

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 Reyna-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

Kerry Hydash
Kings County

Paulo Soares
Madera County

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

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

DATE: October 9, 2020
TO: Fresno-Kings-Madera Regional Health Authority Commission
FROM: Cheryl Hurley, Commission Clerk
RE: Commission Meeting Materials

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

**Thursday, October 15, 2020
1:30 pm to 3:30 pm**

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

**Teleconference: 605-313-4819
Participant Code: 270393**

Meeting materials have been emailed to you.

Currently, there are **12** Commissioners who have confirmed their attendance for this meeting. At this time, a quorum has been secured. Please advise as soon as possible if you will not be in attendance to ensure a quorum is maintained

Thank you

AGENDA

Fresno-Kings-Madera Regional Health Authority

Commission Meeting

October 15, 2020

1:30pm - 3:30pm

Meeting Location:

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

Teleconference: 605-313-4819

Participant Code: 270393

| Item | Attachment # | Topic of Discussion | Presenter |
|----------------------|--|--|--|
| 1 | | Call to Order | D. Hodge, MD, Chair |
| 2 | | Roll Call | C. Hurley, Clerk |
| 3 Information | Attachment 3.A | Madera County BOS At-Large Reappointment - Confirmed <ul style="list-style-type: none"> Dr. Aftab Naz | D. Hodge, MD, Chair |
| 4 Action | Attachment 4.A Attachment 4.B Attachment 4.C Attachment 4.D Attachment 4.E Attachment 4.F Attachment 4.G Attachment 4.H Attachment 4.I | Consent Agenda: <ul style="list-style-type: none"> Commission Minutes dated 9/17/2020 Finance Committee Minutes dated 7/16/2020 QI/UM Committee Minutes dated 7/16/2020 Commission Calendar Finance Committee Calendar QIUM Committee Calendar Credentialing Sub-Committee Calendar Peer Review Sub-Committee Calendar Public Policy Committee Calendar <p><i>Action: Approve Consent Agenda</i></p> | D. Hodge, MD, Chair |
| 5 Action | Attachment 5.A | Financial Audit Report for Fiscal Year 2020 <ul style="list-style-type: none"> Moss Adams Board Presentation of Audit <p><i>Action: Approve Audit Report</i></p> | Moss Adams Representative: R. Suico |
| | <i>Handouts will be emailed</i> | <i>PowerPoint Presentations will be used for item 6 – 8</i> One vote will be taken for combined items 6 – 8 | |
| 6. Action | Attachment 6.A Attachment 6.B | 2020 Cultural and Linguistics (C & L) <ul style="list-style-type: none"> Executive Summary Work Plan Mid-Year Evaluation <p><i>Action: See item 8 for Action</i></p> | P. Marabella, MD, CMO |
| 7. Action | Attachment 7.A Attachment 7.B | 2020 Health Education <ul style="list-style-type: none"> Executive Summary Work Plan Mid-Year Evaluation | P. Marabella, MD, CMO |

Action: See item 8 for Action

8. Action *No attachment* **Quality Improvement Update 2020-2021** P. Marabella, MD, CMO

*Action: Approve 2020 C & L Work Plan Mid-Year Evaluation;
2020 Health Education Work Plan Mid-Year Evaluation and
Quality Improvement Update*

9. Action **Standing Reports**

Attachment 9.A **Finance Report**
• Financials as of August 31, 2020 D. Maychen, CFO

Attachment 9.B **Compliance**
• Compliance Report M.B. Corrado, CCO

Attachment 9.C
Attachment 9.D
Attachment 9.E **Medical Management**
• Appeals and Grievances Report P. Marabella, MD, CMO
• Key Indicator Report
• QIUM Quarterly Report

Attachment 9.F **Operations**
• Operations Report J. Nkansah, COO

Attachment 9.G **Executive Report**
• Executive Dashboard G. Hund, CEO

Action: Accept Standing Reports

10 **Final Comments from Commission Members and Staff**

11 **Announcements**

12 **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.

13 **Adjourn** D. Hodge, MD, Chair

Supporting documents will be posted on our website 72 hours prior to the meeting.
If you have any questions, please notify the Clerk to the Commission at: Churley@calvivahealth.org

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

Next Meeting scheduled for November 19, 2020 in Fresno County

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

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

Item #3

Attachment 3.A

Madera County BOS At-Large
Reappointment Confirmation



BOARD OF SUPERVISORS COUNTY OF MADERA

MADERA COUNTY GOVERNMENT CENTER
200 WEST 4TH STREET / MADERA, CALIFORNIA 93637
(559) 675-7700 / FAX (559) 673-3302 / TDD (559) 675-8970
Agendas available: www.MaderaCounty.com

Members of the Board
Brett Frazier, District 1
David Rogers, District 2
Robert L. Poythress, District 3
Max Rodriguez, District 4
Tom Wheeler, District 5

AGENDA ITEM SUBMITTAL

September 8, 2020

Chairman David Rogers

| | | | | | |
|--|--|---|-------------------------------|---|--|
| DEPARTMENT Clerk of the Board Department | | DEPARTMENT CONTACT Sarah Anderson 559-675-7700 | | AGENDA ITEM 5.B Consent Calendar | |
| SUBJECT: Fresno-Kings-Madera Regional Health Authority - Dr. Naz Reappointment | | REQUIRED VOTE: 3/5 Votes Required | DOC. ID NUMBER 6530 | DATE REC'D 8/19/2020 | |
| STRATEGIC FOCUS AREA(S): Community, Health | | | | | |
| For Clerk of the Board's Office Use Only | | | | | |
| BOARD'S ACTION: | | | | | |
| RESULT: | | APPROVED BY CONSENT VOTE [UNANIMOUS] | | | |
| MOVER: | | Brett Frazier, Supervisor | | | |
| SECONDER: | | Tom Wheeler, Supervisor | | | |
| AYES: | | Frazier, Rogers, Poythress, Rodriguez, Wheeler | | | |
| Is this item Budgeted? N/A Will this item require additional personnel? N/A Previous Relevant Board Actions: DOC ID 2899, June 6, 2027 PowerPoint/Supporting Documents: N/A | | | DOCUMENT NO(S). | | |

RECOMMENDED ACTIONS:

Consideration of approval to reappoint Dr. Aftab Naz, to the Fresno-Kings-Madera Regional Health Authority for a term ending September 8, 2023.

DISCUSSION / FISCAL IMPACT / STRATEGIC FOCUS:

DISCUSSION:

On April 14 2009, the Madera County Board of Supervisors adopted Ordinance No. 637, adding chapter 2.91 to the Madera County Code and establishing the Fresno-Kings-Madera Regional Health Authority. The ordinance sets forth that one member shall be an individual who represents the interests of physician providers of MediCal covered health care services, health care consumers, community representatives or community clinics (Madera County Code 2.91.030 C3).

Dr. Naz has served since 2009 and has expressed a desire to continue serving.

FISCAL IMPACT:

There is no Fiscal Impact to the County of Madera.



BOARD OF SUPERVISORS COUNTY OF MADERA

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Tom Wheeler, District 5

CONNECTION TO THE COUNTY OF MADERA STRATEGIC PLAN - MISSION 2023:

STRATEGIC FOCUS AREAS

- Focus Area 1: Community
- Focus Area 8: Health

Item #4

Attachment 4.A

Commission Minutes
Dated 9/17/2020

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
September 17, 2020

Meeting Location:
Teleconference Meeting due
to COVID-19 Executive Order
CalViva Health
7625 N. Palm Ave., #109
Fresno, CA 93711

| Commission Members | | | |
|---|--|----|---|
| ✓● | Sara Bosse , Director, Madera Co. Dept. of Public Health | ✓● | Aftab Naz , Madera County At-large Appointee |
| ✓● | 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 |
| ✓● | Joyce Fields-Keene , Fresno County At-large Appointee | ✓● | 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 | ✓● | 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 |
| ✓● | Kerry Hydash , Commission At-large Appointee, Kings County | | |
| 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 1:31 pm. A quorum was present via conference call in lieu of gathering in public per executive order signed | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p>by the Governor of California on Monday, 3/16/2020, allowing Public Health Plans subject to the Brown Act to hold public meetings via teleconferencing due to COVID-19. A quorum remains a requirement to take actions, but can be achieved with any combination of Commissioners' physical attendance at the public location or by teleconferencing.</p> | |
| <p>#2 Roll Call Cheryl Hurley, Clerk to the Commission</p> | <p>A roll call was taken for the current Commission Members. A moment of silence took place in honor of former FKM RHA Commission member Keith Winkler.</p> | <p><i>A roll call was taken</i></p> |
| <p>#3 Confirmed Fresno County BOS At-Large Reappointment</p> | <p>Fresno County Board of Supervisors reappointed Joyce Fields-Keene for an additional three-year term.</p> | |
| <p>#4 Consent Agenda a) Commission Minutes 7/16/2020 b) Finance Committee Minutes 5/21/2020 c) QIUM Committee Minutes dated 5/21/2020 d) Public Policy Committee Minutes dated 6/10/2020 Action D. Hodge, MD, Chair</p> | <p>All consent items were presented and accepted as read.</p> | <p><i>Motion:</i> Approve Consent Agenda 15 – 0 – 0 – 2 <i>(Neves / Naz)</i> <i>A roll call was taken</i></p> |
| <p>#5 HEDIS Update</p> | <p>Dr. Marabella reported the Managed Care Accountability Set (MCAS) measures for HEDIS®, reporting year (RY) 2020.</p> | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| <p>Information P. Marabella, MD, CMO</p> | <p>The areas that reported results below the MPL are:</p> <ul style="list-style-type: none"> • Antidepressant Medication Management, for both the Acute Phase and the Continuation Phase, for all three counties. • Adolescent Well-Care Visit for Fresno County. • Breast Cancer Screening for Fresno County. • Chlamydia Screening for Madera County. • Childhood Immunization – Combo 10 for Fresno and Kings counties. • Well-Child Visits in the first 15 months of life for Fresno and Kings counties. <p>The two (2) Performance Improvement Projects (PIPs) for RY 2020 consist of Childhood Immunization – Combo 10, and Breast Cancer Screening. These PIPs remain a priority; however, have been placed on hold due to COVID-19. It is anticipated they will restart this fall.</p> <p>There were no sanctions or Corrective Action Plans (CAPs) for failure to meet MPLs for RY 2020.</p> <p>The State is requiring each MCP to develop one PDSA rapid cycle improvement project from the MCAS measures. Additionally, each Plan is required to report on what is called the “COVID-19 Quality Improvement Plan (QIP)”. This is a selection of 3 or more improvement strategies that demonstrate how the Plan has/will adapt to improve the health/wellness of its members during the COVID 19 Emergency. These interventions are to be associated with preventive services, chronic illness and/or behavioral health.</p> <p>NCQA has released the Technical Specifications for MY20 & MY21 with a number of changes to address current circumstances.</p> | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| <p>#6 2020 Quality Improvement Work Plan Mid-Year Evaluation</p> <p>Action P. Marabella, MD, CMO</p> | <p>Dr. Marabella presented the 2020 Quality Improvement Work Plan Mid-Year Evaluation.</p> <p>Initiatives on track to be completed by year end include:</p> <ul style="list-style-type: none"> ○ Access, Availability, and Service: <ul style="list-style-type: none"> ○ Improve Access to Care by continuing to monitor appointment access via the Provider Appointment Availability Survey (PAAS) and after-hours access (urgent & emergent services) is monitored via the Provider After Hours Access Survey (PAHAS). ○ Overall results were that three (3) out of nine (9) PAAS measures improved and six measures could not be compared to prior year due to change in sampling methodology. Both of the after-hours survey results improved. ○ Corrective Action Plans (CAPs). A targeted PPG approach will be used to address non-compliance with a refined escalation process for non-responding PPGs. Educational packets will be sent to Fee For Services (FFS) and Direct Network providers who were non-compliant. Mandatory webinars will be instituted for non-compliant PPGs. ● Quality & Safety of Care <ul style="list-style-type: none"> ○ Fresno and Kings counties fell below the MPL in Childhood Immunizations. All three counties exceeded MPL in Well Child Visits (3-6 yrs) Timeliness of Prenatal Care, and Cervical Cancer Screening. Fresno County fell slightly below the MPL in HbA1c testing. PDSAs were closed on 6/22/2020 without their final submission due to COVID 19. ● Performance Improvement Projects (PIPs): | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <ul style="list-style-type: none"> ○ Childhood Immunizations (birth to 2 years) CIS-10 ○ Breast Cancer Screening Disparity <p>DHCS closed PIPS on June 30, 2020 due to COVID. The team will update baseline data, re-evaluate plan under current circumstances, and resubmit the Modules per DHCS guidelines.</p> | |
| <p>#7 2020 Utilization Management Work Plan Mid-Year Evaluation</p> <p>Action P. Marabella, MD, CMO</p> | <p>Dr. Marabella presented the 2020 Mid-Year Utilization Management Case Management Work Plan Evaluation.</p> <p>Activities focused on:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory and Accreditation Requirements 2. Monitoring the Utilization Management Process 3. Monitoring the Utilization Management Metrics 4. Monitoring Coordination with Other Programs and Vendor Oversight 5. Monitoring Activities for Special Populations <p>Key findings:</p> <ul style="list-style-type: none"> • Turn-around Time for processing authorizations from January – June was 99.5%. CAP established in 2019 is still in progress. • Turn-around Time for appeals was 100%. • TANF and MCE Bed days/1000 had a significant increase due to respiratory illnesses during Q1 & Q2 • SPD Bed days/1000 was below the goal (lower is better). <p>Additional key findings include the following:</p> <ul style="list-style-type: none"> • Compliance activities are on target for year-end completion. • PPG specific dashboard reports continue to be refined and are produced and reviewed quarterly. | <p>Motion: Approve 2020 Quality Improvement Work Plan Mid-Year Evaluation; and 2020 Utilization Management Work Plan Mid-Year Evaluation</p> <p>15 – 0 – 0 – 2 (Frye / Naz) A roll call was taken</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <ul style="list-style-type: none"> • Integrated Case Management outcome measures are monitored on a quarterly basis. Positive results for Physical & Behavioral Health and Transitional Care Management when evaluated 90 days prior and 90 days post services. Member satisfaction is high. • It remains too soon to tell if 10% goals to reduce admissions year over year and reduced length of stay (LOS) will be met in 2020. • Over and underutilization monitoring results are too soon to tell as utilization patterns have varied due to COVID-19. • Interventions identified to address MHN network availability and adequacy issues have been successful. • Due to COVID-19 non-urgent/emergent surgeries were not scheduled. As a result, a decrease was also seen for CCS eligible authorizations. Targeted education has been completed. • Evolve People Care (EPC) is implementing a new call system that will provide automated reporting which will improve the accuracy and efficiency of data capture of SPD outreach efforts. <p>Activities and initiatives will continue through December to meet 2020 year-end goals.</p> | |
| <p>#8 Standing Reports</p> <ul style="list-style-type: none"> • Finance Report Daniel Maychen, CFO | <p><u>Finance</u></p> <p>Financial Report Fiscal Year End June 30, 2020:</p> <p>Current assets are \$286.1M; current liabilities are \$187.7M, this gives a current ratio of 1.52. TNE as of June 30, 2020 is approximately \$108.8M which is approximately 750% of the minimum required TNE by DMHC.</p> | <p><i>Motion: Approve Standing Reports</i></p> <p><i>15 – 0 – 0 – 2</i> <i>(Naz / Smullin)</i> <i>A roll call was taken</i></p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p>Total premium capitation income recorded was \$1.196B which is approximately \$64.6M higher than what was budgeted due to actual rates paid being higher than budgeted and the receipt of additional funds related to the voluntary rate range program. Total costs of medical care expense is higher than what was budgeted for the same reasons. Admin service agreement fees expense was below what was budgeted by approximately \$454K primarily due to enrollment being less than projected. Grants expense is above what was projected by approximately \$680K primarily due to providing additional grants to the community in response to the COVID-19 pandemic. Taxes was below what was budgeted by approximately \$59.4M due to CMS approving the MCO tax retroactive to January 2020 as opposed to July 2019. Total net income for FY 2020 was approximately \$38.5M, which is approximately \$31M more than budgeted, primarily due to rates being higher than budgeted and the additional funds related to the voluntary rate range program</p> <p>Fiscal year end 2020 financials are currently being audited by Moss Adams, LLP and are in the final review stages. To date, there are no proposed audit adjustments or corrections to the financial statements.</p> <p>July 2020 Financials:</p> <p>Total current assets were approximately \$296.9M; total current liabilities were approximately \$199.5M. Current ratio is 1.49. TNE as of July 31, 2020 was approximately \$107.7M, which is approximately 730% above the minimum DMHC required TNE amount.</p> | |

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| | <p>Premium capitation income actual recorded was approximately \$105.8M which is approximately \$2.5M below budgeted amounts, primarily due to rates being lower than anticipated, and the MCO tax being approximately \$1M less than what was budgeted. In relation to the MCO tax, DHCS recently sent to Plans the MCO tax revenue worksheet covering the time period of January 2020 through December 2020, which detailed DHCS' enrollment projections. The enrollment projections are used to calculate the revenue portion of the MCO tax, noting that DHCS' enrollment projections were very aggressive, most likely due to DHCS trying to account for increase in enrollment as a result of COVID-19. Essentially the State is projecting enrollment to be approximately 393K per month; currently the Plan is at 364K members per month. The difference is creating approximately \$1M MCO tax loss per month beginning July 2020 through December 2020. DHCS has communicated that they will monitor this and if the loss remains, they will potentially make adjustments for the period of January 2021 through June 2021 and potentially increase the Plan's revenue rates for that time period to make up for the MCO tax loss incurred during July 2020 through December 2020. Total cost of medical care is less than budgeted due to rates being less than projected. Grants expense is slightly higher than budgeted due to frontloading the grants in order to provide funds to the community and community-based organizations due to the impact of COVID-19. Taxes on the expense side are in line with budget; however, taxes on the revenue side are below what was budgeted. For the first month of fiscal year 2021, there is a \$1M net loss which is approximately \$987K less than budgeted primarily due to the MCO tax loss.</p> | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| <ul style="list-style-type: none"> • Compliance M.B. Corrado, CCO | <p><u>Compliance</u></p> <p>There was two (2) new potential Fraud, Waste & Abuse cases reported to the State in August, bringing the total for the year to 13.</p> <p>All oversight audits are continuing.</p> <p>There were two findings on the 2020 DHCS Medical Audit. The Plan’s Corrective Action Plan (CAP) for the findings was submitted to DHCS on 7/31/2020. DHCS has accepted the Plan’s action on the item related to escalation policies on CAPs with delegated entities and the item has been closed out. The CAP remains open until approximately May or June of 2021 until the Plan implements all planned corrective actions on a phased in schedule for the second finding related to IHEBA.</p> <p>Updates on the Medi-Cal Rx transition were reported. DHCS continues implementation activities to transition pharmacy services from Medi-Cal managed care to FFS by January 1, 2021.</p> <p>The CalAIM initiative for Medi-Cas was put on hold due to COVID-19. CalAIM was intended to replace the Medi-Cal 2020 waiver that the Plan operates under. Because of the delay, DHCS has to request an extension of the Medi-Cal 2020 waiver for Plans to continue to operate into 2021 under the present benefit structure.</p> <p>DHCS started an initiative specifically targeted at the Central Valley to address the risk of COVID for older adults and people with disabilities to reduce, avoid, and transition nursing facility stays. DHCS is requesting that Medi-Cal Central Valley plans convene county-level collaboration</p> | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| <ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO | <p>meetings, including hospitals, nursing facilities, community-based organizations, county social service agencies, and county health departments. The Plan is working collaboratively with Health Net and Anthem Blue Cross to arrange this convening which will cover Fresno, Kings, Madera and Tulare Counties.</p> <p>With regard to COVID, CalViva staff are working on a combination in the office and/or remotely. Health Net staff will work remotely for the remainder of 2020.</p> <p>The Public Policy Committee met on September 2, 2020 via teleconference. The next meeting is scheduled for December 2, 2020 at 11:30 am via teleconference.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Dashboard</p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through Qtr. 2, 2020.</p> <p>The total number of grievances ending Q2 2020 has decreased slightly from Q2, 2019 presumably due to less interactions with providers.</p> <p>Both Quality of Service grievances and Quality of Care grievances were approximately half of what they were same time last year which is perhaps caused by COVID-19.</p> | |

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| | <p>The Exempt grievances decreased in Q2 when compared with Q1 2020. No one category of concern to report.</p> <p>The total number of Appeals Received for Q1 and Q2 is on track to exceed 2019 numbers.</p> <p>Appeal decision rates have remained consistent through Q2.</p> <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report through June 30, 2020.</p> <p>Membership through June has trended upward potentially attributed to enrollment associated with COVID 19.</p> <p>In-hospital utilization decreased beginning in March in association with the pandemic; utilization rates have since begun to rise as hospitals began allowing elective procedures to resume.</p> <p>Turn-around time compliance improved in June to 100%.</p> <p>Case Management results in 2020 thus far, continue to demonstrate positive trends in all areas.</p> <p>Credentialing Sub-Committee Quarterly Report</p> <p>In Quarter 3, the Credentialing Sub-Committee met on July 16, 2020. Routine credentialing and re-credentialing reports were reviewed for</p> | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| <ul style="list-style-type: none"> • Operations J. Nkansah, COO | <p>both delegated and non-delegated services. Reports covering Q1 2020 were reviewed for delegated entities and Q2 2020 reports were reviewed for Health Net. There was one (1) case to report on the Quarter 2 2020 Credentialing Report from Health Net. This is related to ongoing monitoring of a case in Fresno County following a denial for re-entry into the network.</p> <p>Ongoing monitoring and reporting will continue.</p> <p>Peer Review Sub-Committee Quarterly Report</p> <p>The Peer Review Sub-Committee met on July 16, 2020. The county-specific Peer Review Sub-Committee Summary Reports for Q2 2020 were reviewed for approval. There were no significant cases to report. The Q2 2020 Peer Count Report was presented with a total of 8 cases reviewed. There were five (5) cases closed and cleared. There was one (1) case pended for further information and no cases with an outstanding CAP. There were two (2) cases pending closure for Corrective Action Plan compliance. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p> <p><u>Operations Report</u></p> <p>The Plan has identified an alternative for the archiving product, End-of-Life, and is in the process of planning and transitioning to the new alternative.</p> | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| <ul style="list-style-type: none"> Executive Report G. Hund, CEO | <p>For Privacy and Security, there were three (3) low risk cases reported since the July Commission meeting. There were no significant issues or concerns.</p> <p>Due to COVID-19 the Member Call Center volume has been impacted with the number of calls being less than previous quarters. The Transportation Call Center has also been impacted due to the pandemic, tracking a decrease in service level for Q2.</p> <p>There has been a decrease in the number of users for Q2 2020 accessing the CalViva Health website.</p> <p>With regard to Provider Network Activities, for June and July 2020 the number of Specialists had a significant increase in numbers due to a roster update received from one of our contracted provider groups. In reference to tracking Pharmacy Providers in the network, the pharmacy numbers will be removed from the report once the Medi-Cal Rx transition is complete as pharmacy coverage will no longer be a responsibility of the Plan.</p> <p>With regard to Claims Processing and Provider Dispute activities for Q2 2020, most areas met goal. The PPGs that did not meet goal were impacted due to the COVID-19 pandemic. Management continues to monitor the activities of these PPGs.</p> <p><u>Executive Report</u></p> <p>Membership for August increased approximately 3,000 from previous month. It is anticipated that September will increase by a like amount.</p> | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | Market share continues to trend downward. Meetings with Health Net to evaluate data and discuss areas of concern are ongoing. | |
| <p>#9 Closed Session</p> <p>A. Government Code section 59457(b)(1) – Public Employee Appointment, Employment, Evaluation, or Discipline</p> <p>B. Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program, or facility</p> | <p>Jason Epperson, General Counsel, reported out of Closed Session. Commissioners discussed those items agendized for closed session. Direction was given to staff.</p> <p>Closed Session concluded at 3:01 pm.</p> <p style="color: red;"><i>Supervisor Rogers absent from closed session</i></p> | |
| <p>#10 Final Comments from Commission Members and Staff</p> | None. | |
| <p>#11 Announcements</p> | <p>CVH has taken measures to mitigate exposure to staff via face coverings, social distancing, and placing air purifiers in each room and work space in the office.</p> <p>Wednesday, 9/23/2020, a press conference will be held at the Poverello House to acknowledge the \$250,000 grant by CVH to help deal with the challenge of COVID-19 and extra demands for feeding the public.</p> <p>Feedback was received from counties on the funds made available to them in order to provide grants for costs related to the COVID-19 pandemic for testing and other purposes.</p> <p>Positive feedback has been received regarding the contribution made to Break the Barriers.</p> | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p>CVH made a \$10,000 contribution to the Madera County Sheriff's Foundation in order to provide their deputies with emergency fire packs when patrolling the fire areas.</p> <p>CVH also leveraged approximately \$5,000 in-kind donations from Dick's Sporting Goods and Costco to assist in providing hydroflasks and/or thermoflasks and cooling towels needed for first responders working the fires.</p> | |
| #12 Public Comment | None. | |
| #13 Adjourn | <p>The meeting was adjourned at 3:07 pm</p> <p>The next Commission meeting is scheduled for October 15, 2020 in Fresno County.</p> | |

Submitted this Day: _____

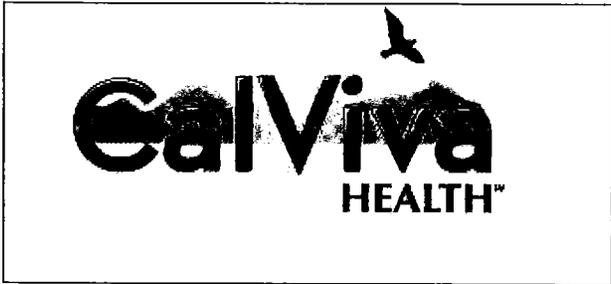
Submitted by: _____

Cheryl Hurley
Clerk to the Commission

Item #4

Attachment 4.B

Finance Committee Minutes
dated 7/16/2020



**CalViva Health
Finance
Committee Meeting Minutes**

July 16, 2020

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 |
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| #1 Call to Order D. Maychen, Chair | The meeting was called to order at 11:30 am. A quorum was present via conference call in lieu of gathering in public per executive order signed by the Governor of California on Monday, 3/16/2020, allowing Public Health Plans subject to the Brown Act to hold public meetings via teleconferencing due to COVID-19. A quorum remains a requirement to take actions, but can be achieved with any combination of Commissioners' physical attendance at the public location or by teleconferencing. | A roll call was taken. |

Finance Committee

| | | |
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| <p>#2 Finance Committee Minutes dated May 21, 2020</p> <p>Attachment 2.A Action D. Maychen, Chair</p> | <p>The minutes from the May 21, 2020 Finance meeting were approved as read.</p> <p style="text-align: center;"><i>Supervisor Rogers arrived at 11:31; was not included in vote</i> <i>John Frye arrives at 11:32; was not included in the vote</i></p> | <p>Motion: <i>Minutes were approved</i> <i>5 – 0 – 0 – 2</i> <i>(Nikoghosian / Soares)</i></p> <p>A roll call was taken.</p> |
| <p>#3 Financial Statements as of May 31, 2020</p> <p>Action D. Maychen, Chair</p> | <p>Total current assets were approximately \$257M; total current liabilities were approximately \$159.6M. Current ratio is 1.61. TNE as of May 31, 2020 was approximately \$107.7M, which is approximately 735% above the minimum DMHC required TNE amount.</p> <p>Investment income is below what was budgeted by approximately \$553K due to the significant decline in yields due to the COVID-19 pandemic. Premium capitation income actual recorded was approximately \$1.1B which is approximately \$66.3M ahead of budgeted amounts, primarily due to rates being higher than budgeted, and the IGT voluntary rate range program additional funds. Total cost of medical care is ahead of budget also due to additional revenues. Administrative service agreement fees expense is less than budgeted due to enrollment being less than projected. Grants expense is ahead of budget by approximately \$947K due to additional grants being disbursed as a result of COVID-19 to provide additional support to the community. License expense is ahead of what was budgeted by approximately \$63K primarily due to estimates being less than actual. Marketing is ahead of budget due to timing differences; as of June 30, 2020, it is now below what was budgeted. Taxes are below what was budgeted due to CMS approving taxes only retroactive to</p> | <p>Motion: <i>Approve Financials as of May 31, 2020</i> <i>7 – 0 – 0 – 0</i> <i>(Frye / Nikoghosian)</i></p> <p>A roll call was taken.</p> |

| | | |
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| | <p>January 1, 2020. For the first 11 months of the current fiscal year 2020 net income recorded was approximately \$37.4M which is approximately \$30.6M more than budgeted primarily due to the increase in revenue from IGT additional revenue and rates being higher than projected.</p> | |
| <p>#4 Announcements</p> | <p>During an analysis of the current deferred compensation plan two issues were discovered with the 457(b) plan. The first issue found CVH was overfunding the 457 amounts for Executives. Conversely, CVH also has a 401(a) retirement plan for Executives which has a higher contribution limit and therefore, the overfunding issue can be fixed by reallocating funds to the 401(a) plan. The second issue found that employer contributions, for all employees, are subject to FICA. The Plan is currently working with the payroll company to correct this issue. Both issues to be resolved within the coming weeks.</p> | |
| <p>#5 Adjourn</p> | <p>Meeting was adjourned at 11:40 am</p> | |

Submitted by: Cheryl Hurley
 Cheryl Hurley Clerk to the Commission

Dated: 9-17-2020

Approved by Committee: Daniel Maychen
 Daniel Maychen, Committee Chairperson

Dated: 9/17/2020

Item #4

Attachment 4.C

QIUM Committee Minutes
dated 7/16/2020

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
July 16th, 2020

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 | ✓ | Ashelee Alvarado, Medical Management Specialist |
| | John Zweifler, MD., At-large Appointee, Kings County | ✓ | Lori Norman, Compliance Manager |
| ✓● | Joel Ramirez, M.D., Camarena Health Madera County | ✓ | Hyasha Anderson, Medical Management Coordinator |
| ✓● * | Rajeev Verma, M.D., UCSF Fresno Medical Center | ✓ | Mary Martinez, Medical Management Nurse Analyst |
| | David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate) | | |
| Guests/Speakers | | | |
| | | | |
| | | | |

✓ = In attendance

* = Arrived late/left early

● = Attended via Teleconference

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| #1 Call to Order Patrick Marabella, M.D, Chair | The meeting was called to order at 10:33 am. A quorum was present. <i>Dr. Verma announced his attendance at 10:48 am.</i> | |
| #2 Approve Consent Agenda - Committee Minutes: May 21 st , 2020 - Clinical Practice Guidelines - Standing Referrals | The May 21 st , 2020 QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Any item on the consent agenda may be pulled out for further discussion at the request of any committee member. The full July Formulary (PDL) was available for review upon request. | Motion: Approve Consent Agenda (Ramirez/Cardona) 4-0-0-2 |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| <p>Report (Q1) - Medical Policies (Q1) - Pharmacy Provider Updates (Q2) - Provider Office Wait Time Report (Q4 2019) - Full Formulary (July PDL) (Attachments A-F) Action Patrick Marabella, M.D Chair</p> | | |
| <p>#3 QI Business - Appeals & Grievances Dashboard (May) (Attachment G) Action Patrick Marabella, M.D, Chair</p> | <p>Dr. Marabella presented the Appeals & Grievances Dashboard through May 2020. Appeals & Grievances Data: Appeals & Grievances Data:</p> <ul style="list-style-type: none"> ➤ The total number of grievances for May has increased slightly from April, however the total number of grievances per month in quarter 2 thus far are fewer than quarter 1. The decreased volume is likely attributable to the decline in overall utilization associated with the COVID 19 pandemic. ➤ The majority of Quality of Service grievances this month were noted to be under the Administrative category. ➤ Consistent with other grievance types, the Quality of Care grievances reported in May were fewer compared to previous months. ➤ The Exempt grievance categories were recently expanded to better analyze the data. The number of transportation grievances has decreased from previous months. ➤ The total number of Appeals Received/Resolved seems to have decreased so far in quarter 2. ➤ Appeal decision rates are noted to have improved. ➤ The majority of Quality of Service grievances were noted in the areas of Administrative and Transportation | <p>Motion: Approve - Appeals & Grievances Dashboard (May) (Cardona/Foster) 4-0-0-2</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| <p>#3 QI Business - Facility Site & Medical Record and PARS Report (Q3 & Q4 2019) (Attachment H) Action Patrick Marabella, M.D, Chair</p> | <p>The Facility Site & Medical Record and PARS Report (Q3 & Q4 2019) was presented and reviewed. There were 20 Facility Site Reviews (FSR) and 19 Medical Record Reviews (MRR) completed in the 3rd and 4th Quarters of 2019. The overall mean FSR score for the three CVH Counties was 97% for the 3rd&4th Quarters of 2019.</p> <ul style="list-style-type: none"> ➤ The overall mean MRR score for the 3rd & 4th Quarters of 2019 was 93%. ➤ The Pediatric Preventative Care mean score for the 3rd and 4th Qtrs of 2019 was 91% and 87% for Adults. ➤ The CE CAP submission compliance rate within 10 business days was 100% in the 3rd&4th Qtrs 2019. FSR and MRR CAP's were also closed at a 100% rate within 45 days of the audit. ➤ 12 FSRs and 6 MRRs required CAP's to verify correction during this time period in 2019. <p>Continue to monitor and report results.</p> | <p>Motion: Approve - Facility Site & Medical Record and PARS Report (Q3 & Q4 2019) (Ramirez/Cardona) 4-0-0-2</p> |
| <p>#3 QI Business - MHN Performance Indicator Report for Behavioral Health (Q1) (Attachment I) Action Patrick Marabella, M.D, Chair</p> | <p>The MHN Performance Indicator Report for Behavioral Health Services (Q1 2020) was presented. 14 out of the 15 metrics met or exceeded their targets. Opportunity for improvement was identified in the Network availability measures.</p> <ul style="list-style-type: none"> ➤ The Behavioral Health Practitioner (BHP) Open Practice performance rate has demonstrated quarter over quarter improvement since it was added as a new metric 3 quarters ago. In Q1 the rate was 82% which is 3% below target. ➤ Several interventions have been initiated including outreach efforts to increase the number of providers accepting new patients. Contract negotiations have included efforts to enhance rates for new and existing providers. If the trend of improvement continues, it is anticipated that Q2 2020 performance will meet the target. | <p>Motion: Approve - MHN Performance Indicator Report for Behavioral Health (Q1) (Foster/Ramirez) 4-0-0-2</p> |
| <p>#3 QI Business - County Relations Quarterly Report (Q1) (Attachment J) Action Patrick Marabella, M.D, Chair</p> | <p>County Relations Quarterly Report (Q1) was presented. This report provides a summary of the relevant Public Health, Behavioral Health (BH) and Regional Center Activities, initiatives and updates for Fresno, Kings and Madera Counties.</p> <p>Highlights for this quarter include:</p> <ul style="list-style-type: none"> ➤ Some of the routine meetings held in each county did not convene or held abbreviated meetings as COVID 19 became an issue. ➤ Key issues addressed that were common to all three counties included transition of all non-crisis staff to work remotely or through the use of telephonic or telehealth/video visits in response to COVID 19. Crisis and 5150 services to remain field based or in-person services. ➤ Services continued to provide emotional and coping support to community members. Including | <p>Motion: Approve - County Relations Quarterly Report (Q1) (Foster/Ramirez) 5-0-0-2</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p>supportive listening, practical coping and information on how to get connected to behavioral health services.</p> <ul style="list-style-type: none"> ➤ Sexually Transmitted Diseases (STD) Chlamydia, Gonorrhea and Syphilis continue to be prevalent. A rise in cases at the local jails has been identified. State funds are being used to push for more outreach and education to this population. ➤ Central Valley Regional Center (CVRC) continues to see a rise in members requesting BHT services and psychiatric evaluations for members needing ABA referrals. | |
| <p>#3 QI Business - Provider Preventable Conditions (Q1) (Attachment K) Action Patrick Marabella, M.D, Chair</p> | <p>Provider Preventable Conditions (PPC) (Q1) This report provides a summary of member impacted Provider Preventable Conditions (PPCs). These PPC's are assessed via four (4) mechanisms:</p> <ol style="list-style-type: none"> 1. Provider/Facility confidential submission of DHCS filed Form 7107; 2. Monthly Claims Data review 3. Monthly Encounter Data review (POA/Indicator Report) 4. Confidential Potential Quality Issues (PQI) submission of identified/suspected quality cases <p>In the 1st Quarter of 2020, there were four (4) potential PPC cases reviewed in total. CalViva identified/impacted cases are submitted for clinical review. Case processing, including the review and handling, is maintained according to the CalViva PPC procedure. The four (4) potential Cases reviewed in Quarter 1 do not reflect reportable events that occurred in Q1, but rather cases ready for review in Q1 after records have been received and initial review completed. One (1) case was found to meet PPC criteria and was reported to DHCS via the secure online portal. We will continue to meet and discuss cases, case handling and workflow specific to PPCs as needed.</p> | <p>Motion: Approve - Provider Preventable Conditions (Q1) (Ramirez/Cardona) 5-0-0-2</p> |
| <p>#3 QI Business - IHA Quarterly Audit Report (Q1) (Attachment L) Action Patrick Marabella, M.D, Chair</p> | <p>The Department of Health Care Services (DHCS) requires that newly enrolled Medica-Cal members have an Initial Health Assessment (IHA) completed within the first 120 days of enrollment. This is to include the Individual Health Education Behavioral Assessment (IHEBA) as a component of the IHA and must also be completed within the 120-day timeframe.</p> <p>CalViva Health is required to facilitate and support members and providers through this process. The current approach to monitoring has three components:</p> <ul style="list-style-type: none"> ➤ Medical Record Review (MRR) via onsite provider audits. ➤ Monitoring of claims and encounters data. ➤ Member outreach following a three-step methodology. <p><u>FSR/MRR Data:</u></p> <ul style="list-style-type: none"> ➤ Data from Quarter 1 FSR/MRRs reviewed. | <p>Motion: Approve - IHA Quarterly Audit Report (Q1) (Cardona/Ramirez) 5-0-0-2</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <ul style="list-style-type: none"> ➤ Combined IHA/IHEBA completion and compliance rates were noted to be higher for pediatric patients compared to adult patients. ➤ A total of seven sites were audited during Q1 2020 to complete FSRs/MMRs, and of those sites audited, three sites were compliant. <p>The member outreach data is pending at this time and will be provided on the next report. Due to COVID-19 public health emergency, DHCS released All Plan Letter (APL) 20-004 to temporarily halt requirements to complete IHA's within 120 days for new members enrolled from December 1, 2019 to the end of the public health emergency. This is expected to impact IHA completion rates.</p> <p>An IHA Workgroup has been formed to address persistent barriers, improve IHA monitoring and develop communication improvements for providers and members. Opportunities to improve and interventions implemented via the IHA Work Group will be monitored and reported to this committee.</p> | |
| <p>#3 QI Business - SPD HRA Outreach (Q1) (Attachment M) Action Patrick Marabella, M.D, Chair</p> | <p>SPD HRA Outreach Report Envolve People Care (EPC) performs outreach and completes SPD HRAs for CalViva members. Provided in this report are outreach results for Q1 2020 showing CalViva SPD HRA findings. This report provides outreach results for the first quarter of 2020:</p> <ul style="list-style-type: none"> ➤ Timely outreach of 100% was achieved within the compliance due date for Q1 2020. ➤ The percentage of members that completed an HRA for both high and low risk in Q1 2020 is 15%, which is slightly higher than Q1 2019 at 13%. ➤ To improve data submission, EPC plans to implement a new outbound call process called Performance Outreach Manager (POM). Inputs from the new call system will provide an automated more streamlined reporting solution for EPC. The new call system should be implemented in Q3 2020. ➤ Opportunities to increase the HRA completion rates and decrease unable to reach members are being explored. One issue identified is phone number accuracy to allow phone interviews and including texting/emailing members. The plan will continue to meet with EPC on a regular basis to monitor and ensure outreach service levels are being met within the required timeframe. | <p>Motion: Approve - SPD HRA Outreach (Q1) (Foster/Cardona) 5-0-0-2</p> |
| <p>#4 UM Business - Key Indicator Report & Turn Around Time Report (May) (Attachment N) Action Patrick Marabella, M.D,</p> | <p>The Key Indicator Report was presented for May 2020:</p> <ul style="list-style-type: none"> ➤ Membership through May has trended upward potentially attributed to enrollment associated with COVID 19. ➤ In-hospital utilization decreased beginning in March in association with the pandemic; utilization rates have since begun to rise as hospitals begin allowing elective procedures to resume. ➤ Turn-around time compliance for Preservice Urgent improved in May over previous two months. Post- | <p>Motion: Approve - Key Indicator Report & Turn Around Time Report (May) (Verma/Cardona) 5-0-0-2</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| Chair | <p>service turn-around time compliance decreased in May.</p> <ul style="list-style-type: none"> ➤ Bed days and Length of Stay rates remain consistent with 2019. ➤ Case Management results in 2020 thus far, continue to demonstrate positive trends in all areas. | |
| <p>#4 UM Business - Specialty Referrals Report- HN (Q1) (Attachment O) Action Patrick Marabella, M.D, Chair</p> | <p>The Specialty Referrals Report- HN (Q1) was presented. This report provides a summary of Specialty Referral services that require prior authorization in the three-county area (Fresno, Kings, Madera) for the first quarter of 2020.</p> <p>This report includes three areas: (1) key services that while within the service area and within the network require clinical review (potential CCS condition, cosmetic service or benefit interpretation); (2) those services recognized as out of the tri-county service area, but within the provider network; and (3) out of network requests. This report provides evidence of a system-wide process for tracking and following up on member referrals requiring prior authorization, and includes a breakdown of SPD and Non-SPD Member Specialty Referral Requests.</p> <p>No issues identified, continue monitoring and reporting.</p> | <p>Motion: Approve - Specialty Referrals Report- HN (Q1) (Foster/Verma) 5-0-0-2</p> |
| <p>#4 UM Business - UM Report- Top 10 Diagnoses (Attachment P) Action Patrick Marabella, M.D, Chair</p> | <p>The UM Report- Top 10 Diagnoses was presented and reviewed. The purpose of this report is to track and monitor the volume of admissions per one thousand (Adm/k), bed days per one thousand (Days/k) and average length of stay (ALOS) of the top 10 diagnoses, recorded as principal discharge diagnoses, for acute hospital stays among the TANF, SPD, and MCE populations.</p> <p>Top 10 diagnoses comparison data for CY 2018 to CY 2019 are also presented. Diagnoses statistics presented in this report may include admissions for CCS eligible children for non – CCS eligible conditions not within the CCS authorizations scope. Identification of utilization trends provides a source from which to establish opportunities for collaboration and outcome improvement.</p> <p><u>Analysis/Findings/Outcomes/Actions:</u></p> <ul style="list-style-type: none"> ➤ In 2019 sepsis continued to rank as the number one non pregnancy related diagnosis and had a 5.5% increase in admissions per thousand compared to the prior year. ➤ In 2018 the Medical Management team assessed top diagnosis for targeted interventions. The team instituted targeted process reviews in 2019 for the top 10 to ensure the DRG is appropriately applied. Each case was reviewed critically by the CCR Nursing Staff/Manager as well s the Medical Director. ➤ In 2020, Medical Management will continue to focus on the top ten diagnosis. ➤ The CalViva Central Medical Director has initiated activities to engage primary care physicians in this partnership to examine barriers and identify ways to increase patient participation in timely post discharge follow up appointments. | <p>Motion: Approve - UM Report- Top 10 Diagnoses (Ramirez/Cardona) 5-0-0-2</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| <p>#5 Pharmacy Business</p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q1) - Pharmacy Operations Metrics (Q1) - Pharmacy Top 30 Prior Authorizations (Q1) - Pharmacy Inter Rater Reliability Results (IRR)(Q1) - Quality Assurance (QA) Results for Pharmacy (Attachment Q-U) <p>Action Patrick Marabella, M.D, Chair</p> | <p>The Pharmacy Business Reports for Q1 2020 were reviewed in order to assess for emerging patterns in authorization requests, compliance around prior authorizations, and to evaluate the consistency of decision making in order to formulate potential process improvement recommendations.</p> <ul style="list-style-type: none"> ➤ Pharmacy Prior Authorizations (PA) metrics were within 5% of standard for the 1st Quarter of 2020. Overall TAT for Q1 2020 was 99.94% and TAT requirement for all pharmacy requests were within 24-hour of receipt by the plan. ➤ Total PA requests were slightly decreased for Q1 2020 versus Q4 2019. The number of PA requests were similar to the totals in 4th Quarter 2019. ➤ Quarter 1 2020 top medication PA requests has increased compared to Q4 2019. ➤ Narcotic Pain Medication requests were also lower overall compared to 4th quarter 2019. Diabetes management Prior Auth requests continue to be high and closely behind Narcotic Pain Medications. Approval and Denial rates of Prior Auth appeared to normalize back to rates seen prior to 4th Quarter 2019. Overall trends for total drug fill volume decreased in 1st Quarter 2020 due to COVID-19, however PA volume remained steady. ➤ A sample of 10 prior authorization denials per month are reviewed quarterly to ensure that they are completed timely, accurately, and consistently according to regulatory requirements and establish health plan guidelines. The target goal of this review is 95% accuracy or better in all combined area with a threshold of 90%. The 90% threshold met for this quarter. ➤ The Quality Assurance (QA) results for 1st quarter 2019 through 4th quarter 2019 show that the overall (cumulative) threshold was met for the random requests reviewed in each quarter. Continual feedback is given to improve consistency and accuracy with which pharmacists apply criteria in UM decision making, and how they communicate those decisions. | <p>Motion: Approve</p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q1) - Pharmacy Operations Metrics (Q1) - Pharmacy Top 30 Prior Authorizations (Q1) - Pharmacy Inter Rater Reliability Results (IRR)(Q1) - Quality Assurance (QA) Results for Pharmacy (Ramirez/Verma) <p>5-0-0-2</p> |
| <p>#6 Credentialing & Peer Review Subcommittee Business</p> <ul style="list-style-type: none"> - Credentialing Subcommittee Report (Q2) - Peer Review | <p>Credentialing Sub-Committee Quarterly Report In Quarter 2 the Credentialing Sub-Committee met on May 21, 2020. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering the fourth quarter for 2019 were reviewed for delegated entities and the first quarter 2020 reports were reviewed for both Health Net and MHN. The Credentialing Sub-Committee 2020 Charter was reviewed and approved without changes.</p> <p>Peer Review Sub-Committee Quarterly Report The Peer Review Sub-Committee met on May 21, 2020. The county-specific Peer Review Sub-Committee</p> | <p>Motion: Approve</p> <ul style="list-style-type: none"> - UM Report- Top 10 Diagnoses (Cardona/Foster) <p>5-0-0-2</p> |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| <p>Subcommittee Report (Q2) (Attachment V-W) Action Patrick Marabella, M.D, Chair</p> | <p>Summary Reports for Quarter 2 2020 were reviewed for approval. There were no significant cases to report. The Quarter 2, 2020 Peer Count Report was presented at the meeting with a total of 13 cases reviewed. There were nine (9) cases closed and cleared. There were three (3) more cases pended for further information and one (1) case with an outstanding CAP. There were zero (0) cases pending closure for Corrective Action Plan Compliance. Follow up will be initiated to obtain additional information for the tabled cases and ongoing monitoring and reporting will continue.</p> | |
| <p>#7 Compliance Update - Compliance Regulatory Report (Attachment X) Action Patrick Marabella, M.D, Chair</p> | <p>Mary Beth Corrado presented the Compliance Report.</p> <p>Oversight Meetings: (Health Net) CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health continues to review ongoing updates on Health Net’s efforts to improve specialty provider access for CalViva Health members.</p> <p>Oversight Audits: The following annual audits are in-progress: Appeals & Grievances, Marketing, Utilization Management & Case Management, Provider Dispute Resolution and Claims, Call Center; Privacy & Security. The following audit has been completed since the last report: Provider Network (No CAP).</p> <p>Fraud, Waste & Abuse Activity: There were eleven (11) Fraud, Waste & Abuse cases reported to DHCS. There was one (1) provider-related case that reflected potential FWA circumstances and a MC609 report was filed with the DHCS. This case involved a provider billing automated lab tests. There were no cases that needed to be referred to other law enforcement agencies by the Plan.</p> <p>Department of Health Care Services (“DHCS”) 2020 Medical Audit: The Plan received the DHCS’ Final 2020 Audit Report on 06/30/20. There were two (2) findings; one related to provider completion of the Individual Health Education Behavioral Assessment (IHEBA) as part if the Initial Health Assessment (IHA) within 120 day of enrollment; and the second finding indicated the Plan did not have escalation policies and procedures to impose prompt effective corrective actions to bring non-compliant delegated entities into compliance. The Plan’s CAP is due to DHCS on 07/31/20.</p> <p>Department of Managed Health Care (“DMHC”) 2019 Medical Survey: DMHC has scheduled an 18-month follow-up audit starting 03/01/21 to validate corrective actions have been implemented on some of the deficiencies from the 2019 audit.</p> <p>Department of Health Care Services (“DHCS”) Annual Network Certification:</p> | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-------------------------|---|--------------|
| | <p>The Plan submitted the ANC filing on 04/20/20. As part of the ANC, the Plan submitted its Plan of Action (POA) on 04/03/20 describing its readiness efforts in preparation for the 2021 Subcontracted Network Certification. As a result of follow-up letters from DHCS on these filings, the Plan submitted revised ANC and POA filings in May and early June. DHCS approved the POA on 06/15/20. DHCS completed its initial assessment of CalViva Health’s 2020 ANC and identified some deficiencies. As a result of the deficiencies, the Plan must submit applicable documentation to remediate each deficiency by 07/13/20.</p> <p>Department of Managed Health Care (“DMHC”) MY2019 Timely Access Report: The Plan submitted the MY19/Ry20 DMHC TAR on 05/01/20 and are awaiting DMHC’s Final Report.</p> <p>Gov. Newsom’s May Budget Revision for 2020-21: The May Budget Revision for 2020-21 reflects significant impacts from the COVID-19 pandemic effects on California’s economy. However, lawmakers rejected many of the intended cuts to Medi-Cal programs. The Governor signed the 2020 Budget Act on 06/29/20. Some items restored by the enacted Budget Act that had been cut in the May Revision Budget proposal include:</p> <ul style="list-style-type: none"> • Prop 56 supplemental payment, the Behavioral Health Integration Incentive Program and other supplemental payment programs remained in the budget but suspends payments on July1, 2021 unless specified state fiscal conditions exist. • Keeps Adult Dental and Other Optional Benefits that were effective 01/01/20. <p>California Advancing and Innovating Medi-Cal (CalAIM): The enacted 2020 Budget Act delays ECM and ILOS CalAIM proposals.</p> <p>COVID-19 Novel Coronavirus The plan continues to receive All Plan Letters and other regulatory guidance from DMHC and DHCS, and continues to report provider site closures, positive COVID-19 tests and hospitalizations on a daily basis. CalViva Health staff have returned to work at the Palm office. Our administrators staff continue to carry out operation on a remote basis.</p> <p>Public Policy Committee: The Public Policy Committee met on June 10, 2020, via telephone conference due to the COVID-19 state of emergency. The following reports were presented: Q1 2020 Grievance and Appeals; the 2019 End-of-Year Health Education Work Plan; and the 2019 End-of-Year Cultural & Linguistics Work Plan. There were no recommendations for referral to the Commission. The next meeting will be held 09/2/20 at 11:30AM in Madera County presumably via teleconference.</p> | |
| #8 Public Comment | None | |

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|--|------------------------------------|--------------|
| #9 Adjourn Patrick Marabella, M.D, Chair | Meeting was adjourned at 11:53 am. | |

NEXT MEETING: September 17th, 2020

Submitted this Day: September 17, 2020

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair

Item #4

Attachment 4.D

Commission Meeting
Calendar 2021

**Fresno-Kings-Madera Regional Health Authority
2021 Commission Meeting Schedule**

Meeting Location:

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

| Date | Time | County | Meeting Location |
|--------------------|--------------|--------|-------------------|
| January | | | No Meeting |
| February 18, 2021 | 1:30 to 3:30 | Fresno | CalViva Health |
| March 18, 2021 | 1:30 to 3:30 | Fresno | CalViva Health |
| April | | | No Meeting |
| May 20, 2021 | 1:30 to 3:30 | Fresno | CalViva Health |
| June | | | No Meeting |
| July 15, 2021 | 1:30 to 3:30 | Fresno | CalViva Health |
| August | | | No Meeting |
| September 16, 2021 | 1:30 to 3:30 | Fresno | CalViva Health |
| October 21, 2021 | 1:30 to 3:30 | Fresno | CalViva Health |
| November 18, 2021 | 1:30 to 3:30 | Fresno | CalViva Health |
| December | | | No Meeting |

Item #4

Attachment 4.E

Finance Committee
Meeting Calendar 2021

Fresno-Kings-Madera Regional Health Authority
Finance Committee
 2021 Meeting Schedule

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

| Date | Time | County | Meeting Location |
|--------------------|---|--------|-------------------|
| January | | | No Meeting |
| February 18, 2021 | 11:30 am to 12:00 pm | Fresno | CalViva Health |
| March 18, 2021 | 11:30 am to 12:00 pm | Fresno | CalViva Health |
| April 15, 2021 | 11:30 am to 12:00 pm TENTATIVE | Fresno | CalViva Health |
| May 20, 2021 | 11:30 am to 12:00 pm | Fresno | CalViva Health |
| June | | | No Meeting |
| July 15, 2021 | 11:30 am to 12:00 pm | Fresno | CalViva Health |
| August | | | No Meeting |
| September 16, 2021 | 11:30 am to 12:00 pm | Fresno | CalViva Health |
| October 21, 2021 | 11:30 am to 12:00 pm * <i>*Auditors presentation</i> | Fresno | CalViva Health |
| November 18, 2021 | 11:30 am to 12:00 pm | Fresno | CalViva Health |
| December | | | No Meeting |

Item #4

Attachment 4.F

QIUM Committee
Meeting Calendar 2021

Fresno-Kings-Madera Regional Health Authority
Quality Improvement/Utilization Management
 2021 Meeting Schedule

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

| Date | Time | County | Meeting Location |
|--------------------|---------------------|--------|-------------------|
| January | | | No Meeting |
| February 18, 2021 | 10:30 am – 12:00 pm | Fresno | CalViva Health |
| March 18, 2021 | 10:30 am – 12:00 pm | Fresno | CalViva Health |
| April | | | No Meeting |
| May 20, 2021 | 10:30 am – 12:00 pm | Fresno | CalViva Health |
| June | | | No Meeting |
| July 15, 2021 | 10:30 am – 12:00 pm | Fresno | CalViva Health |
| August | | | No Meeting |
| September 16, 2021 | 10:30 am – 12:00 pm | Fresno | CalViva Health |
| October 21, 2021 | 10:30 am – 12:00 pm | Fresno | CalViva Health |
| November 18, 2021 | 10:30 am – 12:00 pm | Fresno | CalViva Health |
| December | | | No Meeting |

Item #4

Attachment 4.G

Credentialing Sub-Committee
Meeting Calendar 2021

Fresno-Kings-Madera Regional Health Authority
Credentialing Sub-Committee
 2021 Meeting Schedule

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

| Date | Time | County | Meeting Location |
|-------------------|-------------------|--------|--|
| January | | | No Meeting |
| February 18, 2021 | 12:00pm – 12:30pm | Fresno | CalViva Health 1st Quarter |
| March | | | No Meeting |
| April | | | No Meeting |
| May 20, 2021 | 12:00pm – 12:30pm | Fresno | CalViva Health 2nd Quarter |
| June | | | No Meeting |
| July 15, 2021 | 12:00pm – 12:30pm | Fresno | CalViva Health 3rd Quarter |
| August | | | No Meeting |
| September | | | No Meeting |
| October 21, 2021 | 12:00pm – 12:30pm | Fresno | CalViva Health 4th Quarter |
| November | | | No Meeting |
| December | | | No Meeting |

Item #4

Attachment 4.H

Peer Review Sub-Committee
Meeting Calendar 2021

Fresno-Kings-Madera Regional Health Authority
Peer Review Sub-Committee
 2021 Meeting Schedule

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

| Date | Time | County | Meeting Location |
|-------------------|-------------------|--------|--|
| January | | | No Meeting |
| February 18, 2021 | 12:00pm – 12:30pm | Fresno | CalViva Health 1st Quarter |
| March | | | No Meeting |
| April | | | No Meeting |
| May 20, 2021 | 12:00pm – 12:30pm | Fresno | CalViva Health 2nd Quarter |
| June | | | No Meeting |
| July 15, 2021 | 12:00pm – 12:30pm | Fresno | CalViva Health 3rd Quarter |
| August | | | No Meeting |
| September | | | No Meeting |
| October 21, 2021 | 12:00pm – 12:30pm | Fresno | CalViva Health 4th Quarter |
| November | | | No Meeting |
| December | | | No Meeting |

Item #4

Attachment 4.1

Public Policy Committee
Meeting Calendar 2021

**CalViva Health
Public Policy Committee
2021 Meeting Schedule**

| Date | Time | Meeting Location |
|-------------------|------------------|------------------|
| January | | No Meeting |
| February | | No Meeting |
| March 3, 2021 | 11:30am – 1:30pm | Fresno County |
| April | | No Meeting |
| May | | No Meeting |
| June 9, 2021 | 11:30am – 1:30pm | Kings County |
| July | | No Meeting |
| August | | No Meeting |
| September 1, 2021 | 11:30am – 1:30pm | Madera County |
| October | | No Meeting |
| November | | No Meeting |
| December 1, 2021 | 11:30am – 1:30pm | Fresno County |

Meeting Locations:

Fresno County:

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

King County:

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

Madera County

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

Item #5

Attachment 5.A

Financial Audit Report
Fiscal Year 2020

Audit Objectives

- Opinion on whether the financial statements of CalViva are ***reasonably*** stated and free of material misstatement in accordance with generally accepted accounting principles
- Consideration of internal controls
- Audits are required under the State of California Department of Managed Health Care

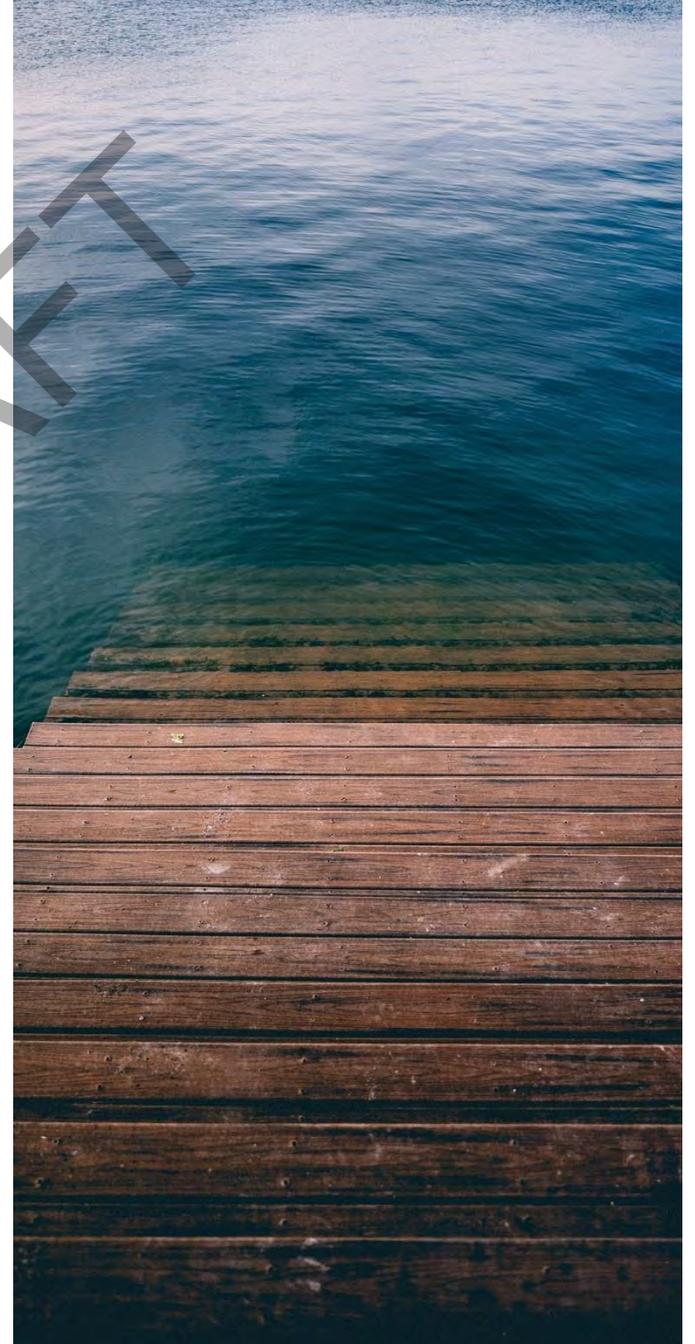
Report of Independent Auditors

Unmodified Opinion

Financial statements are fairly presented in accordance with generally accepted accounting principles.

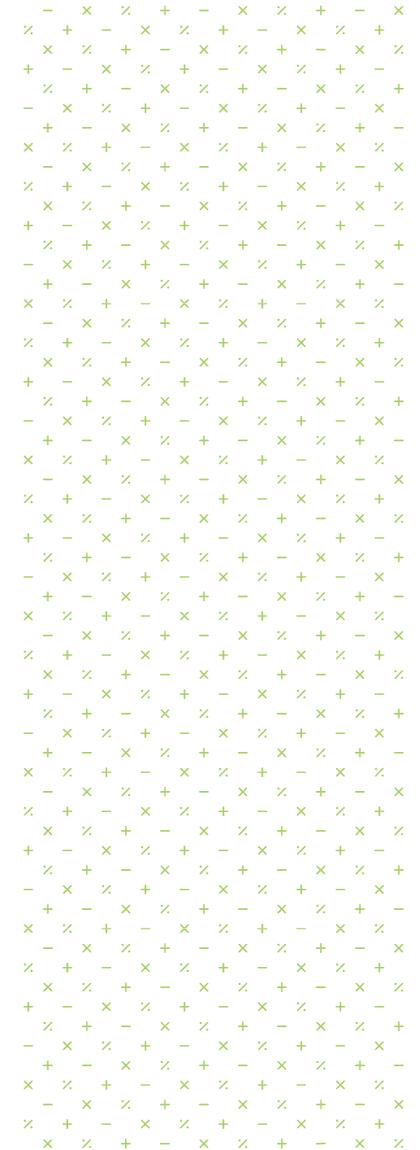


FINAL DRAFT

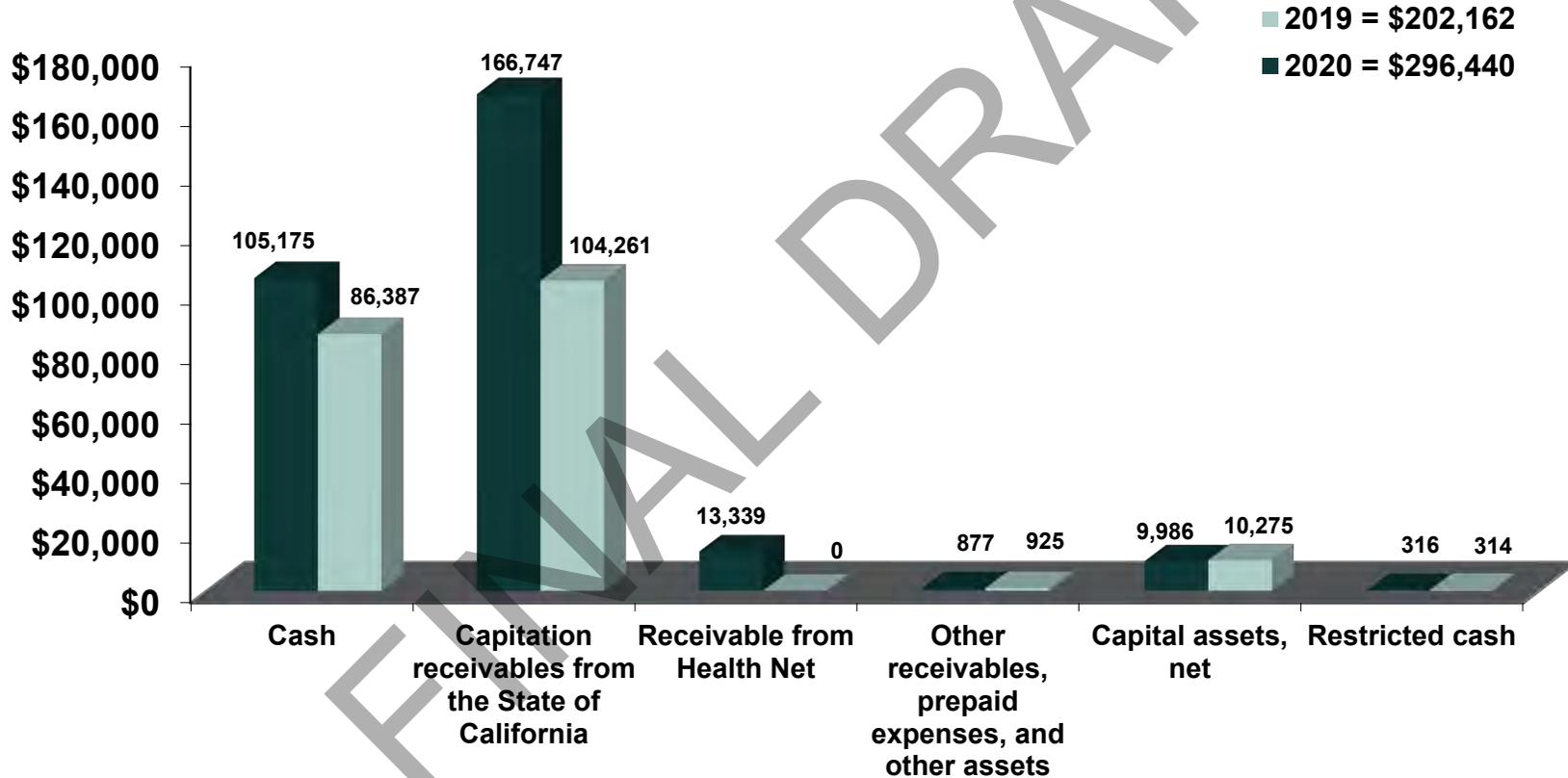


Statements of Net Position

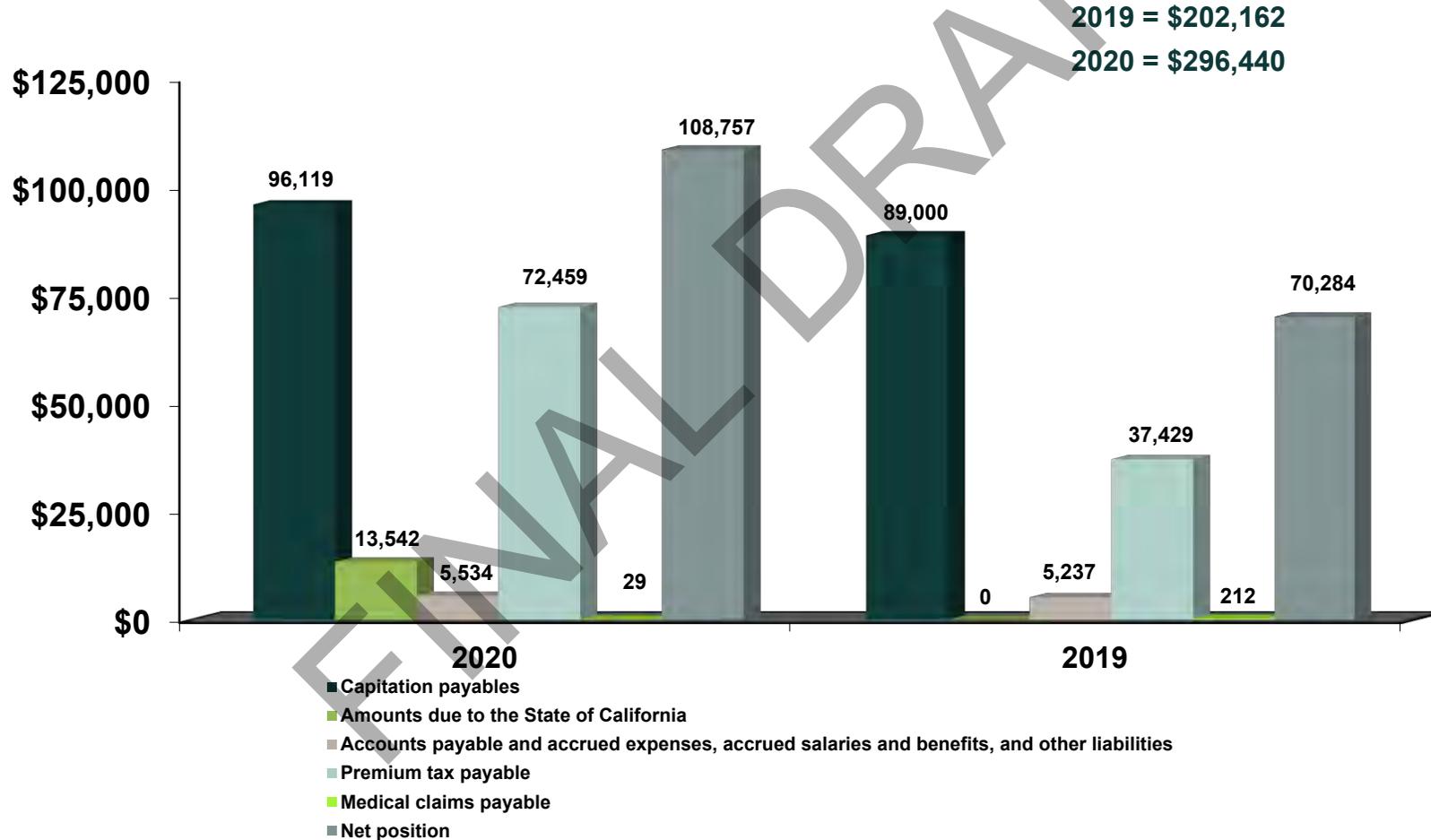
FINAL DRAFT



Asset Composition (in thousands)

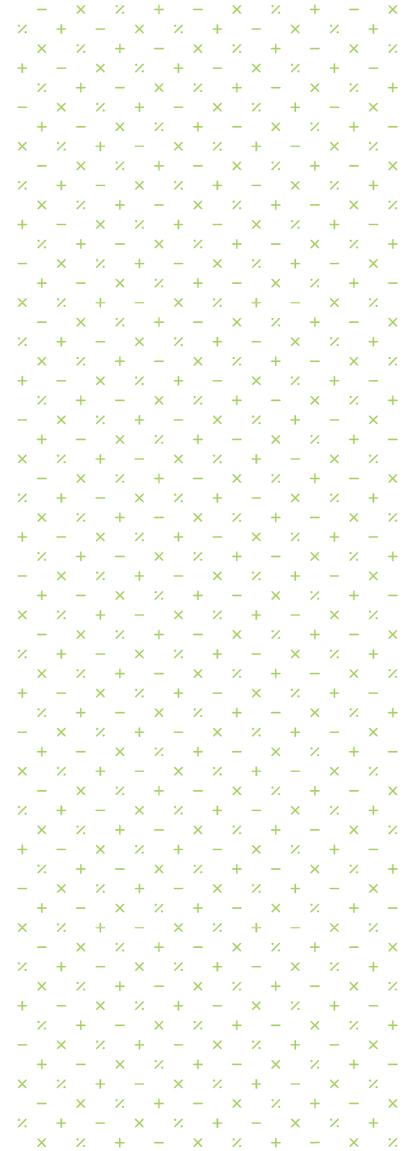


Liabilities and Net Position Balance (in thousands)



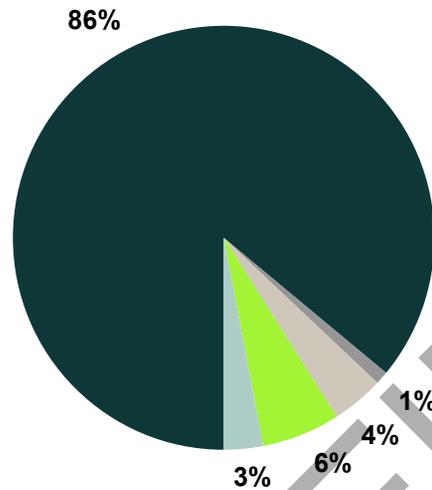
Operations

FINAL DRAFT

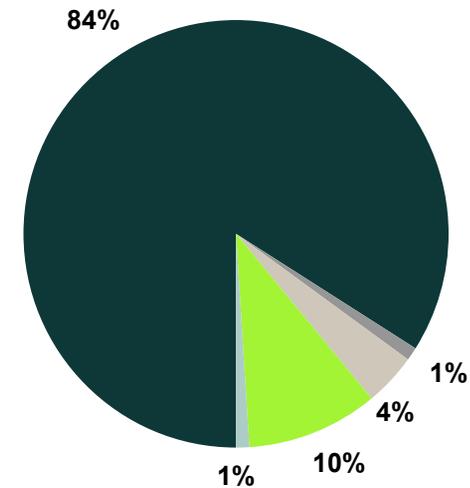


Total Operating Expenses as a % of Total Operating Revenues (in thousands)

June 30, 2020
\$1,195,614



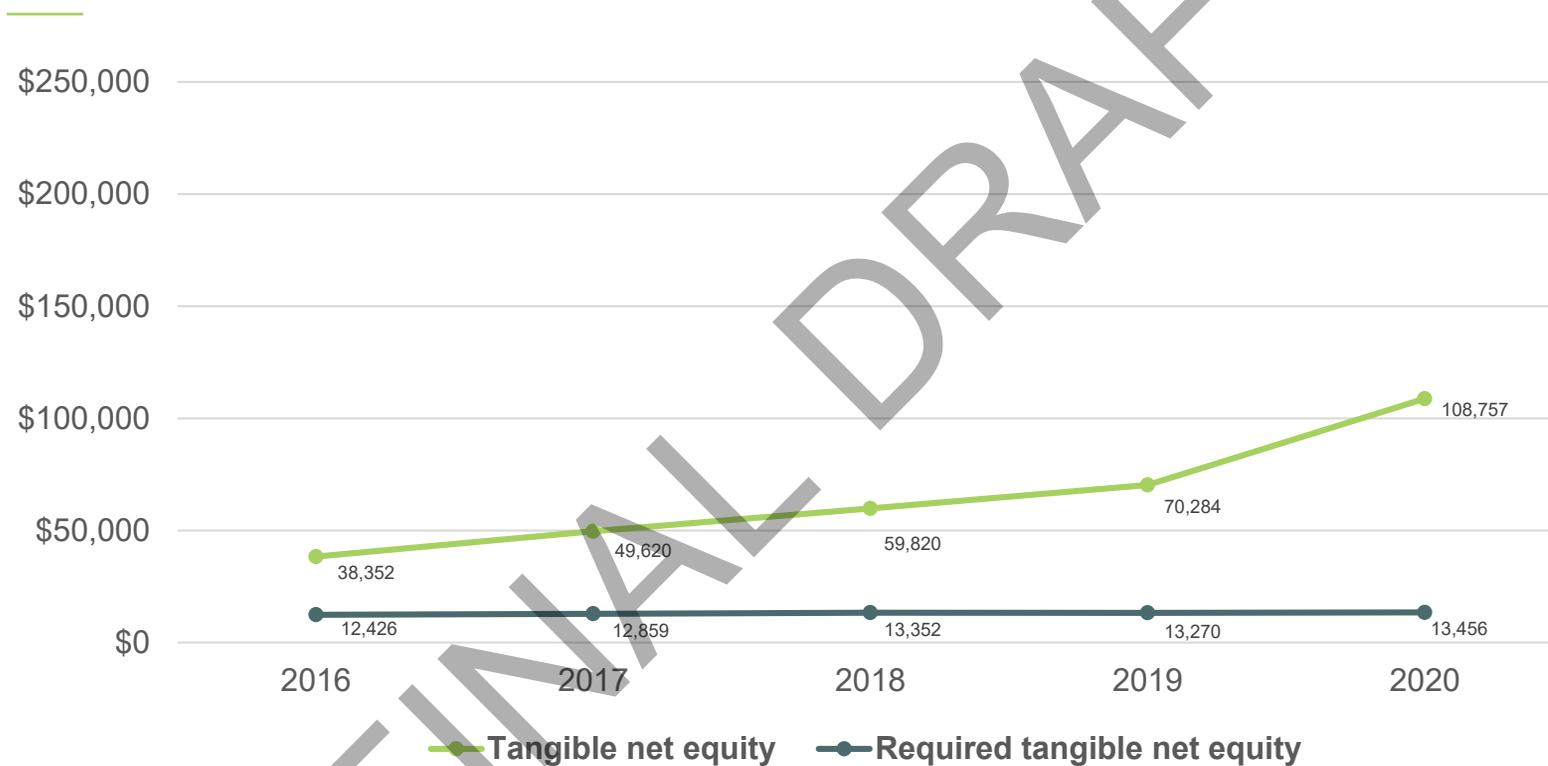
June 30, 2019
\$1,177,026



- Capitation
- Medical
- General and Administrative
- Premium Tax
- Operating Income



Tangible Net Equity (in thousands)

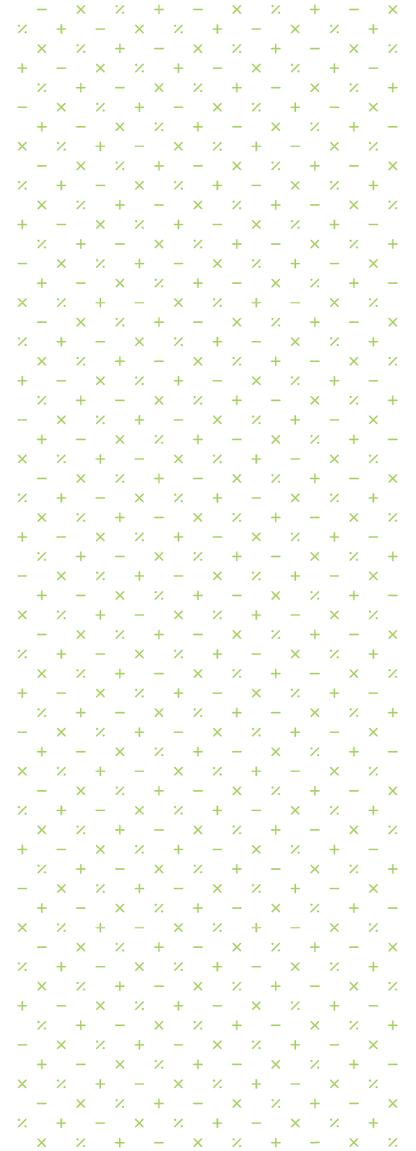


Important Board Communications

- Significant accounting policies
- Accounting estimates are reasonable
- No audit adjustments
- No issues discussed prior to our retention as auditors
- No disagreements with management
- No awareness of instances of fraud or noncompliance with laws and regulations

Questions?

FINAL DRAFT



FINAL DRAFT

*Report of Independent Auditors and
Financial Statements*

**The Fresno-Kings-Madera
Regional Health Authority
dba CalViva Health**

June 30, 2020 and 2019

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Management's Discussion and Analysis

FINAL DRAFT

The Fresno-Kings-Madera Regional Health Authority dba CalViva Health

Management's Discussion and Analysis

As of and for the Years Ended June 30, 2020, 2019, and 2018

The Management's Discussion and Analysis of The Fresno-Kings-Madera Regional Health Authority dba CalViva Health ("CalViva" or the "Plan") is intended to provide readers and interested parties with an overview of the Plan's financial activities for the fiscal years ended June 30, 2020, 2019, and 2018. It should be reviewed in conjunction with the Plan's financial statements and accompanying notes to enhance the reader's understanding of the Plan's financial performance.

OVERVIEW OF CALVIVA'S FINANCIAL STATEMENTS

The Fresno-Kings-Madera Regional Health Authority, dba CalViva Health ("CalViva" or the "Plan") is a local governmental health insuring organization that operates in the Counties of Fresno, Kings, and Madera ("Tri-Counties"). The Boards of Supervisors for the Tri-Counties established the Fresno-Kings-Madera Regional Health Authority (the "Authority") in March 2009, in accordance with the State of California Welfare and Institutions Code (the "Code") Section 14087.38. Through the provisions of the "Joint Exercise of Powers Agreement between the Counties of Fresno, Kings, and Madera for the Joint Provision of Medi-Cal Managed Care and Other Health Services Programs" agreement, dated March 2009, and pursuant to the Code, CalViva became financially independent of Fresno, Kings, and Madera Counties. In addition, the Code provides that CalViva is a public entity, separate and apart from the Counties of Fresno, Kings, and Madera. CalViva received its Knox-Keene license from the California Department of Managed Health Care ("DMHC") on December 30, 2010, and commenced operations on March 1, 2011.

The mission and purpose of CalViva is to improve access to care and provide quality health care to families in the Fresno, Kings, and Madera County areas at the right place and the right time.

CalViva has contracted with the California Department of Health Care Services ("DHCS") to receive funding to provide health care services to the Medi-Cal eligible Tri-County area residents who are enrolled as members of CalViva under the two-plan model. The DHCS contract is effective March 1, 2011 through December 31, 2020. The DHCS contract specifies capitation rates based on a per-member, per-month basis, which may be adjusted annually. DHCS revenue is paid monthly and is based upon the contracted capitation rates and actual Medi-Cal enrollment. In addition, DHCS pays CalViva supplemental capitation rates such as a fixed maternity case rate for each eligible birth incurred by a CalViva Medi-Cal member. CalViva, in turn, provides services to Medi-Cal beneficiaries through contracts with its subcontracting entities. Further, CalViva has an administrative service agreement with Health Net Community Solutions, Inc. ("Health Net"), a wholly owned subsidiary of Centene Corporation, in which Health Net performs specific administrative functions for CalViva.

The Fresno-Kings-Madera Regional Health Authority
dba CalViva Health
Management's Discussion and Analysis
As of and for the Years Ended June 30, 2020, 2019, and 2018

On September 2, 2009, the California State Legislature ratified Assembly Bill ("AB") No. 1422 ("AB 1422"), which levies a 2.35% gross premium tax ("GPT") on all Medi-Cal capitated revenue received. The proceeds from the tax are appropriated from the Children's Health and Human Services Special Fund to the State Department of Health Care Services and the Managed Risk Medical Insurance Board for specified purposes. This provision was effective retroactively to January 1, 2009. The GPT program was concluded on June 30, 2012. In June 2013, Senate Bill ("SB") 78 extended the imposition of taxes retroactively from July 1, 2012 to June 30, 2013, and increased the tax rate to 3.9375% effective July 1, 2013 through June 30, 2016. On March 1, 2016, SB X2-2 established a new managed care organization provider tax, to be administered by DHCS, effective July 1, 2016 through July 1, 2019. The tax would be assessed by DHCS on licensed health care service plans, managed care plans contracted with DHCS to provide Medi-Cal services, and alternate health care service plans ("AHCSPP"), as defined, except as excluded by SB 78. SB 78 would establish applicable taxing tiers and per enrollee amounts for the 2016–2017, 2017–2018, and 2018–2019 fiscal years, respectively, for Medi-Cal enrollees, AHCSPP enrollees, and all other enrollees, as defined. On September 27, 2019, Assembly Bill 115 (Chapter 348, Statutes 2019) authorized DHCS to implement a modified Managed Care Organization ("MCO") tax model on specified health plans, which was approved by the federal Centers for Medicare and Medicaid Services ("CMS") on April 3, 2020. The effective date range for this approval is January 1, 2020 through December 31, 2022.

On September 8, 2010, the California State Legislature ratified AB No. 1653 ("AB 1653"), which established a Quality Assurance Fee ("QAF") program allowing additional draw down federal funding to be used for increased payments to general acute care hospitals for inpatient services rendered to Medi-Cal beneficiaries. Pursuant to the California Welfare and Institutions ("W&I") Code Section 14167.6 (a), DHCS shall increase capitation payments to Medi-Cal managed health care plans retroactive for the months of April 2009 through December 2010. Additionally, Medi-Cal managed care plans are required to adhere to the following regarding the distribution of the increased capitation rates with QAF funding: Section 14167.6 (h)(1), "Each managed health care plan shall expend 100 percent of any increased capitation payments it receives under this section, on hospital services," and Section 14167.10 (a), "Each managed health care plan receiving increased capitation payments under Section 14167.6 shall expend increased capitation payments on hospital services within 30 days of receiving the increased capitation payments." These payments were received and distributed in the manner as prescribed as a pass through to revenue. The payments did have an effect on the overall AB 1422 gross premium tax paid. In April of 2011, California approved SB 90, which extended the QAF program through June 30, 2011. SB 335, signed into law in September of 2011, extended the QAF portion of SB 90 for an additional 30 months through December 31, 2013. In October of 2013, California approved SB 239, which extended the QAF program for an additional 36 months from January 1, 2014 through December 31, 2016. In November of 2016, the voters of California passed Proposition 52, which permanently extended the QAF program.

Beginning with the July 1, 2017 rating period, DHCS implemented the following managed care Directed Payment programs: 1). Private Hospital Directed Payment ("PHDP"), 2). Designated Public Hospital Enhanced Payment Program ("EPP-FFS" and "EPP-CAP"), and 3). Designated Public Hospital Quality Incentive Pool ("QIP"). (1) For PHDP, this program provides supplemental reimbursement to participating Network Provider hospitals through uniform dollar increases for select inpatient and outpatient services based on actual utilization of qualifying services as reflected in encounter data reported to DHCS. The PHDP program was created to maintain access and improve the quality of care for Medi-Cal beneficiaries. (2) For EPP-FFS and EPP – CAP, this program provides supplemental reimbursement to Network Provider designated public hospitals through either a uniform dollar or percentage increase based on actual utilization of network contracted qualifying services.

The Fresno-Kings-Madera Regional Health Authority
dba CalViva Health
Management's Discussion and Analysis
As of and for the Years Ended June 30, 2020, 2019, and 2018

(3) For QIP, DHCS has directed the MCPs to make QIP payments to designated public hospitals and University of California hospitals which are tied to performance on designated performance metrics in four strategic categories: primary care, specialty care, inpatient care and resource utilization. The QIP payments will be linked to delivery of services and increase the amount of funding tied to quality outcomes.

Using this annual report – CalViva's financial statements consist of three statements: Statements of Net Position; Statements of Revenues, Expenses, and Changes in Net Position; and Statements of Cash Flows.

FISCAL YEAR 2020 COMPARED TO FISCAL YEARS 2019 AND 2018

On June 30, 2020, CalViva had assets of \$296.4 million and liabilities of \$187.7 million. On June 30, 2019, CalViva had assets of \$202.2 million and liabilities of \$131.9 million. The resulting net position, which represents the Plan's assets after the liabilities are deducted, increased by \$38.5 million to \$108.8 million from \$70.3 million at June 30, 2019.

On June 30, 2019, CalViva had assets of \$202.2 million and liabilities of \$131.9 million. On June 30, 2018, CalViva had assets of \$241.7 million and liabilities of \$181.9 million. The resulting net position, which represents the Plan's assets after the liabilities are deducted, increased by \$10.5 million to \$70.3 million from \$59.8 million at June 30, 2018.

On June 30, 2018, CalViva had assets of \$241.7 million and liabilities of \$181.9 million. On June 30, 2017, CalViva had assets of \$252.4 million and liabilities of \$202.8 million. The resulting net position, which represents the Plan's assets after the liabilities are deducted, increased by \$10.2 million to \$59.8 million from \$49.6 million at June 30, 2017.

ASSETS

Cash and cash equivalents – Cash and cash equivalents increased \$18.8 million from \$86.4 million at June 30, 2019, to \$105.2 million at June 30, 2020. The increase is primarily due to net cash provided by operating activities.

Cash and cash equivalents decreased \$34.7 million from \$121.1 million at June 30, 2018, to \$86.4 million at June 30, 2019. The decrease is primarily due to net cash used by operating activities and the timing of payment of year end capitation payable to Health Net and premium tax to the State of California.

Cash and cash equivalents increased \$106.9 million from \$14.2 million at June 30, 2017, to \$121.1 million at June 30, 2018. The increase is primarily due to net cash provided by operating activities and the timing of payment of year end capitation payable to Health Net.

Short-term investments – Short-term investments consist of investments with a stated maturity date of one year or less from the statement of net position date or that are expected to be used in current operations.

Short-term investments balance of \$0 at June 30, 2020 remained consistent with balance as of June 30, 2019.

The Fresno-Kings-Madera Regional Health Authority
dba CalViva Health
Management's Discussion and Analysis
As of and for the Years Ended June 30, 2020, 2019, and 2018

Short-term investments decreased \$5.0 million from \$5.0 million at June 30, 2018, to \$0 at June 30, 2019. The decrease is due to the maturity of all short-term certificates of deposit during the year ended June 30, 2019.

Short-term investments balance of \$5.0 million at June 30, 2018 remained consistent with balance as of June 30, 2017. The balance consists of short-term certificates of deposit.

Capitation receivables from the State of California – Capitation receivables from the State of California increased \$62.4 million from \$104.3 million at June 30, 2019, to \$166.7 million at June 30, 2020. The increase is primarily due to the increase in capitation rates and accrued MCO tax revenue from DHCS.

Capitation receivables from the State of California decreased \$0.4 million from \$104.7 million at June 30, 2018, to \$104.3 million at June 30, 2019. The slight decrease is primarily due to the decrease in membership and capitation rates from DHCS.

Capitation receivables from the State of California increased \$3.9 million from \$100.8 million at June 30, 2017, to \$104.7 million at June 30, 2018. The increase is primarily due to the timing of receipts of certain capitation receivables due from DHCS. Furthermore, the increase in capitation receivable is also attributable to the increase in capitation rates from DHCS.

Receivable from Health Net – Receivable from Health Net increased \$13.3 million from June 30, 2019 to June 30, 2020. The increase is attributable to capitation overpayments made to Health Net during the current fiscal year as a result of DHCS' retroactive 1.5% capitation rate reduction covering the time period of July 2019 through June 2020, noting that the overpaid amounts are due back to the Plan.

Receivable from Health Net remained a balance of \$0 as of June 30, 2019.

Receivable from Health Net decreased \$121.1 million from \$121.1 million at June 30, 2017, to \$0 at June 30, 2018. The decrease is attributable to full collection of the receivable balance from Health Net during the year ended June 30, 2018.

Other receivables – Other receivables decreased \$9,632 from \$60,213 at June 30, 2019, to \$50,581 at June 30, 2020. The decrease is primarily due to the timing of receipts of interest payments from various investment accounts.

Other receivables increased \$9,252 from \$50,961 at June 30, 2018, to \$60,213 at June 30, 2019. The increase is primarily due to the timing of receipts of interest payments from various investment accounts.

Other receivables decreased \$1,497 from \$52,458 at June 30, 2017, to \$50,961 at June 30, 2018. The decrease is primarily due to the timing of receipts of interest payments from various investment accounts.

Prepaid expenses – Prepaid expenses decreased \$39,992 from \$865,917 at June 30, 2019, to \$825,925 at June 30, 2020. The decrease is primarily due to the timing of payments for licenses, insurance, fringe benefits, and other costs that are to be charged to expense after June 30, 2020.

Prepaid expenses increased \$749,801 from \$116,116 at June 30, 2018, to \$865,917 at June 30, 2019. The increase is primarily due to the timing of payments for licenses, insurance, parking, and other costs that are to be charged to expense after June 30, 2019.

**The Fresno-Kings-Madera Regional Health Authority
dba CalViva Health
Management's Discussion and Analysis
As of and for the Years Ended June 30, 2020, 2019, and 2018**

Prepaid expenses increased \$20,436 from \$95,680 at June 30, 2017, to \$116,116 at June 30, 2018. The increase is primarily due to the timing of payments for licenses, insurance, parking, and other costs that are to be charged to expense after June 30, 2018.

Other assets – Other assets remained a balance of \$0 during the years ended June 30, 2020 and 2019.

Other assets decreased \$10,296 to \$0 from June 30, 2017 to June 30, 2018. The decrease is due to the security deposit being applied to the purchase of office furniture and equipment during the year ended June 30, 2018.

Capital assets, net of accumulated depreciation and amortization – Capital assets, net of accumulated depreciation and amortization, decreased \$288,976 from \$10.3 million at June 30, 2019, to \$10.0 million at June 30, 2020. The decrease is due to the depreciation and amortization expense of \$288,976 recorded during the year ended June 30, 2020.

Capital assets, net of accumulated depreciation and amortization, decreased \$290,288 from \$10.6 million at June 30, 2018, to \$10.3 million at June 30, 2019. The decrease is due to the depreciation and amortization expense of \$290,288 recorded during the year ended June 30, 2019.

Capital assets, net of accumulated depreciation and amortization, decreased \$229,172 from \$10.8 million at June 30, 2017, to \$10.6 million at June 30, 2018. The decrease is due to the depreciation and amortization expense of \$288,759 recorded, offset by the Plan purchasing building improvements and office equipment and furniture during the year ended June 30, 2018.

Assets restricted as to use – Restricted assets balance increased \$2,570 from \$313,824 at June 30, 2019, to \$316,394 at June 30, 2020. The increase is due to accumulated interest earned on the restricted asset investment account. The balance consists of a deposit required by DMHC to pay for member claims in the event of insolvency and is held in an investment account as of June 30, 2020 and 2019.

Restricted assets balance increased \$2,757 from \$311,067 at June 30, 2018, to \$313,824 at June 30, 2019. The increase is due to accumulated interest earned on the restricted asset investment account. The balance consists of a deposit required by DMHC to pay for member claims in the event of insolvency and is held in an investment account as of June 30, 2019 and 2018.

Restricted assets balance increased \$1,494 from \$309,573 at June 30, 2017, to \$311,067 at June 30, 2018. The increase is due to accumulated interest earned on the restricted asset investment account. The balance consists of a deposit required by DMHC to pay for member claims in the event of insolvency and is held in an investment account as of June 30, 2018 and 2017.

LIABILITIES

Capitation payable – The capitation payable balance increased \$7.1 million from \$89.0 million at June 30, 2019, to \$96.1 million at June 30, 2020. The increase is primarily due to the timing of capitation payments to the Plan's subcontracting entities for providing medical services to CalViva members. Furthermore, the increase in capitation payable is also attributable to the increase in capitation rates paid by DHCS.

**The Fresno-Kings-Madera Regional Health Authority
dba CalViva Health
Management's Discussion and Analysis
As of and for the Years Ended June 30, 2020, 2019, and 2018**

The capitation payable balance decreased \$78.0 million from \$167.0 million at June 30, 2018, to \$89.0 million at June 30, 2019. The decrease is primarily due to the timing of capitation payments to the Plan's subcontracting entities for providing medical services to CalViva members. Furthermore, the decrease in capitation payable is also attributable to the decrease in membership and capitation rates paid by DHCS.

The capitation payable balance increased \$81.2 million from \$85.8 million at June 30, 2017, to \$167.0 million at June 30, 2018. The increase is primarily due to the timing of capitation payments to the Plan's subcontracting entities for providing medical services to CalViva members. Furthermore, the increase in capitation payable is also attributable to the increase in capitation rates paid by DHCS.

Amounts due to the State of California – The amounts due to the State of California increased \$13.5 million from June 30, 2019 to June 30, 2020. The increase is a result of DHCS' 1.5% retroactive capitation rate reduction which includes the time period of July 2019 – June 2020.

The amounts due to the State of California remained a balance of \$0 during the year ended June 30, 2019.

The amounts due to the State of California decreased \$112.3 million from \$112.3 million at June 30, 2017, to \$0 at June 30, 2018. The decrease is due to full payment of the payable balance to the State of California during the year ended June 30, 2018.

Accounts payable and accrued expenses – Accounts payable and accrued expenses consist of the cost of services received in the current period for which payment has yet to be made. The accounts payable and accrued expenses balance decreased by \$0.4 million from \$4.9 million at June 30, 2019, to \$4.5 million at June 30, 2020. The decrease is primarily due to the timing of payments to nonmedical vendors.

The accounts payable and accrued expenses balance decreased by \$3.6 million from \$8.5 million at June 30, 2018, to \$4.9 million at June 30, 2019. The decrease is primarily due to the timing of payments to nonmedical vendors and to the Plan's subcontracting entity for administrative services.

The accounts payable and accrued expenses balance increased by \$4.3 million from \$4.2 million at June 30, 2017, to \$8.5 million at June 30, 2018. The increase is primarily due to the timing of payments to nonmedical vendors and to the Plan's subcontracting entity for administrative services.

Accrued salaries and benefits – The accrued salaries and benefits balance increased \$65,722 from \$356,070 at June 30, 2019, to \$421,792 at June 30, 2020. The accrued salaries and benefits balance consists of accrued payroll and accrued paid-time-off ("PTO"). The increase is primarily due to additional PTO accrued by employees and an increase in payroll expenses during fiscal year 2020.

The accrued salaries and benefits balance increased \$12,147 from \$343,923 at June 30, 2018, to \$356,070 at June 30, 2019. The accrued salaries and benefits balance consists of accrued payroll and accrued PTO. The increase is primarily due to additional PTO accrued by employees and additional employees hired during fiscal year 2019.

The accrued salaries and benefits balance increased \$91,812 from \$252,111 at June 30, 2017, to \$343,923 at June 30, 2018. The accrued salaries and benefits balance consists of accrued payroll and accrued PTO. The increase is primarily due to additional PTO accrued by employees and additional employees hired during fiscal year 2018.

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Premium tax payable – The premium tax payable balance increased \$35.1 million from \$37.4 million at June 30, 2019, to \$72.5 million at June 30, 2020. The premium tax payable balance primarily represents the gross premium tax due to the State of California as part of SB 78, which imposes a 3.9375% assessment on the Plan's premium gross revenues, and the MCO tax, which imposes a per enrollee tax amount on a per member, per month basis. The increase is primarily due to the timing of premium tax payments to the State of California.

The premium tax payable balance increased \$31.4 million from \$6.0 million at June 30, 2018, to \$37.4 million at June 30, 2019. The premium tax payable balance primarily represents the gross premium tax due to the State of California as part of SB 78, which imposed a 3.9375% assessment on the Plan's premium gross revenues, and SB X2-2, which imposes a per enrollee tax amount on a per member, per month basis. The increase is primarily due to the timing of premium tax payments to the State of California.

The premium tax payable balance increased \$6.0 million from \$0 at June 30, 2017, to \$6.0 million at June 30, 2018. The premium tax payable balance primarily represents the gross premium tax due to the State of California as part of SB 78, which imposed a 3.9375% assessment on the Plan's premium gross revenues and SB X2-2 which imposes a per enrollee tax amount on a per member, per month basis. The increase is primarily due to the timing of premium tax payments to the State of California.

Medical claims payable – The medical claims payable balance represents the estimated liability for health care expenses payable on a fee-for-service basis for which services have been performed and reported but have not yet been paid by the Plan. Medical claims payable also includes the estimated value of claims that have been incurred but not yet reported to the Plan.

The medical claims payable balance decreased \$182,726 from \$211,698 at June 30, 2019, to \$28,972 at June 30, 2020. The balance at June 30, 2020 is determined by factors such as cost of services, enrollment for providers paid on a fee-for-service basis, and the timing in the expected number of unpaid claims as of June 30, 2020.

The medical claims payable balance increased \$12,031 from \$199,667 at June 30, 2018, to \$211,698 at June 30, 2019. The balance at June 30, 2019 is determined by factors such as cost of services, enrollment for providers paid on a fee-for-service basis, and the timing in the expected number of unpaid claims as of June 30, 2019.

The medical claims payable balance increased \$20,174 from \$179,493 at June 30, 2017, to \$199,667 at June 30, 2018. The balance at June 30, 2018 is determined by factors such as cost of services, enrollment for providers paid on a fee-for-service basis, and the timing in the expected number of unpaid claims as of June 30, 2018.

Directed payment payable – During the year ended June 30, 2020, DHCS implemented the directed payment program for enhanced reimbursements to eligible and participating network hospitals for contracted services. The directed payment payable balance represents the liability for directed payments approved and paid by the DHCS for disbursements, but have not yet been paid by the Plan to the network hospitals. Directed payment payable balance was \$650,478 as of June 30, 2020.

Other liabilities – Other liabilities remained a balance of \$0 during the year ended June 30, 2020.

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Other liabilities decreased \$16,500 from \$16,500 at June 30, 2018, to \$0 at June 30, 2019. The decrease is due to the Plan applying a tenant's security deposit as rental income as a result of unpaid rent during the year ended June 30, 2019.

Other liabilities decreased \$20,000 from \$36,500 at June 30, 2017, to \$16,500 at June 30, 2018. The decrease is due to the Plan refunding the security deposit to tenant related to a lease agreement entered into during the year ended June 30, 2016.

STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION

The Statements of Revenues, Expenses, and Changes in Net Position are a presentation of the Plan's operating results for the fiscal years ended June 30, 2020, 2019, and 2018. In accordance with Governmental Accounting Standards Board ("GASB") requirements, certain significant revenues are mandated to be recorded as nonoperating revenues, including investment income. The following is a summary of the operating results for fiscal years ended June 30, 2020, 2019, and 2018.

Capitation revenue – The capitation revenue balance increased \$18.6 million from \$1,177.0 million at June 30, 2019, to \$1,195.6 million at June 30, 2020. The increase is primarily due to the increase in funding from the Voluntary Rate Range Program ("VRRP") and capitation rates from DHCS offset by a decrease in the MCO tax revenue.

The capitation revenue balance decreased \$8.2 million from \$1,185.2 million at June 30, 2018, to \$1,177.0 million at June 30, 2019. The decrease is primarily due to the decrease in membership and a decrease in capitation rates from DHCS offset by an increase in the MCO tax rate.

The capitation revenue balance increased \$49.3 million from \$1,135.9 million at June 30, 2017, to \$1,185.2 million at June 30, 2018. The increase is primarily due to the increase in premium taxes and an increase in capitation rates from DHCS.

Nonoperating revenue – The nonoperating revenue balance decreased \$1.5 million from \$2.2 million at June 30, 2019, to \$743,806 at June 30, 2020. The decrease is due to the decrease in investment income and rental income generated from lease arrangements with tenants who occupy portions of the Plan's commercial building.

The nonoperating revenue balance increased \$1.1 million from \$1.1 million at June 30, 2018, to \$2.2 million at June 30, 2019. The increase is due to the increase in investment income and rental income generated from lease arrangements with tenants who occupy portions of the Plan's commercial building.

The nonoperating revenue balance increased \$453,052 from \$639,191 at June 30, 2017, to \$1.1 million at June 30, 2018. The increase is primarily due to rental income generated from lease arrangements with tenants who occupy portions of the Plan's commercial building and the increase in investment income.

Health care expenses – Overall health care expenses consists of the capitation payment that the Plan pays to its subcontracting entities for health care services provided to CalViva members and for the direct payment of medical claims, including claims which have been incurred but not yet reported.

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Overall health care expenses increased \$48.3 million from \$987.9 million at June 30, 2019, to \$1,036.2 million at June 30, 2020. The increase is primarily due the increase in capitation rates from DHCS.

Overall health care expenses decreased \$6.3 million from \$994.2 million at June 30, 2018, to \$987.9 million at June 30, 2019. The decrease is primarily due the decrease in membership and capitation rates from DHCS.

Overall health care expenses increased \$38.3 million from \$955.9 million at June 30, 2017, to \$994.2 million at June 30, 2018. The increase is primarily due the increase in capitation rates from DHCS.

General and administrative expenses – Overall general and administrative expenses increased \$188,639 from \$55.0 million at June 30, 2019, to \$55.2 million at June 30, 2020. The slight increase is primarily attributable to the increase in expenditures related to grants, license, marketing, and salary and benefits, offset by a decrease in administrative service agreement fees. General and administrative expenses as a percentage of revenue totaled 4.6% and 4.7% for the fiscal years ended June 30, 2020 and 2019, respectively.

Overall general and administrative expenses increased \$0.1 million from \$54.9 million at June 30, 2018, to \$55.0 million at June 30, 2019. The slight increase is primarily attributable to the increase in expenditures related to grants, license, legal and professional fees, and salary and benefits, offset by a decrease in administrative service agreement fees. General and administrative expenses as a percentage of revenue totaled 4.7% and 4.6% for the fiscal years ended June 30, 2019 and 2018, respectively.

Overall general and administrative expenses increased \$2.4 million from \$52.5 million at June 30, 2017, to \$54.9 million at June 30, 2018. The increase is primarily attributable to the increase in expenditures related to grants, marketing, administrative service agreement fees, and salary and benefits. General and administrative expenses as a percentage of revenue totaled 4.6% for the fiscal years ended June 30, 2018 and 2017.

Premium tax – In 2009, AB 1422 was passed by the legislature and signed by Governor Schwarzenegger. The bill provided that Medi-Cal managed care plans would be subject to a gross premium tax (“GPT”). CalViva is required to pay 2.35% on gross Medi-Cal capitation revenues to the State of California. The GPT program concluded on June 30, 2012. In June 2013, SB 78 extended the imposition of taxes retroactively from July 1, 2012 to June 30, 2013, and increased the tax rate to 3.9375% effective July 1, 2013 through June 30, 2016. The collected taxes are matched by federal dollars and are appropriated from the Children’s Health and Human Services Special Fund to the State Department of Health Care Services and the Managed Risk Medical Insurance Board for specified purposes. The State of California calculates the gross premium tax amount in CalViva’s capitation rates; as such, the premium tax has no financial impact on the Plan.

On March 1, 2016, SB X2-2 established a new managed care organization provider tax, to be administered by DHCS, effective July 1, 2016 through July 1, 2019. The tax would be assessed by DHCS on licensed health care service plans, managed care plans contracted with DHCS to provide Medi-Cal services, and alternate health care service plans (“AHCSPP”), as defined, except as excluded by the bill. This bill would establish applicable taxing tiers and per enrollee amounts for the 2016–2017, 2017–2018, and 2018–2019 fiscal years, respectively, for Medi-Cal enrollees, AHCSPP enrollees, and all other enrollees, as defined.

**The Fresno-Kings-Madera Regional Health Authority
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As of and for the Years Ended June 30, 2020, 2019, and 2018**

On September 27, 2019, Assembly Bill 115 (Chapter 348, Statutes 2019) authorized DHCS to implement a modified Managed Care Organization ("MCO") tax model on specified health plans, which was approved by the federal Centers for Medicare and Medicaid Services ("CMS") on April 3, 2020. The effective date range for this approval is January 1, 2020 through December 31, 2022. The premium tax recorded was \$66.5 million, \$125.9 million, and \$127.0 million for the fiscal years ended June 30, 2020, 2019, and 2018, respectively.

FINAL DRAFT

Report of Independent Auditors

To the Commissioners
The Fresno-Kings-Madera Regional Authority
dba CalViva Health

Report on the Financial Statements

We have audited the accompanying financial statements of The Fresno-Kings-Madera Regional Authority dba CalViva Health (“CalViva” or the “Plan”), which comprise the statements of net position as of June 30, 2020 and 2019, and the related statements of revenues, expenses, and changes in net position, and cash flows for the years then ended, and the related notes to the financial statements.

Management’s Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the California Code of Regulations, Title 2, Section 1131.2, State Controller’s *Minimum Audit Requirements* for California Special Districts. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Fresno-Kings-Madera Regional Authority dba CalViva Health as of June 30, 2020 and 2019, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

The Management's Discussion and Analysis on pages 1 through 10 are not a required part of the basic financial statements but are supplementary information required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the financial statements in an appropriate operational, economic, or historical context. This supplementary information is the responsibility of CalViva's management. We have applied certain limited procedures in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the financial statements, and other knowledge we obtained during our audit of the financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

San Francisco, California
[REDACTED], 2020

FINAL DRAFT

Financial Statements

FINAL DRAFT

The Fresno-Kings-Madera Regional Health Authority
dba CalViva Health
Statements of Net Position
June 30, 2020 and 2019

| | <u>2020</u> | <u>2019</u> |
|---|-----------------------|-----------------------|
| ASSETS | | |
| CURRENT ASSETS | | |
| Cash and cash equivalents | \$ 105,175,419 | \$ 86,386,767 |
| Capitation receivables from the State of California | 166,747,406 | 104,260,745 |
| Receivable from Health Net | 13,338,543 | - |
| Other receivables | 50,581 | 60,213 |
| Prepaid expenses | 825,925 | 865,917 |
| | <u>286,137,874</u> | <u>191,573,642</u> |
| TOTAL CURRENT ASSETS | | |
| | 286,137,874 | 191,573,642 |
| CAPITAL ASSETS | | |
| Nondepreciable | 3,161,419 | 3,161,419 |
| Depreciable, net of accumulated depreciation and amortization | 6,824,229 | 7,113,205 |
| | <u>9,985,648</u> | <u>10,274,624</u> |
| TOTAL CAPITAL ASSETS | | |
| | 9,985,648 | 10,274,624 |
| ASSETS RESTRICTED AS TO USE | | |
| | <u>316,394</u> | <u>313,824</u> |
| TOTAL ASSETS | | |
| | <u>\$ 296,439,916</u> | <u>\$ 202,162,090</u> |
| LIABILITIES | | |
| CURRENT LIABILITIES | | |
| Capitation payable | \$ 96,118,431 | \$ 89,000,146 |
| Amounts due to the State of California | 13,541,667 | - |
| Accounts payable and accrued expenses | 4,461,821 | 4,880,858 |
| Accrued salaries and benefits | 421,792 | 356,070 |
| Premium tax payable | 72,459,360 | 37,429,071 |
| Medical claims payable | 28,972 | 211,698 |
| Directed payment payable | 650,478 | - |
| | <u>\$ 187,682,521</u> | <u>\$ 131,877,843</u> |
| TOTAL CURRENT LIABILITIES | | |
| | \$ 187,682,521 | \$ 131,877,843 |
| NET POSITION | | |
| Invested in capital assets | \$ 9,985,648 | \$ 10,274,624 |
| Restricted by legislative authority | 316,394 | 313,824 |
| Unrestricted | 98,455,353 | 59,695,799 |
| | <u>\$ 108,757,395</u> | <u>\$ 70,284,247</u> |
| TOTAL NET POSITION | | |
| | \$ 108,757,395 | \$ 70,284,247 |

**The Fresno-Kings-Madera Regional Health Authority
dba CalViva Health**
Statements of Revenues, Expenses, and Changes in Net Position
Years Ended June 30, 2020 and 2019

| | <u>2020</u> | <u>2019</u> |
|---|-----------------------|----------------------|
| OPERATING REVENUES | | |
| Capitation revenue | \$ 1,195,614,009 | \$ 1,177,025,681 |
| OPERATING EXPENSES | | |
| Health care expenses | | |
| Capitation expense | 1,033,815,747 | 985,159,138 |
| Medical expense | <u>2,396,561</u> | <u>2,789,038</u> |
| Total health care expenses | 1,036,212,308 | 987,948,176 |
| General and administrative | | |
| Administrative service fees | 46,868,019 | 47,572,921 |
| Other expense | 3,694,629 | 3,186,230 |
| Salaries and benefits | 3,111,247 | 2,987,077 |
| Marketing and promotion | 981,495 | 716,004 |
| Depreciation and amortization | 288,976 | 290,288 |
| Legal and professional | 227,457 | 231,264 |
| Rent expense | <u>2,700</u> | <u>2,100</u> |
| Total general and administrative | <u>55,174,523</u> | <u>54,985,884</u> |
| Premium tax | <u>66,497,836</u> | <u>125,872,072</u> |
| Total operating expenses | <u>1,157,884,667</u> | <u>1,168,806,132</u> |
| INCOME FROM OPERATIONS | 37,729,342 | 8,219,549 |
| NONOPERATING REVENUE | | |
| Other income | 498,912 | 662,557 |
| Interest income | <u>244,894</u> | <u>1,581,940</u> |
| Total nonoperating revenue | 743,806 | 2,244,497 |
| CHANGE IN NET POSITION | 38,473,148 | 10,464,046 |
| NET POSITION , beginning of the year | <u>70,284,247</u> | <u>59,820,201</u> |
| NET POSITION , end of the year | <u>\$ 108,757,395</u> | <u>\$ 70,284,247</u> |

The Fresno-Kings-Madera Regional Health Authority
dba CalViva Health
Statements of Cash Flows
Years Ended June 30, 2020 and 2019

| | <u>2020</u> | <u>2019</u> |
|--|-----------------------|------------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | |
| Premiums received | \$1,119,788,805 | \$1,177,429,514 |
| Health care expenses paid | (1,015,084,604) | (1,065,892,650) |
| Administrative expenses paid | (86,656,785) | (153,453,154) |
| | <u>18,047,416</u> | <u>(41,916,290)</u> |
| CASH FLOWS FROM NONCAPITAL FINANCING AND RELATED ACTIVITIES | | |
| Rental payments received | 498,912 | 662,557 |
| | <u>498,912</u> | <u>662,557</u> |
| CASH FLOWS FROM INVESTING ACTIVITIES | | |
| Proceeds from sale of investments | - | 4,998,007 |
| Interest collection on investments | 242,324 | 1,579,183 |
| | <u>242,324</u> | <u>6,577,190</u> |
| Net cash provided by investing activities | 242,324 | 6,577,190 |
| Net increase (decrease) in cash and cash equivalents | 18,788,652 | (34,676,543) |
| CASH AND CASH EQUIVALENTS, beginning of year | <u>86,386,767</u> | <u>121,063,310</u> |
| CASH AND CASH EQUIVALENTS, end of year | <u>\$ 105,175,419</u> | <u>\$ 86,386,767</u> |
| RECONCILIATION OF INCOME FROM OPERATIONS TO NET CASH FROM OPERATING ACTIVITIES | | |
| Income from operations | \$ 37,729,342 | \$ 8,219,549 |
| ADJUSTMENTS TO RECONCILE INCOME FROM OPERATIONS TO NET CASH FROM OPERATING ACTIVITIES | | |
| Depreciation and amortization | 288,976 | 290,288 |
| Changes in assets and liabilities | | |
| Capitation receivables from the State of California | (62,486,661) | 403,833 |
| Receivable from Health Net | (13,338,543) | - |
| Other receivables | 9,632 | (9,252) |
| Prepaid expenses | 39,992 | (749,801) |
| Capitation payable | 7,118,285 | (77,956,505) |
| Amounts due to the State of California | 13,541,667 | - |
| Accounts payable and accrued expenses | (419,037) | (3,589,296) |
| Accrued salaries and benefits | 65,722 | 12,147 |
| Premium tax payable | 35,030,289 | 31,467,216 |
| Medical claims payable | (182,726) | 12,031 |
| Directed payment payable | 650,478 | - |
| Other liabilities | - | (16,500) |
| | <u>-</u> | <u>(16,500)</u> |
| Net cash provided by (used in) operating activities | <u>\$ 18,047,416</u> | <u>\$ (41,916,290)</u> |

**The Fresno-Kings-Madera Regional Health Authority
dba CalViva Health
Notes to Financial Statements**

NOTE 1 – ORGANIZATION

The Fresno-Kings-Madera Regional Health Authority dba CalViva Health (“CalViva” or the “Plan”) is a local governmental health insuring organization that operates in the Counties of Fresno, Kings, and Madera (“Tri-Counties”). The Boards of Supervisors for the Tri-Counties established the Fresno-Kings-Madera Regional Health Authority (the “Authority”) in March 2009, in accordance with the State of California Welfare and Institutions Code (the “Code”) Section 14087.38. Through the provisions of the “Joint Exercise of Powers Agreement between the Counties of Fresno, Kings, and Madera for the Joint Provision of Medi-Cal Managed Care and Other Health Services Programs” agreement, dated March 2009, and pursuant to the Code, CalViva became financially independent of Fresno, Kings, and Madera Counties. In addition, the Code provides that CalViva is a public entity, separate and apart from the Counties of Fresno, Kings, and Madera. CalViva received its Knox-Keene license from the California Department of Managed Health Care (“DMHC”) on December 30, 2010, and commenced operations on March 1, 2011.

The mission and purpose of CalViva is to improve access to care and provide quality health care to families in the Fresno, Kings, and Madera County areas at the right place and the right time.

CalViva has contracted with the California Department of Health Care Services (“DHCS”) to receive funding to provide health care services to the Medi-Cal eligible Tri-County area residents who are enrolled as members of CalViva under the two-plan model. The DHCS contract is effective March 1, 2011 through December 31, 2020. The DHCS contract specifies capitation rates based on a per-member, per-month basis, which may be adjusted annually. DHCS revenue is paid monthly and is based upon the contracted capitation rates and actual Medi-Cal enrollment. In addition, DHCS pays CalViva supplemental capitation rates such as a fixed maternity case rate for each eligible birth incurred by a CalViva Medi-Cal member. CalViva, in turn, provides services to Medi-Cal beneficiaries through contracts with its subcontracting entities. Further, CalViva has an administrative service agreement with Health Net Community Solutions, Inc. (“Health Net”), a wholly owned subsidiary of Centene Corporation, in which Health Net performs specific administrative functions for CalViva.

On September 2, 2009, the California State Legislature ratified Assembly Bill (“AB”) No. 1422 (“AB 1422”), which levies a 2.35% gross premium tax (“GPT”) on all Medi-Cal capitated revenue received. The proceeds from the tax are appropriated from the Children’s Health and Human Services Special Fund to the State Department of Health Care Services and the Managed Risk Medical Insurance Board for specified purposes. This provision was effective retroactively to January 1, 2009. The GPT program concluded on June 30, 2012. In June 2013, Senate Bill (“SB”) 78 extended the imposition of taxes retroactively from July 1, 2012 to June 30, 2013, and increased the tax rate to 3.9375% effective July 1, 2013 through June 30, 2016. On March 1, 2016, SB X2-2 established a new managed care organization provider tax, to be administered by DHCS, effective July 1, 2016 through July 1, 2019. The tax would be assessed by DHCS on licensed health care service plans, managed care plans contracted with DHCS to provide Medi-Cal services, and alternate health care service plans (“AHCSP”), as defined, except as excluded by SB 78. SB 78 would establish applicable taxing tiers and per enrollee amounts for the 2016–2017, 2017–2018, and 2018–2019 fiscal years, for Medi-Cal enrollees, AHCSP enrollees, and all other enrollees, as defined. On September 27, 2019, Assembly Bill 115 (Chapter 348, Statutes 2019) authorized DHCS to implement a modified Managed Care Organization (“MCO”) tax model on specified health plans, which was approved by the federal Centers for Medicare & Medicaid Services (“CMS”) on April 3, 2020. The effective date range for this approval is January 1, 2020 through December 31, 2022.

The Fresno-Kings-Madera Regional Health Authority

dba CalViva Health

Notes to Financial Statements

On September 8, 2010, the California State Legislature ratified AB No. 1653 ("AB 1653"), which established a Quality Assurance Fee ("QAF") program allowing additional draw down federal funding to be used for increased payments to general acute care hospitals for inpatient services rendered to Medi-Cal beneficiaries. Pursuant to the California Welfare and Institutions ("W&I") Code Section 14167.6 (a), DHCS shall increase capitation payments to Medi-Cal managed health care plans retroactive for the months of April 2009 through December 2010. Additionally, Medi-Cal managed care plans are required to adhere to the following regarding the distribution of the increased capitation rates with QAF funding: Section 14167.6 (h)(1), "Each managed health care plan shall expend 100 percent of any increased capitation payments it receives under this section, on hospital services," and Section 14167.10 (a), "Each managed health care plan receiving increased capitation payments under Section 14167.6 shall expend increased capitation payments on hospital services within 30 days of receiving the increased capitation payments." These payments were received and distributed in the manner as prescribed as a pass through to revenue. The payments did have an effect on the overall AB 1422 gross premium tax paid. In April of 2011, California approved SB 90, which extended the QAF program through June 30, 2011. SB 335, signed into law in September of 2011, extended the QAF portion of SB 90 for an additional 30 months through December 31, 2013. In October of 2013, California approved SB 239, which extended the QAF program for an additional 36 months from January 1, 2014 through December 31, 2016. In November of 2016, the voters of California passed Proposition 52, which permanently extended the QAF program.

Beginning with July 1, 2017 rating period, DHCS implemented the following managed care Directed Payment programs: 1). Private Hospital Directed Payment ("PHDP"), 2). Designated Public Hospital Enhanced Payment Program ("EPP-FFS" and "EPP-CAP"), and 3). Designated Public Hospital Quality Incentive Pool ("QIP"). (1) For PHDP, this program provides supplemental reimbursement to participating Network Provider hospitals through uniform dollar increases for select inpatient and outpatient services based on actual utilization of qualifying services as reflected in encounter data reported to DHCS. The PHDP program was created to maintain access and improve the quality of care for Medi-Cal beneficiaries. (2) For EPP-FFS and EPP – CAP, this program provides supplemental reimbursement to Network Provider designated public hospitals through either a uniform dollar or percentage increase based on actual utilization of network contracted qualifying services. (3) For QIP, DHCS has directed the MCPs to make QIP payments to designated public hospitals and University of California hospitals which are tied to performance on designated performance metrics in four strategic categories: primary care, specialty care, inpatient care and resource utilization. The QIP payments will be linked to delivery of services and increase the amount of funding tied to quality outcomes.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Accounting standards – Pursuant to Governmental Accounting Standards Board ("GASB") Statement No. 62, *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements*, the Plan's proprietary fund accounting and financial reporting practices are based on all applicable GASB pronouncements, as well as codified pronouncements issued on or before November 30, 1989, and the California Code of Regulations, Title 2, Section 1131, State Controller's *Minimum Audit Requirements* for California Special Districts, and the State Controller's Office prescribed reporting guidelines.

Proprietary fund accounting – The Plan utilizes the proprietary fund method of accounting whereby revenues and expenses are recognized on the accrual basis and financial statements are prepared using the economic resources measurement focus.

The Fresno-Kings-Madera Regional Health Authority
dba CalViva Health
Notes to Financial Statements

Use of estimates – The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Significant estimates used in preparing the financial statements include capitation receivables, liability for incurred but not reported claims expense, and useful lives of capital assets.

Risks and uncertainties – The Plan’s business could be impacted by external price pressure on new and renewal business, additional competitors entering the Plan’s markets, federal and state legislation, and governmental licensing regulations of Health Maintenance Organizations (“HMOs”) and insurance companies. External influences in these areas could have the potential to adversely impact the Plan’s operations in the future.

Income taxes – The Plan operates under the purview of the Internal Revenue Code (“IRC”), Section 501(a) and corresponding California Revenue and Taxation Code provisions. As such, the Plan is not subject to federal or state income taxes.

Cash and cash equivalents – Cash and cash equivalents consist of demand deposits and other short-term, highly liquid securities with original maturities of three months or less. The Plan has short-term, highly liquid securities with California Investment Trust (“CalTRUST”). The Plan is a voluntary participant in the CalTRUST. CalTRUST is a Joint Powers Authority created by public agencies under the California Government Code to provide public agencies with consolidated investment activities. CalTRUST has five pools: government fund, money market fund, medium-term fund, short-term fund and liquidity fund. The Plan had investments in the short-term fund of \$27,211,392 and \$34,162,638 as of June 30, 2020 and 2019, respectively, with Standard and Poor’s rating of AAf as of June 30, 2020 and 2019. The Plan also had investments in the liquidity fund of \$6,001,528 as of June 30, 2020, with Standard and Poor’s rating of AAAm as of June 30, 2020. Amounts that may be withdrawn from the funds are based on the net asset value per share and the number of shares held by participants in each pool.

Concentration of risk – Financial instruments potentially subjecting the Plan to concentrations of risk consist primarily of bank demand deposits in excess of Federal Deposit Insurance Corporation (“FDIC”) insurance thresholds. The Plan believes no significant concentration of credit risk exists with these cash accounts.

The Plan is highly dependent upon the State of California for its revenues. All capitation receivable and capitation revenues are from the State of California. Loss of the contracts with the State of California due to nonrenewal or legislative decisions that impact program funding or result in discontinuation could materially affect the financial position of the Plan.

The Plan has a contract with Health Net whereby Health Net provides virtually all administrative services vital to the Plan’s successful daily operation. In addition, the Plan has a capitation agreement with Health Net whereby the Plan utilizes Health Net’s network of contracted providers to furnish care for most of the Plan’s members. The inability of Health Net to meet its obligations under these contracts could significantly impact the Plan’s ability to operate in the short term until alternative arrangements could be made.

The Fresno-Kings-Madera Regional Health Authority

dba CalViva Health

Notes to Financial Statements

Capital assets – Capital assets are recorded at cost. The capitalization threshold of such assets is \$3,000. Depreciation of capital assets is based on the straight-line method over the estimated useful lives of the assets, estimated to be three to thirty years. Expenditures for maintenance and repairs are expensed as incurred. Major improvements that increase the estimated useful life of an asset are capitalized.

The Plan evaluates prominent events or changes in circumstances affecting capital assets to determine whether impairment of a capital asset has occurred. Impairment losses on capital assets are measured using the method that best reflects the diminished service utility of the capital asset.

Assets restricted as to use – The Plan is required by the DMHC to restrict cash having a fair value of at least \$300,000 for the payment of member claims in the event of its insolvency. The amount recorded was \$316,394 and \$313,824 at June 30, 2020 and 2019, respectively. Restricted cash is comprised of certificates of deposit and is stated at fair value.

Medical claims payable – Medical claims payable balance of \$28,972 and \$211,698 at June 30, 2020 and 2019, respectively, represents the estimated liability for health care expenses payable on a fee-for-service basis for which services have been performed but have not yet been paid by the Plan. Medical claims payable also includes the estimated value of claims that have been incurred but not yet reported to the Plan. The balances at June 30, 2020 and 2019, were determined by factors such as cost of services and enrollment for providers paid on a fee-for-service basis.

Net position – Net position is classified as invested in capital assets and restricted or unrestricted net position. Invested in capital assets represents investments in land, building, furniture and fixtures, and computer equipment and software, net of depreciation and amortization. Restricted net position is noncapital assets that must be used for a particular purpose, as specified by state regulatory agency, grantors, or contributors external to the Plan. Unrestricted net position consists of net position that does not meet the definition of invested in capital assets or restricted net position.

Operating revenues and expenses – The Plan's statements of revenues, expenses, and changes in net position distinguish between operating and nonoperating revenues and expenses. The primary operating revenue is derived from capitation in support of providing health care services to its members. Operating expenses are all expenses incurred to provide such health care services. Nonoperating revenues and expenses consist of those revenues and expenses that are related to investing and financing activities.

Capitation revenue – Capitation revenue is recognized as revenue in the month the beneficiary is eligible for Medi-Cal services. The State of California pays the Plan capitation revenue on a monthly basis based on initial membership, which is adjusted monthly for retroactivity. These estimates are continually reviewed, and adjustments to the estimates are reflected currently in the statements of revenues, expenses, and changes in net position. Eligibility of beneficiaries is determined by the Fresno County Department of Social Services, the Madera County Department of Social Services, and the Kings County Human Services Agency, and validated by the State of California. The State of California provides the Plan the validated monthly eligibility file of program beneficiaries who are continuing, newly added, or terminated from the program in support of capitation revenue for the respective month.

The Fresno-Kings-Madera Regional Health Authority
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Premium deficiencies – The Plan performs periodic analyses of its expected future medical expenses and maintenance costs to determine whether such costs will exceed anticipated future revenues under its contracts. Should expected costs exceed anticipated revenues, a premium deficiency reserve is recorded. Management determined that no premium deficiency reserves were needed at June 30, 2020 or 2019.

Capitation expense and medical expenses – CalViva contracts with providers to furnish health care services to enrolled members. The expenses related to these provisions for covered services to enrolled CalViva members are recognized on an accrual basis.

Premium tax – The Plan paid the State of California a gross premium tax (“AB 1422”), which was levied in September 2009 pursuant to Section 28 of Article XIII of the California Constitution and is effective retroactively from January 1, 2009 to June 30, 2012. The payment amount is determined by multiplying the Plan’s capitation revenue by 2.35%. In June 2013, Senate Bill (“SB”) 78 extended the imposition of taxes retroactively from July 1, 2012 to June 30, 2013, and increased the tax rate to 3.9375% effective July 1, 2013 through June 30, 2016. On March 1, 2016, SB X2-2 established a new managed care organization provider tax, to be administered by DHCS, effective July 1, 2016 through July 1, 2019. The tax would be assessed by DHCS on licensed health care service plans, managed care plans contracted with DHCS to provide Medi-Cal services, and alternate health care service plans, as defined, except as excluded by SB 78. SB 78 would establish applicable taxing tiers and per enrollee amounts for the 2016–2017, 2017–2018, and 2018–2019 fiscal years, respectively, for Medi-Cal enrollees, AHCSP enrollees, and all other enrollees, as defined. On September 2019, Assembly Bill 115 authorized DHCS to implement a modified Managed Care Organization (“MCO”) tax model on specified health plans. The effective date range for this approval is January 1, 2020 through December 31, 2022. The premium tax equaled \$66,497,836 and \$125,872,072 for the years ended June 30, 2020 and 2019, respectively. Premium tax is recognized in the period the related capitation revenue is recognized.

Insurance coverage – The Plan maintains its general liability insurance coverage through outside insurers in the form of “claims-made” policies. Should the “claims-made” policies not be renewed or replaced with equivalent insurance, claims related to the occurrences during the term of the “claims-made” policies but reported subsequent to the termination of the insurance contract may be uninsured.

New accounting pronouncements – In January 2017, the GASB issued Statement No. 84, *Fiduciary Activities* (“GASB 84”), which is effective for financial statements for periods beginning after December 15, 2018. GASB 84 establishes criteria for identifying fiduciary activities of all state and local governments and clarifies whether and how business-type activities should report their fiduciary activities. Further, GASB 84 provides that governments should report activities meeting certain criteria in a fiduciary fund in the basic financial statements and present a statement of fiduciary net position and a statement of changes in fiduciary net position. In June 2020, the GASB issued Statement No. 97, *Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans* (“GASB 97”), which is an amendment of GASB 84. In May 2020, the GASB issued Statement No. 95, *Postponement of the Effective Dates of Certain Authoritative Guidance* (“GASB 95”), which extends the effective date of GASB 84 to reporting periods beginning after December 15, 2019. The Plan is reviewing the impact of the adoption of GASB 84 for the fiscal year ending 2021.

The Fresno-Kings-Madera Regional Health Authority
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In June 2017, the GASB issued GASB Statement No. 87, *Leases* (“GASB 87”), which is effective for financial statements for periods beginning after December 15, 2019. GASB 87 is meant to better meet the information needs of financial statement users by improving accounting and financial reporting for leases by governments. GASB 87 increases the usefulness of governments’ financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under GASB 87, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources, thereby enhancing the relevance and consistency of information about governments’ leasing activities. In May 2020, the GASB issued Statement No. 95, *Postponement of the Effective Dates of Certain Authoritative Guidance* (“GASB 95”), which extends the effective date of GASB 87 to fiscal years beginning after June 15, 2021, and all reporting periods thereafter. The Plan is reviewing the impact on the application of GASB 87 for the fiscal year 2022.

NOTE 3 – INVESTMENTS

The Plan held investments as of June 30, 2020 and 2019, as follows:

| | <u>2020</u> | <u>2019</u> |
|-----------------------------|-------------------|-------------------|
| Assets restricted as to use | \$ 316,394 | \$ 313,824 |
| | <u>\$ 316,394</u> | <u>\$ 313,824</u> |

Investments authorized by The Plan’s investment policy – Investments may only be made as authorized by the Plan’s investment policy. The objective of the policy is to ensure the Plan’s funds are prudently invested to preserve capital and provide necessary liquidity.

Custodial credit risk – Custodial credit risk for deposits is the risk that, in the event of the failure of a depository financial institution, an entity will not be able to recover its deposits or will not be able to recover collateral securities that are in the possession of an outside party. The custodial credit risk for investments is the risk that, in the event of the failure of the counterparty (e.g., broker-dealer) to a transaction, an entity will not be able to recover the value of its investment or collateral securities that are in the possession of another party. The California Government Code requires that a financial institution secure deposits made by state or local governmental units by pledging securities in an undivided collateral pool held by a depository regulated under state law (unless so waived by the governmental unit).

As of June 30, 2020 and 2019, none of the Plan’s deposits with financial institutions in excess of federal depository insurance limits were held in uncollateralized accounts and none of the Plan’s investments were subject to custodial credit risk.

The Fresno-Kings-Madera Regional Health Authority
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Interest rate risk – Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. The Plan did not have any investments that were considered highly sensitive to changes in interest rates as of June 30, 2020 and 2019.

Information about the sensitivity of the fair values of the Plan’s investments to market interest rate fluctuations is provided by the following table that shows the distribution of the Plan’s investments by maturity:

| | Remaining maturity (in months) as of June 30, 2020 | | | |
|--------------------------------------|---|--------------------------|------------------------|------------------------|
| | Total | 12 months or less | 13 to 24 months | 25 to 60 months |
| Certificates of deposit - restricted | \$ 316,394 | \$ 316,394 | \$ - | \$ - |
| Total | <u>\$ 316,394</u> | <u>\$ 316,394</u> | <u>\$ -</u> | <u>\$ -</u> |
| | | | | |
| | Remaining maturity (in months) as of June 30, 2019 | | | |
| | Total | 12 months or less | 13 to 24 months | 25 to 60 months |
| Certificates of deposit - restricted | 313,824 | - | \$ 313,824 | - |
| Total | <u>\$ 313,824</u> | <u>\$ -</u> | <u>\$ 313,824</u> | <u>\$ -</u> |

Credit risk – Generally, credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization. Investments made by the Plan are not rated by Standard & Poor’s, but are fully FDIC insured.

Concentration of credit risk – The investment policy of the Plan contains no limitation on the amount that can be invested in any one issuer beyond that stipulated by the California Government Code. More than 5% of the Plan’s investments are in certificates of deposit issued by the United Security Bank and the Pacific Premier Bank as of June 30, 2020 and 2019. These investments were 83.60% and 16.40%, respectively, of the Plan’s total investments as of June 30, 2020. They were 83.53% and 16.47%, respectively, of the Plan’s total investments as of June 30, 2019.

**The Fresno-Kings-Madera Regional Health Authority
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Notes to Financial Statements**

NOTE 4 – CAPITAL ASSETS

A summary of changes in capital assets for the years ended June 30, 2020 and 2019, is as follows:

| | <u>Balance at July 1, 2019</u> | <u>Additions</u> | <u>Retirements</u> | <u>Balance at June 30, 2020</u> |
|---|------------------------------------|---------------------|--------------------|-------------------------------------|
| Land | \$ 3,161,419 | \$ - | \$ - | \$ 3,161,419 |
| Building | 7,908,514 | - | - | 7,908,514 |
| Furnitures and fixtures | 219,213 | - | - | 219,213 |
| Computer equipment and software | 40,028 | - | - | 40,028 |
| Total assets | 11,329,174 | - | - | 11,329,174 |
| Less: depreciation expense and accumulated depreciation related to retirements | <u>(1,054,550)</u> | <u>(288,976)</u> | <u>-</u> | <u>(1,343,526)</u> |
| Net capital assets | <u>\$ 10,274,624</u> | <u>\$ (288,976)</u> | <u>\$ -</u> | <u>\$ 9,985,648</u> |

| | <u>Balance at July 1, 2018</u> | <u>Additions</u> | <u>Retirements</u> | <u>Balance at June 30, 2019</u> |
|---|------------------------------------|---------------------|--------------------|-------------------------------------|
| Land | \$ 3,161,419 | \$ - | \$ - | \$ 3,161,419 |
| Building | 7,908,514 | - | - | 7,908,514 |
| Furnitures and fixtures | 219,213 | - | - | 219,213 |
| Computer equipment and software | 40,028 | - | - | 40,028 |
| Total assets | 11,329,174 | - | - | 11,329,174 |
| Less: depreciation expense and accumulated depreciation related to retirements | <u>(764,262)</u> | <u>(290,288)</u> | <u>-</u> | <u>(1,054,550)</u> |
| Net capital assets | <u>\$ 10,564,912</u> | <u>\$ (290,288)</u> | <u>\$ -</u> | <u>\$ 10,274,624</u> |

NOTE 5 – CAPITATION RECEIVABLE FROM THE STATE OF CALIFORNIA

CalViva receives capitation from the State of California based upon the monthly capitation rate of each aid code (Medi-Cal category of eligibility). The State of California makes monthly payments based on actual members for the current month and retroactive adjustments related to prior months. The capitation receivable represents amounts due from the State of California under the Medi-Cal program. CalViva had capitation receivable of \$166,747,406 and \$104,260,745 due from the State of California as of June 30, 2020 and 2019, respectively.

NOTE 6 – RECEIVABLE FROM HEALTH NET

CalViva pays capitation to Health Net based upon payments CalViva actually receives from DHCS. As part of the California state budget for state fiscal year 2020-2021, DHCS has implemented a 1.5% retroactive capitation rate reduction which includes the time period of July 2019 through June 2020. This has resulted in CalViva needing to recoup from Health Net a portion of the capitation payments it previously overpaid to Health Net. The Plan recorded a receivable from Health Net of \$13,338,543 as of June 30, 2020.

The Fresno-Kings-Madera Regional Health Authority
dba CalViva Health
Notes to Financial Statements

NOTE 7 – CAPITATION PAYABLE

CalViva contracts with providers to furnish certain health care services to enrolled members. The cost of health care services provided or contracted for is accrued in the period in which it is provided to an enrolled member. The Plan recorded capitation payable of \$96,118,431 and \$89,000,146 as of June 30, 2020 and 2019, respectively.

NOTE 8 – AMOUNTS DUE TO THE STATE OF CALIFORNIA

The current managed care rates for the period of July 1, 2019 through December 31, 2020, were developed prior to the COVID-19 pandemic, coupled with the state Governor's order to postpone nonessential medical services, DHCS anticipated lower costs and utilization for this period. As a result, DHCS implemented a 1.5% capitation rate reduction, and is seeking recoupment of funds previously paid in excess of the reduced rates. CalViva recorded amounts due to the State of California of \$13,541,667 as of June 30, 2020.

NOTE 9 – DIRECTED PAYMENT PAYABLE

CalViva is under the direction of the DHCS to implement the directed payment program for enhanced reimbursements to eligible and participating network hospitals for qualifying contracted services. Directed payment payable balance of \$650,478 as of June 30, 2020, represents the liability for directed payments approved and paid by the DHCS for disbursements but have not yet been paid by the Plan to the network hospitals.

NOTE 10 – RETIREMENT AND DEFERRED COMPENSATION PLANS

Retirement plan – Effective January 1, 2010, the Plan established a defined contribution money purchase pension plan, 401(a), for certain of its executive employees. The contribution requirement is established by the Plan. Employees do not make contributions to the Plan. The Plan's contributions to the retirement plan totaled \$54,150 and \$47,878 for the years ended June 30, 2020 and 2019, respectively.

Deferred compensation plan – The Plan offers its employees a deferred compensation plan created in accordance with IRC Section 457. The deferred compensation plan is available to all employees and permits them to defer a portion of their salary. An employer match is also provided and is vested at the rate of 33% per year. The Plan's contributions to the deferred compensation plan totaled \$170,031 and \$161,043 for the years ended June 30, 2020 and 2019, respectively.

NOTE 11 – OPERATING LEASE

CalViva leases a portion of the building it owns under a standard commercial tenant lease, beginning with CalViva's date of ownership on December 1, 2015. One of the leases expired in October 2019. Revenue from the lease arrangement was \$498,912 and \$662,557 for the years ended June 30, 2020 and 2019, respectively, and is included in other income in the statements of revenues, expenses, and changes in net position.

The Fresno-Kings-Madera Regional Health Authority
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Notes to Financial Statements

Following is a schedule by year of future minimum lease income under operating leases as of June 30, 2020:

Year Ending June 30,

| | | |
|------------|----|------------------|
| 2021 | \$ | 723,777 |
| 2022 | | 736,977 |
| 2023 | | 583,225 |
| 2024 | | 589,102 |
| 2025 | | 229,660 |
| Thereafter | | 82,566 |
| | | <u>2,945,307</u> |
| | \$ | <u>2,945,307</u> |

NOTE 12 – TANGIBLE NET EQUITY

As a limited license plan under the Knox-Keene Health Care Services Plan Act of 1975, the Plan is required to maintain a minimum level of tangible net equity. The required tangible net equity was \$13,456,140 and \$13,270,257 at June 30, 2020 and 2019, respectively. The Plan's tangible net equity was \$108,757,395 and \$70,284,247 at June 30, 2020 and 2019, respectively.

NOTE 13 – RISK MANAGEMENT

The Plan is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; business interruptions; errors and omissions; employee injuries and illness; natural disasters; and employee health, dental, and accident benefits. The Plan carries commercial insurance for claims arising from such matters, and no settled claims have ever exceeded the Plan's commercial coverage.

NOTE 14 – COMMITMENTS AND CONTINGENCIES

Equipment lease – CalViva leases various equipment under noncancelable operating leases expiring at various dates through December 19, 2020. Equipment related rent expense, included in the accompanying statements of revenues, expenses, and changes in net position as other expense, totaled \$7,420 and \$6,779 for the years ended June 30, 2020 and 2019, respectively.

Litigation – In the ordinary course of business, the Plan is a party to claims and legal actions by enrollees, providers, and others. After consulting with legal counsel, the Plan's management is of the opinion that any liability that may ultimately be incurred as a result of claims or legal actions will not have a material effect on the financial position or results of operations of the Plan.

NOTE 15 – HEALTH CARE REFORM

The Patient Protection and Affordable Care Act (“PPACA”) allowed for the expansion of Medicaid members in the State of California. Any further federal or state changes in eligibility requirements or federal and state funding could have an impact on the Plan. With the changes in the executive branch, the future of PPACA and impact of future changes in Medi-Cal to the Plan is uncertain at this time.

FINAL DRAFT

FINAL DRAFT

*Communication with
Those Charged with Governance*

**The Fresno-Kings-Madera
Regional Health Authority
dba CalViva Health**

June 30, 2020

Communication with Those Charged with Governance

To the Commissioners
The Fresno-Kings-Madera Regional Health Authority
dba CalViva Health

We have audited the financial statements of The Fresno-Kings-Madera Regional Health Authority dba CalViva Health (“CalViva” or the “Plan”) as of and for the year ended June 30, 2020, and have issued our report thereon dated [REDACTED], 2020. Professional standards require that we provide you with the following information related to our audit.

Our Responsibility Under Auditing Standards Generally Accepted in the United States of America

As stated in our engagement letter dated May 29, 2019, our responsibility, as described by professional standards, is to form and express an opinion about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America. Our audit of the financial statements does not relieve you or management of your responsibilities.

Our responsibility is to plan and perform the audit in accordance with auditing standards generally accepted in the United States of America and the California Code of Regulations, Title 2 Section 113.2, State Controller’s *Minimum Audit Requirements* for California Special Districts, and to design the audit to obtain reasonable, rather than absolute, assurance about whether the financial statements are free from material misstatement. An audit of financial statements includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of CalViva’s internal control over financial reporting. Accordingly, we considered CalViva’s internal control solely for the purposes of determining our audit procedures and not to provide assurance concerning such internal control.

We are also responsible for communicating significant matters related to the financial statement audit that, in our professional judgment, are relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

Planned Scope and Timing of the Audit

We performed the audit according to the planned scope and timing previously communicated with management, who were appointment by the Commissioners to oversee the audit, during our pre-audit planning meeting on June 16, 2020.

Significant Audit Findings and Issues

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Plan are described in Note 2 to the financial statements. There were no new accounting policies adopted and there were no changes in the application of existing policies during 2020. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. There are no significant transactions that have been recognized in the financial statements in a different period than when the transactions occurred.

Significant Accounting Estimates

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were:

- Management recorded estimated capitation receivables from the State of California. The estimated capitation receivable for eligible Medi-Cal program beneficiaries is based upon a historical experience methodology. We have gained an understanding of management's estimate methodology, and have examined the documentation supporting these methodologies and formulas. We found management's process to be reasonable.
- The useful lives of capital assets have been estimated based on the intended use and are within accounting principles generally accepted in the United States of America.

Financial Statement Disclosures

The disclosures in the financial statements are consistent, clear, and understandable. Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosure affecting the financial statements was related to capitation revenue and is disclosed in Note 2 to the financial statements.

Significant Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all factual and judgmental misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. There were no corrected or uncorrected misstatements the effects of which, as determined by management, are material, both individually and in the aggregate, to the financial statements as a whole.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the attached management representation letter dated [REDACTED], 2020.

Management Consultation with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to CalViva's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Independence

We are required to disclose to those charged with governance, in writing, all relationships between the auditors and CalViva that in the auditor's professional judgment, may reasonably be thought to bear on our independence. We know of no such relationships and confirm that, in our professional judgment, we are independent of CalViva within the meaning of professional standards.

Other Significant Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as CalViva's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This information is intended solely for the use of the Commissioners of The Fresno-Kings-Madera Regional Health Authority dba CalViva Health and its management, and is not intended to be, and should not be, used by anyone other than these specified parties.

San Francisco, California
[REDACTED], 2020

Item #6

Attachment 6.A

2020 Cultural & Linguistics (C&L)
Executive Summary



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Humaira Theba, MPH, Manager, Cultural and Linguistic Services

COMMITTEE DATE: October 15, 2020

SUBJECT: Cultural and Linguistic Services (C&L) 2020 Work Plan Mid-Year Evaluation – Summary Report

Summary:

This report provides information on the C&L Services Department work plan activities, which are based on providing cultural and linguistic services support and maintaining compliance with regulatory and contractual requirements. The C&L Work Plan is broken down into the following four sections: 1) Language Assistance Services (LAP), 2) Compliance Monitoring, 3) Communication, Training and Education, and 4) Health Literacy, Cultural Competency, and Health Equity. As of June 30, 2020, all work plan activities are on target to be completed by the end of the year with some already completed.

Purpose of Activity:

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

Data/Results (include applicable benchmarks/thresholds):

Below is a high-level summary of the activities completed during the first six months of 2020. For complete report and details per activity, please refer to the attached 2020 C&L Work Plan Mid-Year Evaluation Report.

1) Language Assistance Services

- a. Updated / amended contracts with six vendors. Amendments included contract extensions as well as language service expansion such as video remote interpreting, closed captioning services, etc.
- b. Newsletter informing members on how to access language services completed and disseminated.
- c. Thirty-five staff completed their bilingual assessment / re-assessment.
- d. Two quarterly LAP and Health Literacy meetings conducted. Requirements and updates provided.
- e. Population Needs Assessment completed in collaboration with HE and QI departments.
- f. Completed annual report of the LAP assessment results for the Timely Access Reporting.
- g. LAP training module updated. Total of 1,624 staff have completed the LAP training.

2) ***Compliance Monitoring***

- a. C&L reviewed 35 grievance cases with seven interventions identified.
- b. 2019 grievance trending report completed.
- c. In response to the CAP issued to A&G on incorrect application of C&L codes, the C&L grievance desktop was revised to ensure that A&G implemented and confirmed C&L code reclassifications. Virtual training was provided to A&G Case Coordinators on the desktop and quick reference guide.
- d. Addressed a second CAP issued to A&G on provider retaliation by revising the C&L grievance desktop to include steps C&L will take to address provider retaliation cases related to culture or language issues. C&L grievance coding training deck was also updated to include engagement activity about provider retaliation and determining coding for C&L related issues.
- e. Completed, presented and received approval for the 2019 End of Year Language Assistant Program and 2019 End of Year Work Plan reports and the 2020 Program Description and 2020 Work Plan.
- f. Aunt Bertha URLs for staff and member facing access completed.
- g. Promotion of Aunt Bertha/coronavirus resources included on the member newsletter.

3) ***Communication, Training and Education***

- a. Four call center trainings conducted and training decks updated.
- b. Interpreter QRG updated for call center staff transitioned to the Centralized Unit.

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

- a. English material review completed for a total of 65 materials. Of these, six came from MHN.
- b. Two Health Literacy newsletters completed and disseminated to staff.
- c. C&L representation and collaboration with ICE is ongoing. Supported the development of video remote interpreting resources.
- d. Conducted eight staff trainings, attended by 191 staff on topics related to cultural competency, SDOH, Gender-neutral language, Health Literacy, ACEs, and Motivational Interviewing.
- e. Two Health Disparity e-newsletters completed and disseminated to staff.
- f. Leading workgroup meetings with local CBO partner to plan all components of BCS PIP.
- g. Supporting work plan development and timely completion of security assessment and LogistiCare contract with local CBO partner.
- h. Leading and/or collaborating on the BCS PIP intervention components inclusive of agendas, slide deck, talking points, event survey, appointment reminder, etc.

Analysis/Findings/Outcomes:

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

Next Steps:

Continue to implement the remaining six months of the C&L 2020 CalViva Health Work Plan and report to the QI/UM Committee.

Item #6

Attachment 6.B

2020 Cultural & Linguistics (C&L)
Work Plan Mid-Year Evaluation



2020
Cultural and Linguistic Services
Work Plan Mid Year Report

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 2016 Group Needs Assessment Report (GNA) (i.e., demographics, health status, risk factors, and surveys), regulatory requirements, department evaluation report from the previous year, HEDIS results, contractual requirements, and strategic corporate goals and objectives. After review and input from senior management staff, projects and new departmental activities are identified and incorporated into this work plan. Programs and services are developed with special attention to the cultural and linguistic needs of our membership. This work plan addresses the needs of our Medi-Cal (MC) members.

Strategies:

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

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

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

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| 1 | Main Area and Sub-Area | Activity | Measurable Objective | Due Dates | Mid-Year Update (1/1/20 - 6/30/20) | Year-End Update (7/1/20 - 12/31/20) |
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| 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 to the 2016 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. Witrago | Secondary: D. Carr, I. Diaz, 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 | On track for CVH audit of C&L. | |
| 6 | Contracted Vendors | Conduct language assistance vendor management oversight | Review and update vendor contracts to ensure alignment with requirements | Ongoing | Vendor contract reviews is ongoing. Updated / amended contracts with six vendors. Amendments included contract extensions as well as language service expansion such as video remote interpreting, closed captioning services, etc. | |
| 7 | Interpreter | Monthly collection of language utilization data for CalViva | Updated LAP utilization report to contain: monthly summary of bilingual phone calls answered by call center, in-person and telephonic interpreter utilization log | Semi-annual | Monthly collection of LAP data ongoing. Refer to LAP report for data. | |
| 8 | Data | Conduct membership data pulls | Validated membership reports | Monthly starting in February | Membership data pulls ongoing. Refer to LAP report for updates. | |
| 9 | Operational | Create language and alternate format standing request report | Number of reports generated and posted | Monthly | Weekly and monthly reports generated and disseminated to responsible departments. | |

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| 10 | Compliance | Support marketing in developing and operationalizing 508 remediation plan inclusive of providing SME consultation to EPCO and workgroups and identification of process risks | Number of PDFs remediated/total PDFs | Ongoing | Non-discrimination notices posted to website have been remediated. Provided guidance on developing a remediation department-wide policy. Provided attestations for use with remediation vendors and for use with communications vendors. Provided consultation services on vendor remediation process and costs. Provided SME consultation on the use of Nuance verses Adobe to verify remediation. | |
| 11 | Compliance | Monitor provider bilingual staff; ensure systems are capturing provider and office language capabilities | Annual provider communication and monitoring grievances, review of provider Ops manual | Ongoing | Covid-19 has impacted facility site review and provider visits that inhibit ability to confirm provider bilingual staff qualifications. | |
| 12 | Regulatory | Update and provide taglines and Non-Discrimination Notice (NDN) insert in support of departments and vendors that produce member informing materials | Annual review and update as needed and distribute updated documents to all necessary departments, maintain tagline and NDN decision guides, answer ad-hoc questions on the use and content, assure most recent documents are available on C&L SharePoint | June and December | Ongoing review and updates made as required. Draft NDN update coordinated with CVH Compliance. DHCS filing pending. | |
| 13 | 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 | Newsletter informing members on how to access language services completed and disseminated on June 26. Newsletter mailed to 163,377 households. | |
| 14 | Operational | Ensure bilingual staff maintain bilingual certification; generate reporting and support to departments to identify staff who need bilingual certification | Number of staff certified annually | Annual | A total of 35 staff completed their bilingual certification / re-certification. | |
| 15 | 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 | 2019 LAP report including year over year LAP trend analysis completed and approved during Q2. | |

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| 16 | Operational | Oversight of interpreter and translation operations. Review of metrics for interpreter/translation coordination | Conduct oversight meetings to review metrics for operations. Monthly meetings with Centralized Unit and escalate when metrics are not being met | Monthly | Monthly meeting with CU to review and updated metrics for interpretation and translation requests are ongoing. | |
| 17 | Operational | Review interpreter service complaints (exempt grievance) reports and conduct trend analysis. Provide complaint information to impacted area for resolution, e.g., vendor, internal process | Monitor interpreter service vendors through service complaints | Annual (trend) | Interpreter service Call Center complaint logs are being received and monitored on a monthly basis. | |
| 18 | Operational GNA | Coordinate and deliver quarterly LAP/Health Literacy meetings to review requirements and department procedures for language and health literacy services | Minutes of meetings | Quarterly | LAP/HL quarterly meeting held on March 12 and June 11. LAP and health literacy requirements discussed and general updates, resources and support provided. | |
| 19 | Operational PNA | Complete Population Needs Assessment (PNA) in collaboration with Health Education. Support PNA data collection, interpretation for member demographics, disparity analysis and development of an action plan that addresses identified member needs | PNA report completed including action plan developed and/or strategies identified according to DHCS requirements. Submitted to CalViva compliance for filing | June | PNA completed in collaboration with HE and QI departments and submitted to CVH for filing with DHCS. C&L supported data collection, interpretation for member demographics, disparity analysis and development of an action plan that addresses C&L's identified member needs. | |
| 20 | Operational | Develop, update and 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 | All P&Ps updated and active in P&P database (Archer). | |
| 21 | Operational | Collect and review LAP P&Ps from other departments to assure compliance with use of tagline and NDN, translation process and interpreter coordination | P&Ps will be reviewed and placed in C&L LAP compliance folder | Annual | Quarterly requests completed through the LAP/HL meetings held on March 12 and June 11. | |
| 22 | Operational | Develop and implement an action plan to address 2019 Geo Access findings | Plan implemented | Ongoing | Action plan under development with implementation to begin during Q3. | |

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| 23 | Operational | Complete C&L Geo Access update report documenting Provider Network Management (PNM) network findings | Presentation of status report to Access Committee | Q1 | Shared the 2019 C&L Geo Access Report and identified gaps by zip code, language and provider type with Provider Network Management (PNM). PNM completed follow up in an effort to identify opportunities for network improvement in response to the language access needs identified. A report with the outcomes/ updates was completed by C&L and presented during the Access Committee during Q1 2020. | |
| 24 | Operational | Complete annual Timely Access Reporting on the Language Assistance Program Assessment | LAP Assessment Timely Access Report | Annually | Completed annual report of the LAP results yield by the MY 2019 Provider Satisfaction Survey for Timely Access to Care. | |
| 25 | Operational | Coordinate and provide oversight to translation review process | Number of translation reviews completed | Ongoing | A total of 54 translation reviews were coordinated. This ensures the accuracy and completeness of translation. | |
| 26 | 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 module updated. Staff were assigned the training in Q1. 1,624 staff have completed the LAP training in 2020. Staff assignments will be updated in Q3 for both LAP and cultural competency trainings in Q3. | |
| 27 | 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 | IT projects in Q2 have been completed. No current IT projects. | |
| 28 | 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 | Monitoring and reporting of strategic partners and specialty plans done on ongoing basis. Updates in progress to the reporting template. | |

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| 29 | 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 | Completed re-launch of TAFT database in May 2020 with updated 2020/2021 document information and document owners. | |
| 30 | Compliance Monitoring | | | | | |
| 31 | 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. | | | | |
| 32 | Responsible Staff: | Primary: L. Witrigo, B. Ferris | Secondary: H. Theba, L. Goodyear-Moya, B. Simpson, D. Carr, I. Diaz, D. Fang, | | | |
| 33 | Complaints and Grievances GNA | Oversight of complaints and grievances received about the LAP or C&L services, including monitoring and responding to all C&L related grievances. Collect grievance and call center reports. Maintain contact with the call center to ensure that they are monitoring C&L complaints. Grievance reports include grievances coded to C&L codes (including discrimination due to language or culture). Maintain grievance response log and list of materials and develop and document interventions when indicated | Report on grievance cases and interventions | Ongoing | A total of 35 grievance cases were received and reviewed by C&L. Of these, eight (8) were coded as culture perceived discrimination, nine (9) were coded as culture non-discriminatory, one (1) was coded to linguistic perceived discrimination, seven (7) were coded to linguistic non-discriminatory, and ten (10) to other codes. Based on evidence, C&L identified seven (7) interventions deemed necessary and to be delivered in collaboration with the provider engagement department. Interventions included tools and training resources addressing the concerns/issues identified, e.g., cultural competence/sensitivity and language services information and requirements. There were no grievances received regarding MHN providers or services and no interpreter complaints during this | |

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| 34 | Complaints and Grievances | Conduct a trend analysis of C&L grievances and complaints by providers | Production of trend analysis report | June | 2019 grievance trending report completed. | |
| 35 | Complaints and Grievances | Review and update desktop procedure for grievance resolution process | Revised desktop procedure | December | <p>As a result of A&G's incorrect application of C&L codes in 2019, a CAP was issued to A&G in Q1 2020. The following actions were taken:</p> <ul style="list-style-type: none"> • C&L desktop was revised to ensure that A&G implemented and confirmed any C&L code reclassifications while the case is still open. • Virtual training provided to A&G Case Coordinators on the desktop and Health Net QRG Cultural & Linguistic Issues. <p>As a result of CVH's 2019 DHCS Audit, a CAP was issued to A&G in Q4 2019 to ensure providers don't retaliate against members who file grievances. The following actions were taken in Q2 2020:</p> <ul style="list-style-type: none"> • C&L grievance desktop was revised to include steps C&L will take to address provider retaliation cases related to culture or language issues. • C&L grievance coding training deck was updated to include engagement activity about provider retaliation and determining coding for C&L related issues. | |
| 36 | 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 and received approval on the following C&L reports during this reporting period: 2019 end of year work plan, 2019 end of year LAP report and year over year LAP trending, 2020 program description, and 2020 work plan. | |

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| 37 | 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 QI/UM workgroup meetings, QI/UM Committee meetings and RHA meetings as needed to present and/or support C&L reports being presented. Attended ACCESS committee meetings and presented on the C&L Geo access outcomes/ updates during Q1 2020. | |
| 38 | 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, as needed, at Public Policy Committee planning meetings, Public Policy Committee meetings and C&L relevant community sponsored events as required | Quarterly | Provided agenda review and feedback for Q1 and Q2 PPC meetings. Member newsletter included promotion of the PPC. Newsletter mailed on June 26 to 163,377 households. | |
| 39 | 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 P&Ps updated and active in P&P database (Archer). | |
| 40 | Regulatory | Implementation of Aunt Bertha platform and coordination of social service referrals for members | Development of staff and members facing URLs. Provide member URL to CalViva for inclusion on member website and implement staff URL internal for staff utilization. Deploy trainings to internal departments and disseminate member and provider resources and collateral. Analytics and utilization reports, training and material distribution logs | | URLs for staff and member facing sites completed and in the process of being implemented. Aunt Bertha training for CalViva staff scheduled for July 7th. Training conducted for providers through the quarterly provider engagement Lunch And Learn session scheduled for July 24th. Promotion of Aunt Bertha / Coronavirus resources included on the member newsletter disseminated on June 26. | |
| 41 | Communication, Training and Education | | | | | |
| 42 | 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. | | | | |
| 43 | Responsible Staff: | Primary: B. Ferris, L. Witrago | Secondary: L. Goodyear-Moya, D. Carr, I. Diaz, H. Theba | | | |

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| 44 | 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. | Ongoing | Support provided to A&G staff as needed. Training to be scheduled with A&G on C&L coding structure by Q4. | |
| 45 | 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 | Four call center trainings conducted and training decks updated. The Interpreter and translation quick reference guides ownership was transitioned to the Centralized Unit. | |
| 46 | Staff Communication GNA | Maintenance and promotion of C&L SharePoint site | Timely posting of important information on C&L SharePoint e.g., vendor attestation forms, threshold languages list, etc. | Ongoing | C&L site (SharePoint) is maintained and updated on an ongoing basis to include the most current and updated materials. C&L site promoted during quarterly LAP/Health Literacy meetings. | |
| 47 | 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 | Provider newsletter cancelled. Restructuring to provider webinar presentation on LAP services in September 2020. | |
| 48 | 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 | Material request form promoted and in the process to be updated. | |
| 49 | Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity | | | | | |
| 50 | Health Literacy | | | | | |
| 51 | 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. | | | | |

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| 52 | Responsible Staff: | Primary: A. Kelechian, D. Magee | Secondary: D. Carr, B. Ferris, L. Witrago | | | |
| 53 | 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 | English material review completed for a total of 65 materials. Of these, six came from MHN. | |
| 54 | 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 | Review of materials in progress to update for inclusion in toolkit. | |
| 55 | Training GNA | Quarterly training for staff on how to use the C&L database and write in plain language | Quarterly training | Quarterly | Completed Q1 & Q2 health literacy newsletters. Plain language training content revised and currently being finalized. | |
| 56 | Training GNA | Conduct activities and promotion of national health literacy month (NHLM) | Production and tracking of action plan for NHLM and summary of activities | October | Activity scheduled to begin during Q3. | |
| 57 | Cultural Competency | | | | | |
| 58 | 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. | | | | |
| 59 | Responsible Staff: | Primary: D. Carr, L. Witrago | Secondary: H. Theba, L. Goodyear-Moya | | | |
| 60 | Collaboration- External | Representation and collaboration on Industry Collaboration Efforts (ICE) for Health external workgroup | Minutes of meetings that reflect consultation and shared learning | Ongoing | C&L representation and collaboration with ICE is ongoing. D. Carr is co-lead of ICE C&L work group. Supported the development of video remote interpreting resources. | |

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| 61 | 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 | OMH training for providers promoted in provider update scheduled to be released in July. Implicit bias two part training series for providers scheduled for August implementation. Training on Aunt Bertha for providers conducted through the quarterly provider engagement Lunch And Learn session scheduled for July 24th. | |
| 62 | Staff Training GNA | Conduct annual cultural competence education through Heritage events and transition event to an online platform. Heritage to include informational articles / webinars that educate staff on culture, linguistics and the needs of special populations | Online tracking. Written summary of Heritage activities | Q3 | Planning for this year's Heritage Month transition to Best in CLAS (culturally and linguistically appropriate services) is in progress. Speakers, communications and activities under development for launch in August. | |
| 63 | 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 | The Cultural Competency training to be completed and assigned during Q3 after Heritage Month / Best in CLAS event completion | |
| 64 | 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 | Conducted eight staff trainings, attended by 191 staff on topics related to cultural competency, SDOH, Gender neutral language, Health Literacy, ACEs, and Motivational Interviewing. | |

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| 65 | Health Equity | | | | | |
| 66 | Rationale | <p>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.</p> | | | | |
| 67 | Responsible Staff: | Primary: L. Witrigo, D. Fang | Secondary: H. Theba, L. Goodyear-Moya | | | |
| 68 | Operational GNA | Increase interdepartmental alignment on disparity reduction efforts. Facilitate monthly meetings | Facilitation of health disparity collaborative meetings | Quarterly | Ongoing- Interdepartmental alignment and monthly meeting on disparity reduction. | |
| 69 | Operational GNA | Align population health and disparity initiatives across departments | Develop Health Disparity e-newsletter and listserv. Facilitate communication on health disparities and newsletter development and distribution | Ongoing | Two Health Disparity e-newsletters completed and disseminated. | |
| 70 | Operational GNA | Provide support to other departments on health disparities and deployment of interventions, e.g., mobile mammography | Disparities and interventions delivered | Ongoing | Attended various meetings and provided consultation and support towards the selection of a video to be played at the clinics' office in support of the CIS PIP. | |
| 71 | Operational GNA | Continue to support Mendota Community Advisory Group efforts, e.g., sponsor local CBO to continue efforts | Outcome of activities | Ongoing | Sponsorship provided to the local CBO to continue these efforts. | |

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| 72 | Operational GNA | Collaborate with QI on the BCS Disparity PIP project scope and co-manage the relationship with The Fresno Center | Report of activities | Ongoing | Leading workgroup meetings with local CBO partner to plan all components of BCS PIP. Supporting work plan development and timely completion of security assessment and LogistiCare contract with local CBO partner. Training of CBO AmeriCorp staff planned for July on the following topics: cultural sensitivity, social determinates of health, Aunt Bertha, and interpreter services. Will also facilitate bilingual assessment for the AmeriCorps staff. | |
| 73 | Operational GNA | Implement disparity model for Hmong breast cancer screening disparity performance improvement project (BCS Disparity PIP) in Fresno County to include formative research, community, member and provider interventions | Barrier analysis completed. Development of modules; meet PIP disparity reduction targets | Ongoing | Leading and/or collaborating on the BCS PIP intervention components inclusive of agendas, slide deck, talking points, event survey, appointment reminder, etc. | |
| 74 | Operational GNA | Collaborate with HE to support The Fresno Center with the development of the Community Advisory Group in Fresno County in support of the BCS Disparity PIP | Outcome of activities | Ongoing | Provided information and resources to HE for engagement / CAG introductory meeting with The Fresno Center leadership. | |
| 75 | 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 | Ongoing. No training needs identified during this period. | |
| 76 | Operational GNA | Provide consultation to departments on cultural competency and improving health care outcomes (including enrollment) for key demographics and key metrics to support health equity | Consultation provided | Ongoing | Consultation by C&L's biostatistician and specialist is ongoing. Revised the health disparity model and conducted a training presentation on the model on 5/22 for QI, H Ed and C&L staff. A total of 24 staff were in attendance. Training on SDOH conducted for case managers with over 80 attendees. | |

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 #7

Attachment 7.A

2020 Health Education (HE)
Executive Summary



REPORT SUMMARY TO COMMITTEE

TO: CalViva QI/UM Committee

FROM: Hoa Su, MPH, Manager, Health Education
Shekinah Wright, MBA, Manager, Community Health Education
Justina B. Felix, Health Educator

COMMITTEE DATE: October 15, 2020

SUBJECT: Health Education Work Plan Mid-Year Evaluation & Executive Summary

Summary

The 2020 Health Education Work Plan Mid-Year Evaluation report documents progress of **19 initiatives** with **44 performance objectives**. Within each initiative, there are multiple objectives. Of the 19 initiatives, 12 initiatives with 27 objectives are on track to meet the year-end goal. The remaining 7 initiatives with 17 objectives are off track to meet the year-end goal. Many objectives were cancelled due to COVID-19 pandemic.

Purpose of Activity:

To provide for QI/UM Committee review and approval of the 2020 Health Education Work Plan Mid-Year Evaluation Summary.

Data/Results (include applicable benchmarks/thresholds):

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

Table 1 compares 2020 mid-year utilization outcomes of health education initiatives against 2020 year-end goals.

Table 1 2020 Mid-Year Utilization Outcomes of Health Education Initiatives

| Initiative | 2020 Year-End Goal | 2020 Mid-Year Status | Progress of 2020 Mid-Year Goal Met |
|--|---|---|------------------------------------|
| 1. Chronic Disease Education: Asthma | Reach a 25% CalViva Health membership via classes and/or telephonic education | Conducted one asthma training to a total of 23 participants, of which 57% were CVH members (13/23) | On track |
| | Develop and disseminate resources to educate high risk members on asthma management | Developed & completed three new asthma resources | On track |
| 2. Chronic Disease Education: Diabetes | Conduct 1 DSME class series reaching 50% targeted CVH member participants | Cancelled due to loss of funding for DSME | Cancelled |
| | 5% of participants enrolled in DPP program will achieve 5% weight loss by the end of the 16 week program | Program has not begun | Off track |
| | Participants will weigh-in at least 5 times per week using the DPP program digital scale | Program has not begun | Off track |
| | 75% of participants will complete weekly lessons | Program has not begun | Off track |
| 3. Community Health | Reach a 50% member participation rate in classes | Conducted 81, in-person and virtual, health education classes to 2,023 participants, of which 59% were CVH members (1,186/2,023) | On track |
| | Reach a 50% member participation rate in community health screenings | Conducted 2 Know Your Numbers events with 10 participants reached, of which 50% were CVH members (5/10) | On track |
| 4. Digital Health Education Programs | Reach 50% of targeted members in text messaging programs | A draft myStrength/behavioral health text messaging campaign is in development with anticipated submission to DHCS in Q4 | Off track |
| | Increase member enrollment by 10% to 72 members in myStrength program | Enrolled 40 members | On track |
| 5. Fluvention | Increase by at least 1% of 2019 baseline rate for Medi-Cal flu vaccination rates among members 6 months and older | Rebranding educational content for a multimedia flu campaign. Will propose to CalViva Health for deployment during Q3 & Q4 | On track |
| | Implement at least one provider education activity related to flu vaccinations | Conducted a statewide webinar on vaccine hesitancy reaching 162 providers and staff | On track |
| 6. Healthy Equity Projects | Develop and implement 1 educational intervention to improve breast cancer screening rate targeting Hmong members in Fresno County | Conducted 1 training for The Fresno Center AmeriCorps team on health education programs and services and submitted member event survey to DHCS for approval | On track |
| 7. Immunization Initiative | Support clinic Panel Managers with educational materials and call scripts to improve CIS 10 rate in Fresno County | Identified a culturally and linguistically appropriate video to educate members and promote immunizations | On track |
| 8. Member Engagement (Know Your Numbers and Phone Education) | 65% of member participants in Know Your Numbers (KYN) interventions complete their screening | Reached 10 participants, of which 50% were CVH members (5/10) | Off track |
| | Achieve 90% satisfaction from participants attending the Member Orientation classes | Cancelled due to COVID-19 pandemic | Cancelled |

| | | | |
|---|--|--|-----------|
| | Reach a 25% CalViva Health membership via telephonic education and/or appointment scheduling | Developed a multi-telephonic script and is awaiting DHCS approval. Will be implemented in Q3-Q4 | Off track |
| 9. Member Newsletter | Develop and distribute 1 CVH member newsletter | Developed and distributed one CalViva Health Newsletter to member homes in June 2020 | On track |
| 10. Mental/Behavioral Health | Develop statewide maps noting opioid distribution | Mapped statewide Opioid use and Medication-Assisted Treatment Providers | On track |
| | Creation 1 new behavioral health material and a distribution plan. Determine utilization baseline | Drafted one Behavioral Health material titled "Know the Signs and Symptoms" | On track |
| 11. Obesity Prevention | Enroll 500+ members in to the Fit Families for Life (FFFL) Home Edition program with (75% flagged as high-risk) and 90% satisfaction from both program surveys | Enrolled 228 members (98% flagged as high risk), 100% satisfaction from workbook survey and 94% satisfaction from direct incentive survey | Off track |
| | Enroll 350+ members in to the Healthy Habits for Healthy People (HHHP) program | Enrolled 135 members | Off track |
| | Conduct FFFL community classes and reach a 25% member participation rate; participants achieve 80% correct answers per knowledge metric (post-tests) and 90% satisfaction rate from post-tests | Cancelled due to COVID-19 pandemic | Cancelled |
| 12. Pediatric Education | Develop and promote 3 educational well-child resources and train Health Educators in utilizing them | Developed a well-child visit flyer and a social media messaging campaign for pre-teen vaccination week. The Well-Child Visit curriculum is currently in development. | On track |
| | Develop 2 educational resources for providers and members | Developed four behavioral health educational resources on Toxic Stress and ACEs | On track |
| 13. Perinatal Education | Distribute 1,000+ pregnancy information packets to requesting CVH pregnant members | Distributed a total of 693 CVH Pregnant Program packets and 54 Newborn packets to members | On track |
| | Reach 35% member participation at baby showers within Kings and Fresno counties | Completed 5 baby showers in Fresno County with 70 attendees, of which 53% were CVH members (37/70) | On track |
| 14. Promotores Health Network (PHN) | Increase member participation and reach a 60% member participation in education charlas | Conducted 75 charlas with 59% CVH member reach rate (1175/1991) | On track |
| | Conduct 1 DSME class series reaching 50% targeted CVH member participants | Cancelled due to loss of funding by Madera Department of Public Health | Cancelled |
| | Engage 50 members in our diabetes charla series using Rx for Health prescriptions | Cancelled due to COVID-19 pandemic | Cancelled |
| 15. Tobacco Cessation Program | Enroll 160+ CVH member in California Smoker's Helpline CSH | Enrolled 59 CVH members | Off track |
| | Implement at least one provider education activity related to tobacco cessation | Cancelled due to COVID-19 pandemic | Cancelled |
| 16. Women's Health | Coordinate with Every Women Counts a minimum of 3 BCS/CCS classes. Conduct telephonic educational calls in CVH counties to target non-compliant members. Reach 50 members | Conducted 1 BCS/CCS virtual class in partnership with Every Woman Counts with 19 participants. Telephonic outreach will begin in Q3 & Q4 | Off track |
| | Implement multi-care gap text messaging campaign (BCS/CCS) and reach 50% of targeted members | Developing text message campaign for CCS to be implemented in Q4 | Off track |
| 17. Compliance: Oversight and Reporting | Complete and submit Program Description, Work Plan, and Work Plan evaluation reports | Completed and submitted work plan, Program Description, and one work plan evaluation | On track |

| | | | |
|---|---|--|----------|
| | Update Policies and Procedures | Updated 5 Policies and Procedures | On track |
| | Complete semi-annual progress reports and annual DHCS incentive evaluation reports | Completed 1 semi-annual progress report and 3 annual DHCS incentive evaluation reports | On track |
| | Produce 1 Provider Update | Produced 1 Provider Update | On track |
| | Participate in 4 PPC meetings where Health Education reports are presented | Presented health education reports at 2 PPC meetings | On track |
| 18. Health Education Department Promotion, Materials Update, Development, Utilization and Inventory | Develop needed health education materials and resources to assure compliance | Developed 3 new in-house materials | On track |
| | Creation of at least 1 behavioral health material(s) and distribution plan. Determine utilization baseline | Adopted 4 ACES materials for behavioral health. Distribution plan is in the works | On track |
| | Develop and disseminate 1 educational resource about asthma action plan, use of medication, peak flow meter readings, and finding your triggers | Developed 3 new asthma educational resources | On track |
| 19. Health Education Operations: Geographic Information Systems (GIS) | Develop geomaps for 10+ projects/outreach activities | Completed 5 data/mapping requests | On track |
| | Implement use of interactive software within Health Education and QI departments | Developed and tested interactive tool with security settings and functions | On track |

2020 Barrier Analysis and Action to be Taken

| Barriers | Actions to be taken in Q3 & Q4 |
|---|---|
| Chronic Disease Education: Diabetes <ul style="list-style-type: none"> Delayed implementation of Diabetes Prevention Program | <ul style="list-style-type: none"> Finalize new vendor contract and get DHCS approval for implementation |
| Digital Health: <ul style="list-style-type: none"> Delayed implementation of text messaging programs Low enrollment into myStrength | <ul style="list-style-type: none"> Finalize myStrength, flu, women's health, and tobacco cessation text message campaigns and submit to DHCS for approval Submit Babylon text message campaign to DHCS and DMHC for approval Finalize myStrength flyer for member education and promotion. Submit to DHCS for approval |
| Member Engagement (KYN and Phone Education): <ul style="list-style-type: none"> Low member participation in KYN event Delay in telephonic education outreach | <ul style="list-style-type: none"> Reach members via telephonic outreach Multi-care gap telephonic outreach scripts awaiting DHCS approval. Move forward and train staff on already approved scripts (2019) using Motivational Interviewing techniques |
| Obesity Prevention: <ul style="list-style-type: none"> Low enrollment into the FFFL Home Education Program due to prioritizing resources to COVID-19 Low enrollment into the HHHF program FFFL community classes on hold | <ul style="list-style-type: none"> Member outreach to resume in Q4 Launch telephonic education and provide health education regarding blood pressure screenings FFFL classes for 2020 are cancelled due to COVID-19 pandemic. However, on-line weekly fitness classes are offered. Members can join by computer or telephone |
| Tobacco Cessation Program: <ul style="list-style-type: none"> Fewer referrals into the CA Smokers' Helpline (CSH) | <ul style="list-style-type: none"> Collaborate with CA Smoker's Helpline to enhance member outreach and track member participation Leverage opportunities with external partners and focus on social media-based activities to increase awareness of CA Smokers' Helpline |
| Women's Health: <ul style="list-style-type: none"> Low enrollment into BCS/CCS classes | <ul style="list-style-type: none"> Finalize BCS and CCS curricula and training guides Reach members via telephonic outreach |

| | |
|---|---|
| <ul style="list-style-type: none"> • Delayed implementation of BCS/CCS text messaging campaign | <ul style="list-style-type: none"> • Submit text messaging campaign to CVH Compliance for approval once HN text campaigns are launched |
|---|---|

Next Steps:

- Launch Diabetes Prevention Program
- Implement telephonic education to increase member reach and improve HEDIS scores
- Develop and implement text messaging campaigns relating to: mental/behavioral health, Babylon, flu, tobacco cessation, and women’s health
- Coordinate with departments to promote utilization of health education programs and resources by members
- Collaborate with Marketing to rebrand educational resources

Item #7

Attachment 7.B

2020 Health Education (HE)
Work Plan Mid-Year Evaluation



2020 Health Education Work Plan Mid-Year Evaluation

Submitted by:

Patrick Marabella, MD, Chief Medical Officer

Amy Schneider, RN, BSN, Director Medical Management

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I. Purpose

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

II. Goals

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

III. Objectives

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

IV. Selection of the Health Education Department Activities and Projects

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

V. Strategies

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

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

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

| | | | | | |
|---|---|---|---|---------------------------------|--|
| 1. Initiative/ Project: | 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"/> PNA | | | | |
| 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 | | Secondary: | T. Gonzalez, H. Su, G. Toland, I. Rivera |
| Goal of Initiative | To educate members in managing their asthma | | | | |
| Performance Measure(s) | Objective(s) | 2019 Outcomes (Year-End) | 2020 Outcomes (Mid-Year) | 2020 Outcomes (Year-End) | |
| Increase knowledge and improve asthma management | Reach a 25% CalViva Health membership via classes and/or telephonic education | Reached 271 participants, of which 131 (48%) were CVH members | Conducted one asthma training to 23 participants, of which 57% were CVH members (13/23) | | |
| Develop materials to support HBR Initiative | Develop and disseminate resources to educate high risk members on asthma management | Asthma educational resources drafted | Developed & completed three new asthma resources | | |
| Major Activities | | Timeframe For Completion | Responsible Party(s) | | |
| Support Asthma HBR with the development of new member educational resources | | March 2020 | J. Felix, G. Toland | | |
| Continue to vet contractor for home visitation program | | June 2020 | J. Felix, H. Su | | |
| Conduct asthma classes | | December 2020 | J. Felix, I. Rivera | | |
| Conduct telephonic education | | December 2020 | J. Felix, I. Rivera | | |
| Initiative Status (populate at year-end) | MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> | | | | |
| Mid-Year and Year End Updates | <p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: Health Education (HE) developed three new asthma resources: Breathe Better, Live Your Best Life with Asthma and My Asthma Action Plan in English, Spanish and Hmong. HE and Pharmacy are working together to disseminate the “Live Your Best Life with Asthma” booklet to high risk members in Q3.</p> <p>CalViva Health partnered exclusively with Central California Asthma Health Collaborative (CCAC) and applied for a three year grant to implement an asthma home visitation program that includes education and environmental trigger mitigation. CCAC is the main organization with CalViva Health providing in-kind support. The funding opportunity is provided by The Center at Sierra Health Foundation with funding from the State of California Department of Health Care Services. Award notifications will be sent in Q3.</p> <p>Year-End Update:</p> | | | | |
| 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: 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 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"/> PNA | | | | |
| Rationale | <p>According to the Centers for Disease Control and Prevention (CDC) more than 84 million US adults—that's 1 in 3—have prediabetes. More than 30 million Americans have diabetes, which increases their risk of serious health problems. Health plans must comply with DHCS requirements in accordance to the APL 18-018; California state law requires the Department of Health Care Services (DHCS) to establish the Diabetes Prevention Program (DPP) as a Medi-Cal covered benefit.</p> <p>1. CVH HbA1C testing (Fresno, 83%) and Nephropathy care (87%) are below MPL for Fresno</p> | | | | |
| Reporting Leader(s) | Primary: | M. Zuniga, T. Gonzalez | | Secondary: | H. Su, J Felix, D. Carrillo |
| 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) | 2019 Outcomes (Year-End) | 2020 Outcomes (Mid-Year) | 2020 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 | Conducted 1 DSME class series with 14 participants, of which 10 (71%) were CVH members | Cancelled due to loss of funding for the DSME project | | |
| Implement a Diabetes Prevention Program | 5% of participants enrolled in DPP program will achieve 5% weight loss by the end of the 16 week program. | New for 2020 | Program has not begun | | |
| | Participants will weigh-in at least 5 times per week using the DPP program digital scale | New for 2020 | Program has not begun | | |
| | 75% of participants will complete weekly lessons | Program not launched. Revised SOW is pending vendor completion | Program has not begun | | |
| Major Activities | | Timeframe For Completion | Responsible Party(s) | | |
| Finalize SOW with DPP vendor(s) | | March 2020 | M. Zuniga | | |
| Obtain DHCS approval prior to implementation | | March 2020 | M. Zuniga | | |
| Release Provider Update with Provider Referral form | | March 2020 | M. Zuniga | | |
| Submit CCC Knowledge Base for Member Services | | March 2020 | M. Zuniga | | |
| Promote DPP on the CalViva health website | | March 2020 | M. Zuniga, J. Felix | | |
| Conduct 1 Provider webinar to promote DPP | | June 2020 | M. Zuniga | | |
| Set up monthly member eligibility data file transfer for DPP vendor | | December 2020 | M. Zuniga, D. Carrillo | | |
| Identify local in-person Medi-Cal certified DPP providers | | December 2020 | M. Zuniga | | |
| Refer Medi-Cal members diagnosed with type 2 diabetes participating in DPP program into disease management program | | On going | M. Zuniga | | |
| Partner with Camarena Health to promote DSME class to health plan members | | December 2020 | T. Gonzalez | | |
| Meet monthly with DPP to review Joint Operations logistics, member participation, and in accordance to SOW | | December 2020 | M. Zuniga | | |
| Obtain monthly participant reports evaluation report from vendor to review program and member successes | | December 2020 | M. Zuniga | | |
| Initiative Status (populate at year-end) | MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> | | | | |
| Mid-Year and Year End Updates | <i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: | | | | |

| | |
|--|--|
| | <p>The DPP digital program launch date has been delayed. In Q1 during final contract negotiations we learned that the vendor made a business decision not to pursue Medi-Cal contracts. A new DPP digital program was identified and contract negotiations began in Q1-Q2. The program is expected to launch in Q4 pending DHCS approval. Meeting with an in-person DPP program provider occurred in Q2. However, due to the current COVID-19 pandemic, all in-person field activities have been placed on hold until the pandemic subsides.</p> <p>The implementation of the DSME class series has been cancelled due to Madera Department of Public Health loss of program funding in Q1.</p> <p>Year-End Update:</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 type="checkbox"/></p> |

| | | | | |
|--|---|---|--|---|
| 3. 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"/> PNA | | | |
| 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, J. Felix | | Secondary: Isabel Rivera, Adela Corona |
| Goal of Initiative | Provide health education to members in their community. | | | |
| Performance Measure(s) | Objective(s) | 2019 Outcomes (Year-End) | 2020 Outcomes (Mid-Year) | 2020 Outcomes (Year-End) |
| Increase CVH member participation in health education classes | Reach a 50% member participation rate in classes | Conducted 112 health education classes to 2,658 participants, of which 1,491 (56%) were CVH members | Conducted 81, in-person and virtual, health education classes to 2,023 participants, of which 59% were CVH members (1,186/2,023) | |
| Increase CVH member participation in health screenings | Reach a 50% member participation rate in community health screenings | Conducted 5 Know Your Numbers events with 306 participants reached, of which 215 (70%) were CVH members | Conducted 2 Know Your Numbers events with 10 participants reached, of which 50% were CVH members (5/10) | |
| 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 2020 | 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 2020 | T. Gonzalez | |
| Partner with Adventist Health and community partners to implement community education classes in Kings County | | December 2020 | J. Felix, I. Rivera | |
| Initiative Status (populate at year-end) | MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> | | | |
| Mid-Year and Year End Updates | <i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Thirteen health education classes cancelled due to COVID-19 pandemic. Year-End Update: | | | |
| Initiative Continuation Status (populate at year-end) | CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> | | | |

| | | | | |
|--|--|---|--|---------------------------------|
| 4. 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 checked="" 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"/> PNA | | | |
| Rationale | More members are willing to use digital communications (text/email/mobile app) to access health education information. HEDIS measures below the MPL: Fresno-Breast Cancer Screening, Controlling Blood Pressure, A1C Poor Control; Kings and Madera- Controlling Blood Pressure, A1C Poor Control. 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: | G. Toland, H. Su, L. Wong, D. Carrillo | | Secondary: |
| Goal of Initiative | To increase member engagement using electronic/digital communications to improve member health knowledge, behavior, and outcomes. | | | |
| Performance Measure(s) | Objective(s) | 2019 Outcomes (Year-End) | 2020 Outcomes (Mid-Year) | 2020 Outcomes (Year-End) |
| Implement text messaging programs | Reach 50% of targeted members | New for 2020 | Babylon text message campaign pending DHCS and DMHC approval | |
| Promote member enrollment in myStrength | Increase member enrollment by 10% to 72 members | Enrolled 65 members | Enrolled 40 members | |
| Major Activities | | Timeframe For Completion | Responsible Party(s) | |
| Finalize myStrength flyer promoting opioid / behavioral health education | | March 2020 | L. Wong | |
| Develop and launch a HEDIS improvement related text messaging program | | December 2020 | G. Toland, H. Su | |
| Promote myStrength to targeted audiences | | December 2020 | L. Wong | |
| Promote myStrength in the CVH member newsletter | | December 2020 | L. Wong | |
| Initiative Status (populate at year-end) | MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> | | | |
| Mid-Year and Year End Updates | <i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: A myStrength digital platform flyer for member education and promotion has been drafted and pending DHCS approval. The Babylon text message campaign is pending DHCS and DMHC approval. Year-End Update: | | | |
| Initiative Continuation Status (populate at year-end) | CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> | | | |

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| 5. Initiative/ Project: | Fluvention | | | |
| 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"/> PNA | | | |
| Rationale | CalViva member flu vaccination rates continue to drop below the Healthy People rates of 70% for persons 6 months and older and 80% for pregnant women. | | | |
| Reporting Leader(s) | Primary: | A. Fathifard | Secondary: | |
| Goal of Initiative | To reduce flu among members 6 months and older, especially high risk populations. | | | |
| Performance Measure(s) | Objective(s) | 2019 Outcomes (Year-End) | 2020 Outcomes (Mid-Year) | 2020 Outcomes (Year-End) |
| Increase Medi-Cal member knowledge about the importance and benefits of flu vaccines | Increase by at least 1% of 2019 baseline rate for Medi-Cal flu vaccination rates among members 6 months and older | New for 2020 | Rebranding educational content for a multimedia flu campaign | |
| Train health care professionals on best practices for increasing maternal flu vaccination rates | Implement at least one provider education activity related to flu vaccinations | Provider Lunch & Learns; WIC Conference and CA WIC Assn. website trainings; SME selected for 2020 CVH Provider Webinar Series | Conducted a statewide webinar on vaccine hesitancy reaching 162 providers and staff | |
| Major Activities | | Timeframe For Completion | Responsible Party(s) | |
| Develop and implement a variety of social media methods to target high risk groups during flu season | | March-June 2020 | A. Fathifard | |
| Submit FLO tickets for all flu-related interventions for all LOB as appropriate | | April-June 2020 | A. Fathifard | |
| Promote and/or distribute flu promotion resources or toolkits to providers and their office staff | | September-November 2020 | A. Fathifard | |
| Leverage external resources: hospitals, schools, public health departments, and other relevant stakeholders, and CBOs to increase maternal, child and adolescent flu shot rates | | Ongoing | A. Fathifard | |
| Partner with CalViva data analytics to monitor Medi-Cal flu vaccination rates by county | | Ongoing | A. Fathifard | |
| Initiative Status (populate at year-end) | MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> | | | |
| Mid-Year and Year End Updates | <p>Include barriers to implementation and systemic/organizational barriers.</p> <p>Mid-Year Update: A large swath of flu messaging materials will be available for CalViva members starting in September 2020. Successfully conducted a provider webinar on using motivational interviewing techniques to address members concerns about vaccines.</p> <p>Year-End Update:</p> | | | |
| Initiative Continuation Status (populate at year-end) | CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> | | | |

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| 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"/> PNA | | | | |
| 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: | I. Rivera |
| Goal of Initiative | To reduce health care access barriers that contribute to identified health disparities among our ethnically diverse membership in the area of breast cancer screening. | | | | |
| Performance Measure(s) | Objective(s) | 2019 Outcomes (Year-End) | 2020 Outcomes (Mid-Year) | 2020 Outcomes (Year-End) | |
| Improve breast cancer screening (BCS) rate for targeted provider in Fresno County | Develop and implement 1 educational intervention to improve breast cancer screening rate targeting Hmong members in Fresno County | Completed literature review for breast cancer screenings (BCS) and completed key informant interviews to identify barriers to BCS. Scheduled 30 members for BCS | Conducted 1 training for The Fresno Center AmeriCorps team on health education programs and services and submitted member event survey to DHCS for approval | | |
| Major Activities | | Timeframe For Completion | Responsible Party(s) | | |
| Develop Action Plan to address BCS priority areas | | March 2020 | T. Gonzalez | | |
| Conduct literature review for breast cancer screening among Hmong women | | March 2020 | T. Gonzalez | | |
| Conduct key informant interviews to identify barriers to breast cancer screening | | December 2020 | T. Gonzalez | | |
| Develop 1 educational intervention to address priority areas for BCS project | | December 2020 | T. Gonzalez | | |
| Initiative Status (populate at year-end) | MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> | | | | |
| 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 Hmong Health Educational Breast Cancer Awareness/Education Forum was scheduled for April 3 rd , however, due to COVID-19 pandemic, the forum was postponed to Q4. Year-End Update: | | | | |
| Overall Summary (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"/> | | | | |

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| 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"/> PNA | | | | |
| 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 Medi-Cal 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: | Isabel Rivera |
| Goal of Initiative | Improve Fresno County Family HealthCare Network CIS 10 Compliance rates above HEDIS MPL (32.4%). | | | | |
| Performance Measure(s) | Objective(s) | 2019 Outcomes (Year-End) | 2020 Outcomes (Mid-Year) | 2020 Outcomes (Year-End) | |
| Collaborate with QI to implement Childhood Immunization (CIS) 10 Performance Improvement Plan (PIP) | Support clinic Panel Managers with educational materials and call scripts to improve CIS 10 rate in Fresno County | New for 2020 | Identified a culturally and linguistically appropriate video to educate members and promote immunizations | | |
| Major Activities | | Timeframe For Completion | Responsible Party(s) | | |
| Implement educational intervention to promote childhood immunizations | | June 2020 | Tony Gonzalez | | |
| Participate in bi-weekly planning meetings with Family Health Care Network | | December 2020 | Tony Gonzalez | | |
| Promote Childhood Immunization Resources | | December 2020 | Tony Gonzalez | | |
| Initiative Continuation Status (populate at year-end) | CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> | | | | |
| 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 DHCS has postponed the CIS-10 PIP due to the COVID-19 pandemic. Call scripts have been developed and are awaiting DHCS approval. Year-End Update: | | | | |
| Overall Summary (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"/> | | | | |

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| 8. Initiative/ Project: | Member Engagement (Know Your Numbers and Phone 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 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"/> PNA | | | |
| 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, J. Felix | Secondary: | A. Corona, 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) | 2019 Outcomes (Year-End) | 2020 Outcomes (Mid-Year) | 2020 Outcomes (Year-End) |
| Increase member screenings for diabetes care measures | 65% of member participants in Know Your Numbers (KYN) interventions complete their screening | 306 participants reached, of which 215 (70%) were CVH members. Of the members reached, 149 (69%) completed their diabetes screening | Reached 10 participants, of which 50% were CVH members | |
| Increase member understanding of health plan benefits, health plan satisfaction and preventive health screenings | Achieve 90% satisfaction from participants attending the Member Orientation classes | Postponed to 2020 | Cancelled due to COVID-19 pandemic | |
| Conduct phone education and appointment scheduling for CVH members to attend screening events | Reach a 25% CalViva Health membership via telephonic education and/or appointment scheduling | Reached 47% of members via telephonic education (108/231) of which 39% (42/108) scheduled an appointment | Developed a multi-telephonic script and is awaiting DHCS approval. Will be implemented in Q3-Q4 | |
| Major Activities | | Timeframe For Completion | Responsible Party(s) | |
| Train staff on phone scripts and appointment scheduling | | March 2020 | J. Felix, I. Rivera | |
| Revise member orientation curriculum and obtain approval of member benefits and resource materials addressing member needs related to social determinants of health | | June 2020 | T. Gonzalez | |
| Develop member orientation implementation plan | | June 2020 | T. Gonzalez | |
| Partner with key providers to promote KYN forums to targeted health plan members | | December 2020 | T. Gonzalez | |
| Initiative Status (populate at year-end) | MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> | | | |
| Mid-Year and Year End Updates | <p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: HE staff have been working on developing a new process to improve and streamline telephonic outreach requests. New telephonic educational script includes 15 health education topics and Motivational Interviewing techniques. A Questions and Answers Guide has also been updated to include Motivational Interviewing techniques that will be used with the new script. Lastly, a new Resource Guide is in development for a quick glance on program and services available to CalViva Health members.</p> <p>The Know Your Numbers initiative will pivot to providing health education through telephone outreach and continue to promote preventive screenings with key community partners and Federally Qualified Health Centers.</p> <p>Year-End Update:</p> | | | |

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| Initiative Continuation Status <i>(populate at year-end)</i> | CLOSED <input type="checkbox"/> | CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> | CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> |
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| 9. Initiative/ Project: | Member Newsletters | | | |
| Priority Counties | <input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA | | | |
| Initiative Aim(s) | <input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA | | | |
| 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) | 2019 Outcomes (Year-End) | 2020 Outcomes (Mid-Year) | 2020 Outcomes (Year-End) |
| Manage content for Medi-Cal Newsletter | Develop and distribute 1 CVH member newsletters | Produced 2 newsletters | Developed and distributed one CalViva Health Newsletter to member homes in June 2020 | |
| Major Activities | | Timeframe For Completion | Responsible Party(s) | |
| Conduct interdepartmental meeting to decide 2020 newsletter topics | | January 2020 | K. Schlater | |
| Submit 1 newsletters to C&L database | | May 2020 | K. Schlater | |
| Explore options for expanded online newsletter | | June 2020 | k. Schlater | |
| Update desktop procedure as needed | | December 2020 | K. Schlater | |
| Develop and implement member newsletters according to the production schedule | | December 2020 | K. Schlater | |
| Initiative Status (populate at year-end) | MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> | | | |
| Mid-Year and Year End Updates | <i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: One CalViva Health member newsletter was distributed to member homes in June 2020. The newsletter was reduced from bi-annually to annually due to staff and budget resources. Currently exploring additional methods of member communication. Year-End Update: | | | |
| Initiative Continuation Status (populate at year-end) | CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> | | | |

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| 10. 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"/> PNA | | | |
| Rationale | <p>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). CA Surgeon General's office launched the (Adverse Childhood Experiences) ACEs Aware Initiative to encourage primary care providers to conduct ACEs screenings and refer members to appropriate services and resources to mitigate Toxic Stress. Also, due to the COVID-19 pandemic, there is an increase in anxiety and stress in the general population. As the new coronavirus began spreading across the country, what was an infectious disease crisis also became a behavioral health emergency. Compared to a year ago (2019), the rate of people reporting symptoms of anxiety and depression has tripled from April through June 2020, according to the weekly Household Pulse Survey, a new product from the National Center for Health Statistics and the US Census Bureau.</p> | | | |
| Reporting Leader(s) | Primary: | L. Wong, D. Carrillo | | Secondary: |
| Goal of Initiative | To support members with behavioral health resources and opioid education. | | | |
| Performance Measure(s) | Objective(s) | 2019 Outcomes (Year-End) | 2020 Outcomes (Mid-Year) | 2020 Outcomes (Year-End) |
| Assist opioid intervention planning | Develop statewide maps noting opioid distribution | New for 2020 | Mapped statewide Opioid use and Medication-Assisted Treatment Providers | |
| Develop behavioral health education materials | Creation 1 new behavioral health material and a distribution plan. Determine utilization baseline | Postponed for 2020 | Drafted one Behavioral Health material titled "Know the Signs and Symptoms" | |
| Major Activities | | Timeframe For Completion | Responsible Party(s) | |
| Develop a behavioral health class curriculum and training guide. Train staff on resources | | June 2020 | L. Wong | |
| Promote mental/behavioral health resources to high risk members through Social Media | | June, September, December 2020 | L. Wong | |
| Work with NAMI to develop behavioral health education materials | | December 2020 | L. Wong | |
| Promote behavioral health resources in member newsletter | | December 2020 | L. Wong, D. Carrillo | |
| Identify myStrength users with high PHQ9 scores for Case Management referrals | | Ongoing | D. Carrillo | |
| Initiative Status (populate at year-end) | MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> | | | |
| Mid-Year and Year End Update | <p>Include barriers to implementation and systemic/organizational barriers.</p> <p>Mid-Year Update: California opioid data (death, Emergency Department, Hospitalization and Prescription Rates) were mapped across all counties, compared to the distribution of Medication-Assisted Treatment providers. Areas of need identified in preliminary discussions with Medical Directors. However, COVID-19 priorities placed additional activities on hold, such as mapping CalViva Health member buprenorphine claims. The continuation of this activity is to be determined.</p> <p>The myStrength digital platform was highlighted in the 2020 CalViva member newsletter which reached 163, 377 Cal Viva member households. Information on getting help for anxiety and depression was also provided.</p> <p>Due to the launch of the Surgeon General's office ACEs Aware Initiative, some of the Behavioral Health activities have been delayed.</p> <ul style="list-style-type: none"> The development of a draft Behavioral Health class curriculum and training guide is slated for Q4 and distribution and training will not likely be conducted until next year. | | | |

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| | <ul style="list-style-type: none"> • A draft text messaging campaign in development with anticipated implementation in Q4 • CalViva does not currently have member social media channels so this activity will not be completed. • We will no longer be working with NAMI. <p>Adverse Childhood Experiences/Trauma-Informed Care-- Since the launch of the ACEs Aware Initiative in February 2020, 10 unique communications have been distributed to providers informing them of ACEs, trauma-informed care, toxic stress and training opportunities. To date, Health Education and Cultural and Linguistics teams in partnership with Provider Relations has offered 35 trainings, trained over 550 providers, 484 CA staff, and 136 community members statewide.</p> <p>Year-End Update:</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 type="checkbox"/> |

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| 11. Initiative/ Project: | Obesity Prevention | | | | |
| 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"/> PNA | | | | |
| Rationale | Adult obesity Rate in CA is 25.8% and 13.9% for adolescents (grades 9-12)*. Obesity is a documented contributor to various diseases and healthcare costs. Per the January RY2020 HEDIS performance dashboard, Adult BMI Assessment and Weight Assessment and Counseling - BMI rates are below MPL across all Medi-Cal counties. * 2018 BRFSS and 2017 YRBSS data sources, pulled from CDC website on 1/27/2020. | | | | |
| Reporting Leader(s) | Primary: | D. Carrillo | | Secondary: | T. Gonzalez, J. Felix, M. Lin |
| 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) | 2019 Outcomes (Year-End) | 2020 Outcomes (Mid-Year) | 2020 Outcomes (Year-End) | |
| Increase Fit Families for Life (FFFL) Home Edition Program enrollment & satisfaction | Enroll 500+ members (75% flagged as high-risk) and 90% satisfaction from both program surveys | Enrolled 572 members (99% flagged as high risk), 100% satisfaction from workbook survey and 92% satisfaction from direct incentive survey | Enrolled 228 members (98% flagged as high risk), 100% satisfaction from workbook survey and 94% satisfaction from direct incentive survey | | |
| Increase Healthy Habits for Healthy People (HHHP) program enrollment | Enroll 350+ members | Enrolled 357 members | Enrolled 135 members | | |
| Conduct Fit Families for Life (FFFL) Community classes, increase participant knowledge and acquire high satisfaction rates | Reach a 25% member participation rate; participants achieve 80% correct answers per knowledge metric (post-tests) and 90% satisfaction rate from post-tests | Reached a 70% member participation rate; 100% correct answers on all knowledge metrics (workshops); 100% satisfaction rate overall from workshops. No series data collected | Cancelled due to COVID-19 pandemic | | |
| Major Activities | | Timeframe For Completion | Responsible Party(s) | | |
| Provider Update on weight management products | | April 2020 | D. Carrillo | | |
| Update content and design of FFFL & HHHP program materials | | June 2020 | D. Carrillo, M. Lin | | |
| Promote FFFL and HHHP in member newsletter | | September 2020 | D. Carrillo | | |
| Introduce text-messaging outreach to introduce Diabetes Prevention Program (DPP) and/or FFFL to overweight members | | September 2020 | D. Carrillo | | |
| Promote weight management resources on the CVH website | | December 2020 | D. Carrillo, J. Felix | | |
| Enroll members non-compliant in the weight assessment/counseling HEDIS measure | | Quarterly, 2020 | D. Carrillo | | |
| Initiative Status (populate at year-end) | MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> | | | | |
| 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: Program utilization for FFFL and HHHP programs are slightly behind targets at midyear. Member outreach and communications have been placed on hold, with resources prioritized to COVID-19 activities. Member outreach to resume in Q3. Community classes and events overall have been limited or cancelled, also in response to COVID-19. Because of this, no FFFL classes were scheduled during the first half of 2020. Continuation of health education classes during the second half of 2020 are to be determined. On-line weekly fitness classes are offered to reach CVH members during COVID-19 pandemic. Members can join by computer or by telephone.</p> <p>Year-End Update:</p> | | | | |

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| Overall Summary <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"/> |

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| 12. Initiative/ Project: | Pediatric 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"/> PNA | | | |
| Rationale | <p>Regularly scheduled well-child visits are a vital component of health care for young children and the foundation of pediatric primary care for most children in the United States. The American Academy of Pediatrics (AAP) guideline recommends attending 14 Well Child Visit (WCV) within the first five years of life and then annual visits after that until age 21. These visits may provide children with a unique opportunity to identify and address pressing social, preventive, behavioral, and developmental health services. Furthermore, these visits help ensure timely immunizations, help reduce the use of acute care services and offer parents an opportunity to discuss their health-related concerns that demonstrate significant and long-lasting effects on children's lives with the provider. Research estimates that children miss approximately one-third of WCVs, with African American children, children who are uninsured or publicly insured, and children from low-income families reporting even higher disproportions of WCVs. Literature indicates that children who were primarily publicly insured or uninsured most frequently missed visits at 15 months, 18 months, and four years. Children who fall short of these visits may lack developmental screenings and other preventive services typically performed at these ages. Missed WCVs accompany increased emergency department use and hospitalizations, associations that become amplified among children from low-income families.</p> <p>A consensus of scientific research demonstrates that cumulative adversity, especially when experienced during childhood development, also known as Adverse Childhood Experiences (ACEs), is a root cause to some of the most harmful, persistent, and expensive health challenges facing our nation. Identifying ACEs and other social determinants of health in children and adults, and providing targeted intervention, can improve efficacy and efficiency of care, support individual and family health and well-being, and reduce long-term health costs.</p> <p>The following CVH Counties express the current HEDIS rates for pediatric measures: Fresno: AWC (<50th MPL), W15 (<25th percentile 3+ years), W34 (<50th MPL), CIS-10 (<50th MPL), Kings: AWC (<50th MPL), W15 (<25th percentile 3+ years), W34 (<50th MPL), CIS-10 (<50th MPL), IMA-2 (<50th Percentile) a Madera: AWC (< 50th MPL), W15 (< 50th MPL), W34 (<50th MPL)</p> | | | |
| Reporting Leader(s) | Primary: | A. Fathifard | Secondary: | M. Lin, T. Gonzalez, J. Felix, L. Wong |
| Goal of Initiative | Develop resources to inform and educate members about the significance of WCV and to act as a support for improving select HEDIS measures by driving member engagement via educational and community screening services. | | | |
| Performance Measure(s) | Objective(s) | 2019 Outcomes (Year-End) | 2020 Outcomes (Mid-Year) | 2020 Outcomes (Year-End) |
| Pediatric resource development | Develop and promote 3 educational well-child resources and train Health Educators in utilizing them | New for 2020 | Developed a well-child visit flyer and a social media messaging campaign for pre-teen vaccination week. Well-Child Visit curriculum is currently in development | |
| Adverse Childhood Experiences (ACEs) educational resource development | Develop 2 educational resources for providers and members | New for 2020 | Developed 4 behavioral health educational resources on Toxic Stress and ACEs | |
| Major Activities | | Timeframe For Completion | Responsible Party(s) | |
| Participate in Pre-Teen Vaccination Week via Social Media Post campaign | | March 2020 | A. Fathifard | |
| Develop Well-Child Visit Class Curriculum for Community Events/Webinars | | May 2020 | A. Fathifard | |
| Develop and promote well-child flyer | | June 2020 | A. Fathifard | |
| Explore utilizing Pfizer VAKS program across PPG providers | | December 2020 | A. Fathifard | |
| Explore utilizing Merck HPV resources | | December 2020 | A. Fathifard | |
| Promote ACEs Aware Initiative | | December 2020 | L. Wong | |

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| Initiative Status <i>(populate at year-end)</i> | <p style="text-align: center;"> MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> </p> |
| Mid-Year and Year End Updates | <p>Include barriers to implementation and systemic/organizational barriers.</p> <p>Mid-Year Update: Adverse Childhood Experiences/Trauma-Informed Care-- Since the launch of the ACEs Aware Initiative in February 2020, 10 unique communications have been distributed to providers informing them of ACEs, trauma-informed care, toxic stress and training opportunities. To date, Health Education and Cultural and Linguistics teams in partnership with Provider Relations has offered 35 trainings, trained over 550 providers, 484 CA staff, and 136 community members statewide.</p> <p>Due to COVID-19 shelter-in-place orders, HE staff placed on hold scheduling community-based well-child interventions. As these challenges arose, HE shifted our strategy from conducting screenings to developing a pediatric well-child-visit flyer (English + Spanish) that educates members on the importance of well-child visits, the frequency of visits (recommended by the American Academy of Pediatrics), and member outreach resources that will assist these members in overcoming potential appointment barriers. This flyer will contribute as part of a more robust pediatric health curriculum, which intends to comprehensively educate new parents on all aspects of well-child care.</p> <p>Year-End Update:</p> |
| Initiative Continuation Status <i>(populate at year-end)</i> | <p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> </p> |

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| 13. 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"/> PNA | | | |
| Rationale | Increase Postpartum care HEDIS rate to the 50 th percentile or above 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) | 2019 Outcomes (Year-End) | 2020 Outcomes (Mid-Year) | 2020 Outcomes (Year-End) |
| Promote pregnancy packets to members | Distribute 1,000+ pregnancy information packets to requesting CVH pregnant members | A total of 1,008 CVH Pregnant Program packets and 500 Newborn packets to members | Distributed a total of 693 CVH Pregnant Program packets and 54 Newborn packets to members | |
| Coordinate bilingual baby showers in to expectant mothers in Fresno and Kings County | Reach 35% member participation at baby showers within Kings and Fresno counties | Completed 29 baby showers in Fresno & Kings Counties with 450 attendees, of which, 277 (62%) were CVH members | Completed 5 baby showers in Fresno County with 70 attendees, of which 53% were CVH members (37/70) | |
| 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 2020 | I. Rivera | |
| Train Provider Relations and QI department staff on updated Infant Nutrition Benefit Guide and breast pump policy | | December 2020 | K. Schlater | |
| Coordinate with QI, community based organizations, and clinics to implement baby showers in English, Spanish, and Hmong | | Ongoing | I. Rivera | |
| Initiative Status (populate at year-end) | MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> | | | |
| Mid-Year and Year End Updates | <i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Due to Covid-19 pandemic, 12 baby showers were cancelled. Year-End Update: | | | |
| Initiative Continuation Status (populate at year-end) | CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> | | | |

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| 14. Initiative/ Project: | Promotores Health Network (PHN) | | | |
| Priority Counties | <input type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA | | | |
| Initiative Aim(s) | <input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA | | | |
| Rationale | Madera Diabetes HbA1c control (44.44%) and poor control (47.20%) are below MPL. | | | |
| Reporting Leader(s) | Primary: | T. Gonzalez | Secondary: | Adela Corona |
| 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) | 2019 Outcomes (Year-End) | 2020 Outcomes (Mid-Year) | 2020 Outcomes (Year-End) |
| Increase member participation in PHN education charlas | Reach a 60% member participation in education charlas | Conducted 53 charlas with 66% health plan member reach rate (664/1113) | Conducted 75 charlas with 59% member reach rate (1175/1991) | |
| Increase member participation in diabetes prevention program classes | Conduct 1 DSME class series reaching 50% targeted CVH member participants | Conducted 1 DSME class series with 14 participants, of which 10 (71%) were members | Cancelled due to loss of funding by Madera Department of Public Health | |
| Implement the Rx for Health intervention to increase member participation in health education charlas | Engage 50 members in our diabetes charla series using Rx for Health prescriptions | No member requests for FFFL were received | Cancelled due to COVID-19 pandemic | |
| Major Activities | | Timeframe For Completion | Responsible Party(s) | |
| Refresher trainer on DSME training for PHN | | June 2020 | 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 2020 | T. Gonzalez | |
| Collaborate with Madera Community Hospital and Camarena Health to refer members to diabetes classes | | December 2020 | T. Gonzalez | |
| Continue collaboration with Madera Unified School District Parent Resource Centers to host diabetes classes | | December 2020 | T. Gonzalez | |
| Initiative Status (populate at year-end) | MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> | | | |
| Mid-Year and Year End Updates | <i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Community classes and events have been cancelled due to COVID-19 pandemic. Our community partner, Madera County Department of Public Health, lost project funding for the diabetes self-management and education class series; consequently, we were not able to implement the Rx for Health intervention to promote the diabetes class series. Promotoras in the Promotores Health Network Program successfully pivoted to a virtual format (i.e.zoom) and continue to provide bailoterapia (physical activity), walking club, literacy club (reading club) and health education in collaboration with community partners: Madera Department of Public Health, Alzheimer’s Association, Parkinson’s Association, Vision y Compromiso, among others. Year-End Update: | | | |
| Initiative Continuation Status (populate at year-end) | CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> | | | |

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| 15. 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"/> PNA | | | |
| Rationale | <p>Cigarette smoking remains the leading cause of preventable disease, disability, and deaths in all communities. Smoking tobacco contributes to diabetes mellitus, rheumatoid arthritis, and colorectal cancer besides heart and lung diseases per the Surgeon General. Tobacco control and prevention efforts have been successful, however, disparities persist. Approximately 18% of tobacco use among rural counties tends to be higher than in urban communities and access to resources are more limited. Vaping/E-cigarettes: 93% of vapers are aware of vaping-related illnesses and deaths; most vape to socialize and/or relax (reduce stress). Nationally, over \$13 billion is spent on healthcare-related costs due to smoking; over \$10 billion a year is lost in smoking-related loss of productivity; 68% of U.S. adults are interested in quitting (MMWR, 2017).</p> | | | |
| Reporting Leader(s) | Primary: | D. Carrillo | Secondary: | B. Nate |
| 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) | 2019 Outcomes (Year-End) | 2020 Outcomes (Mid-Year) | 2020 Outcomes (Year-End) |
| Collaborate with California Smoker's Helpline (CSH), CVH pharmacy staff, and other tobacco –related stakeholders to improve smoking cessation rates among members | Enroll 160+ CVH member in CSH | Enrolled 154 CVH members | Enrolled 59 CVH members | |
| Train health care professionals on best practices and resources for reducing member tobacco use (e.g., smoking and/or vaping) | Implement at least one provider education activity related to tobacco cessation | New for 2020 | Cancelled due to COVID-19 pandemic | |
| Major Activities | | Timeframe For Completion | Responsible Party(s) | |
| Identify smokers and track changes in health conditions improved by smoking by using pharmacy data and claims billing codes (CDT and ICD-10 codes) and encourage them to join the California Smokers' Helpline | | March 2020 | D. Carrillo | |
| Finalize social media interventions and/or texting program for promotion of smoking cessation resources | | September 2020 | D. Carrillo | |
| Finalize Scope of Work and contract with CSH to increase member enrollment into CSH (nicotine patch promotion, etc.) | | September 2020 | D. Carrillo, H. Su | |
| Promote CSH in one Medi-Cal newsletter and/or a provider update | | December 2020 | K. Magie | |
| Initiative Status (populate at year-end) | MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> | | | |
| Mid-Year and Year End Updates | <p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: Due to shifting priorities to address COVID-19, tobacco activities will be reduced in scope. We will continue to leverage opportunities with our external partners to focus on social media-based activities and improve tracking of member participation of cessation activities. In addition, ICD-10 codes and claims data will be utilized to target and tailor outreach messaging to members identified as smokers, and smokers initiating cessation with nicotine replacement therapy. Initiated contracting with CA Smokers' Helpline to outreach to members to improve tracking of member participation in smoking cessation.</p> <p>Year-End Update:</p> | | | |

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| 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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| 16. Initiative/ Project: | Women's 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 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"/> PNA | | | |
| Rationale | <p>1. According to the U.S. Preventive Services Task Force (USPSTF), American Cancer Society (ACS), and Centers for Disease Control and Prevention (CDC), it's recommended women between 21 to 65 years of age should have regular pap tests. Cervical Cancer is highly preventable because screening test and a vaccine to prevent HPV infections are available. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life. Improve cervical cancer screening rates for Fresno County (60.56%) that is below the MPL. Madera County (62.83%) and Kings County (61.76%) are above the MPL.</p> <p>2. According to the ACS, 1 out of 8 women will develop breast cancer in their lifetime. Breast Cancer is the most common cancer in women, no matter race or ethnicity and it's the most common cause of death from cancer among Hispanic women. Regular mammograms are the best tests doctors have to find breast cancer early, sometimes up to three years before it can be felt for women over 50 years of age. Improve breast cancer screening rates for Fresno County (52.51%) and Kings County (55.08%) that are below the MPL. Madera County (60.15%) is above the MPL.</p> | | | |
| Reporting Leader(s) | Primary: | G. Toland | | Secondary: T. Gonzalez, I. Rivera |
| Goal of Initiative | To provide members with education on breast cancer and cervical cancer regular screenings through promotion of importance of regular screenings and multifaceted communication. | | | |
| Performance Measure(s) | Objective(s) | 2019 Outcomes (Year-End) | 2020 Outcomes (Mid-Year) | 2020 Outcomes (Year-End) |
| Conduct BCS/CCS classes & telephonic educational calls | Coordinate with Every Women Counts a minimum of 3 BCS/CCS classes. Conduct telephonic educational calls in CVH counties to target non-compliant members. Reach 50 members | New for 2020 | Conducted 1 BCS/CCS virtual class in partnership with Every Woman Counts with 19 participants. Telephonic outreach will begin in Q3&Q4 | |
| Implement multi-care gap text messaging program that includes BCS/CCS | Reach 50% of targeted members | New for 2020 | Developing text message campaign for CCS to be implemented in Q4 | |
| Major Activities | | Timeframe For Completion | Responsible Party(s) | |
| Produce BCS & CCS member educational pieces | | June 2020 | G. Toland | |
| Obtain DHCS approval prior to implementation | | July 2020 | G. Toland | |
| Develop and launch a HEDIS improvement related text messaging program | | December 2020 | G. Toland, H. Su | |
| Conduct BCS & CCS health classes and Telephonic educational calls | | December 2020 | I. Rivera, G. Toland | |
| Obtain evaluation report from text vendor to review program and member successes | | December 2020 | G. Toland | |
| Work with Provider Relations to promote & distribute BCS/CCS materials with providers. | | December 2020 | G. Toland | |
| Coordinate with Cultural & Linguistics Hmong BCS Disparity Project in Fresno County | | December 2020 | J. Gonzalez, I. Rivera, G. Toland | |
| Initiative Status (populate at year-end) | MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> | | | |
| Mid-Year and Year End Updates | <p>Include barriers to implementation and systemic/organizational barriers.</p> <p>Mid-Year Update: Due to COVID-19 pandemic shelter-in-place orders, HE staff placed on hold scheduling BCS/CCS educational classes in the community. During this time, HE staff have been working on revising the BCS and CCS curricula and training guides, telephonic education script, Q&A guide and resource guide. Furthermore, staff have been developing a new process to improve telephonic outreach requests. BCS/CCS telephonic script is awaiting DHCS approval.</p> | | | |

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| | <p>CVH BCS/CCS text messaging campaign has not begun. Text messaging campaign will be submitted to CVH Compliance for approval once HN text messaging campaigns have been launched.</p> <p>Year-End Update:</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 type="checkbox"/></p> |

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| 17. 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"/> PNA | | | | |
| Rationale | Provide oversight to assure compliance to DHCS requirements. | | | | |
| Reporting Leader(s) | Primary: | H. Su, J. Felix | | Secondary: | G. Toland, S. Wright |
| Goal of Initiative | To meet regulatory and company compliance | | | | |
| Performance Measure(s) | Objective(s) | 2019 Outcomes (Year-End) | 2020 Outcomes (Mid-Year) | 2020 Outcomes (Year-End) | |
| Complete and submit Health Education Department's Program Description, Work Plan, and Work Plan evaluation reports | Complete and submit Program Description, Work Plan, and Work Plan evaluation reports | Submitted work plan evaluation, work plan and Program Description | Completed and submitted work plan, Program Description, and 1 work plan evaluation | | |
| Update Health Education Department's Policies and Procedures | Update Policies and Procedures | Updated 5 Policies and 1 Program Description | 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 | Complete semi-annual progress reports and 10 annual DHCS incentive evaluation reports | Completed 1 semi-annual progress report and 3 annual DHCS incentive evaluation reports | | |
| Develop and distribute a Provider Update on Staying Healthy Assessment (SHA) | Produce 1 Provider Update | Produced 1 Provider Update | Produced 1 Provider Update | | |
| Present Health Education updates at PPC meetings | Participate in 4 PPC meetings where health education reports are presented | Presented at 4 PPC meetings | Presented health education reports at 2 PPC meetings | | |
| Major Activities | | Timeframe For Completion | Responsible Party(s) | | |
| Update Department Program Description | | March 2020 | H. Su, J. Felix | | |
| Complete incentive program progress reports and annual DHCS evaluations | | September 2020 & March 2021 | H. Su, J. Felix | | |
| Produce and distribute Provider Update on SHA | | December 2020 | M. Lin | | |
| Update Health Education Department's Policies and Procedures | | December 2020 | H. Su, J. Felix | | |
| Initiative Status (populate at year-end) | MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> | | | | |
| Mid-Year and Year End Updates | <i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Health Education Department is compliant with all required reporting. No barriers encountered. Year-End Update: | | | | |
| Initiative Continuation Status (populate at year-end) | CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> | | | | |

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| 18. 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"/> PNA | | | |
| Rationale | Assure health education resources are meeting DHCS requirements per APL 18-016. | | | |
| Reporting Leader(s) | Primary: | G. Toland, J. Felix, H. Su | | Secondary: T. Gonzalez, 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) | 2019 Outcomes (Year-End) | 2020 Outcomes (Mid-Year) | 2020 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 2 existing materials. Updated 2 DHCS Checklists. Developed 4 new in-house materials | Developed 3 new in-house materials | |
| Develop behavioral health education materials | Creation of at least 1 behavioral health material(s) and distribution plan. Determine utilization baseline | Postponed for 2020 | Adopted 4 behavioral health educational resources on Toxic Stress and ACEs. Distribution plan is in the works | |
| Educate members on controlling asthma | Develop and disseminate 1 educational resource about asthma action plan, use of medication, peak flow meter readings, and finding your triggers | Resource will be finalized in Q1, 2020 | Developed 3 new asthma educational resources | |
| Major Activities | | Timeframe For Completion | Responsible Party(s) | |
| Update materials identification codes with scanning vendor | | October 2020 | G. Toland | |
| Review, process, and track CVH materials review and approvals | | December 2020 | G. Toland | |
| Partner with Provider Relations to promote health education materials | | December 2020 | T. Gonzalez, J. Felix | |
| Initiative Status (populate at year-end) | MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> | | | |
| Mid-Year and Year End Updates | <i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: HE has taken on additional marketing lead responsibilities to develop new resources which greatly impacted our production timeline. To address this barrier, high priority materials that impact routine mailings and major HEDIS topics have been identified to be the main focus for 2020. In addition, process improvement project was created to help enhance the overall material development process. Reviewed and approved 4 ACEs external materials. Year-End Update: | | | |
| Initiative Continuation Status (populate at year-end) | CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> | | | |

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| 19. Initiative/ Project: | Health Education Operations: Geographic Information Systems (GIS) | | | |
| 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"/> PNA | | | |
| 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) | 2019 Outcomes (Year-End) | 2020 Outcomes (Mid-Year) | 2020 Outcomes (Year-End) |
| GIS-assisted HEDIS intervention activities and Health Education outreach | Develop geomaps for 10+ projects/outreach activities. | Completed 13 data/mapping requests | Completed 5 data/mapping requests | |
| Introduce new interactive mapping platform | Implement use of interactive software within Health Education and QI departments | New for 2020 | Developed and tested interactive tool with security settings and functions | |
| Major Activities | | Timeframe For Completion | Responsible Party(s) | |
| Monitor Health Education Data Request Database and GIS Mapping Request Dashboard for mapping/data support | | Ongoing | D. Carrillo | |
| Develop interactive county maps for Fresno, Kings & Madera using HEDIS data | | June 2020 | D. Carrillo | |
| Train health education staff on interactive GIS software | | September 2020 | D. Carrillo | |
| Collect plotted outcome data to determine correlations between services offered and proximity | | December 2020 | D. Carrillo | |
| Initiative Status (populate at year-end) | MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> | | | |
| Mid-Year and Year End Updates | <p>Include barriers to implementation and systemic/organizational barriers.</p> <p>Mid-Year Update: Interactive GIS software is now functional with security settings enabled. Initial barriers revolved around securing sensitive data within the software. Three CalViva Health regions mapped within system. Team trainings and instruction guides to follow in Q3. Of 7 total data requests, 5 included a mapping component. COVID-19 affected the number of planned community-based interventions, reducing the need for planning maps and geoanalysis.</p> <p>Year-End Update:</p> | | | |
| 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 #9

Attachment 9.A

Financials as of August 31, 2020

Fresno-Kings-Madera Regional Health Authority dba CalViva Health

Balance Sheet

As of August 31, 2020

| | | Total |
|-----------|--|--------------------------|
| 1 | ASSETS | |
| 2 | Current Assets | |
| 3 | Bank Accounts | |
| 4 | Cash & Cash Equivalents | 104,450,764.62 |
| 5 | Total Bank Accounts | \$ 104,450,764.62 |
| 6 | Accounts Receivable | |
| 7 | Accounts Receivable | 246,727,443.30 |
| 8 | Total Accounts Receivable | \$ 246,727,443.30 |
| 9 | Other Current Assets | |
| 10 | Interest Receivable | 224.57 |
| 11 | Investments - CDs | 0.00 |
| 12 | Prepaid Expenses | 754,779.77 |
| 13 | Security Deposit | 0.00 |
| 14 | Total Other Current Assets | \$ 755,004.34 |
| 15 | Total Current Assets | \$ 351,933,212.26 |
| 16 | Fixed Assets | |
| 17 | Buildings | 6,659,578.63 |
| 18 | Computers & Software | 0.00 |
| 19 | Land | 3,161,419.10 |
| 20 | Office Furniture & Equipment | 116,923.68 |
| 21 | Total Fixed Assets | \$ 9,937,921.41 |
| 22 | Other Assets | |
| 23 | Investment -Restricted | 316,832.38 |
| 24 | Total Other Assets | \$ 316,832.38 |
| 25 | TOTAL ASSETS | \$ 362,187,966.05 |
| 26 | LIABILITIES AND EQUITY | |
| 27 | Liabilities | |
| 28 | Current Liabilities | |
| 29 | Accounts Payable | |
| 30 | Accounts Payable | 67,309.78 |
| 31 | Accrued Admin Service Fee | 4,008,015.00 |
| 32 | Capitation Payable | 81,174,266.50 |
| 33 | Claims Payable | 15,138.27 |
| 34 | Directed Payment Payable | 68,110,888.30 |
| 35 | Total Accounts Payable | \$ 153,375,617.85 |
| 36 | Other Current Liabilities | |
| 37 | Accrued Expenses | 479,700.00 |
| 38 | Accrued Payroll | 63,538.25 |
| 39 | Accrued Vacation Pay | 284,285.80 |
| 40 | Amt Due to DHCS | 3,034,882.73 |
| 41 | IBNR | 20,434.87 |
| 42 | Loan Payable-Current | 0.00 |
| 43 | Premium Tax Payable | 0.00 |
| 44 | Premium Tax Payable to BOE | 5,959,663.97 |
| 45 | Premium Tax Payable to DHCS | 91,437,500.00 |
| 46 | Total Other Current Liabilities | \$ 101,280,005.62 |
| 47 | Total Current Liabilities | \$ 254,655,623.47 |
| 48 | Long-Term Liabilities | |
| 49 | Renters' Security Deposit | 0.00 |
| 50 | Subordinated Loan Payable | 0.00 |
| 51 | Total Long-Term Liabilities | \$ 0.00 |
| 52 | Total Liabilities | \$ 254,655,623.47 |
| 53 | Equity | |
| 54 | Retained Earnings | 108,757,395.00 |
| 55 | Net Income | (1,225,052.42) |
| 56 | Total Equity | \$ 107,532,342.58 |
| 57 | TOTAL LIABILITIES AND EQUITY | \$ 362,187,966.05 |

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Budget vs. Actuals: Income Statement
July 2020 - August 2020 (FY 2021)

| | | Total | | |
|-----------|------------------------------------|-----------------------|-----------------------|-----------------------|
| | | Actual | Budget | Over/(Under) Budget |
| 1 | Income | | | |
| 2 | Interest Earned | 55,552.15 | 66,000.00 | (10,447.85) |
| 3 | Premium/Capitation Income | 211,545,506.99 | 216,491,034.00 | (4,945,527.01) |
| 4 | Total Income | 211,601,059.14 | 216,557,034.00 | (4,955,974.86) |
| 5 | Cost of Medical Care | | | |
| 6 | Capitation - Medical Costs | 177,500,157.97 | 180,443,130.00 | (2,942,972.03) |
| 7 | Medical Claim Costs | 128,312.85 | 170,000.00 | (41,687.15) |
| 8 | Total Cost of Medical Care | 177,628,470.82 | 180,613,130.00 | (2,984,659.18) |
| 9 | Gross Margin | 33,972,588.32 | 35,943,904.00 | (1,971,315.68) |
| 10 | Expenses | | | |
| 11 | Admin Service Agreement Fees | 7,993,953.00 | 8,007,998.00 | (14,045.00) |
| 12 | Bank Charges | 776.58 | 1,100.00 | (323.42) |
| 13 | Computer/IT Services | 22,447.84 | 28,016.00 | (5,568.16) |
| 14 | Consulting Fees | 0.00 | 17,500.00 | (17,500.00) |
| 15 | Depreciation Expense | 47,726.12 | 51,000.00 | (3,273.88) |
| 16 | Dues & Subscriptions | 26,348.00 | 30,032.00 | (3,684.00) |
| 17 | Grants | 1,325,000.00 | 1,336,363.00 | (11,363.00) |
| 18 | Insurance | 28,524.13 | 28,540.00 | (15.87) |
| 19 | Labor | 578,590.39 | 582,508.00 | (3,917.61) |
| 20 | Legal & Professional Fees | 20,164.00 | 31,800.00 | (11,636.00) |
| 21 | License Expense | 123,295.18 | 142,570.00 | (19,274.82) |
| 22 | Marketing | 181,651.86 | 240,000.00 | (58,348.14) |
| 23 | Meals and Entertainment | 928.64 | 2,200.00 | (1,271.36) |
| 24 | Office Expenses | 14,443.49 | 14,000.00 | 443.49 |
| 25 | Parking | 0.00 | 250.00 | (250.00) |
| 26 | Postage & Delivery | 251.74 | 560.00 | (308.26) |
| 27 | Printing & Reproduction | 299.06 | 800.00 | (500.94) |
| 28 | Recruitment Expense | 0.00 | 6,000.00 | (6,000.00) |
| 29 | Rent | 0.00 | 2,000.00 | (2,000.00) |
| 30 | Seminars and Training | 254.07 | 4,000.00 | (3,745.93) |
| 31 | Supplies | 1,521.68 | 1,800.00 | (278.32) |
| 32 | Taxes | 24,937,509.77 | 24,937,500.00 | 9.77 |
| 33 | Telephone | 5,684.77 | 5,800.00 | (115.23) |
| 34 | Travel | 23.00 | 4,200.00 | (4,177.00) |
| 35 | Total Expenses | 35,309,393.32 | 35,476,537.00 | (167,143.68) |
| 36 | Net Operating Income/(Loss) | (1,336,805.00) | 467,367.00 | (1,804,172.00) |
| 37 | Other Income | | | |
| 38 | Other Income | 111,752.58 | 80,000.00 | 31,752.58 |
| 39 | Total Other Income | 111,752.58 | 80,000.00 | 31,752.58 |
| 40 | Net Other Income | 111,752.58 | 80,000.00 | 31,752.58 |
| 41 | Net Income/(Loss) | (1,225,052.42) | 547,367.00 | (1,772,419.42) |

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Income Statement: Current Year vs Prior Year
FY 2021 vs FY 2020

| | | Total | |
|-----------|--------------------------------------|-----------------------------------|-----------------------------------|
| | | July 2020 - August 2020 (FY 2021) | July 2019 - August 2019 (FY 2020) |
| 1 | Income | | |
| 2 | Interest Earned | 55,552.15 | 148,956.87 |
| 3 | Premium/Capitation Income | 211,545,506.99 | 174,172,493.18 |
| 4 | Total Income | 211,601,059.14 | 174,321,450.05 |
| 5 | Cost of Medical Care | | |
| 6 | Capitation - Medical Costs | 177,500,157.97 | 162,846,920.35 |
| 7 | Medical Claim Costs | 128,312.85 | 500,431.21 |
| 8 | Total Cost of Medical Care | 177,628,470.82 | 163,347,351.56 |
| 9 | Gross Margin | 33,972,588.32 | 10,974,098.49 |
| 10 | Expenses | | |
| 11 | Admin Service Agreement Fees | 7,993,953.00 | 7,871,325.00 |
| 12 | Bank Charges | 776.58 | 5.00 |
| 13 | Computer/IT Services | 22,447.84 | 19,808.88 |
| 14 | Depreciation Expense | 47,726.12 | 48,381.26 |
| 15 | Dues & Subscriptions | 26,348.00 | 26,650.00 |
| 16 | Grants | 1,325,000.00 | 142,895.75 |
| 17 | Insurance | 28,524.13 | 33,323.38 |
| 18 | Labor | 578,590.39 | 483,675.09 |
| 19 | Legal & Professional Fees | 20,164.00 | 13,237.66 |
| 20 | License Expense | 123,295.18 | 127,184.48 |
| 21 | Marketing | 181,651.86 | 165,220.02 |
| 22 | Meals and Entertainment | 928.64 | 1,312.85 |
| 23 | Office Expenses | 14,443.49 | 10,982.59 |
| 24 | Parking | 0.00 | 195.00 |
| 25 | Postage & Delivery | 251.74 | 504.41 |
| 26 | Printing & Reproduction | 299.06 | 466.43 |
| 27 | Rent | 0.00 | 600.00 |
| 28 | Seminars and Training | 254.07 | 5,200.99 |
| 29 | Supplies | 1,521.68 | 1,614.17 |
| 30 | Taxes | 24,937,509.77 | 0.00 |
| 31 | Telephone | 5,684.77 | 5,528.59 |
| 32 | Travel | 23.00 | 2,927.26 |
| 33 | Total Expenses | 35,309,393.32 | 8,961,038.81 |
| 34 | Net Operating Income/(Loss) | (1,336,805.00) | 2,013,059.68 |
| 35 | Other Income | | |
| 36 | Other Income | 111,752.58 | 76,472.05 |
| 37 | Total Other Income | 111,752.58 | 76,472.05 |
| 38 | Net Other Income | 111,752.58 | 76,472.05 |
| 39 | Net Income/(Loss) | (1,225,052.42) | 2,089,531.73 |

Item #9

Attachment 9.B

Compliance Report

RHA Commission Compliance – Regulatory Report



| Regulatory Filings | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | 2020 YTD Total |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------------|
| # of DHCS Filings | | | | | | | | | | | | | |
| Administrative/Operational | 9 | 15 | 12 | 13 | 12 | 13 | 9 | 14 | 14 | | | | 111 |
| Member & Provider Materials | 2 | 1 | 7 | 12 | 1 | 0 | 4 | 3 | 5 | | | | 35 |
| # of DMHC Filings | 5 | 8 | 7 | 7 | 1 | 5 | 5 | 6 | 7 | | | | 51 |

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 | 2020 YTD Total |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------------|
| # of New MC609 Cases Submitted to DHCS | 2 | 1 | 3 | 0 | 4 | 1 | 0 | 2 | 0 | 1 | | | 14 |
| # of Cases Open for Investigation (Active Number) | 16 | 16 | 16 | 14 | 14 | 16 | 15 | 17 | 17 | 18 | | | |

Summary of Potential Fraud, Waste & Abuse (FWA) cases

Since the last report, there was only one MC609 case filed. The provider is a Behavioral Health Analyst billing a higher than expected number of units of Healthcare Common Procedure Coding System (HCPCS) code H0032.

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 to critical projects or transitions that may affect CalViva Health. Health Net is providing more detailed reports of vendor oversight audits and comprehensive reports of participating provider groups (PPG) activity – additional reporting enhancements were implemented in 2020. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances and appeals, etc.</p> |
| <p>Oversight Audits</p> | <p>The following annual audits are in-progress: Access & Availability, Utilization Management & Case Management, and Call Center.</p> <p>The following audits have been completed since the last report: 2019-2020 Claims & PDR Audit (CAPs).</p> |
| <p>Regulatory Reviews/Audits and CAPS</p> | <p>Status</p> |
| <p>Department of Health Care Services (“DHCS”) Annual Network Certification</p> | <p>DHCS completed its initial assessment of CalViva Health’s 2020 ANC submission and issued two reports. One report covered ANC preliminary findings and the other report identified some deficiencies regarding alternate access determinations. The Plan submitted its responses to DHCS on 8/11/20 and 8/28/20. On 10/2/20, in response to the Plan’s 8/28/20 filing, DHCS identified additional alternate access standard deficiencies for which the Plan will provide a response.</p> |
| <p>New Regulations / Contractual Requirements</p> | |
| <p>Medi-Cal Rx Transition</p> | <p>DHCS continues implementation activities to transition pharmacy services from Medi-Cal managed care to FFS by January 1, 2021. The Medi-Cal Rx website is at: https://medi-calrx.dhcs.ca.gov/home/.</p> <p>DHCS started mailing initial notices to members October 1, 2020. There will be 90-day and 60-day notices from DHCS and a 30-day notice to members from plans. In addition, all plans are required to do additional outreach to members informing them of the pharmacy benefit transition. Examples of such outreach are calls to members, reminder postcards, web site information, newsletters, etc. DHCS and Magellan have started Provider communications and training.</p> <p>Both DMHC and DHCS are expected to issue guidance soon through all plan letters and provide regulatory filing information. CalViva Health will also be issuing new member ID cards and a Medi-Cal Rx EOC Errata by January 1, 2020.</p> |
| <p>California’s Section 1115(a) Medicaid waiver entitled Medi-Cal 2020</p> | <p>In the prior report, we noted that implementation of CalAIM was delayed to focus on addressing the pandemic. Because of the CalAIM delay, DHCS had to submit a 12-month Section 1115 waiver extension request to the Centers for Medicare & Medicaid Services (CMS) to ensure that programs authorized through Medi-Cal 2020 continue and are</p> |

RHA Commission Compliance – Regulatory Report

| | |
|---|--|
| <p>California Advancing and Innovating Medi-Cal (CalAIM)</p> | <p>eventually transitioned under CalAIM. DHCS submitted the Section 1115 Extension request to CMS for review and approval on September 16, 2020.</p> <p>The state’s extension request will be posted on the Medicaid.gov website for a 30-day federal public comment period. The extension request and CMS acknowledgement of receipt can be viewed at: https://www.dhcs.ca.gov/provgovpart/Pages/Medi-Cal-2020-Extension.aspx</p> |
| <p>COVID Crisis Response in Central Valley Counties - LTSS Collaborative</p> | <p>DHCS started an initiative to address the risk of COVID for older adults and people with disabilities in Central Valley counties, and to reduce, avoid, and transition nursing facility stays. On 10/1/20, Medi-Cal Central Valley plans (CalViva Health, Health Net and Anthem Blue Cross) convened a virtual, county-level, collaborative meeting, including HCBS waivers/providers (MSSP sites, CBAS centers, PACE organizations, HCBA and ALW waiver agencies, and CCT Lead Organizations), and county social service agencies (for In-Home Supportive Services (IHSS)). DHCS also participated in the convening which covered service organizations serving Fresno, Kings, Madera and Tulare counties.</p> |
| <p>Plan Administration</p> | |
| <p>COVID-19 Novel Coronavirus</p> | <p>On October 2, 2020, the Department of Health and Human Services (HHS) issued a renewal of the COVID-19 public health emergency (PHE) for a full 90-day extension through January 21, 2021. The Plan continues to receive All Plan Letters and other regulatory guidance from DMHC and DHCS, and continues to report provider site closures, positive COVID-19 tests and hospitalizations on a daily basis.</p> |
| <p>Committee Report</p> | |
| <p>Public Policy Committee</p> | <p>The Public Policy Committee will next meet on 12/2/20 at 11:30 AM in Fresno County via teleconference.</p> |

Item #9

Attachment 9.C

Appeals and Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2020

Current as of End of the Month: August

Revised Date: 9/15/2020

| CalViva - 2020 | | | | | | | | | | | | | | | | | 2020 | 2019 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-------------|---------------|-------------|-------------|-------------|-------------|----------------|---------------|
| Grievances | Jan | Feb | Mar | Q1 | Apr | May | Jun | Q2 | Jul | Aug | Sep | Q3 | Oct | Nov | Dec | Q4 | YTD | |
| Expedited Grievances Received | 10 | 4 | 12 | 26 | 7 | 8 | 8 | 23 | 12 | 10 | 0 | 22 | 0 | 0 | 0 | 0 | 71 | 189 |
| Standard Grievances Received | 101 | 97 | 98 | 296 | 61 | 75 | 78 | 214 | 81 | 75 | 0 | 156 | 0 | 0 | 0 | 0 | 666 | 1118 |
| Total Grievances Received | 111 | 101 | 110 | 322 | 68 | 83 | 86 | 237 | 93 | 85 | 0 | 178 | 0 | 0 | 0 | 0 | 737 | 1307 |
| Grievance Ack Letters Sent Noncompliant | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 3 | 12 |
| Grievance Ack Letter Compliance Rate | 100.0% | 97.9% | 100.0% | 99.3% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 98.7% | 0.0% | 99.4% | 0.0% | 0.0% | 0.0% | 0.0% | 99.55% | 98.9% |
| Expedited Grievances Resolved Noncompliant | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Expedited Grievances Resolved Compliant | 10 | 4 | 12 | 26 | 6 | 9 | 7 | 22 | 13 | 10 | 0 | 23 | 0 | 0 | 0 | 0 | 71 | 189 |
| Expedited Grievance Compliance rate | 100.0% | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.00% | 100.0% |
| Standard Grievances Resolved Noncompliant | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Standard Grievances Resolved Compliant | 110 | 88 | 121 | 319 | 100 | 49 | 71 | 220 | 88 | 68 | 0 | 156 | 0 | 0 | 0 | 0 | 695 | 1100 |
| Standard Grievance Compliance rate | 100.0% | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.00% | 99.9% |
| Total Grievances Resolved | 120 | 92 | 133 | 345 | 106 | 58 | 78 | 242 | 101 | 78 | 0 | 179 | 0 | 0 | 0 | 0 | 766 | 1290 |
| Grievance Descriptions - Resolved Cases | | | | | | | | | | | | | | | | | | |
| Quality of Service Grievances | 96 | 60 | 107 | 263 | 80 | 43 | 56 | 179 | 83 | 62 | 0 | 145 | 0 | 0 | 0 | 0 | 587 | 983 |
| Access - Other - DMHC | 7 | 7 | 7 | 21 | 4 | 3 | 5 | 12 | 6 | 3 | 0 | 9 | 0 | 0 | 0 | 0 | 42 | 58 |
| Access - PCP - DHCS | 10 | 9 | 12 | 31 | 5 | 3 | 4 | 12 | 14 | 11 | 0 | 25 | 0 | 0 | 0 | 0 | 68 | 166 |
| Access - Physical/OON - DHCS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Access - Spec - DHCS | 10 | 4 | 1 | 15 | 1 | 2 | 1 | 4 | 6 | 1 | 0 | 7 | 0 | 0 | 0 | 0 | 26 | 59 |
| Administrative | 13 | 9 | 23 | 45 | 12 | 21 | 16 | 49 | 22 | 18 | 0 | 40 | 0 | 0 | 0 | 0 | 134 | 211 |
| Continuity of Care | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 3 | 10 |
| Interpersonal | 8 | 5 | 9 | 22 | 11 | 5 | 7 | 23 | 9 | 3 | 0 | 12 | 0 | 0 | 0 | 0 | 57 | 106 |
| Mental Health | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 11 | 5 | 6 | 22 | 8 | 7 | 5 | 20 | 9 | 5 | 0 | 14 | 0 | 0 | 0 | 0 | 56 | 87 |
| Pharmacy | 7 | 2 | 11 | 20 | 5 | 1 | 4 | 10 | 5 | 1 | 0 | 6 | 0 | 0 | 0 | 0 | 36 | 50 |
| Transportation - Access | 17 | 11 | 22 | 50 | 15 | 0 | 9 | 24 | 6 | 5 | 0 | 11 | 0 | 0 | 0 | 0 | 85 | 160 |
| Transportation - Behaviour | 7 | 4 | 14 | 25 | 17 | 1 | 5 | 23 | 3 | 10 | 0 | 13 | 0 | 0 | 0 | 0 | 61 | 56 |
| Transportation - Other | 4 | 4 | 2 | 10 | 2 | 0 | 0 | 2 | 2 | 5 | 0 | 7 | 0 | 0 | 0 | 0 | 19 | 20 |
| Quality Of Care Grievances | 24 | 32 | 26 | 82 | 26 | 15 | 22 | 63 | 18 | 16 | 0 | 34 | 0 | 0 | 0 | 0 | 179 | 307 |
| Access - Other - DMHC | 1 | 0 | 2 | 3 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 11 |
| Access - PCP - DHCS | 0 | 0 | 1 | 1 | 1 | 0 | 1 | 2 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 4 | 4 |
| Access - Physical/OON - DHCS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Access - Spec - DHCS | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| Mental Health | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 3 | 6 | 6 | 15 | 8 | 3 | 5 | 16 | 6 | 5 | 0 | 11 | 0 | 0 | 0 | 0 | 42 | 51 |
| PCP Care | 11 | 19 | 3 | 33 | 10 | 5 | 11 | 26 | 6 | 6 | 0 | 12 | 0 | 0 | 0 | 0 | 71 | 108 |
| PCP Delay | 1 | 2 | 6 | 9 | 2 | 3 | 3 | 8 | 3 | 2 | 0 | 5 | 0 | 0 | 0 | 0 | 22 | 50 |
| Pharmacy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Specialist Care | 8 | 3 | 6 | 17 | 4 | 3 | 2 | 9 | 2 | 3 | 0 | 5 | 0 | 0 | 0 | 0 | 31 | 65 |
| Specialist Delay | 0 | 1 | 2 | 3 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 15 |
| Exempt Grievances Received | 324 | 243 | 239 | 806 | 144 | 218 | 281 | 643 | 252 | 198 | 0 | 450 | 0 | 0 | 0 | 0 | 1899 | NA |
| Access - Avail of Appt w/ PCP | 17 | 12 | 8 | 37 | 2 | 6 | 6 | 14 | 5 | 4 | 0 | 9 | 0 | 0 | 0 | 0 | 60 | NA |
| Access - Avail of Appt w/ Specialist | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | NA |
| Access - Avail of Appt w/ Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NA |
| Access - Wait Time - wait too long on telephone | 1 | 3 | 2 | 6 | 2 | 1 | 0 | 3 | 5 | 2 | 0 | 7 | 0 | 0 | 0 | 0 | 16 | NA |
| Access - Wait Time - in office for appt | 0 | 3 | 1 | 4 | 1 | 1 | 2 | 4 | 0 | 3 | 0 | 3 | 0 | 0 | 0 | 0 | 11 | NA |
| Access - Panel Disruption | 3 | 3 | 3 | 9 | 1 | 8 | 6 | 15 | 9 | 5 | 0 | 14 | 0 | 0 | 0 | 0 | 38 | NA |
| Access - Shortage of Providers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NA |
| Access - Geographic/Distance Access Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NA |
| Access - Geographic/Distance Access PCP | 1 | 1 | 0 | 2 | 2 | 0 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | NA |
| Access - Geographic/Distance Access Specialist | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | NA |
| Access - Interpreter Service Requested | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NA |
| Benefit Issue - Specific Benefit needs authorization | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NA |
| Benefit Issue - Specific Benefit not covered | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NA |
| Attitude/Service - Health Plan Staff | 4 | 1 | 1 | 6 | 1 | 1 | 4 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | NA |
| Attitude/Service - Provider | 24 | 30 | 29 | 83 | 12 | 19 | 26 | 57 | 28 | 10 | 0 | 38 | 0 | 0 | 0 | 0 | 178 | NA |
| Attitude/Service - Office Staff | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 3 | 3 | 4 | 0 | 7 | 0 | 0 | 0 | 0 | 10 | NA |
| Attitude/Service - Vendor | 2 | 1 | 4 | 7 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 3 | 0 | 0 | 0 | 0 | 10 | NA |
| Attitude/Service - Health Plan | 0 | 1 | 3 | 4 | 0 | 2 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | NA |
| Authorization - Authorization Related | 4 | 2 | 1 | 7 | 2 | 2 | 6 | 10 | 2 | 2 | 0 | 4 | 0 | 0 | 0 | 0 | 21 | NA |
| Eligibility Issue - Member not eligible per Health Plan | 1 | 3 | 0 | 4 | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | NA |
| Eligibility Issue - Member not eligible per Provider | 2 | 2 | 3 | 7 | 1 | 5 | 3 | 9 | 2 | 4 | 0 | 6 | 0 | 0 | 0 | 0 | 22 | NA |
| Health Plan Materials - ID Cards-Not Received | 14 | 20 | 16 | 50 | 6 | 14 | 17 | 37 | 16 | 16 | 0 | 32 | 0 | 0 | 0 | 0 | 119 | NA |
| Health Plan Materials - ID Cards-Incorrect Information on Card | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 2 | 1 | 2 | 0 | 3 | 0 | 0 | 0 | 0 | 6 | NA |
| Health Plan Materials - Other | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | NA |
| PCP Assignment/Transfer - Incorrect PCP assigned- Health Plan Error | 109 | 59 | 74 | 242 | 59 | 84 | 127 | 270 | 120 | 96 | 0 | 216 | 0 | 0 | 0 | 0 | 728 | NA |
| PCP Assignment/Transfer - Incorrect PCP assigned-non Health Plan Error | 29 | 14 | 10 | 53 | 3 | 12 | 18 | 33 | 11 | 12 | 0 | 23 | 0 | 0 | 0 | 0 | 109 | NA |
| PCP Assignment/Transfer - PCP effective date | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NA |
| PCP Assignment/Transfer - PCP Transfer not Processed | 0 | 0 | 2 | 2 | 0 | 2 | 2 | 4 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 8 | NA |

| | | | | | | | | | | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|----|----|---|----|---|---|---|---|-----|----|
| PCP Assignment/Transfer - Rollout of PPG | 3 | 0 | 2 | 5 | 4 | 7 | 6 | 17 | 8 | 3 | 0 | 11 | 0 | 0 | 0 | 0 | 33 | NA |
| PCP Assignment/Transfer - Mileage Inconvenience | 6 | 17 | 3 | 26 | 2 | 3 | 3 | 8 | 4 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 38 | NA |
| Pharmacy - Authorization Issue | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 3 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 5 | NA |
| Pharmacy - Authorization Issue-CalViva Error | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NA |
| Pharmacy - Eligibility Issue | 26 | 15 | 20 | 61 | 14 | 11 | 6 | 31 | 10 | 9 | 0 | 19 | 0 | 0 | 0 | 0 | 111 | NA |
| Pharmacy - Quantity Limit | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | NA |
| Pharmacy - Rx Not Covered | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NA |
| Pharmacy - Pharmacy-Retail | 5 | 4 | 4 | 13 | 2 | 6 | 3 | 11 | 4 | 3 | 0 | 7 | 0 | 0 | 0 | 0 | 31 | NA |
| Transportation - Access - Provider No Show | 9 | 1 | 1 | 11 | 0 | 2 | 0 | 2 | 1 | 2 | 0 | 3 | 0 | 0 | 0 | 0 | 16 | NA |
| Transportation - Access - Provider Late | 15 | 9 | 7 | 31 | 1 | 4 | 2 | 7 | 2 | 2 | 0 | 4 | 0 | 0 | 0 | 0 | 42 | NA |
| Transportation - Behaviour | 27 | 31 | 26 | 84 | 7 | 5 | 8 | 20 | 4 | 1 | 0 | 5 | 0 | 0 | 0 | 0 | 109 | NA |
| Transportation - Other | 2 | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 5 | NA |
| OTHER - Other | 0 | 0 | 0 | 0 | 4 | 1 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | NA |
| OTHER - Balance Billing from Provider | 18 | 9 | 18 | 45 | 15 | 16 | 29 | 60 | 13 | 14 | 0 | 27 | 0 | 0 | 0 | 0 | 132 | NA |

| Appeals | Jan | Feb | Mar | Q1 | Apr | May | June | Q2 | Jul | Aug | Sep | Q3 | Oct | Nov | Dec | Q4 | YTD | YTD |
|--|----------------|----------------|----------------|---------------|----------------|----------------|----------------|---------------|----------------|----------------|-------------|---------------|-------------|-------------|-------------|--------------|----------------|---------------|
| Appeals | | | | | | | | | | | | | | | | | | |
| Expedited Appeals Received | 11 | 9 | 13 | 33 | 12 | 6 | 14 | 32 | 8 | 8 | 0 | 16 | 0 | 0 | 0 | 0 | 81 | 158 |
| Standard Appeals Received | 78 | 91 | 95 | 264 | 67 | 53 | 57 | 177 | 109 | 79 | 0 | 188 | 0 | 0 | 0 | 0 | 629 | 744 |
| Total Appeals Received | 89 | 100 | 108 | 297 | 79 | 59 | 71 | 209 | 117 | 87 | 0 | 204 | 0 | 0 | 0 | 0 | 710 | 902 |
| Appeals Ack Letters Sent Noncompliant | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 |
| Appeals Ack Letter Compliance Rate | 100.0% | 98.9% | 100.0% | 99.6% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 99.84% | 99.6% |
| 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 | 11 | 10 | 11 | 32 | 13 | 6 | 12 | 31 | 9 | 9 | 0 | 18 | 0 | 0 | 0 | 0 | 81 | 158 |
| Expedited Appeals Compliance Rate | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.00% | 100.0% |
| Standard Appeals Resolved Noncompliant | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Standard Appeals Resolved Compliant | 65 | 69 | 95 | 229 | 100 | 78 | 51 | 229 | 53 | 98 | 0 | 151 | 0 | 0 | 0 | 0 | 609 | 726 |
| Standard Appeals Compliance Rate | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.00% | 99.6% |
| Total Appeals Resolved | 76 | 79 | 106 | 261 | 113 | 84 | 63 | 260 | 62 | 107 | 0 | 169 | 0 | 0 | 0 | 0 | 690 | 887 |
| Appeals Descriptions - Resolved Cases | | | | | | | | | | | | | | | | | | |
| Pre-Service Appeals | 76 | 78 | 106 | 260 | 113 | 84 | 63 | 260 | 62 | 107 | 0 | 169 | 0 | 0 | 0 | 0 | 689 | 883 |
| Continuity of Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Consultation | 0 | 0 | 0 | 0 | 0 | 3 | 3 | 6 | 3 | 3 | 0 | 6 | 0 | 0 | 0 | 0 | 12 | 12 |
| DME | 5 | 5 | 3 | 13 | 4 | 0 | 2 | 6 | 2 | 5 | 0 | 7 | 0 | 0 | 0 | 0 | 26 | 51 |
| 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 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 11 |
| Advanced Imaging | 34 | 37 | 49 | 120 | 55 | 37 | 29 | 121 | 33 | 66 | 0 | 99 | 0 | 0 | 0 | 0 | 340 | 412 |
| Other | 5 | 6 | 3 | 14 | 9 | 1 | 2 | 12 | 5 | 2 | 0 | 7 | 0 | 0 | 0 | 0 | 33 | 71 |
| Pharmacy | 31 | 26 | 48 | 105 | 43 | 42 | 25 | 110 | 18 | 31 | 0 | 49 | 0 | 0 | 0 | 0 | 264 | 274 |
| Surgery | 1 | 4 | 3 | 8 | 2 | 1 | 1 | 4 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 13 | 50 |
| Transportation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Post Service Appeals | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 4 |
| 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 | 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 |
| Other | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 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 | 33 | 41 | 63 | 137 | 65 | 50 | 32 | 147 | 38 | 58 | 0 | 96 | 0 | 0 | 0 | 0 | 380 | 463 |
| Uphold Rate | 43.4% | 51.9% | 59.4% | 52.5% | 57.5% | 59.5% | 50.8% | 56.5% | 61.3% | 54.2% | 0.0% | 56.8% | 0.0% | 0.0% | 0.0% | 0.0% | 55.1% | 52.2% |
| Overturns - Full | 40 | 35 | 39 | 114 | 47 | 33 | 30 | 110 | 21 | 48 | 0 | 69 | 0 | 0 | 0 | 0 | 293 | 399 |
| Overturn Rate - Full | 52.6% | 44.3% | 36.8% | 43.7% | 41.6% | 39.3% | 47.6% | 42.3% | 33.9% | 44.9% | 0.0% | 40.8% | 0.0% | 0.0% | 0.0% | 0.0% | 42.5% | 45.0% |
| Overturns - Partial | 3 | 2 | 2 | 7 | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 10 | 19 |
| Overturn Rate - Partial | 3.9% | 2.5% | 1.9% | 2.7% | 0.9% | 0.0% | 0.0% | 0.4% | 1.6% | 0.9% | 0.0% | 1.2% | 0.0% | 0.0% | 0.0% | 0.00% | 1.4% | 2.1% |
| Withdrawal | 0 | 1 | 2 | 3 | 0 | 1 | 1 | 2 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 7 | 6 |
| Withdrawal Rate | 0.0% | 1.3% | 1.9% | 1.1% | 0.0% | 1.2% | 1.6% | 0.8% | 3.2% | 0.0% | 0.0% | 1.2% | 0.0% | 0.0% | 0.0% | 0.0% | 1.0% | 0.7% |
| Membership | 348,034 | 347,538 | 347,090 | | 348,814 | 354,281 | 358,004 | | 361,207 | 364,479 | - | | - | - | - | - | | |
| Appeals - PTMPM | 0.22 | 0.23 | 0.31 | 0.25 | 0.32 | 0.24 | 0.18 | 0.25 | 0.17 | 0.29 | - | 0.23 | - | - | - | - | 0.24 | 0.21 |
| Grievances - PTMPM | 0.34 | 0.26 | 0.38 | 0.33 | 0.30 | 0.16 | 0.22 | 0.23 | 0.28 | 0.21 | - | 0.25 | - | - | - | - | 0.27 | 0.30 |

| Appeals | Jan | Feb | Mar | Q1 | Apr | May | Jun | Q2 | Jul | Aug | Sep | Q3 | Oct | Nov | Dec | Q4 | YTD | YTD |
|--|----------------|----------------|----------------|---------------|----------------|----------------|----------------|---------------|----------------|----------------|-------------|---------------|-------------|-------------|-------------|-------------|---------------|---------------|
| Expedited Appeals Received | 10 | 6 | 10 | 26 | 12 | 6 | 11 | 29 | 7 | 7 | 0 | 14 | 0 | 0 | 0 | 0 | 69 | 134 |
| Standard Appeals Received | 65 | 82 | 74 | 221 | 57 | 47 | 50 | 154 | 87 | 72 | 0 | 159 | 0 | 0 | 0 | 0 | 534 | 626 |
| Total Appeals Received | 75 | 88 | 84 | 247 | 69 | 53 | 61 | 183 | 94 | 79 | 0 | 173 | 0 | 0 | 0 | 0 | 603 | 760 |
| Appeals Ack Letters Sent Noncompliant | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Appeals Ack Letter Compliance Rate | 100.0% | 98.8% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% | 99.5% |
| 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 | 10 | 7 | 8 | 25 | 13 | 6 | 9 | 28 | 8 | 8 | 0 | 16 | 0 | 0 | 0 | 0 | 69 | 134 |
| Expedited Appeals Compliance Rate | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% | 100.0% |
| Standard Appeals Resolved Noncompliant | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Standard Appeals Resolved Compliant | 56 | 56 | 86 | 198 | 79 | 67 | 44 | 190 | 43 | 82 | 0 | 125 | 0 | 0 | 0 | 0 | 513 | 610 |
| Standard Appeals Compliance Rate | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% | 99.7% |
| Total Appeals Resolved | 66 | 63 | 94 | 223 | 92 | 73 | 53 | 218 | 51 | 90 | 0 | 141 | 0 | 0 | 0 | 0 | 582 | 746 |
| Appeals Descriptions - Resolved Cases | | | | | | | | | | | | | | | | | | |
| Pre-Service Appeals | 66 | 63 | 94 | 223 | 92 | 73 | 53 | 218 | 51 | 90 | 0 | 141 | 0 | 0 | 0 | 0 | 582 | 742 |
| Continuity of Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Consultation | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 4 | 3 | 3 | 0 | 6 | 0 | 0 | 0 | 0 | 10 | 10 |
| DME | 4 | 4 | 3 | 11 | 2 | 0 | 2 | 4 | 1 | 4 | 0 | 5 | 0 | 0 | 0 | 0 | 20 | 46 |
| 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 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 10 |
| Advanced Imaging | 32 | 33 | 44 | 109 | 46 | 37 | 25 | 108 | 27 | 59 | 0 | 86 | 0 | 0 | 0 | 0 | 303 | 358 |
| Other | 4 | 3 | 3 | 10 | 8 | 0 | 2 | 10 | 5 | 2 | 0 | 7 | 0 | 0 | 0 | 0 | 27 | 56 |
| Pharmacy | 26 | 20 | 41 | 87 | 35 | 34 | 19 | 88 | 14 | 22 | 0 | 36 | 0 | 0 | 0 | 0 | 211 | 219 |
| Surgery | 0 | 3 | 3 | 6 | 1 | 1 | 1 | 3 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 10 | 41 |
| 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 | 4 |
| 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 | 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 |
| 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 | 29 | 33 | 58 | 120 | 53 | 42 | 28 | 123 | 31 | 48 | 0 | 79 | 0 | 0 | 0 | 0 | 322 | 391 |
| Uphold Rate | 43.9% | 52.4% | 61.7% | 53.8% | 57.6% | 57.5% | 52.8% | 56.4% | 60.8% | 53.3% | 0.0% | 56.0% | 0.0% | 0.0% | 0.0% | 0.0% | 55.3% | 52.4% |
| Overturns - Full | 34 | 28 | 32 | 94 | 38 | 30 | 24 | 92 | 17 | 41 | 0 | 58 | 0 | 0 | 0 | 0 | 244 | 335 |
| Overturn Rate - Full | 51.5% | 44.4% | 34.0% | 42.2% | 41.3% | 41.1% | 45.3% | 42.2% | 33.3% | 45.6% | 0.0% | 41.1% | 0.0% | 0.0% | 0.0% | 0.0% | 41.9% | 44.9% |
| Overturns - Partial | 3 | 2 | 2 | 7 | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 10 | 14 |
| Overturn Rate - Partial | 4.5% | 3.2% | 2.1% | 3.1% | 1.1% | 0.0% | 0.0% | 0.5% | 2.0% | 1.1% | 0.0% | 1.4% | 0.0% | 0.0% | 0.0% | 0.0% | 1.7% | 1.9% |
| Withdrawal | 0 | 0 | 2 | 2 | 0 | 1 | 1 | 2 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 6 | 6 |
| Withdrawal Rate | 0.0% | 0.0% | 2.1% | 0.9% | 0.0% | 1.4% | 1.9% | 0.9% | 3.9% | 0.0% | 0.0% | 1.4% | 0.0% | 0.0% | 0.0% | 0.0% | 1.0% | 0.0% |
| Membership | 281,473 | 280,719 | 280,297 | | 282,402 | 286,059 | 289,126 | | 291,870 | 294,617 | | | | | | | | |
| Appeals - PTMPM | 0.23 | 0.22 | 0.34 | 0.26 | 0.33 | 0.26 | 0.18 | 0.25 | 0.17 | 0.31 | - | 0.16 | - | - | - | 0.00 | 0.17 | 0.15 |
| Grievances - PTMPM | 0.36 | 0.26 | 0.40 | 0.34 | 0.30 | 0.17 | 0.24 | 0.24 | 0.32 | 0.24 | - | 0.19 | - | - | - | 0.00 | 0.19 | 0.23 |

| Appeals | Jan | Feb | Mar | Q1 | Apr | May | Jun | Q2 | Jul | Aug | Sep | Q3 | Oct | Nov | Dec | Q4 | YTD | YTD |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-------------|---------------|-------------|-------------|-------------|-------------|---------------|---------------|
| Expedited Appeals Received | 0 | 2 | 0 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 5 |
| Standard Appeals Received | 2 | 4 | 8 | 14 | 5 | 4 | 1 | 10 | 6 | 1 | 0 | 7 | 0 | 0 | 0 | 0 | 31 | 33 |
| Total Appeals Received | 2 | 6 | 8 | 16 | 5 | 4 | 2 | 11 | 6 | 1 | 0 | 7 | 0 | 0 | 0 | 0 | 34 | 38 |
| 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% | 0.0% | 100.0% | 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 | 0 | 2 | 0 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 5 |
| Expedited Appeals Compliance Rate | 0.0% | 100.0% | 0.0% | 100.0% | 0.0% | 0.0% | 100.0% | 100.0% | 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 | 5 | 2 | 4 | 11 | 9 | 6 | 2 | 17 | 3 | 4 | 0 | 7 | 0 | 0 | 0 | 0 | 35 | 28 |
| Standard Appeals Compliance Rate | 100.0% | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% | 100.0% |
| Total Appeals Resolved | 5 | 4 | 4 | 13 | 9 | 6 | 3 | 18 | 3 | 4 | 0 | 7 | 0 | 0 | 0 | 0 | 38 | 33 |
| Appeals Descriptions - Resolved Cases | | | | | | | | | | | | | | | | | | |
| Pre-Service Appeals | 5 | 4 | 4 | 13 | 9 | 6 | 3 | 18 | 3 | 4 | 0 | 7 | 0 | 0 | 0 | 0 | 38 | 33 |
| 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 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| DME | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 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 | 2 | 2 | 0 | 4 | 7 | 0 | 1 | 8 | 1 | 3 | 0 | 4 | 0 | 0 | 0 | 0 | 16 | 8 |
| Other | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 6 |
| Pharmacy | 2 | 1 | 4 | 7 | 1 | 4 | 2 | 7 | 2 | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 17 | 15 |
| Surgery | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 |
| 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 |
| 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 | 0 |
| 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 | 2 | 2 | 3 | 7 | 5 | 3 | 2 | 10 | 2 | 2 | 0 | 4 | 0 | 0 | 0 | 0 | 21 | 13 |
| Uphold Rate | 40.0% | 50.0% | 75.0% | 53.8% | 55.6% | 50.0% | 66.7% | 55.6% | 66.7% | 50.0% | 0.0% | 57.1% | 0.0% | 0.0% | 0.0% | 0.0% | 55.3% | 39.4% |
| Overturns - Full | 3 | 2 | 1 | 6 | 4 | 3 | 1 | 8 | 1 | 2 | 0 | 3 | 0 | 0 | 0 | 0 | 17 | 18 |
| Overturn Rate - Full | 60.0% | 50.0% | 25.0% | 46.2% | 44.4% | 50.0% | 33.3% | 44.4% | 33.3% | 50.0% | 0.0% | 42.9% | 0.0% | 0.0% | 0.0% | 0.0% | 44.7% | 54.5% |
| Overturns - Partial | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Overturn Rate - Partial | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 6.1% |
| 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% |
| Membership | 29,392 | 29,575 | 29,534 | | 29,788 | 30,168 | 30,421 | | 30,624 | 30,827 | | | | | | | | |
| Appeals - PTMPM | 0.17 | 0.14 | 0.14 | 0.15 | 0.30 | 0.20 | 0.10 | 0.20 | 0.10 | 0.13 | - | 0.08 | - | - | - | 0.00 | 0.11 | 0.09 |
| Grievances - PTMPM | 0.17 | 0.41 | 0.34 | 0.31 | 0.34 | 0.13 | 0.03 | 0.17 | 0.07 | 0.03 | - | 0.03 | - | - | - | 0.00 | 0.13 | 0.21 |

| Appeals | Jan | Feb | Mar | Q1 | Apr | May | Jun | Q2 | Jul | Aug | Sep | Q3 | Oct | Nov | Dec | Q4 | YTD | YTD |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-------------|---------------|-------------|-------------|-------------|--------------|---------------|----------------|
| Expedited Appeals Received | 1 | 1 | 3 | 5 | 0 | 0 | 2 | 2 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 9 | 19 |
| Standard Appeals Received | 11 | 5 | 13 | 29 | 5 | 2 | 6 | 13 | 16 | 6 | 0 | 22 | 0 | 0 | 0 | 0 | 64 | 85 |
| Total Appeals Received | 12 | 6 | 16 | 34 | 5 | 2 | 8 | 15 | 17 | 7 | 0 | 24 | 0 | 0 | 0 | 0 | 73 | 104 |
| 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% | 0.0% | 100.0% | 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 | 1 | 1 | 3 | 5 | 0 | 0 | 2 | 2 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 9 | 19 |
| Expedited Appeals Compliance Rate | 100.0% | 100.0% | 100.0% | 100.0% | 0.0% | 0.0% | 100.0% | 100.0% | 100.0% | 100.0% | 0.0% | 100.0% | 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 | 4 | 11 | 5 | 20 | 12 | 5 | 5 | 22 | 7 | 12 | 0 | 19 | 0 | 0 | 0 | 0 | 61 | 88 |
| Standard Appeals Compliance Rate | 100.0% | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% | 100.00% |
| Total Appeals Resolved | 5 | 12 | 8 | 25 | 12 | 5 | 7 | 24 | 8 | 13 | 0 | 21 | 0 | 0 | 0 | 0 | 70 | 107 |
| Appeals Descriptions - Resolved Cases | | | | | | | | | | | | | | | | | | |
| Pre-Service Appeals | 5 | 11 | 8 | 24 | 12 | 5 | 7 | 24 | 8 | 13 | 0 | 21 | 0 | 0 | 0 | 0 | 69 | 107 |
| 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 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| DME | 1 | 1 | 0 | 2 | 2 | 0 | 0 | 2 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 6 | 3 |
| 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 | 1 |
| Advanced Imaging | 0 | 2 | 5 | 7 | 2 | 0 | 3 | 5 | 5 | 4 | 0 | 9 | 0 | 0 | 0 | 0 | 21 | 45 |
| Other | 0 | 3 | 0 | 3 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 10 |
| Pharmacy | 3 | 5 | 3 | 11 | 7 | 4 | 4 | 15 | 2 | 8 | 0 | 10 | 0 | 0 | 0 | 0 | 36 | 39 |
| Surgery | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 7 |
| Transportation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Post Service Appeals | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 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 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 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 | 2 | 6 | 2 | 10 | 7 | 5 | 2 | 14 | 5 | 8 | 0 | 13 | 0 | 0 | 0 | 0 | 37 | 59 |
| Uphold Rate | 40.0% | 50.0% | 25.0% | 40.0% | 58.3% | 100.0% | 28.6% | 58.3% | 62.5% | 61.5% | 0.0% | 61.9% | 0.0% | 0.0% | 0.0% | 0.0% | 52.9% | 55.1% |
| Overturns - Full | 3 | 5 | 6 | 14 | 5 | 0 | 5 | 10 | 3 | 5 | 0 | 8 | 0 | 0 | 0 | 0 | 32 | 45 |
| Overturn Rate - Full | 60.0% | 41.7% | 75.0% | 56.0% | 41.7% | 0.0% | 71.4% | 41.7% | 37.5% | 38.5% | 0.0% | 38.1% | 0.0% | 0.0% | 0.0% | 0.00% | 45.7% | 42.1% |
| Overturns - Partial | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Overturn Rate - Partial | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 2.8% |
| Withdrawal | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Withdrawal Rate | 0.0% | 8.3% | 0.0% | 4.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 1.4% | 0.0% |
| Membership | 37,169 | 37,244 | 37,259 | | 36,624 | 38,054 | 38,457 | | 38,713 | 39,035 | | | | | | | | |
| Appeals - PTMPM | 0.13 | 0.32 | 0.21 | 0.22 | 0.33 | 0.13 | 0.18 | 0.21 | 0.21 | 0.33 | - | 0.18 | - | - | - | 0.00 | 0.15 | 0.24 |
| Grievances - PTMPM | 0.40 | 0.21 | 0.27 | 0.30 | 0.27 | 0.13 | 0.18 | 0.19 | 0.15 | 0.13 | - | 0.09 | - | - | - | 0.00 | 0.15 | 0.33 |

| | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|
| Pharmacy - Eligibility Issue | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 2 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 4 | NA |
| Pharmacy - Quantity Limit | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | NA |
| Pharmacy - Rx Not Covered | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NA |
| Pharmacy - Pharmacy-Retail | 1 | 0 | 1 | 2 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 4 | NA |
| Transportation - Access - Provider No Show | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NA |
| Transportation - Access - Provider Late | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NA |
| Transportation - Behaviour | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NA |
| Transportation - Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NA |
| OTHER - Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NA |
| OTHER - Balance Billing from Provider | 1 | 0 | 0 | 1 | 1 | 3 | 1 | 5 | 3 | 1 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 10 | NA |

| Appeals | Jan | Feb | Mar | Q1 | Apr | May | Jun | Q2 | Jul | Aug | Sep | Q3 | Oct | Nov | Dec | Q4 | YTD | YTD |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-------------|----------------|-------------|-------------|-------------|-------------|---------------|---------------|
| Expedited Appeals Received | 4 | 3 | 6 | 13 | 4 | 1 | 4 | 9 | 1 | 2 | 0 | 3 | 0 | 0 | 0 | 0 | 25 | 47 |
| Standard Appeals Received | 17 | 18 | 24 | 59 | 24 | 8 | 17 | 49 | 33 | 16 | 0 | 49 | 0 | 0 | 0 | 0 | 157 | 173 |
| Total Appeals Received | 21 | 21 | 30 | 72 | 28 | 9 | 21 | 58 | 34 | 18 | 0 | 52 | 0 | 0 | 0 | 0 | 182 | 220 |
| Appeals Ack Letters Sent Noncompliant | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| Appeals Ack Letter Compliance Rate | 100.0% | 94.4% | 100.0% | 98.3% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 99.4% | 98.8% |
| 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 | 5 | 3 | 5 | 13 | 4 | 1 | 3 | 8 | 2 | 2 | 0 | 4 | 0 | 0 | 0 | 0 | 25 | 47 |
| Expedited Appeals Compliance Rate | 100.0% | 0.0% | -300.0% | 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 | 1 |
| Standard Appeals Resolved Compliant | 13 | 15 | 20 | 48 | 24 | 23 | 10 | 57 | 16 | 30 | 0 | 46 | 0 | 0 | 0 | 0 | 151 | 175 |
| Standard Appeals Compliance Rate | 100.0% | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% | 99.4% |
| Total Appeals Resolved | 18 | 18 | 25 | 61 | 28 | 24 | 13 | 65 | 18 | 32 | 0 | 50 | 0 | 0 | 0 | 0 | 176 | 223 |
| Appeals Descriptions - Resolved Cases | | | | | | | | | | | | | | | | | | |
| Pre-Service Appeals | 18 | 18 | 25 | 61 | 28 | 24 | 13 | 65 | 18 | 32 | 0 | 50 | 0 | 0 | 0 | 0 | 176 | 222 |
| 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 | 1 | 0 | 1 | 2 | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 4 | 0 |
| DME | 3 | 2 | 1 | 6 | 1 | 0 | 1 | 2 | 2 | 3 | 0 | 5 | 0 | 0 | 0 | 0 | 13 | 30 |
| Experimental/Investigational | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Mental Health | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| Advanced Imaging | 6 | 8 | 7 | 21 | 11 | 5 | 5 | 21 | 9 | 19 | 0 | 28 | 0 | 0 | 0 | 0 | 70 | 92 |
| Other | 0 | 2 | 1 | 3 | 5 | 0 | 0 | 5 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 10 | 17 |
| Pharmacy | 9 | 4 | 15 | 28 | 10 | 18 | 7 | 35 | 5 | 7 | 0 | 12 | 0 | 0 | 0 | 0 | 75 | 68 |
| Surgery | 0 | 2 | 1 | 3 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 9 |
| 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 | 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 | 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 |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 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 | 7 | 12 | 24 | 16 | 13 | 4 | 33 | 8 | 13 | 0 | 21 | 0 | 0 | 0 | 0 | 78 | 108 |
| Uphold Rate | 27.8% | 38.9% | 48.0% | 39.3% | 57.1% | 54.2% | 30.8% | 50.8% | 44.4% | 40.6% | 0.0% | 42.0% | 0.0% | 0.0% | 0.0% | 0.0% | 44.3% | 48.4% |
| Overturns - Full | 11 | 10 | 11 | 32 | 12 | 10 | 8 | 30 | 9 | 18 | 0 | 27 | 0 | 0 | 0 | 0 | 89 | 108 |
| Overturn Rate - Full | 61.1% | 55.6% | 44.0% | 52.5% | 42.9% | 41.7% | 61.5% | 46.2% | 50.0% | 56.3% | 0.0% | 54.0% | 0.0% | 0.0% | 0.0% | 0.0% | 50.6% | 48.43% |
| Overturns - Partial | 2 | 1 | 1 | 4 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 7 | 6 |
| Overturn Rate - Partial | 11.1% | 5.6% | 4.0% | 6.6% | 0.0% | 0.0% | 7.7% | 1.5% | 5.6% | 3.1% | 0.0% | 4.0% | 0.0% | 0.0% | 0.0% | 0.0% | 4.0% | 2.7% |
| Withdrawal | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 |
| Withdrawal Rate | 0.0% | 0.0% | 4.0% | 1.6% | 0.0% | 4.2% | 0.0% | 1.5% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 1.1% | 0.0% |
| Membership | 32,836 | 32,838 | 32,797 | | 32,952 | 33,195 | 33,406 | | 33,456 | 33,556 | | | | | | | | |
| Appeals - PTMPM | 0.55 | 0.55 | 0.76 | 0.00 | 0.85 | 0.72 | 0.39 | 0.00 | 0.54 | 0.95 | - | 0.50 | - | - | - | 0.00 | 0.12 | 0.68 |
| Grievances - PTMPM | 1.31 | 1.07 | 1.62 | 0.00 | 1.00 | 0.48 | 0.93 | 0.00 | 0.99 | 0.92 | - | 0.64 | - | - | - | 0.00 | 0.16 | 1.43 |

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 #9

Attachment 9.D

Key Indicator Report



Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 7/01/2020 to 7/31/2020
Report created 8/26/2020

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 7/01/2020 to 7/31/2020
 Report created 8/26/2020

| ER utilization based on Claims data | 2019-07 | 2019-08 | 2019-09 | 2019-10 | 2019-11 | 2019-12 | 2019-Trend | 2020-01 | 2020-02 | 2020-03 | 2020-04 | 2020-05 | 2020-06 | 2020-07 | 2020-Trend | Q1 2019 | Q2 2019 | Q3 2019 | Q4 2019 | Q1 2020 | Q2 2020 | Qtr Trend | CY- 2019 | YTD-2020 | YTD-Trend |
|-------------------------------------|---------------------------|---------|---------|---------|---------|---------|------------|---------|---------|---------|---------|---------|---------|---------|------------|---------------------------|---------|---------|---------|---------|---------|-----------|----------|----------|-----------|
| | Quarterly Averages | | | | | | | | | | | | | | | Annual Averages | | | | | | | | | |
| Expansion Mbr Months | 86,966 | 86,892 | 86,738 | 86,428 | 85,999 | 85,455 | | 84,705 | 84,214 | 83,936 | 84,426 | 85,811 | 87,239 | 86,162 | | 85,494 | 85,414 | 86,865 | 85,961 | 84,285 | 85,825 | | 85,934 | 99,416 | |
| Family/Adult/Other Mbr Mos | 250,634 | 249,778 | 248,377 | 247,360 | 246,751 | 246,079 | | 244,983 | 244,396 | 243,638 | 244,228 | 246,191 | 247,976 | 238,808 | | 241,974 | 241,471 | 249,596 | 246,730 | 244,339 | 246,132 | | 244,943 | 285,037 | |
| SPD Mbr Months | 33,904 | 33,925 | 33,936 | 33,986 | 34,018 | 34,028 | | 33,950 | 33,902 | 33,766 | 33,700 | 33,660 | 33,666 | 33,299 | | 32,766 | 32,988 | 33,922 | 34,011 | 33,873 | 33,675 | | 33,422 | 39,324 | |
| Admits - Count | 2,389 | 2,363 | 2,166 | 2,299 | 2,207 | 2,245 | | 2,340 | 2,186 | 2,080 | 1,605 | 1,779 | 1,927 | 2,034 | | 2,227 | 2,219 | 2,306 | 2,250 | 2,202 | 1,770 | | 2,251 | 2,610 | |
| Expansion | 755 | 742 | 658 | 666 | 649 | 635 | | 680 | 672 | 585 | 495 | 579 | 616 | 662 | | 612 | 664 | 718 | 650 | 646 | 563 | | 661 | 804 | |
| Family/Adult/Other | 1,073 | 1,085 | 1,006 | 1,117 | 1,027 | 1,076 | | 1,113 | 1,003 | 1,011 | 795 | 841 | 901 | 974 | | 1,067 | 1,024 | 1,055 | 1,073 | 1,042 | 846 | | 1,055 | 1,242 | |
| SPD | 539 | 512 | 490 | 507 | 514 | 520 | | 536 | 503 | 482 | 308 | 356 | 403 | 388 | | 536 | 517 | 514 | 514 | 507 | 356 | | 520 | 554 | |
| Admits Acute - Count | 1,567 | 1,515 | 1,457 | 1,504 | 1,486 | 1,507 | | 1,613 | 1,522 | 1,392 | 938 | 1,161 | 1,277 | 1,329 | | 1,550 | 1,517 | 1,513 | 1,499 | 1,509 | 1,125 | | 1,520 | 1,725 | |
| Expansion | 556 | 541 | 484 | 484 | 489 | 467 | | 499 | 490 | 436 | 347 | 426 | 451 | 500 | | 457 | 502 | 527 | 480 | 475 | 408 | | 492 | 591 | |
| Family/Adult/Other | 509 | 506 | 514 | 559 | 526 | 559 | | 613 | 562 | 517 | 307 | 392 | 440 | 461 | | 591 | 532 | 510 | 548 | 564 | 380 | | 545 | 614 | |
| SPD | 490 | 453 | 450 | 457 | 463 | 470 | | 493 | 466 | 437 | 280 | 341 | 383 | 363 | | 493 | 473 | 464 | 463 | 465 | 335 | | 473 | 515 | |
| Readmit 30 Day - Count | 297 | 293 | 305 | 315 | 307 | 308 | | 311 | 273 | 286 | 198 | 234 | 233 | 255 | | 297 | 294 | 298 | 310 | 290 | 222 | | 300 | 334 | |
| Expansion | 100 | 110 | 105 | 98 | 97 | 77 | | 82 | 88 | 81 | 56 | 81 | 78 | 83 | | 81 | 89 | 105 | 91 | 84 | 72 | | 91 | 103 | |
| Family/Adult/Other | 88 | 82 | 93 | 102 | 84 | 89 | | 92 | 74 | 75 | 54 | 69 | 66 | 74 | | 85 | 83 | 88 | 92 | 80 | 63 | | 87 | 94 | |
| SPD | 109 | 95 | 104 | 114 | 123 | 140 | | 135 | 110 | 130 | 87 | 84 | 88 | 97 | | 130 | 121 | 103 | 126 | 125 | 86 | | 120 | 136 | |
| Readmit 14 Day - Count | 31 | 27 | 21 | 23 | 26 | 21 | | 31 | 26 | 36 | 18 | 23 | 21 | 22 | | 26 | 32 | 26 | 23 | 31 | 21 | | 27 | 32 | |
| Expansion | 9 | 11 | 6 | 6 | 8 | 6 | | 10 | 9 | 14 | 5 | 8 | 6 | 9 | | 8 | 9 | 9 | 7 | 11 | 6 | | 8 | 11 | |
| Family/Adult/Other | 7 | 6 | 4 | 8 | 5 | 9 | | 8 | 6 | 6 | 4 | 9 | 6 | 8 | | 8 | 9 | 6 | 7 | 7 | 6 | | 7 | 8 | |
| SPD | 15 | 10 | 11 | 9 | 13 | 6 | | 13 | 11 | 16 | 9 | 6 | 9 | 5 | | 10 | 14 | 12 | 9 | 13 | 8 | | 11 | 13 | |
| **ER Visits - Count | 15,567 | 15,737 | 15,852 | 15,332 | 15,496 | 16,033 | | 18,311 | 17,676 | 13,281 | 7,371 | 8,986 | 10,118 | 6,551 | | 16,716 | 15,617 | 15,719 | 15,620 | 16,423 | 8,825 | | 15,918 | 13,716 | |
| Expansion | 4,247 | 4,130 | 3,868 | 3,624 | 3,583 | 3,724 | | 4,015 | 3,790 | 3,362 | 2,387 | 2,814 | 3,227 | 1,866 | | 3,690 | 3,877 | 4,082 | 3,644 | 3,722 | 2,809 | | 3,823 | 3,577 | |
| Family/Adult/Other | 9,365 | 9,815 | 10,147 | 9,949 | 10,153 | 10,484 | | 12,302 | 12,012 | 8,403 | 3,925 | 4,966 | 5,759 | 3,797 | | 11,312 | 9,981 | 9,776 | 10,195 | 10,906 | 4,883 | | 10,316 | 8,527 | |
| SPD | 1,898 | 1,751 | 1,790 | 1,705 | 1,729 | 1,784 | | 1,944 | 1,825 | 1,480 | 1,037 | 1,181 | 1,102 | 598 | | 1,691 | 1,715 | 1,813 | 1,739 | 1,750 | 1,107 | | 1,740 | 1,528 | |
| Admits Acute - PTMPY | 50.5 | 49.0 | 47.3 | 49.0 | 48.5 | 49.4 | | 53.1 | 50.3 | 46.1 | 31.0 | 38.0 | 41.4 | 42.8 | | 51.6 | 50.5 | 48.9 | 49.0 | 49.9 | 36.9 | | 50.0 | 48.5 | |
| Expansion | 76.7 | 74.7 | 67.0 | 67.2 | 68.2 | 65.6 | | 70.7 | 69.8 | 62.3 | 49.3 | 59.6 | 62.0 | 69.6 | | 64.1 | 70.5 | 72.8 | 67.0 | 67.6 | 57.0 | | 68.6 | 71.3 | |
| Family/Adult/Other | 24.4 | 24.3 | 24.8 | 27.1 | 25.6 | 27.3 | | 30.0 | 27.6 | 25.5 | 15.1 | 19.1 | 21.3 | 23.2 | | 29.3 | 26.5 | 24.5 | 26.7 | 27.7 | 18.5 | | 26.7 | 25.8 | |
| SPD | 173.4 | 160.2 | 159.1 | 161.4 | 163.3 | 165.7 | | 174.3 | 164.9 | 155.3 | 99.7 | 121.6 | 136.5 | 130.8 | | 180.4 | 172.2 | 164.3 | 163.5 | 164.9 | 119.3 | | 170.0 | 157.3 | |
| Bed Days Acute - PTMPY | 246.1 | 237.9 | 225.3 | 244.6 | 242.0 | 250.9 | | 251.5 | 243.6 | 239.7 | 164.6 | 205.4 | 232.1 | 254.0 | | 261.6 | 247.5 | 236.5 | 245.9 | 245.0 | 200.9 | | 247.8 | 249.5 | |
| Expansion | 393.0 | 404.2 | 333.4 | 310.9 | 356.9 | 329.3 | | 376.6 | 368.6 | 345.3 | 249.2 | 323.5 | 342.8 | 409.2 | | 328.3 | 336.3 | 376.9 | 332.3 | 363.5 | 305.6 | | 343.6 | 379.0 | |
| Family/Adult/Other | 86.8 | 85.6 | 95.7 | 111.2 | 99.8 | 116.4 | | 106.4 | 105.0 | 92.8 | 73.8 | 87.1 | 100.8 | 136.1 | | 112.9 | 103.8 | 89.3 | 109.1 | 101.4 | 87.3 | | 103.7 | 110.7 | |
| SPD | 1,030.7 | 899.2 | 887.6 | 1,030.0 | 966.2 | 1,010.0 | | 979.1 | 932.0 | 1,036.0 | 611.4 | 770.8 | 913.6 | 792.1 | | 1,169.1 | 1,050.9 | 939.1 | 1,002.0 | 982.3 | 765.2 | | 1,039.1 | 939.7 | |
| ALOS Acute | 4.9 | 4.9 | 4.8 | 5.0 | 5.0 | 5.1 | | 4.7 | 4.8 | 5.2 | 5.3 | 5.4 | 5.6 | 5.9 | | 5.1 | 4.9 | 4.8 | 5.0 | 4.9 | 5.5 | | 5.0 | 5.1 | |
| Expansion | 5.1 | 5.4 | 5.0 | 4.6 | 5.2 | 5.0 | | 5.3 | 5.3 | 5.5 | 5.1 | 5.4 | 5.5 | 5.9 | | 5.1 | 4.8 | 5.2 | 5.0 | 5.4 | 5.4 | | 5.0 | 5.3 | |
| Family/Adult/Other | 3.6 | 3.5 | 3.9 | 4.1 | 3.9 | 4.3 | | 3.5 | 3.8 | 3.6 | 4.9 | 4.6 | 4.7 | 5.9 | | 3.9 | 3.9 | 3.6 | 4.1 | 3.7 | 4.7 | | 3.9 | 4.3 | |
| SPD | 5.9 | 5.6 | 5.6 | 6.4 | 5.9 | 6.1 | | 5.6 | 5.7 | 6.7 | 6.1 | 6.3 | 6.7 | 6.1 | | 6.5 | 6.1 | 5.7 | 6.1 | 6.0 | 6.4 | | 6.1 | 6.0 | |
| Readmit % 30 Day | 12.4% | 12.4% | 14.1% | 13.7% | 13.9% | 13.7% | | 13.3% | 12.5% | 13.8% | 12.3% | 13.2% | 12.1% | 12.5% | | 13.3% | 13.2% | 12.9% | 13.8% | 13.2% | 12.5% | | 13.3% | 12.8% | |
| Expansion | 13.2% | 14.8% | 16.0% | 14.7% | 14.9% | 12.1% | | 12.1% | 13.1% | 13.8% | 11.3% | 14.0% | 12.7% | 12.5% | | 13.2% | 13.4% | 14.6% | 13.9% | 13.0% | 12.7% | | 13.8% | 12.8% | |
| Family/Adult/Other | 8.2% | 7.6% | 9.2% | 9.1% | 8.2% | 8.3% | | 8.3% | 7.4% | 7.4% | 6.8% | 8.2% | 7.3% | 7.6% | | 7.9% | 8.1% | 8.3% | 8.5% | 7.7% | 7.4% | | 8.2% | 7.6% | |
| SPD | 20.2% | 18.6% | 21.2% | 22.5% | 23.9% | 26.9% | | 25.2% | 21.9% | 27.0% | 28.2% | 23.6% | 21.8% | 25.0% | | 24.2% | 23.4% | 20.0% | 24.5% | 24.7% | 24.3% | | 23.0% | 24.5% | |
| Readmit % 14 Day | 2.0% | 1.8% | 1.4% | 1.5% | 1.7% | 1.4% | | 1.9% | 1.7% | 2.6% | 1.9% | 2.0% | 1.6% | 1.7% | | 1.7% | 2.1% | 1.7% | 1.6% | 2.1% | 1.8% | | 1.8% | 1.8% | |
| Expansion | 1.6% | 2.0% | 1.2% | 1.2% | 1.6% | 1.3% | | 2.0% | 1.8% | 3.2% | 1.4% | 1.9% | 1.3% | 1.8% | | 1.8% | 1.9% | 1.6% | 1.4% | 2.3% | 1.6% | | 1.7% | 1.9% | |
| Family/Adult/Other | 1.4% | 1.2% | 0.8% | 1.4% | 1.0% | 1.6% | | 1.3% | 1.1% | 1.2% | 1.3% | 2.3% | 1.4% | 1.7% | | 1.3% | 1.7% | 1.1% | 1.3% | 1.2% | 1.7% | | 1.4% | 1.3% | |
| SPD | 3.1% | 2.2% | 2.4% | 2.0% | 2.8% | 1.3% | | 2.6% | 2.4% | 3.7% | 3.2% | 1.8% | 2.3% | 1.4% | | 2.0% | 2.9% | 2.6% | 2.0% | 2.9% | 2.4% | | 2.4% | 2.5% | |
| **ER Visits - PTMPY | 502.1 | 508.8 | 514.6 | 499.5 | 506.2 | 525.4 | | 603.2 | 584.0 | 440.2 | 243.6 | 294.3 | 328.4 | 211.0 | | 556.6 | 520.1 | 508.5 | 510.3 | 542.6 | 289.0 | | 523.7 | 385.6 | |
| Expansion | 586.0 | 570.4 | 535.1 | 503.2 | 500.0 | 522.9 | | 568.8 | 540.1 | 480.7 | 339.3 | 393.5 | 443.9 | 259.9 | | 518.0 | 544.6 | 563.9 | 508.7 | 530.0 | 392.8 | | 533.9 | 431.7 | |
| Family/Adult/Other | 448.4 | 471.5 | 490.2 | 482.6 | 493.8 | 511.3 | | 602.6 | 589.8 | 413.9 | 192.9 | 242.1 | 278.7 | 190.8 | | 561.0 | 496.0 | 470.0 | 495.9 | 535.6 | 238.1 | | 505.4 | 359.0 | |
| SPD | 671.8 | 619.4 | 633.0 | 602.0 | 609.9 | 629.1 | | 687.1 | 646.0 | 526.0 | 369.3 | 421.0 | 392.8 | 215.5 | | 619.2 | 623.9 | 641.4 | 613.7 | 619.9 | 394.4 | | 624.6 | 466.2 | |
| Services | TAT Compliance Goal: 100% | | | | | | | | | | | | | | | TAT Compliance Goal: 100% | | | | | | | | | |
| Preservice Routine | 90.0% | 86.0% | 86.0% | 74.0% | 100.0% | 92.0% | | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | 98.9% | 65.6% | 87.3% | 88.7% | 100.0% | 100.0% | | | | |
| Preservice Urgent | 96.7% | 86.7% | 92.0% | 76.0% | 100.0% | 92.0% | | 100.0% | 98.0 | | | | | | | | | | | | | | | | |

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 7/01/2020 to 7/31/2020
 Report created 8/26/2020

| ER utilization based on Claims data | 2019-07 | 2019-08 | 2019-09 | 2019-10 | 2019-11 | 2019-12 | 2019-Trend | 2020-01 | 2020-02 | 2020-03 | 2020-04 | 2020-05 | 2020-06 | 2020-07 | 2020-Trend | Q1 2019 | Q2 2019 | Q3 2019 | Q4 2019 | Q1 2020 | Q2 2020 | Qtr Trend | CY- 2019 | YTD-2020 | YTD-Trend | | | | |
|---|---------|---------|---------|---------|---------|---------|-------------------------------------|---------|---------|---------|---------|---------|---------|-------------------------------------|------------|---------|---------|---------|---------|---------|-------------------------------------|-----------|----------|----------|-----------|--|-----|-----|--|
| Ineligible | 17 | 13 | 5 | 1 | 1 | 3 | | 5 | 9 | 7 | 6 | 9 | 12 | 9 | | 10 | 40 | 35 | 5 | 21 | 27 | | 90 | 55 | | | | | |
| Total Outreached | 250 | 235 | 130 | 115 | 93 | 175 | | 250 | 240 | 249 | 199 | 166 | 158 | 214 | | 125 | 466 | 615 | 383 | 739 | 523 | | 1,589 | 1,499 | | | | | |
| Engaged | 55 | 57 | 37 | 43 | 33 | 64 | | 80 | 67 | 71 | 72 | 59 | 70 | 70 | | 31 | 121 | 149 | 140 | 218 | 201 | | 441 | 491 | | | | | |
| Engagement Rate | 22% | 24% | 28% | 37% | 35% | 37% | | 32% | 28% | 29% | 36% | 36% | 44% | 33% | | 25% | 26% | 24% | 37% | 29% | 38% | | 28% | 33% | | | | | |
| New Cases Opened | 55 | 57 | 37 | 43 | 33 | 64 | | 80 | 67 | 71 | 72 | 59 | 70 | 70 | | 31 | 121 | 149 | 140 | 218 | 201 | | 444 | 491 | | | | | |
| Total Cases Managed | 188 | 216 | 227 | 245 | 242 | 283 | | 324 | 344 | 362 | 380 | 368 | 403 | 414 | | 99 | 177 | 273 | 316 | 459 | 509 | | 503 | 732 | | | | | |
| Total Cases Closed | 30 | 25 | 25 | 34 | 25 | 40 | | 44 | 52 | 55 | 71 | 35 | 60 | 74 | | 44 | 37 | 80 | 99 | 151 | 166 | | 260 | 392 | | | | | |
| Cases Remained Open | 154 | 180 | 197 | 206 | 214 | 228 | | 266 | 275 | 291 | 292 | 324 | 319 | 321 | | 52 | 125 | 197 | 228 | 291 | 319 | | 228 | 321 | | | | | |
| Integrated Case Management | | | | | | | Integrated Case Management | | | | | | | Integrated Case Management | | | | | | | Integrated Case Management | | | | | | | | |
| Total Number Of Referrals | 101 | 109 | 80 | 111 | 78 | 112 | | 99 | 127 | 152 | 141 | 158 | 145 | 217 | | 152 | 258 | 290 | 301 | 378 | 444 | | 1,001 | 1,006 | | | | | |
| Pending | 1 | 3 | 2 | 2 | 1 | 7 | | 4 | 3 | 16 | 0 | 1 | 14 | 29 | | 0 | 4 | 6 | 10 | 23 | 15 | | 20 | 32 | | | | | |
| Ineligible | 16 | 13 | 5 | 11 | 9 | 10 | | 8 | 8 | 4 | 10 | 5 | 14 | 9 | | 10 | 31 | 34 | 30 | 20 | 29 | | 105 | 58 | | | | | |
| Total Outreached | 84 | 93 | 73 | 98 | 68 | 95 | | 87 | 116 | 132 | 131 | 152 | 117 | 179 | | 142 | 223 | 250 | 261 | 335 | 400 | | 876 | 927 | | | | | |
| Engaged | 34 | 34 | 30 | 38 | 32 | 49 | | 45 | 61 | 63 | 57 | 66 | 68 | 105 | | 58 | 73 | 98 | 119 | 169 | 191 | | 348 | 469 | | | | | |
| Engagement Rate | 40% | 37% | 41% | 39% | 47% | 52% | | 49% | 53% | 48% | 44% | 43% | 58% | 59% | | 41% | 33% | 39% | 46% | 50% | 48% | | 40% | 51% | | | | | |
| Total Screened and Refused/Decline | 20 | 21 | 24 | 25 | 26 | 14 | | 10 | 16 | 17 | 22 | 22 | 17 | 21 | | 28 | 58 | 65 | 65 | 43 | 61 | | 216 | 132 | | | | | |
| Unable to Reach | 46 | 49 | 32 | 53 | 27 | 42 | | 32 | 39 | 52 | 52 | 64 | 32 | 53 | | 67 | 131 | 127 | 122 | 123 | 148 | | 447 | 326 | | | | | |
| New Cases Opened | 34 | 34 | 30 | 38 | 32 | 49 | | 45 | 61 | 63 | 57 | 66 | 68 | 105 | | 58 | 73 | 98 | 113 | 169 | 191 | | 342 | 469 | | | | | |
| Total Cases Closed | 40 | 34 | 28 | 41 | 40 | 30 | | 19 | 40 | 49 | 53 | 36 | 51 | 51 | | 63 | 70 | 102 | 111 | 108 | 140 | | 346 | 290 | | | | | |
| Cases Remained Open | 151 | 142 | 130 | 126 | 102 | 125 | | 141 | 160 | 184 | 221 | 252 | 289 | 359 | | 116 | 137 | 130 | 125 | 184 | 289 | | 125 | 359 | | | | | |
| Total Cases Managed | 150 | 141 | 137 | 144 | 130 | 139 | | 151 | 196 | 218 | 227 | 240 | 272 | 329 | | 164 | 189 | 192 | 202 | 276 | 361 | | 444 | 568 | | | | | |
| Critical-Complex Acuity | 24 | 23 | 22 | 24 | 24 | 31 | | 36 | 31 | 29 | 35 | 46 | 54 | 55 | | 26 | 32 | 31 | 39 | 41 | 63 | | 65 | 91 | | | | | |
| High/Moderate/Low Acuity | 126 | 118 | 115 | 120 | 106 | 108 | | 115 | 165 | 189 | 192 | 194 | 218 | 274 | | 138 | 157 | 153 | 235 | 298 | | | 379 | 477 | | | | | |
| Transitional Case Management | | | | | | | Transitional Case Management | | | | | | | Transitional Case Management | | | | | | | Transitional Case Management | | | | | | | | |
| Total Number Of Referrals | 111 | 152 | 114 | 162 | 129 | 132 | | 134 | 116 | 179 | 154 | 147 | 180 | 269 | | 152 | 137 | 377 | 414 | 429 | 481 | | 1,080 | 1,173 | | | | | |
| Pending | 0 | 0 | 18 | 3 | 2 | 29 | | 3 | 2 | 20 | 0 | 0 | 14 | 25 | | 0 | 3 | 18 | 34 | 25 | 14 | | 55 | 25 | | | | | |
| Ineligible | 24 | 28 | 9 | 17 | 9 | 15 | | 9 | 8 | 9 | 9 | 13 | 12 | 18 | | 29 | 45 | 61 | 41 | 26 | 34 | | 176 | 78 | | | | | |
| Total Outreached | 87 | 124 | 87 | 138 | 113 | 88 | | 122 | 106 | 150 | 145 | 134 | 154 | 226 | | 123 | 89 | 298 | 339 | 378 | 433 | | 849 | 1,070 | | | | | |
| Engaged | 32 | 52 | 41 | 64 | 55 | 48 | | 77 | 58 | 81 | 79 | 62 | 77 | 120 | | 50 | 25 | 125 | 167 | 216 | 218 | | 367 | 559 | | | | | |
| Engagement Rate | 37% | 42% | 47% | 46% | 49% | 55% | | 63% | 55% | 54% | 54% | 46% | 50% | 53% | | 41% | 28% | 42% | 49% | 57% | 50% | | 43% | 52% | | | | | |
| Total Screened and Refused/Decline | 22 | 24 | 20 | 38 | 33 | 14 | | 13 | 14 | 31 | 19 | 28 | 24 | 33 | | 44 | 25 | 66 | 85 | 58 | 71 | | 220 | 173 | | | | | |
| Unable to Reach | 42 | 51 | 31 | 44 | 28 | 29 | | 32 | 34 | 38 | 47 | 44 | 53 | 73 | | 36 | 48 | 124 | 101 | 104 | 144 | | 309 | 338 | | | | | |
| New Cases Opened | 32 | 52 | 41 | 64 | 55 | 48 | | 77 | 58 | 81 | 79 | 62 | 77 | 120 | | 51 | 24 | 125 | 167 | 216 | 218 | | 367 | 559 | | | | | |
| Total Cases Closed | 12 | 33 | 34 | 56 | 56 | 55 | | 56 | 59 | 88 | 80 | 81 | 66 | 82 | | 29 | 43 | 79 | 167 | 203 | 227 | | 318 | 515 | | | | | |
| Cases Remained Open | 26 | 42 | 45 | 67 | 54 | 55 | | 74 | 62 | 63 | 74 | 54 | 56 | 81 | | 18 | 13 | 45 | 55 | 63 | 56 | | 55 | 81 | | | | | |
| Total Cases Managed | 46 | 88 | 94 | 129 | 125 | 117 | | 138 | 140 | 164 | 157 | 141 | 135 | 191 | | 52 | 55 | 128 | 167 | 280 | 296 | | 378 | 624 | | | | | |
| High/Moderate/Low Acuity | 46 | 88 | 94 | 129 | 125 | 117 | | 138 | 140 | 164 | 157 | 141 | 135 | 191 | | 52 | 55 | 128 | 167 | 280 | 296 | | 378 | 624 | | | | | |
| Palliative Care | | | | | | | Palliative Care | | | | | | | Palliative Care | | | | | | | Palliative Care | | | | | | | | |
| Total Number Of Referrals | | | | | | | 21 | | 20 | 17 | 14 | 19 | 20 | 29 | 13 | | | | | | | | 21 | 51 | 68 | | 21 | 132 | |
| Pending | | | | | | | 3 | | 1 | 4 | 6 | 1 | 1 | 6 | 5 | | | | | | | | 3 | 11 | 8 | | 3 | 24 | |
| Ineligible | | | | | | | 0 | | 6 | 1 | 0 | 4 | 9 | 8 | 1 | | | | | | | | 0 | 7 | 21 | | 0 | 29 | |
| Total Outreached | | | | | | | 18 | | 13 | 12 | 8 | 14 | 10 | 15 | 7 | | | | | | | | 18 | 33 | 39 | | 18 | 79 | |
| Engaged | | | | | | | 14 | | 10 | 12 | 6 | 10 | 8 | 15 | 5 | | | | | | | | 14 | 28 | 33 | | 14 | 66 | |
| Engagement Rate | | | | | | | 78% | | 77% | 100% | 75% | 71% | 80% | 100% | 71% | | | | | | | | 78% | 85% | 85% | | 78% | 84% | |
| Total Screened and Refused/Decline | | | | | | | 2 | | 3 | 0 | 2 | 3 | 1 | 0 | 2 | | | | | | | | 2 | 5 | 4 | | 2 | 11 | |
| Unable to Reach | | | | | | | 2 | | 0 | 0 | 0 | 1 | 1 | 0 | 0 | | | | | | | | 2 | 0 | 2 | | 2 | 2 | |
| New Cases Opened | | | | | | | 13 | | 12 | 13 | 6 | 9 | 8 | 15 | 5 | | | | | | | | 13 | 31 | 32 | | 13 | 68 | |
| Total Cases Closed | | | | | | | 9 | | 5 | 7 | 11 | 10 | 12 | 2 | 5 | | | | | | | | 9 | 23 | 24 | | 9 | 52 | |
| Cases Remained Open | | | | | | | 84 | | | | | | | | | | | | | | | | | | | | | | |

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 7/01/2020 to 7/31/2020
 Report created 8/26/2020

| ER utilization based on Claims data | 2019-07 | 2019-08 | 2019-09 | 2019-10 | 2019-11 | 2019-12 | 2019-Trend | 2020-01 | 2020-02 | 2020-03 | 2020-04 | 2020-05 | 2020-06 | 2020-07 | 2020-Trend | Q1 2019 | Q2 2019 | Q3 2019 | Q4 2019 | Q1 2020 | Q2 2020 | Qtr Trend | CY- 2019 | YTD-2020 | YTD-Trend | | | |
|-------------------------------------|-------------------|---------|---------|---------|---------|---------|------------|-------------------|---------|---------|---------|---------|---------|---------|-------------------|---------|---------|---------|---------|---------|---------|-------------------|----------|----------|-----------|--|--|--|
| Cases Remained Open | 43 | 36 | 25 | 25 | 20 | 25 | | 18 | 19 | 28 | 56 | 60 | 73 | 81 | | 21 | 34 | 25 | 25 | 28 | 73 | | 25 | 81 | | | | |
| Total Cases Managed | 67 | 64 | 54 | 50 | 48 | 39 | | 39 | 35 | 42 | 81 | 94 | 117 | 138 | | 47 | 63 | 76 | 63 | 75 | 154 | | 181 | 247 | | | | |
| Critical-Complex Acuity | 6 | 7 | 8 | 9 | 7 | 4 | | 5 | 4 | 6 | 8 | 11 | 14 | 17 | | 4 | 6 | 9 | 10 | 8 | 16 | | 14 | 22 | | | | |
| High/Moderate/Low Acuity | 61 | 57 | 46 | 41 | 41 | 35 | | 34 | 31 | 36 | 73 | 83 | 103 | 121 | | 43 | 57 | 67 | 53 | 67 | 138 | | 167 | 225 | | | | |
| | Record Processing | | | | | | | Record Processing | | | | | | | Record Processing | | | | | | | Record Processing | | | | | | |
| Total Records | 7,900 | 7,867 | 7,518 | 8,761 | 7,380 | 7,418 | | 8,341 | 7,703 | 7,536 | 5,414 | 7,551 | 7,558 | 7,566 | | 22,529 | 24,476 | 23,285 | 23,559 | 23,580 | 20,523 | | 93,849 | 51,669 | | | | |
| Total Admissions | 2,277 | 2,260 | 2,067 | 2,188 | 2,116 | 2,155 | | 2,244 | 2,201 | 2,092 | 1,595 | 2,072 | 2,069 | 2,066 | | 6,490 | 6,440 | 6,604 | 6,459 | 6,537 | 5,736 | | 25,993 | 14,339 | | | | |

Item #9

Attachment 9.E

QIUM Quarterly Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

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

COMMITTEE

DATE: October 15th, 2020

SUBJECT: CalViva Health QI & UM Update of Activities Quarter 3 2020 (October 2020)

Purpose of Activity:

This report is to provide the RHA Commission with an update on the CalViva Health QI & UM performance, program and regulatory activities in Quarter 3 of 2020.

I. Meetings

Two meetings were held in Quarter 3, on July 16th and September 17th, 2020. The following guiding documents were approved at these meetings:

1. 2020 Quality Improvement (QI) Mid-Year Evaluation
2. 2020 Utilization Management Case Management (UMCM) Mid-Year Evaluation

In addition, the following general documents were also approved:

1. Pharmacy Formulary & Provider Updates
2. Clinical Practice Guidelines
3. Medical Policies Q1
4. QI Policy & Procedure Review

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

1. The **Appeal and Grievance Dashboard & Quarterly Reports** provide a summary of all grievances in order to track volumes, turn-around times and case classifications. The Dashboard and the quarterly A & G reports for Q2 2020 were presented and discussed.
 - a. The total number of grievances ending Q2 2020 has decreased slightly from Q2, 2019 presumably due to less interactions with providers associated with the pandemic.
 - b. Both Quality of Service grievances and Quality of Care grievances were approximately half of what they were same time last year. Again, likely related to decreased interaction with health services associated with the Emergency Stay at Home Order due to the pandemic.
 - c. The Exempt grievances decreased in Q2 when compared with Q1 2020. No issues identified.
 - d. The total number of Appeals Received for Q1 and Q2 is on track to exceed 2019 numbers.
 - e. Appeal decision rates have remained consistent through Q2.

2. **Facility Site & Medical Record Review Report** is a semi-annual summary of the DHCS required PCP Facility Site & Record Review activities. These reviews are performed in all three CalViva counties to ensure providers maintain safe, organized and clean locations where members are served. Provider offices and medical records are evaluated against established standards and the audits are performed by trained and certified staff. This report covered Q3 & Q4 of 2019 when 20 Facility Site Reviews (FSR) and 19 Medical Record Reviews (MRR) were completed.
 - a. The overall mean FSR score for the three CVH Counties was 97%.
 - b. The overall mean MRR score was 93%.
 - c. The Pediatric Preventative Care mean score was 91% and 87% for Adults.
 - d. Corrective Action Plans (CAP) are required when goals are not met. Initial CAP submission and completion was at 100%. 12 FSRs and 6 MRRs required CAP's to verify correction.

Data gathered during MRRs is also used to assess compliance and address non-compliance with the Initial Health assessment (IHA) requirements described below.

3. **An Initial Health Assessment (IHA)** is a complete assessment of past and potential health issues, a physical assessment, and also includes an assessment of behaviors (IHEBA) that may make the member at risk for future health issues. Individualized education opportunities may be identified as well as, an opportunity to identify and reinforce the preventive screening/exams for the individual. This assessment is to be completed within 120 days for all new members.

An IHA Work Group was established to identify and address persistent barriers and improve monitoring and reporting. DHCS identified this as an area for improvement during our 2020 Audit. A performance improvement approach is being taken by working with a high volume, low performing provider in Madera County and a high volume, high performing provider in Fresno County. Interventions will be tested and monitored at the low performing clinics with a goal of spreading successful interventions throughout our three-county area.

4. **MHN Performance Indicator Report** provides a comprehensive assessment of mental health services provided to CalViva members. 14 out of 15 metrics met or exceeded their targets. In Q1 2020, opportunity for improvement was identified in the Network Availability metrics, Open Practice Report.
 - a. Several interventions have been initiated including outreach efforts to increase the number of providers accepting new patients. Contract negotiations have included efforts to enhance rates for new and existing providers. If the trend of improvement continues, it is anticipated that Q2 2020 performance will meet the target.

5. **Emergency Drug Report** provides evidence of health plan compliance with pharmacy regulations established to ensure that drugs/prescriptions provided in association with an Emergency Room visit are sufficient to meet the member's needs until they are able to fill the prescription. This annual report analyzed pharmacy data combined with Emergency Room medical record review (when indicated) during Quarter 3 2019.
 - a. Results revealed a compliance rate of 97% for all counties combined, thus exceeding the established goal of 90%. When county-specific rates of compliance are analyzed, Fresno County met the goal at 98%, Kings County met the goal at 97%, and Madera County met the goal at 97%.

This report may not be required in the future as the responsibility for the pharmacy function transitions to the state through the Medi-Cal Rx Program.

During Q3 some events had to be canceled, meetings were canceled or modified to a telephonic format, and volumes of various services/screenings/visits declined related to the State of Emergency associated with COVID and/or California Wild Fires. These variations are reflected in the reports as indicated.

Additional reports reviewed during Q3 included but were not limited to the following: Provider Preventable Conditions, SPD HRA Outreach, County Relations, Member Incentive Programs.

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

1. **The Key Indicator Report (KIR)** provided data through June 30, 2020. A quarterly comparison was reviewed with the following results:
 - a. Membership through June has trended upward potentially associated with COVID 19.
 - b. In-hospital utilization decreased beginning in March in association with the pandemic; utilization rates have since begun to rise as hospitals began allowing elective procedures to resume.
 - c. Turn-around time compliance improved in June to 100%.
 - d. Case Management results in 2020 thus far, continue to demonstrate positive trends in all areas.
2. **UM Concurrent Review Report** – provides a more in-depth analysis of the KIR data for non-delegated services during Q2 2020. Some results include:
 - a. Similar trend is noted to last year with increase in respiratory illnesses including COVID 19, resulting in increased ED visits and inpatient admissions for TANF (Temporary Assistance for Needy Families) & Managed Care Expansion (MCE) populations.
 - b. Average Length of Stay (ALOS) demonstrated improvement (decrease) for SPD and an increase for both TANF and MCE.

Onsite Discharge navigators converted to telephonic outreach during COVID. Daily Multidisciplinary UM Huddles continue and Emergency department telephonic support when indicated. Stated goals will be re-evaluated in light of COVID.
3. **PA Member Letter Monitoring Report** is currently focused on the Notice of Action (NOA) or Denial letters sent to members and providers when a Prior Authorization, Concurrent Review or Post-service request is denied. Clear and concise language is required in these communications and they must reference the specific criteria used to make the determination. Major Barriers to 100% compliance was found to be that staff are processing letters in two different clinical systems. Migration to one system is in progress. Analysis also found that additional training on the specific requirements within the letter was needed. Mandatory training sessions were held in June and July 2020.
4. **Additional UMCM Reports** included *Case Management and CCM Report, Health Net Specialty Referral Report, Top 10 Diagnosis Report* and other reports scheduled for presentation at the QI/UM Committee during Q3.

- ### IV. **Pharmacy quarterly reports** include Operation Metrics, Top 30 Medication Prior Authorization (PA) Requests, Pharmacy Call Report, Pharmacy Inter-Rater Reliability and Formulary changes which were all reviewed. All second quarter 2020 pharmacy prior authorization metrics were within 5% of standard.

V. **HEDIS® Activity**

In Q3, HEDIS® related activities were focused on analyzing the results for RY2020 under the new Managed Care Accountability Set (MCAS) measures and the minimum performance level (MPL) of 50th percentile.

The areas that CalViva reported results below the 50th percentile MPL are:

- a. Antidepressant Medication Management, for both the Acute Phase and the Continuation Phase, for all three counties.
- b. Adolescent Well-Care Visit for Fresno County.
- c. Breast Cancer Screening for Fresno County.
- d. Chlamydia Screening for Madera County.
- e. Childhood Immunization – Combo 10 for Fresno and Kings counties.
- f. Well-Child Visits in the first 15 months of life for Fresno and Kings counties.

The two (2) Performance Improvement Projects (PIPs) for RY 2020 consist of Childhood Immunization – Combo 10, and Breast Cancer Screening. These PIPs remain a priority; however, have been placed on hold due to COVID-19. It is anticipated they will restart this fall.

There were no sanctions or Corrective Action Plans (CAPs) for failure to meet MPLs for RY 2020.

Each MCP is required to develop one PDSA rapid cycle improvement project from the MCAS measures. Additionally, each Plan is required to report on what is called the “COVID-19 Quality Improvement Plan (QIP)”. This is a selection of 3 or more improvement strategies that demonstrate how the Plan has/will adapt to improve the health/wellness of its members during the COVID 19 Emergency. These interventions are to be associated with preventive services, chronic illness and/or behavioral health.

NCQA has released the Technical Specifications for MY20 & MY21 with a number of changes to address current circumstances.

VI. Findings/Outcomes

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

Item #9

Attachment 9.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. | | | | | |
| | Average Age of Workstations | 3 Years | Description: Identifies the average Computer Age of company owned workstations. | | | | | |
| Message From The COO | At present time, there are no issues, items of significance to report at this time as it relates to the Plan's IT Communications and Systems. | | | | | | | |
| Privacy and Security | | | | | | | | |
| Privacy and Security | Risk Analysis (Last Completed mm/yy: 6/19) | Risk Rating: Medium | Description: Conducting an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI held in the Health Plans IT and Communication Systems. A Rating is assigned: "No Risk", "Low Risk", "Medium Risk", "High Risk", "Critical Risk". | | | | | |
| | Eff. Date & Last Annual Mail Date of NPP (mm/yy) | 4/18 & 2/20 | Description: Notice of Privacy Practices (NPP) describes how PHI may be used and disclosed. The NPP is review and updated when appropriate. The NPP is distributed upon enrollment and annually thereafter | | | | | |
| | Active Business Associate Agreements | 6 | Description: A signed agreement is required of any person/entity who is not a member of CalViva Health's workforce who will create or receive PHI of behalf of CalViva Health. | | | | | |
| | # Of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable) | | | | | | | |
| | Year | 2020 | 2020 | 2020 | 2020 | 2020 | 2020 | 2020 |
| | Month | Apr | May | Jun | July | Aug | Sep | Oct |
| | No/Low Risk | 1 | 0 | 1 | 2 | 2 | 3 | 2 |
| | High Risk | 0 | 1 | 1 | 0 | 0 | 1 | 0 |
| | Total Cases By Month | 1 | 1 | 2 | 2 | 2 | 4 | 2 |
| | Year | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
| No/Low Risk | 48 | 54 | 36 | 28 | 38 | 23 | 22 | |
| High Risk | 6 | 3 | 5 | 1 | 1 | 2 | 3 | |
| Total Cases By Year | 54 | 57 | 41 | 29 | 39 | 25 | 25 | |
| Message from the COO | One No/Low risk privacy and security incident previously reported turned into a High Risk case upon case closure. This case impacted 1 CalViva Health member. Although 1 case became High-Risk, at present time, there are no systemic issues to report at this time as it relates to the Plan's Privacy and Security activities. | | | | | | | |



CalViva Health
Operations Report

| | | Year | 2019 | 2019 | 2019 | 2019 | 2020 | 2020 |
|--|---|----------------------------------|-----------------|-----------------|-----------------|--------------|--------------|--------|
| | | Quarter | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 |
| Member Call Center CalViva Health Website | (Main) Member Call Center | # of Calls Received | 30,380 | 28,902 | 30,232 | 27,416 | 29,707 | 20,544 |
| | | # of Calls Answered | 30,174 | 28,762 | 30,031 | 27,140 | 29,564 | 20,407 |
| | | Abandonment Level (Goal < 5%) | 0.70% | 0.50% | 0.70% | 1.00% | 0.50% | 0.70% |
| | | Service Level (Goal 80%) | 93% | 94% | 92% | 86% | 96% | 98% |
| | | | | | | | | |
| | Behavioral Health Member Call Center | # of Calls Received | 1,297 | 1,204 | 1,132 | 1,040 | 1,228 | 1,028 |
| | | # of Calls Answered | 1,277 | 1,188 | 1,124 | 1,026 | 1,218 | 1,022 |
| | | Abandonment Level (Goal < 5%) | 1.50% | 1.30% | 0.70% | 1.30% | 0.80% | 0.60% |
| | | Service Level (Goal 80%) | 84% | 88% | 87% | 88% | 93% | 94% |
| | | | | | | | | |
| | Transportation Call Center | # of Calls Received | 14,470 | 14,281 | 16,285 | 16,264 | 17,872 | 11,717 |
| | | # of Calls Answered | 14,383 | 14,224 | 15,943 | 16,085 | 17,765 | 11,506 |
| | | Abandonment Level (Goal < 5%) | 0.60% | 0.40% | 2.10% | 1.10% | 0.60% | 1.80% |
| | | Service Level (Goal 80%) | 82% | 92% | 67% | 83% | 83% | 76% |
| | | | | | | | | |
| | CalViva Health Website | # of Users | 20,000 | 19,000 | 20,000 | 20,000 | 21,000 | 16,000 |
| Top Page | | Main Page | Find a Provider | Find a Provider | Find a Provider | Main Page | Main Page | |
| Top Device | | Mobile (60%) | Mobile (59%) | Mobile (57%) | Mobile (57%) | Mobile (60%) | Mobile (56%) | |
| Session Duration | | ~ 2 minutes | ~ 2 minutes | ~ 2 minutes | ~ 2 minutes | ~ 2 minutes | ~ 2 minutes | |
| Message from the COO | Quarter 2 numbers were previously presented to the Commission on September 17, 2020. Quarter 3 numbers are not yet available. | | | | | | | |

| Provider Network Activities & Provider Relations | Year | 2020 | 2020 | 2020 | 2020 | 2020 | 2020 | 2020 | |
|--|---|-------|-------|-------|-------|-------|-------|------|--|
| | Month | Feb | Mar | Apr | May | Jun | Jul | Aug | |
| | Hospitals | 10 | 10 | 10 | 10 | 10 | 10 | 10 | |
| | Clinics | 128 | 130 | 132 | 132 | 132 | 132 | 135 | |
| | PCP | 376 | 372 | 385 | 386 | 385 | 382 | 381 | |
| | PCP Extender | | 214 | 216 | 211 | 215 | 216 | 216 | |
| | Specialist | 1385 | 1382 | 1371 | 1371 | 1405 | 1410 | 1430 | |
| | Ancillary | 197 | 197 | 197 | 195 | 195 | 197 | 196 | |
| | | | | | | | | | |
| | Year | 2018 | 2019 | 2019 | 2019 | 2019 | 2020 | 2020 | |
| | Quarter | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | |
| | Pharmacy | 164 | 161 | 151 | 151 | 152 | 151 | 153 | |
| | Behavioral Health | 336 | 342 | 343 | 342 | 368 | 356 | 357 | |
| | Vision | 77 | 31 | 39 | 42 | 41 | 42 | 45 | |
| | Urgent Care | 11 | 12 | 14 | 13 | 12 | 12 | 11 | |
| | Acupuncture | 5 | 7 | 6 | 6 | 5 | 4 | 5 | |
| | | | | | | | | | |
| | Year | 2018 | 2019 | 2019 | 2019 | 2019 | 2020 | 2020 | |
| | Quarter | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | |
| | % of PCPs Accepting New Patients - Goal (85%) | 91% | 94% | 93% | 90% | 93% | 93% | 93% | |
| | % Of Specialists Accepting New Patients - Goal (85%) | 97% | 95% | 95% | 95% | 95% | 94% | 97% | |
| | % Of Behavioral Health Providers Accepting New Patients - Goal (85%) | | | | 72% | 78% | 82% | 95% | |
| | | | | | | | | | |
| | Year | 2020 | 2020 | 2020 | 2020 | 2020 | 2020 | 2020 | |
| | Month | Feb | Mar | Apr | May | Jun | Jul | Aug | |
| | Providers Touched by Provider Relations | 120 | 168 | 1201 | 333 | 401 | 118 | 84 | |
| | Provider Trainings by Provider Relations | 123 | 46 | 0 | 0 | 0 | 0 | 0 | |
| | Year | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | |
| Total Providers Touched | 1,790 | 2,003 | 2,604 | 2,786 | 2,552 | 1,932 | 2,562 | | |
| Total Trainings Conducted | 148 | 550 | 530 | 762 | 808 | 1,353 | 201 | | |
| Message From the COO | The Q2 2020 numbers are available showing the % of PCPs, Specialists and Behavioral Health Providers accepting new patients. At present time, there are no issues, items of significance to report at this time as it relates to the Plan's Provider Network and Provider Relations activities. | | | | | | | | |

| | Year | 2018 | 2019 | 2019 | 2019 | 2019 | 2020 | 2020 |
|--------------------------|---|---|-------------------|-------------------|-------------------|--------------------|-------------------|-------------------|
| | Quarter | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 |
| Claims Processing | Medical Claims Timeliness (30 days / 45 days) Goal (90% / 95%) - Deficiency Disclosure | 90% / 99% NO | 90% / 99% YES | 94% / 99% YES | 99% / 99% NO | 99% / 99% NO | 99% / 99% NO | 99% / 99% NO |
| | Behavioral Health Claims Timeliness (30 Days / 45 days) Goal (90% / 95%) - Deficiency Disclosure | 98% / 99% N/A | 98% / 99% N/A | 97% / 99% N/A | 97%/98% N/A | 98% / 99% N/A | 99% / 99% N/A | 99% / 99% N/A |
| | Pharmacy Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure | 100% / 100% NO | 100% / 100% NO | 100% / 100% NO | 100% / 100% NO | 100% / 100% NO | 100% / 100% NO | 100% / 100% NO |
| | Acupuncture Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure | 100% / 100% NO | 99% / 100% NO | 100% / 100% NO | 100% / 100% NO | 100% / 100% NO | 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 | 100% / 100% NO |
| | Transportation Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure | 98% / 99% NO | 95% / 100% NO | 100% / 100% NO | 100% / 100% NO | 100% / 100% NO | 100% / 100% NO | 100% / 100% NO |
| | PPG 1 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure | 100% / 100% NO | | | | | | |
| | PPG 2 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure | 98% / 99% NO | 99% / 100% NO | 97% / 98% NO | 100% / 100% NO | 100% / 100% NO | 100% / 100% NO | 95% / 97% NO |
| | PPG 3 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure | 99% / 100 % NO | 92% / 100 % NO | 99% / 100 % NO | 93% / 99% NO | 93% / 100% NO | 96% / 100% NO | 85% / 100% NO |
| | PPG 4 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure | 100% / 100% NO | 100% / 100% NO | 95% / 100% NO | 99% / 100% NO | 99% / 100% NO | 100% / 100% NO | 100% / 100% NO |
| | PPG 5 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure | 93% / 98% NO | 97% / 100% NO | 90% / 99% NO | 89% / 100% YES | 88% / 98% YES | 96% / 99% NO | 82%/100% YES |
| | PPG 6 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure | 95% / 100% NO | 94% / 100% NO | 92% / 99% NO | 99% / 100% YES | 100% / 100% YES | 100% / 100% NO | 87% / 100% YES |
| | PPG 7 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure | 99% / 100% NO | 96% / 100% NO | 96% / 99% NO | 99% / 100% YES | 98% / 98% YES | 98% / 100% NO | 73% / 100% YES |
| | PPG 8 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure | 100% / 100% NO | 100% / 100% NO | 100% / 100% NO | 100% / 100% NO | 99% / 100% NO | 99% / 100% NO | 92% / 100% NO |
| | PPG 9 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure | | 100% / 100% NO | 99% / 100% NO | 100% / 100% NO | 99% / 100% NO | 100% / 100% NO | 100% / 100% NO |
| | Message from the COO | Quarter 2 numbers were previously presented to the Commission on September 17, 2020. Quarter 3 numbers are not yet available. | | | | | | |

| | Year | 2018 | 2019 | 2019 | 2019 | 2019 | 2020 | 2020 | |
|--------------------------|---|---|------|------|------|------|------|------|--|
| | Quarter | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | |
| Provider Disputes | Medical Provider Disputes Timeliness (45 days) Goal (95%) | 98% | 99% | 99% | 96% | 95% | 97% | 99% | |
| | Behavioral Health Provider Disputes Timeliness (45 days) Goal (95%) | 100% | 85% | 89% | 100% | 90% | 99% | 100% | |
| | Acupuncture Provider Dispute Timeliness (45 Days) Goal (95%) | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| | Vision Provider Dispute Timeliness (45 Days) Goal (95%) | 100% | 100% | N/A | 100% | 100% | N/A | 100% | |
| | Transportation Provider Dispute Timeliness (45 Days) Goal (95%) | N/A | N/A | N/A | N/A | N/A | 100% | N/A | |
| | PPG 1 Provider Dispute Timeliness (45 Days) Goal (95%) | 100% | | | | | | | |
| | PPG 2 Provider Dispute Timeliness (45 Days) Goal (95%) | 67% | 98% | 100% | 89% | 64% | 92% | 100% | |
| | PPG 3 Provider Dispute Timeliness (45 Days) Goal (95%) | 100% | 100% | 100% | 100% | 100% | 97% | 100% | |
| | PPG 4 Provider Dispute Timeliness (45 Days) Goal (95%) | 100% | 100% | 100% | 100% | 100% | 87% | 91% | |
| | PPG 5 Provider Dispute Timeliness (45 Days) Goal (95%) | 73% | 100% | 99% | 95% | 99% | 100% | 100% | |
| | PPG 6 Provider Dispute Timeliness (45 Days) Goal (95%) | 96% | 96% | 100% | 93% | 100% | 100% | 100% | |
| | PPG 7 Provider Dispute Timeliness (45 Days) Goal (95%) | 95% | 97% | N/A | 67% | 100% | 100% | 100% | |
| | PPG 8 Provider Dispute Timeliness (45 Days) Goal (95%) | N/A | 100% | 100% | 100% | 100% | 100% | 100% | |
| | PPG 9 Provider Dispute Timeliness (45 Days) Goal (95%) | | N/A | N/A | N/A | N/A | N/A | N/A | |
| | Message from the COO | Quarter 2 numbers were previously presented to the Commission on September 17, 2020. Quarter 3 numbers are not yet available. | | | | | | | |

Item #9

Attachment 9.G

Executive Dashboard



| Month | 2019 | 2019 | 2019 | 2019 | 2019 | 2020 | 2020 | 2020 | 2020 | 2020 | 2020 | 2020 | 2020 |
|------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | August | September | October | November | December | January | February | March | April | May | June | July | August |
| CVH Members | | | | | | | | | | | | | |
| Fresno | 289,852 | 288,082 | 287,519 | 285,402 | 284,285 | 281,473 | 280,719 | 280,297 | 282,402 | 286,059 | 289,126 | 291,870 | 294,617 |
| Kings | 29,338 | 29,383 | 29,410 | 29,448 | 29,514 | 29,392 | 29,575 | 29,534 | 29,788 | 30,168 | 30,421 | 30,624 | 30,827 |
| Madera | 37,112 | 37,068 | 37,181 | 37,266 | 37,264 | 37,169 | 37,244 | 37,259 | 37,624 | 38,054 | 38,457 | 38,713 | 39,035 |
| Total | 356,302 | 354,533 | 354,110 | 352,116 | 351,063 | 348,034 | 347,538 | 347,090 | 349,814 | 354,281 | 358,004 | 361,207 | 364,479 |
| SPD | 32,441 | 32,582 | 32,591 | 32,753 | 32,836 | 32,797 | 32,834 | 32,797 | 32,952 | 33,195 | 33,406 | 33,456 | 33,556 |
| CVH Mrkt Share | 71.28% | 71.28% | 71.29% | 71.32% | 71.36% | 71.34% | 71.27% | 71.21% | 71.15% | 71.01% | 70.82% | 70.68% | 70.52% |
| ABC Members | | | | | | | | | | | | | |
| Fresno | 104,884 | 104,326 | 104,083 | 103,079 | 102,524 | 101,664 | 101,800 | 102,085 | 103,359 | 105,487 | 107,750 | 109,576 | 111,590 |
| Kings | 19,200 | 19,103 | 19,102 | 19,112 | 19,057 | 18,926 | 18,996 | 18,890 | 18,955 | 19,218 | 19,423 | 19,591 | 19,758 |
| Madera | 19,451 | 19,398 | 19,450 | 19,402 | 19,289 | 19,246 | 19,268 | 19,345 | 19,554 | 19,934 | 20,344 | 20,673 | 21,036 |
| Total | 143,535 | 142,827 | 142,635 | 141,593 | 140,870 | 139,836 | 140,064 | 140,320 | 141,868 | 144,639 | 147,517 | 149,840 | 152,384 |
| Default | | | | | | | | | | | | | |
| Fresno | 1,053 | 1,080 | 928 | 1,364 | 1,038 | 945 | 1,080 | 1,256 | 992 | 1,073 | 1,313 | 1,052 | 1,067 |
| Kings | 177 | 159 | 148 | 240 | 173 | 181 | 204 | 227 | 173 | 166 | 183 | 178 | 153 |
| Madera | 160 | 132 | 131 | 187 | 104 | 98 | 92 | 148 | 105 | 107 | 114 | 123 | 126 |
| County Share of Choice as % | | | | | | | | | | | | | |
| Fresno | 65.60% | 67.30% | 65.10% | 66.10% | 65.60% | 62.50% | 65.00% | 64.80% | 65.10% | 62.00% | 61.50% | 61.80% | 58.70% |
| Kings | 64.70% | 63.90% | 62.20% | 58.80% | 63.60% | 65.20% | 60.00% | 64.30% | 59.40% | 54.00% | 59.50% | 48.80% | 53.40% |
| Madera | 63.30% | 60.10% | 63.00% | 68.10% | 67.60% | 60.80% | 63.20% | 69.70% | 62.50% | 62.70% | 59.80% | 55.70% | 57.90% |
| Voluntary Disenrollment's | | | | | | | | | | | | | |
| Fresno | 418 | 486 | 421 | 413 | 300 | 336 | 334 | 361 | 402 | 293 | 340 | 352 | 370 |
| Kings | 38 | 48 | 52 | 43 | 55 | 48 | 33 | 36 | 39 | 21 | 30 | 31 | 63 |
| Madera | 86 | 67 | 71 | 62 | 81 | 73 | 64 | 85 | 80 | 30 | 51 | 54 | 57 |