

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Luchini, Interim 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: May 17, 2021

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Cheryl Hurley, Commission Clerk

RE: Commission Meeting Materials

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

**Thursday, May 20, 2021
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 **10** Commissioners who have confirmed their attendance for this meeting. At this time, a quorum has been secured. Please advise as soon as possible if you will not be in attendance to ensure a quorum is maintained

Thank you

AGENDA

Fresno-Kings-Madera Regional Health Authority Commission Meeting

May 20, 2021

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 Action	No attachment	Chair and Co-Chair Nominations for Fiscal Year 2022: <i>Action: Nominate and Approve Appointments</i>	G. Hund, CEO
4 Information	No attachment	Fresno County Department of Public Health Commissioner • Interim Director: David Luchini	D. Hodge, MD; chair
5 Information	Attachment A	Fresno County At-Large BOS Reappointed Commissioner • Soyla Reyna-Griffin	D. Hodge, MD; Chair
6 Action	Attachment A	Community Regional Medical Center Reappointed Commissioner • Aldo De La Torre <i>Action: Ratify CRMC Representative Appointment</i>	D. Hodge, MD; Chair
7 Action	Attachment A Attachment B Attachment C	Consent Agenda: • Commission Minutes dated 3/18/21 • Finance Committee Minutes dated 2/18/21 • QIUM Committee Minutes dated 2/18/21 <i>Action: Approve Consent Agenda</i>	D. Hodge, MD, Chair
8 Information	Attachment A	Sub-Committee Members for Fiscal Year 2021: • BL 20-005	D. Hodge, MD, Chair
9 Action	Attachment A Attachment B Attachment C Attachment D	Community Support Funding • BL 21-006 Community Support Program • Proposed Grant Recommendations 2021-2022 • BL 21-007 Demonstration Kitchens 2020-2021 Budget • Ad-Hoc Committee Meeting Minutes <i>Action: Approve Community Funding Grant Recommendations</i>	G. Hund, CEO
<i>Handouts will be available at meeting</i>		<i>PowerPoint Presentations will be used for item 10 & 11</i> <i>One vote will be taken for combined items 10 & 11</i>	

10 Action	Attachment A Attachment B Attachment C	Cultural and Linguistics (C & L) Program Description and Work Plan Evaluation <ul style="list-style-type: none"> • 2020 Executive Summary and <i>Annual Evaluation</i> • 2021 Change Summary and <i>Program Description</i> • 2021 Executive Summary and <i>Work Plan Summary</i> 	P. Marabella, MD, CMO
11 Action	Attachment A Attachment B Attachment C Attachment D	Health Education Program Description and Work Plan Evaluation <ul style="list-style-type: none"> • Executive Summary • 2020 Annual Evaluation • 2021 Change Summary and Program Description • 2021 Work Plan <p><i>Action: Approve Cultural and Linguistics 2019 Annual Evaluation, 2020 Program Description, and 2020 Work Plan, and the Health Education 2019 Annual Evaluation, 2020 Program Description, and 2020 Work Plan</i></p>	P. Marabella, MD, CMO
12 Action	Attachment A Attachment B Attachment C Attachment D Attachment E Attachment F Attachment G Attachment H No attachment	Standing Reports <p>Finance Report</p> <ul style="list-style-type: none"> • Financials as of March 31, 2021 • FY 2022 Proposed Budget <p>Compliance</p> <ul style="list-style-type: none"> • Compliance Report <p>Medical Management</p> <ul style="list-style-type: none"> • Appeals and Grievances Report • Key Indicator Report • QIUM Quarterly Summary Report <p>Operations</p> <ul style="list-style-type: none"> • Operations Report <p>Executive Report</p> <ul style="list-style-type: none"> • Executive Dashboard • Staffing Announcement <p><i>Action: Accept Standing Reports</i></p>	D. Maychen, CFO M.B. Corrado, CCO P. Marabella, MD, CMO J. Nkansah, COO G. Hund, CEO
13 Action	Attachment A	Closed Session: <p>The Board of Directors will go into closed session to discuss the following item(s)</p> <p>A. Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program, or facility.</p>	
14		Final Comments from Commission Members and Staff	D. Hodge, MD, Chair

15	Announcements	D. Hodge, MD, Chair
16	Public Comment <i>Public Comment is the time set aside for comments by the public on matters within the jurisdiction of the Commission but not on the agenda. Each speaker will be limited to three (00:03:00) minutes. Commissioners are prohibited from discussing any matter presented during public comment except to request that the topic be placed on a subsequent agenda for discussion.</i>	D. Hodge, MD, Chair
17	Adjourn	D. Hodge, MD, Chair

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

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

Next Meeting scheduled for July 15, 2021 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 #5

Attachments 5.A

Fresno County At-Large
BOS Reappointment of
Soyla Reyna-Griffin



County of Fresno

BOARD OF SUPERVISORS

Chairman
Steve Brandau
District Two

Vice Chairman
Brian Pacheco
District One

Sal Quintero
District Three

Buddy Mendes
District Four

Nathan Magsig
District Five

Bernice E. Seidel
Clerk

May 12, 2021

Soyla A. Reyna-Griffin
Valley Health Team, Inc.
PO Box 737
San Joaquin, CA 93660

Subject: Appointment to Fresno-Kings-Madera Regional Health Authority

Dear Ms. Reyna-Griffin,

We are pleased to inform you that on May 11, 2021, under Supervisor Quintero's nomination, you were reappointed by the Board of Supervisors to serve on the **Fresno-Kings-Madera Regional Health Authority** (hereinafter referred to as "authority") for a term expiring on **May 6, 2024**. We thank you for your interest in serving our County.

Statement of Economic Interests (Form 700): You are required to file a **Form 700** for your appointed position. The form and instructions are available at the authority office or online at www.fppc.ca.gov.

Brown Act Requirements

Newly elected and appointed members of a "legislative body" who have not yet assumed office must conform to the requirements of the Brown Act as if already in office (Govt. Code section 54952.1). Until you hear otherwise, you should immediately begin to refrain from any discussions of authority business, with a quorum of the authority, outside a formal authority meeting. If you have any questions about the Brown Act or your responsibilities and duties under it, please consult your authority's legal counsel.

State Mandated Ethics Training

California Government Code Section 53235 provides that if a local agency (which includes special districts) provides any type of compensation, salary, or stipend to a member of a legislative body, or provides for reimbursement for actual and necessary expenses incurred by a member of a legislative body in the performance of official duties, then all local agency officials shall receive training in ethics. Such local agency officials must receive **two hours** of ethics training within one year of commencing service with the local agency and once every two years thereafter. Please consult your authority's staff or legal counsel with questions relating to this requirement.

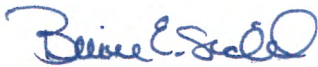
Should you be required to comply with the ethics training requirement, the Fair Political Practices Commission (FPPC) offers **free online training** at <http://localethics.fppc.ca.gov/login.aspx>. This course requires that you log onto the FPPC's website, review the course content materials, and take periodic tests to assure retention of the information. For those who choose this option, please be aware that the certificate will record how much time an individual spends to complete the online training. You must

complete at least 2 hours of training time in order to be compliant with the training requirement. If an individual completes the online training in less than two hours, the certificate will reflect this, indicating that the individual has not completed the required amount of training.

When you complete the training, you will receive a Proof of Participation certificate to sign and submit to whoever maintains the training compliance records for your authority (e.g., the clerk or secretary for the authority). You should keep a copy of the certificate for your records. The authority is required to retain the certificates as public records for at least five years.

On behalf of the Fresno County Board of Supervisors, we wish to extend sincere appreciation for the time and effort you are giving in service to your community and Fresno County.

Sincerely,



Bernice E. Seidel
Clerk of the Board

cc: **Fresno-Kings-Madera Regional Health Authority**



— THE COUNTY OF FRESNO —
BOARD OF SUPERVISORS

CERTIFICATE OF APPOINTMENT

I, STEVE BRANDAU, Chairman, Board of Supervisors for the
County of Fresno, State of California,
do hereby certify that

Soyla Reyna-Griffen

was duly reappointed to the

FRESNO-KINGS-MADERA
REGIONAL HEALTH AUTHORITY

for a term to expire

May 1, 2024

DATE APPOINTED

MAY 11, 2021

STEVE BRANDAU
BOARD OF SUPERVISORS

CHAIRMAN

Item #6

Attachments 6.A

Community Regional Medical Center
Reappointment of
Aldo De La Torre



February 18, 2021

Fresno-Kings-Madera Regional Health Authority Commissioners
1315 Van Ness Boulevard
Fresno, CA 93721

Dear Commissioners,

Aldo De La Torre has been serving the Fresno-Kings-Madera Regional Health Authority Commissioners as a representative of Community Regional Medical Center since 2015.

Mr. De La Torre's three-year term on the Commission comes up for reappointment in May 2021. We would respectfully request that Mr. De La Torre continue on as the Community Regional Medical Center representative for another three-year term.

We look forward to receiving confirmation of the reappointment.

Sincerely,

A handwritten signature in black ink that reads "Craig S. Castro".

Craig S. Castro
President & Chief Executive Officer

cc: Cheryl Hurley, Clerk to the Commission
Aldo De La Torre, Senior Vice President/Managed Care

Item #7

Attachment 7.A

Commission Minutes
Dated 3/18/2021

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**

Meeting Minutes

March 18, 2021

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 Nikoghoshian, 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 1:32 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
	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.	
#2 Roll Call Cheryl Hurley, Clerk to the Commission	A roll call was taken for the current Commission Members.	<i>A roll call was taken</i>
#3 Madera County At-Large Seat Nomination Action David Hodge, MD, Chairman	One application was received for the Madera County At-Large Commission seat from current Commission member Paulo Soares. A motion was made, and carried, to reappoint Paulo Soares for a three-year term ending March 2024. Mr. Soares was not present.	<i>Motion: Appointment of Madera Co. At-Large seat</i> <i>11 – 0 – 0 – 6</i> <i>(Frye / Neves)</i>
#4 Consent Agenda a) Commission Minutes 2/18/2021 b) Finance Committee Minutes 11/19/2020 c) QIUM Committee Minutes dated 11/19/2020 d) PPC Minutes dated 12/2/2020 Action D. Hodge, MD, Chair	All consent items were presented and accepted as read.	<i>Motion: Approve Consent Agenda</i> <i>11 – 0 – 0 – 6</i> <i>(Nikoghosian / Fields-Keene)</i> <i>A roll call was taken</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#5 Reappointment of Moss Adams</p> <p>Action David Hodge, MD, Chairman</p>	<p>The acceptance of Moss Adams as CalViva’s independent auditor was approved for an additional term through fiscal year end 2024.</p>	<p><i>Motion:</i> <i>Approve reappointment of Moss Adams</i> <i>11 – 0 – 0 – 6</i></p> <p><i>(Griffin / Fields-Keene)</i></p> <p><i>A roll call was taken</i></p>
<p>#6 2021 Quality Improvement</p> <ul style="list-style-type: none"> • Program Description • Work Plan <p>Action David Hodge, MD, Chairman</p>	<p>Dr. Marabella presented the 2021 Quality Improvement Program Description and Work Plan.</p> <p>The highlights of changes for the 2021 QI Program Description include:</p> <ul style="list-style-type: none"> • Health Promotion Programs: <ul style="list-style-type: none"> ○ Removed Fit Families for Life, myStrength, Know Your Numbers events, Community Education Classes and Community Health Fairs. • Disease Management (DM): <ul style="list-style-type: none"> ○ Changed section title to Health Management Programs. Updated and clarified descriptions of DM & Nurse Advice Line programs. • Satisfaction: <ul style="list-style-type: none"> ○ Update Customer Experience Continuous Improvement (CXCI) initiatives such as redesign of the member Welcome Kit and improving work flows for UMCM & Population Health. • Culture & Linguistics: <ul style="list-style-type: none"> ○ Updated requirements for non-discrimination. • Staff Resources & Accountability: 	<p><i>See #7 for Action Taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Updated description of the QI Team to include a Nurse Analyst <p>Activities for 2021 Quality Improvement Work Plan continue to focus on:</p> <ul style="list-style-type: none"> ● Improve Access to Care: <ul style="list-style-type: none"> ○ Continue to monitor Appointment Access and After-hours Access and educate providers using webinars and follow-up surveys. ○ Results from 2019 CAHPS Survey and 2019 Access Survey used to update strategies such as twice per year “PPG CAHPS Webinars” with recommendations & Best Practices. ● Improve the Quality & Safety of Care: <ul style="list-style-type: none"> ○ Chlamydia Screening - Working with high volume, low compliance clinic in Madera County to increase the rate of young women screened for chlamydia. ○ An EHR flag/alert is being used to populate Daily Huddle sheets to prompt MA and provider collaboration. ● Performance Improvement Projects (PIPs): <ul style="list-style-type: none"> ○ Childhood Immunizations project in Fresno County (CIS-10). ○ Breast Cancer Screening Disparity Project in Fresno County (BCS). ○ Modules are in development for submission to HSAG prior to intervention implementation. 	
#7 2021 Utilization Management Case Management <ul style="list-style-type: none"> ● CM Program Description ● UMCM Work Plan 	<p>Dr. Marabella presented the 2021 Case Management Program Description and 2021 Utilization Management Case Management Work Plan.</p>	<p>Motion: Approve the 2021 Quality Improvement Program Description and Work Plan; and the 2021 Case</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Action David Hodge, MD, Chairman</p>	<p>The highlights of changes for the 2021 Case Management Program Description include:</p> <ul style="list-style-type: none"> • Goals of CM Program: Updated timeframe for postpartum measure. Clarified goal for pre-term delivery is 2% lower for members managed. • Complex CM Criteria: Modified criteria to align with standardized reports and allow for automated referral to Complex CM when indicated. • CM Criteria: Added criteria to address members who partially meet criteria and moved designated groups from Complex CM to CM. • Care Team Staffing Model: Increased maximum case load to 70 and changed frequency of meetings to at least monthly with weekly huddles. • Member Experience: Expanded method for conducting satisfaction surveys to include mail, email, text or telephone. • Special Programs: Added subsections describing Transitional Care Management and Palliative Care. <p>The areas of focus for the 2021 Utilization Management & Case Management Work Plan include:</p> <ul style="list-style-type: none"> • Compliance with Regulatory & Accreditation Requirements: Ensure licensure, attestations and audits are current and complete. • Monitoring the UM Process: Track and trend prior authorizations, conduct inter-rater reliability testing for clinical staff, and analyze appeals data to identify opportunities to remove or modify PA criteria. • Monitoring Utilization Metrics: Track effectiveness of care management, monitor for over/under utilization, and continue to enhance PPG Profile monitoring. 	<p>Management Program Description, and 2021 UMCM Work Plan</p> <p>11 – 0 – 0 – 6</p> <p>(Cardona / Neves)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> Monitoring Coordination with Other Programs and Vendor Oversight as it pertains to effectiveness of Case Management, Perinatal Case Management, and Behavioral Health Case Management. Maintain Disease Management, and monitor MD interactions with Pharmacy, and coordination between medical and behavioral health. Monitoring Activities for Special Populations: Continue monitoring care of SPDs and CCS identification. 	
<p>#8 Standing Reports</p> <ul style="list-style-type: none"> Finance Report Daniel Maychen, CFO 	<p><u>Finance</u></p> <p>Financials as of January 31, 2021: Total current assets were approximately \$311.1M; total current liabilities were approximately \$212.7M. Current ratio is 1.46. TNE as of January 31, 2021 was approximately \$108.5M, which is approximately 686% above the minimum DMHC required TNE amount.</p> <p>Through January 31, 2021, actual premium capitation income recorded was approximately \$739.6M which is approximately \$728K above budgeted amounts, primarily due to CVH no longer experiencing an MCO tax loss beginning January 2021, and also due to the pharmacy carve out being delayed. In the budgeted financials for FY 2021, we projected the pharmacy carve out effective date of 1/1/21; that has since been delayed a second time and is likely to be delayed through the end of FY 2021, which will lead to higher actual revenues/rates in comparison to budgeted revenues/rates. As such, the difference between actual and budgeted revenue is projected to continue to grow on the positive side through the end of FY 2021.</p>	<p><i>Motion: Standing Reports Approved</i></p> <p><i>12 – 0 – 0 – 5</i> <i>(Frye / Cardona)</i></p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Compliance M.B. Corrado, CCO 	<p>Total cost of medical care expense actual recorded is approximately \$617.7M which is approximately \$4M more than budgeted due to enrollment being higher than projected. Admin service agreement fees expense was \$548K more than budgeted primarily due to enrollment being higher than projected. With the exception of Labor, all other expense line items are in line or below what is budgeted for FY 2021. Through January 2021, there is a net loss of approximately \$279K, which is approximately \$3.7M less than projected primarily due to the MCO tax loss incurred during the first six months of FY 2021. Effective January 2021, DHCS has increased the MCO tax revenue rate and the net loss is anticipated to turn positive with projected net income to be approximately between \$6M to \$7M by the end of FY 2021.</p> <p><i>Supervisor Rogers arrived at 1:57 pm</i></p> <p><u>Compliance</u></p> <p>No new fraud cases to report to date for 2021.</p> <p>Notice was received from DHCS that the CAP for the Annual Network Certification has been closed and they approved the Alternative Access Standards submission.</p> <p>The 18-month DMHC Follow-Up Audit has been postponed to the week of 3/29/21.</p> <p>DHCS has further delayed the transition of Medi-Cal Rx to fee-for-service for managed care plans. A new date has yet to be set.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<p>CVH is actively working with Health Net on implementing the two rules issued by CMS and HHS Office of the National Coordinator for Health Information Technology regarding interoperability and patient access provisions of the 21st Century Cures Act. The rules are to be phased in over time with the first compliance date of July 1, 2021.</p> <p>In reference to the CalAIM program, the Enhanced Care Management (ECM) and In Lieu of Services (ILOS) will be implemented for Kings County 1/1/22 and Fresno & Madera counties 7/1/22.</p> <p>The Public Policy Committee met on 3/3/21. The following reports were presented: CalViva Health's 2020 Annual Report; the Q4 2020 Grievance and Appeals; the 2020 Annual Compliance Evaluation; and the Health Education Member Incentive Programs Semi-Annual Report (Q3 and Q4 2020). There were no recommendations for referral to the Commission. The next meeting will be held on June 9, 2021, tentatively scheduled for Kings County depending on COVID restrictions and public health recommendations.</p> <p>A list of 2021 New California Health Care Laws was provided in detail on the report.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Dashboard</p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard for month ending January 2021.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The total number of grievances through January 2021 is consistent with previous months.</p> <p>The highest volume of grievances reported were in the “Exempt” grievance type, followed by “Quality of Service” grievance type.</p> <p>The volume of “Quality of Care” grievances remains consistent.</p> <p>The majority of Exempt Grievances fell under the category of “PCP Assignment/Transfer – Health Plan Assignment – Change Request”.</p> <p>The total number of Appeals Received for the first month of 2021 have decreased compared to same time last year.</p> <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report through January 2021.</p> <p>Overall membership continues to increase.</p> <p>In-hospital utilization rates remain consistent with previous months. The number of ER Visits during the course of 2020 fluctuated due to the COVID-19 pandemic and the aversion to the emergency department. The average “Length of Stay” has increased. This is primarily due to long lengths of stay for COVID patients and challenges in the discharge process during the pandemic.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Case Management results for January 2021 demonstrate positive results in all areas consistent with recent months.</p> <p>Credentialing Sub-Committee Quarterly Report</p> <p>The Credentialing Sub-Committee met on February 18, 2021. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q3 2020 were reviewed for delegated entities, and Q4 2020 for MHN and Health Net. There was one (1) ongoing case on the Q4 2020 Credentialing Report from Health Net. This is related to the production of records associated with an 805 filing. An extension to this request to January 2021 was approved.</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 February 18, 2021. The county-specific Peer Review Sub-Committee Summary Reports for Q4 2020 were reviewed for approval. There were no significant cases to report. The 2021 Peer Review Sub-Committee Policies and Procedures were reviewed and approved. The Q4 2020 Peer Count Report was presented with a total of 4 cases reviewed. There were three (3) cases closed and cleared. There were no cases pending closure for Corrective Action Plan compliance. There was one (1) case pended for further information. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Operations J. Nkansah, COO 	<p><u>Operations Report</u></p> <p>For IT Communications and Systems, there was an exchange server vulnerability occurring with Microsoft products primarily impacting mail exchange servers. A patch was released by Microsoft to address the vulnerability and will be deployed at CVH.</p> <p>For Privacy and Security, there were three (3) cases reported in February of which one has turned into a high-risk case. The high-risk case involves a vendor by the name of Accellion. Accellion specializes in file transfer services and is utilized by our Administrator, Health Net. A breach did occur and had a member impact. Further investigation into the degree and scope of the impact is being conducted. Updates will be provided to Commissioners as more information is uncovered.</p> <p>For the Member Call Center, and CVH website activities, there are no additional updates to provide at this time.</p> <p>With regard to Provider Network Activities, and Provider Relations, there are no significant changes. The DMHC Measurement Year 2019 report findings have been received and are consistent with past measurement years.</p> <p>Quarter 4 2020 numbers are available for Claims Processing and Provider Disputes. All areas met timeliness goals. Deficiencies disclosures were noted for three (3) PPGs.</p> <p>With regard to Provider Disputes, two (2) PPGs did not meet goal. All other areas met timeliness and compliance goals.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Executive Report G. Hund, CEO 	<p><u>Executive Report</u></p> <p>Membership as of the end of February 2021 continues to increase; however, market share continues to decline. Health Net is evaluating and creating a plan to regain market share.</p>	
<p>#9 Closed Session</p> <p>A. Government Code section 54957(b)(1) – Public Employee Appointment, Employment, Evaluation, or Discipline – Staffing (Action)</p> <p>B. Government Code section 54957(b)(1) – Public Employee Appointment, Employment, Evaluation, or Discipline – Staffing (Action)</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session.</p> <p>Motion made by Harold Nikoghosian and seconded by Soyla Griffin to authorize the Board Chair and the current CEO to execute a contract for Jeffrey Nkansah to serve as CalViva Health’s new CEO effective immediately upon Greg Hund’s retirement on July 31, 2022, with terms as stated.</p> <p>Second motion was made by Harold Nikoghosian and seconded by Supervisor Rogers to accept the resignation of current CEO Greg Hund effective July 31, 2021.</p> <p>A third motion made by Supervisor Rogers and seconded by Soyla Griffin to enter into an agreement with current CEO Greg Hund to serve as an advisory CEO to the new CEO upon Mr. Hund’s resignation at 20% time beginning August 1, 2021 through January 7, 2022.</p> <p>Closed Session concluded at 2:41 pm.</p> <p><i>Supervisor Quintero not in attendance for Closed Session – not included in votes</i></p>	<p>Motion #1: 10 – 0 – 0 – 7 (Nikoghosian/Griffin)</p> <p>Motion #2 10 – 0 – 0 – 7 (Nikoghosian/Rogers)</p> <p>Motion #3 10 – 0 – 0 – 7 (Rogers/Griffin)</p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#10 Final Comments from Commission Members and Staff	None.	
#11 Announcements	CEO Greg Hund has extended an endorsement for SB 365 on behalf of CalViva Health in relation to compensation for primary care physicians making referrals for e-consults for specialty services.	
#12 Public Comment	None.	
#23 Adjourn	The meeting was adjourned at 2:48 pm The next Commission meeting is scheduled for May 20, 2021 in Fresno County.	

Submitted this Day: _____

Submitted by: _____

Cheryl Hurley
Clerk to the Commission

Item #7

Attachment 7.B

Finance Committee Minutes
dated 2/18/2021



**CalViva Health
Finance
Committee Meeting Minutes**

February 18, 2021

Meeting Location

Teleconference Meeting due
to COVID-19 Executive Order
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, Accounting Manager
✓●*	Paulo Soares		
✓●	Joe Neves		
✓●	Harold Nikoghosian		
✓●*	David Rogers		
✓●	John Frye		
		✓	Present
		*	Arrived late/Left Early
		●	Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order D. Maychen, Chair	The meeting was called to order at 11:30 am. A quorum was present 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

<p>#2 Finance Committee Minutes dated November 19, 2020</p> <p>Attachment 2.A</p> <p>Action</p> <p>D. Maychen, Chair</p>	<p>The minutes from the November 19, 2020 Finance meeting were approved as read.</p>	<p>Motion: <i>Minutes were approved</i></p> <p>5 – 0 – 0 – 2</p> <p>(Hund / Frye)</p> <p>A roll call was taken.</p>
<p>#3 Financial Statements as of December 31, 2020</p> <p>Action</p> <p>D. Maychen, Chair</p>	<p>Total current assets were approximately \$353M; total current liabilities were approximately \$255.7M. Current ratio is 1.38. TNE as of December 31, 2020 was approximately \$107.4M, which is approximately 679% above the minimum DMHC required TNE amount.</p> <p>For the first six (6) months of FY 2021 actual premium capitation income recorded was approximately \$647.7M which is approximately \$1.8M below budgeted amounts, primarily due to MCO tax being less than what was projected. In relation to revenue, the Plan experienced an MCO tax loss for the first six (6) months of FY 2021 of approximately \$4.5M. This is a result of how DHCS calculates the MCO tax revenue rate, noting that DHCS' enrollment projection is a key component of that revenue rate calculation. Furthermore, there was a 25K member difference per month in what DHCS had projected (relating to the time-period of July 1, 2020 – December 31, 2020) in comparison to CalViva's actual membership, which created the MCO tax revenue shortage. DHCS has taken into consideration concerns of the Plan, as well as other plans, regarding the MCO tax loss and effective January 2021, they increased the MCO tax revenue rate. Assuming that enrollment is consistent with the current enrollment figure of 376,700 as of January 2021 (or higher), the increase for the MCO tax revenue amount beginning January 2021 is sufficient to cover the MCO tax expenses through June</p>	<p>Motion: <i>Financials as of December 31, 2020 were approved</i></p> <p>7 – 0 – 0 – 0</p> <p>(Frye / Nikoghosian)</p> <p>A roll call was taken.</p>

2021. In addition, the increase in MCO tax revenue rate would be sufficient enough to cover the losses the Plan experienced for the first six months of FY 2021 assuming enrollment is consistent or better with January 2021 enrollment numbers. The Plan is projecting the \$4.5M loss would be erased by the end of June 2021. In reference to the pharmacy carve out, communication from DHCS was received on 2/17/21 that they will be delaying the pharmacy carve out again and no new implementation date was provided. In addition, no further information on the delay will be provided until May 2021. The impact of this on the Plan's current year financials is a larger difference between Actual vs. Budgeted revenue amounts, noting the actual amount will be higher. The two trade associations that the Plan is associated with wrote a letter to the State prior to the second delay stating if there is a second delay that it be moved to 1/1/2022 which would provide the State ample time to ensure a more seamless transition occurs. During an LHPC board meeting with CEOs of the local health plans, it was unanimous that they support not initiating the pharmacy carveout until 1/1/2022 due to the purchase of Magellan by Centene which presented a conflict of interest and cited other administrative issues.

Total cost of medical care expense recorded is approximately \$544.3M which is approximately \$2.5M more than budgeted due to rates and enrollment being higher than projected. Admin service agreement fees expense was \$411K more than budgeted primarily due to enrollment being higher than projected. All other expense line items are in line or below what is budgeted. For the first six (6) months of fiscal year 2021, there is an approximate net loss of \$1.3M, which is approximately \$4.4M less than what was

	<p>budgeted due to MCO tax loss of \$4.5M. If accounting for increase in MCO tax revenue (assuming relatively similar enrollment as of January 2021 through the end of June 2021) total projected Net Income is approximately \$7.6M which is in comparison to approximately \$5.3M budgeted.</p>	
<p>#4 Fiscal Year 2022 – Review and Discuss Budget</p> <p>Action D. Maychen, Chair</p>	<p>The FY 2022 budget timeline was presented and is consistent with previous years.</p> <p>A formalized budget is planned for presentation at the March 2021 meeting with intent to accept and adopt. Any changes as a result of the March 2021 meeting will carry on to an April 2021 meeting, if necessary. The formal budget will be presented at the May 2021 Commission meeting.</p> <p>The FY 2022 basic assumptions and preliminary draft was created prior to the announcement of the Pharmacy Carveout delay. Enrollment is projected to increase slightly from current figure of approximately 376,700 as of January 2021 with the public health emergency ending by the end of calendar year 2021. Once the public health emergency ends enrollment is projected to decline through the second half of FY 2022 primarily due to individuals moving out of Medi-Cal and into employer sponsored coverage, and the re-determination/disenrollment process for Medi-Cal resuming.</p> <p>Prior to the pharmacy carve out delay announcement on 2/17/21, overall, revenues were projected to decline compared to prior year budget, primarily due to the impact of the pharmacy carve out. The pharmacy carve out was projected to affect all of fiscal year 2022 as opposed to only six months of the prior fiscal year 2021 budget. The overall decline in revenues was net of an increase in revenues due</p>	<p>Motion: <i>Budget assumptions approved</i></p> <p>7 – 0 – 0 – 0</p> <p>(Rogers / Soares)</p> <p>A roll call was taken.</p>

	<p>to increase in MCO taxes, an increase in rates to account for major organ transplants moving into Medi-Cal managed care effective 1/1/2022 and increase in enrollment in comparison to prior year.</p> <p>Investment income is projected to decrease and the yields in short term investments have continued to decline and projected to stay relatively low. Most of the Plan's investments are in US Treasuries.</p> <p>Fiscal year 2022 staffing is projected to be at 18 full time employees. Wage increases of up to 5% based on performance, and approximately 8% increase in health insurance premiums based on August renewal.</p> <p>Consulting expense to increase in preparation to meet the NCQA accreditation.</p> <p>Community Support and grants expense are based off of the continuation of providing grants to the community to address the economic affects COVID-19. The additional support to county health departments will possibly be reallocated due to the California State Legislature's approval of approximately \$1.2B in federal funds to assist California State local health departments to address COVID-19 vaccination, testing, and tracing. The reallocated funds will possibly be used to continue providing support to community-based organizations, and also to address the Plan's declining market share.</p> <p>FY 2022 budget assumptions include an increase in MCO tax by approximately \$16.6M based on CMS approved tax structure. Projecting an MCO tax loss again beginning July</p>	
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	<p>2021 based off of the Plan's projected enrollment vs. DHCS projected enrollment difference. The MCO tax is budget neutral beginning January 2022 through June 2022 as CalViva is uncertain if DHCS will increase the MCO tax revenue rate in January 2022 to account for previous MCO tax loss.</p> <p>Two budgets will be brought to the March meeting; one containing the Pharmacy carve-out for the entire fiscal year 2022, and a second only affecting half of the fiscal year 2022. The new implementation date for the Pharmacy carve-out should be known by May. At that time the budget that closely reflects the new implementation date will be presented at the May Commission meeting for approval.</p>	
<p>#5 Discuss Reappointment of Moss Adams as Independent Auditors</p> <p>Action D. Maychen, Chair</p>	<p>The fee proposal was approved to forward to Commission for final approval of reappointment of Moss Adams as independent auditors.</p>	<p>Motion: <i>Approved to forward to Commission</i></p> <p><i>7 – 0 – 0 – 0</i></p> <p><i>(Nikoghosian / Frye)</i></p> <p>A roll call was taken.</p>
<p>#6 Investment Policy</p> <p>Action D. Maychen, Chair</p>	<p>The Investment Policy was reviewed with a recommendation to edit verbiage to section II.E. Policy to be brought to March meeting with edit.</p>	<p>Motion: <i>No motion made; policy will be brought to March meeting for approval.</i></p>
#7 Announcements	None.	
#8 Adjourn	Meeting was adjourned at 12:04 pm	

Finance Committee

Submitted by:

Cheryl Hurley
Cheryl Hurley, Clerk to the Commission

Dated:

March 18, 2021

Approved by Committee:

Daniel Maychen
Daniel Maychen, Committee Chairperson

Dated:

3/18/2021

Item #7

Attachment 7.C

QIUM Committee Minutes
dated 2/18/2021

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
February 18th, 2021

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
✓*●	Raul Ayala, MD, Adventist Health, Kings County (arrived 10:38 am)	✓	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
#1 Call to Order Patrick Marabella, M.D., Chair	The meeting was called to order at 10:35 am. A quorum was present.	
#2 Approve Consent Agenda - Committee Minutes: November 19 th , 2020 - California Children's Service Report (CCS) (Q4 2020)	The November 19, 2021 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 February Formulary (PDL) was available for review at the meeting.	Motion: Approve Consent Agenda (Verma/Ramirez) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> - Member Incentive Programs Semi-Annual Report (Q3 & Q4) - Appeals & Grievances Inter-Rater Reliability Report (IRR) (Q4 2020) - Appeals & Grievances Classification Audit Report (Q4 2020) - Provider Office Wait Time Report (Q4 2020) - Provider Preventable Conditions Report (PPC) (Q4) - UM Concurrent Review IRR Report (Q4 2020) - SPD HRA Outreach Report (Q3) - Medical Policies (Q3) - Pharmacy Updates (Q4 2020) (Attachments A-K) Action Patrick Marabella, M.D Chair		
#3 QI Business <ul style="list-style-type: none"> - Appeals & Grievances Dashboard (December) - Appeals & Grievances Executive Summary (Q4 2020) - Appeals & Grievances 	Dr. Marabella presented the Appeals & Grievances Dashboard through December 2020. Appeals & Grievances Dashboard: Dr. Marabella presented the Appeals & Grievances Dashboard and the quarter 4 Appeals and Grievances reports through year end 2020. It was noted that the Dashboard requires some minor edits before it is finalized. The total number of grievances through year-end 2020 is noted to be lower than year-end 2019. The highest volume of grievances reported were in the “Exempt” grievance type, followed by “Quality of	Motion: Approve <ul style="list-style-type: none"> - Appeals & Grievances Dashboard (December) - Appeals & Grievances Executive Summary (Q4 2020) - Appeals & Grievances Quarterly Member

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Quarterly Member Report (Q4 2020)</p> <p>(Attachment L-N)</p> <p>Action</p> <p>Patrick Marabella, M.D, Chair</p>	<p>Service” grievance type. The volume of “Quality of Care” grievances decreased in 2020 when compared with 2019 volumes.</p> <p>The majority of Exempt Grievances fell under the category of “PCP Assignment/Transfer – Health Plan Assignment – Change Request”.</p> <p>The total number of Appeals Received through year end 2020 increased when compared with year-end 2019, with the majority falling under Pre-Service Appeals. The Uphold and Overturn ratio has improved.</p>	<p>Report (Q4 2020) (Foster/Ramirez) 6-0-0-2</p>
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Quarterly A&G Member Letter Monitoring Report (Q4) - CCC DMHC Expedited Grievance Report (Q4 2020) <p>(Attachment O-P)</p> <p>Action</p> <p>Patrick Marabella, M.D, Chair</p>	<p>The Quarterly A & G Member Letter Monitoring Report for Q4 was presented and reviewed. This report provides a summary of results of the daily audits of Appeals and Grievances letters to ensure compliance with standards and regulations. Letters audited include final letters, acknowledgement letters, and final position statements. Letters are audited prior to sending so that corrections can be made real-time to prevent errors reaching the recipient.</p> <ul style="list-style-type: none"> ➤ The following letter elements are reviewed: <ul style="list-style-type: none"> ○ Required bolding of DMHC and Plan phone numbers in A&G acknowledgment and resolution letters. ○ Correct branding. ○ Required decision documentation in Appeal Resolution Letters is clear and concise, and outlines the appropriate criteria. <p>In Q4 there was an overall decrease in the number of errors compared with Q3. The use of medical jargon continues to be the area in greatest need of improvement. A copy of the monthly report is provided to the Senior Medical Director to ensure appropriate follow up occurs.</p>	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Quarterly A&G Member Letter Monitoring Report (Q4) - CCC DMHC Expedited Grievance Report (Q4 2020) <p>(Cardona/Ayala) 6-0-0-2</p>
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances Validation Audit Summary Report <p>(Attachment Q)</p> <p>Action</p> <p>Patrick Marabella, M.D, Chair</p>	<p>The A & G Validation Audit Quarterly Summary is a new report for CalViva. This report covers Q1 and Q2 2020 and the purpose of this report is to provide a summary of the results and findings associated with the weekly A&G file validations completed by CalViva Health to ensure compliance with regulatory requirements.</p> <p>For Q1 and Q2:</p> <ul style="list-style-type: none"> ➤ Total cases audited were 1,064. ➤ 926 of 1,064 cases or 87% of cases had no issues and met all compliance standards. <p>The most common issue identified was the inclusion of translated letters. This relates to the lag time for the Plan to receive translated letters. The file is often transferred prior to receipt of these letters. Cases</p>	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Appeals & Grievances Validation Audit Summary Report <p>(Ramirez/Verma) 6-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	are not closed by Medical Management until the case is complete. Additional detail on the type of missing documents will be provided in future reports.	
<p>#3 QI Business - County Relations Quarterly Report (Q4) (Attachment R) Action Patrick Marabella, M.D, Chair</p>	<p>County Relations Quarterly Report (Q4 2020) 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. This Report will be augmented over time due to the Governor's implementation of the CalAIM Initiative Which involves Public Health Agencies and Behavioral Health for each county. Highlights for this Quarter include:</p> <ul style="list-style-type: none"> ➤ Many of the Fresno County Department of Behavioral Health (FCDBH) staff continue to work remotely. However, where in-person services are required, services are being provided with PPE, practicing social distancing, etc. ➤ The Medical Director and Nurse Management Team continue to provide some in-person services for critical medical services: <ul style="list-style-type: none"> ○ Injections and blood draws ○ Crisis Services ○ Individuals with complex needs who have been unsuccessful with virtual services ➤ The Fresno County DBH team advised that, with the surge of COVID-19 cases, they are experiencing increased difficulty maintaining in-person staff. ➤ The Pfizer vaccine will be allotted to the Fresno County Public Health Department (FCPHD) by December 15, 2020. The focus population will be health care workers at hospitals. Hospitals are at full capacity due to COVID numbers increasing. ➤ Kings County Behavioral Health Department (KCBHD) providers continue to adhere to the evolving COVID-19 priorities and guidelines. Due to the continued surge in COVID-19 cases, many services continue to be primarily offered through telephonic or telehealth video visit platforms. ➤ Beginning of Q4 2020 KCBHD hired a new program Manager for their Substance Use Disorder (SUD) Services. ➤ Kings County Public Health Department (KCPHD) staff have been working with the State, providers and clinics to provide COVID testing. ➤ Madera County Behavioral Health Department (MCBHD) and CalViva Health executed an addendum to the Behavioral Health MOU. The addendum provides updates/revisions to the Appeal Resolution Process and Non-discrimination language. ➤ The Madera County Public Health Department (MCPHD) Sexually Transmitted Disease Program special clinic has remained open daily for testing and treatment. 	<p>Motion: Approve - County Relations Quarterly Report (Q4) (Verma/Foster) 6-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Quarter 4 data for BH referrals and CCS enrollment in Fresno, Kings and Madera counties were also reviewed.	
<p>#3 QI Business - Potential Quality Issues Report (Q4)</p> <p>(Attachment S) Action Patrick Marabella, M.D, Chair</p>	<p>Potential Quality Issues (PQI) Report provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member or peer review-activities. Peer review activities include cases with a severity code level of III or IV or any case the CVH CMO requests to be forwarded to Peer Review. Data was reviewed for all case types including the follow up actions taken when indicated.</p> <ul style="list-style-type: none"> ➤ Non-member initiated PQI category cases were in range when compared to the last three Quarters. There were no cases generated from Provider Preventable Conditions (PPCs). ➤ Member generated PQI's have remained consistent to the previous two Quarters. Some cases were noted to be missing the clinical data (Level, MD Name, RN Name), but the Enterprise Data Warehouse Team is attempting to obtain the information. An updated report will be provided when the data is available. ➤ The number of peer review cases varies from quarter to quarter independent of the other case types. Follow up has been initiated when appropriate. <p>PQI and PPC cases will continue to be tracked, monitored and reported.</p>	<p>Motion: Approve - Potential Quality Issues Report (Q4)</p> <p>(Ayala/Ramirez) 6-0-0-2</p>
<p>#4 Quality Improvement/Utilization Management/Case Management Business - 2020 QI Work Plan End of Year Evaluation and Executive Summary (Attachment T)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>The 2020 Annual Quality Improvement Work Plan Evaluation was presented. The planned activities and Quality Improvement focus for 2020 included the following:</p> <ul style="list-style-type: none"> ➤ Access, Availability and Service: <ul style="list-style-type: none"> • Improve Access to Care: <ul style="list-style-type: none"> ○Provider Appointment Availability Survey assessment. ○Revised Corrective Action Plans (CAPs) with targeted PPG approach. Seven (7) CAPs submitted for non-compliant PPGs. Two (2) CAPs outstanding for non-compliant PPGs. ○Education packets sent to non-compliant FFS and Direct Network providers. ○Ten (10) Provider Training Webinars conducted. ○Provider Office Wait Time data continues to reflect that providers meet the overall goal of 30 minutes or less for scheduled appointments in all three counties in Q4 2020. ➤ Quality and Safety of Care: All three counties met or exceeded the DHCS Minimum Performance Level (MPL) of the 50th percentile in four of the six Default Enrollment Measures. The six measures are: <ul style="list-style-type: none"> • Childhood Immunization Combo 3 (Kings & Fresno counties below) 	<p>Motion: Approve - 2020 QI Work Plan End of Year Evaluation and Executive Summary (Ayala/Cardona) 6-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Well Child Visits 3-6 years • Prenatal Care • HbA1c Testing (Only Fresno County fell below the MPL) • Controlling High Blood Pressure • Cervical Cancer Screening <p>➤ Performance Improvement Projects (PIPs): The two PIPs initiated in 2020 were:</p> <ul style="list-style-type: none"> • Childhood Immunizations (CIS-10) • Breast Cancer Screening Disparity Project <p>Due to COVID-19 restrictions, both projects were closed by DHCS on June 30, 2020.</p> <p>➤ Other 2020 QI Activities:</p> <ul style="list-style-type: none"> • Chlamydia Screening in Madera County was initiated in 2020 and continues 	
<p>#4 Quality Improvement/Utilization on Management/Case Management Business</p> <p>- 2020 UM/CM Work Plan End of Year Evaluation and Executive Summary</p> <p>(Attachment U)</p>	<p>The Annual Utilization Management and Case Management Work Plan Evaluation was presented. Utilization Management & Case Management focused on the following areas for 2020:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory & Accreditation Requirements: <ul style="list-style-type: none"> • Licensure and credentialing requirements maintained. • Program documents and policies were updated to incorporate new regulatory requirements into practice. • DHCS Medi-Cal Managed Care Division Medical Director meetings attended by Medical Directors and CVH CMO. 2. Monitoring the UM Process: <ul style="list-style-type: none"> • Met all standards with the exception of Timeliness of Processing Authorization Requests. A formal Corrective Action Plan was closed in Q3 2020. Significant improvement noted this year. • Comparison of 2018 through 2020 Appeal cases demonstrates a significant increase in the volume of cases. 3. Monitoring Utilization Metrics: <ul style="list-style-type: none"> • This objective was not met due to an inability to accurately capture the data for specific DRGs, the impact COVID had on admissions and length of stay, as well as COVID related barriers to discharge. • Care management initiatives for all members continued in 2020. 4. Monitoring Coordination with Other Programs and Vendor Oversight: 	<p>Motion: Approve</p> <p>- 2020 UM/CM Work Plan End of Year Evaluation and Executive Summary (Verma/Ramirez)</p> <p>6-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> All metrics met goal. <p>5. Monitoring Activities for Special Populations:</p> <ul style="list-style-type: none"> CCS, SPD, CBAS, and Mental Health tracking and monitoring is ongoing. All monitoring activities met goals. 	
<p>#4 Quality Improvement/Utilization on Management/Case Management Business</p> <p>- Utilization Management (UM) Program Description 2021</p> <p>(Attachment V)</p> <p>Action</p> <p>Patrick Marabella, M.D, Chair</p>	<p>The Utilization Management Program Description was presented. The changes to the Utilization Management Program Description for this year include:</p> <ul style="list-style-type: none"> Updated HN Mission and Purpose. Removed reference to Home Health from prior authorization information. Removed MHN from inpatient management. Updated Utilization Decision Criteria references. Re-ordered some sections, updated leadership titles, and made other minor updates. 	<p>Motion: Approve</p> <p>- Utilization Management (UM) Program Description 2021</p> <p>(Ayala/Foster)</p> <p>6-0-0-2</p>
<p>#5 UM Business</p> <p>- Key Indicator Report (December)</p> <p>(Attachment W)</p> <p>Action</p> <p>Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the Key Indicator Report year-end 2020.</p> <p>Overall membership for 2020 increased.</p> <p>In-hospital utilization rates decreased in all areas for year-end 2020 compared to 2019. The lower ER Visits and variation in inpatient admissions may be related to the COVID-19 pandemic and the aversion to the emergency department and delay of elective procedures.</p> <p>Case Management results for YTD 2020 demonstrated positive trends in all areas.</p>	<p>Motion: Approve</p> <p>- Key Indicator Report (December)</p> <p>(Ayala/Cardona)</p> <p>6-0-0-2</p>
<p>#5 UM Business</p> <p>- TurningPoint Musculoskeletal Utilization Review (Q3)</p>	<p>TurningPoint Musculoskeletal Utilization Review Q3 2020 is a new report established to evaluate compliance with the prior authorization (PA) performance standards for TurningPoint which began processing PAs for CalViva members in July 2020. Compliance was achieved for turnaround times and Pre-service urgent and non-urgent authorization determination. In Q3 2020, TurningPoint finalized 73 authorizations and 34 prior authorizations were denied. Call Center functions for provider support were</p>	<p>Motion: Approve</p> <p>- TurningPoint Musculoskeletal Utilization Review (Q3)</p> <p>(Ayala/Foster)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
(Attachment X) Action Patrick Marabella, M.D, Chair	also met. It was noted that a high number of requests were denied for this first quarter. This was attributed to the low number of authorizations submitted and also the fact that this is a new process for providers. It is anticipated that denials will decrease over time as volumes increase and providers become more familiar with the guidelines used by TurningPoint. Provider education on the guidelines and process is ongoing.	6-0-0-2
#5 UM Business - UM Concurrent Review Report (Q4) (Attachment Y) Action Patrick Marabella, M.D, Chair	The 2020 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Quarter 4 2020. Focus is on improving member healthcare outcomes, minimizing readmission risk, and reducing post-acute gaps in care delivery via proactive discharge planning and expeditious linkages to medically necessary health and support services. <ul style="list-style-type: none"> ➤ A decrease in utilization across all populations (TANF, Expansion, and SPD) for admissions and Emergency visits noted in Q4 when compared to Q3 2020 and Q4 2019 due to respiratory and COVID admissions. Quarter 4 data will be re-reviewed in Quarter 1 to re-validate these declines. ➤ Readmissions show a slight decrease in all populations. ➤ 2020 data is not following normal patterns due to the COVID-19 pandemic. The COVID pandemic, holidays, and restrictions across the region and state impacted the overall utilization patterns. ➤ The average length of stay for SPDs showed a slight increase while remaining steady in TANF and MCE which aligns with what was noted, including fewer admissions and longer stays. Many members required alternative care, home health and/or telephonic care management after discharge from an acute care facility. 	Motion: Approve - UM Concurrent Review Report (Q4) (Ramirez/Verma) 6-0-0-2
#5 UM Business - Case Management & CCM Report (Q4) (Attachment Z) Action Patrick Marabella, M.D, Chair	The Case Management and CCM Report for Quarter 4 was presented. This report summarizes the case management, transitional care management, MemberConnections, and Palliative Care, and Emergency Department (ED) diversion activities for 2020 through fourth quarter and utilization related outcomes through third quarter 2020. All programs have demonstrated an increase in referrals and open cases over the past 4 quarters. Some increases were significant. <ul style="list-style-type: none"> ➤ Engagement rates have remained strong. ➤ Case Management (CM) outcomes measures include: <ul style="list-style-type: none"> ○ Readmission rates ○ ED utilization ○ Overall health care costs 	Motion: Approve - Case Management & CCM Report (Q4) (Foster/Ayala) 6-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Member Satisfaction <p>These outcomes measures have consistently demonstrated positive results and this has continued in Q4. Specific programs within CM have their own outcomes measures. These measures also demonstrate positive results.</p>	
<p>#5 UM Business - NIA/Magellan Report (Q3)</p> <p>(Attachment AA)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>The NIA/Magellan Report (Q3) is a summary of cardiology and radiology determinations resolved by National Imaging Associates (NIA) for services in the three-county area (Fresno, Kings, and Madera) for the 3rd quarter of 2020. This report summarizes monitoring activities and provides the opportunity to identify trends or opportunities for provider education.</p> <ul style="list-style-type: none"> ➤ The Clinical Disapproval (denial) rate for radiology increased slightly in Q3 while cardiology clinical disapprovals decreased slightly. Appeals have been noted to be decreasing over time. ➤ Providers have been submitting limited/no information in some cases making determinations difficult. Also, clinical information may be missing in the initial submission and then provided upon subsequent request. ➤ Clinical meetings are available to discuss specific cases and/or authorization denial patterns with a NIA Physician. Follow up has also been completed with NIA staff. Additional follow up for specific types of procedures with higher denial rates will occur as necessary. 	<p>Motion: Approve - NIA/Magellan Report (Q3) (Verma/Ayala) 6-0-0-2</p>
<p>#5 UM Business - MedZed Integrated Care Management Report (Q3)</p> <p>(Attachment BB)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>The MedZed Integrated Care Management Report monitors the volume and engagement of members referred to the MedZed Care Management program. This program is designed as a bridge and support for member engagement. This program is focused on members that are high utilizers with complex needs who are not engaged in care management. Once located, the goal is to build a trusting relationship and work to re-engage the member with their PCP.</p> <p>Results were as follows:</p> <ul style="list-style-type: none"> • 655 cases being managed at this time. • 2020 engagement rate increased compared to 2019 results. • Decrease in referrals noted starting in Q1 2020 with a pause in Q2 due to COVID-19 Emergency. Gradual reinstatement of process has begun. • Disenrollment continues to meet the goal of 5% or less. <p>During Q3 2020, MedZed went back into the community previously halted due to COVID. The gradual approach for community outreach has been slow to ensure safety to the members and the MedZed employees. Continue to monitor has volumes increase.</p>	<p>Motion: Approve - MedZed Integrated Care Management Report (Q3) (Ramirez/Cardona) 6-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#5 UM Business - PA Member Letter Monitoring Report (Q4) (Attachment CC) Action Patrick Marabella, M.D, Chair</p>	<p>The PA Member Letter Monitoring Report (Q4) was presented and reviewed. This report monitors Notice of Action (NOA) letters including Prior Authorizations, Concurrent, and Post Service denials. Findings are discussed with entire UM Management Directors on a monthly basis.</p> <p>All metrics are expected to meet standard of 100% compliance. Medical Management Monitoring and Reporting Team collects CAP information on metrics that fall below the 100% threshold.</p> <ul style="list-style-type: none"> ➤ All metrics improved to 95% or higher compliance except one metric for Deferrals. ➤ Deferral letter audit scores decreased below 95% in Q4 2020 for the “clear and concise” measure. <ul style="list-style-type: none"> ○ The migration of CalViva deferral letters into a new software application required different workflows. The process for routing of letters was not yet established in the new system. <p>To ensure we continue to monitor the process Medical Management has implemented several Next Step Actions including:</p> <ul style="list-style-type: none"> ➤ PA nurse and non-clinical coordinator training regarding clear and concise language and process/workflows (January). ➤ Deferral letter templates being reviewed to identify any opportunities for improvement ➤ 100% review of all denial letters started November 2020. ➤ Weekly coaching of staff with any opportunities identified during audits. 	<p>Motion: Approve - PA Member Letter Monitoring Report (Q4) (Verma/Ramirez) 6-0-0-2</p>
<p>#6 Policy & Procedure Business - Appeals & Grievances Policy Review 2021 (Attachment DD) Action Patrick Marabella, M.D, Chair</p>	<p>The Appeals and Grievances Policy & Procedure Annual Review grid was presented to the committee. The majority of policies were updated without changes or had minor edits.</p> <p>The policy edits were discussed and the Appeals and Grievances policies were approved.</p>	<p>Motion: Approve - Appeals & Grievances Policy Review 2021 (Foster/Cardona) 6-0-0-2</p>
<p>#7 Compliance Update - Compliance Regulatory Report (Attachment EE)</p>	<p>Mary Beth Corrado presented the Compliance Report. <u>Fraud, Waste, & Abuse Activity</u> For 2020, there was a total of 14 (fourteen) cases reported to DHCS. Since the last report, there have not been any MC609 cases filed. Twelve (12) of the 2020 cases were provider-related and 2 were member related. DHCS closed six (6) of those cases. No cases needed to be referred to other law enforcement</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Action Patrick Marabella, M.D, Chair</p>	<p>agencies by the Plan.</p> <p><u>Independent Medical Reviews (IMRs) and State Hearings</u> The majority of 2020 cases involved denial/delay of pain or other medication. All cases were resolved within the required turnaround times.</p> <p><u>Department of Health Care Services (“DHCS”) 2020 Medical Audit and Annual Certification CAP</u> DHCS issued the Plan a CAP on November 25, 2020 for failure to meet the 2020 Network Certification Requirements as it related to time and distance standards. Prior to the CAP notice, on November 24, 2020, the Plan had already responded to the DHCS’ Alternate Access Standards (AAS) requests but had not yet received a formal response. On December 28, 2020, the Plan provided additional CAP materials such as updated policies and training materials related to provider accessibility and these were all approved. On January 1, 2021, DHCS informed the Plan that it was 100% compliant. On February 8, 2021, DHCS sent a determination letter regarding the Plan’s 2020 Annual Network Certification Submission of AAS requests. This DHCS letter is being reviewed by the Plan. DHCS will be sending a separate email detailing the requirements of the AAS Validation process the Plan would have to undergo shortly.</p> <p><u>Medi-Cal Rx Transition</u> DHCS postponed the transition of pharmacy services from Medi-Cal managed care to FFS (Medi-Cal Rx) from January 1, 2021 to April 1, 2021. The Plan submitted all required policy deliverables by 1/9/21. The Plan is restarting its member outreach communications that were on hold during the delay.</p> <p><u>Behavioral Health Integration (BHI) Incentive Program</u> The 2019 Budget Act authorized DHCS to develop the Behavioral Health Integration (BHI) Incentive Program as part of its Proposition 56 Value-Based Payment initiatives in Medi-Cal managed care. By January 21, 2020, eligible Medi-Cal providers had to submit applications to managed care plans in order to promote behavioral health integration. CalViva Health and DHCS approved two (2) provider applicants covering three BHI programs for implementation.</p> <p><u>COVID-19 Novel Coronavirus</u> Health plan operations and compliance activities were significantly impacted in 2020 by the declaration of the public health emergency (PHE) due to the Novel Coronavirus Disease (COVID-19). In 2021, the Plan</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>expects the California and Federal declarations of the COVID-19 PHE will continue to be renewed and have ongoing impacts on Plan activities.</p> <ul style="list-style-type: none"> ➤ The DMHC and DHCS are requiring new as well as continuing COVID-19 reporting related to provider network stability and closures, support provided by plan to providers, information on relaxing of administrative rules and processed to ease the burden on hospitals and providers, etc. ➤ Our administrators has extended the delay in their return to office date and their staff will continue to carry out operations on a remote basis until at least September 2021. <p><u>Public Policy Committee</u> The Public Policy Committee (PPC) met in Fresno County on December 2, 2020 via teleconference due to COVID-19 precautions. A number of program documents were approved and routine reports such as the A&G Reports were presented. There were no referrals or recommendations for the QI/UM Committee.</p>	
#8 Public Comment	None	
#9 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:14 pm.	

NEXT MEETING: March 18th, 2021

Submitted this Day: March 18, 2021

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair

Item #8

Attachment 8.A

BL 20-005

Sub-Committee Members

Fiscal Year 2022

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

Sal Quintero
Board of Supervisors

David Luchini, Interim Director
Public Health Department

David Cardona, M.D.
At-large

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

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill
Public Health Department

Harold Nikoghosian- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Brian Smullin
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

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.calivahealth.org

DATE: May 20, 2021

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Committee Appointments—Commissioner Representation

BL #: BL 21-005

Agenda Item 8

Attachment 8.A

DISCUSSION:

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

FINANCE:

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

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

QUALITY IMPROVEMENT/UTILIZATION MANAGEMENT:

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

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

CREDENTIALING

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

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

PEER REVIEW

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

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

PUBLIC POLICY:

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

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

Item #9

Attachments 9.A & 9.B

- BL 21-006 Community Support Program
- Proposed Grant Recommendations 2021-2022

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

Sal Quintero
Board of Supervisors

David Luchini, Interim Director
Public Health Department

David Cardona, M.D.
At-large

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

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

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Harold Nikoghosian- At-large

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Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Kerry Hydash
Kings County

Paulo Soares
Madera County

DATE: May 20, 2021

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Greg Hund, CEO

RE: CalViva Health Community Support Program

BL #: 21-006

Agenda Item 9

Attachment 9.A

In May 2017, the Fresno-Kings-Madera Regional Health Authority established a process to review and consider funding for Community Support programs/initiatives in excess of twenty thousand dollars (\$20,000) per fiscal year. Guidelines and review process were established and approved during this time. As a reminder, the Commission has approved funds over the past four years to support our community programs.

The current fund request is intended for specialty and physician recruitment, physician incentives, education scholarships and community based organization support.

The Ad-hoc committee reviewed the funding recommendations (attachment 9.B) on March 31, 2021 and voted to bring them to the full commission.

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Chief Executive Officer
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Fresno, CA 93711

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Community Support

Community Support Grant Recommendations 2021-2022

	Fresno County	Madera County	Kings County	2020-2021 Funding	2021-2022 Proposed Funding
Training					
Parlier FP Residency UHC	x			\$150,000	\$150,000
Providers					
Funding for 6 PCPs/Extenders/Specialist	x	x	x	\$1,200,000	\$600,000
Year End Provider Incentives	x	x	x	\$1,200,000	\$1,000,000
Community Regional Medical Centers Nursing Scholarships	x				\$50,000
Education Scholarships					
California State University Fresno	x	x	x	\$200,000	\$100,000
Community Colleges	x	x	x	\$100,000	\$100,000
Community Based Organizations					
Big Brother Big Sisters Fresno and Madera Counties	x	x	x	\$100,000	\$50,000
Break the Barriers	x			\$20,000	\$50,000
CASA Fresno and Madera Counties	x	x		\$50,000	\$25,000
Every Neighborhood Partnership	x			\$100,000	\$100,000
Exceptional Parents Unlimited	x	x	x	\$150,000	\$100,000
Habitat for Humanity Acts of Kindness Madera County	x	x		\$100,000	\$50,000
Kings County Action Organization			x	\$50,000	\$50,000
Madera Rescue Mission		x		\$50,000	\$25,000
Marjaree Mason Center	x	x		\$100,000	\$100,000
Poverello House	x			\$250,000	\$100,000
Tzu Chi-See 2 Succeed Vision Program	x			\$100,000	\$100,000
Reading Heart	x	x		\$20,000	\$50,000
Recreation Sports	x	x	x		\$100,000
Other					
Embrace (Formerly Fresno Glow Group Prenatal Care)	x	x	x	\$50,000	\$25,000
Fresno Cradle 2 Career	x			\$100,000	\$50,000
Help Me Grow Fresno County	x			\$25,000	\$25,000
Outdoor Play and Green Space	x	x	x	\$250,000	\$100,000
Food Bank Funding	x	x	x	\$175,000	\$100,000
Enrollment Support					\$250,000
Contingency					\$175,000
County Health Department Covid 19 Cost offset	x	x	x	\$800,000	\$0
				\$5,340,000	\$3,625,000

Item #9

Attachment 9.C

BL 21-007

Demonstration Kitchens 2020-2021

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

Sal Quintero
Board of Supervisors

David Luchini, Interim Director
Public Health Department

David Cardona, M.D.
At-large

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

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

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Harold Nikoghosian- At-large

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Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Kerry Hydash
Kings County

Paulo Soares
Madera County

DATE: May 20, 2021

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Greg Hund, CEO

RE: CalViva Health Community Support Program Demonstration
Kitchens 2020-2021 Budget

BL #: **21-007**

Agenda Item **9**

Attachment **9.C**

On March 31, 2021 CalViva Staff met with the Ad-hoc committee and presented the following to Community Support Program items.

- South West Fresno Community Health Hub Demonstration Kitchen (\$90,000)
- Made For Them Demonstration Kitchen (\$30,000)

Both demonstration kitchens are located in zip codes with the highest needs based on enrollment numbers. The kitchens will serve as a training hub for community members to learn, interact, and cook healthy foods. Each kitchen will be branded as the CalViva Health Kitchen.

The Ad-hoc committee recommended these funds to be taken from the current 2020-2021 fiscal year under the Community Support Green Space line item. The line item was not spent due to the Corona Virus pandemic.

The Ad-hoc committee reviewed the funding recommendations on March 31, 2021 and voted to bring them to the full commission.

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Item #9

Attachment 9.D

Community Support Program
Ad-Hoc Committee Minutes



Ad-Hoc Committee Meeting Minutes March 31, 2021

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

Ad-Hoc Committee Members	
✓	Sara Bosse , Director, Madera County Dept. of Public Health
✓	John Frye , Commission At-large Appointee
	Soyla Griffin , Commission At-large Appointee
✓	David Hodge, MD , Commission At-large Appointee
	David Pomaville , Director Public Health Department
✓	Brian Smullin , Valley Children's Hospital
✓	Gregory Hund , Chief Executive Officer (CEO)
	Daniel Maychen , Chief Finance Officer (CFO)
✓	Jeff Nkansah , Chief Operations Officer (COO)
✓	Courtney Shapiro , Director, Community Relations

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#1 Call to Order Greg Hund	The meeting was called to order at 3:30 pm. A quorum was present via teleconference and in person.	
#2 Summary of Past Community Support Program Funding Greg Hund	Greg Hund reviewed the history of the past community support funding.	No motion
#3 South West Fresno Community Health Hub Made For Them Demonstration Kitchen Greg Hund	Greg Hund presented the South West Fresno Community Health Hub (\$90,000) and Made for them Demonstration Kitchen (\$30,000) to the Ad-Hoc Committee. The Committee recommended this item for full Commission consideration. The recommendation is to use the current funds out of the 2020-2021 Community Support budget line item Green Space for this request.	Motion 1st – John Frye 2nd – Brian Smullin
#4 Grant Recommendations Greg Hund	Greg Hund presented a funding matrix with potential grantees listed on it. He provided a background on how	Motion 1st – Brian Smullin

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>staff looked at membership data, health indicators data, as well as current funded partners that provided services of greatest need to our members.</p> <p>The committee reviewed each organization and staff answered questions when needed.</p> <p>After reviewing all organizations, the committee made a motion to bring the item to the May 2021 Commission for full consideration.</p>	<p>2nd – David Hodge, MD</p>

Item #10

Attachment 10.A

2020 Cultural Linguistics
Executive Summary and
Annual Evaluation



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Humaira Theba, MPH, Manager Cultural and Linguistics

COMMITTEE DATE: May 20, 2021

SUBJECT: Cultural and Linguistic Services (C&L) 2020 Work Plan End of Year Evaluation – Executive Summary Report

Summary

This report provides information on the C&L Services Department work plan activities, which are based on providing cultural and linguistic support and maintaining compliance with regulatory and contractual requirements. The C&L Work Plan is divided into four sections: 1) Language Assistance Services, 2) Compliance Monitoring, 3) Communication, Training and Education, and 4) Health Literacy, Cultural Competency, and Health Equity. As of December 31, 2020, all work plan activities have been completed.

Purpose of Activity

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

Data/Results (include applicable benchmarks/thresholds)

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

1) Language Assistance Services

- a. Submitted C&L P&Ps and documentation for CalViva audit. Full C&L audit was deferred in 2020.
- b. Completed contract amendments with multiple vendors for extension of interpreter and translation services and added new video interpreting services.
- c. Disseminated member newsletter with article on how to access language services in June.
- d. Completed bilingual certification/re-certification for 81 staff.
- e. Coordinated 116 translation reviews.
- f. 97% of staff passed the LAP training with a score of 80%.

2) Compliance Monitoring

- a. Received 60 C&L grievance cases, with 55 coded as C&L grievance cases. Five cases that were not C&L related were reviewed and classified under "other". Interventions were identified in 10 of the cases and delivered with support by Provider Engagement representatives.
- b. Completed, presented and received approval for all C&L required reports.
- c. Provided support for C&L reports presentation at two Public Policy Committee meetings.
- d. C&L policies and procedures submitted during Q3 as part of the annual audit filing.

3) *Communication, Training and Education*

- a. Conducted two trainings for A&G coordinators on coding and resolution of C&L related cases.
- b. Conducted trainings on C&L services for nine call center new hire classes with 129 staff in attendance.
- c. Published provider articles on the importance of incorporating cultural practices for patient success and encouragement to use plain language resources as part of providing patient care.

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

- a. Reviewed 145 materials for readability level, content and layout.
- b. Conducted two C&L Database trainings with 41 staff in attendance.
- c. Completed Health Literacy Month activities in October with 2,000 staff interacting through five articles and activities.
- d. Statewide provider cultural competency training completed in Q3.
- e. Implicit bias training series for providers completed in Q2-Q3 with 234 attendees participating in the two part series.
- f. Heritage/CLAS Month activities completed including weekly articles, two webinars, and a virtual activity. Nearly 3,000 staff attended trainings and/or engaged in activities aimed to enhance understanding of different cultures.
- g. The online cultural competency training was assigned in Q3 to approximately 3,000 staff, with 98% of staff passing with a score of 80% or higher.
- h. Conducted 12 staff trainings with 541 staff in attendance. The topics ranged from SDoH, gender-neutral language, health literacy, ACEs, motivational interviewing, cultural practices associated with the use of botanicals, Native American perspectives on health care access, the importance of Promotoras within the community, Asian American recipes and food preparation, and cultural competency.
- i. Led workgroup meetings with local CBO partner to plan community outreach component of Breast Cancer Screening disparity PIP.
- j. New HEDIS PIP on BCS disparities among Hmong women approved by DHCS in Q4.
- k. Provided trainings to 16 Fresno Center Staff/AmeriCorp members on Cultural Competency Awareness, SDoH, Aunt Bertha-Community Connect, Interpreter Services and Bilingual Assessment.
- l. Provided information and resources to Health Education department for engagement /CAG introductory meeting with The Fresno Center leadership.
- m. Revised the health disparity collaboration model. Conducted trainings on the disparities model for QI, Health Education, case managers, and C&L staff with 104 staff in attendance.
- n. Health Disparity e-newsletter completed and disseminated for Q1-Q2. Q3 and Q4 editions were deferred due to staffing constraints and other business priorities.

Analysis/Findings/Outcomes:

All 2020 work plan activities were completed.

Next Steps:

Obtain approval on the 2020 end of year work plan evaluation report and proceed to implement the 2021 work plan upon committee approval.



2020

Cultural and Linguistic Services Work Plan End of Year Evaluation

Submitted by:

Patrick Marabella, MD, Chief Medical Officer

Amy Schneider, RN, BSN, Director Medical Management

Mission:

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

Goals:

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

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

Objectives:

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

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

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)
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, I. Diaz	Secondary: D. Carr, D. Fang, L. Goodyear-Moya			
5	Audit	Assure C&L audit readiness to support DHCS Language Assistance Program (LAP) audit standards	Coordinate LAP audit requirements to include: collecting requested documentation, submitting documents as requested, participate in on-site interviews as requested	Annual	On track for CVH audit of C&L.	Submitted to CalViva C&L P&Ps and audit response documents. Full audit was deferred.
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.	Added amendment/ activation rider to two translation contracts for additional alternative format services and CA regulatory requirements. Amended 2 contracts to add new Medi-Cal Addendum. Amended 2 contracts to extend the SOW duration and new pricing. Participated in over 10 Joint Oversight Committee meetings to review dashboards and training requirements for the language vendors.

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.	Collection of LAP data ongoing. Refer to CalViva LAP end of year report for complete information.
8	Data	Conduct membership data pulls	Validated membership reports	Monthly starting in February	Membership data pulls ongoing. Refer to LAP report for updates.	Membership pulls ongoing. Refer to CalViva LAP EOY 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.	Weekly and monthly reports generated and disseminated to responsible departments.
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.	Completed phase 1 and 2. Continuing to provide consultative support as needed to document owners and business units. Vendor contracts were updated for two vendors to include 508 remediation services.
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.	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.	Update to NDN completed for compliance with Fed 459 requirement.

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.	Completed at Mid Year.
14	Operational	Ensure bilingual staff maintain bilingual certification; generate reporting and support to departments to identify staff who need bilingual certification updated	Number of staff certified annually	Annual	A total of 35 staff completed their bilingual certification / re-certification.	A total of 46 staff completed their bilingual certification/re-certification in Q3 & Q4.
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.	2020 mid year LAP report completed and approved by the various committees during Q3.
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.	Completed monthly meetings with CU to review interpreter and translation metrics.
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.	Interpreter service Call Center complaint logs continue to be received and monitored on a monthly basis. Complaint information provided to impacted areas as needed.
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.	LAP/HL quarterly meetings completed, with Q3 meeting held on (9/10/2020) and Q4 on (11/12/2020). LAP and health literacy 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.	Activity completed in Q2.
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).	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.	Quarterly reminders provided through the LAP/HL meetings held on September 10 and November 12. P&Ps received have been reviewed.
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.	LAP materials and trainings were updated. Eight trainings were conducted for staff attended by 290 participants. One provider training was conducted in Q3.

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.	Completed in Q1
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.	TAR report submitted in Q1.
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.	A total of 62 translation reviews were coordinated in Q3 & Q4.
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.	Approximately 3,000 staff were assigned LAP training. 97% of staff passed with a score of 80% . The assignment protocol was reassigned and staff assignments updated 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.	CalViva REL has no reported issues at this time.

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.	C&L LAP Monitoring reports were collected for 7 specialty plans including MHN.
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.	Completed at Mid Year.
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: D. Fang, B. Ferris	Secondary: H. Theba, L. Goodyear-Moya, D. Carr, I. Diaz			

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	<p>A total of 35 grievance cases were received and reviewed by C&L. Of these, 10 were coded as culture perceived discrimination, 12 coded as culture non-discriminatory, 2 were coded to linguistic perceived discrimination, 7 coded to linguistic non-discriminatory, and 4 to other codes.</p> <p>C&L identified 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 reporting period.</p>	<p>A total of 25 grievance cases were received and reviewed by C&L. Of these, 14 were coded as culture perceived discrimination, 6 coded as culture non-discriminatory, none coded to linguistic perceived discrimination, 4 coded to linguistic non-discriminatory, and 1 to other codes.</p> <p>C&L identified 3 interventions as necessary and 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 was one (1) grievance received regarding MHN provider/services. No interpreter complaints received during this reporting period.</p>
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.	2020 grievance trending report will be completed in Q2 of 2021.

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. 	Completed in Q1 and Q2
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.	Completed and received approvals during Q3 2020 on the following reports: 2020 Mid Year Language Assistance Program and 2020 Mid Year Work Plan.

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.	Attended, participated and presented in the following CalViva Health meetings and committees: QI/UM work group, QI/UM committee and Access Committee. C&L also attended and contributed at other required CalViva Health meetings for Breast Cancer Screening PIP and other ad hoc meetings.
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.	Provided presentation and materials to CVH for Q4 PPC meeting.
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).	All P&Ps were reviewed, updated and renewed in Archer (policy database).

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.	Conducted 3 trainings, attended by 36 provider, staff and community members for CVH. Successfully launched CalViva Community Connect (Aunt Bertha) for the staff and public facing sites. Successfully set up the single sign-on (SSO) for associates. Updated Salesforce database with the correct Aunt Bertha staff links. Launched the close loop referral functionality on the platform.
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, D. Fang	Secondary: L. Goodyear-Moya, D. Carr, I. Diaz, H. Theba, D. Fang			
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.	Support provided to A&G staff as needed. Two trainings completed with A&G for approved C&L coding structure in Q4, attended by 422
45	Staff Training GNA	Provide C&L in-services for other departments as requested (e.g., Call Center, Provider Relations). Update training decks 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 to 61 new hires and training decks updated. The Interpreter and translation quick reference guides ownership was transitioned to the Centralized Unit.	5 new hire call center trainings were conducted in Q3 and Q4 for a total of 68 new hires.

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.	The C&L Dept. SharePoint site is managed on an ongoing basis. Site is updated to include the most current and updated materials and resources. The C&L internal SharePoint developed as an internal resource to build efficiencies. Site includes most current department reports and materials.
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.	Completed Online provider articles on Importance of Cultural Practices for Patient Success. Article included demographic snapshot of members and encouragement to use plain language resources as part of providing patient care.
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.	Material Request Form was revised and promoted to providers in Q4 during LAP training and on ongoing basis through provider engagement team and JOMs.
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.				
52	Responsible Staff:	Primary: A. Kelechian, D. Magee	Secondary: D. Carr, B. Ferris			

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.	80 EMRs were completed during this reporting period. None received 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.	Exclusion list updated twice in 2020. Training materials updated to reflect changes in requirements for font size and reading level clarifications. Plain Language toolkit revised. Re-branding will be completed in 2021.
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.	Two readability studio training conducted in Q3 and Q4 attended by 41 associates. Plain language training content revised and uploaded to Centene University on 8/28/2020. Q3 & Q4 health literacy newsletters produced and disseminated.
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.	Completed in October. NHLM activities reached over 2,000 employees through 5 activities or articles. Approximately 220 providers and office staff attended the "improving patient-provider communication" webinar.
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, H. Theba	Secondary: L. Goodyear-Moya, D. Fang			

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.	C&L staff member served as co-chair of ICE C&L work group throughout 2020 and led the work groups effort to produce guidance on the use of interpreters during Coved patient care and recommendations for the use of VRI services.
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.	Statewide provider cultural competency training completed in Q3. Implicit bias training series for providers completed in Q2-Q3 with 234 attendees participating in the 2 part series. Provider newsletter article on the importance of cultural practices and health care outcomes published.
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.	Heritage/CLAS month completed in August 2020. Month long activities consisted of weekly articles, two webinars, and a virtual activity. Nearly 3,000 staff attended trainings and/or engaged in activities aimed to enhance understanding of different cultures.

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	The online Cultural Competency training was assigned in Q3 after CLAS/Heritage Month completion. Approx.. 3,000 staff were assigned with 98% of staff passing with a score of 80% or higher.
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.	Conducted 4 trainings attended by over 350 staff. The topics included Cultural practices associated with the use of botanicals; Native American Perspectives on Health Care and Health Care Access. Presentation during Hispanic Heritage Month on the Importance of Promotoras within the Community and an interactive presentation during Asian American Heritage month on Asian American Recipes and Food Preparation.
65	Health Equity					
66	Rationale	To support the health of CalViva Health members and promote the reduction of health disparities across our membership. In order to accomplish this, staff collaborates across departments and with external partners in order to analyze, design, implement and evaluate healthy disparity interventions. Based on GNA findings, C&L will support culturally and linguistically appropriate health education resources and quality improvement interventions to help members access preventive health services in a timely manner. C&L will also address cultural barriers that may impede members from accessing care and implement disparity projects to reduce barriers to care among disparate populations.				
67	Responsible Staff:	Primary: 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.	Monthly health disparities collaboration meetings held with project updates and discussion on root cause of disparities.
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.	Q3 and Q4 newsletters deferred due to staffing constraints and other business priorities.
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.	Attended BCS workgroup meetings with local CBO partners and BCS PIP interventions meetings with CalViva. Provided consultation as requested by other departments on ongoing
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.	Completed. Sponsorship was provided in Q1 2020 for the local CBO to continue the work.
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.	New HEDIS PIP on BCS disparities among Hmong women approved by HSAG in Q4. Attended and participated in ongoing project meetings. Provided trainings to 16 Fresno Center Staff/AmeriCorp members on Cultural Competency Awareness, SDoH, Aunt Bertha-Community Connect, Interpreter Services and Bilingual Assessment. Conducted bilingual assessment for 5 AmeriCorp members.

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.	Attended and participated in ongoing project meetings and provided support to intervention development. PIP was on hold due to DHCS directive b/w Q2-Q3.
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.	Completed translation review for event flyer and surveys. Continued to provide ongoing support to HE to support the formation of CAG that was deferred due to the PIP put on hold in view of DHCS directive.
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.	No new 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.	Continued to provide consultation to departments on cultural competency and improving health care outcomes. Training on health disparities and SDOH conducted for medical management and case managers attended by 65 attendees. New REL dashboard launched for monthly updated demographic data.

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

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

Item #10

Attachment 10.B

2021 Cultural Linguistics
Change Summary and
Program Descriptions



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Humaira Theba, MPH, Manager Cultural and Linguistics

COMMITTEE DATE: May 20, 2021

SUBJECT: Cultural and Linguistic (C&L) Services Program Description 2021
CalViva Health – Change Summary

Program Description Change Summary:

Redline Page #	Section/Paragraph Name	Description of Change	New Page #
Page 8	Interpreter Services	Added video remote interpreting services to the list of interpreter service available	Page 8
Page 10	Cultural Competency Training for staff	Updated Provider Relations to Provider Engagement	Page 10
Page 11	Cultural and Linguistic Consulting Services	Updated protected classes to the standard comprehensive list with expanded classes	Page 11
Page 12	Cultural Competency Education for Providers	Updated protected classes to the standard comprehensive list with expanded classes	Page 11
Page 14	Health Equity Interventions	Updated Provider Relations to Provider Engagement	Page 14
Page 15	Health Equity Interventions	Updated care transition programs to care management programs	Page 14
Page 20	Appendix 1 – Staff Resources and Accountability – 3. HNCS C&L Services Department Staff Roles and Responsibilities	Updated the department Director from Health Education, Cultural and Linguistic Services to Program Accreditation. Modified C&L staff totals from eight to seven Senior C&L Specialists and removed one Biostatistician and one Data Analyst.	Page 20

202~~10~~

Cultural and Linguistic Services Program Description



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1.0 EXECUTIVE SUMMARY

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

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

The C&L Services Department, on behalf of CalViva Health, utilizes the Cultural and Linguistic Appropriate Services (CLAS) Standards, developed by the Office of Minority Health, as a guide for provision of culturally and linguistically appropriate services. CLAS Standards assure that services comply with the Office of Civil Rights Guidelines for culturally and linguistically appropriate access to health care services. C&L's objective is to promote effective communication with limited English proficient members by assuring access to culturally appropriate materials, print translations of member informing materials, telephonic and in-person interpreter services, and through trainings, and in-services on a wide range of C&L topics that impact health and health care.

Services offered include cultural and language information for providers and their staff, as well as for Plan staff; trainings on language assistance requirements imposed by state and federal regulatory agencies; interpreter support for members and providers; culturally appropriate translation and review of member materials; and cultural responsiveness education.

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

2.0 Staff Resources and Accountability

2.1 Staff Roles and Responsibilities

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

3.0 MISSION, GOALS AND OBJECTIVES

3.1 Mission

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

3.2 Goals

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

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

3.3 Objectives

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

- A. To ensure compliance with applicable Medi-Cal contractual requirements, state and federal regulations and other requirements of the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC).
 - Develop and implement Policies and Procedures (P&Ps) related to the delivery of culturally and linguistically appropriate services.
 - Utilize and implement the Culturally and Linguistically Appropriate Services (CLAS) Standards developed by the Office of Minority Health, to address Health Care disparities.
 - Collect and analyze C&L information and requirements as identified by DMHC and DHCS and other regulatory or oversight entities.

-
- Adhere and implement HHS guidelines for Section 1557 of the ACA for C&L services and requirement for non-discrimination based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability.
 - Collect, analyze and report membership language, race and ethnicity data.
 - Inform members of interpreter services via the member newsletter, the Member Handbook/Evidence of Coverage (EOC), and other communication sources at least once annually.
 - Maintain information links with the community through Public Policy Committee (PPC) meetings, Population Needs Assessment (PNA) and other methods.
 - Inform contracted providers annually of the C&L services available via Provider Updates, online newsletter articles, the Provider Operations Manual, in-services, trainings, conferences, and other communication sources.
 - Monitor the use of taglines and Non Discrimination notices in all required communications.

B. To ensure staff and providers have C&L resources available to provide culturally competent services to CalViva Health members.

- Provide C&L information and support for HNCS and CalViva Health staff in their efforts to provide excellent customer relations and services.
- Collaborate with other departments, where appropriate, to further the mutual attainment of culturally and linguistically appropriate healthcare services received by members.
- Support efforts of contracted providers to deliver culturally and linguistically appropriate health care services by providing informative materials, cultural competency workshops, and in-services.
- Promote effective communication by staff and contracted providers with LEP members by providing them with easy access to culturally and linguistically appropriate materials, quality translations of member-informing materials, high quality interpreter services, and culturally responsive staff and health care providers.
- Address health equity through development and implementation of an organizational and member level strategic plan to improve health disparities.
- Sustain efforts to address health literacy in support of CalViva Health members.
- Provide oversight for the assessment of bilingual capabilities of bilingual staff and provide ongoing education and support.

C. To be champions of cultural and linguistic services in the communities CalViva Health serves.

-
- Continue involvement with local community-based organizations, coalitions, and collaborative efforts in counties where CalViva Health members reside and to be a resource for them on C&L issues.
 - Participate actively and leverage resources from community and government committees including Health Industry Collaboration Effort (ICE), and America's Health Insurance Plans (AHIP).
 - Participate in employee inclusion groups (EIG) for veterans, military families, women, LGBTQ community, MOSAIC (multicultural network), and people with disabilities. The EIG's help expand sharing of knowledge and resources.

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

- Provide C&L services that support member satisfaction, retention, and growth.
- Provide subject matter expertise and training resources to meet the needs of seniors and persons with disabilities (SPD) and other population groups.
- Increase cultural awareness of Plan staff through trainings, newsletter articles, annual "Heritage / CLAS Month", and other venues.

4.0 C&L SERVICES WORK PLAN

The goals and objectives are translated into an annual work plan with specific activities for the year to fulfill its mission of being an industry leader in ensuring health equity for all members and their communities. The work plan objectives and activities reflect the Office of Minority Health's national Culturally and Linguistically Service (CLAS) standards, and directly address various contractual and regulatory requirements.

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

The work plan is divided into the following areas:

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

The work plan activities are evaluated twice a year by CalViva Health's QI/UM committee. The work plan activities are also shared as information to CalViva Health's

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

5.0 SCOPE OF PROGRAMS AND SERVICES

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

5.1 Language Assistance Program

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

The LAP and applicable policies and procedures incorporate the fifteen national standards for Culturally and Linguistically Appropriate Services (CLAS) in health care developed by the Office of Minority Health. The mandated standards (4, 5, 6, and 7) provide the basics for language support services for CalViva Health members.

The LAP main elements include:

- **Demographic Data Collection for Members**

The standards for direct collection of members' race, ethnicity, alternate format, spoken and written language needs consist of informing members of the need to collect information, requesting information from members, capturing the information accurately in the membership databases and monitoring the information collected. Members are

informed of the need to collect this information through a variety of methods such as the member newsletter. Providers may request the information collected for lawful purposes.

▪ **Interpreter Services**

Interpreter services range from ensuring contracted vendors are in place, monitoring the provision of services and annual communication with members and providers on how to access these services. Interpreter services are available in over 150 languages supported by the contracted vendors and bilingual staff. Interpreter services are guided by the Interpreter Services and Assessment of Bilingual Staff policies and procedures and meet the national quality standards for interpreter support. Interpreter services facilitate communication with LEP members to speak with Plan staff and/or its contracted providers. Bilingual staff and contracted telephone interpreter services vendors are used to assist LEP members.

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

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

▪ **Translation Services**

Translation services are guided by the Translation of Written Member Informing Materials P&P and are based on industry translation standards. Translation services includes quality standards for translators, a style guide to promote consistent translation quality, a glossary of common terms in each threshold language, provision of materials in Alternate Formats, a review process to prepare English documents for translation,

and a process to monitor translations for quality, timely delivery, and accuracy. Translation services ensure that member informing documents are provided in the threshold languages of English, Spanish and Hmong and that a tagline or Non Discrimination Notices (NDN) is included in member mailing when required. The translation program includes oversight of the use of the Non Discrimination Notices and taglines with English documents as required by federal rules (Section 1557, 45 CFR 155.205).

- **Alternate Formats** – CalViva Health provides alternate formats of member informing documents to members as required by regulation, law, and upon member request. Alternate formats consist of Braille, large print and accessible PDF documents. The quality of the documents and the time to fulfill member requests for these documents are monitored to assure timely access of benefit information to CalViva Health members. The provision of alternate formats is compliant with Section 1557 of the ACA. This consists of informing members of the need to collect information on their preferred alternate format, requesting the information, capturing the information accurately in the membership databases and monitoring the information collected. If a member states their preferred alternate format is Braille, CalViva Health will provide all required member information material to this member in this format moving forward.

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

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

- **Staff Training on LAP**

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

- **Monitoring for LAP Quality**

The quality of the LAP is assured through quarterly monitoring of the utilization of language services such as interpreter requests by language, telephone interpreter utilization by language, and the number of member requested translations. All translation vendors are provided with a translation and alternate format style guide and a glossary of preferred terms in each of the threshold languages. The quality of Spanish, Hmong, and Chinese translations are monitored by reviewing translated

documents. Quality of translations and interpreters is monitored through quarterly review of linguistic grievances and member complaints that are related to language.

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

- **Communication for LAP**

The Plan has implemented processes to assure routine member and provider communication promoting the LAP. The Plan advises members annually of no-cost language services (inclusive of interpreter and translation support) that are available to them. Methods of member communication are inclusive of PPCs, community-based organizations, member service representatives and/or other Plan staff, member newsletters, call center scripts, and provider relations representatives.

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

5.2 Cultural Competency

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

- **Cultural Competency Training for staff**

Support for staff includes workshops, training, in-service, and cultural awareness events. Training and education on C&L services and/or cultural competency is provided on ongoing basis to Member Services, Provider ~~Relations~~Engagement, Health Education, Quality Improvement department staff, etc. The goal of these is to provide

information to staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP, C&L resources, and member diversity.

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

▪ **Cultural and Linguistic Consulting Services**

Each C&L staff member has a cultural subject matter area of expertise that includes: cultural issues that impact seniors and persons with disabilities, cultural issues that impede health care access for Lesbian, Gay, Bisexual & Transgender (LGBT+) populations, cultural disconnects that may result in perceived discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, ~~race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation~~, health status, ~~or disability~~, and the cultural issues that impede accessing health care services for recent arrivals. C&L staff also offers specialized consultation on many other areas including:

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

▪ **Cultural Competency Education for Providers**

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

- Encourage cultural responsiveness and awareness
- Provide strategies that can easily be implemented into a clinical practice

-
- Foster improved communication and health outcome for patients from diverse cultural and ethnic backgrounds, with limited English proficiency, disabilities, regardless of their gender, sexual orientation or gender identity
 - Foster non-discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation. ~~race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability.~~

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

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

Additionally, the Plan has developed materials for use in provider offices that specifically address cultural background and clinical issues. CalViva Health recognizes that diverse backgrounds include culture, ethnicity, religion, age, residential area, disability, gender, sexual orientation and gender identity. Because diversity is complex and an important component for individuals as they access and utilize services, emphasis is placed on developing materials that are researched and field-tested to assure quality and cultural appropriateness. Providers may access the materials by calling the Cultural and Linguistic Services Department toll free number during business hours at (800) 977-6750.

▪ **Collaborations**

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

5.3 Health Literacy

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

- **Plain Language 101 Training**

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

- **Readability Software and Training**

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

The C&L Department has developed and implemented Readability Studio training so that staff have the support to effectively navigate the software and produce member materials developed following the plain language guiding principles. The training is delivered utilizing adult learning theory and provides hands-on experiential learning in operating the software and editing written materials to a 6th grade reading level.

- **Clear and Simple Guide**

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

- **English Materials Review (EMRs)**

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

- **National Health Literacy Month**

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

5.4 Health Equity

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

- **Health Equity Interventions**

Health Equity Projects: This involves the development and implementation of an action plan to reduce health disparities. Plan staff look systematically and deliberately at the alignment of resources and development of strategies to reduce targeted health disparities. The interventions are aligned with DHCS PIP requirements. Disparity reduction efforts are implemented through a model that integrates collaboration across departments, e.g., Quality Improvement, Provider [RelationsEngagement](#), Cultural and Linguistics, Health Education, Medical Directors, and Public Programs. The model utilizes a multidimensional approach to improving quality and delivery of care inclusive of community outreach and media, provider interventions and system level initiatives. The following highlights the core components of the disparity reduction model:

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

identification, engagement and outcomes in Case Management and Disease Management

- Evaluation and improvement of health disparity efforts.

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

- **Collaborations**

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

5.5 Public Policy Committee

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

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

6.0 OVERSIGHT AND MONITORING

CalViva Health and HNCS collaborate to ensure that CalViva Health members receive consistent, high quality C&L services. The collaboration also forms a unity among the plans that permits a uniform message to be delivered to contracted providers and members. This collaboration is an avenue that increases services for the community and increases the impact that C&L programs can make. The following processes are in place to ensure ongoing CalViva Health oversight of the C&L programs and services delegated to HNCS and the internal monitoring conducted by HNCS.

6.1 CalViva Health Monitoring and Evaluation

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

- **Member and Provider Communications Review**

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

- **Reports**

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

- **Audits**

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

6.2 HNCS C&L Services Department Internal Monitoring and Evaluation

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

- **Language Assistance Program Utilization Report**

The C&L Services Department summarizes the Language Assistance Program (LAP) utilization data on a monthly and quarterly basis. The monthly LAP utilization report summarizes the non-English call volume to the member service call center, interpreter

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

▪ **Population Needs Assessment**

The Community Health Education and C&L Services Departments conduct a Population Needs Assessment (PNA) every year to improve health care outcomes for members. The PNA is conducted through an analysis of CAHPs survey data and follows the DHCS guidance provided in APL 19-011. CalViva's Public Policy Committee members will provide input to the PNA and review the PNA results on an annual basis.

The results of the PNA are used to identify C&L program strategies to improve health outcomes and to reduce health disparities. The C&L work plan is adjusted annually to include all strategies that have been identified to improve health outcomes and reduce health disparities for members. The C&L work plan serves as the PNA action plan that is submitted to DHCS on an annual basis.

▪ **C&L Geo Access Report**

The C&L Services Department prepares a report to identify the need for linguistic services using the Geo Access demographic analysis software program. The purpose of the Geo Access report is to understand if members have access to provider locations where either the doctor or office staff speak the preferred language of the member. This analysis is conducted for both PCP offices and Specialist offices. The locations of members and providers are compared across language preference. Using predetermined time and distance parameters, software measures the time and distance for each member to each provider office by language and by county. Time and distance standards vary by type of place: urban, suburban and rural. The language capabilities of the provider network are compared to the language needs of CalViva Health members. The availability of linguistic services by contracted providers for LEP members is analyzed and recommendations made for provider network development. The report is produced by C&L every two years for review and comment. Upon review of the findings and follow up by provider network management, a status report will be developed and presented to document network findings.

▪ **Data Collection**

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

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

7.0 SUMMARY

CalViva Health, in collaboration with Health Net Community Solutions (HNCS), is committed to improving health outcomes by providing cultural and linguistic services and programs that facilitate effective communication between a diverse membership, diverse provider networks, and CalViva Health and HNCS. CalViva Health's goals and objectives are based on providing support, maintaining compliance, and creating cultural awareness through education, consultation, and support. In addition, the programs and services encompass how we communicate to our members and contracted providers about the C&L program and services available.

<h2>STAFF RESOURCES AND ACCOUNTABILITY</h2>

1. CalViva Health Committees

A. Governing Body/RHA Commission

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

B. QI/UM Committee

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

C. Public Policy Committee

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

2. CalViva Health Staff Roles and Responsibilities

A. Chief Medical Officer

CalViva Health's Chief Medical Officer's responsibilities include assuring that CalViva Health's programs are compatible and interface appropriately with the provider network

and the overall scope of CalViva Health's QI program. A medical management team is under the direction of the Chief Medical Officer.

B. Chief Operating Officer

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

C. Chief Compliance Officer

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

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

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

A. HNCS Leadership Team

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

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

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

David Hodge, MD

Regional Health Authority Commission Chairperson

Date

Patrick Marabella, MD, Chief Medical Officer

Chair, CalViva Health QI/UM Committee

Date

Item #10

Attachment 10.C

2021 Cultural Linguistics
Executive Summary and
Work Plan Summary



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Humaira Theba, MPH, Manager Cultural and Linguistics

COMMITTEE DATE: May 20, 2021

SUBJECT: Cultural and Linguistic (C&L) Work Plan 2021– CalViva Health Summary Report

Purpose of Activity:

Present CalViva Health's Cultural and Linguistic Services Work Plan for 2021 and obtain the committee's approval.

Summary:

The C&L Work Plan 2021 supports and maintains excellence in C&L Services through the following strategies: provide oversight of Language Assistance Program (LAP), integration and expansion of targeted health disparity efforts, health literacy and plain language standards, supporting CalViva Health in being a culturally competent Health Plan, expanding on consulting services, and maintaining compliance with regulatory and contractual requirements.

The 2021 Work Plan is consistent with the 2020 Work Plan while incorporating and enhancing the following activities:

1. Complete 2020 PNA action plan activities to expand language assistance program awareness and utilization (row # 19)
2. Development of behavioral health/ACEs resources and tools for providers. ((row # 49)
3. Implementation of two part provider implicit bias training series offering up to four CME/CE credits. (row # 50)
4. Developing a series of cultural tip sheets for providers on various health topics providing culturally competent patient care guidance. (row # 66)

Next Steps:

Once approved, implement and adhere to the C&L Work Plan 2021 and report to the QI/UM Committee.



2021 Cultural and Linguistic Services Work Plan

Submitted by:

Patrick Mirabella, 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 2020 Population Needs Assessment Report (PNA) (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 Population Needs Assessment (PNA), 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 (1/1/21 - 6/30/21)	Year-End Update (7/1/21 - 12/31/21)
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				
4	Responsible Staff:	Primary: I. Diaz, D. Carr	Secondary: D. Fang, L. Goodyear-Moya			
5	Audit	Assure C&L audit readiness to support DHCS Language Assistance Program (LAP) audit standards	Coordinate LAP audit requirements to include: collecting requested documentation, submitting documents as requested, participate in on-site interviews as requested	Annual		
6	Contracted Vendors	Conduct language assistance vendor management oversight	Review and update vendor contracts to ensure alignment with requirements	Ongoing		
7	Interpreter	Monthly collection of language utilization data for CalViva	Updated LAP utilization report to contain: monthly summary of bilingual phone calls answered by call center, in-person and telephonic interpreter utilization log	Semi-annual		
8	Data	Conduct membership data pulls	Validated membership reports	Monthly		
9	Operational	Create language and alternate format standing request report	Number of reports generated and posted	Monthly		
10	Compliance	Coordinate and support operationalizing 508 remediation plan inclusive of providing SME consultation to workgroups and identification of process risks	Number of PDFs remediated/total PDFs	Ongoing		
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		

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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		
13	Member Communication	Annual mailing to members advising how to access language assistance services	Write or revise annual language assistance article distributed to CalViva members	Annual		
14	Operational	Ensure bilingual staff maintain bilingual certification; generate reporting and support to departments to identify staff who need bilingual certification updated	Number of staff certified annually	Annual		
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		
16	Operational	Oversight of interpreter and translation operations. Review of metrics for interpreter/translation coordination	Conduct oversight meetings to review metrics for timeliness. Hold monthly meetings with Centralized Unit and escalate when metrics are not being met	Monthly		
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)		
18	Operational	Coordinate and deliver quarterly LAP/Health Literacy meetings to review requirements and department procedures for language and health literacy services	Minutes of meetings	Quarterly		
19	Operational	Complete 2020 PNA action plan activities to expand language assistance program awareness and utilization	Update and develop LAP resources, conduct trainings for staff and providers and complete PNA action plan reporting template for submission to DHCS	June		

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20	Operational	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 filling	June		
21	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		
22	Operational	Collect and review LAP P&Ps from other departments to assure compliance with use of tagline, NDN, translation process and interpreter coordination	P&Ps will be reviewed and placed in C&L LAP compliance folder	Annual		
23	Operational	Complete C&L Geo Access report documenting Provider Network Management (PNM) findings	Presentation of Geo Access report to Committees	Q3		
24	Operational	Complete annual Timely Access Reporting on the Language Assistance Program Assessment	LAP Assessment Timely Access Report	Annually		
25	Operational	Coordinate and provide oversight to translation review process	Number of translation reviews completed	Ongoing		
26	Training	Review, update and/or assign LAP online Training	Number of staff who are assigned training and percentage of completion	Annual		
27	Information Technology	Participate in information technology projects related to language assistance services to ensure C&L requirements are represented through various projects	Successful implementation of information technology projects	Ongoing		
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		

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		
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.				
32	Responsible Staff:	Primary: D. Fang, B. Ferris	Secondary: D. Carr, L. Goodyear-Moya, I. Diaz, A. Kelechian			
33	Complaints and Grievances	Oversight of complaints and grievances related to 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 C&L complaints are monitored. Grievance reports include grievances coded to C&L codes (including discrimination due to language or culture). Maintain grievance response log and list of materials, develop and document interventions when indicated	Report on grievance cases and interventions	Ongoing		
34	Complaints and Grievances	Conduct a trend analysis of C&L grievances and complaints by providers	Production of trend analysis report	August		

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35	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December		
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, LAP mid year and end of year reports	Ongoing		
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. Provide support for Regional Health Authority meetings as needed or requested.	Ongoing		
38	Oversight	Support Public Policy Committee meetings for Fresno, Kings and Madera Counties	Assist as needed at Public Policy Committee meetings as required	Quarterly		
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		
40	Regulatory	Implementation and scaling of Aunt Bertha platform and coordination of social service referrals for members	Deploy trainings to internal departments and disseminate member and provider resources and collateral. Analytics and utilization reports, training and material distribution logs	Ongoing		
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.				
43	Responsible Staff:	Primary: B. Ferris, I. Diaz	Secondary: L. Goodyear-Moya, D. Carr, D. Fang			
44	Training and Support	Provide support and training to A&G on coding and resolution of grievances; re-align coding per 1557 non-discrimination reporting	Revised/updated Quick Reference Guide (QRG) for A&G staff regarding grievance responses, coding and process on sending to C&L, etc.	Ongoing		
45	Staff Training	Provide C&L in-services for other departments as requested (e.g., Call Center, Provider Relations).	Curriculum/power point, name of department and total number of participants who attended the in-service	Ongoing		

46	Staff Communication	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		
47	Provider Communication	Prepare and submit articles for publication to providers. Potential topics: LAP services, culture and health care, and promotion of on-line cultural competence/OMH training	Copies of articles and publication dates	Ongoing		
48	Provider Communication and Training	Promote C&L flyer and provider material request form about C&L department consultation and resources available, inclusive of LAP program and interpreter services	Provider material request forms received by C&L Department	Ongoing		
49	Provider Communication and Training	Development of behavioral health/ACEs resources and tools for providers	Training and/or other resource (s) produced	Ongoing		
50	Provider Training	Implementation of four part provider implicit bias training series	Number of attendees/participants	Q2		
51	Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity					
52	Health Literacy					
53	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.				
54	Responsible Staff:	Primary: A. Kelechian	Secondary: D. Carr, B. Ferris, D. Magee			
55	English Material Review	Conduct English Material Review (EMR) per end-end document production guidelines (review of content and layout of materials for C&L appropriateness and low literacy)	Completion of all EMRs as tracked through the C&L database	Ongoing		
56	Operational	Review and update Health Literacy materials as needed inclusive of list of words that can be excluded during the readability assessment, database guide, checklists, readability assessment guide and other relevant materials	Update and post materials on Health Literacy SharePoint	Ongoing		

57	Training	Quarterly training for staff on how to use the C&L database and write in plain language	Quarterly training	Quarterly		
58	Training	Conduct activities and promotion of national health literacy month (NHLM)	Production and tracking of action plan for NHLM and summary of activities	October		
59	Cultural Competency					
60	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.				
61	Responsible Staff:	Primary: D. Carr, L. Goodyear-Moya	Secondary: M. Vue, D. Fang, B. Ferris			
62	Collaboration-External	Representation and collaboration on Industry Collaboration Efforts (ICE) for Health external workgroup	Minutes of meetings that reflect consultation and shared learning	Ongoing		
63	Provider Training	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		
64	Staff Training	Conduct annual cultural competence education through Heritage/CLAS Month events including informational articles / webinars that educate staff on culture, linguistics and the needs of special populations	Online tracking. Event summary and activity specific participation totals	Q3		

*	65	Online Training	Review online content for cultural competency training and update as needed annually	Annual online training and number of staff trained	Annual		
	66	Training	Develop a series of cultural tip sheets for providers	Production and dissemination of tip sheets in collaboration with provider communications and co-branding agency/partner	Q3		
^	67	Health Equity					
	68	Rationale	To support the health of CalViva Health members and promote the reduction of health disparities across our membership. In order to accomplish this, staff collaborates across departments and with external partners in order to analyze, design, implement and evaluate healthy disparity interventions.				
^	69	Responsible Staff:	Primary: D. Fang, H. Theba	Secondary: L. Goodyear-Moya, Melen Vue			
	70	Operational	Increase interdepartmental alignment on disparity reduction efforts. Facilitate quarterly meetings	Facilitation of health disparity collaborative meetings	Quarterly		
^	71	Operational	Align population health and disparity initiatives across departments	Develop Health Disparity e-newsletter and listserv. Facilitate communication on health disparities and newsletter development and distribution	Ongoing		
	72	Operational	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	Development of modules; meet PIP disparity reduction targets	Ongoing		
^	73	Operational	Collaborate with Community Engagement team 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		
	74	Operational	Provide consultation to departments on cultural competency and improving health care outcomes (including enrollment) for key demographics and key metrics to support health equity	Consultation and /or trainings provided	Ongoing		

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

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

^ **Indicates revision.**

* **Indicates new.**

Item #11

Attachment 11.A

Health Education
Executive Summary



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Hoa Su, MPH, Manager, Health Education
Angela J. Brice, Senior Director, Quality Improvement
Justina B. Felix, Health Educator

COMMITTEE DATE: May 20, 2021

SUBJECT: Health Education Work Plan End of Year Evaluation & Executive Summary 2020

Summary

The 2020 Health Education Work Plan Year-End Evaluation report documents progress of **19 initiatives** with **44 performance objectives**. Within each initiative, there are multiple objectives. Of the 19 initiatives, 11 initiatives with 27 objectives met the year-end goal. The remaining 8 initiatives with 17 objectives did not fully meet the year-end goal. Of the 17 objectives, 7 were impacted by the COVID-19 pandemic, 5 were impacted by DHCS delays in providing contract approval and new guidance regarding text messaging programs, 2 were caused by Madera County Department of Public Health losing funding to offered DSME classes and 3 did not meet performance goals.

Purpose of Activity:

To provide for QI/UM Committee review and approval of the 2020 Health Education Work Plan Year End 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 year end utilization outcomes of health education initiatives against 2020 year-end goals.

Table 1: 2020 Year-End Utilization Outcomes of Health Education Initiatives

Initiative	2020 Year-End Goal	2020 Year End Status	2020 Year-End Goal Status
1. Chronic Disease Education: Asthma	Reach a 25% CalViva Health membership via classes and/or telephonic education	Conducted two asthma training to 50 participants, of which 62% were CVH members (31/50)	Met
	Develop and disseminate resources to educate high risk members on asthma management	Developed a total of three asthma resources and disseminated one asthma resource to 430 high risk members	Met
2. Chronic Disease Education: Diabetes	Conduct 1 DSME class series reaching 50% targeted CVH member participants	Cancelled due to Madera County Department of Public Health loss of funding for DSME project	Not Met
	5% of participants enrolled in DPP program will achieve 5% weight loss by the end of the 16 week program	Completed all DPP vendor contracting tasks (SOW, BAA, MSA, Privacy approval and Information Security Assessment by Q3). Ongoing communication with DHCS. Program launch is pending DHCS approval.	Partially Met
	Participants will weigh-in at least 5 times per week using the DPP program digital scale	Completed all DPP vendor contracting tasks (SOW, BAA, MSA, Privacy approval and Information Security Assessment by Q3). Ongoing communication with DHCS. Program launch is pending DHCS approval	Partially Met
	75% of participants will complete weekly lessons	Completed all DPP vendor contracting tasks (SOW, BAA, MSA, Privacy approval and Information Security Assessment by Q3). Ongoing communication with DHCS. Program launch is pending DHCS approval	Partially Met
3. Community Health	Reach a 50% member participation rate in classes	Conducted 208 in-person and virtual health education classes to 4,736 participants, of which 57% were CVH members (2,715/4,736)	Met
	Reach a 50% member participation rate in community health screenings	Conducted 5 Know Your Numbers telephonic health education outreach to 157 participants, of which 54% were CVH members (85/157)	Met
4. Digital Health Education Programs	Reach 50% of targeted members in text messaging programs	Postponed	Postponed
	Increase member enrollment by 10% to 72 members in myStrength program	Enrolled 81 members	Met
5. Fluvention	Increase by at least 1% of 2019 baseline rate for Medi-Cal flu vaccination rates among members 6 months and older	Produced 8 educational materials for distribution in a multi-channel campaign. Vaccination rates among Medicaid population statewide decreased from 16.3% in 2019 to 16.2% in 2020. COVID pandemic might impact members willingness to access flu shot in the clinic.	Not Met
	Implement at least one provider education activity related to flu vaccinations	Implemented and sent Flu Provider Update on October 30, 2020	Met
6. Healthy Equity Projects	Develop and implement 1 educational intervention to improve breast cancer screening rate targeting Hmong members in Fresno County	Developed DHCS approved member survey to assess member breast cancer screening practices	Met
7. Immunization Initiative	Support clinic Panel Managers with educational materials and call scripts to improve CIS 10 rate in Fresno County	Evaluated 3 culturally and linguistically appropriate videos for use as the intervention component for the CIS10 PIP. Call script was not needed	Met

8. Member Engagement (Know Your Numbers and Phone Education)	65% of member participants in Know Your Numbers (KYN) interventions complete their screening	Impacted by COVID-19 pandemic. Pivoted to conducted 1 diabetes telephonic intervention which reached 37% CVH members	Partially Met
	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 reports	Reached a 37% CalViva Health membership via telephonic education	Met
9. Member Newsletter	Develop and distribute 1 CVH member newsletter	Developed and distributed one CalViva Health Newsletter to 163,377 member homes in June 2020	Met
10. Mental/Behavioral Health	Develop statewide maps noting opioid distribution	Completed mapping statewide Opioid use and Medication-Assisted Treatment Providers at midyear	Met
	Creation 1 new behavioral health material and a distribution plan. Determine utilization baseline	Adopted 4 behavioral health educational resources on Toxic Stress and ACEs. Developed distribution plan	Met
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 510 members (98.6% flagged as high risk), 100% satisfaction from workbook survey and 94.4% satisfaction from direct incentive survey	Met
	Enroll 350+ members in to the Healthy Habits for Healthy People (HHHP) program	Enrolled 312 members	Partially Met
	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	Created 4 educational resources: Well-Child Visit Flyer, Pediatric Presentation, Pfizer VAKS promotion, and Provider Vaccine Hesitancy Flyer	Met
	Develop 2 educational resources for providers and members	Developed 4 behavioral health educational resources on Toxic Stress and ACEs	Met
13. Perinatal Education	Distribute 1,000+ pregnancy information packets to requesting CVH pregnant members	Distributed a total of 1,675 CVH Pregnant Program packets and 190 Newborn packets to members	Met
	Reach 35% member participation at baby showers within Kings and Fresno counties	Completed 11 baby showers in Fresno County with 127 attendees, of which 56% were CVH members (71/127)	Met
14. Promotores Health Network (PHN)	Increase member participation and reach a 60% member participation in education charlas	Due to COVID-19 pandemic, pivoted to conducting virtual charlas. Conducted 197 virtual charlas reaching 4,287 participants of which 56% (2,399/4,287) were CVH members	Partially Met
	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 134 CVH members	Partially Met
	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 7 BCS/CCS virtual classes in partnership with Every Woman Counts with 102 participants. A total of 40 members were reached via telephonic outreach for BCS	Partially Met

	Implement multi-care gap text messaging campaign (BCS/CCS) and reach 50% of targeted members	Postponed until further notice	Postponed
17. Compliance: Oversight and Reporting	Complete and submit Program Description, Work Plan, and Work Plan evaluation reports	Submitted work plan, Program Description, and 2 work plan evaluations	Met
	Update Policies and Procedures	Updated 6 Policies and Procedures	Met
	Complete semi-annual progress reports and annual DHCS incentive evaluation r	Completed semi-annual progress reports and 10 annual DHCS incentive evaluation reports	Met
	Produce 1 Provider Update	Produced 1 Provider Update	Met
	Participate in 4 PPC meetings where Health Education reports are presented	Provided reports to be presented at 4 PPC meetings	Met
18. Health Education Department Promotion, Materials Update, Development, Utilization and Inventory	Develop needed health education materials and resources to assure compliance	Developed 6 new materials and rebranded 19 in-house materials. Processed 32 Krames materials for approval. Processed 13 Provider Order Forms for Materials	Met
	Creation of at least 1 behavioral health material(s) and distribution plan. Determine utilization baseline	Adopted 4 behavioral health educational resources on Toxic Stress and ACEs. Developed distribution plan	Met
	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 and disseminated one asthma resource to 430 high risk members	Met
19. Health Education Operations: Geographic Information Systems (GIS)	Develop geomaps for 10+ projects/outreach activities	Completed geomaps for 10 projects	Met
	Implement use of interactive software within Health Education and QI departments	Interactive GIS maps created and made available via ArcReader software	Met

2020 Barrier Analysis and Action to be Taken

Barriers	Actions to be taken in 2021
Chronic Disease Education: Diabetes <ul style="list-style-type: none"> Delayed implementation of Diabetes Prevention Program 	<ul style="list-style-type: none"> Implement upon DHCS approval.
Digital Health: <ul style="list-style-type: none"> Text messaging programs on hold 	<ul style="list-style-type: none"> Awaiting clarification of DHCS text message guidance to continue with text message campaigns. Explore alternative contact information that could be used for text messaging campaigns.
Fluvention: <ul style="list-style-type: none"> Low vaccination rates 	<ul style="list-style-type: none"> Distribute multi-channel Fluvention communications to members (email, robo-call, Member Services on hold message) Provide communications earlier for approval
Member Engagement (Know Your Numbers and Phone Education): <ul style="list-style-type: none"> Know Your Number screenings and orientation classes cancelled due to COVID-19 	<ul style="list-style-type: none"> Health plan may consider partnering with community based organizations and providers to implement Know Your Numbers events based on county needs
Obesity Prevention: <ul style="list-style-type: none"> Low enrollment into the HHHP program due to prioritizing resources to COVID-19 FFFL community classes cancelled due to COVID-19 	<ul style="list-style-type: none"> Implement proactive program packet mailing to high-risk members quarterly. Pull available HEDIS and claims data for the following target high-risk groups: Seniors/older members with care gaps with specific to controlling high blood pressure and medication adherence (cholesterol/hypertension) and flag seniors/older members who have not received a Body Mass Index assessment, suggesting a possible need for nutrition and physical activity education.
Promotores Health Network (PHN):	<ul style="list-style-type: none"> PHN will continue to implement community education activities in

<ul style="list-style-type: none"> • DSM class series cancelled due to loss of funding • Diabetes charla's cancelled due to COVID-19 	<p>2021 and promote health screenings</p> <ul style="list-style-type: none"> • PHN will expand their scope of education and referral services to include social determinants of health.
<p>Tobacco Cessation Program:</p> <ul style="list-style-type: none"> • Fewer referrals into the CA Smokers' Helpline (CSH) 	<ul style="list-style-type: none"> • Awaiting DHCS approval on signed agreement to begin targeted outreach • Leverage opportunities with external partners and focus on social media-based activities to increase awareness of CA Smokers' Helpline
<p>Women's Health:</p> <ul style="list-style-type: none"> • Low member reach via telephonic outreach • Delayed implementation of BCS/CCS text messaging campaign 	<ul style="list-style-type: none"> • Enhance coordination with Every Women Counts to reach more members via virtual classes • Text messaging campaign currently on hold. Pivot to using email/IVR campaigns instead

Next Steps:

- Implement the Asthma In-Home visitation program for the Central California Asthma Collaborative (CCAC) grant.
- Launch Diabetes Prevention Program and target outreach for smoking cessation after DHCS approval
- Launch Fluvention and COVID 19 communication campaigns
- Enhance offering of behavioral health services
- Explore and launch email campaigns promoting wellness programs
- Collaborate with Marketing to update educational resources as needed

Item #11

Attachment 11.B

2020 Health Education
Annual Evaluation



2020 Health Education Work Plan Year-End 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. HED's Vision: Empower and nurture the health of our communities

III. HED's Goals and Objectives

Goals:

1. To provide free culturally and linguistically appropriate health education programs and resources to:
 - Support members and the community to achieve optimal physical and mental health,
 - Promote health equity
 - Improve CalViva Health's quality performance, and
 - Enhance member satisfaction and retention.
2. To engage communities, stakeholders and partners by providing high quality health education programs and resources.

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)	Conducted two asthma training to 50 participants, of which 62% were CVH members (31/50).
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	Developed a total of three asthma resources and disseminated one asthma resource to 430 high risk members.
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 checked="" 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: Due to COVID-19 pandemic, HE staff have transitioned to offering classes on-line and continue to place on hold scheduling asthma educational classes in the community. As a result, the Promotores Health Network promotoras pivoted to on-line community education and successfully offered asthma classes.</p> <p>Health Education staff, Quality Improvement, Pharmacy, and Member Connections continue to develop multiple strategies and interventions to educate</p>			

	<p>members about proper asthma management with the goal to reduce ER visits. As a result of this continued effort, CalViva Health exclusively partnered with Central California Asthma Collaborative (CCAC) and successfully secured a 3-year asthma grant to conduct in-home/virtual environmental assessment visits to high risk members in Fresno County. CalViva Health have approved the contract agreements and member informing materials. The program is scheduled to launch in Q1 February 2021.</p> <p>Additionally, the 8 page asthma booklet, Live Your Best Life with Asthma, was disseminated to 430 high risk members. High risk members had one or more ER visits within the last 12 months and/or were non-adherent to their controller medication. All asthma resources were made available interdepartmentally to Pharmacy, Quality Improvement, Member Connections, Provider Engagement, Wellness Program etc. Departments were encouraged to share the educational resources electronically with other organizations and with members.</p>
Initiative Continuation Status <i>(populate at year-end)</i>	<p> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

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	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. 1. CVH HbA1C testing (Fresno, 83%) and Nephropathy care (87%) are below MPL for Fresno				
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	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	Completed all DPP vendor contracting tasks (SOW, BAA, MSA, Privacy approval and Information Security Assessment by Q3). Ongoing commutation with DHCS. Program launch pending DHCS approval	
	Participants will weigh-in at least 5 times per week using the DPP program digital scale	New for 2020	Program has not begun	Completed all DPP vendor contracting tasks (SOW, BAA, MSA, Privacy approval and Information Security Assessment by Q3). Ongoing commutation with DHCS. Program launch pending DHCS approval	
	75% of participants will complete weekly lessons	Program not launched. Revised SOW is pending vendor completion	Program has not begun	Completed all DPP vendor contracting tasks (SOW, BAA, MSA, Privacy approval and Information Security Assessment by Q3). Ongoing commutation with DHCS. Program launch pending DHCS approval	
Major Activities		Timeframe For Completion	Responsible Party(s)		
Finalize SOW with DPP vendor(s)		September 2020	M. Zuniga		
Obtain DHCS approval prior to implementation		December 2020	M. Zuniga		
Release Provider Update with Provider Referral form		December 2020	M. Zuniga		

Submit CCC Knowledge Base for Member Services	December 2020	M. Zuniga
Promote DPP on the CalViva health website	December 2020	M. Zuniga, J. Felix
Conduct 1 Provider webinar to promote DPP	December 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	Ongoing	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 checked="" 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: 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: Our community partner, Madera County Department of Public Health (MCDPH), cancelled DSME community education class due to loss of project funding. We will explore opportunity to collaborate with MCDPH and Camarena Health clinics in 2021.</p> <p>HE completed all new DPP vendor contracting tasks: SOW, BAA, MSA, Privacy approval, and Information Security Assessment by end Q3. In addition to vendor contracting, HE developed outreach plan, reviewed and obtained all internal approvals for all member informing materials to promote the DPP program: landing page, fact sheet, member letter, email and text campaign. HE worked with the communication department to schedule a Provider update upon DHCS approval. HE established a process for member eligibility file transfer and tested successfully. Updates to the Medi-Cal addendum by DHCS created delays with execution of the SOW. However, HE worked with Vendor Oversight Management and Compliance to address all applicable updates in a timely manner. Program implementation will occur in 2021 pending DHCS approval. No further contracting delays are expected post regulatory approval.</p>	
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/>	

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)	Conducted 208 in-person and virtual health education classes to 4,736 participants, of which 57% were CVH members (2,715/4,736)
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)	Conducted 5 Know Your Numbers telephonic health education outreach to 157 participants, of which 54% were CVH members (85/157).
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 checked="" 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: Due to the COVID-19 pandemic, HE staff pivoted to offering phone education on preventive screenings and support to CVH members to schedule preventive screening visits for diabetes. Additionally, HE developed key partnerships with the Diabetes Collaborative, Fresno County Maternal Wellness Coalition, Madera County Maternal Wellness Coalition, Camarena Health, and Madera County Department of Public Health to promote our virtual fitness classes and virtual health charlas (classes) provided by our CalViva Health Promotores Health Network's promotoras. Topics included: Alzheimer's basics, asthma basics, Know Your numbers diabetes, blood pressure and others.			

Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input checked="" type="checkbox"/>	CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>	CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>
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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	<p>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).</p>			
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	Postponed
Promote member enrollment in myStrength	Increase member enrollment by 10% to 72 members	Enrolled 65 members	Enrolled 40 members	Enrolled 81 members by November 2020
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 checked="" 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: 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.</p> <p>Year-End Update: Increased myStrength member enrollment to 81 members. New content added included: Managing chronic conditions, coping with COVID-19, bipolar disorder, LGBTQ+ support, Race-Related Stress and enhanced Spanish language support. A myStrength digital platform flyer for member education and promotion is pending DHCS approval.</p> <p>All text messaging campaigns were put on hold following DHCS text messaging guidance that we need to get member consent prior to texting them. Health plan's legal counsels are continuing discussion with DHCS regarding this guidance.</p>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/>			

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	Produced 8 educational materials for distribution in a multi-channel campaign. Vaccination rates among Medicaid population decreased from 16.3% in 2019 to 16.2% in 2020. COVID pandemic might impact members willingness to access flu shot in the clinic	
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	Implemented and sent a flu Provider update on October 30, 2020	
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 checked="" type="checkbox"/>				
Mid-Year and Year End Updates	Include barriers to implementation and systemic/organizational barriers. 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>Year-End Update: HE conducted a statewide webinar on vaccine hesitancy reaching 162 providers and staff. HE produced 8 educational materials for distribution in a multimedia campaign. These materials were sent to CVH on 9/10/2020 and are still pending approval. The pending approval occurred simultaneously with CalViva Health developing a new desktop procedure for initiation of new programs. While there may have been an initial stall this new procedure will allow CalViva Health address regulatory processes with much quicker agility and effectiveness. Furthermore, a provider update on best flu practices were sent out to CVH providers on October 30, 2020.</p>
<p>Initiative Continuation Status <i>(populate at year-end)</i></p>	<p> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

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	Developed a DHCS approved member survey to assess member breast cancer screening practices
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 checked="" 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 Hmong Health Educational Breast Cancer Awareness/Education Forum was scheduled for April 3rd, however, due to COVID-19 pandemic, the forum was postponed to Q4.</p> <p>Year-End Update: The health equity project's educational intervention to improve breast cancer screening rates for CVH Hmong members was postponed due to COVID-19 pandemic. During this time, the Health Education staff successfully conducted 3 trainings for The Fresno Center Ameri-Corps, staff, leadership team and community partners on CVH programs and services, health disparity model and the Community Advisory Group approach. Additionally, staff successfully developed a member survey to assess member breast cancer screening practices and event participation satisfaction. The member survey was approved by DHCS and will be translated to Hmong.</p>				
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input checked="" type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>				

7. Initiative/ Project:	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	Evaluated 3 culturally and linguistically appropriate videos for use as the intervention component for the CIS10 PIP Call script was not needed
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)	MET <input checked="" 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: 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: HE completed a literature review and researched culturally and linguistically appropriate videos to be used as the intervention component by the provider partner, Family Healthcare Network, to educate members and improve immunization rates for the CIS10 PIP. The three bilingual videos were evaluated by the CIS10 PIP provider partner. Unfortunately the clinic did not decide on a preferred video and is considering to implement text messaging instead.				
Initiative Continuation Status (populate at year-end)	CLOSED <input checked="" type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>				

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	Conducted 1 diabetes health education intervention which reached 37% CVH members via telephonic education	
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	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	Reached a 37% CalViva Health membership via telephonic education	
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 checked="" 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>				

	<p>Due to the COVID-19 pandemic, the Know Your Numbers health screenings were cancelled. Health Education staff pivoted to offering diabetes phone education focused on promoting preventive screenings, education on A1C test results and providing support to CVH members to schedule diabetes screenings and provider visits. Successfully implemented 1 Know Your Numbers diabetes phone education intervention reaching 37% (40/107) of targeted CVH members.</p> <p>Telephonic Education and Appointment Scheduling: New telephonic educational script is under review by CalViva Health. HE continued to work and revise the Asthma Basics class curriculum, training guide, the Q&A guide and telephonic resource guide. HE developed and finalized the Phone Education Request Desktop Procedure, which provides step-by-step instructions on the new process to request support for phone education outreach. HE staff was trained on the new Desktop Procedure. Additionally, HE staff was trained on utilizing Motivational Interviewing techniques when conducting telephonic outreach to members. To date, a total of 148 telephonic education outreach calls were conducted on the topics of Breast Cancer Screening and Diabetes Screening. HE will continue to identify opportunities to continue telephonic outreach to our members.</p>
Initiative Continuation Status <i>(populate at year-end)</i>	<div> CLOSED <input checked="" type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> </div>

9. Initiative/ Project:	Member Newsletter			
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 163,377 member homes in June 2020	Developed and distributed one CalViva Health Newsletter to 163,377 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 checked="" 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: HE continues to explore additional options to communicate health plan updates and information to members.			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input checked="" type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

10. Initiative/ Project:	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:		Secondary:	
	L. Wong, D. Carrillo			
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	Completed mapping statewide Opioid use and Medication-Assisted Treatment Providers at mid-year.
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"	Adopted 4 behavioral health educational resources on Toxic Stress and ACEs. Developed distribution plan
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 checked="" 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. • 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: A Behavioral Health texting campaign that promotes myStrength as a behavioral resource was put on hold due to \ DHCS texting guidance. Promotion of myStrength program in any communications is put on hold until DHCS approval. HE analyzed and matched the myStrength PHQ9 scores to member participation, meeting audit requirements. A process for Case Management referrals into myStrength is under review. Member enrollment into the myStrength platform is at 81 members. HE decided to explore using social media and other more effective methods to educate and promote behavioral health wellness instead of a class format. The "Know the signs and symptoms" material finalization is postponed to 2021. Additionally, Behavioral health materials were made available via Provider Update, Provider Trainings and distributed to ACEs Award Grantees and sent to providers through e-mail blasts.</p> <p>Special Project update: Adverse Childhood Experiences/Trauma-Informed Care--- Since the launch of the ACEs Aware Initiative in February 2020, 13 unique communications have been distributed to providers informing them of ACEs, trauma-informed care, toxic stress and training opportunities. To date, the Health Education/Cultural and Linguistics team in partnership with Provider Engagement Relations and CABH has offered 40 trainings, trained 623 providers, 484 CA staff, and 136 community members statewide.</p>
Initiative Continuation Status <i>(populate at year-end)</i>	<div> <div>CLOSED <input type="checkbox"/></div> <div>CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/></div> <div>CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/></div> </div>

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	Enrolled 510 members (98.6% flagged as high risk), 100% satisfaction from workbook survey and 94.4% satisfaction from direct incentive survey
Increase Healthy Habits for Healthy People (HHHP) program enrollment	Enroll 350+ members	Enrolled 357 members	Enrolled 135 members	Enrolled 312 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	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 checked="" 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: 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>Year-End Update:</p> <p>A total of 510 members were enrolled into the Fit Families for Life (FFFL) Home Edition program. Of these, nearly 99% were considered high risk, as defined by either a high Body Mass Index, a co-morbidity (hypertension, pre-diabetes, etc.), or non-compliance in a HEDIS care gap measure. Program feedback was obtained through 2 workbook surveys and 18 direct incentive surveys. The workbook survey will continue to be honored until program materials are updated, and its promotion is removed.</p> <p>Under the direct incentive approach (n=18), 8 knowledge questions were used to gauge participants' comprehension of the take-home materials. Topics coming across more clearly in the program (with higher correct answer rate) include nutrients (83%), breakfast (89%) and exercise (effect on stress and flexibility). This is consistent with 2019 responses. Questions relating to serving size, types of fat, and strength training mirrored incorrect responses for about half of all responses, also consistent with previous findings. Unfortunately, only 22% of responses had the correct answer for exercise recommendations specific to children and adolescents. Overall, 89% noted that the primary motivation for participating in the program was for improved health. Ninety percent noted satisfaction with the FFFL offering.</p> <p>Behavior-based questions were assessed using a "less than before", "same as before" and "more than before" scale. Metrics with higher "more than before" responses include eating fruits/veggies (72%), and exercise (67%). These were followed by reading food labels (56%) and eating meals as a family (56%). Only 39% noted eating breakfast more than before.</p> <p>Survey respondents were also asked to self-report any personal or family-based changes as it pertained to weight loss, clothes fitting better, more strength or better sleep. Fifty-six percent of members noted better sleep, followed by increased strength (50%), weight loss (39%), and clothes fitting better (28%). Members were allowed to select more than one choice.</p> <p>Various barriers were presented during the reporting year. Covid-19 activities became priority, removing FFFL participation via community classes as an option. We find this may continue through the 2021 reporting year, and will therefore remove as a performance measure. The pandemic also influenced planned weight management communications, pushing activities to 2021. Furthermore, the program material update/rebrand was pushed to 2021. If possible, we will look to upload the FFFL DVD exercises onto an online platform to make them more accessible to our members.</p>
Initiative Continuation Status <i>(populate at year-end)</i>	<div> <div>CLOSED <input type="checkbox"/></div> <div>CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/></div> <div>CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/></div> </div>

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	Created 4 educational resources: Well-Child Visit Flyer, Pediatric Presentation, Pfizer VAKS promotion, and Provider Vaccine Hesitancy Flyer.
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	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	

Initiative Status (populate at year-end)	MET <input checked="" type="checkbox"/>	PARTIALLY MET <input type="checkbox"/>	NOT MET <input type="checkbox"/>
<p>Mid-Year and Year End Updates</p>	<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: HE finalized the development of the pediatric well-child-visit flyer (English + Spanish) and drafted the pediatric curriculum that educate 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 members in overcoming potential appointment barriers.</p> <p>The Health Education Department supplied the provider engagement teams with even further health education resources to promote pediatric preventive health services, particularly for immunizations. HE partnered with colleagues at Pfizer and our internal provider engagement team to promote the VAKS (Vaccine Adherence in Kids) program for various PPG providers. The program intends to identify children who may have missed a vaccine dose or are approaching their important 12-month wellness visit and outreach to them via a reminder recall program. This program enables health care professionals to contact parents or caregivers to schedule appointments for pediatric vaccinations recommended by the CDC, ACIP, and the AAP. HE compiled Pfizer's resources into a consortium presentation passed along to provider engagement teams to present at Health-Plan-Provider Group joint operation meetings (JOM). Furthermore, HE developed an educational training flyer for providers who trained providers to utilize Motivational Interviewing techniques to ease their conversations with vaccine-hesitant patients/parents.</p> <p>Adverse Childhood Experiences/Trauma-Informed Care--- Since the launch of the ACEs Aware Initiative in February 2020, 13 unique communications have been distributed to providers informing them of ACEs, trauma-informed care, toxic stress and training opportunities. To date, the Health Education/Cultural and Linguistics team in partnership with Provider Engagement Relations and CABH has offered 40 trainings to providers.</p>		
Initiative Continuation Status (populate at year-end)	<p>CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/></p>		

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	Distributed a total of 1,675 CVH Pregnant Program packets and 190 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)	Completed 11 baby showers in Fresno County with 127 attendees, of which 56% were CVH members (71/127)
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 checked="" 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 COVID-19 pandemic, 12 baby showers were cancelled.</p> <p>Year-End Update: HE was only able to offer in-person baby shower classes from January to March and prior to the COVID-19 pandemic. However, HE eventually moved to virtual baby shower classes with the English groups first. English virtual baby shower classes were well attended. The transition to this platform was easier for the English speaking groups versus Spanish speaking groups. The Spanish groups were able to transition to virtual baby showers in Q4. A total of 19 baby showers were cancelled. Despite all adversities, CVH was able to reach its outcomes. The CVH Pregnancy program had some challenges with the distribution of the Newborn packets. Eligible membership data could not be pulled and the COVID-19 pandemic forced the print vendor to close for a few months. Both issues have been resolved and distribution resumed for newborns at the end of Q3. Due to the COVID-19 pandemic, priorities for staff shifted. HE had to postpone the webinar to promote the Infant Nutrition Benefits Guide.</p>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/>			

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)	Conducted 197 virtual charlas reaching 4,287 participants of which 56% (2,399/4,287) were CVH members
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	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	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 checked="" 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: 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.</p> <p>Year-End Update: The Promotores Health Network (PHN) program successfully pivoted from in-person community education charlas to zoom-based charlas in response to the COVID-19 pandemic and statewide stay at home orders. The PHN promotoras successfully conducted community education charlas on topics including: asthma, alzheimer's disease, blood pressure, cervical and breast cancer, diabetes, fitness and nutrition, parkinson's disease, and offered morning and evening Bailoterapia sessions 3-4 times a week. Additionally, the promotoras successfully collaborated with Madera Department of Public Health and Camarena Health clinics to create stencils on sidewalks and playground areas to encourage students at 2 elementary schools to play games and increase</p>			

	their physical activity minutes. We will continue to develop key partnerships in 2021 and further assess best on-line formats to help us increase CVH member engagement.
Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input checked="" type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>

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.</p> <p>Smoking tobacco contributes to diabetes mellitus, rheumatoid arthritis, and colorectal cancer besides heart and lung diseases per the Surgeon General.</p> <p>Tobacco control and prevention efforts have been successful, however, disparities persist.</p> <p>Approximately 18% of tobacco use among rural counties tends to be higher than in urban communities and access to resources are more limited.</p> <p>Vaping/E-cigarettes: 93% of vapers are aware of vaping-related illnesses and deaths; most vape to socialize and/or relax (reduce stress).</p> <p>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:	
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	Enrolled 134 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	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			
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input checked="" 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: A total of 134 members enrolled in a tobacco cessation program via the California Smoker's Helpline, falling short of year-end goals. Of these, 83% reside in Fresno County. Nearly 60% of enrollees were within 45-64 years of age, and another 37% within 25-44 years. An estimated 69% were female enrollees.</p>				

	<p>Whites (40%), Latinos (23%) and Blacks (19%) make up the top three ethnic groups. Media sources (TV, mailings, web/internet, etc.) were a popular avenue for promotion, responsible for 43% of enrollees. The health care environment (insurance/Medi-Cal, provider offices, etc.) assisted with 21% of referrals. Behavioral health and co-morbidities were also recorded among program participants. Nearly 49% of assessed members noted having anxiety, followed by depression (46%) and bipolar disorder (18%). An estimated 47% reported hypertension, and 16% had diabetes.</p> <p>In Q4, a signed SOW, BAA and MSA was obtained with CSH. Once approved through DHCS, this collaboration will allow CSH to participate in targeted outreach activities, helping increase member participation in smoking cessation services. Furthermore, this pilot will connect members with a Nicotine Replacement Therapy kit at no cost to them. Implementation is expected in 2021.</p> <p>As noted in the mid-year update, COVID-19 reduced the scope of planned activities. In response, we developed tobacco-based messaging using text messages and nanosites to help ease promotional activities. Unfortunately, implementation was placed on hold following DHCS text messaging guidance that we need to get member consent prior to texting them. A mailing was sent in its place to 484 members. Pharmacy data was used to identify adult members with history of nicotine dependence, with English or Spanish as the written language preference.</p> <p>Performance measures in 2021 will adjust to account for the continued pandemic challenges, incorporating new partnership activities with the California Smokers' Helpline and member outreach.</p>
Initiative Continuation Status <i>(populate at year-end)</i>	<p> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

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	Conducted 7 BCS/CCS virtual classes in partnership with Every Woman Counts with 102 participants. A total of 40 members were reached via telephonic outreach for BCS.
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	Postponed until further notice.
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 checked="" 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,</p>			

	<p>staff have been developing a new process to improve telephonic outreach requests. BCS/CCS telephonic script is awaiting DHCS approval.</p> <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: HE produced BCS and CCS health educational materials by the end of August 2020. New phone scripts will be sent to DHCS for approval in 2021. The BCS Disparity Project in Fresno County was paused due to COVID-19. Also, HE is evaluating our partnership with Every Woman Counts to conduct virtual BCS/CCS classes during this pandemic. The BCS/CCS text messages campaign was put on hold following DHCS text messaging guidance that we need to get member consent prior to texting them. Health plan's legal counsels are continuing discussion with DHCs regarding this guidance.</p>
Initiative Continuation Status <i>(populate at year-end)</i>	<p> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

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	Submitted work plan, Program Description, and 2 work plan evaluations
Update Health Education Department's Policies and Procedures	Update Policies and Procedures	Updated 5 Policies and 1 Program Description	Updated 5 Policies and Procedures	Updated 6 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	Completed semi-annual progress reports and 10 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	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	Provided reports to be presented at 4 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 checked="" 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: Health Education Department is compliant with all required reporting. No barriers encountered.			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/>			

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 checked="" 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	Developed 6 new materials and rebranded 19 in-house materials. Processed 32 Krames materials for approval. Processed 13 Provider Order Forms for 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	Adopted 4 behavioral health educational resources on Toxic Stress and ACEs. Developed distribution plan
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	Developed a total of 3 asthma resources and disseminated one asthma resource to 430 high risk members
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 checked="" 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 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.</p> <p>Year-End Update: In 2020, 19 in-house materials were updated and 6 were developed for CalViva Health (CVH) members and providers to use. CalViva Health post enrollment kit materials such as the IHA Flyer and the PSG were updated in English, Spanish and Hmong. 32 Krames materials were processed and added to the CVH materials library. In addition, 4 ACES materials from the DHCS endorsed ACES campaign were reviewed and approved for members and providers to use. The scanning project was postponed since the CVH materials didn't change in 2020.</p>			

	<p>Behavioral health materials were made available via Provider Update, Provider Trainings and distributed to ACEs Award Grantees and sent to providers through e-mail blasts</p> <p>HE disseminated an 8 page asthma booklet, Live Your Best Life with Asthma, to 430 high risk members. High risk members had one or more ER visits within the last 12 months and/or were non-adherent to their controller medication. All asthma resources were made available interdepartmentally to Pharmacy, Quality Improvement, Member Connections, Provider Engagement, Wellness Program etc. Departments were encouraged to share the educational resources electronically with other organizations and with members.</p>
Initiative Continuation Status <i>(populate at year-end)</i>	<p> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

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	Completed geomaps for 10 projects
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	Interactive GIS maps created and made available via ArcReader software
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 checked="" 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: Multiple interactive county profiles/planning maps were developed for each CalViva Health region. Maps allowed users to toggle on and off layers specific to HEDIS measures, contracted providers, public schools and various layers of geography (buffer zones, zip codes, census tracts, and counties). All are accessible through the GIS mapping request dashboard. ArcReader is the software platform used, with training materials uploaded to help navigate the maps. Throughout 2020, 10 mapping requests were processed, supporting various planning and outreach activities.</p> <p>As noted at mid-year, community-based activities were limited as a result of the COVID-19 pandemic, limiting data requests overall.</p>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input checked="" type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

Item #11

Attachment 11.C

2021 Health Education
Change Summary and
Program Description



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Hoa Su, MPH, Manager, Health Education
Angela J. Brice, Senior Director, Quality Improvement
Justina B. Felix, Health Educator

COMMITTEE DATE: May 20, 2021

SUBJECT: 2021 CalViva Health - Health Education Program Description Document Change Summary

Redline Page #	Section/Paragraph name	Description of change	New Page #
1-1	Overview	Added "Quality Improvement and annually" to description	1-1
2-1	Policy Statement and Purpose: HED Vision	Added HED's Vision	2-1
2-1	Policy Statement and Purpose: HED's Goals	Updated HED's Goals	2-1
3-1	Health Education Programs, Services and Resources	Change description to read "may also be" in reference to when classes are offered	3-1
3-2	Health Education Program, Services and Resources: Weight Management Programs	Removed FFFL Community Classes offering/description	3-2
3-2	Health Education Program, Services and Resources: Disease Management Programs	Updated Disease Management Program description and removed the mention of unlimited 24 hour access to a nurse	3-2
3-2	Health Education Program, Services and Resources: Healthy Hearts Healthy Lives	Removed "access to community classes" from HHHL description/offering	3-2
3-3	Health Education Program, Services and Resources: Digital Health Education	Deleted "myStrength description" from Digital Health Education description/offering	3-2
3-3	Health Education Program, Services and Resources: myStrength Program	Added "myStrength Program" as its own program under programs and services offered to members	3-2
3-3	Health Education Program, Services and Resources: Know Your Numbers Community Classes and Screening Events	Deleted "Know Your Numbers Community Classes and Screening Events" from programs offered to members	n/a

3-3	Health Education Program, Services and Resources: Health Education Classes	Updated Health Education Classes description to include “HED partners with community organizations” in reference to community classes	3-3
3-3	Health Education Program, Services and Resources: Community Health Fairs	Deleted “Community Health Fairs” from services offered to members	n/a
3-3	Health Education Program, Services and Resources: Health Education Resources	Added information regarding members accessing more than 4,000 topics relating to health and medication using Krames online at www.calvivahealth.org .	3-3
3-4	Health Education Program, Services and Resources: Educational Materials	Added “community partners” and deleted “health fairs” from Educational Materials description	3-4
3-5	Promotion of Health Education Programs, Services and Resources: Members Providers CalViva Health and HN Staff	Changed “Provider Relations to Provider Engagement” and added “Community Engagement” to list of internal departments	3-4 – 3-5
3-6	CalViva Health’s Health Education Standards and Guidelines	Changed “disease management program” to Diabetes Prevention Program Deleted “text message” from Print and Digital Media	3-6
4-2	Staff Resources and Accountability: Incorporating Health Education into Health Care Services Delivery	Added “Population Needs Assessment report to Quality Improvement description Removed “and with the CalViva Health staff to implement Public Policy Committee meetings” from C&L description	4-2
4-2	Staff Resources and Accountability: Incorporating Health Education into Health Care Services Delivery	Changed “Provider Relations” to “Provider Engagement	4-2
4-3	Staff Resources and Accountability: Incorporating Health Education into Health Care Services Delivery	Added “Community Engagement” description	4-3



CalViva Health
202~~10~~ Health Education
Program Description

Fresno-Kings-Madera Regional Health Authority Commission Approval

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

David Hodge, MD
Regional Health Authority Chairperson

Date

Patrick Marabella, MD, Chief Medical Officer

Date

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OVERVIEW

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

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

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

POLICY STATEMENT AND PURPOSE

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

HED's Vision: Empower and nurture the health of our communities

HED's Goals:

1. To provide free, ~~accessible~~, culturally and linguistically appropriate health education ~~and health equity~~ programs, ~~services~~ and resources to:
 - ~~Support~~ Aid members and the community to achieve optimal physical and mental good health-and-overall-wellbeing.
 - Promote health equity. ~~Positively impact CalViva Health's health-care quality performance rates.~~
 - Improve CalViva Health's quality performance.
 - Enhance ~~Positively impact~~ member satisfaction and retention.
2. To engage communities, stakeholders and partners by providing high quality health education programs and resources. ~~increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.~~

Purpose:

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

Confidentiality

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

PROCEDURES

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

Health Education Programs, Services and Resources (Interventions)

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

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

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

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

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

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

- Weight Management Programs –Members have access to a comprehensive Fit Families for Life-*Be In Charge!*sm suite of programs. The Fit Families for Life-Home Edition is a 5-week home-based program to help families learn and set weekly nutrition and physical activity goals to achieve a healthy weight. ~~Fit Families for Life-Community Classes, teaching basic nutrition and physical activity information, are offered at community centers and community based organizations located in areas where CalViva Health members reside. The Fit Families for Life-Community Classes are free to all CalViva Health members and the community.~~ CalViva Health members also have access to Healthy Habits for Healthy People weight management educational resource specifically for adults and seniors.
- Disease Management Program – ~~CalViva's disease management programs increase awareness of self-care strategies and empower participants to better manage their disease. CalViva Health Disease Management Programs may include, but not limited to:Members with~~ asthma, diabetes, and ~~chronic~~ heart failure. ~~This program includes a population-based identification process, interventions based on clinical need, patient self-mangement, disease education, and process and outcome measurement. Multi-disciplinary teams are involved in the development of these efforts. Referralls to diease management are multichannel and come through provider, Case Management and member self-referrals. are enrolled into Disease Management programs to help them control their condition. Members receive educational resources and have unlimited 24 hour access to a nurse to address their medical concerns. High-risk members also receive nurse initiated outbound calls to help members manage their conditions.~~
- Diabetes Prevention Program - Eligible members 18 years old and older with prediabetes can participate in a year long evidence-based, lifestyle change program that promotes and focuses on emphasizing weight loss through exercise, healthy eating and behavior modification. The program is designed to assist Medi-Cal members in preventing or delaying the onset of type 2 diabetes.
- CalViva Pregnancy Program – The pregnancy program incorporates the concepts of case management, care coordination, disease management and health promotion in an effort to teach pregnant members how to have a healthy pregnancy and first year of life for babies. The program also aims to reinforce the appropriate use of medical resources to extend the gestational period and reduce the risks of pregnancy complications, premature delivery, and infant disease. Members can participate by contacting Member Services at 1-888-893-1569.
- California Smokers' Helpline.--The California Smokers' Helpline (1-800-NO-BUTTS) is a free statewide quit smoking service. The Helpline offers self-help resources, referrals to local programs, and one-on-one telephone counseling to quit smoking. Helpline services are available in six languages (English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese), and specialized services are available to teens, pregnant women, and tobacco chewers. Members are offered a 90 day regimen of all FDA approved tobacco cessation medications with at least one medication available without prior authorization. CalViva Health will cover a minimum of two separate quit attempts per year with no mandatory break between quit attempts. CalViva Health also offers no cost individual, group and telephone counseling without prior authorization for members of any age regardless if they opt to use tobacco cessation medications.
- Nurse Advice Line – Members may speak to a nurse 24 hours a day, 7 days a week in the member's preferred language about any health related concerns.
- Healthy Hearts, Healthy Lives –Members have access to a heart health prevention toolkit (educational booklet and tracking journal) ~~and access to community classes~~ to learn how to maintain a healthy heart.

- Digital Health Education - Teens from 13 years old and adults may participate in electronic health education campaigns and programs available through T2X's website, text messaging and mobile app. T2X engages members in discussing health topics that are important to them. T2X interventions guide participants in learning how to access credible health education information and seek preventive health care services. ~~CalViva Health also offers myStrength, a personalized website and mobile application, to help members deal with depression, anxiety, stress, substance use, pain management, postpartum depression and more.~~
- myStrength Program - Members have access to an evidence-based, self-help resource that is available on-line or in a mobile app. It offers interactive, personalized modules that empower members to help manage their depression, anxiety, stress, substance use, chronic conditions, pain management and many other conditions.
- Health Promotion Incentive Programs - The HED partners with Quality Improvement Department to develop, implement and evaluate incentive programs to encourage members to receive health education and to access HEDIS related preventive health care services.
- ~~Know Your Numbers Community Class and Screening Events -- The HED conducts health screening on Body Mass Index (BMI), diabetes, hypertension and/or cholesterol to help participants understand their current health status. At the same event, participants are provided the appropriate preventive health education to help them adopt healthy behaviors and connect them to health care providers to control their health conditions. The HED partners with Quality Improvement Department to conduct diabetes, well care visit and mammogram screenings for eligible members.~~
- ~~Community Health Education Classes - Free classes are offered to members and the community. Classes are available in various languages. Topics vary by county and are determined by the community's needs.~~
- ~~Community Health Fairs -- HED participates in health fairs and community events to promote health awareness and promotion to members and the community. CalViva Health representatives provide screenings, presentations, and health education materials at these events.~~

The following educational resources are available to members:

- Health Education Resources: Members or the parents of youth members may order health education materials on a wide range of topics, such as asthma, healthy eating, diabetes, immunizations, prenatal care, exercise and more. These materials are available in threshold languages. Members may also access more than 4,000 topics relating to health and medication using Krames online at www.calvivahealth.org.
- Health Education Member Request Form -- Members complete a pre-stamped form to request free health education materials available through the department. The form also contains the toll-free Health Education Information Line.
- Health Education Programs and Services Flyer -- This flyer contains information on all health education programs and services offered to members and information on how to access services.
- Preventive Screening Guidelines -- The guidelines are provided to inform members of health screening and immunization schedules for all ages. These are available in English, Spanish and Hmong.
- Member Newsletter -- A newsletter is mailed to members once a year and covers various health topics and the most up-to-date information on health education programs and services.

CalViva Health follows MMCD Policy Letter 16-005 to develop, implement and evaluate appropriate incentive programs to promote positive health behaviors among members. CalViva Health follows guidance from DHCS Texting Program and Campaign Submission Form and Plan's Texting Policy to develop, administer and evaluate texting campaigns.

Population Needs Assessment

CalViva Health conducts a Population Needs Assessments (PNA) report and action plan annually. The purpose of the PNA is to determine the health education, cultural and linguistic, and quality improvement needs of CalViva Health Medi-Cal members.

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

Resource Needs Assessment

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

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

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

Educational Materials

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

Promotion of Health Education Programs, Services and Resources

A. Members

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

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

B. Providers

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

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

C. CalViva Health and Health Net Staff

The HED provides regular communications with Plan staff to keep them abreast of health education interventions and to foster collaborative efforts to improve health outcomes for members. The HED reaches out to the following departments: Service Coordination, Quality Improvement, Health Care Services, Cultural & Linguistic Services, Provider EngagementRelations, Member Services and Enrollment Services.

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

- Health Education Department intranet site
- Health Education Department email updates
- CalViva Health's website

- Presentation at individual department's staff meetings
- Member newsletter
- Interdepartmental workgroup meetings

D. Community Collaborations

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

CalViva Health's Health Education Standards and Guidelines

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

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

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

- Group Lecture and Individual Education: ~~Health education classes and individualized education~~ on topics with identified needs, such as: Diabetes, Asthma, Nutrition, Exercise, etc.
- Personal Coaching: Behavioral modification coaching through in-person, telephonic or mobile app. Examples include tobacco cessation program and disease management programs.
- Mass Print and Digital Medias: Direct member mailing on various health education topics, such as preventive health screening guidelines, diabetes, asthma, healthy pregnancy and weight management. Email and text message could also be used to increase member engagement.

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

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

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

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

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

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

Public Policy Committee (PPC)

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

The Public Policy Committee meets four times a year. Committee responsibilities include obtaining feedback and guidance in the delivery of culturally and linguistically appropriate health care services, establishing and maintaining community linkages. The Public Policy Committee will be provided an opportunity to give input on the PNA, review the PNA findings and get update on progress made towards PNA goals. The Committee includes CalViva Health members, member advocates (supporters), a Commissioner of CalViva Health's governing board, the Fresno-Kings-Madera Regional Health Authority (RHA) Commission, and health care providers.

STAFF RESOURCES AND ACCOUNTABILITY

1. CalViva Health Committees

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

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

B. QI/UM Committee

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

C. Public Policy Committee

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

2. CalViva Health Staff Roles and Responsibilities

A. Chief Medical Officer

CalViva Health's Chief Medical Officer's responsibilities include assuring that CalViva Health's programs are compatible and interface appropriately with the provider network and the overall scope of CalViva Health's QI program. A medical management team is under the direction of the Chief Medical Officer. The Medical Management team will monitor and evaluate the adequacy and appropriateness of health and administrative services on a continuous and systematic basis.

B. Chief Operating Officer

CalViva Health's Chief Operating Officer's responsibilities include assuring that Health Net is coordinating the requested health education services and needs in accordance with the Administrative Services Agreement with CalViva Health. The Chief Operating Officer meets the DHCS qualification and definition of a qualified health educator and maintains a Master Certified Health Education Specialist ("MCHES") certification awarded by the National Commission for Health Education Credentialing, Inc. An operations team is under the direction of the Chief Operating Officer.

C. Chief Compliance Officer

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

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

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

A. The HED Leadership Team

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

Incorporating Health Education into Health Care Services Delivery

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

- a) Quality Improvement (QI): HED provides technical and advisory support on health education-related QI interventions and works closely with QI and the Cultural and Linguistics Services Departments and CalViva Health staff to implement quality improvement projects.
- b) Cultural & Linguistic Services (C&L): HED coordinates with C&L to develop culturally and linguistically appropriate educational resources and programs, and produce the Population Needs Assessment report. HED also coordinates with the C&L department to conduct health disparity projects. ~~HED also coordinates with the CalViva Health staff to implement Public Policy Committee meetings throughout Fresno, Kings and Madera Counties.~~
- c) Member Services (MS): HED coordinates with the Member Services Department to promote available health education programs and resources. The HED also coordinates with Member Services to conduct third party oral translation of health education information directly to non-English/non-Spanish-speaking members and to make health education program referrals by members who access the MS phone line.
- d) Medical Management (MM): HED works closely with Medical Management to incorporate health education interventions into health improvement projects.
- e) Case Management (CM): HED coordinates with CM nurses to refer members to the HED for health education programs, services and materials. HED also works with CM to develop approved health education resources to meet members' health education needs
- f) Provider ~~Engagement~~Relations (PER): HED coordinates with PR staff to encourage providers to refer members to the HED for health education programs, services and materials. ~~PER~~ staff also help educate providers on the Staying Healthy Assessment and other DHCS provider training requirements.

- g) Service Coordination (CS): HED coordinates with SC staff to refer local health departments, school based clinics and county organizations to the HED for health education programs, services, and materials.
- h) Enrollment Services (ES): HED partners with ES to help CalViva Health's pregnant women understand the importance of baby well care visits, postpartum visits and the process for getting their newborn insured.
- i) Member Connections (MC): HED coordinates with MC staff to promote CalViva Health's health education programs and resources to members during their member outreach and home visits.

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

Strategies for Improving the Effectiveness of Health Education Programs and Services

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

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

PROGRAM EVALUATION

HED Internal Monitoring & Evaluation

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

- Health education materials are offered in an appropriate cultural, linguistic, and reading level. HED will follow the MMCD All Plan Letter 186-016 (Readability and Suitability of Written Health Education Materials) to develop, review and approve written health education materials. CalViva Health Chief Medical Officer's review and approval are needed for materials.
- Health education ~~classes and~~ programs are evaluated for effectiveness.
- A documentation system tracks member requests for health education interventions.
- A documentation system tracks provider requests for health education resources to be distributed to members.
- Requests for health education materials and services are evaluated on a monthly and annual basis.
- Mid-year and year-end work plan evaluation reports are prepared and reviewed.
- A PNA Report is developed annually.
- An evaluation report is submitted to CalViva Health for review and subsequent submission to DHCS annually for each active health education incentive program.
- DHCS Texting Program and Campaign Submission form is submitted prior to implementation and an evaluation report is completed.
- Informal provider assessment is conducted to obtain provider feedback on health education programs, services, and materials accessed through CalViva Health's HED as needed.

CalViva Health Monitoring & Evaluation

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

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

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

Item #11

Attachment 11.D

2021 Health Education
Work Plan



2021 Health Education Work Plan

Submitted by:

Patrick Marabella, MD, Chief Medical Officer
Amy Schneider, RN, BSN, Director Medical Management

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I. Purpose:

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

II. HED's Vision: Empower and nurture the health of our communities

III. HED's Goals and Objectives:

Goals:

1. To provide free culturally and linguistically appropriate health education programs and resources to:
 - support members and the community to achieve optimal physical and mental health,
 - promote health equity,
 - improve CVH's quality performance, and
 - enhance member satisfaction and retention.
2. To engage communities, stakeholders and partners by providing high quality health education programs and resources.

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 population 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:	H. Su
Goal of Initiative	To educate members in managing their asthma			
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Implement an Asthma in-home visitation program	Enroll 40 members into the Central California Asthma Collaborative in-home visitation program	New in 2021		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Complete mailing to promote Central California Asthma Collaborative (CCAC) program and partnership to targeted Medi-Cal members		March 2021	J. Felix; J. Landeros	
Conduct monthly vendor oversight meetings		Ongoing 2021	J. Felix	
Coordinate with Pharmacy to target members who need a controller medication and promote CCAC program		Ongoing 2021	J. Felix	
Provide list of high-risk members with asthma to CCAC on a monthly basis		Ongoing 2021	J. Felix	
Support Asthma Population Health Management by promoting interdepartmental asthma resources to high risk members		Ongoing	J. Felix	
Conduct asthma phone education outreach as needed		December 2021	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: 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"/>			

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	According to the Centers for Disease Control and Prevention (CDC) more than 84 million US adults—that's 1 in 3—have prediabetes (CDC Diabetes Fast Facts 2020). More than 30 million Americans have diabetes, which increases their risk of serious health problems. Health plans must comply with DHCS requirements in accordance to the APL 18-018; California state law requires the Department of Health Care Services (DHCS) to establish the Diabetes Prevention Program (DPP) as a Medi-Cal covered benefit. CVH HbA1C testing (Fresno, 83%) and Nephropathy care (87%) are below MPL for Fresno.				
Reporting Leader(s)	Primary:	M. Zuniga	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)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)	
Implement a Diabetes Prevention Program	Enroll 10 members per month after DHCS approval of DPP	Not launched pending DHCS approval			
	50% of participants will complete weekly lessons	Not launched pending DHCS approval			
Major Activities		Timeframe For Completion	Responsible Party(s)		
Confirm DHCS approval prior to implementation		March 2021	M. Zuniga		
Release Provider Update with Provider referral form		March 2021	M. Zuniga		
Submit CCC Knowledge Base for Member Services		March 2021	M. Zuniga		
Promote DPP on the CalViva health website		April 2021	M. Zuniga, J. Felix		
Conduct 1 staff training webinar to promote DPP		June 2021	M. Zuniga		
Set up monthly member eligibility data file transfer for DPP vendor		December 2021	M. Zuniga, D. Carrillo		
Refer Medi-Cal members diagnosed with type 2 diabetes participating in DPP program into disease management program		On going	M. Zuniga		
Conduct monthly vendor oversight meetings		December 2021	M. Zuniga		
Obtain monthly participant evaluation report from vendor to review program and member successes		December 2021	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: 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"/>				

3. Initiative/ Project:	Chronic Disease Education: Hypertension			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	Heart disease, stroke, and other vascular diseases claim over 800,000 lives in the United States each year and cost \$273 billion in annual health care costs and lost productivity from premature death in 2010 per CDC in 2012.			
Reporting Leader(s)	Primary:	M. Zuniga	Secondary:	D. Carrillo
Goal of Initiative				
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Educate members at risk for cardiovascular disease about healthy nutrition, physical activity and timely preventive health screenings	Enroll 50 members per quarter after DHCS approval of mailing	Conducted 1 diabetes health education intervention which reached 37% CVH members via telephonic education		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Identify members at risk for cardiovascular disease through claims and encounter data		July 2021	D. Carrillo	
Develop and get DHCS approval for the Healthy Hearts Healthy Lives cover letter		July 2021	M. Zuniga	
Mail Healthy Hearts Healthy Lives packet to identified members		July to December 2021	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: 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:	Community Engagement			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input type="checkbox"/> QUALITY PERFORMANCE <input type="checkbox"/> PNA			
Rationale	Increase community awareness of CalViva Health's programs and services to help members achieve optimal health and wellbeing			
Reporting Leader(s)	Primary:	T. Gonzalez, A. Corona, I. Rivera	Secondary:	I. Rivera
Goal of Initiative				
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Increase health plan member participation in Promotores Health Network education charlas	Reach a 65% member participation in education charlas	Conducted 75 charlas with 59% member reach rate (1175/1991)		
Engage community stakeholders to address social determinants of health priorities	Establish at least 1 partnership with a community partner to address social determinants of health	New for 2021		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Establish partnership with Department of Public Health to implement promote PHN charlas and community engagement		December 2021	A. Corona	
Identify a list of community stakeholders that address food insecurity, homelessness and ACEs		December 2021	T. Gonzalez	
Promote community partners' programs and services that support social determinants of health		December 2021	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: 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"/>			

5. Initiative/ Project:	Fluvention and COVID-19			
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	CalViva member flu vaccination rates continue to drop below the Healthy People 2020 rates of 70% for persons 6 months and older and 80% for pregnant women. Inform members of COVID-19 safety precautions and vaccines.			
Reporting Leader(s)	Primary:	A. Fathifard	Secondary:	H. Su
Goal of Initiative	To reduce flu among members 6 months and older, especially high risk populations. To educate members about COVID-19 prevention, testing and vaccination.			
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Increase Medi-Cal member knowledge about the importance and benefits of flu vaccines	Implement the Fluvention campaign to educate members on flu vaccination using 2 or more communication channels	Resource created for providers on motivational interviewing techniques and vaccine hesitancy		
Inform health care professionals on the latest flu information and best practices	Develop and distribute a provider update related to flu vaccination	Implemented and sent a flu Provider Update on October 30, 2020		
Increase member knowledge about COVID 19 prevention, testing and vaccination	Inform members on COVID-19 prevention, testing, and vaccination using 2 or more communication channels	New for 2021		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Evaluate and determine effectiveness of key Fluvention metrics pertaining to email campaign		June/August 2021	A. Fathifard	
Work with marketing to customize and approve Fluvention communications to members and providers		October 2021	A. Fathifard	
Promote and/or distribute flu promotion resources or toolkits to providers and their office staff		November 2021	A. Fathifard	
Leverage external resources: hospitals, schools, public health departments, CBOs and other relevant stakeholders to increase flu vaccination rates		Ongoing	A. Fathifard	
Lead COVID 19 member communication work group to develop and disseminate COVID 19 vaccine information		December 2021	A. Fathifard, H. Su	
Partner with data analytics (i.e. HEDIS team) to monitor Medi-Cal flu vaccination rates by county		December 2021	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	Include barriers to implementation and systemic/organizational barriers. Mid-Year Update: 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"/>			

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:	J. Felix	Secondary:	
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)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 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	Developed BCS event member satisfaction survey		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Coordinate with Cultural & Linguistics and Hmong community members to address BCS disparity		December 2021	J. Felix	
Develop 1 educational intervention to address priority areas for BCS project		December 2021	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: 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"/>			

7. Initiative/ Project:	Member Newsletter			
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:	M. Zuniga	Secondary:	H. Su
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)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Manage content for Medi-Cal Newsletter	Develop and distribute 1 CVH member newsletter	Developed and distributed one CalViva Health Newsletter to 163,377 member homes in June 2020		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Conduct interdepartmental meeting to decide 2021 newsletter topics		January 2021	M. Zuniga	
Submit 1 newsletter to C&L database		May 2021	M. Zuniga	
Explore options for expanded online newsletter		June 2021	M. Zuniga	
Update desktop procedure as needed		December 2021	M. Zuniga	
Develop and implement member newsletters according to the production schedule		December 2021	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: 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"/>			

8. 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 checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	In CA, an estimated two-thirds of adults with a mental illness and two-thirds of adolescents with major depressive episodes did not get treatment (per CA Healthcare Foundation). According to the 2019 National Health Interview Survey, 11.2% of Adults experienced regular feelings of worry, nervousness, or anxiety and 4.7% experienced regular feelings of depression. Data shows that 62% of California residents have experienced at least one ACE and 16% have experienced four or more ACEs, using 2011-2017 Behavioral Risk Factor Surveillance System (BRFSS) data from a random-digit-dialed telephone survey. (California Department of Public Health, Injury and Violence Prevention Branch (CDPH/IVPB), University of California, Davis, Violence Prevention Research Program, California Behavioral Risk Factor Surveillance System (BRFSS), 2011-2017).			
Reporting Leader(s)	Primary:		Secondary:	
	L. Wong			
Goal of Initiative	To support members with behavioral health resources and opioid education.			
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Promote member enrollment in myStrength	Increase member enrollment by 10% to 89 members	81 members enrolled		
Develop Adverse Childhood Experiences (ACEs) training resources for providers	Produce 6 provider communications informing them of ACEs, trauma-informed care, toxic stress and training opportunities	40 trainings conducted and 13 unique provider updates distributed		
Promote ACEs among members/providers	Increase ACEs screening to CVH members by 3% from 10,229 to 10,536	New for 2021		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Promote mental/behavioral health resources to members using member newsletter		June 2021	L. Wong	
Work with Population Health Management to build referral process to member		June 2021	L. Wong	
Collaborate with community partners to support ACEs trainings and initiatives		December 2021	L. Wong	
Explore additional promotional activities to promote myStrength/behavioral health resources		December 2021	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	Include barriers to implementation and systemic/organizational barriers. Mid-Year Update: 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"/>			

9. 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 checked="" 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: 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)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 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 510 members (98.6% flagged as high risk), 100% satisfaction from workbook survey and 94.4% satisfaction from direct incentive survey		
Increase Healthy Habits for Healthy People (HHHP) program enrollment	Enroll 350+ members	Enrolled 312 members		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Provider Update on weight management products		April 2021	D. Carrillo	
Introduce email-messaging outreach to introduce DPP and/or FFFL to overweight members		December 2021	D. Carrillo	
Update content and design of FFFL & HHHP program materials		December 2021	D. Carrillo, M. Lin	
Proactively identify and enroll members non-compliant in the weight assessment/counseling HEDIS measure into FFFL and HHHP		Quarterly, 2021	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	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: 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"/>			

10. 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, L. Wong
Goal of Initiative	Develop resources to inform and educate members about the significance of WCVs 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)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Promote pediatric education resources	Promote 2 educational well-child resources for inter-departmental utilization	Created 4 educational resources: Well-Child Visit Flyer, Pfizer VAKS promotion, Provider Vaccine Hesitancy Flyer, and CIS-10 POM script.		
Immunization Education	Explore at least one best practices to improve childhood immunization	Created 5 educational resources: Well-Child Visit Flyer, Pediatric Recommendation Presentation, Pfizer VAKS promotion, and Provider Vaccine Hesitancy		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Promote Pre-Teen Vaccination Week with providers		March 2021	A. Fathifard	
Develop Well-Child Visit Presentation for Community Events/Webinars		June 2021	A. Fathifard	
Provide PIP education support and assist in intervention design and implementation		December 2021	A. Fathifard, J. Felix	
Promote well-child flyer		December 2021	A. Fathifard	
Continue utilizing Pfizer VAKS program across PPG providers		December 2021	A. Fathifard	

Continue to utilizing Merck HPV resources	December 2021	A. Fathifard
Utilize vaccination materials from Children’s Hospital of Philadelphia and coordinate dissemination with California Immunization Coalition to highlight the importance of childhood and adolescent immunizations	December 2021	A.Fathifard
Initiative Status <i>(populate at year-end)</i>	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>	
Mid-Year and Year End Updates	Include barriers to implementation and systemic/organizational barriers. Mid-Year Update: Year-End Update:	
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"/>	

11. Initiative/ Project:	Perinatal Education			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" 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: G. Toland		Secondary: A. Campos, 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)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Promote pregnancy packets to members	Distribute 1,000+ pregnancy information packets to requesting CVH pregnant members	Distributed a total of 1,675 CVH Pregnant Program packets and 190 Newborn packets to members		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Promote the CVH Pregnancy Program among internal departments		December 2021	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	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: 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"/>			

12. Initiative/ Project:	Promotores Health Network (PHN)			
Priority Counties	<input type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	Women's health and chronic condition measures are held to a Minimum Performance Level (MPL) of 50 th Percentile.			
Reporting Leader(s)	Primary:	T. Gonzalez	Secondary:	A. Corona de Maciel
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)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Increase health plan member participation in PHN education charlas	Reach a 65% member participation in education charlas	Conducted 75 charlas with 59% member reach rate (1175/1991)		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Establish partnership with Department of Public Health to implement promote PHN charlas and community engagement		December 2021		
Collaborate with Camarena Health to refer members to PHN charlas		December 2021		
Continue collaboration with Madera Unified School District Parent Resource Centers to host diabetes classes and promote bailoterapia (fitness classes)		December 2021		
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: 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"/>			

13. Initiative/ Project:	Tobacco Cessation Program				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA				
Rationale	As the leading cause of preventable death, disease, and disability in the United States, cigarette smoking is responsible for more than 480,000 deaths every year. Exposure to secondhand smoke is estimated to cause 41,000 deaths among U.S. adults every year. Tobacco use tends to be higher in rural communities and is the highest among American Indian populations. Smokers live 10 years less than non-smokers, on average. In California, 11.2% of adults smoked (2018 estimates), and 5.4% of high school students smoked cigarettes on at least one day in the past month (2017 rate). In 2019, 17% of CVH Health Information Form respondents reported some form of tobacco use during the previous year.				
Reporting Leader(s)	Primary:	D. Carrillo		Secondary:	
Goal of Initiative	To improve members' health outcomes and reduce health care costs by decreasing the rate of tobacco users among CVH membership.				
Performance Measure(s)	Objective(s)		2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 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	Increase CVH member participation in smoking cessation programs by 5% to 140		Enrolled 134 CVH members		
Offer members tobacco cessation aids in partnership with California Smokers' Helpline	Enroll 10 members per month into the California Smokers' Helpline pilot project after DHCS approval of the program		New for 2021		
Major Activities			Timeframe For Completion	Responsible Party(s)	
Identify smokers using pharmacy data and claims billing codes (CDT and ICD-10 codes) for targeted outreach campaigns			Quarterly, 2021	D. Carrillo	
Finalize SOW, BAA and MSA with CA Smoker's Helpline with DHCS approval			June 2021	D. Carrillo	
Promote CSH tobacco cessation program to members via email and/or mail campaigns			July 2021	D. Carrillo	
Promote CSH in one Medi-Cal newsletter			December 2021	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	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: 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"/>				

14. Initiative/ Project:	Women's Health			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" 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 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 that 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. All CVH counties met the 50% Minimum Performance Level (MPL) 60.58% in 2020: Fresno County (63.50%), Madera County (70.07%) and Kings County (65.21%).</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 (55.26%) and Kings County (57.30%) that are below the MPL. Madera County (62.44%) is above the MPL.</p>			
Reporting Leader(s)	Primary:	G. Toland	Secondary:	
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)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Conduct Breast Cancer Screening/Cervical Cancer BCS/CCS classes	Coordinate with Every Women Counts a minimum of 3 BCS/CCS virtual classes. Reach 50 members	Conducted 7 BCS/CCS virtual classes in partnership with Every Woman Counts with 102 participants. A total of 40 members were reached via telephonic outreach for BCS		
Improve breast cancer screening rate	Develop and implement 1 educational intervention to improve breast cancer screening rate targeting Hmong members in Fresno County	Developed a DHCS approved member survey to assess member breast cancer screening practices		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Conduct BCS and CCS telephonic educational calls		August 2021	L. Mucarsel	
Work with Provider Engagement to promote and distribute BCS/CCS materials with providers		December 2021	G. Toland	
Coordinate with Cultural & Linguistics Hmong BCS Disparity Project in Fresno County		December 2021	G. Toland	
Partner with Every Woman Counts to conduct BCS/CCS virtual community education classes		December 2021	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	Include barriers to implementation and systemic/organizational barriers. Mid-Year Update: 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"/>			

15 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 checked="" 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 checked="" type="checkbox"/> PNA			
Rationale	Provide oversight to assure compliance to DHCS requirements.			
Reporting Leader(s)	Primary:	H. Su, J. Felix	Secondary:	G. Toland
Goal of Initiative	To meet regulatory and company compliance			
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 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, Program Description, and 2 work plan evaluations		
Update Health Education Department's Policies and Procedures	Update Policies and Procedures	Updated 6 Policies and Procedures		
Complete all incentive program reports to CalViva Health and DHCS	Complete semi-annual progress reports and annual DHCS incentive evaluation reports	Completed semi-annual progress reports and 10 annual DHCS incentive evaluation reports		
Develop and distribute a Provider Update on Staying Healthy Assessment (SHA)	Produce 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	Provided reports to be presented at 4 PPC meetings		
Produce a Population Needs Assessment (PNA) report for all CVH counties	Develop and share PNA report with action plan using the latest data	Produced 1 Population Needs Assessment report		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Update Department Program Description		March 2021	H. Su, J. Felix	
Work with C&L, QI, and other internal departments to gather data/information needed for PNA and review		May 2021	H. Su. G. Toland	
Provide PNA progress towards action plan objectives		June 2021	H. Su. G. Toland	
Complete and submit PNA to DHCS for DHCS review/approval		June 2021	H. Su. G. Toland	
Produce a high level/key findings power point of the PNA report		August 2021	H. Su. G. Toland	
Produce and distribute Provider Update on SHA		December 2021	M. Lin	
Update Health Education Department's Policies and Procedures		December 2021	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: Year-End Update			

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:	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 checked="" 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, M. Lin, M. Zuniga	Secondary:	A. Campos, J. Landeros
Goal of Initiative	To produce and update health education resources to meet member and provider needs.			
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 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	Developed 6 new materials and rebranded 19 in-house materials. Processed 32 Krames materials for approval. Processed 13 Provider Order Forms for materials		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Review, process, and track CVH materials review and approvals		December 2021	G. Toland, M. Lin	
Partner with Provider Engagement to promote health education materials		December 2021	G. Toland, 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: 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"/>			

17. Initiative/ Project:	Health Education Operations: 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)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
GIS-assisted HEDIS intervention activities and Health Education outreach	Develop geomaps for 5+ projects/outreach activities	Completed geomaps for 10 projects		
Enhance GIS operations	Explore feasibility of interactive GIS platform using secure intranet web browser	Created interactive maps via ArcReader software		
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 and Madera using HEDIS data		July 2021	D. Carrillo	
Explore intranet browser options for spatial views and interactive manipulations		December 2021	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	Include barriers to implementation and systemic/organizational barriers. Mid-Year Update: 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"/>			

Item #12

Attachment 12.A

Financials as of
March 31, 2021

Fresno-Kings-Madera Regional Health Authority dba CalViva Health		
Balance Sheet		
As of March 31, 2021		
		Total
1	ASSETS	
2	Current Assets	
3	Bank Accounts	
4	Cash & Cash Equivalents	137,039,918.83
5	Total Bank Accounts	\$ 137,039,918.83
6	Accounts Receivable	
7	Accounts Receivable	120,207,829.84
8	Total Accounts Receivable	\$ 120,207,829.84
9	Other Current Assets	
10	Interest Receivable	2,182.38
11	Investments - CDs	0.00
12	Prepaid Expenses	361,421.63
13	Security Deposit	0.00
14	Total Other Current Assets	\$ 363,604.01
15	Total Current Assets	\$ 257,611,352.68
16	Fixed Assets	
17	Buildings	6,505,802.00
18	Computers & Software	0.00
19	Land	3,161,419.10
20	Office Furniture & Equipment	103,792.27
21	Total Fixed Assets	\$ 9,771,013.37
22	Other Assets	
23	Investment -Restricted	300,625.98
24	Total Other Assets	\$ 300,625.98
25	TOTAL ASSETS	\$ 267,682,992.03
26	LIABILITIES AND EQUITY	
27	Liabilities	
28	Current Liabilities	
29	Accounts Payable	
30	Accounts Payable	49,162.16
31	Accrued Admin Service Fee	4,178,790.00
32	Capitation Payable	101,823,455.87
33	Claims Payable	17,360.62
34	Directed Payment Payable	3,963,005.01
35	Total Accounts Payable	\$ 110,031,773.66
36	Other Current Liabilities	
37	Accrued Expenses	1,402,500.00
38	Accrued Payroll	87,190.01
39	Accrued Vacation Pay	361,628.19
40	Amt Due to DHCS	0.00
41	IBNR	32,576.79
42	Loan Payable-Current	0.00
43	Premium Tax Payable	0.00
44	Premium Tax Payable to BOE	6,052,350.70
45	Premium Tax Payable to DHCS	37,406,250.00
46	Total Other Current Liabilities	\$ 45,342,495.69
47	Total Current Liabilities	\$ 155,374,269.35
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	\$ 155,374,269.35
53	Equity	
54	Retained Earnings	108,757,395.00
55	Net Income	3,551,327.71
56	Total Equity	\$ 112,308,722.71
57	TOTAL LIABILITIES AND EQUITY	\$ 267,682,992.06

Fresno-Kings-Madera Regional Health Authority dba CalViva Health				
Budget vs. Actuals: Income Statement				
July 2020 - March 2021 (FY 2021)				
			Total	
		Actual	Budget	Over/(Under) Budget
1	Income			
2	Investment Income	87,257.20	297,000.00	(209,742.80)
3	Premium/Capitation Income	988,995,215.48	917,749,089.00	71,246,126.48
4	Total Income	989,082,472.68	918,046,089.00	71,036,383.68
5	Cost of Medical Care			
6	Capitation - Medical Costs	827,755,753.96	756,380,430.00	71,375,323.96
7	Medical Claim Costs	607,571.88	765,000.00	(157,428.12)
8	Total Cost of Medical Care	828,363,325.84	757,145,430.00	71,217,895.84
9	Gross Margin	160,719,146.84	160,900,659.00	(181,512.16)
10	Expenses			
11	Admin Service Agreement Fees	36,914,768.00	36,035,991.00	878,777.00
12	Bank Charges	998.77	4,950.00	(3,951.23)
13	Computer/IT Services	118,591.92	130,872.00	(12,280.08)
14	Consulting Fees	0.00	78,750.00	(78,750.00)
15	Depreciation Expense	214,634.16	229,500.00	(14,865.84)
16	Dues & Subscriptions	122,249.75	135,144.00	(12,894.25)
17	Grants	3,337,500.00	3,340,904.00	(3,404.00)
18	Insurance	132,611.89	135,810.00	(3,198.11)
19	Labor	2,633,609.78	2,654,644.00	(21,034.22)
20	Legal & Professional Fees	88,262.00	143,100.00	(54,838.00)
21	License Expense	563,376.44	641,565.00	(78,188.56)
22	Marketing	1,016,543.42	1,195,000.00	(178,456.58)
23	Meals and Entertainment	12,966.42	16,700.00	(3,733.58)
24	Office Expenses	41,108.92	63,000.00	(21,891.08)
25	Parking	0.00	1,125.00	(1,125.00)
26	Postage & Delivery	1,548.73	2,520.00	(971.27)
27	Printing & Reproduction	1,949.93	3,600.00	(1,650.07)
28	Recruitment Expense	2,487.42	27,000.00	(24,512.58)
29	Rent	0.00	9,000.00	(9,000.00)
30	Seminars and Training	1,300.03	18,000.00	(16,699.97)
31	Supplies	5,750.39	8,100.00	(2,349.61)
32	Taxes	112,311,279.56	112,218,750.00	92,529.56
33	Telephone	25,627.59	26,100.00	(472.41)
34	Travel	209.97	23,000.00	(22,790.03)
35	Total Expenses	157,547,375.09	157,143,125.00	404,250.09
36	Net Operating Income/ (Loss)	3,171,771.75	3,757,534.00	(585,762.25)
37	Other Income			
38	Other Income	379,555.96	360,000.00	19,555.96
39	Total Other Income	379,555.96	360,000.00	19,555.96
40	Net Other Income	379,555.96	360,000.00	19,555.96
41	Net Income/ (Loss)	3,551,327.71	4,117,534.00	(566,206.29)

Fresno-Kings-Madera Regional Health Authority dba CalViva Health			
Income Statement: Current Year vs Prior Year			
FY 2021 vs FY 2020			
		Total	
		July 2020 - March 2021 (FY 2021)	July 2019 - March 2020 (FY 2020)
1	Income		
2	Investment Income	87,257.20	102,939.00
3	Premium/Capitation Income	988,995,215.48	895,505,070.76
4	Total Income	989,082,472.68	895,608,009.76
5	Cost of Medical Care		
6	Capitation - Medical Costs	827,755,753.96	783,136,012.23
7	Medical Claim Costs	607,571.88	2,269,020.06
8	Total Cost of Medical Care	828,363,325.84	785,405,032.29
9	Gross Margin	160,719,146.84	110,202,977.47
10	Expenses		
11	Admin Service Agreement Fees	36,914,768.00	35,035,385.00
12	Bank Charges	998.77	5.00
13	Computer/IT Services	118,591.92	89,057.64
14	Consulting Fees	0.00	1,575.00
15	Depreciation Expense	214,634.16	217,387.88
16	Dues & Subscriptions	122,249.75	122,803.24
17	Grants	3,337,500.00	1,160,812.43
18	Insurance	132,611.89	135,557.49
19	Labor	2,633,609.78	2,375,993.34
20	Legal & Professional Fees	88,262.00	76,010.52
21	License Expense	563,376.44	572,330.19
22	Marketing	1,016,543.42	816,128.92
23	Meals and Entertainment	12,966.42	15,139.11
24	Office Expenses	41,108.92	43,003.47
25	Parking	0.00	1,162.53
26	Postage & Delivery	1,548.73	2,341.63
27	Printing & Reproduction	1,949.93	2,458.65
28	Recruitment Expense	2,487.42	2,049.57
29	Rent	0.00	2,700.00
30	Seminars and Training	1,300.03	6,043.04
31	Supplies	5,750.39	8,258.78
32	Taxes	112,311,279.56	33,248,741.78
33	Telephone	25,627.59	25,862.70
34	Travel	209.97	17,332.47
35	Total Expenses	157,547,375.09	73,978,140.38
36	Net Operating Income/ (Loss)	3,171,771.75	36,224,837.09
37	Other Income		
38	Other Income	379,555.96	483,940.09
39	Total Other Income	379,555.96	483,940.09
40	Net Other Income	379,555.96	483,940.09
41	Net Income/ (Loss)	3,551,327.71	36,708,777.18

Item #12

Attachment 12.B

FY 2022 Proposed Budget

Basic assumptions used in FY 2022 budget projections

1. Initially, FY 2022 enrollment projected to increase slightly from current figure (378,828 as of Feb 2021) through December 2021 as the Public Health Emergency ("PHE") is projected to continue through the end of calendar year 2021, which is relatively consistent with California State Budget projections for State fiscal year 2021-2022. Furthermore, as the PHE ends, enrollment projected to decline through second half of FY 2022 due to:
 - Individuals moving into employer sponsored medical coverage and out of Medi-Cal.
 - The freeze on Medi-Cal disenrollment would end in conjunction with PHE ending, resulting in steady decline in enrollment (12 month disenrollment process per DHCS).
2. Revenues projected based on enrollment breakdown by aid code and County, using current aid code specific rates as a benchmark for each County known at time of budget preparation.
 - Increase in revenues primarily due to:
 - Increase in Managed Care Organization ("MCO Tax") from FY 2021 to FY 2022 and increase in rates to account for new programs moving into Medi-Cal managed care, effective 1/01/2022, such as major organ transplants and enhanced care management.
 - Increase in enrollment in FY 2022 (average enrollment of 378,817) in comparison to FY 2021 (average enrollment of 364,000).
3. Investment income projected to decrease because of declining yields from short-term investment accounts and Wells Fargo discontinuance of daily investment sweep account.
4. Supplemental revenue from DHCS such as Maternity KICK, Hep C, Behavioral Health Treatment ("BHT"), and Ground Emergency Medical Transportation ("GEMT") payments projected based on current historical monthly average with an increase to account for projected enrollment increase.
5. Medical Cost projected as Gross Medi-Cal Revenue less taxes, \$11 per-member, per-month ("pmpm") Administrative Services fee, and retention rate retained by CalViva.
6. Administrative Services fee projected at \$11 pmpm based on enrollment.
7. We are projecting FY 2022 staffing at 18 full-time employees. Salary, Wages, and Benefits based on current staffing and rates. Projected wage increases of up to 5% based on employee performance at anniversary date, 8% increase in health insurance premiums based on August renewal, current deferral rate and employer contribution/match into 457 retirement program. Also, increase in Salary, Wages, and

Benefits due to accounting for PTO payout and employment arrangements for retiring executives.

8. Knox-Keene DMHC License Expense is to be based on last year's per member rate as an initial benchmark plus a forecasted rate increase and March 2021 enrollment for DMHC annual assessment fee to CalViva.
9. Increase in Consulting expense due to DHCS California Advancing and Innovating Medi-Cal ("CalAIM") initiative, which is projected to require all Medi-Cal managed care plans to be accredited by The National Committee for Quality Assurance ("NCQA") by 2026.
10. Marketing Expense incurred directly by the Plan is projected based on marketing plan for the fiscal year. Marketing expense is consistent with prior year.
11. Community Support/Grants based on continuation of providing grants to community to help address the economic effects of COVID-19, allocation of funds to help address decline in market share, college scholarships, in addition to continuing with the physician recruitment and HEDIS incentive grants.
12. Depreciation expense based on current fixed assets useful life. Includes depreciation expense for any improvements to building during fiscal year 2022.
13. Increase in MCO Tax by approximately \$16.6M based on Centers for Medicare & Medicaid Services ("CMS") approved tax structure, approved by CMS on 4/3/2020. MCO tax is structured with escalating MCO tax obligation each State fiscal year.

Projecting MCO Tax loss beginning July 2021 - December 2021 as the enrollment projections from DHCS (i.e. 391,600) appear to be higher than what CalViva is projecting (i.e. 381,000) during time period of July 2021 – December 2021. Furthermore, projecting budget neutral MCO tax revenue and expense from January 2022 - June 2022 as we are uncertain if DHCS will increase MCO tax per-member, per-month revenue rate to make up for difference between DHCS expected membership vs CalViva Health actual membership during first six months of FY 2022.

Note: New MCO tax revenue rate covering time period of January 2022 – June 2022 projected to be provided to Plans in December 2021.

14. Expenses projected based on either specific identifiable projections for major categories or approximate current run rate for minor expense categories:
 - Computer Support
 - Dues and Subscriptions
 - Legal & Professional
 - Insurance
 - Office

[illegible]

	Fresno Kings Madera Regional Health Authority dba CalViva Health														
	Combined Fresno -Kings - Madera Counties				Pharmacy Carveout Effective 1/1/2022										
	FY 2022 Budget Projections by Month														
		2021	2021	2021	2021	2021	2021	2021	2022	2022	2022	2022	2022	2022	FY 2022
		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Budget Total	
1	Enrollment	380,000	380,500	381,000	381,500	381,900	382,400	381,100	379,400	377,500	375,500	373,500	371,500	4,545,800	
2	Total Enrollment	380,000	380,500	381,000	381,500	381,900	382,400	381,100	379,400	377,500	375,500	373,500	371,500	4,545,800	
	Revenue														
3	Current Mix	106,178,902	106,301,592	106,425,946	106,550,300	106,649,783	106,774,137	88,393,070	88,053,985	87,675,008	87,276,085	86,877,161	86,478,238	1,163,634,208	
4	Supplemental Revenue (Maternity, BHT, etc...)	7,300,000	7,300,000	7,300,000	7,300,000	7,300,000	7,300,000	7,100,000	7,100,000	7,100,000	7,100,000	7,100,000	7,100,000	86,400,000	
5	Medical Revenue	113,478,902	113,601,592	113,725,946	113,850,300	113,949,783	114,074,137	95,493,070	95,153,985	94,775,008	94,376,085	93,977,161	93,578,238	1,250,034,208	
6	Investment Income	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	96,000	
7	Total Revenues	113,486,902	113,609,592	113,733,946	113,858,300	113,957,783	114,082,137	95,501,070	95,161,985	94,783,008	94,384,085	93,985,161	93,586,238	1,250,130,208	
8	Medical Cost Expense	94,278,093	94,393,443	94,510,432	94,627,420	94,721,011	94,838,000	76,181,178	75,865,880	75,513,487	75,142,548	74,771,608	74,400,669	1,019,243,770	
9	Total Medical Cost Expense	94,278,093	94,393,443	94,510,432	94,627,420	94,721,011	94,838,000	76,181,178	75,865,880	75,513,487	75,142,548	74,771,608	74,400,669	1,019,243,770	
10	Gross Margin	19,208,808	19,216,149	19,223,514	19,230,879	19,236,772	19,244,137	19,319,892	19,296,106	19,269,521	19,241,537	19,213,553	19,185,569	230,886,438	
	Expenses														
11	Administrative Services Fee	4,180,000	4,185,500	4,191,000	4,196,500	4,200,900	4,206,400	4,192,100	4,173,400	4,152,500	4,130,500	4,108,500	4,086,500	50,003,800	
12	Salary,Wages & Benefits	307,698	304,865	366,326	298,326	298,326	358,326	550,790	275,086	323,086	269,999	269,999	317,999	3,940,828	
13	Bank Charges	600	600	600	600	600	600	600	600	600	600	600	600	7,200	
14	Consulting	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	300,000	
15	Computer and IT Expenses	15,833	15,833	15,833	15,833	15,833	15,833	15,833	15,833	15,833	15,833	15,833	15,833	190,000	
16	Depreciation Expense	25,500	25,500	25,500	25,500	25,500	25,500	25,500	25,500	25,500	25,500	25,500	25,500	306,000	
17	Dues & Subscriptions	15,016	15,016	15,016	15,016	15,016	15,016	15,016	15,016	15,016	15,016	15,016	15,016	180,192	
18	Grants/Community Support	302,083	302,083	302,083	302,083	302,083	302,083	302,083	302,083	302,083	302,083	302,083	302,083	3,625,000	
19	Insurance Expense	14,270	14,270	14,270	15,833	15,833	15,833	15,833	15,833	15,833	15,833	15,833	15,833	185,310	
20	Legal & Professional	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	190,800	
21	License Expense	71,305	71,305	71,305	71,305	71,305	71,305	71,305	71,305	71,305	71,305	71,305	71,305	855,665	
22	Marketing Expense	120,000	120,000	148,750	148,750	148,750	148,750	145,000	125,000	125,000	100,000	90,000	80,000	1,500,000	
23	Meals	1,000	1,200	4,200	2,500	1,650	3,500	1,650	1,650	1,200	1,200	1,200	1,200	22,150	
24	Office Expense	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	84,000	
25	Parking	125	125	125	125	125	125	125	125	125	125	125	125	1,500	
26	Postage & Delivery	280	280	280	280	280	280	280	280	280	280	280	280	3,360	
27	Printing & Reproduction	400	400	400	400	400	400	400	400	400	400	400	400	4,800	
28	Recruitment	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	36,000	
29	Rent	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	12,000	
30	Seminars & Training	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	24,000	
31	Supplies	900	900	900	900	900	900	900	900	900	900	900	900	10,800	
32	Telephone/Internet	2,990	2,990	2,990	2,990	2,990	2,990	2,990	2,990	2,990	2,990	2,990	2,990	35,880	
33	Travel	1,500	1,500	1,500	3,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	20,000	
34	Total Expenses	5,113,401	5,116,268	5,214,979	5,154,343	5,155,893	5,223,243	5,395,806	5,081,403	5,108,053	5,007,966	4,975,966	4,991,966	61,539,285	
35	Income before Taxes	14,095,407	14,099,881	14,008,535	14,076,537	14,080,879	14,020,894	13,924,086	14,214,703	14,161,468	14,233,571	14,237,587	14,193,604	169,347,153	
36	Taxes-MCO	13,854,167	13,854,167	13,854,167	13,854,167	13,854,167	13,854,167	13,854,167	13,854,167	13,854,167	13,854,167	13,854,167	13,854,167	166,250,000	
37	Operating Income (Loss)	241,241	245,714	154,368	222,370	226,713	166,728	69,919	360,536	307,302	379,405	383,421	339,437	3,097,153	
38	Other Income	43,333	43,333	43,333	43,333	43,333	43,333	43,333	43,333	43,333	43,333	43,333	43,333	520,000	
39	Net Income (Loss)	284,574	289,047	197,702	265,704	270,046	210,061	113,253	403,870	350,635	422,738	426,754	382,770	3,617,153	
40	Capital Expenditures													400,000	

Item #12

Attachment 12.C

Compliance Report

RHA Commission Compliance – Regulatory Report



Regulatory Filings	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2021 YTD Total
# of DHCS Filings													
Administrative/Operational	16	12	13	12	5								58
Member & Provider Materials	5	2	2	2	2								13
# of DMHC Filings	9	4	8	6	6								33

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	2021 YTD Total
# of New MC609 Cases Submitted to DHCS	0	0	0	0	0								0
# of Cases Open for Investigation (Active Number)	13	14	13	13	13								

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

Since the last report, there have not been any new MC609 cases filed. 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	
CalViva Health Oversight Activities	<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. 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>
Oversight Audits	<p>The following annual audits are in-progress: Credentialing, Emergency Services, Claims & PDR Audit, and the Call Center audit.</p> <p>Since the last meeting, the following audits have been completed: Access & Availability (CAP), Utilization Management & Case Management (CAP in progress)</p>
Regulatory Reviews/Audits and CAPS	Status
Department of Health Care Services (“DHCS”) Annual Network Certification	<p>On November 25, 2020, the DHCS issued the Plan a CAP for failure to meet the 2020 Network Certification Requirements as it related to time and distance standards and on 2/16/21 DHCS sent the Plan an Alternative Access Standards (AAS) validation request. The Plan submitted the required ANC CAP information and the requested AAS data. DHCS Closed the CAP and approved our AAS requests on 3/11/21.</p> <p>The Plan is now in the 2021 ANC submission cycle and submitted the ANC materials on 4/30/2021.</p>
2021 DMHC 18-Month Follow-Up Audit	The DMHC follow-up audit interviews were held 3/30/21. The Plan is awaiting the DMHC final report findings.
DMHC Enforcement Matter Number: 19-628	A Plan subcontractor (MHN) erroneously denied a claim from an in-network provider due to an error by a claims processor. As a result of the non-payment, the in-network provider abruptly stopped providing services to the member. DMHC determined the Plan failed to properly adjudicate a provider claim, in violation of California Code of Regulations, title 28, section 1300.71, subdivision (d)(1). The Department has determined that a Corrective Action Plan (CAP) and an administrative penalty of \$3,000 are warranted. The Plan executed an April 2, 2021 Letter of Agreement (LOA) with DMHC accepting the penalty and submitting a CAP. The LOA is now posted on the DMHC website.
New Regulations / Contractual Requirements	
Medi-Cal Rx Transition	DHCS has not yet issued a new implementation date.

RHA Commission Compliance – Regulatory Report

California Advancing and Innovating Medi-Cal (CalAIM)	<p>CalViva Health continues to participate in DHCS calls, association calls and working with Health Net to implement the following key initiatives:</p> <ul style="list-style-type: none">• Major organ transplant carve-in – effective 1/1/22 for all CalViva counties and membership• Enhanced Care Management (ECM) and In lieu of Services (ILOS) will be implemented for Kings County 1/1/22 and Fresno & Madera Counties 7/1/22 <p>Major activities during 2021 include provider contracting, developing a transition plan and Model of Care, preparing regulatory filings, preparing member and provider materials, and update/create policies & procedures.</p>
Plan Administration	
COVID-19 Novel Coronavirus	<p>The Plan continues to submit required reports to DMHC and DHCS. Due to easing of state and federal restrictions related to the public health emergency, we are reopening the Palm office to members and public walk-in visitors on June 15, 2021. Our administrator Health Net has indicated they will still continue to carry out operations on a remote basis until at least September 2021.</p>
Committee Report	
Public Policy Committee	<p>The next meeting will be held on June 9, 2021 and is tentatively scheduled to be held in Kings County depending on the COVID-19 situation and associated public health recommendations.</p>



TO: RHA Commission

FROM: Mary Beth Corrado

DATE: May 20, 2021

SUBJECT: Oversight Audits of Health Net Community Solutions – 2020 Executive Summary

SUMMARY

In 2020, CalViva Health completed several Oversight Audits involving activities delegated to Health Net Community Solutions (Health Net) and their subcontractors. CalViva Health employs both “desk review” and “on-site” audit methods. These audits were comprised of interviews with key personnel at Health Net and subcontractors as needed, case file audits and desk reviews of evidence and documentation submitted to meet the required audit elements. Due to the COVID-19 declaration of emergency, no on-site audits were conducted in 2020. Documentation reviewed included but is not limited to:

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

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

PURPOSE OF ACTIVITY

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

RESULTS & ANALYSIS

The following table summarizes the 2020 Oversight Audit results by functional area.

Function	Period Audited	CAP	CAP Issue(s)
Appeals & Grievances	Jan 2018 to Dec 2018	Completed 6/2/20 CAP	No proof that Statement of Position letters were mailed to member in State Fair Hearing cases. Acknowledgement letter not timely in one A&G case for 97% compliance.
Annual Claims & PDRs	Jan 2019 to Dec 2019	Completed 9/11/20 CAP	Of the PDR and claim cases sampled, a small percentage were not acknowledged within 15 working days, and some were not resolved within 45 working days. Also, some claims were not paid correctly.
Marketing	Jan 2018 to Dec 2018	Completed 7/13/20 CAP	Member information was not provided within 7 calendar days of a member's enrollment; P&Ps did not document the requirement of ensuring a 6 th grade reading level for member materials.
Privacy & Security	Jan 2019 to Dec 2019	Completed 7/14/20 No CAP	
Provider Network	Jan 2018 to Dec 2018	Completed 5/19/20 No CAP	
Provider Disputes (Quarterly)	Q1 2020	Completed 11/2/20 CAP	Some PDR cases were not resolved within 45 working days requirement.

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

ACTIONS TAKEN

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

NEXT STEPS

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

Item #12

Attachment 12.D

Appeals & Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2021

Current as of End of the Month: March
Revised Date: 04/28/2021

CalViva - 2021																			2020 YTD	2020 YTD
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4				
Expedited Grievances Received	8	15	14	37	0	0	0	0	0	0	0	0	0	0	0	0			37	110
Standard Grievances Received	91	102	130	323	0	0	0	0	0	0	0	0	0	0	0	0			323	997
Total Grievances Received	99	117	144	360	0	0	0	0	0	0	0	0	0	0	0	0			360	1107
Grievance Ack Letters Sent Noncompliant	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0			2	3
Grievance Ack Letter Compliance Rate	100.0%	98.0%	100.0%	99.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			99.38%	99.7%
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	8	14	14	36	0	0	0	0	0	0	0	0	0	0	0	0			36	111
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			100.00%	100.0%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0
Standard Grievances Resolved Compliant	68	88	122	278	0	0	0	0	0	0	0	0	0	0	0	0			278	1033
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			100.00%	100.0%
Total Grievances Resolved	76	102	136	314	0	0	0	0	0	0	0	0	0	0	0	0			314	1144
Grievance Descriptions - Resolved Cases																				
Quality of Service Grievances	56	79	106	241	0	0	0	0	0	0	0	0	0	0	0	0			241	878
Access - Other - DMHC	6	17	21	44	0	0	0	0	0	0	0	0	0	0	0	0			44	63
Access - PCP - DHCS	3	12	9	24	0	0	0	0	0	0	0	0	0	0	0	0			24	107
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	7	3	9	19	0	0	0	0	0	0	0	0	0	0	0	0			19	48
Administrative	8	13	19	40	0	0	0	0	0	0	0	0	0	0	0	0			40	191
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	3
Interpersonal	4	11	8	23	0	0	0	0	0	0	0	0	0	0	0	0			23	82
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0
Other	2	6	7	15	0	0	0	0	0	0	0	0	0	0	0	0			15	80
Pharmacy	1	2	3	6	0	0	0	0	0	0	0	0	0	0	0	0			6	51
Transportation - Access	13	5	16	34	0	0	0	0	0	0	0	0	0	0	0	0			34	116
Transportation - Behaviour	11	10	13	34	0	0	0	0	0	0	0	0	0	0	0	0			34	100
Transportation - Other	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0			2	37
Quality Of Care Grievances	20	23	30	73	0	0	0	0	0	0	0	0	0	0	0	0			73	266
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	4
Access - PCP - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	6
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	1	2	1	4	0	0	0	0	0	0	0	0	0	0	0	0			4	2
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0
Other	5	6	8	19	0	0	0	0	0	0	0	0	0	0	0	0			19	56
PCP Care	5	5	7	17	0	0	0	0	0	0	0	0	0	0	0	0			17	95
PCP Delay	4	7	9	20	0	0	0	0	0	0	0	0	0	0	0	0			20	42
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0
Specialist Care	3	2	4	9	0	0	0	0	0	0	0	0	0	0	0	0			9	46
Specialist Delay	2	1	1	4	0	0	0	0	0	0	0	0	0	0	0	0			4	15
Exempt Grievances Received	229	255	325	809	0	0	0	0	0	0	0	0	0	0	0	0			809	2877
Access - Avail of Appt w/ PCP	3	3	3	9	0	0	0	0	0	0	0	0	0	0	0	0			9	93
Access - Avail of Appt w/ Specialist	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0			1	2
Access - Avail of Appt w/ Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0
Access - Wait Time - wait too long on telephone	4	0	6	10	0	0	0	0	0	0	0	0	0	0	0	0			10	35
Access - Wait Time - in office for appt	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0			1	17
Access - Panel Disruption	5	11	9	25	0	0	0	0	0	0	0	0	0	0	0	0			25	57
Access - Shortage of Providers	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0			1	1
Access - Geographic/Distance Access Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0
Access - Geographic/Distance Access PCP	1	1	1	3	0	0	0	0	0	0	0	0	0	0	0	0			3	10
Access - Geographic/Distance Access Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	1
Access - Interpreter Service Requested	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0
Benefit Issue - Specific Benefit needs authorization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0
Benefit Issue - Specific Benefit not covered	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0			2	0
Attitude/Service - Health Plan Staff	2	3	1	6	0	0	0	0	0	0	0	0	0	0	0	0			6	17
Attitude/Service - Provider	27	27	34	88	0	0	0	0	0	0	0	0	0	0	0	0			88	285
Attitude/Service - Office Staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	12
Attitude/Service - Vendor	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0			3	11
Attitude/Service - Health Plan	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0			1	11
Authorization - Authorization Related	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0			1	25
Eligibility Issue - Member not eligible per Health Plan	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0			2	6
Eligibility Issue - Member not eligible per Provider	4	2	5	11	0	0	0	0	0	0	0	0	0	0	0	0			11	37
Health Plan Materials - ID Cards-Not Received	28	56	46	130	0	0	0	0	0	0	0	0	0	0	0	0			130	235
Health Plan Materials - ID Cards-Incorrect Information on Card	0	0	3	3	0	0	0	0	0	0	0	0	0	0	0	0			3	7
Health Plan Materials - Other	0	1	2	3	0	0	0	0	0	0	0	0	0	0	0	0			3	3
PCP Assignment/Transfer - Health Plan Assignment - Change Request	93	99	138	330	0	0	0	0	0	0	0	0	0	0	0	0			330	1162
PCP Assignment/Transfer - HCO Assignment - Change Request	11	20	22	53	0	0	0	0	0	0	0	0	0	0	0	0			53	156
PCP Assignment/Transfer - PCP effective date	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0
PCP Assignment/Transfer - PCP Transfer not Processed	3	1	4	8	0	0	0	0	0	0	0	0	0	0	0	0			8	19
PCP Assignment/Transfer - Rollout of PPG	4	3	5	12	0	0	0	0	0	0	0	0	0	0	0	0			12	45

CalViva Health Appeals and Grievances Dashboard 2021

[illegible]

CalViva Health Appeals and Grievances Dashboard 2021

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	8	6	9	23	0	0	0	0	0	0	0	0	0	0	0	0	23	115
Standard Appeals Received	45	68	90	203	0	0	0	0	0	0	0	0	0	0	0	0	203	918
Total Appeals Received	53	74	99	226	0	0	0	0	0	0	0	0	0	0	0	0	226	1033
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.00%	99.7%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Expedited Appeals Resolved Compliant	7	8	8	23	0	0	0	0	0	0	0	0	0	0	0	0	23	114
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.00%	99.1%
Standard Appeals Resolved Noncompliant	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Standard Appeals Resolved Compliant	51	45	76	172	0	0	0	0	0	0	0	0	0	0	0	0	172	916
Standard Appeals Compliance Rate	98.0%	100.0%	100.0%	99.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	99.42%	100.0%
Total Appeals Resolved	59	53	84	196	0	0	0	0	0	0	0	0	0	0	0	0	196	1031
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	59	53	84	196	0	0	0	0	0	0	0	0	0	0	0	0	196	1029
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	1	4	5	0	0	0	0	0	0	0	0	0	0	0	0	5	17
DME	4	4	6	14	0	0	0	0	0	0	0	0	0	0	0	0	14	47
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Advanced Imaging	22	18	34	74	0	0	0	0	0	0	0	0	0	0	0	0	74	488
Other	7	5	3	15	0	0	0	0	0	0	0	0	0	0	0	0	15	67
Pharmacy	20	24	33	77	0	0	0	0	0	0	0	0	0	0	0	0	77	362
Surgery	5	1	4	10	0	0	0	0	0	0	0	0	0	0	0	0	10	46
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	2
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	35	33	47	115	0	0	0	0	0	0	0	0	0	0	0	0	115	577
Uphold Rate	59.3%	62.3%	56.0%	58.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	58.7%	56.0%
Overturns - Full	22	17	35	74	0	0	0	0	0	0	0	0	0	0	0	0	74	432
Overturn Rate - Full	37.3%	32.1%	41.7%	37.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	37.8%	41.9%
Overturns - Partial	1	2	2	5	0	0	0	0	0	0	0	0	0	0	0	0	5	12
Overturn Rate - Partial	1.7%	3.8%	2.4%	2.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	2.6%	1.2%
Withdrawal	1	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	10
Withdrawal Rate	1.7%	1.9%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	1.0%
Membership	376,770	378,355	380,179		-	-	-		-	-	-		-	-	-			4,316,872
Appeals - PTMPM	0.16	0.14	0.22	0.17	-	-	-	-	-	-	-	-	-	-	-	-	0.17	0.24
Grievances - PTMPM	0.20	0.27	0.36	0.28	-	-	-	-	-	-	-	-	-	-	-	-	0.28	0.27

Fresno County																		2020 YTD
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2020 YTD	2020 YTD
Expedited Grievances Received	7	12	13	32	0	0	0	0	0	0	0	0	0	0	0	0	32	92
Standard Grievances Received	77	79	118	274	0	0	0	0	0	0	0	0	0	0	0	0	274	864
Total Grievances Received	84	91	131	306	0	0	0	0	0	0	0	0	0	0	0	0	306	956
Grievance Ack Letters Sent Noncompliant	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	3
Grievance Ack Letter Compliance Rate	100.0%	97.5%	100.0%	99.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	99.3%	99.65%
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	7	11	13	31	0	0	0	0	0	0	0	0	0	0	0	0	31	93
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	57	73	96	226	0	0	0	0	0	0	0	0	0	0	0	0	226	894
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Grievances Resolved	64	84	109	257	0	0	0	0	0	0	0	0	0	0	0	0	257	987
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	47	64	86	197	0	0	0	0	0	0	0	0	0	0	0	0	197	758
Access - Other - DMHC	6	15	21	42	0	0	0	0	0	0	0	0	0	0	0	0	42	56
Access - PCP - DHCS	3	10	9	22	0	0	0	0	0	0	0	0	0	0	0	0	22	98
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	5	2	6	13	0	0	0	0	0	0	0	0	0	0	0	0	13	38
Administrative	8	12	13	33	0	0	0	0	0	0	0	0	0	0	0	0	33	162
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Interpersonal	3	9	4	16	0	0	0	0	0	0	0	0	0	0	0	0	16	73
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	3	6	10	0	0	0	0	0	0	0	0	0	0	0	0	10	61
Pharmacy	1	2	3	6	0	0	0	0	0	0	0	0	0	0	0	0	6	40
Transportation - Access	11	3	14	28	0	0	0	0	0	0	0	0	0	0	0	0	28	104
Transportation - Behaviour	8	8	9	25	0	0	0	0	0	0	0	0	0	0	0	0	25	90
Transportation - Other	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	33
Quality Of Care Grievances	17	20	23	60	0	0	0	0	0	0	0	0	0	0	0	0	60	229
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Access - PCP - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
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	1	2	1	4	0	0	0	0	0	0	0	0	0	0	0	0	4	2
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	4	5	7	16	0	0	0	0	0	0	0	0	0	0	0	0	16	48
PCP Care	4	4	4	12	0	0	0	0	0	0	0	0	0	0	0	0	12	83
PCP Delay	4	6	7	17	0	0	0	0	0	0	0	0	0	0	0	0	17	37
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	3	2	3	8	0	0	0	0	0	0	0	0	0	0	0	0	8	38
Specialist Delay	1	1	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	12

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	6	4	9	19	0	0	0	0	0	0	0	0	0	0	0	0	19	96
Standard Appeals Received	37	49	80	166	0	0	0	0	0	0	0	0	0	0	0	0	166	789
Total Appeals Received	43	53	89	185	0	0	0	0	0	0	0	0	0	0	0	0	185	885
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.7%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Expedited Appeals Resolved Compliant	5	6	8	19	0	0	0	0	0	0	0	0	0	0	0	0	19	95
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	98.9%
Standard Appeals Resolved Noncompliant	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Standard Appeals Resolved Compliant	46	38	53	137	0	0	0	0	0	0	0	0	0	0	0	0	137	785
Standard Appeals Compliance Rate	97.8%	100.0%	100.0%	99.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	99.3%	100.0%
Total Appeals Resolved	52	44	61	157	0	0	0	0	0	0	0	0	0	0	0	0	157	881
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	52	44	61	157	0	0	0	0	0	0	0	0	0	0	0	0	157	880
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2	15
DME	4	4	6	14	0	0	0	0	0	0	0	0	0	0	0	0	14	38
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Advanced Imaging	20	17	26	63	0	0	0	0	0	0	0	0	0	0	0	0	63	436
Other	7	5	3	15	0	0	0	0	0	0	0	0	0	0	0	0	15	58
Pharmacy	16	17	21	54	0	0	0	0	0	0	0	0	0	0	0	0	54	291
Surgery	4	1	3	8	0	0	0	0	0	0	0	0	0	0	0	0	8	40
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	29	27	37	93	0	0	0	0	0	0	0	0	0	0	0	0	93	497
Uphold Rate	55.8%	61.4%	60.0%	59.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	59.2%	56.4%
Overturns - Full	21	15	22	58	0	0	0	0	0	0	0	0	0	0	0	0	58	364
Overturn Rate - Full	40.4%	34.1%	36.7%	36.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	36.9%	41.3%
Overturns - Partial	1	1	2	4	0	0	0	0	0	0	0	0	0	0	0	0	4	12
Overturn Rate - Partial	1.9%	2.3%	3.3%	2.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.5%	1.4%
Withdrawal	1	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	8
Withdrawal Rate	1.9%	2.3%	0.0%	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	0.9%
Membership	304,759	305,990	307,463															1700076
Appeals - PTMPM	0.17	0.14	0.20	0.17	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.04	0.19
Grievances - PTMPM	0.21	0.27	0.36	0.28	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.07	0.21

[illegible]

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	6
Standard Appeals Received	3	3	5	11	0	0	0	0	0	0	0	0	0	0	0	0	11	41
Total Appeals Received	4	3	5	12	0	0	0	0	0	0	0	0	0	0	0	0	12	47
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	6
Expedited Appeals Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	1	3	5	9	0	0	0	0	0	0	0	0	0	0	0	0	9	45
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	2	3	5	10	0	0	0	0	0	0	0	0	0	0	0	0	10	51
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	2	3	5	10	0	0	0	0	0	0	0	0	0	0	0	0	10	51
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	1	2	3	0	0	0	0	0	0	0	0	0	0	0	0	3	1
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0
Advanced Imaging	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	21
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Pharmacy	1	2	3	6	0	0	0	0	0	0	0	0	0	0	0	0	6	20
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	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	1	2	1	4	0	0	0	0	0	0	0	0	0	0	0	0	4	26
Uphold Rate	50.0%	66.7%	20.0%	40.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	40.0%	51.0%
Overturs - Full	1	0	4	5	0	0	0	0	0	0	0	0	0	0	0	0	5	24
Overturn Rate - Full	50.0%	0.0%	80.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	47.1%
Overturs - Partial	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Overturn Rate - Partial	0.0%	33.3%	0.0%	10.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%	0.0%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%
Membership	31,802	31,984	32,109															273008
Appeals - PTMPM	0.06	0.09	0.16	0.10	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.03	0.14
Grievances - PTMPM	0.16	0.25	0.22	0.22	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.05	0.18

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Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	1	2	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	13
Standard Appeals Received	5	16	5	26	0	0	0	0	0	0	0	0	0	0	0	0	26	88
Total Appeals Received	6	18	5	29	0	0	0	0	0	0	0	0	0	0	0	0	29	101
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
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	2	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	13
Expedited Appeals Compliance Rate	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
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	4	18	26	0	0	0	0	0	0	0	0	0	0	0	0	26	86
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	5	6	18	29	0	0	0	0	0	0	0	0	0	0	0	0	29	99
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	5	6	18	29	0	0	0	0	0	0	0	0	0	0	0	0	29	98
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	1	1	8	10	0	0	0	0	0	0	0	0	0	0	0	0	10	31
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Pharmacy	3	5	9	17	0	0	0	0	0	0	0	0	0	0	0	0	17	51
Surgery	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	4
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	4	9	18	0	0	0	0	0	0	0	0	0	0	0	0	18	54
Uphold Rate	100.0%	66.7%	50.0%	62.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	62.1%	54.5%
Overtures - Full	0	2	9	11	0	0	0	0	0	0	0	0	0	0	0	0	11	44
Overturn Rate - Full	0.0%	33.3%	50.0%	37.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	37.9%	44.4%
Overtures - Partial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%
Membership	40,209	40,381	40,607															343989
Appeals - PTMPM	0.12	0.15	0.45	0.24	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.06	0.21
Grievances - PTMPM	0.17	0.25	0.47	0.30	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.07	0.20

						2020 YTD	2020 YTD
Q3	Oct	Nov	Dec	Q4	2020 YTD	2020 YTD	
0	0	0	0	0	14	32	
0	0	0	0	0	136	401	
0	0	0	0	0	150	433	
0	0	0	0	0	0	2	
0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.50%	
0	0	0	0	0	0	0	
0	0	0	0	0	14	28	
0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%	
0	0	0	0	0	0	0	
0	0	0	0	0	119	394	
0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	
0	0	0	0	0	133	422	
0	0	0	0	0	133	422	
0	0	0	0	0	7	35	
0	0	0	0	0	8	12	
0	0	0	0	0	0	0	
0	0	0	0	0	0	0	
0	0	0	0	0	39	35	
0	0	0	0	0	0	0	
0	0	0	0	0	0	0	
0	0	0	0	0	28	73	
0	0	0	0	0	34	234	
0	0	0	0	0	24	113	
0	0	0	0	0	0	2	
0	0	0	0	0	1	0	
0	0	0	0	0	0	0	
0	0	0	0	0	0	3	
0	0	0	0	0	0	1	
0	0	0	0	0	0	3	
0	0	0	0	0	0	0	
0	0	0	0	0	0	0	
0	0	0	0	0	0	0	
0	0	0	0	0	0	0	
0	0	0	0	0	0	0	
0	0	0	0	0	0	0	
0	0	0	0	0	0	0	
0	0	0	0	0	1	2	
0	0	0	0	0	3	13	
0	0	0	0	0	0	1	
0	0	0	0	0	0	5	
0	0	0	0	0	0	1	
0	0	0	0	0	0	4	
0	0	0	0	0	0	1	
0	0	0	0	0	0	2	
0	0	0	0	0	3	12	
0	0	0	0	0	0	0	
0	0	0	0	0	0	1	
0	0	0	0	0	8	24	
0	0	0	0	0	3	7	
0	0	0	0	0	0	0	
0	0	0	0	0	1	2	
0	0	0	0	0	1	2	
0	0	0	0	0	0	1	
0	0	0	0	0	0	1	
0	0	0	0	0	0	0	
0	0	0	0	0	0	7	
0	0	0	0	0	0	1	
0	0	0	0	0	0	0	

CalViva Health Appeals and Grievances Dashboard 2021 (SPD)

[illegible]

CalViva Health Appeals and Grievances Dashboard 2021 (SPD)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	2	1	3	6	0	0	0	0	0	0	0	0	0	0	0	0	6	39
Standard Appeals Received	13	18	22	53	0	0	0	0	0	0	0	0	0	0	0	0	53	221
Total Appeals Received	15	19	25	59	0	0	0	0	0	0	0	0	0	0	0	0	59	260
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	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	2	1	2	5	0	0	0	0	0	0	0	0	0	0	0	0	5	34
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	12	14	20	46	0	0	0	0	0	0	0	0	0	0	0	0	46	214
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	14	15	21	50	0	0	0	0	0	0	0	0	0	0	0	0	50	248
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	14	15	21	51	0	0	0	0	0	0	0	0	0	0	0	0	51	248
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	4
DME	2	2	1	5	0	0	0	0	0	0	0	0	0	0	0	0	5	24
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	3	4	10	17	0	0	0	0	0	0	0	0	0	0	0	0	17	97
Other	1	2	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	14
Pharmacy	8	6	9	23	0	0	0	0	0	0	0	0	0	0	0	0	23	100
Surgery	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	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	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	7	9	12	28	0	0	0	0	0	0	0	0	0	0	0	0	28	123
Uphold Rate	50.0%	60.0%	52.4%	56.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	56.0%	49.6%
Overturns - Full	6	6	8	20	0	0	0	0	0	0	0	0	0	0	0	0	20	116
Overturn Rate - Full	42.9%	40.0%	38.1%	40.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	40.0%	46.77%
Overturns - Partial	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2	7
Overturn Rate - Partial	0.0%	0.0%	9.5%	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%	4.0%	2.8%
Withdrawal	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Withdrawal Rate	7.1%	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%	0.8%
Membership	33,854	33,850	33,872															101333
Appeals - PTMPM	0.41	0.44	0.62	0.00	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.00	0.30
Grievances - PTMPM	1.27	1.18	1.45	0.00	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.00	0.52

Item #12

Attachment 12.E

Key Indicator



Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 3/01/2021 to 3/31/2021
Report created 4/27/2021

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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[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 3/01/2021 to 3/31/2021
 Report created 4/27/2021

ER utilization based on Claims data	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2020-Trend	2021-01	2021-02	2021-03	2021-Trenc	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Qtr Trend	CY- 2020	YTD-2021	YTD-Trend
	Quarterly Averages															Annual Averages								
Expansion Mbr Months	83,723	84,508	85,938	87,410	88,844	90,664	91,837	92,905	94,223	95,094		96,118	96,666	95,655		84,105	85,952	90,448	94,074	96,146		88,645	96,146	
Family/Adult/Other Mbr Mos	243,634	245,053	247,144	249,200	250,956	252,521	253,818	254,911	255,988	256,669		257,414	257,142	248,935		244,321	247,132	252,432	255,856	254,497		249,935	254,497	
SPD Mbr Months	34,582	34,652	34,672	34,737	34,770	34,811	34,806	34,836	34,822	34,778		34,718	34,552	34,030		34,620	34,687	34,796	34,812	34,433		34,729	34,433	
Admits - Count	2,080	1,617	1,794	1,939	2,062	2,255	2,090	2,157	2,027	2,012		2,018	1,815	2,140		2,204	1,783	2,136	2,065	1,991		2,047	1,991	
Expansion	618	524	596	618	660	704	726	759	655	565		563	537	675		648	579	697	660	592		646	592	
Family/Adult/Other	988	784	827	901	976	1,054	960	992	945	1,008		1,028	842	964		1,035	837	997	982	945		963	945	
SPD	472	308	369	418	421	495	402	403	422	436		419	430	491		517	365	439	420	447		436	447	
Admits Acute - Count	1,397	947	1,172	1,288	1,347	1,495	1,357	1,410	1,426	1,383		1,385	1,224	1,505		1,512	1,136	1,400	1,406	1,371		1,364	1,371	
Expansion	454	355	428	470	501	529	539	567	523	478		484	418	529		484	418	523	523	477		487	461	
Family/Adult/Other	507	309	396	417	449	499	449	477	497	492		504	411	526		550	374	466	489	480		470	480	
SPD	435	283	347	399	395	467	369	366	404	411		397	394	450		477	343	410	394	414		406	414	
Readmit 30 Day - Count	287	199	236	236	259	312	270	271	242	168		202	198	192		291	224	280	227	197		255	67	
Expansion	75	60	83	81	81	93	108	99	89	58		67	76	66		86	75	94	82	70		84	22	
Family/Adult/Other	82	54	68	64	68	92	67	68	62	40		52	39	42		79	62	76	57	44		68	17	
SPD	130	85	85	91	109	127	95	104	90	70		83	83	84		125	87	110	88	83		103	28	
**ER Visits - Count	13,513	7,582	9,395	10,772	12,294	11,308	10,628	10,911	10,403	9,669		9,141	8,820	6,600		16,636	9,250	11,410	10,328	8,187		11,906	3,047	
Expansion	3,409	2,433	2,929	3,389	3,855	3,625	3,359	3,426	3,216	3,149		2,906	2,742	1,797		3,770	2,917	3,613	3,264	2,482		3,391	969	
Family/Adult/Other	8,505	4,010	5,126	6,039	6,753	6,284	5,908	6,153	5,915	5,366		5,158	5,060	3,807		11,005	5,058	6,315	5,811	4,675		7,047	1,719	
SPD	1,579	1,132	1,330	1,321	1,406	1,387	1,328	1,323	1,240	1,146		1,064	965	706		1,838	1,261	1,374	1,236	912		1,427	355	
Admits Acute - PTMPY	46.3	31.2	38.2	41.6	43.1	47.4	42.8	44.2	44.4	42.9		42.8	37.8	46.5		50.0	37.0	44.5	43.8	42.4		43.8	24.3	
Expansion	65.1	50.4	59.8	64.5	67.7	70.0	70.4	73.2	66.6	60.3		60.4	51.9	66.4		69.1	58.3	69.4	66.7	59.5		65.9	20.1	
Family/Adult/Other	25.0	15.1	19.2	20.1	21.5	23.7	21.2	22.5	23.3	23.0		23.5	19.2	25.4		27.0	18.2	22.1	22.9	22.6		22.5	7.9	
SPD	150.9	98.0	120.1	137.8	136.3	161.0	127.2	126.1	139.2	141.8		137.2	136.8	158.7		165.5	118.7	141.5	135.7	144.2		140.3	46.1	
Bed Days Acute - PTMPY	242.1	166.0	207.3	233.9	270.2	266.0	237.3	241.6	255.1	295.4		355.0	249.8	228.2		246.0	202.6	257.7	264.1	277.7		242.9	118.3	
Expansion	348.1	256.9	337.2	353.9	445.3	394.4	396.7	432.1	398.1	465.9		531.8	360.1	358.2		360.9	316.5	411.9	432.1	416.7		382.1	177.2	
Family/Adult/Other	96.8	72.4	89.2	95.1	116.5	119.9	87.4	99.3	112.4	121.2		163.4	116.2	100.2		99.5	85.6	107.9	111.0	126.9		101.1	55.1	
SPD	1,010.1	607.4	727.8	927.2	931.8	992.1	911.2	776.1	916.3	1,113.8		1,288.2	936.7	864.3		999.8	754.3	945.1	935.3	1,031.0		908.6	433.0	
ALOS Acute	5.2	5.3	5.4	5.6	6.3	5.6	5.5	5.5	5.7	6.9		8.3	6.6	4.9		4.9	5.5	5.8	6.0	6.6		5.5	8.3	
Expansion	5.4	5.1	5.6	5.5	6.6	5.6	5.6	5.9	6.0	7.7		8.8	6.9	5.4		5.2	5.4	5.9	6.5	7.0		5.8	8.8	
Family/Adult/Other	3.9	4.8	4.6	4.7	5.4	5.1	4.1	4.4	4.8	5.3		7.0	6.1	4.0		3.7	4.7	4.9	4.8	5.6		4.5	7.0	
SPD	6.7	6.2	6.1	6.7	6.8	6.2	7.2	6.2	6.6	7.9		9.4	6.8	5.4		6.0	6.4	6.7	6.9	7.2		6.5	9.4	
Readmit % 30 Day	13.8%	12.3%	13.2%	12.2%	12.6%	13.8%	12.9%	12.6%	11.9%	8.3%		10.0%	10.9%	9.0%		13.2%	12.5%	13.1%	11.0%	9.9%		12.5%	10.0%	
Expansion	12.1%	11.5%	13.9%	13.1%	12.3%	13.2%	14.9%	13.0%	13.6%	10.3%		11.9%	14.2%	9.8%		13.3%	12.9%	13.5%	12.4%	11.8%		13.0%	11.9%	
Family/Adult/Other	8.3%	6.9%	8.2%	7.1%	7.0%	8.7%	7.0%	6.9%	6.6%	4.0%		5.1%	4.6%	4.4%		7.6%	7.4%	7.6%	5.8%	4.7%		7.1%	5.1%	
SPD	27.5%	27.6%	23.0%	21.8%	25.9%	25.7%	23.6%	25.8%	21.3%	16.1%		19.8%	19.3%	17.1%		24.2%	23.8%	25.1%	20.9%	18.7%		23.6%	1	

Key Indicator Report
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Engagement Rate	28%	36%	35%	43%	33%	27%	28%	28%	34%	24%		25%	28%	20%		29%	38%	30%	29%	23%		31%	23%	
New Cases Opened	75	73	59	70	73	42	42	45	41	26		32	40	47		222	202	157	112	119		693	119	
Total Cases Managed	367	383	369	406	416	391	390	365	299	271		257	251	281		465	472	485	413	344		943	344	
Total Cases Closed	55	73	35	61	74	57	62	84	54	51		46	17	32		151	169	193	189	95		702	95	
Cases Remained Open	291	292	324	319	267	311	267	205	205	205		212	215	225		291	319	267	205	225		205	225	
	Integrated Case Management											Integrated Case Management				Integrated Case Management				Integrated Case Management				
Total Number Of Referrals	151	139	156	144	214	188	159	178	160	150		123	119	118		373	439	561	488	360		1,861	360	
Pending	0	0	0	1	0	0	0	4	2	14		0	2	9		1	1	0	20	11		22	11	
Ineligible	4	10	6	12	12	26	13	32	33	32		19	10	9		23	28	51	97	38		199	38	
Total Outreached	147	129	150	131	202	162	146	142	125	104		104	107	100		349	410	510	371	311		1,640	311	
Engaged	66	57	66	70	108	94	88	78	77	69		74	76	72		172	193	290	224	222		879	222	
Engagement Rate	45%	44%	44%	53%	53%	58%	60%	55%	62%	66%		71%	71%	72%		49%	47%	57%	60%	71%		54%	71%	
Total Screened and Refused/Decline	28	22	22	21	34	22	16	23	16	10		8	9	10		55	65	72	49	27		241	27	
Unable to Reach	53	50	62	40	60	46	42	41	32	25		22	22	18		122	152	148	98	62		520	62	
New Cases Opened	66	57	66	70	108	94	88	78	77	69		74	76	72		172	193	290	224	222		879	222	
Total Cases Closed	47	55	37	50	51	65	80	92	85	63		60	60	52		105	142	196	240	172		683	172	
Cases Remained Open	184	221	252	289	359	397	314	292	292	292		310	322	330		184	289	314	292	330		292	330	
Total Cases Managed	221	228	240	276	339	381	417	407	373	357		378	394	406		279	367	533	541	526		990	526	
Critical-Complex Acuity	30	35	47	55	59	64	64	57	55	55		60	58	60		42	65	77	73	74		130	74	
High/Moderate/Low Acuity	191	193	193	221	280	317	353	350	318	302		318	336	346		237	302	456	468	452		860	452	
	Transitional Case Management											Transitional Case Management				Transitional Case Management				Transitional Case Management				
Total Number Of Referrals	177	153	147	179	268	227	245	251	233	204		143	201	238		421	479	740	688	582		2,328	582	
Pending	0	0	0	0	0	0	0	0	0	25		0	0	22		0	0	0	25	22		25	22	
Ineligible	9	8	11	14	20	27	27	22	25	22		23	21	25		27	33	74	69	69		203	69	
Total Outreached	168	145	136	165	248	200	218	229	208	157		120	180	191		394	446	666	594	491		2,100	491	
Engaged	81	79	62	77	122	105	116	125	99	79		57	102	116		214	218	343	303	275		1,078	275	
Engagement Rate	48%	54%	46%	47%	49%	53%	53%	55%	48%	50%		48%	57%	61%		54%	49%	52%	51%	56%		51%	56%	
Total Screened and Refused/Decline	38	19	29	27	38	32	25	26	28	19		13	24	13		65	75	95	73	50		308	50	
Unable to Reach	49	47	45	61	88	63	77	78	81	59		50	54	62		115	153	228	218	166		714	166	
New Cases Opened	81	79	62	77	122	105	116	125	99	79		57	102	116		214	218	343	303	275		1,078	275	
Total Cases Closed	86	80	81	65	82	103	118	105	124	113		89	49	110		199	226	303	342	248		1,070	248	
Cases Remained Open	63	74	54	56	81	93	106	42	42	42		76	61	92		63	56	106	42	92		42	92	
Total Cases Managed	164	157	141	135	193	217	228	236	230	185		148	161	228		280	296	398	394	366		1136	366	
High/Moderate/Low Acuity	164	157	141	135	193	217	228	236	230	185		146	159	226		280	296	398	394	364		1136	364	
	Palliative Care											Palliative Care				Palliative Care				Palliative Care				
Total Number Of Referrals	22	24	22	35	15	10	8	10	20	10		15	12	18		69	81	33	40	45		223	45	
Pending	0	1	0	0	0	0	0	2	5	0		2	0	6		0	1	0	7	8		4	8	
Ineligible	9	9	11	14	4	4	3	3	5	6		6	4	4		24	34	11	14	14		83	14	
Total Outreached	13	14	11	21	11	6	5	5	10	4		7	8	8		45	46	22	19	23		132	23	
Eng																								

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 Report created 4/27/2021

ER utilization based on Claims data	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2020-Trend	2021-01	2021-02	2021-03	2021-Trenc	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Qtr Trend	CY- 2020	YTD-2021	YTD-Trend
New Cases Opened	23	45	29	45	45	57	54	47	33	34		29	48	39		51	119	156	114	116		440	116	
Total Cases Closed	16	17	24	24	25	42	58	53	36	51		52	28	25		52	65	125	140	105		382	105	
Cases Remained Open	28	56	60	73	81	66	94	78	78	78		75	92	101		28	73	94	78	101		78	101	
Total Cases Managed	46	84	96	119	141	177	203	192	151	149		133	129	140		81	164	295	279	220		496	220	
Critical-Complex Acuity	7	9	11	14	16	15	15	7	8	7		7	6	6		9	17	22	13	11		26	11	
High/Moderate/Low Acuity	39	75	85	105	125	162	188	185	143	142		126	123	134		72	147	273	266	209		470	209	
	Record Processing											Record Processing				Record Processing					Record Processing			
Total Records	7,536	5,414	7,551	7,558	7,566	7,570	6,699	6,785	4,586	4,594		1,972	1,769	2,110		23,580	20,523	21,835	22,827	5,851		81,903	5,851	
Total Admissions	2,092	1,595	2,072	2,069	2,066	2,060	2,001	2,055	1,617	1,610		1,821	1,650	1,975		6,537	5,736	6,127	6,342	5,446		23,682	5,446	

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Attachment 12.F

QIUM Quarterly Summary Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

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

COMMITTEE

DATE: May 20, 2021

SUBJECT: CalViva Health QI & UM Update of Activities Quarter 1 2021 (May 2021)

Purpose of Activity:

This report is to provide the RHA Commission with an update on the CalViva Health QI & UM performance, program and regulatory activities in Quarter 1 of 2021.

I. Meetings

Two meetings were held in Quarter 1, one in February and one in March. The following guiding documents were approved at the February & March *meetings*:

1. QI/UM Committee Charter 2021
2. 2020 Quality Improvement End of Year Evaluation
3. 2021 Quality Improvement Program Description
4. 2021 Quality Improvement Work Plan
5. 2020 Utilization Management/Case Management End of Year Evaluation
6. 2021 Utilization Management Program Description
7. 2021 Case Management Program Description
8. 2021 Utilization Management/Case Management Work Plan

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

1. Pharmacy Formulary & Provider Updates
2. Medical Policies

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

1. The **Appeal and Grievance Dashboard** provides a summary of all grievances in order to track volumes, turn-around times and case classifications. A year-to-year evaluation is also presented.
 - a. The total number of grievances through January 2021 is consistent with previous months.
 - b. The highest volume of grievances reported were in the "Exempt" grievance type, followed by "Quality of Service" grievance type.
 - c. The volume of "Quality of Care" grievances remains consistent with recent months.
 - d. The majority of Exempt Grievances fell under the category of "PCP Assignment/Transfer – Health Plan Assignment – Change Request".
 - e. The total number of Appeals Received for the first month of 2021 has decreased compared to same time last year. These results are attributable primarily to advanced imaging, and pharmacy denials.
2. **Potential Quality Issues (PQI) Report** provides a summary of the quarterly evaluation of cases/issues that may result in substantial harm to a member. The number of cases reported in Q4 2020 is increased from Q3, but is still slightly lower than previous quarters. This is likely due to decreased interactions with providers during the pandemic.

3. **MHN Performance Indicator Report for Behavioral Health** MHN Performance Indicator Report for Behavioral Health Services (Q4 2020) was presented. 15 out of the 15 metrics met or exceeded their targets.
4. **SPD HRA Outreach** monitors compliance with requirements for health plan outreach to high and low-risk SPD members. Data presented covered all of 2020 with good compliance demonstrated for completion of the required number of attempts to reach these members. Opportunities to improve actual reach rate under evaluation including an automated dialing system. Effectiveness still under review.
5. **Additional Quality Improvement Reports** including Provider Preventable Conditions, Provider Office Wait Time, County Relations and others scheduled for presentation at the QI/UM Committee during Q1.

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

1. **The Key Indicator Report (KIR)** provided data through January 31, 2021. A quarterly comparison was reviewed with the following results:
 - a. Overall membership continues to increase.
 - b. Inpatient utilization is consistent with previous months. The number of ER Visits during the course of 2020 fluctuated due to the COVID-19 pandemic and the aversion to the emergency department.
 - c. The average "Length of Stay" has increased. This is primarily due to long lengths of stay for COVID patients and challenges in the discharge process during the pandemic.
 - d. Case Management results for January demonstrate positive results in all areas consistent with recent months.
2. **Inter-rater Reliability Results for Physicians and Non-physicians** is an annual evaluation of UM physicians and staff to ensure InterQual® Clinical Decision Support Criteria along with other evidence-based policies and guidelines are used consistently during clinical reviews for medical necessity.
 - a. The passing score is 90% for both physicians and non-physicians.
 - b. Staff and Physicians who do not pass are required to retake the exam.
 - The Utilization Management Department 2020 passed with 98.5% on all modules.
 - The Medical Affairs Department for 2020 passed with 98.8% on all modules.
3. **PA Member Letter Monitoring Report** monitors Notice of Action (NOA) letters including Prior Authorizations, Concurrent, and Post Service denials. All metrics improved to 95% or higher compliance in Q4 except for Deferrals. To ensure we continue to monitor and improve the process Medical Management has implemented several Next Steps:
 - a. PA nurse and non-clinical coordinator training regarding clear and concise language and process/workflows (January).
 - b. Deferral letter templates being reviewed to identify any opportunities for improvement
 - c. 100% review of all denial letters started November 2020.
 - d. Weekly coaching of staff with any opportunities identified during audits.
4. **Additional UCM Reports** including Case Management and CCM Report and the UM Concurrent Review Report, TurningPoint, NIA, MedZed and others scheduled for presentation at the QI/UM Committee during Q1.

IV. Pharmacy quarterly reports include Operation Metrics, Top Medication Prior Authorization (PA) Requests, and quarterly Formulary changes which were all reviewed. All fourth quarter 2020 pharmacy prior authorization metrics were within 5% of standard.

V. HEDIS® Activity

In Q1, HEDIS® related activities focused on data capture for MY20. Managed Care Medi-Cal health plans will have 18 quality measures that they will be evaluated on for RY21 and the Minimum Performance Level (MPL) is the 50th percentile. Activities included:

1. Finalized and submitted the 2021 HEDIS® Roadmap by January 31, 2021.
2. MY2020 HEDIS® data gathering from clinics and providers throughout the three-county area with final submission to DHCS and HSAG by mid-June 2021.
3. Initial reports in review for compliance with MCAS measures.

Our current improvement projects are:

- Breast Cancer Screening (BCS) *PIP (Performance Improvement Project) restart this year*
- Chlamydia (CHL) Screening –improve screening for young women - *PDSA Cycles*
- Childhood Immunizations (CIS-10)– PIP Immunization birth to 2 years *restart this year*

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. The second CalViva COVID-19 QIP report was submitted to DHCS on March 19th, 2021 and accepted by DHCS. The 3 improvement strategies included:

1. Antidepressant Medication Management (AMM) Member Outreach effort by Behavioral Health Case Managers in Kings and Madera counties to encourage medication adherence.
2. Adolescent Well-Care Visits will be addressed through a MemberConnections Outreach intervention for families in Fresno County.
3. Pharmacy Outreach effort to encourage medication adherence for patients on blood pressure medications and/or anti-diabetic agents in Fresno County.

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.

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Operations Report

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.					
	Active Presence of Failed Backups within Systems	NO	Description: A good status indicator is all identified and required backups are successfully completed.					
	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	Risk Analysis (Last Completed mm/yy: 11/20)	Privacy Risk Rating: 9 Risks / Grade: A Security Risk Rating: 10 Risks / Grade: A	Description: Conducting an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of PHI and ePHI held by the Health Plan. A Letter Grade is assigned: A (90%-100%), B (80-89%), C (74-79%), D (70%-73%), and D- (0-69%) based on risk assessment questions marked yes and remediated. The denominator is the total # of questions in the assessment.					
	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	5	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	2021	2021	2021	2021	2021
	Month	Nov	Dec	Jan	Feb	Mar	Apr	May
	No/Low Risk	3	3	2	2	4	6	1
	High Risk	0	0	0	1	1	0	0
	Total Cases By Month	3	3	2	3	5	6	1
	Year	2015	2016	2017	2018	2019	2020	2021
	No/Low Risk	54	36	28	38	23	28	15
	High Risk	3	5	1	1	2	3	2
	Total Cases By Year	57	41	29	39	25	31	17
Message from the COO	Member impact was determined on the High Risk case from February 2021. Member impact was greater than 500 requiring notifications to all impacted members, the California Attorney General, and Secretary of Health and Human Services ("HHS"). A new High Risk case was also reported in March 2021 since our last meeting. Membership impact was 1. No media or State Notifications required.							

Member Call Center CalViva Health Website	Year		2019	2020	2020	2020	2020	2021
	Quarter		Q4	Q1	Q2	Q3	Q4	Q1
	(Main) Member Call Center	# of Calls Received	27,416	29,707	20,544	23,684	23,685	26,346
		# of Calls Answered	27,140	29,564	20,407	23,488	23,520	26,119
		Abandonment Level (Goal < 5%)	1.00%	0.50%	0.70%	0.80%	0.70%	0.90%
		Service Level (Goal 80%)	86%	96%	98%	93%	95%	93%
	Behavioral Health Member Call Center	# of Calls Received	1,132	1,228	1,028	1,798	936	1,196
		# of Calls Answered	1,124	1,218	1,022	1,752	927	1,189
		Abandonment Level (Goal < 5%)	0.70%	0.80%	0.60%	2.60%	1.00%	0.60%
		Service Level (Goal 80%)	87%	93%	94%	78%	89%	94%
	Transportation Call Center	# of Calls Received	16,264	17,872	11,717	10,011	9,867	7,364
		# of Calls Answered	16,085	17,765	11,506	9,801	9,808	7,209
		Abandonment Level (Goal < 5%)	1.10%	0.60%	1.80%	2.10%	0.60%	1.60%
		Service Level (Goal 80%)	83%	83%	76%	44%	76%	61%
CalViva Health Website	# of Users	20,000	21,000	16,000	22,000	25,000	33,000	
	Top Page	Find a Provider	Main Page	Main Page	Main Page	Main Page	Main Page	
	Top Device	Mobile (57%)	Mobile (60%)	Mobile (56%)	Mobile (63%)	Mobile (61%)	Mobile (57%)	
	Session Duration	~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 1 minutes	
Message from the COO	Q1 2021 numbers are available. The medical and behavioral health call center metrics met goal. The Transportation Call Center Service Level remains below goal. Management is monitoring an Improvement Plan from the Transportation Call Center on their efforts to attain goal. The CalViva Health website saw an increase in # of Users who visited the website during Q1 2021.							

Provider Network Activities & Provider Relations	Year	2020	2020	2020	2020	2021	2021	2021
	Month	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Hospitals	10	10	10	10	10	10	10
	Clinics	139	141	141	140	144	142	143
	PCP	382	377	380	386	389	390	388
	PCP Extender	210	217	219	220	229	234	235
	Specialist	1435	1448	1452	1456	1455	1453	1445
	Ancillary	197	197	194	195	196	201	210
	Year	2019	2019	2020	2020	2020	2020	2021
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1
	Pharmacy	151	152	151	153	152	154	155
	Behavioral Health	342	368	356	357	354	359	376
	Vision	42	41	42	45	47	46	47
	Urgent Care	13	12	12	11	12	11	12
	Acupuncture	6	5	4	5	7	7	7
	Year	2019	2019	2019	2020	2020	2020	2020
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	% of PCPs Accepting New Patients - Goal (85%)	93%	90%	93%	93%	93%	94%	94%
	% Of Specialists Accepting New Patients - Goal (85%)	95%	95%	95%	94%	97%	96%	96%
	% Of Behavioral Health Providers Accepting New Patients - Goal (85%)		72%	78%	82%	95%	96%	98%
	Year	2020	2020	2020	2020	2021	2021	2021
	Month	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Providers Touched by Provider Relations	146	200	205	241	75	271	216
	Provider Trainings by Provider Relations	0	0	0	0	54	79	228
	Year	2015	2016	2017	2018	2019	2020	2021
	Total Providers Touched	2,003	2,604	2,786	2,552	1,932	3,354	562
	Total Trainings Conducted	550	530	762	808	1,353	257	361
Message From the COO	The network has remained relatively stable since our last meeting. We have completed the Network Adequacy filings for both the DMHC and the DHCS for calendar year 2021. The number of trainings continues to increase each month as the Plan prepares for a resumption of day-to-day operations post the public health emergency.							

Claims Processing	Year	2019	2019	2019	2020	2020	2020	2020
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Medical Claims Timeliness (30 days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	94% / 99% YES	99% / 99% NO	99% / 99% NO	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	97% / 99% N/A	97%/98% N/A	98% / 99% N/A	99% / 99% N/A	99% / 99% N/A	97% / 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	100% / 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	100% / 100% NO	100% / 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	97% / 98% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	95% / 97% NO	100% / 100% NO	100% / 100% NO
	PPG 2 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	99% / 100 % NO	93% / 99% NO	93% / 100% NO	96% / 100% NO	85% / 100% NO	95% / 100% NO	95% / 100% NO
	PPG 3 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	95% / 100% NO	99% / 100% NO	99% / 100% NO	100% / 100% NO	100% / 100% NO	93% / 100% NO	92% / 100% NO
	PPG 4 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	90% / 99% NO	89% / 100% YES	88% / 98% YES	96% / 99% NO	82%/100% YES	100% / 100% YES	99% / 100% YES
	PPG 5 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	92% / 99% NO	99% / 100% YES	100% / 100% YES	100% / 100% NO	87% / 100% YES	98% / 98% YES	99% / 100% YES
	PPG 6 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	96% / 99% NO	99% / 100% YES	98% / 98% YES	98% / 100% NO	73% / 100% YES	99% / 100% YES	90% / 92% YES
	PPG 7 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	99% / 100% NO	99% / 100% NO	92% / 100% NO	100% / 100% NO	99% / 100% NO
	PPG 8 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	99% / 100% NO	100% / 100% NO	99% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	98% / 100% NO
Message from the COO	Quarter 1 numbers are not yet available in its entirety. The numbers will be presented at the next Commission Meeting.							

Provider Disputes	Year	2019	2019	2019	2020	2020	2020	2020
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Medical Provider Disputes Timeliness (45 days) Goal (95%)	99%	96%	95%	97%	99%	99%	99%
	Behavioral Health Provider Disputes Timeliness (45 days) Goal (95%)	89%	100%	90%	99%	100%	100%	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%)	N/A	100%	100%	N/A	100%	100%	100%
	Transportation Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	100%	N/A	N/A	N/A
	PPG 1 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	89%	64%	92%	100%	91%	88%
	PPG 2 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	97%	100%	100%	100%
	PPG 3 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	87%	91%	97%	66%
	PPG 4 Provider Dispute Timeliness (45 Days) Goal (95%)	99%	95%	99%	100%	100%	100%	100%
	PPG 5 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	93%	100%	100%	100%	100%	100%
	PPG 6 Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	67%	100%	100%	100%	100%	100%
	PPG 7 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	98%	99%
	PPG 8 Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	N/A	N/A	100%	100%
Message from the COO	Quarter 1 numbers are not yet available in its entirety. The numbers will be presented at the next Commission Meeting.							

PPG 1	First Choice
PPG 2	IMG
PPG 3	La Salle
PPG 4	Adventist Health / MedPoint (Professional)
PPG 5	Adventist Health / Adventist Medical Center (Institutional)
PPG 6	Adventist Health / MedPoint (ER, OOA ER, and SNF)
PPG 7	CVMP/MedPro/Conifer
PPG 8	Sante
Vision	Envolve Vision
Acupuncture	American Specialty Health Network
Transporation	Logisticare

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Attachment 12.H

Executive Dashboard



	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2021	2021	2021
Month	March	April	May	June	July	August	September	October	November	December	January	February	March
CVH Members													
Fresno	280,297	282,402	286,059	289,126	291,870	294,617	298,003	300,085	302,118	303,493	304,759	305,990	307,463
Kings	29,534	29,788	30,168	30,421	30,624	30,827	31,085	31,230	31,450	31,570	31,802	31,984	32,109
Madera	37,259	37,624	38,054	38,457	38,713	39,035	39,329	39,530	39,733	39,919	40,209	40,381	40,607
Total	347,090	349,814	354,281	358,004	361,207	364,479	368,417	370,845	373,301	374,982	376,770	378,355	380,179
SPD	32,797	32,952	33,195	33,406	33,456	33,556	33,578	33,704	33,785	33,844	33,854	33,850	33,872
CVH Mrkt Share	71.21%	71.15%	71.01%	70.82%	70.68%	70.52%	70.40%	70.32%	70.21%	70.10%	70.02%	69.92%	69.84%
ABC Members													
Fresno	102,085	103,359	105,487	107,750	109,576	111,590	113,570	114,867	116,308	117,408	118,389	119,495	120,612
Kings	18,890	18,955	19,218	19,423	19,591	19,758	20,020	20,139	20,380	20,546	20,697	20,865	20,994
Madera	19,345	19,554	19,934	20,344	20,673	21,036	21,340	21,494	21,735	21,992	22,253	22,415	22,609
Total	140,320	141,868	144,639	147,517	149,840	152,384	154,930	156,500	158,423	159,946	161,339	162,775	164,215
Default													
Fresno	1,256	992	1,073	1,313	1,052	1,067	655	747	824	518	616	597	534
Kings	227	173	166	183	178	153	123	143	164	105	150	145	93
Madera	148	105	107	114	123	126	79	89	117	173	97	83	69
County Share of Choice as %													
Fresno	64.80%	65.10%	62.00%	61.50%	61.80%	58.70%	61.60%	60.20%	59.40%	57.80%	59.10%	56.10%	59.20%
Kings	64.30%	59.40%	54.00%	59.50%	48.80%	53.40%	42.90%	47.20%	51.10%	45.40%	48.40%	53.10%	54.40%
Madera	69.70%	62.50%	62.70%	59.80%	55.70%	57.90%	58.90%	61.60%	60.40%	52.70%	57.90%	58.00%	61.00%
Voluntary Disenrollment's													
Fresno	361	402	293	340	352	370	388	359	342	363	421	334	387
Kings	36	39	21	30	31	63	39	42	31	27	36	29	37
Madera	85	80	30	51	54	57	77	70	51	54	59	51	61