports produced by HNCS including, but not limited to the LAP utilization report, annual work plan and program description, GNA, Geo Access Report, and mid-year/annual evaluations. The reports are reviewed, discussed, and if necessary approved by CalViva Health's Quality Improvement (QI) workgroup, QI/UM Committee, Access workgroup and the RHA Commission. In addition, reports are also shared as information to CalViva Health's Public Policy Committee.

- **Audits**

CalViva Health conducts an oversight audit of C&L activities delegated to HNCS. The main elements covered in the audit include but is not limited to: C&L/language assistance policies and procedures, assessing the member population, language assistance services, staff training, provider contracts, training and language assistance program, and evaluation and monitoring. The results of the audit are shared with HNCS, the QI/UM Committee, and the RHA Commission.

6.2 HNCS C&L Services Department Internal Monitoring and Evaluation

The C&L Services Department produces numerous key reports in a calendar year. The reports are an integral part of the regulatory and compliance requirements and are used to help identify areas where modifications and corrective measures may be needed. The key reports include but are not limited to the following:

- **Language Assistance Program Utilization Report**

The C&L Services Department summarizes the Language Assistance Program (LAP) utilization data on a monthly and quarterly basis. The monthly LAP utilization report summarizes the non-English call volume to the member service call center, interpreter vendor (telephone, face-to-face, ASL) call volume per language, and requests for oral and written translations from member service representatives. Language call volume and identified language preferences are tracked to identify developing trends and possible future member language needs. C&L Services Department produces a LAP report biannually that summarizes LAP data and assesses utilization and usage trends. The end of the year LAP Utilization report compares current usage by language and type of request to previous year's data to allow the Plan to project future language trends. Any notable trends will be reported to the Plans' QI/UM Committee.

- **Group Needs Assessment**

The Health Education and C&L Services Departments conduct Group Needs Assessment (GNA) every five years to determine the health education, cultural, linguistic, and health care access needs of members. The GNA is conducted through an analysis of data from reports, as well as external data from national, state, and local health agencies and community-based organizations. The GNA includes a socioeconomic demographic profile of each community served by CalViva Health. Community agencies provide input to the GNA through the C&L Services Department contact with Public Policy Committee members and agency representatives, community-based organizations, and other community service organizations.

GNA results and community feedback are used to develop the objectives and activities on the annual C&L work plan. It's a foundation for the C&L work plan and directs the development of C&L programs, services, and materials.

- **C&L Geo Access Report**

The C&L Services Department prepares a report to identify the need for linguistic services using the Geo Access demographic analysis software program. The Geo Access program uses member zip code data and correlates it with member language preference. A similar mapping of provider network language capabilities is generated for

each identified member language. The geographic distribution of provider languages is based on the zip code of the office location.

A set of maps is generated that reports the geographic distribution of member language preferences, primary care provider language capabilities and specialist language capabilities by zip code. A map is generated for each language that is preferred by 3 percent or more of membership. The geographic distribution of member language preferences is then overlaid with the language capacity of primary care providers and specialists. The language capabilities of the provider network are compared to the language needs of CalViva Health members. The availability of linguistic services by contracted providers for LEP members is analyzed and recommendations made for provider network development. The report is produced by HNCS every two years for review and comment.

- **Data Collection**

The C&L Services Department monitors the demographic composition of members for each CalViva Health county. Demographic information is used to assess the language needs of members; to identify possible cultural and socio-economic background barriers to accessing health care; and to understand the range of diversity within the communities that CalViva Health serves. Collected and analyzed on a regular basis, data is based on existing member language needs, race and ethnicity. The C&L Services Department holds the list of all race, ethnicity and language codes and categories used by all data systems. C&L collaborates with IT to assure that all new databases and modified databases can share member race, ethnicity and language information.

The C&L Services Department also maintains a log of all cultural or linguistic related grievances received. The logs for culture or language-related grievances and complaints are analyzed to determine if members' cultural and communication needs are being met and/or addressed by contracted providers. Information from the Appeals and Grievances Department, in conjunction with information from the community demographic profile, help to identify cultural and/or linguistic issues that may act as barriers to accessing health care. Should a communication need be identified, the C&L Services Department develops a provider or member education intervention or program to meet that need.

7.0 SUMMARY

CalViva Health, in collaboration with Health Net Community Solutions (HNCS), is committed to improving health outcomes by providing cultural and linguistic services and programs that facilitate effective communication between a diverse membership, diverse provider networks, and CalViva Health and HNCS. CalViva Health's goals and objectives are based on providing support, maintaining compliance, and creating cultural awareness through education, consultation, and support. In addition, the

programs and services encompass how we communicate to our members and contracted providers about the C&L program and services available.

<h2>STAFF RESOURCES AND ACCOUNTABILITY</h2>

1. CalViva Health Committees

A. Governing Body/RHA Commission

The RHA Commission is the governing body with ultimate authority and responsibility for the oversight of CalViva Health.

B. QI/UM Committee

The QI/UM Committee monitors the quality and safety of care and services rendered to CalViva Health members. This Committee identifies opportunities for improvement, recommends policy decisions, evaluates the results of activities, institutes needed actions, and ensures follow up as appropriate. The C&L program description, work plan, language assistance utilization report and end of year reports are all submitted to the CalViva Health QI/UM committee for review and approval. The QI/UM committee provides regular reports to the RHA Commission.

C. Public Policy Committee

The Public Policy Committee includes CalViva Health members, member advocates (supporters), a RHA Commissioner, and a health care provider. Committee responsibilities include obtaining feedback and guidance in the delivery of culturally and linguistically appropriate health care services, and establishing and maintaining community linkages. The C&L program description, work plan, language assistance utilization report and end of year reports are shared as information to the Public Policy Committee. The Public Policy Committee provides regular reports to the QI/UM Committee and the RHA Commission.

2. CalViva Health Staff Roles and Responsibilities

A. Chief Medical Officer

CalViva Health's Chief Medical Officer's responsibilities include assuring that CalViva Health's programs are compatible and interface appropriately with the provider network and the overall scope of CalViva Health's QI program. A medical management team is under the direction of the Chief Medical Officer.

B. Medical Management Team

CalViva Health's Medical Management team includes the Chief Medical Officer, Director of Medical Management Services, who is a Registered Nurse, and a Medical Management Specialist to monitor and evaluate the adequacy and appropriateness of health and administrative services on a continuous and systematic basis.

C. Chief Operating Officer

CalViva Health's Chief Operating Officer's responsibilities include assuring that services and needs covered under the Administrative Services Agreement with the Plan's administrator are operating in accordance with CalViva Health's program requirements.

D. Operations Team

CalViva Health's Operations team includes the Chief Operating Officer and an Operations Coordinator who is responsible for providing operational support.

E. Chief Compliance Officer

CalViva Health's Chief Compliance Officer's responsibilities include assuring that CalViva Health's programs are in compliance with the DHCS contract, regulatory standards and reporting requirements. A compliance team is under the direction of the Chief Compliance Officer.

F. Compliance Team

CalViva Health's Compliance team includes the Chief Compliance Officer, a Director, and compliance staff who focus on compliance activities.

3. HNCS C&L Services Department Staff Roles and Responsibilities

The C&L Services Department is unique in its cross-functional support structure. The Department's function is to fulfill all cultural and linguistic contractual and regulatory requirements and serve as a resource and support for all C&L services. The C&L Services Department is staffed by the Director of Health Education and Cultural and Linguistic Services, a Manager of Cultural and Linguistic Services Department, ~~eight~~ six Senior C&L Specialists, one C&L Diversity and Disability Program Specialist, two supplemental staff, one Data Analyst Biostatistician, and ~~a~~ one Project Coordinator.

A. HNCS Leadership Team

HNCS is a subsidiary of Health Net LLC ~~Inc.~~. Through a dedicated and qualified staff, important cultural and linguistic services are developed and coordinated within the

CalViva Health service area by HNCS. HNCS, as a subsidiary of Health Net LLC Inc., continues to maintain their internal reporting responsibilities (e.g. Chief Executive Officer (CEO), Vice Presidents, Officers, Directors, etc.) however, activities conducted within the CalViva Health service area are subject to oversight by CalViva Health's staff and respective committees.

A. Fresno-Kings-Madera Regional Health Authority Commission Approval

The Fresno-Kings-Madera Regional Health Authority Commission has reviewed and approved this Program Description

David Hodge, MD

Regional Health Authority Commission Chairperson

Date

Patrick Marabella, MD, Chief Medical Officer

Chair, CalViva Health QI/UM Committee

Date

Item #9

Attachment 9.C

2019 Cultural & Linguistics
Executive Summary and Work Plan Summary



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

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

COMMITTEE DATE: May 16, 2019

SUBJECT: 2019 Cultural and Linguistic (C&L) Work Plan – CalViva Health Summary Report

Summary:

The C&L 2019 Work Plan supports and maintains excellence in C&L Services through the following strategies: provide oversight of Language Assistance Program (LAP), integration and expansion of targeted health disparity efforts, Health Literacy and plain language standards, supporting CalViva Health in being a culturally competent Health Plan, expanding on consulting services, and maintain compliance with regulatory and contractual requirements.

The 2019 Work Plan is consistent with the 2018 Work Plan while incorporating and enhancing the following activities:

1. Incorporated a rationale statement under each of the core areas to address the group needs assessment findings and requirements
2. Enhancing LAP reporting activities inclusive of C&L GeoAccess mapping, assessment of language services for timely access reporting, and bilingual staff certification oversight
3. Continue to expand training and consulting services for contracted providers and staff case managers, health education, quality improvement, call center, and grievance coordinators to support cultural competency, language assistance, health literacy and health equity efforts inclusive of new disparity reduction efforts for postpartum care and breast cancer screening

Purpose of Activity:

Present the CalViva Health's Cultural and Linguistic Services 2019 Work Plan and obtain the committee's approval.

Next Steps:

Once approved, implement and adhere to the C&L 2019 Work Plan and report to the QI/UM Committee.



2019 Cultural and Linguistic Services Work Plan

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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Core Areas of Specialization:	
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Cultural Competency	9
Health Equity	10

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		
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		
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		
* 8	Data	Conduct membership data pulls	Validated membership reports	Monthly starting in February		
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		
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		
* 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		
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		

^	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		
^	14	Operational	Review interpreter service complaint logs 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)		
	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		
	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		
	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		
*	18	Operational	Data collection and data analysis for C&L GeoAccess report	Production of C&L Geo Access report	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		
*	20	Operational	Complete annual Timely Access Reporting on the Language Assistance Program Assessment	LAP Assessment Timely Access Report	Annually		
*	21	Operational	Coordinate and provide oversight to translation review process	Number of translation reviews completed	Ongoing		
	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		
	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		
	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		

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		
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		
30	Complaints and Grievances	Conduct a trend analysis of C&L grievances and complaints by providers	Production of trend analysis report	June		
31	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December		
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		
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		

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		
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		
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		
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		
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		
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		
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		
44	Member Communication	Annual PPC promotion article on member newsletter	Write or revise annual PPC article distributed to CalViva members	Annual		

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		
^ 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		
51	Training GNA	Quarterly training for staff on how to use the C&L database and write in plain language	Quarterly training	Quarterly		
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		
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. Witrago		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		

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		
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		
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		
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		
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. Witrigo, 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		
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. Coordinate Health Disparity training for staff	Ongoing		

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		
* 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		
^ 68	Operational GNA	Provide support to other departments on health disparities and deployment of interventions, e.g., mobile mammography	Disparities and interventions delivered	Ongoing		
* 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		
* 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		
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		

* new

^ details added

_details removed

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.

Item #10

Attachment 10.A

Health Education Executive Summary



REPORT SUMMARY TO COMMITTEE

TO: CalViva QI/UM Committee

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

COMMITTEE DATE: May 16, 2019

SUBJECT: 2018 CalViva Health's Health Education Work Plan End of Year Evaluation
2019 CalViva Health's Health Education Work Plan
2019 CalViva Health's Health Education Program Description

Summary

The 2018 Health Education Work Plan Year-End Evaluation report documents progress of **14 program initiatives**. Of the 14 initiatives, 11 key programs met or exceeded the year-end goal. The remaining three (Obesity Prevention, Perinatal Education, and Tobacco Cessation) partially met the year-end goal.

Purpose of Activity:

To provide for QI/UM Committee review and approval of:

- 2018 CalViva Health's Health Education Work Plan Year-End Evaluation
- 2019 CalViva Health's Health Education Work Plan
- 2019 CalViva Health's Health Education Program Description

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, HEDIS improvement, health equity, weight control, pregnancy, smoking cessation, preventive health care services, and chronic disease education.

Within each initiative, there are multiple programs and services. **Table 1** compares 2018 year-end utilization outcomes of key health education programs and services against 2018 year-end goals.

Table 1. 2018 Year-End Utilization of Health Education Programs

Initiative	Program	2018 Year-End Goal	2018 Year-End Status	% of 2018 Year-End Goal Met
1. Chronic Disease Education	Proyecto Dulce Disease Self-Management and Education Program (DSME).	Conduct 1 DSME class series reaching 30% targeted CVH member participants	Conducted 2 Proyecto Dulce & 2 Diabetes Prevention Program class with 62 participants, of which, 43 (69%) were CVH members.	230% (members)
2. Community Partnerships	Increase CVH member participation in health education classes	Reach a 55% member participation rate in classes	Conducted 99 health education classes to 772 participants, of which, 499 (65%) were CVH members.	118% (members)
3. Digital Health Education Programs	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.	154% (members)
	myStrength	Enroll 30 members	Enrolled 45 members	150% (members)
4. Healthy 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 3 interventions: 1. Developed the CalViva Health Mendota Community Advisory Group and informed health plan members on: postpartum care (21-56 days), interpreter services, transportation service and nurse advice line, 2. Added OB Alert to Electronic Medical Record to remind United Health Centers' clinical staff to schedule postpartum exam between 21-56 Days, and 3. Added Cultural Practices Question to American College of Obstetrician and Gynecologist (ACOG) OB History Form.	300% (Intervention)
5. HEDIS Improvement Incentive Programs	Implement MPM incentive program with a targeted provider	15% of members reached through a MPM text messaging campaign complete their MPM labs.	69% (209/305) of members who completed their labs were reached through text messaging.	460% (members)
	Implement a baby shower member incentive program	Reach a 50% member participation rate in baby showers.	64% (261/406) of baby shower participants were members.	128% (members)
6. Immunization Initiative	Collaborate with QI to implement Childhood Immunization (CIS) Performance Improvement Plan (PIP)	Develop, implement and test for effectiveness 1 educational intervention to improve CIS rate in Fresno County.	Increased clinic immunization rate from 51% to 59.7%. Eliminating double booking and having Panel Managers schedule members for RN visit for immunizations improved immunization rate.	100% (Intervention)
7. Member Engagement	Increase member screenings for diabetes care measures	15% of member participants in Know Your Numbers (KYN) interventions complete their screenings.	Conducted 4 Know Your Numbers events with 205 participants reached, of which 144 (70%) were CVH member. Of the 144 members reached, 123 (85%) completed a screening.	566% (members completed screening)
8. Member Newsletter	Inform CVH members of current health education topics and Medi-Cal policies and services.	Produce 4 member newsletters	4 newsletters distributed to CVH members: Spring 2018: 190,182 Summer 2018: 190,194 Fall 2018: 191,072 Winter 2018: 192,775	100% (newsletter)

9. Obesity Prevention: 9a. Members	Fit Families for Life (FFFL) Home Edition Program enrollment & satisfaction	Enroll 400 members (70% flagged as high-risk) and 90% satisfaction from program surveys.	Enrolled 699 members (96% flagged as high risk), 100% satisfaction (workbook survey).	174% (members) 137% (flagged as high risk) 111% (satisfaction)
	FFFL Coaching Program Enrollment	Enroll 75 members with 65% members completing at least 1 call (closed cases) and 40% members completing all 5 calls (closed cases with at least 1 call).	Enrolled 12 new members with 58% of members completing at least 1 call (33 closed cases within timeframe) and 63% members completing all 5 calls (closed cases with at least 1 call).	16% (members) 89% (1 coaching call) 158% (5 coaching calls)
	Increase Health Habits for Healthy People (HHHP) program enrollment	100 members	Enrolled 419 members.	419% (members)
9. Obesity Prevention: 9b. Community	Conduct 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 42% member participation rate; 80% correct answers on all knowledge metrics (workshops); 100% satisfaction rate overall from workshops. No series data collected.	168% (member participation) 100% (correct answers) 111% (satisfaction rate)
10. Perinatal Education	Promote pregnancy packets to members	Distribute 1,500 pregnancy information packets to requesting CVH pregnant members.	Mailed 1,028 pregnancy packets to CVH members.	69% (packets)
	Coordinate bilingual baby showers to expectant mothers in Fresno and Kings County	Implement 25 baby showers within Kings and Fresno counties.	Completed 28 baby showers in Fresno County with 406 attendees, of which, 261 (64%) were CVH members.	112% (baby showers)
11. Promotores Health Network	Increase member participation in diabetes prevention program classes.	Conduct 1 DSME class series reaching 30% targeted CVH member participants.	Conducted 2 Proyecto Dulce & 2 DPP to 62 participants, of which, 43 (69%) were CVH members.	230% (members)
12. Tobacco Cessation Program	CA Smokers' Helpline (CSH)	Enroll 290 smokers into CA Smokers' Helpline	Enrolled 189 members.	65% (members)
13. Compliance: Oversight and Reporting	Update Health Education Department's Policies and Procedures.	Update Policies and Procedures.	Updated 5 Policies and Procedures.	100%
	Present Health Education updates at PPC meetings.	Present at 4 PPC meetings.	Presented at 4 PPC meetings.	100%
14. 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 meet compliance.	Reviewed 25 existing materials. Updated 25 DHCS Checklists. Developed 9 new in-house materials.	100%

2018 Barrier Analysis and Actions Taken

Barriers	Efforts to be taken in 2019
<u>FFFL Coaching:</u> <ul style="list-style-type: none"> Program contract slated to end as of 12/31/2018. Reduction of promotion and enrollment efforts as program was ending. 	<ul style="list-style-type: none"> Program no longer available in 2019. Eligible members 18 years old and older with prediabetes will be eligible to participate in the Diabetes Prevention Program with the same goal of reducing weight to stay healthy.
<u>Pregnancy Matters:</u> <ul style="list-style-type: none"> Lack data to identify pregnant women early on during the pregnancy. DHCS stopped providing list of pregnant members with presumptive eligibility. Members have to opt-in to receive education packet. No incentive is available for members to opt into the program. 	<ul style="list-style-type: none"> Transition to new Pregnancy Program which has an incentive for members to inform CalViva Health of their pregnancy. CalViva Health will then enroll them into the program.
<u>Smoking Cessation Program:</u> <ul style="list-style-type: none"> Fewer provider referring members to the Helpline. Less program advertisement by California Smokers' Helpline (CSH). 	<ul style="list-style-type: none"> Increase program promotion to providers via a webinar and provider communication. Explore opportunities to reach smokeless tobacco, vape, and other types of tobacco use among CVH members. Explore opportunity for CSH to outreach to CVH members directly and offer a starter nicotine replacement therapy to encourage enrollment.

Major changes the Health Education Program Description:

- Added Diabetes Prevention Program as a new benefit.
- Removed Fit Families for Life Coaching program and Breastfeeding and Nutrition Support Line as they services would be offered through the Diabetes Prevention Program and the Nurse Advice Line respectively.
- Updated description of new pregnancy program.

2019 Health Education Work Plan:

- Continue key programs and services from 2018
- Added new initiatives: asthma, behavioral health, Diabetes Prevention Program, geomapping capabilities

Next Steps:

Implement the 2019 Health Education Department work plan.

Item #10

Attachment 10.B

Health Education
2018 Annual Evaluation



2018 Health Education Department Work Plan *End of 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
- to 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:	Chronic Disease 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 UTILIZATION <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"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	M. Zuniga, T. Gonzalez	Secondary:	H. Su
Goal of Initiative	To improve diabetes care and outcomes for our Medi-Cal members through health education; promotion of effective disease management strategies; and multifaceted communication.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Collaborate with key internal and external partners to identify best practices for implementing a National Diabetes Prevention Program (DPP).	Develop a work plan for implementing a National Diabetes Prevention Program for pre-diabetic Medi-Cal member.	No program in 2017.	Researched NPP approved curriculum and organizations implementing NDPP. Contract with Solera to provide DPP is pending release of DHCS policy letter.	Solera contract for in-person DPP postponed for 2019 Q3-Q4. Initiated contract with Omada Health for digital Medi-Cal DPP.
Collaborate with Madera County Department of Public Health's Proyecto Dulce Disease Self Management and Education Program (DSME).	Conduct 1 DSME class series reaching 30% targeted CVH member participants.	No program in 2017.	Conducted 2 Proyecto Dulce to 18 participants, of which, 12 (67%) were CVH members.	Conducted 2 Proyecto Dulce & 2 DPP class with 62 participants, of which 43 (69%) were CVH members.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Promotores participate in DSME training		June 2018	T. Gonzalez	
Explore collaborative opportunities with Envolve People Care (EPC) for asthma and diabetes disease management.		December 2018	M. Zuniga, H. Su	
Contract with vendor to offer DPP as appropriate		December 2018	M. Zuniga, H. Su	
Initiative Status (populate at year-end)	MET <input checked="" 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 DPP Contract for Medi-Cal is pending release of DHCS policy letter. Provided Solera with member breakdown per zip code for complete DPP coverage in preparation for 2019 implementation. Year-End Update: Postponed contract negotiation with Solera Health due to inadequate in-person provider network. Entered into contract negotiations with Omada Health to provide Digital DPP program for 2019. Ten Promotoras (Promotores Health Network) completed the Diabetes Prevention Program and Proyecto Dulce trainings. Successfully established clinical partnerships with Madera Community Hospital and Camarena Health Centers (FQHC) to plan, coordinate and implement the Proyecto Dulce (DSME) classes. Organizational and leadership changes prevented the implementation of additional classes with Madera Community Hospital. We will revisit collaboration with Madera Community Hospital in 2019.			
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> CalViva Health Promotores Health Network successfully co-facilitated the DSME classes with our provider partners. We will explore continuing the clinical partnership to reach and educate members with diabetes.			

Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input type="checkbox"/>	CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>	CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/>
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2. Initiative/ Project:	Community Partnerships			
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 UTILIZATION <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"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	T. Gonzalez, G. Toland	Secondary:	M. Beckett, I. Rivera. A. Corona
Goal of Initiative	To provide health education to members in the community.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Increase CVH member participation in health education classes.	Reach a 55% member participation rate in classes.	Conducted 101 health education classes to 687 participants, of which, 442 (64%) were CVH members.	Conducted 72 health education classes to 349 participants, of which, 240 (69%) were CVH members.	Conducted 99 health education classes to 772 participants, of which 499 (65%) were CVH members.
Increase CVH member participation in health screenings.	Reach a 55% member participation rate in community health screenings.	Conducted 3 Know Your Numbers forums with 116 participants of which 73 (63%) were CVH Members.	Conducted 1 Know Your Numbers event with 200 participants of which 56 (28%) were CVH members.	Conducted 4 Know Your Numbers events with 205 participants reached, of which 144 (70%) 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 2018	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 2018	T. Gonzalez	
Partner with Kings County Diabetes Coalition, Adventist Health and community partners to implement community education classes.		December 2018	T. Gonzalez, G. Toland	
Coordinate with Provider Relations Department to implement provider lunch and learn trainings.		December 2018	T. Gonzalez, G. Toland	
Initiative Status (populate at year-end)	MET <input checked="" 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 The total numbers of members reached in the first 6 months exceeds the 55% goal for 2018. Year-End Update Due to competing priority for weekend/one-stop clinics to close care gaps, Provider Relations didn't conduct any Lunch and Learn activities. HE and Providers Relations conducted individual meetings with targeted provider offices related to securing formal agreements for weekend/one-stop clinics to improve HEDIS measures and incentive program participation. The overall goal of reaching 55% member participation in health education classes was met in 2018. Successfully established partnerships with Fresno County Public Health Department and Madera County Public Health Department to implement Know Your			

	Numbers health education and screening events and provider visits. Additionally, Dr. Sara Goldgraben, Fresno County Public Health Officer, participated and promoted flu vaccines.
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> Engaged key community partners: public health departments, Community Medical Centers, UCSF Medical Education, and Madera Unified School District to help promote events resulting in a 70% health plan member reach. Promotoras from our CalViva Health Promotores Health Network program were effective and instrumental in providing health education, blood pressure screenings and diabetes risk test. Partnership with Adventist Health continues to help promote their diabetes classes with CVH members. Kings County Diabetes and other community partners continue to promote diabetes classes among their participants.
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 checked="" type="checkbox"/> </p>

3. 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 UTILIZATION <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"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	G. Toland, H. Su, M. Zuniga, D. Carrillo		Secondary: T. Gonzalez
Goal of Initiative	To increase member engagement using electronica/digital communications.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Partner with QI to implement a Cervical Cancer Screening (CCS) text messaging campaign.	Reach 50% of targeted members	12.7% response rate.	No CCS text message campaign in partnership with provider was implemented in Q1-Q2.	Project was cancelled for 2018.
Partner with QI to develop and pilot a Management of Persistent Medication (MPM) text messaging campaign.	Reach 50% of targeted members	No campaign in 2017.	92% (100/109) members received an MPM text messaging about scheduling their labs.	77% (342/445) members received an MPM text messaging about scheduling their labs.
Partner with QI to develop and pilot a low back pain text messaging campaign.	Reach 50% of targeted members	No campaign in 2017.	No LBP message campaign implemented in Q1-Q2. Campaign to be launched in Q4.	Program postponed to 2019 pending DHCS approval of CalViva Health text messaging policy.
Partner with QI to develop and pilot an antibiotic awareness text messaging campaign.	Reach 50% of targeted members	No campaign in 2017.	No AAB message campaign implemented in Q1-Q2. Campaign to be launched in Q4.	Program postponed to 2019 pending DHCS approval of CalViva Health text messaging policy.
Promote member enrollment in myStrength.	Enroll 30 members.	Enrolled 32 members.	Enrolled 25 CVH members.	Enrolled 45 CVH members.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Collaborate with MHN and internally to synchronize myStrength promotion calendar.		May 2018	D. Carrillo	
Launch SMS text messaging campaign for MPM.		May 2018	G. Toland	
Launch SMS text messaging campaign for CCS.		June 2018	G. Toland	
Launch SMS text messaging campaign for low back pain.		October 2018	M. Zuniga	
Launch SMS text messaging campaign for antibiotic awareness.		December 2018	M. Zuniga	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input checked="" 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: Staff will revisit the opportunity to implement another CCS text messaging with another clinic. Due to the great success with the MPM pilot text messaging, CVH will continue with this campaign until the end of the year with Camarena Health Clinic. LBP and AAB text message campaign developed and in review phase. LBP text campaign to be launched in October and AAB text campaign to be launched in November. Year-End Update			

	<p>Due to other HEDIS strategies for CCS, QI/HED did not implement a CCS text messaging campaign in 2018. MPM text messaging continues to be a great success with Camarena Health Clinic; CVH will be expanding this campaign to 2019. Text-messaging outreach for low back pain and antibiotic were not possible due to pending DHCS approval of company texting policies. DHCS issued a request to review company's texting policy in Q4, 2018. Members enrolled in the myStrength online program exceeded by 50% in 2018. My Strength program flyers are being edited to lower the readability level, and to highlight additional components, such as the pain management module and the myStrength app to enhance the number of enrolled members.</p>
<p>Overall Effectiveness/Lessons Learned <i>(populate at year-end)</i></p>	<p><i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i></p> <p>Digital Health Education programs have provided a valuable digital platform to administer CalViva Health customized text campaigns. CalViva Health will continue to level this platform for additional digital projects in 2019 once DHCS approves the company's texting policy. myStrength expanded its modules to include opioid education. Additional promotion to CalViva Health members of this tool is needed for 2019. Avenues include the member newsletter and a revised myStrength flyer.</p>
<p>Initiative Continuation Status <i>(populate at year-end)</i></p>	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

4. 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 UTILIZATION <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"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	T. Gonzalez	Secondary:	G. Toland, M. Beckett
Goal of Initiative	To improve maternal health in Fresno County.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 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.	Conducted community assessment, key informant interviews and barrier analysis.	Completed social determinants of health (SDoH) training and barrier analysis including community/member, stakeholder and provider interviews to identify barriers to postpartum care.	Completed 3 interventions: 1. Developed the CalViva Health Mendota Community Advisory Group (CAG) and informed health plan members on: postpartum care (21-56 days), interpreter services, transportation service and nurse advice line, 2. Created OB Alert added to Electronic Medical Record to remind United Health Centers' clinical staff to schedule postpartum exam between 21-56 Days, and 3. Added Cultural Practices Question to American College of Obstetrician and Gynecologist (ACOG) OB History Form.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Conduct staff training in social determinants of health (SDoH) and qualitative research methods.		February 2018	M. Beckett	
Develop educational interventions.		December 2018	T. Gonzalez	
Conduct postpartum visit follow up calls.		December 2018	T. Gonzalez	
Initiative Status (populate at year-end)	MET <input checked="" 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 identified. A Community Advisory Group will be created to provide feedback and input to the health plan regarding future educational interventions and ensure the intervention effectively addresses the identified barriers and findings from the key informant interviews.			

	<p>Year-End Update Successfully developed the CalViva Health Mendota Community Advisory Group (CAG) to support the postpartum health disparity project. Developed a charter for the CAG and coordinated and implemented 3 Community Advisory Group meetings with 10-12 members participating per meeting and participation from key community stakeholders. Stakeholders included: Fresno State Community and Economic Development, Fresno County Department of Public Health, Centro La Familia Advocacy Services, First 5 Fresno County, Fresno Office of Education and Mendota Unified School District, Fresno County Preterm Term Birth Initiative (PTBi), Fresno Housing Authority, City of Mendota, and United Health Centers.</p>
<p>Overall Effectiveness/Lessons Learned <i>(populate at year-end)</i></p>	<p><i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i> The Mendota Community Advisory Group identified 4 priority areas: 1. Healthcare Access, 2. Patient Experience, 3. Quality of Care, and 4. Community Resources and Environment. The CAG has developed an Action Plan which will identify possible solutions/resources to address each of the priority areas and align health initiatives and community resources.</p>
<p>Initiative Continuation Status <i>(populate at year-end)</i></p>	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

5. Initiative/ Project:	HEDIS Improvement Incentive 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 UTILIZATION <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"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	T. Gonzalez, G. Toland, I. Rivera		Secondary: D. Carrillo, A. Campos
Goal of Initiative	To support members in being informed, satisfied and engaged to effectively manage their health.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Implement a cervical cancer screening (CCS) member incentive program to increase screenings with targeted providers.	50% of educated members complete their cervical cancer screening.	66% of targeted members received education and completed screening.	54% (15/28) of members, who received education, completed their screening. An additional 24 members completed their cervical cancer screening with no education provided.	54% (15/28) of members, who received education, completed their screening. An additional 340 members completed their cervical cancer screening with no education provided.
Implement a monitoring patient with persistent medication (MPM) incentive program with a targeted provider.	15% of members reached through a MPM text messaging campaign complete their MPM labs.	No program in 2017.	83% (52/63) of members who completed their labs were reached through text messaging.	69% (209/305) of members who completed their labs were reached through text messaging.
Implement a baby shower member incentive program	Reach a 50% member participation rate in baby showers.	56% (148/264) of baby shower participants were members.	59% (117/198) of baby shower participants were members.	64% (261/406) of baby shower participants were members.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Identify high volume, low performing providers by county to partner with health education incentive programs.		March 2018	D. Carrillo	
Implement a member text (SMS) message to encourage members: 1) to schedule an appointment to complete labs and 2) to attend already scheduled appointments.		June 2018	T. Gonzalez, G. Toland	
Implement HEDIS clinics that support increase in cervical cancer screenings.		December 2018	T. Gonzalez, G. Toland	
Conduct follow up calls to members who have received education to complete their preventive health service.		December 2018	T. Gonzalez, I. Rivera, G. Toland	
Train providers with in-house health educators to conduct CCS and follow up calls to care gap members.		December 2018	T. Gonzalez, I. Rivera, G. Toland	
Distribute gift cards to incentive program participants.		Ongoing	A. Campos	
Download Care Gap reports and pull non-compliant members for HEDIS-based interventions.		Ongoing	D. Carrillo	
Initiative Status (populate at year-end)	MET <input checked="" 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	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update All incentive programs met the mid-year outcome.			

<i>(populate at mid-year and year-end)</i>	<p>Year-End Update Starting in June, the proposed health education member incentive programs transitioned into the QI member incentive programs where care gap members were reminded to complete their health screenings at weekend/one-stop clinics. This eliminated the educational component of the health education incentive programs. Members would get the incentive immediately upon completion of health screenings.</p>
<p>Overall Effectiveness/Lessons Learned <i>(populate at year-end)</i></p>	<p>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year? Health Education provided leadership to the weekend/one stop clinic Intervention by providing telephonic outreach and scheduling doctor appointment for non-compliant members. Health Education in partnership with Provider Relations was instrumental in identifying members closest to the clinic site, securing buy-in and agreements of targeted high volume providers to host the clinics, supporting the implementation of the clinics and incentive programs, and tracking outcomes. CalViva Health conducted Weekend Clinics during the months of August to December 2018. These clinics were conducted at high volume provider offices and Federally Qualified Health Centers for Breast Cancer Screening, Cervical Cancer Screening, Comprehensive Diabetes Care, Well Child visits, and Monitoring Prescribed Medications with a total of 1,067 members completing their HEDIS measures. All members who completed their screenings received a Visa gift card at point of care. These clinics were implemented in a very short turnaround time which resulted in limited opportunity to accurately outreach and educate members on the importance of attending these health screenings. Some clinics had no or low attendance. With proven success of weekend/one-stop clinics, CalViva Health could encourage providers to implement such events on-going throughout the year to increase access for members to get their health screenings completed.</p>
<p>Initiative Continuation Status <i>(populate at year-end)</i></p>	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

6. 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 UTILIZATION <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"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	T. Gonzalez	Secondary:	G. Toland
Goal of Initiative	Educate members to access timely preventive health care services.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Collaborate with QI to implement Childhood Immunization (CIS) Performance Improvement Plan (PIP)	Develop, implement and test for effectiveness 1 educational intervention to improve CIS rate in Fresno County.	No program in 2017	Clinica Sierra Vista has been identified as the provider partner for CIS PIP. Intervention will be implemented in Q3-Q4.	Clinic immunization rate increased from 51% to 59.7%. Eliminating double booking and having Panel Managers schedule members for RN visit for immunizations improved immunization rate.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Implement and evaluate a childhood immunizations reminder campaign using SMS.		December 2018	T. Gonzalez	
Initiative Status (populate at year-end)	MET <input checked="" 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 identified. A train-the-trainer session will be conducted in Q3 for the provider partner with a training emphasis on utilizing the health plan telephone script and messaging to encourage members to schedule and keep their medical appointments with Clinica Sierra Vista. Year-End Update Completed Panel Manager train-the-trainer to educate health plan members on the importance of immunizations, the immunization script, transportation benefit, and provided preventive screening guideline health education materials.			
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> Eliminating double booking and offering walk-in clinics for members had a positive impact on increasing immunizations for the targeted clinic site. Continue to offer regular in-services for Clinica Sierra Vista Panel Managers will help keep them up-to-date on CalViva Health programs and services.			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input checked="" type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

7. Initiative/ Project:	Member Engagement			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER UTILIZATION <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"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	T. Gonzalez		Secondary: M. Beckett, G. Toland, I. Rivera
Goal of Initiative	To support members in being informed, satisfied and engaged to effectively manage their health.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Increase member screenings for diabetes care measures.	15% of member participants in Know Your Numbers (KYN) interventions complete their screening.	10% member screened.	Conducted 1 Know Your Numbers event with 200 participants of which 56 (28%) were CVH members.	Conducted 4 Know Your Numbers events with 205 participants reached, of which 144 (70%) were CVH member. Of the 144 members reached, 123 (85%) completed a screening.
Increase member understanding of health plan benefits, health plan satisfaction and preventive health screenings.	Achieve 90% satisfaction from participants attending the Member Orientation classes.	No project in 2017.	The DHCS revised the member handbook in May, therefore; the MO will be updated in Q3.	Completed revision and update of the member orientation curriculum using the CalViva Health member handbook.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Develop member orientation implementation timeline and confirm target counties.		April 2018	T. Gonzalez	
Revise the KYN brochure, log and blood pressure curriculum with updated blood pressure measures.		June 2018	T. Gonzalez	
Revise member orientation curriculum and obtain approval of member benefits and resources materials addressing member needs related to social determinants of health.		June 2018	T. Gonzalez	
Partner with key providers to promote KYN forums to targeted members.		December 2018	T. Gonzalez	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input checked="" 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 A new member handbook was created by the DHCS in May 2018 impacting the timeline for the revision of the member orientation curriculum to Q3 and moving the implementation of the member orientation classes to begin in Q3. Revised KYN brochure with updated blood pressure measure and submitted to marketing to update layout and will be available in Q3. Follow up will be conducted with members who participate in the KYN events to ensure they schedule an appointment with their doctor and complete their screenings and reported at year-end.</p> <p>Year-End Update Members indicated not knowing which HMO health plan is their Medi-Cal plan; consequently, we will use a poster size health plan member card to educate</p>			

	members and help them identify their health plan at member orientation classes starting in 2019.
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> Successfully partnered with key high volume providers including: Camarena Health, Madera Community Hospital, Community Medical Centers, Clinica Sierra Vista and United Health Centers to promote the KYN forums to health plan members. One hundred forty four (144) members were reached and educated during the KYN events and 123 (85%) members completed a screening (blood pressure or glucose test).
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 checked="" type="checkbox"/> </p>

8. 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 UTILIZATION <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"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	K. Schlater		Secondary:
Goal of Initiative	To educate members about different health topics and available programs and services.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Inform CVH members of current health education topics and Medi-Cal policies and services.	Produce 4 member newsletters.	4 newsletters distributed to CVH members: Spring 2017: 160, 175 Summer 2017: 161,116 Fall 2017: 160,180 Winter 2017: 159,061	2 newsletters distributed to CVH members:	4 newsletters distributed to CVH members: Spring 2018: 190,182 Summer 2018: 190,194 Fall 2018: 191,072 Winter 2018: 192,775
Major Activities		Timeframe For Completion	Responsible Party(s)	
Conduct interdepartmental meeting to decide 2018 newsletter topics.		January 2018	K. Schlater	
Update desktop procedure as needed.		December 2018	K. Schlater	
Submit 4 newsletters to C&L database.		Quarterly	K. Schlater	
Develop and implement member newsletters according to the production schedule.		Quarterly	K. Schlater	
Initiative Status (populate at year-end)	MET <input checked="" 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 Lack of space for all Health Education and Compliance articles. Recommendations: Website usage for additional articles or expanded newsletter format. Year-End Update National Committee for Quality Assurance (NCQA) articles for the 2018 year were printed in the 2018 Fall and Winter newsletters. The contract was updated with Coffey Communications for 2019. In 2019, we will be moving to 2 larger format newsletters rather than 4 quarterly newsletters for CVH. We also have the option of having a NCQA specific newsletter for CVH in 2019 if needed. The option of the NCQA specific newsletter will alleviate the limited space issue and allow space for more Health Education articles.			
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> The transition to two newsletters will provide a more efficient newsletter process.			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/>			

9a. 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 UTILIZATION <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"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	D. Carrillo		Secondary: T. Gonzalez, G. Toland
Goal of Initiative	To increase member awareness and participation in obesity prevention programs to improve health outcomes.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Increase Fit Families for Life (FFFL) Home Edition Program enrollment & satisfaction.	Enroll 400 members (70% flagged as high-risk) and 90% satisfaction from program surveys.	Enrolled 375 members (85% flagged as high risk) and 100% satisfaction.	Enrolled 384 members (96% flagged as high risk) and 100% satisfaction.	Enrolled 699 members (96% flagged as high risk), 100% satisfaction (workbook survey).
Improve FFFL Coaching Program enrollment and engagement.	Enroll 75 members with 65% of members completing at least 1 call (closed cases) and 40% members completing all 5 calls (closed cases with at least 1 call).	Enrolled 94 members with 77% of members completing at least 1 call (closed cases) and 49.1% members completing all 5 calls (closed cases with at least 1 call).	Enrolled 3 new members with 65% of members completing at least 1 call (23 closed cases within timeframe) and 67% members completing all 5 calls (closed cases with at least 1 call).	Enrolled 12 new members with 58% of members completing at least 1 call (33 closed cases within timeframe) and 63% members completing all 5 calls (closed cases with at least 1 call).
Increase Healthy Habits for Healthy People (HHHP) program enrollment.	100 members.	0 members enrolled.	Enrolled 181 members.	Enrolled 419 members.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Draft process to update providers on FFFL referrals (monthly).		April 2018	D. Carrillo	
Update Desktop Procedures outlining population health outreach strategies.		July 2018	D. Carrillo	
Promote FFFL and HHHP in member newsletter. (no longer a supported activity)		August 2018	D. Carrillo	
Finalize contract with Envolve People Care to transition Coaching program to Raising Well (if applicable)		December 2018	D. Carrillo,	
Promote weight management resources on the CVH website.		December 2018	D. Carrillo	
Identify and utilize datasets acknowledging member risk based on weight status.		Ongoing	D. Carrillo	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input checked="" 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 Enrollment into the FFFL Coaching program affected by reduced provider referrals into program. Because current enrollment is only possible via a provider referral, a new self-enrollment process will be developed for use in quarters 3 and 4. Year-End Update The FFFL Home Edition and Healthy Habits for Healthy People programs were efficiently extended to CalViva Health members, particularly those deemed			

	<p>high risk due to weight criteria or gaps in HEDIS-related measures. However, the Coaching program was met with barriers. To support the decrease in provider referrals, text-messaging was a possible solution towards self-enrollment into the program. Unfortunately, DHCS has not yet provided approval of company's texting policy to allow CalViva to implement the proposed text messaging campaign. The mailing of a self-enrollment form was approved for use in quarter 4, which resulted in a 12% response rate. However, due to contract termination with the vendor that offered the Coaching program, it was used only once during that timeframe. New enrollments halted in November, and participating members needed to be transitioned off the program by the end of the year. This program is no longer offered as of 1/1/2019. Eligible overweight members will be enrolled in the Diabetes Prevention Program in 2019. This program has the same goal of helping members reduce weight to prevent onset of diabetes.</p>
<p>Overall Effectiveness/Lessons Learned <i>(populate at year-end)</i></p>	<p><i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i></p> <p>Two of the 3 weight management options met goals set for the reporting year. Also, the self-enrollment form in response to the low number of Coaching program referrals displayed potential. While the Coaching program will not be available in 2019, text messaging might be a valuable resource in engaging members in other weight management offerings.</p>
<p>Initiative Continuation Status <i>(populate at year-end)</i></p>	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

9b. 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 UTILIZATION <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"/> HEDIS <input checked="" type="checkbox"/> GNA				
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.				
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 retention and improve health outcomes.				
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 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.	Reached a 31.5% member participation rate; 80% correct answers on all knowledge metrics (workshops); 100% satisfaction rate overall from workshops. No series data collected.	Reached a 42% member participation rate; 80% correct answers on all knowledge metrics (workshops); 100% satisfaction rate overall from workshops. No series data collected.	Reached a 42% member participation rate; 80% 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.		July 2018	D. Carrillo		
Implement 2+ FFFL Classes.		December 2018	D. Carrillo		
Initiative Status (populate at year-end)	MET <input checked="" 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 A total of 4 FFFL workshops conducted. Goals are on track for member-based participation and knowledge gain. No series classes conducted during the first half of 2018. Year-End Update No new FFFL community classes during the second half of the reporting period. Department reprioritize efforts to implement weekend clinics/one-stop events to close care gaps.				
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> Facilitators did an excellent job in extending the core components of the FFFL curriculum. Post-tests noted nearly 100% correct answers in all knowledge areas. In addition, 42% of all participants were CalViva Health members. If there are not too many competing priorities, we will look to increase the availability of this program in the community during 2019.				
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input checked="" type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>				

10. 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 UTILIZATION <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"/> HEDIS <input checked="" type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	K. Schlater, G. Toland, I. Rivera		Secondary: A. Campos, T. Gonzalez, D. Carrillo
Goal of Initiative	To educate and assist pregnant women to have healthy pregnancies, newborns and access timely prenatal and postpartum visits.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Promote pregnancy packets to members.	Distribute 1,500 pregnancy information packets to requesting CVH pregnant members.	1,447 pregnancy packets were mailed to CVH members.	541 pregnancy packets were mailed to CVH members.	1,285 pregnancy packets were mailed to CVH members. (of which 257 packets were from the new CVH Pregnancy Program)
Coordinate bilingual baby showers in to expectant mothers in Fresno and Kings County.	Implement 25 baby showers within Kings and Fresno counties.	Completed 28 baby showers in Fresno and Kings Counties with 264 attendees, of which, 148 (56%) were CVH members.	Completed 15 baby showers in Fresno County with 198 attendees, of which, 117 (59%) were CVH members.	Completed 28 baby showers in Fresno County with 406 attendees, of which, 261 (64%) 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 2018	G. Toland, I. Rivera	
Coordinate with QI, community based organizations, and clinics to implement baby showers in English and Spanish.		December 2018	G. Toland, I. Rivera	
Train Provider Relations and QI department staff on updated Infant Nutrition Benefit Guide and breast pump policy.		December 2018	K. Schlater	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input checked="" 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: Fewer members receiving Pregnancy Education packets because DHCS stopped providing list of pregnant members with presumptive eligibility. A new CVH Pregnancy program is under development and will be launched in Q3. Year-End Update The new CVH Pregnancy program was launched at the end of Q4.			
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> Worked with appropriate internal departments to verify billing codes for breast pumps and lactation education consulting. Allow ample time for Marketing review and departmental revisions. Explore other digital opportunities to identify more pregnant women.			

Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input type="checkbox"/>	CONTINUE INITIATIVE UNCHANGED <input checked="" type="checkbox"/>	CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>
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11. 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 UTILIZATION <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"/> HEDIS <input type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	T. Gonzalez, A. Corona		Secondary: M. Beckett
Goal of Initiative	To use trusted community health advocates to provide health education to members and providers in the community.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 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.	No Rx for Health program in 2017.	Developed Rx for Health pad, approved by C&L for literacy level and submitted to marketing for layout. RX for Health pad will be implemented in Q3.	Obtained DHCS approval for Rx for Health pad and translated to Spanish in late Q4.
Increase member participation in diabetes prevention program classes.	Conduct 1 DSME class series reaching 30% targeted CVH member participants.	No program in 2017.	Conducted 2 Proyecto Dulce to 18 participants, of which, 12 (67%) were CVH members.	Conducted 2 Proyecto Dulce & 2 DPP to 62 participants, of which, 43 (69%) were CVH 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.	15 member requests in 2017.	Rx for Health will be implemented to promote FFFL in Q3-Q4.	Postponed to 2019.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Develop Rx for Health (prescription pad), obtain DHCS approval and train promotores.		June 2018	T. Gonzalez	
Complete DSME training for PHN promotoras.		June 2018	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 2018	T. Gonzalez	
Collaborate with Madera Community Hospital and Camarena Health to refer members to diabetes classes.		December 2018	T. Gonzalez	
Continue collaboration with Madera Unified School District Parent Resource Centers to host diabetes classes.		December 2018	T. Gonzalez	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input checked="" 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: Company marketing priorities moved the development and layout of the Rx for Health to be completed in June. Submission of Rx for Health pad for review/approval from DHCS will be submitted by the end of Q3.			

	<p>Year-End Update Delay in obtaining approval from DHCS to use the Rx for Health pad. The Rx for Health pad was approved by DHCS in late Q4 and translated to Spanish. It will be implemented in 2019 to promote FFL program, health education and HEDIS related interventions.</p>
<p>Overall Effectiveness/Lessons Learned <i>(populate at year-end)</i></p>	<p><i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i> Ten Promotores Health Network promotoras completed the Diabetes Prevention Program training and Proyecto Dulce training. Successfully established clinical partnerships with Madera Community Hospital and Camarena Health Centers (FQHC) to plan, coordinate and implement the Proyecto Dulce (DSME) classes. Successful collaboration with Madera Unified School District Parent Resource Center to promote the Know Your Numbers –Diabetes forum at Washington Elementary. In 2019, Rx for Health pad will be implemented to increase member reach and program participation.</p>
<p>Initiative Continuation Status <i>(populate at year-end)</i></p>	<p>CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/></p>

12. 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 UTILIZATION <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 type="checkbox"/> HEDIS <input type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
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 CalViva Health membership.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
Collaborate with California Smoker's Helpline and other internal departments to improve smoking cessation program enrollment for CVH members.	Enroll 290 smokers into CA Smokers' Helpline.	Enrolled 318 members.	Enrolled 95 members.	Enrolled 189 members in 2018.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Identify smokers from pharmacy and claims using smoking related CDT and ICD-10 codes and encourage them to join the California Smokers' Helpline.		March/September 2018	B. Nate	
Develop provider on-line news article and promote provider web referral twice a year.		June/December 2018	B. Nate	
Update 2018 Program Description and Desktop Procedures.		September 2018	B. Nate	
Conduct one (1) provider webinar to promote CSH.		September 2018	B. Nate	
Promote CSH in one Medi-Cal newsletter.		September 2018	B. Nate	
Track and evaluate member participation in smoking cessation services.		Quarterly 2018	B. Nate	
Initiative Status (populate at year-end)	<p style="text-align: center;"> MET <input type="checkbox"/> PARTIALLY MET <input checked="" 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: Staff worked with internal HN data teams for claims, ICD-10 codes and pharma data to identify smokers to promote the California Smoker's Helpline (CSH). Provider webinar on track for September deadline.</p> <p>Year-End Update There continues to be a lack of CVH members enrolled in the CSH. Subsequently, CVH implemented expanded claims, ICD-10 codes and pharma data to expand list of members to mail California Smoker's Helpline information. In addition, CVH is exploring the possibility to partner with CSH to outreach to members directly. With this partnership, CSH might have better engagement into the program and have member contact information to track their progress through the quit process. Lastly, to encourage more providers to register members into the CSH, CVH helped promote the CSH Webinar held in November 2018.</p>			
Overall Effectiveness/Lessons Learned (populate at year-end)	<p><i>Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?</i></p> <p>Because of a decrease (40% decrease) in members enrolled in the CSH cessation program, CVH is exploring three new ideas to increase enrollment for 2019. They are: 1) allow CSH to directly outreach to smokers and track their participation in the CSH cessation program, 2) offer starter nicotine replacement therapies through CSH for CVH members interested in quitting for the first time, and 3) explore opportunities to reach members using smokeless tobacco, vape, and other types of tobacco.</p>			

Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input type="checkbox"/>	CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>	CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/>
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13. 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 UTILIZATION <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 type="checkbox"/> HEDIS <input type="checkbox"/> GNA				
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.				
Reporting Leader(s)	Primary:	H. Su, M. Beckett		Secondary:	T. Gonzalez, M. Lin, G. Toland
Goal of Initiative	To meet DHCS and CalViva Health compliance requirements.				
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 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.	Submitted work plan evaluation, work plan and Program Description.	Submitted work plan evaluation, work plan and Program Description.	
Update Health Education Department's Policies and Procedures.	Update Policies and Procedures.	Updated Policies and Procedures.	Updated 5 Policies and Procedures.	Updated 5 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 annual DHCS incentive evaluation reports.	Submitted semi-annual progress report and 1 DHCS incentive evaluation report.	Submitted semi-annual progress reports and 7 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.	Provider Update will be distributed by Q4	Produced one Provider Update.	
Present Health Education updates at PPC meetings.	Present at 4 PPC meetings.	Present at 4 PPC meetings.	Presented at 2 PPC meetings.	Presented at 4 PPC meetings.	
Major Activities		Timeframe For Completion	Responsible Party(s)		
Update Department Program Description.		April 2018	H. Su		
Complete mid-year and year end health education work plan evaluation reports.		April/October 2018	H. Su, M. Beckett		
Produce and distribute Provider Update on SHA.		September 2018	M. Lin		
Update Health Education Department's Policies and Procedures.		November 2018	H. Su		
Complete incentive program progress reports and annual DHCS evaluations.		Semi-annual, Annually	T. Gonzalez, H. Su		
Coordinate with CalViva Health and Cultural & Linguistic Services staff to implement PPC meetings.		Quarterly	T. Gonzalez, G. Toland		
Initiative Status (populate at year-end)	MET <input checked="" 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 Reports were submitted on time. No barriers. Year-End Update				

	Reports were submitted on time. No barriers.
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> All reports were submitted on time to meet compliance.
Initiative Continuation Status <i>(populate at year-end)</i>	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input checked="" type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> </p>

14. 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 UTILIZATION <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"/> HEDIS <input type="checkbox"/> GNA			
HE Departmental Goals	<input checked="" type="checkbox"/> To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community to achieve good health and overall wellbeing. <input checked="" type="checkbox"/> To provide quality health education and health equity programs, services and resources to positively impact CVH's health care quality performance rates. <input checked="" type="checkbox"/> To provide quality health education programs, services and resources to positively impact member satisfaction and retention. <input checked="" type="checkbox"/> To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.			
Reporting Leader(s)	Primary:	G. Toland, M. Zuniga		Secondary: A. Campos,
Goal of Initiative	To produce and update health education resources to meet member and provider needs.			
Performance Measure(s)	Objective(s)	2017 Outcomes (Year-End)	2018 Outcomes (Mid-Year)	2018 Outcomes (Year-End)
All required health education materials topics and languages available to providers, members and associates.	Develop needed materials and resources to meet compliance.	All materials up for a review were updated.	Reviewed 20 existing materials. Updated 20 DHCS Checklists.	Reviewed 25 existing materials. Updated 25 DHCS Checklists. Developed 9 new in-house materials.
Adapt, review and approve national healthy pregnancy educational program for CVH members.	Launch a new healthy pregnancy educational program.	No new program in 2017.	Some of the new CVH Pregnancy Program materials still under review. Program expected to fully launch in Q3.	The new CVH Pregnancy Program was completed and launched at the end of Q4.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Phase out member request form to start in 2019 and transition Krames link onto CalVivahealth.com website.		September 2018	G. Toland	
Update materials identification codes with scanning vendor.		December 2018	G. Toland	
Review, process, and track EPC materials review and approval for program implementation.		December 2018	G. Toland	
Bi-weekly meetings or as necessary meetings with Marketing and Health Ed. to discuss material status and projects.		December 2018	G. Toland	
Develop and implement 2018 CVH materials work plan and budget.		December 2018	G. Toland	
Partner with Provider Relations to promote health education materials.		December 2018	M. Zuniga, T. Gonzalez, G. Toland	
Initiative Status (populate at year-end)	MET <input checked="" 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: The new CVH Pregnancy Program materials still under CVH Compliance/DHCS review. It's expected to be launched at the end of Q3 or beginning of Q4. Year-End Update The new CVH Pregnancy Program materials were completed, approved and launched at the end of Q4.			
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> CVH health education materials library continues to expand to cover more topics on Opioid use and mental health. In addition to the current 150+ internally produced materials, the launch of the Krames library on CalViva website and EPC resources allow members to access more topics and resources. Mandated DHCS 3-year review of current Medi-Cal materials was completed. Internal policy and procedures were updated to reflect the new DHCS policy letter APL18-016. Great efforts were made to review process and approve EPC Raising Well (weight management) materials but the program was not launched at the end			

	due to budget constraints. Lessons learned are to evaluate program budget and contractual terms before investing efforts on resources development and approval. Efforts to streamline the material development process have been initiated to identify areas needing additional staff support and opportunities to improve processes. These efforts will be continued into 2019.
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 checked="" type="checkbox"/> </p>

Item #10

Attachment 10.C

Health Education
2019 Program Description



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Hoa Su, MPH, Justina Felix

COMMITTEE DATE: May 16, 2019

SUBJECT: Health Education Program Description Change Summary

UM Redline Page #	Section/Paragraph name	Description of change	New Page #
3-1	Procedures/HE Programs, Services and Resources	<ul style="list-style-type: none"> Added “diabetes prevention.” 	3-1
3-2	Procedures/HE Programs, Services and Resources	<ul style="list-style-type: none"> Modified Weight Management Program Description by removing the Fit Families for Life Coaching Program. Added “Diabetes Prevention Program” and its description Updated description of new pregnancy program (deleted Healthy Pregnancy Program and added CalViva Pregnancy Program). California Smokers’ Helpline – added additional detailed description not previously outlined. Deleted “Breastfeeding and Nutrition Support Line”. Removed pre-recorded information reference under Nurse Advise Line. Updated title and removed “Telephonic” from Community Health Education Classes. Added Health Education Resources section 	3-2 3-3
3-4	Group Needs Assessment	<ul style="list-style-type: none"> Added “Updated GNA findings are incorporated in the plan’s annual work plan.” 	3-4
3-5	Members	<ul style="list-style-type: none"> Removed “Breastfeeding & Nutrition Support Line.” 	3-4
3-6	Providers	<ul style="list-style-type: none"> Added “Practice Transformation” to Provider Relations Department Deleted Overweight Provider Toolkit and Fit Providers for Life weight 	3-5

		management.	
3-6	CalViva Health and Health Net Staff	<ul style="list-style-type: none"> • Added “Practice Transformation” • Deleted “State Operational Meetings” • Added “CalViva Health’s website” 	3-6
3-7	CalViva Health’s Health Education Standards and Guidelines	<ul style="list-style-type: none"> • Deleted “Telephonic/Face to Face interventions” and added “Counseling” • Modified description of Counseling 	3-7
4-2 4-3	The HED Leadership Team/Incorporating Health Education into Health Care Services Delivery	<ul style="list-style-type: none"> • Modified Member Services description • Changed “medical directors” to “Medical Management” • Added Practice Transformation and included description not previously outlined. 	4-2 4-3
4-3	The HED Leadership Team/Strategies for Improving the Effectiveness of Health Education Programs and Services	<ul style="list-style-type: none"> • Added “PPGs” 	4-3
5-1	Program Evaluation	<ul style="list-style-type: none"> • Modified process to ensure internal monitoring and evaluation (added “Plan Letter 16-016”, deleted Policy Letter 11-018) • Added “every 5 years and changes are monitored annually” to the GNA section • Added a sentence about “Informal provider assessment” 	5-1



CalViva Health
20198 Health Education
Program Description

Fresno-Kings-Madera Regional Health Authority Commission Approval

The Fresno-Kings-Madera Regional Health Authority has reviewed and approved this Program Description.

David Hodge, MD
Regional Health Authority Chairperson

Date

Patrick Marabella, MD, Chief Medical Officer

Date

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OVERVIEW

CalViva Health is a Local Health Initiative managed care plan licensed by the Department of Managed Health Care (DMHC) and under contract with the California Department of Health Care Services (DHCS) to provide health care services to Medi-Cal (MC) members. CalViva Health has MC operations in three California counties, spanning rural and urban settings with diverse and distinct challenges. The three MC counties include Fresno, Kings and Madera.

CalViva Health has an Administrative Services Agreement with Health Net Community Solutions (HNCS or Health Net) to provide certain administrative services on CalViva Health's behalf. CalViva Health also has a Capitated Provider Services Agreement with Health Net Community Solutions for the provision of health care services to CalViva Health members through Health Net's network of contracted providers. Health Net Community Solutions provides health education programs, services, and resources on CalViva Health's behalf through these contractual arrangements. CalViva Health may also contract with other entities or health plans to provide health education programs, services, and resources for members enrolled with CalViva Health.

These services are based on community health, cultural, and linguistic needs in order to encourage members to practice positive health and lifestyle behaviors, to use appropriate preventive care and primary health care services, and to follow self-care regimens and treatment therapies. Health education services include individual, group and community-level education, and support by trained health educators. Provision of health education materials includes culturally and linguistically appropriate brochures, fact sheets, flyers, and newsletters. Under the oversight of CalViva Health, the Health Net Health Education Department (HED), in coordination with the Health Net Cultural and Linguistic Services Department, conduct a community needs assessment for CalViva Health contracted counties. Assessment results are used to develop health education priorities and the annual work plan.

POLICY STATEMENT AND PURPOSE

Policy Statement: CalViva Health is committed to providing appropriate and effective health education, health promotion and patient education programs, services and materials to its members based on community health, cultural, and linguistic needs. These programs and resources seek to encourage members to practice positive health and lifestyle behaviors, use appropriate preventive care and primary health care services, and learn to follow self-care regimens and treatment therapies. CalViva Health ensures the delivery of organized health education programs using education strategies, methods and materials that are appropriate for the member population and effective in achieving behavioral change for improved health. CalViva Health conducts appropriate levels of evaluation, e.g. formative, process and outcome evaluation, to ensure effectiveness in achieving health education program goals and objectives.

HED's 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 CalViva Health's health care quality performance rates.
 - Positively impact member satisfaction and retention.
2. To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.

Purpose:

- To provide accessible, no cost health education programs, services and resources based on the community health, cultural and linguistic needs of CalViva Health's members and contractually required program scope.
- To monitor the quality and accessibility of health promotion and education offered by CalViva Health Primary Care Physicians (PCPs) to CalViva Health members.
- To encourage PCPs to perform an individual health education behavioral assessment (IHEBA)/Staying Healthy Assessment (SHA); assist providers in prioritizing individual health education needs of their assigned patients related to lifestyle, behavior, environment, and cultural and linguistic background; and assist providers in initiating and documenting focused health education interventions, referrals and follow-up.

Confidentiality

CalViva Health's health education programs and services, administered through the HED, maintain the confidentiality of all documents and any acquired member identifiable information in accordance with company, state, and federal regulations.

PROCEDURES

CalViva Health establishes programs and services to meet the regulatory requirements of Department of Health Care Services (DHCS) and offers no-cost information materials, programs, and other services on a variety of topics to promote healthy lifestyles and health improvement to members. These programs and services include:

Health Education Programs, Services and Resources (Interventions)

CalViva Health arranges organized health education interventions using educational strategies, methods and materials that are appropriate for the member population and effective in achieving behavioral change for improved health. The HED directly offers no cost health education interventions to CalViva Health members in each contracted county. When a contracted provider with expertise in delivering health education interventions offers the same type of service, the member is referred to the provider that is delegated to serve that member. Members are referred to the appropriate health education program (within CalViva Health, local hospital or a community based organization) based on type of request, geographical, cultural, and language circumstances.

CalViva Health ensures provision of the following program interventions for members by addressing the following health categories and topics:

- **Effective Use of Managed Health Care Services:** Educational interventions designed to assist members to effectively use the managed health care system, preventive and primary health and dental care services, obstetrical care, health education services, and appropriate use of complementary and alternative care.
- **Risk Reduction and Healthy Lifestyles:** Educational interventions designed to assist members to modify personal health behaviors, achieve and maintain healthy lifestyles, and promote positive health outcomes, including programs for tobacco use and cessation; alcohol and drug use; injury prevention; prevention of sexually transmitted diseases (STD), HIV and unintended pregnancy; nutrition, weight control, and physical activity; [diabetes prevention](#); and parenting.
- **Self-Care and Management of Health Conditions:** Educational interventions designed to assist members to learn and follow self-care regimens and treatment therapies for existing medical conditions, chronic diseases or health conditions, including programs for pregnancy, asthma, diabetes, and hypertension.

Members and PCPs may request educational materials on health topics such as, but not limited to, nutrition, tobacco prevention & cessation, HIV/ST~~D~~I prevention, family planning, exercise, dental, perinatal, diabetes, asthma, hypertension, age-specific anticipatory guidance, injury prevention and immunization. Some of these topics are also offered at community classes.

Point of Service Education: CalViva Health monitors that (1) members receive health education services during preventive and primary health care visits, (2) health risk behaviors, health practices and health education needs related to health conditions are identified, and (3) educational intervention, including counseling and referral for health education services, is conducted and documented in the member's medical record. CalViva Health ensures that providers use the DHCS developed and approved Individual Health Behavioral Assessment tool, Staying Healthy Assessment, or other approved assessment tool for identifying Medi-Cal medical members' health education needs and conducting educational interventions. CalViva Health provides health education resources, programs and community classes to assist contracted providers to provide effective health services for members.

The following programs and resources are available at no cost to CalViva Health's members through self-referral or a referral from their primary care physician. Members and providers may obtain more information about these programs and services by contacting the HED's toll-free Health Education Information Line at (800) 804-6074.

- ~~• **Weight Management Programs** –Members have access to a comprehensive Fit Families for Life-*Be In Charge!*sm suite of programs. The Fit Families for Life-Home Edition is a 5-week home-based program to help families learn and set weekly nutrition and physical activity goals to achieve a healthy weight. ~~Members may speak with a nurse specialized in nutrition or a dietitian about their nutrition related concerns through the Fit Families for Life-Breastfeeding and Nutrition Support Line. Members 6-20 years old with a 95th BMI percentile or higher are eligible to participate in the Fit Families for Life-Coaching Program. These members work with a nurse specialized in nutrition or a dietitian to establish a personal weight control plan and have unlimited access to the coach for on-going support. These members will also have access to incentives to enhance their learning and engagement.~~ Fit Families for Life-Community Classes, teaching basic nutrition and physical activity information, are offered at community centers and community based organizations located in areas where CalViva Health members reside. The Fit Families for Life-Community Classes are free to all CalViva Health members and the community. CalViva Health members also have access to Healthy Habits for Healthy People weight management educational resource specifically for adults and seniors.~~
- **Disease Management Program** – Members with asthma, diabetes, and chronic heart failure are enrolled into *Be In Charge!*sm Disease Management programs to help them control their condition. Members receive educational resources and have unlimited 24 hour access to a nurse to address their medical concerns. High-risk members also receive nurse initiated outbound calls to help members manage their conditions.
- **Diabetes Prevention Program** - Eligible members 18 years old and older with prediabetes can participate in a year long evidence-based, lifestyle change program that promotes and focuses on emphasizing weight loss through exercise, healthy eating and behavior modification. The program is designed to assist Medi-Cal members in preventing or delaying the onset of type 2 diabetes.
- **CalViva Pregnancy Program** – The pregnancy program incorporates the concepts of case management, care coordination, disease management and health promotion in an effort to teach pregnant members how to have a healthy pregnancy and first year of life for babies. The program also aims to reinforce the appropriate use of medical resources to extend the gestational period and reduce the risks of pregnancy complications, premature delivery, and infant disease. Members can participate by contacting Member Services at 1-888-893-1569.

~~• **Healthy Pregnancy program** – Pregnant members receive educational resources including telephonic case management for high risk pregnancies to help them achieve a successful pregnancy and healthy baby.~~
- **California Smokers' Helpline** --The California Smokers' Helpline (1-800-NO-BUTTS) is a free statewide quit smoking service, ~~operated by the University of California San Diego Moore's Cancer Cent.~~ The Helpline offers self-help resources, referrals to local programs, and one-on-one telephone counseling to quit smoking. ~~Helpline services are available in six languages (English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese), and specialized services are available to teens, pregnant women, and tobacco chewers. Members are offered a 90 day regimen of all FDA approved tobacco cessation medications with at least one medication available without prior authorization. CalViva Health will cover a minimum of two separate quit attempts per year with no mandatory break between quit attempts. CalViva Health also offers no cost individual, group and telephone counseling without prior authorization for members of any age regardless if they opt to use tobacco cessation medications.~~

- ~~Breastfeeding and Nutrition Support Line~~ – Members have access to nutrition advice from a dietitian or breastfeeding advice from a lactation specialist. Counseling and related educational materials are provided in a variety of threshold languages. ~~The Breastfeeding and Nutrition Support Line is provided as an educational service to members and does not replace a comprehensive nutrition assessment by a dietitian or physician. Extended services, such as nutrition assessments for chronic diseases, are available through provider referrals.~~
- Nurse Advice Line – Members may speak to a nurse 24 hours a day, 7 days a week in the member's preferred language about any health related concerns. Pre-recorded information about a variety of diseases and health issues is also available via the Nurse Advice Line as part of the Audio Health Library.
- Healthy Hearts, Healthy Lives –Members have access to a heart health prevention toolkit (educational booklet, tracking journal and fitness DVD) and access to community classes to learn how to maintain a healthy heart.
- Digital Health Education - Teens from 13 years old and adults may participate in electronic health education campaigns and programs available through T2X's website, text messaging and mobile app. T2X engages members in discussing health topics that are important to them. T2X interventions guide participants in learning how to access credible health education information and seek preventive health care services. CalViva Health also offers myStrength, a personalized website and mobile application, to help members deal with depression, anxiety, stress, substance use, and pain management.
- Health Promotion Incentive Programs - The HED partners with Quality Improvement Department to develop, implement and evaluate incentive programs to encourage members to receive health education and to access HEDIS related preventive health care services.
- Know Your Numbers Community Class and Screening Events -- The HED conducts health screening on BMI, diabetes, hypertension and/or cholesterol to help participants understand their current health status. At the same event, participants are provided the appropriate preventive health education to help them adopt healthy behaviors and connect them to health care providers to control their health conditions.
- Community and Telephonic Health Education Classes - Free classes are offered to members and the community. Classes are available in various languages. Topics vary by county and are determined by the community's needs.
- Community Health Fairs – HED participates in health fairs and community events to promote health awareness and promotion to members and the community. CalViva Health representatives provide screenings, presentations, and health education materials at these events.

The following educational resources are available to members:

- Health Education Resources: Members or the parents of youth members may order health education materials on a wide range of topics, such as asthma, healthy eating, diabetes, immunizations, prenatal care, exercise and more. These materials are available in threshold languages.
- Health Education Member Request Form -- Members complete a pre-stamped form to request free health education materials available through the department. The form also contains the toll-free Health Education Information Line.
- Health Education Programs and Services Flyer — This flyer contains information on all health education programs and services offered to members and information on how to access services.
- Preventive Screening Guidelines -- The guidelines are provided to inform members of health screening and immunization schedules for all ages. These are available in English, Spanish and Hmong.
- Member Newsletter – Newsletter is mailed to members on a quarterly basis and covers various health topics and the most up-to-date information on health education programs and services.

CalViva Health follows MMCD Policy Letter 16-005 to develop, implement and evaluate appropriate incentive programs to promote positive health behaviors among members.

Group Needs Assessment

CalViva Health conducts a Group Needs Assessments (GNA) for contracted counties and develops a health education work plan based on the assessment results. The purpose of the GNA is to determine the health education, cultural, language, and health care access needs of CalViva Health Medi-Cal members. A full GNA report is submitted to DHCS every five (5) years. Updated GNA findings are incorporated in the Plan's annual work plan. ~~a work plan reflecting updated GNA findings is submitted each of the other four (4) years.~~

CalViva Health ensures that the findings of the GNA, as well as other relevant information, are used to establish health education, cultural & linguistics and quality improvement program priorities and appropriate levels of intervention for specific health issues and target populations. GNA findings are used to prioritize the annual work plan objectives and intervention activities and to guide on-going project developments to address the unmet needs of our members.

The health education system shall be reviewed at least once a year to ensure appropriate allocation of health education resources based upon needs assessment findings, program evaluation results, and other plan data. Health education programs, services and resources are developed, augmented, prioritized and allocated according to several critical sources that identify areas of need. The health education work plan is developed on an annual basis based on the following listed data sources:

- Needs and recommendations identified in the GNA findings, or other assessment findings, which are reviewed on an on-going basis
- Available provider and member surveys that identify the needs for new and satisfaction with current health education and cultural and linguistic services
- Annual evaluation of all health education services that include process and outcome evaluation and direct health education service requests from members and providers
- Data from current CalViva Health HEDIS® health outcomes reports
- Specific community requests determined through the CalViva Health Public Policy Committee meetings
- Discussion and coordination of community needs at various community-based workgroups and coalitions
- Needs identified by other departments

The results of the assessment are presented at appropriate internal forum (e.g., QI/UM Workgroup) and external forum (e.g., QI/UM Committee, Public Policy Committee).

Educational Materials

Health education materials are provided to members and contracted providers for dissemination to their Medi-Cal members. CalViva Health produces health education materials for its members with a 6th grade or lower reading level and takes diverse cultural backgrounds into consideration in their development and translation. Materials are also available on alternative formats upon member request. The Cultural and Linguistic Services Department reviews these materials for accuracy of translation, cultural content, and reading level. Moreover, CalViva Health evaluates member materials with the assistance of experts, Public Policy Committee, focus groups, and/or individual and group interviews. Health education materials are also offered and disseminated through community health education classes, health fairs and other events that are significantly relevant to the CalViva Health priority areas.

Promotion of Health Education Programs, Services and Resources

A. Members

CalViva Health promotes members to appropriately use health care services including health education interventions. CalViva Health also monitors that these interventions are available and accessible upon member self-referral or referral by contracting providers. Members are provided information in the following ways:

- Via the toll-free Health Education Information Line, Nurse Advice Line, [Breastfeeding & Nutrition Support Line](#), and Member Services
- On CalViva Health's website
- Via digital communications including T2X and myStrength website and mobile app, and text messaging interventions
- Information contained in the member newsletters and other member mailings
- Inclusion in the enrollment packets with Health Education Member Request Form
- At health fairs and other community events
- Via the CalViva Health contracted providers' offices
- In association with Community Based Organizations
- During health education presentations and classes
- Inclusion in the Evidence of Coverage (EOC)
- Through other internal departments (e.g., Quality Improvement, Provider Relations, Public Programs, and Cultural & Linguistics)

B. Providers

CalViva Health offers education, training, and program resources to assist contracting practitioners in the delivery of effective health education services for members. Provider educational and training opportunities can include CME training information, in-services on health education programs and services, and web-based health education. Information about CalViva Health's health education programs and resources are disseminated to contracting providers through the following ways:

- CalViva Health's Provider Toolkit and web-based Provider Operations Manual contain requirements for health education and available health plan's services. The Toolkit and Manual are updated as needed. The Health Education materials order form is included as an attachment and offers materials in multiple languages and on multiple health topics at no cost to the providers or members
- Provider on-line newsletters, Provider Updates, flyers and other provider mailings
- CalViva Health's provider trainings
- On-site visits are conducted by the Facility Site Compliance Department, Provider Relations, ~~Practice Transformation Department~~ and HED to inform providers and their staff about CalViva Health's services, including health education programs, Staying Healthy Assessment, and resources
- CalViva Health's toll-free Health Education Information Line
- [Health education in-services including the Child and Adolescent Overweight Provider Toolkit and Fit Providers for Life weight management wellness program for providers and their staff](#)

C. CalViva Health and Health Net Staff

The HED provides regular communications with Plan staff to keep them abreast of health education interventions and to foster collaborative efforts to improve health outcomes for members. The HED reaches out to the following departments: Public Programs, Quality Improvement, Health Care Services, Cultural & Linguistic Services, Provider Relations, [Practice Transformation](#), Member Services and Enrollment Services.

Health education programs, resources and services are promoted to staff through the following ways:

- Health Education Department intranet site
- Health Education Department email updates
- [State Operational Meetings](#)
- [CalViva Health's website](#)
- Presentation at individual department's staff meetings
- Member newsletter
- Interdepartmental workgroup meetings

D. Community Collaborations

The HED interacts with community-based organizations (CBOs), providers and other stakeholders in statewide and county specific collaborations to support health initiatives to promote positive community member health and lifestyle behaviors. The HED also participates to promote CalViva Health's health education interventions. The HED's Sr. Health Education Specialists are involved in coalitions that address major health issues identified in the GNAs and/or reflective of CalViva Health's priorities. Creating and maintaining community connection allows for input and guidance on member services and programs and assures that the HED work reflects the needs of CalViva Health members. The role of the HED within the CBO or community collaborative is primarily consultative in nature. In some instances, HED takes on a more leadership role where appropriate. CalViva Health may also provide sponsorships to CBOs and collaboratives to implement interventions that meet the company's priorities.

CalViva Health's Health Education Standards and Guidelines

The HED's standards and guidelines must support the findings of professional experts or peers, best practices, and/or published research. CalViva Health monitors the performance of providers that are contracted to deliver health education programs and services to members, and implement strategies to improve provider performance and effectiveness.

Educational materials for Medi-Cal members must be culturally appropriate and written at a sixth-grade (or lower) reading level and in an easy-to-read format. All health education materials are reviewed and approved by the Health Education Department, Cultural & Linguistic Services Department, Medical Directors, CalViva Health staff and contracting regulators as appropriate. CalViva Health pre-translated a core set of educational materials into Spanish and Hmong. Health Education materials are also available in alternative formats upon member request. Educational materials and services must be available on a variety of topics to members and providers at no cost.

CalViva Health's educational interventions and programs are developed based on specific professional behavioral models, such as the PRECEDE/PROCEED model, the Health Belief Model, and the Transtheoretical/Stage of Change model. These models are valuable in health education and promotion planning since they provide a format for identifying factors related to health problems, behaviors, and program implementation. The following are the most common health education methods used:

- Structured health education classes and other events: Health education classes, presentations, health fairs, screenings or other event participation on topics such as diabetes, asthma, pregnancy, nutrition, exercise, cervical cancer, dental, hypertension, etc.

- ~~Telephonic/Face-to-Face interventions~~Counseling: Examples include ~~our Fit Families for Life-Be In Charge!SM Coaching Program and Breastfeeding and Nutrition Support Line,~~ and California Smokers' Helpline smoking cessation and Diabetes Prevention Programs.
- Mass media: Direct member mailing and digital education interventions on various health education topics, such as Preventive Screening Guidelines, diabetes, asthma, pregnancy, smoking cessation, and weight control.

Another health education standard includes the evaluation of all health education programs to ensure effectiveness in achieving health education goals and objectives. The different types of evaluation methods used are: qualitative, quantitative, formative, process, and outcome.

Individual Health Education Behavioral Assessment (IHEBA)/ Staying Healthy Assessment (SHA)

The California Department of Health Care Services (DHCS) requires primary care physicians to administer an Individual Health Education Behavioral Assessment (IHEBA) to Medi-Cal members. The DHCS developed and approved IHEBA is the Staying Healthy Assessment (SHA). CalViva Health encourages all new members to complete the IHEBA within 120 calendar days of enrollment as part of the initial health assessment (IHA); and that all existing members complete the IHEBA at their next non-acute care visit. CalViva Health encourages: 1) that primary care providers use SHA, or alternative approved tools that comply with DHCS approval criteria for the IHEBA; and 2) that the IHEBA tool is: a) administered and reviewed by the primary care provider during an office visit, b) reviewed at least annually by the primary care provider with members who present for a scheduled visit, and c) re-administered by the primary care provider at the appropriate age-intervals.

Contracted providers or provider groups must notify Health Net, on behalf of CalViva Health, two months in advance of using electronic copy of SHA, Bright Futures, and alternative IHEBA tools. Alternative IHEBA tools will need DHCS approval prior to use. Members may decline to participate in an offered assessment. CalViva Health conducts various activities to improve IHEBA implementation, including on-site in-services at provider offices, targeting office staff to complete the non-clinical IHEBA items with the member, and educating members about IHEBA/IHA through direct mailing.

The assessment consists of standardized questions developed by Medi-Cal managed care health plans in collaboration with DHCS to assist PCPs in: 1) identifying high-risk behaviors, including tobacco use and alcohol consumption, of individual members; 2) assigning priority to individual health education needs of their patients related to lifestyle, behavior, disability, environment, culture, and language; 3) initiating and documenting health education interventions, referrals, and follow-up care with members; and 4) identifying members whose health needs require coordination with appropriate community resources and other agencies for services not covered under the current contract.

The SHA consists of nine questionnaires specific to age ranges in which health risk factors may change significantly. They are available in Arabic, Armenian, Chinese, English, Farsi, Hmong, Khmer, Korean, Russian, Spanish, Tagalog, and Vietnamese. Providers are informed via a Provider Update and provider in-services on the SHA requirements, how to complete and document the questionnaires, how to provide appropriate health education and referrals, and where to access the questionnaires. CalViva Health makes these forms available to contracting providers via the toll-free Health Education Information Line, on the provider website, and on the provider materials order fax form.

Public Policy Committee (PPC)

CalViva Health maintains a Public Policy Committee, as one way for members to participate in establishing the public policy of the plan. "Public policy" means acts performed by the Plan or its employees and staff to assure the comfort, dignity, and convenience of members who rely on the Plan's facilities to provide health care services to them, their families, and the public.

The Public Policy Committee meets four times a year. Committee responsibilities include obtaining feedback and guidance in the delivery of culturally and linguistically appropriate health care services, and establishing and maintaining community linkages. The Committee includes CalViva Health members, member advocates (supporters), a Commissioner of CalViva Health's governing board, the Fresno-Kings-Madera Regional Health Authority (RHA) Commission, and health care providers.

STAFF RESOURCES AND ACCOUNTABILITY

1. CalViva Health Committees

A. Governing Body/RHA (Regional Health Authority) Commission

The RHA Commission is the governing body with ultimate authority and responsibility for the oversight of CalViva Health.

B. QI/UM Committee

The QI/UM Committee monitors the quality and safety of care and services rendered to CalViva Health members. This Committee identifies opportunities for improvement, recommends policy decisions, evaluates the results of activities, institutes needed actions, and ensures follow up as appropriate. The Health Education program description, work plan, incentive program summary, and end of year work plan evaluation report are all submitted to the CalViva Health QI/UM committee for review and approval. The QI/UM committee provides regular reports to the RHA Commission.

C. Public Policy Committee

The Public Policy Committee includes CalViva Health members, member advocates (supporters), a RHA Commissioner, and a health care provider. Committee responsibilities include obtaining feedback and guidance in the delivery of culturally and linguistically appropriate health care services, and establishing and maintaining community linkages. The Health Education program description, work plan, incentive program summary and end of year reports are shared as information to the Public Policy Committee. The Public Policy Committee provides regular reports to the QI/UM Committee and the RHA Commission.

2. CalViva Health Staff Roles and Responsibilities

A. Chief Medical Officer

CalViva Health's Chief Medical Officer's responsibilities include assuring that CalViva Health's programs are compatible and interface appropriately with the provider network and the overall scope of CalViva Health's QI program. A medical management team is under the direction of the Chief Medical Officer.

B. Medical Management Team

CalViva Health's Medical Management team includes the Chief Medical Officer, Director of Medical Management Services, who is a Registered Nurse, and a Medical Management Specialist to monitor and evaluate the adequacy and appropriateness of health and administrative services on a continuous and systematic basis.

C. Chief Operating Officer

CalViva Health's Chief Operating Officer's responsibilities include assuring that Health Net is coordinating the requested health education services and needs in accordance with the Administrative Services Agreement with CalViva Health. An operations team is under the direction of the Chief Operating Officer.

D. Operations Team

CalViva Health's Operations team includes the Chief Operating Officer and an Operations Coordinator. The Chief Operating Officer meets the DHCS qualification and definition of a qualified health educator

and maintains a Master Certified Health Education Specialist (“MCHES”) certification awarded by the National Commission for Health Education Credentialing, Inc.

E. Chief Compliance Officer

CalViva Health’s Chief Compliance Officer’s responsibilities include assuring that CalViva Health’s programs are in compliance with the DHCS contract, regulatory standards and reporting requirements. A compliance team is under the direction of the Chief Compliance Officer.

F. Compliance Team

CalViva Health’s Compliance team includes the Chief Compliance Officer, a Director, and a Compliance Analyst.

3. Health Net Health Education Department (HED) Staff Roles and Responsibilities

The HED’s primary function is to fulfill DHCS contractual requirements for health education and provides a supporting role in the development and implementation of quality improvement initiatives coordinated by the QI Department including but not limited to the development and implementation of HEDIS® interventions. CalViva Health’s QI/UM Committee oversees the work of the HED.

A. The HED Leadership Team

Important health education services are developed and coordinated within the CalViva Health service area by the HED. The HED continues to maintain their internal reporting responsibilities within Health Net Community Solutions, as a subsidiary to Health Net Inc., (e.g. Chief Executive Officer (CEO), Vice Presidents, Officers, Directors, etc.) however, activities conducted within the CalViva Health service area are subject to oversight by CalViva Health’s staff and respective committees.

Incorporating Health Education into Health Care Services Delivery

Processes are in place, including inter-organizational (CalViva Health and Health Net Community Solutions) and provider-initiated methods of identifying members in need of health education, communication assistance, referral to appropriate departments, and coordination of services delivery. Examples of such coordination activities are as follows:

- a) Quality Improvement (QI): HED provides technical and advisory support on health education-related QI interventions and works closely with QI and the Cultural and Linguistics Services Departments and CalViva Health staff to implement HEDIS® improvement projects.
- b) Cultural & Linguistic Services (C&L): HED coordinates with C&L to develop culturally and linguistically appropriate educational resources and programs including converting materials into alternative formats. HED also coordinates with the C&L department to conduct health disparity projects and with the CalViva Health staff to implement Public Policy Committee meetings throughout Fresno, Kings and Madera Counties.
- c) Member Services (MS): HED coordinates with the Member Services Department to ~~include an on-hold health education message on their toll free Medi-Cal phone line. Various health education programs and resources to members are promoted while transferring them directly to the Health Education Information Line. promote -available health education programs and resources.~~ The HED also coordinates with Member Services to conduct third party oral translation of health education information directly to non-English/non-Spanish-speaking members and to make health education program referrals by members who access the MS phone line.

- d) Medical Management (MM): HED works closely with ~~medical directors~~ Medical Management to incorporate health education interventions into health improvement projects.
- e) Case Management (CM): HED coordinates with CM nurses to refer members to the HED for health education programs, services and materials. HED also works with CM to develop approved health education resources to meet members' health education needs
- f) Provider Relations (PR) and Practice Transformation (PT): HED coordinates with PR and PT staff to encourage providers to refer members to the HED for health education programs, services and materials. ~~through PR and PT's staff also help educate providers on the Staying Healthy Assessment and other DHCS provider training requirements. —outreach to providers in the community and/or office.~~
- g) Public Programs (PP): HED coordinates with PP staff to refer members to the HED for health education programs, services and materials through PP's targeted initiatives.
- h) Enrollment Services (ES): HED partners with ES to help CalViva Health's pregnant women understand the importance of baby well care visits, postpartum visits and the process for getting their newborn insured.
- i) Member Connections (MC): HED coordinates with MC staff to promote CalViva Health's health education programs and resources to members during their member outreach and home visits.

CalViva Health's health education initiatives support improvement in local public health concerns and support CalViva Health contracted providers' ability to provide culturally and linguistically appropriate health education programs and services.

Strategies for Improving the Effectiveness of Health Education Programs and Services

The HED utilizes findings from program evaluation to identify areas for improvement and to establish strategies for improving program effectiveness. Program evaluation data at varying levels are collected on an on-going basis through methods such as health education class evaluation surveys, reports of weight management activity, quarterly reports of smoking cessation program activity, and member completed preventive health screenings. —Strategies are multi-level and developed to tailor specific needs, such as increasing targeted promotion of a program to increase utilization of services, enhancing class curricula to include more interactive activities based on feedback from class participants, and enhancing a group intervention program by including an individual-level intervention component.

Providers are contracted to deliver and make available no cost health education programs and services to CalViva Health's Medi-Cal members. To improve provider performance in delivering health education services to members, the HED connect providers to a variety of provider training and educational opportunities such as CME training both within targeted Medi-Cal counties and via free on-line training. PCPs and PPGs are also kept informed on CalViva Health's health education programs and services. Monitoring is conducted through monthly analysis of program utilization and provider referrals, through the Facility Site Review and Medical Record Review processes. Moreover, the annual work plan is evaluated to assess progress and outcomes and to develop strategies for enhanced intervention effectiveness for the following year.

PROGRAM EVALUATION

HED Internal Monitoring & Evaluation

The following process is in place to ensure internal monitoring and evaluation:

- Health education materials are offered in an appropriate cultural, linguistic, and reading level. HED will follow the MMCD All [Policy Letter/Plan Letter 16-01644-048](#) (Readability and Suitability of Written Health Education Materials) to develop, review and approve written health education materials. CalViva Health Chief Medical Officer's review and approval are needed for materials [with clinical information](#).
- Health education classes and programs are evaluated for effectiveness.
- A documentation system tracks member requests for health education interventions.
- A documentation system tracks provider requests for health education resources to be distributed to members.
- Requests for health education materials and services are evaluated on a monthly and annual basis.
- Mid-year and year-end work plan evaluation reports are prepared and reviewed.
- A GNA Report is developed [every 5 years and changes are monitored annually](#). A member survey is conducted during each GNA Report year to obtain member feedback on health education interventions accessed through CalViva Health's HED.
- [An evaluation report is submitted to CalViva Health for review and subsequent submission to DHCS annually for each active health education incentive program.](#)
- [Informal provider assessment is conducted to obtain provider feedback on health education programs, services, and materials accessed through CalViva Health's HED as needed.](#)

CalViva Health Monitoring & Evaluation

The following activities are in place to ensure CalViva Health's oversight responsibilities over the delegation of HED programs, services and resources to Health Net:

- **Communications Review** -The CalViva Health Chief Medical Officer, Chief Compliance Officer or designee review and approve all health education materials created by the HED before distribution to CalViva Health members.
- **Reports** - The CalViva Health QI/UM Committee oversees the HED programs and reviews the Health Education Department program description, work plan, and reports to ensure planned interventions are in place and completed by target date.
- **Audits** - CalViva Health conducts an oversight audit of health education activities performed by the HED. The main elements covered in the audit include but are not limited to: establishing, administrating, and monitoring of the health education system, assessing the need for health education, and health education material development and approval process. The results of the audit are shared with the HED, the QI/UM Committee, and the RHA Commission.

Program evaluation for CalViva Health's health education programs and services include both process and outcome measures. Process measures will assess the extent to which the delivery of services is consistent with program design specifications and the level of utilization, such as monitoring of program participation and program feedback. Outcome evaluation will assess the amount and direction of change in knowledge, attitudes, and behaviors that have occurred with an intervention, such as for a health education class. An annual work plan is developed with measurable objectives, rationale, barriers, and outcomes, and is reviewed and updated to monitor and evaluate progress every 6 months.

Item #10

Attachment 10.D

Health Education
2019 Work Plan



2019 Health Education Work Plan

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		
Develop behavioral health education strategy	Creation of 3+ behavioral health materials and distribution plan. Determine utilization baseline.	New project for 2019		
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)	Include barriers to implementation and systemic/organizational barriers. Mid-Year Update 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"/>			

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			
Launch as asthma mobile app	Enroll 15% of targeted members with asthma in the mobile app	New project for 2019			
Major Activities		Timeframe For Completion	Responsible Party(s)		
Research asthma apps		February 2019	J. Felix		
Develop contract with asthma app developer		March 2019	J. Felix		
Develop asthma app promotional flyer for providers to share with member		April 2019	J. Felix		
Promote asthma app		April 2019	J. Felix		
Launch the asthma app		April 2019	J. Felix		
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		
Evaluate app performance		December 2019	J. Felix		
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 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	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. CVH HbA1C testing (Fresno, 83%) and Nephropathy care (87%) are below MPL for Fresno			
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.		
Implement a Diabetes Prevention Program.	Enroll 25+ Medi-Cal members.	New project for 2019		
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)		April 2019	M. Zuniga, H. Su	
Set up monthly member eligibility data file transfer for DPP vendor		April 2019	M. Zuniga, D. Carrillo	
Promote DPP on the CalViva health website: member portal and provider portal.		April 2019	M. Zuniga, J. Felix, Tony 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, Guillermina 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)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update 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.		
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		
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)	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update 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"/>			

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 develop and pilot an antibiotic awareness text messaging campaign.	Reach 50% of targeted members residing in Fresno and Madera.	New project for 2019		
Promote member enrollment in myStrength.	Enroll 50+ members.	Enrolled 45 CVH members.		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Develop revised myStrength flyer promoting opioid / behavioral health education		May 2019	D. Carrillo	
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 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.			
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.			
Major Activities		Timeframe For Completion	Responsible Party(s)		
Develop Action Plan to address the Mendota Community Advisory Group 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)	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 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"/>				

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.		
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 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"/>			

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 reached, of which 144 (70%) were CVH member. Of the members reached 123 (87%) completed a screening.		
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		
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 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"/>			

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		
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 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"/>			

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:
				T. Gonzalez, G. Toland
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.		
Increase Healthy Habits for Healthy People (HHHP) program enrollment.	350+ members.	Enrolled 419 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 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:
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.		
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)	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 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"/>			

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.	1,285 pregnancy packets were mailed to CVH members. (of which 257 packets were from the new CVH Pregnancy Program)		
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.		
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 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 checked="" 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		
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.		
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		
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	
Establish a plan to develop a Fresno Promotores Health Network		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 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"/>			

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 of 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.		
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 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.			
Update Health Education Department's Policies and Procedures.	Update Policies and Procedures.	Updated 5 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.			
Develop and distribute a Provider Update on Staying Healthy Assessment (SHA).	Produce 1 Provider Update.	Produced one Provider Update.			
Present Health Education updates at PPC meetings.	Conduct 4 PPC meetings.	Presented at 4 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 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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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.		
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		
Educate members on controlling asthma	Develop and disseminate 1 educational resource about asthma action plan and mobile app	New for 2019		
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 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		
GIS-assisted HEDIS intervention activities and Health Education outreach	Develop geomaps for 10+ projects/outreach activities	New project for 2019		
Best practice based on proximity and geographic attributes	Develop best practice framework to intervention site planning (ex. Huff Gravity Model)	New project for 2019		
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)	Include barriers to implementation and systemic/organizational barriers. Mid-Year Update 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"/>			

Item #11

Attachment 11.A

Financials as of March 31, 2019

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

	Total
ASSETS	
Current Assets	
Bank Accounts	
Cash	308,125,318.86
Savings CD	0.00
ST Investments	0.00
Wells Fargo Money Market Mutual Funds	5,168,547.93
Total Bank Accounts	\$ 313,293,866.79
Accounts Receivable	
Accounts Receivable	138,295,915.53
Total Accounts Receivable	\$ 138,295,915.53
Other Current Assets	
Interest Receivable	12,936.90
Investments - CDs	0.00
Prepaid Expenses	364,128.35
Security Deposit	0.00
Total Other Current Assets	\$ 377,065.25
Total Current Assets	\$ 451,966,847.57
Fixed Assets	
Buildings	7,033,036.16
Computers & Software	3,603.05
Land	3,161,419.10
Office Furniture & Equipment	149,138.17
Total Fixed Assets	\$ 10,347,196.48
Other Assets	
Investment -Restricted	313,187.52
Total Other Assets	\$ 313,187.52
TOTAL ASSETS	\$ 462,627,231.57
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	28,275.23
Accrued Admin Service Fee	7,897,021.00
Capitation Payable	347,823,019.04
Claims Payable	57,267.20
Total Accounts Payable	\$ 355,805,582.47
Other Current Liabilities	
Accrued Expenses	755,716.17
Accrued Payroll	50,871.54
Accrued Vacation Pay	288,633.07
Amt Due to DHCS	1,348,155.24
IBNR	164,348.69
Loan Payable-Current	0.00
Premium Tax Payable	0.00
Premium Tax Payable to BOE	5,961,058.18
Premium Tax Payable to DHCS	31,468,013.25
Total Other Current Liabilities	\$ 40,036,796.14
Total Current Liabilities	\$ 395,842,378.61
Long-Term Liabilities	
Renters' Security Deposit	0.00
Subordinated Loan Payable	0.00
Total Long-Term Liabilities	\$ 0.00
Total Liabilities	\$ 395,842,378.61
Equity	
Retained Earnings	59,820,200.78
Net Income	6,964,652.18
Total Equity	\$ 66,784,852.96
TOTAL LIABILITIES AND EQUITY	\$ 462,627,231.57

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Budget vs. Actuals: Income Statement
July 2018 - March 2019 (FY 2019)

	Total		
	Actual	Budget	Over/(Under) Budget
Income			
Interest Earned	900,684.65	90,000.00	810,684.65
Premium/Capitation Income	879,935,501.19	856,316,218.00	23,619,283.19
Total Income	880,836,185.84	856,406,218.00	24,429,967.84
Cost of Medical Care			
Capitation - Medical Costs	736,585,931.80	714,040,873.00	22,545,058.80
Medical Claim Costs	2,000,185.32	1,814,994.00	185,191.32
Total Cost of Medical Care	738,586,117.12	715,855,867.00	22,730,250.12
Gross Profit	142,250,068.72	140,550,351.00	1,699,717.72
Expenses			
Admin Service Agreement Fees	35,698,190.00	35,392,502.00	305,688.00
Bank Charges	1,374.10	12,600.00	(11,225.90)
Computer/IT Services	95,615.84	117,000.00	(21,384.16)
Consulting Fees	4,200.00	78,750.00	(74,550.00)
Depreciation Expense	217,715.67	225,000.00	(7,284.33)
Dues & Subscriptions	127,419.06	134,100.00	(6,680.94)
Grants	1,509,329.86	1,575,000.00	(65,670.14)
Insurance	149,853.36	159,621.00	(9,767.64)
Labor	2,299,647.94	2,381,036.00	(81,388.06)
Legal & Professional Fees	87,584.62	143,100.00	(55,515.38)
License Expense	505,804.96	468,000.00	37,804.96
Marketing	596,932.89	600,000.00	(3,067.11)
Meals and Entertainment	14,110.42	14,700.00	(589.58)
Office Expenses	41,659.25	58,500.00	(16,840.75)
Parking	1,001.11	900.00	101.11
Postage & Delivery	2,475.46	1,800.00	675.46
Printing & Reproduction	1,603.98	3,800.00	(2,196.02)
Recruitment Expense	1,206.13	27,000.00	(25,793.87)
Rent	1,200.00	9,000.00	(7,800.00)
Seminars and Training	4,835.34	18,000.00	(13,164.66)
Supplies	6,982.78	7,200.00	(217.22)
Taxes	94,404,058.44	94,404,034.00	24.44
Telephone	25,154.37	23,400.00	1,754.37
Travel	17,109.25	19,800.00	(2,690.75)
Total Expenses	135,815,064.83	135,874,843.00	(59,778.17)
Net Operating Income	6,435,003.89	4,675,508.00	1,759,495.89
Other Income			
Other Income	529,648.29	450,000.00	79,648.29
Total Other Income	529,648.29	450,000.00	79,648.29
Net Other Income	529,648.29	450,000.00	79,648.29
Net Income	6,964,652.18	5,125,508.00	1,839,144.18

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Income Statement
FY 2019 vs FY 2018

	Total	
	Jul 2018 - Mar 2019	Jul 2017 - Mar 2018 (PY)
Income		
Interest Earned	900,684.65	144,533.22
Premium/Capitation Income	879,935,501.19	899,168,937.20
Total Income	\$ 880,836,185.84	\$ 899,313,470.42
Cost of Medical Care		
Capitation - Medical Costs	736,585,931.80	752,051,946.71
Medical Claim Costs	2,000,185.32	1,840,948.48
Total Cost of Medical Care	\$ 738,586,117.12	\$ 753,892,895.19
Gross Profit	\$ 142,250,068.72	\$ 145,420,575.23
Expenses		
Admin Service Agreement Fees	35,698,190.00	36,054,447.00
Bank Charges	1,374.10	5,993.15
Computer/IT Services	95,615.84	88,590.26
Consulting Fees	4,200.00	0.00
Depreciation Expense	217,715.67	216,186.86
Dues & Subscriptions	127,419.06	125,434.69
Grants	1,509,329.86	1,437,909.39
Insurance	149,853.36	147,549.22
Labor	2,299,647.94	2,143,001.00
Legal & Professional Fees	87,584.62	53,311.81
License Expense	505,804.96	466,960.14
Marketing	596,932.89	581,334.39
Meals and Entertainment	14,110.42	11,715.27
Office Expenses	41,659.25	39,366.11
Parking	1,001.11	1,051.50
Postage & Delivery	2,475.46	1,225.74
Printing & Reproduction	1,603.98	2,824.05
Recruitment Expense	1,206.13	1,095.56
Rent	1,200.00	2,700.00
Seminars and Training	4,835.34	8,611.95
Supplies	6,982.78	8,287.23
Taxes	94,404,058.44	97,289,446.76
Telephone	25,154.37	23,048.62
Travel	17,109.25	14,214.28
Total Expenses	\$ 135,815,064.83	\$ 138,724,304.98
Net Operating Income	\$ 6,435,003.89	\$ 6,696,270.25
Other Income		
Other Income	529,648.29	500,617.67
Total Other Income	\$ 529,648.29	\$ 500,617.67
Net Other Income	\$ 529,648.29	\$ 500,617.67
Net Income	\$ 6,964,652.18	\$ 7,196,887.92

Item #11

Attachment 11.B

Compliance 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	3								46
Member & Provider Materials	1	3	1	7	1								13
# of DMHC Filings	7	6	5	5	2								25

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	0								
# of Cases Open for Investigation (Active Number)	16	16	16	16	13								

Summary of Potential Fraud, Waste & Abuse cases

Since the 3/21/19 Commission Report, two new potential FWA case MC609s were submitted: One case involved a high prescriber of opioid “cocktails” (e.g., opioid, benzodiazepine, carisoprodol); The second case involved a mid-level practitioner potentially upcoding E&M services and excessively using a modifier (DHCS closed this case on 4/26/19 with no further action). We have also been informed that CA DOJ has opened a case on one of the January cases noted above related to billing issues and possible Stark Law violations. There were no cases that needed to be referred to other law enforcement agencies by the Plan.

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 other to critical projects or transitions that may affect CalViva Health. CalViva Health continues to review ongoing updates on Health Net's efforts to improve specialty provider access for CalViva Health members.</p> <p>Kaiser Post-Contract termination, encounter data submissions and other financial reporting will continue into 2019 and possibly 2020.</p>
<p>Oversight Audits</p>	<p>The following audits are in-progress: Annual Claims & PDRs, Continuity of Care, Quality Management, Pharmacy Services, Q4 2018 Provider Disputes, and Privacy & Security. The following audits have been completed: Access & Availability (No CAP), Q3 2018 Provider Disputes (CAP approved), Marketing (No CAP). An Executive Summary of 2018 oversight audit activities is included as an attachment to this report.</p>
Regulatory Reviews/Audits	Status
<p>Department of Managed Health Care (“DMHC”) Alternative Access Standards Material Modification and Significant Network Change Amendment</p>	<p>When DMHC closed the Undertaking requirements related to the termination of the Kaiser contract, CalViva Health was required to submit a Material Modification for Alternative Access Standards, and a Significant Network Change Amendment. These filings were submitted in January, 2019 and since that time, the Plan has received and responded to several DMHC Comment letters related to these two filings. In response to the Plan's filings and previous Comment Letter responses, the DMHC has sent two additional Comment Letters for which CalViva must respond by 5/17/19 and 5/26/19, respectively.</p>
<p>Department of Health Care Services (“DHCS”) 2018 Medical Audit</p>	<p>The DHCS Final Report was issued on December 17, 2018 and requested a CAP for a finding related to lack of documentation showing that new providers received the training package within 10-working days. On March 27, 2019 the DHCS approved CalViva Health's CAP and closed it out.</p>
<p>Department of Health Care Services (“DHCS”) Encounter Data Corrective Action Plan</p>	<p>On March 19, 2019, DHCS sent written notice to CalViva Health that it closed the encounter data CAP.</p>
<p>Department of Health Care Services (“DHCS”) Quality Corrective Action Plan</p>	<p>The Plan is scheduled to meet with DHCS on May 13, 2019 to review the CAP progress. Preliminary results show that all measures included in the CAP for Madera County have been achieved. Awaiting DHCS Final approval of the CAP.</p>
<p>Department of Health Care Services (“DHCS”) 2019 Medical Audit and Department of Managed Health Care 2019 Medical Survey</p>	<p>DHCS and DMHC conducted their respective audits during the week of February 25, 2019, and the Plan is awaiting each Department's findings.</p>

RHA Commission Compliance – Regulatory Report

New Regulation / Contractual Requirements	
Health Homes Program (HHP)	<p>The HHP is an integrated service delivery system for populations with complex, chronic conditions intended to improve outcomes by reducing fragmented care and promoting patient-centered care. This program will be implemented only in Fresno County initially. All required DHCS “deliverables” that were required to be filed by 5/1/19 have been filed. The Plan is currently evaluating recently received Community-Based Care Management Entities (CB-CME) applications to determine if they have the ability to implement the program successfully given the projected enrollment. Additionally, the Plan is assessing the financial feasibility of implementing the program in consideration of the substantial decrease in rates in the second year. DHCS has only approved two years of funding after which they believe the program should be self-sustainable.</p>
Diabetes Prevention Program (DPP)	<p>On April 12, 2019, CalViva received DHCS approval for the updated (erratum) Member Handbook DPP language. With the assistance of the Plan’s administrator, Health Net, CalViva is working to ensure the DPP providers and vendors meet all the DHCS requirements to fully implement the program.</p>
Committee Report	
Public Policy Committee	<p>The next meeting will be held on June 12, 2019, 11:30 a.m. in Kings County, at 1400 Lacey Blvd., Hanford, CA</p>



TO: RHA Commission

FROM: Mary Beth Corrado

DATE: May 16, 2019

SUBJECT: Oversight Audits of Health Net Community Solutions – 2018 Executive Summary

SUMMARY

In 2018, CalViva Health completed several Oversight Audits involving activities delegated to Health Net Community Solutions (Health Net) and their subcontractors. CalViva Health employs both “desk review” and “on-site” audit methods. These audits were comprised of interviews with key personnel at Health Net and subcontractors as needed, case file audits and desk reviews of evidence and documentation submitted to meet the required audit elements. An onsite audit was conducted for the Claims activities. Documentation reviewed included but is not limited to:

- Program Descriptions & Work Plans
- Policies and Procedures
- Functional Area Periodic Reports (e.g., Claims, A&G, UM, Credentialing)
- Individual case files
- Meeting Minutes
- Sample Template Letters and forms
- Tracking Logs
- Training Manuals
- Member Materials (e.g., Handbook/EOC, Welcome Packet)
- Provider Communications and Educational Materials
- Sub-delegated entity oversight reports

Overall, Health Net and their subcontractors performed well and fully complied with most requirements.

PURPOSE OF ACTIVITY

To perform oversight audits of the various functions and responsibilities delegated to Health Net to assess compliance with and adherence to CalViva Health’s policies and procedures, state and federal regulations and contractual requirements. When noncompliance issues are identified, corrective action plans (CAPs) are implemented to improve quality and performance.

RESULTS & ANALYSIS

The following table summarizes the 2018 Oversight Audit results by functional area.

2018 CalViva Health Oversight Audit Results

Function	Period Audited	CAP & Audit Completion Date	CAP Issue(s)
Appeals and Grievance	Jan 2016 to Dec 2016	Completed 1/12/18 No CAP	Discretionary improvement recommendations made
Call Center/Member Services	Oct 2016 to Sept 2017	Phase I – Desktop Completed 4/23/18 No CAP	This audit was completed in two phases. Phase I was a desk audit and no CAP was needed.
	May 2018 to July 2018	Phase II – Recorded Calls (a total of 65 CalViva Member Service calls and calls handled by sub-contracted organizations) Completed 11/9/18 CAP	Phase II was conducted by listening to actual recorded calls. Findings for some calls included not identifying plan as CalViva, representatives not addressing the caller's issues accurately, completely and with proper knowledge of CalViva Plan guidelines. CAP completed & accepted 12/27/18.
Claims	Jan-2017 to Dec. 2017 Case files Q4 2017	Completed 6/5/18 CAP	Files audited did not meet standard of at least 95% of cases resolved within DHCS 30 calendar day turnaround time. CAP completed & accepted 7/10/18.
Credentialing	Jan 2017 to Dec 2017	Completed 12/4/18 No CAP	Discretionary improvement recommendations made
Cultural and Linguistics	Jan 2017 to Dec 2017	Completed 8/28/18 No CAP	
Emergency Services	Jan 2017 to Dec 2017	Completed 11/16/18 No CAP	
Privacy and Security	Jan 2017 to Dec 2017	Completed 8/17/18 No CAP	

Function	Period Audited	CAP & Audit Completion Date	CAP Issue(s)
Provider Disputes (Annual) Findings also include quarterly PDR audit results for Q4 2016 – Q3 2017	Oct 2016 to Dec 2017	Completed 6/6/18 CAP	For Q4 2017, did not meet standard of at least 95% of cases resolved within 45 calendar day turnaround time. CAP completed & accepted 7/15/18. For the four quarterly audits (Q4 2016, Q1 2017, Q2 2017 and Q3 2017) findings included non-compliance with timely resolution standards of PDRs, timely acknowledgment of PDRs, incorrect use of letter templates and inaccurate processing (incorrect payment/interest amounts) of some PDRs. CAPs were completed and accepted at the time that the respective quarterly audits were completed.
Provider Network	Jan 2017 to Dec 2017	Completed 10/10/18 No CAP	Discretionary improvement recommendations made
Utilization Management	Dec 2017-Jan 2018	Completed 8/30/18 No CAP	Discretionary improvement recommendations made

Individual oversight audit deficiencies requiring CAPs did not rise to a level that could potentially result in a failure to pass the audit. As reflected in the table above, issues primarily affected only one or two individual elements within the overall area audited. All other audits were favorable.

ACTIONS TAKEN

For those audits requiring CAPs, CalViva Health has received and approved Health Net’s corrective actions.

NEXT STEPS

Continue to perform oversight audits of functions handled by Health Net and their subcontractors on the Plan’s behalf and work with Health Net to improve administration of activities as applicable.

Item #11

Attachment 11.C

Appeals and Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2019

Current as of End of the Month: March

Revised Date: 4/15/2019

CalViva Health Appeals and Grievances Dashboard 2019 (Fresno County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	6	13	10	29	0	0	0	0	0	0	0	0	0	0	0	0	29	104
Standard Appeals Received	28	30	37	95	0	0	0	0	0	0	0	0	0	0	0	0	95	368
Total Appeals Received	34	43	47	124	0	0	0	0	0	0	0	0	0	0	0	0	124	472
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	98.6%
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	6	12	11	29	0	0	0	0	0	0	0	0	0	0	0	0	29	94
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	91.3%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	38	21	35	94	0	0	0	0	0	0	0	0	0	0	0	0	94	341
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	44	33	46	123	0	0	0	0	0	0	0	0	0	0	0	0	123	444
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	44	33	44	121	0	0	0	0	0	0	0	0	0	0	0	0	121	442
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	41
DME	7	4	4	15	0	0	0	0	0	0	0	0	0	0	0	0	15	52
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	0	0	0	0	0	0	0	0	0	0	0	0	2	1
Advanced Imaging	20	12	18	50	0	0	0	0	0	0	0	0	0	0	0	0	50	125
Other	4	4	3	11	0	0	0	0	0	0	0	0	0	0	0	0	11	93
Pharmacy	10	7	12	29	0	0	0	0	0	0	0	0	0	0	0	0	29	112
Surgery	2	5	6	13	0	0	0	0	0	0	0	0	0	0	0	0	13	18
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	0	0	0	0	0	0	0	0	0	0	2	2
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	0	0	0	0	0	0	0	0	0	0	1	1
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	27	18	24	69	0	0	0	0	0	0	0	0	0	0	0	0	69	282
Uphold Rate	61.4%	54.5%	52.2%	56.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	56.1%	63.5%
Overturns - Full	15	14	22	51	0	0	0	0	0	0	0	0	0	0	0	0	51	147
Overturn Rate - Full	34.1%	42.4%	47.8%	41.46%	0.0%	0.0%	0.0%	0.00%	0.0%	0.0%	0.0%	0.00%	0.0%	0.0%	0.0%	0.0%	41.46%	33.11%
Overturns - Partial	1	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	12
Overturn Rate - Partial	2.3%	3.0%	0.0%	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.6%	2.7%
Withdrawal	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Withdrawal Rate	2.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%
Membership	288,152	288,335	287,500															1758978
Appeals - PTMPM	0.15	0.11	0.16	0.14	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.04	0.10
Grievances - PTMPM	0.32	0.25	0.24	0.27	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.07	0.16

CalViva Health Appeals and Grievances Dashboard 2019 (Kings County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Appeals																		
Expedited Appeals Received	1	1	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	4
Standard Appeals Received	1	2	3	6	0	0	0	0	0	0	0	0	0	0	0	0	6	16
Total Appeals Received	2	3	4	9	0	0	0	0	0	0	0	0	0	0	0	0	9	20
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	1	1	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	4
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	0	1	2	3	0	0	0	0	0	0	0	0	0	0	0	0	3	16
Standard Appeals Compliance Rate	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	1	2	3	6	0	0	0	0	0	0	0	0	0	0	0	0	6	20
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	1	2	3	6	0	0	0	0	0	0	0	0	0	0	0	0	6	19
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
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
Advanced Imaging	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Other	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Pharmacy	1	1	2	4	0	0	0	0	0	0	0	0	0	0	0	0	4	9
Surgery	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	0	1	2	3	0	0	0	0	0	0	0	0	0	0	0	0	3	10
Uphold Rate	0.0%	50.0%	66.7%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	50.0%
Overtuns - Full	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	9
Overtun Rate - Full	0.0%	50.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.00%	0.0%	0.0%	0.0%	0.00%	0.0%	0.0%	0.0%	0.00%	33.33%	45.00%
Overtuns - Partial	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Overtun Rate - Partial	100.0%	0.0%	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	5.0%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Membership	28,743	28,985	29,013															252645
Appeals - PTMPM	0.03	0.07	0.10	0.07	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.02	0.06
Grievances - PTMPM	0.31	0.17	0.24	0.24	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.06	0.15

CalViva Health Appeals and Grievances Dashboard 2019 (Madera County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	3	1	3	7	0	0	0	0	0	0	0	0	0	0	0	0	7	16
Standard Appeals Received	2	3	9	14	0	0	0	0	0	0	0	0	0	0	0	0	14	36
Total Appeals Received	5	4	12	21	0	0	0	0	0	21	52							
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%							
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	2	2	3	7	0	0	0	0	0	0	0	0	0	0	0	0	7	16
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%							
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	5	2	3	10	0	0	0	0	0	0	0	0	0	0	0	0	10	30
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%							
Total Appeals Resolved	7	4	6	17	0	0	0	0	0	17	46							
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	7	4	6	17	0	0	0	0	0	17	45							
Continuity of Care - Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Pregnancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuity of Care - Terminal Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
DME	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	6
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	2
Advanced Imaging	3	3	1	7	0	0	0	0	0	0	0	0	0	0	0	0	7	10
Other	2	1	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	5
Pharmacy	2	0	3	5	0	0	0	0	0	0	0	0	0	0	0	0	5	17
Surgery	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	5	1	3	9	0	0	0	0	0	0	0	0	0	0	0	0	9	27
Uphold Rate	71.4%	25.0%	50.0%	52.9%	0.0%	0.0%	0.0%	0.0%	0.0%	52.9%	58.7%							
Overturns - Full	2	3	2	7	0	0	0	0	0	0	0	0	0	0	0	0	7	17
Overturn Rate - Full	28.6%	75.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.0%	0.0%	0.0%	0.00%	41.18%	36.96%
Overturns - Partial	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Overturn Rate - Partial	0.0%	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.9%	4.3%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Membership	36,550	36,557	36,526															328598
Appeals - PTMPM	0.19	0.11	0.16	0.16	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.04	0.10
Grievances - PTMPM	0.44	0.33	0.49	0.42	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.10	0.20

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	5	4	7	16	0	0	0	0	0	0	0	0	0	0	0	0	16	34
Standard Appeals Received	7	6	13	26	0	0	0	0	0	0	0	0	0	0	0	0	26	95
Total Appeals Received	12	10	20	42	0	0	0	0	0	0	0	0	0	0	0	0	42	129
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	98.9%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Expedited Appeals Resolved Compliant	5	5	7	17	0	0	0	0	0	0	0	0	0	0	0	0	17	32
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	96.9%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	14	5	8	27	0	0	0	0	0	0	0	0	0	0	0	0	27	86
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	19	10	15	44	0	0	0	0	0	0	0	0	0	0	0	0	44	118
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	19	10	14	27	0	0	0	0	0	0	0	0	0	0	0	0	27	116
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
DME	6	2	3	11	0	0	0	0	0	0	0	0	0	0	0	0	11	27
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	0	0	0	0	0	0	0	0	0	0	0	0	2	1
Advanced Imaging	9	2	5	16	0	0	0	0	0	0	0	0	0	0	0	0	0	19
Other	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	27
Pharmacy	3	3	3	9	0	0	0	0	0	0	0	0	0	0	0	0	9	32
Surgery	1	1	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	3
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	9	5	7	21	0	0	0	0	0	0	0	0	0	0	0	0	21	73
Uphold Rate	47.4%	50.0%	46.7%	47.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	47.7%	61.3%
Overturns - Full	8	5	8	21	0	0	0	0	0	0	0	0	0	0	0	0	21	40
Overturn Rate - Full	42.1%	50.0%	53.3%	47.73%	0.0%	0.0%	0.0%	0.00%	0.0%	0.0%	0.0%	0.00%	0.0%	0.0%	0.0%	0.00%	47.73%	33.90%
Overturns - Partial	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	5
Overturn Rate - Partial	5.3%	0.0%	0.0%	2.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.3%	4.2%
Withdrawal	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Withdrawal Rate	5.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.8%
Membership	22,086	22,066	22,126	66,278														197,836
Appeals - PTMPM	0.86	0.45	0.68	0.66	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.17	0.45
Grievances - PTMPM	1.81	1.59	1.54	1.64	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.41	1.03

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 #11

Attachment 11.D

Key Indicator Report



Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2018 to 3/31/2019
Report created 4/25/2019

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

Contact Person

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Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2018 to 3/31/2019
 Report created 4/25/2019

ER utilization based on Claims data	2018-04	2018-05	2018-06	2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	2018-Trenc	2019-01	2019-02	2019-03	2019-Trenc	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Qtr Trend	CY- 2018	YTD-2019	YTD-Trend
Deferrals - Urgent	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	N/A	100.0%	100.0%		100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	93.8%	100.0%				
Deferrals - Post Service	NA	NA	NA	NA	NA	NA	NA	NA	NA		null	null	null		null	null	null	null	null				
CCS %	CCS ID RATE										CCS ID RATE				CCS ID RATE				CCS ID RATE				
	7.78%	7.84%	7.82%	7.97%	7.95%	8.00%	7.94%	7.97%	7.97%		8.07%	8.07%	8.06%		7.77%	7.81%	7.97%	7.96%	8.06%		7.88%	8.06%	
	Perinatal Case Management										Perinatal Case Management				Perinatal Case Management				Perinatal Case Management				
Total Number Of Referrals	64	73	80	127	247	98	72	61	36		45	40	55		169	217	472	169	140		1,027	140	
Pending	0	0	0	0	0	0	0	2	3		0	0	4		0	0	0	5	4		5	4	
Ineligible	4	9	2	10	16	12	10	9	2		5	2	8		41	15	38	21	15		115	15	
Total Outreached	60	64	78	117	231	86	62	50	31		40	38	43		128	202	434	143	121		907	121	
Engaged	25	15	7	10	19	14	19	22	3		10	13	7		38	47	43	44	30		172	30	
Engagement Rate	42%	23%	9%	9%	8%	16%	31%	44%	10%		25%	34%	16%		30%	23%	10%	31%	25%		19%	25%	
New Cases Opened	25	15	7	10	19	14	19	22	3		10	13	7		38	47	43	44	30		172	30	
Total Cases Managed	66	71	68	70	79	78	77	86	80		79	71	64		75	75	88	103	99		206	99	
Total Cases Closed	10	10	8	10	15	20	14	9	10		21	14	9		32	28	45	33	44		137	44	
Cases Remained Open	48	56	59	56	48	48	61	69	65		56	51	52		41	59	48	65	52		65	52	
	Integrated Case Management										Integrated Case Management				Integrated Case Management				Integrated Case Management				
Total Number Of Referrals	38	60	61	73	69	146	67	113	45		45	33	74		142	159	288	225	152		814	152	
Pending	0	0	0	1	2	3	4	15	5		3	1	8		0	0	6	24	12		30	12	
Ineligible	6	13	8	3	7	13	9	11	1		1	2	7		26	27	23	21	10		97	10	
Total Outreached	32	47	53	69	60	130	54	87	39		41	30	59		116	132	259	180	130		687	130	
Engaged	10	11	12	29	24	42	20	31	18		13	8	31		45	33	95	69	52		242	52	
Engagement Rate	31%	23%	23%	42%	40%	32%	37%	36%	46%		32%	27%	53%		39%	25%	37%	38%	40%		35%	40%	
Total Screened and Refused/Decline	8	9	19	14	14	29	8	21	9		9	4	13		34	36	57	38	26		165	26	
Unable to Reach	18	28	31	25	35	71	34	51	13		21	20	19		58	77	131	98	60		364	60	
New Cases Opened	10	11	12	29	24	42	20	21	18		13	8	31		45	33	95	59	52		242	52	
Total Cases Closed	16	18	13	7	20	3	26	22	19		16	26	17		58	47	30	67	59		202	59	
Cases Remained Open	31	30	33	41	47	87	102	105	105		109	89	116		32	33	87	105	116		105	116	
Total Cases Managed	62	54	44	62	91	116	133	136	129		125	117	122		116	81	129	181	164		302	164	
Critical-Complex Acuity	45	40	33	45	62	67	38	27	27		23	22	20		77	63	77	42	26		116	26	
High/Moderate/Low Acuity	17	14	11	17	29	19	95	106	102		102	95	102		39	18	52	139	138		186	138	
	Transitional Case Management										Transitional Case Management				Transitional Case Management				Transitional Case Management				
Total Number Of Referrals	42	41	39	68	78	48	62	32	29		41	52	68		96	122	191	123	161		532	161	
Pending	0	0	0	1	2	0	1	0	0		0	1	23		1	0	0	1	24		2	24	
Ineligible	7	6	5	2	13	12	10	8	4		12	11	8		17	18	27	22	31		84	31	
Total Outreached	35	35	34	65	63	36	51	24	25		29	40	37		78	104	164	100	106		446	106	
Engaged	24	15	13	26	20	16	21	9	6		9	14	19		62	52	62	36	42		212	42	
Engagement Rate	69%	43%	38%	40%	32%	44%	41%	38%	24%		31%	35%	51%		79%	50%	38%	36%	40%		48%	40%	
Total Screened and Refused/Decline	2	9	14	21	27	17	16	8	11		13	16	12		4	25	65	35	41		129	41	
Unable to Reach	9	11	9	18	20	6	15	8	8		8	12	7		13	29	44	31	27		117	27	
New Cases Opened	24	15	13	26	20	16	21	9	6		9	14	19		62	52	62	36	42		212	42	
Total Cases Closed	24	17	13	13	28	20	22	20	13		5	14	13		52	54	61	55	32		222	32	
Cases Remained Open	20	18	14	29	21	25	27	14	9		15	8	18		22	14	25	9	18		9	18	
Total Cases Managed	47	39	36	48	54	55	57	41	26		19	28	33		63	79	96	71	52		228	52	
Critical-Complex Acuity	0	0	0	5	2	6	7	4	2		0	0	0		0	0	8	7	0		13	0	
High/Moderate/Low Acuity	47	39	36	43	52	49	50	37	24		19	28	33		63	79	88	64	52		215	52	
	Behavioral Health Case Management										Behavioral Health Case Management				Behavioral Health Case Management				Behavioral Health Case Management				
Total Number Of Referrals	3	6	33	20	19	29	9	56	15		12	29	46		0	42	68	80	87		190	87	
Pending	0	0	0	0	0	0	0	0	1		0	0	8		0	0	0	1	8		1	8	
Ineligible	0	0	0	1	2	6	1	2	2		1	2	7		0	0	9	5	10		14	10	
Total Outreached	3	6	33	19	17	23	8	54	12		11	27	31		0	42	59	74	69		175	69	
Engaged	2	3	1	4	4	4	4	16	4		5	9	15		0	6	12	24	29		42	29	
Engagement Rate	67%	50%	3%	21%	24%	17%																	

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 1/01/2018 to 3/31/2019
 Report created 4/25/2019

ER utilization based on Claims data	2018-04	2018-05	2018-06	2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	2018-Trenc	2019-01	2019-02	2019-03	2019-Trenc	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Qtr Trend	CY- 2018	YTD-2019	YTD-Trend
New Cases Opened	2	3	1	4	4	4	4	16	4		5	9	15		0	6	12	24	29		42	29	
Total Cases Closed	0	1	2	2	3	4	3	3	6		6	7	7		0	3	9	12	20		24	20	
Cases Remained Open	2	2	2	4	6	5	4	10	15		13	17	21		0	2	5	15	21		15	21	
Total Cases Managed	2	5	5	7	10	10	10	23	24		23	26	34		0	6	12	30	47		42	47	
Critical-Complex Acuity	1	2	2	2	2	3	3	3	2		3	2	2		0	3	3	4	4		7	4	
High/Moderate/Low Acuity	1	3	3	5	8	7	7	20	22		20	24	32		0	3	9	26	43		35	43	
	Record Processing										Record Processing				Record Processing				Record Processing				
Total Records	8,512	9,094	8,968	8,261	7,664	6,808	7,838	5,881	7,124		7,479	7,327	7,723		22,344	26,574	22,733	20,843	22,529		92,494	22,529	
Total Admissions	2,121	2,162	2,153	2,292	2,247	2,198	2,194	1,619	2,178		2,249	2,058	2,183		6,757	6,436	6,737	5,991	6,490		25,921	6,490	

Item #11

Attachment 11.E

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: May 16th, 2019

SUBJECT: CalViva Health QI & UM Update of Activities Quarter 1 2019 (May 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 1 of 2019.

I. Meetings

Two meetings were held in Quarter 1, one in February and one in March. A summary of the February activities was included in the March report to the Commission. The following guiding documents were approved at the March meeting:

1. QI/UM Committee Charter 2019
2. 2019 Quality Improvement Program Description
3. 2019 Quality Improvement Work Plan
4. 2019 Utilization Management Program Description
5. 2019 Case Management Program Description
6. 2019 Utilization Management/Case Management Work Plan

In addition, the following general documents were approved at the meeting:
Pharmacy Formulary & Provider Updates

- **QI Reports** - The following is a summary of some of the reports and topics reviewed:
 1. The **Appeal and Grievance Dashboard for January 2019** tracks volumes, turn-around times, and case classifications. Results demonstrate an increase in the volume of grievances (QOS & QOC) and an increase in appeals when compared to recent months, however, lower than same period last year. Turn-around times demonstrated good compliance for all metrics.
 2. **MHN Performance Indicator Report** In Q4, 19 of 20 metrics met or exceeded their targets. Performance was below target for Network Adequacy for Member Ratios of BCaBA/paraprofessional. MHN Provider Relations (PR) plans to complete the follow up outreach, collect the required data, and update the system.
 3. **PM 160 Reporting** is no longer mandated by DHCS. CalViva is phasing out these forms and training is underway to educate providers on how to appropriately code to capture required data elements. PM 160 data reporting will continue for submissions through the end of 2018.
- **UMCM Reports** - During this reporting period the UMCM related reports included but were not limited to the following:
 1. **The Key Indicator Report (KIR)** provided data through January 31, 2019. A year-end comparison was reviewed with the following results:
 - Admits, especially for the TANF population increased similar to last year. Will track and conduct further analysis.
 - ER utilization has shown a slight decrease to date this year
 - Perinatal Case Management outreach attempts and engagement rates have increased.

- Behavioral Health Case Management has been added and outreach attempts are increasing.
2. **Utilization Management Concurrent Review & Inter-rater Reliability Reports.** Report presents inpatient utilization data and clinical concurrent review activities for Q4 2018.
 - a. A decrease was noted in acute admissions across all populations
 - b. An increase in 30 day re-admits for both the SPD and Expansion populations was noted
 - c. The appropriate and timely disposition of complex patients with multiple social determinants of health remains the primary emphasis of the Concurrent Review Team.
 - d. Internal audit of staff performance met 90% standard in all areas.
 3. **Delegated Specialty Referrals Reports** (La Salle, First Choice, IMG, Adventist, Central Valley Medical Providers). Access to specialty care for CVH members was evaluated with referral and denial rates and turn-around times within acceptable parameters. Continue to track and investigate delegates with higher volume of out of network referrals.
- **Pharmacy Reports** – Pharmacy quarterly reports include Operation Metrics, Top Medication Prior Authorization (PA) Requests, and quarterly Formulary changes reviewed.
 - All fourth quarter 2018 pharmacy prior authorization metrics were within 5% of standard.
 - Inter-rater Reliability results met 90% standard.
 - Annual Quality Assurance Report demonstrated that cumulative results met standard for all quarters

II. HEDIS® Activity

In Q1, HEDIS® related activities focused on the following:

1. Finalizing and submitting the 2019 HEDIS® Roadmap by January 31, 2019.
2. MY2018 HEDIS® data gathering from clinics and providers throughout the three-county area with final submission to DHCS and HSAG by mid-June 2019.
3. In follow up to the DHCS Corrective Action Plan (CAP) related to 3 indicators below the Minimum Performance Level (MPL) in Madera County, the following activities occurred:
 - The Plan submitted its response on October 10, 2018, and it was accepted by DHCS.
 - The Plan met with DHCS on February 11, 2019 to review the CAP
 - Above MPL in Madera County for all three measures.
 - Next meeting between the Plan and DHCS is scheduled for May 13, 2019
4. Efforts continued for RY2019 Projects:
 1. Monitoring Patients on Persistent Medications (MPM) Madera County
 2. Avoid Antibiotics in Adults with Bronchitis (AAB) Madera County
 3. Breast Cancer Screening (BCS) Fresno County
 4. Comprehensive Diabetes Care (CDC) -HbA1c & Nephropathy -Fresno County

Two Performance Improvement Projects (PIPs), Childhood Immunizations and Postpartum Visits efforts continue. Two interventions have been initiated for each project. Initial results are positive. These projects will close on June 30th, 2019

Item #11

Attachment 11.F

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: 5/14)	Risk Rating: Low			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	7			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	2018	2018	2019	2019	2019	2019	2019	2019
	Month	Nov	Dec	Jan	Feb	Mar	Apr	May	
	No/Low Risk	4	4	1	3	3	2	0	
	High Risk	0	0	0	0	1	0	0	
	Total Cases By Month	4	4	1	3	4	2	0	
	Year	2013	2014	2015	2016	2017	2018	2019	
	No/Low Risk	91	48	54	36	28	38	9	
	High Risk	3	6	3	5	1	1	1	
	Total Cases By Year	94	54	57	41	29	39	10	
	Message from the COO	There was one new high risk case reported since the last meeting. One member was impacted. At present time, there are no issues, concerns, and/or items of significance to report as it relates to the Plan's Privacy and Security Activities.							



CalViva Health
Operations Report

	Year		2018	2018	2018	2018	2019	2019
	Quarter		Q1	Q2	Q3	Q4	Q1	Q2
Member Call Center CalViva Health Website	(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	
		Abandonment Level (Goal < 5%)	1.80%	1.50%	0.50%	0.70%	0.70%	
		Service Level (Goal 80%)	85%	91%	93%	91%	93%	
	Behavioral Health Member Call Center	# of Calls Received	1,417	1,058	1,121	1,034	1,297	
		# of Calls Answered	1,389	1,031	1,101	1,011	1,277	
		Abandonment Level (Goal < 5%)	2.00%	2.60%	1.80%	2.20%	1.50%	
		Service Level (Goal 80%)	83%	87%	88%	83%	84%	
	Transportation Call Center	# of Calls Received	9,777	10,910	13,854	13,776	14,470	
		# of Calls Answered	9,669	10,888	13,770	13,583	14,383	
		Abandonment Level (Goal < 5%)	1.10%	0.20%	0.60%	1.40%	0.60%	
		Service Level (Goal 80%)	84%	86%	86%	84%	82%	
	CalViva Health Website	# of Users	22,000	17,000	18,000	17,000	20,000	
		Top Page	Find a Provider	Find a Provider	Main Page	Main Page	Main Page	
		Top Device	Mobile (59%)	Mobile (58%)	Mobile (57%)	Mobile (58%)	Mobile (60%)	
		Session Duration	~ 3 minutes	~ 3 minutes	~ 3 minutes	~ 3 minutes	~ 2 minutes	
Message from the COO	Quarter 1 2019 numbers are available for the Call Center and Website and are being provided. Input was recently received from CalViva Health's Public Policy Committee, a local Promotores meeting in Madera County, and the Local Health Plan Collaborative Chief Operating Officer ("COO") group about the CalViva Health website.							



CalViva Health
Operations Report

Provider Network Activities & Provider Relations	Year	2018	2018	2018	2018	2019	2019	2019	
	Month	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	Hospitals	10	10	10	10	10	10	10	
	Clinics	112	111	112	112	111	112	114	
	PCP	342	339	345	348	346	356	353	
	Specialist	1162	1170	1181	1185	1272	1318	1326	
	Ancillary	182	187	191	190	194	190	190	
	Year	2017	2017	2018	2018	2018	2018	2019	
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
	Pharmacy	165	163	164	165	167	164	161	
	Behavioral Health	182	181	206	261	226	336	342	
	Vision	86	83	79	77	71	77	31	
	Urgent Care	5	5	7	10	10	11	12	
	Acupuncture	5	8	6	6	11	5	7	
	Year	2017	2017	2018	2018	2018	2018	2019	
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
	% of PCPs Accepting New Patients - Goal (85%)	88%	77%	88%	89%	91%	91%		
	% Of Specialists Accepting New Patients - Goal (85%)	96%	95%	97%	97%	98%	97%		
	Year	2018	2018	2018	2018	2019	2019	2019	
	Month	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	In-Person Visits by Provider Relations	261	336	201	247	161	255	177	
	Provider Trainings by Provider Relations	78	110	82	47	24	112	145	
	Year	2013	2014	2015	2016	2017	2018	2019	
	Total In Person Visits	1,377	1,790	2,003	2,604	2,786	2,552	593	
	Total Trainings Conducted	30	148	550	530	762	808	283	
Message From the COO	The Plan is continuing to monitor the impacts of state and federal requirements to ensure providers have been screened and enrolled in order to deliver care to Medi-Cal beneficiaries. The Plan is also beginning the process to notify providers who have not been screened and enrolled of termination proceedings.								



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	Year	2017	2017	2018	2018	2018	2018	2019
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Claims Processing	Medical Claims Timeliness (30 days / 45 days) - Goal (90% / 95%) - Deficiency Disclosure	94% / 99% YES	95% / 99% NO	97% / 99% NO	98% / 99% YES	97%/99% NO	90% / 99% NO	90% / 99% YES
	Behavioral Health Claims Timeliness (30 Days / 45 days) - Goal (90% / 95%) - Deficiency Disclosure	93% / 97% YES	92% / 96% YES	90% / 99% YES	96% / 99% YES	97%/99% YES	98% / 99% N/A	98% / 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	94% / 100% NO	100% / 100% NO	99% / 100% NO	100% / 100% NO	100% / 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	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	
	PPG 1 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	82%/ 100% NO	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	95% / 100% NO	94% / 98% NO	90% / 100% YES	83% / 97% YES	78% / 88% YES	98% / 99% NO	
	PPG 3 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	94% / 99% NO	91% / 100% NO	98 / 100% NO	94% / 98% NO	95% / 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	
	PPG 5 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	86 % / 100% NO	100% / 100% NO	99% / 100% NO	89% / 100% NO	98% / 100% NO	93% / 98% NO	
	PPG 6 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure	97% / 100% NO	99% / 100% NO	90% / 100% NO	86% / 100% NO	95% / 100% NO	95% / 100% NO	
	PPG 7 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure					95% / 100% NO	99% / 100% NO	
	PPG 8 Claims Timeliness (30 Days / 45 Days) - Goal (90% / 95%) - Deficiency Disclosure						100% / 100% NO	
	Message from the COO	Quarter 1 2019 data is available for medical and behavioral health. Medical reported a deficiency disclosure for the quarter. Behavioral Health and Pharmacy met goal and metrics.						



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	Year	2017	2017	2018	2018	2018	2018	2019	
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
Provider Disputes	Medical Provider Disputes Timeliness Quarterly Results (45 days) - Goal (95%)	93%	95%	90%	88%	97%	98%	99%	
	Behavioral Health Provider Disputes Timeliness (45 days) - Goal (95%)	N/A	100%	100%	100%	99%	100%		
	Acupuncture Provider Dispute Timeliness (45 Days) - Goal (95%)	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	N/A	100%		
	Transportation Provider Dispute Timeliness (45 Days) - Goal (95%)					N/A	N/A		
	PPG 1 Provider Dispute Timeliness (45 Days) - Goal (95%)	96%	94%	96%	100%	100%	100%		
	PPG 2 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	99%	66%	54%	17%	67%		
	PPG 3 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	100%	95%	94%	100%	100%		
	PPG 4 Provider Dispute Timeliness (45 Days) - Goal (95%)	100%	100%	100%	100%	100%	100%		
	PPG 5 Provider Dispute Timeliness (45 Days) - Goal (95%)	68%	100%	100%	100%	N/A	73%		
	PPG 6 Provider Dispute Timeliness (45 Days) - Goal (95%)	88%	99%	N/A	100%	N/A	96%		
	PPG 7 Provider Dispute Timeliness (45 Days) - Goal (95%)					N/A	95%		
	PPG 8 Provider Dispute Timeliness (45 Days) - Goal (95%)						N/A		
	Message from the COO	Quarter 1 2019 data for medical is available. Medical Provider Disputes met goal. PPG 5, 6, and 7 reported updated numbers for Provider Dispute Timeliness for Q4 2018. Vision also reported updated numbers for Q4 2018.							

Item #11

Attachment 11.G

Executive Dashboard



	2018	2018	2018	2018	2018	2018	2018	2018	2018	2018	2019	2019	2019	2019
Month	April	May	June	July	August	September	October	November	December	January	February	March	April	
CVH Members														
Fresno	293,074	293,288	293,831	293,382	292,471	292,548	291,230	290,419	288,236	291,690	291,607	291,254	290,257	
Kings	27,940	28,046	28,047	28,143	28,233	28,255	28,368	28,723	28,753	28,970	29,201	29,165	29,385	
Madera	36,383	36,656	36,775	36,709	36,635	36,730	36,762	36,586	36,553	36,749	36,749	36,769	36,788	
Total	357,397	357,990	358,653	358,234	357,339	357,534	356,360	355,728	353,542	357,409	357,557	357,188	356,430	
SPD	30,828	30,877	31,082	31,222	31,371	31,514	31,573	31,618	31,714	31,689	31,665	31,773	31,834	
CVH Mrkt Share	71.00%	71.00%	71.03%	70.99%	70.99%	70.96%	70.92%	70.79%	70.74%	71.02%	71.04%	71.06%	71.06%	
ABC Members														
Fresno	107,400	107,456	107,469	107,531	107,141	107,320	107,028	107,687	107,203	106,822	106,674	106,311	106,066	
Kings	19,465	19,593	19,631	19,631	19,686	19,686	19,660	19,603	19,453	19,543	19,567	19,556	19,464	
Madera	19,120	19,174	19,172	19,218	19,215	19,339	19,426	19,516	19,547	19,471	19,525	19,611	19,602	
Total	145,985	146,223	146,272	146,380	146,042	146,345	146,114	146,806	146,203	145,836	145,766	145,478	145,132	
Default														
Fresno	1,042	899	909	1,080	1,022	979	841	1,055	1,330	682	1,142	1,242	1,484	
Kings	204	178	168	188	195	152	141	166	212	127	174	171	211	
Madera	92	124	122	130	121	132	111	124	130	138	138	175	177	
County Share of Choice as %														
Fresno	67.70%	67.50%	65.70%	65.50%	65.10%	65.90%	63.70%	66.0%	61.90%	64.30%	62.60%	69.00%	66.50%	
Kings	52.10%	49.90%	54.60%	58.80%	59.10%	56.60%	61.50%	67.30%	69.80%	66.70%	69.00%	61.10%	68.80%	
Madera	67.80%	63.20%	60.90%	63.50%	63.90%	55.40%	57.80%	56.80%	60.00%	53.40%	61.20%	55.20%	62.20%	
Voluntary Disenrollment's														
Fresno	497	433	437	435	452	585	481	540	442	401	422	503	520	
Kings	73	50	108	57	68	68	41	40	41	50	36	67	58	
Madera	63	63	57	56	67	75	57	79	77	66	64	81	95	