

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

Rose Mary Rahn, 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: May 13, 2022

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Cheryl Hurley, Commission Clerk

RE: Commission Meeting Materials

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

**Thursday, May 19, 2022
1:30 pm to 3:30 pm**

Where to attend:

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

2) Woodward Park Library
Small Study Room
944 E. Perrin Ave.
Fresno, CA 93720

Meeting materials have been emailed to you.

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

Thank you

AGENDA

Fresno-Kings-Madera Regional Health Authority Commission Meeting

May 19, 2022

1:30pm - 3:30pm

Meeting Locations:

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

2) Woodward Park Library
Small Study Room
944 E. Perrin Ave.
Fresno, CA 93720

Item	Attachment #	Topic of Discussion	Presenter
1		Call to Order	D. Hodge, MD, Chair
2		Roll Call	C. Hurley, Clerk
3 Action	No attachment	Chair and Co-Chair Nominations for Fiscal Year 2023: <i>Action: Nominate and Approve Appointments</i>	J. Nkansah, CEO
4 Action	Attachment A Attachment B Attachment C	Consent Agenda: <ul style="list-style-type: none">• Commission Minutes dated 3/17/22• Finance Committee Minutes dated 2/17/22• QIUM Committee Minutes dated 2/17/22 <i>Action: Approve Consent Agenda</i>	D. Hodge, MD, Chair
5 Action		Closed Session: The Board of Directors will go into closed session to discuss the following item(s) Attachment A A. Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program, or facility.	
6 Action	Attachment A	Legal Services <ul style="list-style-type: none">• Attorney Services Agreement <i>Action: Commission to ratify Attorney Services Agreement</i>	J. Nkansah, CEO
7 Information	Attachment A	Sub-Committee Members for Fiscal Year 2023: <ul style="list-style-type: none">• BL 22-005 Sub-Committee Members	D. Hodge, MD, Chair
8 Action	Attachment A Attachment B Attachment C	RHA Commission Policies & Procedures <ul style="list-style-type: none">• BL 22-006 RHA Commission Approved Policy & Procedures• AD-101 Commission Meeting Telephonic Participation• AD-102 Contract Authority	J. Nkansah, CEO

	Attachment D	<ul style="list-style-type: none"> AD-103 Requirements for RHA Funding of Community Supports Program 	
9 Action	Attachment A Attachment B Attachment C	Community Support Funding <ul style="list-style-type: none"> BL 22-007 Community Support Program Proposed Grant Recommendations 2022-2023 Ad-Hoc Committee Meeting Minutes 	J. Nkansah, CEO
		<i>Action: Approve Community Funding Grant Recommendations</i>	
	<i>Handouts will be available at meeting</i>	<i>PowerPoint Presentations will be used for item 10 & 11</i> <i>One vote will be taken for combined items 10 & 11</i>	
10 Action	Attachment A Attachment B Attachment C	Health Equity Program Description and Work Plan Evaluation <ul style="list-style-type: none"> 2021 Executive Summary and <i>Annual Evaluation</i> 2022 Change Summary and <i>Program Description</i> 2022 Executive Summary and <i>Work Plan Summary</i> 	P. Marabella, MD, CMO
11 Action	Attachment A Attachment B Attachment C Attachment D	Health Education Program Description and Work Plan Evaluation <ul style="list-style-type: none"> Executive Summary 2021 Annual Evaluation 2022 Change Summary and Program Description 2022 Work Plan 	P. Marabella, MD, CMO
		<i>Action: Approve Cultural and Linguistics 2021 Annual Evaluation, 2022 Program Description, and 2022 Work Plan, and the Health Education 2021 Annual Evaluation, 2022 Program Description, and 2022 Work Plan</i>	
12 Action		Standing Reports	
	Attachment A Attachment B	Finance Report <ul style="list-style-type: none"> Financials as of March 31, 2022 FY 2023 Proposed Budget 	D. Maychen, CFO
	Attachment C	Compliance <ul style="list-style-type: none"> Compliance Report 	M.L. Leone, CCO
	Attachment D Attachment E Attachment F	Medical Management <ul style="list-style-type: none"> Appeals and Grievances Report Key Indicator Report QIUM Quarterly Summary Report 	P. Marabella, MD, CMO
	Attachment G Attachment H	Executive Report <ul style="list-style-type: none"> Executive Dashboard BL 22-008 Medi-Cal Procurement Update 	J. Nkansah, CEO
		<i>Action: Accept Standing Reports</i>	

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

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

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

Next Meeting scheduled for July 21, 2022 in Fresno County
CalViva Health, 7625 N. Palm Ave., Ste. 109, Fresno, CA 93711

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

Item #4

Attachment 4.A

Commission Minutes
Dated 3/17/2022

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
March 17, 2022

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

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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:30 pm. A quorum was present	
#2 Roll Call Cheryl Hurley, Clerk to the Commission	A roll call was taken for the current Commission Members.	<i>A roll call was taken</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes dated 2/17/2022 b) Finance Committee Minutes dated 10/21/2021 c) QI/UM Committee Minutes dated 11/18/2021 d) Public Policy Committee Minutes dated 12/1/2021 <p>Action D. Hodge, MD, Chair</p>	<p>All consent items were presented and accepted as read.</p>	<p>Motion: Approve Consent Agenda 12 – 0 – 0 – 5</p> <p>(Nikoghosian/Fields-Keene)</p>
<p>#4 2022 Quality Improvement</p> <ul style="list-style-type: none"> • Program Description • Work Plan <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2022 Quality Improvement Program Description and Work Plan.</p> <p>The highlights of changes for the 2022 QI Program Description include:</p> <ul style="list-style-type: none"> • Disease Management (DM): Changed disease management to chronic conditions management. • Population Health Management: Added information on Population Health Management (PHM) strategy, member satisfaction and performance metrics. • Health Promotion Programs: Updated listing of educational programs for 2022. • MemberConnections: Revised responsibilities including addressing SDOH and support on outreach programs such as PIPS & PDSAs. • Clinical Practice Guidelines: Added that, “CPGs are approved through the HN Medical Advisory Council”. 	<p>See #5 for Motion</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Health Management Programs: Nurse Advice Line section removed, “Nurse advice line nurses may access support from a physician when needed as the nurse interacts directly with the member.” • Pharmacy: Revised the pharmacy activities to only include the medical benefit pharmacy information (Medi-Cal Rx). • Satisfaction: Revised from <i>member satisfaction</i> to <i>member experience</i>, updated description to include CAHPS survey activities and removed the Customer Experience initiatives. Removed CAHPS from HEDIS® section. • Access & Availability: Changed Access surveys from quarterly to annual. • Medical Records: Revised the description on how the plan monitors medical records and how the plan evaluates intervention effectiveness. • Health Equity: Changed Cultural and Linguistic Department to Health Equity Department. • Quality Committee: Added NCQA and contractual language changes regarding oversight of policy decision and changes and provider representation in the QI Committee. • Other minor edits <p>Activities for 2022 Quality Improvement Work Plan continue to focus on:</p> <ol style="list-style-type: none"> 1. Access, Availability, & Service 2. Quality & Safety of Care 3. Performance Improvement Projects 4. Crosswalk of Ongoing Activities <p>Improve Access to Care:</p> <ul style="list-style-type: none"> • Timely Appointments to Primary Care, Specialists, Ancillary Providers and After Hours Access – Continue to monitor Appointment Access and After Hours Access and educate providers using Provider Updates, webinars and follow up surveys. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Improve member satisfaction— Results from 2020 CAHPS Survey and 2020 Access Survey used to update strategies with recommendations such as Provider Training Series Pilot (<i>Lunch & Learn</i> and <i>On-demand videos</i>) and Share <i>Quarterly Root Cause Analysis</i> results with Medical Management leadership. <p>Improve the Quality & Safety of Care:</p> <ul style="list-style-type: none"> • Cervical Cancer Screening – Multi-disciplinary team formed with high volume, low compliance clinic in Fresno County. Initial outreach effort with education and member incentive. Second intervention to focus on “unable to reach” group. • Comprehensive Diabetes Care-H9 – Multi-disciplinary team formed with high volume, low compliance clinic in Fresno County. Initial intervention to improve HbA1c testing rate. Second intervention to focus on education, appropriate referrals, and frequent monitoring to reduce A1c levels through lifestyle changes. <p>Performance Improvement Projects:</p> <ul style="list-style-type: none"> • Childhood Immunizations Improvement Project in Fresno County (CIS-10). Initiating second intervention which will build upon the initial Texting Campaign with a <i>Special Immunization Event</i>. • Breast Cancer Screening Disparity Project in Fresno County (BCS). Second intervention being implemented. Plan to compare the effectiveness of mobile mammography event with education-only event. 	
<p>#5 2022 Utilization Management Case Management</p> <ul style="list-style-type: none"> • CM Program Description • UMCM Work Plan 	<p>Dr. Marabella presented the 2022 Case Management Program Description and 2022 Utilization Management/Case Management Work Plan.</p> <p>The highlights of changes for the 2022 Case Management Program Description include:</p>	<p>Motion: Approve 2022 Case Management Program Description and 2022 UMCM Work Plan</p> <p>12 – 0 – 0 – 5</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Action P. Marabella, MD, CMO</p>	<ul style="list-style-type: none"> • Complex CM Criteria: Modified criteria to identify members who will automatically be referred for CCM (to widen the net). • CM Criteria: Added members who reach a designated score from HRA Screen or if individualized care team is requested, to be referred for CM. • Care Team Staffing Model: Modified average active case load from 70 cases to 73 cases. • Condition Specific CM & DM Programs: Added Palliative Care to potential programs for referral. • Special Programs: Added CalAIM, including Enhanced Care Management (ECM) and Community Supports (CS) with brief description of services, counties and populations of focus. TCM program also updated. • Other minor edits. <p>The five areas of focus for the 2022 Utilization Management & Case Management Work Plan include:</p> <ul style="list-style-type: none"> • Compliance with Regulatory & Accreditation Requirements: <ul style="list-style-type: none"> ○ Ensure compliance with regulations and licensure requirements for clinical staff. ○ Confirm and document separation of medical decisions from fiscal considerations (attestations). ○ Conduct audits. • Monitoring the UM Process: <ul style="list-style-type: none"> ○ Track and trend prior authorizations including turn-around times. ○ Conduct inter-rater reliability testing for clinical staff to evaluate how consistently criteria are applied. ○ Analyze appeals data for trends to identify opportunities to remove or modify PA criteria. 	<p><i>(Frye/Neves)</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"> ● Monitoring Utilization Metrics: <ul style="list-style-type: none"> ○ Track effectiveness of care management. Outcomes metrics include a 5% reduction in admissions and length of stay over 2019. ○ Monitor for Over/Under Utilization including PPGs to ensure appropriate use of services and address areas needing improvement. ○ Continue to enhance PPG Profile to provide performance metrics for delegated PPGs. ● Monitoring Coordination with Other Programs and Vendor Oversight: <ul style="list-style-type: none"> ○ Evaluate access to and quality of: <ul style="list-style-type: none"> ▪ Case Management, includes ECM & Community Supports ▪ Perinatal Case Management ▪ Behavioral Health Case Management ○ Maintain Chronic Condition Management Program. ○ Monitor MD interactions with Pharmacy. ○ Monitor Coordination between physical and behavioral health. ● Monitoring Activities for Special Populations: <ul style="list-style-type: none"> ○ Monitor CCS Identification – continue to refine identification, referral and coordination processes. ○ Monitor care for SPDs – continue to perform monthly risk stratification & utilize care coordination/care management to meet needs. 	
<p>#6 Standing Reports</p> <ul style="list-style-type: none"> ● Finance Reports Daniel Maychen, CFO 	<p>Finance</p> <p>Financials as of January 31, 2022:</p> <p>Total current assets recorded were approximately \$318.7M; total current liabilities were approximately \$204.1M. Current ratio is approximately 1.56. Total net equity as of the end of January 2022 was approximately \$124.3M which is approximately 737% above the minimum DMHC required TNE amount.</p>	<p><i>Motion: Standing Reports Approved</i></p> <p><i>12 – 0 – 0 – 5</i> <i>(Rogers/Nikoghosian)</i></p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Interest income actual recorded was approximately \$160K which is approximately \$104K more than budgeted due to a new accounting standard called GASB 87 as it relates to leases. Premium capitation income actual recorded was approximately \$802.3M which is approximately \$24.2M more than budgeted primarily due to enrollment being higher than projected and for FY 2022 a projected \$2.2M MCO tax loss that did not occur as enrollment was higher than projected. In January 2022, DHCS updated the Plan’s MCO tax revenue rate which increased the Plan’s MCO tax revenue rate which led to approximately a \$1.3M MCO tax gain. The Plan expects to recognize the \$1.3M MCO tax gain from January through June 2022.</p> <p>Total cost of medical care expense actual recorded is approximately \$663.5M which is approximately \$20M more than budgeted due to the same reason as stated above referencing revenue. Admin service agreement fees expense actual recorded was approximately \$30.1M, which is approximately \$757k more than projected due to higher-than-expected enrollment.</p> <p>Net income actual recorded was approximately \$5.2M which is approximately \$4.1M more than budgeted primarily due to higher enrollment and the MCO tax loss the Plan projected for FY 2022 that did not occur due to higher enrollment, and the updated MCO tax revenue rate beginning January 2022. The Plan anticipates recognizing approximately a \$1.3M MCO tax gain each month through June 2022 which equates to approximately \$7.5M MCO tax gain alone. The Plan does caution that DHCS recently communicated that the MCO tax gain may be recouped due to higher MCO tax revenue rates as a result of lower enrollment projections, noting that DHCS assumed in their rate development that the Public Health Emergency (“PHE”) would end around December 2021. Furthermore, lower enrollment projection correlates to a higher MCO tax revenue rate.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Compliance M.L. Leone, CCO 	<p>Compliance</p> <p>There were 44 Administrative & Operational regulatory filings during the Q1 2022; there were 40 Member Materials filed and Provider Materials distributed; and nine (9) DMHC filings.</p> <p>There were ten (10) Privacy & Security Breach Cases that were No-Risk/Low-Risk cases filed in Q1 2022.</p> <p>There was one (1) Fraud, Waste & Abuse MC609 case filed with DHCS; and 22 cases open for investigation with HN SIU department in Q1 2022.</p> <p>The Annual Oversight Audits of HN in-progress are Access and Availability; Appeals & Grievances; Continuity of Care; and Provider Network/Provider Relations. No additional audits have been completed since the last Commission report.</p> <p>The Plan is still awaiting the DMHC’s final determination on the 2021 CAP response of the 2021 DMHC 18-month follow-up audit.</p> <p>The Plan is still awaiting DHCS’ final response in order to close the 2020 CAP in reference to the DHCS 2020 Medical Audit.</p> <p>All pre-audit document requests for the DHCS 2022 Medical Audit were submitted on 2/25/22. The Plan received DHCS’ request for verification files on 3/9/22. These are scheduled to be submitted by 3/18/22. The Audit Entrance Conference is scheduled for 4/18/22.</p> <p>DMHC’s financial audit Entrance Conference will take place on 3/15/22.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p>With reference to CalAIM, the Enhanced Care Management (ECM) and Community Supports programs, they are scheduled to become effective in Fresno and Madera counties by 7/1/22. The Major Organ Transplant (MOT) Carve-In benefit became effective 1/1/22 for all of the Plan’s service are counties. The CAP issued by DHCS on 12/10/21 has been closed and the Plan’s MOT network has been certified.</p> <p>The Plan’s downtown office for walk-ins remains closed. HN has indicated they will continue to carry out operations on a semi-remote basis until further notice.</p> <p>The Public Policy Committee last met on 3/2/22. The meeting was held at CalViva’s Administrative Office location. The following reports were presented: The Health Education Semi-Annual Member Incentive Report (Q3 and Q4 2021); The 2021 Annual Compliance Report; and The Q4 2021 Appeals & Grievance Report. There were no recommendations for referral to the Commission. The next meeting will be held on June 1, 2022 at 11:30am in the Plan’s Administrative Office.</p> <p>A brief overview of the new laws impacting the Plan were reported out to the Commission.</p> <p>Medical Management</p> <p>Appeals and Grievances Dashboard</p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through January 2022.</p> <ul style="list-style-type: none"> The total number of grievances remain consistent. The majority of grievances were Quality-of-Service related. Quality of Care Grievances decreased when compared to previous months. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Exempt Grievances had a notable decrease compared to previous months. • Appeals for January 2022 decreased from previous months with the majority of cases being related to Advanced Imaging, and Pharmacy. <p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report (KIR) for January 2022.</p> <p>Acute Care Admissions remain variable for the Expansion, and Family/Adult populations. A decrease in Acute Average Length of Stay (ALOS) is noted for Expansion population.</p> <p>Utilization for all risk types increased in 2021.</p> <p>Turn- around Times were met in all areas in January 2022 with the exception of Post-service (98.0%).</p> <p>Case Management results remain stable and demonstrate positive outcomes in all areas, consistent with previous months.</p> <p>Credentialing Sub-Committee Quarterly Report</p> <p>The Credentialing Sub-Committee met on February 17, 2022. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q3 2021 were reviewed for delegated entities, the third and fourth quarters for MHN, and fourth quarter for Health Net. There was no case activity to report for the Q4 2021 Credentialing Report from Health Net.</p> <p>Peer Review Sub-Committee Quarterly Report</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Executive Report J. Nkansah, CEO 	<p>The Peer Review Sub-Committee met on February 17, 2022. The county-specific Peer Review Sub-Committee Summary Reports for Q4 2021 were reviewed for approval. There were no significant cases to report.</p> <p>The Q4 2021 Peer Count Report was presented with a total of two (2) cases reviewed. One case was closed and cleared. There were no cases pending closure for Corrective Action Plan compliance. There was one (1) case pended for further information.</p> <p>Follow up will be initiated to obtain additional information for the tabled case and ongoing monitoring and reporting will continue.</p> <p>Executive Report</p> <p>The enrollment through January 31, 2022 is 398,468 members. Enrollment is likely to continue to increase until the Public Health Emergency (PHE) is ended. Ongoing activity is currently taking place to determine outreach to beneficiaries to assist with maintaining coverage if needed when the PHE ends.</p> <p>There are no significant issues, concerns, or items to note as it pertains to the Plan’s IT Communications and Systems; Call Center; CVH Website; Provider Network and Provider Relations.</p> <p>With regard to Claims Processing and Provider Dispute activities, management continues to work with Health Net regarding the groups identified as non-compliant with timeliness goals and deficiency disclosures.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#7 Final Comments from Commission Members and Staff	An introduction of Linnea Koopman, CEO for LHPC, was made to the Commission.	
#8 Announcements		
#9 Public Comment		
#10 Adjourn	The meeting was adjourned at 2:42 pm. The next Commission meeting is scheduled for May 19, 2022 in Fresno County.	

Submitted this Day: _____

Submitted by: _____

Cheryl Hurley
Clerk to the Commission

Item #4

Attachment 4.B

Finance Committee Minutes
Dated 2/17/22



**CalViva Health
Finance
Committee Meeting Minutes**

Meeting Location

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

February 17, 2022

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.	A roll call was taken.
#2 Finance Committee Minutes dated October 21, 2021 Attachment 2.A Action D. Maychen, Chair	The minutes from the October 21, 2022 Finance meeting were approved as read.	Motion: <i>Minutes were approved 5-0-0-2 (Soares / Neves)</i> A roll call was taken.
#3 Financial Statements as of December 31, 2021	Total current assets recorded were approximately \$372.3M; total current liabilities were approximately \$259.8M. Current ratio is	Motion: <i>Financials as of December 31, 2021 were approved</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Action D. Maychen, Chair</p>	<p>approximately 1.43. Total net equity as of the end of December 2021 was approximately \$122.3M which is approximately 724% above the minimum DMHC required TNE amount.</p> <p>Interest Income actual recorded was approximately \$133K which is approximately \$85K more than budgeted due to a new accounting standard called GASB 87 which relates to leases. From a lessor perspective, GASB 87 requires a portion of rental payments to be booked to Interest Income which is due to the foundational principal of GASB 87 which views leases as essentially financing arrangements which allow for the use of another entities' assets. The increase in Interest Income as a result of GASB 87 was not accounted for in the FY 2022 budget due to a timing difference, noting that when the FY 2022 budget was finalized, CalViva was still in the process of working through the GASB 87 implementation with Moss Adams. The increase in Interest Income will be accounted for in the FY 2023 budget.</p> <p>Premium capitation income actual recorded was approximately \$694.6M which is approximately \$11.9M more than budgeted primarily due to enrollment and rates being higher than projected. In addition, in the FY 2022 budget, the Plan projected an MCO tax loss of approximately \$2.2M; however, due to higher-than-expected enrollment the MCO tax loss only amounted to approximately \$384K.</p> <p>Total Cost of Medical Care Expense actual recorded is approximately \$577M which is approximately \$9.6M more than budgeted due to the same reasons as stated above. Admin Service Agreement Fees Expense actual recorded was approximately \$25.7M, which is approximately \$565k more than projected due to higher-than-expected enrollment. Other Income actual recorded was approximately \$163K which is approximately \$96.6K less than budgeted due to the GASB 87 implementation.</p>	<p>5 – 0 – 0 – 2</p> <p><i>(Nikoghosian / Neves)</i></p> <p>A roll call was taken.</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Net income for the first six (6) months of FY 2022 recorded was approximately \$3.2M which is approximately \$2.3M more than budgeted primarily due to the MCO tax loss the Plan projected for FY 2022 being less than projected; and higher enrollment and rates than projected.</p>	
<p>#4 Fiscal Year 2023 – Review and Discuss Budget</p> <p>Action D. Maychen, Chair</p>	<p>D. Maychen discussed the FY 2023 budget timeline. An official proposed FY 2023 budget is planned for presentation at the March 2022 meeting with intent to accept and adopt. Any changes as a result of the March 2022 meeting will carry on to an April 2022 meeting, if necessary. The reviewed and approved budget will then be presented at the May 2022 Commission meeting.</p> <p>The basic assumptions being used to create the FY 2023 budget was presented to the Committee.</p> <p>Enrollment is projected to peak approximately July 2022 due to the assumption the public health emergency (PHE) would end approximately mid-2022. That assumption is consistent with the California State Budget projections for State FY 2022-2023. During the PHE, Medi-Cal disenrollment has been on a freeze. Once the PHE ends, disenrollments will resume; therefore, the Plan is projecting a steady decline in enrollment throughout FY 2023. The decline in enrollment includes the impact of new members moving into mandatory managed care beginning January 1, 2023.</p> <p>Administrative Services Fees Expense is projected to increase due to increase in enrollment.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Overall, revenues are projected to decrease in comparison to FY 2022 due to the current MCO tax expiring 12/31/2022; an overall decrease in rates due to a full year of pharmacy carve out of rates in FY 2023; and net of increase in enrollment in FY 2023 in comparison to FY 2022.</p> <p>Interest income is projected to increase due to GASB 87 which requires recording a portion of lease payments to Interest Income.</p> <p>Staffing is projected to be at 17 full-time employees. Salaries and Wages Expense is projected to decrease due to consulting/employment arrangements no longer being applicable during FY 2023.</p> <p>Computer and IT Expense is projected to increase due to various issues including upgrading servers, enhancing firewall protection, new pc's, updated email spam filters, and an overall increase in IT support costs.</p> <p>Projected increase in Dues & Subscriptions Expense as a result of increase in dues from trade organizations who have added additional staff to better represent health plans in relation to numerous changes affecting Medi-Cal managed care such as CalAIM.</p> <p>Community Support/Grants Expense is projected to continue in order to provide grants to community-based organizations, scholarships to local colleges, and physician recruitment grants. The Plan is increasing the Grants Expense in order to provide provider infrastructure support, additional quality score incentive grants to providers, and community infrastructure support grants.</p> <p>No MCO tax loss is projected for FY 2023.</p> <p>Increase in Other Income is projected to increase due to full occupancy of the building owned by the Plan.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>For the preliminary FY 2023 budget, key items include Medical Revenue projected at \$1.17B which is approximately \$80.3M less than budgeted primarily due to the MCO tax expiring midway through the year in comparison to FY 2022 and declining rates. Interest Income is projected to increase due to the effect of GASB 87. Medical Cost Expense is projected to decrease due to declining rates. Admin Service Fees Expense is projected to increase approximately \$2M due to higher enrollment. Salary, Wages and Benefits Expense is projected to decrease by approximately \$350K due to employment arrangements no longer being applicable during FY 2023 in comparison to FY 2022. Grants Expense is projected to increase approximately \$940K. Overall, Net Income is projected to be approximately \$5.2M which is an increase of approximately \$1.6M primarily due to no longer projecting an MCO tax loss as enrollment is expected to be sufficient to cover MCO Tax Expense during FY 2023.</p>	
#5 Announcements	<p>The building owned by the Plan is now at full occupancy. Employers Outsourcing has signed a lease to occupy the space and will operate a credit union and an employee labor union.</p>	
#6 Adjourn	<p>Meeting was adjourned at 11:45 am</p>	

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

Dated: *March 17, 2022*

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

Dated: *3/17/22*

Item #4

Attachment 4.C

QIUM Committee Minutes
dated 2/17/22

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**

February 17th, 2022

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	✓	Amy Schneider, RN, Director of Medical Management Services
	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Ashelee Alvarado, Medical Management Specialist
✓	Paramvir Sidhu, M.D., Family Health Care Network	✓	Iris Poveda, Medical Management Administrative Coordinator
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Tommi Romagnoli, Medical Management Nurse Analyst
✓	Raul Ayala, MD, Adventist Health, Kings County	✓	Mary Lourdes Leone, Chief Compliance Officer
✓*	Joel Ramirez, M.D., Camarena Health Madera County	✓	Maria Sanchez, Compliance Manager
	Rajeev Verma, M.D., UCSF Fresno Medical Center	✓	Patricia Gomez, Senior Compliance Analyst
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			

✓ = in attendance

* = Arrived late/left early

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D. Chair	The meeting was called to order at 10:32am. A quorum was present. Dr. Marabella welcomed our new Committee member, Paramvir Sidhu, M.D. from Family HealthCare Network (FHCN). Dr. Sidhu is a Family Practice provider and he has been with FHCN for several years. Dr. Sidhu is taking Dr. Foster's place. The committee members welcomed Dr. Sidhu.	
#2 Approve Consent Agenda Committee Minutes: November 18, 2021 - California Children's Service Report (Q4) - Member Incentive Programs Semi-Annual Report (Q4) - A&G Inter Rater Reliability Report	The November 18 th , 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. Dr. Sidhu noted a minor error under Attachment E. A & G Classification Audit. The "Total Classified Incorrectly", should read 2% rather than 98%. A & G report writer will be notified.	Motion: <i>Approve</i> Consent Agenda (Ayala/Sidhu) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>(IRR) (Q4 2021)</p> <ul style="list-style-type: none"> - A&G Classification Audit Report (Q4) - A&G Validation Audit Summary Report (Q3) - Provider Office Wait Time Report (Q4) - Concurrent Review IRR Report (Q4) - CCC DMHC Expedited Grievance Report (Q4) - SPD HRA Outreach Report (Q3) - Performance Improvement Project Updates - Medical Policies Updates (Q4) <p>(Attachments A-L)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>A link for Medi-Cal Rx Contract Drug List was available for reference.</p> <p> </p> <p>*Dr. Ramirez arrived at 10:37am.</p>	
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard and TAT Report (December) - Appeals & Grievances Executive Summary (Q4) - Appeals & Grievances Quarterly Member Report (Q4) - Quarterly A&G Member Letter Monitoring Report (Q4) <p>(Attachments M-P)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Appeals & Grievances Dashboard through December 2021.</p> <ul style="list-style-type: none"> ➤ The total number of grievances for 2021 increased in comparison to calendar year 2020. The majority of grievances were Quality-of-Service related. ➤ Quality of Care Grievances also increased in 2021 when compared to calendar year 2020. ➤ Exempt Grievances had a notable increase in 2021 compared to calendar year 2020. ➤ Appeals for calendar year 2021 decreased from 2020 with the majority of cases being related to Advanced Imaging, Durable Medical Equipment (DME), and Pharmacy. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - A&G Dashboard and TAT Report (December) - A&G Executive Summary (Q4) - A&G Quarterly Member Report (Q4) - Quarterly A&G Member Letter Monitoring Report (Q4) <p>(Sidhu/-Ramirez) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 QI Business - County Relations Quarterly Report (Q4) (Attachment Q)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>County Relations Quarterly Report provides a summary of the relevant Public Health (PH), County Behavioral Health (BH) and Regional Center (RC) activities, initiatives and updates for Fresno, Kings and Madera Counties. The report also provides CalViva Health with information that includes but is not limited to; care coordination updates, Physical Health/Behavioral Health referral data, tuberculosis data and ABA services data. All these activities support CalViva Health’s compliance with requirements of the Memorandum of Understanding between CalViva Health and our three Central Valley counties.</p> <p>Some highlights for this Quarter include:</p> <ul style="list-style-type: none"> ➤ Fresno County Department of Behavioral Health (FCDBH) is currently exploring the feasibility of increasing capacity in their Crisis Stabilization Center to help support local Emergency Departments who are operating at maximum capacity. ➤ FCDBH is working on an additional pilot program with the local Emergency Departments around service coordination for individuals who are no longer in crisis – establishing protocols for the social workers in the local EDs to refer these members to the FCDBH outpatient services. ➤ In Fresno County, based upon Q4 data, on average approximately 50% (159,207) of the Medi-Cal population are under the age of 21 years. Of these 159,102 Medi-Cal children 13,807 (8.7%) are CCS eligible. ➤ At the Kings County Behavioral Health Department (KCBHD) Q4 2021 meeting, the primary focus of discussion was regarding the bidirectional referral process. KCBHD presented on recent member-transition scenarios, highlighting instances where there were identified issues in the process. ➤ Key issues causing breakdowns in the bidirectional referral process appeared to stem from: <ul style="list-style-type: none"> ○ Member contact information changing ○ Members electing to receive lists of providers to do their own outreach, schedule their own appointments, etc. ➤ In Madera County, based upon Q4 data, on average, approximately 55% (23,597) of the Medi-Cal population are under the age of 21 years. Of the 23,597 Medi-Cal children, 1,857 (7.9%) are CCS eligible. ➤ The Central Valley Regional Center (CVRC) has recently hired 23 new service coordination staff – 13 hires are replacements and 10 are new positions. Five to six 	<p>Motion: <i>Approve</i> - County Relations Quarterly Report (Q4) (Ramirez/Sidhu) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>new staff will be assigned to assist with new cases stemming from a new Provision of Eligibility regulation (AB136) which expands eligibility for children ages 3-5 with two or more chronic conditions/disabilities.</p> <ul style="list-style-type: none"> o CVRC is currently providing services to approximately 2,700 participants. o CVRC continues to grow and is one of the largest regional centers in the state. <p>Quarter 4 data for BH referrals and CCS enrollment in Fresno, Kings and Madera counties were also reviewed.</p>	
<p>#3 QI Business - Provider Preventable Conditions Report (Q4) - Potential Quality Issues Report (Q4) (Attachments R-S)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Provider Preventable Conditions (PPC) (Q4 2021) This report provides a summary of member impacted Provider Preventable Conditions (PPC). PPCs are identified via four (4) mechanisms:</p> <ol style="list-style-type: none"> 1. Provider / Facility confidential submission of DHCS Form 7107 2. Monthly Claims Data review 3. Monthly Encounter Data review 4. Confidential Potential Quality Issue (PQI) submission of identified/suspected quality cases <p>The six (6) potential PPC Cases reviewed in Quarter 4 do not represent reportable events that occurred in Quarter 4, but rather cases ready for review in Q4 after records have been received and initial review completed. Two (2) cases were found to meet PPC criteria for reporting to DHCS via the secure online portal. The two cases were reported.</p> <p>Potential Quality Issues (PQI) Report provides a summary of Potential Quality Issues (PQIs) identified during the reporting period, that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member or peer review-activities. Peer review activities include cases with a severity code level of III or IV or any case the CVH CMO requests to be forwarded to Peer Review. Data was reviewed for all case types including the follow up actions taken when indicated.</p> <ul style="list-style-type: none"> ➤ For non-member initiated PQI category: of the five (5) cases closed, zero were documented as being generated from provider preventable conditions (PPCs). ➤ Member generated PQI category (QOC grievances) have increased in comparison to the previous two Quarters. ➤ The number of peer review cases varies from quarter-to-quarter independent of the other case types. There were two peer review cases presented to the Peer Review 	<p>Motion: <i>Approve</i> Provider Preventable Conditions Report (Q4) - Potential Quality Issues Report (Q4) (Cardona/Ramirez) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Committee. PQI and PPC cases will continue to be tracked, monitored and reported.</p>	
<p>#4 QI/UM/CM Business - QI Work Plan End of Year Evaluation and Executive Summary 2021 - UM/CM Work Plan End of Year Evaluation and Executive Summary 2021 - Utilization Management (UM) Program Description 2022 (Attachments T-V) Action Patrick Marabella, M.D Chair</p>	<p>The 2021 Quality Improvement Work Plan End of Year Evaluation was presented. The planned activities and Quality Improvement focus for 2020 included the following:</p> <ul style="list-style-type: none"> ➤ Access, Availability and Service: <ul style="list-style-type: none"> • Improve Access to Care: <ul style="list-style-type: none"> ○ <i>Provider Appointment Availability Survey</i> is the assessment tool used. Results from MY20 assessment became available in July 2021. ○ Urgent Care: scores declined compared to MY19. ○ Non-Urgent Care: PCP care improved slightly. Specialist Care demonstrated improvement in all 3 counties. ○ CAP Process with a Targeted PPG approach utilized. ○ A total of 19 Tier 1 CAPs were sent out with improvement plans due at the end of September thru mid-October. ○ All other noncompliant PPGs and Direct Network Providers were classified as Tier 2 and received education packets. Education packets were sent at the end of August to 42 PPGs and Direct Network providers. ○ For 2021, there were 13 Timely Access webinars conducted with a total of 51 participants from the CalViva Health area. Due to the impacts of COVID 19, a self-study option was offered in 2021 to those PPGs and providers unable to attend one of the webinars. Data from the self-study option will be available in Q1 2022. ○ Provider Office Wait Times continue to meet overall goal for 30 minutes or less with an average wait time of 11 minutes for all three counties combined in Q4 2021. <ul style="list-style-type: none"> • Variation noted in provider data submissions in recent months. This may be related to use of telehealth and clinic staffing issues. • Updating clinic contacts. ➤ Quality and Safety of Care: There are five (5) Default Enrollment Measures that health plans are evaluated on. The five measures are: <ul style="list-style-type: none"> • Cervical Cancer Screening • Childhood Immunization Combo 10 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - QI Work Plan End of Year Evaluation and Executive Summary 2021 - UM/CM Work Plan End of Year Evaluation and Executive Summary 2021 - Utilization Management (UM) Program Description 2022 (Ayala/Ramirez) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Comprehensive Diabetes Care HbA1c poor control • Controlling High Blood Pressure • Timeliness of Prenatal Care ➤ Performance Improvement Projects (PIPs): <ul style="list-style-type: none"> • <i>Childhood Immunizations (CIS-10)</i>. Initiated Text Messaging Campaign in September 2021. The CIS-10 rate continues to decline at the targeted clinic and in Fresno County. Text messaging has limitations, considering a second intervention to boost scores. • <i>Breast Cancer Screening Disparity Project</i> is focused on Hmong women 50-74 years. Hmong Sisters Event was the first intervention and was held on 09/24/21. Attempt to convince women to attend Imaging Center for mammogram. BCS rates continue to decline. Initiating a second intervention of mobile mammography with education at the targeted FQHC. Will continue with Events starting in April. ➤ Two PDSA Projects are also underway for Cervical Cancer Screening and Diabetes Care. ➤ The Utilization Management Program Description was presented. The changes to the Utilization Management Program Description for this year include: <ul style="list-style-type: none"> • Health Net mission updated. • Vision and Mission changed to Purpose. • Added “chronic condition management” to statements referencing disease management throughout the document. • Revised Pharmacy section to only apply to medical benefit medications due to Medi-Cal Rx • Re-wrote Evaluation of Medical Technologies • Updated Titles for certain positions • Updated Reporting review from bi-annual to quarterly 	
<p>#5 UM Business</p> <ul style="list-style-type: none"> - Key Indicator Report (December) - Utilization Management Concurrent Review Report (Q4) - MedZed Integrated Care 	<p>Dr. Marabella presented the Key Indicator Report year-end 2021.</p> <ul style="list-style-type: none"> ➤ Acute Care Admissions decreased slightly from Q3 to Q4 2021; with an increase in Average Length of Stay (ALOS). ➤ Utilization for all risk types increased in 2021. ➤ Turn Around Time was met in all areas for Q4 2021. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Key Indicator Report (December) - Utilization Management

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Management Report (Q3) - TurningPoint Musculoskeletal Utilization Review (Q3) (Attachments W-Z)</p> <p>Action Patrick Marabella, M.D Chair</p>	<ul style="list-style-type: none"> ➤ Case Management results remain strong and demonstrate positive results in all areas consistent with previous months. <p>The Utilization Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Quarter 4 2021. Focus is on improving member healthcare outcomes, minimizing readmission risk, and reducing post-acute gaps in care delivery via proactive discharge planning and expeditious linkages to medically necessary health and support services.</p> <ul style="list-style-type: none"> ➤ SPD and MCE populations experienced increase in Admits in Q4. ➤ MCE population noted increase in Bed days in Q4. ➤ 2021 Inpatient utilization patterns continue to be impacted by the COVID-19 pandemic. Hospitals in the region of the CalViva primary membership have experienced surges due to the increase in COVID patients. ➤ In Q4 the hospitals also experienced serious staffing impacts which decreased the hospitals' bed capacity. <p>The MedZed Integrated Care Management Report Q3 2021 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"> ➤ Q3 2021 average engagement rate = 29% ➤ In Q3 2021, Service Level Agreement (SLA) #1 was not met for all three months in the quarter due to the limited timeframe for scheduling with patients just discharged from the hospital. ➤ All other service level measures are on track as of Q3 2021. Final evaluation of measures will be completed by the end of 2021. <p>MedZed will continue to engage Community Health Navigators for urgent field outreach (face-to-face/door knocks) following one unsuccessful phone attempt, while also reminding members about the importance of keeping their post-discharge appointments. The SLA #1 metric is under review due to challenges beyond the control of the provider.</p>	<p>Concurrent Review Report (Q4)</p> <ul style="list-style-type: none"> - MedZed Integrated Care Management Report (Q3) - TurningPoint Musculoskeletal Utilization Review (Q3) <p>(Sidhu/Ayala) 5-0-0-2</p>

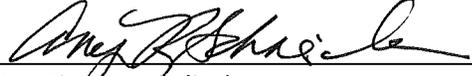
AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>TurningPoint Musculoskeletal Utilization Review for Q3 2021 is an evaluation of compliance with prior authorization (PA) performance standards for orthopedic procedures.</p> <ul style="list-style-type: none"> ➤ Compliance was achieved for turnaround times (TAT) on pre-service urgent and non-urgent authorization determinations. ➤ Call Center service level agreement criteria were met. <p>Turning Point conducts educational outreach to all provider offices with an exhibited need. Success with education is monitored on an ongoing basis and reported to the Plan.</p>	
<p>#6 Policy & Procedure Business - Public Health & Utilization Management / Case Management Policy Grid (Attachment AA)</p> <p>Action - Patrick Marabella, M.D Chair</p>	<p>The Public Health & Utilization Management and Case Management Policy Grid were presented to the committee. The majority of policies were updated without changes or had minor edits. The policy edits were discussed and approved.</p>	<p>- Public Health & Utilization Management / Case Management Policy Grid (Ramirez/Cardona) 5-0-0-2</p>
<p>#7 Compliance Update - Compliance Regulatory Report (Attachment BB)</p>	<p>Mary Lourdes Leone presented the Compliance Report.</p> <p>CalViva Health Oversight Activities. CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances and appeals, etc.</p> <p>Oversight Audits. The following annual audits are in-progress: Access and Availability, Appeals & Grievances, Continuity of Care, and Provider Network/ Provider Relations. The following audits have been completed since the last Commission report: Call Center (No CAP), Credentialing (CAP), and the Q2 2021 PDRs (CAP).</p> <p>Fraud, Waste, & Abuse Activity. Since the last report, there has been two MC609 cases filed. One was specific to diabetic testing supplies and one was for a provider subscribing pain medication without conducting the proper protocols. There were no cases that needed to be referred to other law enforcement agencies by the Plan.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>2021 Department of Managed Health Care (“DMHC”) 18-Month Follow-Up Audit. The DMHC issued its Final Report on November 2, 2021. The report stated that one of the two outstanding deficiencies from the February 2019 audit had been corrected. The second deficiency remains uncorrected and under DMHC review and will be assessed at the next triennial DMHC Audit scheduled for September 2022.</p> <p>Department of Health Care Services (“DHCS”) 2020 Medical Audit - CAP. 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 DHCS has since requested additional information to which the Plan most recently responded on 2/4/22. We are still awaiting DHCS’ final response in order to close the CAP.</p> <p>Department of Health Care Services (“DHCS”) 2022 Medical Audit. On 1/25/22, the Plan received written notification from DHCS confirming the schedule of the DHCS’ 2022 Medical Audit. The audit will be conducted on 4/18/22 through 4/29/22. All pre-audit document requests are to be submitted to DHCS by 2/24/22.</p> <p>California Advancing and Innovating Medi-Cal (CalAIM).</p> <p>A. <u>Enhanced Care Management (ECM) and Community Supports (CS)</u> The Plan’s initial ECM and CS Models of Care (Parts 1, 2 and 3) were all approved by the DHCS, and these programs became effective 1/1/22 in Kings County. These programs are scheduled to become effective in Fresno and Madera counties by 7/1/2022. For these counties, the Plan continues to develop the Model of Care and associated provider capacities. The deliverable due date for these documents is 2/15/22.</p> <p>B. <u>Major Organ Transplant (MOT) Carve-In</u> - This benefit became effective 1/1/22 for all CalViva counties and membership. On 9/1/2021, the Plan submitted the required MOT Network Certification to DHCS. On 12/10/21, the Plan received DHCS’ notice of a corrective action plan for failure to comply with the CalAIM Benefit Standardization of Major Organ Transplants (MOT) network certification requirements. Specifically, the Plan failed to demonstrate a minimum of one executed contract with a Center of Excellence (COE) for the following organ types: bone marrow, heart, kidney-pancreas, liver and lung. It should be noted that the DHCS issued CAPs to all Managed Care plans as this issue resulted from the DHCS’ delay in establishing reimbursement rates for the COEs which are primarily California state universities. The Plan’s Administrator, Health Net, is delegated for contracting with all</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	COEs. Since the CAP notification, the Plan has submitted two monthly CAP updates reflecting Health Net’s progress to complete COE contracting. Monthly CAP updates will be required through 6/10/22.	
#10 Old Business	None.	
#11 Announcements	Next meeting March 17 th , 2022	
#12 Public Comment	None.	
#13 Adjourn	Meeting was adjourned at 11:59am	

NEXT MEETING: March 17th, 2022

Submitted this Day: March 17, 2022

Submitted by: 
 Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:


 Patrick Marabella, MD Committee Chair

Item #6

Attachment 6.A

Attorney Services Agreement

**FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY COMMISSION
ATTORNEY SERVICES AGREEMENT**

This Agreement is effective the 1st day of July, 2022, by and between the Fresno-Kings-Madera Regional Health Authority Commission ("Commission"), and the law firm of Epperson Law Group, PC ("Firm") as General Counsel.

RECITALS

1. Commission previously engaged the services Epperson Law Group, PC to provide legal services, with Jason S Epperson serving as General Counsel. The current Legal Services Agreement under which Firm provides legal services to Commission terminates on June 30, 2022. Commission desires to continue to engage the services of Jason S. Epperson and Epperson Law Group, PC to discharge the duties of the General Counsel.

2. The Commission and Firm desire to set forth in this Agreement the terms, conditions, and benefits of such engagement.

3. Firm desires to accept the engagement as General Counsel as set forth herein.

4. This Agreement is subject to the Firm Billing Policies attached hereto as Exhibit 1 and incorporated herein. The Billing Policies are applicable and in effect unless otherwise changed by the terms of this Agreement.

5. Commission and Firm agree that the Effective Date of this Agreement shall be July 1, 2022, notwithstanding that this Agreement is executed below at a later date. Legal services provided prior to that date shall be performed under the prior legal services agreement between Commission and Firm.

6. This Agreement replaces in their entirety any and all prior agreements for legal services executed by the parties hereto.

NOW, THEREFORE, in consideration of the mutual covenants herein contained, the parties agree as follows:

SECTION I. DUTIES AND FIRM STATUS

Commission hereby retains Firm as General Counsel to perform such functions and duties and to provide legal advice and perform legal services for the Commission consistent with the role of General Counsel and as the Commission shall from time to time assign. Jason S. Epperson shall serve as the General Counsel. Other members of the Firm may be called upon to provide legal services to the Commission under the supervision and direction of General Counsel, as necessary.

SECTION 2. COMPENSATION

A. Capped Annual Fee

At the end of each month Firm will invoice Commission for all non-litigation legal services performed by Firm, which invoice is payable on receipt. The billable rate is One Hundred Ninety Dollars (\$190) per hour. Based on the Commission's estimate of 100 hours

per annum for non-litigation services, fees are capped at \$19,000. Should more than 100 hours of non-litigation services be required in a calendar year, Firm and Commission shall discuss the need for said expenses and the rate at which they will be provided.

The scope of those services includes attendance at one regular monthly Commission meeting per month, staff meetings as required, occasional special meetings of the Commission, and all related transactional and advisory legal services. This fixed fee is subject to review and adjustment by mutual agreement, based on the amount of legal services needed by the Commission and performed by Firm in the future. Commission and Firm agree no charge will be billed by Firm for travel time to the Commission or other locations within 75 miles of the Fresno office of the Firm.

After this agreement has been in effect for one (1) year, all hourly fees charged by Firm shall be subject to an increase of 2.5% for the remainder of this agreement.

B. Litigation / Fraud Investigation Matters

In the event that the Commission or Chief Executive Officer assigns litigation matters to the Firm, special matters shall be billed as follows: \$210 per hour for Lead/Trial Attorney and \$190 per hour for other attorneys, plus costs. Paralegal services shall be billed at the rate of \$125 per hour. Litigation matters are defined for these purposes as any court action or any adjudicatory proceeding before an administrative agency, hearing officer, mediator, or arbitrator. Firm will provide a detailed hourly bill for all such services on a monthly basis, when litigation legal services are being performed by Firm.

In addition to litigation matters, the Commission may, from time to time, assign fraud investigation matters, as required by California Health and Safety Code section 1348(b). In the event a fraud investigation matter is assigned to the Firm, an attorney possessing sufficient skill, experience and knowledge shall be designated as the investigator. Billing for the investigation shall be in accordance with the litigation services referenced in this section.

Billable time additionally includes reviewing materials, drafting letters and pleadings, research, telephone calls, consultations, depositions, appearances in court (including waiting for the case to be called), and any other time required to represent the Commission in each matter. Additional billing policies are set forth in Exhibit 1 to this Agreement.

Statements are generated monthly and are due and payable within 30 days of the statement date. Any amounts not paid within 30 days of the statement date accrue interest at the current legal rate per annum from the statement date until paid. Firm shall have the right to discontinue rendering services to the Commission for nonpayment of fees, which will be considered a breach of this Agreement by Commission.

Nothing in this section requires the Commission to assign litigation to the Firm.

C. Confidentiality and Absence of Conflicts

An attorney-client relationship requires mutual trust between the client and the attorney. It is understood that communications exclusively between counsel and the client are confidential and protected by the attorney-client privilege.

To also assure mutuality of trust, Firm maintains a conflict of interest index. The California

Rules of Professional Conduct defines whether a past or present relationship with any party prevents Firm from representing Commission. Similarly, Commission will be included in Firm's list of clients to ensure it complies with the Rules of Professional Conduct.

Firm warrants that no conflict exists with its current representation of other public entities and private clients. Based on that check, Firm has determined that it can provide legal services as General Counsel for the Fresno-Kings-Madera Regional Health Authority Commission.

SECTION 3. TERMINATION AND SEVERANCE

A. This Agreement shall be for a period of three (3) years and shall be effective July 1, 2022 and shall expire on June 30, 2025.

B. In the event Commission terminates this Agreement and discharges Firm from its engagement hereunder, for no reason or for any reason, Commission shall pay to Firm the sum due for services provided to the date of termination.

C. Commission may discharge Firm at any time subject to a 30-day written notice and the provisions of Section 3A above. If at the time of withdrawal or discharge Firm is representing Commission in any proceeding, then Commission will sign a Substitution of Attorney form immediately upon receipt of such a form from Firm.

D. Notwithstanding the above, Firm may withdraw from representation at any time as permitted under Rules of Professional Conduct of the State Bar of California with 30-day written notice to Commission.

SECTION 4. OTHER TERMS AND CONDITIONS OF AGREEMENT

A. The Commission, with mutual consent of the General Counsel, may amend or add any such other terms and conditions of engagement as it may determine from time to time relating to the performance of Firm.

B. Notwithstanding the withdrawal or discharge of Firm, Commission will remain obligated to pay at the agreed rate for all services already provided and to reimburse Firm for all costs advanced before the withdrawal or discharge related to work performed in litigation matters under Section 2B above.

C. Commission agrees that Firm shall have a lien on any and all sums recovered or received by Firm on Commission's behalf, for payment of any fees owing and/or any unreimbursed costs advanced for Commission.

D. Commission and Firm agree that in the event of a dispute between the parties concerning this Agreement, the prevailing party in arbitration or other legal proceeding will be entitled to recovery of reasonable attorney's fees and costs from the other party.

E. Commission and Firm also agree that the Chief Executive Officer is the responsible person for providing daily contact and direction to Firm on behalf of Commission. Firm agrees to coordinate the services to be provided with Commission to the extent required by the Commission and the Chief Executive Officer.

SECTION 5. PERFORMANCE EVALUATION

A. Commission shall review and evaluate the performance of Firm at least once annually commencing one year from the effective date of this Agreement, or on such other date at Commission's sole discretion. Said review and evaluation shall be in accordance with specific criteria developed jointly by Commission and Firm. Said criteria may be added to or deleted from the above-described criteria, as the Commission may from time to time determine, in consultation with Firm. Further, Commission shall provide Firm with a summary written statement of Commission's findings and provide an adequate opportunity for Firm to discuss its evaluation with Commission.

B. Annually, commencing on the effective date of this Agreement, Commission and Firm shall define such goals and performance objectives that they jointly determine necessary for the effective continued relationship between Commission and Firm. Said goals and objectives shall be reduced to writing.

C. In effecting the provisions of this Section, Commission and Firm mutually agree to abide by the provisions of applicable laws.

SECTION 6. NOTICES

Notices pursuant to this Agreement shall be given by deposit in the United States Postal Service, postage prepaid, as follows:

COMMISSION: Fresno-Kings-Madera Regional Health Authority
Attn: Cheryl Hurley

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

FIRM: Epperson Law Group, PC
Jason S. Epperson
PO Bo 7919
Fresno, CA 93747-7919

Alternatively, notices required pursuant to this Agreement may be personally served in the same manner as applicable to civil judicial process. Notice shall be deemed given as of the date of personal service or as of the date of deposit of such written notice in the United States Postal Service.

SECTION 7. INSURANCE

Firm carries errors and omissions insurance that provides aggregate coverage in excess of \$1,000,000.00. Firm maintains Workers' Compensation insurance in accordance with the requirements of California law.

Firm agrees to notify Commission in the event the limits of its errors and omissions insurance should fall below the coverage stated in this Section or if the insurance should lapse and substitute coverage is not obtained.

SECTION 8. GENERAL PROVISIONS

A. The text herein shall constitute the entire agreement between the parties. There are no oral agreements or understandings or any other written agreements which directly or indirectly affect the terms and conditions of this Agreement.

If any provision, or any portion thereof, contained in this Agreement is held unconstitutional, invalid, or unenforceable, the remainder of this Agreement, or portion thereof, shall be deemed severable, shall not be affected, and shall remain in full force and effect.

C. No addition, modification, amendment, or deletion to this Agreement shall be valid unless it is in writing and executed by the parties to this Agreement.

D. This Agreement shall be binding upon and inure to the benefit of the heirs at law and executors of Commission.

E. Commission and Firm agree that the construction and interpretation of this Agreement and the rights and duties of Commission and Firm hereunder shall be governed by the laws of the State of California.

F. Firm shall act as an independent contractor in providing the services described in this Agreement. Firm shall be solely responsible for the supervision, payment, and protection of its agents, employees, experts or consultants, if any, and furnish the services in Firm's own manner and method. In no respect shall Firm, its agents, employees, experts or consultants, if any, be considered employees of Commission.

G. Firm agrees to scrupulously avoid performing services for any party or entering into any contractual or other relationship with any party which might create a conflict with the rendering of services under this Agreement. Firm shall immediately inform Commission of any conflict of interest or potential conflict of interest which may arise during the term of this Agreement by virtue of any past, present, or prospective act or omission of Firm.

H. Firm agrees to comply with all federal, state and local laws, rules, and regulations, now or hereafter in force, pertaining to the services performed pursuant to this Agreement. Any dispute between Firm and Commission as to the services provided pursuant to this Agreement or payment thereon shall be submitted to arbitration for resolution, with the prevailing party to recover the costs and attorneys' fees of such proceedings.

I. Venue for any proceeding under this Agreement shall be in the County of Fresno.

J. Firm agrees to comply with all applicable fair employment and equal opportunity practices and not to discriminate against any applicants or employees of Firm because of their membership in a protected class.

K. This Agreement contemplates Firm shall provide professional services described herein, without assignment to outside individuals or entities. This Agreement, or any portion thereof, shall not be assigned or delegated without the prior written consent of Commission. Delegation to attorneys outside Firm shall be limited to those situations in which Firm is disqualified due to a conflict of interest or where Firm does not possess the expertise to competently perform services in a particular practice area. Firm shall supervise delegated work except when precluded from doing so by virtue of a conflict of interest.

L. All legal files pertaining to Commission shall be and will remain the property of Commission. Firm will control the physical location of such files during the term of this Agreement.

IN WITNESS WHEREOF, the Fresno-Kings-Madera Regional Health Authority Commission has caused this Agreement to be signed and executed on its behalf by its Chief Executive Officer and duly attested by its Commission Clerk, and Firm's representative has signed and executed this Agreement the day and year written below.

FRESNO-KINGS-MADERA REGIONAL
HEALTH AUTHORITY COMMISSION

By: _____
Jeff Nkansah, Chief Executive Officer

Dated: _____

EPPERSON LAW GROUP, PC

By: _____
Jason S. Epperson, Partner

Dated: _____

ATTEST:

Clerk of the Fresno-Kings-Madera
Regional Health Authority Commission

EXHIBIT 1

COMPENSATION SCHEDULE AND REIMBURSABLE EXPENSES

REIMBURSABLE EXPENSES:

In-house duplication costs (50 copies or more)	\$0.10/page
Reproduction/duplication costs performed by an outside service	Actual Cost
Extraordinary postage or overnight delivery charges (e.g., FedEx, OnTrac, UPS)	Actual Cost
Fax transmissions (incoming and outgoing)	\$.50 per page
Court filing fees	Actual Cost
Attorney services (includes service of process fees, arbitrators, and mediators)	Actual Cost
Messenger services	Actual Cost
Online legal research outside of our prepaid service fee	Prorated so Client pays its proportionate share
Data analysis subscription fees associated with legal office or related software	Prorated so Client pays its proportionate share
Parking and toll fees	Actual Cost
Any other expense not listed above that becomes necessary for the successful resolution of a client matter	Actual Cost

Item #7

Attachment 7.A

BL 22-005 Sub-Committees/
Members FY 2023

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

Sal Quintero
Board of Supervisors

David Luchini, Director
Public Health Department

David Cardona, M.D.
At-large

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

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Rose Mary Rahn
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

DATE: May 19, 2022

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Committee Appointments—Commissioner Representation

BL #: **BL 22-005**

Agenda Item **7**

Attachment **7.A**

DISCUSSION:

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

FINANCE:

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

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

QUALITY IMPROVEMENT/UTILIZATION MANAGEMENT:

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

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

CREDENTIALING

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

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

PEER REVIEW

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

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

PUBLIC POLICY:

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

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

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

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

Item #8

Attachment 8.A-D

- A. BL 22-006 RHA Commission Approved Policy & Procedures
- B. AD-101 Commission Meeting Telephonic Participations
- C. AD-102 Contract Authority
- D. AD-103 Requirements for RHA Funding of Community Supports Program

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

Rose Mary Rahn, 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

Jeffrey 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: May 19, 2022

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Jeffrey Nkansah, CEO

RE: RHA Commission Approved Policy and Procedures

BL #: 22-006
Agenda Item 8
Attachment 8.A

BACKGROUND:

- On May 19, 2011, Commissioners requested and approved a Telephonic Access Policy which would allow, at a Commissioners request, telephonic access to a Commission meeting when unable to attend the meeting in person.
- On May 19, 2011, Commissioners approved a Contract Authority Policy authorizing the CEO to sign specific contracts listed within the policy. A revised version of the policy was approved by Commissioners on May 28, 2015.
- On May 18, 2017, Commissioners approved a Community Support Programs Policy to consider funding requests in excess of \$20K for various community programs.
- Fresno-Kings-Madera Regional Health Authority Policy and Procedures are currently approved by the following Executives: CFO, CCO, and CMO. Currently, the Telephonic Access and Contract Authority Policy are signed and approved by the CCO. The Community Supports Program Policy was presented as a Policy signed by the CFO.

DISCUSSION:

- These policy and procedures were created and voted for approval after presentation to RHA Commissioners. As such, these policy and procedures should not undergo any significant content changes without RHA Commission Approval.
- Review the current Policy and Procedures

RECOMMENDED ACTION:

- Approve these RHA Commission Approved Policy and Procedures as "Administration" Department Policy and Procedures signed by the RHA Commission Chair. (AD-101 Telephonic Access, AD-102 Contract Authority, AD-103 Community Support Programs)

 <p>POLICIES AND PROCEDURES</p>	Title: Commission Meeting Telephonic Participation
	Procedure #: AD-101
	Page: 1 of 4
Department / Function: Administration	Effective Date: 5/06/2011
Region: Fresno, Kings, Madera Counties	Last Review and/or Revision Dates: 05/19/2022
	LOB: Medi-Cal Managed Care

I. Purpose

- A. This CalViva Health (“CalViva” or “Plan”) policy outlines the process to accommodate Fresno-Kings-Madera Regional Health Authority (RHA) Commissioners who desire to participate in the Commission meetings when unable to attend in person.

II. Policy

- A. All meetings conducted by the RHA Commission shall be open to the public, and all persons shall be permitted to attend any meeting of the RHA Commission.
- B. RHA commissioners who desire to participate in commission meetings telephonically or through teleconference shall post agendas at all locations and conduct the meetings in a manner that protects the statutory and constitutional rights of the parties or the public.
- C. RHA commissioners who desire to participate in commission meetings telephonically or through teleconference shall be aware of their roles and responsibilities (*See Attachment A: Roles and Responsibilities*).

III. Definition

- A. **Meeting** - any congregation of a majority of the members of a legislature body at the same time and location, including teleconference as permitted by California Government Code Section 54953 to hear, discuss, deliberate, or take action on any item that is within the subject matter jurisdiction of the legislative body.
- B. **Teleconference/telephonic** - a meeting of which members are in different locations, connected by electronic means, through either audio, or video, or both.
- C. **Week** - a period of seven days and for purposes of this policy, it will span seven days from the Thursday prior to the commission meeting to the Thursday of the commission meeting.

CALVIVA HEALTH POLICIES AND PROCEDURES

Title: Commission Meeting Telephonic Participation

Page #: 2 of 4

IV. Procedure

- A. Commissioners desiring to participate telephonically as a voting Commission member will:
1. Request telephonic access to the meeting by notifying the Clerk of the Commission by telephone or email at least one week prior to the Commission meeting (*See Attachment A: Roles and Responsibilities*);
 2. Comply with all Brown Act posting and public access requirements;
 3. Publicly post the meeting agenda, call time and location at least 72 hours prior to the call for regular Commission meetings at the location of the telephonic call (*See Attachment A: Roles and Responsibilities*);
 4. Provide public access to the call location (*See Attachment A: Roles and Responsibilities*);
 5. Arrange for a speaker telephone at the call location for two-way communication with all parties participating in the Commission meeting (*See Attachment A: Roles and Responsibilities*);
 6. Call the designated telephone number for the Commission meeting (*See Attachment A: Roles and Responsibilities*).
- B. RHA staff will:
1. Provide a speaker telephone at the Commission meeting site that will allow two-way communications with the calling commissioner(s) (*See Attachment A: Roles and Responsibilities*);
 2. Provide an agenda which records the location of the call and the participating Commissioner(s) to the Commission meeting (*See Attachment A: Roles and Responsibilities*);
- C. Commission Meeting:
1. The Commission Clerk will call roll for all Commissioners present and participating by telephone at the beginning of each meeting in which telephonic participation is requested (*See Attachment A: Roles and Responsibilities*);
 2. The Chairman will confirm the calling Commissioner has met all Brown Act requirements to participate as a voting Commissioner (*See Attachment A: Roles and Responsibilities*);

CALVIVA HEALTH POLICIES AND PROCEDURES

- 3. The Commission Clerk will verbally confirm the vote of each Commissioner present and participating by telephone for all motions (*See Attachment A: Roles and Responsibilities*).

V. Authority

- A. California Code of Regulations, Brown Act, Government Code, Section 54950, 54953

VI. References

- A. None

VII. Attachments

- A. Attachment A: Roles and Responsibilities

APPROVAL:

Officer/Committee

Chairperson

Date: May 19, 2022

Name: David S. Hodge, M.D.

Title: Commission Chair

Policy History			
Date	Department	Policy or Section #	Comment(s)
5/06/2011	Compliance		New Policy
8/27/2012	Compliance	Definitions	Annual Review – Updated Definitions
8/27/2015	Compliance		Annual Review – Attachment was moved and linked to the appropriate area in PolicyTech per direction from the last policy and procedure workgroup meeting. Minor grammatical changes made to the policy.
9/27/16	Compliance	Section C	Commission Clerk will call roll and confirm votes. Minor formatting edits.
09/19/17	Compliance		Annual review; no changes
10/2/18	Compliance		Annual review; no changes
11/6/2019	Compliance		Annual review; no changes
12/9/2020	Compliance		Annual review; no changes

CALVIVA HEALTH POLICIES AND PROCEDURES

10/28/21	Compliance		Annual review; no changes
5/19/22	Administration		Changed from Compliance Policy to an Administration Policy

 <p>POLICIES AND PROCEDURES</p>	Title: Contract Authority
	Procedure #: AD-102
	Page: 1 of 3
Functional Area/ Department: Administration	Effective Date: 5/19/2011
Region: Fresno, Kings, Madera Counties	Last Review and/or Revision Dates: 05/19/2022
	LOB: Medi-Cal Managed Care

I. Purpose

- A. This CalViva Health (“CalViva” or “Plan”) policy defines the process to establish administration authority to contract on behalf of the Fresno-Kings-Madera Regional Health Authority (RHA).

II. Policy

- A. The Commission employs a RHA Chief Executive Officer (CEO) to direct the day-to-day operations of the Health Authority at the will of the Commission and subject to its policies, rules, regulations and instructions.
- B. The RHA CEO or Chief Financial Officer (CFO) is authorized to execute contracts on behalf of the RHA as defined by this policy.

III. Definitions

- A. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – Is the governing board of CalViva Health. The Fresno-Kings-Madera Regional Health Authority (referred to as the RHA), is a public entity created pursuant to a Joint Exercise of Powers Agreement between the Counties of Fresno, Kings and Madera. On April 15, 2010, the RHA Commission adopted the name CalViva Health under which it will also do business. All administrative and provider contracts are made under the name of the Fresno-Kings-Madera Regional Health Authority.
- B. **Designee** - the Chief Financial Officer (CFO)

IV. Procedure

- A. The RHA CEO, or designee, is authorized to negotiate, amend, execute, and terminate contracts on behalf of the Commission as follows:
 1. Vendor, Lease and Consultant Agreements within approved budget limits.

CALVIVA HEALTH POLICIES AND PROCEDURES

Title: Contract Authority	Page: 2 of 3
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2. Provider Agreements.
3. Administrative Services Agreements and Amendments with Health Net Community Solutions Inc. with financial terms approved by the RHA Finance Committee.
4. Capitated Provider Services Agreement and Amendments with Health Net Community Solutions, Inc. with financial terms approved by the RHA Finance Committee.
5. Department of Health Care Services (DHCS) Contracts and Amendments.
6. Memorandum of Understandings (MOUs) with local county and state agencies that provide public health services, mental health services and other services as described in the DHCS Medi-Cal Agreements.
7. Leases and agreements as necessary with tenants or contractors of any buildings owned by the RHA with knowledge of the RHA Commission Chair and/or Vice Chair.

V. Authority

- A. Commission Bylaws
- B. Joint Powers Agreement

VI. References

- A. DHCS Medi-Cal Agreements

CALVIVA HEALTH POLICIES AND PROCEDURES

APPROVAL:

Officer/Committee Chairperson	May 19, 2022
Name:	David S. Hodge, M.D.
Title:	Commission Chair

Policy History		
Date	Policy or Section #	Comment(s)
5/19/2011		New Policy
8/27/2012	Definitions	Annual Review; Updated the definitions
3/3/2015	Procedure	Annual Review; Updated the procedures
5/28/2015	Procedure	The RHA Commission approved the policy subject to additional revisions as included in this document.
7/11/2016	Policy, Definitions, Procedure	Annual Review; minor punctuation edits.
7/5/2017	Policy, Definitions, Procedure	Annual Review; no changes.
7/3/18	Policy, Definitions, Procedure	Annual Review; change to section IV Procedure.
8/2/2019	Procedure	Annual Review; change to section IV Procedure with reference to Kaiser
7/31/2020	Policy, Definitions, Procedure	Annual review; no changes.
7/2/2021	Policy, Definitions, Procedure	Annual review; no changes.
5/19/2022		Changed from a Compliance Policy and Procedure to an Administration Policy and Procedure

 <p>POLICIES AND PROCEDURES</p>	Title: Requirements for RHA Funding of Community Support Programs
	Procedure #: AD-103
	Page: 1 of 5
Department: Administration	Effective Date: 6/1/2017
Region: Fresno, Kings, Madera	Last Review and/or Revision Dates: 5/19/2022
	LOB: Medi-Cal Managed Care

I. Purpose

- A. The Fresno-Kings-Madera Regional Health Authority dba CalViva Health (the “Plan” or “CalViva”) Commission has established a process to review and consider funding for project initiative/program requests in excess of twenty thousand dollars (\$20,000.00) per CalViva fiscal year (July 1 through June 30) in a consistent, organized and fair manner. This policy includes a process and guidelines for provider recruitment/incentives, community based organization grants, enrollment support, youth recreation fund, and education scholarships that will serve the growing Medi-Cal population in the counties of Fresno, Kings and Madera.

II. Policy

- A. CalViva Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, or disability. Review and consideration of funding requests will be performed in compliance with federal and state laws.
- B. A CalViva Health budget item for outside project initiative/program funding requests and for a provider network expansion fund will be included in the annual budget for Commission approval.
- C. All requests for funding must be submitted in writing a minimum of 90 days prior to the anticipated initial funding date.

III. Definitions

- A. **Commission** - the 17-member Commission appointed according to the provisions of the Joint Exercise of Powers Agreement under which the Fresno-Kings-Madera Regional Health Authority “(RHA)” dba CalViva Health is governed.

CALVIVA HEALTH POLICIES AND PROCEDURES

- B. **Fresno-Kings-Madera Regional Health Authority (RHA)** – the multi-county health authority established through a Joint Exercise of Powers Agreement between the counties of Fresno, Kings, and Madera to provide services to eligible Medi-Cal beneficiaries within the jurisdiction of the counties.
- C. **Ad-Hoc Funding Review Committee** – An Ad-Hoc committee appointed by the Commission to review funding requests submitted during the Plan’s next fiscal year. The Ad-Hoc Committee will include a minimum of three (3) Commissioners, the Chief Executive Officer and Chief Financial Officer.

IV. Procedure

A. Application Requirements for Funding Project Initiatives/Programs

- 1. Requesting organizations must submit a completed application for Provider Recruitment Grants, or a formal written request for Community Support Funding and any applicable supporting documentation for review by the designated Ad-Hoc Committee. Provider Recruitment Grants requests must include, but are not limited to the following information:
 - 1.1. Description of the project initiative/program
 - 1.2. Project initiative/program goals and time frames for implementation and key milestones
 - 1.3. Budget for the project initiative/program funding being requested.
 - 1.4. Sponsoring/requesting organization’s most recent financials and the previous year financials (i.e. income statement and balance sheet, for Provider Recruitment Grants only,
 - 1.5. Specific information on how funds provided by the Plan will be used
 - 1.6. Information about any matching funds/grants/other funding the organization has obtained or is pursuing
 - 1.7. Targeted beneficiaries of the funding
 - 1.8. A list of persons who will be responsible for administering the funds and project initiative/program.
- 2. The requesting organization must indemnify CalViva Health for any claims or legal action related to the funded project initiative/program. The indemnification document will be provided the Plan’s legal counsel and executed prior to the initial funding date.
- 3. The Ad-Hoc Funding Review Committee will review and evaluate the funding requests and make a recommendation to the Commission. The review and evaluation will include but not be limited to consideration of the following criteria:
 - 3.1. CalViva Health Mission and Principles
 - 3.2. Provider access impact
 - 3.3. Benefit to Plan members
 - 3.4. Improve Quality of Care

CALVIVA HEALTH POLICIES AND PROCEDURES

- 3.5. Impact on current CalViva Health budgeted funds available
- 3.6. Information from Plan staff research and input
4. Upon completion of the review, the Ad-Hoc Funding Review Committee will prepare a recommendation for the Commission. The recommendation will include at a minimum:
 - 4.1. The recommended total amount to be funded
 - 4.2. The length of time for funding and any incremental time periods for the funding payments
 - 4.3. Any conditions or other qualifications imposed on the funding
5. The Commission will review the funding requests and approve/deny/modify the recommendation and identify any specific conditions or other qualifications that must be met by the requesting organization.
 - 5.1. Subsequent to the Commission decision, the requesting organization will be notified of the decision in writing and, if approved, informed of any specific conditions/requirements and other instructions.
6. Funded project initiatives/programs and organizations must submit paid invoices, if required, and provide periodic (e.g. semi-annual, annual, etc.) reports to the Commission that include use of funds and progress toward stated goals. The frequency of reporting will be determined by the Plan based on the type of project initiative/program funded.
 - 6.1. Failure to submit required invoices and/or quarterly reports may result in the Commission making a decision to cease funding.
 - 6.2. Unsatisfactory periodic reports may also result in the Commission making a decision to cease funding.

B. Additional Requirements for Provider Network Expansion Funding

1. The Plan will work with contracted network participating provider groups (“PPGs”) or other contracted organizations to promote increased provider capacity and access by providing funds for initial costs related to recruitment of new providers to the Plan’s network.
2. Funding available for recruitment of primary care physicians (“PCP”), mid-level and specialist subsidies will be determined on an annual basis as part of the annual budget planning for the Plan’s upcoming fiscal year. The Commission reviews and approves the annual budget.
 - 2.1. Depending on the budget, provider network needs and Plan goals, the subsidies may only be available for PCP recruitment and/or mid-level recruitment and/or specialist recruitment in any given year.
 - 2.2. Subsidies will identify the specific cost elements to be covered and a defined percentage and maximum of the total costs of the recruited individual.

CALVIVA HEALTH POLICIES AND PROCEDURES

3. Interested PPGs/organizations currently contracted in the Plan's provider network must submit an application and any applicable supporting documentation for review by the designated Ad-Hoc Committee.
4. The Ad-Hoc Funding Review Committee will review and evaluate the provider network expansion funding requests and make a recommendation to the Commission. The review and evaluation will include but not be limited to consideration of the following criteria:
 - 4.1. CalViva Health Mission and Principles
 - 4.2. Provider access impact
 - 4.3. Benefit to Plan members
 - 4.4. Quality of Care
 - 4.5. Impact on current CalViva Health budgeted funds available
 - 4.6. Information from Plan staff research and input
 - 4.7. The contracted entity's relationship with the Plan, track record and stability
 - 4.8. Geographic region (need for PCPs, mid-levels, specialists)
 - 4.9. Type of PCP (Family Practice, Internal Medicine, Pediatrics) or specialist
 - 4.10. Practice Setting - organized clinic, small group, etc.
 - 4.11. Number of provider positions subsidies are being requested for
5. Once approved for the subsidy funding, the requesting PPG/organization must meet the following requirements:
 - 5.1. Physicians must have an unrestricted California license and be actively Board Certified in the appropriate medical specialty. Mid-levels must have unrestricted California licensure or certification as applicable.
 - 5.2. Physicians must have an EMR/EHR or be in the process of implementing an EMR/EHR and cooperate with the Plan in providing access to transmission of data to and from the Plan for CalViva Health members.
 - 5.3. Physician must be open to the Plan's Medi-Cal business, with no member limit for a minimum of eighteen months.
 - 5.4. Physician must be new to the Plan and preference is to be new to the Fresno, Kings and Madera counties medical community.
 - 5.5. The contracting or employment entity will have to pay a pro-rated amount back to the Plan if the provider leaves the practice before two full years of participation.
6. Exceptions can be made to selection criteria and/or requirements if clinical needs outweigh either the criteria or requirements.
7. If the contracted PPG/organization is unable to hire the provider within 6 months from the signing of the agreement with the Plan; then the funding opportunity may be withdrawn and an alternate site, entity and physician type may be selected.

CALVIVA HEALTH POLICIES AND PROCEDURES

- 8. The Plan reserves the right to unilaterally withdraw the funding opportunity at any point in the process

V. Authority

- A. RHA Joint Powers of Authority and Bylaws

VI. References

- A. None

APPROVAL:

Officer/Committee

Chair Person

Name:

David S. Hodge, MD

Title:

Commission Chair

Date: May 19, 2022

Date	Department	Comment(s)
6/1/2017	Finance	New Policy
5/19/2022	Administration	This policy replaces in its entirety the previous policy approved by the Commission. Policy was updated to change departments from Finance to Administration. Edits were made to reflect current operational practices for the Community Support Programs.

Item #9

Attachment 9.A-C

- A. BL 22-007 Community Supports
- B. Proposed Grant Recommendations 2022-2023
- C. Ad-hoc Committee Meeting Minutes

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

Sal Quintero
Board of Supervisors

David Luchini, Director
Public Health Department

David Cardona, M.D.
At-large

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

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Rose Mary Rahn
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

DATE: May 19, 2022

TO: Fresno-Kings-Madera Regional Health Authority
Commission

FROM: Jeffrey Nkansah, CEO

RE: CalViva Health Community Support Program

BL #: 22-007

Agenda Item 9

Attachment 9.A

In May 2017, the Fresno-Kings-Madera Regional Health Authority established a process to review and consider funding for Community Support programs/initiatives in excess of twenty thousand dollars (\$20,000) per fiscal year.

Guidelines and review process were established and approved during this time. As a reminder, the Commission has approved funds over the past four years to support our community programs.

The current fund request is intended for Provider Network and Member Support, Education Scholarships and Community Workforce Support, Community Infrastructure and Community Program Support as well as Community Based Organization support.

The Ad-hoc committee reviewed the funding recommendations (attachment 9.C) on March 21, 2022 and voted to bring them to the full commission.

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

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

Community Support**Community Support Grant Recommendations 2022-2023**Fresno County Madera County Kings County **2022-2023 Proposed Funding****Provider Network Support**

1	Funding for PCPs/Extenders/Specialists and Ancillary Access (Capacity Building)	x	x	x	\$825,000
2	Provider Incentive Quality Bonus (Top Performer(s))	x	x	x	\$1,000,000
3	Provider Incentive Quality Bonus (Low Performer(s))	x	x	x	\$300,000
4	Provider Infrastructure, Supplies & Equipment	x	x	x	\$200,000
5	Tzu Chi-See 2 Succeed Vision Program (Mobile Clinic)	x			\$100,000

Member Support

6	Enrollment Support	X	X	X	\$250,000
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Education Scholarships & Community Workforce Support

7	California State University Fresno	x	x	x	\$100,000
8	Community Colleges	x	x	x	\$100,000
9	CNA Training Program	x			\$100,000
10	Community Regional Medical Centers Nursing Scholarships	x			\$50,000

Community Infrastructure Support

11	Food Bank Funding	x	x	x	\$75,000
12	Outdoor Play and Green Space	x	x	x	\$100,000
13	Food to Share Hub	x			\$265,000

Community Program Support

14	Help Me Grow Fresno County	x			\$25,000
15	Embrace (Formerly Fresno Glow Group Prenatal Care)	x	x	x	\$25,000

Community Based Organizations

16	CBO Support (i.e. Big Brothers, Break the Barriers, CASA, ENP, EPU, Habitat, KCAO, Madera Rescue Mission, Marjaree Mason, Poverello, Reading Heart, Fresno C2C)	x	x	x	\$850,000
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Other

17	Recreation Sports	x	x	x	\$75,000
18	Contingency				\$125,000

\$4,565,000



Ad-Hoc Committee Meeting Minutes March 21, 2022

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

Ad-Hoc Committee Members	
	David Hodge, M.D. , Chair, Fresno County At-large Appointee
✓	Joyce Fields-Keene , Commission At-large, Fresno County
✓	Paulo Soares , Commission At-large, Madera County
✓	Brian Smullin , Valley Children’s Hospital Appointee
✓	Jeff Nkansah , Chief Executive Officer (CEO)
✓	Daniel Maychen , Chief Finance Officer (CFO)
✓	Courtney Shapiro , Director, Community Relations and Marketing

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#1 Call to Order Jeff Nkansah	The meeting was called to order at 4:05 pm. A quorum was present.	
#2 Summary of Past Community Support Program Funding Jeff Nkansah	Jeff Nkansah and Courtney Shapiro reviewed the history of the past community support funding.	No motion
#4 Community Support Grant Recommendations Jeff Nkansah	<p>Jeff Nkansah presented a funding matrix with potential grantees listed on it. He provided a background on how staff looked at membership data, health indicators data, as well as current funded partners that provided services of greatest need to our members.</p> <p>The committee reviewed each organization and staff answered questions when needed.</p> <p>After reviewing all organizations, the committee made a motion and second to move this to the full Commission in May.</p>	<i>Motion: Approve Recommendations and bring to full Commission for approval (Soares / Fields-Keene)</i>

Item #10

Attachment 10.A

HEALTH EQUITY PROGRAM DESCRIPTION AND
WORK PLAN EVALUATION

2021 Executive Summary
and Annual Evaluation



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Pao Houa Lee, MBA, Senior Health Equity Specialist

COMMITTEE DATE: May 19, 2022

SUBJECT: Health Equity (formerly Cultural and Linguistic Services (C&L) 2021 Work Plan End of Year Evaluation – Executive Summary Report

Summary:

This report provides information on the Health Equity Department work plan activities, which are based on providing cultural and linguistic services support and maintaining compliance with regulatory and contractual requirements. The Health Equity 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 December 31, 2021, all work plan activities have been completed.

Purpose of Activity:

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

Data/Results (include applicable benchmarks/thresholds):

Below is a high-level summary of the activities completed during 2021. For a complete report and details per activity, please refer to the attached 2021 Health Equity Work Plan End of Year Evaluation Report.

1) Language Assistance Services

- a. Updated / amended contracts with vendors. Amendments included contract extensions, new rates, and Medi-Cal Addendum.
- b. Newsletter informing members on how to access language services completed and disseminated.
- c. 9 Non-Discrimination Noticed (NDNs) and 5 taglines was created and disseminated.
- d. Seventy staff completed their bilingual assessment / re-assessment.
- e. Four quarterly LAP and Health Literacy meetings conducted.
- f. Population Needs Assessment completed in collaboration with HE and QI departments.
- g. Completed annual report of the LAP assessment results for the Timely Access Reporting.
- h. Participated in information technology projects to help vendor record member gender identity, and preferred pronouns and name.

2) *Compliance Monitoring*

- a. C&L reviewed 53 grievance cases with seven/eight interventions identified.
- b. 2020 grievance trending report was completed in Q3.
- c. 2021 Mid-Year Work Plan was approved by committee.
- d. Attended all QI/UM Workgroup and committee, and PPC meetings.
- e. DHCS approved SDOH assessment, URL changed from Aunt Bertha to findhelp.
- f. All C&L Policy & Procedures reviewed and updated in Archer.

3) *Communication, Training and Education*

- a. Completed A&G training on coding and resolution of grievances.
- b. Fifteen call center trainings conducted, and training decks updated.
- c. Providers were updated on cultural practices, LAP services, health literacy, and on-line cultural competency/OMH training was completed.
- d. Language identification poster for provider office was remediated and posted in provider library.
- e. Implemented the 2-part implicit bias training series and 2-part-Motivational Interviewing training reaching over 600 providers.
- f. ACEs Advance training completed and finalized, trainings and promotion to be conducted in 2022.
- g. 135 providers attended 4 Practitioner Resilience Sessions.

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

- a. English material review completed for a total of 89 materials.
- b. Provider Health Literacy toolkit was revised, completed, and rebranded.
- c. Conducted two trainings on C&L database and Plain Language.
- d. Led 10 total ICE C&L team meetings.
- e. Produced two new documents in support of COVID patient care.
- f. Published seven Cultural Humility and ACEs articles for providers.
- g. Co-led internal workgroup meetings with local CBO partners to plan all health disparity and cultural and linguistic components of BCS PIPs.
- h. Supported work plan development, updated, and extended the Scope of Work for community partners.
- i. Led and/or collaborated on BCS PIP intervention components including of agendas, slide deck, talking points, event survey, appointment reminder, CAG meetings, etc.

Analysis/Findings/Outcomes:

All work plan activities in 2021 were completed.

Next Steps:

Obtain approval on the 2021 End of Year Work Plan evaluation report and proceed to implement the 2022 Work Plan upon committee approval.



2021

Cultural and Linguistic Services End of 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.

Table of Contents

Language Assistance Services	5
Compliance Monitoring	9
Communication, Training and Education	9
Core Areas of Specialization:	
Health Literacy	11
Cultural Competency	13
Health Equity	14

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revision
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new

1	Main Area and Sub-Area	Activity	Measurable Objective	Due Dates	Mid-Year Update (1/1/21 - 6/30/21)	Year-End Update (7/1/21 - 12/31/21)
2	Language Assistance Program Activities					
3	Rationale	The LAP and applicable policies and procedures incorporate the fifteen national standards for Culturally and Linguistically Appropriate Services (CLAS) in health care developed by the Office of Minority Health. Standards 5, 6, 7 & 8 provide the basics for language support services for CalViva Health members. ¹				
4	Responsible Staff:	Primary: I. Diaz, D. Carr	Secondary: D. Fang, L. Goodyear-Moya			
5	Audit	Assure C&L audit readiness to support DHCS Language Assistance Program (LAP) audit standards	Coordinate LAP audit requirements to include: collecting requested documentation, submitting documents as requested, participate in on-site interviews as requested	Annual	Supporting documents requested and provided. DMHC Audit postponed to 2022.	Mock audit review of cultural and linguistic requirements completed 12/16/21.
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.	Added an amendments to extend the contract and update the MediCal Addendum for Accommodating Ideas.
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.	Pending end of year analyses to be completed in March 2022.
8	Data	Conduct membership data pulls	Validated membership reports	Monthly	Membership data pulls conducted on ongoing basis.	Monthly reporting completed and reviewed.
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.	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.	Implementation project for 508 remediation closed after phase 2. C&L continues to provide support to business units and monitors the quality of remediation through vendor JOCs.
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.	Reviewed provider Ops manual. 38 providers audited. No grievances filed against provider bilingual staff.
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.	9 NDNs created and 5 Taglines (NOLA/MLI) created by C&L for CalViva.
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.	Completed and mailed in July 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.	43 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.	Pending end of year analyses to be completed in March 2022.

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.	2 quarterly meetings (Q3, July; Q4, October).
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.	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.	Q3 and Q4 meeting facilitated with 74 and 79 participants.

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&L team identified eleven provider facing departments and delivered training to nine, 82% of the departments. Over 300 staff were trained. C&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>	Attend workgroup meetings and contribute to solutions for improving A&A, produce annual or quarterly (as needed) QMRT report and annual TAR reports
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.	No update
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.	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.	Annual tracking of vital documents completed on 5/2021.
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.	Geo Access report completed, reported and accepted at CalViva QI/UM. Report also shared with PPC.
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	Attended A&A workgroup meetings, presented Geo Access findings and action plans. In Q3 and Q4 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 54 translation reviews	Completed a total of 29 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.	Training completed in Q2.
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.	User Story submitted for the collection of gender identity, sexual orientation and sex at birth. Project was placed on hold. Attended and contributed to the AHIP health equity work group for the implementation of SOGI data.

28	Strategic Partners	Monitor strategic partners and specialty plans for LAP services	Request interpreter service complaint/exempt grievance logs from call center and conduct trend analysis. Provide complaint information to impacted area for resolution i.e. vendor internal process	Ongoing	End of Year reports received from 5 specialty plans. Eye Med was termed 1/1/21. No grievances received in Q1-Q2.	Monitoring of specialty plans changed to annual reporting beginning 2021.
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.	Tracking completed in Q2.
30	Compliance Monitoring					
31	Rationale	Compliance monitoring conducted to ensure CalViva Health members receive consistent, high quality C&L services. The following processes are in place to ensure ongoing CalViva Health oversight of the C&L programs and services delegated to HNCS and the internal monitoring conducted by HNCS.				
32	Responsible Staff:	Primary: D. Fang, B. Ferris	Secondary: D. Carr, L. Goodyear-Moya, I. Diaz, A. Kelechian			

33	Complaints and Grievances	Oversight of complaints and grievances related to LAP or C&L services, including monitoring and responding to all C&L related grievances. Collect grievance and call center reports. Maintain contact with the call center to ensure C&L complaints are monitored. Grievance reports include grievances coded to C&L codes (including discrimination due to language or culture). Maintain grievance response log and list of materials, develop and document interventions when indicated	Report on grievance cases and interventions	Ongoing	On track. Interpreter Services CCC logs are received and monitored on a monthly basis. No interpreter complaints in Q1 and Q2. A total of 37 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.	No interpreter complaints in Q3 & Q4. A total of sixteen (16) grievance cases were received and reviewed by C&L. Of these cases, three (3) were coded as culture perceived discrimination, three (3) were coded as culture non-discriminatory, two (2) were coded to linguistic perceived discrimination, none were coded to linguistic non-discriminatory, and eight (8) to other codes. Based on evidence, C&L identified three (3) 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.	COVID-19 impacted obtaining data for report development. The 2020 and 2021 grievance trending reports on track to be completed in Q1 2022.
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.	Desktop procedure reviewed and revised as needed.

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	Complete annual PNA report in collaboration with Health Education. Support PNA data collection and report writing as well as action plan update	2021 Mid Year work plan approved at committee. GeoAccess approved at committee. LAP mid-year report approved at committee meeting.
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.	Attended QI/UM workgroup and committee meetings.
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.	Attended PPC meetings. Secured interpreters for members as needed.
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.	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.	SDOH assessment approved by DHCS. Roll out pending name and URL changes from Aunt Bertha to findhelp.
41	Communication, Training and Education					

42	Rationale	To provide information to providers and staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP program, C&L resources, and member diversity.				
43	Responsible Staff:	Primary: B. Ferris, I. Diaz	Secondary: L. Goodyear-Moya, D. Carr, D. Fang			
44	Training and Support	Provide support and training to A&G on coding and resolution of grievances; re-align coding per 1557 non-discrimination reporting	Revised/updated Quick Reference Guide (QRG) for A&G staff regarding grievance responses, coding and process on sending to C&L, etc.	Ongoing	On track. Trainings with A&G to be scheduled for Q4.	Trainings with A&G completed in 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.	Conducted 11 call center new hire trainings for 293 number of new hires.
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.	The C&L SharePoint site is managed on an ongoing basis. Updated the site to include the most current 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.	Provider update on cultural practices and health literacy completed 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.	Completed in Q3 & Q4.

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. 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>	<p>The behavioral health materials is finalized and is being branded for CVH.</p> <p>ACEs Advance training is finalized. Trainings will be promoted and conducted in 2022.</p> <p>Held four (4) Practitioner Resilience Sessions – Strategies for an Energized and Effective Healthcare Workforce reaching 135 providers.</p> <p>3 ACEs provider communication developed and distributed. Developed and distributed 3 provider emails promoting training, resources and information.</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.	One Implicit Biases and the Patient/Provider Relationship was completed in Q3 to 320 providers
51	Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity					
52	Health Literacy					
53	Rationale	To ensure that the information received by members is culturally and linguistically appropriate and readability levels are assessed to ensure they comply with required readability levels mandated by regulatory agencies.				
54	Responsible Staff:	Primary: A. Kelechian	Secondary: D. Carr, B. Ferris, D. Magee			
55	English Material Review	Conduct English Material Review (EMR) per end-end document production guidelines (review of content and layout of materials for C&L appropriateness and low literacy)	Completion of all EMRs as tracked through the C&L database	Ongoing	Completed a total of 59 EMRs.	Completed 30 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.	The Provider health literacy toolkit was completed and rebranded in Q3.
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.	Produced and distributed 2 quarterly newsletters.

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58	Training	Conduct activities and promotion of national health literacy month (NHLM)	Production and tracking of action plan for NHLM and summary of activities	Q4	On track for Q4.	Completed all activities as planned in promotion Health Literacy Month in October.
59	Cultural Competency					
60	Rationale	To integrate culturally competent best practices through provider and staff in-services, training, education, and consultation. Training program offers topic specific education and consultation as needed by staff, contracted providers and external collaborations.				
61	Responsible Staff:	Primary: D. Carr, L. Goodyear-Moya	Secondary: M. Vue, D. Fang, B. Ferris			
62	Collaboration-External	Representation and collaboration on Industry Collaboration Efforts (ICE) for Health external workgroup.	Minutes of meetings that reflect consultation and shared learning	Ongoing	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.	Led 4 ICE C&L team meetings. Name change to Health Industry Collaboration Effort (HICE). Expanded HICE C&L to include health equity work.
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.	Conducted provider cultural competency training. 143 total participants. IT system glitch prevented identifying area of providers attending. Issue fixed.

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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.	Conducted provider training on Culture and Person's with Disabilities, total 67 participants.
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.	The Cultural Competency training was assigned in Q3 after CLAS/Heritage Month completion. Training was assigned through Centene University to 3,810 staff.
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.	Culture and Diabetes article completed 12/1/21.
67	Health Equity					
68	Rationale	To support the health of CalViva Health members and promote the reduction of health disparities across our membership. In order to accomplish this, staff collaborates across departments and with external partners in order to analyze, design, implement and evaluate healthy disparity interventions.				
69	Responsible Staff:	Primary: D. Fang, H. Theba	Secondary: L. Goodyear-Moya, Melen Vue			
70	Operational	Increase interdepartmental alignment on disparity reduction efforts. Facilitate quarterly meetings	Facilitation of health disparity collaborative meetings	Quarterly	Quarterly Health Equity collaboration meetings held with wide representation from various depts.	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.	Developed and distributed Q3 and Q4 Equity in Action newsletter. C&L will be combining their newsletters into one. A request was submitted to generate a template for C&L's newsletter. Two mock ups are under review by the team.
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	<p>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.</p> <p>Data- SMART Aim has been finalized. Educational event presentation, outreach materials and scheduling tools have been finalized</p>	Education event was held on 9/24. 15 women attended the education event and 1 was scheduled for BCS. Revised education event for 2022.
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	<p>Attended Bi-weekly Internal and CalViva BCS Disparity PIP meetings.</p> <p>Provided Cultural Competency, Interpreter Services, Bilingual Assessment, Transportation, Health Education Resources, & Quality Improvement Overview trainings for The Fresno Center new AmeriCorps cohort.</p> <p>Developed a charter for the Community Advisory Group for implementation in Q2.</p>	2 Community Advisory Group were held in Q3 and Q4.

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.	Quarterly Health Equity collaboration meetings held with representation from various depts. Provided health disparity strategies and data for Cal Aim.
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¹ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care:

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

^ **Indicates revision.**

* **Indicates new.**

Item #10

Attachment 10.B

HEALTH EQUITY PROGRAM DESCRIPTION AND
WORK PLAN EVALUATION

2022 Change Summary
and Program Description



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Pao Houa Lee, MBA, Senior Health Equity Specialist

COMMITTEE DATE: May 19, 2022

SUBJECT: Health Equity Program Description 2022 CalViva Health – Change Summary

Program Description Change Summary:

Redline Page #	Section/Paragraph Name	Description of Change	New Page #
Page 1	Program Description	Department name changed from Cultural and Linguistic Services to Health Equity, reference in various areas.	Page 1
Page 8	Interpreter Services	Updated patient care delivery to include additional interpretation services due to COVID-19 changes.	Page 8
Page 20	Appendix 1 – Staff Resources and Accountability – 2. CalViva Health Staff Roles and Responsibilities	Removed Chief Operating Officer position.	
Page 20	Appendix 1 – Staff Resources and Accountability – 3. HNCS Health Equity Department Staff Roles and Responsibilities	Included Program Manager II as an additional staff. Modified Health Equity staff totals from seven to six Health Equity Specialists, remove one Diversity and Disability Program Specialist, and modify from two supplemental staff to one.	Page 20

2022~~4~~
~~Cultural and Linguistic Services~~ Health
Equity
Program Description



Table of Contents

		<u>Page</u>
Section 1.0	Executive Summary	3
Section 2.0	Staff Resources and Accountability	4
Section 3.0	Program Mission, Goals and Objectives	4
Section 4.0	C&L Services <u>Health Equity</u> Work Plan	6
Section 5.0	Scope of Programs and Services	7
5.1	Language Assistance Program	7
5.2	Cultural Competency	10
5.3	Health Literacy	12
5.4	Health Equity	13
5.5	Public Policy Committee	14
Section 6.0	Oversight and Monitoring	15
6.1	CalViva Health Monitoring and Evaluation	15
6.2	HNCS C&L Services <u>Health Equity</u> Department Internal Monitoring and Evaluation	16
Section 7.0	Summary	18
Appendix 4-1 <u>1</u>	Staff Resources and Accountability	19

1.0 EXECUTIVE SUMMARY

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

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

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

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

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

2.0 Staff Resources and Accountability

2.1 Staff Roles and Responsibilities

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

3.0 MISSION, GOALS AND OBJECTIVES

3.1 Mission

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

3.2 Goals

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

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

3.3 Objectives

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

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

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- Collect and analyze [health equity and](#) C&L information and requirements as identified by DMHC and DHCS and other regulatory or oversight entities.
 - Adhere and implement HHS guidelines for Section 1557 of the ACA for C&L services and requirement for non-discrimination based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability.
 - Collect, analyze and report membership language, race and ethnicity data.
 - Inform members of interpreter services via the member newsletter, the Member Handbook/Evidence of Coverage (EOC), and other communication sources at least once annually.
 - Maintain information links with the community through Public Policy Committee (PPC) meetings, Population Needs Assessment (PNA) and other methods.
 - Inform contracted providers annually of the [health equity and](#) C&L services available via Provider Updates, online newsletter articles, the Provider Operations Manual, in-services, trainings, conferences, and other communication sources.
 - Monitor the use of taglines and Non Discrimination notices in all required communications.
- B. To ensure staff and providers have C&L resources available to provide culturally competent services to CalViva Health members.
- Provide C&L information and support for HNCS and CalViva Health staff in their efforts to provide excellent customer relations and services.
 - Collaborate with other departments, where appropriate, to further the mutual attainment of culturally and linguistically appropriate healthcare services received by members.
 - Support efforts of contracted providers to deliver culturally and linguistically appropriate health care services by providing informative materials, cultural competency workshops, and in-services.
 - Promote effective communication by staff and contracted providers with LEP members by providing them with easy access to culturally and linguistically appropriate materials, quality translations of member-informing materials, high quality interpreter services, and culturally responsive staff and health care providers.
 - Address health equity through development and implementation of an organizational and member level strategic plan to improve health disparities.
 - Sustain efforts to address health literacy in support of CalViva Health members.
 - Provide oversight for the assessment of bilingual capabilities of bilingual staff and provide ongoing education and support.

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

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

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

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

4.0 C&L HEALTH EQUITY SERVICES WORK PLAN

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

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

The work plan is divided into the following areas:

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

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

5.0 SCOPE OF PROGRAMS AND SERVICES

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

5.1 Language Assistance Program

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

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

The LAP main elements include:

- **Demographic Data Collection for Members**

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

▪ **Interpreter Services**

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

Providers and members may request an interpreter 24 hours a day, 7 days a week at no cost. Interpretation services may be delivered either telephonically, face-to-face, video remote interpreting, closed caption services or sign language (SL) depending on the nature of the appointment and need. [In support of COVID 19 changes in patient care delivery, Health Net the Plan provides direct access to telephone interpreters for pre-scheduled interpreter requests and video remote interpreting services are available on the same day of the appointment.](#) Interpreter services also include oral translation services of print documents upon request from a member, which may be provided by either a bilingual staff or contracted interpreter vendor. Quality standards for contracted interpreter services are incorporated into the vendor scope of work agreements and include demonstrating that the interpreter is versed in health care and medical terminology as demonstrated by a validated test instrument, familiarity with interpreter ethics, and verification process for basic interpreter skills such as sign translation, listening and memory skills, commitment, confidentiality and punctuality. Interpreter quality standards are fully compliant with the new interpreter quality definitions from the federal requirements in Section 1557 of the ACA and with CA SB223, Language Assistance Services.

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

- **Translation Services**

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

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

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

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

- **Staff Training on LAP**

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

- **Monitoring for LAP Quality**

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

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

▪ **Communication for LAP**

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

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

5.2 Cultural Competency

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

▪ **Cultural Competency Training for staff**

~~2022~~ ~~Cultural and Linguistic Services~~Health Equity Program Description - CalViva Health
~~May~~April 19~~5~~+6, 2022~~4~~

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

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

▪ **Cultural and Linguistic Consulting Services**

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

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

▪ **Cultural Competency Education for Providers**

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

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

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

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

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

▪ **Collaborations**

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

5.3 Health Literacy

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

- **Plain Language 101 Training**

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

- **Readability Software and Training**

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

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

- **Clear and Simple Guide**

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

- **English Materials Review (EMRs)**

~~2022~~ [Cultural and Linguistic Services Health Equity](#) Program Description - CalViva Health
~~May~~ ~~April~~ ~~195~~ ~~16~~, 202~~2~~

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

- **National Health Literacy Month**

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

5.4 Health Equity

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

- **Health Equity Interventions**

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

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

~~2022~~ ~~Cultural and Linguistic Services~~Health Equity Program Description - CalViva Health
~~May~~April 195+6, 2022

identification, engagement and outcomes in Case Management and Disease Management

- Evaluation and improvement of health disparity efforts.

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

- **Collaborations**

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

5.5 Public Policy Committee

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

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

6.0 OVERSIGHT AND MONITORING

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

6.1 CalViva Health Monitoring and Evaluation

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

- **Member and Provider Communications Review**

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

- **Reports**

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

- **Audits**

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

6.2 HNCS ~~C&L Services~~[Health Equity](#) Department Internal Monitoring and Evaluation

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

- **Language Assistance Program Utilization Report**

~~2022-4~~ [Cultural and Linguistic Services Health Equity](#) Program Description - CalViva Health
~~May~~[April](#) ~~195~~[16](#), 2022-4

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

▪ **Population Needs Assessment**

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

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

▪ **C&L Geo Access Report**

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

*2022-24 Cultural and Linguistic ServicesHealth Equity Program Description - CalViva Health
May/April 195+6, 2022-4*

comment. Upon review of the findings and follow up by provider network management, a status report will be developed and presented to document network findings.

- **Data Collection**

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

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

7.0 SUMMARY

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

STAFF RESOURCES AND ACCOUNTABILITY

1. CalViva Health Committees

A. Governing Body/RHA Commission

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

B. QI/UM Committee

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

C. Public Policy Committee

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

2. CalViva Health Staff Roles and Responsibilities

A. Chief Medical Officer

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

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

~~B. Chief Operating Officer~~

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

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~~G.B. Chief Compliance Officer~~

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

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

The ~~C&L Services~~ Health Equity Department is unique in its cross-functional support structure. The Department's function is to fulfill all cultural and linguistic contractual and regulatory requirements and serve as a resource and support for all health equity and C&L services. The ~~C&L Services~~ Health Equity Department is staffed by the Director of Program Accreditation, a Manager of ~~Cultural and Linguistic Services~~ Health Equity Department, a Program Manager II, seven-6 C&L Health Equity Specialists, one Diversity and Disability Program Specialist, two-one supplemental staff, and one Project Coordinator II.

A. HNCS Leadership Team

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

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

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

David Hodge, MD

Regional Health Authority Commission Chairperson

Date

Patrick Marabella, MD, Chief Medical Officer

Chair, CalViva Health QI/UM Committee

Date

Item #10

Attachment 10.c

HEALTH EQUITY PROGRAM DESCRIPTION AND
WORK PLAN EVALUATION

2022 Executive Summary
and Work Plan Summary



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Pao Houa Lee, MBA, Senior Health Equity Specialist

COMMITTEE DATE: May 19, 2022

SUBJECT: Health Equity Work Plan 2022 – CalViva Health Summary Report

Purpose of Activity:

Present CalViva Health's Cultural and Linguistic Services Work Plan for 2022, to obtain the committee's approval, and evaluate the progress against services to meet the end of the year goals.

Summary:

The Health Equity Work Plan 2022 supports and maintains excellence in Health Equity and C&L Services through the following strategies: provide oversight of Language Assistance Program (LAP), integration and expansion of targeted health disparity efforts, health literacy and plain language standards, supporting CalViva Health in being a culturally competent Health Plan, expanding on consulting services, and maintaining compliance with regulatory and contractual requirements.

The 2022 Work Plan is consistent with the 2021 Work Plan while incorporating and enhancing the following activities:

1. Staff responsibility changed and updated. (Rows #4, 32, 43, 53, 60 & 67)
2. Rebrand the Health Literacy Program and explore new system/platform to host EMR data. (Row #55)
3. Support with Childhood Immunizations Improvement Project. (Row #72)
4. Collaborate with partners to support PDSA. (Row #73)

Next Steps:

Once approved, implement and adhere to the Health Equity Work Plan 2022, and report to the QI/UM Committee.



2022 Cultural and Linguistic Services Work Plan

Submitted by:

Patrick Marabella, MD, Chief Medical Officer

Amy Schneider, RN, BSN, Director Medical Management

Mission:

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

Goals:

CalViva Health's Health Equity 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 Health Equity 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 Health Equity 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.

Table of Contents

Language Assistance Services	5
Compliance Monitoring	8
Communication, Training and Education	9
Core Areas of Specialization:	
Health Literacy	10
Cultural Competency	11
Health Equity	12

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1	Main Area and Sub-Area	Activity	Measurable Objective	Due Dates	Mid-Year Update (1/1/22 - 6/30/22)	Year-End Update (7/1/22 - 12/31/22)
2	Language Assistance Program Activities					
3	Rationale	The LAP and applicable policies and procedures incorporate the fifteen national standards for Culturally and Linguistically Appropriate Services (CLAS) in health care developed by the Office of Minority Health. Standards 5, 6, 7 & 8 provide the basics for language support services for CalViva Health members. ¹				
4	Responsible Staff:	Primary: P. Lee, I. Diaz	Secondary: D. Fang, L. Goodyear-Moya			
5	Audit	Assure C&L audit readiness to support DHCS Language Assistance Program (LAP) audit standards	Coordinate LAP audit requirements to include: collecting requested documentation, submitting documents as requested, participate in on-site interviews as requested	Annual		
6	Contracted Vendors	Conduct language assistance vendor management oversight	Review and update vendor contracts to ensure alignment with requirements	Ongoing		
7	Interpreter	Monthly collection of language utilization data for CalViva	Updated LAP utilization report to contain: monthly summary of bilingual phone calls answered by call center, in-person and telephonic interpreter utilization log	Semi-annual		
8	Data	Conduct membership data pulls	Validated membership reports	Monthly		
9	Operational	Create language and alternate format standing request report	Number of reports generated and posted	Monthly		
10	Compliance	Coordinate and support operationalizing 508 remediation plan inclusive of providing SME consultation to workgroups and identification of process risks	Number of PDFs remediated/total PDFs	Ongoing		
11	Compliance	Monitor provider bilingual staff; ensure systems are capturing provider and office language capabilities	Annual provider communication and monitoring grievances, review of provider Ops manual	Ongoing		
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 Health Equity SharePoint	June and December		

13	Member Communication	Annual mailing to members advising how to access language assistance services	Write or revise annual language assistance article distributed to CalViva members	Annual		
14	Operational	Ensure bilingual staff maintain bilingual certification; generate reporting and support to departments to identify staff who need bilingual certification updated	Number of staff certified annually	Annual		
15	Operational	Complete LAP Trend Analysis, including year over year LAP trend analysis	Report to summarize utilization of LAP services, number of bilingual staff and provide year over year trends for the utilization of LAP services	Q2		
16	Operational	Oversight of interpreter and translation operations. Review of metrics for interpreter/translation coordination	Conduct oversight meetings to review metrics for timeliness. Hold quarterly meetings with Centralized Unit and escalate when metrics are not being met	Quarterly		
17	Operational	Review interpreter service complaints (exempt grievance) reports and conduct trend analysis. Provide complaint information to impacted area for resolution, e.g., vendor, internal process	Monitor interpreter service vendors through service complaints	Annual (trend)		
18	Operational	Coordinate and deliver Health Equity Department Quarterly meetings to review requirements and department procedures for language and health literacy services	Minutes of meetings	Quarterly		
19	Operational	Complete 2021 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		
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 filing	June		
21	Operational	Develop, update and maintain translation, alternate formats, interpreter services and bilingual assessment policies and procedures (P&Ps)	Annual update of P&Ps and off cycle revisions as needed and submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health C&L P&Ps	Annual		

22	Operational	Collect and review LAP P&Ps from other departments to assure compliance with use of tagline, NDN, translation process and interpreter coordination	P&Ps will be reviewed and placed in Health Equity LAP compliance folder	Annual		
23	Operational	Complete C&L Geo Access report documenting Provider Network Management (PNM) findings every two years	Data collection and data analysis for C&L GeoAccess report, production of C&L Geo Access report.	Q3 2023		
24	Operational	Complete annual Timely Access Reporting on the Language Assistance Program Assessment	LAP Assessment Timely Access Report	Annually		
25	Operational	Coordinate and provide oversight to translation review process	Number of translation reviews completed	Ongoing		
26	Training	Review, update and/or assign LAP online Training	Number of staff who are assigned training and percentage of completion	Annual		
27	Information Technology	Participate in information technology projects related to language assistance services to ensure C&L requirements are represented through various projects	Successful implementation of information technology projects	Ongoing		
28	Strategic Partners	Monitor strategic partners and specialty plans for LAP services	Request information from specialty plans and strategic partners (e.g., MHN, VSP, etc.) semi-annually. Update report template to indicate delegation status of LAP, use of NOLA, any comments forwarded from delegation oversight and review of P&Ps	Ongoing		
29	Translation and Alternate Format Management	Develop and maintain Translation and Alternate Format Tracking (TAFT) database with comprehensive list of member informing materials available and department responsible. Database will help support prompt identification of document and department responsible. Ongoing updating with bi-annual requests to all departments to review/update their list. Oversee implementation, management and updating of TAFT database	List of available materials	Ongoing		

30	Compliance Monitoring					
31	Rationale	Compliance monitoring conducted to ensure CalViva Health members receive consistent, high quality C&L services. The following processes are in place to ensure ongoing CalViva Health oversight of the C&L programs and services delegated to HNCS and the internal monitoring conducted by HNCS.				
32	Responsible Staff:	Primary: P. Lee, B. Ferris	Secondary: L. Goodyear-Moya, I. Diaz, A. Kelechian			
33	Complaints and Grievances	Oversight of complaints and grievances related to LAP or C&L services, including monitoring and responding to all C&L related grievances. Collect grievance and call center reports. Maintain contact with the call center to ensure C&L complaints are monitored. Grievance reports include grievances coded to C&L codes (including discrimination due to language or culture). Maintain grievance response log and list of materials, develop and document interventions when indicated	Report on grievance cases and interventions	Ongoing		
34	Complaints and Grievances	Conduct a trend analysis of C&L grievances and complaints by providers	Production of trend analysis report	August		
35	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December		
36	Oversight	Complete all CalViva required Health Equity/C&L reports	Develop Health Equity CalViva work plan, write/revise and submit Health Equity CalViva Program Description. Prepare and submit work plan, LAP mid year and end of year reports	Ongoing		
37	Oversight	Participate in all CalViva required work groups and committees	Participate in the ACCESS workgroup, QI/UM workgroup, QI/UM committee, monthly operations management meetings. Provide support for Regional Health Authority meetings as needed or requested.	Ongoing		
38	Oversight	Support Public Policy Committee meetings for Fresno, Kings and Madera Counties	Assist at Public Policy Committee meetings as required.	Quarterly		
39	Oversight	Develop, update and/or maintain all Health Equity related P&Ps.	Updated P&Ps submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health C&L P&Ps.	Annually		

40	Regulatory	Implementation and scaling of findhelp platform and coordination of social service referrals for members.	Provide training on findhelp to internal departments and pilot Social Needs Assessment and Close Loop Referral programs with internal departments.	Ongoing		
41	Communication, Training and Education					
42	Rationale	To provide information to providers and staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP program, C&L resources, and member diversity.				
43	Responsible Staff:	Primary: P. Lee, B. Ferris, I. Diaz	Secondary: L. Goodyear-Moya, 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 Health Equity, etc.	Ongoing		
45	Staff Training	Provide Health Equity in-services for other departments as requested (e.g., Call Center, Provider Relations).	Curriculum/power point, name of department and total number of participants who attended the in-service	Ongoing		
46	Staff Communication	Maintenance and promotion of Health Equity SharePoint site	Timely posting of important information on Health Equity SharePoint e.g., vendor attestation forms, threshold languages list, etc.	Ongoing		
47	Provider Communication	Prepare and submit articles for publication to providers. Potential topics: LAP services, culture and health care, and promotion of on-line cultural competence/OMH training	Copies of articles and publication dates	Ongoing		
48	Provider Communication and Training	Promote C&L flyer and provider material request form about Health Equity department consultation and resources available, inclusive of LAP program and interpreter services	Provider material request forms received by Health Equity Department	Ongoing		
49	Provider Training	Implementation of four part provider implicit bias training series	Number of attendees/participants	Q3		
50	Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity					
51	Health Literacy					

52	Rationale	To ensure that the information received by members is culturally and linguistically appropriate and readability levels are assessed to ensure they comply with required readability levels mandated by regulatory agencies.				
53	Responsible Staff:	Primary: A. Kelechian	Secondary: D. Carr, B. Ferris, D. Magee			
54	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		
55	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 Explore new system platform to host EMR data	Ongoing		
56	Training	Quarterly training for staff on how to use the C&L database and write in plain language	Quarterly training	Quarterly		
57	Training	Conduct activities and promotion of national health literacy month (NHLM)	Production and tracking of action plan for NHLM and summary of activities	October		
58	Cultural Competency					
59	Rationale	To integrate culturally competent best practices through provider and staff in-services, training, education, and consultation. Training program offers topic specific education and consultation as needed by staff, contracted providers and external collaborations.				
60	Responsible Staff:	Primary: P. Lee, L. Goodyear-Moya	Secondary: D. Fang, B. Ferris			
61	Collaboration-External	Representation and collaboration on Health Industry Collaboration Efforts (HICE) for Health external workgroup	Minutes of meetings that reflect consultation and shared learning	Ongoing		

62	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		
63	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		
64	Online Training	Review online content for cultural competency training and update as needed annually	Annual online training and number of staff trained	Annual		
65	Health Equity					
66	Rationale	To support the health of CalViva Health members and promote the reduction of health disparities across our membership. In order to accomplish this, staff collaborates across departments and with external partners in order to analyze, design, implement and evaluate healthy disparity interventions.				
67	Responsible Staff:	Primary: P. Lee, D. Fang,	Secondary: L. Goodyear-Moya,			
68	Operational	Increase interdepartmental alignment on disparity reduction efforts. Facilitate quarterly meetings	Facilitation of health disparity collaborative meetings	Quarterly		
69	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		

70	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		
71	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		
72	Operational	Support Childhood Immunizations Improvement Project.	Disparity reduction project work plan; evaluation, documentation of process outcomes	Ongoing		
	Operational	Support in PDSA	Disparity reduction project work plan; evaluation, documentation of process outcomes	Ongoing		
75	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		

*

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

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

^ Indicates revision.

* Indicates new.

Item #11

Attachment 11.A

HEALTH EDUCATION PROGRAM DESCRIPTION
AND WORK PLAN EVALUATION

Executive Summary



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Rosa I. Calva-Songco, MPH, CPHQ, Manager, Health Education Department
Amy M. Wittig, MBA, Director, Quality Improvement, Quality Management
Justina B. Felix, BS, Health Educator, Health Education Department

COMMITTEE DATE: May 19, 2022

SUBJECT: Health Education Work Plan End of Year Evaluation & Executive Summary 2021

Summary

The 2021 Health Education Work Plan End of 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 met the year-end goal.
- The remaining 5 initiatives with 11 objectives did not meet the year-end goal.
- Of the 11 objectives, two were cancelled, two were impacted by DHCS delays in providing contract approval, and 7 did not meet performance goals.

Purpose of Activity:

To provide for QI/UM Committee review and approval of the 2021 Health Education Work Plan End of 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 year-end 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 Year-End Outcomes	2021 Year-End Status
1. Chronic Disease Education: Asthma	Enroll 40 members into the Central California Asthma Collaborative in-home visitation program.	Enrolled 127 members.	Exceeded
2. Chronic Disease Education: Diabetes	Enroll 10 members per month after DHCS approval of DPP.	Received DHCS approval in November 2021. Enrollment status to be reported on 2022 mid-year report.	Partially Met
	50% of DPP participants will complete weekly lessons.	Program was not launched. Data to be reported in 2022.	Not Launched
3. Chronic Disease: Hypertension	Enroll 50 members per quarter after DHCS approval of mailing.	Reached 1,212 members in Q4.	Met
4. Community Engagement	Reach a 65% member participation rate in education charlas.	Conducted 87 Charlas with 67% member reach rate (998/1490).	Met
	Establish at least 1 partnership with a community partner to address social determinants of health.	Successfully established 2 partnerships with MCDPH and Alzheimer’s Association.	Met
5. Fluvention and COVID-19	Implement the Fluvention campaign to educate members on flu vaccination using 2 or more communication channels.	Inclusion of preventative Flu practices and promotion of Flu vaccinations in CalViva “Whole You” Annual Member Newsletter and Preventative Screening Guidelines.	Met
	Develop and distribute a Provider Update related to flu vaccination.	Created and implemented a Provider Update on influenza-like-illness activity for the 2021 flu season and best practices for approaching Flu vaccine hesitancies during the COVID-19 pandemic. Sent on December 29, 2021.	Met
	Inform members on COVID-19 prevention, testing, and vaccination using 2 or more communication channels.	CalViva Health COVID-19 CBO Toolkit developed and shared with Community Engagement team for further dissemination to local partners and local health jurisdiction. Developed and Implemented COVID-19 Community Based Member Outreach Strategy to drive CalViva members to local vaccination events.	Met
6. Healthy Equity Projects	Develop and implement 1 educational intervention to improve breast cancer screening rate targeting Hmong members in Fresno County.	Collaborated with Quality Improvement, Health Equity, The Fresno Center, and WISH Imaging Center and implemented an educational session for Hmong-speaking BCS non-compliant members on September 24, 2021, at The Fresno Center.	Met
7. Member Newsletter	Develop and distribute 1 CVH member newsletter.	Completed and mailed to 928,000 members.	Met
8. Mental/Behavioral Health	Increase myStrength member enrollment by 10% to 89 members.	Enrolled 59 members.	Partially Met
	Produce 6 provider communications informing them of ACEs, trauma-informed care, toxic stress, and training opportunities.	Distributed 14 unique provider communications.	Met
	Increase ACEs screening to CVH members by 3% from 10,229 to 10,536.	Submitted 16,143 screening claims.	Met
9. Obesity Prevention	Enroll 500+ members in FFFL Home Edition Program (75% flagged as high-risk) and 90% satisfaction from both program surveys.	Enrolled 776 members (100% flagged as high risk) and 93.4% satisfaction from direct incentive survey.	Met
	Enroll 350+ members in HHP Program.	Enrolled 561 members.	Met

Initiative	2021 Year-End Goal	2021 Year-End Outcomes	2021 Year-End Status
10. Pediatric Education	Promote 2 educational well-child resources for inter-departmental utilization.	Promoted 2 educational well-child resources for inter-departmental utilization. Promoted Well-Child flyer with Quality Improvement, Community Engagement, Member Connections, and Clinical Program Managers. Promoted CIS-10 curriculum training with Quality Improvement and staff of Family Healthcare Network (FHCN).	Met
	Explore at least one best practice to improve childhood immunization.	Partnered with Family HealthCare Network for the clinic to implement an educational text messaging campaign inviting members to call the clinic to schedule their child's routine childhood shots. Campaign was delivered on September 14, 2021 with a follow-up message on September 21, 2021.	Met
11. Perinatal Education	Distribute 1,000+ pregnancy information packets to requesting CVH pregnant members.	Distributed a total of 1,715 CVH Pregnant Program packets and 678 Newborn packets to members.	Met
12. Promotores Health Network (PHN)	Reach a 65% member participation in education charlas.	Conducted 87 Charlas with 67% member reach rate (998/1490).	Met
13. Tobacco Cessation Program	Increase CVH member participation in smoking cessation programs by 5% to 140.	Enrolled 172 CVH members.	Met
	Enroll 10 members per month into the California Smokers' Helpline (new helpline name Kick It California) pilot project after DHCS approval of the program.	Program proposal not completed. Still in development.	Partially Met
14. Women's Health	Coordinate with Every Women Counts a minimum of 3 BCS/CCS virtual classes. Reach 50 members.	Conducted 16 virtual BCS/CCS classes, reaching a total of 1,388 participants.	Met
	Engage 20% or more of targeted members for a CCS email/IVR campaign.	Campaign was cancelled because services ended with vendor.	Cancelled
15. Compliance: Oversight and Reporting	Complete and submit Program Description, Work Plan, and Work Plan evaluation reports.	Completed and submitted Program Description, work plan, and work plan evaluation.	Met
	Update Policies and Procedures.	Updated 6 Policies and Procedures.	Met
	Complete semi-annual progress reports and annual DHCS incentive evaluation reports.	Completed semi-annual progress reports and 12 annual DHCS incentive evaluation reports.	Met
	Produce 1 Provider Update.	Produced 1 Provider Update.	Met
	Participate in 4 PPC meetings where health education reports are presented.	Provided reports to be presented at 4 PPC meetings.	Met
	Develop and share Population Needs Assessment (PNA) report with action plan using the latest data.	PNA was completed and approved by DHCS.	Met
16. Health Education Department Promotion, Materials Update, Development, Utilization, and Inventory	Develop needed materials and resources to assure compliance.	Rebranded, updated/adopted 9 member health education materials. Updated the Provider Order Form for health education materials.	Met
17. Health Education Operations: Geographic	Develop geomaps for 5+ projects/outreach activities.	Completed geomaps for 1 project.	Partially Met

Initiative	2021 Year-End Goal	2021 Year-End Outcomes	2021 Year-End Status
Information Systems (GIS)	Explore feasibility of interactive GIS platform using secure intranet web browser.	Activity discontinued. Similar tool created within the company.	Cancelled

2021 Barrier Analysis and Actions to be Taken in 2022

Barriers	Actions to be taken in 2022
Chronic Disease Education: Diabetes <ul style="list-style-type: none"> Delayed implementation of Diabetes Prevention Program. 	<ul style="list-style-type: none"> Received DHCS approval November 2021. Enrollment status will be reported at mid-year 2022.
Mental/Behavioral Health: <ul style="list-style-type: none"> Fewer members enrolled into myStrength®. 	<ul style="list-style-type: none"> Submit myStrength® flyer to DHCS and promote to members once approved.
Tobacco Cessation Program: <ul style="list-style-type: none"> Delayed implementation of the Kick It California pilot project. 	<ul style="list-style-type: none"> Program implementation upon DHCS approval expected Q2 2022.
Women's Health: <ul style="list-style-type: none"> Cancelled CCS email/IVR campaign as result of ending services with the vendor. 	<ul style="list-style-type: none"> Explore other options to carry out a cervical cancer screening campaign.
GIS: <ul style="list-style-type: none"> Fewer mapping requests for projects due to limited work in the field. A secure intranet GIS platform was no longer needed. 	<ul style="list-style-type: none"> Several mapping resources have been built into existing HEDIS dashboards by the QIRA team, making spatial analysis more attainable to associates. An interactive GIS platform using a secure intranet browser was no longer needed. While spatial activities will continue in 2022, this initiative overall will be discontinued as a workplan item.

Next Steps in 2022

- Launch a targeted member mailing in 2022 for the Diabetes Prevention Program.
- Implement Fluvention and COVID-19 communication campaigns for the 2022 season with a focus on 5-11 year olds. Work with schools, health departments, CBOs, and other relevant stakeholders to increase flu vaccination rates.
- Continue to promote mental/behavioral health resources to members and work with Population Health Management to build referral process to members.
- Compile and submit the 2022 Population Needs Assessment report.
- Launch the Tobacco Cessation Nicotine Replacement Therapy kits pilot project with Kick It California upon DHCS approval.
- Continue to collaborate with community partners to support local priorities and address health disparities.
- Collaborate with Marketing to update educational resources as needed.

Item #11

Attachment 11.B

HEALTH EDUCATION PROGRAM DESCRIPTION
AND WORK PLAN EVALUATION

2021 Annual Evaluation



2021 Health Education Work Plan Year-End Evaluation

Submitted by:

Patrick Marabella, MD, Chief Medical Officer

Amy Schneider, RN, BSN, Director Medical Management

Table of Contents

Health Education Programs and Services		Page
Health Education Department Overview		3
1	Chronic Disease Education: Asthma	5
2	Chronic Disease Education: Diabetes	7
3	Chronic Disease Education: Hypertension	9
4	Community Engagement	10
5	Fluvention and COVID-19	12
6	Healthy Equity Projects	15
7	Member Newsletter	17
8	Mental/Behavioral Health	18
9	Obesity Prevention	20
10	Pediatric Education	22
11	Perinatal Education	25
12	Promotores Health Network (PHN)	26
13	Tobacco Cessation Program	27
14	Women’s Health	29
Health Education Department Operations, Reporting and Oversight		
15	Compliance: Oversight and Reporting	31
16	Health Education Department Promotion, Materials Update, Development, Utilization, and Inventory	33
17	Health Education Operations: GIS	34

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 Health Equity (formerly known as Cultural and Linguistic Services Department), Quality Improvement, Utilization/Care Management, Members Services, Marketing, and Provider Engagement.

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

III. **HED's Goals and Objectives:**

Goals:

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

Objectives

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

IV. **Selection of the Health Education Department Activities and Projects:**

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

V. **Strategies**

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

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

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

1. Initiative/ Project:	Chronic Disease Education: Asthma				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA				
Rationale	Asthma is one of the most common chronic diseases and has been recognized as a growing health concern. According to the Centers for Disease Control and Prevention, 1 in 13 people have asthma. Asthma is the third-ranking cause of hospitalization among children younger than 15 and from 2008-2013, the annual economic cost of asthma was more than \$81.9 billion – including medical cost and loss of work and school days. A good number of CalViva Health members continue to access the Emergency Room for asthma related conditions. (The Economic Burden of Asthma in the United States, 2008-2013. Annals of the American Thoracic Society)				
Reporting Leader(s)	Primary:	J. Felix		Secondary:	R. Calva-Songco
Goal of Initiative	To educate members in managing their asthma				
Performance Measure(s)	Objective(s)		2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Implement an Asthma in-home visitation program	Enroll 40 members into the Central California Asthma Collaborative in-home visitation program		New in 2021.	Enrolled 46 members.	Enrolled 127 members.
Major Activities			Timeframe For Completion	Responsible Party(s)	
Complete mailing to promote Central California Asthma Collaborative (CCAC) program and partnership to targeted Medi-Cal members.			March 2021	J. Felix; J. Landeros	
Conduct monthly vendor oversight meetings.			Ongoing 2021	J. Felix	
Coordinate with Pharmacy to target members who need a controller medication and promote CCAC program.			Ongoing 2021	J. Felix	
Provide list of high-risk members with asthma to CCAC on a monthly basis.			Ongoing 2021	J. Felix; S. Ryan-Ibarra	
Support Asthma Population Health Management by promoting interdepartmental asthma resources to high-risk members.			Ongoing	J. Felix	
Conduct asthma phone education outreach as needed.			December 2021	J. Felix	
Initiative Status (populate at year-end)	MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: 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.</p> <p>Year-End Update By end of Q4, a total of 127 members enrolled in the Central California Asthma Collaborative (CCAC) asthma in-home visitation project, of which 104 were children and 23 were adults. The largest age group enrolled was between the ages of 12-17 (51 enrolled) followed by 5-11 year olds (46 enrolled), 22-65 year olds (21 enrolled), 0-4 year olds (7 enrolled), and 18-21 year olds (2 enrolled). Year-to-date, 73% of members enrolled are Hispanic or Latino, followed by Whites at 12%, African American or Black at 9%, another 5% stated two more races, and Middle Eastern or Arab at .80%. Additionally, 60% of members enrolled listed English as their primary language and 40% listed Spanish. A total of 73 virtual home visits have been completed, followed by 33 completed in-person, and 8 were completed telephonically. Home-visits included assessing participant’s understanding of asthma, conducting a home environmental assessment, and discussing trigger reduction, and reviewing proper use of medications including discussing the difference between a controller and rescue</p>				

	<p>medication. Recommendations to improve asthma management are set with the member during the initial visit.</p> <p>There were a total of 1,844 calls made by end of Q4, to provide members with information and extend the invitation to participate in the project. Of the 1,844 calls made, the top four challenges encountered were: 262 (14.2%) did not return the call, 92 (5.0%) numbers were not in service, 74 (4.0%) declined the invitation to participate in the project, and 48 (2.6%) had wrong phone numbers. CCAC will continue to outreach to CalViva Health members and for members not reached through CCAC after 3 call attempts, HED may step in to assist with outreach and conduct a warm handoff to CCAC. Additionally, HED is considering a new mailing in 2022 to reach members that have not been reached by phone.</p>
Initiative Continuation Status <i>(populate at year-end)</i>	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

2. Initiative/ Project:	Chronic Disease Education: Diabetes			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	According to the Centers for Disease Control and Prevention (CDC) more than 84 million US adults—that's 1 in 3—have prediabetes (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 with the APL 18-018; California state law requires the Department of Health Care Services (DHCS) to establish the Diabetes Prevention Program (DPP) as a Medi-Cal covered benefit. CVH HbA1C testing (Fresno, 83%) and Nephropathy care (87%) are below MPL for Fresno.			
Reporting Leader(s)	Primary:	M. Zuniga	Secondary:	H. Su, J Felix, D. Carrillo
Goal of Initiative	To provide members with education on diabetes prevention and control through promotion of effective nutrition management strategies and multifaceted communication.			
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Implement a Diabetes Prevention Program	Enroll 10 members per month after DHCS approval of DPP	Not launched pending DHCS approval.	Not launched. Pending DHCS submission by CalViva Health.	Received DHCS approval in November 2021. Enrollment status to be reported on 2022 mid-year report.
	50% of participants will complete weekly lessons	Not launched pending DHCS approval.	Not launched. Pending DHCS submission by CalViva Health.	Program was not launched. Data to be reported in 2022.
Major Activities		Timeframe For Completion	Responsible Party(s)	
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	
Refer Medi-Cal members diagnosed with type 2 diabetes participating in DPP program into disease management program.		On going	M. Zuniga	
Conduct monthly vendor oversight meetings.		December 2021	M. Zuniga	
Obtain monthly participant evaluation report from vendor to review program and member successes.		December 2021	M. Zuniga	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input checked="" type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: 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.</p> <p>Year-End Update: Submitted all required documents (SOW, member informing materials, etc.) to DHCS for review in August 2021. Received official DHCS approval on November 1, 2021. Development of Provider and Member outreach campaigns occurred immediately upon notification of approval. An initial <i>Provider</i></p>			

	<p><i>Communication Update</i> was released on December 3rd, notifying CalViva Health Providers of the availability of the Medi-Cal benefit for at risk members. A targeted member mailing was prepared in December and scheduled to drop in members' homes in January 2022. Due to the delayed DHCS submission and approval process enrollment in the program did not occur in 2021. Enrollment status will be reported on the 2022 mid-year report.</p>
<p>Initiative Continuation Status <i>(populate at year-end)</i></p>	<p> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

3. Initiative/ Project:	Chronic Disease Education: Hypertension			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	Heart disease, stroke, and other vascular diseases claim over 800,000 lives in the United States each year and cost \$273 billion in annual health care costs and lost productivity from premature death in 2010 per CDC in 2012.			
Reporting Leader(s)	Primary:	M. Zuniga		Secondary:
Goal of Initiative				
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Educate members at risk for cardiovascular disease about healthy nutrition, physical activity and timely preventive health screenings	Enroll 50 members per quarter after DHCS approval of mailing	Conducted 1 diabetes health education intervention which reached 37% CVH members via telephonic education.	Healthy Heart Healthy Lives member mailing will be conducted in Q3-Q4.	Reached 1,212 members in Q4.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Identify members at risk for cardiovascular disease through claims and encounter data.		July 2021	D. Carrillo	
Develop and get DHCS approval for the Healthy Hearts Healthy Lives cover letter.		July 2021	M. Zuniga	
Mail Healthy Hearts Healthy Lives packet to identified members.		July to December 2021	M. Zuniga	
Initiative Status (populate at year-end)	MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: The Healthy Hearts Healthy Lives toolkit was revised and rebranded in preparation for Q3-Q4 member mailing.</p> <p>Year-End Update: Completed the rebranding of the <i>Healthy Hearts Healthy Lives</i> (HHHL) toolkit in English and Spanish and received DHCS approval of the member letter in Q4 2021. A list of over 10,000 members were identified with uncontrolled high blood pressure. In collaboration with Quality Improvement Department, a Participating Provider Groups (PPG) with a high rate of members with uncontrolled hypertension, was identified. A total of 1,212 members (749 English and 463 Spanish) on the HEDIS care gap list for controlling blood pressure were mailed the Heart Health packet. The <i>Heart Health</i> packet included the HHHL "Toolkit", the "Know Your Numbers" brochure and a cover letter. Members can also request the HHHL materials by contacting the Health Education Information Line (HEIL).</p>			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input checked="" type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

4. Initiative/ Project:	Community Engagement				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input type="checkbox"/> QUALITY PERFORMANCE <input type="checkbox"/> PNA				
Rationale	Increase community awareness of CalViva Health's programs and services to help members achieve optimal health and wellbeing				
Reporting Leader(s)	Primary:	T. Gonzalez, A. Corona, I. Rivera		Secondary:	I. Rivera
Goal of Initiative					
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)	
Increase health plan member participation in Promotores Health Network (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).	Conducted 87 Charlas with 67% member reach rate (998/1490).	
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 (MCDPH) and Alzheimer's Association.	Successfully established 2 partnerships with MCDPH and Alzheimer's Association.	
Major Activities		Timeframe For Completion	Responsible Party(s)		
Establish partnership with Department of Public Health to implement promote PHN charlas and community engagement.		December 2021	A. Corona		
Identify a list of community stakeholders that address food insecurity, homelessness and ACEs.		December 2021	T. Gonzalez		
Promote community partners' programs and services that support social determinants of health.		December 2021	T. Gonzalez		
Initiative Status (populate at year-end)	MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: 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>Year-End Update: The Promotores Health Network played a pivotal role in our community engagement activities in 2021. The PHN Program successfully pivoted to a virtual format and continue to provide bailoterapia (physical activity), walking club, literacy club (reading club), and health education in collaboration with community partners: Camarena Health; Mexican Consulate; Black Infant Health (BIH); Women, Infants and Children Program, Centro La Familia; Madera Unified School District; Madera Department of Public Health; Alzheimer's Association; Parkinson's Association; and Vision y Compromiso among others. Successfully established partnerships with the Madera County Department of Public Health to implement four COVID-19 vaccination and education events and with the Alzheimer's Association for a class series on Alzheimer's basics.</p>				

Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input checked="" type="checkbox"/>	CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>	CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>
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5. Initiative/ Project:	Fluvention and COVID-19			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	CalViva member flu vaccination rates continue to drop below the Healthy People 2020 rates of 70% for persons 6 months and older and 80% for pregnant women. Inform members of COVID-19 safety precautions and vaccines.			
Reporting Leader(s)	Primary:	A. Fathifard		Secondary:
Goal of Initiative	To reduce flu among members 6 months and older, especially high risk populations. To educate members about COVID-19 prevention, testing and vaccination.			
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Increase Medi-Cal member knowledge about the importance and benefits of flu vaccines	Implement the Fluvention campaign to educate members on flu vaccination using 2 or more communication channels.	Resource created for providers on motivational interviewing techniques and vaccine hesitancy.	Implementation will begin in September 2021.	Inclusion of preventative Flu practices and promotion of Flu vaccinations in CalViva "Whole You" Annual Member Newsletter and Preventative Screening Guidelines.
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.	Created and implemented a Provider Update on influenza-like-illness activity for the 2021 flu season and best practices for approaching Flu vaccine hesitancies during the COVID-19 pandemic. Sent on December 29, 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.	CalViva Health COVID-19 CBO Toolkit developed and shared with Community Engagement team for further dissemination to local partners and local health jurisdiction. Developed and Implemented COVID-19 Community Based Member Outreach Strategy to drive CalViva members to local vaccination events.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Evaluate and determine effectiveness of key Fluevention 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	A. Fathifard	
Promote and/or distribute flu promotion resources or toolkits to providers and their office staff.		November 2021	A. Fathifard	
Leverage external resources: hospitals, schools, public health departments, CBOs and other relevant stakeholders to increase flu vaccination rates.		Ongoing	A. Fathifard	
Lead COVID-19 member communication work group to develop and disseminate COVID 19 vaccine.		December 2021	A. Fathifard	

information.		
Partner with data analytics (i.e., HEDIS team) to monitor Medi-Cal flu vaccination rates by county.	December 2021	A. Fathifard
Initiative Status <i>(populate at year-end)</i>	MET <input checked="" type="checkbox"/>	PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>
Mid-Year and Year End Updates	<p>Mid-Year Update: 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> <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"> • COVID-19 Resource Hub created at https://www.calvivahealth.org/covid-19-faq/ includes Updated FAQ’s resources and calendars for our COVID-19 community events for all our membership. • ConsejoSano – Developed and approved culturally specific live phone call and text campaign for members living in high quartile Healthy Places Index (HPI) regions (English/Spanish). ConsejoSano is a vendor that will provide support services to the health plan in its effort to achieve health equity and improved health outcomes for its members. • 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. <p>Year-End Update: During the second half of 2021, CalViva Health identified the importance of remaining vigilant in providing members high quality information concerning COVID-19 and flu vaccinations. For relaying the significance of flu-based preventative measures, CalViva Health included numerous promotions of the flu vaccines throughout the annual “Whole You” member newsletter. Flu reminders were included in the following sections:</p> <ul style="list-style-type: none"> • Checkups and Vaccines are Key - reminding parents that vaccinations and checkups are key to pediatric health and that anyone over the age of six months old needs an annual flu shot. • Primary Care: Your First Stop for Better Health – members are reminded that the annual flu season begins as early as October. Promotion of flu vaccine as soon as possible. Additional reminder that every person aged six months and older needs this shot annually. <p>To solidify CalViva’s consistency with a multi-pronged approach, CalViva Health sent out a Provider Update on December 29, 2021, titled Keep Patients Healthy with Flu Vaccine Recommendations. In this provider update, the health plan included information that assists providers in encouraging patients to continue to protect their health during the COVID-19 pandemic by obtaining their annual flu vaccination. Information shared in the update included:</p> <ul style="list-style-type: none"> • Reassuring patients about the flu vaccine by giving strong reasons to getting their flu shot and discussing any barriers • Using the SHARE method <ul style="list-style-type: none"> ○ Share reasons to get the flu shot based on age or risk factors ○ Highlight positive experiences with the flu shot that reinforce benefits. ○ Address concerns about the vaccine such as side effects, safety and myths. ○ Remind patients that the flu shot protects them and everyone around them ○ Explain that getting the flu can mean missing work or fun with family and friends. • Reminder to view our recorded webinars on vaccine hesitancies. • Reimbursement information. 	

	<p>Concerning COVID-19 endeavors, the Health Education, Population Health, and Community Engagement departments came together to pilot a strategy to leverage community-based vaccination clinics as a resource to bridge vaccination gaps for CalViva Health members. As part of the Vaccine Response Plan, CalViva piloted a strategy utilizing GIS technology to map out CalViva’s unvaccinated membership to obtain a bird’s-eye view of our geographic areas of focus. These maps were then shared with community engagement specialists, whose primary responsibility included identifying community events in these locales where CalViva members could obtain COVID-19 vaccines. Once the health plan identified events and pertinent members in the vicinity, the Population Health team with support from Health Education conducted live outreach calls to these individuals and conducted intimate conversations, including relaying event information to said members in addition to telephonic education on COVID-19 topics. This activity began in August 2021 and continued through December 2021 with over 1,000 calls made to members. At the end of the Vaccine Response Plan, CalViva Health improved their vaccinations from their baselines in the following ways:</p> <ul style="list-style-type: none"> • Plan Overall Vaccination Rate (August 29,2021) 43.7% Plan Overall Vaccination Rate (January 2,2022) 70.7%% • 12-25 Year Old Vaccination Rate (August 29,2021) 35.7% 12-25 Year Old Vaccination Rate (January 2,2022) 54.9% • 26-49 Year Old Vaccination Rate (August 29,2021) 42.9% 26-49 Year Old Vaccination Rate (January 2,2022) 70.5% • 50-64 Year Old Vaccination Rate (August 29,2021) 58.8% 50-64 Year Old Vaccination Rate (January 2,2022) 83.9% • 65+ Year Old Vaccination Rate (August 29,2021) 65.4% 65+ Year Old Vaccination Rate (January 2,2022) 83.3% <p>Lastly, to propagate messaging around COVID-19 vaccinations and to support our local partners, a Community Based Organization COVID-19 Toolkit was created and shared with community engagement departments. This toolkit included flyer elements and social media postings that local partners could utilize without having to deploy their own resources. Collateral included in the toolkit is listed below:</p> <ul style="list-style-type: none"> • What you should know about COVID-19 Vaccines (English/Spanish) • Get the facts about the vaccine (English/Spanish) • Busting COVID-19 vaccine myths with the facts (English/Spanish) <p>Regarding the COVID-19 project: While significant prioritization was given to fighting the pandemic. One barrier encountered was not having health plan branded items like tents and tablecloths in order to directly host vaccination clinics in the county. However, our model/approach to partner with key stakeholders to host vaccination events and drive members to them was successful. For 2022, we will evaluate obtaining plan branded items. For the flu project, the primary barrier in the implementation of all flu vaccination materials and resources revolved around when flu materials are made available from the corporate campaign to the health plan. The very narrow timeline for review, rebranding, repurposing, and internal and regulatory approval of Fluvention materials in time for deployment in the community during the current flu season posed a significant barrier which is why the plan had to opt-out of these resources for 2021. For 2022, we will explore opportunities with the corporate campaign with the goal of expanding the window to allow enough time for all related steps including for all required internal and regulatory reviews.</p>
Initiative Continuation Status <i>(populate at year-end)</i>	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

6. Initiative/ Project:	Health Equity Projects			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	Improve postpartum care with target providers above baseline of 65% and increase breast cancer screening rates for Fresno above MPL (52.7%).			
Reporting Leader(s)	Primary:	J. Felix		Secondary:
Goal of Initiative	To reduce health care access barriers that contribute to identified health disparities among our ethnically diverse membership in the area of breast cancer screening.			
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Improve breast cancer screening (BCS) rate for targeted provider in Fresno County	Develop and implement 1 educational intervention to improve breast cancer screening rate targeting Hmong members in Fresno County	Developed BCS event member satisfaction survey.	Partnering with The Fresno Center and WISH Breast Center to plan and implement the Hmong Sisters Educational event. Event is scheduled for Q3.	Collaborated with Quality Improvement, Health Equity, The Fresno Center, and WISH Imaging Center and implemented an educational session for Hmong-speaking BCS non-compliant members on September 24, 2021, at The Fresno Center.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Coordinate with Cultural & Linguistics and Hmong community members to address BCS disparity.		December 2021	J. Felix	
Develop 1 educational intervention to address priority areas for BCS project.		December 2021	J. Felix	
Initiative Status (populate at year-end)	MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: 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.</p> <p>Year-End Update Health Education Department in collaboration with Quality Improvement, Health Equity, WISH Imaging Center, and The Fresno Center staff continued a Breast Cancer Screening (BCS) Performance Improvement Project in collaboration with one high volume, low compliance clinic that serves the Hmong population in Fresno County (Kings Winery clinic). In Q3, a Hmong Sisters Educational Event was held at the cultural center. The event included a video in Hmong language to address health literacy barriers among the Hmong population, testimonial from a breast cancer survivor, Hmong physician to help answer questions or concerns, a presentation on transportation, and raffle items. WISH Imaging provided a step-by-step presentation on what members can expect during their visit.</p> <p>Barriers encountered during the event: there was a low turnout rate for the event with 15 CalViva Health members in attendance of which 5 scheduled a mammogram with WISH Imaging Center. WISH Imaging did not schedule members during the event on-site for a mammogram appointment while interpreters were available. For future events, it was recommended that scheduling mammograms should be done before the member leaves the event. Additionally, the video presented at the event did not address the barriers for Hmong members when it comes to getting a mammogram. It was discussed to possibly have a “video story” from a social media influencer (Hmong person) that might be more persuasive and help encourage members to get their</p>			

	<p>mammograms. The team discussed adapting the first event based on lessons learned and consider an alternate event format. Due to the low number of mammograms scheduled, there are plans of implanting a BCS mobile mammography event at Kings Winery clinic and providing a \$25 VISA gift card incentive upon completion of the BCS exam to motivate members to attend the event and complete their preventive care screenings. The event will take place in Q1 2022.</p>
<p>Initiative Continuation Status <i>(populate at year-end)</i></p>	<p>CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input checked="" type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/></p>

7. Initiative/ Project:	Member Newsletter			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	The newsletter meets the DHCS guideline that requires specific member communication to be mailed to members' homes. The member newsletter is also a mode of communication for NCQA articles and promotion of wellness programs and quality improvement interventions.			
Reporting Leader(s)	Primary:	K. Schlater, M. Zuniga		Secondary:
Goal of Initiative	To educate members about priority health topics and inform members about available programs, services and health care rights.			
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Manage content for Medi-Cal Newsletter	Develop and distribute 1 CVH member newsletter.	Developed and distributed one CalViva Health Newsletter to 163,377 member homes in June 2020.	Developed 1 member newsletter to be distributed in Q3.	Completed and mailed to 928,000 members.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Conduct interdepartmental meeting to decide 2021 newsletter topics.		January 2021	K. Schlater, M. Zuniga	
Submit 1 newsletter to C&L database.		May 2021	M. Zuniga	
Explore options for expanded online newsletter.		June 2021	M. Zuniga	
Update desktop procedure as needed.		December 2021	M. Zuniga	
Develop and implement member newsletters according to the production schedule.		December 2021	M. Zuniga	
Initiative Status (populate at year-end)	MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Member newsletter was developed, obtained DHCS approval and scheduled for mailing in Q3. Year-End Update: The annual member newsletter informs members about benefits, timely access, language assistance programs, and privacy practices. In July 2021, the newsletter was mailed to 928,000 members. The member newsletter was added to the CVH website for members to access. Further exploration for online options of the member newsletter will occur in 2022.			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input checked="" type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

8. Initiative/ Project:	Mental / Behavioral Health			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	<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>			
Reporting Leader(s)	Primary:	L. Wong	Secondary:	
Goal of Initiative	To support members with behavioral health resources and opioid education.			
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Promote member enrollment in myStrength	Increase member enrollment by 10% to 89 members.	81 members enrolled.	Enrolled 38 new members.	Enrolled 59 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.	Distributed 14 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.	Submitted 16,143 screening claims.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Promote mental/behavioral health resources to members using member newsletter.		June 2021	L. Wong	
Work with Population Health Management to build referral process to member.		June 2021	L. Wong	
Collaborate with community partners to support ACEs trainings and initiatives.		December 2021	L. Wong	
Explore additional promotional activities to promote myStrength/behavioral health resources.		December 2021	L. Wong	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input checked="" type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<p>Include barriers to implementation and systemic/organizational barriers.</p> <p>Mid-Year Update: 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>Year-End Update: ACEs Awareness Initiative: This project has received tremendous support from leadership and has resulted in the effective engagement of other departments, such as Community Engagement, Provider Engagement, 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> <ul style="list-style-type: none"> •A total of 14 provider communications (e-mail blasts and Provider Updates) have been distributed informing them of ACEs, training and attestation, screening tools, ACEs and different cultures, inclusivity and equity and supplemental trainings. •Provided support to three county ACEs Network of Care Grantees to support and strengthen their ACEs implementation efforts. Health Education Department was invited by Office of the Surgeon General (OSG) to represent CalViva Health on the “Building Community Relationships: Medi-Cal Managed Care Plans and Network of Grantees” statewide webinar. <p>myStrength: 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. There were some challenges this year as myStrength was rebranded and the platform was reconfigured. We also have experienced some delays in submitting the CVH myStrength flyer to DHCS; we are still waiting for some contract language to be updated.</p> <ul style="list-style-type: none"> •Enrolled a total of 59 Medi-Cal members to myStrength Mental Health Self-Management program. •Distributed Provider Update titled “Help Patients Manage Stress Response Resulting from Adverse Childhood Experiences” which promoted the myStrength program as a digital resource for ACEs screening which aligns with the Surgeon General’s ACEs Roadmap. •Conducted a statewide training with six staff and providers in attendance on myStrength. •Presented myStrength to Opioid Workgroup/Population Health Management team to encourage promotion of myStrength as a resource to members during their outreach.
Initiative Continuation Status <i>(populate at year-end)</i>	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

9. Initiative/ Project:	Obesity Prevention				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA				
Rationale	Adult obesity Rate in CA is 25.8% and 13.9% for adolescents (grades 9-12)*. Obesity is a documented contributor to various diseases and healthcare costs. Per the January RY2020 HEDIS performance dashboard, Adult BMI Assessment and Weight Assessment and Counseling - BMI rates are below MPL across all Medi-Cal counties. * 2018 BRFSS and 2017 YRBSS data sources, pulled from CDC website on 1/27/2020.				
Reporting Leader(s)	Primary:	D. Carrillo		Secondary:	J. Felix, M. Lin
Goal of Initiative	To support overweight and high risk members to incorporate healthy lifestyle habits through nutrition education and increased physical activity.				
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)	
Increase Fit Families for Life (FFFL) Home Edition Program enrollment & satisfaction	Enroll 500+ members (75% flagged as high-risk) and 90% satisfaction from both program surveys	Enrolled 510 members (98.6% flagged as high risk), 100% satisfaction from workbook survey and 94.4% satisfaction from direct incentive survey.	Enrolled 482 members (100% flagged as high risk), 100% satisfaction from workbook survey and 95.2% satisfaction from direct incentive survey.	Enrolled 776 members (100% flagged as high risk) and 93.4% satisfaction from direct incentive survey.	
Increase Healthy Habits for Healthy People (HHHP) program enrollment	Enroll 350+ members	Enrolled 312 members.	Enrolled 373 members.	Enrolled 561 members.	
Major Activities		Timeframe For Completion	Responsible Party(s)		
Provider Update on weight management products.		April 2021	D. Carrillo		
Introduce email-messaging outreach to introduce DPP and/or FFFL to overweight members.		December 2021	D. Carrillo		
Update content and design of FFFL & HHHP program materials.		December 2021	D. Carrillo, M. Lin		
Proactively identify and enroll members non-compliant in the weight assessment/counseling HEDIS measure into FFFL and HHHP.		Quarterly, 2021	D. Carrillo		
Initiative Status (populate at year-end)	MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: 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.</p> <p>Year-End Update A total of 1,337 members participated in at least one program option, exceeding the year-end goals. Of these, 776 participated in the Fit Families for Life home program and 561 in the Healthy Habits for Healthy People program. We continued using HEDIS to support high-risk members with available resources and promoted program offerings within the CalViva Health member newsletter.</p> <p>A total of 61 FFFL surveys were received, helping advise on shifts specific to knowledge, behavior, and satisfaction. Due to a printing error, 6 surveys were incomplete. The following data adjust for missing values. Topics coming across more clearly in the program (with a higher correct answer rate) include nutrients (85%), importance of breakfast on weight (87%) and exercise (effect on stress and flexibility, each above 90%). This is consistent with the previous</p>				

	<p>reporting period responses. Questions relating to serving size, types of fat, and strength training had incorrect responses for about half of all surveys, also consistent with previous findings. Only 29% of responses had the correct answer for exercise recommendations specific to children and adolescents. Overall, 84% noted that the primary motivation for participating in the program was for improved health, and 93% percent noted satisfaction with the FFL offering.</p> <p>Behavior-based questions were assessed using a “less than before”, “same as before” and “more than before” scale. Metrics with higher “more than before” responses include reading food labels (75%) and eating fruits/veggies (69%). These were followed with exercise (67%), eating meals as a family (56%) and eating breakfast (39%). Survey respondents were also asked to self-report any personal or family-based changes as it pertained to weight loss, clothes fitting better, more strength or better sleep. Fifty-seven percent of members noted better sleep, followed by increased strength (54%), clothes fitting better (33%) and weight loss (49%). Members were allowed to select more than one choice.</p> <p>COVID-19 pandemic still inhibits our ability for in-person weight management classes. Virtual classes are being explored for 2022. Moving forward, members can expect revised program materials, guided by member feedback and findings from the program survey. Having used the survey for its intended purpose, the incentive program will be re-evaluated for continuation in 2022.</p>
Initiative Continuation Status <i>(populate at year-end)</i>	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

10. Initiative/ Project:	Pediatric Education			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	<p>Regularly scheduled well-child visits are a vital component of health care for young children and the foundation of pediatric primary care for most children in the United States. The American Academy of Pediatrics (AAP) guideline recommends attending 14 Well Child Visit (WCV) within the first five years of life and then annual visits after that until age 21. These visits may provide children with a unique opportunity to identify and address pressing social, preventive, behavioral, and developmental health services. Furthermore, these visits help ensure timely immunizations, help reduce the use of acute care services and offer parents an opportunity to discuss their health-related concerns that demonstrate significant and long-lasting effects on children’s lives with the provider. Research estimates that children miss approximately one-third of WCVs, with African American children, children who are uninsured or publicly insured, and children from low-income families reporting even higher disproportions of WCVs. Literature indicates that children who were primarily publicly insured or uninsured most frequently missed visits at 15 months, 18 months, and four years. Children who fall short of these visits may lack developmental screenings and other preventive services typically performed at these ages. Missed WCVs accompany increased emergency department use and hospitalizations, associations that become amplified among children from low-income families.</p> <p>A consensus of scientific research demonstrates that cumulative adversity, especially when experienced during childhood development, also known as Adverse Childhood Experiences (ACEs), is a root cause to some of the most harmful, persistent, and expensive health challenges facing our nation. Identifying ACEs and other social determinants of health in children and adults, and providing targeted intervention, can improve efficacy and efficiency of care, support individual and family health and well-being, and reduce long-term health costs.</p> <p>The following CVH Counties express the current HEDIS rates for pediatric measures: Fresno: AWC (<50th MPL), W15 (<25th percentile 3+ years), W34 (<50th MPL), CIS-10 (<50th MPL), Kings: AWC (<50th MPL), W15 (<25th percentile 3+ years), W34 (<50th MPL), CIS-10 (<50th MPL), IMA-2 (<50th Percentile) a Madera: AWC (< 50th MPL), W15 (< 50th MPL), W34 (<50th MPL)</p>			
Reporting Leader(s)	Primary:	A. Fathifard	Secondary:	M. Lin, L. Wong, J. Felix
Goal of Initiative	Develop resources to inform and educate members about the significance of WCVs and to act as a support for improving select HEDIS measures by driving member engagement via educational and community screening services.			
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Promote pediatric education resources	Promote 2 educational well-child resources for inter-departmental utilization.	Created 4 educational resources: Well-Child Visit Flyer, Pfizer VAKS promotion, Provider Vaccine Hesitancy Flyer, and CIS-10 POM script.	Promoted the CalViva Health Well-Child Flyer with Quality Improvement, Community Engagement, Member Connections and Clinical Program. Managers.	Promoted 2 educational well-child resources for inter-departmental utilization. Promoted Well-Child flyer with Quality Improvement, Community Engagement, Member Connections, and Clinical Program Managers. Promoted CIS-10 curriculum training with Quality Improvement and staff of Family Healthcare Network (FHCN).
Immunization Education	Explore at least one best practice to improve childhood immunization.	Created 5 educational resources: Well-Child Visit Flyer, Pediatric Recommendation Presentation, Pfizer VAKS promotion, and Provider	Partnering with Family HealthCare Network for them to implement an educational text messaging campaign to improve childhood immunizations.	Partnered with Family HealthCare Network for the clinic to implement an educational text messaging campaign inviting members to call

		Vaccine Hesitancy.	Campaign is scheduled to start in September 2021.	the clinic to schedule their child's routine childhood shots. Campaign was delivered on September 14 th with a follow-up message on September 21 st .
Major Activities		Timeframe For Completion	Responsible Party(s)	
Promote Pre-Teen Vaccination Week with providers.		March 2021	A. Fathifard	
Develop Well-Child Visit Presentation for Community Events/Webinars.		June 2021	A. Fathifard	
Provide PIP education support and assist in intervention design.		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 utilize Merck HPV resources.		December 2021	A. Fathifard	
Utilize vaccination materials from Children's Hospital of Philadelphia and coordinate dissemination with California Immunization Coalition to highlight the importance of childhood and adolescent immunizations.		December 2021	A. Fathifard	
Initiative Status (populate at year-end)	<p style="text-align: center;"> MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> </p>			
Mid-Year and Year End Updates	<p>Mid-Year Update: 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 (HED) 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>Year-End Update: CIS-10 Text Campaign: HED along with QI partnered to implement an immunization Performance Improvement Project in collaboration with one high volume, low compliance clinic in Fresno County. The team determined that an intervention focused on education was needed to improve immunization completion rates with Family HealthCare Network clinic. The HED assisted in the development of the messages, including ensuring that the messages were at the appropriate reading level, and submitted the messages with a certified translation service to have messages translated in Spanish. The text messages invited members to call the clinic to schedule an appointment for their child's routine childhood shots. The first text campaign message was delivered on September 14, 2021, to 281 members of which 8 opted out. Due to the large number of non-responders to the first campaign, it was believed by the team that perhaps members thought that the campaign was promoting the COVID vaccine. As a result, it was decided to re-word some of the text messages to ensure members were aware that the campaign was regarding routine childhood shots and not the COVID vaccine. A revised and follow-up message was sent on September 21, 2021. Among the 189 messages delivered, "Hi, this is Family HealthCare Network. Our records show it's time for <name's> routine childhood shots. These shots protect children from dangerous diseases. Will you make sure your child has their regular shots and is fully protected?" only 44 responded to the text message (37 responded "yes"; 1 responded "no"; and 6 responded "already vaccinated" and 145 members did not respond to the text campaign). Of the 44 members that responded, only 11 appointments were scheduled during Q3-Q4 2021. Due to the low number of appointments scheduled, the team is revisiting the text campaign and considering sending a single message campaign which will be launched Q1 2022. It is believed that the single message campaign will be more direct and to the point. The reach rate for the text campaigns are high, but members are not following-up to make appointments. A second intervention is also being considered for Q1-Q2 2022 because of the continued low</p>			

	<p>response rate with the text campaign.</p> <p>The largest barrier on this project focuses on the discrepancies between the perceived needs of the member, from their own perspective, as compared to the member's needs, from the health plans perspective. Conducting focus groups or a root cause analysis could potentiate in place projects while simultaneously deconstructing barriers to care as experienced from the patients end. Furthermore, contact information continues to be an issue as represented in our inability to contact the majority of members during the listed CIS-10 project.</p>
Initiative Continuation Status <i>(populate at year-end)</i>	<p>CLOSED <input type="checkbox"/></p> <p>CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/></p> <p>CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/></p>

11. Initiative/ Project:	Perinatal Education			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	Increase Postpartum care HEDIS rate to the 50 th percentile or above in Kings, Fresno, and Madera Counties.			
Reporting Leader(s)	Primary:	G. Toland	Secondary:	A. Campos, D. Carrillo
Goal of Initiative	To provide accessible, high quality health care and education to women of childbearing age and babies to have healthy pregnancies, healthy newborns, increased exclusive breastfeeding rates and lower perinatal health care costs.			
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Promote pregnancy packets to members	Distribute 1,000+ pregnancy information packets to requesting CVH pregnant members.	Distributed a total of 1,675 CVH Pregnant Program packets and 190 Newborn packets to members.	Distributed a total of 921 CVH Pregnant Program packets and 212 Newborn packets to members.	Distributed a total of 1,715 CVH Pregnant Program packets and 678 Newborn packets to members.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Promote the CVH Pregnancy Program among internal departments.		December 2021	G. Toland	
Initiative Status (populate at year-end)	MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: The 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. Year-End Update A total of 1,715 pregnant members were enrolled in CalViva Health (CVH) Pregnancy Program, exceeding the expected goal for 2021. In Q3, Corporate reached out to the health plans with new updates to the already approved CVH Pregnancy Program. Currently, all the pregnancy program components are being reviewed internally and will be submitted to CVH Compliance/DHCS for approval in Q2 of 2022. The Infant Nutrition Benefit Guide will be rebranded and revised in Q2 of 2022 to promote breastfeeding among our members. Pregnancy program has been promoted among internal departments as well as in the CalViva Health member newsletter. No challenges were encountered for this initiative in 2021.			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input checked="" type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

12. Initiative/ Project:	Promotores Health Network (PHN)			
Priority Counties	<input type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	Women's health and chronic condition measures are held to a Minimum Performance Level (MPL) of 50 th Percentile.			
Reporting Leader(s)	Primary:	T. Gonzalez	Secondary:	A. Corona de Maciel
Goal of Initiative	To provide members culturally and linguistically appropriate health education, promote annual preventive screenings and create linkages to local resources.			
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Increase health plan member participation in PHN education charlas	Reach a 65% member participation in education charlas.	Conducted 75 charlas with 59% member reach rate (1175/1991).	Conducted 35 charlas with 840 participants, of which 55% were CVH members (462/840).	Conducted 87 Charlas with 67% member reach rate (998/1490).
Major Activities		Timeframe For Completion	Responsible Party(s)	
Establish partnership with Department of Public Health to implement promote PHN charlas and community engagement.		December 2021	T. Gonzalez	
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	
Initiative Status (populate at year-end)	MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: 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>Year-End Update: Successfully established partnerships with the Madera County Department of Public Health, Camarena Health and Madera Unified School District to implement four COVID-19 vaccination and education events resulting in over 250 vaccinations. Additionally, partnered with Madera Unified School District's Parent Resource Center to promote diabetes classes to parents and health plan members. We successfully partnered with the Alzheimer's Association to train promotoras on the Alzheimer's basics curriculum. In 2021, the PHN Program successfully pivoted to a virtual format and continue to provide bailoterapia (physical activity), walking club, literacy club (reading club) and health education in collaboration with community partners.</p>			
Initiative Continuation Status (populate at year-end)	CLOSED <input checked="" type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

13. Initiative/ Project:	Tobacco Cessation Program				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA				
Rationale	As the leading cause of preventable death, disease, and disability in the United States, cigarette smoking is responsible for more than 480,000 deaths every year. Exposure to secondhand smoke is estimated to cause 41,000 deaths among U.S. adults every year. Tobacco use tends to be higher in rural communities and is the highest among American Indian populations. Smokers live 10 years less than non-smokers, on average. In California, 11.2% of adults smoked (2018 estimates), and 5.4% of high school students smoked cigarettes on at least one day in the past month (2017 rate). In 2019, 17% of CVH Health Information Form respondents reported some form of tobacco use during the previous year.				
Reporting Leader(s)	Primary:	D. Carrillo		Secondary:	
Goal of Initiative	To improve members' health outcomes and reduce health care costs by decreasing the rate of tobacco users among CVH membership.				
Performance Measure(s)	Objective(s)		2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Collaborate California Smokers' Helpline (new helpline name Kick It California), 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.	Enrolled 172 CVH members.
Offer members tobacco cessation aids in partnership with California Smokers' Helpline (Kick It California)	Enroll 10 members per month into the California Smokers' Helpline (Kick It California) pilot project after DHCS approval of the program.		New for 2021.	Program proposal under development for DHCS review.	Program proposal not completed. Still in development.
Major Activities			Timeframe For Completion	Responsible Party(s)	
Identify smokers using pharmacy data and claims billing codes (CDT and ICD-10 codes) for targeted outreach campaigns.			Quarterly, 2021	D. Carrillo	
Finalize SOW, BAA and MSA with CA Smoker's Helpline (Kick It California) with DHCS approval.			June 2021	D. Carrillo	
Promote CSH tobacco cessation program to members via email and/or mail campaigns.			July 2021	D. Carrillo	
Promote CSH in one Medi-Cal newsletter.			December 2021	D. Carrillo	
Initiative Status (populate at year-end)	<p style="text-align: center;"> MET <input type="checkbox"/> PARTIALLY MET <input checked="" type="checkbox"/> NOT MET <input type="checkbox"/> </p>				
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update:</p> <p>CalViva Health partners with California Smokers' Helpline 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>Year-End Update:</p> <p>At the end of Q4, a total of 172 members enrolled in tobacco cessation services offered by Kick It California (formerly known as California Smokers' Helpline). Of enrollees, 79% reside in Fresno County. Of participating enrollees, an estimated 65% are female, 43% are from the 25-44 age group, and 97% have English as their preferred language. When viewed by race/ethnicity, White members make up 34% of the distribution, followed by Hispanics (26%)</p>				

	<p>and Blacks (17%).</p> <p>The tobacco proposal for DHCS review continues to be under development. CalViva Health is awaiting successful proposal approval on behalf of a partnering health plan before moving forward with a submission, incorporating lessons learned during the process. Nonetheless, preparation continues, exploring new data sources (LANES) to identify members who smoke or have nicotine dependence. These activities have doubled the number of smokers identified. Materials have been updated to reflect the new helpline name (Kick It California), and promotion continues through the member newsletter.</p>
<p>Initiative Continuation Status <i>(populate at year-end)</i></p>	<p>CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input checked="" type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/></p>

14. Initiative/ Project:	Women's Health			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	<p>1. According to the U.S. Preventive Services Task Force (USPSTF), American Cancer Society (ACS), and Centers for Disease Control and Prevention (CDC), it's recommended that women between 21 to 65 years of age should have regular pap tests. Cervical Cancer is highly preventable because screening test and a vaccine to prevent HPV infections are available. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life. All CVH counties met the 50% Minimum Performance Level (MPL) 60.58% in 2020: Fresno County (63.50%), Madera County (70.07%) and Kings County (65.21%).</p> <p>2. According to the ACS, 1 out of 8 women will develop breast cancer in their lifetime. Breast Cancer is the most common cancer in women, no matter race or ethnicity and it's the most common cause of death from cancer among Hispanic women. Regular mammograms are the best tests doctors have to find breast cancer early, sometimes up to three years before it can be felt for women over 50 years of age. Improve breast cancer screening rates for Fresno County (55.26%) and Kings County (57.30%) that are below the MPL. Madera County (62.44%) is above the MPL.</p>			
Reporting Leader(s)	Primary:	G. Toland		Secondary:
Goal of Initiative	To provide members with education on breast cancer and cervical cancer regular screenings through promotion of importance of regular screenings and multifaceted communication.			
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Conduct Breast Cancer Screening/Cervical Cancer BCS/CCS classes	Coordinate with Every Women Counts a minimum of 3 BCS/CCS virtual classes. Reach 50 members.	Conducted 7 BCS/CCS virtual classes in partnership with Every Woman Counts with 102 participants. A total of 40 members were reached via telephonic outreach for BCS.	Conducted 2 virtual BCS/CCS classes, reaching a total of 25 participants.	Conducted 16 virtual BCS/CCS classes, reaching a total of 1,388 participants.
Implement a Cervical Cancer Screening email/IVR campaign	Engage 20% or more of targeted members.	Postponed until further notice.	Postponed until further notice.	Campaign was cancelled.
Major Activities		Timeframe For Completion	Responsible Party(s)	
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	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input checked="" type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<p>Include barriers to implementation and systemic/organizational barriers.</p> <p>Mid-Year Update: 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>Year-End Update: Every Woman Counts virtual BCS/CCS classes reached a total of 1,388 participants, exceeding the intended goal. The success of this goal was creating a great partnership with an agency that have staff in different counties at the same time making the work much easier to reach out to the community. CalViva</p>			

	<p>Health will continue with this partnership in 2022 with the goal to implement in-person classes, depending on the COVID-19 guidelines and status. The Health Education Department is continuously working with Provider Engagement, Quality Improvement, and clinics to promote and distribute BCS/CCS materials. The CCS email and IVR campaign did not launch for CVH in 2021 due to health plan ending the relationship with vendor (Icario/Revel) on December 31, 2021. Other options to carry the cervical cancer screening work will be explored in 2022.</p>
<p>Initiative Continuation Status <i>(populate at year-end)</i></p>	<p> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

15 Initiative/ Project:	Compliance: Oversight and Reporting			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input checked="" type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	Provide oversight to assure compliance to DHCS requirements.			
Reporting Leader(s)	Primary:	H. Su, J. Felix		Secondary:
Goal of Initiative	To meet regulatory and company compliance			
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
Complete and submit Health Education Department's Program Description, Work Plan, and Work Plan evaluation reports	Complete and submit Program Description, Work Plan, and Work Plan evaluation reports.	Submitted work plan, Program Description, and 2 work plan evaluations.	Completed and submitted work plan and work plan evaluation.	Completed and submitted Program Description, 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.	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.	Completed semi-annual progress reports and 12 annual DHCS incentive evaluation reports.
Develop and distribute a Provider Update on Staying Healthy Assessment (SHA)	Produce 1 Provider Update.	Produced 1 Provider Update.	Produced 1 Provider Update.	Produced 1 Provider Update.
Present Health Education updates at PPC meetings	Participate in 4 PPC meetings where health education reports are presented.	Provided reports to be presented at 4 PPC meetings.	Provided reports to be presented at 2 PPC meetings.	Provided reports to be presented at 4 PPC meetings.
Produce a Population Needs Assessment (PNA) report for all CVH counties	Develop and share PNA report with action plan using the latest data.	Produced 1 Population Needs Assessment report.	PNA has been produced. To be submitted to DHCS by 8/2/21.	PNA was completed and approved by DHCS.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Update Department Program Description.		March 2021	H. Su, J. Felix	
Work with C&L, QI, and other internal departments to gather data/information needed for PNA and review.		May 2021	H. Su. G. Toland	
Provide PNA progress towards action plan objectives.		June 2021	H. Su. G. Toland	
Complete and submit PNA to DHCS for DHCS review/approval.		June 2021	H. Su. G. Toland	
Produce a high level/key findings power point of the PNA report.		August 2021	H. Su. G. Toland	
Produce and distribute Provider Update on SHA.		December 2021	M. Lin	
Update Health Education Department's Policies and Procedures.		December 2021	J. Felix	
Initiative Status (populate at year-end)	MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: 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.</p>			

	<p>Year-End Update: Some of the challenges encountered were trying to get the requested data from different departments for some of the PNA sections in a timely manner. We were able to obtain it to complete and submit the report successfully by the extended due date. The 2021 Population Needs Assessment was approved by DHCS on 8/12/21 with a comment of: “This is a very WELL DONE report! It was easy to read, easy to understand, it made my work easy—Thank you for that. I wish all the PNA reports were like this one.” A PNA PowerPoint with highlights was developed and presented at the CVH Public Policy Committee members on 12/1/21. In Q3 2021, a Provider Update was distributed to CalViva Health primary care physicians to remind them to use Staying Healthy Assessment Forms and inform them about the availability of Health Education Department’s programs and services for members. Twelve annual DHCS incentive evaluation reports noted in this report, which can be discussed during the workgroup as some clarification is needed.</p>
<p>Initiative Continuation Status <i>(populate at year-end)</i></p>	<p> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input checked="" type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> </p>

16. Initiative/ Project:	Health Education Department Promotion, Materials Update, Development, Utilization and Inventory			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input checked="" type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	Assure health education resources are meeting DHCS requirements per APL 18-016.			
Reporting Leader(s)	Primary:	G. Toland, M. Lin, M. Zuniga		Secondary:
				A. Campos, J. Landeros
Goal of Initiative	To produce and update health education resources to meet member and provider needs.			
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
All required health education materials topics and languages available to providers, members, and associates	Develop needed materials and resources to assure compliance.	Developed 6 new materials and rebranded 19 in-house materials. Processed 32 Krames materials for approval. Processed 13 Provider Order Forms for materials.	Rebranded and updated 9 health education materials, including one Chlamydia educational material that was adopted from Centers for Disease Control and Prevention (CDC).	Rebranded, updated/adopted 9 member health education materials. Updated the Provider Order Form for health education materials.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Review, process, and track CVH materials review and approvals.		December 2021	G. Toland, M. Lin	
Partner with Provider Engagement to promote health education materials.		December 2021	G. Toland, J. Felix	
Initiative Status (populate at year-end)	MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: 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. Year-End Update: In 2021, the Health Education team developed and updated a total of 9 CalViva Health materials for members to use. These newly updated member materials cover the following topics: Chlamydia, Blood Pressure, Smoking Cessation and Well-Child Visits. All of these materials are available in English and Spanish, some are also available in Hmong. The CalViva Health Provider Order Form for Health Education Materials was also updated for providers to use. To enhance and refine the material review and approval process, the Health Education team have also implemented the use of the Health Education Department Inbox for material orders, material review requests and field test requests. The Health Education team will continue to work on rebranding high priority CalViva Health materials in 2022.			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input checked="" type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

17. Initiative/ Project:	Health Education Operations: GIS			
LOB(s)	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Priority Counties	<input type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input checked="" type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input type="checkbox"/> PNA			
Rationale	Spatial analysis can assist public health activities by tracking the spread of disease, supporting intervention planning by geographic need, resource mapping / scatter maps and identifying spatial trends.			
Reporting Leader(s)	Primary:	D. Carrillo		Secondary:
Goal of Initiative	To incorporate the spatial perspective in Health Education planning and HEDIS activities			
Performance Measure(s)	Objective(s)	2020 Outcomes (Year-End)	2021 Outcomes (Mid-Year)	2021 Outcomes (Year-End)
GIS-assisted HEDIS intervention activities and Health Education outreach	Develop geomaps for 5+ projects/outreach activities.	Completed geomaps for 10 projects.	Completed geomaps for 1 project.	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.	Activity discontinued. Similar tool created within the company.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Monitor Health Education Data Request Database and GIS Mapping Request Dashboard for mapping/data support.		Ongoing	D. Carrillo	
Develop interactive county maps for Fresno, Kings and Madera using HEDIS data.		July 2021	D. Carrillo	
Explore intranet browser options for spatial views and interactive manipulations.		December 2021	D. Carrillo	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input checked="" type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<p>Include barriers to implementation and systemic/organizational barriers.</p> <p>Mid-Year Update: 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>Year-End Update With COVID-19 restrictions, community-based interventions and priorities were limited. In effect, mapping or data requests targeting HEDIS measures were no longer requested during the second half of the reporting year. Moreover, a number of mapping resources have been built into existing HEDIS dashboards by the Quality Improvement Research and Analysis team, making spatial analysis more attainable to associates. An interactive GIS platform using a secure intranet browser was no longer needed. While spatial activities will continue in 2022, this initiative overall will be discontinued as a workplan item.</p>			
Initiative Continuation Status (populate at year-end)	CLOSED <input checked="" type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

Item #11

Attachment 11.C

HEALTH EDUCATION PROGRAM DESCRIPTION
AND WORK PLAN EVALUATION

2022 Change Summary
and Program Description



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Rosa I. Calva-Songco, MPH, CPHQ, Manager, Health Education Department
 Amy Wittig, MBA, Director, Quality Management
 Justina B. Felix, BS, Health Educator

COMMITTEE DATE: May 19, 2022

SUBJECT: 2022 Health Education Program Description Document Change Summary

Redline Page #	Section/Paragraph name	Description of change	New Page #
1-1, 3-5, 3-6, 4-2	Throughout the document	Changed “Cultural and Linguistics” Department to “Health Equity” throughout the document.	1-1, 3-5, 3-6, 4-2
2-1	HED’s Goals	Changed free to “no-cost.”	2-1
3-1	Procedures/Health Education Programs, Services and Resources	Added mental health to topics and “Members may self-refer to CalViva Health health education programs by calling the toll-free Health Education Information Line” to this section.	3-1
3-2	Procedures/Health Education Programs, Services and Resources	Changed Weight Management Programs description to include the three program options offered through this program.	3-2
3-2	Procedures/Health Education Programs, Services and Resources	Changed Disease Management Program to Chronic Condition Management. Added new description.	3-2
3-2	Procedures/Health Education Programs, Services and Resources	Added language to Diabetes Prevention Program, “The DPP core benefit lasts one year, and offers 22 peer-coaching sessions. Members who achieve and maintain a minimum weight loss of five percent by the end of the year will be eligible to receive ongoing maintenance sessions to help them continue healthy lifestyle behaviors.”	3-2
3-2	Procedures/Health Education Programs, Services and Resources	CalViva Pregnancy Program: Added “Educational resources include materials on monitoring the baby’s movement and handbooks on planning a healthy pregnancy and caring for the baby. High-risk pregnancies receive additional case management services.” Removed “Members can participate by contacting Members Services at 1-888-893-1569.”	3-2
3-3	Procedures/Health Education Programs,	Changed “California Smokers’ Helpline” to new name “Kick It California.” Updated the description	3-2 – 3-3

	Services and Resources	of the program. Added hours, days, telephone number, and the website to “Kick It California.”	
3-3	Procedures/Health Education Programs, Services, and Resources	Added “Telephonic” to the title which now reads “Community and Telephonic Health Education Classes.” Added “no-cost” and “classes are available in various languages. Topics vary and are determined by the community’s needs” to the description.	3-3
3-3	Health Education Resources	Added “weight control,” “dental care,” “breast cancer screening,” “cervical cancer screening,” and “breastfeeding.” Removed “prenatal care”	3-3
3-4	Health Education Resources	Removed “Health Education Member Request Form” description.	n/a
3-5	Promotion of Health Education Programs, Services and Resources	Added “Information in the welcome packets for new members.” Removed “Inclusion in the welcome packets with Health Education Member Request Form”	3-5
4-1	Staff Resources and Accountability	Removed Chief Operating Officer from this section.	n/a



CalViva Health
20224 Health Education
Program Description

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Fresno-Kings-Madera Regional Health Authority Commission Approval

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

David Hodge, MD
Regional Health Authority Chairperson

Date

Patrick Marabella, MD, Chief Medical Officer

Date

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Table of Contents

Section 1: Introduction	1-1
Overview	1-1
Section 2: Policy Statement and Purpose	2-1
Policy Statement	2-1
Purpose	2-1
Confidentiality	2-1
Section 3: Procedure	3-1
Health Education Programs, Services and Resources	3-1
Population Needs Assessment	3-3
Resource Needs Assessment	3-4
Educational Materials	3-4
Promotion of Health Education Programs, Services and Resources	3-4
Members	3-4
Providers	3-5
Staff	3-5
Community Collaborations	3-5
Health Education Standards and Guidelines	3-6
Individual Health Education Behavioral Assessment Tool (IHEBA) Staying Healthy Assessment (SHA)	3-6
Public Policy Committee	3-7
Section 4: Staff Resources and Accountability	4-1
Committees	4-1
CalViva Health Staff	4-1
Health Net Staff	4-1
Incorporating Health Education into CalViva Health's Health Care Services Delivery	4-2
Strategies for Improving the Effectiveness of Health Education Programs and Services	4-3
Section 5: Program Evaluation	5-1
HED Internal Monitoring and Evaluation	5-1
CalViva Health Monitoring and Evaluation	5-1

OVERVIEW

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

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

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

POLICY STATEMENT AND PURPOSE

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

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

HED's Goals:

1. To provide **free** culturally and linguistically appropriate health education programs and resources **at no-cost** to:
 - Support members and the community to achieve optimal physical and mental health.
 - Promote health equity.
 - Improve CalViva Health's quality performance.
 - Enhance member satisfaction and retention.
2. To engage communities, stakeholders, and partners by providing high quality health education programs and resources.

Purpose:

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

Confidentiality

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

PROCEDURES

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

Health Education Programs, Services and Resources (Interventions)

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

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

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

Members and PCPs may request educational materials on health topics such as, but not limited to, nutrition, tobacco prevention & cessation, HIV/STD prevention, family planning, exercise, dental, perinatal, diabetes, asthma, hypertension, age-specific anticipatory guidance, injury prevention, and immunization, and mental health. Some of these topics are also offered at community classes. [Members may self-refer to CalViva Health health education programs by calling the toll-free Health Education Information Line.](#)

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

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

- Weight Management Programs –Members have access to three program options under a comprehensive Fit Families for Life-Be In Charge!SM suite of programs.
 - The Fit Families for Life-Home Edition is a 5-week home-based program to help families learn and set weekly nutrition and physical activity goals to achieve a healthy weight. Materials include a program booklet, cookbook, and exercise stretch band. Providers may complete and fax a copy of the Fit Families for Life – Be In Charge!SM Program Referral Form to the CalViva Health Health Education Department to refer members to the Home Edition program.
 - The CalViva Health members also have access to Healthy Habits for Healthy People weight management educational resource is designed specifically for older adults and seniors. Program materials also include a program booklet, cookbook, and exercise stretch band.
 - Fit Families for Life and Healthy Habits for Healthy People Community Classes - classes teaching basic nutrition and physical activity information. They can be offered at community-based organizations and/or in areas where CalViva Health members reside. The Community Classes are free offered at no-cost to all CalViva Health members and the community, (and are available contingent upon pandemic restrictions).
- Chronic Disease Education: Hypertension – Identify at risk members for cardiovascular disease through claims and encounter data. Eligible members will receive education about healthy nutrition, physical activity, and timely preventive health screenings.
- Chronic Condition ManagementDisease Management Program – Medi-Cal members with asthma, diabetes, and heart failure are enrolled in the Chronic Condition Management program to help them manage their condition and better understand their treatment options. The program includes a population-based identification process, interventions based on clinical need, patient self-management, and disease education. Multi-disciplinary teams are involved in the development of these efforts. Referrals to chronic condition management are multichannel and come through Case Management, provider, and member self-referrals. CalViva's disease management programs increase awareness of self-care strategies and empower participants to better manage their disease. CalViva Health Disease Management Programs may include, but not limited to: asthma, diabetes, and heart failure. This program includes a population-based identification process, interventions based on clinical need, patient self-management, disease education, and process and outcome measurement. Multi-disciplinary teams are involved in the development of these efforts. Referrals to disease management are multichannel and come through provider, Case Management and member self-referrals.
- Diabetes Prevention Program - Eligible members 18 years old and older with prediabetes can participate in a year long evidence-based, lifestyle change program that promotes and focuses on emphasizing weight loss through exercise, healthy eating, and behavior modification. The program is designed to assist Medi-Cal members in preventing or delaying the onset of type 2 diabetes. The DPP core benefit lasts one year, and offers 22 peer-coaching sessions. Members who achieve and maintain a minimum weight loss of five percent by the end of the year will be eligible to receive ongoing maintenance sessions to help them continue healthy lifestyle behaviors.
- CalViva Pregnancy Program – The pregnancy program incorporates the concepts of case management, care coordination, disease management and health promotion in an effort to teach

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pregnant members how to have a healthy pregnancy and first year of life for babies. –The program also aims to reinforce the appropriate use of medical resources to extend the gestational period and reduce the risks of pregnancy complications, premature delivery, and infant disease. Educational resources include materials on monitoring the baby's movement and handbooks on planning a healthy pregnancy and caring for the baby. –High-risk pregnancies receive additional case management services. Members can participate by contacting Member Services at 1-888-893-1569.

- ~~Kick It California (–Formerly known as the California Smokers' Helpline), Kick It California-il - Is a no-cost, statewide tobacco cessation program that addresses smoking and vaping behaviors. Services include tailored one-on-one telephonic coaching in six languages (English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese), a texting program in English or Spanish, a website chat function, and mobile apps on smoking and vaping. Telephonic coaching is available Monday-Friday, 7am-9pm, and Saturday from 9am-5pm by calling 1-800-300-8086. To learn more about available resources and medication options, members may call the toll-free number or visit www.kickitca.org. California Smokers' Helpline –The California Smokers' Helpline (1-800-NO-BUTTS) is a free statewide quit smoking service. The Helpline offers self-help resources, referrals to local programs, and one-on-one telephone counseling to quit smoking. Helpline services are available in six languages (English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese), and specialized services are available to teens, pregnant women, and tobacco chewers. Members are offered a 90-day regimen of all FDA approved tobacco cessation medications with at least one medication available without prior authorization. CalViva Health will cover a minimum of two separate quit attempts per year with no mandatory break between quit attempts. CalViva Health also offers no cost individual, group and telephone counseling without prior authorization for members of any age regardless if they opt to use tobacco cessation medications.~~
- Nurse Advice Line – Members may speak to a nurse 24 hours a day, 7 days a week in the member's preferred language about any health related concerns.
- Healthy Hearts, Healthy Lives – Members have access to a heart health prevention toolkit (educational booklet and tracking journal) to learn how to maintain a healthy heart.
- Digital Health Education - Teens from 13 years old and adults may participate in electronic health education campaigns and programs available through T2X's website, and text messaging, and mobile app. T2X engages members in discussing learning about health topics that are important to them. T2X interventions guide participants in learning how to access credible health education information and seek preventive health care services.
- myStrength Program - Members have access to an evidence-based, self-help resource that is available on-line or in a mobile app. It offers interactive, personalized modules that empower members to help manage their depression, anxiety, stress, substance use, chronic conditions, pain management and many other conditions.
- Health Promotion Incentive Programs - The HED partners with Quality Improvement Department to develop, implement and evaluate incentive programs to encourage members to receive health education and to access HEDIS related preventive health care services.
- Community and Telephonic Health Education Classes – No-cost Collaborate with community partners to offer health education classes and webinars are offered to members and the community. Classes are available in various languages. Topics vary and are determined by the community's needs.

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The following educational resources are available to members:

- Health Education Resources: Members or the parents of youth members may order health education materials on a wide range of topics, such as asthma, weight control, healthy eating, diabetes, immunizations, dental care, breastfeeding, breast cancer screening, cervical cancer screening, prenatal care, exercise and more. These materials are available in threshold

languages. Members may also access more than 4,000 topics relating to health and medication using Krames online at www.calvivahealth.org.

- ~~Health Education Member Request Form~~ — ~~Members complete a pre-stamped form to request free health education materials available through the department. The form also contains the toll-free Health Education Information Line.~~
- Health Education Programs and Services Flyer — This flyer contains information on all health education programs and services offered to members and information on how to access services.
- Preventive Screening Guidelines -- The guidelines are provided to inform members of health screening and immunization schedules for all ages. These are available in English, Spanish and Hmong.
- Member Newsletter — A newsletter is mailed to members once a year and covers various health topics and the most up-to-date information on health education programs and services.

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

Population Needs Assessment

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

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

Resource Needs Assessment

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

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

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- Needs identified by other departments.

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

Educational Materials

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

Promotion of Health Education Programs, Services and Resources

A. Members

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

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

B. Providers

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

- CalViva Health's Provider Toolkit and web-based Provider Operations Manual contain requirements for health education and available health plan's services. The Toolkit and Manual are updated as needed. The Health Education materials order form is included as an attachment

and offers materials in multiple languages and on multiple health topics at no cost to the providers or members

- Provider on-line newsletters, Provider Updates, flyers and other provider mailings
- CalViva Health's provider trainings
- On-site visits are conducted by the Facility Site Compliance Department, Provider Engagement, and HED to inform providers and their staff about CalViva Health's services, including health education programs, Staying Healthy Assessment, and resources
- CalViva Health's toll-free Health Education Information Line

C. CalViva Health and Health Net Staff

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

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

- Health Education Department intranet site
- Health Education Department email updates
- CalViva Health's website
- Presentation at individual department's staff meetings
- Member newsletter
- Interdepartmental workgroup meetings

D. Community Collaborations

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

CalViva Health's Health Education Standards and Guidelines

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

Educational materials for Medi-Cal members must be culturally appropriate and written at a sixth-grade (or lower) reading level and in an easy-to-read format. –All health education materials are reviewed and approved by the Health Education Department, ~~Cultural & Linguistic Services~~Health Equity Department, Medical Directors, CalViva Health staff and contracting regulators as appropriate. CalViva Health pre-translated a core set of educational materials into Spanish and Hmong. Health Education materials are

also available in alternative formats upon member request. Educational materials and services must be available on a variety of topics to members and providers at no cost.

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

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

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

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

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

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

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

The SHA consists of nine questionnaires specific to age ranges in which health risk factors may change significantly. They are available in Arabic, Armenian, Chinese, English, Farsi, Hmong, Khmer, Korean, Russian, Spanish, Tagalog, and Vietnamese. Providers are informed via a Provider Update and provider in-services on the SHA requirements, how to complete and document the questionnaires, how to provide

appropriate health education and referrals, and where to access the questionnaires. CalViva Health makes these forms available to contracting providers via the toll-free Health Education Information Line, on the provider website, and on the provider materials order fax form.

Public Policy Committee (PPC)

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

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

STAFF RESOURCES AND ACCOUNTABILITY

1. CalViva Health Committees

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

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

B. QI/UM Committee

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

C. Public Policy Committee

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

2. CalViva Health Staff Roles and Responsibilities

A. Chief Medical Officer

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

~~B. Chief Operating Officer~~

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

~~C.B. Chief Compliance Officer~~

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

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

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

A. -The HED Leadership Team

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

Incorporating Health Education into Health Care Services Delivery

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

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

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

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

Strategies for Improving the Effectiveness of Health Education Programs and Services

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

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

PROGRAM EVALUATION

HED Internal Monitoring & Evaluation

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

- Health education materials are offered in an appropriate cultural, linguistic, and reading level. HED will follow the MMCD All Plan Letter 18-016 (Readability and Suitability of Written Health Education Materials) to develop, review and approve written health education materials. CalViva Health Chief Medical Officer's review and approval are needed for materials.
- Health education classes, webinars and programs are evaluated for effectiveness.
- A documentation system tracks member requests for health education interventions.
- A documentation system tracks provider requests for health education resources to be distributed to members.
- Requests for health education materials and services are evaluated on a monthly and annual basis.
- Mid-year and year-end work plan evaluation reports are prepared and reviewed.
- A PNA Report is developed annually.
- An evaluation report is submitted to CalViva Health for review and subsequent submission to DHCS annually for each active health education incentive program.
- DHCS Texting Program and Campaign Submission form is submitted prior to implementation and an evaluation report is completed.
- Informal provider assessment is conducted to obtain provider feedback on health education programs, services, and materials accessed through CalViva Health's HED as needed.

CalViva Health Monitoring & Evaluation

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

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

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

Item #11

Attachment 11.D

HEALTH EDUCATION PROGRAM DESCRIPTION
AND WORK PLAN EVALUATION

2022 Work Plan



2022 Health Education Work Plan

Submitted by:

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

Table of Content

Health Education Programs and Services		Page
Health Education Department Overview		3
1	Chronic Disease Education: Asthma	5
2	Chronic Disease Education: Diabetes	6
3	Chronic Disease Education: Hypertension	8
4	Community Engagement/Promotores Health Network	9
5	Fluvention and COVID-19	10
6	Member Newsletter	12
7	Mental/Behavioral Health	13
8	Obesity Prevention	14
9	Pediatric Education	15
10	Perinatal Education	17
11	Population Needs Assessment	18
12	Tobacco Cessation Program	20
13	Women’s Health	21
Health Education Department Operations, Reporting and Oversight		
14	Compliance: Oversight and Reporting	23
15	Health Education Department Promotion, Materials Update, Development, Utilization, and Inventory	24

I. Purpose:

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

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

III. HED's Goals and Objectives:

Goals:

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

Objectives

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

IV. Selection of the Health Education Department Activities and Projects:

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

V. Strategies

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

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

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

1. Initiative/ Project:	Chronic Disease Education: Asthma				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA				
Rationale	Asthma is one of the most common chronic diseases and has been recognized as a growing health concern. According to the Centers for Disease Control and Prevention, 1 in 13 people have asthma. Asthma is the third-ranking cause of hospitalization among children younger than 15 and from 2008-2013, the annual economic cost of asthma was more than \$81.9 billion – including medical cost and loss of work and school days. A good number of CalViva Health members continue to access the Emergency Room for asthma related conditions. (The Economic Burden of Asthma in the United States, 2008-2013. Annals of the American Thoracic Society)				
Reporting Leader(s)	Primary:	J. Felix		Secondary:	R. Calva-Songco
Goal of Initiative	To educate members in managing their asthma.				
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)	
Implement an Asthma in-home visitation program	Enroll 100 members into the Central California Asthma Collaborative (CCAC) in-home visitation program.	Enrolled 127 members.			
	Collect patient-level utilization and pharmacy data for asthma medications, and program effectiveness for members.	New for 2022.			
Major Activities		Timeframe For Completion	Responsible Party(s)		
Collaborate with CCAC for in-home visitation program.		Ongoing for 2022	J. Felix, R. Calva-Songco		
Complete mailing, as needed, to promote Central California Asthma Collaborative (CCAC) program and partnership to targeted Medi-Cal members.		Q3 2022	J. Felix; J. Landeros		
Conduct monthly vendor oversight meetings.		Ongoing for 2022	J. Felix		
Coordinate with Pharmacy to target members who need a controller medication and promote CCAC program.		Ongoing for 2022	J. Felix		
Provide a monthly list of high-risk members with asthma to CCAC.		Ongoing for 2022	J. Felix		
Support Asthma Population Health Management by promoting interdepartmental asthma resources to high-risk members.		Ongoing for 2022	J. Felix		
Conduct asthma phone education outreach as needed.		December 2022	J. Felix; L. Mucarsel		
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
Mid-Year and Year End Updates	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Year-End Update				
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>				

2. Initiative/ Project:	Chronic Disease Education: Diabetes			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	<ol style="list-style-type: none"> According to the Centers for Disease Control and Prevention (CDC) 34.2 million people have diabetes and 88 million people aged 18 and over have prediabetes. (Centers for Disease Control and Prevention. <i>National Diabetes Statistics Report, 2020</i>. Retrieved 1.21.22. Available online: https://www.cdc.gov/diabetes/library/features/diabetes-stat-report.html) Diabetes increases their risk of serious health problems. Health plans must comply with DHCS requirements in accordance with 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. African American, Hispanic/Latino, American Indian, or Alaska Native are at higher risk of developing Type 2 diabetes. 2021 Population Needs Assessment results concluded diabetes care as one area for improvement for Year 2022. 			
Reporting Leader(s)	Primary:	M. Zuniga	Secondary:	J Felix
Goal of Initiative	To provide members with education on diabetes prevention and control through promotion of effective nutrition management strategies and multifaceted communication.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Implement a Diabetes Prevention Program (DPP)	Enroll at least 50 members in the DPP program by Dec 2022.	Received DHCS approval in November 2021. Enrollment status to be reported on 2022 mid-year report.		
	At least 60% of participants enrolled in Yes Health mobile DPP program in 2022 will complete the 16-week program.	Program was not launched. Data to be reported in 2022.		
	At least 20% of participants enrolled in the Yes Health mobile DPP program will achieve 5% or greater weight loss at week 16.	Program was not launched. Data to be reported in 2022.		
Diabetes Care	<i>Distribute Diabetes Care</i> education booklet to 50 members with uncontrolled diabetes by September 2022.	New measure.		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Update Diabetes Prevention Program Implementation and Vendor Oversight Policy & Procedure.		April 2022	M. Zuniga, J. Felix	
Conduct one Provider Webinar to promote the DPP Medi-Cal benefit and the DPP mobile app.		July 2022	M. Zuniga	
Release new Provider Update with claims codes for prediabetes.		September 2022	M. Zuniga	
Submit Member Incentive Annual Evaluation report to DHCS.		December 2022	M. Zuniga	
Conduct monthly member eligibility data file transfers for DPP vendor.		December 2022	M. Zuniga	
Refer Medi-Cal members diagnosed with Type 2 diabetes participating in DPP program into health plan's disease management program for diabetes as needed.		December 2022	M. Zuniga	
Conduct monthly DPP vendor oversight meetings.		December 2022	M. Zuniga	
Evaluate effectiveness of DPP program percentage of members who maintain 5% weight loss upon completion of year 1 of the DPP program.		December 2022	M. Zuniga	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			

Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update:</p> <p>Year-End Update:</p>
Initiative Continuation Status <i>(populate at year-end)</i>	<p> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> </p>

3. Initiative/ Project:	Chronic Disease Education: Hypertension			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	According to the Center for Disease and Prevention (CDC), hypertension affects nearly half of adults in the United State (2020). The Surgeon General’s Call to Action to Control Hypertension seeks to avert the negative health effects of hypertension across the U.S. by identifying interventions that can be implemented, adapted, and expanded across diverse settings (2020).			
Reporting Leader(s)	Primary:	M. Zuniga		Secondary:
Goal of Initiative	To provide cardiovascular health prevention and disease management awareness to plan and community members.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Educate members at risk for cardiovascular disease about healthy nutrition, physical activity, and timely preventive health screenings	Send Healthy Hearts Healthy Lives (HHHL) toolkits to <i>newly identified</i> members with uncontrolled high blood pressure to be based on identified care gaps in 2022 – projected to be at least 600 newly identified members in 2022.	2021 mailing of rebranded materials reached 1,212 members based on Q4 2021 care gap data.		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Submit HHHL member letter to Workfront and obtain material ID for future mailings.		May 2022	M. Zuniga	
Work collaboratively with Quality Improvement to identify high volume, low performing PPGs.		September 2022	M. Zuniga	
Identify members at risk for cardiovascular disease through claims and encounter data.		September 2022	M. Zuniga	
Mail Healthy Hearts Healthy Lives packet to identified members.		December 2022	M. Zuniga	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Year-End Update:			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

4. Initiative/ Project:	Community Engagement/Promotores Health Network (PHN)			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input type="checkbox"/> QUALITY PERFORMANCE <input type="checkbox"/> PNA			
Rationale	Increase community awareness of CalViva Health’s programs and services to help members achieve optimal health and wellbeing. For the Promotores, the focus for 2022 continues to be women’s health and chronic condition measures which are held to a Minimum Performance Level (MPL) of 50 th Percentile.			
Reporting Leader(s)	Primary:	A. Corona, I. Rivera		Secondary:
Goal of Initiative	To provide members culturally and linguistically appropriate health education, promote annual preventive screenings, and create linkages to local resources.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Increase health plan member participation in Promotores Health Network education charlas	Reach a 70% member participation in education charlas.	Conducted 87 charlas with 67% member reach rate (998/1490).		
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.	Successfully established two partnerships with MCDPH and Alzheimer’s Association.		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Establish partnership with Madera County Department of Public Health to implement and promote PHN charlas and community engagement.		December 2022	A. Corona	
Identify a list of community stakeholders that address food insecurity, homelessness, and ACEs.		December 2022	A. Corona	
Promote community partners’ programs and services that address social determinants of health.		December 2022	A. Corona	
Collaborate with Camarena Health to refer members to PHN charlas and promote preventive health screenings.		December 2022	A. Corona	
Collaborate with Madera Unified School District Parent Resource Centers to host diabetes classes and promote bailoterapia (fitness classes).		December 2022	A. Corona	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Year-End Update:			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

5. Initiative/ Project:	Fluvention and COVID-19			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	CalViva member flu vaccination rates continue to drop below the Healthy People 2020 rates of 70% for persons 6 months and older and 80% for pregnant women. Inform members of COVID-19 safety precautions and vaccines.			
Reporting Leader(s)	Primary:	A. Fathifard		Secondary:
Goal of Initiative	To reduce flu among members 6 months and older, especially high-risk populations. To educate members about COVID-19 prevention, testing and vaccination.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Increase Medi-Cal member knowledge about the importance and benefits of flu vaccines	Implement the Fluvention campaign to educate members on flu vaccination using two or more communication channels by Q4 2022.	Inclusion of Preventative Flu Practices and Promotion of Flu vaccinations in CalViva Whole you Annual Member Newsletter and Preventative Screening Guidelines.		
Inform health care professionals on the latest flu information and best practices	Develop and distribute a provider update related to flu vaccination by Q4 2022.	Created and implemented a Provider Update on influenza-like-illness activity for the 2021 flu season and best practices for approaching Flu Vaccine hesitations during the COVID-19 pandemic. Sent on December 29, 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 by Q3 2022.	CalViva Health COVID-19 CBO Toolkit developed and shared with Community Engagement team for further dissemination to local partners and LHJ. Developed and Implemented COVID-19 Community Based Member Outreach Strategy to drive CalViva members to local vaccination events.		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Leverage external resources: hospitals, schools, public health departments, CBOs, and other relevant stakeholders to increase flu vaccination rates.		August 2022	A. Fathifard	

Lead COVID-19 member communication work group to develop and disseminate COVID 19 vaccine information.	August 2022	A. Fathifard
Work to rebrand and implement the multi-modal COVID-19 Corporate campaign, including requesting an expanded timeline for CA reviews.	September 2022	A. Fathifard
Work with Marketing to customize and approve eligible Fluvention communications to members and providers.	October 2022	A. Fathifard
Promote and/or distribute flu promotion resources or toolkits to providers and their office staff.	December 2022	A. Fathifard
Partner with data analytics (i.e., HEDIS team) to monitor Medi-Cal flu vaccination rates by county.	December 2022	A. Fathifard
Initiative Status <i>(populate at year-end)</i>	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>	
Mid-Year and Year End Updates	Include barriers to implementation and systemic/organizational barriers. Mid-Year Update: Year-End Update:	
Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>	

6. Initiative/ Project:	Member Newsletter			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	The newsletter meets the DHCS guideline that requires specific member communication to be mailed to members' homes. The member newsletter is also a mode of communication for NCQA articles and promotion of wellness programs and quality improvement interventions.			
Reporting Leader(s)	Primary:	M. Zuniga	Secondary:	
Goal of Initiative	To educate members about priority health topics and inform members about available programs, services, and health care rights.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Manage content for Medi-Cal Newsletter	Develop and distribute one CVH member newsletter in 2022.	Distributed 928,000 member newsletters in 2021.		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Submit one newsletter to C&L database for review.		March 2022	M. Zuniga	
Collaborate interdepartmentally to develop and produce 1 annual newsletter.		April 2022	M. Zuniga	
Update newsletter Desktop Procedure, as needed.		May 2022	M. Zuniga	
Obtain DHCS approval.		June 2022	M. Zuniga	
Obtain member data in preparation for member mailing.		August 2022	M. Zuniga	
Work with ICS to distribute annual member newsletter.		September 2022	M. Zuniga	
Conduct interdepartmental kick-off meeting to gather 2023 newsletter topics.		October 2022	M. Zuniga	
Explore options for offering an expanded online newsletter.		October 2022	M. Zuniga	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Year-End Update			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

7. Initiative/ Project:	Mental / Behavioral Health			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	<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>			
Reporting Leader(s)	Primary:	TBA	Secondary:	
Goal of Initiative	To support members with behavioral health resources and opioid education.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Promote member enrollment in myStrength	Increase member enrollment by 10% to 65 members.	Enrolled 59 members.		
Develop Adverse Childhood Experiences (ACEs) training resources for providers	Produce 2 provider communications informing them of ACEs, trauma-informed care, toxic stress, and training opportunities.	Distributed 14 unique provider communications.		
Promote ACEs among members/providers	Increase ACEs screening to CVH members by 3% from 10,229 to 10,536.	Submitted 16,143 screening claims.		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Promote mental/behavioral health resources to members using member newsletter.		Q3 2022		
Explore additional promotional activities to promote myStrength/behavioral health resources.		Q3 2022		
Work with Marketing to produce 2 provider communications on ACEs.		Q3-Q4 2022		
Explore opportunity to work with Population Health Management to build referral process for members.		Q4 2022		
Initiative Status (populate at year-end)	<p style="text-align: center;"> MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> </p>			
Mid-Year and Year End Updates	<p>Include barriers to implementation and systemic/organizational barriers.</p> <p>Mid-Year Update:</p> <p>Year-End Update:</p>			
Initiative Continuation Status (populate at year-end)	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> </p>			

8. Initiative/ Project:	Obesity Prevention			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	Adult obesity Rate in CA is 25.8% and 13.9% for adolescents (grades 9-12)*. Obesity is a documented contributor to various diseases and healthcare costs. Per the January RY2020 HEDIS performance dashboard, Adult BMI Assessment and Weight Assessment and Counseling - BMI rates are below MPL across all Medi-Cal counties. * 2018 BRFSS and 2017 YRBSS data sources, pulled from CDC website on 1/27/2020.			
Reporting Leader(s)	Primary:	J. Felix (Interim point of contact)		Secondary: J. Felix, M. Lin, M. Zuniga
Goal of Initiative	To support overweight and high-risk members to incorporate healthy lifestyle habits through nutrition education and increased physical activity.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Increase Fit Families for Life (FFFL) Home Edition Program enrollment	Enroll 500+ members (75% flagged as high-risk).	Enrolled 776 members (100% flagged as high risk) [and 93.4% satisfaction from direct incentive survey].		
Increase Healthy Habits for Healthy People (HHHP) program enrollment	Enroll 350+ members.	Enrolled 561 members.		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Determine if a Provider Update on weight management is needed.		August 2022	J. Felix, R. Calva-Songco	
Determine outreach to members non-compliant in the weight assessment/counseling HEDIS measure into FFFL and HHHP.		August 2022	J. Felix	
Promote FFFL and HHHP in member newsletter.		September 2022	M. Zuniga	
Introduce email-messaging outreach to introduce FFFL to overweight members.		Q4 2022	J. Felix	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Year-End Update			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

9. Initiative/ Project:	Pediatric Education			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	<p>Regularly scheduled well-child visits are a vital component of health care for young children and the foundation of pediatric primary care for most children in the United States. The American Academy of Pediatrics (AAP) guideline recommends attending 14 Well Child Visit (WCV) within the first five years of life and then annual visits after that until age 21. These visits may provide children with a unique opportunity to identify and address pressing social, preventive, behavioral, and developmental health services. Furthermore, these visits help ensure timely immunizations, help reduce the use of acute care services and offer parents an opportunity to discuss their health-related concerns that demonstrate significant and long-lasting effects on children’s lives with the provider. Research estimates that children miss approximately one-third of WCVs, with African American children, children who are uninsured or publicly insured, and children from low-income families reporting even higher disproportions of WCVs. Literature indicates that children who were primarily publicly insured or uninsured most frequently missed visits at 15 months, 18 months, and four years. Children who fall short of these visits may lack developmental screenings and other preventive services typically performed at these ages. Missed WCVs accompany increased emergency department use and hospitalizations, associations that become amplified among children from low-income families.</p> <p>A consensus of scientific research demonstrates that cumulative adversity, especially when experienced during childhood development, also known as Adverse Childhood Experiences (ACEs), is a root cause to some of the most harmful, persistent, and expensive health challenges facing our nation. Identifying ACEs and other social determinants of health in children and adults, and providing targeted intervention, can improve efficacy and efficiency of care, support individual and family health and well-being, and reduce long-term health costs.</p> <p>The following CVH Counties express the current HEDIS rates (RY2022) for pediatric measures: Fresno: CIS-10 (<25th Percentile), IMA-2 (25th Percentile), LSC (<25th Percentile), W30-15 (25th Percentile), W30-30 (< 25th Percentile), WCV (50th Percentile) Kings: CIS-10 (<25th Percentile), IMA-2 (25th Percentile), LSC (50th Percentile), W30-15 (50th Percentile), W30-30 (< 25th Percentile), WCV (<25th Percentile) Madera: CIS-10 (25th Percentile), IMA-2 (75th Percentile), LSC (50th Percentile), W30-15 (75th Percentile), W30-30 (50th Percentile), WCV (75th Percentile)</p>			
Reporting Leader(s)	Primary:	A. Fathifard	Secondary:	J. Felix, M. Lin
Goal of Initiative	Develop resources to inform and educate members about the significance of WCVs and to act as a support for improving select HEDIS measures by driving member engagement via educational and community screening services.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Promote pediatric education resources	Promote two educational well-child resources for inter-departmental utilization.	Promoted WCV/CIS-10 curriculum training with Quality Improvement and staff of FHCN		
Immunization Education	Explore at least one best practice to improve childhood immunization.	Partnered with Family HealthCare Network for the clinic to implement an educational text messaging campaign inviting members to call the clinic to schedule their child’s routine childhood shots. Campaign was delivered on September 14 th with a follow-up message on September 21 st .		
Barrier analysis: Health Equity for Pediatric Health Education	Complete analysis to determine if there are any potential disparities in completion of immunization rates based on race, ethnicity, and/or language.	New for 2022		

Major Activities	Timeframe For Completion	Responsible Party(s)
	August 2022	A. Fathifard
Identify and/or create and disseminate health education material(s) for members to inform them on the importance of blood lead screening for minors.	Q3 2022	A. Fathifard
Identify and/or create and disseminate health education material(s) for providers to inform them on the new focus by DHCS on the importance of blood lead screening for minors.	Q3 2022	A. Fathifard
Utilize Merck resources for webinar on Vaccine Hesitancy (for providers).	Q3 2022	A. Fathifard
Promote well-child flyer to CBO partners and provider groups in CVH Counties.	August 2022	A. Fathifard
Identify new potential sources of formal vaccination materials that highlight the importance of childhood and adolescent immunizations and discuss and coordinate dissemination with California Immunization Coalitions.	October 2022	A. Fathifard
Provide health education support for the PIP and assist in intervention design.	December 2022	A. Fathifard, J. Felix
Initiative Status <i>(populate at year-end)</i>	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>	
Mid-Year and Year End Updates	Include barriers to implementation and systemic/organizational barriers. Mid-Year Update: Year-End Update:	
Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>	

10. Initiative/ Project:	Perinatal Education			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	<p>1. According to the American Academy of Pediatrics and the American College of Obstetricians and Gynecologist (2017), prenatal care visits are important to ensure the well-being of the expectant mother and the unborn child. The recommendation intervals for prenatal visits for nulliparous women with uncomplicated pregnancies are every 4 weeks until 28 weeks of gestation, every 2 weeks from 28 to 36 weeks, and then weekly until delivery. CVH counties not meeting the 50% Minimum Performance Level (MPL) (50% Benchmark = 85.89%) in 2021 are: Fresno (85.05%) and Madera (82.73%). Kings (87.60%) met the 50% Benchmark in 2021.</p> <p>2. Based on the American College of Obstetricians and Gynecologists (2017), postpartum care is an important determinant of quality health care outcomes for women giving birth. Since medical complications can occur after a woman has given birth, postpartum visits can address any adverse effects that giving birth had on a woman's body, such as persistent bleeding, inadequate iron levels, blood pressure, pain, emotional changes, and infections. This postpartum care visit is recommended between 7 to 84 days after delivery. CVH counties not meeting the 50% Minimum Performance Level (MPL) (50% Benchmark = 76.40%) in 2021 are: Fresno (66.31%), Kings (76.00%), and Madera (64.85%).</p> <p>3. High rates of cesarean delivery are a concern worldwide. The United States (US) Centers for Disease Control and Prevention set a target rate for cesarean delivery of 23.9% for low-risk first birth as part of their Healthy People 2020 goals; however, the cesarean delivery rate in the US was 25.9% in 2018, which was still above the target rate.</p>			
Reporting Leader(s)	Primary:	TBA	Secondary:	
Goal of Initiative	To provide accessible, high quality health care and education to women of childbearing age and babies to have healthy pregnancies, healthy newborns, increased exclusive breastfeeding rates and lower perinatal health care costs.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Enroll pregnant CVH members into the healthy pregnant education program.	Enroll 1,000+ pregnant members in the CVH Pregnancy Program.	Distributed a total of 1,715 CVH Pregnant Program packets and 678 Newborn packets to members.		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Promote the CVH Pregnancy Program among internal departments.		Ongoing 2022		
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Year-End Update			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

11. Initiative/ Project:	Population Needs Assessment			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input checked="" type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	Per DHCS APL 19-011, MCPs are required to conduct a PNA. MCPs must address the special needs of seniors and persons with disabilities (SPDs), children with special health care needs (CSHCN), members with limited English proficiency (LEP), and other member subgroups from diverse cultural and ethnic backgrounds in the PNA findings. MCPs must use the PNA findings to identify and act on opportunities for improvement.			
Reporting Leader(s)	Primary:	G. Toland	Secondary:	A. Fathifard, M. Zuniga, and R. Calva-Songco
Goal of Initiative	To improve health outcomes for members and ensure that MCPs are meeting the needs of all their Medi-Cal members by: <ul style="list-style-type: none"> Identifying member health needs and health disparities Evaluating health education, C&L, and quality improvement (QI) activities and available resources to address identified concerns Implementing targeted strategies for health education, C&L, and QI programs and services 			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Compile data, author, and submit a Population Needs Assessment for CalViva Health to the Department of Health Care Services, per regulatory requirements.	Initiate workgroup and collaborate with QI, Health Equity, and other departments to obtain proper information for various PNA sections to submit to the State by the designated 2022 deadline.	Developed and completed Population Needs Assessment for CalViva Health. Obtained proper acceptance from DHCS and report noted as being "outstanding."		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Assemble and Initiate Population Needs Assessment Workgroup + Cadence of Workgroup Meetings.		March 2022	G. Toland, A. Fathifard, M. Zuniga	
Work inter-departmentally to obtain all necessary data sources for PNA Production.		May 2022	G. Toland, A. Fathifard, M. Zuniga	
Examine County-Level data for all three CalViva counties to produce a Social Determinant of Health Analysis.		June 2022	G. Toland, A. Fathifard, M. Zuniga	
Provide PNA progress towards Action Plan objectives.		June 2022	R. Calva-Songco, G. Toland, A. Fathifard, M. Zuniga	
Include stakeholder engagement.		June 2022	R. Calva-Songco, G. Toland, A. Fathifard, M. Zuniga	
Compile section write-ups into single-report format and overview entire document for alignment with DHCS checklist.		June-July 2022	G. Toland, A. Fathifard, and M. Zuniga	
Submit PNA to DHCS for DHCS review/approval.		June-July 2022	R. Calva-Songco, G. Toland, A. Fathifard, M. Zuniga	
Formalize PNA findings into a presentable format for dissemination to QI and other departments in order to guide future work plan activities.		October 2022	R. Calva-Songco, G. Toland, A. Fathifard, M. Zuniga	
Amplify PNA findings by sharing findings at Policy Committee meetings and delivering critical information to key community stakeholders and executives.		December 2022	R. Calva-Songco, G. Toland, A. Fathifard, M. Zuniga	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update:			

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

12. Initiative/ Project:	Tobacco Cessation Program			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	As the leading cause of preventable death, disease, and disability in the United States, cigarette smoking is responsible for more than 480,000 deaths every year. Exposure to secondhand smoke is estimated to cause 41,000 deaths among U.S. adults every year. Tobacco use tends to be higher in rural communities and is the highest among American Indian populations. Smokers live 10 years less than non-smokers, on average. In California, 11.2% of adults smoked (2018 estimates), and 5.4% of high school students smoked cigarettes on at least one day in the past month (2017 rate). In 2019, 17% of CVH Health Information Form respondents reported some form of tobacco use during the previous year.			
Reporting Leader(s)	Primary:	J. Felix	Secondary:	R. Calva-Songco
Goal of Initiative	To improve members' health outcomes and reduce health care costs by decreasing the rate of tobacco users among CVH membership.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Collaborate with Kick It California, 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 180 in 2022.	Enrolled 172 CVH members.		
Offer members tobacco cessation aids in partnership with Kick It California	Enroll 20 members per month into the Kick It California pilot project after DHCS approval of the program.	Program proposal not completed. Still in development.		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Finalize SOW, BAA and MSA with Kick It California with DHCS approval.		Q2 2022	J. Felix	
Use pharmacy and claims data for smoking related CDT and ICD-10 codes to monitor tobacco-related healthcare costs and for pharmacy to promote enrollment into Kick It California.		Q2-Q4 2022	J. Felix	
Promote Kick It California in one Medi-Cal newsletter.		October 2022	J. Felix	
Promote Kick It California tobacco cessation program to members via email and/or mail campaigns.		December 2022	J. Felix	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Year-End Update:			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

13. Initiative/ Project:	Women's Health			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	<p>1. According to the U.S. Preventive Services Task Force (USPSTF, 2018), American Cancer Society (ACS, 2022), and Centers for Disease Control and Prevention (CDC, 2022), 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. CVH counties not meeting the 50% Minimum Performance Level (MPL) (50% Benchmark = 59.12%) for CCS in 2021 are: Fresno (55.74%), Kings (58.09%), and Madera (57.30%).</p> <p>2. According to the ACS (2022), 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. CVH counties meeting the 50% Minimum Performance Level (MPL) (50% Benchmark = 53.93%) for BCS in 2021 are: Kings (54.42%) and Madera (54.12%). Fresno (46.33%) is below the MPL.</p>			
Reporting Leader(s)	Primary:	TBA	Secondary:	J. Felix, L. Mucarsel
Goal of Initiative	To provide members with education on breast cancer and cervical cancer regular screenings through promotion of importance of regular screenings and multifaceted communication.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Conduct Breast Cancer Screening/Cervical Cancer BCS/CCS classes	Coordinate with Every Women Counts a minimum of 3 BCS/CCS virtual classes in 2022. Reach a minimum of 50 members.	Conducted 16 virtual BCS/CCS classes, reaching a total of 1,388 participants.		
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 Southeast Asian members in Fresno County.	Implemented an educational session for Hmong-speaking BCS non-compliant members on September 24, 2021, at The Fresno Center.		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Conduct BCS and CCS telephonic educational calls.		Ongoing 2022	L. Mucarsel	
Work with Provider Engagement to promote and distribute BCS/CCS materials with providers.		Ongoing 2022	TBD	
Coordinate with Health Equity, Quality Improvement, and Hmong community members to address BCS Disparity Project in Fresno County.		Ongoing 2022	J. Felix	
In collaboration with Health Equity, Quality Improvement, and Hmong community, develop 1 educational intervention to address priority areas for BCS project.		Ongoing 2022	J. Felix	
Partner with Every Woman Counts to conduct BCS/CCS virtual community education classes.		Ongoing 2022	TBD	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	Include barriers to implementation and systemic/organizational barriers. Mid-Year Update: Year-End Update:			

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

14. Initiative/ Project:	Compliance: Oversight and Reporting			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input checked="" type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	Provide oversight to assure compliance to DHCS requirements.			
Reporting Leader(s)	Primary:	R. Calva-Songco, J. Felix, G. Toland, M. Lin		Secondary:
Goal of Initiative	To meet regulatory and company compliance			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Complete and submit Health Education Department's Program Description, Work Plan, and Work Plan evaluation reports	Complete and submit Program Description, Work Plan, and Work Plan evaluation reports in 2022.	Completed and submitted Program Description, work plan, and work plan evaluation.		
Update Health Education Department's Policies and Procedures	Update Policies and Procedures in 2022.	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 in 2022.	Completed semi-annual progress reports and 12 annual DHCS incentive evaluation reports.		
Develop and distribute a Provider Update on Staying Healthy Assessment (SHA)	Produce one Provider Update in 2022.	Produced 1 Provider Update.		
Present Health Education updates at Public Policy Committee (PPC) meetings	Participate in four PPC meetings where health education reports are presented in 2022.	Provided reports to be presented at 4 PPC meetings.		
Produce a Population Needs Assessment (PNA) report for all CVH counties	Develop and share PNA report with action plan using the latest data in 2022.	PNA was completed and approved by DHCS.		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Update Department Program Description.		March 2022	R. Calva-Songco, J. Felix	
Produce and distribute Provider Update on SHA.		December 2022	M. Lin	
Update Health Education Department's Policies and Procedures.		December 2022	R. Calva-Songco, J. Felix, Project Leads	
See PNA initiative of the work plan for information regarding this report.		December 2022	R. Calva-Songco, A. Fathifard, G. Toland, M. Zuniga; working with Community Engagement	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Year-End Update			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

15. Initiative/ Project:	Health Education Department Promotion, Materials Update, Development, Utilization, and Inventory			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input checked="" type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	Assure health education resources are meeting DHCS requirements per APL 18-016.			
Reporting Leader(s)	Primary:	M. Lin, M. Zuniga		Secondary: A. Campos, J. Landeros
Goal of Initiative	To produce and update health education resources to meet member and provider needs.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
All required health education materials topics and languages available to providers, members, and associates.	Develop needed materials and resources in 2022 to assure compliance.	Rebranded, updated/ adopted 9 CalViva Health member materials. Updated the CalViva Health Provider Order Form for Health Education Materials.		
Major Activities		Timeframe For Completion	Responsible Party(s)	
Review and approve health education materials following DHCS APL 18-016 guidelines. Complete and track DHCS Readability and Suitability Checklists.		Ongoing 2022	G. Toland, M. Lin, M. Zuniga	
Develop, rebrand and update identified CalViva Health high priority materials. Complete readability assessments and C&L Checklists for C&L review and approval. Submit materials to Health Equity, Privacy, and Compliance for review and approval.		Q4 2022	M. Lin, M. Zuniga	
Conduct monthly material review meetings. Refine material review and field test process as needed.		Q4 2022	M. Lin, M. Zuniga, A. Campos, J. Landeros	
Partner with Provider Engagement to promote health education materials.		Q4 2022	G. Toland, J. Felix	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Year-End Update:			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

Item #12

Attachment 12.A

Financials as of March 31, 2022

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Balance Sheet
As of March 31, 2022

		Total
1	ASSETS	
2	Current Assets	
3	Bank Accounts	
4	Cash & Cash Equivalents	156,282,136.98
5	Total Bank Accounts	\$ 156,282,136.98
6	Accounts Receivable	
7	Accounts Receivable	111,293,261.33
8	Total Accounts Receivable	\$ 111,293,261.33
9	Other Current Assets	
10	Interest Receivable	12,512.68
11	Investments - CDs	0.00
12	Prepaid Expenses	380,515.35
13	Security Deposit	0.00
14	Total Other Current Assets	\$ 393,028.03
15	Total Current Assets	\$ 267,968,426.34
16	Fixed Assets	
17	Buildings	6,249,122.38
18	Computers & Software	0.00
19	Land	3,161,419.10
20	Office Furniture & Equipment	81,586.15
21	Total Fixed Assets	\$ 9,492,127.63
22	Other Assets	
23	Investment -Restricted	301,842.10
24	Lease Receivable	4,277,291.74
25	Total Other Assets	\$ 4,579,133.84
26	TOTAL ASSETS	\$ 282,039,687.81
27	LIABILITIES AND EQUITY	
28	Liabilities	
29	Current Liabilities	
30	Accounts Payable	
31	Accounts Payable	99,855.22
32	Accrued Admin Service Fee	4,409,130.00
33	Capitation Payable	90,781,437.57
34	Claims Payable	31,695.67
35	Directed Payment Payable	4,533,042.01
36	Total Accounts Payable	\$ 99,855,160.47
37	Other Current Liabilities	
38	Accrued Expenses	1,329,660.82
39	Accrued Payroll	92,212.93
40	Accrued Vacation Pay	310,046.47
41	Amt Due to DHCS	0.00
42	IBNR	80,222.78
43	Loan Payable-Current	0.00
44	Premium Tax Payable	0.00
45	Premium Tax Payable to BOE	6,051,513.71
46	Premium Tax Payable to DHCS	41,562,500.00
47	Total Other Current Liabilities	\$ 49,426,156.71
48	Total Current Liabilities	\$ 149,281,317.18
49	Long-Term Liabilities	
50	Renters' Security Deposit	25,906.79
51	Subordinated Loan Payable	0.00
52	Total Long-Term Liabilities	\$ 25,906.79
53	Total Liabilities	\$ 149,307,223.97
54	Deferred Inflow of Resources	4,248,781.77
55	Equity	
56	Retained Earnings	119,072,374.53
57	Net Income	9,411,307.54
58	Total Equity	\$ 128,483,682.07
59	TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND EQUITY	\$ 282,039,687.81

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Budget vs. Actuals: Income Statement
July 2021 - March 2022

		Total		
		Actual	Budget	Over/(Under) Budget
1	Income			
2	Interest Income	241,000.00	72,000.00	169,000.00
3	Premium/Capitation Income	1,015,286,758.23	968,102,725.00	47,184,033.23
4	Total Income	1,015,527,758.23	968,174,725.00	47,353,033.23
5	Cost of Medical Care			
6	Capitation - Medical Costs	833,672,886.34	794,118,946.00	39,553,940.34
7	Medical Claim Costs	830,515.48	810,000.00	20,515.48
8	Total Cost of Medical Care	834,503,401.82	794,928,946.00	39,574,455.82
9	Gross Margin	181,024,356.41	173,245,779.00	7,778,577.41
10	Expenses			
11	Admin Service Agreement Fees	38,911,708.00	37,678,300.00	1,233,408.00
12	Bank Charges	8.22	5,400.00	(5,391.78)
13	Computer/IT Services	117,040.32	142,497.00	(25,456.68)
14	Consulting Fees	0.00	225,000.00	(225,000.00)
15	Depreciation Expense	214,829.94	229,500.00	(14,670.06)
16	Dues & Subscriptions	126,343.05	135,144.00	(8,800.95)
17	Grants	2,990,909.11	2,990,909.12	(0.01)
18	Insurance	137,317.21	137,808.00	(490.79)
19	Labor	2,794,566.55	3,082,831.00	(288,264.45)
20	Legal & Professional Fees	58,557.66	143,100.00	(84,542.34)
21	License Expense	597,806.37	641,745.00	(43,938.63)
22	Marketing	1,137,317.85	1,230,000.00	(92,682.15)
23	Meals and Entertainment	16,723.90	19,350.00	(2,626.10)
24	Office Expenses	41,680.73	63,000.00	(21,319.27)
25	Parking	273.34	1,125.00	(851.66)
26	Postage & Delivery	2,530.72	2,520.00	10.72
27	Printing & Reproduction	2,324.41	3,600.00	(1,275.59)
28	Recruitment Expense	2,057.65	27,000.00	(24,942.35)
29	Rent	0.00	9,000.00	(9,000.00)
30	Seminars and Training	9,824.36	19,000.00	(9,175.64)
31	Supplies	7,806.92	8,100.00	(293.08)
32	Taxes	124,686,663.01	124,687,503.00	(839.99)
33	Telephone	25,719.34	26,910.00	(1,190.66)
34	Travel	9,953.88	16,000.00	(6,046.12)
35	Total Expenses	171,891,962.54	171,525,342.12	366,620.42
36	Net Operating Income/ (Loss)	9,132,393.87	1,720,436.88	7,411,956.99
37	Other Income			
38	Other Income	278,913.67	389,997.00	(111,083.33)
39	Total Other Income	278,913.67	389,997.00	(111,083.33)
40	Net Other Income	278,913.67	389,997.00	(111,083.33)
41	Net Income/ (Loss)	9,411,307.54	2,110,433.88	7,300,873.66

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Income Statement: Current Year vs Prior Year
FY 2022 vs FY 2021

		Total	
		July 2021 - March 2022 (FY 2022)	July 2020 - March 2021 (FY 2021)
1	Income		
2	Interest Income	241,000.00	87,257.20
3	Premium/Capitation Income	1,015,286,758.23	988,995,215.48
4	Total Income	1,015,527,758.23	989,082,472.68
5	Cost of Medical Care		
6	Capitation - Medical Costs	833,672,886.34	827,755,753.96
7	Medical Claim Costs	830,515.48	607,571.88
8	Total Cost of Medical Care	834,503,401.82	828,363,325.84
9	Gross Margin	181,024,356.41	160,719,146.84
10	Expenses		
11	Admin Service Agreement Fees	38,911,708.00	36,914,768.00
12	Bank Charges	8.22	998.77
13	Computer/IT Services	117,040.32	118,591.92
14	Depreciation Expense	214,829.94	214,634.16
15	Dues & Subscriptions	126,343.05	122,249.75
16	Grants	2,990,909.11	3,337,500.00
17	Insurance	137,317.21	132,611.89
18	Labor	2,794,566.55	2,633,609.78
19	Legal & Professional Fees	58,557.66	88,262.00
20	License Expense	597,806.37	563,376.44
21	Marketing	1,137,317.85	1,016,543.42
22	Meals and Entertainment	16,723.90	12,966.42
23	Office Expenses	41,680.73	41,108.92
24	Parking	273.34	0.00
25	Postage & Delivery	2,530.72	1,548.73
26	Printing & Reproduction	2,324.41	1,949.93
27	Recruitment Expense	2,057.65	2,487.42
28	Rent	0.00	0.00
29	Seminars and Training	9,824.36	1,300.03
30	Supplies	7,806.92	5,750.39
31	Taxes	124,686,663.01	112,311,279.56
32	Telephone	25,719.34	25,627.59
33	Travel	9,953.88	209.97
34	Total Expenses	171,891,962.54	157,547,375.09
35	Net Operating Income/ (Loss)	9,132,393.87	3,171,771.75
36	Other Income		
37	Other Income	278,913.67	379,555.96
38	Total Other Income	278,913.67	379,555.96
39	Net Other Income	278,913.67	379,555.96
40	Net Income/ (Loss)	9,411,307.54	3,551,327.71

Item #12

Attachment 12.B

FY 2023 Proposed Budget

Basic assumptions used in FY 2023 budget projections

- FY 2023 enrollment projected to peak in July 2022 (i.e. beginning of FY 2023) as the Public Health Emergency (“PHE”) is projected to continue through the middle of calendar year 2022, which is consistent with California State Budget projections for State fiscal year 2022-2023.

Furthermore, as the PHE ends, enrollment is projected to decline throughout FY 2023 due to the freeze on Medi-Cal disenrollment ending in conjunction with PHE ending, resulting in steady decline in enrollment (12 month disenrollment process per DHCS), net of new members moving into mandatory Medi-Cal managed care (e.g. Long Term Care, Dual Medicare-Medi-Cal members), effective 1/1/2023.

- Administrative Services Fee projected at \$11 pmpm based on enrollment. Overall, Administrative Services Fee Expense projected to increase due to increase in enrollment vs FY 2022.
- Revenues projected based on enrollment breakdown by aid code, using current aid code specific rates as a benchmark known at time of budget preparation. Overall, revenues are projected to decrease in comparison to prior year budget primarily due to the following:
 - Current MCO tax expiring 12/31/2022 (applicable for half of FY 2023 vs all of FY 2022)
 - Overall decrease in rates due to full year of pharmacy carve out of rates in FY 2023 vs half of FY 2022 (1/1/2022 effective date). Overall decrease in rates includes impact of increase in rates due to Long Term Care moving into mandatory Medi-Cal managed care on 1/1/2023.
 - Net of increase in enrollment in FY 2023 (i.e. average enrollment of 388,208) in comparison to budgeted FY 2022 amount (average enrollment of 378,817).
- Interest income projected to increase due to GASB 87 which requires recording a portion of lease/rental payments to Interest Income vs all to Lease Revenue.
- Supplemental revenue from DHCS such as Maternity KICK, Hep C, Behavioral Health Treatment (“BHT”), and Ground Emergency Medical Transportation (“GEMT”) payments projected based on current historical monthly average with an increase to account for projected enrollment increase.
- Medical Cost projected as Gross Medi-Cal Revenue less taxes, \$11 per-member, per-month (“pmpm”) Administrative Services fee, and retention rate retained by CalViva.

- We are projecting FY 2022 staffing at 17 full-time employees. Salary, Wages, and Benefits based on current staffing and rates. Projected wage increases of up to 5% based on employee performance at anniversary date, 6% increase in health insurance premiums based on August renewal, current deferral rate and employer contribution/match into 457 retirement program. Projecting decrease in Salary, Wages and Benefits Expense due to consultant/employment arrangements no longer being applicable during FY 2023.

- Increase in Computer & IT Expenses due to:
 - Upgrading servers
 - Enhancing firewall protection
 - New computers and monitors
 - Update email spam filter
 - Increase in IT support costs

- Depreciation expense based on current fixed assets useful life. Includes additional depreciation expense for tenant improvements to building during fiscal year 2023.

- Projected increase in Dues & Subscriptions Expense as a result of increase in dues from trade organizations who have added additional staff to better represent health plans in relation to numerous changes affecting Medi-Cal managed care such as the California Advancing and Innovating Medi-Cal (“CalAIM”) initiative.

- Community Support/Grants based on continuation of providing grants to community based organizations, scholarship funding to various local colleges, physician recruitment grants, and quality score incentive grants to providers, with the addition of new items such as not but limited to, provider infrastructure support, additional quality score incentive grants to providers, and community infrastructure support grants.

- Knox-Keene DMHC License Expense is to be based on last year’s per member rate as an initial benchmark plus a forecasted rate increase and March 2022 enrollment for DMHC annual assessment fee to CalViva. NOTE: Higher enrollment will cause DMHC license expense to increase in comparison to FY 2022.

- Marketing Expense incurred directly by the Plan is projected based on marketing plan for the fiscal year. Marketing expense is consistent with prior year.

- Decrease in MCO Tax by approximately \$74M based on Centers for Medicare & Medicaid Services (“CMS”) approved tax structure, approved by CMS on 4/3/2020.

Current MCO tax will sunset on 12/31/2022. Projecting MCO tax revenues to be consistent with MCO tax expenses in comparison to FY 2022 which projected an MCO tax loss.

- Increase in Travel Expenses due to anticipated resumption of on-site activities such as on-site oversight audits, on-site trainings and meetings.

- Expenses projected based on either specific identifiable projection for major categories or approximate current run rate for minor expense categories:
 - Office
 - Legal & Professional
 - Insurance

- Increase in Other Income due to full occupancy of building owned by CalViva.

Fresno Kings Madera Regional Health Authority dba CalViva Health		LTC Moving into Managed Care 1/1/2023						
FY 2023 PROPOSED BUDGET		<A>		<C> = <A> - 	<D>	<E> = <D> - 	<F> = <E>/	
	FY 2022 Projection	FY 2022 Approved	Projected	Proposed FY 2023	Proposed FY 2023 vs FY 2022 Budget			
	Annualized	Budget	Over (under)	Budget	Difference		% Change from FY 2023 Budget vs FY 2022 Budget	
1	Medical Revenue	1,315,433,727	1,250,034,208	65,399,519	1,154,644,182	(95,390,025)	-7.63%	
2	Interest Income	310,090	96,000	214,090	340,000	244,000	254.2%	
3	Total Revenues	1,315,743,817	1,250,130,208	65,613,609	1,154,984,182	(95,146,025)	-7.6%	
4	Medical Cost Expense	1,075,231,591	1,019,243,770	55,987,822	995,754,057	(23,489,713)	-2.3%	
5	Gross Margin	240,512,225	230,886,438	9,625,787	159,230,125	(71,656,313)	-31.0%	
	Expenses							
6	Administrative Services Fee	51,615,507	50,003,800	1,611,707	51,243,500	1,239,700	2.5%	
7	Salary,Wages & Benefits	3,771,856	3,940,828	(168,973)	3,591,049	(349,779)	-8.9%	
8	Bank Charges	239	7,200	(6,961)	7,200	-	0.0%	
9	Consulting	25,000	300,000	(275,000)	300,000	-	0.0%	
10	Computer & IT	183,370	190,000	(6,630)	233,476	43,476	22.9%	
11	Depreciation	286,286	306,000	(19,714)	324,300	18,300	6.0%	
12	Dues & Subscriptions	166,497	180,192	(13,695)	205,200	25,008	13.9%	
13	Grants	3,600,000	3,625,000	(25,000)	4,565,000	940,000	25.9%	
14	Insurance	182,230	185,310	(3,080)	196,590	11,280	6.1%	
15	Legal & Professional	81,184	190,800	(109,616)	190,800	-	0.0%	
16	License	797,075	855,665	(58,590)	875,659	19,993	2.3%	
17	Marketing	1,407,424	1,500,000	(92,576)	1,500,000	-	0.0%	
18	Meals	20,026	22,150	(2,124)	24,250	2,100	9.5%	
19	Office	55,964	84,000	(28,036)	84,000	-	0.0%	
20	Parking	414	1,500	(1,086)	1,560	60	4.0%	
21	Postage & Delivery	3,204	3,360	(156)	4,080	720	21.4%	
22	Printing & Reproduction	2,655	4,800	(2,145)	4,800	-	0.0%	
23	Recruitment	3,397	36,000	(32,603)	36,000	-	0.0%	
24	Rent	1,575	12,000	(10,425)	12,000	-	0.0%	
25	Seminars & Training	20,110	24,000	(3,890)	25,200	1,200	5.0%	
26	Supplies	9,944	10,800	(856)	11,400	600	5.6%	
27	Telephone/Internet	34,730	35,880	(1,150)	39,900	4,020	11.2%	
28	Travel	18,540	20,000	(1,460)	24,400	4,400	22.0%	
29	Total Expenses	62,287,228	61,539,285	747,942	63,500,364	1,961,079	3.2%	
30	Income before Taxes	178,224,998	169,347,153	8,877,845	95,729,761	(73,617,392)	-43.5%	
31	Taxes-MCO	166,250,000	166,250,000	0	91,437,500	(74,812,500)	-45.0%	
32	Excess Revenue (Expenses)	11,974,998	3,097,153	8,877,845	4,292,261	1,195,108	38.6%	
33	Other Income	412,014	520,000	(107,986)	660,000	140,000	26.9%	
34	Net Income/(Loss)	12,387,012	3,617,153	8,769,859	4,952,261	1,335,109	36.9%	
35	Capital Expenditure Budget	77,800	400,000	(322,200)	250,000	(150,000)	-37.5%	

Item #12

Attachment 12.C

Compliance Report



Regulatory Filings	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2022 YTD Total
# of DHCS Filings													
Administrative /Operational	13	21	15	10	2								61
Member Materials Filed for Approval;	1	5	4	4	1								15
Provider Materials Reviewed & Distributed	22	11	11	12	2								58
# of DMHC Filings	4	4	5	5	0								18

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.

# of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)													
No-Risk / Low-Risk	6	4	1	1	3								15
High-Risk	0	0	0	0	0								0

Fraud, Waste, & Abuse Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2022 YTD Total
# of New MC609 Cases Submitted to DHCS	1	0	0	0									1
# of Cases Open for Investigation (Active Number)	21	22	22	20									

Summary of Potential Fraud, Waste & Abuse (FWA) cases: Since the last report, there have not been any new MC609 cases filed.

RHA Commission Compliance – Regulatory Report

Compliance Oversight & Monitoring Activities	Description
<p>CalViva Health Oversight Activities</p>	<p>Health Net CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances and appeals, etc.</p>
<p>Oversight Audits</p>	<p>The following annual audits are in-progress: Access and Availability, Appeals & Grievances, and Provider Network/ Provider Relations.</p> <p>The following audits have been completed since the last Commission report: Continuity of Care (No CAP)</p>
Regulatory Reviews/Audits and CAPS	Status
<p>2021 Department of Managed Health Care (“DMHC”) 18-Month Follow-Up Audit</p>	<p>The Plan is still awaiting the DMHC’s final determination on our 2021 CAP response. It appears that the DMHC may wait until our next audit in September 2022 to reassess if the finding, related to processing post-stabilization requests/claims, has been corrected.</p>
<p>Department of Health Care Services (“DHCS”) 2020 Medical Audit - CAP</p>	<p>The Plan is still awaiting DHCS’ final response in order to close the 2020 CAP. It’s possible that the DHCS is waiting until they complete the 2022 annual audit currently under way to reassess if the finding, related to provider’s completion of IHAs/IHEBAs, has been corrected.</p>
<p>Department of Health Care Services (“DHCS”) 2022 Medical Audit</p>	<p>The 2022 DHCS Audit Entrance Conference was held on 4/18/22, and audit interviews continued through 4/29/22. Since then, the DHCS audit team has been requesting additional information requests and the Plan has been providing timely responses. Additionally, a DHCS Nurse Evaluator had been conducting phone interviews with 8 contracted providers. The DHCS has not yet set a date for the Exit Conference.</p>
<p>Department of Managed Health Care (“DMHC”) 2022 Financial Audit</p>	<p>DMHC issued its Preliminary Report findings on 5/3/22. There were two findings, one related to inaccurate reimbursement of a sample of claims, and the other related to the untimely acknowledgement of a sample of provider disputes. Plan responses to the findings are due 6/13/22.</p>
<p>Department of Managed Health Care (“DMHC”) 2022 Medical Audit</p>	<p>The Plan received notice on 4/21/22 of DMHC’s intent to conduct its triennial Medial Survey on September 19, 2022. In preparation for the audit, the plan has begun to submit the requested pre-onsite documents. All pre-onsite documents must be filed by 6/3/22.</p>
New Regulations / Contractual Requirements/DHCS Initiatives	Status

RHA Commission Compliance – Regulatory Report

<p>California Advancing and Innovating Medi-Cal (CalAIM)</p>	<p>A. <u>Enhanced Care Management (ECM) and Community Supports (CS)</u></p> <p>These programs are next scheduled to become effective in Fresno and Madera counties by 7/1/2022. For these counties, the Plan developed and submitted the Models of Care Parts (MOC) 1 and, 2 on 2/15/22 and received DHCS approval on 4/14/22 for the ECM portion. On 4/15/22, the Plan submitted MOC Part 3 and is awaiting DHCS approval.</p> <p>B. <u>Major Organ Transplant (MOT) Carve-In</u> - This benefit became effective 1/1/22 for all CalViva counties. The Plan submitted its first Quarterly Post-Transition Monitoring Report on 5/5/22. This is a new DHCS required report.</p>
<p>Housing and Homelessness Incentive Program (HHIP)</p>	<p>In accordance with the Home and Community Based Services Spending Plan, DHCS is implementing the Housing and Homelessness Incentive Program (HHIP) over a 24-month period starting January 1, 2022 and concluding December 31, 2023 with Medi-Cal Managed Care Plans (MCPs). The HHIP aims to improve health outcomes and access to whole person care services by addressing housing insecurity and instability as a social determinant of health for the Medi-Cal population. The goals of HHIP are to:</p> <ol style="list-style-type: none"> 1. Reduce and prevent homelessness; and, 2. Ensure MCPs develop the necessary capacity and partnerships to connect their members to needed housing services. <p>CalViva Health submitted its Letter of Intent to participate in the HHIP on 4/1/22. The following are the maximum payment amounts for each county: Fresno (\$21,766,476); Kings (\$2,033,609); Madera (\$2,681,819). A Local Homelessness Plan (LHP) must be submitted by 6/30/22 and accepted in order to earn Payment 1.</p>
<p>Unwinding of the Public Health Emergency (PHE)</p>	<p>DHCS issued APL 22-004 on 3/17/22 to guide plans on their efforts to conduct multiple outreach campaigns using all modalities available and permitted to support the Medi-Cal redetermination process. In collaboration with CalViva's Plan Administrator, Health Net, we will be implementing various member and provider communications using DHCS approved messaging text. During the COVID-19 PHE, plans can continue to leverage the Telephone Consumer Protection Act (TCPA) "emergency purposes" exception.</p>
<p>Plan Administration</p>	
<p>COVID-19 Novel Coronavirus</p>	<p>The Plan's satellite office on the downtown Fulton Mall has officially closed. It had been temporarily closed due to COVID-19 for close to three years. During that time, traffic had been redirected to the Plan's Administrative Office on Palm Ave. Our administrator, Health Net, has indicated they will continue operations on a semi-remote basis until further notice</p>
<p>Committee Report</p>	
<p>Public Policy Committee</p>	<p>The next meeting will be held on June 1, 2022 at 11:30am in the Plan's Administrative Office.</p>

Item #12

Attachment 12.D

Appeals & Grievances Dashboard

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2022

Current as of End of the Month: March

Revised Date: 04/27/2022

CalViva Health Appeals and Grievances Dashboard 2022

PCP Assignment/Transfer - Rollout of PPG	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	45
PCP Assignment/Transfer - Mileage Inconvenience	5	3	4	12	0	0	0	0	0	0	0	0	0	0	0	0	0	12	58
Pharmacy - Authorization Issue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Pharmacy - Authorization Issue-CalViva Error	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy - Eligibility Issue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	144
Pharmacy - Quantity Limit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Pharmacy - Rx Not Covered	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy - Pharmacy-Retail	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	45
Transportation - Access - Provider No Show	14	11	14	39	0	0	0	0	0	0	0	0	0	0	0	0	0	39	24
Transportation - Access - Provider Late	4	4	9	17	0	0	0	0	0	0	0	0	0	0	0	0	0	17	52
Transportation - Behaviour	10	5	17	32	0	0	0	0	0	0	0	0	0	0	0	0	0	32	119
Transportation - Other	1	5	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	6	12
OTHER - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
OTHER - Balance Billing from Provider	10	10	14	34	0	0	0	0	0	0	0	0	0	0	0	0	0	34	161

CalViva Health Appeals and Grievances Dashboard 2022

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	0	3	7	10	0	0	0	0	0	0	0	0	0	0	0	0	10	115
Standard Appeals Received	32	27	34	93	0	0	0	0	0	0	0	0	0	0	0	0	93	918
Total Appeals Received	32	30	41	103	0	103	1033											
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	100.00%	99.7%											
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Expedited Appeals Resolved Compliant	0	2	6	8	0	0	0	0	0	0	0	0	0	0	0	0	8	114
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	100.00%	99.1%											
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	53	30	31	114	0	0	0	0	0	0	0	0	0	0	0	0	114	916
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	100.00%	100.0%											
Total Appeals Resolved	53	32	37	122	0	122	1031											
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	53	32	36	121	0	121	1029											
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	17
DME	2	1	4	7	0	0	0	0	0	0	0	0	0	0	0	0	7	47
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Advanced Imaging	20	18	22	60	0	0	0	0	0	0	0	0	0	0	0	0	60	488
Other	7	8	3	18	0	0	0	0	0	0	0	0	0	0	0	0	18	67
Pharmacy	19	0	0	19	0	0	0	0	0	0	0	0	0	0	0	0	19	362
Surgery	4	5	6	15	0	0	0	0	0	0	0	0	0	0	0	0	15	46
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	1	1	0	1	2											
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	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	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	21	15	17	53	0	0	0	0	0	0	0	0	0	0	0	0	53	577
Uphold Rate	39.6%	46.9%	45.9%	43.4%	0.0%	43.4%	56.0%											
Overturns - Full	26	16	20	62	0	0	0	0	0	0	0	0	0	0	0	0	62	432
Overturn Rate - Full	49.1%	50.0%	54.1%	50.8%	0.0%	50.8%	41.9%											
Overturns - Partial	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	12
Overturn Rate - Partial	3.8%	0.0%	0.0%	1.6%	0.0%	1.6%	1.2%											
Withdrawal	4	1	0	5	0	0	0	0	0	0	0	0	0	0	0	0	5	10
Withdrawal Rate	7.5%	3.1%	0.0%	4.1%	0.0%	4.1%	1.0%											
Membership	398,468	399,433	401,429		-	-	-		-	-	-		-	-	-			#####
Appeals - PTMPM	0.13	0.08	0.09	0.10	-	-	-	-	-	-	-	-	-	-	-	-	0.10	0.24
Grievances - PTMPM	0.21	0.16	0.19	0.19	-	-	-	-	-	-	-	-	-	-	-	-	0.19	0.27

CalViva Health Appeals and Grievances Dashboard 2022 (Fresno County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	0	1	6	7	0	0	0	0	0	0	0	0	0	0	0	0	7	96
Standard Appeals Received	28	22	29	79	0	0	0	0	0	0	0	0	0	0	0	0	79	789
Total Appeals Received	28	23	35	86	0	86	885											
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	99.7%											
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Expedited Appeals Resolved Compliant	0	0	5	5	0	0	0	0	0	0	0	0	0	0	0	0	5	95
Expedited Appeals Compliance Rate	0.0%	0.0%	100.0%	100.0%	0.0%	100.0%	98.9%											
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	47	27	22	96	0	0	0	0	0	0	0	0	0	0	0	0	96	785
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%											
Total Appeals Resolved	47	27	27	101	0	101	881											
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	47	27	26	100	0	100	880											
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	15
DME	2	1	4	7	0	0	0	0	0	0	0	0	0	0	0	0	7	38
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Advanced Imaging	18	15	14	47	0	0	0	0	0	0	0	0	0	0	0	0	47	436
Other	7	6	2	15	0	0	0	0	0	0	0	0	0	0	0	0	15	58
Pharmacy	17	0	0	17	0	0	0	0	0	0	0	0	0	0	0	0	17	291
Surgery	2	5	5	12	0	0	0	0	0	0	0	0	0	0	0	0	12	40
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	1	1	0	1	1											
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	20	13	13	46	0	0	0	0	0	0	0	0	0	0	0	0	46	497
Uphold Rate	42.6%	48.1%	48.1%	45.5%	0.0%	45.5%	56.4%											
Overturns - Full	21	13	14	48	0	0	0	0	0	0	0	0	0	0	0	0	48	364
Overturn Rate - Full	44.7%	48.1%	51.9%	47.5%	0.0%	47.5%	41.3%											
Overturns - Partial	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	12
Overturn Rate - Partial	4.3%	0.0%	0.0%	2.0%	0.0%	2.0%	1.4%											
Withdrawal	4	1	0	5	0	0	0	0	0	0	0	0	0	0	0	0	5	8
Withdrawal Rate	8.5%	3.7%	0.0%	5.0%	0.0%	5.0%	0.9%											
Membership	321,656	322,473	324,116															1700076
Appeals - PTMPM	0.15	0.08	0.08	0.10	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.03	0.19
Grievances - PTMPM	0.22	0.18	0.19	0.19	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.05	0.21

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Appeals Received	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Expedited Appeals Received	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Standard Appeals Received	1	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	44
Total Appeals Received	1	1	0	2	0	2	48											
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	100.0%											
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Expedited Appeals Compliance Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	47
Standard Appeals Compliance Rate	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	100.0%											
Total Appeals Resolved	0	2	0	2	0	2	54											
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	0	2	0	2	0	2	54											
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	5
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	13
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	26
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	27
Uphold Rate	0.0%	50.0%	0.0%	50.0%	0.0%	50.0%	50.0%											
Overturns - Full	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	23
Overturn Rate - Full	0.0%	50.0%	0.0%	50.0%	0.0%	50.0%	42.6%											
Overturns - Partial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.7%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.7%
Membership	34,008	34,122	34,280															259758
Appeals - PTMPM	-	0.06	-	0.02	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.00	0.15
Grievances - PTMPM	0.24	0.06	0.15	0.15	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.04	0.28

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	0	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	13
Standard Appeals Received	3	4	5	12	0	0	0	0	0	0	0	0	0	0	0	0	12	81
Total Appeals Received	3	6	6	15	0	15	94											
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%											
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	13
Expedited Appeals Compliance Rate	0.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%											
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	6	1	9	16	0	0	0	0	0	0	0	0	0	0	0	0	16	81
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%											
Total Appeals Resolved	6	3	10	19	0	19	94											
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	6	3	10	19	0	19	94											
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	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	2	1	8	11	0	0	0	0	0	0	0	0	0	0	0	0	11	39
Other	0	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	3
Pharmacy	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	44
Surgery	2	0	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	3
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	1	1	4	6	0	0	0	0	0	0	0	0	0	0	0	0	6	57
Uphold Rate	16.7%	33.3%	40.0%	31.6%	0.0%	31.6%	60.6%											
Overturns - Full	5	2	6	13	0	0	0	0	0	0	0	0	0	0	0	0	13	34
Overturn Rate - Full	83.3%	66.7%	60.0%	68.4%	0.0%	68.4%	36.2%											
Overturns - Partial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.1%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%
Membership	42,804	42,838	43,033															328873
Appeals - PTMPM	0.14	0.07	0.23	0.15	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.04	0.21
Grievances - PTMPM	0.14	0.12	0.23	0.16	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.04	0.28

CalViva Health Appeals and Grievances Dashboard 2022 (SPD)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2	20
Standard Appeals Received	8	5	10	23	0	0	0	0	0	0	0	0	0	0	0	0	23	200
Total Appeals Received	8	5	12	25	0	25	220											
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	99.5%											
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	7	1	8	0	0	0	0	0	0	0	0	0	0	0	0	8	19
Expedited Appeals Compliance Rate	0.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%											
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	14	0	8	22	0	0	0	0	0	0	0	0	0	0	0	0	22	185
Standard Appeals Compliance Rate	100.0%	0.0%	100.0%	100.0%	0.0%	100.0%	100.0%											
Total Appeals Resolved	14	0	9	23	0	23	203											
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	14	7	9	30	0	30	204											
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
DME	2	1	2	5	0	0	0	0	0	0	0	0	0	0	0	0	5	35
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Advanced Imaging	3	4	5	12	0	0	0	0	0	0	0	0	0	0	0	0	12	59
Other	4	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4	13
Pharmacy	4	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4	84
Surgery	1	2	2	5	0	0	0	0	0	0	0	0	0	0	0	0	5	4
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	5	1	2	8	0	0	0	0	0	0	0	0	0	0	0	0	8	96
Uphold Rate	35.7%	0.0%	22.2%	34.8%	0.0%	34.8%	47.3%											
Overturs - Full	9	6	7	22	0	0	0	0	0	0	0	0	0	0	0	0	22	99
Overturn Rate - Full	64.3%	0.0%	77.8%	95.7%	0.0%	95.7%	48.77%											
Overturs - Partial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%
Membership	34,882	34,376	35,147															69295
Appeals - PTMPM	0.40	-	0.26	0.00	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.00	0.29
Grievances - PTMPM	0.80	0.58	0.71	0.00	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.00	0.80

Cal Viva Dashboard Definitions

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

Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
Mental Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.
Pharmacy	Denied medication due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
Appeals Decision Rate	Will include number of Upholds, Overturns, Partial overturns, and Withdrawals
Upholds	Number of Upheld Appeals
Uphold Rate	Percentage of Upheld appeals
Overturns - Full	Number of full overturned appeals
Overturn Rate - Full	Percentage of full overturned appeals
Overturn - Partial	Number of Partial Overturned appeals
Overturn Rate - Partial	Percentage of Partial Overturned appeals
Withdrawals	Number of withdrawn appeals
Withdrawal Rate	Percentage of withdrawn appeals
EXEMPT GRIEVANCE	Grievances received over the telephone that are not coverage 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).
Exempt Grievance tab key – Calviva Dashboard	
Column Definitions.	
Date Opened	The date the case was received
SF #	The internal HealthNet system ID code for the CCC representative who documented the call
Rep Name	Name of the CCC associate who took the call
Sup Name	Supervisor of the CCC associate who took the call
Mbr ID	The Calviva Health ID number of the member
SPD	Marked "yes" if the member is part of the "Seniors & Persons with Disabilities" population
Date of Birth	Date of birth of the member
Mbr Name	Name of the member
Reason	The case was categorized as a Calviva Exempt Grievance, hence the reason it's on the report
Preventable	Used if an Exempt Grievance was determined to be preventable
Access to Care	Used if determined Exempt Grievance was related to Access to Care
Issue Main Classification	Case is categorized by type of complaint
Issue Sub Classification	Case is subcategorized by type of complaint
DMHC Complaint Category	Case is categorized based on the DMHC TAR template complaint category
Discrimination?	Marked "yes" if case involved perceived discrimination by the member, otherwise marked "no"
Resolution	The resolution to the exempt grievance is noted here
Date Reviewed	The date the case was reviewed by CCC exempt grievance personnel
Provider Involved	The provider involved in the exempt grievance is noted here
Provider Category	The type of provider that is involved
County	The county the member resides in is noted here
PPG	Whether the member is assigned to a PPG is noted here
Health Plan ID	The Internal HN Plan ID for the Provider Involved in the exempt grievance.
PPG Service Area	Internal HN Code for the PPG to whom the member belongs.
Yes	
Classification Definitions	
Authorization	Used when it's an Authorization/Referral issue related exempt grievance
Avail of Appt w/ Other Providers	The case is related to appointment availability of ancillary providers
Avail of Appt w/ PCP	The case is related to appointment availability of the PCP
Avail of Appt w/ Specialist	The case is related to appointment availability of a Specialist
Claims Complaint	The case is related to a claims issue/dispute
Eligibility Issue	The case is related to the members 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
The Outlier Tab	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.
Membership	Excludes Kaiser membership and is addressed separately in a quarterly report by Kaiser Plan.
PTMPM	Per thousand members per month. PTMPM rates are calculated using the total number of appeals or grievances, divided by total membership and multiplied by 1,000

Item #12

Attachment 12.E

Key Indicator Report



Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 3/01/2022 to 3/31/2022
Report created 4/27/2022

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

Exhibits:

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[Main Report CalVIVA](#)

[CalVIVA Commission](#)

[CalVIVA Fresno](#)

[CalVIVA Kings](#)

[CalVIVA Madera](#)

[Glossary](#)

Contact Information

Sections

Concurrent Inpatient TAT Metric
TAT Metric
CCS Metric
Case Management Metrics

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Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 3/01/2022 to 3/31/2022
 Report created 4/27/2022

ER utilization based on Claims data	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2021-Trend	2022-01	2022-02	2022-03	2022-Trend	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Qtr Trend	CY- 2021	YTD-2022	YTD-Trend
MEMBERSHIP											Quarterly Averages						Annual Averages						
Expansion Mbr Months	98,774	99,880	100,779	101,492	102,395	103,040	103,637	104,271	104,984		106,727	107,399	108,361		96,853	99,811	102,309	104,297	107,496		100,818	161,244	
Family/Adult/Other Mbr Mos	259,956	260,605	261,297	261,890	262,271	262,644	262,912	263,597	264,047		267,500	267,730	268,561		258,484	260,619	262,268	263,519	267,930		261,223	401,896	
SPD Mbr Months	35,283	35,319	35,297	35,316	35,427	35,662	35,764	35,788	35,836		35,821	35,807	35,834		35,234	35,300	35,468	35,796	35,821		35,450	53,731	
COUNTS																							
Admits - Count	2,122	2,168	2,261	2,264	2,320	2,208	2,196	2,262	2,265		2,199	1,909	2,203		2,037	2,184	2,264	2,241	2,104		2,182	3,727	
Expansion	609	596	644	657	690	587	619	598	645		629	551	677		559	616	645	621	619		610	1,118	
Family/Adult/Other	1,014	1,034	1,050	1,050	1,164	1,145	1,120	1,130	1,127		1,073	930	1,063		1,003	1,033	1,120	1,126	1,022		1,070	1,796	
SPD	490	535	564	553	462	473	454	529	490		491	426	457		467	530	496	491	458		496	806	
Admits Acute - Count	1,534	1,552	1,592	1,646	1,605	1,515	1,530	1,577	1,609		1,594	1,376	1,585		1,396	1,559	1,589	1,572	1,518		1,529	2,714	
Expansion	533	522	553	583	581	501	536	515	546		557	483	572		478	536	555	532	537		525	962	
Family/Adult/Other	542	523	526	560	603	578	571	576	610		569	488	582		489	530	580	586	546		546	986	
SPD	458	505	513	503	421	435	422	486	453		468	404	431		429	492	453	454	434		457	766	
Readmit 30 Day - Count	216	228	261	230	214	212	224	230	230		222	217	168		218	235	219	228	202		225	316	
Expansion	72	72	89	90	73	69	90	72	97		87	90	68		77	78	77	86	82		80	129	
Family/Adult/Other	42	38	50	51	56	46	50	46	33		43	44	34		48	43	51	43	40		46	65	
SPD	102	118	122	89	85	97	84	112	100		92	83	66		93	114	90	99	80		99	123	
**ER Visits - Count	12,181	13,794	13,432	14,478	14,945	13,106	12,930	12,348	12,449		13,629	10,620	7,355		10,003	13,136	14,176	12,576	10,535		12,473	15,802	
Expansion	3,375	3,548	3,624	3,840	3,748	3,058	3,134	2,807	3,030		3,805	2,825	1,966		3,016	3,516	3,549	2,990	2,865		3,268	4,298	
Family/Adult/Other	6,812	7,922	7,516	8,082	8,573	7,687	7,274	7,064	7,499		8,433	6,670	4,716		5,590	7,417	8,114	7,279	6,606		7,100	9,910	
SPD	1,339	1,491	1,409	1,496	1,437	1,188	1,261	1,124	1,275		1,380	1,098	667		1,203	1,413	1,374	1,220	1,048		1,303	1,573	
PER/K																							
Admits Acute - PTMPY	46.7	47.0	48.1	49.5	48.1	45.3	45.6	46.9	47.7		46.6	40.2	46.1		42.9	47.3	47.6	46.7	44.3		46.1	52.8	
Expansion	64.8	62.7	65.8	68.9	68.1	58.3	62.1	59.3	62.4		62.6	54.0	63.3		59.2	64.4	65.1	61.2	60.0		62.5	71.6	
Family/Adult/Other	25.0	24.1	24.2	25.7	27.6	26.4	26.1	26.2	27.7		25.5	21.9	26.0		22.7	24.4	26.6	26.7	24.5		25.1	29.4	
SPD	155.8	171.6	174.4	170.9	142.6	146.4	141.6	163.0	151.7		156.8	135.4	144.3		146.0	167.3	153.3	152.1	145.5		154.6	171.0	
Bed Days Acute - PTMPY	235.3	232.4	238.8	262.4	263.5	289.4	238.8	272.8	269.5		265.5	223.2	219.8		244.2	235.5	271.8	260.4	236.1		253.1	272.3	
Expansion	352.3	330.6	335.9	395.9	402.8	411.6	347.5	389.7	386.1		335.1	328.5	342.5		361.4	339.6	403.4	374.5	335.4		370.0	388.0	
Family/Adult/Other	104.6	98.1	95.4	115.8	129.4	144.6	113.7	109.9	115.8		113.5	88.8	88.2		106.9	99.4	129.9	113.1	96.8		112.4	114.5	
SPD	871.4	944.5	1,023.7	967.4	854.6	1,004.4	841.2	1,133.0	1,061.2		1,194.3	912.6	835.5		930.2	946.5	942.2	1,011.8	980.8		957.9	1,105.3	
ALOS Acute	5.0	4.9	5.0	5.3	5.5	6.4	5.2	5.8	5.7		5.7	5.6	4.8		5.7	5.0	5.7	5.6	5.3		5.5	5.2	
Expansion	5.4	5.3	5.1	5.7	5.9	7.1	5.6	6.6	6.2		5.4	6.1	5.4		6.1	5.3	6.2	6.1	5.6		5.9	5.4	
Family/Adult/Other	4.2	4.1	3.9	4.5	4.7	5.5	4.4	4.2	4.2		4.4	4.1	3.4		4.7	4.1	4.9	4.2	4.0		4.5	3.9	
SPD	5.6	5.5	5.9	5.7	6.0	6.9	5.9	7.0	7.0		7.6	6.7	5.8		6.4	5.7	6.1	6.7	6.7		6.2	6.5	
Readmit % 30 Day	10.2%	10.5%	11.5%	10.2%	9.2%	9.6%	10.2%	10.2%	10.2%		10.1%	11.4%	7.6%		10.7%	10.8%	9.7%	10.2%	9.6%		10.3%	8.5%	
Expansion	11.8%	12.1%	13.8%	13.7%	10.6%	11.8%	14.5%	12.0%	15.0%		13.8%	16.3%	10.0%		13.7%	12.6%	12.0%	13.9%	13.2%		13.0%	11.5%	
Family/Adult/Other	4.1%	3.7%	4.8%	4.9%	4.8%	4.0%	4.5%	4.1%	2.9%		4.0%	4.7%	3.2%		4.8%	4.2%	4.6%	3.8%	3.9%		4.3%	3.6%	
SPD	20.8%	22.1%	21.6%	16.1%	18.4%	20.5%	18.5%	21.2%	20.4%		18.7%	19.5%	14.4%		19.9%	21.5%	18.2%	20.1%	17.5%		20.0%	15.3%	
**ER Visits - PTMPY	370.9	418.1	405.5	435.6	448.1	391.7	385.5	367.0	368.9		398.7	310.1	213.8		307.2	398.2	425.1	373.8	307.3		376.4	307.3	
Expansion	410.0	426.3	431.5	454.0	439.2	356.1	362.9	323.0	346.3		427.8	315.6	217.7		373.6	422.7	416.2	344.1	319.9		388.9	319.9	
Family/Adult/Other	314.5	364.8	345.2	370.3	392.3	351.2	332.0	321.6	340.8		378.3	299.0	210.7		259.5	341.5	371.3	331.5	295.9		326.2	295.9	
SPD	455.4	506.6	479.0	508.3	486.7	399.8	423.1	376.9	426.9		462.3	368.0	223.4		409.8	480.3	464.8	409.0	351.2		440.9	351.2	
Services																							
TAT Compliance Goal: 100%											TAT Compliance Goal: 100%			TAT Compliance Goal: 100%			TAT Compliance Goal: 100%						
Preservice Routine	100.0%	100.0%	100.0%	84.0%	82.0%	98.0%	98.0%	96.0%	100.0%		100.0%	100.0%	100.0%		99.3%	100.0%	88.0%	98.0%	100.0%				
Preservice Urgent	98.0%	100.0%	100.0%	100.0%	96.0%	100.0%	98.0%	98.0%	100.0%		100.0%	98.0%	100.0%		98.0%	99.3%	98.7%	98.7%	99.3%				
Postservice	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	94.0%	100.0%	100.0%		98.0%	100.0%	100.0%		98.7%	100.0%	99.3%	98.0%	100.0%				
Concurrent (inpatient only)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%		100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	99.3%	100.0%				
Deferrals - Routine	100.0%	100.0%	100.0%	83.3%	78.6%	95.2%	95.2%	100.0%	100.0%		100.0%	100.0%	100.0%		98.5%	100.0%	85.7%	98.4%	100.0%				
Deferrals - Urgent	null	50.0%	100.0%	N/A	100.0%	100.0%	N/A	100.0%	N/A		100.0%	100.0%	100.0%		100.0%	83.3%	100.0%	100.0%	100.0%				
Deferrals - Post Service	NA		null	null	null																		

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 Report created 4/27/2022

ER utilization based on Claims data	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2021-Trend	2022-01	2022-02	2022-03	2022-Trend	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Qtr Trend	CY- 2021	YTD-2022	YTD-Trend
Engaged	36	34	29	42	40	20	24	29	18		35	49	73		119	99	102	71	157		391	157	
Engagement Rate	24%	28%	31%	29%	25%	20%	22%	19%	11%		25%	36%	41%		23%	27%	25%	17%	35%		23%	35%	
New Cases Opened	36	34	29	42	40	20	24	29	18		35	49	73		119	99	102	71	157		391	157	
Total Cases Managed	286	274	263	278	291	274	262	251	237		225	227	270		344	354	336	307	344		621	344	
Total Cases Closed	46	36	32	30	39	35	38	33	47		44	30	62		95	114	104	118	136		431	136	
Cases Remained Open	217	158	115	193	160	166	188	204	180		170	188	199		225	115	166	180	199		180	199	
	Integrated Case Management										Integrated Case Management				Integrated Case Management				Integrated Case Management				
Total Number Of Referrals	91	81	133	104	136	132	121	86	77		90	80	114		352	305	372	284	284		1,313	284	
Pending	0	0	0	0	0	2	2	4	6		1	2	6		0	0	2	12	9		14	9	
Ineligible	7	7	3	6	10	10	8	9	12		8	1	1		35	17	26	29	10		107	10	
Total Outreached	84	74	130	98	126	120	111	73	59		81	77	107		317	288	344	243	265		1,192	265	
Engaged	55	51	86	55	77	73	83	48	38		48	52	84		224	192	205	169	184		790	184	
Engagement Rate	65%	69%	66%	56%	61%	61%	75%	66%	64%		59%	68%	79%		71%	67%	60%	70%	69%		66%	69%	
Total Screened and Refused/Decline	8	9	17	12	15	12	12	11	3		4	3	11		28	34	39	26	18		127	18	
Unable to Reach	21	14	27	31	34	35	16	14	18		29	22	12		65	62	100	48	63		275	63	
New Cases Opened	55	51	86	55	77	73	83	48	38		48	52	84		224	192	205	169	184		790	184	
Total Cases Closed	48	51	85	57	84	81	82	78	78		78	46	57		171	184	222	238	181		815	181	
Cases Remained Open	327	253	166	271	230	224	292	301	258		233	235	267		330	166	224	258	267		258	267	
Total Cases Managed	408	409	445	416	435	432	431	395	354		322	296	334		526	537	566	516	458		1104	458	
Critical-Complex Acuity	58	50	56	56	57	48	46	44	40		39	38	35		74	64	61	53	44		120	44	
High/Moderate/Low Acuity	350	359	389	360	378	384	385	351	314		283	258	299		452	473	505	463	414		984	414	
	Transitional Case Management										Transitional Case Management				Transitional Case Management				Transitional Case Management				
Total Number Of Referrals	250	212	201	115	138	101	94	105	80		85	90	79		573	663	354	279	254		1,869	254	
Pending	0	0	0	0	0	0	0	0	5		0	0	10		0	0	0	5	10		5	10	
Ineligible	40	23	21	21	10	10	7	13	8		5	9	3		70	84	41	28	17		223	17	
Total Outreached	210	189	180	94	128	91	87	92	67		80	81	66		503	579	313	246	227		1,641	227	
Engaged	128	132	148	73	97	66	63	70	45		53	54	51		275	408	236	178	158		1,097	158	
Engagement Rate	61%	70%	82%	78%	76%	73%	72%	76%	67%		66%	67%	77%		55%	70%	75%	72%	70%		67%	70%	
Total Screened and Refused/Decline	10	10	6	4	6	1	4	3	1		1	3	0		52	26	11	8	4		97	4	
Unable to Reach	72	47	26	17	25	24	20	19	21		26	24	15		176	145	66	60	65		447	65	
New Cases Opened	128	132	148	73	97	66	63	70	45		53	54	51		275	408	236	178	158		1,097	158	
Total Cases Closed	120	122	145	132	74	109	48	65	73		49	30	59		247	387	315	186	138		1,135	138	
Cases Remained Open	103	92	60	64	67	40	50	62	50		45	75	71		92	60	40	50	71		50	71	
Total Cases Managed	251	263	295	218	182	174	125	147	126		106	113	133		366	487	388	242	214		1,214	214	
High/Moderate/Low Acuity	251	263	295	218	182	174	125	147	126		106	113	133		366	487	388	242	214		1,214	214	
	Palliative Care										Palliative Care				Palliative Care				Palliative Care				
Total Number Of Referrals	14	10	18	13	9	12	10	15	12		7	7	11		42	42	34	37	25		155	25	
Pending	0	0	0	0	0	0	0	0	3		0	0	2		0	0	0	3	2		3	2	
Ineligible	5	4	3	2	3	5	6	7	5		3	6	2		14	12	10	18	11		54	11	
Total Outreached	9	6	15	11	6	7	4	8	4		4	1	7		28	30	24	16	12		98	12	
Engaged	4	5	11	9	5	6	2	7	3		3	1	4		20	20	20	12	8		72	8	
Engagement Rate	44%	83%	73%	82%	83%	86%	50%	88%	75%		75%	100%	57%		71%	67%	83%	75%	67%		73%	67%	
Total Screened and Refused/Decline	2	1	3	2	1	0	2	1	0		0	0	2		6	6	3	3	2		18	2	
Unable to Reach	3	0	1	0	0	1	0	0	1		1	0	1		2	4	1	1	2		8	2	
New Cases Opened	4	5	11	9	5	6	2	7	3		3	1	4		20	20	20	12	8		72	8	
Total Cases Closed	2	8	9	9	5	6	14	4	3		11	9	3		15	19	20	21	23		75	23	
Cases Remained Open	94	68	46	79	66	71	76	84	83		80	74	73		91	46	71	83	73		83	73	
Total Cases Managed	104	108	108	110	104	105	101	94	93		94	84	79		114	116	118	111	99		166	99	
	Behavioral Health Case Management										Behavioral Health Case Management				Behavioral Health Case Management				Behavioral Health Case Management				
Total Number Of Referrals	87	93	82	91	90	111	120	103	82		72	101	123		251	262	292	305	296		1,110	296	
Pending	0	0	0	0	0	0	0	1	13		0	2	15		0	0	0	14	17		14	17	
Ineligible	1	2	4	2	6	5	3	5															

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Unable to Reach	46	48	38	47	31	49	54	45	29		21	35	29		119	132	127	128	85		506	85	
New Cases Opened	40	42	40	41	53	57	63	51	35		44	50	71		115	122	151	149	165		537	165	
Total Cases Closed	33	34	40	50	45	53	53	51	51		35	43	57		105	107	148	155	134		515	134	
Cases Remained Open	104	80	80	90	84	91	116	128	116		123	133	149		101	80	91	116	149		116	149	
Total Cases Managed	154	161	163	170	173	182	192	191	176		172	187	216		220	236	280	278	293		640	293	
Critical-Complex Acuity	9	9	8	9	7	9	12	10	11		12	11	12		11	15	12	14	18		28	18	
High/Moderate/Low Acuity	145	152	155	161	166	173	180	181	165		160	176	204		209	221	268	264	275		612	275	

Item #12

Attachment 12.F

QIUM Quarterly Summary Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

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

COMMITTEE

DATE: May 19, 2022

SUBJECT: CalViva Health QI & UM Update of Activities Quarter 1 2022 (May 2022)

Purpose of Activity:

This report is to provide the RHA Commission with an update on the CalViva Health QI & UM performance, including program and regulatory activities in Quarter 1 of 2022.

I. Meetings

Two meetings were held in Quarter 1, one on February 17th and one on March 17th. The following guiding documents were approved at the February & March *meetings*:

1. QI/UM Committee Charter 2022
2. 2021 Quality Improvement End of Year Evaluation
3. 2022 Quality Improvement Program Description
4. 2022 Quality Improvement Work Plan
5. 2021 Utilization Management/Case Management End of Year Evaluation
6. 2022 Utilization Management Program Description
7. 2022 Case Management Program Description
8. 2022 Utilization Management/Case Management Work Plan

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

1. Pharmacy Provider Updates
2. Medical Policies

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

1. The **Appeal and Grievance Dashboard** provides a summary of all grievances in order to track volumes, turn-around times and case classifications. A year-to-year evaluation is also presented.
 - a. The total number of grievances through January 2022 is consistent with previous months.
 - b. The majority of grievances reported were "Quality of Service" grievance type.
 - c. The volume of "Quality of Care" grievances decreased when compared with recent months.
 - d. Exempt Grievances had a notable decrease in January.
 - e. The total number of appeals received for the first month of 2022 has decreased compared to recent months. The majority of cases were advanced imaging and pharmacy denials. After January, CalViva will no longer be responsible for pharmacy related appeals due to the implementation of Medi-Cal Rx.
2. **Potential Quality Issues (PQI) & Provider Preventable Conditions (PPC) Reporting** provide a summary of the quarterly evaluation of cases/issues that may result in substantial harm to a member. The number of member-generated PQI cases reported in the Q4 2021 report reflects an increase when compared to the previous 2 quarters. Non-member generated cases were reported as five (5) and none of those were classified as Provider Preventable Conditions (PPCs).

The six (6) potential PPC Cases reviewed in Quarter 4 do not represent reportable events that occurred in Quarter 4, but rather cases ready for review in Q4 after records have been received and initial review completed. Two (2) cases were found to meet PPC criteria for reporting to DHCS via the secure online portal. These two cases were reported.

3. **MHN Performance Indicator Report for Behavioral Health** MHN Performance Indicator Report for Behavioral Health Services (Q4 2022) was presented. Fourteen (14) out of the Fifteen (15) metrics met or exceeded their targets. The one metric that did not meet target was related to timeliness of authorizations for ABA (Autism) therapy. Although it did not meet the 100% target, the compliance rate was 99% and therefore did not fall below the threshold for action of 95%.
4. **The Initial Health Assessment (IHA) Report** for Quarter 3 2021 was presented. The Department of Health Care Services (DHCS) requires completion of the Initial Health Assessment (IHA) for new Medi-Cal members within 120 days of enrollment. This Report describes how CalViva took a QI approach to improve its IHA/IHEBA completion rates during Q1-Q3 2021, in partnership with a provider organization. In Q1-Q2 2021, an IHA workgroup designed and implemented a successful process for completing member outreach and visit completion and documentation within the pilot provider's offices. In Q3, CalViva spread the resulting best practices throughout its provider network. An ongoing monitoring process has been established with follow up actions taken when indicated.
5. **Additional Quality Improvement Reports** including Provider Office Wait Time, County Relations, SPD HRA Outreach, A & G Validation Audit Report, Performance Improvement Project Updates, and others scheduled for presentation at the QI/UM Committee during Q1.

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

1. **The Key Indicator Report (KIR)** provided data through January 31, 2022. A quarterly comparison was reviewed with the following results:
 - a. Acute Care Admissions remain variable for the Expansion, and Family/Adult populations. A decrease in Acute Average Length of Stay (ALOS) is noted for Expansion population.
 - b. Utilization for all risk types increased in 2021.
 - c. Turn-around Times were met in all areas in January 2022 with the exception of Post-Service (98.0%).
 - d. Case Management results remain stable and demonstrate positive outcomes in all areas, consistent with previous months.
2. **Inter-rater Reliability Results for Physicians and Non-physicians** is an annual evaluation of UM physicians and staff to ensure InterQual® Clinical Decision Support Criteria along with other evidence-based policies and guidelines are used consistently during clinical reviews for medical necessity. All UM staff and physicians undergo InterQual training upon hire and annually complete a "Summary of Changes" course that is conducted by InterQual instructors.
 - a. The Utilization Management Department: 96% pass rate on all modules.
 - b. The Medical Affairs Department: 100% pass rate on all modules
 - c. 2021 IRR season has been closed, at this time.
 - d. 2022 IRR continues with monthly InterQual (initial) and InterQual Refresher training, as needed.
3. **Case Management and CCM Report** provides a summary of the various case management and care coordination services offered to CalViva members. The programs include integrated case management, behavioral health case management, transitional care management for members transitioning from an acute care facility, MemberConnections, Palliative Care, and Emergency Department (ED) diversion activities. This report covered the fourth quarter of 2021 with utilization related outcome measures through third quarter 2021. The outcome measures include: Readmission rates, ED utilization, Pre-term deliveries for the OB population, Member satisfaction, and Overall Healthcare costs. Positive results are seen for all outcome measures this quarter.
4. **PA Member Letter Monitoring Report** monitors compliance with standards for member correspondence for Notice of Action (NOA) letters for service denials including, Prior Authorizations, Concurrent review (in hospital), and Post Service requests. All metrics are expected to meet the 100%

compliance target. All results were above the 95% threshold for action except one. Deferral letters had one metric below target. A coaching program is in place for providers and staff. Monitoring will continue.

5. **Additional UMCM Reports** including the UM Concurrent Review Report, Standing Referral and Specialty Referral reports, TurningPoint, NIA, MedZed and others scheduled for presentation at the QI/UM Committee during Q1.

- IV. **Pharmacy quarterly reports** include Pharmacy Call Report, Operations Metrics, Top Medication Prior Authorization (PA) Requests, and quarterly Formulary changes which were all reviewed for Quarter 4. All metrics are expected to be within 5% of the standard or goal. Some variations were identified this quarter due to the anticipation of and preparation for implementation of Medi-Cal Rx as of January 1, 2022. Variations in staffing levels resulted in some scores below the established goal. Follow up did occur when indicated, however further action was generally not indicated due to the significant changes associated with health plan responsibility for the pharmacy medical benefit only as of January 1. Future reporting will focus on the medical benefit only.

V. HEDIS® Activity

In Q1, HEDIS® related activities focused on data capture for measurement year 2021 (MY21). Managed Care Medi-Cal health plans will have 18 quality measures that they will be evaluated on for MY2021 and the Minimum Performance Level (MPL) is the 50th percentile. Activities included:

1. Finalized and submitted the 2022 HEDIS® Roadmap by January 31, 2022.
2. MY2021 HEDIS® data gathering from clinics and providers throughout the three-county area with final submission to DHCS and HSAG by mid-June 2022.
3. Completed Annual HEDIS Audit on 3/9/22.
4. Initial reports in review for compliance with MCAS measures.

Our current improvement projects are:

- Breast Cancer Screening (BCS) PIP (*Performance Improvement Project*) in progress, to conclude 12/31/22.
- Childhood Immunizations (CIS-10)– PIP Immunization birth to 2 years in progress, to conclude 12/31/22.
- Comprehensive Diabetes Care – HbA1c >9% (CDC-H9) in progress, to conclude 7/1/22.
- Cervical Cancer Screening (CCS)- in progress, to conclude 6/15/22.
- COVID-19 Quality Improvement Plan (COVID-QIP) report submitted 3/24/22.

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 #12

Attachment 12.G

Executive Dashboard



Month	2021 March	2021 April	2021 May	2021 June	2021 July	2021 August	2021 September	2021 October	2021 November	2021 December	2022 January	2022 February	2022 March
CVH Members													
Fresno	307,463	308,852	310,191	311,420	312,453	313,499	314,657	315,334	316,422	317,500	321,656	322,473	324,116
Kings	32,109	32,332	32,512	32,645	32,699	32,883	33,043	33,114	33,260	33,378	34,008	34,122	34,280
Madera	40,607	40,868	41,173	41,402	41,662	41,802	41,951	42,058	42,175	42,247	42,804	42,838	43,033
Total	380,179	382,052	383,876	385,467	386,814	388,184	389,651	390,506	391,857	393,125	398,468	399,433	401,429
SPD	33,872	33,913	33,987	33,964	33,946	33,941	34,219	34,573	34,722	34,783	34,882	34,976	35,147
CVH Mrkt Share	69.84%	69.74%	69.64%	69.56%	69.51%	69.44%	69.41%	69.33%	69.27%	69.20%	68.85%	68.79%	68.74%
ABC Members													
Fresno	120,612	121,802	123,048	123,939	124,688	125,549	126,085	126,859	127,696	128,522	132,511	133,212	134,230
Kings	20,994	21,100	21,271	21,446	21,498	21,602	21,733	21,824	21,978	22,078	22,652	22,758	22,853
Madera	22,609	22,831	23,055	23,316	23,490	23,712	23,892	24,064	24,196	24,366	25,154	25,242	25,470
Total	164,215	165,733	167,374	168,701	169,676	170,863	171,710	172,747	173,870	174,966	180,317	181,212	182,553
Default													
Fresno	534	583	734	530	501	596	517	607	759	642	770	690	803
Kings	93	115	122	105	95	113	117	126	171	100	158	143	136
Madera	69	96	97	93	93	92	75	85	99	87	126	106	106
County Share of Choice as %													
Fresno	59.20%	56.20%	56.80%	60.50%	58.90%	58.80%	63.90%	54.40%	58.30%	57.80%	56.40%	56.50%	59.80%
Kings	54.40%	54.30%	50.90%	49.10%	53.10%	60.40%	56.00%	47.70%	51.60%	47.90%	54.20%	44.70%	51.50%
Madera	61.00%	62.70%	64.20%	54.90%	58.90%	54.50%	50.40%	57.90%	55.80%	56.80%	54.40%	53.50%	56.30%
Voluntary Disenrollment's													
Fresno	387	444	479	446	643	444	441	438	451	477	439	346	405
Kings	37	51	42	42	46	42	56	50	49	21	52	44	45
Madera	61	75	85	82	56	71	65	72	65	42	64	48	50

IT Communications and Systems			
IT Communications and Systems	Active Presence of an External Vulnerability within Systems	NO	Description: A good status indicator is all potential external vulnerabilities scanned and a very low identification of confirmed and/or potential vulnerabilities.
	Active Presence of Viruses within Systems	NO	Description: A specific type of malware (designed to replicate and spread) intended to run and disable computers and/or computer systems without the users knowledge.
	Active Presence of Failed Required Patches within Systems	NO	Description: A good status indicator is all identified and required patches are successfully being installed.
	Active Presence of Malware within Systems	NO	Description: Software that is intended to damage or disable computers and computer systems.
	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	4 Years	Description: Identifies the average Computer Age of company owned workstations.
Message From The CEO	At present time, there are no significant issues or concerns as it pertains to the Plan's IT Communications and Systems. Items to note: Efforts are underway to upgrade servers, enhance firewall protections, upgrade our computers and monitors, and update spam filters. Ongoing risk management activities are also being deployed on an ongoing basis.		



CalViva Health
Executive Dashboard

		Year	2020	2021	2021	2021	2021	2022
		Quarter	Q4	Q1	Q2	Q3	Q4	Q1
Member Call Center CalViva Health Website	(Main) Member Call Center	# of Calls Received	23,685	26,346	26,971	28,736	26,972	31,993
		# of Calls Answered	23,520	26,119	26,664	28,391	26,570	31,509
		Abandonment Level (Goal < 5%)	0.70%	0.90%	1.10%	1.20%	1.50%	1.50%
		Service Level (Goal 80%)	95%	93%	85%	87%	92%	95%
	Behavioral Health Member Call Center	# of Calls Received	936	1,196	1,232	1,182	1,076	1,365
		# of Calls Answered	927	1,189	1,220	1,166	1,068	1,352
		Abandonment Level (Goal < 5%)	1.00%	0.60%	1.00%	1.40%	0.70%	1.00%
		Service Level (Goal 80%)	89%	94%	89%	85%	90%	89%
	Transportation Call Center	# of Calls Received	9,867	7,364	7,768	6,737	8,470	8,062
		# of Calls Answered	9,808	7,209	7,628	6,663	8,411	8,014
		Abandonment Level (Goal < 5%)	0.60%	1.60%	1.30%	0.80%	0.40%	0.50%
		Service Level (Goal 80%)	76%	61%	61%	75%	85%	85%
	CalViva Health Website	# of Users	25,000	33,000	26,000	26,000	22,000	28,000
Top Page		Main Page	Main Page	Main Page	Main Page	Main Page	Provider Search	
Top Device		Mobile (61%)	Mobile (57%)	Mobile (62%)	Mobile (65%)	Mobile (62%)	Mobile (62%)	
Session Duration		~ 2 minutes	~ 1 minutes	~ 1 minutes	~ 2 minutes	~ 2 minutes	~ 2 minutes	
Message from the CEO		At present time, there are no significant issues or concerns as it pertains to the Plan's Member Call Center and CalViva Health Website. Items to note: Call volume increased and the amount of traffic to the CalViva Health website increased this quarter.						



Provider Network Activities & Provider Relations									
Provider Network Activities & Provider Relations	Year	2021	2021	2021	2021	2022	2022	2022	
	Month	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	Hospitals	10	10	10	10	10	10	11	
	Clinics	144	141	143	143	144	144	144	
	PCP	348	356	357	360	364	366	371	
	PCP Extender	253	253	247	261	263	267	274	
	Specialist	1403	1404	1366	1413	1409	1417	1438	
	Ancillary	215	244	247	250	247	246	247	
	Behavioral Health								
	Year	2020	2020	2021	2021	2021	2021	2022	
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
	Behavioral Health	354	359	376	412	430	447	472	
	Vision	47	46	47	44	45	43	39	
	Urgent Care	12	11	12	12	13	13	14	
	Acupuncture	7	7	7	8	6	5	5	
	Patient Acceptance								
	Year	2020	2020	2020	2021	2021	2021	2021	
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	% of PCPs Accepting New Patients - Goal (85%)	93%	94%	94%	95%	96%	95%	95%	
	% Of Specialists Accepting New Patients - Goal (85%)	97%	96%	96%	96%	96%	96%	96%	
	% Of Behavioral Health Providers Accepting New Patients - Goal (85%)	95%	96%	98%	97%	96%	96%	97%	
	Provider Relations								
	Year	2021	2021	2021	2021	2022	2022	2022	
	Month	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	Providers Touched by Provider Relations	144	120	139	80	93	149	146	
	Provider Trainings by Provider Relations	651	852	292	167	198	750	392	
	Year	2016	2017	2018	2019	2020	2021	2022	
	Total Providers Touched	2,604	2,786	2,552	1,932	3,354	1,952	388	
Total Trainings Conducted	530	762	808	1,353	257	3,376	1,340		
Message From the CEO	At present time, there are no significant issues or concerns as it pertains to the Plan's Provider Network Activities & Provider Relations. Items to note: Coalinga Medical Center has reopened and is the new hospital to the Provider Network. Training in March increased due to the increased focus and push on quality improvement initiatives.								

	Year	2020	2020	2020	2021	2021	2021	2021	
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Claims Processing	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	99% / 99% N/A	97% / 99% N/A	99% / 99% N/A	99% / 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	99% / 100% NO	100% / 100% NO	
	Vision Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	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	99% / 99% NO	
	PPG 1 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	95% / 97% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	95% / 99% NO	93% / 99% NO	97% / 99% YES	
	PPG 2 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	85% / 100% NO	95% / 100% NO	95% / 100% NO	91% / 98% NO	91% / 100% NO	84% / 93% NO	88% / 95% NO	
	PPG 3 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	93% / 100% NO	92% / 100% NO	98% / 99% NO	89% / 99% NO	96% / 99% Yes	63% / 99% Yes	
	PPG 4 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	82%/100% YES	100% / 100% YES	99% / 100% YES	99% / 100% YES	98% / 100% YES	98% / 100% YES	98% / 99% YES	
	PPG 5 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	87% / 100% YES	98% / 98% YES	99% / 100% YES	93% / 98% NO	100% / 100% NO	99% / 99% YES	99% / 100% YES	
	PPG 6 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	73% / 100% YES	99% / 100% YES	90% / 92% YES	100% / 100% NO	100% / 100% YES	99% / 100% YES	98% / 100% YES	
	PPG 7 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	92% / 100% NO	100% / 100% NO	99% / 100% NO	100% / 100% NO	99% / 100% NO	96% / 100% NO	95% / 100% NO	
	PPG 8 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	98% / 100% NO	96% / 100% NO	93% / 100% NO	98% / 100% NO	73% / 98% NO	
	Message from the CEO	At present time, there are no significant issues or concerns as it pertains to the Plan's Claims Processing activities. Quarter 1 2022 numbers are not yet currently available.							

	Year	2020	2020	2020	2021	2021	2021	2021	
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Provider Disputes	Medical Provider Disputes Timeliness (45 days) Goal (95%)	99%	99%	99%	99%	99%	99%	99%	
	Behavioral Health Provider Disputes Timeliness (45 days) Goal (95%)	100%	100%	100%	100%	100%	100%	100%	
	Acupuncture Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Vision Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	100%	100%	
	Transportation Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A	100%	
	PPG 1 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	91%	88%	95%	99%	96%	94%	
	PPG 2 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	100%	100%	
	PPG 3 Provider Dispute Timeliness (45 Days) Goal (95%)	91%	97%	66%	35%	66%	96%	99%	
	PPG 4 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	99%	100%	
	PPG 5 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	97%	99%	97%	100%	
	PPG 6 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	100%	100%	
	PPG 7 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	98%	99%	99%	98%	79%	39%	
	PPG 8 Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	100%	100%	100%	100%	100%	N/A	
	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 Disputes processing activities. Quarter 1 2022 numbers are not yet currently available.							

Item #12

Attachment 12.H

Medi-Cal Procurement Update

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

Rose Mary Rahn, 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

Jeffrey Nkansah
Chief Executive Officer
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DATE: May 19, 2022

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Jeffrey Nkansah, CEO

RE: Medi-Cal Procurement

BL #: 22-008

Agenda Item 12

Attachment 12.H

BACKGROUND:

1. On February 9, 2022 the California Department of Health Care Services ("DHCS") released a RFP for its commercial Medi-Cal managed care plan (MCP) contractors that will redefine how care is delivered to more than 12 million Californians.
 - a. Commercial Managed Care Plan Proposals were due April 11, 2022
 - b. DHCS expects to award contracts to selected plans in August 2022
 - c. New Contracts will become effective on January 1, 2024
 - d. Local Plans, for example CalViva Health, do not have to participate in the RFP in accordance with current State Law, however, they will be subject to the same contractual requirements.
2. On February 4, 2022, DHCS proposed to enter into a direct contract with Kaiser Permanente ("Kaiser") as a Medi-Cal Managed Care Plan within new geographic regions of the State, effective January 1, 2024 for a five year contract term, with potential contract extensions.

DISCUSSION:

- On April 19, 2022, a Assembly Health Committee hearing occurred where the proposed trailer bill, otherwise known as AB 2724 was heard.
- On May 4, 2022, a Joint Informational Hearing between the Senate Health Committee & Senate Budget and Fiscal Review Subcommittee No. 3 occurred where the Proposed Medi-Cal Direct Contract with Kaiser Permanente was discussed.
- Confirmed Opposed Positions:
 - State Trade Associations: LHPC, CSAC
 - Managed Care Plans (All Local): CCAH, LA Care, IEHP, SCFHP
 - Counties: Monterey, Santa Barbara, San Mateo, Ventura, Santa Cruz, Sonoma, Yolo
 - Clinics: Santa Cruz Community Health, Salud Para La Gente, California Partnership for Health.
- CalViva Health actions taken directly