

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: July 15, 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, July 21, 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
Large 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

July 21, 2022

1:30pm - 3:30pm

Meeting Location:

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

2) Woodward Park Library
Large 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 Information	Attachment 3.A Attachment 3.B	Confirmed Fresno County At-Large Reappointments <ul style="list-style-type: none">• Dr. Hodge• Dr. Cardona	J. Nkansah, CEO
4 Action	Attachment 4.A Attachment 4.B Attachment 4.C Attachment 4.D Attachment 4.E Attachment 4.F Attachment 4.G	Consent Agenda: <ul style="list-style-type: none">• Commission Minutes dated 5/19/2022• Finance Committee Minutes dated 3/17/2022• QI/UM Committee Minutes dated 3/17/2022• Finance Committee Charter• Credentialing Committee Charter• Peer Review Committee Charter• Quality Improvement / Utilization Management Committee Charter <p><i>Action: Approve Consent Agenda</i></p>	D. Hodge, MD, Chair
5		Closed Session: The Board of Directors will go into closed session to discuss the following item(s) A. CONFERENCE WITH REAL PROPERTY NEGOTIATORS Negotiator: Jeffrey Nkansah Property: 7625 N. Palm Avenue Per Government Code section 54956.8	
6 Action	No Attachment	CEO Annual Review -Ad-Hoc Committee Selection <ul style="list-style-type: none">• Select ad-hoc Committee <p><i>Recommended Action: Selection of Ad-Hoc Committee</i></p>	D. Hodge, MD, Chair

7 Action	Attachment 7.A Attachment 7.B	Conflict of Interest Code <ul style="list-style-type: none"> • BL 22-009 • Conflict of Interest Code Draft 	D. Hodge, MD; Chair
8 Information	Attachment 8.A	Review of Fiscal Year End 2022 Goals <ul style="list-style-type: none"> • BL 22-010 Review of Fiscal Year End Goals 2022 	J. Nkansah, CEO
9 Action	Attachment 9.A	Goals and Objectives for Fiscal Year 2023 <ul style="list-style-type: none"> • BL 22-011 Goals and Objectives FY 2023 <p><i>Action: Approve Goals for FY 2023</i></p>	J. Nkansah, CEO
10 Action		Standing Reports	
	Attachment 10.A Attachment 10.B	Finance Report <ul style="list-style-type: none"> • Financials as of May 31, 2022 • Revised FY 2023 Budget 	D. Maychen, CFO
	Attachment 10.C	Compliance <ul style="list-style-type: none"> • Compliance Report 	M.L. Leone, CCO
	Attachment 10.D Attachment 10.E Attachment 10.F Attachment 10.G	Medical Management <ul style="list-style-type: none"> • Appeals and Grievances Report • Key Indicator Report • Credentialing Sub-Committee Quarterly Report • Peer Review Sub-Committee Quarterly Report 	P. Marabella, MD, CMO
	Attachment 10.H Attachment 10.I	Executive Report <ul style="list-style-type: none"> • Executive Dashboard • BL 22-012 Medi-Cal Procurement Update 	J. Nkansah, CEO
		<i>Action: Accept Standing Reports</i>	
11		Final Comments from Commission Members and Staff	
12		Announcements	
13		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>	
14		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 September 15, 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 #3

Attachments 3.A-3.B

Confirmed Fresno County
At-Large Reappointments

3.A – Dr. Hodge

3.B – Dr. Cardona



County of Fresno

BOARD OF SUPERVISORS

Chairman
Brian Pacheco
District One

Vice-Chairman
Sal Quintero
District Three

Steve Brandau
District Two

Buddy Mendes
District Four

Nathan Magsig
District Five

Bernice E. Seidel
Clerk

May 17, 2022

David Hodge, MD
2798 W Decatur Ave
Fresno, CA 93711

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

Dear Dr. Hodge,

We are pleased to inform you that on May 17, 2022, under Supervisor Quintero's nomination, you were reappointed by the Board of Supervisors to serve on the **Fresno-Kings-Madera Regional Health Authority** (hereinafter referred to as "authority") for a term expiring on **May 5, 2025**. We thank you for your interest in serving our County.

Statement of Economic Interests (Form 700): You are required to file a Form 700 for your appointed position. Please contact Cheryl Hurley at (559) 540-7842 for information regarding the Form 700.

Brown Act Requirements

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

State Mandated Ethics Training

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

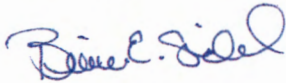
Should you be required to comply with the ethics training requirement, the Fair Political Practices Commission (FPPC) offers **free online training** at <http://localethics.fppc.ca.gov/login.aspx>. This course requires that you log onto the FPPC's website, review the course content materials, and take periodic tests to assure retention of the information. For those who choose this option, please be aware that the certificate will record how much time an individual spends to complete the online training. You must complete **at least 2 hours** of training time in order to be compliant with the training requirement. **If an**

individual completes the online training in less than two hours, the certificate will reflect this, indicating that the individual has not completed the required amount of training.

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

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Bernice E. Seidel". The signature is fluid and cursive, with the first name being the most prominent.

Bernice E. Seidel
Clerk of the Board

cc: Fresno-Kings-Madera Regional Health Authority



County of Fresno

BOARD OF SUPERVISORS

Chairman
Brian Pacheco
District One

Vice-Chairman
Sal Quintero
District Three

Steve Brandau
District Two

Buddy Mendes
District Four

Nathan Magsig
District Five

Bernice E. Seidel
Clerk

May 17, 2022

David Cardona, MD
1300 N Fresno St
Suite 220
Fresno, CA 93703

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

Dear Dr. Cardona,

We are pleased to inform you that on May 17, 2022, under Supervisor Quintero's nomination, you were reappointed by the Board of Supervisors to serve on the **Fresno-Kings-Madera Regional Health Authority** (hereinafter referred to as "authority") for a term expiring on **May 5, 2025**. We thank you for your interest in serving our County.

Statement of Economic Interests (Form 700): You are required to file a Form 700 for your appointed position. Please contact Cheryl Hurley at (559) 540-7842 for information regarding the Form 700.

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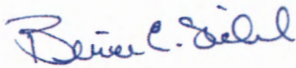
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On behalf of the Fresno County Board of Supervisors, we wish to extend sincere appreciation for the time and effort you are giving in service to your community and Fresno County.

Sincerely,

A handwritten signature in blue ink that reads "Bernice E. Seidel". The signature is written in a cursive style.

Bernice E. Seidel
Clerk of the Board

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

Item #4

Attachment 4.A

Commission Minutes
Dated 5/19/22

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
May 19, 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 Chair and Co-Chair Nominations for FY 2023</p> <p>Action David Hodge, MD, Chairman</p>	<p>The Commissioners nominated and subsequently re-elected David Hodge, MD as chair and Supervisor Joe Neves as Co-Chair to serve during Fiscal Year 2023.</p>	<p>Motion: <i>Nominate and Approve Chair:</i> 12 – 0 – 0 – 5 (Rogers / Naz)</p> <p><i>Nominate and Approve Co-Chair:</i> 12 – 0 – 0 – 5 (Rogers / Naz)</p> <p>A roll call was taken</p>
<p>#4 Consent Agenda</p> <p>a) Commission Minutes dated 3/17/2022 b) Finance Committee Minutes dated 2/17/2022 c) QI/UM Committee Minutes dated 2/17/2022</p> <p>Action D. Hodge, MD, Chair</p>	<p>All consent items were presented and accepted as read.</p>	<p>Motion: <i>Approve Consent Agenda</i> 12 – 0 – 0 – 5</p> <p>(Neves / Frye)</p>
<p>#5 Closed Session</p>	<p>Jeff Nkansah, CEO, reported out of Closed Session.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>A. Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program or facility.</p>	<p>Regarding Government Code section 54954.5 – conference report involving trade secret – discussion of service, program or facility, this was discussed and action was given to staff to proceed.</p> <p>Closed Session concluded at 1:35 pm.</p>	
<p>#6 Legal Services</p> <p>Action J. Nkansah, CEO</p>	<p>The Commission approved the Attorney Services Agreement between Epperson Law Group, PC and Fresno Kings Madera Regional Health Authority for an additional three years.</p>	<p>Motion: Approve Attorney Services Agreement 12 – 0 – 0 – 5</p> <p>(Rogers / Fields-Keene)</p>
<p>#7 Sub-Committee Members for FY 2023</p> <p>Information D. Hodge, MD, Chair</p>	<p>No changes in Commission members were made for FY 2023 to the following committees, as described in BL 22-005:</p> <ul style="list-style-type: none"> ➤ Finance Committee ➤ Quality Improvement/Utilization Management Committee ➤ Credentialing Sub-Committee ➤ Peer Review Sub-Committee ➤ Public Policy Committee 	
<p>#8 RHA Commission Policies & Procedures</p> <p>Action J. Nkansah, CEO</p>	<p>J. Nkansah presented the Commissioners with a brief summary of the new document management system and reasoning to move the Telephonic Participation policy, the Contract Authority policy, and the Requirements for RHA Funding of Community Supports Program policy into the “Administration” department policies.</p>	<p>Motion: Approve all existing approved Commission Policies to move to Administration Department policies. 12 – 0 – 0 – 5</p> <p>(Luchini / Cardona)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#9 Community Support Funding</p> <p>Action J. Nkansah, CEO</p>	<p>The Community Support Grant Recommendations were presented to the Commission with funding at \$4,565,000 for 2022-2023 fiscal year. The ad-hoc committee reviewed the funding recommendations on March 21, 2022 and voted to move to full Commission for approval.</p>	<p>Motion: Approve Community Funding Grant Recommendations 12 – 0 – 0 – 5 (Rogers / Frye)</p>
<p>#10 Health Equity Program Description and Work Plan Evaluation</p> <ul style="list-style-type: none"> • 2021 Executive Summary and Annual Evaluation • 2022 Change Summary and Program Description • 2022 Executive Summary and Work Plan Summary <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the Health Equity 2021 Executive Summary and Annual Evaluation; 2022 Change Summary and Program Description; and 2022 Executive Summary and Work Plan.</p> <p>All Work Plan activities for 2021 were completed in the following areas:</p> <ul style="list-style-type: none"> • Language Assistance Services: 70 staff completed Bilingual assessment/re-assessment; and Population Needs Assessment was completed with Quality Improvement (QI) and Health Education (HE). • Compliance Monitoring: Investigated and completed follow up on 53 grievances in 2021 with eight (8) interventions; and updated all Health Equity Policies. • Communication, Training and Education: Conducted Fifteen (15) Call Center Training sessions; and implemented 2-part Implicit Bias Training & 2-part Motivational Interviewing training reaching over 600 providers. • Health Literacy, Cultural Competency & Health Equity: Completed review of 89 English materials; updated the Provider Health Literacy toolkit; and collaborated on the intervention development and implementation for the Breast Cancer Screening PIP. <p>The 2022 Program Description changes include the following:</p> <ul style="list-style-type: none"> • Department name changed from Cultural & Linguistics (C&L) to Health Equity. • Updated language regarding access to interpreters due to effects of pandemic. 	<p>See #11 for Motion</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Other minor edits included removing Chief Operating Officer from appendix and other updates related to Staff Resources. <p>The 2022 Work Plan is consistent with 2021, while incorporating and enhancing the following:</p> <ul style="list-style-type: none"> • Rebrand the Health Literacy Program and explore a new system to store EMR data. • Support the Childhood Immunizations Improvement Project. • Collaborate with partners to support the PDSA project efforts. <p>The Language Assistance Program Annual Evaluation analyzes and compares language service utilization at the end of each year. Year over year comparisons are also made. The conclusions from the Language Assistance Program annual report are:</p> <ul style="list-style-type: none"> • Spanish and Hmong continue to be CalViva Threshold Languages. Spanish consistently has the highest volume. • Most interpretation (68%) is done via telephonic interpreters (down from 83% in 2020) • 28% was face-to-face interpretation (up from 14% in 2020) • 4% was Sign language (up from 3% in 2020) • with Video Remote Interpreting (VRI) remaining a low volume service at less than 1%. <p>Limited English and non-English membership remains high for CVH population and therefore interpreter services are integral to maintaining safe, high-quality care.</p>	
<p>#11 Health Education Program Description and Work Plan Evaluation</p> <ul style="list-style-type: none"> • Executive Summary 	<p>Dr. Marabella presented the Health Education Executive Summary, the 2021 Annual Evaluation, the 2022 Change Summary and Program Description, and the 2022 Work Plan.</p>	<p>Motion: <i>Approve the Health Equity 2021 Executive Summary and Annual Evaluation, the</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • 2021 Annual Evaluation • 2022 Change Summary and Program Description • 2022 Work Plan <p>Action P. Marabella, MD, CMO</p>	<p>Overall, twelve (12) of the seventeen (17) key Program Initiatives met or exceeded the year-end goal. Five initiatives with eleven (11) objectives partially met the year-end goals. Of the eleven (11) objectives, two (2) were canceled, two (2) were delayed for DHCS approval, and seven (7) did not meet performance goals.</p> <p>The twelve (12) initiatives that were fully met are:</p> <ol style="list-style-type: none"> 1. Chronic Disease-Asthma 2. Chronic Disease – HTN 3. Community Engagement 4. Fluvention & COVID-19 5. Health Equity Projects 6. Member Newsletter 7. Obesity Prevention 8. Pediatric Education 9. Perinatal Education 10. Promotores Health Network 11. Compliance 12. Department Promotion <p>The five (5) initiatives partially met were:</p> <ol style="list-style-type: none"> 1. Chronic Disease Education: Diabetes Prevention Program 2. Mental/Behavioral Health 3. Tobacco Cessation Program 4. Women’s Health 5. Operations: Geomaps <p>The barriers identified are related to:</p> <ul style="list-style-type: none"> • Regulatory approval delays. • Low enrollment. 	<p><i>2022 Change Summary and Program Description, the 2022 Executive Summary and Work Plan Summary; and the Health Education Executive Summary, 2021 Annual Evaluation, 2022 Change Summary and Program Description, and 2022 Work Plan</i></p> <p><i>12 – 0 – 0 – 5 (Neves/Naz)</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"> • Ended services with vendor. • Fewer mapping requests due to limited work in the field. <p>Changes to the 2022 Program Description include:</p> <ol style="list-style-type: none"> 1. Added mental health to education topics and statement that members may self-refer to education programs by calling the Health Education information line. 2. Updated language and description of several educational programs and services including: Diabetes Prevention Program, Pregnancy Program and “Kick it California” smoking cessation program. 3. Updated language for classes open to the Community to include “telephonic” option and “available at no cost”. 4. Education Resources updated. 5. Other minor edits throughout including updated terminology such as replacing “C & L” with “Health Equity”, replacing “Disease Management” with “Chronic Condition Management”, and other minor edits. <p>The 2021 Work Plan initiatives will continue into 2022 with the following enhancements:</p> <ol style="list-style-type: none"> 1. Launch targeted member mailing for the Diabetes Prevention Program. 2. Implement Fluvention & COVID 19 Communication Campaign with focus on 5-11 year old’s. Work with schools, CBO’s, etc. 3. Continue to promote mental health resources. 4. Launch Tobacco Cessation Nicotine Replacement Therapy kits pilot project. 5. Collaborate with community partners to address health disparities. 6. Submit the 2022 Population Needs Assessment to DHCS and update educational resources 	
#21 Standing Reports	Finance	Motion: Standing Reports Approved

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Finance Reports Daniel Maychen, CFO 	<p><u>Financials as of March 31, 2022:</u></p> <p>Total current assets recorded were approximately \$268M; total current liabilities were approximately \$149.3M. Current ratio is approximately 1.8. Total net equity as of the end of March 2022 was approximately \$128.5M which is approximately 760% above the minimum DMHC required TNE amount.</p> <p>For the first nine months of FY 2022, interest income actual recorded was approximately \$241K which is approximately \$169K more than budgeted due to a new accounting standard called GASB 87 which requires a portion of lease revenue to be recorded as interest income. Premium capitation income actual recorded was approximately \$1.015B which is approximately \$47.2M more than budgeted primarily due to overall rates and enrollment being higher than projected. Also, for FY 2022 a projected \$2.2M MCO tax loss did not occur as enrollment was higher than projected, noting that the MCO tax revenue is directly tied to actual enrollment. Furthermore, in January 2022, DHCS updated the Plan’s MCO tax revenue rate which increased the Plan’s MCO tax revenue which led to approximately a \$3.4M MCO tax gain for FY 2022.</p> <p>Total cost of medical care expense actual recorded is approximately \$834.5M which is approximately \$39.6M more than budgeted due to the same reasons as stated above referencing revenue. Admin service agreement fees expense actual recorded was approximately \$38.9M, which is approximately \$1.2M more than projected due to higher-than-budgeted enrollment. All other expense line items are in line or below what was budgeted.</p> <p>Total net income through March 2022 actual recorded was approximately \$9.4M which is approximately \$7.3M more than budgeted primarily due to rates and enrollment being higher and the MCO tax loss the Plan projected for FY 2022 that</p>	<p><i>12 – 0 – 0 – 5</i> <i>(Rogers/Smullin)</i></p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>did not materialize due to higher-than-expected enrollment, and the updated MCO tax revenue rate beginning January 2022 which has caused the Plan to book an approximate \$3.4M MCO tax gain.</p> <p><u>FY 2023 Proposed Budget:</u></p> <p>On March 17, 2022 the FY 2023 budget was reviewed and approved by the Finance Committee to move to Commission for recommendation of full review and approval.</p> <p>FY 2023 enrollment projected to peak in July 2022 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.</p> <p>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, net of new members moving into mandatory Medi-Cal managed care, effective 1/1/2023.</p> <p>Revenues are projected to decline in comparison to FY 2022 due to the current MCO tax structure projected to end 12/31/2022 as opposed to being effective all of FY 2022. And additionally, rates are projected to decline as a result of the full year impact of the pharmacy carve-out on the Plan's rates as opposed to half of the impact of the pharmacy carve-out on the Plan's rate for FY 2022. The overall decline in rates takes into account and is net of any increase in rates due to new programs moving into Medi-Cal managed care such as Long-Term Care. Furthermore, the overall decline in revenues is net of any increase in enrollment in comparison to FY 2022.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Medical revenue is projected to be approximately \$1.155B which is approximately a \$95.4M decrease in comparison to FY 2022 primarily due to the end of the MCO tax midway through FY 2023 and the full year impact of pharmacy carve-out on rates paid by DHCS for FY 2023 as opposed to half year impact during FY 2022.</p> <p>Interest income is projected to be approximately \$340K which is approximately a \$244K increase due to the new GASB 87 requirement which requires the Plan to book a portion of the lease revenue to interest income.</p> <p>Medical Cost expense is projected to be approximately \$995.8M which is approximately a \$23.5M decrease primarily due to a decrease in rates.</p> <p>Admin Service Agreement Fees expense is projected to be approximately \$51.2M which is approximately a \$1.2M more than projected for FY 2022 primarily due to a projected increase in enrollment.</p> <p>Salary, Wages, and Benefits expense is projected to be approximately \$3.6M which is approximately a \$350K less than budgeted for FY 2022 primarily due to previous employment arrangements for retired executives no longer being applicable in FY 2023.</p> <p>Computer and IT expenses are projected to be approximately \$233K which is approximately a \$43K increase due to updating outdated hardware and software.</p> <p>Grants expense is projected to be approximately \$4.6M which is approximately \$940K more than budgeted in FY 2022 due to new grants and grant related programs.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Compliance M.L. Leone, CCO 	<p>MCO tax is projected to end mid-way through FY 2023 which reflects a decline by approximately \$74.8M as it is only applicable for half of FY 2023.</p> <p>Net Income is projected to be approximately \$4.9M which is approximately \$1.3M more than budgeted for FY 2022 primarily due to the Plan no longer projecting the MCO tax loss of approximately \$2.2M that was projected in FY 2022, net of a decrease in rates and net of an increase in enrollment.</p> <p>Compliance</p> <p>There were 61 Administrative & Operational regulatory filings for total YTD 2022; 15 Member Materials filed for approval; 58 Provider Materials reviewed and distributed; and 18 DMHC filings.</p> <p>There were 15 Privacy & Security Breach Cases that were No-Risk/Low-Risk cases filed total YTD 2022.</p> <p>There was one (1) Fraud, Waste & Abuse MC609 case filed with DHCS; and 20 cases open for investigation with HN SIU department for total YTD 2022.</p> <p>The Annual Oversight Audits of HN in-progress are Access and Availability; Appeals & Grievances; and Provider Network/Provider Relations. The Continuity of Care (No CAP) has 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>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<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>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>DMHC issued its 2022 Financial Audit 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>The Enhanced Care Management and Community Supports 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>The Major Organ Transplant Carve-In 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>DHCS implemented the Housing and Homelessness Incentive Program (HHIP) starting January 1, 2022 and concluding December 31, 2023 with Medi-Cal Managed Care Plans (MCPs). CalViva Health submitted its Letter of Intent to participate in the HHIP on 4/1/22.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<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. The Plan will be implementing various member and provider communications using DHCS approved messaging. During the COVID-19 PHE, plans can continue to leverage the Telephone Consumer Protection Act (TCPA) “emergency purposes” exception.</p> <p>The Plan’s satellite office on the downtown Fulton Mall has officially closed</p> <p>The next Public Policy Committee meeting will be held on June 1, 2022 at 11:30am in the Plan’s Administrative Office.</p> <p>Medical Management</p> <p><u>Appeals and Grievances Dashboard</u></p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through Q1 2022.</p> <ul style="list-style-type: none"> • The total number of grievances remains consistent. The majority of grievances were Quality-of-Service related. • Quality of Care Grievances are higher when compared to last year’s end of year totals. • Exempt Grievances remain consistent when compared to last year’s end of year totals. <p>As expected, Appeals for Q1 2022 have decreased when compared to last year due to the implementation of Medi-Cal Rx (medication related appeals are managed by the state) and improvement noted for Advanced Imaging (providers have become familiar with the criteria).</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Key Indicator Report</u></p> <p>Dr. Marabella presented the Key Indicator Report (KIR) for March 2022.</p> <p>A summary was shared that provided a comparison of Admissions, Bed Days, Average Length of Stay, and Readmissions in Q1 2022 compared to Q2 2020. All of these metrics demonstrated a decrease for this time period.</p> <p>ER rates remained steady in Q1 2022 when compared to Q2 2020.</p> <p>Case Management results for Q1 2022 remain stable and demonstrate positive outcomes in all areas, consistent with previous months.</p> <p><u>QI & UM Quarterly Update of Activities – Q1 2022</u></p> <p>Dr. Marabella provided the QI &UM Qtr. 1, 2022 update. Two QI/UM meetings were held in Quarter 1; one in February and one in March.</p> <p>The following guiding documents were approved at these meetings:</p> <ul style="list-style-type: none"> • QI/UM Committee Charter 2022 • 2021 Quality Improvement End of Year Evaluation • 2022 Quality Improvement Program Description • 2022 Quality Improvement Work Plan • 2021 Utilization Management/Case Management End of Year Evaluation • 2022 Utilization Management Program Description • 2022 Case Management Program Description • 2022 Utilization Management/Case Management Work Plan <p>In addition, the following general documents were approved:</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Pharmacy Provider Updates • Medical Policies <p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard, Potential Quality Issues (PQI) and Provider Preventable Conditions (PPC) Reports, MHN Performance Indicator Report for Behavioral Health, and Initial Health Assessment (IHA) Report. Additional Quality Improvement Reports including Provider Office Wait Time, County Relations, SPD HRA Outreach, A&G Validation Audit Report, and Performance Improvement Project Updates.</p> <p>The Utilization Management & Case Management reports reviewed were the Key Indicator Report, the Inter-rater Reliability Results for Physicians and Non-physicians, Case Management and CCM Report, and PA Member Letter Monitoring Report. Additional UMCM Reports include UM Concurrent Review Report, Standing Referral and Specialty Referral reports, TurningPoint, NIA, and MedZed.</p> <p>Pharmacy reports for Q4 2021 were reviewed including Pharmacy Call Report, Operations Metrics, Top Medication Prior Authorization (PA) Requests, and quarterly Formulary changes. Future reporting will focus on the medical benefit only due to the implementation of Medi-Cal Rx.</p> <p>HEDIS® Activity:</p> <p>In Q1, HEDIS® related activities focused on data capture for measurement year 2021 (MY21). Managed Care Medi-Cal health plans will have eighteen (18) quality measures that they will be evaluated on for MY2021 and the Minimum Performance Level (MPL) will remain at the 50th percentile.</p> <p>Current activities include:</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Executive Report J. Nkansah, CEO 	<ul style="list-style-type: none"> Finalized and submitted the 2022 HEDIS® Roadmap. MY2021 HEDIS® data gathering from clinics and providers throughout the three-county area. Completed Annual HEDIS® Audit. Initial reports in review for compliance with MCAS measures. <p>Current Improvement Projects include:</p> <ul style="list-style-type: none"> Breast Cancer Screening (BCS) PIP (Performance Improvement Project) Childhood Immunizations (CIS-10)– PIP Immunization birth to 2 years Comprehensive Diabetes Care – HbA1c >9% (CDC-H9) Cervical Cancer Screening (CCS) COVID-19 Quality Improvement Plan (COVID-QIP) <p>No significant compliance issues have been identified. Oversight and monitoring processes will continue.</p> <p>Executive Report</p> <p>The enrollment through March 31, 2022 is 401,429 members. Enrollment is likely to continue to increase while the Public Health Emergency (PHE) is in place.</p> <p>There are no significant issues, concerns, or items to note as it pertains to the Plan’s IT Communications and Systems. Efforts are underway to upgrade servers to keep the Plan’s network secure.</p> <p>There are no significant issues or concerns as it pertains to the Call Center, and CVH Website.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The Plan has contracted with Coalinga Medical Center upon its reopening and has been added to the Provider Network.</p> <p>There are no significant issues or concerns as it pertains to Claims Processing and Provider Dispute activities.</p> <p><u>Medi-Cal Procurement Update</u></p> <p>The California Department of Health Care Services (DHCS) released an RFP for its commercial Medi-Cal managed care plan (MCP) contractors that will redefine how care is delivered Californians. Commercial Managed Care Plan Proposals were due April 11, 2022. DHCS expects to award contracts to selected plans in August 2022. New Contracts will become effective on January 1, 2024. Local Plans do not have to participate in the RFP in accordance with current State Law, however, they will be subject to the same contractual requirements.</p> <p>DHCS proposed to enter into a direct contract with Kaiser Permanente 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. On April 19, 2022, an Assembly Health Committee hearing occurred where the proposed AB 2724 was heard. On May 4, 2022, a Joint Informational Hearing between the Senate Health Committee & Senate Budget; the Bill was not heard rather it was a general conversation regarding the topic. The trailer bill is currently going through potential amendments and/or up for discussion to see if what was originally proposed is going to be approved or if further changes to the amendment are needed. The Plan has been working to educate others on what Kaiser’s entry into the Medi-Cal system would mean to Fresno, Kings, and Madera Counties.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#7 Final Comments from Commission Members and Staff		
#8 Announcements		
#9 Public Comment		
#10 Adjourn	The meeting was adjourned at 2:51 pm. The next Commission meeting is scheduled for July 21, 2022 in Fresno County.	

Submitted this Day: _____

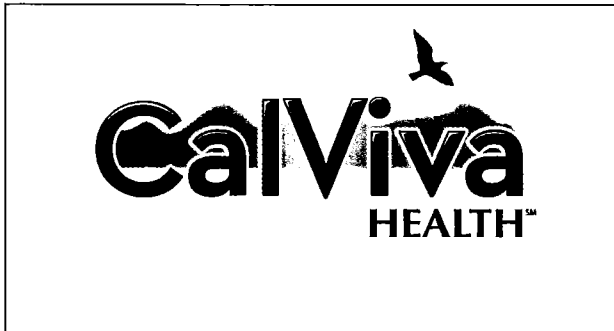
Submitted by: _____

Cheryl Hurley
Clerk to the Commission

Item #4

Attachment 4.B

Finance Committee Minutes
Dated 3/17/22



**CalViva Health
Finance
Committee Meeting Minutes**

March 17, 2022

Meeting Location

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

Finance Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Daniel Maychen, Chair	✓	Cheryl Hurley, Office Manager
✓	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 11:32 am, a quorum was present.	
#2 Finance Committee Minutes dated February 17, 2022 Attachment 2.A Action D. Maychen, Chair	The minutes from the February 17, 2022 Finance meeting were approved as read.	Motion: <i>Minutes were approved 5 – 0 – 0 – 2 (Nikoghosian / Nkansah)</i>
#3 Financial Statements as of	Total current assets recorded were approximately \$318.7M; total	Motion: <i>Financials as of January</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>January 31, 2022</p> <p>Action</p> <p>D. Maychen, Chair</p>	<p>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>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</p>	<p><i>31, 2022 were approved</i></p> <p><i>5 – 0 – 0 – 2</i></p> <p><i>(Rogers / Frye)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>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>	
<p>#4 Fiscal Year 2023 – Proposed Budget</p> <p>Action D. Maychen, Chair</p>	<p>There were no changes to the FY 2023 basic budget assumptions from what was presented in the February 2022 Finance Committee meeting.</p> <p>Medical revenue is projected to be approximately \$1.15B which is approximately a \$95.4M decrease primarily due to the MCO tax revenues projected to expire 12/31/2022 as opposed to being effective the full fiscal year. In addition, rates are projected to decrease due to the pharmacy carve-out being effective the full year of FY 2023. The overall decrease in rates takes into account some increases in the rates as a result of new programs moving into Medi-Cal Managed Care.</p> <p>Interest income is projected to be approximately \$340K which is approximately a \$244K increase due to the new GASB 87 accounting standard which requires the plan to book a portion of the lease revenue to interest income. This was not accounted for in the FY 2022 budget due to timing of implementation.</p> <p>Medical Cost expense is projected to be approximately \$995.8M which is approximately a \$23.5M decrease primarily due to a decrease in rates.</p> <p>Admin Service Agreement Fees expense is projected to be approximately \$51.2M which is approximately a \$1.2M increase primarily due to an increase in enrollment in comparison to FY 2022 budgeted amounts.</p>	<p>Motion: <i>Minutes were approved 6 – 0 – 0 – 1 (Frye / Neves)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Salary, Wages, and Benefits expense is projected to be approximately \$3.6M which is approximately a \$350K decrease primarily due to previous employment arrangements no longer being applicable in FY 2023.</p> <p>Computer and IT expenses are projected to be approximately \$233K which is approximately a \$43K increase due to updating outdated hardware and software.</p> <p>Dues and Subscription expense is projected to be approximately \$205K which is approximately a \$25K increase due to trade associations hiring additional staff to increase their level of support to health plans and continue to advocate on the Plan’s behalf.</p> <p>Grants expense is projected to be approximately \$4.6M which is approximately a \$940K increase. The Plan will continue to support physician recruitment grants, provide grants to food banks, and adding additional items such as provider infrastructure support programs, youth recreation grants, green space grants, and grants to community-based organizations.</p> <p>Travel expense is projected to be approximately \$24K which is approximately \$4K increase which is taking into account the presumption that onsite meetings, training, and audits will resume.</p> <p>MCO taxes is projected to be approximately \$91.4M which is approximately \$74.8M decrease primarily due to the MCO tax expiring 12/31/2022.</p> <p>Net Income is projected to be approximately \$4.9M which is approximately \$1.3M increase in comparison to FY 2022 primarily due to the Plan no longer projecting the MCO tax loss net of a decrease in</p>	

Finance Committee

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	rates and net of an increase in enrollment and admin expenses.	
#5 Announcements	<p>The Plan is currently being audited by DMHC. DMHC is performing a routine financial examination which is conducted every three years. The Plan will report back to the Finance Committee the results of the audit.</p> <p>Linnea Koopman, CEO of LHPC, is currently onsite visiting and participating in the QIUM and Commission meetings, as well as outside engagements involving the Plans and local CBO's.</p>	
#6 Adjourn	Meeting was adjourned at 11:56 am	

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

Dated: *May 19, 2022*

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

Dated: *5/19/22*

Item #4

Attachment 4.C

QIUM Committee Minutes
dated 3/17/22

Fresno-Kings-Madera
Regional Health Authority

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

March 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			
✓	Linnea Koopmans, LHPC		

✓ = 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 introduced Linnea Koopmans, CEO of the Local Health Plans of California who attended as a guest at today's meeting. Linnea was touring the state to meet her constituents.	
#2 Approve Consent Agenda Committee Minutes: February 17, 2022 - QI/UM Committee Charter 2022 - Specialty Referrals Report (Q4) - Standing Referrals Report (Q4) - Performance Improvement Project Updates - Pharmacy Provider Updates (Q1)	The February 17 th , 2022 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. A link for Medi-Cal Rx Contract Drug List was available for reference.	Motion: <i>Approve</i> Consent Agenda (Ramirez/Hodge) 4-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>(Attachments A-F)</p> <p>Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business - Appeals & Grievances Dashboard and TAT Report (January) - Appeals & Grievances Validation Audit Summary (Q4) (Attachments G-H)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Appeals & Grievances Dashboard through January 2021.</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. ➤ 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>The A & G Validation Audit Report for Q4 was presented.</p> <ul style="list-style-type: none"> ➤ A higher volume of missing cases was noted in December 2021. This will be monitored in 2022. ➤ A decline in translation delays is anticipated related to a new All Plan Letter from DHCS (APL 21-011) which was recently implemented. We will monitor for this in Q1. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - A&G Dashboard and TAT Report (January) - A&G Validation Audit Summary (Q4) (Hodge/-Ramirez) <p>4-0-0-2</p>
<p>#3 QI Business - Initial Health Assessment (IHA) Quarterly Report (Q3) (Attachment I)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>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 also 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.</p> <p>The Q3 2021 Report shows CalViva Health's performance on IHA/IHEBA compliance monitoring from January 2021 through September 2021.</p> <ul style="list-style-type: none"> ➤ Because COVID-19 prevented Facility Site Review audits from occurring from March 2020 on, no FSR/MMR audits occurred between January 1 – June 30, 2021. ➤ Member outreach completed by the Plan resulted in a range of 26.99% – 62.32% compliance for July 2020 – August 2021. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - IHA Quarterly Report (Q3) (Hodge/Lee) <p>4-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ➤ Due to the COVID public health emergency, the DHCS All Plan Letter (APL) 20-004 temporarily halted requirements to complete IHAs from December 1, 2019 to the end of the public health emergency. IHA/IHEBA visit completion rates, measured using claims and encounters data, showed an IHA visit compliance range of 22.51% - 29.10% for July 2020 – August 2021. ➤ Compliance monitoring after implementation of the new best practices throughout the provider network is forthcoming. 	
<p>#3 QI Business - MHN Performance Indicator Report for Behavioral Health Services (Q4) (Attachment J)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The MHN Performance Indicator Report for Behavioral Health Services (Q4 2021) provides a summary of an array of indicators in order to evaluate the behavioral health services provided to CalViva members. Fourteen (14) out of the fifteen (15) metrics met or exceeded their targets this quarter.</p> <ul style="list-style-type: none"> ➤ There were 452 ABA reviews in Q4 2021 and 448 were compliant with timeliness standards. ➤ Even though ABA authorization timeliness did not meet the 100% target, at 99% it exceeded the threshold for action of 95%. 	<p>Motion: <i>Approve</i> - MHN Performance Indicator Report for Behavioral Health Services (Q4) (Ramirez/Hodge) 4-0-0-2</p>
<p>#3 QI Business - SPD Health Risk Assessment Outreach (Q4) (Attachment K)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The SPD Health Risk Assessment Outreach Report provides a summary of new member outreach success in order to identify higher risk individuals and offer case management and other care coordination services and resources to them. DHCS requires a minimum of 3 outreach calls within 45 days for high-risk individuals and three outreach calls to low-risk individuals within 90 days of enrollment in the Plan.</p> <p>Results for Quarter 4 2021 include the following:</p> <ul style="list-style-type: none"> ➤ 4,127 members were outreached (100% on time) ➤ 142 completed HRAs, 3.4% completion rate (tracked for program quality; not a regulatory requirement) ➤ A recent analysis shows that there has been an increase in calls rejected by phone networks as well as calls disconnected by member. ➤ The Plan continues to seek improvements based on streamlined script changes. 	<p>Motion: <i>Approve</i> - SPD HRA Outreach (Q4) (Lee/Hodge) 4-0-0-2</p>
<p>#4 QI/UM/CM Business - Quality Improvement Annual</p>	<p>The 2022 Quality Improvement Program Description, the 2022 Quality Improvement Annual Work Plan were presented to the committee.</p>	<p>Motion: <i>Approve</i> - Quality</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Program Description 2022 - Quality Improvement Annual Work Plan 2022 (Attachments L-M)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The highlights of changes for the 2022 Quality Improvement Program Description include:</p> <ul style="list-style-type: none"> ➤ Disease Management: 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”. ➤ 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 (MediCal Rx). ➤ Satisfaction: Revised from member satisfaction to member experience, 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 Annual Work Plan to focus on:</p> <ul style="list-style-type: none"> ➤ Improve Access to Care: <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. ➤ Improve member satisfaction— Results from 2020 CAHPS Survey and 2020 Access Survey used to update strategies with recommendations such as: <ul style="list-style-type: none"> ○ Provider Training Series Pilot (Lunch & Learn and On-demand videos) 	<p>Improvement Annual Program Description 2022 - Quality Improvement Annual Work Plan 2022 (Lee/Hodge) 4-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Share Quarterly Root Cause Analysis results with Medical Management leadership. ➤ Improve the Quality & Safety of Care: <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. ➤ Two Formal 2 Year Projects: <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>#4 QI/UM/CM Business</p> <ul style="list-style-type: none"> - Utilization Management / Case Management Work Plan 2022 - Case Management Program Description 2022 (Attachments N-O) <p>Action Patrick Marabella, M.D Chair</p>	<p>The Case Management Program Description 2022 and the Utilization Management/Case Management Work Plan 2022 were presented.</p> <p>The highlights of changes for the 2022 Case Management Program Description include:</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 <i>HRA Screen</i> or if <i>individualized care team is requested</i> to be referred for CM. ➤ Care Team Staffing Model. Modified <i>average active case load</i> 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 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Utilization Management / Case Management Work Plan 2022 - Case Management Program Description 2022 (Lee/Hodge) <p>4-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Community Supports (CS)with brief description of services, counties and populations of focus. TCM program also updated. Other minor edits and updates throughout.</p> <p>The areas of Focus for UM/CM 2022 Work Plan:</p> <ul style="list-style-type: none"> ➤ <i>Compliance with Regulatory & Accreditation Requirements</i> <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. ➤ <i>Monitoring the UM Process</i> <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. ➤ <i>Monitoring Utilization Metrics</i> <ul style="list-style-type: none"> ○ Track effectiveness of care management. Outcome’s metrics: <ul style="list-style-type: none"> ● 5% reduction in admissions over 2019 ● 5% reduction of 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. ➤ <i>Monitoring Coordination with Other Programs and Vendor Oversight</i> <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. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ➤ <i>Monitoring Activities for Special Populations</i> <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>#5 UM Business - Key Indicator Report & TAT report (January) (Attachment P)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Key Indicator Report and Turn Around Time Report through January. 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> <ul style="list-style-type: none"> ➤ Utilization for all risk types increased in 2021. ➤ Turn- around Times were met in all areas in January 2022 with the exception of post-service (98.0%). ➤ Case Management results remain stable and demonstrate positive outcomes in all areas, consistent with previous months. 	<p>Motion: <i>Approve</i> - Key Indicator Report & TAT report (January) (Hodge/Lee) 4-0-0-2</p>
<p>#5 UM Business - Case Management and CCM Report (Q4) (Attachment Q)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Case Management and CCM Report for Quarter 4 was presented. This report summarizes the case management, transitional care management, MemberConnections, and Palliative Care, and Emergency Department (ED) diversion activities for 2021 through fourth quarter and utilization related outcomes through third quarter 2021. CM continued to support member education related to COVID-19 and provided vaccine information during outreach.</p> <ul style="list-style-type: none"> ➤ Decreased referrals to some programs. Fewer CCR referrals due to COVID related complications for Members (members in ICU, discharging to SNF or Rehabs, expiring) ➤ Limited successful telephonic outreach to members referred to some CM programs due to incorrect phone numbers ➤ Staffing constraints secondary to COVID and absenteeism <p>Next Steps:</p> <ul style="list-style-type: none"> ➤ Address staffing constraints with new position approvals ➤ Increase referrals through additional reports. For example, the BH CM team utilized a COVID testing report that is run monthly to identify co-morbidities. 	<p>Motion: <i>Approve</i> - Case Management and CCM Report (Q4) (Hodge/Ramirez) 4-0-0-2</p>
<p>#5 UM Business - Inter-Rater Reliability Results (IRR) for Physicians and Non-Physicians 2021 - PA Member Letter Monitoring</p>	<p>InterQual Inter-Rater Reliability (IRR) Results for Physicians and Non-Physicians 2021 Utilization Management staff use InterQual Clinical Decision Support Criteria along with the other evidence-based medical policies, clinical support guidelines and technical assessment tools approved by the Medical Advisory Council to assist clinical reviewers in reviewing medical criteria, with consistency. All UM staff and physicians undergo InterQual training upon hire and annually,</p>	<p>Motion: <i>Approve</i> - Inter-Rater Reliability Results (IRR) for Physicians and Non-Physicians</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Report (Q4) - MedZed Report Integrated Care Management Report (Q4) (Attachments R-T)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>complete a “Summary of Changes” course that is conducted by InterQual instructors.</p> <ul style="list-style-type: none"> ➤ The Utilization Management Department: 96% pass rate on all modules. ➤ The Medical Affairs Department: 100% pass rate on all modules ➤ 2021 IRR season has been closed, at this time. ➤ 2022 IRR continues with monthly InterQual (initial) and InterQual Refresher training, as needed. <p>The PA Member Letter Monitoring Report (Q4) was presented and reviewed. This report monitors Notice of Action (NOA) letters including Prior Authorizations, Concurrent, and Post Service denials. Findings are discussed with entire UM Management Directors on a monthly basis. All metrics are expected to meet standard of 100% compliance. Medical Management Monitoring and Reporting Team collects CAP information on metrics that fall below the 100% threshold.</p> <ul style="list-style-type: none"> ➤ There was a total of 10- unique denial letters and 7 unique deferral letters impacted by letter opportunities. ➤ New influx of staff in Q4 is attributed to mistakes- additional training has been provided <p>In follow up, Medical Management implemented staff/physician coaching focused on use of clear and concise language and no medical jargon. Continue to monitor.</p> <p>MedZed Integrated Care Management Report – Q4 2021 The Quarterly MedZed Integrated Care Management Report monitors the volume and engagement of members referred to MedZed Care Management Program. The program’s designed as a bridge and support for member engagement in care plan goals and ultimately to engage the member in a traditional, Managed Care, Care Management program. Provided in this report are results for Quarter 4 2021. New member referrals quadrupled in the last two quarters due to a new member lead referral process and the alignment of new member enrollments with member graduations.</p>	<p>2021</p> <ul style="list-style-type: none"> - PA Member Letter Monitoring Report (Q4) - MedZed Report Integrated Care Management Report (Q4) (Ramirez/Lee) <p>4-0-0-2</p>
<p>#5 UM Business - NIA/Magellan (Q4) (Attachment U)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The NIA/Magellan Report (Q4) is a summary of cardiology and radiology determinations resolved by National Imaging Associates (NIA) for services in the three-county area (Fresno, Kings, and Madera) for the 4th quarter of 2021. This report summarizes monitoring activities and provides the opportunity to identify trends or opportunities for provider education.</p> <ul style="list-style-type: none"> ➤ Denials decreased for both radiology and cardiology this quarter. NIA offers clinical meetings to discuss specific cases and/or authorization denial patterns with the NIA Physician. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - NIA/Magellan (Q4) (Lee/Ramirez) <p>4-0-0-2</p>
<p>#6 Pharmacy Business</p>	<p>The Pharmacy Executive Summary (Q4) provides a summary of the quarterly pharmacy reports</p>	<p>Motion: <i>Approve</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Pharmacy Executive Summary (Q4) - CalViva Health Pharmacy Call Report (Q4) - Pharmacy Operations Metrics (Q4) - Pharmacy Top 30 Prior Authorizations (Q4) - Pharmacy Inter-Rater Reliability Results (IRR) (Q4) - Quality Assurance Results for Pharmacy (2021) (Attachments V-AA)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>presented to the committee on operational metrics, top medication prior authorization (PA) requests, and quarterly formulary changes to assess emerging patterns in PA requests and compliance around PA turnaround time metrics, and to formulate potential process improvements.</p> <p>The Pharmacy Call Report (Q4) reviews quarterly operational metrics for the Call Center. All measures met or exceeded established goals this quarter. This report will be retired for 2022 due to Medi-Cal RX implementation effective 1/1/2022.</p> <p>The Pharmacy Operations Metrics (Q4) provides key indicators measuring the performance of the PA Department in service to CalViva Health members. Pharmacy prior authorization (PA) metrics were not within 5% of standard for the 4th Quarter 2022. Turnaround time (TAT) expectation is 100% with a threshold of 95%. The lower than expected rates were primarily due to staffing challenges in response to the expected implementation of Medi-Cal Rx. Effective 01/01/22 Medi-Cal Rx will take over review of the majority of these medications. Further reporting will be based on medical benefit drugs and TAT.</p> <p>The Pharmacy Top 30 Prior Authorizations (Q4) identifies the most requested medications to the PA Department for CalViva Health members, and assess potential barriers to access of medications through the PA process.</p> <ul style="list-style-type: none"> ➤ 4th Quarter 2021 top medication PA requests were similar to 3rd Quarter 2021. ➤ Opioid and Diabetes control medications continue to be the top drivers of PA volume <p>The Pharmacy Inter-Rater Reliability Results (Q4) A sample of 10 prior authorization denials per month are reviewed quarterly to ensure that they are completed timely, accurately, and consistently according to regulatory requirements and established health plan guidelines. The target goal of this review is 95% accuracy or better in all combined areas with a threshold of 90%. The overall score was 80% with the majority of issues related to TAT, criteria application and letter language. As stated above, the driving factor was variations in staffing levels. Results will be shared with PA managers for review and feedback, however, with the loss of the pharmacy benefit due to Medi-Cal Rx implementation there is no corrective action to take. Future reporting will be based upon top Medical Benefit PA requests.</p> <p>The Quality Assurance Results for Pharmacy (2021) evaluate the consistency and accuracy with which Envolve Pharmacy Solutions pharmacists apply prior authorization criteria in decision making and communicate the decisions to providers and patients. The overall target is a score of 95% or better in all areas with a threshold cumulative score requirement of 90% or greater for all</p>	<p>- Pharmacy Executive Summary (Q4) - CalViva Health Pharmacy Call Report (Q4) - Pharmacy Operations Metrics (Q4) - Pharmacy Top 30 Prior Authorizations (Q4) - Pharmacy Inter-Rater Reliability Results (IRR) (Q4) - Quality Assurance Results for Pharmacy (2021) (Ramirez/Lee) 4-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>quarters in the calendar year to be compliant.</p> <p>For quarters 1-3 the overall target goal was met and all individual categories also met threshold. In quarter four as previously described, variations in staffing related to the implementation of Medi-Cal Rx resulted in less-than-optimal results. Turnaround time, criteria application and letter language were the most common issues. After each quarter, results were shared with Pharmacy Managers and discussed at the Quarterly QA Committee meetings. Future reporting will focus on the medical benefit drugs using the same 4 categories described in this report.</p>	
<p>#7 Policy & Procedure Business - Pharmacy Policy Review 2022 (Attachment BB)</p> <p>Action - Patrick Marabella, M.D Chair</p>	<p>The Pharmacy Policy & Procedure Review 2022 grid was presented to the committee. With the implementation of Medi-Cal Rx a number of policy changes were required.</p> <ul style="list-style-type: none"> ➤ There were seven (7) new policies created to address the medical benefit drugs including for example, Prior Authorization, Specialty Pharmacy Program, and Mental Health Parity. Major Organ Transplant was integrated into these new policies associated with the expanded responsibilities that Medi-Cal Health Plans have in this area as of January 2022. ➤ Eight (8) policies were reviewed and remain in effect after Medi-Cal Rx implementation to address the medical benefit drugs. This included for example, Oversight of Pharmacy Services, CCS Program, and Drug Utilization Review. ➤ Twenty-four (24) policies were retired that are no longer pertinent due to the implementation of Medi-Cal Rx program. <p>The Pharmacy Policies & Procedures for 2022 were approved.</p>	<p>Motion: <i>Approve</i> - Pharmacy Policy Review 2022 (Ramirez/Lee) 4-0-0-2</p>
<p>#8 Credentialing & Peer Review Subcommittee Business - Credentialing Subcommittee Report (Q1) - Peer Review Subcommittee Report (Q1) (Attachments CC-DD)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Credentialing Sub-Committee Quarterly Report In Quarter 1 2022, the Credentialing Sub-Committee met on February 17, 2022. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q3 2021 were reviewed for delegated entities, Q3 & Q4 2021 reports were reviewed for MHN and Q4 for Health Net. The 2022 Credentialing Sub-Committee annual policy and procedure review was completed with three (3) policies updated with minor or no changes. Three additional policies were revised to address CalAIM’s ECM & Community Supports initiative, timeframe for re-application after termination/denial and the requirements related to in-person attendance at hearings. There were no cases to report on for the Quarter 4 2021 Credentialing Report from Health Net.</p> <p>Peer Review Sub-Committee Quarterly Report 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</p>	<p>Motion: <i>Approve</i> - Credentialing Subcommittee Report (Q1) - Peer Review Subcommittee Report (Q1) (Hodge/Ramirez) 4-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>cases to report.</p> <p>The 2022 Peer Review Sub-Committee annual policy and procedure review was completed with one (1) policy reviewed without changes and one (1) policy had more significant changes and was provided for the committee to review. The policies were approved.</p> <p>The Quarter 4, 2021 Peer Count Report was presented at the meeting with a total of two (2) cases reviewed. The outcomes for these cases are as follows: There was one (1) case closed and cleared. There were no cases pending closure for Corrective Action Plan compliance or cases with outstanding CAPs. There was one (1) case pended for further information.</p> <p>Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p>	
<p>#9 Compliance Update - Compliance Regulatory Report (Attachment EE)</p>	<p>Mary Lourdes Leone presented the Compliance Report.</p> <p>Oversight Audits. The following annual audits are in-progress: Access and Availability, Appeals & Grievances, Continuity of Care, and Provider Network/ Provider Relations.</p> <p>Fraud, Waste, & Abuse Activity. Since the last report, there hasn't been any new MC609 case filings.</p> <p>2021 Department of Managed Health Care ("DMHC") 18-Month Follow-Up Audit. 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. 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. All pre-audit document requests were submitted on 2/25/22. On 3/9/22, the Plan received DHCS' request for verification files. These are scheduled to be submitted by 3/18/22. The Audit Entrance Conference is scheduled for 4/18/22.</p> <p>Department of Managed Health Care ("DMHC") Financial Audit. DMHC's financial audit Entrance Conference will take place on 3/15/22.</p> <p>COVID-19 Novel Coronavirus. Our downtown office for walk-ins is still closed. Our administrator, Health Net, has indicated they will still continue to carry out operations on a semi-remote basis until further notice.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Public Policy Committee. 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>	
#10 Old Business	None.	
#11 Announcements	Next meeting May 19 th , 2022	
#12 Public Comment	None.	
#13 Adjourn	Meeting was adjourned at 12:06pm	

NEXT MEETING: May 19th, 2022

Submitted this Day: May 19, 2022

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

Acknowledgment of Committee Approval:

Patrick Marabella
 Patrick Marabella, MD Committee Chair

Item #4

Attachment 4.D

Finance Committee Charter

**FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY
FINANCE COMMITTEE**

I. Purpose

- A. The purpose of the Finance Committee is to provide a committee structure to monitor and evaluate the financial status of the Fresno-Kings-Madera Regional Health Authority (RHA) from a regulatory compliance and general operating standpoint and to advise RHA on matters which are within the purview of the Finance Committee.

II. Authority

- A. The Finance Committee is given its authority by and reports to the Fresno-Kings-Madera Regional Health Authority (RHA) Commission in an advisory capacity.

III. Definitions

- A. Fresno-Kings-Madera Regional Health Authority (RHA) Commission -
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.

IV. Committee Responsibilities

- A. The Commission's Finance Committee will discuss, advise and make recommendations to the Commission on the following areas:
1. Compliance with all financial statutory, regulatory, and industry standard requirements
 2. Medi-Cal managed care rate and impact to the Regional Health Authority
 3. Budgets prior to submission to the Commission
 4. Unaudited financial statements prepared by staff
 5. Compensation and benefit levels for staff
 6. Selection of an independent auditing firm.

V. Committee Membership:

A. Composition

1. The RHA Commission Chairperson shall appoint the members of the Committee.
2. The Finance Committee shall consist of at least three (3) Commission members, the Chief Executive Officer, and the Chief Financial Officer.
 - 2.1. Chairperson: Chief Financial Officer.
 - 2.2. The Committee shall be composed of less than a quorum of voting Commissioners.

B. Term of Committee Membership

**FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY
FINANCE COMMITTEE**

1. Commissioner Committee members' terms will be established by the RHA Commission Chairperson on an annual basis at the start of each fiscal year.
- C. Vacancies
1. If vacancies arise during the term of Committee membership, the RHA Commission Chairperson will appoint a replacement member.
- D. Voting
1. All members of the Committee shall have one vote each
 2. If a potential conflict of interest is identified, the involved member will be excused from discussion and voting.

VI. Meetings

- A. Frequency
1. The frequency of the Finance Committee meeting will be at least quarterly
 2. The Committee Chairperson or RHA Commission may call additional meetings as necessary
 3. A quorum consists of at least 51% of the membership
 4. Meetings shall be open and public. Meetings will be conducted in accordance with California's Ralph M. Brown Open Meeting Law.
- B. Minutes
1. Minutes will be kept at every Finance Meeting by a designated staff member. Signed, dated, summary minutes are kept. Minutes are available for review by regulatory entities.
 2. A report of each meeting will be forwarded to the RHA Commission for oversight review.
- C. Structure
- The meeting agenda will consist of:
1. Approval of minutes
 2. Standing Items
 3. Activity Reports
 4. Data Information Reports
 5. Ad-hoc Items

VII. Committee Support

- A. The Chief Financial Officer/staff will provide Committee support, coordinate activities and perform the following as needed:
1. Regularly attend meetings
 2. Assist Chairperson with preparation of agenda and meeting documents
 3. Perform or coordinate other meeting preparation arrangements
 4. Prepare minutes

**FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY
FINANCE COMMITTEE**

APPROVAL:

**RHA Commission
Chairperson**

David Hodge, MD
Commission Chairperson

Date: _____

Item #4

Attachment 4.E

Credentialing
Committee Charter

**Fresno-Kings-Madera Regional Health Authority
Credentialing Sub-Committee Charter**

I. Purpose:

- A. The purpose of the Credentialing Sub-Committee is to give input on the credentialing and re-credentialing policies used by CalViva Health (“CalViva” or the “Plan”) and its Operating Administrator (Health Net) and monitor delegated credentialing/recredentialing activities. Delegated entities performance and compliance with credentialing standards will be monitored and evaluated on an ongoing basis by CalViva’s Chief Medical Officer (“CMO”), the Chief Compliance Officer (“CCO”), and CalViva’s Credentialing Sub-Committee.

II. Authority:

- A. The Credentialing Sub-Committee serves as a sub-committee of the Quality Improvement/Utilization Management (“QI/UM”) Committee and is given its authority by the Fresno-Kings-Madera Regional Health Authority (“RHA”) Commission to act in an advisory capacity.

III. Definitions:

- A. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – 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.

IV. Committee Focus:

The Credentialing Sub-Committee's responsibilities include, but are not limited to:

- A. Makes recommendations regarding credentialing and recredentialing, policies, processes, and standards.
- B. Has final decision-making responsibility to monitor, sanction, suspend, terminate or deny practitioners or organizational providers.
- C. Provide oversight of delegated credentialing and recredentialing functions.
- D. Report sanctions for quality of care issues to the appropriate licensing authority including 805 reporting requirements.
- E. Provide quarterly summary reports of Credentialing activities to the QI/UM Committee and RHA Commission.
- F. Ensure that the Plan’s credentialing and recredentialing criteria and activities are in compliance with state, federal and contractual requirements.

V. Committee Membership:

- A. Composition
 - 1. The RHA Commission shall appoint the members of the Sub-Committee.

**Fresno-Kings-Madera Regional Health Authority
Credentialing Sub-Committee Charter**

2. The Sub-Committee is chaired by the CalViva CMO.
3. Sub-Committee size is determined by the Commission with the advice of the CMO.
4. The Sub-Committee is composed of participating physicians who are also serving as members of the QI/UM Committee.
 - a. Sub-committee membership shall reflect an appropriate geographic and specialty mix of participating practitioners including practitioners that serve the Seniors and Persons with Disabilities (SPD) population.
 - b. Membership shall consist of primary care providers and specialists to reflect our provider network.
 - d. The Sub-Committee shall be composed of less than a quorum of voting Commissioners.

B. Term of Committee Membership

1. Appointments shall be made for two (2) years.
2. Commissioner Sub-Committee members' terms are coterminous with their seat on the Commission.

C. Vacancies

If vacancies arise during the term of Sub-Committee membership, the RHA Commission will appoint a replacement member.

D. Voting

1. All members of the Sub-Committee shall have one vote each.
2. If a potential conflict of interest is identified, the involved member will be excused from discussion and voting.

VI. Meetings:

A. Frequency

1. The frequency of the Sub-Committee meetings will be at least quarterly.
2. The Sub-Committee Chairperson or RHA Commission may call additional *ad hoc* meetings as necessary.
3. A quorum consists of at least 51% of the membership.

B. Notice

1. The meeting date will be determined by the Chairperson with the consensus of the Sub-Committee members.
2. Sub-Committee members will be notified in writing in advance of the next scheduled meeting.

C. Minutes

1. Minutes will be kept at every Sub-Committee meeting by a designated staff member. Signed, dated, contemporaneous minutes are kept. Minutes are available for review by regulatory entities.

**Fresno-Kings-Madera Regional Health Authority
Credentialing Sub-Committee Charter**

D. Confidentiality

1. Content of the meetings is kept confidential.
2. All members sign a confidentiality statement that shall be kept on file at CalViva Health.
3. Meetings, proceedings, records and review/handling of related documents will comply with all applicable state and federal laws and regulations regarding confidential information, including, but not limited to, the California Confidentiality of Medical Information Act (California Civil Code, Section 56 et seq.); the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act (42 U.S.C. 290dd-2); and the Privacy Act (U.S.C. 552a) and any other applicable state and federal law, rule, guideline or requirement.
4. Meeting proceedings and records as well as related letters and correspondence to providers and/or members are also protected from discovery under California Health & Safety Code 1370 and CA Evidence Code 1157.

VII. Committee Support:

The Plan Medical Management department staff will provide Sub-Committee support, coordinate activities and perform the following as needed:

- A. Regularly attend Sub-Committee meetings,
- B. Assist Chairperson with preparation of agenda and meeting documents,
- C. Perform or coordinate other meeting preparation arrangements,
- D. Prepare minutes and capture specific "suggestions or recommendations" and discussions,
- E. Ensure a quarterly summary of Sub-Committee activity and recommendations is prepared for submission to the QI/UM Committee and RHA Commission.

VIII. Authority

1. Health & Safety Code Sections 1370, 1370.1
2. California Code of Regulations, Title 28, Rule 1300.70
3. California Evidence Code Section 1157
4. California Civil Code, Section 56 et seq. (California Confidentiality of Medical Information Act)
5. 42 U.S.C. 290dd-2 (Alcohol, Drug Abuse and Mental Health Administration Reorganization Act)
6. U.S.C. 552a (Privacy Act)
7. DHCS Contract, Exhibit A, Attachment 4
8. MMCD Policy Letter 02-03
9. RHA Bylaws

**Fresno-Kings-Madera Regional Health Authority
Credentialing Sub-Committee Charter**

APPROVAL:

**RHA Commission
Chairperson**

Date:

Item #4

Attachment 4.F

Peer Review Committee Charter

**Fresno-Kings-Madera Regional Health Authority
Peer Review Sub-Committee Charter**

I. Purpose:

- A. The Sub-Committee processes and activities have been established to achieve an effective mechanism for the Plan’s continuous review and evaluation of the quality of care delivered to its enrollees, including monitoring whether the provision and utilization of services meets professional standards of practice and care, identifying quality of care problems, addressing deficiencies by the development of corrective action plans, and initiating remedial actions and follow-up monitoring where necessary and appropriate. Through the Plan’s peer review protected activities, the Plan aims to assure its enrollees receive acceptable standards of care and service.
- B. To provide a peer review committee structure for the consideration of patterns of medically related grievances that the Chief Medical Officer (CMO) determines require investigation of specific participating providers and to provide peer review of practitioners or organizational providers experiencing problematic credentialing issues, performance issues or other special circumstances.

II. Authority:

- A. The Peer Review Sub-Committee serves as a sub-committee of the Quality Improvement/Utilization Management (“QI/UM”) Committee and is given its authority by the Fresno-Kings-Madera Regional Health Authority (“RHA”) Commission to act in an advisory capacity.

III. Definitions:

- A. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – 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.

IV. Committee Focus:

The Peer Review Sub-Committee's responsibilities include, but are not limited to:

- A. Makes recommendations regarding peer review policies, processes, and standards.
- B. Reviews potential quality incidents referred by the QI/UM Committee that might involve the conduct or performance of specific practitioners or organizational providers and should be further investigated.
- C. Report sanctions for quality of care issues to the appropriate licensing authority including 805 reporting requirements.
- D. Establish and maintain a process for provider appeal of provider sanctions including a process of conducting fair hearings for providers who are sanctioned for issues related to quality of care.

Fresno-Kings-Madera Regional Health Authority
Peer Review Sub-Committee Charter

- E. Provide quarterly summary reports of Peer Review activities to the QI/UM Committee and RHA Commission.
- F. Ensure that the Plan's peer review criteria and activities are in compliance with state, federal and contractual requirements.

V. Committee Membership:

A. Composition

- 1. The RHA Commission shall appoint the members of the Sub-Committee.
- 2. The Sub-Committee is chaired by the CalViva CMO.
- 3. Sub-Committee size is determined by the Commission with the advice of the CMO.
- 4. The Sub-Committee is composed of participating physicians who are also serving as members of the QI/UM Committee.
 - a. Sub-committee membership shall reflect an appropriate geographic and specialty mix of participating practitioners including practitioners that serve the Seniors and Persons with Disabilities (SPD) population.
 - b. Membership shall consist of primary care providers and specialists to reflect our provider network.
 - c. Participating Practitioners from other specialty areas shall be retained as necessary to provide peer review input.
 - d. The Sub-Committee shall be composed of less than a quorum of voting Commissioners.

B. Term of Committee Membership

- 1. Appointments shall be made for two (2) years.
- 2. Commissioner Sub-Committee members' terms are coterminous with their seat on the Commission.

C. Vacancies

If vacancies arise during the term of Sub-Committee membership, the RHA Commission will appoint a replacement member.

D. Voting

- 1. All members of the Sub-Committee shall have one vote each.
- 2. If a potential conflict of interest is identified, the involved member will be excused from discussion and voting.

VI. Meetings:

A. Frequency

- 1. The frequency of the Sub-Committee meetings will be at least quarterly.
- 2. The Sub-Committee Chairperson or RHA Commission may call additional *ad hoc* meetings as necessary.
- 3. A quorum consists of at least 51% of the membership.

Fresno-Kings-Madera Regional Health Authority
Peer Review Sub-Committee Charter

B. Notice

1. The meeting date will be determined by the Chairperson with the consensus of the Sub-Committee members.
2. Sub-Committee members will be notified in writing in advance of the next scheduled meeting.

C. Minutes

1. Minutes will be kept at every Sub-Committee meeting by a designated staff member. Signed, dated, contemporaneous minutes are kept. Minutes are available for review by regulatory entities.

D. Confidentiality

1. Content of the meetings is kept confidential.
2. All members sign a confidentiality statement that shall be kept on file at CalViva Health.
3. Meetings, proceedings, records and review/handling of related documents will comply with all applicable state and federal laws and regulations regarding confidential information, including, but not limited to, the California Confidentiality of Medical Information Act (California Civil Code, Section 56 et seq.); the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act (42 U.S.C. 290dd-2); and the Privacy Act (U.S.C. 552a) and any other applicable state and federal law, rule, guideline or requirement.
4. Meeting proceedings and records as well as related letters and correspondence to providers and/or members are also protected from discovery under California Health & Safety Code 1370 and CA Evidence Code 1157.

VII. Committee Support:

The Plan Medical Management department staff will provide Sub-Committee support, coordinate activities and perform the following as needed:

- A. Regularly attend Sub-Committee meetings,
- B. Assist Chairperson with preparation of agenda and meeting documents,
- C. Perform or coordinate other meeting preparation arrangements,
- D. Prepare minutes and capture specific "suggestions or recommendations" and discussions,
- E. Ensure a quarterly summary of Sub-Committee activity and recommendations is prepared for submission to the QI/UM Committee and RHA Commission.

VIII. Authority

1. Health & Safety Code Sections 1370, 1370.1
2. California Code of Regulations, Title 28, Rule 1300.70
3. California Evidence Code Section 1157
4. California Civil Code, Section 56 et seq. (California Confidentiality of Medical Information Act)

**Fresno-Kings-Madera Regional Health Authority
Peer Review Sub-Committee Charter**

5. 42 U.S.C. 290dd-2 (Alcohol, Drug Abuse and Mental Health Administration Reorganization Act)
6. U.S.C. 552a (Privacy Act)
7. DHCS Contract, Exhibit A, Attachment 4
8. MMCD Policy Letter 02-03
9. RHA Bylaws

APPROVAL:

**RHA Commission
Chairperson**

Date:

Item #4

Attachment 4.G

QI/UM Committee Charter

Fresno-Kings-Madera Regional Health Authority Quality Improvement/Utilization Management Committee Charter

I. Purpose:

- A. The purpose of the Quality Improvement/Utilization Management (“QI/UM”) Committee is to provide oversight and guidance for CalViva Health’s (“CalViva” or the “Plan”) QI, UM, and Credentialing Programs, monitor delegated activity, and provide professional input into CalViva’s development of medical policies.
- B. The QI/UM Committee monitors the quality and safety of care and services rendered to members, identifies clinical and administrative opportunities for improvement, recommends policy decisions, evaluates the results of QI and UM activities, institutes needed actions, and ensures follow up as appropriate.

II. Authority:

- A. The QI/UM Committee is given its authority by and reports to the Fresno-Kings-Madera Regional Health Authority (“RHA”) Commission in an advisory capacity.

III. Definitions:

- A. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – 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.

IV. Committee Focus:

The QI/UM Committee's responsibilities include, but are not limited to the following activities.

- A. Review and recommend approval to the RHA Commission of the program documents listed below:
 1. Annual QI Program Description
 2. Annual QI Work Plan
 3. Annual QI Program Evaluation
 4. Annual UM Program Description
 5. Annual CM Program Description
 6. Annual UM/CM Work Plan
 7. Annual UM/CM Program Evaluation;
 8. Annual Health Education Program Description
 9. Annual Health Education Work Plan
 10. Annual Health Education Program Evaluation
 11. Annual Culture and Linguistics (“C&L”) Program Description
 12. Annual Culture and Linguistics Work Plan
 13. Annual Culture and Linguistics Program Evaluation

Fresno-Kings-Madera Regional Health Authority
Quality Improvement/Utilization Management Committee Charter

- B. Reviews quarterly reports of Work Plan progress for the programs listed above;
- C. Monitors key clinical and service performance indicators for QI, UM, and Credentialing/Rec credentialing activities (e.g., access & availability, over and under utilization, key UM and case management indicators, HEDIS® measure results, disease management and public health programs activities, timeliness standards etc.);
- D. Provide oversight and review reports of delegated UM and Credentialing/Rec credentialing functions and collaborative QI functions;
- E. Reviews summarized grievance reports for medically related issues and administrative quality concerns;
- F. Reviews analysis of potential quality incident reports (developed from grievances/complaints, utilization management, utilization reports suggesting over or under utilization);
- G. Oversees and monitors CalViva’s participation in the Department of Health Care Services (“DHCS”) required Quality Improvement Projects (“QIPs”);
- H. Approve and oversee conduct of special QI studies as warranted;
- I. Brings general medically-related concerns to the attention of the Plan’s Operating Administrator (Health Net);
- J. Advises on the conduct of provider and member satisfaction surveys and submits its review to the Commission;
- K. Reviews the results of clinical outcome studies, identifies gaps and reports findings to the Commission;
- L. Forwards to the Credentialing /Peer Review Sub-Committee potential quality incidents that might involve the conduct of specific providers and should be further investigated;
- M. Receives reports from the Credentialing/Peer Review Sub-Committee;
- N. Provide quarterly summary reports of QI, UM, and Credentialing activities to the RHA Commission.
- O. Ensure that the Plan is in compliance with state, federal and contractual requirements for QI, UM, and Credentialing.

V. Committee Membership:

- A. Composition
 - 1. The RHA Commission Chairperson shall appoint the members of the Committee.
 - 2. The Committee is chaired by the CalViva Chief Medical Officer (“CMO”).
 - 3. Committee size is determined by the RHA Commission with the advice of the CMO.
 - 4. The QI/UM Committee will be composed of:
 - 4.1. Participating health care providers, including physicians, as well as other health care professional’s representative of the CalViva direct contracting network and the Health Net provider network.
 - 4.2. The Committee composition may also include Commission members who are participating health care providers and shall be composed of less than a quorum of voting Commissioners.

Fresno-Kings-Madera Regional Health Authority
Quality Improvement/Utilization Management Committee Charter

- 4.3. Committee membership shall reflect an appropriate geographic and specialty mix of participating practitioners including practitioners that serve the Seniors and Persons with Disabilities (SPD) population.
- 4.4. Participating Practitioners from other specialty areas shall be retained as necessary to provide specialty input.
- 4.5. For purpose of meeting a quorum, the RHA Commission Chair may appoint an alternate member, who is also a provider member of the RHA Commission, to serve as a voting member of the committee.

B. Term of Committee Membership

1. Appointments shall be made for two (2) years.
2. Commissioner Committee members' terms are coterminous with their seat on the Commission.

C. Vacancies

1. If vacancies arise during the term of Committee membership, the RHA Commission Chairperson will appoint a replacement member.

D. Voting

1. All members of the Committee shall have one vote each.
2. If a potential conflict of interest is identified, the involved member will be excused from discussion and voting.

VI. Meetings:

A. Frequency

1. The frequency of the QI/UM Committee meetings will be at least quarterly.
2. The Committee Chairperson or RHA Commission may call additional *ad hoc* meetings as necessary.
3. A quorum consists of at least 51% of the membership.
4. Meetings shall be open and public. Meetings will be conducted in accordance with California's Ralph M. Brown Open Meeting Law.

B. Notice

1. The meeting date will be determined by the Chairperson with the consensus of the Committee members.
2. Committee members will be notified in writing in advance of the next scheduled meeting.

C. Minutes

1. Minutes will be kept at every Committee meeting by a designated staff member. Signed, dated, contemporaneous minutes are kept. Minutes are available for review by regulatory entities.
2. A report of each meeting will be forwarded to the RHA Commission for oversight review and consideration of the Committee's recommendations.

**Fresno-Kings-Madera Regional Health Authority
Quality Improvement/Utilization Management Committee Charter**

VII. Committee Support:

The Plan Medical Management department staff will provide Committee support, coordinate activities and perform the following as needed:

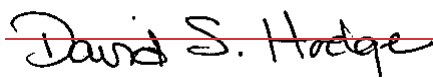
- A. Regularly attend Committee meetings,
- B. Assist Chairperson with preparation of agenda and meeting documents,
- C. Perform or coordinate other meeting preparation arrangements,
- D. Prepare minutes and capture specific "suggestions or recommendations" and improvement discussions,
- E. Ensure a quarterly summary of Committee activity and Committee recommendations is prepared for submission to the RHA Commission.

VIII. Authority

- A. Health & Safety Code Sections 1370, 1370.1
- B. California Code of Regulations, Title 28, Rule 1300.70
- C. DHCS Contract, Exhibit A, Attachments 4 and 5
- D. RHA Bylaws

APPROVAL:

**RHA Commission
Chairperson**



Date: ~~7/15/2021~~

Item #7

Attachments 7.A-7.B

Conflict of Interest Code

7.A – BL 22-009

7.B – Draft Conflict of Interest

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

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: July 21, 2022
TO: Fresno-Kings-Madera Regional Health Authority Commission
FROM: Dr. David Hodge, Chairman
RE: Conflict of Interest Code
BL #: **BL 22-009**
Agenda Item **7**
Attachment **7.A**

DISCUSSION:

The Conflict of Interest Code (COI) for the Fresno-Kings-Madera Regional Health Authority is currently pending approval from the Fair Political Practices Commission (FPPC). Approval of the requested change to the COI is needed from the Commission prior moving forward in the formal approval process. A red-lined copy has been provided (attachment 7.B) showing the revision.

In addition, the COI is subject to a 45-day comment period via a Notice of Intention to Amend the Conflict of Interest Code, and approval by the FPPC.

The COI includes the following information:

- Explanation of the code
- Who the designated positions are that will complete portions of Form 700
- Positions that are obligated to complete the entire Form 700

RECOMMENDED ACTION:

Approve the requested changes to the Conflict of Interest Code. This COI is subject to a 45-day comment period, and approval by the FPPC.

**CONFLICT OF INTEREST CODE OF THE
FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY**

The Political Reform Act (Government Code Section 81000, et seq.) requires state and local government agencies to adopt and promulgate conflict of interest codes. The Fair Political Practices Commission has adopted a regulation (2 California Code of Regulations Section 18730) that contains the terms of a standard conflict of interest code, which can be incorporated by reference in an agency's code. After public notice and hearing, the standard code may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act. Therefore, the terms of 2 California Code of Regulations Section 18730 and any amendments to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference. This regulation and the attached Appendices, designating positions and establishing disclosure categories, shall constitute the conflict of interest code of the **Fresno-Kings-Madera Regional Health Authority (Authority)**.

Individuals holding designated positions shall file their statements of economic interests with the **Authority**, which will make the statements available for public inspection and reproduction. (Gov. Code Sec. 81008.). All original statements will be retained by the **Authority**.

**CONFLICT OF INTEREST CODE OF THE
FRESNO–KINGS–MADERA REGIONAL HEALTH AUTHORITY**

**APPENDIX A
DESIGNATED POSITIONS**

<i>Designated Position</i>	<i>Assigned Disclosure Category</i>
Chief Medical Officer	2
Chief Compliance Officer	2
Chief Operating Officer	2
General Counsel	1, 2
Consultants/New Positions	*

Commented [CH1]: Position of Chief Operating Officer was eliminated

*Consultants/New Positions shall be included in the list of designated positions and shall disclose pursuant to the broadest disclosure category in the code subject to the following limitation:

The Chief Executive Officer may determine in writing that a particular consultant or new position, although a “designated position,” is hired to perform a range of duties that is limited in scope and thus is not required to comply fully with the disclosure requirements described in this section. Such determination shall include a description of the consultant’s or new position’s duties and, based upon that description, a statement of the extent of disclosure requirements. The Chief Executive Officer’s determination is a public record and shall be retained for public inspection in the same manner and location as this conflict of interest code. (Gov. Code Sec. 81008.)

OFFICIALS WHO MANAGE PUBLIC INVESTMENTS

The following positions are not covered by the code because the positions manage public investments. Individuals holding such positions must file under Government Code Section 87200 and are listed for informational purposes only.

- Governing Board Members (Commissioners)
- Chief Executive Officer/Chief Administrator
- Chief Financial Officer
- Auditor/Treasurer

An individual holding one of the above listed positions may contact the Fair Political Practices Commission for assistance or written advice regarding their filing obligations if they believe their position has been categorized incorrectly. The Fair Political Practices Commission makes the final determination whether a position is covered by Government Code Section 87200.

**CONFLICT OF INTEREST CODE OF THE
FRESNO–KINGS–MADERA REGIONAL HEALTH AUTHORITY**

**APPENDIX B
DISCLOSURE CATEGORIES**

Individuals holding designated positions shall disclose interests pursuant to their assignment to the corresponding disclosure categories:

CATEGORY 1: All interests in real property located within 500 feet of property owned or leased by the Authority or property of the type to be purchased or leased by the Authority.

CATEGORY 2: All investments, business positions in any business entity or trust, and sources of income (including receipt of gifts, loans, and travel payments) from sources of the type to provide services, supplies, equipment, or other property to be utilized by the Authority. The type of sources includes, but are not limited to, health care providers, hospitals, pharmacies, laboratories, medical care treatment facilities, insurance companies, ambulance companies, and any person that provides consulting services of the type to be negotiated or to be utilized by the Authority.

Item #8

Attachment 8.A

Review of FY End 2022 Goals

8.A – BL 22-010

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, Director
Public Health Department

Aftab Naz, M.D.
At-large

Regional Hospital

Brian Smullin
Valley Children's Healthcare

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: July 21, 2022
TO: Fresno-Kings-Madera Regional Health Authority Commission
FROM: Jeffrey Nkansah, CEO
RE: Review of Goals and Objectives for Fiscal Year End 2022
BL #: 22-010
Agenda Item 8
Attachment 8.A

DISCUSSION:

Category	Goal	Review
Market Share	Maintain market share.	Market share continues to deteriorate due to the "Default Formula" adopted and applied for this period and freeze in Medi-Cal disenrollment(s) due to the COVID-19 Public Health Emergency.
Medical Management / Quality Improvement	Develop and implement Improvement Plans (IP) for those MCAS/HEDIS measures for Measurement Year (MY)2020 below the required Minimum Performance Level (MPL) as determined by DHCS. Continue Performance Improvement Plans (PIP) from previous fiscal year—Breast Cancer Screening and CIS 10 Immunizations.	Completed IP for Diabetes to lower A1c levels through targeted nutrition classes and IP for Cervical Cancer screening with member education and outreach. Continuing PIP for Breast cancer screening for Southeast Asian women with series of mobile mammography events and video testimonials and the PIP for Childhood Immunization with texting campaigns and special Immunization events.
Funding of Community Support Program	Administer the Community Investment Funding Program	8 Provider recruitment grants awarded with 5 Providers recruited.
Tangible Net Equity (TNE)	Continue to meet minimum TNE requirement by DMHC.	CalViva has met the minimum TNE requirement set by DMHC throughout fiscal year 2022.
Direct Contracting	Maintain current direct contracts to align with TNE requirements.	Maintained current direct contracts.
Community Outreach	Continue to participate in local community initiatives.	Participated in Cradle to Career, See 2 Succeed Vision Program, Fresno Community Health Improvement Partnerships (FCHIP), The Children's Movement of Fresno (TCM Fresno), Group Prenatal Care Embrace, Live Well Madera, Reading Heart Advisory Group, Help Me Grow, and 150+ CBO Sponsorships.
State and Federal Advocacy	Continue to advocate Local Initiative Plan interest.	Continued as a Local Health Plan Association and Mid State MGMA Board Member
Strategic Planning	Oversee Strategic Planning Investments and evaluate community outcomes.	Completed 21/22 Strategic Plan Goals and Outcomes. Created and executed new Youth Sports Recreation Fund.

Item #9

Attachment 9.A

FY 2023 Goals & Objectives
9.A – BL 22-011

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 Reyna-Griffin -
At-large

Kings County

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

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

DATE: July 21, 2022

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Jeffrey Nkansah, CEO

RE: Goals and Objectives for Fiscal Year 2023

BL #: BL 22-011

Agenda Item 9

Attachment 9.A

DISCUSSION:

Category:

Goal:

Market Share	Maintain market share
Medical Management / Quality Improvement	Continue the Childhood Immunization PIP with special immunization events, as well as continuing the Disparity PIP for Breast Cancer Screening in Southeast Asian women with testimonial videos and mobile mammography events
Funding of Community Support Program	Administer the Community Investment Funding Program
Tangible Net Equity (TNE)	Continue to meet DMHC minimum TNE requirements meanwhile continuing to provide grants to the community which helps improve access and quality health care.
Direct Contracting	Maintain current direct contracts to align with TNE requirements
Community Outreach	Continue to participate in local community initiatives
State and Federal Advocacy	Continue to advocate Local Initiative Plan interest.
2024 Medi-Cal Contract Readiness	Initiate and complete activities for Operational Readiness to be compliant with DHCS contractual requirements effective January 1, 2024
Health Plan Accreditation	Initiate activities to achieve NCQA Health Plan Accreditation by 2025 and NCQA Health Equity Accreditation by 2026

Item #10

Attachment 10.A

Financials as of May 31, 2022

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

		Total
1	ASSETS	
2	Current Assets	
3	Bank Accounts	
4	Cash & Cash Equivalents	146,011,461.02
5	Total Bank Accounts	\$ 146,011,461.02
6	Accounts Receivable	
7	Accounts Receivable	112,960,862.79
8	Total Accounts Receivable	\$ 112,960,862.79
9	Other Current Assets	
10	Interest Receivable	53,742.16
11	Investments - CDs	0.00
12	Prepaid Expenses	188,486.66
13	Security Deposit	0.00
14	Total Other Current Assets	\$ 242,228.82
15	Total Current Assets	\$ 259,214,552.63
16	Fixed Assets	
17	Buildings	6,205,032.02
18	Computers & Software	0.00
19	Land	3,161,419.10
20	Office Furniture & Equipment	77,885.13
21	Total Fixed Assets	\$ 9,444,336.25
22	Other Assets	
23	Investment -Restricted	302,042.26
24	Lease Receivable	4,243,427.11
25	Total Other Assets	\$ 4,545,469.37
26	TOTAL ASSETS	\$ 273,204,358.25
27	LIABILITIES AND EQUITY	
28	Liabilities	
29	Current Liabilities	
30	Accounts Payable	
31	Accounts Payable	83,804.20
32	Accrued Admin Service Fee	4,449,357.00
33	Capitation Payable	91,744,502.10
34	Claims Payable	25,182.70
35	Directed Payment Payable	3,676,157.20
36	Total Accounts Payable	\$ 99,979,003.20
37	Other Current Liabilities	
38	Accrued Expenses	1,752,723.48
39	Accrued Payroll	114,086.94
40	Accrued Vacation Pay	310,046.47
41	Amt Due to DHCS	6,842,183.05
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	27,708,333.31
47	Total Other Current Liabilities	\$ 42,859,109.74
48	Total Current Liabilities	\$ 142,838,112.94
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	\$ 142,864,019.73
54	Deferred Inflow of Resources	4,134,621.69
55	Equity	
56	Retained Earnings	119,072,374.53
57	Net Income	7,133,342.30
58	Total Equity	\$ 126,205,716.83
59	TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND EQUITY	\$ 273,204,358.25

Fresno-Kings-Madera Regional Health Authority dba CalViva Health

Budget vs. Actuals: Income Statement

July 2021 - May 2022

		Total		
		Actual	Budget	Over/(Under) Budget
1	Income			
2	Interest Income	388,065.89	88,000.00	300,065.89
3	Premium/Capitation Income	1,232,461,087.58	1,156,455,970.00	76,005,117.58
4	Total Income	1,232,849,153.47	1,156,543,970.00	76,305,183.47
5	Cost of Medical Care			
6	Capitation - Medical Costs	1,015,156,915.75	943,853,103.00	71,303,812.75
7	Medical Claim Costs	973,148.17	990,000.00	(16,851.83)
8	Total Cost of Medical Care	1,016,130,063.92	944,843,103.00	71,286,960.92
9	Gross Margin	216,719,089.55	211,700,867.00	5,018,222.55
10	Expenses			
11	Admin Service Agreement Fees	47,795,616.00	45,917,300.00	1,878,316.00
12	Bank Charges	8.22	6,600.00	(6,591.78)
13	Computer/IT Services	139,490.57	174,163.00	(34,672.43)
14	Consulting Fees	0.00	275,000.00	(275,000.00)
15	Depreciation Expense	262,621.32	280,500.00	(17,878.68)
16	Dues & Subscriptions	154,338.45	165,176.00	(10,837.55)
17	Grants	3,413,636.37	3,413,636.40	(0.03)
18	Insurance	168,118.67	169,474.00	(1,355.33)
19	Labor	3,323,749.69	3,622,829.00	(299,079.31)
20	Legal & Professional Fees	72,374.32	174,900.00	(102,525.68)
21	License Expense	730,652.23	784,355.00	(53,702.77)
22	Marketing	1,301,307.48	1,420,000.00	(118,692.52)
23	Meals and Entertainment	18,394.54	21,750.00	(3,355.46)
24	Office Expenses	54,467.72	77,000.00	(22,532.28)
25	Parking	279.62	1,375.00	(1,095.38)
26	Postage & Delivery	3,229.49	3,080.00	149.49
27	Printing & Reproduction	4,113.27	4,400.00	(286.73)
28	Recruitment Expense	20,049.97	33,000.00	(12,950.03)
29	Rent	0.00	11,000.00	(11,000.00)
30	Seminars and Training	10,036.34	23,000.00	(12,963.66)
31	Supplies	8,965.09	9,900.00	(934.91)
32	Taxes	152,394,839.62	152,395,837.00	(997.38)
33	Telephone	29,587.35	32,890.00	(3,302.65)
34	Travel	11,053.16	19,000.00	(7,946.84)
35	Total Expenses	209,916,929.49	209,036,165.40	880,764.09
36	Net Operating Income/ (Loss)	6,802,160.06	2,664,701.60	4,137,458.46
37	Other Income			
38	Other Income	331,182.24	476,663.00	(145,480.76)
39	Total Other Income	331,182.24	476,663.00	(145,480.76)
40	Net Other Income	331,182.24	476,663.00	(145,480.76)
41	Net Income/ (Loss)	7,133,342.30	3,141,364.60	3,991,977.70

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

		Total	
		July 2021 - May 2022 (FY 2022)	July 2020 - May 2021 (FY 2021)
1	Income		
2	Interest Income	388,065.89	93,554.40
3	Premium/Capitation Income	1,232,461,087.58	1,218,808,350.54
4	Total Income	\$ 1,232,849,153.47	\$ 1,218,901,904.94
5	Cost of Medical Care		
6	Capitation - Medical Costs	1,015,156,915.75	1,018,864,569.27
7	Medical Claim Costs	973,148.17	715,466.84
8	Total Cost of Medical Care	\$ 1,016,130,063.92	\$ 1,019,580,036.11
9	Gross Margin	\$ 216,719,089.55	\$ 199,321,868.83
10	Expenses		
11	Admin Service Agreement Fees	47,795,616.00	45,347,566.00
12	Bank Charges	8.22	998.77
13	Computer/IT Services	139,490.57	141,024.81
14	Depreciation Expense	262,621.32	262,271.36
15	Dues & Subscriptions	154,338.45	150,599.25
16	Grants	3,413,636.37	3,912,500.00
17	Insurance	168,118.67	162,553.79
18	Labor	3,323,749.69	3,200,912.09
19	Legal & Professional Fees	72,374.32	101,030.00
20	License Expense	730,652.23	685,851.61
21	Marketing	1,301,307.48	1,166,564.91
22	Meals and Entertainment	18,394.54	13,714.34
23	Office Expenses	54,467.72	52,858.75
24	Parking	279.62	0.00
25	Postage & Delivery	3,229.49	2,014.67
26	Printing & Reproduction	4,113.27	1,949.93
27	Recruitment Expense	20,049.97	24,820.61
28	Rent	0.00	0.00
29	Seminars and Training	10,036.34	1,616.01
30	Supplies	8,965.09	7,523.04
31	Taxes	152,394,839.62	137,248,779.56
32	Telephone	29,587.35	31,868.17
33	Travel	11,053.16	244.69
34	Total Expenses	\$ 209,916,929.49	\$ 192,517,262.36
35	Net Operating Income/ (Loss)	\$ 6,802,160.06	\$ 6,804,606.47
36	Other Income		
37	Other Income	331,182.24	393,212.36
38	Total Other Income	\$ 331,182.24	\$ 393,212.36
39	Net Other Income	\$ 331,182.24	\$ 393,212.36
40	Net Income/ (Loss)	\$ 7,133,342.30	\$ 7,197,818.83

Item #10

Attachment 10.B

Revised FY 2023 Budget

Item #10

Attachment 10.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	12	16	6						93
Member Materials Filed for Approval;	1	5	4	4	1	3	0						18
Provider Materials Reviewed & Distributed	22	11	11	12	15	29	4						104
# of DMHC Filings	4	4	5	5	5	4	0						27

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	5	6							23
High-Risk	0	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	0	0	0						1
# of Cases Open for Investigation (Active Number)	21	22	22	20	13	11	11						

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
CalViva Health Oversight Activities	<p>Health Net CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances and appeals, etc.</p>
Oversight Audits	<p>The following annual audits are in-progress: Access and Availability, Provider Network/ Provider Relations, Emergency Services, and Utilization Management</p> <p>The following audits have been completed since the last Commission report: Appeals & Grievances (CAP); Q1 2022 PDR (No CAP)</p>
Regulatory Reviews/Audits and CAPS	Status
2021 Department of Managed Health Care (“DMHC”) 18-Month Follow-Up Audit	The Plan is still awaiting the DMHC’s final determination on our 2021 CAP response.
Department of Health Care Services (“DHCS”) 2020 Medical Audit - CAP	The Plan is still awaiting DHCS’ final response in order to close the 2020 CAP.
Department of Health Care Services (“DHCS”) 2022 Medical Audit	The Plan has not yet received word from DHCS as to a specific date for the 2022 DHCS Exit Conference. It was last estimated to be “mid-July”.
Department of Managed Health Care (“DMHC”) 2022 Financial Audit	DMHC issued its Final Report findings on 7/13/22. Of the two findings the DMHC previously noted in its Preliminary report, the DMHC stated that the Plan had corrected the one related untimely acknowledgement of provider disputes and no further action is required. Regarding the finding related to inaccurate reimbursement of claims, the DMHC stated that the Plan’s submitted response was not fully responsive to the corrective action and therefore is required to complete the claims remediation by 8/5/22, and submit monthly status reports to the DMHC until the CAP is completed.
Department of Managed Health Care (“DMHC”) 2022 Medical Audit	The Plan submitted all pre-onsite documents by 6/3/22. On 7/13/22, the Plan received the DMHC’s request for several hundred case files to be submitted by 7/29/22 for DMHC’s review in preparation of the 9/19/22 audit interviews. The audit interviews are still anticipated to be conducted remotely.

RHA Commission: Compliance Regulatory Report

New Regulations / Contractual Requirements/DHCS Initiatives	Status		
<p>California Advancing and Innovating Medi-Cal (CalAIM)</p>	<p>A. <u>Enhanced Care Management (ECM)</u></p> <p>On 5/13/22, the DHCS approved the Plan’s ECM Model of Care (MOC) for Fresno and Madera counties (i.e., Phase 2 counties). These counties have implemented ECM for the following populations of focus (PoF):</p> <p>As of July 1, 2022, the following ECM PoF have been approved for Kings, Fresno and Madera counties:</p> <div data-bbox="569 482 1310 579" style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> • Individuals and families experiencing homelessness • Adult high users • Adult SMI/SUD </div> <p>As of July 1, 2022, the following additional ECM PoF are pending approval in Kings, Fresno and Madera counties:</p> <div data-bbox="569 672 1316 833" style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> • Adults at risk for institutionalization & eligible for LTC • Nursing facility residents who want to transition to community • Children & Youth </div> <p>B. <u>Community Supports (CS)</u></p> <p>As of 6/1/22, the following CS have been approved for Kings, Fresno and Madera counties:</p> <div data-bbox="569 1045 1715 1149" style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Housing Transition Navigation Services • Housing Deposits • Housing Tenancy & Sustaining Services </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Environmental Accessibility Adaptations • Asthma Remediation • Medically Tailored Meals </td> </tr> </table> </div> <p>Going forward, the Plan will continue to provide MOC ECM/CS capacity updates for all counties in the service area.</p> <p>C. <u>Housing and Homelessness Incentive Program (HHIP)</u></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 Plan submitted the required Local Homelessness Plan (LHP) on 6/30/22.</p>	<ul style="list-style-type: none"> • Housing Transition Navigation Services • Housing Deposits • Housing Tenancy & Sustaining Services 	<ul style="list-style-type: none"> • Environmental Accessibility Adaptations • Asthma Remediation • Medically Tailored Meals
<ul style="list-style-type: none"> • Housing Transition Navigation Services • Housing Deposits • Housing Tenancy & Sustaining Services 	<ul style="list-style-type: none"> • Environmental Accessibility Adaptations • Asthma Remediation • Medically Tailored Meals 		

RHA Commission: Compliance Regulatory Report

<p>Plan Administration</p>	
<p>CalViva Health – Health Net Capitated Provider Service Agreement (CPSA)</p>	<p>Effective July 1, 2022, the Regional Health CalViva Health and Health Net Community Solutions, Inc. executed the 12th Amendment to the Capitated Provider Service Agreement (CPSA). Revisions included:</p> <ul style="list-style-type: none"> • Incentive Payments: Receipt and pass through of Incentive payments from DHCS to be administered by Health Net • Cultural and Linguistic Services: Health Net’s obligation to provide cultural competency, sensitivity, and diversity training to the Plan’s contracted providers • Exhibit A Medical Addendum, Provision 3, “Preparation and Retentions of Records, Access to Records, Audits” • Exhibit A Medical Addendum, Provision 7, “Subcontracting Under the Agreement” • Exhibit B, Section 1.02 Capitation Payment
<p>DHCS 2024 Contract</p>	<p>On 6/30/22, the DHCS issued its 2024 Procurement Contract “Operational Readiness Work Plan”. The work plan contains 238 deliverables that must be submitted during the following phases:</p> <ul style="list-style-type: none"> • Phase 1: August 12, 2022 – December 8, 2022 • Phase 2: December 15, 2022 - March 31, 2023 • Phase 3: April 20, 2023 - July 31, 2023 <p>Plans were asked to execute and submit a Readiness Contract by 7/21/22, however this appears to be delayed pending several plans concerns over contract language.</p>
<p>Committee Report</p>	
<p>Public Policy Committee</p>	<p>The Public Policy Committee (PPC) was held on June 1, 2022 at 11:30am in the Plan’s Administrative Office however a quorum was not present. Consequently, the Minutes to the march 2, 2022 PPC meeting and the 2022 Public Policy Committee Charter will be presented for approval at the 9/7/22 PPC meeting. The following informational reports were presented: Health Education 2021 Work Plan Evaluation, 2022 Health Education Program Description, 2022 Health Education Work Plan, Q1 2022 Appeals & Grievance Report, 2021 Health Equity Work Plan Evaluation, 2021 Language Assistance Program, 2022 Health Equity Program Description, and the 2022 Health Equity Work Plan.</p> <p>There were no recommendations for referral to the Commission. The next meeting will be held on September 7, 2022 at 11:30am in the Plan’s Administrative Office.</p>

Item #10

Attachment 10.D

Appeals & Grievances Dashboard

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2022

Current as of End of the Month: May

Revised Date: 06/13/2022

CalViva Health Appeals and Grievances Dashboard 2022

Attitude/Service - Vendor	0	0	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	11
Attitude/Service - Health Plan	1	1	1	3	1	1	0	2	0	0	0	0	0	0	0	0	0	0	5	11
Authorization - Authorization Related	2	0	1	3	1	1	0	2	0	0	0	0	0	0	0	0	0	0	5	25
Eligibility Issue - Member not eligible per Health Plan	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1	6
Eligibility Issue - Member not eligible per Provider	2	4	8	14	3	6	0	9	0	0	0	0	0	0	0	0	0	0	23	37
Health Plan Materials - ID Cards-Not Received	35	18	13	66	26	32	0	58	0	0	0	0	0	0	0	0	0	0	124	235
Health Plan Materials - ID Cards-incorrect Information on Card	2	0	0	2	1	1	0	2	0	0	0	0	0	0	0	0	0	0	4	7
Health Plan Materials - Other	0	1	2	3	0	1	0	1	0	0	0	0	0	0	0	0	0	0	4	3
Mental Health Related	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	NA
PCP Assignment/Transfer - Health Plan Assignment - Change Request	54	36	41	131	59	51	0	110	0	0	0	0	0	0	0	0	0	0	241	1162
PCP Assignment/Transfer - HCO Assignment - Change Request	60	51	36	147	51	33	0	84	0	0	0	0	0	0	0	0	0	0	231	156
PCP Assignment/Transfer - PCP effective date	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0
PCP Assignment/Transfer - PCP Transfer not Processed	3	1	2	6	1	0	0	1	0	0	0	0	0	0	0	0	0	0	7	19
PCP Assignment/Transfer - Rollout of PPG	0	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	6	4	0	10	0	0	0	0	0	0	0	0	0	0	22	58
Pharmacy - Authorization Issue	0	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	0	1
Pharmacy - Eligibility Issue	0	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	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	0
Pharmacy - Pharmacy-Retail	0	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	15	15	0	30	0	0	0	0	0	0	0	0	0	0	69	24
Transportation - Access - Provider Late	4	4	9	17	13	12	0	25	0	0	0	0	0	0	0	0	0	0	42	52
Transportation - Behaviour	10	5	17	32	10	22	0	32	0	0	0	0	0	0	0	0	0	0	64	119
Transportation - Other	1	5	0	6	0	3	0	3	0	0	0	0	0	0	0	0	0	0	9	12
OTHER - Other	0	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	14	25	0	39	0	0	0	0	0	0	0	0	0	0	73	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	4	1	0	5	0	0	0	0	0	0	0	0	15	115
Standard Appeals Received	32	27	34	93	38	37	0	75	0	0	0	0	0	0	0	0	168	918
Total Appeals Received	32	30	41	103	42	38	0	80	0	0	0	0	0	0	0	0	183	1033
Appeals Ack Letters Sent Noncompliant	0	0	0	0	2	0	0	2	0	0	0	0	0	0	0	0	2	3
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	94.7%	100.0%	0.0%	97.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	98.81%	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	6	1	0	7	0	0	0	0	0	0	0	0	15	114
Expedited Appeals Compliance Rate	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.00%	99.1%
Standard Appeals Resolved Noncompliant	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	25	36	0	61	0	0	0	0	0	0	0	0	175	916
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.00%	100.0%
Total Appeals Resolved	53	32	37	122	31	37	0	68	0	0	0	0	0	0	0	0	190	1031
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	53	32	36	121	31	37	0	68	0	0	0	0	0	0	0	0	189	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	2	0	0	2	0	0	0	0	0	0	0	0	4	17
DME	2	1	4	7	3	8	0	11	0	0	0	0	0	0	0	0	18	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	18	22	0	40	0	0	0	0	0	0	0	0	100	488
Other	7	8	3	18	6	6	0	12	0	0	0	0	0	0	0	0	30	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	2	1	0	3	0	0	0	0	0	0	0	0	18	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	0	0	0	0	0	0	0	0	0	0	0	1	2
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	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	16	17	0	33	0	0	0	0	0	0	0	0	86	577
Uphold Rate	39.6%	46.9%	45.9%	43.4%	51.6%	45.9%	0.0%	48.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	45.3%	56.0%
Overturns - Full	26	16	20	62	13	18	0	31	0	0	0	0	0	0	0	0	93	432
Overturn Rate - Full	49.1%	50.0%	54.1%	50.8%	41.9%	48.6%	0.0%	45.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	48.9%	41.9%
Overturns - Partial	2	0	0	2	2	1	0	3	0	0	0	0	0	0	0	0	5	12
Overturn Rate - Partial	3.8%	0.0%	0.0%	1.6%	6.5%	2.7%	0.0%	4.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	2.6%	1.2%
Withdrawal	4	1	0	5	0	1	0	1	0	0	0	0	0	0	0	0	6	10
Withdrawal Rate	7.5%	3.1%	0.0%	4.1%	0.0%	2.7%	0.0%	1.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.2%	1.0%
Membership	398,468	399,433	401,429		403,065	405,014	-		-	-	-		-	-	-			4,316,872
Appeals - PTMPM	0.13	0.08	0.09	0.10	0.08	0.09	-	0.08	-	-	-	-	-	-	-	-	0.09	0.24
Grievances - PTMPM	0.21	0.16	0.19	0.19	0.25	0.21	-	0.23	-	-	-	-	-	-	-	-	0.21	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	3	0	0	3	0	0	0	0	0	0	0	0	10	96
Standard Appeals Received	28	22	29	79	33	31	0	64	0	0	0	0	0	0	0	0	143	789
Total Appeals Received	28	23	35	86	36	31	0	67	0	0	0	0	0	0	0	0	153	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%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.7%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Expedited Appeals Resolved Compliant	0	0	5	5	5	0	0	5	0	0	0	0	0	0	0	0	10	95
Expedited Appeals Compliance Rate	0.0%	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	98.9%
Standard Appeals Resolved Noncompliant	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	23	31	0	54	0	0	0	0	0	0	0	0	150	785
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	47	27	27	101	28	31	0	59	0	0	0	0	0	0	0	0	160	881
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	47	27	26	100	28	31	0	59	0	0	0	0	0	0	0	0	159	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	2	0	0	2	0	0	0	0	0	0	0	0	4	15
DME	2	1	4	7	3	6	0	9	0	0	0	0	0	0	0	0	16	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	16	21	0	37	0	0	0	0	0	0	0	0	84	436
Other	7	6	2	15	5	4	0	9	0	0	0	0	0	0	0	0	24	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	2	0	0	2	0	0	0	0	0	0	0	0	14	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	0	0	0	0	0	0	0	0	0	0	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	14	15	0	29	0	0	0	0	0	0	0	0	75	497
Uphold Rate	42.6%	48.1%	48.1%	45.5%	50.0%	48.4%	0.0%	49.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	46.9%	56.4%
Overturns - Full	21	13	14	48	12	14	0	26	0	0	0	0	0	0	0	0	74	364
Overturn Rate - Full	44.7%	48.1%	51.9%	47.5%	42.9%	45.2%	0.0%	44.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	46.3%	41.3%
Overturns - Partial	2	0	0	2	2	1	0	3	0	0	0	0	0	0	0	0	5	12
Overturn Rate - Partial	4.3%	0.0%	0.0%	2.0%	7.1%	3.2%	0.0%	5.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.1%	1.4%
Withdrawal	4	1	0	5	0	1	0	1	0	0	0	0	0	0	0	0	6	8
Withdrawal Rate	8.5%	3.7%	0.0%	5.0%	0.0%	3.2%	0.0%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.8%	0.9%
Membership	321,656	322,473	324,116	325,345	326,706													1700076
Appeals - PTMPM	0.15	0.08	0.08	0.10	0.09	0.09	-	0.09	-	-	-	0.00	-	-	-	0.00	0.05	0.19
Grievances - PTMPM	0.22	0.18	0.19	0.19	0.28	0.24	-	0.26	-	-	-	0.00	-	-	-	0.00	0.11	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	1	1	0	2	0	0	0	0	0	0	0	0	4	44
Total Appeals Received	1	1	0	2	1	1	0	2	0	0	0	0	0	0	0	0	4	48
Appeals Ack Letters Sent Noncompliant	0	0	0	0	2	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%	-100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	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	2	0	2	0	0	0	0	0	0	0	0	4	47
Standard Appeals Compliance Rate	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	0	2	0	2	0	2	0	2	0	0	0	0	0	0	0	0	4	54
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	0	2	0	2	0	2	0	2	0	0	0	0	0	0	0	0	4	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	1	0	1	0	0	0	0	0	0	0	0	1	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	1	0	1	0	0	0	0	0	0	0	0	1	2
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	1	0	1	0	0	0	0	0	0	0	0	2	27
Uphold Rate	0.0%	50.0%	0.0%	50.0%	0.0%	50.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	50.0%
Overturns - Full	0	1	0	1	0	1	0	1	0	0	0	0	0	0	0	0	2	23
Overturn Rate - Full	0.0%	50.0%	0.0%	50.0%	0.0%	50.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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		34,457	34,780												259758
Appeals - PTMPM	-	0.06	-	0.02	-	0.06	-	0.03	-	-	-	0.00	-	-	-	0.00	0.01	0.15
Grievances - PTMPM	0.24	0.06	0.15	0.15	0.06	0.12	-	0.09	-	-	-	0.00	-	-	-	0.00	0.06	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	1	1	0	2	0	0	0	0	0	0	0	0	5	13
Standard Appeals Received	3	4	5	12	4	5	0	9	0	0	0	0	0	0	0	0	21	81
Total Appeals Received	3	6	6	15	5	6	0	11	0	0	0	0	0	0	0	0	26	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%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	2	1	3	1	1	0	2	0	0	0	0	0	0	0	0	5	13
Expedited Appeals Compliance Rate	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	6	1	9	16	2	3	0	5	0	0	0	0	0	0	0	0	21	81
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	6	3	10	19	3	4	0	7	0	0	0	0	0	0	0	0	26	94
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	6	3	10	19	3	4	0	7	0	0	0	0	0	0	0	0	26	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	2	0	2	0	0	0	0	0	0	0	0	2	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	2	1	0	3	0	0	0	0	0	0	0	0	14	39
Other	0	2	1	3	1	1	0	2	0	0	0	0	0	0	0	0	5	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	2	1	0	3	0	0	0	0	0	0	0	0	9	57
Uphold Rate	16.7%	33.3%	40.0%	31.6%	66.7%	25.0%	0.0%	42.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	34.6%	60.6%
Overturns - Full	5	2	6	13	1	3	0	4	0	0	0	0	0	0	0	0	17	34
Overturn Rate - Full	83.3%	66.7%	60.0%	68.4%	33.3%	75.0%	0.0%	57.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	65.4%	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	43,263	43,528	43,528	43,528	43,528	43,528	43,528	43,528	43,528	43,528	43,528	43,528	43,528	43,528	328873
Appeals - PTMPM	0.14	0.07	0.23	0.15	0.07	0.09	-	0.08	-	-	-	0.00	-	-	-	0.00	0.06	0.21
Grievances - PTMPM	0.14	0.12	0.23	0.16	0.23	0.11	-	0.17	-	-	-	0.00	-	-	-	0.00	0.08	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	1	0	0	1	0	0	0	0	0	0	0	0	3	20
Standard Appeals Received	8	5	10	23	12	8	0	20	0	0	0	0	0	0	0	0	43	200
Total Appeals Received	8	5	12	25	13	8	0	21	0	0	0	0	0	0	0	0	46	220
Appeals Ack Letters Sent Noncompliant	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%	0.0%	95.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	97.7%	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	2	0	0	2	0	0	0	0	0	0	0	0	10	19
Expedited Appeals Compliance Rate	0.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	14	0	8	22	6	12	0	18	0	0	0	0	0	0	0	0	40	185
Standard Appeals Compliance Rate	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	14	0	9	23	8	12	0	20	0	0	0	0	0	0	0	0	43	203
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	14	7	9	30	8	12	0	20	0	0	0	0	0	0	0	0	50	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	2	6	0	8	0	0	0	0	0	0	0	0	13	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	5	5	0	10	0	0	0	0	0	0	0	0	22	59
Other	4	0	0	4	1	1	0	2	0	0	0	0	0	0	0	0	6	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	3	5	0	8	0	0	0	0	0	0	0	0	16	96
Uphold Rate	35.7%	0.0%	22.2%	34.8%	37.5%	41.7%	0.0%	40.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	37.2%	47.3%
Overturns - Full	9	6	7	22	4	6	0	10	0	0	0	0	0	0	0	0	32	99
Overturn Rate - Full	64.3%	0.0%	77.8%	95.7%	50.0%	50.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	74.4%	48.77%
Overturns - Partial	0	0	0	0	1	1	0	2	0	0	0	0	0	0	0	0	2	6
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	12.5%	8.3%	0.0%	10.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.7%	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		35,225	35,420												69295
Appeals - PTMPM	0.40	-	0.26	0.00	0.23	0.34	-	0.00	-	-	-	0.00	-	-	-	0.00	0.00	0.29
Grievances - PTMPM	0.80	0.58	0.71	0.00	0.85	0.73	-	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
	This tab is used by the Reporting Team, CalViva, and A&G. The Reporting Team will use this tab to call out any outliers to the A&G team that were identified during the report creation such as trends or increase in volume of appeals and/or grievances. The Reporting team will send the outliers to the business when the Dashboard is sent for approval. CalViva will use this tab to call out any outliers to the A&G team that were identified during the report creation. The A&G Team will use this tab to document the reasons for the call out, trending, or unusual high numbers of complaints from the Reporting Team or CalViva on the outliers that were identified during the report creation or review of cases.
The Outlier Tab	
Month	This is used to track the month effected by the change that was made
Date	This is used to track the date the change was made
Outlier	This is the section that describes a brief explanation of the outlier such as increase number of PCP wait time complaints, trends, etc.
Explanation	This is the section that explains the outlier.
Membership	Excludes Kaiser membership and is addressed separately in a quarterly report by Kaiser Plan.
PTMPM	Per thousand members per month. PTMPM rates are calculated using the total number of appeals or grievances, divided by total membership and multiplied by 1,000

Item #10

Attachment 10.E

Key Indicator Report



Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 5/01/2022 to 5/31/2022
Report created 6/28/2022

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:

[Read Me](#)

[Main Report CalVIVA](#)

[CalVIVA Commission](#)

[CalVIVA Fresno](#)

[CalVIVA Kings](#)

[CalVIVA Madera](#)

[Glossary](#)

Contact Information

[Sections](#)

Concurrent Inpatient TAT Metric
TAT Metric

[Contact Person](#)

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

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 5/01/2022 to 5/31/2022
 Report created 6/28/2022

ER utilization based on Claims data	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2021-Trenc	2022-01	2022-02	2022-03	2022-04	2022-05	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	100,756	101,457	102,356	103,000	103,603	104,247	104,953		106,724	107,413	108,344	109,046	109,227		96,851	99,799	102,271	104,268	107,494		100,797	108,151	
Family/Adult/Other Mbr Mos	261,277	261,858	262,231	262,596	262,848	263,527	263,979		267,387	267,634	268,564	269,177	268,684		258,476	260,609	262,228	263,451	267,862		261,191	268,289	
SPD Mbr Months	35,330	35,370	35,493	35,741	35,857	35,893	35,960		35,968	35,967	36,005	35,994	36,021		35,233	35,314	35,535	35,903	35,980		35,496	35,991	
COUNTS																							
Admits - Count	2,263	2,268	2,330	2,217	2,202	2,275	2,276		2,212	1,918	2,225	2,068	2,177		2,039	2,187	2,272	2,251	2,118		2,187	2,260	
Expansion	644	658	690	588	623	599	641		628	542	648	630	706		560	617	645	621	606		611	679	
Family/Adult/Other	1,050	1,051	1,171	1,147	1,120	1,132	1,132		1,075	926	1,102	963	973		1,003	1,033	1,123	1,128	1,034		1,072	1,071	
SPD	566	555	465	479	456	539	500		503	448	469	474	498		468	531	500	498	473		499	507	
Admits Acute - Count	1,593	1,649	1,613	1,522	1,534	1,587	1,619		1,603	1,380	1,596	1,527	1,596		1,397	1,562	1,595	1,580	1,526		1,533	1,639	
Expansion	553	584	581	503	539	515	544		560	477	571	531	594		478	537	556	533	536		526	583	
Family/Adult/Other	526	561	608	578	571	578	612		566	480	584	548	539		489	531	582	587	543		547	579	
SPD	514	504	424	440	423	494	463		477	422	441	447	463		429	493	456	460	447		460	477	
Readmit 30 Day - Count	262	231	216	212	226	233	235		224	217	207	179	149		218	235	220	231	216		226	196	
Expansion	90	90	73	69	92	74	96		87	89	86	70	59		77	78	77	87	87		80	79	
Family/Adult/Other	50	52	58	46	50	46	35		42	43	40	30	38		48	43	52	44	42		47	39	
SPD	122	89	85	97	84	113	104		95	85	81	79	52		93	114	90	100	87		100	79	
**ER Visits - Count	13,464	14,507	14,994	13,163	13,009	12,443	12,575		13,873	10,979	13,623	12,857	7,141		10,010	13,158	14,221	12,676	12,825		12,516	11,695	
Expansion	3,633	3,850	3,765	3,081	3,159	2,838	3,068		3,881	2,928	3,603	3,343	1,758		3,018	3,522	3,565	3,022	3,471		3,282	3,103	
Family/Adult/Other	7,533	8,097	8,596	7,717	7,320	7,113	7,569		8,560	6,866	8,642	8,118	4,670		5,594	7,429	8,137	7,334	8,023		7,123	7,371	
SPD	1,412	1,497	1,445	1,192	1,269	1,134	1,292		1,421	1,158	1,367	1,337	680		1,204	1,415	1,378	1,232	1,315		1,307	1,193	
PER/K																							
Admits Acute - PTMPY	48.1	49.6	48.4	45.5	45.7	47.2	48.0		46.9	40.3	46.4	44.2	46.2		42.9	47.3	47.8	47.0	44.5		46.3	47.7	
Expansion	65.9	69.1	68.1	58.6	62.4	59.3	62.2		63.0	53.3	63.2	58.4	65.3		59.3	64.5	65.2	61.3	59.8		62.6	64.7	
Family/Adult/Other	24.2	25.7	27.8	26.4	26.1	26.3	27.8		25.4	21.5	26.1	24.4	24.1		22.7	24.5	26.6	26.7	24.3		25.2	25.9	
SPD	174.6	171.0	143.4	147.7	141.6	165.2	154.5		159.1	140.8	147.0	149.0	154.2		146.2	167.5	154.0	153.7	149.0		155.4	159.1	
Bed Days Acute - PTMPY	238.9	262.7	265.9	277.7	239.0	269.4	273.7		262.5	227.3	226.5	225.7	238.1		244.3	235.6	268.8	260.7	238.7		252.5	247.0	
Expansion	336.0	396.2	404.9	412.5	348.3	388.4	386.9		344.6	325.3	358.6	333.9	351.6		360.8	339.7	404.6	374.6	342.9		370.3	357.6	
Family/Adult/Other	95.4	115.8	131.9	125.9	113.6	110.2	115.4		108.7	87.1	88.1	93.6	99.6		107.0	99.4	124.5	113.1	94.6		111.0	100.4	
SPD	1,023.7	967.9	856.1	1,005.9	839.3	1,092.9	1,106.6		1,163.7	977.9	861.2	886.1	928.5		932.1	946.9	943.4	1,013.1	1,000.9		959.1	1,008.3	
ALOS Acute	5.0	5.3	5.5	6.1	5.2	5.7	5.7		5.6	5.6	4.9	5.1	5.1		5.7	5.0	5.6	5.6	5.4		5.5	5.2	
Expansion	5.1	5.7	5.9	7.0	5.6	6.6	6.2		5.5	6.1	5.7	5.7	5.4		6.1	5.3	6.2	6.1	5.7		5.9	5.5	
Family/Adult/Other	3.9	4.5	4.7	4.8	4.4	4.2	4.1		4.3	4.0	3.4	3.8	4.1		4.7	4.1	4.7	4.2	3.9		4.4	3.9	
SPD	5.9	5.7	6.0	6.8	5.9	6.6	7.2		7.3	6.9	5.9	5.9	6.0		6.4	5.7	6.1	6.6	6.7		6.2	6.3	
Readmit % 30 Day	11.6%	10.2%	9.3%	9.6%	10.3%	10.2%	10.3%		10.1%	11.3%	9.3%	8.7%	6.8%		10.7%	10.8%	9.7%	10.3%	10.2%		10.3%	8.7%	
Expansion	14.0%	13.7%	10.6%	11.7%	14.8%	12.4%	15.0%		13.9%	16.4%	13.3%	11.1%	8.4%		13.7%	12.6%	12.0%	14.1%	14.4%		13.1%	11.6%	
Family/Adult/Other	4.8%	4.9%	5.0%	4.0%	4.5%	4.1%	3.1%		3.9%	4.6%	3.6%	3.1%	3.9%		4.8%	4.2%	4.6%	3.9%	4.0%		4.4%	3.6%	
SPD	21.6%	16.0%	18.3%	20.3%	18.4%	21.0%	20.8%		18.9%	19.0%	17.3%	16.7%	10.4%		20.0%	21.5%	18.1%	20.1%	18.4%		19.9%	15.5%	
**ER Visits - PTMPY	406.5	436.5	449.6	393.4	387.9	369.8	372.6		405.8	320.5	395.8	372.2	206.9		307.5	398.9	426.5	376.7	374.0		377.7	340.1	
Expansion	432.7	455.4	441.4	359.0	365.9	326.7	350.8		436.4	327.1	399.1	367.9	193.1		374.0	423.5	418.3	347.8	387.4		390.7	344.3	
Family/Adult/Other	346.0	371.1	393.4	352.6	334.2	323.9	344.1		384.2	307.9	386.1	361.9	208.6		259.7	342.1	372.3	334.1	359.4		327.3	329.7	
SPD	479.6	507.9	488.5	400.2	424.7	379.1	431.1		474.1	386.4	455.6	445.7	226.5		410.2	480.7	465.3	411.7	438.7		441.9	397.6	
Services														TAT Compliance Goal: 100%				TAT Compliance Goal: 100%					
Preservice Routine	100.0%	84.0%	82.0%	98.0%	98.0%	96.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%		99.3								

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Report from 5/01/2022 to 5/31/2022
 Report created 6/28/2022

ER utilization based on Claims data	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2021-Trenc	2022-01	2022-02	2022-03	2022-04	2022-05	2022-Trend	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Qtr Trend	CY- 2021	YTD-2022	YTD-Trend	
Engaged	29	42	40	20	24	29	18		35	49	73	73	73		119	99	102	71	157		391	305		
Engagement Rate	31%	29%	25%	20%	22%	19%	11%		25%	36%	41%	41%	40%		23%	27%	25%	17%	35%		23%	37%		
New Cases Opened	29	42	40	20	24	29	18		35	49	73	73	73		119	99	102	71	157		391	305		
Total Cases Managed	263	278	291	274	262	251	237		225	227	270	282	309		344	354	336	307	344		621	493		
Total Cases Closed	32	30	39	35	38	33	47		44	30	62	46	73		95	114	104	118	136		431	255		
Cases Remained Open	115	193	160	166	188	204	180		170	188	199	221	231		225	115	166	180	199		180	231		
	Integrated Case Management								Integrated Case Management								Integrated Case Management				Integrated Case Management			
Total Number Of Referrals	133	104	136	132	121	86	77		90	80	114	140	139		352	305	372	284	284		1,313	563		
Pending	0	0	0	2	2	4	6		1	2	6	5	6		0	0	2	12	9		14	8		
Ineligible	3	6	10	10	8	9	12		8	1	1	3	15		35	17	26	29	10		107	33		
Total Outreached	130	98	126	120	111	73	59		81	77	107	132	118		317	288	344	243	265		1,192	522		
Engaged	86	55	77	73	83	48	38		48	52	84	85	83		224	192	205	169	184		790	352		
Engagement Rate	66%	56%	61%	61%	75%	66%	64%		59%	68%	79%	64%	70%		71%	67%	60%	70%	69%		66%	67%		
Total Screened and Refused/Decline	17	12	15	12	12	11	3		4	3	11	13	15		28	34	39	26	18		127	48		
Unable to Reach	27	31	34	35	16	14	18		29	22	12	34	20		65	62	100	48	63		275	122		
New Cases Opened	86	55	77	73	83	48	38		48	52	84	85	83		224	192	205	169	184		790	352		
Total Cases Closed	85	57	84	81	82	78	78		78	46	57	65	83		171	184	222	238	181		815	328		
Cases Remained Open	166	271	230	224	292	301	258		233	235	267	293	287		330	166	224	258	267		258	287		
Total Cases Managed	445	416	435	432	431	395	354		322	296	334	364	380		526	537	566	516	458		1104	625		
Critical-Complex Acuity	56	56	57	48	46	44	40		39	38	35	39	36		74	64	61	53	44		120	57		
High/Moderate/Low Acuity	389	360	378	384	385	351	314		283	258	299	325	344		452	473	505	463	414		984	568		
	Transitional Case Management								Transitional Case Management								Transitional Case Management				Transitional Case Management			
Total Number Of Referrals	201	115	138	101	94	105	80		85	90	79	75	113		573	663	354	279	254		1,869	442		
Pending	0	0	0	0	0	0	5		0	0	10	2	1		0	0	0	5	10		5	1		
Ineligible	21	21	10	10	7	13	8		5	9	3	4	5		70	84	41	28	17		223	32		
Total Outreached	180	94	128	91	87	92	67		80	81	66	69	107		503	579	313	246	227		1,641	409		
Engaged	148	73	97	66	63	70	45		53	54	51	47	79		275	408	236	178	158		1,097	286		
Engagement Rate	82%	78%	76%	73%	72%	76%	67%		66%	67%	77%	68%	74%		55%	70%	75%	72%	70%		67%	70%		
Total Screened and Refused/Decline	6	4	6	1	4	3	1		1	3	0	1	5		52	26	11	8	4		97	10		
Unable to Reach	26	17	25	24	20	19	21		26	24	15	21	23		176	145	66	60	65		447	113		
New Cases Opened	148	73	97	66	63	70	45		53	54	51	47	79		275	408	236	178	158		1,097	286		
Total Cases Closed	145	132	74	109	48	65	73		49	30	59	46	60		247	387	315	186	138		1,135	244		
Cases Remained Open	60	64	67	40	50	62	50		45	75	71	70	80		92	60	40	50	71		50	80		
Total Cases Managed	295	218	182	174	125	147	126		106	113	133	123	155		366	487	388	242	214		1,214	343		
High/Moderate/Low Acuity	295	218	182	174	125	147	126		106	113	133	123	155		366	487	388	242	214		1,214	343		
	Palliative Care								Palliative Care								Palliative Care				Palliative Care			
Total Number Of Referrals	18	13	9	12	10	15	12		7	7	11	11	11		42	42	34	37	25		155	45		
Pending	0	0	0	0	0	0	3		0	0	2	3	3		0	0	0	3	2		3	3		
Ineligible	3	2	3	5	6	7	5		3	6	2	2	1		14	12	10	18	11		54	15		
Total Outreached	15	11	6	7	4	8	4		4	1	7	6	7		28	30	24	16	12		98	27		
Engaged	11	9	5	6	2	7	3		3	1	4	6	4		20	20	20	12	8		72	19		
Engagement Rate	73%	82%	83%	86%	50%	88%	75%		75%	100%	57%	100%	57%		71%	67%	83%	75%	67%		73%	70%		
Total Screened and Refused/Decline	3	2	1	0	2	1	0		0	0	2	0	1		6	6	3	3	2		18	3		
Unable to Reach	1	0	0	1	0	0	1		1	0	1	0	2		2	4	1	1	2		8	5		
New Cases Opened	11	9	5	6	2	7	3		3	1	4	6	4		20	20	20	12	8		72	19		
Total Cases Closed	9	9	5	6	14	4	3		11	9	3	6	1		15	19	20	21	23		75	30		
Cases Remained Open	46	79	66	71	76	84	83		80	74	73	74	77		91	46	71	83	73		83	77		
Total Cases Managed	108	110	104	105	101	94	93		94	84	79	83	80		114	116	118	111	99		166	109		
	Behavioral Health Case Management								Behavioral Health Case Management								Behavioral Health Case Management				Behavioral Health Case Management			
Total Number Of Referrals	82	91	90	111	120	103	82		72	101	123	111	110		251	262	292	305						

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 5/01/2022 to 5/31/2022
 Report created 6/28/2022

ER utilization based on Claims data	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2021-Trenc	2022-01	2022-02	2022-03	2022-04	2022-05	2022-Trend	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Qtr Trend	CY- 2021	YTD-2022	YTD-Trend
Unable to Reach	38	47	31	49	54	45	29		21	35	29	28	26		119	132	127	128	85		506	152	
New Cases Opened	40	41	53	57	63	51	35		44	50	71	67	72		115	122	151	149	165		537	305	
Total Cases Closed	40	50	45	53	53	51	51		35	43	57	39	51		105	107	148	155	134		515	224	
Cases Remained Open	80	90	84	91	116	128	116		123	133	149	176	200		101	80	91	116	149		116	200	
Total Cases Managed	163	170	173	182	192	191	176		172	187	216	223	259		220	236	280	278	293		640	432	
Critical-Complex Acuity	8	9	7	9	12	10	11		12	11	12	12	12		11	15	12	14	18		28	20	
High/Moderate/Low Acuity	155	161	166	173	180	181	165		160	176	204	211	247		209	221	268	264	275		612	412	

Item #10

Attachment 10.F

Credentialing Sub-Committee Quarterly Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners
CalViva QI/UM Committee

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

COMMITTEE DATE: July 21st, 2022

SUBJECT: CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 2 2022

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 2nd Quarter 2022 CalViva Health Credentialing Sub-Committee activities.

- I. The Credentialing Sub-Committee met on May 19th, 2022. At the May 19th meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services.
- II. Reports covering the fourth quarter for 2021 were reviewed for delegated entities and the first quarter 2022 for MHN and Health Net. A summary of the fourth quarter data is included in the table below.

III. Table 1. Fourth Quarter 2021 Credentialing/Recredentialing

	Sante	ChildNet	MHN	Health Net	La Salle	ASH	Envolve Vision	IMG	CVMP	Adventist	Totals
Initial credentialing	43	17	43	9	53	0	1	4	48	13	231
Recredentialing	62	32	28	11	55	0	6	10	41	58	303
Suspensions	0	0	0	0	0	0	0	0	0	0	0
Resignations (for quality of care only)	0	0	0	0	0	0	0	0	0	0	0
Totals	105	49	71	20	108	0	7	14	89	71	534

- IV. The 2022 Credentialing Sub-Committee Charter was reviewed and approved with no changes.
- V. There were no cases to report on for the Quarter 1 2022 Credentialing Report from Health Net.

Item #10

Attachment 10.G

Peer Review Sub-Committee Quarterly Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners
CalViva QI/UM Committee

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

COMMITTEE DATE: July 21st, 2022

SUBJECT: CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 2 2022

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the CalViva Health Peer Review Sub-Committee activities. All Peer Review information is confidential and protected by law under the Knox Keene Health Care Services Plan Act of 1975, Section 1370 which prohibits disclosure to any parties outside the peer review process.

- I. The Peer Review Sub-Committee met on May 19th, 2022. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 1 2022 were reviewed for approval. There were no significant cases to report.
- II. The 2022 Peer Review Sub-Committee Charter was reviewed and approved without changes.
- III. The Quarter 1, 2022 Peer Count Report was presented at the meeting with a total of three (3) cases reviewed. The outcomes for these cases are as follows:
 - There was one (1) case closed and cleared. There were no cases pending closure for Corrective Action Plan compliance or cases with outstanding CAPs. There were two (2) cases pended for further information.
- IV. Follow up will be initiated to obtain additional information for the tabled cases and ongoing monitoring and reporting will continue.

Item #10

Attachment 10.H

Executive Dashboard



Month	2021 May	2021 June	2021 July	2021 August	2021 September	2021 October	2021 November	2021 December	2022 January	2022 February	2022 March	2022 April	2022 May
CVH Members													
Fresno	310,191	311,420	312,453	313,499	314,657	315,334	316,422	317,500	321,656	322,473	324,116	325,345	326,706
Kings	32,512	32,645	32,699	32,883	33,043	33,114	33,260	33,378	34,008	34,122	34,280	34,457	34,780
Madera	41,173	41,402	41,662	41,802	41,951	42,058	42,175	42,247	42,804	42,838	43,033	43,263	43,528
Total	383,876	385,467	386,814	388,184	389,651	390,506	391,857	393,125	398,468	399,433	401,429	403,065	405,014
SPD	33,987	33,964	33,946	33,941	34,219	34,573	34,722	34,783	34,882	34,976	35,147	35,225	35,420
CVH Mrkt Share	69.64%	69.56%	69.51%	69.44%	69.41%	69.33%	69.27%	69.20%	68.85%	68.79%	68.74%	68.66%	68.61%
ABC Members													
Fresno	123,048	123,939	124,688	125,549	126,085	126,859	127,696	128,522	132,511	133,212	134,230	135,210	136,115
Kings	21,271	21,446	21,498	21,602	21,733	21,824	21,978	22,078	22,652	22,758	22,853	22,985	23,185
Madera	23,055	23,316	23,490	23,712	23,892	24,064	24,196	24,366	25,154	25,242	25,470	25,754	26,023
Total	167,374	168,701	169,676	170,863	171,710	172,747	173,870	174,966	180,317	181,212	182,553	183,949	185,323
Default													
Fresno	734	530	501	596	517	607	759	642	770	690	803	762	707
Kings	122	105	95	113	117	126	171	100	158	143	136	144	186
Madera	97	93	93	92	75	85	99	87	126	106	106	110	106
County Share of Choice as %													
Fresno	56.80%	60.50%	58.90%	58.80%	63.90%	54.40%	58.30%	57.80%	56.40%	56.50%	59.80%	58.30%	62.40%
Kings	50.90%	49.10%	53.10%	60.40%	56.00%	47.70%	51.60%	47.90%	54.20%	44.70%	51.50%	52.70%	57.10%
Madera	64.20%	54.90%	58.90%	54.50%	50.40%	57.90%	55.80%	56.80%	54.40%	53.50%	56.30%	58.60%	64.00%
Voluntary Disenrollment's													
Fresno	479	446	643	444	441	438	451	477	439	346	405	464	481
Kings	42	42	46	42	56	50	49	21	52	44	45	36	60
Madera	85	82	56	71	65	72	65	42	64	48	50	66	79

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: Firewall protections were upgraded end of May 2022. Efforts continue to upgrade our computers and monitors, servers and 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. Q1 2022 numbers were presented during the May 19, 2022 Commission meeting. Q2 2022 numbers are not yet available.							



CalViva Health
Executive Dashboard

Provider Network Activities & Provider Relations	Year	2021	2021	2022	2022	2022	2022	2022
	Month	Nov	Dec	Jan	Feb	Mar	Apr	May
	Hospitals	10	10	10	10	11	11	11
	Clinics	143	143	144	144	144	144	150
	PCP	357	360	364	366	371	374	378
	PCP Extender	247	261	263	267	274	271	263
	Specialist	1366	1413	1409	1417	1437	1446	1454
	Ancillary	247	250	247	246	247	250	254
	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
	Year	2020	2020	2021	2021	2021	2021	2022
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1
	% of PCPs Accepting New Patients - Goal (85%)	94%	94%	95%	96%	95%	95%	95%
	% Of Specialists Accepting New Patients - Goal (85%)	96%	96%	96%	96%	96%	96%	97%
	% Of Behavioral Health Providers Accepting New Patients - Goal (85%)	96%	98%	97%	96%	96%	97%	97%
	Year	2021	2021	2022	2022	2022	2022	2022
	Month	Nov	Dec	Jan	Feb	Mar	Apr	May
	Providers Touched by Provider Relations	139	80	93	149	146	142	128
	Provider Trainings by Provider Relations	292	167	198	750	392	892	423
	Year	2016	2017	2018	2019	2020	2021	2022
	Total Providers Touched	2,604	2,786	2,552	1,932	3,354	1,952	658
	Total Trainings Conducted	530	762	808	1,353	257	3,376	2,655
	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.						

Claims Processing	Year	2020	2020	2021	2021	2021	2021	2022	
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
	Medical Claims Timeliness (30 days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	99% / 99%	99% / 99%	99% / 99%	99% / 99%	99% / 99%	99% / 99%	99% / 99%	99% / 99%
	Behavioral Health Claims Timeliness (30 Days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	97% / 99%	99% / 99%	99% / 99%	99% / 99%	99% / 99%	99% / 99%	99% / 99%	96% / 99%
	Acupuncture Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100%	100% / 100%	100% / 100%	100% / 100%	99% / 100%	100% / 100%	100% / 100%	99% / 100%
	Vision Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%
	Transportation Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%	99% / 99%	99% / 99%	99% / 99%
	PPG 1 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100%	100% / 100%	100% / 100%	95% / 99%	93% / 99%	97% / 99%	97% / 99%	97% / 99%
	PPG 2 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	95% / 100%	95% / 100%	91% / 98%	91% / 100%	84% / 93%	88% / 95%	80% / 95%	80% / 95%
	PPG 3 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	93% / 100%	92% / 100%	98% / 99%	89% / 99%	96% / 99%	63% / 99%	95% / 99%	95% / 99%
	PPG 4 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100%	99% / 100%	99% / 100%	98% / 100%	98% / 100%	98% / 99%	97% / 100%	97% / 100%
	PPG 5 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	98% / 98%	99% / 100%	93% / 98%	100% / 100%	99% / 99%	99% / 100%	97% / 97%	97% / 97%
	PPG 6 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	99% / 100%	90% / 92%	100% / 100%	100% / 100%	99% / 100%	98% / 100%	84% / 89%	84% / 89%
	PPG 7 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100%	99% / 100%	100% / 100%	99% / 100%	96% / 100%	95% / 100%	91% / 96%	91% / 96%
	PPG 8 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100%	98% / 100%	96% / 100%	93% / 100%	98% / 100%	73% / 98%	89% / 96%	89% / 96%
Message from the CEO	Quarter 1 2022 numbers are available. PPG 2, 6, and 8, did not meet the Claims Timeliness goals. PPG 3 disclosed a deficiency. Management is working with impacted PPGs to bring to compliance. Pharmacy Claims Processing Timeliness and Deficiency Disclosures are no longer being tracked due to the transition to Medi-Cal RX effective 1/1/2022.								



CalViva Health
Executive Dashboard

	Year	2020	2020	2021	2021	2021	2021	2022	
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
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	100%	N/A	
	PPG 1 Provider Dispute Timeliness (45 Days) Goal (95%)	91%	88%	95%	99%	96%	94%	97%	
	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%)	97%	66%	35%	66%	96%	99%	97%	
	PPG 4 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	99%	100%	100%	
	PPG 5 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	97%	99%	97%	100%	97%	
	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%)	98%	99%	99%	98%	79%	39%	91%	
	PPG 8 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	N/A	100%	
	Message from the CEO	Quarter 1 2022 numbers are available. PPG 7 did not meet goal. Management is working with PPG to improve performance.							

Item #10

Attachment 10.1

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: July 21, 2022

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Jeffrey Nkansah, CEO

RE: Medi-Cal Procurement

BL #: 22-012

Agenda Item 10
Attachment I

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 June 15, 2022, DHCS informed Local Plans of their intent to initiate an Operational Readiness Requirement for the new contract which will become effective on January 1, 2024. DHCS has requested documents from Local Plans to be submitted beginning August 2022 through July 2023.
- On June 30, 2022, Governor Gavin Newsom signed AB 2724 by Assemblymember Dr. Joaquin Arambula (D-Fresno) Medi-Cal: Alternate Health Care Service Plan into law.