

FRESNO - KINGS -  
MADERA  
REGIONAL  
HEALTH  
AUTHORITY

Commission

**Fresno County**

David Luchini, 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

Vacant, 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

Jeff Nkansah  
Chief Executive Officer  
7625 N. Palm Ave., Ste. 109  
Fresno, CA 93711

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

DATE: October 15, 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, October 21, 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 **13** Commissioners who have confirmed their attendance for this meeting. At this time, a quorum has been secured. Please advise as soon as possible if you will not be in attendance to ensure a quorum is maintained

Thank you

# AGENDA

## Fresno-Kings-Madera Regional Health Authority Commission Meeting

October 21, 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		<b>Consent Agenda:</b>	D. Hodge, MD, Chair
	Attachment 3.A	• Commission Minutes dated 9/16/21	
	Attachment 3.B	• Finance Committee Minutes dated 7/15/2021	
	Attachment 3.C	• QI/UM Committee Minutes dated 7/15/2021	
	Attachment 3.D	• Commission Calendar	
	Attachment 3.E	• Finance Committee Calendar	
	Attachment 3.F	• QIUM Committee Calendar	
	Attachment 3.G	• Credentialing Sub-Committee Calendar	
	Attachment 3.H	• Peer Review Sub-Committee Calendar	
	Attachment 3.I	• Public Policy Committee Calendar	
		<i>Action: Approve Consent Agenda</i>	
4 Action		<b>Financial Audit Report for Fiscal Year 2021</b>	Moss Adams
	Attachment 4.A	• Moss Adams Board Presentation of Audit	Representative: R. Suico
		<i>Action: Approve Audit Report</i>	
	<i>Handouts will be emailed</i>	<i>PowerPoint Presentations will be used for item 5 - 7</i>	
		<b>One vote will be taken for combined items 5 - 7</b>	
5. Action		<b>2021 Cultural and Linguistics (C &amp; L)</b>	P. Marabella, MD, CMO
	Attachment 5.A	• Executive Summary	
	Attachment 5.B	• Work Plan Mid-Year Evaluation	
		<i>Action: See item 7 for Action</i>	
6. Action		<b>2021 Health Education</b>	P. Marabella, MD, CMO
	Attachment 6.A	• Executive Summary	
	Attachment 6.B	• Work Plan Mid-Year Evaluation	
		<i>Action: See item 7 for Action</i>	

<b>7. Action</b>	<i>No attachment</i>	<b>Quality Improvement Update 2021-2022</b>	P. Marabella, MD, CMO
		<i>Action: Approve 2021 C &amp; L Work Plan Mid-Year Evaluation; 2021 Health Education Work Plan Mid-Year Evaluation and Quality Improvement Update</i>	
<b>8. Action</b>		<b>Standing Reports</b>	
	Attachment 8.A	<b>Finance Report</b> <ul style="list-style-type: none"> <li>Financials as of August 31, 2021</li> </ul>	D. Maychen, CFO
	Attachment 8.B	<b>Compliance</b> <ul style="list-style-type: none"> <li>Compliance Report</li> </ul>	M.L. Leone, CCO
	Attachment 8.C Attachment 8.D Attachment 8.E	<b>Medical Management</b> <ul style="list-style-type: none"> <li>Appeals and Grievances Report</li> <li>Key Indicator Report</li> <li>QIUM Quarterly Report</li> </ul>	P. Marabella, MD, CMO
	Attachment 8.F	<b>Executive Report</b> <ul style="list-style-type: none"> <li>Executive Dashboard</li> </ul>	J. Nkansah, CEO
		<i>Action: Accept Standing Reports</i>	
<b>9 Action</b>		<b>Closed Session:</b>  <b>The Board of Directors will go into closed session to discuss the following item(s)</b> <ul style="list-style-type: none"> <li><b>Government Code section 54956.9(b) – Conference with Legal Counsel – Anticipated Litigation</b></li> </ul>	
<b>10</b>		<b>Final Comments from Commission Members and Staff</b>	
<b>11</b>		<b>Announcements</b>	
<b>12</b>		<b>Public Comment</b> <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>	
<b>13</b>		<b>Adjourn</b>	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](mailto:Churley@calvivahealth.org)

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

Next Meeting scheduled for November 18, 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 #3

## Attachment 3.A

Commission Minutes  
Dated 9/16/2021

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
Commission**  
**Meeting Minutes**  
September 16, 2021

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

Commission Members			
✓	<b>Sara Bosse</b> , Director, Madera Co. Dept. of Public Health	✓●	<b>David Luchini</b> , Interim Director, Fresno County Dept. of Public Health
✓	<b>David Cardona</b> , M.D., Fresno County At-large Appointee		<b>Aftab Naz</b> , Madera County At-large Appointee
	<b>Aldo De La Torre</b> , Community Medical Center Representative	✓	<b>Joe Neves</b> , Vice Chair, Kings County Board of Supervisors
	<b>Joyce Fields-Keene</b> , Fresno County At-large Appointee	✓●	<b>Harold Nikoghosian</b> , Kings County At-large Appointee
✓●	<b>John Frye</b> , Commission At-large Appointee, Fresno		<b>Sal Quintero</b> , Fresno County Board of Supervisor
✓●	<b>Soyla Griffin</b> , Fresno County At-large Appointee		<b>David Rogers</b> , Madera County Board of Supervisors
	<b>David Hodge</b> , M.D., Chair, Fresno County At-large Appointee	✓	<b>Brian Smullin</b> , Valley Children's Hospital Appointee
✓●	<b>Kerry Hydash</b> , Commission At-large Appointee, Kings County	✓●	<b>Paulo Soares</b> , Commission At-large Appointee, Madera County
Commission Staff			
✓	<b>Jeff Nkansah</b> , Chief Executive Officer (CEO)	✓	<b>Mary Lourdes Leone</b> , Chief Compliance Officer
✓	<b>Daniel Maychen</b> , Chief Financial Officer (CFO)	✓	<b>Amy Schneider</b> , R.N., Director of Medical Management
✓	<b>Patrick Marabella, M.D.</b> , Chief Medical Officer (CMO)	✓	<b>Cheryl Hurley</b> , Commission Clerk
General Counsel and Consultants			
✓	<b>Jason Epperson</b> , General Counsel		
✓ = Commissioners, Staff, General Counsel Present			
* = Commissioners arrived late/or left early			
● = Attended via Teleconference			

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>#1 Call to Order</b>	The meeting was called to order at 1:30 pm. 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	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	remains a requirement to take actions, but can be achieved with any combination of Commissioners' physical attendance at the public location or by teleconferencing.	
<b>#2 Roll Call</b> Cheryl Hurley, Clerk to the Commission	A roll call was taken for the current Commission Members.	<i>A roll call was taken</i>
<b>#3 Consent Agenda</b> a) Commission Minutes 7/15/2021 b) Finance Committee Minutes 5/20/2021 c) QIUM Committee Minutes dated 5/20/2021 d) Public Policy Committee Minutes dated 6/9/21  Action J. Neves, Co-Chair	All consent items were presented and accepted as read.	<b>Motion:</b> Approve Consent Agenda 9 – 0 – 0 – 7  No vote for K. Hydash  (Smullin / Nikoghosian)  A roll call was taken
<b>#4 HEDIS Update – Reporting Year 2021</b>  Information P. Marabella, MD, CMO	Dr. Marabella provided an update on HEDIS®, reporting year (RY) 2021-2022.  The measures that reported results from the Managed Care Accountability Set (MCAS) that were below the minimum performance level (MPL) or 50 <sup>th</sup> percentile, were:  <ul style="list-style-type: none"> <li>• Antidepressant Medication Management (AMM), for both the Acute Phase and the Continuation Phase, for all three counties.</li> <li>• Breast Cancer Screening for Fresno and Kings Counties.</li> </ul>	<b>No Motion</b>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Cervical Cancer Screening for Fresno County.</li> <li>• Chlamydia Screening for Fresno and Madera Counties.</li> <li>• Childhood Immunizations – Combo 10 for Fresno and Kings Counties.</li> <li>• HbA1c Poor Control (&gt;9%) for Fresno and Madera Counties.</li> <li>• Controlling High Blood Pressure for Fresno County.</li> <li>• Weight Assessment and Counseling – BMI Percentile for Fresno County.</li> <li>• Well-Child Visits in the first 15 months of life for all three counties.</li> </ul> <p>The two (2) Performance Improvement Projects (PIPs) on Breast Cancer Screening and Childhood Immunizations started in 2020 will continue through 12/31/2022.</p> <p>DHCS will not impose sanctions or Corrective Action Plans (CAPs) for failure to meet MPLs for measurement year (MY) 2021.</p> <p>No more than three (3) PDSA rapid cycle improvement projects will be required for each MCP this year. CalViva is required to do two (2) PDSA projects this year and these will focus on Cervical Cancer Screening and Comprehensive Diabetes Care- HbA1c &lt; 9.</p> <p>Additionally, the State is continuing the COVID-19 Quality Improvement Plan (QIP) this year. This involves the selection of three (3) improvement strategies that demonstrate how the Plan has adapted to improve the health/wellness of its members during the COVID 19 Emergency. Two reports per year are required. Medical Management has selected AMM outreach in Kings and Madera Counties and Well Child Visits with Chlamydia Screening in Fresno County for this year's COVID-19 QIP.</p>	



AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>#5 2021 Quality Improvement Work Plan Mid-Year Evaluation</b></p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2021 Quality Improvement Work Plan Mid-Year Evaluation.</p> <p>Initiatives on track to be completed by year end include:</p> <ul style="list-style-type: none"> <li>• Access, Availability, and Service: <ul style="list-style-type: none"> <li>○ Improve Access to Care by continuing to monitor appointment access via the Provider Appointment Availability Survey (PAAS) and after-hours access (urgent &amp; emergent services) is monitored via the Provider After Hours Access Survey (PAHAS).</li> <li>○ Corrective Action Plans (CAPs). A targeted PPG approach will be used to address non-compliance with an established escalation process for non-responding PPGs. Educational packets will be distributed to Fee For Services (FFS) and Direct Network providers who are non-compliant. Any providers in this group who are non-compliant for 2 years in a row will be required to complete a CAP.</li> <li>○ Mandatory webinars will be required for non-compliant PPGs.</li> </ul> </li> <li>• Quality &amp; Safety of Care <ul style="list-style-type: none"> <li>○ Default Measures: Fresno and Kings Counties fell below the MPL in Childhood Immunizations. Fresno County fell below the MPL for Controlling High Blood Pressure. All three counties exceeded MPL in Timeliness of Prenatal Care. Fresno and Madera counties fell below the MPL in HbA1c testing. And Fresno County fell below the MPL for Cervical Cancer Screening.</li> </ul> </li> <li>• Performance Improvement Projects (PIPs): <ul style="list-style-type: none"> <li>○ Childhood Immunizations (birth to 2 years) CIS-10: Modules 1, 2 &amp; 3 are complete and approved. The first intervention will utilize text messaging to attempt to engage parents in dialogue and encourage them to schedule an appointment for immunizations. The first messages were sent September 14<sup>th</sup>.</li> </ul> </li> </ul>	<p><b>See #6 for Motion</b></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>Breast Cancer Screening Disparity: Modules 1 &amp; 2 are complete and The first intervention is an in-person educational event including a physician speaker, video in Hmong, testimonials, and staff from Imaging Center. The first event is scheduled for September 24<sup>th</sup>.</li> <li>Several metrics have been established for each intervention to evaluate the success.</li> </ul>	
<p><b>#6 2021 Utilization Management Work Plan Mid-Year Evaluation</b></p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2021 Mid-Year Utilization Management Case Management Work Plan Evaluation.</p> <p>Activities focused on:</p> <ol style="list-style-type: none"> <li>Compliance with Regulatory and Accreditation Requirements</li> <li>Monitoring the Utilization Management Process</li> <li>Monitoring the Utilization Management Metrics</li> <li>Monitoring Coordination with Other Programs and Vendor Oversight</li> <li>Monitoring Activities for Special Populations</li> </ol> <p>Key metrics:</p> <ul style="list-style-type: none"> <li>Turn-around Time for processing authorizations from January – June was 99.5%. CAP monitoring is in progress.</li> <li>Turn-around Time for appeals January – June was 99.76%.</li> <li>TANF Bed days/1000 had a significant increase in Q1 and leveled off in Q2.</li> <li>SPD Bed days/1000 was below the goal (lower is better).</li> <li>MCE for Q1 and Q2 remained below goal.</li> </ul> <p>Additional key findings include the following:</p> <ul style="list-style-type: none"> <li>Compliance activities are on target for year-end completion.</li> <li>Too Soon to Tell if monitoring of Turn-around Times for authorization requests will meet goals.</li> </ul>	<p><b>Motion:</b> 2021 Quality Improvement Work Plan Mid-Year Evaluation Executive Summary and Work Plan Evaluation; and 2021 Utilization Management Work Plan Mid-Year Evaluation Executive Summary and Work Plan Evaluation</p> <p><i>10 – 0 – 0 – 6 (Cardona / Smullin)</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"> <li>• PPG specific dashboard reports continue to be refined and include Bed Days/K, Admits/K and Average length of Stay (ALOS).</li> <li>• Too Soon to Tell if 10% goal to reduce admissions year over year and reduced LOS will be met in 2021.</li> <li>• Integrated Case Management Outcome Measures show Positive results when evaluated 90 days prior and 90 days post services. Member satisfaction is high.</li> <li>• MHN (Behavioral Health) authorization timeliness improved and Bi-directional referrals remain consistent.</li> <li>• Activities for monitoring Special Populations such as CCS and SPD are on target. CCS issues related to delayed surgeries/authorizations has been addressed. Health Risk Assessment timeliness at 100% year to date.</li> </ul>	
<p><b>#7 Standing Reports</b></p> <ul style="list-style-type: none"> <li>• <b>Finance Reports</b> Daniel Maychen, CFO</li> </ul>	<p><b><u>Finance</u></b></p> <p><b>Financial Report Fiscal Year End Jun 30, 2021:</b></p> <p>Fiscal year end 2021 financials are currently being audited by Moss Adams, LLP and are in the final review stages. To date, there are no proposed audit adjustments or corrections to the financial statements.</p> <p>Moss Adams will be present during the October Finance meeting and the October Commission meeting to present the final audited financials for Fiscal Year 2021.</p> <p>Current total assets are approximately \$266.1M; current liabilities recorded are \$157M, this gives a current ratio of 1.69. TNE as of June 30, 2021 is approximately \$119.1M which is approximately 736% of the minimum required TNE by DMHC.</p>	<p><b><i>Motion: Standing Reports Approved</i></b></p> <p><i>10 – 0 – 0 – 6</i> <i>(Nikoghosian / Bosse)</i></p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Investment income actual recorded was approximately \$299k less than budgeted primarily due to declining yields on the Plan's money market accounts. Premium capitation income actual recorded was approximately \$1.33B which is approximately \$148.4M higher than what was budgeted due to the FY 2021 budget accounting for the Pharmacy Carve-Out being effective mid-way through FY 2021 and was delayed by DHCS and was not effective at all during FY 2021. This created higher revenues than projected; that in conjunction with enrollment being higher than projected and higher rates also contributed to the higher revenue. In late July 2021 DHCS confirmed that the new Pharmacy Carve-Out date will be 1/1/2022 which is consistent with what was budgeted in the FY 2022 budget. Total costs of medical care expense actual recorded is approximately \$1.12B which is approximately \$142.9M above what was budgeted primarily due to the delay of the Pharmacy Carve-Out and higher enrollment and rates than expected. Admin service agreement fees expense actual recorded was approximately \$49.6M which is approximately \$1.5M above what was budgeted primarily due to enrollment being higher than anticipated. Grants expense actual recorded is approximately \$3.5M which is approximately \$667k less than budgeted due to the Plan's Grants/Community Support Program related funds not being fully utilized. All other expense items line items are in line with what was budgeted. Total net income for FY 2021 was approximately \$10.3M, which is approximately \$5M more than budgeted, primarily due to the Pharmacy Carve-Out delay, higher enrollment than projected, and rates being higher than budgeted.</p> <p><b>Financials as of July 31, 2021:</b></p> <p>Total current assets recorded were approximately \$240M; total current liabilities were approximately \$131.3M. Current ratio is approximately 1.89. Two new line items have been added to the Balance Sheet; Lease Receivable and Deferred Inflows of Resources. These two new items were added due to a new accounting standard</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li>• <b>Compliance</b> M.L. Leone, CCO</li> </ul>	<p>through GASB 87. Total net equity as of July 2021 was approximately \$118.7M which is approximately 733% above the minimum DMHC required TNE amount.</p> <p>Premium capitation income actual recorded was approximately \$115M which is approximately \$1.5M higher than budgeted due to enrollment being higher than budgeted. Total cost of medical care expense actual recorded is approximately \$95.5M which is approximately \$1.2M more than budgeted due to higher enrollment than expected. Admin service agreement fees expense actual recorded was approximately \$4.3M, which is approximately \$76k more than budgeted due to enrollment being higher than budgeted. All other line-item expense items are in line with what was budgeted. For the first month of FY 2022 there was a net loss of approximately \$403k primarily due to front loading grants made to various entities and CBOs which is consistent with what was budgeted and the prior year. The \$403k net loss is \$313k less than the projected net loss of \$716K due to the MCO tax loss not being as high as anticipated.</p> <p><b><u>Compliance</u></b></p> <p>There was one new high-risk case reported impacting one member's PHI.</p> <p>No new MC609 filings with DHCS; 22 cases are still open for investigation.</p> <p>Oversight audits completed since the July 2021 Commission meeting include the 2020 Provider Dispute Resolution Audit (CAP), and the Fraud, Waste &amp; Abuse Audit (No CAP).</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>In reference to Regulatory Reviews and Audits, and CAPs, 2021 DMHC 18-month Follow-Up Audit: Audit interviews were held 3/30/21; the Plan is currently awaiting the final report. The next DMHC audit is scheduled for September 2022.</p> <p>The 2020 DHCS Audit CAP: the Plan filed its final CAP update on 8/27/21.</p> <p>On 8/12/21 DHCS notified the Plan that it passed the Annual Network Certification (ANC) with no deficiencies.</p> <p>DHCS Subcontracted Network Certification (SNC) Readiness Plan: The Plan submitted the Subcontracted Network Certification Readiness Plan in May; at the request of DHCS the Plan submitted responses as a result of three separate requests for additional information; currently pending final determination by DHCS.</p> <p>U.S. Health and Human Services (HHS): On 8/16/21 the Plan received correspondence from the U.S. Department of Human Services' Office of Civil Rights (OCR) stating that it was in receipt of a breach notification report filed on March 25, 2021. The breach notification was related to the Plan's Administrator's (Health Net's) business associate, Accellion, that reported it had been a victim of a cyber-attack. OCR's intent to investigate whether the Plan is compliant with the applicable Federal Standards for Privacy and/or the Security Standards.</p> <p>The Medi-Cal RX transition will become effective 1/1/2022.</p> <p>The enhanced Care Management (ECM) and In Lieu of Services (ILOS) under California Advancing and Innovating Medi-Cal (CalAIM) will become effective 1/1/22 in Kings County, and 7/1/22 in Fresno and Madera counties. The Plan's initial ECM-ILOS Model of Care Part 1 was filed with DHCS 7/1/21 and approved. The Plan</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>submitted the MOC Part 2 deliverable on 9/1/21 and is awaiting DHCS determination.</p> <p>CalViva through its Plan Administrator is planning to offer the following services beginning 1/1/22 in Kings County:</p> <ul style="list-style-type: none"> <li>• Housing Transition Navigation Services</li> <li>• Housing Tenancy and Sustaining Services</li> <li>• Recuperative Care (Medical Respite)</li> <li>• Meals/Medically Tailored Meals</li> <li>• Sobering Centers</li> <li>• Asthma Remediation</li> </ul> <p>The Major Organ Transplant (MOT) carve-in will become effective 1/1/22 for all CVH service counties and membership. The Plan submitted its MOT Network Certification listing California transplant centers on 9/2/21. The Plan's administrator is currently negotiating contracts with these centers to cover transplants for the Plan's Medi-Cal membership.</p> <p>The Public Policy Committee met on September 1, 2021, via telephone conference due to the COVID-19 state of emergency. The following reports were presented: Q2 2021 Grievance and Appeals; Health Education Q1 &amp; Q2 Member Incentive Programs Semi-Annual Report. A Population Needs Assessment Update was also provided to the Committee. There were no recommendations for referral to the Commission. The next meeting will be held on December 1, 2021, at 11:30am and it is still to be determined if the meeting will be in person or if it will be a teleconference due to COVID-19.</p> <p><b><u>Medical Management</u></b></p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li><b>Medical Management</b> P. Marabella, MD, CMO</li> </ul>	<p><b>Appeals and Grievances Dashboard</b></p> <p>Dr. Marabella presented the Appeals &amp; Grievances Dashboard through July 2021.</p> <p>The total number of grievances through July 2021 has increased compared to last year.</p> <p>Quality of Service for Access, Administrative, and Transportation continue to represent the majority of grievances.</p> <p>The volume of Quality of Care grievances have remained consistent.</p> <p>Exempt Grievances have had a slight increase from previous year.</p> <p>The total number of Appeals Received through Q2 2021 has remained consistent.</p> <p><b>Key Indicator Report</b></p> <p>Dr. Marabella presented the Key Indicator Report (KIR) through Q2 2021.</p> <p>In-hospital utilization rates have decreased when compared to Q1 2021. The admission rate has slightly increased. However, utilization rates are likely to increase again in Q3 based upon recent activity.</p> <p>Turn-around-time compliance improved in Q2 in all metrics with the exception of Deferrals – Urgent. The volume of Deferrals is low and therefore the rate is highly sensitive to variations.</p>	



AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Case Management results remain strong and demonstrate positive results in all areas consistent with previous months.</p> <p><b>Credentialing Sub-Committee Quarterly Report</b></p> <p>The Credentialing Sub-Committee met on July 15, 2021. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q1 2021 were reviewed for delegated entities, and Q2 2021 for Health Net. The Credentialing/Recredentialing Oversight Audit of HN was in progress during Q3 and is expected to close by the end of September. Generally good compliance is noted and any issues of non-compliance will be addressed with a corrective action plan. There was no case activity to report for the Q2 2021 Credentialing Report from Health Net.</p> <p><b>Peer Review Sub-Committee Quarterly Report</b></p> <p>The Peer Review Sub-Committee met on July 15, 2021. The county-specific Peer Review Sub-Committee Summary Reports for Q2 2021 were reviewed for approval. There were no significant cases to report.</p> <p>The Q2 2021 Peer Count Report was presented with a total of three (3) cases reviewed. All three (3) cases were closed and cleared. There were no cases pending closure for Corrective Action Plan compliance. There were no cases with outstanding CAPs. There were no cases pending for further information.</p> <p>Ongoing monitoring and reporting will continue.</p> <p><b><u>Executive Report</u></b></p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li><b>Executive Report</b> J. Nkansah, CEO</li> </ul>	<p>CVH Membership continues to grow. Market share continues to trend down primarily due to the default rate that has been adopted and applied which has been favorable to ABC. The Plan continues to review in hopes the State would make a change to the default rate algorithm; however, the Plan was notified the State will continue with the current default rate for another year. This will continue to adversely impact the Plan's market share. In addition, the Public Health Emergency currently in effect will allow the State 12 months after the Public Health Emergency ends to complete eligibility redeterminations. Furthermore, CMS has directed the States to complete a redetermination for all MC beneficiaries before taking adverse action. This will affect the timing in identifying the true number of beneficiaries eligible for MC.</p> <p>There are no significant issues, concerns, or items to note as it pertains to the Plan's IT Communications and Systems.</p> <p>Q2 2021 numbers are now available for the Member Call Center. Most areas met goal. The Plan continues to monitor an improvement plan to improve the Transportation Call Center service level goal. As of July and August the service level has improved and met compliance goal of 80%. There was a decline in users accessing the website for Q2 2021; however, this is consistent with historical numbers.</p> <p>The network remains stable and the Plan passed the 2021 DHCS Annual Network Certification Network Adequacy Report.</p> <p>Q2 2021 claims processing numbers are available. One PPG did not meet the 30-day Claims Timeliness goal. All other areas met goal.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	All areas met goal with regard to Provider Disputes with the exception of one PPG; they did not meet the 45-day timeliness goal.	
#8 Final Comments from Commission Members and Staff	None.	
#9 Announcements	None.	
#10 Public Comment	General counsel provided an update on The Brown Act. The matters are still working their way through legislature. There could potentially be some changes; however, if it's not passed in legislature and the Governor does not sign, we will essentially return to pre-COVID Brown Act rules.	
#11 Adjourn	The meeting was adjourned at 2:45 pm The next Commission meeting is scheduled for October 21, 2021 in Fresno County.	

Submitted this Day: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Cheryl Hurley  
Clerk to the Commission

# Item #3

## Attachment 3.B

Finance Committee Minutes  
dated 7/15/2021



# CalViva Health Finance Committee Meeting Minutes

September 16, 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
✓	Jeff Nkansah, 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.
#2 Finance Committee Minutes dated July 15, 2021	The minutes from the July 15, 2021 Finance meeting were approved as read.	Motion: <i>Minutes were approved</i> <i>6 – 0 – 0 – 1</i>

Attachment 2.A Action D. Maychen, Chair		(Nikoghosian / Frye)  A roll call was taken.
#3 Financials – Fiscal Year End 2021  Action D. Maychen, Chair	<p>Fiscal year end 2021 financials are currently being audited by Moss Adams, LLP and are in the final review stages. To date, there are no proposed audit adjustments or corrections to the financial statements.</p> <p>Moss Adams will be present during the October Finance meeting and the October Commission meeting to present the final audited financials for Fiscal Year 2021.</p> <p>Current total assets are approximately \$266.1M; current liabilities recorded are \$157M, this gives a current ratio of 1.69. TNE as of June 30, 2021 is approximately \$119.1M which is approximately 736% of the minimum required TNE by DMHC.</p> <p>Investment income actual recorded was approximately \$299k less than budgeted primarily due to declining yields on the Plan's money market accounts. Premium capitation income actual recorded was approximately \$1.33B which is approximately \$148.4M higher than what was budgeted due to the FY 2021 budget accounting for the Pharmacy Carve-Out being effective mid-way through FY 2021 and was delayed by DHCS and was not effective at all during FY 2021. This created higher revenues than projected; that in conjunction with enrollment being higher than projected and higher rates also contributed to the higher revenue. In late July 2021 DHCS confirmed that the new Pharmacy Carve-Out date will be 1/1/2022 which is consistent with what was budgeted in the FY 2022 budget. Total costs of medical care expense actual recorded is approximately \$1.12B which is approximately \$142.9M above what was budgeted primarily due to the delay of the Pharmacy Carve-Out and higher enrollment and rates than expected. Admin service agreement fees expense actual recorded</p>	<p>Motion: <i>Financials Year End 2021 were approved</i></p> <p>6 – 0 – 0 – 1</p> <p>(Nikoghosian / Soares)</p> <p>A roll call was taken.</p>

	<p>was approximately \$49.6M which is approximately \$1.5M above what was budgeted primarily due to enrollment being higher than anticipated. Grants expense actual recorded is approximately \$3.5M which is approximately \$667k less than budgeted due to the Plan's Grants/Community Support Program related funds not being fully utilized. All other expense items line items are in line with what was budgeted. Total net income for FY 2021 was approximately \$10.3M, which is approximately \$5M more than budgeted, primarily due to the Pharmacy Carve-Out delay, higher enrollment than projected, and rates being higher than budgeted.</p>	
<p>#4 Financial Statements as of July 31, 2021</p> <p>Action D. Maychen, Chair</p>	<p>Total current assets recorded were approximately \$240M; total current liabilities were approximately \$131.3M. Current ratio is approximately 1.89. Two new line items have been added to the Balance Sheet; Lease Receivable and Deferred Inflows of Resources. These two new items were added due to a new accounting standard through GASB 87. Total net equity as of July 2021 was approximately \$118.7M which is approximately 733% above the minimum DMHC required TNE amount.</p> <p>Premium capitation income actual recorded was approximately \$115M which is approximately \$1.5M higher than budgeted due to enrollment being higher than budgeted. Total cost of medical care expense actual recorded is approximately \$95.5M which is approximately \$1.2M more than budgeted due to higher enrollment than expected. Admin service agreement fees expense actual recorded was approximately \$4.3M, which is approximately \$76k more than budgeted due to enrollment being higher than budgeted. All other line-item expense items are in line with what was budgeted. For the first month of FY 2022 there was a net loss of approximately \$403k primarily due to front loading grants made to various entities and CBOs which is consistent with what was budgeted and the prior year. The \$403k net loss is \$313k less than the projected net loss of \$716K due to the MCO tax loss not being as high as anticipated.</p>	<p>Motion: <i>Financials as of July 31, 2021 were approved</i></p> <p>6 – 0 – 0 – 1</p> <p>(Frye / Nikoghosian)</p> <p>A roll call was taken.</p>

# Finance Committee

#5 Proposed 2022 Finance Meeting Calendar	The proposed 2021 Finance meeting calendar was presented to the Committee. No revisions recommended.	Motion: Motion: <i>Approve Proposed Finance Meeting Calendar to move forward to Commission for Approval</i>
Action D. Maychen, Chair		<i>6 – 0 – 0 – 1</i> <i>(Frye / Nikoghosian)</i> A roll call was taken.
#5 Announcements		
#6 Adjourn	Meeting was adjourned at 11:43 am	

Submitted by: \_\_\_\_\_  
Cheryl Hurley, Clerk to the Commission

Approved by Committee: \_\_\_\_\_  
Daniel Maychen, Committee Chairperson

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_



# Item #3

## Attachment 3.C

QIUM Committee Minutes  
dated 7/15/2021

Fresno-Kings-Madera  
Regional Health Authority

CalViva Health  
QI/UM Committee  
Meeting Minutes  
July 15<sup>th</sup>, 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	✓●	Maria Sanchez, Compliance Manager
✓●	Joel Ramirez, M.D., Camarena Health Madera County	✓	Iris Poveda, Medical Management Administrative 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)	✓	Lori Norman, Senior Compliance Analyst
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 10:34 am. A quorum was present.	
#2 Approve Consent Agenda Committee Minutes: May 20, 2021 - Clinical Practices Guidelines - Standing Referrals Report (Q1) - Provider Office Wait Time Report (Q2) - Facility Site & Medical Records and PARS Reviews - Provider Preventable	The May 20 <sup>th</sup> , 2021 QIUM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Any item on the consent agenda may be pulled out for further discussion at the request of any committee member. The full July Formulary (PDL) was available for review.	Motion: Approve Consent Agenda (Foster/Cardona) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Conditions (Q1)</p> <ul style="list-style-type: none"> <li>- County Relations Quarterly Update (Q1)</li> <li>- Pharmacy Provider Updates (Q2)</li> </ul> <p>(Attachments A-H)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>		
<p><b>#3 QI Business</b></p> <ul style="list-style-type: none"> <li>- Appeals &amp; Grievances Dashboard (May)</li> <li>- A&amp;G Validation Audit Summary Report (Q1)</li> </ul> <p>(Attachments I-J)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the <b>Appeals &amp; Grievances Dashboard</b> through May 2021.</p> <p><b>Appeals &amp; Grievances Data:</b></p> <ul style="list-style-type: none"> <li>➤ The total number of grievances received for May was 134, a slight increase from April.</li> <li>➤ The highest number of Quality of Service grievances this month were noted to be under the Transportation category. Corrective action plan is in place with vendors, contractors and subcontractors with ongoing monitoring.</li> <li>➤ The number of appeals remains consistent with highest volumes in the areas of advanced imaging, majority cardiac related and pharmacy for Psoriasis and Dialysis related medications.</li> </ul> <p>The <b>A&amp;G Validation Audit Summary Report</b> for Quarter 1 2021 was presented and reviewed. CalViva Health conducts weekly A&amp;G case validations to ensure each Grievance or Appeal case contains the appropriate documentation and evidence necessary for standard and expedited Quality of Service (QOS), Quality of Care (QOC), and Appeal cases. This report provides a summary of Quarter 1 2021 case reviews, performed to evaluate whether cases met compliance standards and provided adequate evidence to fully support the grievance or appeal response or decision in a timely and complete manner. In Q1, 91% of cases were found to have met compliance standards when initially transferred to CalViva. All documents identified to be missing from the cases were obtained and inserted to complete the file before closing out the month. Trends in non-compliance are also monitored and addressed accordingly.</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Appeals &amp; Grievances Dashboard (May)</li> <li>- A&amp;G Validation Audit Summary Report (Q1)</li> </ul> <p>(Cardona/Ramirez) 4-0-0-3</p>
<p><b>#3 QI Business</b></p> <ul style="list-style-type: none"> <li>- MHN Performance Indicator</li> </ul>	<p>The <b>MHN Performance Indicator Report for Behavioral Health</b> Q1 2021 provides a summary of an array of indicators in order to evaluate the behavioral health services provided to CalViva members.</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- MHN</li> </ul>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Report for Behavioral Health (Q1) (Attachment K)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>Fifteen (15) out of the fifteen (15) metrics met or exceeded their targets this quarter.</p> <ul style="list-style-type: none"> <li>➤ Q1 2021 CalViva membership increased with MHN providing services for 2.3% of members in Q1.</li> <li>➤ There was 1 Life-Threatening emergent case and 1 Non-Life-Threatening emergent case, and 6 Urgent cases, the appointment access standard was met for all cases.</li> <li>➤ Authorization Decision Timeliness: there were 12 non-ABA reviews and 431 ABA reviews, all were compliant with timeliness standards.</li> <li>➤ There were 3 PQI cases, all cases were resolved and had no adverse effects.</li> <li>➤ There were 170 Provider Disputes in Q1. All were resolved within timeliness standards.</li> </ul>	<p>Performance Indicator Report for Behavioral Health (Q1) (Foster/Cardona) 4-0-0-3</p>
<p><b>#3 QI Business</b> - SPD HRA Outreach (Q1) (Attachment L)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>The <b>SPD HRA Outreach</b> Q1 2021 report was presented and reviewed. This report provides an analysis of compliance with SPD member outreach standards.</p> <ul style="list-style-type: none"> <li>➤ Outreach timeliness achieved 100% compliance for Q1 2021.</li> <li>➤ The percentage of members that completed an HRA for both high and low risk in Q1 2021 was 1.7% (65) which represents a decline from 15% in Q1 2020.</li> <li>➤ This decline appears to be related to the new POM system that was put in place last year. An analysis revealed lengthy scripts, member not transferred to live agent, and potential long hold times.</li> <li>➤ Efforts to address these issues are in progress. Monitoring to continue.</li> </ul>	<p>Motion: <i>Approve</i> - SPD HRA Outreach (Q1) (Cardona/Ramirez) 4-0-0-3</p>
<p><b>#3 QI Business</b> - Breast Cancer Screening QI Activity Summary - Chlamydia Screening QI Activity Summary - Childhood Immunizations QI Activity Summary (Attachments M - O)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>The <b>Breast Cancer Screening Disparity Project QI Activity Summary</b> provides a summary of quality improvement efforts to improve preventive screening rates. This project addresses Breast Cancer Screening (BCS) in Fresno County and is focused on Hmong speaking women age 50 to 74 years. CalViva Medical Management team is collaborating with the Greater Fresno Health Organization (GFHO), WISH Breast Imaging Center, and The Fresno Center, a community-based organization that supports the Hmong community.</p> <ul style="list-style-type: none"> <li>➤ First intervention is the “Hmong Sisters Educational Event”, an evening training session presented in a culturally and linguistically sensitive manner.</li> <li>➤ Modules 2 and 3 are in development and must be approved prior to the event.</li> </ul> <p>The <b>Chlamydia Screening QI Activity Summary</b> provides a summary of a PDSA improvement project aimed at increasing Chlamydia Screening (CHL) in young women in Madera County. CalViva Medical Management team is collaborating with a high volume, low performing FQHC.</p> <ul style="list-style-type: none"> <li>➤ The first PDSA cycle focused on the older sub-group, 21 to 24 years old with an intervention focused on integrating routine Chlamydia screening for any office visit into the clinic’s</li> </ul>	<p>Motion: <i>Approve</i> - Breast Cancer Screening QI Activity Summary - Chlamydia Screening QI Activity Summary - Childhood Immunizations QI Activity Summary (Cardona/Ramirez) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>processes, rather than waiting for an annual women's exam. A urine sample is all that is needed. This effort has been successful thus far and now the team is ready to test it with the younger sub-group of 17 to 20 years old.</p> <p>The <b>Childhood Immunizations QI Activity Summary</b> was presented and reviewed. CalViva Health Medical Management is leading a quality improvement project to address Childhood Immunizations in Fresno County in collaboration with Family HealthCare Network.</p> <ul style="list-style-type: none"> <li>➤ Module 1 and 2 have been approved and Module 3 is in progress.</li> <li>➤ Module 3 is focused on the first intervention; an educational campaign that will utilize texting as its first method to engage parents.</li> </ul>	
<p><b>#4 UM/CM Business</b> - Key Indicator Report and TAT Report (April) (Attachment P)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the <b>Key Indicator Report and TAT Report</b> through April 2021.</p> <ul style="list-style-type: none"> <li>➤ Slight decrease in membership noted overall.</li> <li>➤ In-hospital utilization rates have leveled off since March. The readmission rate continues to decrease.</li> <li>➤ Turn-around-time compliance dropped slightly to 98% in only one metric; all others met goal at 100%.</li> <li>➤ Case Management results remain strong and demonstrate positive results in all areas consistent with previous months.</li> </ul>	<p>Motion: <i>Approve</i> - Key Indicator Report (April) (Foster/Ramirez) 4-0-0-3</p>
<p><b>#4 UM/CM Business</b> - Specialty Referrals Report -HN (Q1) (Attachment Q)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>The <b>Specialty Referral Report</b> provides a summary of specialty referrals that require prior authorization in the three-county area (Fresno, Kings, and Madera) for the first quarter of 2021. The report provides evidence of a system-wide process for tracking and following up on member referrals requiring prior authorization, and includes a breakdown of SPD and non-SPD member specialty referral requests. This report includes three areas:</p> <ul style="list-style-type: none"> <li>➤ Key services within the service area and within the network that require clinical review</li> <li>➤ Services outside the tri-county area, but within the provider network</li> <li>➤ Out of network requests.</li> </ul> <p>Currently, due to a change in software only "in network" and "out of network" can be reported on. The information related to Service area is not available. Options to capture this data for future reports is under review.</p>	<p>Motion: <i>Approve</i> - Specialty Referrals Report -HN (Q1) (Cardona/Ramirez) 4-0-0-3</p>
<p><b>#4 UM/CM Business</b> - UM Top 10 Diagnoses Report (Attachment R)</p>	<p>The <b>UM Top 10 Diagnoses Report</b> provides an annual evaluation of the volume of hospital admissions, bed days per one thousand and average length of stay for the top 10 diagnoses (recorded as principal discharge diagnoses, for acute hospital stays among the TANF, SPD, and MCE populations). Identification of utilization trends provides a source from which to establish</p>	<p>Motion: <i>Approve</i> - UM Top 10 Diagnoses Report (Cardona/Foster)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>opportunities for collaboration and outcome improvement.</p> <p><u><b>Analysis/Findings/Outcomes/Actions</b></u></p> <ul style="list-style-type: none"> <li>➤ In 2020 sepsis continued to rank as the number one non pregnancy related diagnosis.</li> <li>➤ COVID-19 was a new diagnosis in 2020, ranked second in admissions and bed days per thousand and had the highest average length of stay out of the top diagnoses.</li> <li>➤ With the impact of COVID-19 on the hospitals, CalViva implemented a surge process with daily outreach to those hospitals that were surging. Multiple programs were identified, such as, Project Room Key and brought to the attention of the hospitals to safely discharge or transfer members.</li> </ul>	<p>4-0-0-3</p>
<p><b>#4 UM/CM Business</b> - Case Management and CCM Report (Q1) (Attachment S)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>The <b>Case Management and CCM Report</b> Q1 2021 report summarizes the Integrated Case Management, Transitional Care management, Behavioral Health Case Management, Perinatal Case Management, MemberConnections, Palliative Care, and Emergency Department (ED) diversion activities for 2021 through first quarter and utilization related outcomes through fourth quarter 2020.</p> <ul style="list-style-type: none"> <li>➤ A decrease in referrals was noted for Q1 for all areas except Palliative Care and Perinatal Case Management.</li> <li>➤ Engagement rates increased in almost all areas.</li> <li>➤ Case Management Outcomes data for Q4 2020 demonstrated: <ul style="list-style-type: none"> <li>○ Thirteen percent (13%) fewer readmissions for members in case management, fewer ED Visits, and lower costs than members who were not in case Management (Integrated and Behavioral CM and Transitional Care Management populations)</li> <li>○ Greater compliance with the first pre-natal and postpartum visits, and fewer pre-term deliveries for high-risk moms (Perinatal Case Management).</li> </ul> </li> </ul>	<p>Motion: <i>Approve</i> - Case Management and CCM Report (Q1) (Foster/Ramirez) 4-0-0-3</p>
<p><b>#4 UM/CM Business</b> - TurningPoint Musculoskeletal Utilization Review (Q1) - MedZed Report (Q1) (Attachments T-U)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>The <b>TurningPoint Musculoskeletal Utilization Review Report</b> provides a summary of monitoring activities associated with musculoskeletal related prior authorization (PA) utilization requests managed by TurningPoint(TP). TurningPoint began processing prior authorizations for CalViva members in July 2020.</p> <ul style="list-style-type: none"> <li>➤ Compliance was achieved compliance with all performance goals in first quarter of 2021.</li> <li>➤ TurningPoint finalized 128 authorizations and 31 were denied resulting in a denial rate of 24.2%, a slight decrease from 24.8% in Q4 2020.</li> <li>➤ Due to COVID-19, the number of authorizations submitted continued to remain low in Q1 2021.</li> </ul> <p>The TP program and clinical guidelines remain new to providers and it takes time for this adjustment.</p>	<p>Motion: <i>Approve</i> - TurningPoint Musculoskeletal Utilization Review (Q1) - MedZed Report (Q1) (Cardona/Ramirez) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Provider education is ongoing.</p> <p>The <b>MedZed Integrated Care Management Report Q1 2021</b> was presented and reviewed. This 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 and is focused on members that are high utilizers with complex needs who are not engaged in care management or with their PCP. 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"> <li>➤ 715 cases being managed at this time.</li> <li>➤ All service level measures are on track in Q1 except for performing the post-discharge, in-home visit within 72 hours. Issues relate to members rescheduling appointments outside the 72 hours for convenience or treatment related issues and low volumes are impacting the rate (90% is goal)</li> </ul> <p>MedZed has implemented a new, more aggressive workflow for outreach to recently discharged members. They will send Community Health Navigators out for urgent face-to-face outreach for unsuccessful telephone attempts.</p>	
<p><b>#5 Credentialing &amp; Peer Review Subcommittee Business</b></p> <p>- Credentialing Sub-Committee Quarterly Report (Attachment V)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>In Quarter 1 the <b>Credentialing Sub-Committee</b> met on May 20, 2021. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering the Q4 for 2020 for delegated entities and the Q1 2021 reports were reviewed for both Health Net and MHN. The 2021 Credentialing Sub-Committee Charter was presented and approved without changes. There were no cases to report on in the Quarter 1 2021 Credentialing Report from Health Net.</p>	<p>Motion: <i>Approve</i></p> <p>- Credentialing Sub-Committee Quarterly Report (Cardona/Foster) 4-0-0-3</p>
<p><b>#5 Credentialing &amp; Peer Review Subcommittee Business</b></p> <p>- Peer Review Sub-Committee Quarterly Report (Attachment W)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>The <b>Peer Review Sub-Committee</b> met on May 20, 2021. The county-specific Peer Review Sub-Committee Summary Reports for Q1 2021 were reviewed for approval. The 2021 Peer Review Sub-Committee Charter was reviewed and approved without changes. The Q1 2021 Peer Count Report was presented with a total of 5 cases reviewed. There were two (2) cases closed and cleared. There was one (1) case pending closure for Corrective Action Plan compliance, two (2) cases pended for further information, and no cases (0) with an outstanding CAP. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p>	<p>Motion: <i>Approve</i></p> <p>- Peer Review Sub-Committee Quarterly Report (Cardona/Ramirez) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>#6 Compliance Update</b>  - Compliance Regulatory Report (Attachment X)</p> <p><b>Action</b>  Patrick Marabella, M.D Chair</p>	<p>Mary Beth Corrado presented the <b>Compliance Report</b>.</p> <p><b><u>Oversight Activities</u></b>  CalViva Health’s Management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint workgroup meetings and discuss any issues or questions during the monthly oversight meetings with HealthNet.</p> <p><b><u>Oversight Audits</u></b>  The following annual audits are in-progress: Credentialing, Emergency Services, Claims &amp; PDR Audit, Call Center and Provider Network and Provider Relations. Since the last meeting, no audits have been completed.</p> <p><b><u>Fraud, Waste, &amp; Abuse Activity</u></b>  There has been one MC609 filed. There were no cases that needed to be referred to other law enforcement agencies by the Plan.</p> <p><b><u>Department of Health Care Services (“DHCS”) subcontracted Network Certification (“SNC”) Readiness Plan</u></b>  In preparation for the 2022 ANC, DHCS requested all plans to submit a “Subcontracted Network Certification Readiness Plan” by June 1, 2021. The plan submitted the SNC Readiness Plan on May 27, 2021. In response to a DHCS request for additional information, the Plan submitted a response on June 29, 2021.</p> <p><b><u>2019-20 Performance Evaluation Report of CalViva</u></b>  On July 6, 2021 we received the Plan’s final 2019-20 Performance Evaluation Report from HSAG. They had three recommendations related to CalViva performance: 2020 DHCS Medical Audit and CAP, dual eligibility calculations related to continuous enrollment criteria for performance measures and two QI PIPs. The Plan must submit a description of the actions taken from 7/1/20 through 6/30/21 to address the findings.</p> <p><b><u>California Advancing and Innovating Medi-Cal (CalAIM)</u></b>  DHCS has a list of approved ILOS that plans can implement. CalViva through its administrator Healthnet is planning to offer all the services (Please see attachment X for the list) on a phased in basis from 1/1/22 to 1/1/23 in our 3-county services areas.</p> <p><b><u>COVID-19 Novel Coronavirus</u></b>  The Governor’s Office established a timeline and process to wind down provisions of the 58 COVID-related executive orders issued during pandemic. Due to easing of state and federal restrictions</p>	



AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>related to the public health emergency, we reopened the Palm office to members and public walk-in visitors on June 15, 2021. Downtown office for walk-ins is still closed and our administrator HealthNet has indicated they will still continue to carry out operations on a remote basis until at least September 2021.</p> <p><b>Public Policy Committee</b></p> <p>The Public Policy Committee met on June 9, 2021. No changes were needed and the Committee approved the Charter with a recommendation to forward it to the Commission for final approval. There were no other recommendations for referral to the Commission or the QI/UM Committee.</p>	
#9 Old Business	None.	
#10 Announcements	Next meeting September 16 <sup>th</sup> , 2021	
#11 Public Comment	None.	
#12 Adjourn	Meeting was adjourned at 11:51am	

NEXT MEETING: September 16<sup>th</sup>, 2021

Submitted this Day: September 16, 2021

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

Acknowledgment of Committee Approval:

Patrick Marabella  
 Patrick Marabella, MD Committee Chair

# Item #3

## Attachment 3.D – 3.I

2022 Meeting Calendars

3.D	Commission Calendar
3.E	Finance Calendar
3.F	QUIM Calendar
3.G	Credentialing Calendar
3.H	Peer Review Calendar
3.I	Public Policy Calendar

**Fresno-Kings-Madera Regional Health Authority  
2022 Commission Meeting Schedule**

**Meeting Location:**

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

Date	Time	County	Meeting Location
January			<b>No Meeting</b>
February 17, 2022	1:30 to 3:30	Fresno	CalViva Health
March 17, 2022	1:30 to 3:30	Fresno	CalViva Health
April			<b>No Meeting</b>
May 19, 2022	1:30 to 3:30	Fresno	CalViva Health
June			<b>No Meeting</b>
July 21, 2022	1:30 to 3:30	Fresno	CalViva Health
August			<b>No Meeting</b>
September 15, 2022	1:30 to 3:30	Fresno	CalViva Health
October 20, 2022	1:30 to 3:30	Fresno	CalViva Health
November 17, 2022	1:30 to 3:30	Fresno	CalViva Health
December			<b>No Meeting</b>

Fresno-Kings-Madera Regional Health Authority  
**Finance Committee**  
2022 Meeting Schedule

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

Date	Time	County	Meeting Location
January			<b>No Meeting</b>
February 17, 2022	11:30 am to 12:00 pm	Fresno	CalViva Health
March 17, 2022	11:30 am to 12:00 pm	Fresno	CalViva Health
April 21, 2021	11:30 am to 12:00 pm <b>TENTATIVE</b>	Fresno	CalViva Health
May 19, 2022	11:30 am to 12:00 pm	Fresno	CalViva Health
June			<b>No Meeting</b>
July 21, 2022	11:30 am to 12:00 pm	Fresno	CalViva Health
August			<b>No Meeting</b>
September 15, 2022	11:30 am to 12:00 pm	Fresno	CalViva Health
October 20, 2022	11:30 am to 12:00 pm * <i>*Auditors presentation</i>	Fresno	CalViva Health
November 17, 2022	11:30 am to 12:00 pm	Fresno	CalViva Health
December			<b>No Meeting</b>

Fresno-Kings-Madera Regional Health Authority  
**Quality Improvement/Utilization Management**  
2022 Meeting Schedule

**Meeting Location:**

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

Date	Time	County	Meeting Location
January			<b>No Meeting</b>
February 17, 2022	10:30 am – 12:00 pm	Fresno	CalViva Health
March 17, 2022	10:30 am – 12:00 pm	Fresno	CalViva Health
April			<b>No Meeting</b>
May 19, 2022	10:30 am – 12:00 pm	Fresno	CalViva Health
June			<b>No Meeting</b>
July 21, 2022	10:30 am – 12:00 pm	Fresno	CalViva Health
August			<b>No Meeting</b>
September 15, 2022	10:30 am – 12:00 pm	Fresno	CalViva Health
October 20, 2022	10:30 am – 12:00 pm	Fresno	CalViva Health
November 17, 2022	10:30 am – 12:00 pm	Fresno	CalViva Health
December			<b>No Meeting</b>

Fresno-Kings-Madera Regional Health Authority  
**Credentialing Sub-Committee**  
2022 Meeting Schedule

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

Date	Time	County	Meeting Location
January			<b>No Meeting</b>
February 17, 2022	12:00pm – 12:30pm	Fresno	CalViva Health <b>1<sup>st</sup> Quarter</b>
March			<b>No Meeting</b>
April			<b>No Meeting</b>
May 19, 2022	12:00pm – 12:30pm	Fresno	CalViva Health <b>2<sup>nd</sup> Quarter</b>
June			<b>No Meeting</b>
July 21, 2022	12:00pm – 12:30pm	Fresno	CalViva Health <b>3<sup>rd</sup> Quarter</b>
August			<b>No Meeting</b>
September			<b>No Meeting</b>
October 20, 2022	12:00pm – 12:30pm	Fresno	CalViva Health <b>4<sup>th</sup> Quarter</b>
November			<b>No Meeting</b>
December			<b>No Meeting</b>

Fresno-Kings-Madera Regional Health Authority  
**Peer Review Sub-Committee**  
2022 Meeting Schedule

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

Date	Time	County	Meeting Location
January			<b>No Meeting</b>
February 17, 2022	12:00pm – 12:30pm	Fresno	CalViva Health <b>1<sup>st</sup> Quarter</b>
March			<b>No Meeting</b>
April			<b>No Meeting</b>
May 19, 2022	12:00pm – 12:30pm	Fresno	CalViva Health <b>2<sup>nd</sup> Quarter</b>
June			<b>No Meeting</b>
July 21, 2022	12:00pm – 12:30pm	Fresno	CalViva Health <b>3<sup>rd</sup> Quarter</b>
August			<b>No Meeting</b>
September			<b>No Meeting</b>
October 20, 2022	12:00pm – 12:30pm	Fresno	CalViva Health <b>4<sup>th</sup> Quarter</b>
November			<b>No Meeting</b>
December			<b>No Meeting</b>

**CalViva Health**  
**Public Policy Committee**  
**2022 Meeting Schedule**

Date	Time	Meeting Location
January		No Meeting
February		No Meeting
March 2, 2022	11:30am – 1:30pm	Fresno County
April		No Meeting
May		No Meeting
June 1, 2022	11:30am – 1:30pm	Kings County
July		No Meeting
August		No Meeting
September 7, 2022	11:30am – 1:30pm	Madera County
October		No Meeting
November		No Meeting
December 7, 2022	11:30am – 1:30pm	Fresno County

**Meeting Locations:**

**Fresno County:**

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

**King County:**

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

**Madera County**

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



# Item #4

## Attachment 4.A

Financial Audit Report  
Fiscal Year 2021



# Report of Independent Auditors

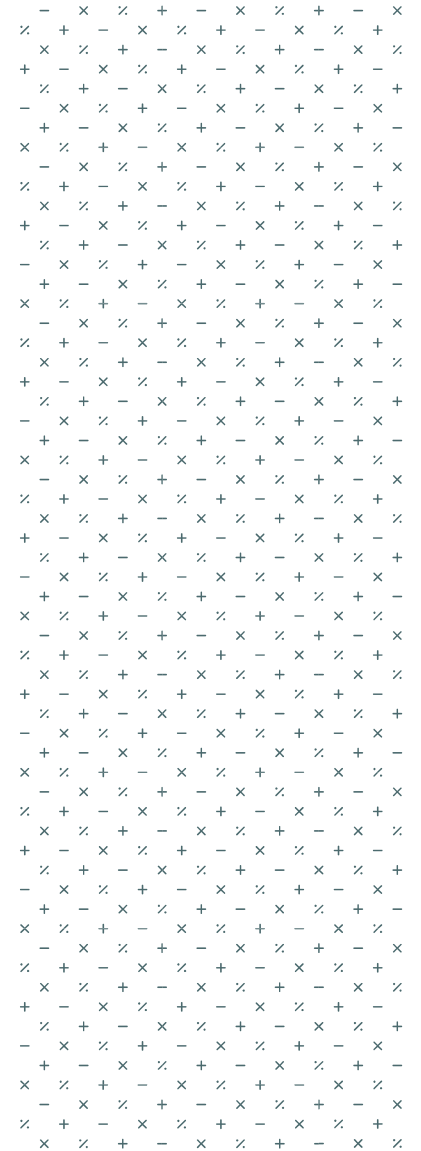
## The Fresno-Kings-Madera Regional Health Authority dba CalViva Health

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Rianne Suico  
Health Care Services Partner

Eleanor Garibaldi  
Health Care Services Manager

(415) 956-1500



## Audit Objectives

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

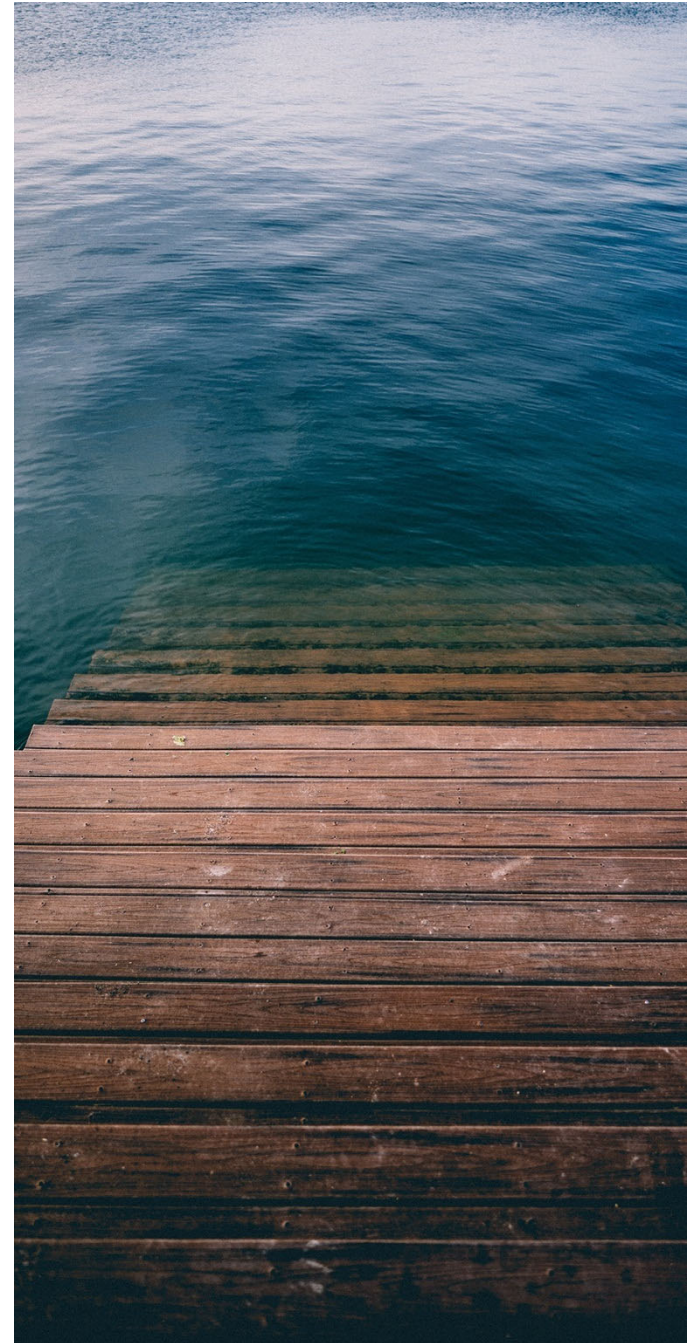


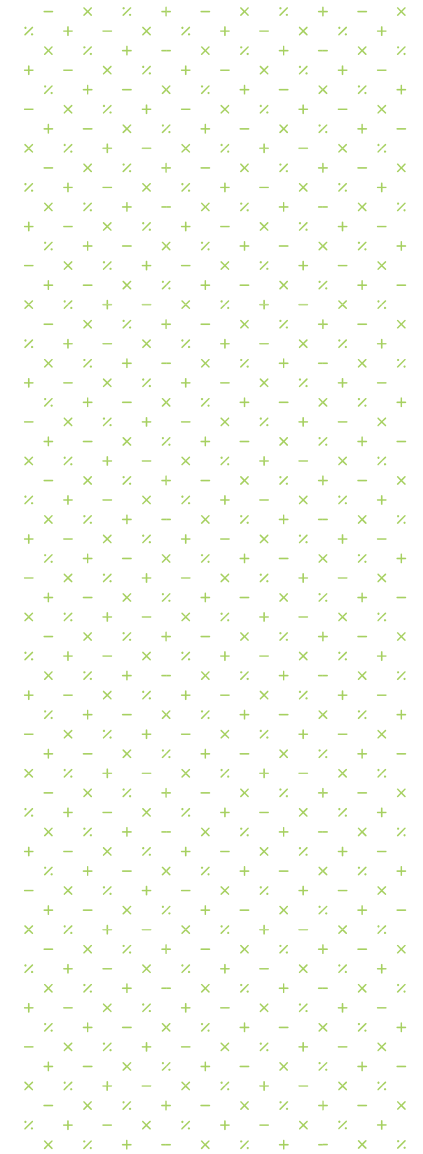
# Report of Independent Auditors

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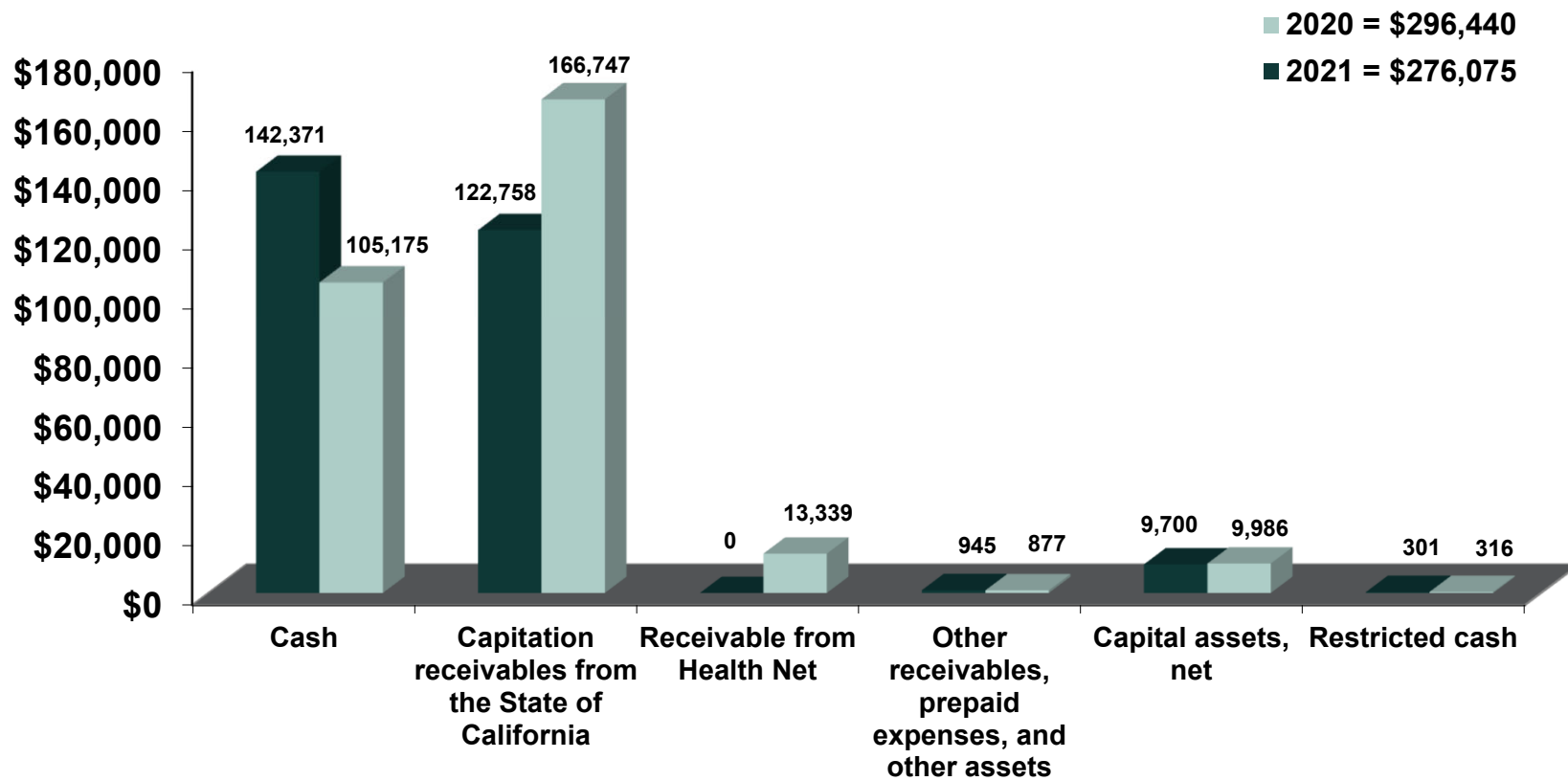
## **Unmodified Opinion**

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

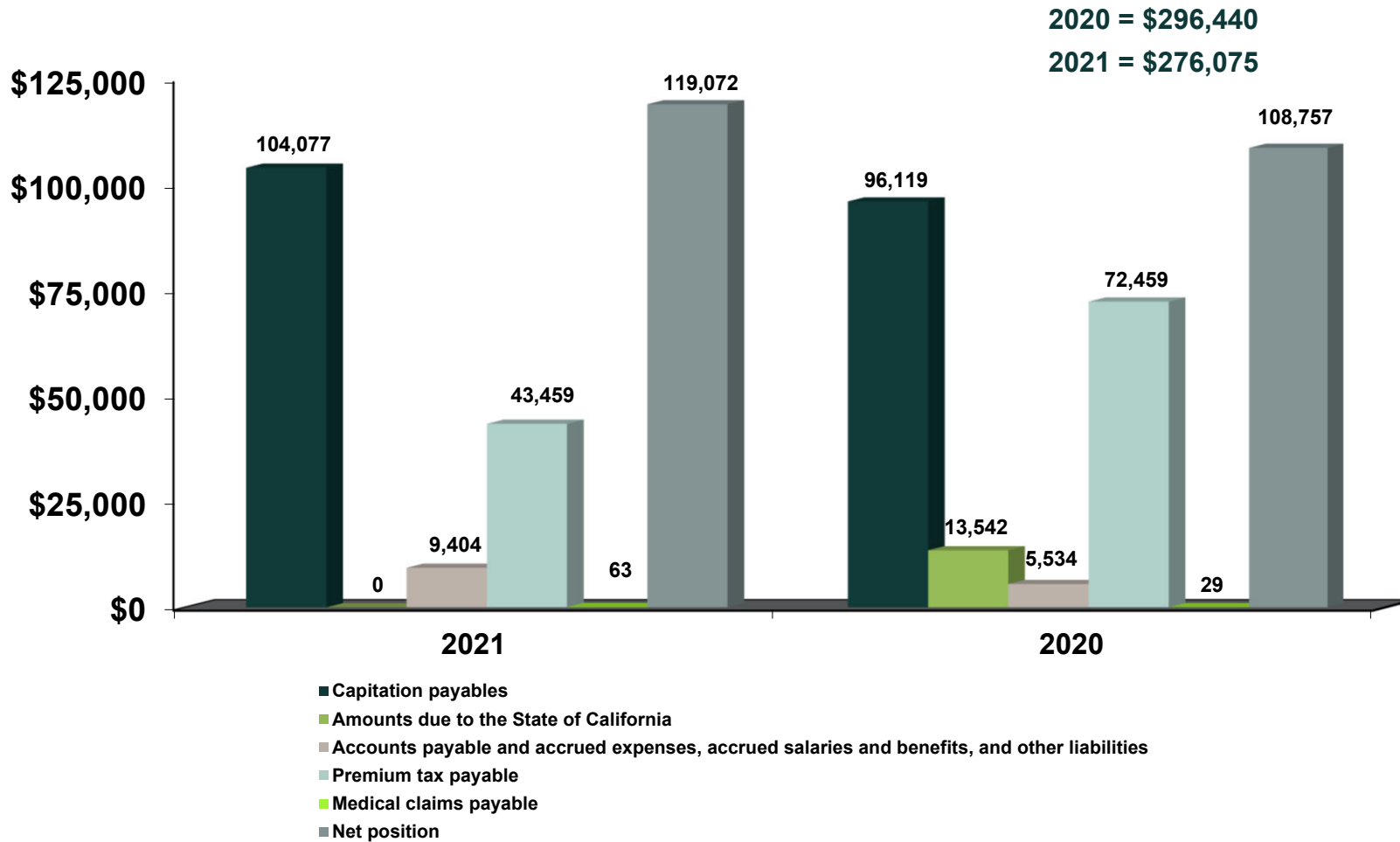




## Asset Composition (in thousands)

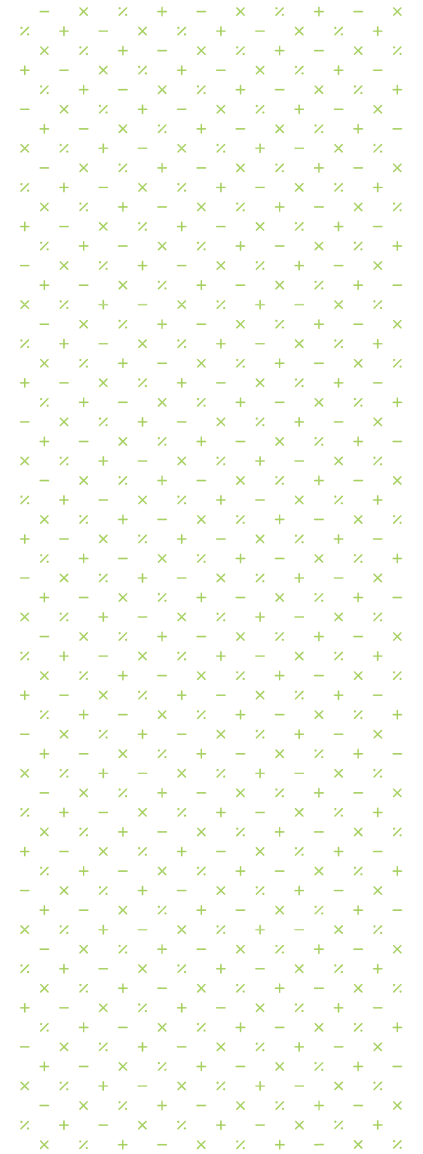


## Liabilities and Net Position Balance (in thousands)





# Operations

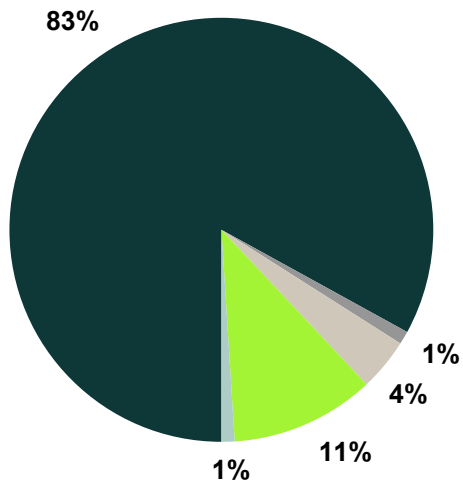




# Total Operating Expenses as a % of Total Operating Revenues (in thousands)

**June 30, 2021**

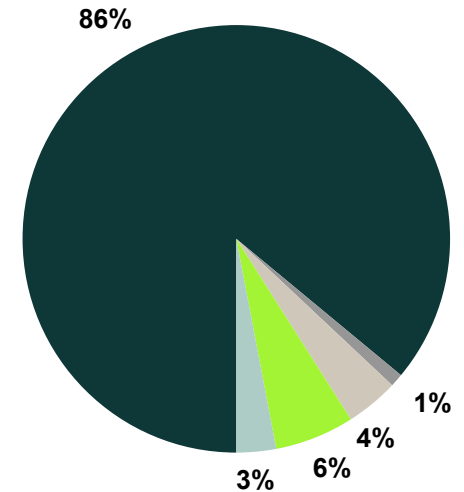
\$1,334,446  
(2021 Revenue)



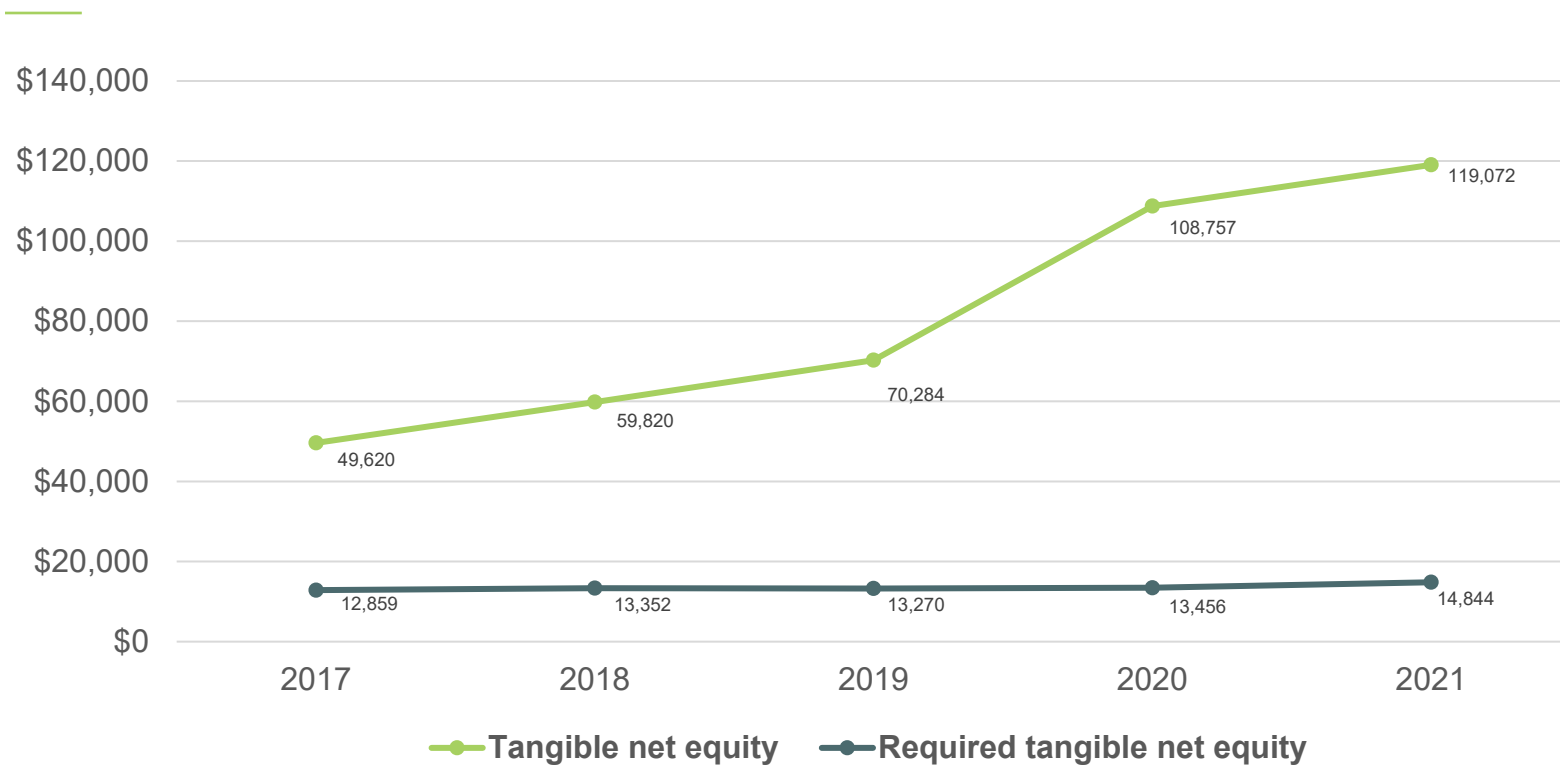
- Capitation
- Medical
- General and Administrative
- Premium Tax
- Operating Income

**June 30, 2020**

\$1,195,614  
(2020 Revenue)



# Tangible Net Equity (in thousands)



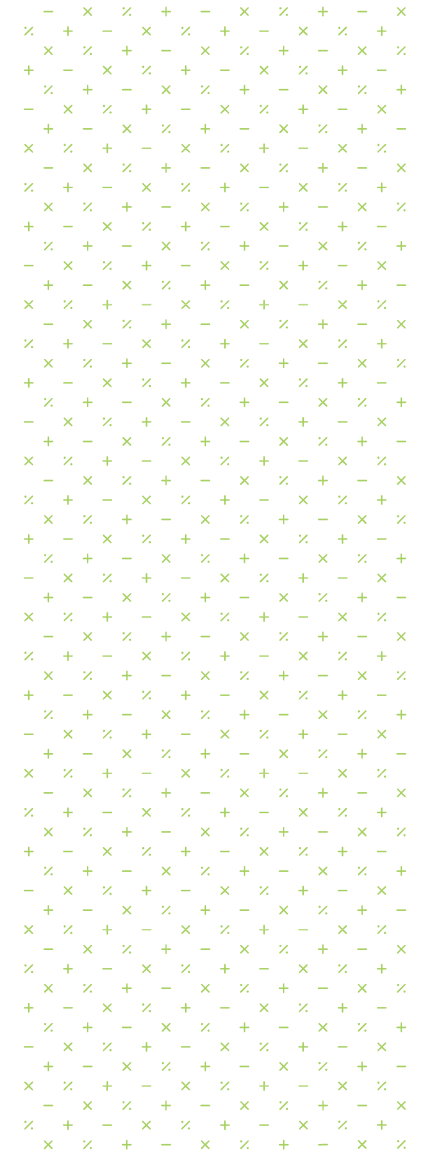
## Important Board Communications

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



Questions?



FINAL DRAFT

*Report of Independent Auditors and  
Financial Statements*

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

*June 30, 2021 and 2020*

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## Management's Discussion and Analysis

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

## **Management's Discussion and Analysis**

### **As of and for the Years Ended June 30, 2021, 2020, and 2019**

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The Management's Discussion and Analysis of The Fresno-Kings-Madera Regional Health Authority dba CalViva Health ("CalViva" or the "Plan") is intended to provide readers and interested parties with an overview of the Plan's financial activities for the fiscal years ended June 30, 2021, 2020, and 2019. It should be reviewed in conjunction with the Plan's financial statements and accompanying notes to enhance the reader's understanding of the Plan's financial performance.

#### **OVERVIEW OF CALVIVA'S FINANCIAL STATEMENTS**

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

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

CalViva has contracted with the California Department of Health Care Services ("DHCS") to receive funding to provide health care services to the Medi-Cal eligible Tri-County area residents who are enrolled as members of CalViva under the two-plan model. The DHCS contract is effective March 1, 2011 through December 31, 2021. The DHCS contract specifies capitation rates based on a per-member, per-month basis, which may be adjusted annually. DHCS revenue is paid monthly and is based upon the contracted capitation rates and actual Medi-Cal enrollment. In addition, DHCS pays CalViva supplemental capitation rates such as a fixed maternity case rate for each eligible birth incurred by a CalViva Medi-Cal member. CalViva, in turn, provides services to Medi-Cal beneficiaries through a contract with Health Net Community Solutions, Inc. ("Health Net"), a wholly owned subsidiary of Centene Corporation. Further, CalViva has an administrative service agreement with Health Net in which Health Net performs specific administrative functions for CalViva.



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

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

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

**The Fresno-Kings-Madera Regional Health Authority**  
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**Management's Discussion and Analysis**  
**As of and for the Years Ended June 30, 2021, 2020, and 2019**

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primary care, specialty care, inpatient care and resource utilization. The QIP payments will be linked to delivery of services and increase the amount of funding tied to quality outcomes.

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

**FISCAL YEAR 2021 COMPARED TO FISCAL YEARS 2020 AND 2019**

On June 30, 2021, CalViva had assets of \$276.1 million and liabilities of \$157.0 million. On June 30, 2020, CalViva had assets of \$296.4 million and liabilities of \$187.7 million. The resulting net position, which represents the Plan's assets after the liabilities are deducted, increased by \$10.3 million to \$119.1 million from \$108.8 million at June 30, 2020.

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

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

**ASSETS**

**Cash and cash equivalents** – Cash and cash equivalents increased \$37.2 million from \$105.2 million at June 30, 2020, to \$142.4 million at June 30, 2021. The increase is primarily due to net cash provided by operating activities.

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

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

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

Short-term investments remained at a balance of \$0 as of June 30, 2021 and June 30, 2020.

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

**The Fresno-Kings-Madera Regional Health Authority**  
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**As of and for the Years Ended June 30, 2021, 2020, and 2019**

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**Capitation receivables from the State of California** – Capitation receivables from the State of California decreased \$43.9 million from \$166.7 million at June 30, 2020, to \$122.8 million at June 30, 2021. The decrease is primarily due to the decrease in accrued MCO tax revenue from DHCS offset by an increase in membership and capitation rates paid by DHCS.

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

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

**Receivable from Health Net** – Receivable from Health Net decreased \$13.3 million from \$13.3 million at June 30, 2020, to \$0 at June 30, 2021. The decrease is attributable to full collection of the receivable balance from Health Net during the fiscal year ended June 30, 2021.

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

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

**Other receivables** – Other receivables increased \$1,559 from \$50,581 at June 30, 2020, to \$52,140 at June 30, 2021. The increase is primarily due to the timing of receipts of interest payments from various investment accounts.

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

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

**Prepaid expenses** – Prepaid expenses increased \$67,038 from \$825,925 at June 30, 2020, to \$892,963 at June 30, 2021. The increase is primarily due to the timing of payments for licenses, insurance, fringe benefits, and other costs that are to be charged to expense after June 30, 2021.

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

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

**The Fresno-Kings-Madera Regional Health Authority**  
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**As of and for the Years Ended June 30, 2021, 2020, and 2019**

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**Capital assets, net of accumulated depreciation and amortization** – Capital assets, net of accumulated depreciation and amortization, decreased \$286,090 from \$10.0 million at June 30, 2020, to \$9.7 million at June 30, 2021. The decrease is due to the depreciation and amortization expense of \$286,090 recorded during the year ended June 30, 2021.

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

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

**Assets restricted as to use** – Restricted assets balance decreased \$15,471 from \$316,394 at June 30, 2020, to \$300,923 at June 30, 2021. The decrease is due to distribution of accumulated interest earned on the restricted asset investment account. The balance consists of a deposit required by DMHC to pay for member claims in the event of insolvency and is held in an investment account as of June 30, 2021 and 2020.

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

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

## **LIABILITIES**

**Capitation payable** – The capitation payable balance increased \$8.0 million from \$96.1 million at June 30, 2020, to \$104.1 million at June 30, 2021. The increase is primarily due to the timing of capitation payments to the Plan's subcontracting entities for providing medical services to CalViva members. Furthermore, the increase in capitation payable is also attributable to the increase in membership and capitation rates paid by DHCS.

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

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

**The Fresno-Kings-Madera Regional Health Authority**  
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**Amounts due to the State of California** – The amounts due to the State of California decreased \$13.5 million from \$13.5 million at June 30, 2020, to \$0 at June 30, 2021. The decrease is due to full payment of the payable balance to the State of California during the fiscal year ended June 30, 2021.

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

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

**Accounts payable and accrued expenses** – Accounts payable and accrued expenses consist of the cost of services received in the current period for which payment has yet to be made. The accounts payable and accrued expenses balance increased by \$1.2 million from \$4.5 million at June 30, 2020, to \$5.7 million at June 30, 2021. The increase is primarily due to the timing of payments to nonmedical vendors and to the Plan's subcontracting entity for administrative services.

The accounts payable and accrued expenses balance decreased by \$0.4 million from \$4.9 million at June 30, 2019, to \$4.5 million at June 30, 2020. The decrease is primarily due to the timing of payments to nonmedical vendors.

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

**Accrued salaries and benefits** – The accrued salaries and benefits balance increased \$61,522 from \$421,792 at June 30, 2020, to \$483,314 at June 30, 2021. The accrued salaries and benefits balance consists of accrued payroll and accrued paid-time-off ("PTO"). The increase is primarily due to additional PTO accrued by employees and an increase in payroll expenses during fiscal year 2021.

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

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

**Premium tax payable** – The premium tax payable balance decreased \$29.0 million from \$72.5 million at June 30, 2020, to \$43.5 million at June 30, 2021. The premium tax payable balance primarily represents the gross premium tax due to the State of California as part of SB 78, which imposes a 3.9375% assessment on the Plan's premium gross revenues, and the MCO tax, which imposes a per enrollee tax amount on a per member, per month basis. The decrease is primarily due to the timing of premium tax payments to the State of California.

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

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

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

The medical claims payable balance increased \$34,426 from \$28,972 at June 30, 2020, to \$63,398 at June 30, 2021. The balance at June 30, 2021 is determined by factors such as cost of services, enrollment for providers paid on a fee-for-service basis, and the timing in the expected number of unpaid claims as of June 30, 2021.

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

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

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

The directed payment payable balance increased \$2.6 million from \$650,478 at June 30, 2020, to \$3.2 million at June 30, 2021. The increase is primarily due to the timing of directed payments to the network hospitals.

The directed payment payable balance was \$650,478 as of June 30, 2020.

**Other liabilities** – Other liabilities remained a balance of \$0 during the year ended June 30, 2021 and June 30, 2020.

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

**The Fresno-Kings-Madera Regional Health Authority**  
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**Management's Discussion and Analysis**  
**As of and for the Years Ended June 30, 2021, 2020, and 2019**

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**STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION**

The Statements of Revenues, Expenses, and Changes in Net Position are a presentation of the Plan's operating results for the fiscal years ended June 30, 2021, 2020, and 2019. In accordance with Governmental Accounting Standards Board ("GASB") requirements, certain significant revenues are mandated to be recorded as nonoperating revenues, including investment income. The following is a summary of the operating results for fiscal years ended June 30, 2021, 2020, and 2019.

**Capitation revenue** – The capitation revenue balance increased \$138.8 million from \$1,195.6 million at June 30, 2020, to \$1,334.4 million at June 30, 2021. The increase is primarily due to the increase in membership, capitation rates from DHCS and the MCO tax revenue.

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

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

**Nonoperating revenue** – The nonoperating revenue balance decreased \$184,191 from \$743,806 at June 30, 2020, to \$559,615 at June 30, 2021. The decrease is due to the decrease in investment income and rental income generated from lease arrangements with tenants who occupy portions of the Plan's commercial building.

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

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

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

Overall health care expenses increased \$79.1 million from \$1,036.2 million at June 30, 2020, to \$1,115.3 million at June 30, 2021. The increase is primarily due the increase in membership and capitation rates from DHCS.

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

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

**The Fresno-Kings-Madera Regional Health Authority**  
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**Management's Discussion and Analysis**  
**As of and for the Years Ended June 30, 2021, 2020, and 2019**

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**General and administrative expenses** – Overall general and administrative expenses increased \$4.4 million from \$55.2 million at June 30, 2020, to \$59.6 million at June 30, 2021. The increase is primarily attributable to the increase in expenditures related to administrative service agreement fees, grants, marketing, and salary and benefits. General and administrative expenses as a percentage of revenue totaled 4.5% and 4.6% for the fiscal years ended June 30, 2021 and 2020, respectively.

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

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

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

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

On September 27, 2019, Assembly Bill 115 (Chapter 348, Statutes 2019) authorized DHCS to implement a modified Managed Care Organization ("MCO") tax model on specified health plans, which was approved by the federal Centers for Medicare and Medicaid Services ("CMS") on April 3, 2020. The effective date range for this approval is January 1, 2020 through December 31, 2022. The premium tax recorded was \$149.7 million, \$66.5 million, and \$125.9 million for the fiscal years ended June 30, 2021, 2020, and 2019, respectively.



## **Report of Independent Auditors**

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

### **Report on the Financial Statements**

We have audited the accompanying financial statements of The Fresno-Kings-Madera Regional Authority dba CalViva Health ("CalViva" or the "Plan"), which comprise the statements of net position as of June 30, 2021 and 2020, and the related statements of revenues, expenses, and changes in net position, and cash flows for the years then ended, and the related notes to the financial statements.

#### ***Management's Responsibility for the Financial Statements***

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

#### ***Auditor's Responsibility***

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

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

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

***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Fresno-Kings-Madera Regional Authority dba CalViva Health as of June 30, 2021 and 2020, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

***Other Matter***

The Management's Discussion and Analysis on pages 1 through 9 are not a required part of the basic financial statements but are supplementary information required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the financial statements in an appropriate operational, economic, or historical context. This supplementary information is the responsibility of CalViva's management. We have applied certain limited procedures in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the financial statements, and other knowledge we obtained during our audit of the financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

San Francisco, California  
October \_\_, 2021

## Financial Statements

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FINAL DRAFT

**The Fresno-Kings-Madera Regional Health Authority**  
**dba CalViva Health**  
**Statements of Net Position**  
**June 30, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 142,370,780	\$ 105,175,419
Capitation receivables from the State of California	122,758,263	166,747,406
Receivable from Health Net	-	13,338,543
Other receivables	52,140	50,581
Prepaid expenses	892,963	825,925
Total current assets	266,074,146	286,137,874
<b>CAPITAL ASSETS</b>		
Nondepreciable	3,161,419	3,161,419
Depreciable, net of accumulated depreciation and amortization	6,538,139	6,824,229
Total capital assets	9,699,558	9,985,648
<b>ASSETS RESTRICTED AS TO USE</b>	300,923	316,394
Total assets	<u>\$ 276,074,627</u>	<u>\$ 296,439,916</u>
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Capitation payable	\$ 104,076,452	\$ 96,118,431
Amounts due to the State of California	-	13,541,667
Accounts payable and accrued expenses	5,713,420	4,461,821
Accrued salaries and benefits	483,314	421,792
Premium tax payable	43,458,601	72,459,360
Medical claims payable	63,398	28,972
Directed payment payable	3,207,067	650,478
Total current liabilities	<u>\$ 157,002,252</u>	<u>\$ 187,682,521</u>
<b>NET POSITION</b>		
Invested in capital assets	\$ 9,699,558	\$ 9,985,648
Restricted by legislative authority	300,923	316,394
Unrestricted	109,071,894	98,455,353
Total net position	<u>\$ 119,072,375</u>	<u>\$ 108,757,395</u>

**The Fresno-Kings-Madera Regional Health Authority**  
**dba CalViva Health**  
**Statements of Revenues, Expenses, and Changes in Net Position**  
**Years Ended June 30, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
<b>OPERATING REVENUES</b>		
Capitation revenue	\$ 1,334,445,554	\$ 1,195,614,009
<b>OPERATING EXPENSES</b>		
Health care expenses		
Capitation expense	1,114,505,491	1,033,815,747
Medical expense	<u>825,742</u>	<u>2,396,561</u>
Total health care expenses	1,115,331,233	1,036,212,308
General and administrative expenses		
Administrative service fees	49,584,535	46,868,019
Other expense	4,772,194	3,694,629
Salaries and benefits	3,449,304	3,111,247
Marketing and promotion	1,293,094	981,495
Depreciation and amortization	286,090	288,976
Legal and professional	256,209	227,457
Rent expense	<u>-</u>	<u>2,700</u>
Total general and administrative expenses	59,641,426	55,174,523
Premium tax	<u>149,717,530</u>	<u>66,497,836</u>
Total operating expenses	1,324,690,189	1,157,884,667
<b>INCOME FROM OPERATIONS</b>	9,755,365	37,729,342
<b>NONOPERATING REVENUE</b>		
Other income	462,752	498,912
Interest income	<u>96,863</u>	<u>244,894</u>
Total nonoperating revenue	559,615	743,806
<b>CHANGE IN NET POSITION</b>	10,314,980	38,473,148
<b>NET POSITION</b> , beginning of the year	<u>108,757,395</u>	<u>70,284,247</u>
<b>NET POSITION</b> , end of the year	<u><u>\$ 119,072,375</u></u>	<u><u>\$ 108,757,395</u></u>

**The Fresno-Kings-Madera Regional Health Authority**  
**dba CalViva Health**  
**Statements of Cash Flows**  
**Years Ended June 30, 2021 and 2020**

	2021	2020
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Premiums received	\$1,391,773,240	\$1,119,788,805
Health care expenses paid	(1,118,323,864)	(1,015,084,604)
Administrative expenses paid	(236,829,101)	(86,656,785)
Net cash provided by operating activities	36,620,275	18,047,416
<b>CASH FLOWS FROM NONCAPITAL FINANCING AND RELATED ACTIVITIES</b>		
Rental payments received	462,752	498,912
Net cash provided by noncapital financing and related activities	462,752	498,912
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Interest collection on investments	112,334	242,324
Net cash provided by investing activities	112,334	242,324
Net increase in cash and cash equivalents	37,195,361	18,788,652
<b>CASH AND CASH EQUIVALENTS, beginning of year</b>	105,175,419	86,386,767
<b>CASH AND CASH EQUIVALENTS, end of year</b>	<u>\$ 142,370,780</u>	<u>\$ 105,175,419</u>
<b>RECONCILIATION OF INCOME FROM OPERATIONS TO NET CASH FROM OPERATING ACTIVITIES</b>		
Income from operations	\$ 9,755,365	\$ 37,729,342
<b>ADJUSTMENTS TO RECONCILE INCOME FROM OPERATIONS TO NET CASH FROM OPERATING ACTIVITIES</b>		
Depreciation and amortization	286,090	288,976
Changes in assets and liabilities		
Capitation receivables from the State of California	43,989,143	(62,486,661)
Receivable from Health Net	13,338,543	(13,338,543)
Other receivables	(1,559)	9,632
Prepaid expenses	(67,038)	39,992
Capitation payable	7,958,021	7,118,285
Amounts due to the State of California	(13,541,667)	13,541,667
Accounts payable and accrued expenses	1,251,599	(419,037)
Accrued salaries and benefits	61,522	65,722
Premium tax payable	(29,000,759)	35,030,289
Medical claims payable	34,426	(182,726)
Directed payment payable	2,556,589	650,478
Net cash provided by operating activities	<u>\$ 36,620,275</u>	<u>\$ 18,047,416</u>

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

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**NOTE 1 – ORGANIZATION**

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

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

CalViva has contracted with the California Department of Health Care Services (“DHCS”) to receive funding to provide health care services to the Medi-Cal eligible Tri-County area residents who are enrolled as members of CalViva under the two-plan model. The DHCS contract is effective March 1, 2011 through December 31, 2021. The DHCS contract specifies capitation rates based on a per-member, per-month basis, which may be adjusted annually. DHCS revenue is paid monthly and is based upon the contracted capitation rates and actual Medi-Cal enrollment. In addition, DHCS pays CalViva supplemental capitation rates such as a fixed maternity case rate for each eligible birth incurred by a CalViva Medi-Cal member. CalViva, in turn, provides services to Medi-Cal beneficiaries through a contract with Health Net Community Solutions, Inc. (“Health Net”), a wholly owned subsidiary of Centene Corporation. Further, CalViva has an administrative service agreement with Health Net in which Health Net performs specific administrative functions for CalViva.

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

# The Fresno-Kings-Madera Regional Health Authority

## dba CalViva Health

### Notes to Financial Statements

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

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

#### NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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



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

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

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

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

**Cash and cash equivalents** – Cash and cash equivalents consist of demand deposits and other short-term, highly liquid securities with original maturities of three months or less. The Plan has short-term, highly liquid securities with California Investment Trust ("CalTRUST"). The Plan is a voluntary participant in the CalTRUST. CalTRUST is a Joint Powers Authority created by public agencies under the California Government Code to provide public agencies with consolidated investment activities. CalTRUST has five pools: government fund, money market fund, medium-term fund, short-term fund and liquidity fund. The Plan had investments in the short-term fund of \$4,242,227 and \$27,211,392 as of June 30, 2021 and 2020, respectively, with Standard and Poor's rating of AAf as of June 30, 2021 and 2020. The Plan also had investments in the liquidity fund of \$5,011,768 and \$6,001,528 as of June 30, 2021 and 2020, respectively, with Standard and Poor's rating of AAAm as of June 30, 2021 and 2020. Amounts that may be withdrawn from the funds are based on the net asset value per share and the number of shares held by participants in each pool.

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

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

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

# The Fresno-Kings-Madera Regional Health Authority

## dba CalViva Health

### Notes to Financial Statements

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

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

**Assets restricted as to use** – The Plan is required by the DMHC to restrict cash having a fair value of at least \$300,000 for the payment of member claims in the event of its insolvency. The amount recorded was \$300,923 and \$316,394 at June 30, 2021 and 2020, respectively. Restricted cash is comprised of certificates of deposit and is stated at fair value.

**Medical claims payable** – Medical claims payable balance of \$63,398 and \$28,972 at June 30, 2021 and 2020, respectively, represents the estimated liability for health care expenses payable on a fee-for-service basis for which services have been performed but have not yet been paid by the Plan. Medical claims payable also includes the estimated value of claims that have been incurred but not yet reported to the Plan. The balances at June 30, 2021 and 2020, were determined by factors such as cost of services and enrollment for providers paid on a fee-for-service basis.

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

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

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

**The Fresno-Kings-Madera Regional Health Authority**  
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**Premium deficiencies** – The Plan performs periodic analyses of its expected future medical expenses and maintenance costs to determine whether such costs will exceed anticipated future revenues under its contracts. Should expected costs exceed anticipated revenues, a premium deficiency reserve is recorded. Management determined that no premium deficiency reserves were needed at June 30, 2021 or 2020.

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

**Premium tax** – The Plan paid the State of California a gross premium tax (“AB 1422”), which was levied in September 2009 pursuant to Section 28 of Article XIII of the California Constitution and is effective retroactively from January 1, 2009 to June 30, 2012. The payment amount is determined by multiplying the Plan’s capitation revenue by 2.35%. In June 2013, Senate Bill (“SB”) 78 extended the imposition of taxes retroactively from July 1, 2012 to June 30, 2013, and increased the tax rate to 3.9375% effective July 1, 2013 through June 30, 2016. On March 1, 2016, SB X2-2 established a new managed care organization provider tax, to be administered by DHCS, effective July 1, 2016 through July 1, 2019. The tax would be assessed by DHCS on licensed health care service plans, managed care plans contracted with DHCS to provide Medi-Cal services, and alternate health care service plans, as defined, except as excluded by SB 78. SB 78 would establish applicable taxing tiers and per enrollee amounts for the 2016–2017, 2017–2018, and 2018–2019 fiscal years, respectively, for Medi-Cal enrollees, AHCSF enrollees, and all other enrollees, as defined. On September 2019, Assembly Bill 115 authorized DHCS to implement a modified Managed Care Organization (“MCO”) tax model on specified health plans. The effective date range for this approval is January 1, 2020 through December 31, 2022. The premium tax equaled \$149,717,530 and \$66,497,836 for the years ended June 30, 2021 and 2020, respectively. Premium tax is recognized in the period the related capitation revenue is recognized.

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

**New accounting pronouncements** – In January 2017, the GASB issued Statement No. 84, *Fiduciary Activities* (“GASB 84”), which is effective for financial statements for periods beginning after December 15, 2018. GASB 84 establishes criteria for identifying fiduciary activities of all state and local governments and clarifies whether and how business-type activities should report their fiduciary activities. Further, GASB 84 provides that governments should report activities meeting certain criteria in a fiduciary fund in the basic financial statements and present a statement of fiduciary net position and a statement of changes in fiduciary net position. In May 2020, the GASB issued Statement No. 95, *Postponement of the Effective Dates of Certain Authoritative Guidance* (“GASB 95”), which extends the effective date of GASB 84 to reporting periods beginning after December 15, 2019. The Plan adopted GASB 84 and 95 for the fiscal year 2021 and the adoption had no material impact to the financial statements.

# The Fresno-Kings-Madera Regional Health Authority

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### Notes to Financial Statements

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In June 2020, the GASB issued Statement No. 97, *Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans - an amendment of GASB Statements No. 14 and No. 84, and a supersession of GASB Statement No. 32* ("GASB 97"). GASB 97 amends the criteria for reporting governmental fiduciary component units – separate legal entities included in a government's financial statements. GASB 97 clarifies rules related to reporting of fiduciary activities under Statements No. 14 and No. 84 for defined contribution plans and to enhance the relevance, consistency, and comparability of the accounting and financial reporting of IRC Code section 457 plans that meet the definition of a pension plan. The Plan adopted GASB 97 for the fiscal year 2021 and the adoption had no material impact to the financial statements.

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

#### NOTE 3 – INVESTMENTS

The Plan held investments as of June 30, 2021 and 2020, as follows:

	2021	2020
Assets restricted as to use	\$ 300,923	\$ 316,394
	<u>\$ 300,923</u>	<u>\$ 316,394</u>

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

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

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**Notes to Financial Statements**

As of June 30, 2021 and 2020, none of the Plan's deposits with financial institutions in excess of federal depository insurance limits were held in uncollateralized accounts and none of the Plan's investments were subject to custodial credit risk.

**Interest rate risk** – Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. The Plan did not have any investments that were considered highly sensitive to changes in interest rates as of June 30, 2021 and 2020.

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

<b>Remaining maturity (in months) as of June 30, 2021</b>				
	<b>Total</b>	<b>12 months or less</b>	<b>13 to 24 months</b>	<b>25 to 60 months</b>
Certificates of deposit - restricted	\$ 300,923	\$ -	\$ 300,923	\$ -
Total	<u>\$ 300,923</u>	<u>\$ -</u>	<u>\$ 300,923</u>	<u>\$ -</u>
<b>Remaining maturity (in months) as of June 30, 2020</b>				
	<b>Total</b>	<b>12 months or less</b>	<b>13 to 24 months</b>	<b>25 to 60 months</b>
Certificates of deposit - restricted	\$ 316,394	\$ 316,394	\$ -	\$ -
Total	<u>\$ 316,394</u>	<u>\$ 316,394</u>	<u>\$ -</u>	<u>\$ -</u>

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

**Concentration of credit risk** – The investment policy of the Plan contains no limitation on the amount that can be invested in any one issuer beyond that stipulated by the California Government Code. More than 5% of the Plan's investments are in certificates of deposit issued by the United Security Bank and the Park National Bank as of June 30, 2021. These investments were 83.33% and 16.67%, respectively, of the Plan's total investments as of June 30, 2021. More than 5% of the Plan's investments are in certificates of deposit issued by the United Security Bank and the Pacific Premier Bank as of June 30, 2020. These investments were 83.60% and 16.40%, respectively, of the Plan's total investments as of June 30, 2020.

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

**NOTE 4 – CAPITAL ASSETS**

A summary of changes in capital assets for the years ended June 30, 2021 and 2020, is as follows:

	<b>Balance at July 1, 2020</b>	<b>Additions</b>	<b>Retirements</b>	<b>Balance at June 30, 2021</b>
Land	\$ 3,161,419	\$ -	\$ -	\$ 3,161,419
Building	7,908,514	-	-	7,908,514
Furnitures and fixtures	219,213	-	-	219,213
Computer equipment and software	40,028	-	-	40,028
Total assets	11,329,174	-	-	11,329,174
Less: depreciation expense and accumulated depreciation related to retirements	(1,343,526)	(286,090)	-	(1,629,616)
Net capital assets	<u>\$ 9,985,648</u>	<u>\$ (286,090)</u>	<u>\$ -</u>	<u>\$ 9,699,558</u>

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

**NOTE 5 – CAPITATION RECEIVABLE FROM THE STATE OF CALIFORNIA**

CalViva receives capitation from the State of California based upon the monthly capitation rate of each aid code (Medi-Cal category of eligibility). The State of California makes monthly payments based on actual members for the current month and retroactive adjustments related to prior months. The capitation receivable represents amounts due from the State of California under the Medi-Cal program. CalViva had capitation receivable of \$122,758,263 and \$166,747,406 due from the State of California as of June 30, 2021 and 2020, respectively.

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

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**NOTE 6 – RECEIVABLE FROM HEALTH NET**

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

**NOTE 7 – CAPITATION PAYABLE**

CalViva contracts with providers to furnish certain health care services to enrolled members. The cost of health care services provided or contracted for is accrued in the period in which it is provided to an enrolled member. The Plan recorded capitation payable of \$104,076,452 and \$96,118,431 as of June 30, 2021 and 2020, respectively.

**NOTE 8 – AMOUNTS DUE TO THE STATE OF CALIFORNIA**

The managed care rates for the period of July 1, 2019 through December 31, 2020, were developed prior to the COVID-19 pandemic, coupled with the state Governor's order to postpone nonessential medical services, DHCS anticipated lower costs and utilization for this period. As a result, DHCS implemented a 1.5% capitation rate reduction, and required recoupment of funds previously paid in excess of the reduced rates. CalViva recorded amounts due to the State of California of \$13,541,667 as of June 30, 2020. This payable balance was fully paid to DHCS during the fiscal year ended June 30, 2021.

**NOTE 9 – DIRECTED PAYMENT PAYABLE**

CalViva is under the direction of the DHCS to implement the directed payment program for enhanced reimbursements to eligible and participating network hospitals for qualifying contracted services. Directed payment payable balance of \$3,207,067 and \$650,478 as of June 30, 2021 and 2020, respectively, represents the liability for directed payments approved and paid by the DHCS for disbursements but have not yet been paid by the Plan to the network hospitals.

**NOTE 10 – RETIREMENT AND DEFERRED COMPENSATION PLANS**

**Retirement plan** – Effective January 1, 2010, the Plan established a defined contribution money purchase pension plan, 401(a), for its executive employees. The contribution requirement is established by the Plan. Employees do not make contributions to the Plan. Furthermore, employer contributions are immediately vested. The amounts are not available to employees until termination, retirement, death, disability and other specific conditions. The Plan's contributions to the retirement plan totaled \$262,729 and \$54,150 for the years ended June 30, 2021 and 2020, respectively.

# The Fresno-Kings-Madera Regional Health Authority

## dba CalViva Health

### Notes to Financial Statements

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**Deferred compensation plan** – The Plan offers its employees a deferred compensation plan created in accordance with IRC Section 457. The 457b deferred compensation plan is available to all employees and permits them to defer a portion of their salary. An employer match is also provided and is vested at the rate of 33% per year. The amounts are not available to employees until termination, retirement, death or unforeseeable emergency. The Plan's contributions to the deferred compensation plan totaled \$87,232 and \$170,031 for the years ended June 30, 2021 and 2020, respectively.

The market value of the investments held equals the amounts due to plan participants under both deferred compensation plans. The assets in both deferred compensation plans referenced above are not available to pay the liabilities of CalViva. CalViva is not controlling the assets in both deferred compensation plans, and employees who participate in these plans are responsible for the direction, use, exchange, or employment of the assets. Therefore, the respective assets and liabilities are not reflected in the statements of net position.

#### NOTE 11 – OPERATING LEASE

CalViva leases a portion of the building it owns under a standard commercial tenant lease, beginning with CalViva's date of ownership on December 1, 2015. One of the leases expired in October 2019. Revenue from the lease arrangement was \$462,752 and \$498,912 for the years ended June 30, 2021 and 2020, respectively, and is included in other income in the statements of revenues, expenses, and changes in net position.

Following is a schedule by year of future minimum lease income under operating leases as of June 30, 2021:

#### Year Ending June 30,

2022	\$ 736,977
2023	583,225
2024	589,102
2025	229,660
2026	82,566
	<hr/>
	\$ 2,221,530
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#### NOTE 12 – TANGIBLE NET EQUITY

As a limited license plan under the Knox-Keene Health Care Services Plan Act of 1975, the Plan is required to maintain a minimum level of tangible net equity. The required tangible net equity was \$14,844,456 and \$13,456,140 at June 30, 2021 and 2020, respectively. The Plan's tangible net equity was \$119,072,375 and \$108,757,395 at June 30, 2021 and 2020, respectively.



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

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**NOTE 13 – RISK MANAGEMENT**

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

**NOTE 14 – COMMITMENTS AND CONTINGENCIES**

**Equipment lease** – CalViva leases various equipment under noncancelable operating leases expiring at various dates through December 19, 2021. Equipment related rent expense, included in the accompanying statements of revenues, expenses, and changes in net position as other expense, totaled \$6,488 and \$7,420 for the years ended June 30, 2021 and 2020, respectively.

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

**NOTE 15 – HEALTH CARE REFORM**

There are various proposals at the federal and state levels that could, among other things, significantly change member eligibility, payment rates or benefits. The ultimate outcome of these proposals, including the potential effects of or changes to health care reform that will be enacted cannot presently be determined.

FINAL DRAFT

*Communication with  
Those Charged with Governance*

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

*June 30, 2021*

## **Communication with Those Charged with Governance**

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

We have audited the financial statements of The Fresno-Kings-Madera Regional Health Authority dba CalViva Health ("CalViva" or the "Plan") as of and for the year ended June 30, 2021, and have issued our report thereon dated October \_\_, 2021. Professional standards require that we provide you with the following information related to our audit.

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

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

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

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

### **Planned Scope and Timing of the Audit**

We performed the audit according to the planned scope and timing previously communicated with management, who were appointment by the Commissioners to oversee the audit, during our pre-audit planning meeting on June 10, 2021.

## **Significant Audit Findings and Issues**

### ***Qualitative Aspects of Accounting Practices***

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Plan are described in Note 2 to the financial statements. There were no changes in the application of existing policies and the Plan adopted Governmental Accounting Standards Board ("GASB") Statement No. 84, *Fiduciary Activities* ("GASB 84") and GASB Statement No. 97, *Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans - an amendment of GASB Statements No. 14 and No. 84, and a supersession of GASB Statement No. 32* ("GASB 97") during 2021. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. There are no significant transactions that have been recognized in the financial statements in a different period than when the transactions occurred.

### ***Significant Accounting Estimates***

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

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

### ***Financial Statement Disclosures***

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

### ***Significant Difficulties Encountered in Performing the Audit***

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

### ***Corrected and Uncorrected Misstatements***

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

### ***Disagreements with Management***

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

### ***Management Representations***

We have requested certain representations from management that are included in the attached management representation letter dated October \_\_, 2021.

### ***Management Consultation with Other Independent Accountants***

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

### ***Independence***

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

### ***Other Significant Audit Findings or Issues***

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

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

San Francisco, California  
October \_\_, 2021

# Item #5

## Attachment 5.A

2021 Cultural & Linguistics  
Executive Summary



## REPORT SUMMARY TO COMMITTEE

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**TO:** CalViva Health QI/UM Committee

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

**COMMITTEE DATE:** October 21, 2021

**SUBJECT:** Cultural and Linguistic Services (C&L) 2021 Work Plan Mid-Year Evaluation – Summary Report

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### **Summary:**

This report provides information on the C&L Services Department work plan activities, which are based on providing cultural and linguistic services support and maintaining compliance with regulatory and contractual requirements. The C&L Work Plan is broken down into the following four sections: 1) Language Assistance Services (LAP), 2) Compliance Monitoring, 3) Communication, Training and Education, and 4) Health Literacy, Cultural Competency, and Health Equity. As of June 30, 2021, all work plan activities are on target to be completed by the end of the year with some already completed.

### **Purpose of Activity:**

To evaluate the mid-year progress against the work plan activities and identify changes to be made to meet end of year goals. CalViva Health (CVH) has delegated all language services to Health Net's C&L Services Department.

### **Data/Results (include applicable benchmarks/thresholds):**

Below is a high-level summary of the activities completed during the first six months of 2021. For complete report and details per activity, please refer to the attached 2021 C&L Work Plan Mid-Year Evaluation Report.

#### ***1) Language Assistance Services***

- a. Updated / amended contracts with three vendors. Amendments included contract extensions and adds new rates.
- b. Newsletter informing members on how to access language services completed and disseminated.
- c. Twenty-seven staff completed their bilingual assessment / re-assessment.
- d. Two quarterly LAP and Health Literacy meetings conducted.
- e. Population Needs Assessment completed in collaboration with HE and QI departments.
- f. Completed annual report of the LAP assessment results for the Timely Access Reporting.
- g. LAP training module updated. Total of 4,032 staff have completed the LAP training in Q1 and Q2.

## **2) Compliance Monitoring**

- a. C&L reviewed 39 grievance cases with four interventions identified.
- b. 2020 grievance trending report will be completed in Q3.
- c. Completed, presented and received approval for the 2020 End of Year Language Assistant Program and 2020 End of Year Work Plan reports and the 2021 Program Description and 2021 Work Plan.
- d. The CalViva member SDOH assessment is pending DHCS approval.
- e. All C&L Policy & Procedures reviewed and updated in Archer.

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

- a. Four call center trainings conducted and training decks updated.
- b. Language identification poster for provider office was remediated and posted in provider library.
- c. Implemented the 2-part implicit bias training series.
- d. Implemented the 2-part-Motivational Interviewing training

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

- a. English material review completed for a total of 59 materials.
- b. Revised Provider Health Literacy toolkit.
- c. Conducted two trainings on C&L database and Plain Language.
- d. Led 6 ICE C&L team meetings.
- e. Produced two new documents in support of COVID patient care.
- f. Published Cultural Humility and ACEs articles
- g. Co-leading internal workgroup meetings with local CBO partner to plan all health disparity and cultural and linguistic components of BCS PIP.
- h. Supporting work plan development, and updating and extending the Scope of Work for the community partner.
- i. Leading and/or collaborating on the BCS PIP intervention components inclusive of agendas, slide deck, talking points, event survey, appointment reminder, etc.

### **Analysis/Findings/Outcomes:**

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

### **Next Steps:**

Continue to implement the remaining six months of the C&L 2021 CalViva Health Work Plan and report to the QI/UM Committee.



# Item #5

## Attachment 5.B

2021 Cultural & Linguistics  
Work Plan Mid-Year Evaluation



# 2021

## Cultural and Linguistic Services Mid-Year Work Plan 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 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. <sup>1</sup>				
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	Supporting documents requested and provided. DMHC Audit postponed to 2022.	
6	Contracted Vendors	Conduct language assistance vendor management oversight	Review and update vendor contracts to ensure alignment with requirements	Ongoing	Amendments executed to add new rates and extend SOW for the following vendors: CommGap, T-Base Communications, and Deaf and Hard of Hearing Services Center.	
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 mid year report for data.	
8	Data	Conduct membership data pulls	Validated membership reports	Monthly	Membership data pulls conducted on ongoing basis.	
9	Operational	Create language and alternate format standing request report	Number of reports generated and posted	Monthly	Ongoing. Weekly and monthly reports generated and disseminated to stakeholders.	

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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	508 Remediation Phase 1 and 2 completed. Continue to support remediation for non- English documents.	
11	Compliance	Monitor provider bilingual staff; ensure systems are capturing provider and office language capabilities	Annual provider communication and monitoring grievances, review of provider Ops manual	Ongoing	COVID-19 has impacted facility site review and provider visits that inhibit ability to confirm provider bilingual staff qualifications.	
12	Regulatory	Update and provide taglines and Non-Discrimination Notice (NDN) insert in support of departments and vendors that produce member informing materials	Annual review and update as needed and distribute updated documents to all necessary departments, maintain tagline and NDN decision guides, answer ad-hoc questions on the use and content, assure most recent documents are available on C&L SharePoint	June and December	1 NDN updated. Medicaid NDN and taglines updates are on track for Q4 implementation in line with APL 21-0004 requirements.	
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	Assisted with reviewing the annual mailing distributed in May 2021.	
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	27 staff members were certified.	
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	2020 LAP Trend Analysis completed. Presented to committee in 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	Monthly meetings completed through 4/2021. Meeting cadence changed to quarterly beginning 7/2021. There were no notable changes in utilization or trends of utilization. The objective of this work plan item is to provide oversight of the utilization of interpreter and translation services by reviewing utilization metrics. The metrics for each month will be reviewed on a quarterly basis beginning in April. The quarterly meetings are held in the first month of the new quarter. The April meeting served as the quarterly meeting for Q2. The Q3 meeting was held in July.	
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)	On track. Interpreter Services Call Center complaint logs are being received and monitored on a monthly basis.	
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	Led 2 quarterly meetings with 79 and 82 participants in attendance. On track for Q3 and Q4 meetings.	



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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	<p>The 2020 PNA Action Plan was completed in May 2021. The C&amp;L team identified eleven provider facing departments and delivered training to nine, 82% of the departments. Over 300 staff were trained. C&amp;L worked internally to structure materials in the provider portal that allowed easy access to LAP materials. A member-facing flyer was developed and made available to all staff in May 2021 for sharing with members at various touch points.</p> <p>2021 Action Plan was developed to align with VRI pilot, on track for Q3-4 implementation.</p>	
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	PNA was completed. C&L provided data on demographics, LAP services SDOH and health equity. Action plan completed for 2020. VRI scaling identified as the main action plan item for 2021/2022.	
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	All C&L P&Ps reviewed and updated in Archer.	

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	Annual tracking of vital documents completed on 5/2021. P&Ps collection on track.	
23	Operational	Complete C&L Geo Access report documenting Provider Network Management (PNM) findings	Presentation of Geo Access report to Committees	Q3	GeoAccess report was completed for CalViva. Presentations to committees will take place in Q3.	
24	Operational	Complete annual Timely Access Reporting on the Language Assistance Program Assessment	LAP Assessment Timely Access Report	Annually	Reports on the findings from C&L related questions on the TAR report were submitted in March 2021. C&L submitted suggested edits for TAR report questions in an effort to simplify the questions. In Q1 and Q2 there were no contributions requested for QMRT	
25	Operational	Coordinate and provide oversight to translation review process	Number of translation reviews completed	Ongoing	Completed a total of 398 translation reviews	
26	Training	Review, update and/or assign LAP online Training	Number of staff who are assigned training and percentage of completion	Annual	LAP training module updated. Training assigned to 4,519 staff. 4,032 staff completed the training with 100% passing with a score of 80% or higher.	
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	On track. Worked with IT teams to update race and ethnicity codes. Participated on AHIP and NCQA work groups to review, develop and comment on SOGI codes and categories.	

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	End of Year reports received from 5 specialty plans. Eye Med was termed 1/1/21. No grievances received in Q1-Q2.	
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	Annual tracking of vital documents completed on 5/2021 from 11 business units.	
30	<b>Compliance Monitoring</b>					
31	Rationale	<b>Compliance monitoring conducted to ensure CalViva Health members receive consistent, high quality C&amp;L services. The following processes are in place to ensure ongoing CalViva Health oversight of the C&amp;L programs and services delegated to HNCS and the internal monitoring conducted by HNCS.</b>				
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	On track. Interpreter Services CCC logs are received and monitored on a monthly basis. No interpreter complaints in Q1 and Q2. A total of 39 grievance cases were received and reviewed by C&L. Of these cases, two (2) were coded as culture perceived discrimination, three (3) were coded as culture non-discriminatory, one (1) was coded to linguistic perceived discrimination, six (6) were coded to linguistic non-discriminatory, and twenty-seven (27) to other codes. Based on evidence, C&L identified four (4) interventions 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.	
34	Complaints and Grievances	Conduct a trend analysis of C&L grievances and complaints by providers	Production of trend analysis report	August	On track. The 2020 grievance trending report will be completed in Q3.	
35	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December	Desktop procedure reviewed and revised on an ongoing basis.	

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	2021 Work Plan and Program Description were approved. End of year reports completed and approved by CVH committee in May. Attended monthly Ops meetings. Provided data and updates to the 2021 PNA report production and updates to the 2020 PNA action plan were completed.	
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	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 2021.	
38	Oversight	Support Public Policy Committee meetings for Fresno, Kings and Madera Counties	Assist as needed at Public Policy Committee meetings as required	Quarterly	Provided support to CVH in developing materials for presentation to the Public Policy Committee meetings. Presented on LAP services to CVH Public Policy committee meeting in Q2.	
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 C&L P&Ps reviewed and updated in Archer.	

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	The CalViva member SDOH assessment is pending DHCS approval.	
41	<b>Communication, Training and Education</b>					
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	On track. Trainings with A&G to be scheduled for Q4.	
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	Conducted 4 Call Center New Hire trainings. Updated SHP and Commercial call center training decks. Decks and attendance roster posted to share drive.  Call Center Interpreter Quick Reference updated via KB article in Q1.	
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	The C&L SharePoint site is managed on an ongoing basis. Redesigned and updated the site to include the most current and materials.	

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	On track for LAP Provider Update in Q3.	
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	Language identification poster for provider office was remediated and posted in provider library.	

49	Provider Communication and Training	Development of behavioral health/ACEs resources and tools for providers	Training and/or other resource (s) produced	Ongoing	<p>The behavioral health material is under development. An ACEs overview training was developed for providers and staff in partnership with Centene's Advance Behavioral Health team. An on demand version was successfully launched on Centene University.</p> <p>Micro learnings were completed for ACEs and Helping the Helper. TIC and MI micro learnings are in progress.</p> <p>Trainings: Conducted 4 ACE training reaching 174 participants. Additional provider trainings include TIC - 57 providers, MI - 321 providers, and SDOH - 194 providers. A training was also conducted in the community on ACEs and Hard to reach communities reaching 25 community representatives.</p> <p>6 ACEs provider communications developed and distributed. 1 ACE member blog and 2 ACE social media successfully launched.</p>	
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50	Provider Training	Implementation of four part provider implicit bias training series	Number of attendees/participants	Q2	Successful planning, coordination and implementation of the 2- part implicit bias series in March 2021. The series offered up to 4 CME/CE credits. Over 400 people trained. Part 1 3/9/21 - 259; Part 2 3/16/21 - 100; Part 1 3/17/21 - 189; Part 2 3/24/21 - 155. Over 300 CME/CE certificates were earned/provided to eligible attendees.	
51	<b>Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity</b>					
52	<b>Health Literacy</b>					
53	<b>Rationale</b>	<b>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.</b>				
54	<b>Responsible Staff:</b>	<b>Primary: A. Kelechian</b>	<b>Secondary: D. Carr, B. Ferris, D. Magee</b>			
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	Completed a total of 59 EMRs.	
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	Provider health literacy toolkit was revised in June 2021. With MarComm for rebranding with an estimated completion date of August/September 2021.	
57	Training	Quarterly training for staff on how to use the C&L database and write in plain language	Quarterly training	Quarterly	Facilitated two trainings on C&L database and Plain Language. There were 5 attendees in Q1 training and 12 in Q2.	

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	On track for Q4.	
59	<b>Cultural Competency</b>					
60	Rationale	<b>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.</b>				
61	Responsible Staff:	<b>Primary: D. Carr, L. Goodyear-Moya</b>	<b>Secondary: M. Vue, D. Fang, B. Ferris</b>			
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	Led 6 ICE C&L team meetings. Produced two new documents in support of COVID patient care. Reviewed pending and recent changes in legislation and Medi-Cal policy letters that impacted cultural or linguistic aspects of health care.	
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	Motivational Interviewing Part 1 - 164 attendees. Motivational Interviewing Part 2 - 157 attendees.	

^	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	On track for implementation in August. Activity and communications plan developed for CLAS month activities, surveys, incentives and webinar.	
	65	Online Training	Review online content for cultural competency training and update as needed annually	Annual online training and number of staff trained	Annual	On track. Training to be assigned to staff in Q3.	
	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	C&L team & Provider Communication has developed and published 2 of the 7 articles as of 6/2021. Cultural Humility on 4/14/21 and ACEs on 5/5/21. There are 3 articles in production. Encountered delays due to capacity of Provider Comms team and competing priorities. Childhood immunizations and BIPOC articles are scheduled for publishing by end of July 2021.	
*	67	<b>Health Equity</b>					
	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	Quarterly Health Equity collaboration meetings held with wide representation from various depts.	
	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	Developed a new template for the newsletter and distributed Q1 and Q2 Equity in Action newsletter.	

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	Module 1 has been accepted. Module 2 finalized and submitted. Working on Module 3 to address measurements, effectiveness and data collection process. Contract with TFC (CBO) extended for the duration of the PIP.  Data- SMART Aim has been finalized. Educational event presentation, outreach materials and scheduling tools have been finalized	
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	Attended Bi-weekly Internal and CalViva BCS Disparity PIP meetings. Provided Cultural Competency, Interpreter Services, Bilingual Assessment, Transportation, Health Education Resources, & Quality Improvement Overview trainings for The Fresno Center new AmeriCorps cohort. Developed a charter for the Community Advisory Group for implementation in Q2.	

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	Ongoing input provided on Health Equity to various departments and resources including the development of spotlight fact sheet on Health Equity. Quarterly Health Equity collaboration meetings held with wide representation from various depts. Standard training decks developed on Health Equity and posted to QI SharePoint.	
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\* 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 #6

## Attachment 6.A

2021 Health Education  
Executive Summary



## REPORT SUMMARY TO COMMITTEE

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**TO:** CalViva Health QI/UM Committee

**FROM:** Angela J. Brice, Senior Director, Quality Improvement  
Justina B. Felix, Health Educator

**COMMITTEE DATE:** October 21, 2021

**SUBJECT:** Health Education Work Plan Mid-Year Evaluation & Executive Summary 2021

### **Summary**

The 2021 Health Education Work Plan Mid-Year Evaluation report documents progress of **17 initiatives** with **33 performance objectives**. Within each initiative, there are multiple objectives. Of the 17 initiatives, 12 initiatives with 22 objectives are on track to meet the year-end goal. The remaining 5 initiatives with 11 objectives are off track to meet the year-end goal.

### **Purpose of Activity:**

To provide for QI/UM Committee review and approval of the 2021 Health Education Work Plan Mid-Year Evaluation Summary.

### **Data/Results (include applicable benchmarks/thresholds):**

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

**Table 1** compares 2021 mid-year utilization outcomes of health education initiatives against 2021 year-end goals.

**Table 1: 2021 Mid-Year Utilization Outcomes of Health Education Initiatives**

Initiative	2021 Year-End Goal	2021 Mid-Year Status	Progress of 2021 Mid-Year Goal Status
1. Chronic Disease Education: Asthma	Enroll 40 members into the Central California Asthma Collaborative in-home visitation program	Enrolled 46 members	On track
2. Chronic Disease Education: Diabetes	Enroll 10 members per month after DHCS approval of DPP	Not launched. Pending DHCS submission by CalViva Health	Off track
	50% of participants will complete weekly lessons	Not launched. Pending DHCS submission by CalViva Health	Off track
3. Chronic Disease: Hypertension	Enroll 50 members per quarter after DHCS approval of mailing	Healthy Heart Healthy Lives member mailing will be conducted in Q3-Q4	On track
4. Community Engagement	Reach a 65% member participation in education charlas	Conducted 35 charlas with 840 participants, of which 55% were CVH members (462/840)	On track
	Establish at least 1 partnership with a community partner to address social determinants of health	Established 2 Partnerships with Madera County Department of Public Health and Alzheimer's Association	On track
5. Fluvention and COVID-19	Implement the Fluvention campaign to educate members on flu vaccination using 2 or more communication channels	Implementation will begin in September 2021	On track
	Develop and distribute a provider update related to flu vaccination	Implementation will begin in September 2021	On track
	Inform members on COVID-19 prevention, testing, and vaccination using 2 or more communication channels	Created Web Page, FAQs, Calling Center Scripts, Generic COVID-19 Flyer (English + Spanish), Transportation Flyer for COVID-19 vaccines	On track
6. Healthy Equity Projects	Develop and implement 1 educational intervention to improve breast cancer screening rate targeting Hmong members in Fresno County	Partnering with The Fresno Center and WISH Breast Center to plan and implement the Hmong Sisters Educational event. Event is scheduled for Q3	On track
7. Member Newsletter	Develop and distribute 1 CVH member newsletter	Developed 1 member newsletter to be distributed in Q3	On track
8. Mental/Behavioral Health	Increase member enrollment by 10% to 89 members	Enrolled 38 new members	On track
	Produce 6 provider communications informing them of ACEs, trauma-informed care, toxic stress and training opportunities	Distributed 10 unique provider communications	On track
	Increase ACEs screening to CVH members by 3% from 10,229 to 10,536	Submitted 4,360 screening claims. Data is 60-90 days delayed	Off track
9. Obesity Prevention	Enroll 500+ members (75% flagged as high-risk) and 90% satisfaction from both program surveys	Enrolled 482 members (100% flagged as high risk), 100% satisfaction from workbook survey and 95.2% satisfaction from direct incentive survey	On track
	Enroll 350+ members	Enrolled 373 members	On track
10. Pediatric Education	Promote 2 educational well-child resources for inter-departmental utilization	Promoted the CalViva Health Well-Child Flyer with Quality Improvement, Community Engagement, Member Connections and Clinical Program Managers.	On track
	Explore at least one best practices to improve childhood immunization	Partnering with Family HealthCare Network for them to implement an educational text messaging campaign to improve childhood	On track



		immunizations. Campaign is scheduled to start in September 2021	
11. Perinatal Education	Distribute 1,000+ pregnancy information packets to requesting CVH pregnant members	Distributed a total of 921 CVH Pregnant Program packets and 212 Newborn packets to members	On track
12. Promotores Health Network (PHN)	Reach a 65% member participation in education charlas	Conducted 35 charlas with 840 participants, of which 55% were CVH members (462/840)	On track
13. Tobacco Cessation Program	Increase CVH member participation in smoking cessation programs by 5% to 140	Enrolled 94 CalViva Health members	On track
	Enroll 10 members per month into the California Smokers' Helpline pilot project after DHCS approval of the program	Program proposal under development for DHCS review	Off track
14. Women's Health	Coordinate with Every Women Counts a minimum of 3 BCS/CCS virtual classes. Reach 50 members	Conducted 2 virtual BCS/CCS classes, reaching a total of 25 participants	On track
	Engage 20% or more of targeted members for a CCS email/IVR campaign	Postponed until further notice	Off track
15. Compliance: Oversight and Reporting	Complete and submit Program Description, Work Plan, and Work Plan evaluation reports	Completed and submitted work plan and work plan evaluation	On track
	Update Policies and Procedures	Updated 6 Policies and Procedures	On track
	Complete semi-annual progress reports and annual DHCS incentive evaluation reports	Completed semi-annual progress reports and 9 annual DHCS incentive evaluation reports	On track
	Produce 1 Provider Update	Produced 1 Provider Update	On track
	Participate in 4 PPC meetings where health education reports are presented	Provided reports to be presented at 2 PPC meetings	On track
	Develop and share PNA report with action plan using the latest data	PNA has been produced. To be submitted to DHCS by 8/2/21	On track
16. Health Education Department Promotion, Materials Update, Development, Utilization and Inventory	Develop needed materials and resources to assure compliance	Rebranded and updated 9 health education materials. One Chlamydia educational material was adopted from Centers for Disease Control and Prevention (CDC)	On track
17. Health Education Operations: Geographic Information Systems (GIS)	Develop geomaps for 5+ projects/outreach activities	Completed geomaps for 1 project	Off track
	Explore feasibility of interactive GIS platform using secure intranet web browser	Under review	Off track

### **2021 Barrier Analysis and Action to be Taken**

Barriers	Actions to be taken in 2021
Chronic Disease Education: Diabetes: <ul style="list-style-type: none"> <li>Delayed implementation of Diabetes Prevention Program</li> </ul>	<ul style="list-style-type: none"> <li>Implement upon DHCS approval.</li> </ul>
Mental/Behavioral Health: <ul style="list-style-type: none"> <li>Fewer ACEs screenings</li> </ul>	<ul style="list-style-type: none"> <li>Conduct member communication campaign to educate members on ACEs and encourage screenings.</li> </ul>
Tobacco Cessation Program: <ul style="list-style-type: none"> <li>Delayed implementation of the California Smokers' Helpline pilot project</li> </ul>	<ul style="list-style-type: none"> <li>Program proposal in development for DHCS submission.</li> </ul>
Women's Health: <ul style="list-style-type: none"> <li>Postponed implementation of CCS</li> </ul>	<ul style="list-style-type: none"> <li>Health Education awaiting outcomes and lessons learned on other email/IVR campaigns before moving forward with the</li> </ul>

email/IVR campaign	CVH email/IVR campaign.
GIS: <ul style="list-style-type: none"> <li>Fewer mapping requests for projects due to limited work in the field</li> <li>Delayed securing GIS platform using a secure intranet web browser</li> </ul>	<ul style="list-style-type: none"> <li>Reach out to team and departments to discuss and explore any planning activities that may benefit from a spatial viewpoint.</li> <li>Continue research for a secure intranet web browser to house the data.</li> </ul>

**Next Steps:**

- Launch Diabetes Prevention Program upon DHCS approval
- Implement Fluvention and COVID-19 communication campaigns
- Distribute the Healthy Hearts Healthy Lives toolkit to members
- Enhance offering of behavioral health services
- Explore and launch email campaigns related to Well Child Visits, flu shot, asthma, Breast Cancer Awareness, mental/behavioral health, diabetes prevention and tobacco awareness
- Continue to collaborate with community partners to support local priorities and address health disparities
- Collaborate with Marketing to update educational resources as needed

# Item #6

## Attachment 6.B

2021 Health Education  
Work Plan Mid-Year Evaluation



# 2021 Health Education Work Plan Mid-Year Evaluation

**Submitted by:**

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

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**I. Purpose:**

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

<b>1. Initiative/ Project:</b>	<b>Chronic Disease Education: Asthma</b>			
<b>Priority Counties</b>	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
<b>Initiative Aim(s)</b>	<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			
<b>Rationale</b>	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.			
<b>Reporting Leader(s)</b>	<b>Primary:</b>	J. Felix	<b>Secondary:</b>	H. Su
<b>Goal of Initiative</b>	To educate members in managing their asthma			
<b>Performance Measure(s)</b>	<b>Objective(s)</b>	<b>2020 Outcomes (Year-End)</b>	<b>2021 Outcomes (Mid-Year)</b>	<b>2021 Outcomes (Year-End)</b>
Implement an Asthma in-home visitation program	Enroll 40 members into the Central California Asthma Collaborative in-home visitation program	New in 2021	Enrolled 46 members	
<b>Major Activities</b>		<b>Timeframe For Completion</b>	<b>Responsible Party(s)</b>	
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	
<b>Initiative Status (populate at year-end)</b>	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
<b>Mid-Year and Year End Updates</b>	<i>Include barriers to implementation and systemic/organizational barriers.</i>  <b>Mid-Year Update:</b> A total of 46 members enrolled in the Central California Asthma Collaborative asthma project, of which 42 were children and 4 were adults. The largest age group enrolled are 5-11 year olds (25 enrolled) followed by 12-17 year olds (13 enrolled), 0-4 year olds (4 enrolled), 22-65 year olds (3 enrolled) and lastly 18-21 year olds (1 enrolled). Seventy four percent of members enrolled are Hispanic or Latino, followed by Whites at 15%, African American or Black at 9%, and Middle Eastern or Arab at 2%. Additionally, 59% of members enrolled listed English as their primary language and 41% listed Spanish. To date, a total of 35 virtual visits have been conducted. The following is covered during a virtual visit: Assess participant's understanding of asthma, conduct a home environmental assessment and discuss trigger reduction, and review the proper use of medications including discussing the difference between a controller and rescue medication. Recommendations to improve asthma management are set with the member during the initial virtual visit.  <b>Year-End Update</b>			
<b>Initiative Continuation Status (populate at year-end)</b>	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			



<b>2. Initiative/ Project:</b>	<b>Chronic Disease Education: Diabetes</b>				
<b>Priority Counties</b>	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
<b>Initiative Aim(s)</b>	<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				
<b>Rationale</b>	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.				
<b>Reporting Leader(s)</b>	<b>Primary:</b>	M. Zuniga	<b>Secondary:</b>	H. Su, J Felix, D. Carrillo	
<b>Goal of Initiative</b>	To provide members with education on diabetes prevention and control through promotion of effective nutrition management strategies and multifaceted communication.				
<b>Performance Measure(s)</b>	<b>Objective(s)</b>	<b>2020 Outcomes (Year-End)</b>	<b>2021 Outcomes (Mid-Year)</b>	<b>2021 Outcomes (Year-End)</b>	
Implement a Diabetes Prevention Program	Enroll 10 members per month after DHCS approval of DPP	Not launched pending DHCS approval	Not launched. Pending DHCS submission by CalViva Health		
	50% of participants will complete weekly lessons	Not launched pending DHCS approval	Not launched. Pending DHCS submission by CalViva Health		
<b>Major Activities</b>		<b>Timeframe For Completion</b>	<b>Responsible Party(s)</b>		
Confirm DHCS approval prior to implementation		March 2021	M. Zuniga		
Conduct 1 staff training webinar to promote DPP		June 2021	M. Zuniga		
Release Provider Update with Provider referral form		October 2021	M. Zuniga		
Submit CCC Knowledge Base for Member Services		October 2021	M. Zuniga		
Promote DPP on the CalViva health website		November 2021	M. Zuniga, J. Felix		
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		
<b>Initiative Status (populate at year-end)</b>	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
<b>Mid-Year and Year End Updates</b>	<i>Include barriers to implementation and systemic/organizational barriers.</i>  <b>Mid-Year Update:</b> Preparation of all materials was conducted in Q-2. Submission to DHCS for approval will take place in Q3. Implementation of DPP will take place in Q4 upon DHCS approval.  <b>Year-End Update:</b>				
<b>Initiative Continuation Status (populate at year-end)</b>	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>				

<b>3. Initiative/ Project:</b>	<b>Chronic Disease Education: Hypertension</b>			
<b>Priority Counties</b>	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
<b>Initiative Aim(s)</b>	<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			
<b>Rationale</b>	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.			
<b>Reporting Leader(s)</b>	<b>Primary:</b>	M. Zuniga	<b>Secondary:</b>	D. Carrillo
<b>Goal of Initiative</b>				
<b>Performance Measure(s)</b>	<b>Objective(s)</b>	<b>2020 Outcomes (Year-End)</b>	<b>2021 Outcomes (Mid-Year)</b>	<b>2021 Outcomes (Year-End)</b>
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	Healthy Heart Healthy Lives member mailing will be conducted in Q3-Q4	
<b>Major Activities</b>		<b>Timeframe For Completion</b>	<b>Responsible Party(s)</b>	
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	
<b>Initiative Status (populate at year-end)</b>	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
<b>Mid-Year and Year End Updates</b>	<i>Include barriers to implementation and systemic/organizational barriers.</i>  <b>Mid-Year Update:</b> The Healthy Hearts Healthy Lives toolkit was revised and rebranded in preparation for Q3-Q4 member mailing.  <b>Year-End Update:</b>			
<b>Initiative Continuation Status (populate at year-end)</b>	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

<b>4. Initiative/ Project:</b>	<b>Community Engagement</b>			
<b>Priority Counties</b>	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
<b>Initiative Aim(s)</b>	<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			
<b>Rationale</b>	Increase community awareness of CalViva Health's programs and services to help members achieve optimal health and wellbeing			
<b>Reporting Leader(s)</b>	<b>Primary:</b>	T. Gonzalez, A. Corona, I. Rivera		<b>Secondary:</b> I. Rivera
<b>Goal of Initiative</b>				
<b>Performance Measure(s)</b>	<b>Objective(s)</b>	<b>2020 Outcomes (Year-End)</b>	<b>2021 Outcomes (Mid-Year)</b>	<b>2021 Outcomes (Year-End)</b>
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)	Conducted 35 charlas with 840 participants, of which 55% were CVH members (462/840)	
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	Established 2 Partnerships with Madera County Department of Public Health and Alzheimer's Association	
<b>Major Activities</b>		<b>Timeframe For Completion</b>	<b>Responsible Party(s)</b>	
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	
<b>Initiative Status (populate at year-end)</b>	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
<b>Mid-Year and Year End Updates</b>	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p><b>Mid-Year Update:</b>          Community classes and events have been postponed due to COVID-19 pandemic and the surge in the Delta variant. Promotoras in the Promotores Health Network Program (PHN) continue to pivot and build their capacity to inform and educate health plan members through a virtual format (i.e. Zoom), continue to provide bailoterapia (physical activity), walking club, and literacy club (reading club).</p> <p>The Promotores Health Network program established a partnership with the Madera County Department of Public Health and the Alzheimer's Association to address SDOH issues such as food security and access to healthcare.</p> <p><b>Year-End Update:</b></p>			
<b>Initiative Continuation Status (populate at year-end)</b>	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

<b>5. Initiative/ Project:</b>	<b>Fluvention and COVID-19</b>			
<b>Priority Counties</b>	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
<b>Initiative Aim(s)</b>	<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			
<b>Rationale</b>	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.			
<b>Reporting Leader(s)</b>	<b>Primary:</b>	A. Fathifard		<b>Secondary:</b> H. Su
<b>Goal of Initiative</b>	To reduce flu among members 6 months and older, especially high risk populations. To educate members about COVID-19 prevention, testing and vaccination.			
<b>Performance Measure(s)</b>	<b>Objective(s)</b>	<b>2020 Outcomes (Year-End)</b>	<b>2021 Outcomes (Mid-Year)</b>	<b>2021 Outcomes (Year-End)</b>
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	Implementation will begin in September 2021	
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	Implementation will begin in September 2021	
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	Created Web Page, FAQs, Calling Center Scripts, Generic COVID-19 Flyer (English + Spanish), Transportation Flyer for COVID-19 vaccines	
<b>Major Activities</b>		<b>Timeframe For Completion</b>	<b>Responsible Party(s)</b>	
Evaluate and determine effectiveness of key Fluvention metrics pertaining to text messages and email campaigns		June/August 2021	A. Fathifard	
Work with marketing to customize and approve Fluvention communications to members and providers		October 2021	B. 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	
<b>Initiative Status (populate at year-end)</b>	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
<b>Mid-Year and Year End Updates</b>	Include barriers to implementation and systemic/organizational barriers.  <b>Mid-Year Update:</b> After a successful 2020 Flu season, CalViva Health plans to utilize its lessons learned from the prior year along with the lessons learned from COVID-19 activities to provide a robust 2021-2022 flu campaign. CalViva Health will gauge utilizing a multi-modal approach that will use a combination of communication channels to help bolster our prevention messaging. Plans for the 2021 flu season could include outreach via Web resources, email, and phone call. Furthermore, CalViva Health will continue to leverage its position as a community partner by planning to bring flu vaccines down to the local level via pop-up vaccine clinics.			

	<p>For COVID-19 CalViva Health implemented a Member Communication Strategy in tandem with population health that would most effectively deliver information to our most vulnerable populations. Starting from early 2021, CalViva Health implemented the following measures to most effectively impact our membership:</p> <ul style="list-style-type: none"> <li>• COVID-19 Resource Hub created at <a href="https://www.calvivahealth.org/covid-19-faq/">https://www.calvivahealth.org/covid-19-faq/</a> includes Updated FAQ's resources and calendars for our COVID-19 community events for all of our membership.</li> <li>• ConsejoSano (Medicaid, Medicare, Cal MediConnect) – Developed and approved culturally specific live phone call and text campaign for members living in high quartile Healthy Places Index (HPI) regions (English/Spanish).</li> <li>• COVID-19 educational flyer: Created a flyer that address vaccine hesitancy among patients seeking the COVID-19 vaccine. Flyer attempted to address the vaccine hesitancy model by providing solutions that would challenge questions of confidence, complacency, and convenience. Flyer was produced in English and Spanish languages, and shared with providers and community partners.</li> </ul> <p><b>Year-End Update:</b></p>
<b>Initiative Continuation Status</b> <i>(populate at year-end)</i>	<p><b>CLOSED</b> <input type="checkbox"/>      <b>CONTINUE INITIATIVE UNCHANGED</b> <input type="checkbox"/>      <b>CONTINUE INITIATIVE WITH MODIFICATIONS</b> <input type="checkbox"/></p>

<b>6. Initiative/ Project:</b>	<b>Healthy Equity Projects</b>			
<b>Priority Counties</b>	<input checked="" type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input type="checkbox"/> MADERA			
<b>Initiative Aim(s)</b>	<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			
<b>Rationale</b>	Improve postpartum care with target providers above baseline of 65% and increase breast cancer screening rates for Fresno above MPL (52.7%).			
<b>Reporting Leader(s)</b>	<b>Primary:</b>	J. Felix	<b>Secondary:</b>	
<b>Goal of Initiative</b>	To reduce health care access barriers that contribute to identified health disparities among our ethnically diverse membership in the area of breast cancer screening.			
<b>Performance Measure(s)</b>	<b>Objective(s)</b>	<b>2020 Outcomes (Year-End)</b>	<b>2021 Outcomes (Mid-Year)</b>	<b>2021 Outcomes (Year-End)</b>
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	Partnering with The Fresno Center and WISH Breast Center to plan and implement the Hmong Sisters Educational event. Event is scheduled for Q3	
<b>Major Activities</b>		<b>Timeframe For Completion</b>	<b>Responsible Party(s)</b>	
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	
<b>Initiative Status (populate at year-end)</b>	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
<b>hMid-Year and Year End Updates</b>	<i>Include barriers to implementation and systemic/organizational barriers.</i>  <b>Mid-Year Update:</b> The Hmong Sisters Education event is currently being planned for September 2021 at The Fresno Center. The event will include a video on the importance of BCS, testimonials of breast cancer survivors, transportation presentation and raffle items.  <b>Year-End Update</b>			
<b>Initiative Continuation Status (populate at year-end)</b>	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

<b>7. Initiative/ Project:</b>	<b>Member Newsletter</b>			
<b>Priority Counties</b>	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
<b>Initiative Aim(s)</b>	<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			
<b>Rationale</b>	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.			
<b>Reporting Leader(s)</b>	<b>Primary:</b>	M. Zuniga	<b>Secondary:</b>	H. Su
<b>Goal of Initiative</b>	To educate members about priority health topics and inform members about available programs, services and health care rights.			
<b>Performance Measure(s)</b>	<b>Objective(s)</b>	<b>2020 Outcomes (Year-End)</b>	<b>2021 Outcomes (Mid-Year)</b>	<b>2021 Outcomes (Year-End)</b>
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	Developed 1 member newsletter to be distributed in Q3	
<b>Major Activities</b>		<b>Timeframe For Completion</b>	<b>Responsible Party(s)</b>	
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	
<b>Initiative Status (populate at year-end)</b>	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
<b>Mid-Year and Year End Updates</b>	<i>Include barriers to implementation and systemic/organizational barriers.</i>  <b>Mid-Year Update:</b> Member newsletter was developed, obtained DHCS approval and scheduled for mailing in Q3.  <b>Year-End Update</b>			
<b>Initiative Continuation Status (populate at year-end)</b>	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

<b>8. Initiative/ Project:</b>	<b>Mental / Behavioral Health</b>			
<b>Priority Counties</b>	<input checked="" type="checkbox"/> <b>FRESNO</b> <input checked="" type="checkbox"/> <b>KINGS</b> <input checked="" type="checkbox"/> <b>MADERA</b>			
<b>Initiative Aim(s)</b>	<input checked="" type="checkbox"/> <b>MEMBER PROGRAM UTILIZATION AND SATISFACTION</b> <input checked="" type="checkbox"/> <b>PROVIDER SUPPORT</b> <input type="checkbox"/> <b>COLLABORATIVE</b> <input type="checkbox"/> <b>DEPT EFFICIENCY</b> <input type="checkbox"/> <b>OVERSIGHT</b> <input checked="" type="checkbox"/> <b>COMPLIANCE</b> <input checked="" type="checkbox"/> <b>QUALITY PERFORMANCE</b> <input checked="" type="checkbox"/> <b>PNA</b>			
<b>Rationale</b>	<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). 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).</p>			
<b>Reporting Leader(s)</b>	<b>Primary:</b> L. Wong		<b>Secondary:</b>	
<b>Goal of Initiative</b>	To support members with behavioral health resources and opioid education.			
<b>Performance Measure(s)</b>	<b>Objective(s)</b>	<b>2020 Outcomes (Year-End)</b>	<b>2021 Outcomes (Mid-Year)</b>	<b>2021 Outcomes (Year-End)</b>
Promote member enrollment in myStrength	Increase member enrollment by 10% to 89 members	81 members enrolled	Enrolled 38 new members	
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	Distributed 10 unique provider communications	
Promote ACEs among members/providers	Increase ACEs screening to CVH members by 3% from 10,229 to 10,536	New for 2021	Submitted 4,360 screening claims. Data is 60-90 days delayed	
<b>Major Activities</b>		<b>Timeframe For Completion</b>	<b>Responsible Party(s)</b>	
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	
<b>Initiative Status (populate at year-end)</b>	<b>MET</b> <input type="checkbox"/> <b>PARTIALLY MET</b> <input type="checkbox"/> <b>NOT MET</b> <input type="checkbox"/>			
<b>Mid-Year and Year End Updates</b>	<p>Include barriers to implementation and systemic/organizational barriers.</p> <p><b>Mid-Year Update:</b>            ACEs Awareness Initiative: At mid-year, a total of 10 provider communications have been distributed informing them of ACEs, training and attestation, screening tools, clinical algorithms, toxic stress, and trauma informed care. Additionally, launched a member communications campaign to educate members on ACEs, behavioral health, reduce disparities and increase access to resources. This project has received tremendous support from leadership and has resulted in the effective engagement of other departments, such as Community Engagement, Provider Relations, Strategic Giving, Marketing and Communication, and Behavioral Health Services, to further support the ACEs work through their departmental resources, further strengthening collaboration internally and externally.</p> <p>Enrolled 38 new Medi-Cal members to myStrength Mental Health Self-Management program with consistent trend in improved clinical outcome for depression and anxiety measures with program use. myStrength is a mobile and web-based cognitive behavioral therapy self-management program that addresses stress including race-related stress, depression, anxiety, substance use, chronic pain, sleep and insomnia, pregnancy and early parenting, PTSD, managing chronic conditions, coping with COVID-19, bipolar disorder, LGBTQ+ support, and enhanced Spanish language support.</p>			



	<p>Health Education has not promoted myStrength actively due to DHCS flyer submission still being processed.</p> <p><b>Year-End Update:</b></p>
<p><b>Initiative Continuation Status</b> <i>(populate at year-end)</i></p>	<p> <b>CLOSED</b> <input type="checkbox"/> <b>CONTINUE INITIATIVE UNCHANGED</b> <input type="checkbox"/> <b>CONTINUE INITIATIVE WITH MODIFICATIONS</b> <input type="checkbox"/> </p>

<b>9. Initiative/ Project:</b>	<b>Obesity Prevention</b>			
<b>Priority Counties</b>	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
<b>Initiative Aim(s)</b>	<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			
<b>Rationale</b>	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.			
<b>Reporting Leader(s)</b>	<b>Primary:</b>	<b>D. Carrillo</b>	<b>Secondary:</b>	<b>J. Felix, M. Lin</b>
<b>Goal of Initiative</b>	To support overweight and high risk members to incorporate healthy lifestyle habits through nutrition education and increased physical activity.			
<b>Performance Measure(s)</b>	<b>Objective(s)</b>	<b>2020 Outcomes (Year-End)</b>	<b>2021 Outcomes (Mid-Year)</b>	<b>2021 Outcomes (Year-End)</b>
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	Enrolled 482 members (100% flagged as high risk), 100% satisfaction from workbook survey and 95.2% satisfaction from direct incentive survey	
Increase Healthy Habits for Healthy People (HHHP) program enrollment	Enroll 350+ members	Enrolled 312 members	Enrolled 373 members	
<b>Major Activities</b>		<b>Timeframe For Completion</b>	<b>Responsible Party(s)</b>	
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	
<b>Initiative Status (populate at year-end)</b>	<b>MET</b> <input type="checkbox"/> <b>PARTIALLY MET</b> <input type="checkbox"/> <b>NOT MET</b> <input type="checkbox"/>			
<b>Mid-Year and Year End Updates</b>	<i>Include barriers to implementation and systemic/organizational barriers.</i>  <b>Mid-Year Update:</b> At midyear, a total of 482 members enrolled into the FFFL Home Edition Program, which is on track to meeting year-end goals. Of these, all were considered high risk based on BMI percentile or non-compliance in a HEDIS measure, such as "Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition." To support enrollment during the pandemic, claims data are utilized to identify members who may benefit from the resource. One workbook survey and 21 direct incentive surveys were received. Of direct incentive surveys received, 95.2% noted satisfaction with the program. For the HHHP program, a total of 373 members have been enrolled, meeting year-end goals at midyear.  <b>Year-End Update</b>			
<b>Initiative Continuation Status (populate at year-end)</b>	<b>CLOSED</b> <input type="checkbox"/> <b>CONTINUE INITIATIVE UNCHANGED</b> <input type="checkbox"/> <b>CONTINUE INITIATIVE WITH MODIFICATIONS</b> <input type="checkbox"/>			

<b>10. Initiative/ Project:</b>	<b>Pediatric Education</b>			
<b>Priority Counties</b>	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
<b>Initiative Aim(s)</b>	<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			
<b>Rationale</b>	<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 (&lt;50<sup>th</sup> MPL), W15 (&lt;25<sup>th</sup> percentile 3+ years), W34 (&lt;50<sup>th</sup> MPL), CIS-10 (&lt;50<sup>th</sup> MPL),          Kings: AWC (&lt;50<sup>th</sup> MPL), W15 (&lt;25<sup>th</sup> percentile 3+ years), W34 (&lt;50<sup>th</sup> MPL), CIS-10 (&lt;50<sup>th</sup> MPL), IMA-2 (&lt;50<sup>th</sup> Percentile) a          Madera: AWC (&lt; 50<sup>th</sup> MPL), W15 (&lt; 50<sup>th</sup> MPL), W34 (&lt;50<sup>th</sup> MPL)</p>			
<b>Reporting Leader(s)</b>	<b>Primary:</b>	<b>A. Fathifard</b>	<b>Secondary:</b>	<b>M. Lin, L. Wong</b>
<b>Goal of Initiative</b>	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.			
<b>Performance Measure(s)</b>	<b>Objective(s)</b>	<b>2020 Outcomes (Year-End)</b>	<b>2021 Outcomes (Mid-Year)</b>	<b>2021 Outcomes (Year-End)</b>
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.	Promoted the CalViva Health Well-Child Flyer with Quality Improvement, Community Engagement, Member Connections and Clinical Program Managers	
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	Partnering with Family HealthCare Network for them to implement an educational text messaging campaign to improve childhood immunizations. Campaign is scheduled to start in September 2021	
<b>Major Activities</b>		<b>Timeframe For Completion</b>	<b>Responsible Party(s)</b>	
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		June 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
<b>Initiative Status</b> <i>(populate at year-end)</i>	<b>MET</b> <input type="checkbox"/> <b>PARTIALLY MET</b> <input type="checkbox"/> <b>NOT MET</b> <input type="checkbox"/>	
<b>Mid-Year and Year End Updates</b>	<p>Include barriers to implementation and systemic/organizational barriers.</p> <p><b>Mid-Year Update:</b> Well-Child flyer: Promoted the CalViva Health Well-Child flyer inter-departmentally. The flyer highlights the importance of Well-Child visits, frequency of visits and what to expect at visits.</p> <p>CIS-10 Text Campaign: Health Education Department has partnered with Family HealthCare Network for them to implement an educational text campaign that will prioritize and address members' concerns through the development of various text messages. Health Education has developed text messages addressing the clinics' priority rankings, which are: lack of knowledge/misperceptions of immunizations, transportation, COVID-19 safety protocols, and vaccine schedule. Once the messages have been approved by the clinic, HED will help translate the messages in Spanish. The text campaign is scheduled to launch in September 2021.</p> <p><b>Year-End Update:</b></p>	
<b>Initiative Continuation Status</b> <i>(populate at year-end)</i>	<b>CLOSED</b> <input type="checkbox"/> <b>CONTINUE INITIATIVE UNCHANGED</b> <input type="checkbox"/> <b>CONTINUE INITIATIVE WITH MODIFICATIONS</b> <input type="checkbox"/>	

<b>11. Initiative/ Project:</b>	Perinatal Education			
<b>Priority Counties</b>	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
<b>Initiative Aim(s)</b>	<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			
<b>Rationale</b>	Increase Postpartum care HEDIS rate to the 50 <sup>th</sup> percentile or above in Kings, Fresno and Madera Counties.			
<b>Reporting Leader(s)</b>	<b>Primary:</b>	G. Toland	<b>Secondary:</b>	A. Campos, D. Carrillo
<b>Goal of Initiative</b>	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.			
<b>Performance Measure(s)</b>	<b>Objective(s)</b>	<b>2020 Outcomes (Year-End)</b>	<b>2021 Outcomes (Mid-Year)</b>	<b>2021 Outcomes (Year-End)</b>
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	Distributed a total of 921 CVH Pregnant Program packets and 212 Newborn packets to members	
<b>Major Activities</b>		<b>Timeframe For Completion</b>	<b>Responsible Party(s)</b>	
Promote the CVH Pregnancy Program among internal departments		December 2021	G. Toland	
<b>Initiative Status (populate at year-end)</b>	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
<b>Mid-Year and Year End Updates</b>	<i>Include barriers to implementation and systemic/organizational barriers.</i>  <b>Mid-Year Update:</b> The enrollment and distribution of the CalViva Pregnancy Program is running smooth with no technical challenges. The pregnancy program will be highlighted in the CalViva Health member newsletter, which is scheduled to be mailed in Q3.  <b>Year-End Update</b>			
<b>Initiative Continuation Status (populate at year-end)</b>	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

<b>12. Initiative/ Project:</b>	<b>Promotores Health Network (PHN)</b>			
<b>Priority Counties</b>	<input type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
<b>Initiative Aim(s)</b>	<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			
<b>Rationale</b>	Women's health and chronic condition measures are held to a Minimum Performance Level (MPL) of 50 <sup>th</sup> Percentile.			
<b>Reporting Leader(s)</b>	<b>Primary:</b>	<b>T. Gonzalez</b>	<b>Secondary:</b>	<b>A. Corona de Maciel</b>
<b>Goal of Initiative</b>	To provide members culturally and linguistically appropriate health education, promote annual preventive screenings and create linkages to local resources.			
<b>Performance Measure(s)</b>	<b>Objective(s)</b>	<b>2020 Outcomes (Year-End)</b>	<b>2021 Outcomes (Mid-Year)</b>	<b>2021 Outcomes (Year-End)</b>
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)	Conducted 35 charlas with 840 participants, of which 55% were CVH members (462/840)	
<b>Major Activities</b>		<b>Timeframe For Completion</b>	<b>Responsible Party(s)</b>	
Establish partnership with Department of Public Health to implement promote PHN charlas and community engagement		December 2021	Tony	
Collaborate with Camarena Health to refer members to PHN charlas		December 2021	A. Corona de Maciel	
Continue collaboration with Madera Unified School District Parent Resource Centers to host diabetes classes and promote bailoterapia (fitness classes)		December 2021	A. Corona de Maciel	
<b>Initiative Status (populate at year-end)</b>	<b>MET</b> <input type="checkbox"/> <b>PARTIALLY MET</b> <input type="checkbox"/> <b>NOT MET</b> <input type="checkbox"/>			
<b>Mid-Year and Year End Updates</b>	<i>Include barriers to implementation and systemic/organizational barriers.</i>  <b>Mid-Year Update:</b> Community classes and events have been postponed due to COVID-19 pandemic and the surge in the Delta variant. Promotoras in the Promotores Health Network Program (PHN) continue to pivot and build their capacity to inform and educate health plan members through a virtual format (i.e. Zoom), continue to provide bailoterapia (physical activity), walking club, and literacy club (reading club).  <b>Year-End Update:</b>			
<b>Initiative Continuation Status (populate at year-end)</b>	<b>CLOSED</b> <input type="checkbox"/> <b>CONTINUE INITIATIVE UNCHANGED</b> <input type="checkbox"/> <b>CONTINUE INITIATIVE WITH MODIFICATIONS</b> <input type="checkbox"/>			

<b>13. Initiative/ Project:</b>	<b>Tobacco Cessation Program</b>				
<b>Priority Counties</b>	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
<b>Initiative Aim(s)</b>	<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				
<b>Rationale</b>	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.				
<b>Reporting Leader(s)</b>	<b>Primary:</b>	D. Carrillo		<b>Secondary:</b>	
<b>Goal of Initiative</b>	To improve members' health outcomes and reduce health care costs by decreasing the rate of tobacco users among CVH membership.				
<b>Performance Measure(s)</b>	<b>Objective(s)</b>		<b>2020 Outcomes (Year-End)</b>	<b>2021 Outcomes (Mid-Year)</b>	<b>2021 Outcomes (Year-End)</b>
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	Enrolled 94 CalViva Health 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	Program proposal under development for DHCS review	
<b>Major Activities</b>			<b>Timeframe For Completion</b>	<b>Responsible Party(s)</b>	
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	
<b>Initiative Status (populate at year-end)</b>	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
<b>Mid-Year and Year End Updates</b>	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p><b>Mid-Year Update:</b></p> <p>CalViva Health partners with the California Smokers' Helpline (CSH) to extend smoking cessation programs and services to members. A total of 94 members enrolled, of which 79% were from Fresno County. Nearly 49% of participants were between the ages of 25-44, followed by 31% between ages 18-24. Females made up nearly 61% of enrollees. Overall, CalViva Health is on track to meeting its yearly enrollment objective. To support current efforts, an innovative proposal with the California Smokers' Helpline is being developed for DHCS review, aimed at extending targeted telephonic outreach and Nicotine Replacement Therapy to eligible members. Activities will be implemented as soon as approval is obtained to encourage smokers to access cessation services.</p> <p><b>Year-End Update:</b></p>				

<b>Initiative Continuation Status</b> <i>(populate at year-end)</i>	<b>CLOSED</b> <input type="checkbox"/>	<b>CONTINUE INITIATIVE UNCHANGED</b> <input type="checkbox"/>	<b>CONTINUE INITIATIVE WITH MODIFICATIONS</b> <input type="checkbox"/>
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<b>14. Initiative/ Project:</b>	<b>Women's Health</b>			
<b>Priority Counties</b>	<input checked="" type="checkbox"/> <b>FRESNO</b> <input checked="" type="checkbox"/> <b>KINGS</b> <input type="checkbox"/> <b>MADERA</b>			
<b>Initiative Aim(s)</b>	<input checked="" type="checkbox"/> <b>MEMBER PROGRAM UTILIZATION AND SATISFACTION</b> <input checked="" type="checkbox"/> <b>PROVIDER SUPPORT</b> <input checked="" type="checkbox"/> <b>COLLABORATIVE</b> <input type="checkbox"/> <b>DEPT EFFICIENCY</b> <input type="checkbox"/> <b>OVERSIGHT</b> <input type="checkbox"/> <b>COMPLIANCE</b> <input checked="" type="checkbox"/> <b>QUALITY PERFORMANCE</b> <input checked="" type="checkbox"/> <b>PNA</b>			
<b>Rationale</b>	<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: <b>Fresno County</b> (63.50%), <b>Madera County</b> (70.07%) and <b>Kings County</b> (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 <b>Fresno County</b> (55.26%) and <b>Kings County</b> (57.30%) that are below the MPL. <b>Madera County</b> (62.44%) is above the MPL.</p>			
<b>Reporting Leader(s)</b>	<b>Primary:</b>	<b>G. Toland</b>	<b>Secondary:</b>	
<b>Goal of Initiative</b>	To provide members with education on breast cancer and cervical cancer regular screenings through promotion of importance of regular screenings and multifaceted communication.			
<b>Performance Measure(s)</b>	<b>Objective(s)</b>	<b>2020 Outcomes (Year-End)</b>	<b>2021 Outcomes (Mid-Year)</b>	<b>2021 Outcomes (Year-End)</b>
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	Conducted 2 virtual BCS/CCS classes, reaching a total of 25 participants	
Implement a Cervical Cancer Screening email/IVR campaign	Engage 20% or more of targeted members	Postponed until further notice	Postponed until further notice	
<b>Major Activities</b>		<b>Timeframe For Completion</b>	<b>Responsible Party(s)</b>	
Obtain DHCS approval prior to implementation		August 2021	G. Toland	
Conduct BCS and CCS telephonic educational calls		August 2021	L. Mucarsel	
Obtain evaluation report from email/IVR vendor to review program and member successes		December 2021	G. Toland	
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	
<b>Initiative Status (populate at year-end)</b>	<b>MET</b> <input type="checkbox"/> <b>PARTIALLY MET</b> <input type="checkbox"/> <b>NOT MET</b> <input type="checkbox"/>			
<b>Mid-Year and Year End Updates</b>	<p>Include barriers to implementation and systemic/organizational barriers.</p> <p><b>Mid-Year Update:</b> Staff will continue to work with Every Woman Counts to coordinate and promote BCS/CCS classes in Q3 and Q4. Additionally, Health Education staff is awaiting outcomes on other email/IVR campaigns (to be launched in Q3) before moving forward with the CVH email/IVR campaign. The CVH CCS campaign has been postponed.</p> <p><b>Year-End Update:</b></p>			

<b>Initiative Continuation Status</b> <i>(populate at year-end)</i>	<b>CLOSED</b> <input type="checkbox"/>	<b>CONTINUE INITIATIVE UNCHANGED</b> <input type="checkbox"/>	<b>CONTINUE INITIATIVE WITH MODIFICATIONS</b> <input type="checkbox"/>
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<b>15 Initiative/ Project:</b>	<b>Compliance: Oversight and Reporting</b>			
<b>Priority Counties</b>	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
<b>Initiative Aim(s)</b>	<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			
<b>Rationale</b>	Provide oversight to assure compliance to DHCS requirements.			
<b>Reporting Leader(s)</b>	<b>Primary:</b>	<b>H. Su, J. Felix</b>	<b>Secondary:</b>	<b>G. Toland</b>
<b>Goal of Initiative</b>	To meet regulatory and company compliance			
<b>Performance Measure(s)</b>	<b>Objective(s)</b>	<b>2020 Outcomes (Year-End)</b>	<b>2021 Outcomes (Mid-Year)</b>	<b>2021 Outcomes (Year-End)</b>
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	Completed and submitted work plan and work plan evaluation	
Update Health Education Department's Policies and Procedures	Update Policies and Procedures	Updated 6 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	Completed semi-annual progress reports and 9 annual DHCS incentive evaluation reports	
Develop and distribute a Provider Update on Staying Healthy Assessment (SHA)	Produce 1 Provider Update	Produced 1 Provider Update	Produced 1 Provider Update	
Present Health Education updates at PPC meetings	Participate in 4 PPC meetings where health education reports are presented	Provided reports to be presented at 4 PPC meetings	Provided reports to be presented at 2 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	PNA has been produced. To be submitted to DHCS by 8/2/21	
<b>Major Activities</b>		<b>Timeframe For Completion</b>	<b>Responsible Party(s)</b>	
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	
<b>Initiative Status (populate at year-end)</b>	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
<b>Mid-Year and Year End Updates</b>	<i>Include barriers to implementation and systemic/organizational barriers.</i>  <b>Mid-Year Update:</b> CalViva Health requested DHCS a month extension to complete the CalViva Health PNA with the most recent data on hand and was granted the request. New due date is 8/2/21.  <b>Year-End Update</b>			

<b>Initiative Continuation Status</b> <i>(populate at year-end)</i>	<b>CLOSED</b> <input type="checkbox"/>	<b>CONTINUE INITIATIVE UNCHANGED</b> <input type="checkbox"/>	<b>CONTINUE INITIATIVE WITH MODIFICATIONS</b> <input type="checkbox"/>
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<b>16. Initiative/ Project:</b>	Health Education Department Promotion, Materials Update, Development, Utilization and Inventory			
<b>Priority Counties</b>	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
<b>Initiative Aim(s)</b>	<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			
<b>Rationale</b>	Assure health education resources are meeting DHCS requirements per APL 18-016.			
<b>Reporting Leader(s)</b>	<b>Primary:</b>	G. Toland, M. Lin, M. Zuniga	<b>Secondary:</b>	A. Campos, J. Landeros
<b>Goal of Initiative</b>	To produce and update health education resources to meet member and provider needs.			
<b>Performance Measure(s)</b>	<b>Objective(s)</b>	<b>2020 Outcomes (Year-End)</b>	<b>2021 Outcomes (Mid-Year)</b>	<b>2021 Outcomes (Year-End)</b>
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	Rebranded and updated 9 health education materials. One Chlamydia educational material was adopted from Centers for Disease Control and Prevention (CDC)	
<b>Major Activities</b>		<b>Timeframe For Completion</b>	<b>Responsible Party(s)</b>	
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	
<b>Initiative Status (populate at year-end)</b>	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
<b>Mid-Year and Year End Updates</b>	<i>Include barriers to implementation and systemic/organizational barriers.</i>  <b>Mid-Year Update:</b> Rebranded and updated 9 health education materials. A Chlamydia educational material from the CDC was adopted in English and Spanish to utilize in a Chlamydia PDSA.  <b>Year-End Update;</b>			
<b>Initiative Continuation Status (populate at year-end)</b>	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

<b>17. Initiative/ Project:</b>	Health Education Operations: GIS			
<b>LOB(s)</b>	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
<b>Priority Counties</b>	<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			
<b>Rationale</b>	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.			
<b>Reporting Leader(s)</b>	<b>Primary:</b>	D. Carrillo		<b>Secondary:</b>
<b>Goal of Initiative</b>	To incorporate the spatial perspective in Health Education planning and HEDIS activities			
<b>Performance Measure(s)</b>	<b>Objective(s)</b>	<b>2020 Outcomes (Year-End)</b>	<b>2021 Outcomes (Mid-Year)</b>	<b>2021 Outcomes (Year-End)</b>
GIS-assisted HEDIS intervention activities and Health Education outreach	Develop geomaps for 5+ projects/outreach activities	Completed geomaps for 10 projects	Completed geomaps for 1 project	
Enhance GIS operations	Explore feasibility of interactive GIS platform using secure intranet web browser	Created interactive maps via ArcReader software	Under review	
<b>Major Activities</b>		<b>Timeframe For Completion</b>	<b>Responsible Party(s)</b>	
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	
<b>Initiative Status (populate at year-end)</b>	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
<b>Mid-Year and Year End Updates</b>	<p>Include barriers to implementation and systemic/organizational barriers.</p> <p><b>Mid-Year Update:</b> One mapping request was accommodated by midyear. Area of interest was Adverse Childhood Experiences Outcomes by geography (Fresno, Kings and Madera Counties). Due to the pandemic, mapping requests have been at a minimum, given our limited work in the field. Additional discussion with the team is needed to explore any planning activities that may benefit from a spatial viewpoint.</p> <p>Research is still underway for a secure intranet web browser that would allow interactive functionality at the user level.</p> <p><b>Year-End Update</b></p>			
<b>Initiative Continuation Status (populate at year-end)</b>	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

# Item #8

## Attachment 8.A

Financials as of August 31, 2021

	Fresno-Kings-Madera Regional Health Authority dba CalViva Health		
	Balance Sheet		
	As of August 31, 2021		
		Total	
1	ASSETS		
2	Current Assets		
3	Bank Accounts		
4	Cash & Cash Equivalents	128,019,884.69	
5	Total Bank Accounts	\$ 128,019,884.69	
6	Accounts Receivable		
7	Accounts Receivable	211,442,993.40	
8	Total Accounts Receivable	\$ 211,442,993.40	
9	Other Current Assets		
10	Interest Receivable	1,616.07	
11	Investments - CDs	0.00	
12	Prepaid Expenses	811,053.82	
13	Security Deposit	0.00	
14	Total Other Current Assets	\$ 812,669.89	
15	Total Current Assets	\$ 340,275,547.98	
16	Fixed Assets		
17	Buildings	6,395,961.55	
18	Computers & Software	0.00	
19	Land	3,161,419.10	
20	Office Furniture & Equipment	94,539.72	
21	Total Fixed Assets	\$ 9,651,920.37	
22	Other Assets		
23	Investment -Restricted	301,126.26	
24	Lease Receivable	3,279,431.02	
25	Total Other Assets	\$ 3,580,557.28	
26	TOTAL ASSETS	\$ 353,508,025.63	
27	LIABILITIES AND EQUITY		
28	Liabilities		
29	Current Liabilities		
30	Accounts Payable		
31	Accounts Payable	40,280.59	
32	Accrued Admin Service Fee	4,262,874.00	
33	Capitation Payable	99,273,583.75	
34	Claims Payable	20,867.96	
35	Directed Payment Payable	92,754,702.56	
36	Total Accounts Payable	\$ 196,352,308.86	
37	Other Current Liabilities		
38	Accrued Expenses	396,696.98	
39	Accrued Payroll	77,508.79	
40	Accrued Vacation Pay	328,230.60	
41	Amt Due to DHCS	0.00	
42	IBNR	39,586.66	
43	Loan Payable-Current	0.00	
44	Premium Tax Payable	0.00	
45	Premium Tax Payable to BOE	6,052,350.70	
46	Premium Tax Payable to DHCS	27,708,333.34	
47	Total Other Current Liabilities	\$ 34,602,707.07	
48	Total Current Liabilities	\$ 230,955,015.93	
49	Long-Term Liabilities		
50	Renters' Security Deposit	0.00	
51	Subordinated Loan Payable	0.00	
52	Total Long-Term Liabilities	\$ 0.00	
53	Total Liabilities	\$ 230,955,015.93	
54	Deferred Inflows of Resources	\$ 3,274,521.66	
55	Equity		
56	Retained Earnings	119,072,374.53	
57	Net Income/(Loss)	206,113.51	
58	Total Equity	\$ 119,278,488.04	
59	TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND EQUITY	\$ 353,508,025.63	



Fresno-Kings-Madera Regional Health Authority dba CalViva Health				
Budget vs. Actuals: Income Statement				
July 2021 - August 2021				
		Total		
		Actual	Budget	Over/(Under) Budget
1	Income			
2	Investment Income	29,788.54	16,000.00	13,788.54
3	Premium/Capitation Income	226,687,859.07	227,080,494.00	(392,634.93)
4	Total Income	226,717,647.61	227,096,494.00	(378,846.39)
5	Cost of Medical Care			
6	Capitation - Medical Costs	187,634,286.14	188,491,537.00	(857,250.86)
7	Medical Claim Costs	141,383.29	180,000.00	(38,616.71)
8	Total Cost of Medical Care	187,775,669.43	188,671,537.00	(895,867.57)
9	Gross Margin	38,941,978.18	38,424,957.00	517,021.18
10	Expenses			
11	Admin Service Agreement Fees	8,519,302.00	8,365,500.00	153,802.00
12	Bank Charges	5.00	1,200.00	(1,195.00)
13	Computer/IT Services	28,724.29	31,666.00	(2,941.71)
14	Consulting Fees	0.00	50,000.00	(50,000.00)
15	Depreciation Expense	47,637.20	51,000.00	(3,362.80)
16	Dues & Subscriptions	27,266.40	30,032.00	(2,765.60)
17	Grants	1,511,363.64	1,511,363.64	0.00
18	Insurance	29,941.90	28,540.00	1,401.90
19	Labor	603,792.52	612,563.00	(8,770.48)
20	Legal & Professional Fees	12,458.34	31,800.00	(19,341.66)
21	License Expense	132,845.86	142,610.00	(9,764.14)
22	Marketing	173,807.42	240,000.00	(66,192.58)
23	Meals and Entertainment	2,713.71	3,000.00	(286.29)
24	Office Expenses	10,026.92	14,000.00	(3,973.08)
25	Parking	0.00	250.00	(250.00)
26	Postage & Delivery	335.58	560.00	(224.42)
27	Printing & Reproduction	554.72	800.00	(245.28)
28	Recruitment Expense	381.55	6,000.00	(5,618.45)
29	Rent	0.00	2,000.00	(2,000.00)
30	Seminars and Training	3,941.00	5,000.00	(1,059.00)
31	Supplies	1,365.87	1,800.00	(434.13)
32	Taxes	27,708,333.34	27,708,334.00	(0.66)
33	Telephone	5,907.06	5,980.00	(72.94)
34	Travel	2,063.01	3,500.00	(1,436.99)
35	Total Expenses	38,822,767.33	38,847,498.64	(24,731.31)
36	Net Operating Income/ (Loss)	119,210.85	(422,541.64)	541,752.49
37	Other Income			
38	Other Income	86,902.66	86,666.00	236.66
39	Total Other Income	86,902.66	86,666.00	236.66
40	Net Other Income	86,902.66	86,666.00	236.66
41	Net Income/ (Loss)	206,113.51	(335,875.64)	541,989.15

	<b>Fresno-Kings-Madera Regional Health Authority dba CalViva Health</b>			
	<b>Income Statement: Current Year vs Prior Year</b>			
	<b>FY 2022 vs FY 2021</b>			
		<b>Total</b>		
		<b>July 2021 - Aug 2021 (FY 2022)</b>	<b>July 2020 - Aug 2021 (FY 2021)</b>	
<b>1</b>	Income			
<b>2</b>	Investment Income	29,788.54	55,552.15	
<b>3</b>	Premium/Capitation Income	226,687,859.07	211,545,506.99	
<b>4</b>	Total Income	<b>226,717,647.61</b>	<b>211,601,059.14</b>	
<b>5</b>	Cost of Medical Care			
<b>6</b>	Capitation - Medical Costs	187,634,286.14	177,500,157.97	
<b>7</b>	Medical Claim Costs	141,383.29	128,312.85	
<b>8</b>	Total Cost of Medical Care	<b>187,775,669.43</b>	<b>177,628,470.82</b>	
<b>9</b>	Gross Margin	<b>38,941,978.18</b>	<b>33,972,588.32</b>	
<b>10</b>	Expenses			
<b>11</b>	Admin Service Agreement Fees	8,519,302.00	7,993,953.00	
<b>12</b>	Bank Charges	5.00	776.58	
<b>13</b>	Computer/IT Services	28,724.29	22,447.84	
<b>14</b>	Depreciation Expense	47,637.20	47,726.12	
<b>15</b>	Dues & Subscriptions	27,266.40	26,348.00	
<b>16</b>	Grants	1,511,363.64	1,325,000.00	
<b>17</b>	Insurance	29,941.90	28,524.13	
<b>18</b>	Labor	603,792.52	578,590.39	
<b>19</b>	Legal & Professional Fees	12,458.34	20,164.00	
<b>20</b>	License Expense	132,845.86	123,295.18	
<b>21</b>	Marketing	173,807.42	181,651.86	
<b>22</b>	Meals and Entertainment	2,713.71	928.64	
<b>23</b>	Office Expenses	10,026.92	14,443.49	
<b>24</b>	Postage & Delivery	335.58	251.74	
<b>25</b>	Printing & Reproduction	554.72	299.06	
<b>26</b>	Recruitment Expense	381.55	0.00	
<b>27</b>	Rent	0.00	0.00	
<b>28</b>	Seminars and Training	3,941.00	254.07	
<b>29</b>	Supplies	1,365.87	1,521.68	
<b>30</b>	Taxes	27,708,333.34	24,937,509.77	
<b>31</b>	Telephone	5,907.06	5,684.77	
<b>32</b>	Travel	2,063.01	23.00	
<b>33</b>	Total Expenses	<b>38,822,767.33</b>	<b>35,309,393.32</b>	
<b>34</b>	Net Operating Income/ (Loss)	<b>119,210.85</b>	<b>(1,336,805.00)</b>	
<b>35</b>	Other Income			
<b>36</b>	Other Income	86,902.66	111,752.58	
<b>37</b>	Total Other Income	<b>86,902.66</b>	<b>111,752.58</b>	
<b>38</b>	Net Other Income	<b>86,902.66</b>	<b>111,752.58</b>	
<b>39</b>	Net Income/ (Loss)	<b>206,113.51</b>	<b>(1,225,052.42)</b>	

# Item #8

## Attachment 8.B

### Compliance Report



Regulatory Filings	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2021 YTD Total
<b># of DHCS Filings</b>													
<b>Administrative/ Operational</b>	16	12	13	13	12	13	19	16	25	6			145
<b>Member &amp; Provider Materials</b>	5	2	2	3	2	0	0	2	0	0			16
<b># of DMHC Filings</b>	7	1	5	5	7	2	4	7	10	2			41

**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.

<b># of Potential Privacy &amp; Security Breach Cases reported to DHCS and HHS (if applicable)</b>													
<b>No-Risk / Low-Risk</b>	2	2	4	6	4	5	3	0	0	0			26
<b>High-Risk</b>	0	1	1	0	0	1	1	0	0	0			4

Since the last Commission report, a new high-risk case was reported in July 2021 in which only one member's PHI was impacted.

Fraud, Waste, & Abuse Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2021 YTD Total
<b># of New MC609 Cases Submitted to DHCS</b>	0	0	0	0	0	1	0	0	1	0			2
<b># of Cases Open for Investigation (Active Number)</b>	13	14	13	13	13	18	18	19	22	24			

**Summary of Potential Fraud, Waste & Abuse (FWA) cases:** Since the last report, there has not been any 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	Description
<b>CalViva Health Oversight Activities</b>	<p><b>Health Net</b> 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 &amp; availability, specialty referrals, utilization management data, grievances and appeals, etc.</p>
<b>Oversight Audits</b>	<p>The following annual audits are in-progress: Access and Availability, Credentialing, Call Center, Appeals &amp; Grievances, Continuity of Care, and Provider Network/ Provider Relations.</p> <p>The following audits have been completed since the last Commission report: Claims (CAP) Pharmacy (No CAP) and Emergency Services (No CAP).</p>
<b>Regulatory Reviews/Audits and CAPS</b>	<b>Status</b>
<b>2021 DMHC 18-Month Follow-Up Audit</b>	The DMHC follow-up audit interviews were held 3/30/21. The Plan is awaiting the DMHC final report findings. The next routine DMHC medical survey for CalViva will be on 9/19/22.
<b>Department of Health Care Services (“DHCS”) 2020 Medical Audit - CAP</b>	<p>On 8/27/2021, the Plan submitted its final CAP Update to DHCS indicating that all corrective actions have been implemented, and that the results of the actions can be reviewed by DHCS at the next Medical Audit in 2022. Based on this final update, the Plan requested DHCS to accept it as final and close the CAP. We are still awaiting DHCS' response.</p> <p>The next routine DHCS medical audit for CalViva is expected to be in April 2022 and will cover a 2-year look-back period as the 2021 audit was deferred due to the COVID-19 PHE.</p>
<b>New Regulations / Contractual Requirements</b>	<b>Status</b>
<b>California Advancing and Innovating Medi-Cal (CalAIM)</b>	<p>CalViva Health continues to participate in DHCS calls, association calls and working with Health Net to implement the following key initiatives by 1/1/22:</p> <p><b><u>A. Enhanced Care Management (ECM) and In lieu of Services (ILOS)</u></b> – Effective 1/1/22 in Kings County, and 7/1/22 in Fresno &amp; Madera Counties.</p> <p>The Plan's initial ECM-ILOS Model of Care Part 1 was filed with DHCS 7/1/21. The Plan submitted the MOC Part 2 deliverable on 9/1/21, and MOC Part 3 on 10/3/21.</p> <p>DHCS has a list of pre-approved ILOS that plans can implement. CalViva through its administrator, Health Net, is planning to offer the following services beginning 1/1/22 in Kings County.</p>

## RHA Commission Compliance – Regulatory Report

	<ul style="list-style-type: none"><li>• Housing Transition Navigation Services</li><li>• Housing Tenancy and Sustaining Services</li><li>• Recuperative Care (Medical Respite)</li><li>• Meals/Medically Tailored Meals</li><li>• Sobering Centers</li><li>• Asthma Remediation</li></ul> <p><b><u>B. Major Organ Transplant (MOT) carve-in</u></b> – Effective 1/1/22 for all CalViva counties and membership.</p> <p>The Plan submitted its MOT Network Certification listing California transplant centers on 9/2/21. On 9/29/21, DHCS informed the Plan that it did not meet the minimum network certification requirements of having a minimum of one executed contract for each organ type listed below:</p> <ol style="list-style-type: none"><li>1. Bone Marrow (COE)</li><li>2. Heart (COE)</li><li>3. Liver (COE)</li><li>4. Lung (COE)</li><li>5. Kidney-Pancreas (COE)</li></ol> <p>The Plan needs to resubmit the Network Certification with additional in-progress contracts, or newly active contracts. To that end, the Plan's administrator is currently negotiating contracts with transplant centers to cover transplants for the Plan's Medi-Cal membership.</p>
<b>Behavioral Health Incentive (BHI) Program</b>	On 8/30/21 the Plan submitted the Q2 BHI Milestone Report to DHCS. This included the 2019 Baseline Data Report for Adventist, and the 2020 Baseline Data Report for both Adventist and Camarena. The Plan expects to receive payment this month.
<b>Plan Administration</b>	
<b>COVID-19 Novel Coronavirus</b>	Our downtown office for walk-ins is still closed. Our administrator Health Net has indicated they will still continue to carry out operations on a semi-remote basis until March 2022.
<b>Committee Report</b>	
<b>Public Policy Committee</b>	The next meeting will be held on December 1, 2021, at 11:30am and it is still to be determined if the meeting will be in person or if it will be a teleconference due to COVID-19.

# Item #8

## Attachment 8.C

A & G Report

## CalViva Health

### Monthly Appeals and Grievances Dashboard

CY: 2021

Current as of End of the Month: August

Revised Date: 09/29/2021



CalViva - 2021																		2020
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2021 YTD	2020 YTD
Expedited Grievances Received	8	15	14	37	9	16	17	42	19	11	0	30	0	0	0	0	109	110
Standard Grievances Received	91	102	130	323	119	117	140	376	139	98	0	237	0	0	0	0	936	997
Total Grievances Received	99	117	144	360	128	133	157	418	158	109	0	267	0	0	0	0	1045	1107
Grievance Ack Letters Sent Noncompliant	0	2	0	2	0	0	0	0	0	1	0	1	0	0	0	0	3	3
Grievance Ack Letter Compliance Rate	100.0%	98.0%	100.0%	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	0.0%	99.6%	0.0%	0.0%	0.0%	0.0%	99.68%	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	10	16	13	39	23	11	0	34	0	0	0	0	109	111
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.00%	100.0%
Standard 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	112	125	134	371	125	136	0	261	0	0	0	0	910	1033
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.00%	100.0%
Total Grievances Resolved	76	102	136	314	122	141	147	410	148	147	0	295	0	0	0	0	1019	1144
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	56	79	106	241	98	119	119	336	123	103	0	226	0	0	0	0	803	878
Access - Other - DMHC	6	17	21	44	23	24	18	65	27	25	0	52	0	0	0	0	161	63
Access - PCP - DHCS	3	12	9	24	4	6	11	21	12	6	0	18	0	0	0	0	63	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	6	8	10	24	12	6	0	18	0	0	0	0	61	48
Administrative	8	13	19	40	19	26	20	65	17	18	0	35	0	0	0	0	140	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	11	5	9	25	3	11	0	14	0	0	0	0	62	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	9	8	9	26	4	2	0	6	0	0	0	0	47	80
Pharmacy	1	2	3	6	2	3	1	6	3	5	0	8	0	0	0	0	20	51
Transportation - Access	13	5	16	34	8	25	18	51	25	10	0	35	0	0	0	0	120	116
Transportation - Behaviour	11	10	13	34	15	14	21	50	20	19	0	39	0	0	0	0	123	100
Transportation - Other	1	0	1	2	1	0	2	3	0	1	0	1	0	0	0	0	6	37
Quality Of Care Grievances	20	23	30	73	24	22	28	74	25	44	0	69	0	0	0	0	216	266
Access - Other - DMHC	0	0	0	0	3	0	0	3	0	0	0	0	0	0	0	0	3	4
Access - PCP - DHCS	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	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	1	0	1	0	0	0	0	5	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	5	2	6	13	7	10	0	17	0	0	0	0	49	56
PCP Care	5	5	7	17	4	5	7	16	3	6	0	9	0	0	0	0	42	95
PCP Delay	4	7	9	20	7	10	9	26	7	12	0	19	0	0	0	0	65	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	3	2	1	6	4	12	0	16	0	0	0	0	31	46
Specialist Delay	2	1	1	4	2	3	5	10	3	3	0	6	0	0	0	0	20	15
Exempt Grievances Received	229	255	325	809	335	285	238	858	320	392	0	712	0	0	0	0	2379	2877
Access - Avail of Appt w/ PCP	3	3	3	9	3	2	7	12	0	3	0	3	0	0	0	0	24	93
Access - Avail of Appt w/ Specialist	0	1	0	1	0	1	0	1	0	0	0	0	0	0	0	0	2	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	7	2	7	16	3	4	0	7	0	0	0	0	33	35
Access - Wait Time - in office for appt	0	0	1	1	1	2	2	5	0	1	0	1	0	0	0	0	7	17
Access - Panel Disruption	5	11	9	25	6	3	3	12	3	5	0	8	0	0	0	0	45	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	1	0	1	1	3	0	4	0	0	0	0	8	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	2	0	2	0	1	0	1	0	0	0	0	3	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	2	0	0	2	3	1	0	4	0	0	0	0	12	17
Attitude/Service - Provider	27	27	34	88	79	41	19	139	59	98	0	157	0	0	0	0	384	285
Attitude/Service - Office Staff	0	0	0	0	0	2	0	2	0	0	0	0	0	0	0	0	2	12

CalViva Health Appeals and Grievances Dashboard 2021

Attitude/Service - Vendor	3	0	0	3	1	2	1	4	3	2	0	5	0	0	0	0	12	11
Attitude/Service - Health Plan	1	0	0	1	4	0	0	4	0	2	0	2	0	0	0	0	7	11
Authorization - Authorization Related	0	1	0	1	3	1	3	7	2	4	0	6	0	0	0	0	14	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	5	5	3	13	7	2	0	9	0	0	0	0	33	37
Health Plan Materials - ID Cards-Not Received	28	56	46	130	40	36	26	102	32	38	0	70	0	0	0	0	302	235
Health Plan Materials - ID Cards-Incorrect Information on Card	0	0	3	3	1	1	2	4	0	1	0	1	0	0	0	0	8	7
Health Plan Materials - Other	0	1	2	3	0	1	0	1	0	0	0	0	0	0	0	0	4	3
PCP Assignment/Transfer - Health Plan Assignment - Change Request	93	99	138	330	133	89	75	297	53	86	0	139	0	0	0	0	766	1162
PCP Assignment/Transfer - HCO Assignment - Change Request	11	20	22	53	4	49	41	94	52	51	0	103	0	0	0	0	250	156
PCP Assignment/Transfer - PCP effective date	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0
PCP Assignment/Transfer - PCP Transfer not Processed	3	1	4	8	1	4	0	5	3	0	0	3	0	0	0	0	16	19
PCP Assignment/Transfer - Rollout of PPG	4	3	5	12	3	2	0	5	6	2	0	8	0	0	0	0	25	45
PCP Assignment/Transfer - Mileage Inconvenience	4	4	10	18	16	7	1	24	11	7	0	18	0	0	0	0	60	58
Pharmacy - Authorization Issue	2	0	0	2	0	0	0	0	0	4	0	4	0	0	0	0	6	5
Pharmacy - Authorization Issue-CalViva Error	0	1	0	1	0	0	0	0	0	1	0	1	0	0	0	0	2	1
Pharmacy - Eligibility Issue	8	5	8	21	10	10	14	34	20	25	0	45	0	0	0	0	100	144
Pharmacy - Quantity Limit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Pharmacy - Rx Not Covered	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Pharmacy - Pharmacy-Retail	8	2	2	12	4	2	6	12	6	7	0	13	0	0	0	0	37	45
Transportation - Access - Provider No Show	3	3	1	7	0	0	1	1	1	3	0	4	0	0	0	0	12	24
Transportation - Access - Provider Late	1	1	2	4	0	1	1	2	8	2	0	10	0	0	0	0	16	52
Transportation - Behaviour	4	4	1	9	0	4	9	13	11	13	0	24	0	0	0	0	46	119
Transportation - Other	1	0	0	1	0	0	1	1	2	1	0	3	0	0	0	0	5	12
OTHER - Other	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2	7
OTHER - Balance Billing from Provider	8	4	16	28	12	15	16	43	34	24	0	58	0	0	0	0	129	161

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	1	6	5	12	12	6	0	18	0	0	0	0	53	115
Standard Appeals Received	45	68	90	203	58	68	63	189	54	76	0	130	0	0	0	0	522	918
<b>Total Appeals Received</b>	<b>53</b>	<b>74</b>	<b>99</b>	<b>226</b>	<b>59</b>	<b>74</b>	<b>68</b>	<b>201</b>	<b>66</b>	<b>82</b>	<b>0</b>	<b>148</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>575</b>	<b>1033</b>
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.00%</b>	<b>99.7%</b>
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	1
Expedited Appeals Resolved Compliant	7	8	8	23	2	6	5	13	12	3	0	15	0	0	0	0	51	114
<b>Expedited Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>66.7%</b>	<b>0.0%</b>	<b>93.3%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>98.08%</b>	<b>99.1%</b>
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	84	55	74	213	74	54	0	128	0	0	0	0	513	916
<b>Standard Appeals Compliance Rate</b>	<b>98.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>99.4%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>99.81%</b>	<b>100.0%</b>
<b>Total Appeals Resolved</b>	<b>59</b>	<b>53</b>	<b>84</b>	<b>196</b>	<b>86</b>	<b>61</b>	<b>79</b>	<b>226</b>	<b>86</b>	<b>58</b>	<b>0</b>	<b>144</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>566</b>	<b>1031</b>
<b>Appeals Descriptions - Resolved Cases</b>																		
<b>Pre-Service Appeals</b>	<b>59</b>	<b>53</b>	<b>84</b>	<b>196</b>	<b>86</b>	<b>61</b>	<b>79</b>	<b>226</b>	<b>86</b>	<b>58</b>	<b>0</b>	<b>144</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>566</b>	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	1	1	2	4	3	0	0	3	0	0	0	0	12	17
DME	4	4	6	14	10	5	11	26	7	3	0	10	0	0	0	0	50	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	2	0	0	2	0	0	0	0	0	0	0	0	3	2
Advanced Imaging	22	18	34	74	37	21	36	94	29	22	0	51	0	0	0	0	219	488
Other	7	5	3	15	7	3	8	18	10	3	0	13	0	0	0	0	46	67
Pharmacy	20	24	33	77	24	26	19	69	33	26	0	59	0	0	0	0	205	362
Surgery	5	1	4	10	5	5	3	13	4	4	0	8	0	0	0	0	31	46
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Post Service Appeals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	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
<b>Appeals Decision Rates</b>																		
Upholds	35	33	47	115	53	32	37	122	42	22	0	64	0	0	0	0	301	577
<b>Uphold Rate</b>	<b>59.3%</b>	<b>62.3%</b>	<b>56.0%</b>	<b>58.7%</b>	<b>61.6%</b>	<b>52.5%</b>	<b>46.8%</b>	<b>54.0%</b>	<b>48.8%</b>	<b>37.9%</b>	<b>0.0%</b>	<b>44.4%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>53.2%</b>	<b>56.0%</b>
Overturns - Full	22	17	35	74	31	28	41	100	43	34	0	77	0	0	0	0	251	432
<b>Overturn Rate - Full</b>	<b>37.3%</b>	<b>32.1%</b>	<b>41.7%</b>	<b>37.8%</b>	<b>36.0%</b>	<b>45.9%</b>	<b>51.9%</b>	<b>44.2%</b>	<b>50.0%</b>	<b>58.6%</b>	<b>0.0%</b>	<b>53.5%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>44.3%</b>	<b>41.9%</b>
Overturns - Partial	1	2	2	5	0	1	0	1	0	2	0	2	0	0	0	0	8	12
<b>Overturn Rate - Partial</b>	<b>1.7%</b>	<b>3.8%</b>	<b>2.4%</b>	<b>2.6%</b>	<b>0.0%</b>	<b>1.6%</b>	<b>0.0%</b>	<b>0.4%</b>	<b>0.0%</b>	<b>3.4%</b>	<b>0.0%</b>	<b>1.4%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.00%</b>	<b>1.4%</b>	<b>1.2%</b>
Withdrawal	1	1	0	2	2	0	1	3	1	0	0	1	0	0	0	0	6	10
<b>Withdrawal Rate</b>	<b>1.7%</b>	<b>1.9%</b>	<b>0.0%</b>	<b>1.0%</b>	<b>2.3%</b>	<b>0.0%</b>	<b>1.3%</b>	<b>1.3%</b>	<b>1.2%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.7%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>1.1%</b>	<b>1.0%</b>
<b>Membership</b>	376,770	378,355	380,179		382,052	383,876	385,467		386,814	386,814	-		-	-	-	-		4,316,872
Appeals - PTMPM	0.16	0.14	0.22	0.17	0.23	0.16	0.20	0.20	0.22	0.15	-	0.19	-	-	-	-	0.18	0.24
Grievances - PTMPM	0.20	0.27	0.36	0.28	0.32	0.37	0.38	0.36	0.38	0.38	-	0.38	-	-	-	-	0.33	0.27

Fresno County																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2021 YTD	2020 YTD
Expedited Grievances Received	7	12	13	32	4	16	14	34	14	7	0	21	0	0	0	0	87	92
Standard Grievances Received	77	79	118	274	96	109	115	320	118	86	0	204	0	0	0	0	798	864
Total Grievances Received	84	91	131	306	100	125	129	354	132	93	0	225	0	0	0	0	885	956
Grievance Ack Letters Sent Noncompliant	0	2	0	2	0	0	0	0	0	1	0	1	0	0	0	0	3	3
Grievance Ack Letter Compliance Rate	100.0%	97.5%	100.0%	99.3%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	0.0%	99.5%	0.0%	0.0%	0.0%	0.0%	99.6%	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	5	16	10	31	18	7	0	25	0	0	0	0	87	93
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
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	104	102	125	331	102	119	0	221	0	0	0	0	778	894
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Grievances Resolved	64	84	109	257	109	118	135	362	120	126	0	246	0	0	0	0	865	987
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	47	64	86	197	85	100	107	292	98	87	0	185	0	0	0	0	674	758
Access - Other - DMHC	6	15	21	42	19	21	17	57	22	16	0	38	0	0	0	0	137	56
Access - PCP - DHCS	3	10	9	22	3	5	10	18	7	6	0	13	0	0	0	0	53	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	4	7	7	18	10	5	0	15	0	0	0	0	46	38
Administrative	8	12	13	33	15	24	20	59	15	16	0	31	0	0	0	0	123	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	10	4	7	21	3	9	0	12	0	0	0	0	49	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	9	7	9	25	2	2	0	4	0	0	0	0	39	61
Pharmacy	1	2	3	6	2	1	1	4	2	5	0	7	0	0	0	0	17	40
Transportation - Access	11	3	14	28	7	20	15	42	24	9	0	33	0	0	0	0	103	104
Transportation - Behaviour	8	8	9	25	15	11	19	45	13	18	0	31	0	0	0	0	101	90
Transportation - Other	1	0	1	2	1	0	2	3	0	1	0	1	0	0	0	0	6	33
Quality Of Care Grievances	17	20	23	60	24	18	28	70	22	39	0	61	0	0	0	0	191	229
Access - Other - DMHC	0	0	0	0	3	0	0	3	0	0	0	0	0	0	0	0	3	3
Access - PCP - DHCS	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	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	1	0	1	0	0	0	0	5	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	5	1	6	12	5	8	0	13	0	0	0	0	41	48
PCP Care	4	4	4	12	4	4	7	15	3	6	0	9	0	0	0	0	36	83
PCP Delay	4	6	7	17	7	9	9	25	7	10	0	17	0	0	0	0	59	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	3	1	1	5	3	11	0	14	0	0	0	0	27	38
Specialist Delay	1	1	1	3	2	3	5	10	3	3	0	6	0	0	0	0	19	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	1	4	5	10	11	5	0	16	0	0	0	0	45	96
Standard Appeals Received	37	49	80	166	45	59	53	157	43	59	0	102	0	0	0	0	425	789
<b>Total Appeals Received</b>	<b>43</b>	<b>53</b>	<b>89</b>	<b>185</b>	<b>46</b>	<b>63</b>	<b>58</b>	<b>167</b>	<b>54</b>	<b>64</b>	<b>0</b>	<b>118</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>470</b>	<b>885</b>
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>99.7%</b>
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	1
Expedited Appeals Resolved Compliant	5	6	8	19	2	4	5	11	11	3	0	14	0	0	0	0	44	95
<b>Expedited Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>66.7%</b>	<b>0.0%</b>	<b>92.9%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>97.7%</b>	<b>98.9%</b>
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	76	43	63	182	62	38	0	100	0	0	0	0	419	785
<b>Standard Appeals Compliance Rate</b>	<b>97.8%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>99.3%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>99.8%</b>	<b>100.0%</b>
<b>Total Appeals Resolved</b>	<b>52</b>	<b>44</b>	<b>61</b>	<b>157</b>	<b>78</b>	<b>47</b>	<b>68</b>	<b>193</b>	<b>73</b>	<b>42</b>	<b>0</b>	<b>115</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>465</b>	<b>881</b>
<b>Appeals Descriptions - Resolved Cases</b>																		
<b>Pre-Service Appeals</b>	<b>52</b>	<b>44</b>	<b>61</b>	<b>157</b>	<b>78</b>	<b>47</b>	<b>68</b>	<b>193</b>	<b>73</b>	<b>42</b>	<b>0</b>	<b>115</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>465</b>	<b>880</b>
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	1	1	2	4	2	0	0	2	0	0	0	0	8	15
DME	4	4	6	14	10	3	8	21	7	1	0	8	0	0	0	0	43	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	2	0	0	2	0	0	0	0	0	0	0	0	3	2
Advanced Imaging	20	17	26	63	34	18	30	82	25	14	0	39	0	0	0	0	184	436
Other	7	5	3	15	5	2	8	15	10	3	0	13	0	0	0	0	43	58
Pharmacy	16	17	21	54	21	18	17	56	26	20	0	46	0	0	0	0	156	291
Surgery	4	1	3	8	5	5	3	13	3	4	0	7	0	0	0	0	28	40
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Post Service Appeals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
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
<b>Appeals Decision Rates</b>																		
Upholds	29	27	37	93	47	25	33	105	35	15	0	50	0	0	0	0	248	497
<b>Uphold Rate</b>	<b>55.8%</b>	<b>61.4%</b>	<b>60.0%</b>	<b>59.2%</b>	<b>60.3%</b>	<b>53.2%</b>	<b>48.5%</b>	<b>54.4%</b>	<b>47.9%</b>	<b>35.7%</b>	<b>0.0%</b>	<b>43.5%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>53.3%</b>	<b>56.4%</b>
Overturns - Full	21	15	22	58	30	22	35	87	37	26	0	63	0	0	0	0	208	364
<b>Overturn Rate - Full</b>	<b>40.4%</b>	<b>34.1%</b>	<b>36.7%</b>	<b>36.9%</b>	<b>38.5%</b>	<b>46.8%</b>	<b>51.5%</b>	<b>45.1%</b>	<b>50.7%</b>	<b>61.9%</b>	<b>0.0%</b>	<b>54.8%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>44.7%</b>	<b>41.3%</b>
Overturns - Partial	1	1	2	4	0	0	0	0	0	1	0	1	0	0	0	0	5	12
<b>Overturn Rate - Partial</b>	<b>1.9%</b>	<b>2.3%</b>	<b>3.3%</b>	<b>2.5%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>2.4%</b>	<b>0.0%</b>	<b>0.9%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>1.1%</b>	<b>1.4%</b>
Withdrawal	1	1	0	2	1	0	0	1	1	0	0	1	0	0	0	0	4	8
<b>Withdrawal Rate</b>	<b>1.9%</b>	<b>2.3%</b>	<b>0.0%</b>	<b>1.3%</b>	<b>1.3%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.5%</b>	<b>1.4%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.9%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.9%</b>	<b>0.9%</b>
<b>Membership</b>	<b>304,759</b>	<b>305,990</b>	<b>307,463</b>		<b>308,852</b>	<b>310,191</b>	<b>311,420</b>		<b>312,453</b>	<b>312,453</b>								<b>1700076</b>
Appeals - PTMPM	0.17	0.14	0.20	0.17	0.25	0.15	0.22	0.21	0.23	0.13	-	0.12	-	-	-	0.00	0.13	0.19
Grievances - PTMPM	0.21	0.27	0.36	0.28	0.35	0.38	0.43	0.39	0.38	0.40	-	0.26	-	-	-	0.00	0.23	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	1	0	0	1	0	0	0	0	2	6
Standard Appeals Received	3	3	5	11	4	5	5	14	6	8	0	14	0	0	0	0	39	41
<b>Total Appeals Received</b>	<b>4</b>	<b>3</b>	<b>5</b>	<b>12</b>	<b>4</b>	<b>5</b>	<b>5</b>	<b>14</b>	<b>7</b>	<b>8</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>41</b>	<b>47</b>
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>
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	1	0	0	1	0	0	0	0	2	6
<b>Expedited Appeals Compliance Rate</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>
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	3	4	6	13	7	6	0	13	0	0	0	0	35	45
<b>Standard Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Total Appeals Resolved</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>10</b>	<b>3</b>	<b>4</b>	<b>6</b>	<b>13</b>	<b>8</b>	<b>6</b>	<b>0</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>37</b>	<b>51</b>
<b>Appeals Descriptions - Resolved Cases</b>																		
<b>Pre-Service Appeals</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>10</b>	<b>3</b>	<b>4</b>	<b>6</b>	<b>13</b>	<b>8</b>	<b>6</b>	<b>0</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>37</b>	<b>51</b>
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	1	0	0	1	0	0	0	0	4	1
DME	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	2	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	1	0	3	4	2	3	0	5	0	0	0	0	10	21
Other	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	4
Pharmacy	1	2	3	6	1	4	1	6	4	3	0	7	0	0	0	0	19	20
Surgery	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	2
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Post Service Appeals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
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
<b>Appeals Decision Rates</b>																		
Upholds	1	2	1	4	2	2	2	6	4	1	0	5	0	0	0	0	15	26
<b>Uphold Rate</b>	<b>50.0%</b>	<b>66.7%</b>	<b>20.0%</b>	<b>40.0%</b>	<b>66.7%</b>	<b>50.0%</b>	<b>33.3%</b>	<b>46.2%</b>	<b>50.0%</b>	<b>16.7%</b>	<b>0.0%</b>	<b>35.7%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>40.5%</b>	<b>51.0%</b>
Overtures - Full	1	0	4	5	0	1	4	5	4	5	0	9	0	0	0	0	19	24
<b>Overturn Rate - Full</b>	<b>50.0%</b>	<b>0.0%</b>	<b>80.0%</b>	<b>50.0%</b>	<b>0.0%</b>	<b>25.0%</b>	<b>66.7%</b>	<b>38.5%</b>	<b>50.0%</b>	<b>83.3%</b>	<b>0.0%</b>	<b>64.3%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>51.4%</b>	<b>47.1%</b>
Overtures - Partial	0	1	0	1	0	1	0	1	0	0	0	0	0	0	0	0	2	0
<b>Overturn Rate - Partial</b>	<b>0.0%</b>	<b>33.3%</b>	<b>0.0%</b>	<b>10.0%</b>	<b>0.0%</b>	<b>25.0%</b>	<b>0.0%</b>	<b>7.7%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>5.4%</b>	<b>0.0%</b>
Withdrawal	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	1
<b>Withdrawal Rate</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>33.3%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>7.7%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>2.7%</b>	<b>2.0%</b>
<b>Membership</b>	<b>31,802</b>	<b>31,984</b>	<b>32,109</b>		<b>32,332</b>	<b>32,512</b>	<b>32,645</b>		<b>32,699</b>	<b>32,699</b>								<b>273008</b>
Appeals - PTMPM	0.06	0.09	0.16	0.10	0.09	0.12	0.18	0.13	0.24	0.18	-	0.14	-	-	-	0.00	0.10	0.14
Grievances - PTMPM	0.16	0.25	0.22	0.22	0.19	0.46	0.12	0.26	0.37	0.21	-	0.19	-	-	-	0.00	0.17	0.18

Madera County																		2020 YTD
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2021 YTD	2020 YTD
Expedited Grievances Received	0	2	1	3	1	0	2	3	3	3	0	6	0	0	0	0	12	8
Standard Grievances Received	9	14	8	31	9	6	11	29	15	8	0	23	0	0	0	0	80	75
Total Grievances Received	9	16	9	34	10	6	13	26	18	11	0	29	0	0	0	0	92	83
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Grievance Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	97.3%
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	0	2	1	3	1	0	2	3	3	3	0	6	0	0	0	0	12	8
Expedited Grievance Compliance rate	0.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
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	7	8	18	33	6	8	6	20	13	11	0	24	0	0	0	0	77	82
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Grievances Resolved	7	10	19	36	7	8	8	23	16	14	0	30	0	0	0	0	89	90
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	5	8	14	27	7	6	8	21	14	11	0	25	0	0	0	0	73	64
Access - Other - DMHC	0	2	0	2	2	2	1	5	2	5	0	7	0	0	0	0	14	4
Access - PCP - DHCS	0	1	0	1	0	1	1	2	2	0	0	2	0	0	0	0	5	7
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	3	3	0	0	2	2	2	1	0	3	0	0	0	0	8	6
Administrative	0	1	5	6	3	0	0	3	1	1	0	2	0	0	0	0	11	16
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	1	2	2	5	1	1	1	3	0	2	0	2	0	0	0	0	10	8
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	1	0	2	0	0	0	0	1	0	0	1	0	0	0	0	3	7
Pharmacy	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	3
Transportation - Access	2	1	1	4	1	0	3	4	1	1	0	2	0	0	0	0	10	4
Transportation - Behaviour	1	0	3	4	0	1	0	1	5	1	0	6	0	0	0	0	11	7
Transportation - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Quality Of Care Grievances	2	2	5	9	0	2	0	2	2	3	0	5	0	0	0	0	16	26
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Access - PCP - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	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	1	1	1	3	0	1	0	1	1	1	0	2	0	0	0	0	6	5
PCP Care	1	1	2	4	0	0	0	0	0	0	0	0	0	0	0	0	4	7
PCP Delay	0	0	2	2	0	1	0	1	0	1	0	1	0	0	0	0	4	4
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	0	0	0	0	0	0	0	0	1	1	0	2	0	0	0	0	2	6
Specialist Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3



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	2	0	2	0	1	0	1	0	0	0	0	6	13
Standard Appeals Received	5	16	5	26	9	4	5	18	5	9	0	14	0	0	0	0	58	88
<b>Total Appeals Received</b>	<b>6</b>	<b>18</b>	<b>5</b>	<b>29</b>	<b>9</b>	<b>6</b>	<b>5</b>	<b>20</b>	<b>5</b>	<b>10</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>64</b>	<b>101</b>
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.00%</b>
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	2	0	2	0	0	0	0	0	0	0	0	5	13
<b>Expedited Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.00%</b>
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	5	8	5	18	5	10	0	15	0	0	0	0	59	86
<b>Standard Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Total Appeals Resolved</b>	<b>5</b>	<b>6</b>	<b>18</b>	<b>29</b>	<b>5</b>	<b>10</b>	<b>5</b>	<b>20</b>	<b>5</b>	<b>10</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>64</b>	<b>99</b>
<b>Appeals Descriptions - Resolved Cases</b>																		
<b>Pre-Service Appeals</b>	<b>5</b>	<b>6</b>	<b>18</b>	<b>29</b>	<b>5</b>	<b>10</b>	<b>5</b>	<b>20</b>	<b>5</b>	<b>10</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>64</b>	<b>98</b>
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	2	1	3	0	2	0	2	0	0	0	0	5	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	2	3	3	8	2	5	0	7	0	0	0	0	25	31
Other	0	0	0	0	1	1	0	2	0	0	0	0	0	0	0	0	2	5
Pharmacy	3	5	9	17	2	4	1	7	3	3	0	6	0	0	0	0	30	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
<b>Post Service Appeals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
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
<b>Appeals Decision Rates</b>																		
Upholds	5	4	9	18	4	5	2	11	3	6	0	9	0	0	0	0	38	54
<b>Uphold Rate</b>	<b>100.0%</b>	<b>66.7%</b>	<b>50.0%</b>	<b>62.1%</b>	<b>80.0%</b>	<b>50.0%</b>	<b>40.0%</b>	<b>55.0%</b>	<b>60.0%</b>	<b>60.0%</b>	<b>0.0%</b>	<b>60.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>59.4%</b>	<b>54.5%</b>
Overtures - Full	0	2	9	11	1	5	2	8	2	3	0	5	0	0	0	0	24	44
<b>Overturn Rate - Full</b>	<b>0.0%</b>	<b>33.3%</b>	<b>50.0%</b>	<b>37.9%</b>	<b>20.0%</b>	<b>50.0%</b>	<b>40.0%</b>	<b>40.0%</b>	<b>40.0%</b>	<b>30.0%</b>	<b>0.0%</b>	<b>33.3%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.00%</b>	<b>37.5%</b>	<b>44.4%</b>
Overtures - Partial	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0
<b>Overturn Rate - Partial</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>10.0%</b>	<b>0.0%</b>	<b>6.7%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>1.6%</b>	<b>0.0%</b>
Withdrawal	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1
<b>Withdrawal Rate</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>20.0%</b>	<b>5.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>1.6%</b>	<b>1.0%</b>
<b>Membership</b>	<b>40,209</b>	<b>40,381</b>	<b>40,607</b>		<b>40,868</b>	<b>41,173</b>	<b>41,402</b>		<b>41,662</b>	<b>41,662</b>								<b>343,989</b>
Appeals - PTMPM	0.12	0.15	0.45	0.24	0.12	0.24	0.12	0.16	0.12	0.24	-	0.12	-	-	-	0.00	0.13	0.21
Grievances - PTMPM	0.17	0.25	0.47	0.30	0.17	0.19	0.19	0.19	0.38	0.34	-	0.24	-	-	-	0.00	0.18	0.20

[illegible]

CalViva Health Appeals and Grievances Dashboard 2021 (SPD)

[illegible]

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	2	1	3	4	2	0	6	0	0	0	0	15	39
Standard Appeals Received	13	18	22	53	16	13	24	53	12	21	0	33	0	0	0	0	139	221
<b>Total Appeals Received</b>	<b>15</b>	<b>19</b>	<b>25</b>	<b>59</b>	<b>16</b>	<b>15</b>	<b>25</b>	<b>56</b>	<b>16</b>	<b>23</b>	<b>0</b>	<b>39</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>154</b>	<b>260</b>
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>99.5%</b>
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	1	2	1	4	4	1	0	5	0	0	0	0	14	34
<b>Expedited Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>-400.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>
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	20	14	14	48	24	16	0	40	0	0	0	0	134	214
<b>Standard Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Total Appeals Resolved</b>	<b>14</b>	<b>15</b>	<b>21</b>	<b>50</b>	<b>21</b>	<b>16</b>	<b>15</b>	<b>52</b>	<b>28</b>	<b>17</b>	<b>0</b>	<b>45</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>147</b>	<b>248</b>
<b>Appeals Descriptions - Resolved Cases</b>																		
<b>Pre-Service Appeals</b>	<b>14</b>	<b>15</b>	<b>21</b>	<b>51</b>	<b>21</b>	<b>16</b>	<b>15</b>	<b>52</b>	<b>28</b>	<b>17</b>	<b>0</b>	<b>45</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>148</b>	<b>248</b>
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	1	1	1	3	2	0	0	2	0	0	0	0	6	4
DME	2	2	1	5	5	1	6	12	4	2	0	6	0	0	0	0	23	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	1	0	0	1	0	0	0	0	0	0	0	0	1	0
Advanced Imaging	3	4	10	17	7	7	3	17	6	6	0	12	0	0	0	0	46	97
Other	1	2	0	3	2	0	3	5	1	1	0	2	0	0	0	0	10	14
Pharmacy	8	6	9	23	5	7	2	14	13	8	0	21	0	0	0	0	58	100
Surgery	0	1	1	2	0	0	0	0	2	0	0	2	0	0	0	0	4	9
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Post Service Appeals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
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
<b>Appeals Decision Rates</b>																		
Upholds	7	9	12	28	9	7	8	24	10	6	0	16	0	0	0	0	68	123
<b>Uphold Rate</b>	<b>50.0%</b>	<b>60.0%</b>	<b>52.4%</b>	<b>56.0%</b>	<b>42.9%</b>	<b>43.8%</b>	<b>53.3%</b>	<b>46.2%</b>	<b>35.7%</b>	<b>35.3%</b>	<b>0.0%</b>	<b>35.6%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>46.3%</b>	<b>49.6%</b>
Overtures - Full	6	6	8	20	11	9	6	26	18	10	0	28	0	0	0	0	74	116
<b>Overture Rate - Full</b>	<b>42.9%</b>	<b>40.0%</b>	<b>38.1%</b>	<b>40.0%</b>	<b>52.4%</b>	<b>56.3%</b>	<b>40.0%</b>	<b>50.0%</b>	<b>64.3%</b>	<b>58.8%</b>	<b>0.0%</b>	<b>62.2%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>50.3%</b>	<b>46.77%</b>
Overtures - Partial	0	0	2	2	0	0	0	0	0	1	0	1	0	0	0	0	3	7
<b>Overture Rate - Partial</b>	<b>0.0%</b>	<b>0.0%</b>	<b>9.5%</b>	<b>4.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>5.9%</b>	<b>0.0%</b>	<b>2.2%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>2.0%</b>	<b>2.8%</b>
Withdrawal	1	0	0	1	1	0	1	2	0	0	0	0	0	0	0	0	3	2
<b>Withdrawal Rate</b>	<b>7.1%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>2.0%</b>	<b>4.8%</b>	<b>0.0%</b>	<b>6.7%</b>	<b>3.8%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>2.0%</b>	<b>0.8%</b>
<b>Membership</b>	<b>33,854</b>	<b>33,850</b>	<b>33,872</b>		<b>33,913</b>	<b>33,987</b>	<b>33,964</b>		<b>33,946</b>	<b>33,946</b>							<b>101333</b>	
Appeals - PTMPM	0.41	0.44	0.62	0.00	0.62	0.47	0.44	0.00	0.82	0.50	-	0.44	-	-	-	0.00	0.11	0.30
Grievances - PTMPM	1.27	1.18	1.45	0.00	1.56	1.56	1.41	0.00	1.89	1.91	-	1.27	-	-	-	0.00	0.32	0.52

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

Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
Mental Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.
Pharmacy	Denied medication due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
<b>Appeals Decision Rate</b>	Will include number of Upholds, Overturns, Partial overturns, and Withdrawals
Upholds	Number of Upheld Appeals
Uphold Rate	Percentage of Upheld appeals
Overturns - Full	Number of full overturned appeals
Overturn Rate - Full	Percentage of full overturned appeals
Overturn - Partial	Number of Partial Overturned appeals
Overturn Rate - Partial	Percentage of Partial Overturned appeals
Withdrawals	Number of withdrawn appeals
Withdrawal Rate	Percentage of withdrawn appeals
<b>EXEMPT GRIEVANCE</b>	Grievances received over the telephone that are not coverage dipsutes, disputed health care services involving medical necessity or experimental/investigational treatment that are resolved the the close of the next business day (1300.68 (d)(8).
<b>Exempt Grievance tab key – Calviva Dashboard</b>	
<b>Column Definitions.</b>	
Date Opened	The date the case was received
SF #	The internal HealthNet system ID code for the CCC representative who documented the call
Rep Name	Name of the CCC associate who took the call
Sup Name	Supervisor of the CCC associate who took the call
Mbr ID	The Calviva Health ID number of the member
SPD	Marked "yes" if the member is part of the "Seniors & Persons with Disabilities" population
Date of Birth	Date of birth of the member
Mbr Name	Name of the member
Reason	The case was categorized as a Calviva Exempt Grievance, hence the reason it's on the report
Preventable	Used if an Exempt Grievance was determined to be preventable
Access to Care	Used if determined Exempt Grievance was related to Access to Care
Issue Main Classification	Case is categorized by type of complaint
Issue Sub Classification	Case is subcategorized by type of complaint
DMHC Complaint Category	Case is categorized based on the DMHC TAR template complaint category
Discrimination?	Marked "yes" if case involved perceived discrimination by the member, otherwise marked "no"
Resolution	The resolution to the exempt grievance is notated here
Date Reviewed	The date the case was reviewed by CCC exempt grievance personnel
Provider Involved	The provider involved in the exempt grievance is notated here
Provider Category	The type of provider that is involved
County	The county the member resides in is notated here
PPG	Whether the member is assigned to a PPG is notated here
Health Plan ID	The Internal HN Plan ID for the Provider Involved in the exempt grievance.
PPG Service Area	Internal HN Code for the PPG to whom the member belongs.
Yes	
<b>Classification Definitions</b>	
Authorization	Used when it's an Authorization/Referral issue related exempt grievance
Avail of Appt w/ Other Providers	The case is related to appointment availability of ancillary providers
Avail of Appt w/ PCP	The case is related to appointment availability of the PCP
Avail of Appt w/ Specialist	The case is related to appointment availability of a Specialist
Claims Complaint	The case is related to a claims issue/dispute
Eligibility Issue	The case is related to the members eligibility or lackthereof.
Health Care Benefits	When it's an exempt grievance related to a specific benefit, eg transportation
ID Card - Not Received	The case is related to the member having not received their ID card
Information Discrepancy	When the exempt grievance is related to being given wrong or misleading information
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	The case is related to the interpersonal behavior of a health plan staff member
Interpersonal - Behavior of Clinic/Staff - Provider	The case is related to the interpersonal behavior of a provider
Interpersonal - Behavior of Clinic/Staff - Vendor	The case is related to the interpersonal behavior of a vendor
Other	For miscellaneous exempt grievances
PCP Assignment/Transfer	
PCP Assignment/Transfer-Health Plan Assignment- Change Request	Use this when the member is upset/dissatisfied with the health plan's PCP assignment for the member, whether it be through the auto-assignment logic process or any other health plan assignments reasons.
PCP Assignment/Transfer-HCO Assignment - Change Request	Use this when the member is upset/dissatisfied with the health plan's PCP assignment for the member.This category will represent PCP assignments in which the assignment was made as a result of the 834 file HCO Input. "Electronic Assignment- HCO Input"
Pharmacy	The case is related to a pharmacy issue
Wait Time - In Office for Scheduled Appt	When the Access to Care complaint is in regards to wait time at a providers office
Wait Time - Too Long on Telephone	When the Access to Care complaint is in regards to being placed on hold or unable to get through by telephone
<b>The Outlier Tab</b>	This tab is used by the Reporting Team, CalViva, and A&G. The Reporting Team will use this tab to call out any outliers to the A&G team that were identified during the report creation such as trends or increase in volume of appeals and/or grievances. The Reporting team will send the outliers to the business when the Dashboard is sent for approval. CalViva will use this tab to call out any outliers to the A&G team that were identified during the report creation. The A&G Team will use this tab to document the reasons for the call out, trending, or unusual high numbers of complaints from the Reporting Team or CalViva on the outliers that were identified during the report creation or review of cases.
Month	This is used to track the month effected by the change that was made
Date	This is used to track the date the change was made
Outlier	This is the section that describes a brief explanation of the outlier such as increase number of PCP wait time complaints, trends, etc.
Explanation	This is the section that explains the outlier.
<b>Membership</b>	Excludes Kaiser membership and is addressed separately in a quarterly report by Kaiser Plan.
<b>PTMPM</b>	Per thousand members per month. PTMPM rates are calculated using the total number of appeals or grievances, divided by total membership and multiplied by 1,000

# Item #8

## Attachment 8.D

Key Indicator Report



# *Healthcare Solutions Reporting*

## **Key Indicator Report**

*Auth Based PPG Utilization Metrics for CALVIVA California SHP*

*Report from 8/01/2021 to 8/31/2021*

*Report created 9/23/2021*

### ***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:**

[Read Me](#)

[Main Report CalVIVA](#)

[CalVIVA Commission](#)

[CalVIVA Fresno](#)

[CalVIVA Kings](#)

[CalVIVA Madera](#)

[Glossary](#)

### **Contact Information**

#### **Sections**

Concurrent Inpatient TAT Metric

TAT Metric

CCS Metric

Case Management Metrics

#### **Contact Person**

Katherine Marie F. Coy <KATHERINE.F.COY@HEALTHNET.COM>

[Azra S. Aslam <Azra.S.Aslam@healthnet.com>](mailto:Azra.S.Aslam@healthnet.com)

Kenneth Hartley <KHARTLEY@cahealthwellness.com>



**Key Indicator Report**  
**Auth Based PPG Utilization Metrics for CALVIVA California SHP**  
**Report from 8/01/2021 to 8/31/2021**  
 Report created 9/23/2021

ER utilization based on Claims data	2020-08	2020-09	2020-10	2020-11	2020-12	2020-Trend	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-Trend	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Qtr Trend	CY- 2020	YTD-2021	YTD-Trend		
																Quarterly Averages								Annual Averages			
Expansion Mbr Months	90,664	91,840	92,916	94,234	95,109		96,122	96,888	95,837	95,372	95,035	94,677	94,301	93,938		84,101	85,941	90,450	94,086	96,282	95,028		88,445	95,271			
Family/Adult/Other Mbr Mos	252,539	253,851	254,947	256,042	256,768		257,637	257,957	249,609	248,590	247,783	247,068	246,196	245,384		244,306	247,122	252,452	255,919	255,068	247,814		249,950	250,028			
SPD Mbr Months	34,803	34,802	34,832	34,814	34,775		34,712	34,563	34,019	33,818	33,637	33,459	33,271	33,097		34,616	34,673	34,789	34,807	34,431	33,638		34,721	33,822			
Admits - Count	2,251	2,096	2,163	2,034	2,014		2,035	1,833	2,178	2,051	2,074	2,087	2,059	2,065		2,204	1,782	2,134	2,070	2,015	2,071		2,048	2,162			
Expansion	677	705	721	688	574		569	541	689	668	664	685	694	706		639	566	683	661	600	672		637	691			
Family/Adult/Other	1,083	975	1,017	913	1,000		1,035	851	980	915	916	892	876	961		1,026	839	1,004	977	955	908		962	981			
SPD	490	412	421	429	437		424	435	498	460	491	506	489	395		537	376	445	429	452	486		447	485			
Admits Acute - Count	1,491	1,363	1,413	1,430	1,382		1,392	1,230	1,523	1,487	1,494	1,483	1,526	1,463		1,513	1,135	1,399	1,408	1,382	1,488		1,364	1,531			
Expansion	507	510	544	543	479		488	419	537	530	521	525	564	530		468	414	507	522	481	525		478	544			
Family/Adult/Other	521	477	492	478	490		504	416	535	526	506	490	514	562		548	368	477	487	485	507		470	538			
SPD	463	375	376	408	411		400	394	451	430	466	467	448	370		495	353	415	398	415	454		415	449			
Readmit 30 Day - Count	309	274	271	243	172		208	199	241	212	223	242	203	128		291	224	280	229	216	226		256	208			
Expansion	94	96	96	96	63		70	77	85	72	64	80	85	42		82	72	90	85	77	72		83	72			
Family/Adult/Other	89	77	74	61	37		53	39	53	39	40	51	47	38		81	64	77	57	48	43		70	46			
SPD	126	101	101	85	72		85	83	103	101	119	111	71	48		127	87	113	86	90	110		103	91			
**ER Visits - Count	11,359	10,689	10,995	10,519	9,840		9,424	9,329	11,034	12,019	13,531	13,042	13,561	7,319		16,642	9,261	11,455	10,451	9,929	12,864		11,953	11,157			
Expansion	3,643	3,375	3,440	3,243	3,204		2,976	2,882	3,132	3,326	3,474	3,519	3,595	1,775		3,771	2,919	3,626	3,296	2,997	3,440		3,403	3,085			
Family/Adult/Other	6,305	5,940	6,183	5,961	5,441		5,279	5,283	6,084	6,724	7,782	7,309	7,619	4,239		11,007	5,062	6,336	5,862	5,549	7,272		7,067	6,290			
SPD	1,389	1,332	1,348	1,273	1,182		1,152	1,106	1,324	1,326	1,462	1,356	1,354	687		1,840	1,264	1,377	1,268	1,194	1,381		1,437	1,221			
Admits Acute - PTMPY	47.3	43.0	44.3	44.5	42.9		43.0	37.9	46.8	45.5	45.6	45.3	46.6	44.7		50.0	37.0	44.4	43.9	42.5	45.5		43.8	46.9			
Expansion	67.1	66.6	70.3	69.1	60.4		60.9	51.9	67.2	66.7	65.8	66.5	71.8	67.7		66.8	57.9	67.3	66.6	60.0	66.3		64.7	68.5			
Family/Adult/Other	24.8	22.5	23.2	22.4	22.9		23.5	19.4	25.7	25.4	24.5	23.8	25.1	27.5		26.9	17.9	22.7	22.8	22.8	24.6		22.6	25.8			
SPD	159.6	129.3	129.5	140.6	141.8		138.3	136.8	159.1	152.6	166.2	167.5	161.6	134.2		171.7	122.2	143.1	137.3	144.6	162.1		143.6	159.2			
Bed Days Acute - PTMPY	264.7	238.1	252.1	273.8	306.3		283.3	210.6	233.2	224.9	225.0	225.3	237.7	246.2		246.0	202.3	257.4	277.5	242.3	225.1		246.2	247.3			
Expansion	362.1	370.4	382.4	408.5	471.2		428.3	307.3	370.8	352.1	339.2	339.8	386.1	395.9		355.3	310.7	393.5	421.1	368.6	343.7		371.7	381.8			
Family/Adult/Other	131.6	98.9	110.1	119.1	141.1		124.8	94.2	102.8	104.0	100.7	97.9	110.2	129.1		93.3	81.8	113.9	123.5	107.3	100.9		103.4	114.5			
SPD	978.9	905.5	941.2	1,047.9	1,074.2		1,061.0	810.7	881.2	847.4	926.5	962.3	898.1	837.9		1,058.1	794.4	946.9	1,021.1	918.0	911.8		955.1	941.3			
ALOS Acute	5.6	5.5	5.7	6.1	7.1		6.6	5.6	5.0	4.9	4.9	5.0	5.1	5.5		4.9	5.5	5.8	6.3	5.7	4.9		5.6	5.3			
Expansion	5.4	5.6	5.4	5.9	7.8		7.0	5.9	5.5	5.3	5.2	5.1	5.4	5.8		5.3	5.4	5.9	6.3	6.1	5.2		5.7	5.6			
Family/Adult/Other	5.3	4.4	4.8	5.3	6.2		5.3	4.9	4.0	4.1	4.1	4.1	4.4	4.7		3.5	4.6	5.0	5.4	4.7	4.1		4.6	4.4			
SPD	6.1	7.0	7.3	7.5	7.6		7.7	5.9	5.5	5.6	5.6	5.7	5.6	6.2		6.2	6.5	6.6	7.4	6.3	5.6		6.7	5.9			
Readmit % 30 Day	13.7%	13.1%	12.5%	11.9%	8.5%		10.2%	10.9%	11.1%	10.3%	10.8%	11.6%	9.9%	6.2%		13.2%	12.5%	13.1%	11.0%	10.7%	10.9%		12.5%	9.6%			
Expansion	13.9%	13.6%	13.3%	14.0%	11.0%		12.3%	14.2%	12.3%	10.8%	9.6%	11.7%	12.2%	5.9%		12.9%	12.8%	13.2%	12.9%	12.9%	10.7%		12.9%	10.4%			
Family/Adult/Other	8.2%	7.9%	7.3%	6.7%	3.7%		5.1%	4.6%	5.4%	4.3%	4.4%	5.7%	5.4%	4.0%		7.9%	7.6%	7.7%	5.9%	5.1%	4.8%		7.3%	4.7%			
SPD	25.7%	24.5%	24.0%	19.8%	16.5%		20.0%	19.1%	20.7%	22.0%	24.2%	21.9%	14.5%	12.2%		23.6%	23.2%	25.3%	20.0%	20.0%	22.7%		23.1%	18.7%			
**ER Visits - PTMPY	360.3	336.9	344.5	327.5	305.2		290.9	287.2	338.7	368.1	413.4	398.0	414.1	223.8		549.8	302.0	363.7	325.7	305.6	393.2		384.0	341.9			
Expansion	482.2	441.0	444.3	413.0	404.3		371.5	356.9	392.2	418.5	438.7	446.0	457.5	226.7		538.1	407.6	481.1	420.3	373.5	434.4		460.7	388.6			
Family/Adult/Other	299.6	280.8	291.0	279.4	254.3		245.9	245.8	292.5	324.6	376.9	355.0	371.4	207.3		540.7	245.8	301.2	274.9	261.0	352.1						

**Key Indicator Report**  
**Auth Based PPG Utilization Metrics for CALVIVA California SHP**  
**Report from 8/01/2021 to 8/31/2021**  
 Report created 9/23/2021

ER utilization based on Claims data	2020-08	2020-09	2020-10	2020-11	2020-12	2020-Trend	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-Trend	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Qtr Trend	CY- 2020	YTD-2021	YTD-Trend
	Integrated Case Management						Integrated Case Management						Integrated Case Management					Integrated Case Management							
Total Number Of Referrals	188	159	178	160	150		123	119	118	92	82	134	108	145		373	439	561	488	360	308		1,861	920	
Pending	0	0	4	2	14		0	2	9	1	2	8	10	10		1	1	0	20	11	11		22	15	
Ineligible	26	13	32	33	32		19	10	9	7	6	4	5	11		23	28	51	97	38	17		199	76	
Total Outreached	162	146	142	125	104		104	107	100	84	74	122	93	123		349	410	510	371	311	280		1,640	829	
Engaged	94	88	78	77	69		74	76	72	55	51	83	55	76		172	193	290	224	222	189		879	548	
Engagement Rate	58%	60%	55%	62%	66%		71%	71%	72%	65%	69%	68%	59%	62%		49%	47%	57%	60%	71%	68%		54%	66%	
Total Screened and Refused/Decline	22	16	23	16	10		8	9	10	8	9	17	14	13		55	65	72	49	27	34		241	88	
Unable to Reach	46	42	41	32	25		22	22	18	21	14	22	24	34		122	152	148	98	62	57		520	193	
New Cases Opened	94	88	78	77	69		74	76	72	55	51	83	55	76		172	193	290	224	222	189		879	548	
Total Cases Closed	65	80	92	85	63		60	60	52	48	51	85	56	85		105	142	196	240	172	184		683	498	
Cases Remained Open	397	314	292	292	292		310	322	330	327	253	166	271	230		184	289	314	292	330	166		292	230	
Total Cases Managed	381	417	407	373	357		378	394	406	408	409	441	416	435		279	367	533	541	526	537		990	848	
Critical-Complex Acuity	64	64	57	55	55		60	58	60	58	50	55	56	57		42	65	77	73	74	64		130	103	
High/Moderate/Low Acuity	317	353	350	318	302		318	336	346	350	359	386	360	378		237	302	456	468	452	473		860	745	
	Transitional Case Management						Transitional Case Management						Transitional Case Management					Transitional Case Management							
Total Number Of Referrals	227	245	251	233	204		143	201	238	252	214	205	117	143		421	479	740	688	582	671		2,328	1,509	
Pending	0	0	0	0	25		0	0	22	0	0	9	1	7		0	0	0	25	22	9		25	7	
Ineligible	27	27	22	25	22		23	21	25	42	24	21	21	11		27	33	74	69	69	87		203	194	
Total Outreached	200	218	229	208	157		120	180	191	210	190	175	95	125		394	446	666	594	491	575		2,100	1,308	
Engaged	105	116	125	99	79		57	102	116	128	133	150	74	98		214	218	343	303	275	411		1,078	858	
Engagement Rate	53%	53%	55%	48%	50%		48%	57%	61%	61%	70%	86%	78%	78%		54%	49%	52%	51%	56%	71%		51%	66%	
Total Screened and Refused/Decline	32	25	26	28	19		13	24	13	10	10	6	4	6		65	75	95	73	50	26		308	89	
Unable to Reach	63	77	78	81	59		50	54	62	72	47	19	17	21		115	153	228	218	166	138		714	361	
New Cases Opened	105	116	125	99	79		57	102	116	128	133	150	74	98		214	218	343	303	275	411		1,078	858	
Total Cases Closed	103	118	105	124	113		89	49	110	120	122	147	136	76		199	226	303	342	248	389		1,070	846	
Cases Remained Open	93	106	42	42	42		76	61	92	103	92	60	64	67		63	56	106	42	92	60		42	67	
Total Cases Managed	217	228	236	230	185		148	161	228	251	263	299	218	182		280	296	398	394	366	487		1,136	969	
High/Moderate/Low Acuity	217	228	236	230	185		146	159	226	251	263	299	218	182		280	296	398	394	364	487		1,136	969	
	Palliative Care						Palliative Care						Palliative Care					Palliative Care							
Total Number Of Referrals	10	8	10	20	10		15	12	18	16	11	17	15	11		69	81	33	40	45	44		223	112	
Pending	0	0	2	5	0		2	0	6	0	1	4	1	2		0	1	0	7	8	5		4	2	
Ineligible	4	3	3	5	6		6	4	4	7	4	4	4	5		24	34	11	14	14	15		83	36	
Total Outreached	6	5	5	10	4		7	8	8	9	6	9	10	4		45	46	22	19	23	24		132	74	
Engaged	5	5	3	8	3		5	8	6	4	5	8	9	3		34	35	16	14	19	17		99	53	
Engagement Rate	83%	100%	60%	80%	75%		71%	100%	75%	44%	83%	89%	90%	75%		76%	76%	73%	74%	83%	71%		75%	72%	
Total Screened and Refused/Decline	1	0	2	2	0		2	0	2	2	1	1	1	1		8	9	4	4	4	4		25	15	
Unable to Reach	0	0	0	0	1		0	0	0	3	0	0	0	0		3	2	2	1	0	3		8	6	
New Cases Opened	5	5	3	8	3		5	8	6	4	5	8	9	3		36	33	16	14	19	17		99	53	
Total Cases Closed	7	10	5	12	11		5	2	8	2	8	8	9	5		23	25	22	28	15	18		98	48	
Cases Remained Open	101	91	90	92	87		92	91	91	94	68	46	79	66		88	96	91	87	91	46		87	66	
Total Cases Managed	109	106	101	109	105		102	103	107	104	108	107	110	103		107	122	126	122	114	116		262	146	
	Behavioral Health Case Management						Behavioral Health Case Management						Behavioral Health Case Management					Behavioral Health Case Management							
Total Number Of Referrals	132	120	111	84	96		74	94	86	89	95	83	94	94		120	325	364	291	254	266		1,100	705	
Pending	0	0	0	0	6		0	0	2	1	0	4	3	1		0	0	0	6	2	5		6	1	
Ineligible	7	7	5	6	5		7	4	3	2	3	3	2	5		4	15	16	16	14	8		51	31	
Total Outreached	125	113	106	78	85		67	90	81	85	92	76	89	88		116	310	348	269	238	253		1,043	673	
Engaged	57	54	47	33	34		29	48	39	40	43	41	42	55		51	119	156	114	116	124		440	334	
Engagement Rate	46%	48%	44%	42%	40%		43.0%	53.0%	48.0%																

# Item #8

## Attachment 8.E

QIUM Quarterly Report



## REPORT SUMMARY TO COMMITTEE

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**TO:** Fresno-Kings-Madera Regional Health Authority Commissioners

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

**COMMITTEE**

**DATE:** October 21<sup>st</sup>, 2021

**SUBJECT:** CalViva Health QI & UM Update of Activities Quarter 3 2021 (October 2021)

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### **Purpose of Activity:**

This report is to provide the RHA Commission with an update on the CalViva Health QI & UM performance, program and regulatory activities in Quarter 3 of 2021.

### **I. Meetings**

Two meetings were held in Quarter 3, in July and September 2021. The following guiding documents were approved at the July and September meetings:

1. 2021 QI Work Plan Mid-Year Evaluation
2. 2021 UMCM Work Plan Mid-Year Evaluation
3. Clinical Practice Guidelines

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 & Quarterly A & G Reports** provide 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 July 2021 continued to demonstrate an increase in volumes in comparison to 2020 results. However, 2021 volumes are similar to 2019.
  - b. Quality of Service (QOS) cases represented the greatest volume overall and Quality of Care remained consistent.
  - c. Transportation related metrics demonstrate increase in volumes with some late and missed transports. This issue is being monitored closely to ensure improvement plans and CAPs are in place and actions are taken when indicated.
  - d. A & G Member Letter Monitoring continues with all letters corrected before they are sent out.
  - e. Appeals through Q2 remain consistent with recent months. The majority of cases are attributable to advanced imaging and pharmacy denials. The majority of advanced imaging were cardiac related and pharmacy for Psoriasis and Dialysis related medications.
2. The **A & G Validation Audit Report** is a new report prepared by the Medical Management team to provide a summary of the results and findings associated with the weekly A&G file validations completed to ensure compliance with regulatory requirements and ongoing readiness for DHCS/DMHC audits. This

report provides a summary of Quarter 2 2021 case reviews, performed to evaluate whether cases met compliance standards and provided adequate evidence to fully support the grievance or appeal response or decision in a timely and complete manner.

In Q2, eighty-eight percent (88%) of cases met compliance standards when initially transferred to CalViva. All documents identified to be missing from the cases were obtained and inserted to complete the file before closing out the month. Trends in non-compliance are also monitored and addressed accordingly.

3. The Department of Health Care Services (DHCS) requires that newly enrolled Medi-Cal members have an **Initial Health Assessment (IHA)** and Individual Health Education Behavioral Assessment (IHEBA) completed within the first 120 days of enrollment. CalViva Health is required to facilitate and support members and providers through this process. The current approach to monitoring has three components. The Q4 2020 IHA Quarterly Report demonstrates CalViva Health's performance on IHA/IHEBA compliance monitoring from January – December, 2020. Data was limited due to COVID-19 restrictions.
  - In response to a DHCS audit finding CalViva decided to take a quality improvement approach to increasing IHA/IHEBA completion. Working with a high volume, low performing clinic in Madera County, the IHA Improvement Team established a process for providers to obtain their list of new members, contact them to schedule an initial appointment and appropriately document (including coding) when an IHA/IHEBA has been completed.
  - The IHA report will be modified to document the continued efforts to improve IHA completion as the new process is shared and monitored with providers throughout the three CalViva Health counties.
4. **Additional Quality Improvement Reports** including Potential Quality Issues (PQI) Report, Facility Site and Medical Record Review Report, Provider Office Wait Time, County Relations Report and others scheduled for presentation at the QI/UM Committee during Q3.

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

1. **The Key Indicator Report (KIR)** provided data through June 30, 2021. Quarterly comparisons are reviewed with the following results:
  - In-hospital utilization rates have decreased when compared to Q1 2021. The admission rate has slightly increased. However, utilization rates are likely to increase again in Q3 based upon recent activity.
  - Turn-around-time compliance improved in Q2 in all metrics with the exception of Deferrals – Urgent. The volume of Deferrals is low and therefore the rate is highly sensitive to variations.
  - Case Management results remain strong and demonstrate positive results in all areas consistent with previous months.
2. **PA Member Letter Monitoring Report** summarizes monitoring activities for Notice of Action (NOA) letters including Prior Authorizations, Concurrent, and Post Service denials. Goals set for 100%. All metrics improved to 95% or higher. Medical Management has implemented a weekly audit meeting to review and analyze any failures and weekly progressive coaching of staff.
3. **UM Top 10 Diagnosis Report** provides an annual evaluation of the volume of hospital admissions, bed days per one thousand and average length of stay for the top 10 diagnoses (recorded as principal discharge diagnoses, for acute hospital stays among the TANF, SPD, and MCE populations). Identification of utilization trends provides a source from which to establish opportunities for collaboration and outcome improvement.
  - In 2020 sepsis continued to rank as the number one non pregnancy related diagnosis.
  - COVID-19 was a new diagnosis in 2020, ranked second in admissions and bed days per thousand and had the highest average length of stay out of the top diagnoses.
  - With the impact of COVID-19 on the hospitals, CalViva implemented a surge process with daily outreach to those hospitals that were surging. Multiple programs were identified, such as, Project Room Key and brought to the attention of the hospitals to safely discharge or transfer members.
4. **Additional UMCM Reports** including Concurrent Review IRR Report, TurningPoint, Standing Referrals Report, Specialty Referrals Report, Case Management and CCM Report and others scheduled for presentation at the QI/UM Committee during Q3.

**Pharmacy quarterly reports** include Executive Summary, Pharmacy Call Report, Operation Metrics, Top 30 Medication Prior Authorization (PA) Requests, Pharmacy Interrater Reliability Results (IRR), and quarterly Formulary changes which were all reviewed.

- All second quarter 2021 pharmacy prior authorization metrics were within 5% of standard.
- Overall TAT for Q2 was 96.66%
- Total PA requests were comparable to Q1 2021.

**Inter-Rater Reliability Results for Q2 2021**

- 95% accuracy (90% threshold met)
- Follow up to occur when opportunities for improvement are identified both on an individual and team basis.

#### **IV. HEDIS® Activity**

In Q3, HEDIS® related activities were focused on analyzing the results for MY2020 under the Managed Care Accountability Set (MCAS) measures and the minimum performance level (MPL) of 50<sup>th</sup> percentile.

The areas that CalViva reported results below the 50<sup>th</sup> percentile MPL are:

- Antidepressant Medication Management (AMM), for both the Acute Phase and the Continuation Phase, for all three counties.
- Breast Cancer Screening for Fresno and Kings Counties.
- Cervical Cancer Screening for Fresno County.
- Chlamydia Screening for Fresno and Madera Counties.
- Childhood Immunizations – Combo 10 for Fresno and Kings Counties.
- Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9%) for Fresno and Madera Counties.
- Controlling High Blood Pressure for Fresno County.
- Weight Assessment and Counseling – BMI Percentile for Fresno County.
- Well-Child Visits in the first 15 months of life for all three counties.

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

For MY2021 each MCP is required to develop no more than three (3) PDSA rapid cycle improvement projects from the MCAS measures that are below the MPL. CalViva is required to complete two (2) new PDSA Projects over the next 9 months: one for Cervical Cancer Screening and one for CDC- HbA1c Poor Control. Additionally, each Plan is required to continue to report on the “COVID-19 Quality Improvement Plan (QIP)”. This is a selection of 3 or more improvement strategies that demonstrate how the Plan has adapted to improve the health and wellness of its members during the COVID 19 Emergency. These interventions are to be associated with preventive services, chronic illness and/or behavioral health.

#### **VI. Findings/Outcomes**

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

# Item #8

## Attachment 8.F

Executive Dashboard



	2020	2020	2020	2020	2020	2021	2021	2021	2021	2021	2021	2021	2021
Month	August	September	October	November	December	January	February	March	April	May	June	July	August
<b>CVH Members</b>													
Fresno	294,617	298,003	300,085	302,118	303,493	304,759	305,990	307,463	308,852	310,191	311,420	312,453	313,499
Kings	30,827	31,085	31,230	31,450	31,570	31,802	31,984	32,109	32,332	32,512	32,645	32,699	32,883
Madera	39,035	39,329	39,530	39,733	39,919	40,209	40,381	40,607	40,868	41,173	41,402	41,662	41,802
<b>Total</b>	364,479	368,417	370,845	373,301	374,982	376,770	378,355	380,179	382,052	383,876	385,467	386,814	388,184
SPD	33,556	33,578	33,704	33,785	33,844	33,854	33,850	33,872	33,913	33,987	33,964	33,946	33,941
<b>CVH Mrkt Share</b>	70.52%	70.40%	70.32%	70.21%	70.10%	70.02%	69.92%	69.84%	69.74%	69.64%	69.56%	69.51%	69.44%
<b>ABC Members</b>													
Fresno	111,590	113,570	114,867	116,308	117,408	118,389	119,495	120,612	121,802	123,048	123,939	124,688	125,549
Kings	19,758	20,020	20,139	20,380	20,546	20,697	20,865	20,994	21,100	21,271	21,446	21,498	21,602
Madera	21,036	21,340	21,494	21,735	21,992	22,253	22,415	22,609	22,831	23,055	23,316	23,490	23,712
<b>Total</b>	152,384	154,930	156,500	158,423	159,946	161,339	162,775	164,215	165,733	167,374	168,701	169,676	170,863
<b>Default</b>													
Fresno	1,067	655	747	824	518	616	597	534	583	734	530	501	596
Kings	153	123	143	164	105	150	145	93	115	122	105	95	113
Madera	126	79	89	117	173	97	83	69	96	97	93	93	92
<b>County Share of Choice as %</b>													
Fresno	58.70%	61.60%	60.20%	59.40%	57.80%	59.10%	56.10%	59.20%	56.20%	56.80%	60.50%	58.90%	58.80%
Kings	53.40%	42.90%	47.20%	51.10%	45.40%	48.40%	53.10%	54.40%	54.30%	50.90%	49.10%	53.10%	60.40%
Madera	57.90%	58.90%	61.60%	60.40%	52.70%	57.90%	58.00%	61.00%	62.70%	64.20%	54.90%	58.90%	54.50%
<b>Voluntary Disenrollment's</b>													
Fresno	370	388	359	342	363	421	334	387	444	479	446	643	444
Kings	63	39	42	31	27	36	29	37	51	42	42	46	42
Madera	57	77	70	51	54	59	51	61	75	85	82	56	71



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 CEO	At present time, there are no significant issues, concerns, or items to note as it pertains to the Plan's IT Communications and Systems.		

Member Call Center CalViva Health Website	Year		2020	2020	2020	2020	2021
	Quarter		Q1	Q2	Q3	Q4	Q1
	(Main) Member Call Center	# of Calls Received	29,707	20,544	23,684	23,685	26,346
		# of Calls Answered	29,564	20,407	23,488	23,520	26,119
		Abandonment Level (Goal < 5%)	0.50%	0.70%	0.80%	0.70%	0.90%
		Service Level (Goal 80%)	96%	98%	93%	95%	93%
			85%				
	Behavioral Health Member Call Center	# of Calls Received	1,228	1,028	1,798	936	1,196
		# of Calls Answered	1,218	1,022	1,752	927	1,189
		Abandonment Level (Goal < 5%)	0.80%	0.60%	2.60%	1.00%	0.60%
		Service Level (Goal 80%)	93%	94%	78%	89%	94%
			89%				
	Transportation Call Center	# of Calls Received	17,872	11,717	10,011	9,867	7,364
		# of Calls Answered	17,765	11,506	9,801	9,808	7,209
		Abandonment Level (Goal < 5%)	0.60%	1.80%	2.10%	0.60%	1.60%
		Service Level (Goal 80%)	83%	76%	44%	76%	61%
			61%				
	CalViva Health Website	# of Users	21,000	16,000	22,000	25,000	33,000
		Top Page	Main Page	Main Page	Main Page	Main Page	Main Page
		Top Device	Mobile (60%)	Mobile (56%)	Mobile (63%)	Mobile (61%)	Mobile (57%)
		Session Duration	~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 1 minutes
			~ 1 minutes				
Message from the CEO	Quarter 2 numbers were previously presented to the Commission on September 16, 2021. Quarter 3 numbers are not yet available.						

Provider Network Activities & Provider Relations	Year	2021	2021	2021	2021	2021	2021	2021
	Month	Feb	Mar	Apr	May	Jun	Jul	Aug
	Hospitals	10	10	10	10	10	10	10
	Clinics	142	143	144	143	144	144	144
	PCP	390	388	385	372	371	360	352
	PCP Extender	234	235	241	253	258	256	258
	Specialist	1453	1445	1441	1436	1431	1422	1405
	Ancillary	201	210	210	210	210	211	212
	Year	2019	2020	2020	2020	2020	2021	2021
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	Pharmacy	152	151	153	152	154	155	156
	Behavioral Health	368	356	357	354	359	376	412
	Vision	41	42	45	47	46	47	44
	Urgent Care	12	12	11	12	11	12	12
	Acupuncture	5	4	5	7	7	7	8
	Year	2019	2020	2020	2020	2020	2021	2021
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	% of PCPs Accepting New Patients - Goal (85%)	93%	93%	93%	94%	94%	95%	96%
	% Of Specialists Accepting New Patients - Goal (85%)	95%	94%	97%	96%	96%	96%	96%
	% Of Behavioral Health Providers Accepting New Patients - Goal (85%)	78%	82%	95%	96%	98%	97%	96%
	Year	2021	2021	2021	2021	2021	2021	2021
	Month	Feb	Mar	Apr	May	Jun	Jul	Aug
	Providers Touched by Provider Relations	271	216	273	181	180	125	148
	Provider Trainings by Provider Relations	79	228	37	53	477	241	245
	Year	2015	2016	2017	2018	2019	2020	2021
	Total Providers Touched	2,003	2,604	2,786	2,552	1,932	3,354	1,469
	Total Trainings Conducted	550	530	762	808	1,353	257	1,414
Message From the CEO	At present time, there are no significant issues, concerns, or items to note as it pertains to the Plan's Provider Network Activities & Provider Relations.							

Claims Processing	Year	2019	2020	2020	2020	2020	2021	2021
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	Medical Claims Timeliness (30 days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	99% / 99% NO	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	98% / 99% N/A	99% / 99% N/A	99% / 99% N/A	97% / 99% N/A	99% / 99% N/A	99% / 99% N/A	99% / 99% N/A
	Pharmacy Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	Acupuncture Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	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	100% / 100% NO	100% / 100% NO	95% / 97% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	95% / 99% NO
	PPG 2 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	93% / 100% NO	96% / 100% NO	85% / 100% NO	95% / 100% NO	95% / 100% NO	91% / 98% NO	91% / 100% NO
	PPG 3 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	99% / 100% NO	100% / 100% NO	100% / 100% NO	93% / 100% NO	92% / 100% NO	98% / 99% NO	89% / 99% NO
	PPG 4 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	88% / 98% YES	96% / 99% NO	82% / 100% YES	100% / 100% YES	99% / 100% YES	99% / 100% YES	98% / 100% YES
	PPG 5 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% YES	100% / 100% NO	87% / 100% YES	98% / 98% YES	99% / 100% YES	93% / 98% NO	100% / 100% NO
	PPG 6 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	98% / 98% YES	98% / 100% NO	73% / 100% YES	99% / 100% YES	90% / 92% YES	100% / 100% NO	100% / 100% YES
	PPG 7 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	99% / 100% NO	99% / 100% NO	92% / 100% NO	100% / 100% NO	99% / 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	100% / 100% NO	100% / 100% NO	98% / 100% NO	96% / 100% NO	93% / 100% NO
Message from the CEO	Quarter 2 numbers were previously presented to the Commission on September 16, 2021. Quarter 3 numbers are not yet available.							

<b>Provider Disputes</b>	<b>Year</b>	<b>2019</b>	<b>2020</b>	<b>2020</b>	<b>2020</b>	<b>2020</b>	<b>2021</b>	<b>2021</b>
	<b>Quarter</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>
	<b>Medical Provider Disputes Timeliness (45 days) Goal (95%)</b>	95%	97%	99%	99%	99%	99%	99%
	<b>Behavioral Health Provider Disputes Timeliness (45 days) Goal (95%)</b>	90%	99%	100%	100%	100%	100%	100%
	<b>Acupuncture Provider Dispute Timeliness (45 Days) Goal (95%)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Vision Provider Dispute Timeliness (45 Days) Goal (95%)</b>	100%	N/A	100%	100%	100%	100%	100%
	<b>Transportation Provider Dispute Timeliness (45 Days) Goal (95%)</b>	N/A	100%	N/A	N/A	N/A	N/A	N/A
	<b>PPG 1 Provider Dispute Timeliness ( 45 Days) Goal (95%)</b>	64%	92%	100%	91%	88%	95%	99%
	<b>PPG 2 Provider Dispute Timeliness (45 Days) Goal (95%)</b>	100%	97%	100%	100%	100%	100%	100%
	<b>PPG 3 Provider Dispute Timeliness (45 Days) Goal (95%)</b>	100%	87%	91%	97%	66%	35%	66%
	<b>PPG 4 Provider Dispute Timeliness (45 Days) Goal (95%)</b>	99%	100%	100%	100%	100%	100%	100%
	<b>PPG 5 Provider Dispute Timeliness (45 Days) Goal (95%)</b>	100%	100%	100%	100%	100%	97%	99%
	<b>PPG 6 Provider Dispute Timeliness (45 Days) Goal (95%)</b>	100%	100%	100%	100%	100%	100%	100%
	<b>PPG 7 Provider Dispute Timeliness (45 Days) Goal (95%)</b>	100%	100%	100%	98%	99%	99%	98%
	<b>PPG 8 Provider Dispute Timeliness (45 Days) Goal (95%)</b>	N/A	N/A	N/A	100%	100%	100%	100%
<b>Message from the CEO</b>	Quarter 2 numbers were previously presented to the Commission on September 16, 2021. Quarter 3 numbers are not yet available.							