

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

Vacant
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
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www.calvivahealth.org

DATE: November 11, 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, November 17, 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

3) 114 W. Main Street
Visalia, CA 93291

Meeting materials have been emailed to you.

Currently, there are **14** 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

November 17, 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

3) 114 W. Main Street
Visalia, CA 93291

Item	Attachment #	Topic of Discussion	Presenter
1.		Call to Order	J. Neves, Co-Chair
2.		Roll Call	C. Hurley, Clerk
3. Action		Consent Agenda:	J. Neves, Co-Chair
	Attachment 3.A	• Commission Minutes dated 9/15/2022	
	Attachment 3.B	• Finance Committee Minutes dated 7/21/2022	
	Attachment 3.C	• QI/UM Committee Minutes dated 7/21/2022	
	Attachment 3.D	• QI/UM Committee Minutes dated 9/15/22	
	Attachment 3.E	• Commission Calendar	
	Attachment 3.F	• Finance Committee Calendar	
	Attachment 3.G	• QIUM Committee Calendar	
	Attachment 3.H	• Credentialing Sub-Committee Calendar	
	Attachment 3.I	• Peer Review Sub-Committee Calendar	
	Attachment 3.J	• Public Policy Committee Calendar	
		<i>Action: Approve Consent Agenda</i>	
4.		Closed Session:	
		The Board of Directors will go into closed session to discuss the following item(s)	
Information		A. Conference with Legal Counsel-Existing Litigation Name of Case: Case #21CV381776	
		B. Public Employee Appointment, Employment, Evaluation, or Discipline Title: Chief Equity Officer Per Government Code Section 54957(b)(1)	
Action			
5. Action		Equity Officer	J. Nkansah, CEO
	Attachment 5.A	• BL 22-014 Equity Officer Background	
	Attachment 5.B	• Equity Officer Job Description	
		<i>Action: Approve Equity Officer Job Description</i>	

6. Action	Attachment 6.A	Financial Audit Report for Fiscal Year 2022 <ul style="list-style-type: none"> Moss Adams Board Presentation of Audit <i>Action: Approve Audit Report</i>	Moss Adams Representative: R. Suico
	Handouts will be available at meeting	PowerPoint Presentations will be used for item 7-8 One vote will be taken for combined items 7-8	
7. Action	Attachment 7.A Attachment 7.B	2022 Heath Equity <ul style="list-style-type: none"> Executive Summary Work Plan Mid-Year Evaluation <i>Action: See item 7 for Action</i>	P. Marabella, MD, CMO
8. Action	Attachment 8.A Attachment 8.B	2022 Health Education <ul style="list-style-type: none"> Executive Summary Work Plan Mid-Year Evaluation <i>Action: Approve 2022 Health Equity Work Plan Mid-Year Evaluation; and 2022 Health Education Work Plan Mid-Year Evaluation</i>	P. Marabella, MD, CMO
9. Action		Standing Reports	
	Attachment 9.A	Finance Report <ul style="list-style-type: none"> Financials as of September 30, 2022 	D. Maychen, CFO
	Attachment 9.B	Compliance <ul style="list-style-type: none"> Compliance Report 	M.L. Leone, CCO
	Attachment 9.C Attachment 9.D Attachment 9.E Attachment 9.F Attachment 9.G	Medical Management <ul style="list-style-type: none"> Appeals and Grievances Report Key Indicator Report QIUM Quarterly Report Credentialing Sub-Committee Quarterly Report Peer Review Sub-Committee Quarterly Report 	P. Marabella, MD, CMO
	Attachment 9.H	Executive Report <ul style="list-style-type: none"> Executive Dashboard 	J. Nkansah, CEO
		<i>Action: Accept Standing Reports</i>	
10. Action	Attachment 10.A	Valley Children's Hospital – Commission Appointee <ul style="list-style-type: none"> Michael Goldring <i>Action: Ratify VCH appointee</i>	J. Nkansah, CEO
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)</i>	

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.

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 February 16, 2023 in Fresno County
CalViva Health, 7625 N. Palm Ave., Ste. 109, Fresno, CA 93711

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

Item #3

Attachment 3.A

Commission Minutes
Dated 9/15/22

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
September 15, 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		Vacant , 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 1:31 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
#3 Consent Agenda a) Commission Minutes dated 7/21/2022 b) Finance Committee Minutes dated 5/19/2022 c) QI/UM Committee Minutes dated 5/19/2022 d) PPC Minutes dated 3/2/22 e) PPC Minutes dated 6/1/22 f) PPC Charter g) Compliance Report Action D. Hodge, MD, Chair	All consent items were presented and accepted as read.	Motion: Approve Consent Agenda 13 – 0 – 0 – 4 (Nikoghosian / Frye) A roll call was taken
#4 Closed Session A. Public Employee Appointment, Employment, Evaluation, or Discipline Title: Chief Executive Officer Per Government Code Section 54957(b)(1) B. Conference with Legal Counsel-Existing Litigation	Jason Epperson, General Counsel, reported out of Closed Session. The Commission discussed in closed session all items agendaized for closed session discussion and read into the record part of closed session beginning regarding items 4.B and 4.C. Direction was given to staff. Regarding item 4.A a motion was made by Dr. Naz and seconded by Mr. Frye to continue the CEO's employment with all current and existing terms and benefits plus a 5% increase in salary moving forward. This motion was adopted unanimously 14 – 0 – 0 – 3. The Commission took no other reportable action. Closed Session concluded at 2:22 pm. <i>Soyla Griffin called in during Closed Session</i>	Motion:

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Name of case: Case # 21CV381776 Per Government Code Section 54956.9(d)(1)</p> <p>C. Public Employee Appointment, Employment, Evaluation, or Discipline Title: Chief Equity Officer Per Government Code Section 54957(b)(1)</p>		
<p>#5 HEDIS®/MCAS Update</p> <p>Information P. Marabella, MD, CMO</p>	<p>The final HEDIS® results for CalViva for RY 2022 have been received. Dr. Marabella provided an update noting that Madera County met the 50th percentile benchmark for all required measures; 100% met goal. Kings County achieved the 50th percentile goal for 73% of measures with Childhood Immunizations, Immunizations for Adolescents, and Well-Child & Adolescent Visits coming in under the benchmark. Fresno County also achieved the 50th percentile goal for 73% of measures with Breast Cancer Screening, Childhood Immunizations, and Well-Child & Adolescent Visits coming in under the benchmark.</p> <p>Upcoming measures with no MPL established as of yet include:</p> <ul style="list-style-type: none"> • Lead Screening in Children • Follow-Up after ED Visit for Mental Health Illness – 30 Days • Follow-Up after ED Visit for Substance Abuse – 30 Days <p>Managed Care Accountability Set 2022-23 Requirements at this time:</p> <ul style="list-style-type: none"> • Current Performance Improvement Projects (PIPs) will continue through 12/31/2022 	<p>No Motion</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Final documentation on PIPs due 04/21/2023. • CalViva will initiate a project with a Well-Child Visit focus using SWOT format. • Awaiting Annual DHCS Notification. 	
<p>#6 2022 Quality Improvement Work Plan Mid-Year Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2022 Quality Improvement Work Plan Mid-Year Evaluation.</p> <p>Planned Activities and QI Focus for 2022 consist of:</p> <ul style="list-style-type: none"> • Access, Availability, & Service: <ul style="list-style-type: none"> ○ Improve Access to Care by continuing to monitor appointment access via <i>Provider Appointment Availability Survey (PAAS)</i>; monitor After-hours Access via <i>Provider After Hours Access Survey (PAHAS)</i> – Urgent & Emergent Care. ○ Improve Member Satisfaction; Annual survey conducted in early April 2022. ○ <i>Access Action Plans</i> consists of MY21 Access CAP which is on target; revamping process to create criteria to identify non-compliant PPGs/Providers; align CAPs with DMHC proposed 70% compliance; and focus CAPS on Urgent/Non-urgent metrics and After Hours. ○ <i>Member Satisfaction Survey</i> results shared with stakeholders. The actions taken include distribution of a Provider Tip Sheet, and tracking of Improvement Initiatives that may impact the member experience. • Quality & Safety of Care: <ul style="list-style-type: none"> ○ Default Measures: Fresno and Kings Counties fell below the MPL in Childhood Immunizations; Madera County was above the MPL in Childhood Immunizations. All three counties exceeded MPL in Controlling High Blood Pressure, Timeliness of Prenatal Care, comprehensive Diabetes Care – HbA1c testing, and Cervical Cancer Screening. • Performance Improvement Projects (PIPs): <ul style="list-style-type: none"> ○ Childhood Immunizations: Under 2 years (CIS-10): The high volume, low compliance FQHC in Fresno County initiated this in Q1 2021. 	<p><i>Motion:</i> <i>Approve the 2022 QI Work Plan Mid-Year Evaluation</i></p> <p><i>14 – 0 – 0 – 3</i> <i>(Nikoghosian / Cardona)</i> <i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ▪ Progress made: Initiated Text Messaging Campaign Sep 2021; CIS-10 Rate in Fresno County & Clinic declining; began analysis to identify any trends or determine if flu vaccine is bringing rate down; discovered first HepB shot missing for many newborns and not in CAIR. Resolution in progress. ○ Breast Cancer Screening Disparity Project: The high volume, low compliance FQHC in Fresno County with an identified Southeast Asian disparity, the women's imaging center, and The Fresno Center (TFC) agreed to continue our collaboration to improve BCS rates. ▪ Progress made: Hmong Sisters Educational Event at TFC On 09/24/21; Unable to schedule mammograms at the event & WISH unable to contact to schedule after the event; ultimately the event produced ONE (1) mammogram; decided to abandon our first intervention; received approval for second intervention mobile mammography events and held the first two-day event in March 2022, and second event was held June 22. Seventy-two (72) mammograms completed. Additionally, the team commissioned a new video that showcases testimonials from local Southeast Asian women presenting their personal experiences with mammography and breast cancer. Plan to show videos on Hmong TV, YouTube, and in local provider waiting rooms. <p>PIP Projects going forward consist of:</p> <ul style="list-style-type: none"> • Continue two PIPs through December 31, 2022. Final analysis due April 2023; • Initial guidance received from DHCS on Projects for 2022-2023 includes: One clinical & one non-clinical PIP; PIP Submission Form Annually; next submission September/October 2023. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#7 2022 Utilization Management Case Management Work Plan Mid-Year Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2022 Mid-Year Utilization Management Case Management Work Plan Evaluation.</p> <p>Activities in 2022 Focus on:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory & Accreditation Requirements 2. Monitoring the Utilization Management Process 3. Monitoring Utilization Metrics 4. Monitoring Coordination with Other Programs and Vendor Oversight 5. Monitoring Activities for Special Populations <p>Key metrics:</p> <ul style="list-style-type: none"> • Turn-around Time for processing authorizations from January – June was 99.6%. • Turn-around Time for appeals January – June was 100%. • Bed days/1000 had a decrease in Q1 & Q2 2022 from pre-COVID 2019. • Admits/1000 had a decrease in Q1 & Q2 2022 from pre-COVID 2019. • Average Length of Stay (ALOS) remains consistent. • Readmit 30 Day had a significant decrease in Q1 & Q2 2022 from pre-COVID 2019. <p>Metrics Too Soon to Tell if they will meet the target:</p> <ol style="list-style-type: none"> 1. Separation of Medical Decisions from Fiscal Considerations. 2. Timeliness of Processing Authorization Requests. 3. Behavioral Health Performance Measures. <p>Activities on target to meet year-end goals:</p> <ol style="list-style-type: none"> 1. Compliance with licensure & periodic audits. 2. Review, revision & updates to Program Descriptions, Work Plans and Policies at least annually. 3. Quarterly PPG Monitoring for Key Metrics. 	<p>Motion: Approve the 2022 UMCM Work Plan Mid-Year Evaluation</p> <p>14 – 0 – 0 – 3 (Soares / Cardona) A roll call was taken</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ol style="list-style-type: none"> 4. Delegation Oversight provided denial review training for all PPGs. 5. Health Information Forms (HIF) completed Jan to Jun 2,014 with 573 members referred to Case Management. 6. 1,739 members managed through Q2 in physical, behavioral and transitional case management. 7. Members enrolled in High-Risk Pregnancy Program demonstrated 13.1% greater compliance with Postpartum visit and 1.8% fewer pre-term deliveries. 8. Continued bi-directional referral process between physical and behavioral health in all 3 counties. 	
<p>#8 Standing Reports</p> <ul style="list-style-type: none"> • Finance Reports Daniel Maychen, CFO 	<p>Finance</p> <p><u>Financial Report Fiscal Year End June 30, 2022</u></p> <p>Fiscal year end 2022 financials are currently being audited by Moss Adams, LLP and are in the final review stages. To date, there are no proposed audit adjustments or corrections to the financial statements.</p> <p>Moss Adams will be present during the October Finance meeting and the October Commission meeting to present the final audited financials for Fiscal Year 2022.</p> <p>Current total assets are approximately \$278.5M; current liabilities are approximately \$160.5M, this gives a current ratio of 1.73. TNE as of June 30, 2022 is approximately \$127.9M which is approximately 758% of the minimum required TNE by DMHC.</p> <p>Interest income actual recorded was approximately \$551K which is approximately \$455K more than projected mainly due to the implementation of GASB 87, in addition the rates on the Plan's money market funds has increased. Premium</p>	<p><i>Motion: Standing Reports Approved</i></p> <p><i>11 – 0 – 0 – 6</i> <i>(Frye / De La Torre)</i></p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>capitation income actual recorded was approximately \$1.34B which is approximately \$88.5M higher than what was budgeted primary due to rates and enrollment being higher than budgeted. The Plan had budgeted for the PHE to end approximately December 2021 which did not occur, and therefore actual enrollment was higher than budgeted. Total costs of medical care expense actual recorded is approximately \$1.1B which is approximately \$83.3M above what was budgeted primarily due to higher enrollment and rates. Admin service agreement fees expense actual recorded was approximately \$52.3M which is approximately \$2.3M above what was budgeted primarily due to enrollment being higher than projected. Grants expense actual recorded is approximately \$2.9M which is approximately \$720k less than budgeted due to the Plan's Grants/Community Support Program related funds not being fully utilized due to Provider Recruitment grants not being fully utilized and also contingency funding not being utilized during FY 2022. All other expense items line items are in line, or below, with what was budgeted. Total net income for FY 2022 was approximately \$8.7M, which is approximately \$5.1M more than budgeted, primarily due to a budgeted \$2.2M MCO tax loss which did not occur as actual enrollment was higher than budgeted noting that the MCO tax revenue amount is directly correlated with enrollment. And secondly the Plan had higher enrollment and rates than projected.</p> <p><u>Financials as of July 31, 2022:</u></p> <p>Total current assets recorded were approximately \$249.3M; total current liabilities were approximately \$131.5M. Current ratio is approximately 1.89.</p> <p>Total equity as of the end of July 2022 was approximately \$127.8M which is approximately 757% above the minimum DMHC required TNE amount.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<p>The net loss for July 2022 is due to CalViva frontloading the grants so that funds could be distributed to the Plan's community-based organizations sooner than later, which is consistent with prior years. Interest income actual recorded was approximately \$160K which is approximately \$131K more than budgeted primarily due to rates on the Plan's money market funds being higher than anticipated. Premium capitation income actual recorded was approximately \$107.3M which is approximately \$3M more than budgeted primarily due to enrollment being higher than projected.</p> <p>Total cost of medical care expense actual recorded is approximately \$85.8M which is approximately \$2.5M more than budgeted due to enrollment being higher than projected. Admin service agreement fees expense actual recorded was approximately \$4.5M, which is approximately \$77K more than budgeted due to higher than projected enrollment. All other expense line items are in line with what was budgeted.</p> <p>For the first month of FY 2023 there was a net loss of approximately \$182K which is approximately \$623K less than the projected net loss of \$804K; The main reasons for lower net loss than projected are due to an MCO tax gain of approximately \$393K for July 2022, in combination with higher enrollment than projected.</p> <p>Medical Management</p> <p><u>Appeals and Grievances Dashboard</u></p> <p>Dr. Marabella presented the mid-year Appeals & Grievances Dashboard through Q2 2022.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • The total number of grievances remains consistent with prior year. • Quality of Service Grievances have a slight decrease from prior year. • Quality of Care Grievances have slightly increased from prior year. • Exempt Grievances remain consistent when compared to prior year. • Appeals through Q2 2022 have significantly decreased when compared to prior year, this is a result of the Pharmacy carve-out, Medi-Cal Rx. <p><u>Key Indicator Report</u></p> <p>Dr. Marabella presented the mid-year Key Indicator Report (KIR) through Q2 2022.</p> <p>A summary was shared that provided the most recent data for Admissions, Bed Days, Average Length of Stay, and Readmissions through Q2 2022. Membership continues to increase; Utilization for TANFs and SPDs has leveled off.</p> <p>Case Management results through Q2 2022 have shown increased referrals and engagement and demonstrate positive outcomes in all areas (Integrated, Perinatal, Transitional, and Behavioral).</p> <p><u>QI & UMCM Quarterly Report – Q2 2022</u></p> <p>Dr. Marabella provided the QI & UMCM Q2 2022 update. One QI/UMCM meeting was held in Quarter 2; May 2022.</p> <p>The following guiding documents were approved at this meeting:</p> <ol style="list-style-type: none"> 1. 2021 Health Equity End of Year Evaluation 2. 2022 Health Equity Program Description 3. 2022 Health Equity Work Plan 4. 2021 Health Equity Language Assistance Program Report 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>5. 2021 Health Education End of Year Evaluation 6. 2022 Health Education Program Description 7. 2022 Health Education Work Plan</p> <p>In addition, the following general document was approved at the meeting: 1. Medical Policies</p> <p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard and Quarterly A & G reports, Potential Quality Issues (PQI) report, and Provider Office Wait Time report. Additional Quality Improvement reports as scheduled during Q2.</p> <p>The Utilization Management & Case Management reports reviewed were the Key Indicator Report and UM Concurrent Review report, and the Case Management and CCM Report. Additional UMCM Reports include the Concurrent Review IRR Report, TurningPoint, and other reports scheduled during Q2.</p> <p>HEDIS® Activity:</p> <p>In Q2, HEDIS® related activities focused on finalizing and preparing Measurement Year (MY)2021 full HEDIS® Data for submission to HSAG & DHCS for the Managed Care Accountability Set (MCAS) measures. Final Attestations and IDSS submission were completed by the June 15th deadline. Medi-Cal Managed Care (MCMC) health plans currently have 15 quality measures (MCAS) that we will be evaluated on this year. The Minimum Performance Level (MPL) remains at the 50th percentile.</p> <p>Current improvement projects consist of:</p> <ul style="list-style-type: none"> • Breast Cancer Screening (BCS) PIP (Performance Improvement Project) 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Cervical Cancer Screening (CCS) • Diabetes – (CDC-H9) • Childhood Immunizations (CIS-10)– PIP Immunization birth to 2 years • COVID-19 Quality Improvement Plan (QIP) <p>No significant compliance issues have been identified. Oversight and monitoring processes will continue.</p> <p><u>Credentialing Sub-Committee Quarterly Report</u></p> <p>The Credentialing Sub-Committee met on July 21, 2022. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q1 2022 were reviewed for delegated entities, and Q2 2022 for MHN and Health Net.</p> <p>There was no case activity to report for the Q2 2022 Credentialing Report from Health Net.</p> <p><u>Peer Review Sub-Committee Quarterly Report</u></p> <p>The Peer Review Sub-Committee met on July 21, 2022. The county-specific Peer Review Sub-Committee Summary Reports for Q2 2022 were reviewed for approval. There were no significant cases to report.</p> <p>The Q2 2022 Peer Count Report was presented with a total of 16 cases reviewed. There were six (6) cases closed and cleared. There was one (1) case closed with administrative termination. There were no cases pending closure for Corrective Action Plan compliance or cases with outstanding CAPs. There were nine (9) cases pending for further information.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Executive Report J. Nkansah, CEO 	<p>Ongoing monitoring and reporting will continue.</p> <p>Executive Report</p> <p>Enrollment through July 31, 2022 is 410,130 members. Enrollment continues to increase as a result of the Public Health Emergency (PHE). The PHE is likely to be extended though as least mid-January 2023 and possibly through April 2023. Choice percentages are appearing to show some promise of rebounding.</p> <p>There are no significant issues, concerns, or items to note as it pertains to the Plan's IT Communications and Systems. The Plan is actively underway to upgrade computers, monitors, servers, and spam filters.</p> <p>Q2 2022 numbers are available. There are no significant issues or concerns as it pertains to the Call Center, CVH Website, Provider Network Activities, and Provider Relations.</p> <p>For Claims Processing and Provider Dispute activities the Q2 2022 numbers are not yet available.</p> <p><u>Medi-Cal Procurement Update</u></p> <p>Medi-Cal Procurement was announced on August 25, 2022 by DHCS and as specific to the Plan's three counties, Anthem Blue Cross will remain as the Commercial Medi-Cal Plan competitor to CalViva Health.</p> <p>Kaiser will join January 1, 2024 and will be available to limited Medi-Cal beneficiaries.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#9 Final Comments from Commission Members and Staff	Jeff Nkansah announced that CalViva Health won the National Community Action Corporate Partnership Award as a result of the Plan's continued work related to the Community Support programs. Jeff and Courtney Shapiro, Director of Community Relations and Marketing, traveled to New York to accept the award.	
#10 Announcements	None.	
#11 Public Comment	None.	
#12 Adjourn	The meeting was adjourned at 3:20 pm. The next Commission meeting is scheduled for October 20, 2022 in Fresno County.	

Submitted this Day: _____

Submitted by: _____

Cheryl Hurley
Clerk to the Commission

Item #3

Attachment 3.B

Finance Committee Minutes
Dated 7/21/22



**CalViva Health
Finance
Committee Meeting Minutes**

July 21, 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 11:30 am, a quorum was present.	
#2 Finance Committee Minutes dated May 19, 2022 Attachment 2.A Action D. Maychen, Chair	The minutes from the May 19, 2022 Finance meeting were approved as read.	Motion: <i>Minutes were approved 5 – 0 – 0 – 2 (Neves / Rogers)</i>
#3 Financial Statements as of	Total current assets recorded were approximately \$259.2M; total	Motion: <i>Financials as of March 31,</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>May 31, 2022</p> <p>Action</p> <p>D. Maychen, Chair</p>	<p>current liabilities were approximately \$142.8M. Current ratio is approximately 1.82. In relation to the liability account, amount due to DHCS, CalViva has been recording approximately \$1.4M per month MCO Tax gain beginning January 2022, primarily due to when DHCS created the MCO tax revenue rate for 2022, they utilized a lower enrollment projection as they assumed the PHE would end December 2021. When utilizing a lower enrollment projection, it results in a higher MCO tax revenue rate, which is why the Plan has been recognizing the MCO tax gain since January 2022; however, based off of a recent DHCS CFO meeting, DHCS indicated they are looking to revise the enrollment projections to bring them up and by doing so, that would bring down the Plan's MCO tax revenue rate. DHCS will be essentially recouping the MCO tax gain. As a result, the Plan booked a reduction in revenues in May 2022 and a corresponding liability due to DHCS (i.e., Amount due to DHCS) that amounted to approximately \$6.8M through May 2022 and it will be a little over \$8M by the end of June 30, 2022 when booked for June 2022. Moss Adams was in agreement with how the Plan accounted for MCO Tax recoupment. DHCS is looking to recoup the MCO tax gain by Q1 2023.</p> <p>Total net equity as of the end of May 2022 was approximately \$126.2M which is approximately 748% above the minimum DMHC required TNE amount.</p> <p>From July 2021 through May 2022, interest income actual recorded was approximately \$388K which is approximately \$300K 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 \$1.2B which is approximately \$76M more than budgeted primarily due to rates and enrollment being higher than projected.</p>	<p><i>2022 were approved</i></p> <p><i>5 – 0 – 0 – 2</i></p> <p><i>(Nikoghosian / Neves)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Total cost of medical care expense actual recorded is approximately \$1B which is approximately \$71.3M more than budgeted due to the same reasons as stated above referencing premium capitation income difference. Admin service agreement fees expense actual recorded was approximately \$47.8M, which is approximately \$1.9M 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 11 months of FY 2022 actual recorded was approximately \$7.1M which is approximately \$4M more than budgeted primarily due to rates and enrollment being higher than projected; and also, in the FY 2022 budget, the Plan projected a \$2.2 MCO tax loss. However, because the Plan's actual enrollment was higher than budgeted, the budgeted MCO tax loss did not materialize, noting that the MCO tax revenue is directly correlated to the Plan's actual membership amount.</p>	
<p>#4 Revied FY 2023 Budget</p> <p>Action</p> <p>D. Maychen, Chair</p>	<p>When the FY 2023 budget was created, it was estimated that the License Expense would increase approximately 10% from the FY 2022 amount which is on the higher end of historical rate increases by DMHC. The Plan understood there would be an increase to the DMHC license amount as we had higher enrollment and there was a general increase in operating costs; however, when the invoice from DMHC was received, it was approximately 44% higher from the prior year amount. The Plan contacted DMHC in reference to the higher DMHC license fee amount and they indicated that they have increasing compensation costs in addition to increase in DMHC staffing. DMHC uses the license fee amounts to fund their oversight over Health Plans. In addition, DMHC released an All-Plan Letter ("APL") that explained why there was a significantly large increase. Because of this large increase, this warranted a revised FY 2023 Budget to account for the increase of License Expense by approximately \$298K. This is the only change made</p>	<p>Motion: <i>Approve Revised FY 23 Budget to move to Commission for final approval</i></p> <p>5 – 0 – 0 – 2 (Rogers / Neves)</p>

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	to the FY 2023 budget that was approved by the Commission in May 2022. The net income impact is the same at \$298K. Instead of the initial FY 2023 projected net income of \$4.9M, the revised FY 2023 projected net income is approximately \$4.6M. If approved by the Finance Committee, the revised FY 2023 will go to the Commission for full review and adoption at today's Commission meeting.	
#5 Investment Policy	The annual review of the Investment Policy was presented to the Finance Committee for recommended changes and/or revisions. No recommended changes or revisions.	Motion: Approve Investment Policy 5 – 0 – 0 – 2 (Rogers / Neves)
#6 Announcements	<p>The DMHC issued a final report on July 13, 2022 in reference to the DMHC Routine Financial Examination Audit. Initially there were two findings; one related to inaccurate claims payments and the second, untimely provider dispute resolution acknowledgement. The Plan submitted responses; DMHC assessed the responses and accepted the response for the PDR acknowledgement. However, for the inaccurate claims payment finding, DMHC wanted the Plan to go back to 2019 and reprocess those inaccurate claims. The Plan was not able to complete the reprocessing of claims to DMHC by the preliminary report response due date but did however, propose to send a final claims settlement remediation report to DMHC by August 5, 2022. In the final report received from DMHC, DMHC accepted the Plan's proposed date to send a claims settlement remediation report by August 5, 2022. The Plan does not see any issue with meeting that deadline and it is the Plan's expectation that once that is sent to DMHC, the CAP will be resolved.</p> <p>Jiaqi Liu was re-welcomed to CalViva and the Finance Committee on her returned employment with CalViva Health.</p>	
#7 Adjourn	Meeting was adjourned at 11:47 am	

Finance Committee

Submitted by:

Cheryl Hurley
Cheryl Hurley, Clerk to the Commission

Dated:

9-15-22

Approved by Committee:

Daniel Maychen
Daniel Maychen, Committee Chairperson

Dated:

9/15/22

Item #3

Attachment 3.C-D

C. QIUM Committee Minutes
dated 7/21/22

D. QIUM Committee Minutes
date 9/15/22

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
July 21st, 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	✓	Iris Poveda , Medical Management Administrative Coordinator
✓	Paramvir Sidhu, M.D. , Family Health Care Network	✓	Tommi Romagnoli , Medical Management Nurse Analyst
✓	David Cardona, M.D. , Fresno County At-large Appointee, Family Care Providers	✓	Mary Lourdes Leone , Chief Compliance Officer
✓	Raul Ayala, MD , Adventist Health, Kings County	✓	Maria Sanchez , Compliance Manager
✓	Joel Ramirez, M.D. , Camarena Health Madera County	✓	Patricia Gomez , Senior Compliance Analyst
	Rajeev Verma, M.D. , UCSF Fresno Medical Center		
	David Hodge, M.D. , Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			

✓ = in attendance

* = Arrived late/left early

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D Chair	The meeting was called to order at 10:31am. A quorum was present.	
#2 Approve Consent Agenda Committee Minutes: May 19, 2022 - Clinical Practice Guidelines 2022 - Facility Site & Medical Records and PARS Reviews (Q3-Q4 2021) - Provider Preventable Conditions (Q1) - County Relations Quarterly Update (Q1) - SPD HRA Outreach (Q1) - Breast Cancer Screening QI	The May 19 th , 2022 QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Any item on the consent agenda may be pulled out for further discussion at the request of any committee member. A link for Medi-Cal Rx Contract Drug List was available for reference.	Motion: <i>Approve</i> Consent Agenda (Ramirez/Sidhu) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Activity Summary</p> <ul style="list-style-type: none"> - Childhood Immunizations QI Activity Summary - Pharmacy Provider Updates (Q1) <p>(Attachments A-I)</p> <p>Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard (May) <p>(Attachment J)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Appeals & Grievances Dashboard through May 2022.</p> <ul style="list-style-type: none"> • The total number of grievances remained consistent with prior months. The majority of grievances were Quality-of-Service related. • Quality of Care Grievances in May were also consistent with previous months. • Exempt Grievances remain consistent when compared to recent months and last year. • Appeals through May 2022 have remained consistent with recent months, but fewer than previous years. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - A&G Dashboard (May) <p>(Cardona/Sidhu) 5-0-0-2</p>
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Initial Health Assessment (IHA) Quarterly Report (Q4 2021) <p>(Attachment K)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Department of Health Care Services (DHCS) requires that newly enrolled Medi-Cal members have an Initial Health Assessment (IHA) and Individual Health Education Behavioral Assessment (IHEBA) completed within the first 120 days of enrollment. CalViva Health is required to facilitate and support members and providers through this process. The current approach to monitoring has three components:</p> <ul style="list-style-type: none"> ➤ Medical Record Review (MRR) via onsite (or virtual) provider audits. ➤ Monitoring of claims and encounters data. ➤ Member outreach utilizing a three-step methodology. <p>The Q4 2022 IHA Quarterly Report demonstrates CalViva Health's performance on IHA/IHEBA compliance monitoring from January 2021 through December 2021.</p> <ul style="list-style-type: none"> ➤ Because COVID-19 prevented Facility Site Review audits from occurring beginning in March 2020 through June 30th 2021, no FSR/MMR audits occurred until Q3 2021. Therefore, fewer audits were completed for this review period. ➤ Member Outreach was also impacted during this review period. In order to be compliant 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Initial Health Assessment (IHA) Quarterly Report (Q4 2021) <p>(Ayala/Ramirez) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>with new APL 21-004, all NDN/NOLA taglines had to be replaced with the full NDN/NOLA. To address this issue, the self-mailer postcard (the 3rd outreach attempt) was replaced with a second phone call.</p> <ul style="list-style-type: none"> ➤ 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-Q4, CalViva spread the resulting best practices throughout its provider network with a total of 308 provider sites trained by 12/31/21. The results of this effort are not demonstrated in the data for this reporting period. ➤ Improvement in IHA/IHEBA completion is anticipated with the closure of the Public Health Emergency and ongoing provider training and feedback in follow up to the initial training provided in 2021. ➤ 	
<p>#3 QI Business - MHN Performance Indicator Report for Behavioral Health (Q1) (Attachment L)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The MHN Performance Indicator Report for Behavioral Health Services (Q1 2022) 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 36 non-ABA reviews in Q1 2022. The overall performance rate was 91.7%, which did not meet the 100% target and was below the threshold for action of 95%. ➤ There were 35 Pre-Service-Non-Urgent cases and 33 (94.3%) were compliant with the timeliness standards. Two preservice cases were mishandled by a single staff person who misunderstood when the clock starts on these requests. The Management team coached and educated staff that the clock starts when any department receives the request. ➤ There was 1 post-service case and it was not compliant with the timeliness standard. Because of a system error, the case was held by MHN Claims for over 30 days before being forwarded for review which was beyond the timeliness standard. The system issue was resolved on 05/06/2022. 	<p>Motion: <i>Approve</i> - MHN Performance Indicator Report for Behavioral Health (Q1) (Ayala/Cardona) 5-0-0-2</p>
<p>#4 QI & HEDIS Business - QI & HEDIS Update (Power Point Presentation)</p>	<p>The final HEDIS® results for CalViva for MY2021 have been received. Dr. Marabella provided an update noting that Madera County met the 50th percentile benchmark for all required measures; 100% met goal. Kings County achieved the 50th percentile goal for 73% of measures with Childhood Immunizations, Immunizations for Adolescents, and Well-Child & Adolescent Visits</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>coming in under the benchmark. Fresno County also achieved the 50th percentile goal for 73% of measures with Breast Cancer Screening, Childhood Immunizations, and Well-Child & Adolescent Visits coming in under the benchmark.</p> <p>CalViva has recently completed two (2) PDSA Improvement Projects:</p> <ul style="list-style-type: none"> • Cervical Cancer Screening: <ul style="list-style-type: none"> ○ Multi-disciplinary team formed with high volume, low compliance clinic in Fresno County. ○ Successful Outreach and Education Effort. ○ 125 out of 249 Pap Tests were performed from 02/16/22 to 06/15/22. ○ PDSA was submitted to DHCS 07/11/22; awaiting feedback. • Comprehensive Diabetes Care: <ul style="list-style-type: none"> ○ Multi-disciplinary team formed with high volume, low compliance clinic in Fresno County. ○ Challenging project with useful tools and process established. ○ Data analysis revealed a small population of members with HbA1c >9% at the targeted clinic. ○ Dietitian Education & Counseling Sessions for 22 members to reduce A1c values. ○ Identified a dietitian to provide sessions. ○ Geo-mapping used to determine a convenient location for classes. ○ Education & Counseling Process Established. ○ Member incentives at designated intervals. <p>The two Performance Improvement Projects (PIPs) are scheduled to close 12/31/22:</p> <ul style="list-style-type: none"> • Childhood Immunizations 0-2 years: <ul style="list-style-type: none"> ○ Initiated Text Messaging Campaign Sep '21 ○ CIS-10 Rate in Fresno County & Clinic declining ○ Began analysis to identify any trends or determine if flu vaccine is bringing rate down. ○ Discovered first HepB shot missing for many newborns and not in CAIR. Software issue. ○ When HepB data added into rates, the baseline and SMART Aim goal needed to be revised. <p>A statistically significant improvement has been attained and sustained since this project was initiated.</p> • Breast Cancer Screening Disparity Project: <ul style="list-style-type: none"> ○ Hmong Sisters Educational Event at The Fresno Center (TFC) On 09/24/21 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> o Unable to schedule mammograms at the event & the Women's Imaging Center was unable to contact the women to schedule their mammogram after the event. o Ultimately the event produced only ONE (1) mammogram! o BCS Rates continued to Decline o Second intervention initiated, mobile mammography at the targeted FQHC o With mobile mammogram events completion rates have increased currently to 33% with aa goal of 47.8% o In an effort to convince more Southeast Asian women to complete their mammograms, a video was created to showcase testimonials of three local Southeast Asian women telling their personal stories with mammography and breast cancer. The videos are in Hmong, Lao and English. o Our videos will be shown on Hmong TV, YouTube, and in local provider offices. <p>Projects going forward consist of:</p> <ul style="list-style-type: none"> • The two PIPs through December 31, 2022 with the final analysis due April 2023. • Awaiting guidance from DHCS on Projects for 2022-2023. 	
<p>#5 UM/CM Business</p> <ul style="list-style-type: none"> - Key Indicator & TAT Report (May) - Specialty Referrals Report -HN (Q1) - UM Report – Top 10 Diagnoses (Attachments M-O) <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Key Indicator Report and Turn Around Time Report through May. A summary was shared that provided the most recent data for Admissions, Bed Days, Average Length of Stay, and Readmissions through May 2022. Membership continues to increase; Utilization for TANFs and SPDs has leveled off.</p> <p>ER Utilization rates remained steady in Q1 2022 when compared to Q2 2020.</p> <p>Case Management results through May 2022 have shown increased referrals and engagement and demonstrate positive outcomes in all areas (Integrated, Perinatal, Transitional, and Behavioral).</p> <p>Specialty Referral Report Q1 2022. This report provides a summary of Specialty Referral services that required prior authorization in the three-county area (Fresno, Kings, and Madera) for the first quarter of 2022. This report captures three utilization case types:</p> <ul style="list-style-type: none"> ➤ Key services that while within the service area and within the network require clinical review ➤ Services recognized as out of the tri-county area, but within the provider network 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Key Indicator & TAT Report (May) - Specialty Referrals Report -HN (Q1) - UM Report – Top 10 Diagnoses (Sidhu/Ramirez) <p>5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>➤ Out of network requests</p> <p>This report provides evidence of a system-wide process for tracking and following up on member referrals requiring prior authorization, and includes a breakdown of SPD and non-SPD member specialty referral requests. At this time, due to changes in system capabilities the plan is unable to capture the data for this report consistent with prior years.</p> <p>The UM Top 10 Diagnoses Report 2021 provides an annual evaluation of the volume of hospital admissions, bed days per one thousand and average length of stay for the top 10 diagnoses (recorded as principal discharge diagnoses, for acute hospital stays among the TANF, SPD, and MCE populations). Identification of utilization trends provides a source from which to establish opportunities for collaboration and outcome improvement.</p> <p><i>Analysis/Findings/Outcomes/Actions</i></p> <ul style="list-style-type: none"> ➤ COVID-19 ranked as the top inpatient admitting diagnosis for both TANF and MCE populations and ranked second for SPDs next to "Other sepsis". ➤ In 2021, Medical Management continued focused review of all admitting diagnoses. Our integrated care teams consisting of Concurrent Review, Public Programs, Medical Directors and Case Management continued daily rounds in 2021 to review all inpatient cases. ➤ These teams work together to create a safety net of services and cultivate alliances with community resources such as Disease Management, Community Based Adult Service (CBAS) facilities and behavioral health care services with hands-on interventions through the MemberConnections team to impact health care outcomes in this complex environment. ➤ With the impact of COVID-19 on the hospitals, we continued the surge process with daily outreach to those hospitals that were surging. The nurses continued working with hospitals to improve follow up appointments upon discharge. 	
<p>#5 UM/CM Business - PA Member Letter Monitoring Report (Q1) (Attachment P)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The PA Member Letter Monitoring Report (Q1 2022) was presented to the committee. This report monitors Notice of Action (NOA) letters including Prior Authorizations, Concurrent, and Post Service denials. 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 12- unique denial letters and 2 unique deferral letters impacted by letter opportunities. 	<p>Motion: <i>Approve</i> - PA Member Letter Monitoring Report (Q1) (Ramirez/Cardona) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ➤ A number of the issues identified were related to the transition of letter completion to one dedicated team. <p>In follow up, Medical Management updated education materials to be more user friendly and clear for the dedicated Letter Team to review. Monitoring is ongoing with 100% audits for staff/physicians with multiple errors.</p>	
<p>#5 UM/CM Business</p> <ul style="list-style-type: none"> - TurningPoint Musculoskeletal Utilization Review (Q1) - CalViva Prior Authorization Requirements 2022 - MedZed Report (Q1) - NIA/Magellan (Q1) <p>(Attachments Q-T)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The TurningPoint Musculoskeletal Utilization Review Report provides a summary of monitoring activities associated with musculoskeletal related prior authorization (PA) utilization requests managed by TurningPoint (TP) for Q1 2022.</p> <ul style="list-style-type: none"> ➤ Compliance (100%) was achieved for Expedited and Standard Prior Authorization (PA) turnaround times (TAT). ➤ All Call Center service level agreement (SLA) criteria were met. ➤ Many elective surgeries continued to be deferred in Q1. <p>TP continues to provide additional training as required and/or requested by the providers.</p> <p>CalViva Prior Authorization Requirements 2022 – The CalViva list of services that require prior authorization were provided as a reference for the committee members. These 2022 requirements include the new Medical Benefit Pharmaceuticals that require prior authorization since Medi-CalRx went into effect in January. Previously these would have been listed in the formulary, but CalViva no longer has a formulary.</p> <p>MedZed Integrated Care Management Report – Q1 2022 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 with their assigned Primary Care Physician. Provided in this report are results for Quarter 1 2022.</p> <ul style="list-style-type: none"> ➤ 33% average engagement rate. ➤ Anticipate that average engagement rate will increase over time with ongoing outreach efforts. ➤ It was noted that referrals dropped significantly this quarter. This is currently being investigated. Metric #1 regarding first post-discharge appointment within 72 hours has been an ongoing challenge due to a number of factors related to both the member and the provider. MedZed continues to engage Community Health Navigators for urgent field outreach (face-to-face/door knocks) following one unsuccessful phone attempt in an 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> -TurningPoint Musculoskeletal Utilization Review (Q1) - CalViva Prior Authorization Requirements 2022 - MedZed Report (Q1) - NIA/Magellan (Q1) <p>(Sidhu/Cardona) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>attempt to meet this standard. This metric is under review and may be modified in future reports.</p> <p>The NIA/Magellan Report (Q1) is a summary of cardiology and radiology imaging PA determinations resolved by National Imaging Associates (NIA) on CalViva's behalf. This report summarizes monitoring activities and provides the opportunity to identify trends or opportunities for provider education.</p> <ul style="list-style-type: none"> ➤ The denial rate in Q1 for radiology and cardiology combined increased from 28.93% to 29.88%. ➤ The denial rate for radiology in Q1 increased from 26.83% to 28.32% and cardiology clinical disapprovals decreased from 35.57% to 34.67% ➤ Initial denials are often related to the requesting provider's lack of clinical information submission with the request. 	
<p>#6 Pharmacy Business</p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q1) - Pharmacy Operations Metrics (Q1) - Pharmacy Top 25 Prior Authorizations (Q1) - Pharmacy Inter-Rater Reliability Results (IRR) (Q1) <p>(Attachments U-X)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Pharmacy Executive Summary (Q1 2022) provides a summary of the quarterly pharmacy reports 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 Operations Metrics (Q1) 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 Q1 2022. Overall, TAT for Q1 2022 was 85.5%. Results were lower than expected due to staffing and volume challenges associated with the implementation of Medi-Cal Rx on 1/1/22. Compliance did improve month over month. These metrics will be monitored closely for improvement. The Pharmacy Top 25 Prior Authorizations (Q1) identifies the most requested medications to the Medical Benefit PA Department for CalViva Health members, and assesses potential barriers to access of medications through the PA process.</p> <ul style="list-style-type: none"> ➤ Top 25 PA requests in 1st Quarter 2022 were fairly uniform when the top 10 drugs are reviewed, however variance is seen as we move from the top 15 to 25 drugs. Some variances can be explained by intervals between treatment and length of auth assigned per criteria. ➤ There were a higher number of authorizations in January versus the rest of the 1st Quarter and is likely attributed to the Medi-Cal Rx transition that created some confusion among 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q1) - Pharmacy Operations Metrics (Q1) - Pharmacy Top 25 Prior Authorizations (Q1) - Pharmacy Inter-Rater Reliability Results (IRR) (Q1) <p>(Sidhu/Ramirez) 5-0-0-2</p>

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	<p>providers regarding the continued responsibility of the plan versus Medi-Cal Rx.</p> <p>The Pharmacy Inter-Rater Reliability Results (Q1) A sample of 5 prior authorizations (2 approvals and 3 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 for action of 90%.</p> <ul style="list-style-type: none"> ➤ 90% threshold not met. 95% goal not met; overall score was 85.00% ➤ Criteria application was the main issue in Q1. ➤ Authorizations were moved to a new software system this quarter and a new PA team reviewed these authorizations. <p>For future reporting, the sample size will be increased to better reflect compliance and results will be shared with PA Managers. CalViva will continue to monitor top Medical Benefit PA requests in 2022 and present report quarterly to this committee.</p>	
<p>#7 Policy & Procedure Business</p> <ul style="list-style-type: none"> - Quality Improvement Policy Annual Review 2022 (Attachment Y) <p>Action</p> <ul style="list-style-type: none"> - Patrick Marabella, M.D Chair 	<p>The Quality Improvement Policy Annual Review Grid was presented to the committee. The policy edits were discussed and approved. Most policies were reviewed without changes.</p> <ul style="list-style-type: none"> ➤ QI-005 Medi-Cal Quality & PI Program Requirements was updated to include updated PIP forms, PDSA Worksheets and PIP Modules. ➤ QI-018 Initial Health Assessment (IHA) and Individual Health Education Behavioral Assessment (IHEBA)/Staying Healthy Policy was included for committee review due to various changes. <ul style="list-style-type: none"> • Changed Provider Relations to Provider Engagement; • Added immunizations as part of the IHA; added electronic, verbal, or virtual education as options for educational opportunities for issues found during facility site or medical record reviews; • Made changes to PNM's role in low provider performance follow up. • Revised the third member notification to be a live phone call and other minor changes. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Quality Improvement Policy Annual Review 2022 (Ayala/Ramirez) 5-0-0-2
<p>#8 Credentialing & Peer Review Subcommittee Business</p> <ul style="list-style-type: none"> - Credentialing Sub-Committee Quarterly Report - Peer Review Sub-Committee Quarterly Report 	<p>Credentialing Sub-Committee Quarterly Report was presented.</p> <p>In Quarter 3 the Credentialing Sub-Committee met on May 19, 2022. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering the fourth quarter for 2021 were reviewed for delegated entities and the first quarter 2022 reports were reviewed for Health Net and MHN.</p> <p>The 2022 Credentialing Sub-Committee Charter was reviewed and approved without changes.</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Credentialing Sub-Committee Quarterly Report - Peer Review Sub-Committee Quarterly

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
(Attachments Z-AA)	<p>There was no case activity to report for the Quarter 1 2022 Credentialing Report from Health Net. Peer Review Sub-Committee Quarterly Report was presented.</p> <p>The Peer Review Sub-Committee met on May 19, 2021. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 1 2022 were reviewed for approval. There were no significant cases to report.</p> <p>The 2022 Peer Review Sub-Committee Charter was reviewed and approved without changes.</p> <p>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 were as follows:</p> <ul style="list-style-type: none"> ➤ 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. <p>Follow up will be completed to close out cases and ongoing monitoring and reporting will continue.</p>	<p>Report (Sidhu/Ramirez) 5-0-0-2</p>
<p>#9 Compliance Update - Compliance Regulatory Report (Attachment BB)</p>	<p>Mary Lourdes Leone presented the Compliance Report.</p> <p>CalViva Health Oversight Activities. CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances and appeals, etc.</p> <p>Oversight Audits. The following annual audits are in-progress: Access and Availability, Provider Network/ Provider Relations, Emergency Services, and Utilization Management. The following audits have been completed since the last Commission report: Appeals & Grievances (CAP); Q1 2022 PDR (No CAP).</p> <p>Fraud, Waste & Abuse Activity. Since the last report, there have not been any new MC609 cases filed.</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.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<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.</p> <p>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”.</p> <p>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.</p> <p>Department of Managed Health Care (“DMHC”) 2022 Medical Audit. The Plan submitted all pre-on-site 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.</p> <p>Public Policy Committee. 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. 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>	
#10 Old Business	None.	
#11 Announcements	Next meeting September 15, 2022	
#12 Public Comment	None.	
#13 Adjourn	Meeting was adjourned at 11:56am	

NEXT MEETING: September 15th, 2022

Submitted this Day: September 15, 2022

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
September 15th, 2022

CalViva Health
7625 North Palm Avenue; Suite #109
Fresno, CA 93711
Attachment A

Th	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	✓	Iris Poveda, Medical Management Administrative Specialist
	Paramvir Sidhu, M.D., Family Health Care Network	✓	Susan Ramirez, Medical Management Administrative Coordinator
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Mary Lourdes Leone, Chief Compliance Officer
✓	Raul Ayala, MD, Adventist Health, Kings County	✓	Maria Sanchez, Compliance Manager
	Joel Ramirez, M.D., Camarena Health Madera County	✓	Patricia Gomez, Senior Compliance Analyst
	Rajeev Verma, M.D., UCSF Fresno Medical Center		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
	Guests/Speakers		

✓ = in attendance

* = Arrived late/left early

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D Chair	The meeting was called to order at 10:34am. A quorum was present.	
#2 Approve Consent Agenda Committee Minutes: July 21 st , 2022 - Appeals & Grievances Classification Audit Report (Q2) - Appeals & Grievances Inter Rater Reliability Report (IRR) (Q2) - Customer Contact Center (CCC) DMHC Expedited Grievance Report (Q2)	The July 21st, 2022 QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Any item on the consent agenda may be pulled out for further discussion at the request of any committee member. A link for Medi-Cal Rx Contract Drug List was available for reference.	Motion: <i>Approve</i> Consent Agenda (Ayala/Cardona) 4-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> - Member Incentive Programs - Semi-Annual Report (Q1 & Q2) - California Children's Service Report (CCS) (Q2) - Initial Health Assessment Quarterly Audit Report (Q1) - Concurrent Review IRR Report (Q2) - County Relations Quarterly Update (Q2) - QIUM Committee Meetings Calendar 2023 - Medical Policies Provider Updates (Q2) - Pharmacy Provider Updates (Q2) <p>(Attachments A-L)</p> <p>Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard and TAT Report (July) - Appeals & Grievances Executive Summary (Q2) - Appeals & Grievances Quarterly Member Report (Q2) - Quarterly Appeals & Grievances Member Letter Monitoring Report (Q2) <p>(Attachments M-P)</p>	<p>Appeals & Grievances Dashboard and Quarterly Reports (Q2). The A & G Dashboard was presented as a comparison with the first 6 months of last year: The A & G Quarterly reports provide a written record of appeals and grievances on a quarterly basis to asses emerging patterns, compliance to turn around time and volumes, and to formulate potential plan policy/process changes and or procedural improvements.</p> <p>The following trends were noted:</p> <ul style="list-style-type: none"> • The total number of grievances remains consistent with prior year. • Quality of Service Grievances have a slight decrease from prior year. • Quality of Care Grievances have slightly increased from prior year. • Exempt Grievances remain consistent when compared to prior year. • Appeals through Q2 2022 have significantly decreased when compared to prior year, this is a result of the Pharmacy carve-out, Medi-Cal Rx. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard and TAT Report (July) - Appeals & Grievances Executive Summary (Q2) - Appeals & Grievances Quarterly Member Report (Q2) - Quarterly Appeals & Grievances Member Letter Monitoring Report (Q2) <p>(Lee/Cardona) 4-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Action Patrick Marabella, M.D Chair	Quarterly Appeals & Grievances Member Letter Monitoring Report (Q2) This report provides a summary of the results of the daily audits of Appeal and Grievance (A&G) acknowledgment and resolution letters and any related corrective actions taken. <ul style="list-style-type: none"> Letters are reviewed to ensure the correct letter template is used, correct branding, and clear and concise language is used to explain the decision. One Ack letter was sent on the incorrect letterhead and required follow up with staff. In February 2022, the audit process for appeal letters was transitioned to become consistent with the Prior Authorization letter audit process and will be reported in a similar manner in the future. Decision criteria are determined by the Medical Directors and therefore potential issues are forwarded to Medical Director Leadership for validation and any corrective actions. 	
#3 QI Business - Potential Quality Issues (Q2) (Attachment Q) Action Patrick Marabella, M.D Chair	Potential Quality Issues (PQI) Report provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member or peer review-activities. Peer review activities include cases with a severity code level of III or IV or any case the CVH CMO requests to be forwarded to Peer Review. Data for Q2 was reviewed for all case types including the follow up actions taken when indicated. <ul style="list-style-type: none"> There were two (2) non-member PQI's in Q2. Neither case was a provider preventable condition (PPC). There were ninety (90) member-generated PQIs in Q2. The majority of these cases were scored a level zero, followed by level 1 and then level 2. One case was level 3. There were sixteen (16) peer review PQI cases in Q2. Seven (7) cases were closed and nine (9) remained open. PQI monitoring and reporting will continue. 	Motion: <i>Approve</i> - Potential Quality Issues (Q2) (Ayala/Cardona) 4-0-0-2
#4 Quality Improvement/Utilization Management Business - HEDIS/MCAS Update - Quality Improvement Work Plan Mid-Year Evaluation and Executive Summary 2022	HEDIS/MCAS Update The final HEDIS® results for CalViva for RY 2022 have been received. Dr. Marabella provided an update noting that Madera County met the 50 th percentile benchmark for all required measures; 100% met goal. Kings County achieved the 50 th percentile goal for 73% of measures with Childhood Immunizations, Immunizations for Adolescents, and Well-Child & Adolescent Visits coming in under the benchmark. Fresno County also achieved the 50 th percentile goal for 73% of measures with Breast Cancer Screening, Childhood Immunizations, and Well-Child & Adolescent Visits coming in under the benchmark.	Motion: <i>Approve</i> - HEDIS/MCAS Update - Quality Improvement Work Plan Mid-Year Evaluation and Executive Summary 2022 (Cardona/Lee) 4-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>(Attachments R-S)</p> <p>Action</p> <p>Patrick Marabella, M.D Chair</p>	<p>Upcoming measures with no MPL established as of yet, include:</p> <ul style="list-style-type: none"> • Lead Screening in Children • Follow-Up after ED Visit for Mental Health Illness – 30 Days • Follow-Up after ED Visit for Substance Abuse – 30 Days <p>Managed Care Accountability Set 2022-23 Requirements at this time:</p> <ul style="list-style-type: none"> • Current Performance Improvement Projects (PIPs) will continue through 12/31/2022 • Final documentation on PIPs due 04/21/2023. • CalViva will initiate a project with a Well-Child Visit focus using SWOT format. • Awaiting Annual DHCS Notification. <p>Quality Improvement Work Plan Mid-Year Evaluation and Executive Summary 2022</p> <p>Planned Activities and QI Focus for 2022 consist of:</p> <ul style="list-style-type: none"> • Access, Availability, & Service: <ul style="list-style-type: none"> ○ Improve Access to Care by continuing to monitor appointment access via <i>Provider Appointment Availability Survey (PAAS)</i>; monitor After-hours Access via <i>Provider After Hours Access Survey (PAHAS)</i> – Urgent & Emergent Care. ○ Improve Member Satisfaction; Annual survey conducted in early April 2022. ○ <i>Access Action Plans</i> consists of MY21 Access CAP which is on target; revamping process to create criteria to identify non-compliant PPGs/Providers; align CAPs with DMHC proposed 70% compliance; and focus CAPS on Urgent/Non-urgent metrics and After Hours. ○ <i>Member Satisfaction Survey</i> results shared with stakeholders. The actions taken include distribution of a Provider Tip Sheet, and tracking of improvement initiatives that may impact the member experience. • Quality & Safety of Care: <ul style="list-style-type: none"> ○ Default Measures: Fresno and Kings Counties fell below the MPL in Childhood Immunizations; Madera County was above the MPL in Childhood Immunizations. All three counties exceeded MPL in Controlling High Blood Pressure, Timeliness of Prenatal Care, comprehensive Diabetes Care – HbA1c testing, and Cervical Cancer Screening. • Performance Improvement Projects (PIPs): 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Childhood Immunizations: Under 2 years (CIS-10): The high volume, low compliance FQHC in Fresno County initiated this in Q1 2021. <ul style="list-style-type: none"> ▪ Progress made: Initiated Text Messaging Campaign Sep 2021; CIS-10 Rate in Fresno County & Clinic declining; began analysis to identify any trends or determine if flu vaccine is bringing rate down; discovered first HepB shot missing for many newborns and not in CAIR. Resolution in progress. ○ Breast Cancer Screening Disparity Project: The high volume, low compliance FQHC in Fresno County with an identified Southeast Asian disparity, the women's imaging center, and The Fresno Center (TFC) agreed to continue our collaboration to improve BCS rates. <ul style="list-style-type: none"> ▪ Progress made: Hmong Sisters Educational Event at TFC On 09/24/21; Unable to schedule mammograms at the event & WISH unable to contact to schedule after the event; ultimately the event produced ONE (1) mammogram; decided to abandon our first intervention; received approval for second intervention mobile mammography events and held the first two-day event in March 2022, and second event was held June 22. Seventy-two (72) mammograms completed. Additionally, the team commissioned a new video that showcases testimonials from local Southeast Asian women presenting their personal experiences with mammography and breast cancer. Plan to show videos on Hmong TV, YouTube, and in local provider waiting rooms. <p>PIP Projects going forward consist of:</p> <ul style="list-style-type: none"> • Continue two PIPs through December 31, 2022. Final analysis due April 2023; • Initial guidance received from DHCS on Projects for 2022-2023 includes: One clinical & one non-clinical PIP; PIP Submission Form Annually; next submission September/October 2023. 	
<p>#4 Quality Improvement/Utilization Management Business</p> <ul style="list-style-type: none"> - Utilization Management /Case Management Work 	<p>Dr. Marabella presented the 2022 Mid-Year Utilization Management Case Management Work Plan Evaluation.</p> <p>Activities in 2022 Focus on:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory & Accreditation Requirements 2. Monitoring the Utilization Management Process 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Utilization Management/ Case Management Work Plan Mid-Year Evaluation and Executive Summary

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Plan Mid-Year Evaluation and Executive Summary 2022 (Attachment T)</p> <p>Action Patrick Marabella, M.D Chair</p>	<ol style="list-style-type: none"> 3. Monitoring Utilization Metrics 4. Monitoring Coordination with Other Programs and Vendor Oversight 5. Monitoring Activities for Special Populations <p>Key metrics:</p> <ul style="list-style-type: none"> • Turn-around Time for processing authorizations from January – June was 99.6%. • Turn-around Time for appeals January – June was 100%. • Bed days/1000 had a decrease in Q1 & Q2 2022 from pre-COVID 2019. • Admits/1000 had a decrease in Q1 & Q2 2022 from pre-COVID 2019. • Average Length of Stay (ALOS) remains consistent. • Readmit 30 Day had a significant decrease in Q1 & Q2 1022 from pre-COVID 2019. <p>Metrics Too Soon to Tell if they will meet the target:</p> <ol style="list-style-type: none"> 1. Separation of Medical Decisions from Fiscal Considerations. 2. Timeliness of Processing Authorization Requests. 3. Behavioral Health Performance Measures. <p>Activities on target to meet year-end goals:</p> <ol style="list-style-type: none"> 1. Compliance with licensure & periodic audits. 2. Review, revision & updates to Program Descriptions, Work Plans and Policies at least annually. 3. Quarterly PPG Monitoring for Key Metrics. 4. Delegation Oversight provided denial review training for all PPGs. 5. Health Information Forms (HIF) completed Jan to Jun 2,014 with 573 members referred to Case Management. 6. 1,739 members managed through Q2 in physical, behavioral and transitional case management. 7. Members enrolled in High-Risk Pregnancy Program demonstrated 13.1% greater compliance with Postpartum visit and 1.8% fewer pre-term deliveries. 8. Continued bi-directional referral process between physical and behavioral health in all 3 counties. 	<p>2022 (Cardona/Lee) 4-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#5 Access Business</p> <ul style="list-style-type: none"> - Provider Office Wait Time Report (Q2) (Attachment U) <p>Action Patrick Marabella, M.D Chair</p>	<p>The Provider Office Wait Time Report for Q2 was presented. Health plans are required to monitor waiting times in providers' offices to validate timely access to care and services. This report provides a summary that focuses on Quarter Q2 2022. Data is captured through provider submissions of wait time logs on a monthly basis.</p> <ul style="list-style-type: none"> • All three counties were below the 30-minute threshold. • Sample sizes improved for all counties this quarter as well with a total of 1088 patients monitored. • Provider Engagement (PE) staff periodically assist with reminding providers of their responsibility to submit their data each month. PE also assists us with obtaining names and contact information when there is staff turnover at the clinics. Individualized Q1 results were distributed to providers who submitted data. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Provider Office Wait Time Report (Q2) (Cardona/Ayala) 4-0-0-2
<p>#6 UM/CM Business</p> <ul style="list-style-type: none"> - Key Indicator Report and TAT Report (July) - Utilization Management Concurrent Review Report (Q2) - Case Management & CCM Report(Q2) (Attachments V-X) <p>Action Patrick Marabella, M.D Chair</p>	<p>Key Indicator Report (KIR) through July was presented with an emphasis on data through Q2 2022 compared to the last six months of 2021.</p> <p>A summary was shared that provided the most recent data for Admissions, Bed Days, Average Length of Stay, and Readmissions through Q2 2022. Membership continues to increase; Utilization for TANFs and SPDs has leveled off.</p> <p>Case Management results through Q2 2022 have shown increased referrals and engagement and demonstrate positive outcomes in all areas (Integrated, Perinatal, Transitional, and Behavioral).</p> <p>Utilization Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Quarter 2, 2022. The emphasis of the UM team is on improving member healthcare outcomes, minimizing readmission risk, and reducing post-acute gaps in care delivery via proactive discharge planning and expeditious linkages to medically necessary health and support services. Data trends are consistent with those described above for KIR.</p> <ul style="list-style-type: none"> o Non-clinical Discharge Navigator is a new role designed to assist with calls to hospital CM for discharge needs, referral intake and to facilitate timely follow up appointments post hospital discharge. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Key Indicator Report and TAT Report (July) - UM Concurrent Review Report (Q2) - Case Management & CCM Report (Q2) (Lee/Cardona) 4-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The Case Management Report and CCM Report (Q2) summarizes the Integrated Case Management, Transitional Care Management, MemberConnections, Palliative Care, and Emergency Department (ED) Diversion activities for 2022 second quarter and utilization related outcomes through 3/31/22.</p> <ul style="list-style-type: none"> • Referrals increased for all case types in Q2. • Engagement rates increased for all case types in Q2. • Member Satisfaction case management services were very positive with 100% (78/78) reporting CM exceeded their expectations. 	
<p>#6 UM/CM Business - PA Member Letter Monitoring Report (Q2) (Attachment Y)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>PA Monitoring Report (Q2) This Report is a summary of letter audits conducted by the Medical Management Monitoring and Reporting Team. Samples include all units (Prior Authorizations, Concurrent, and Post Service). Findings are discussed with UM Management/Directors monthly. Universe volume fluctuates according to the number of denials and deferrals in the Quarter. It is important to note that one letter can fail for multiple measures.</p> <ul style="list-style-type: none"> • Majority of metrics met the standard. • Use of clear and concise language and deferral letters were area of focus this quarter. • Issues related to physician documentation were forwarded to the medical directors for review. 	<p>Motion: <i>Approve</i> - PA Member Letter Monitoring Report (Q2) (Lee/Cardona) 4-0-0-2</p>
<p>#6 UM/CM Business - MedZed Report (Q2) (Attachment Z)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>MedZed Integrated Care Management Report Q2 2022 This report monitors the volume and engagement of members referred to the MedZed Care Management program. This program is designed as a bridge and support to achieve care plan goals and re-engage members with their PCP and traditional care.</p> <ul style="list-style-type: none"> • A decline in referrals was noted in Q1 caused by system and other issues, rate is back up close to previous volumes in Q2. Engagement rate is lower than previous and pend rate higher, under review. • All standards met except #1 which requires the first home visit within 72 hours of discharge. • This metric is impacted by many factors, some uncontrollable and it is therefore under review for revision to better evaluate the services provided. 	<p>Motion: <i>Approve</i> - MedZed Report (Q2) (Lee/Cardona) 4-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#6 UM/CM Business</p> <ul style="list-style-type: none"> - NIA/Magellan (Q2) (Attachment AA) <p>Action Patrick Marabella, M.D Chair</p>	<p>NIA/Magellan(Q2) This report provides a summary of cardiology and radiology determinations resolved by National Imaging Associates (NIA) for services in the three-county area (Fresno Kings and Madera).</p> <ul style="list-style-type: none"> • Turn-around times are consistent (>99%). • Approval rates demonstrate positive ratios with improvement noted for Cardiology in general. • Clinical meetings and education for providers is ongoing. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - NIA/Magellan (Q2) (Lee/Cardona) <p>4-0-0-2</p>
<p>#7 Pharmacy Business</p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q2) - Pharmacy Operations Metrics (Q2) - Pharmacy Top 25 Prior Authorizations (Q2) - Pharmacy Inter-Rater Reliability Results (IRR) (Q2) (Attachments BB-EE) <p>Action Patrick Marabella, M.D Chair</p>	<p>Pharmacy Executive Summary (Q2) was presented. The pharmacy quarterly reports on operational metrics, top medication prior authorization (PA) requests, and quarterly formulary changes are reviewed to assess for emerging patterns in PA requests, compliance with PA turnaround time metrics, and to formulate potential process improvements. Since the implementation of Medi-Cal Rx in January of 2022, pharmacy activities are focused on Medical Benefit drugs.</p> <ul style="list-style-type: none"> • Pharmacy prior authorizations metrics were not within 5% of standard for the first quarter, mainly related to staffing and volume changes associated with Medi-Cal Rx transition. • However, PA metrics did improve in quarter 2 with an overall TAT of 95.6%. PA volumes seem to have stabilized in Q2. • Second quarter top medication requests were fairly consistent with quarter 1. Inter-rater Reliability results met 90% threshold for action, but did not meet 95% goal mainly due to application of criteria. A more detailed review and evaluation of quarter 2 cases is being performed. Detailing and results will be shared with PA leadership. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q2) - Pharmacy Operations Metrics (Q2) - Pharmacy Top 25 Prior Authorizations (Q2) - Pharmacy Inter-Rater Reliability Results (IRR) (Q2) (Ayala/Cardona) <p>4-0-0-2</p>
<p>#8 Credentialing & Peer Review Activities</p> <ul style="list-style-type: none"> - Credentialing Sub-Committee Quarterly Report - Peer Review Sub-Committee Quarterly Report 	<p>CalViva Health Credentialing Sub-Committee Report The Credentialing Sub-Committee met on July 21, 2022. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q1 2022 were reviewed for delegated entities, and Q2 2022 for MHN and Health Net. There was no case activity to report for the Q2 2022 Credentialing Report from Health Net.</p> <p>CalViva Health Peer Review Sub-Committee Report The Peer Review Sub-Committee met on July 21, 2022. The county-specific Peer Review Sub-</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Credentialing Sub-committee Report Q3 - Peer Review Sub-Committee Report Q3 (Ayala/Cardona) <p>4-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>(Attachment FF-GG)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Committee Summary Reports for Q2 2022 were reviewed for approval. There were no significant cases to report.</p> <p>The Q2 2022 Peer Count Report was presented with a total of 16 cases reviewed. There were six (6) cases closed and cleared. There was one (1) case closed with administrative termination. There were no cases pending closure for Corrective Action Plan compliance or cases with outstanding CAPs. There were nine (9) cases pended for further information. Ongoing monitoring and reporting will continue.</p>	
<p>#9. Compliance Update - Compliance Regulatory Report (Attachment HH)</p>	<p>The Cal Viva Health Oversight & Monitoring Activities CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or question during the monthly oversight meetings with Health Net.</p> <p>Oversight Audits The following annual audits are in- progress: Access and Availability, Emergency Services, Claims, Q4 2021 Provider Disputes, and Utilization Management. Th following audits have been completed since the last Commission report: Provider Network/Provider Relations (No CAP) Q1 2022 Provider Disputes (No CAP)</p> <p>Fraud, Waste & Abuse Activity Since the last report, there has been only one new MC609 Case Filed. This involved a participating group practice specializing in vascular surgery that was an outlier for billing a higher number of a particular HCPC code compared to peers.</p> <p>REGULATORY REVIEWS/AUDITES AND CAPS Department of Health Care Services ("DHCS") 2022 Medical Audit The plan has not yet received date for the 2022 DHCS Exit Conference. Department of Managed Health Care ("DMHC") 2022 Financial Audit DMHC closed the audit on 8/30/22 and nothing else is required of the plan. Department of Managed Health Care ("DMHC") 2022 Medical Audit The plan submitted all pre-onsite documents by 6/3/22. Since then, plan has received several additional "Pre-Onsite DMHC Requests and the Plan has submitted timely responses. The DMHC "on-site" audit will begin 9/19/22. The audit will be conducted virtually.</p> <p>NEW REGULATION /CONTRACTUAL REQUIREMENTS Enhanced Care Management (ECM) * Community Supports (CS)</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>On August 29, 2022, the Plan filed an updated ECM and CS Model of Care (MOC) with DHCS. As of August 2022, the Plan has contracted with 7 ECM providers who are serving all three counties (Kings, Fresno, Madera), and an additional 7 ECM providers who are serving on or two of the counties.</p> <p>As of August 2022, the Plan has contracted with 19 CS providers, 10 of which can serve all three counties and 9 which can serve one or two counties.</p> <p>PLAN ADMINISTRATION</p> <p>DHCS Primary 2023 Contract (10-87050)</p> <p>On 9/8/22, the Plan signed the DHCS Contract extension for the term of March 1, 2011 through December 31, 2023.</p> <p>DHCS 2024 Operational Readiness Work Plan & Contract</p> <p>On 6/3-0/22, the DHCS issued its 2024 procurement contract "Operation Readiness Work Plan". The work plan contains 238 deliverables that must be submitted during the following phases:</p> <p>Phase 1: August 12, 2022 – December 8, 2022</p> <p>Phase 2: December 15, 2022 – March 31, 2023</p> <p>Phase 3: April 20, 2023 – July 31, 2023</p> <p>The plan also executed the required Operational Readiness Contract on 9/3/22.</p> <p>Public Policy Committee</p> <p>The Public Policy Committee was held on 9/8/22 in the Plan's Administrative Office a quorum was present. There were no recommendations for referral to the Commission or QI/UM Committee. The next Meeting will be held on December 7, 2022 at 11:30 am in the Plan's Administrative Office.</p>	
#10 Old Business	None.	
#11 Announcements	Next meeting October 20th, 2022	
#12 Public Comment	None.	
#13 Adjourn	Meeting was adjourned at 11:56am	

NEXT MEETING: October 20th, 2022

Submitted this Day: October 20, 2022

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair

Item #3

Attachment 3.E-3.J

2023 Meeting Dates

- E. 2023 Commission Calendar
- F. 2023 Finance Calendar
- G. QIUM Calendar
- H. Credentialing Calendar
- I. Peer Review Calendar
- J. Public Policy Calendar

**Fresno-Kings-Madera Regional Health Authority
2023 Commission Meeting Schedule**

Meeting Location:

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

Date	Time	County	Meeting Location
January			No Meeting
February 16, 2023	1:30 to 3:30	Fresno	CalViva Health
March 16, 2023	1:30 to 3:30	Fresno	CalViva Health
April			No Meeting
May 18, 2023	1:30 to 3:30	Fresno	CalViva Health
June			No Meeting
July 20, 2023	1:30 to 3:30	Fresno	CalViva Health
August			No Meeting
September 21, 2023	1:30 to 3:30	Fresno	CalViva Health
October 19, 2023	1:30 to 3:30	Fresno	CalViva Health
November 16, 2023	1:30 to 3:30	Fresno	CalViva Health
December			No Meeting

Fresno-Kings-Madera Regional Health Authority
Finance Committee
 2023 Meeting Schedule

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

Date	Time	County	Meeting Location
January			No Meeting
February 16, 2023	11:30 am to 12:00 pm	Fresno	CalViva Health
March 16, 2023	11:30 am to 12:00 pm	Fresno	CalViva Health
April 20, 2023	11:30 am to 12:00 pm TENTATIVE	Fresno	CalViva Health
May 18, 2023	11:30 am to 12:00 pm	Fresno	CalViva Health
June			No Meeting
July 20, 2023	11:30 am to 12:00 pm	Fresno	CalViva Health
August			No Meeting
September 21, 2023	11:30 am to 12:00 pm	Fresno	CalViva Health
October 19, 2023	11:30 am to 12:00 pm * <i>*Auditors presentation</i>	Fresno	CalViva Health
November 16, 2023	11:30 am to 12:00 pm	Fresno	CalViva Health
December			No Meeting

Fresno-Kings-Madera Regional Health Authority
Quality Improvement/Utilization Management
2023 Meeting Schedule

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

Date	Time	County	Meeting Location
January			No Meeting
February 16, 2023	10:30 am – 12:00 pm	Fresno	CalViva Health
March 16, 2023	10:30 am – 12:00 pm	Fresno	CalViva Health
April			No Meeting
May 18, 2023	10:30 am – 12:00 pm	Fresno	CalViva Health
June			No Meeting
July 20, 2023	10:30 am – 12:00 pm	Fresno	CalViva Health
August			No Meeting
September 21, 2023	10:30 am – 12:00 pm	Fresno	CalViva Health
October 19, 2023	10:30 am – 12:00 pm	Fresno	CalViva Health
November 16, 2023	10:30 am – 12:00 pm	Fresno	CalViva Health
December			No Meeting

Fresno-Kings-Madera Regional Health Authority
Credentialing Sub-Committee
2023 Meeting Schedule

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

Date	Time	County	Meeting Location
January			No Meeting
February 16, 2023	12:00pm – 12:30pm	Fresno	CalViva Health 1st Quarter
March			No Meeting
April			No Meeting
May 18, 2023	12:00pm – 12:30pm	Fresno	CalViva Health 2nd Quarter
June			No Meeting
July 20, 2023	12:00pm – 12:30pm	Fresno	CalViva Health 3rd Quarter
August			No Meeting
September			No Meeting
October 19, 2023	12:00pm – 12:30pm	Fresno	CalViva Health 4th Quarter
November			No Meeting
December			No Meeting

Fresno-Kings-Madera Regional Health Authority
Peer Review Sub-Committee
2023 Meeting Schedule

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

Date	Time	County	Meeting Location
January			No Meeting
February 16, 2023	12:00pm – 12:30pm	Fresno	CalViva Health 1st Quarter
March			No Meeting
April			No Meeting
May 18, 2023	12:00pm – 12:30pm	Fresno	CalViva Health 2nd Quarter
June			No Meeting
July 20, 2023	12:00pm – 12:30pm	Fresno	CalViva Health 3rd Quarter
August			No Meeting
September			No Meeting
October 19, 2023	12:00pm – 12:30pm	Fresno	CalViva Health 4th Quarter
November			No Meeting
December			No Meeting

CalViva Health
Public Policy Committee
2023 Meeting Schedule

Date	Time	Meeting Location
January		No Meeting
February		No Meeting
March 1, 2023	11:30am – 1:30pm	Fresno County
April		No Meeting
May		No Meeting
June 7, 2023	11:30am – 1:30pm	Kings County
July		No Meeting
August		No Meeting
September 6, 2023	11:30am – 1:30pm	Madera County
October		No Meeting
November		No Meeting
December 6, 2023	11:30am – 1:30pm	Fresno County

Meeting Locations:

Fresno County:

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

King County:

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

Madera County

Camarena Health (*tentative*)
344 E. Sixth Street
Second floor conference rooms
Madera, CA 93638

Item #5

Attachment 5.A-5.B

5.A BL 22-014 Equity Officer Background
5.B Equity Officer Job Description

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

Vacant
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: November 17, 2022

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Jeffrey Nkansah, CEO

RE: Equity Officer

BL #: 22-014

Agenda Item 5
Attachment A

BACKGROUND:

The Department of Health Care Services ("DHCS") included a new 2024 contractual requirement for Medi-Cal Managed Care Plans ("MCPs") to designate an employee as a Chief Health Equity Officer having the authority to design and implement policies that ensure Health Equity is prioritized and addressed.

The role must be full time.

The role must not be delegated.

INFORMATION:

The Equity Officer will provide leadership on equity, diversity and inclusion on issues affecting the organization and will be primarily responsible to carry out the strategic work of Equity throughout the organization. This includes, but is not limited, to designing and implementing policies that ensure Health Equity is prioritized and addressed.

The Equity Officer is a RHA/CalViva Health Employee. The role is full-time.

ACTION:

Approve Equity Officer Job Description



POSITION TITLE: Equity Officer	EXEMPT STATUS: Exempt	SALARY RANGE:
DEPARTMENT: Administration	REPORTS TO: Chief Executive Officer	

JOB SUMMARY:

The Equity Officer (EqO) will report directly to the Commission and the Chief Executive Officer on health equity related matters. The EqO is primarily responsible to carry out the strategic work of Equity throughout the organization by performing duties personally or through the management of subordinate staff. The EqO will provide leadership on equity, diversity, and inclusion on issues affecting the organization. The EqO will also work collaboratively with the Chief Medical Officer to achieve the goal of equitable access and to reduce disparities in clinical care and quality outcomes. The work is varied and highly complex requiring a high degree of discretion and independent judgment.

The EqO position is an at-will classification unless otherwise provided for in an employment contract.

ESSENTIAL DUTIES & RESPONSIBILITIES:

- Provide leadership in the design and implementation of RHA's strategies and programs to ensure Health Equity is prioritized and addressed.
- Ensure all RHA policy and procedures consider Health Inequities and are designed to promote Health Equity where possible, including, but not limited to Marketing Strategy, Medical and other health services policies, member and provider outreach, Advisory Committees, Quality Improvement activities, including delivery system reforms; Grievance and Appeals, and Utilization Management.
- Develop and implement policies and procedures aimed at improving Health Equity and reducing Health Disparities.
- Engage and collaborate with internal and/or external stakeholders (i.e. RHA Administrative Services Partner, local community-based organizations, subcontractors, child welfare systems, etc.) to advance Health Equity efforts and initiatives.
- Implement strategies designed to identify and address root causes of Health Inequities, which includes but is not limited to systemic racism, Social Drivers of Health, and infrastructure barriers
- Develop targeted interventions designed to eliminate Health Inequities.
- Develop quantifiable metrics that can track and evaluate the results of the targeted interventions designed to eliminate Health Inequities.

- Ensures all applicable parties are receiving mandatory diversity, equity, and inclusion training.
- Involved in a formal Quality Improvement and Health Equity Transformation Program for the RHA, its administrative services provider, and participating health care providers.
- Serves as a liaison between the RHA and direct contracting providers and providers contracting through the RHA's administrative services provider.
- If applicable, serves as the RHA Chief Health Equity Officer if and/or when it is required by RHA to have such a designation.
- Ensures the privacy and security of PHI (Protected Health Information) as outlined in RHA's policies and procedures relating to HIPAA compliance.
- Required to travel within US at the direction of the Commission.
- Other duties as required.

MINIMUM QUALIFICATIONS:**EDUCATION:**

- Medical Degree from an accredited medical school Preferred
- Master's or bachelor's degree in Public Health, Public Policy, Social Justice, Sociology, Social Anthropology, Human Resource Management, Psychology, Counseling, Organizational Development, or a related field Required
- Satisfactory completion of an accredited residency program Preferred
- Board Certification Preferred
- License to practice medicine in California Preferred

EXPERIENCE:

- Experience addressing health equity, health disparities, and social determinants of health in medical and/or academic environments
- Experience addressing intersecting dimensions of diversity including race, color, culture and ethnicity, language disability, sex, socioeconomic background, protected veterans' status, religion, sexual orientation, and gender identity and expression
- Familiarity with working in healthcare or academic environment and experience specific to health equity
- At least two or more years of successfully leading, developing, and implementing evidence-based equity, diversity, and inclusion strategies, programs, and tools at small and/or large, complex organizations
- At least two or more years related experience in community health, public sector health, social service delivery systems or human resources
- At least two or more years clinical experience in the practice of medicine in fields related to a managed care setting preferred
- At least two or more years clinical experience in the practice of medicine with Medi-Cal and/or Medicare populations preferred
- Two or more years of medical administrative experience preferred

KNOWLEDGE, SKILLS & ABILITIES:

- Administrative practices and procedures (including but not limited to equity, diversity, inclusion, quality assessment and improvement, utilization review, peer review, credentialing, health plan member grievances, and risk management)
- Rules, regulations, policies, and standards related to managed care

- Principles of effective supervision and organization
- Methods, techniques, practices, principles, and literature in the broad field of medical sciences
- Overview of the highly specialized techniques, procedures, and equipment used in the medical or surgical specialties
- Strong skills in identifying, planning, leading, and executing appropriate and successful health care business strategies to meet changing organizational and community needs and regulatory requirements

PHYSICAL REQUIREMENTS:

- Constant and close visual work at desk or computer
- Extensive typing
- Constant sitting and working at desk
- Frequent verbal and written communication with staff and other business associates by telephone, correspondence, or in person
- Frequent walking and standing
- Frequent lifting of folders, files, binders and other objects weighing between 0 and 30 lbs
- Must have reliable transportation, may be required to travel between Kings, Madera and Fresno counties as well as between offices for meetings

NOTE: The information in this position description indicates the general nature and level of work performed by employees within this classification. It is not designed to be interpreted as a comprehensive inventory of all duties, responsibilities, and qualifications required of employees assigned to this job.

Item #6

Attachment 6.A

Moss Adams Board Presentation



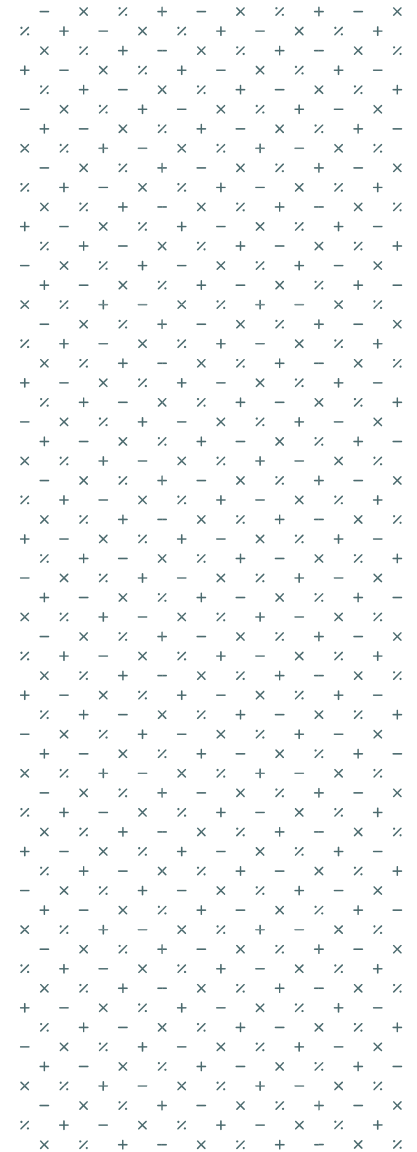
Report of Independent Auditors

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

Rianne Suico
Health Care Services Partner

Eleanor Garibaldi
Health Care Services Senior Manager

(415) 956-1500



Audit Objectives

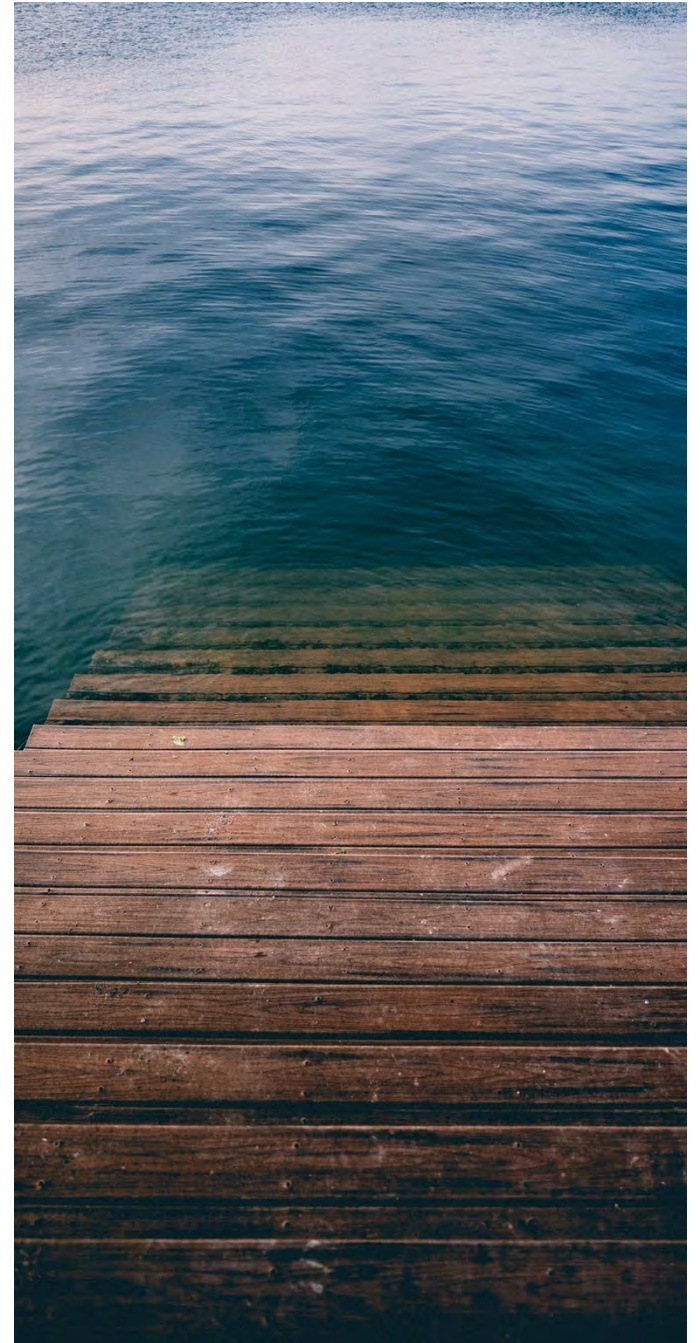
- Opinion on whether the financial statements of CalViva are *reasonably* stated and free of material misstatement in accordance with generally accepted accounting principles
- Consideration of internal controls
- Audits are required under the State of California Department of Managed Health Care



Report of Independent Auditors

Unmodified Opinion

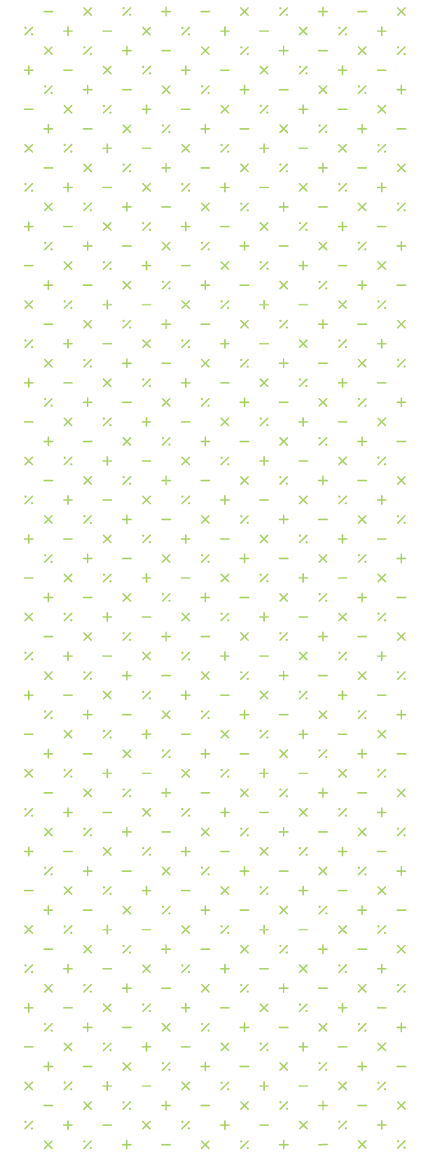
Financial statements are fairly presented in accordance with generally accepted accounting principles.



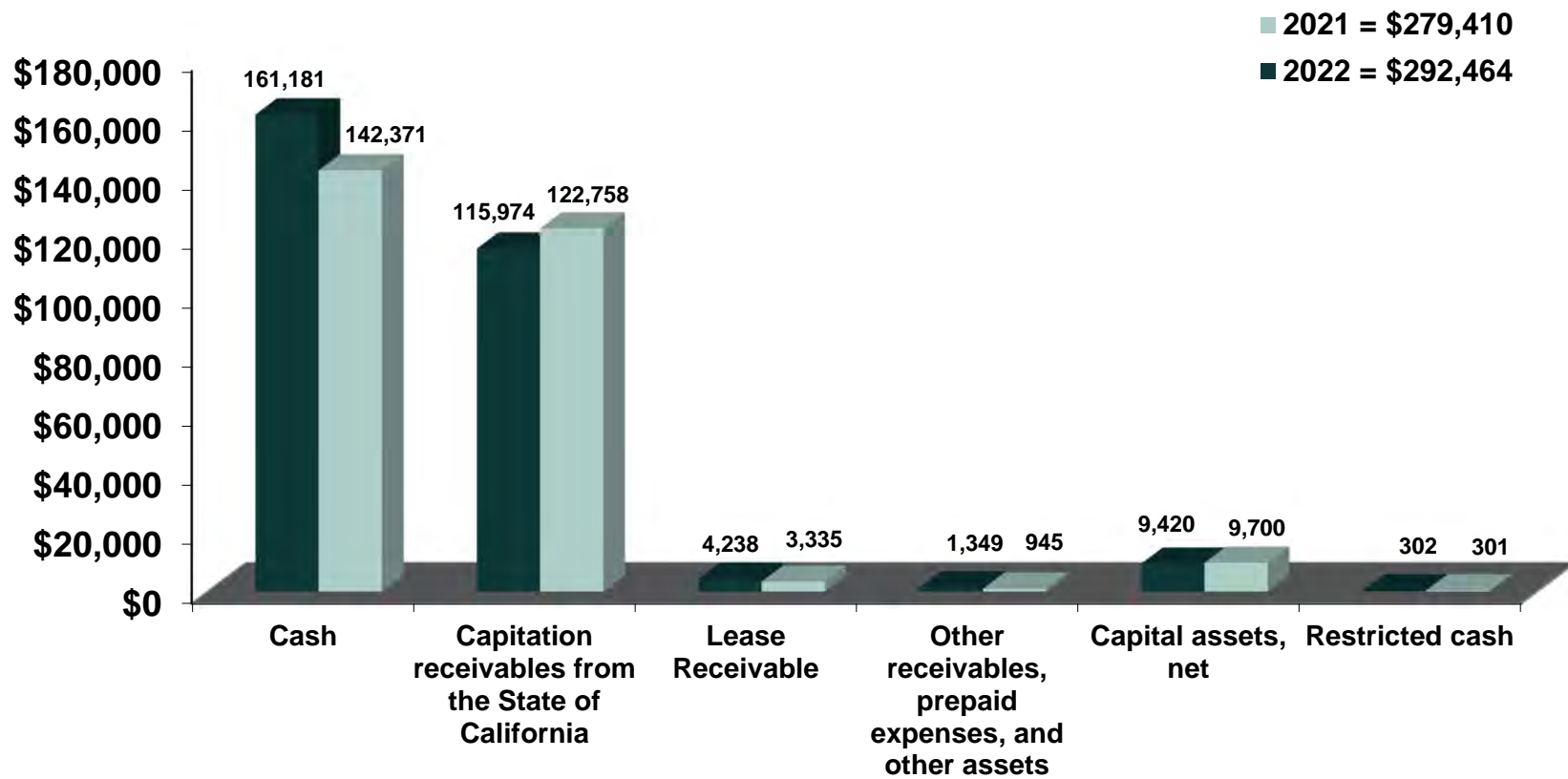


MOSSADAMS

Statements of Net Position



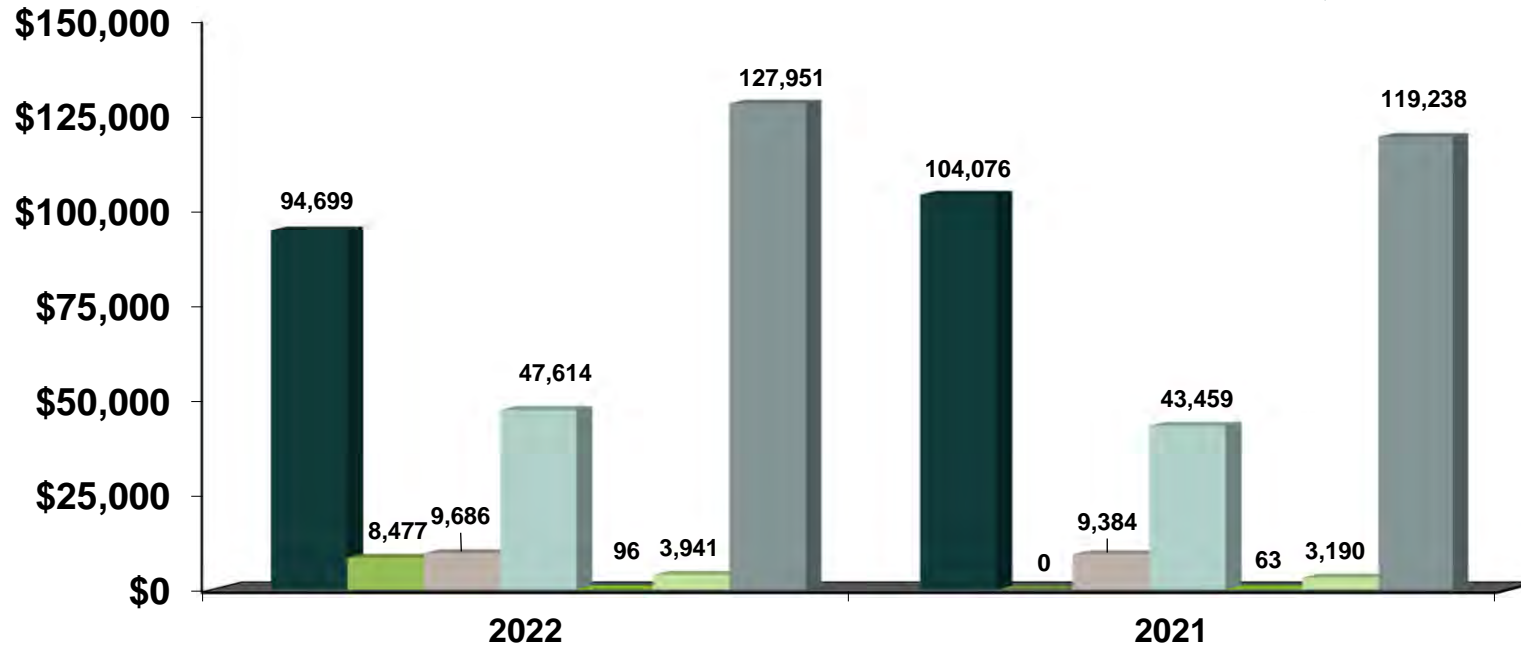
Asset Composition (in thousands)



Liabilities and Net Position Balance (in thousands)

2021 = \$279,410

2022 = \$292,464



■ Capitation payables

■ Amounts due to the State of California

■ Accounts payable and accrued expenses, accrued salaries and benefits, and other liabilities

■ Premium tax payable

■ Medical claims payable

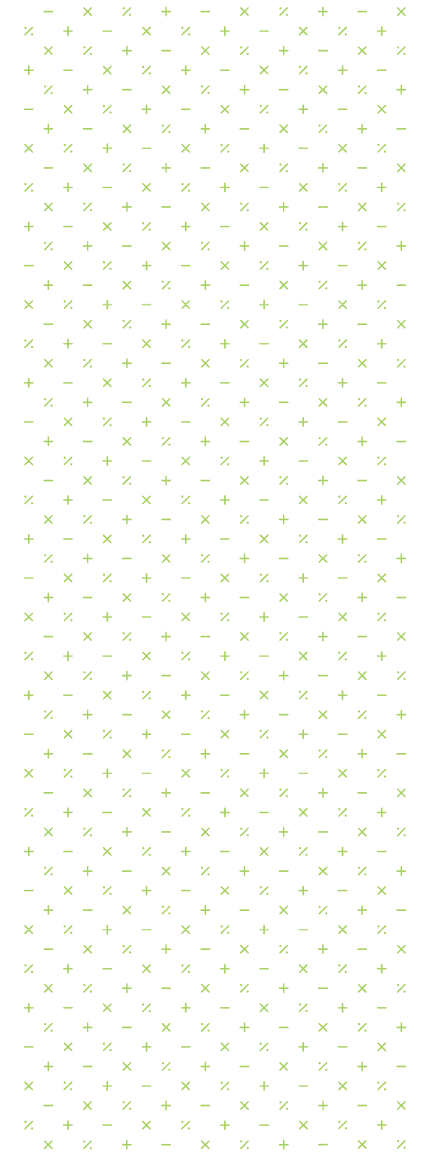
■ Deferred inflow of resources

■ Net position





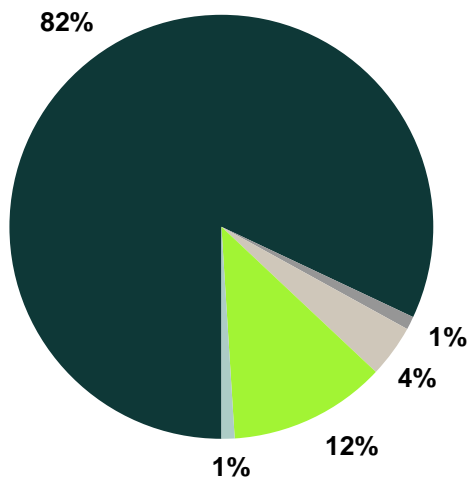
Operations



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

June 30, 2022

\$1,338,510
(2022 Revenue)



■ Capitation

■ Medical

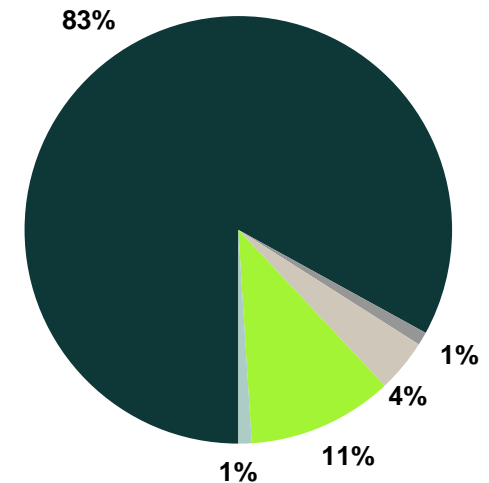
■ General and
Administrative

■ Premium Tax

■ Operating Income

June 30, 2021

\$1,334,446
(2021 Revenue)



Tangible Net Equity (in thousands)



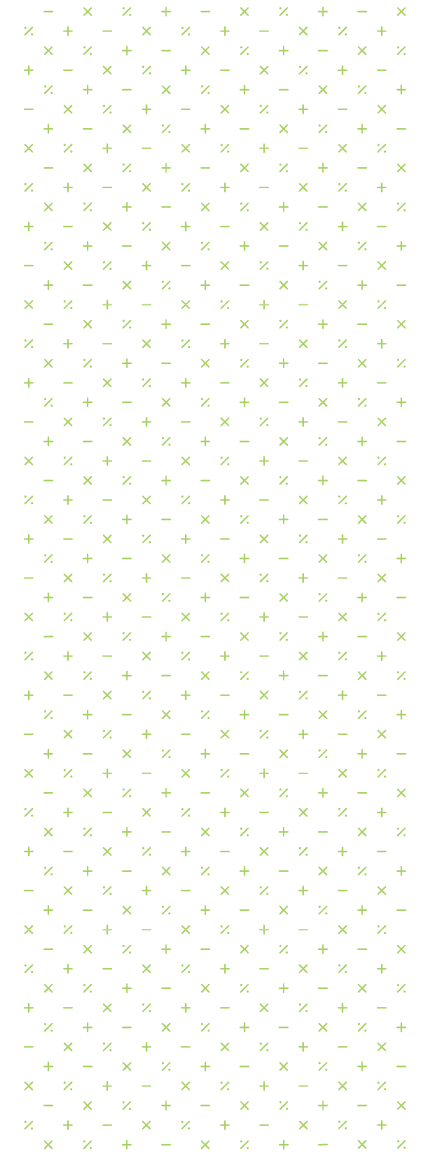
Important Board Communications

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





Questions?



FINAL DRAFT

*Report of Independent Auditors and
Financial Statements*

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

June 30, 2022 and 2021

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Management's Discussion and Analysis

FINAL DRAFT

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

Management's Discussion and Analysis

As of and for the Years Ended June 30, 2022, 2021, and 2020

The Management's Discussion and Analysis of The Fresno-Kings-Madera Regional Health Authority dba CalViva Health ("CalViva" or the "Plan") is intended to provide readers and interested parties with an overview of the Plan's financial activities for the fiscal years ended June 30, 2022, 2021, and 2020. It should be reviewed in conjunction with the Plan's financial statements and accompanying notes to enhance the reader's understanding of the Plan's financial performance.

OVERVIEW OF CALVIVA'S FINANCIAL STATEMENTS

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

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

CalViva has contracted with the California Department of Health Care Services ("DHCS") to receive funding to provide health care services to the Medi-Cal eligible Tri-County area residents who are enrolled as members of CalViva under the two-plan model. The DHCS contract is effective March 1, 2011 through December 31, 2023. The DHCS contract specifies capitation rates based on a per-member, per-month basis, which may be adjusted annually. DHCS revenue is paid monthly and is based upon the contracted capitation rates and actual Medi-Cal enrollment. In addition, DHCS pays CalViva supplemental capitation rates such as a fixed maternity case rate for each eligible birth incurred by a CalViva Medi-Cal member. CalViva, in turn, provides services to Medi-Cal beneficiaries through a contract with Health Net Community Solutions, Inc. ("Health Net"), a wholly owned subsidiary of Centene Corporation. Further, CalViva has an administrative service agreement with Health Net in which Health Net performs specific administrative functions for CalViva.

The Fresno-Kings-Madera Regional Health Authority
dba CalViva Health
Management's Discussion and Analysis
As of and for the Years Ended June 30, 2022, 2021, and 2020

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

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

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

The Fresno-Kings-Madera Regional Health Authority

dba CalViva Health

Management's Discussion and Analysis

As of and for the Years Ended June 30, 2022, 2021, and 2020

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

CalAIM Implementation – Beginning January 1, 2022, DHCS began implementing California Advancing and Innovating Medi-Cal ("CalAIM") to modernize the state of California's Medi-Cal Program. This will require managed care plans to implement a whole-system, person-centered strategy that focuses on wellness and prevention, including assessments of each enrollee's health risks and health-related social needs, and provide care management and care transitions across delivery systems and settings. CalAIM is expected to provide new funding to the Plan and increase expenses, the magnitude of which are unknown at this time.

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

FISCAL YEAR 2022 COMPARED TO FISCAL YEARS 2021 AND 2020

On June 30, 2022, CalViva had assets of \$292.5 million, liabilities of \$160.6 million and deferred inflow of resources of \$3.9 million. On June 30, 2021, CalViva had assets of \$279.4 million, liabilities of \$157.0 million and deferred inflow of resources of \$3.2 million. The resulting net position, which represents the Plan's assets after the liabilities and deferred inflow of resources are deducted, increased by \$8.8 million to \$128.0 million from \$119.2 million at June 30, 2021.

On June 30, 2021, CalViva had assets of \$279.4 million, liabilities of \$157.0 million and deferred inflow of resources of \$3.2 million. On June 30, 2020, CalViva had assets of \$296.4 million and liabilities of \$187.7 million. The resulting net position, which represents the Plan's assets after the liabilities and deferred inflow of resources are deducted, increased by \$10.4 million to \$119.2 million from \$108.8 million at June 30, 2020.

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

ASSETS

Cash and cash equivalents – Cash and cash equivalents increased \$18.8 million from \$142.4 million at June 30, 2021, to \$161.2 million at June 30, 2022. The increase is primarily due to net cash provided by operating activities.

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

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

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Capitation receivables from the State of California – Capitation receivables from the State of California decreased \$6.8 million from \$122.8 million at June 30, 2021, to \$116.0 million at June 30, 2022. The decrease is primarily due to the decrease in capitation rates paid by DHCS, as DHCS transitioned all pharmacy services from Medi-Cal managed care plans to a DHCS fee-for-service benefit, known as Medi-Cal Rx, effective January 1, 2022, offset by an increase in membership and accrued MCO tax revenue from DHCS.

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

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

Receivable from Health Net – Receivable from Health Net remained a balance of \$0 as of June 30, 2022.

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

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

Other receivables – Other receivables increased \$32,998 from \$52,140 at June 30, 2021, to \$85,138 at June 30, 2022. The increase is primarily due to the timing of receipts of interest payments from various investment accounts, increase in interest rates and implementation of GASB Statement No. 87, *Leases*.

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

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

Prepaid expenses – Prepaid expenses increased \$370,770 from \$892,963 at June 30, 2021, to \$1,263,733 at June 30, 2022. The increase is primarily due to the timing of payments for licenses, insurance, fringe benefits, and other costs that are to be charged to expense after June 30, 2022. Furthermore, the increase in prepaid expenses is also attributable to the increase in prepaid license fees assessed by DMHC.

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

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

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Capital assets, net of accumulated depreciation and amortization – Capital assets, net of accumulated depreciation and amortization, decreased \$279,117 from \$9.7 million at June 30, 2021, to \$9.4 million at June 30, 2022. The decrease is primarily due to the depreciation and amortization expense of \$286,517 recorded during the year ended June 30, 2022.

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

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

Lease receivable – During the fiscal years ended June 30, 2022, the Plan retrospectively adopted GASB Statement No. 87, *Leases*. The Plan as a lessor, recognized a lease receivable, which represents the present value of future lease payments expected to be received by the Plan during the lease term. The lease receivable balance was \$4.2 million as of June 30, 2022, and \$3.3 million as of June 30, 2021.

Assets restricted as to use – Restricted assets balance increased \$1,221 from \$300,923 at June 30, 2021, to \$302,144 at June 30, 2022. The increase is due to accumulated interest earned on the restricted asset investment account. The balance consists of a deposit required by DMHC to pay for member claims in the event of insolvency and is held in an investment account as of June 30, 2022 and 2021.

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

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

LIABILITIES AND DEFERRED INFLOW OF RESOURCES

Capitation payable – The capitation payable balance decreased \$9.4 million from \$104.1 million at June 30, 2021, to \$94.7 million at June 30, 2022. The decrease is primarily due to the timing of capitation payments to the Plan's subcontracting entities for providing medical services to CalViva members. Furthermore, the decrease in capitation payable is also attributable to the decrease in capitation rates paid by DHCS, as DHCS transitioned all pharmacy services from Medi-Cal managed care plans to a DHCS fee-for-service benefit, known as Medi-Cal Rx, effective January 1, 2022, offset by an increase in membership.

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

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

Amounts due to the State of California – The amounts due to the State of California increased \$8.5 million from \$0 at June 30, 2021, to \$8.5 million at June 30, 2022. The increase is a result of the Plan accruing DHCS' future recoupment of the MCO tax gain for the time period of July 2021 through June 2022.

The amounts due to the State of California decreased \$13.5 million from \$13.5 million at June 30, 2020, to \$0 at June 30, 2021. The decrease is due to full payment of the payable balance to the State of California during the fiscal year ended June 30, 2021.

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

Accounts payable and accrued expenses – Accounts payable and accrued expenses consist of the cost of services received in the current period for which payment has yet to be made. The accounts payable and accrued expenses balance decreased by \$23,639 from \$5.69 million at June 30, 2021, to \$5.67 million at June 30, 2022. The decrease is primarily due to the timing of payments to nonmedical vendors.

The accounts payable and accrued expenses balance increased by \$1.2 million from \$4.5 million at June 30, 2020, to \$5.7 million at June 30, 2021. The increase is primarily due to the timing of payments to nonmedical vendors and to the Plan's subcontracting entity for administrative services.

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

Accrued salaries and benefits – The accrued salaries and benefits balance decreased \$168,906 from \$483,314 at June 30, 2021, to \$314,408 at June 30, 2022. The accrued salaries and benefits balance consists of accrued payroll and accrued paid-time-off ("PTO"). The decrease is primarily due to PTO taken by employees and the timing of the pay period end date in relation to the Plan's fiscal year end date of June 30, 2022.

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

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

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Premium tax payable – The premium tax payable balance increased \$4.1 million from \$43.5 million at June 30, 2021, to \$47.6 million at June 30, 2022. The premium tax payable balance primarily represents the gross premium tax due to the State of California as part of SB 78, which imposes a 3.9375% assessment on the Plan's premium gross revenues, and the MCO tax, which imposes a per enrollee tax amount on a per member, per month basis. The increase is primarily due to the increase in the MCO tax amount for the fiscal year ended June 30, 2022.

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

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

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

The medical claims payable balance increased \$32,935 from \$63,398 at June 30, 2021, to \$96,333 at June 30, 2022. The balance at June 30, 2022 is determined by factors such as cost of services, enrollment for providers paid on a fee-for-service basis, and the timing in the expected number of unpaid claims as of June 30, 2022.

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

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

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

The directed payment payable balance increased \$469,090 from \$3.2 million at June 30, 2021, to \$3.7 million at June 30, 2022. The increase is primarily due to the timing of directed payments to the network hospitals.

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

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

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Other liabilities – Other liabilities increased \$25,907 from \$0 at June 30, 2021, to \$25,907 at June 30, 2022. The increase is due to the Plan receiving a tenant's security deposit related to a lease agreement entered into during the year ended June 30, 2022.

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

Deferred inflow of resources – During the fiscal year ended June 30, 2022, the Plan retrospectively adopted GASB Statement No. 87, *Leases*. The Plan as a lessor, recognized a deferred inflow of resources corresponding to the lease receivable amount, and it is defined as an acquisition of net position by the Plan that is applicable to future reporting periods. Deferred inflow of resources balance was \$3.9 million as of June 30, 2022, and \$3.2 million as of June 30, 2021.

STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION

The Statements of Revenues, Expenses, and Changes in Net Position are a presentation of the Plan's operating results for the fiscal years ended June 30, 2022, 2021, and 2020. In accordance with Governmental Accounting Standards Board ("GASB") requirements, certain significant revenues are mandated to be recorded as nonoperating revenues, including investment income. The following is a summary of the operating results for fiscal years ended June 30, 2022, 2021, and 2020.

Capitation revenue – The capitation revenue balance increased \$4.1 million from \$1,334.4 million at June 30, 2021, to \$1,338.5 million at June 30, 2022. The increase is primarily due to the increase in membership and the MCO tax revenue, offset by the decrease in capitation rates from DHCS.

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

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

Nonoperating revenue – The nonoperating revenue balance increased \$172,181 from \$725,212 at June 30, 2021, to \$897,393 at June 30, 2022. The increase is due to the increase in investment income and rental income generated from lease arrangements with tenants who occupy portions of the Plan's commercial building.

The nonoperating revenue balance decreased \$18,594 from \$743,806 at June 30, 2020, to \$725,212 at June 30, 2021. The decrease is due to the decrease in investment income and rental income generated from lease arrangements with tenants who occupy portions of the Plan's commercial building.

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

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

Overall health care expenses decreased \$12.8 million from \$1,115.3 million at June 30, 2021, to \$1,102.5 million at June 30, 2022. The decrease is primarily due to the decrease in capitation rates from DHCS, as DHCS transitioned all pharmacy services from Medi-Cal managed care plans to a DHCS fee-for-service benefit, known as Medi-Cal Rx, effective January 1, 2022, offset by an increase in membership.

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

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

General and administrative expenses – Overall general and administrative expenses increased \$2.3 million from \$59.6 million at June 30, 2021, to \$61.9 million at June 30, 2022. The increase is primarily attributable to the increase in expenditures related to administrative service agreement fees, license, marketing, and salary and benefits, offset by a decrease in grants. General and administrative expenses as a percentage of revenue totaled 4.6% and 4.5% for the fiscal years ended June 30, 2022 and 2021, respectively.

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

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

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

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

On September 27, 2019, Assembly Bill 115 (Chapter 348, Statutes 2019) authorized DHCS to implement a modified Managed Care Organization ("MCO") tax model on specified health plans, which was approved by the federal Centers for Medicare and Medicaid Services ("CMS") on April 3, 2020. The effective date range for this approval is January 1, 2020 through December 31, 2022. The premium tax recorded was \$166.2 million, \$149.7 million, and \$66.5 million for the fiscal years ended June 30, 2022, 2021, and 2020, respectively.

Report of Independent Auditors

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

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of The Fresno-Kings-Madera Regional Authority dba CalViva Health, which comprise the statements of net position as of June 30, 2022 and 2021, and the related statements of revenues, expenses, and changes in net position, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of The Fresno-Kings-Madera Regional Authority dba CalViva Health as of June 30, 2022 and 2021, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the California Code of Regulations, Title 2, Section 1131.2, State Controller's *Minimum Audit Requirements* for California Special Districts. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Fresno-Kings-Madera Regional Authority dba CalViva Health and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The Fresno-Kings-Madera Regional Authority dba CalViva Health's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and the California Code of Regulations, Title 2, Section 1131.2, State Controller's *Minimum Audit Requirements* for California Special Districts will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and the California Code of Regulations, Title 2, Section 1131.2, State Controller's *Minimum Audit Requirements* for California Special Districts, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Fresno-Kings-Madera Regional Authority dba CalViva Health's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The Fresno-Kings-Madera Regional Authority dba CalViva Health's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

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

San Francisco, California
October __, 2022

FINAL DRAFT

Financial Statements

FINAL DRAFT

The Fresno-Kings-Madera Regional Health Authority
dba CalViva Health
Statements of Net Position
June 30, 2022 and 2021

	<u>2022</u>	<u>2021</u> (As restated)
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 161,181,080	\$ 142,370,780
Capitation receivables from the State of California	115,974,359	122,758,263
Other receivables	85,138	52,140
Prepaid expenses	1,263,733	892,963
Lease receivable - current	510,078	269,897
Total current assets	279,014,388	266,344,043
CAPITAL ASSETS		
Nondepreciable	3,161,419	3,161,419
Depreciable, net of accumulated depreciation and amortization	6,259,022	6,538,139
Total capital assets	9,420,441	9,699,558
LEASE RECEIVABLE - NONCURRENT	3,727,506	3,065,584
ASSETS RESTRICTED AS TO USE	302,144	300,923
Total assets	<u>\$ 292,464,479</u>	<u>\$ 279,410,108</u>
LIABILITIES AND DEFERRED INFLOW		
CURRENT LIABILITIES		
Capitation payable	\$ 94,699,081	\$ 104,076,452
Amounts due to the State of California	8,476,570	-
Accounts payable and accrued expenses	5,669,917	5,693,556
Accrued salaries and benefits	314,408	483,314
Premium tax payable	47,614,014	43,458,601
Medical claims payable	96,333	63,398
Directed payment payable	3,676,157	3,207,067
Total current liabilities	160,546,480	156,982,388
OTHER LIABILITIES	25,907	-
Total liabilities	160,572,387	156,982,388
DEFERRED INFLOW OF RESOURCES	3,941,094	3,189,748
Total liabilities and deferred inflow of resources	<u>\$ 164,513,481</u>	<u>\$ 160,172,136</u>
NET POSITION		
Invested in capital assets	\$ 9,420,441	\$ 9,699,558
Restricted by legislative authority	302,144	300,923
Unrestricted	118,228,413	109,237,491
Total net position	<u>\$ 127,950,998</u>	<u>\$ 119,237,972</u>

The Fresno-Kings-Madera Regional Health Authority
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Statements of Revenues, Expenses, and Changes in Net Position
Years Ended June 30, 2022 and 2021

	<u>2022</u>	<u>2021</u> (As restated)
OPERATING REVENUES		
Capitation revenue	\$ 1,338,509,552	\$ 1,334,445,554
OPERATING EXPENSES		
Health care expenses		
Capitation expense	1,101,414,635	1,114,505,491
Medical expense	<u>1,091,491</u>	<u>825,742</u>
Total health care expenses	1,102,506,126	1,115,331,233
General and administrative expenses		
Administrative service fees	52,263,827	49,584,535
Other expense	4,222,819	4,772,194
Salaries and benefits	3,507,356	3,449,304
Marketing and promotion	1,422,009	1,293,094
Depreciation and amortization	286,517	286,090
Legal and professional	<u>236,259</u>	<u>256,209</u>
Total general and administrative expenses	61,938,787	59,641,426
Premium tax	<u>166,249,006</u>	<u>149,717,530</u>
Total operating expenses	1,330,693,919	1,324,690,189
INCOME FROM OPERATIONS	7,815,633	9,755,365
NONOPERATING REVENUE		
Other income	537,932	411,118
Interest income	<u>359,461</u>	<u>314,094</u>
Total nonoperating revenue	897,393	725,212
CHANGE IN NET POSITION	8,713,026	10,480,577
NET POSITION , beginning of the year	<u>119,237,972</u>	<u>108,757,395</u>
NET POSITION , end of the year	<u><u>\$ 127,950,998</u></u>	<u><u>\$ 119,237,972</u></u>

The Fresno-Kings-Madera Regional Health Authority
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Statements of Cash Flows
Years Ended June 30, 2022 and 2021

	<u>2022</u>	<u>2021</u> (As restated)
CASH FLOWS FROM OPERATING ACTIVITIES		
Premiums received	\$ 1,345,293,456	\$ 1,391,773,240
Health care expenses paid	(1,102,904,902)	(1,118,323,864)
Administrative expenses paid	(224,316,269)	(236,848,965)
Net cash provided by operating activities	<u>18,072,285</u>	<u>36,600,411</u>
CASH FLOWS FROM NONCAPITAL FINANCING AND RELATED ACTIVITIES		
Rental payments received	<u>513,078</u>	<u>482,617</u>
Net cash provided by noncapital financing and related activities	<u>513,078</u>	<u>482,617</u>
CASH FLOWS FROM CAPITAL FINANCING AND RELATED ACTIVITIES		
Payments for purchase of capital assets	<u>(7,400)</u>	<u>-</u>
Net cash used in capital financing and related activities	<u>(7,400)</u>	<u>-</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Interest collection on investments	<u>232,337</u>	<u>112,333</u>
Net cash provided by investing activities	<u>232,337</u>	<u>112,333</u>
Net increase in cash and cash equivalents	<u>18,810,300</u>	<u>37,195,361</u>
CASH AND CASH EQUIVALENTS, beginning of year	<u>142,370,780</u>	<u>105,175,419</u>
CASH AND CASH EQUIVALENTS, end of year	<u><u>\$ 161,181,080</u></u>	<u><u>\$ 142,370,780</u></u>
RECONCILIATION OF INCOME FROM OPERATIONS TO NET CASH FROM OPERATING ACTIVITIES		
Income from operations	\$ 7,815,633	\$ 9,755,365
ADJUSTMENTS TO RECONCILE INCOME FROM OPERATIONS TO NET CASH FROM OPERATING ACTIVITIES		
Depreciation and amortization	286,517	286,090
Changes in assets and liabilities		
Capitation receivables from the State of California	6,783,904	43,989,143
Receivable from Health Net	-	13,338,543
Other receivables	(32,998)	(1,559)
Prepaid expenses	(370,770)	(67,038)
Capitation payable	(9,377,371)	7,958,021
Amounts due to the State of California	8,476,570	(13,541,667)
Accounts payable and accrued expenses	(23,639)	1,231,735
Accrued salaries and benefits	(168,906)	61,522
Premium tax payable	4,155,413	(29,000,759)
Medical claims payable	32,935	34,426
Directed payment payable	469,090	2,556,589
Other liabilities	<u>25,907</u>	<u>-</u>
Net cash provided by operating activities	<u><u>\$ 18,072,285</u></u>	<u><u>\$ 36,600,411</u></u>

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

NOTE 1 – ORGANIZATION

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

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

CalViva has contracted with the California Department of Health Care Services (“DHCS”) to receive funding to provide health care services to the Medi-Cal eligible Tri-County area residents who are enrolled as members of CalViva under the two-plan model. The DHCS contract is effective March 1, 2011 through December 31, 2023. The DHCS contract specifies capitation rates based on a per-member, per-month basis, which may be adjusted annually. DHCS revenue is paid monthly and is based upon the contracted capitation rates and actual Medi-Cal enrollment. In addition, DHCS pays CalViva supplemental capitation rates such as a fixed maternity case rate for each eligible birth incurred by a CalViva Medi-Cal member. CalViva, in turn, provides services to Medi-Cal beneficiaries through a contract with Health Net Community Solutions, Inc. (“Health Net”), a wholly owned subsidiary of Centene Corporation. Further, CalViva has an administrative service agreement with Health Net in which Health Net performs specific administrative functions for CalViva.

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

The Fresno-Kings-Madera Regional Health Authority

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

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

CalAIM Implementation – Beginning January 1, 2022, DHCS began implementing California Advancing and Innovating Medi-Cal ("CalAIM") to modernize the state of California's Medi-Cal Program. This will require managed care plans to implement a whole-system, person-centered strategy that focuses on wellness and prevention, including assessments of each enrollee's health risks and health-related social needs, and provide care management and care transitions across delivery systems and settings. CalAIM is expected to provide new funding to the Plan and increase expenses, the magnitude of which are unknown at this time.

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Notes to Financial Statements

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

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

Cash and cash equivalents – Cash and cash equivalents consist of demand deposits and other short-term, highly liquid securities with original maturities of three months or less. The Plan has short-term, highly liquid securities with California Investment Trust (“CalTRUST”). The Plan is a voluntary participant in the CalTRUST. CalTRUST is a Joint Powers Authority created by public agencies under the California Government Code to provide public agencies with consolidated investment activities. CalTRUST has five pools: government fund, ESG money market fund, medium-term fund, short-term fund and liquidity fund. The Plan had investments in the short-term fund of \$0 and \$4,242,227 as of June 30, 2022 and 2021, respectively, with Standard and Poor’s rating of AAf as of June 30, 2022 and 2021. The Plan also had investments in the liquidity fund of \$0 and \$5,011,768 as of June 30, 2022 and 2021, respectively, with Standard and Poor’s rating of AAAm as of June 30, 2022 and 2021. Amounts that may be withdrawn from the funds are based on the net asset value per share and the number of shares held by participants in each pool.

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

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Notes to Financial Statements

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

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

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

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

Lease receivable and deferred inflow of resources - Pursuant to GASB Statement No. 87, *Leases*, the Plan as a lessor, recognized a lease receivable and a deferred inflow of resources in the statements of net position. A lease receivable represents the present value of future lease payments expected to be received by the Plan during the lease term. A deferred inflow of resources is recognized corresponding to the lease receivable amount, and is defined as an acquisition of net position by the Plan that is applicable to future reporting periods. Amortization of the deferred inflow of resources is based on the straight-line method over the terms of the leases.

The Plan recognizes lease contracts or equivalents that have a term exceeding one year and the cumulative future receipts on the contract exceed \$25,000 that meet the definition of an other than short-term lease. The Plan uses the same interest rate it charges to lessee as the discount rate or that is implicit in the contract to the lessee. Short-term lease receipts and variable lease receipts not included in the measurement of the lease receivable are recognized as income when earned.

Assets restricted as to use – The Plan is required by the DMHC to restrict cash having a fair value of at least \$300,000 for the payment of member claims in the event of its insolvency. The amount recorded was \$302,144 and \$300,923 at June 30, 2022 and 2021, respectively. Restricted cash is comprised of certificates of deposit and is stated at fair value.

Medical claims payable – Medical claims payable balance of \$96,333 and \$63,398 at June 30, 2022 and 2021, respectively, represents the estimated liability for health care expenses payable on a fee-for-service basis for which services have been performed but have not yet been paid by the Plan. Medical claims payable also includes the estimated value of claims that have been incurred but not yet reported to the Plan. The balances at June 30, 2022 and 2021, were determined by factors such as cost of services and enrollment for providers paid on a fee-for-service basis.

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

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

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

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

Premium deficiencies – The Plan performs periodic analyses of its expected future medical expenses and maintenance costs to determine whether such costs will exceed anticipated future revenues under its contracts. Should expected costs exceed anticipated revenues, a premium deficiency reserve is recorded. Management determined that no premium deficiency reserves were needed at June 30, 2022 or 2021.

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

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Notes to Financial Statements

Premium tax – The Plan paid the State of California a gross premium tax (“AB 1422”), which was levied in September 2009 pursuant to Section 28 of Article XIII of the California Constitution and is effective retroactively from January 1, 2009 to June 30, 2012. The payment amount is determined by multiplying the Plan’s capitation revenue by 2.35%. In June 2013, Senate Bill (“SB”) 78 extended the imposition of taxes retroactively from July 1, 2012 to June 30, 2013, and increased the tax rate to 3.9375% effective July 1, 2013 through June 30, 2016. On March 1, 2016, SB X2-2 established a new managed care organization provider tax, to be administered by DHCS, effective July 1, 2016 through July 1, 2019. The tax would be assessed by DHCS on licensed health care service plans, managed care plans contracted with DHCS to provide Medi-Cal services, and alternate health care service plans, as defined, except as excluded by SB 78. SB 78 would establish applicable taxing tiers and per enrollee amounts for the 2016–2017, 2017–2018, and 2018–2019 fiscal years, respectively, for Medi-Cal enrollees, AHCS enrollees, and all other enrollees, as defined. On September 2019, Assembly Bill 115 authorized DHCS to implement a modified Managed Care Organization (“MCO”) tax model on specified health plans. The effective date range for this approval is January 1, 2020 through December 31, 2022. The premium tax equaled \$166,249,006 and \$149,717,530 for the years ended June 30, 2022 and 2021, respectively. Premium tax is recognized in the period the related capitation revenue is recognized.

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

New accounting pronouncements – In June 2017, the GASB issued GASB Statement No. 87, *Leases* (“GASB 87”), which is effective for financial statements for periods beginning after December 15, 2019. GASB 87 is meant to better meet the information needs of financial statement users by improving accounting and financial reporting for leases by governments. GASB 87 increases the usefulness of governments’ financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under GASB 87, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources, thereby enhancing the relevance and consistency of information about governments’ leasing activities. In May 2020, the GASB issued Statement No. 95, *Postponement of the Effective Dates of Certain Authoritative Guidance* (“GASB 95”), which extends the effective date of GASB 87 to fiscal years beginning after June 15, 2021, and all reporting periods thereafter. The Plan adopted GASB 87 as of July 1, 2021 and retrospectively applied it to July 1, 2020. The Plan evaluated contracts that were formerly accounted for as operating leases to determine whether they meet the definition of a lease as defined in GASB 87. The contracts related to the leases of the building meet the definition of a lease and the Plan calculated and recognized a lease receivable of \$3,335,481 and deferred inflow of resources of \$3,189,748 as of June 30, 2021. The beginning net position was restated by \$165,597 for the adoption of GASB 87.

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Notes to Financial Statements

NOTE 3 – INVESTMENTS

The Plan held investments as of June 30, 2022 and 2021, as follows:

	<u>2022</u>	<u>2021</u>
Assets restricted as to use	\$ 302,144	\$ 300,923
	<u>\$ 302,144</u>	<u>\$ 300,923</u>

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

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

As of June 30, 2022 and 2021, none of the Plan's deposits with financial institutions in excess of federal depository insurance limits were held in uncollateralized accounts and none of the Plan's investments were subject to custodial credit risk.

The Fresno-Kings-Madera Regional Health Authority
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Interest rate risk – Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. The Plan did not have any investments that were considered highly sensitive to changes in interest rates as of June 30, 2022 and 2021.

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

Remaining maturity (in months) as of June 30, 2022				
	Total	12 months or less	13 to 24 months	25 to 60 months
Certificates of deposit - restricted	\$ 302,144	\$ 302,144	\$ -	\$ -
Total	<u>\$ 302,144</u>	<u>\$ 302,144</u>	<u>\$ -</u>	<u>\$ -</u>
Remaining maturity (in months) as of June 30, 2021				
	Total	12 months or less	13 to 24 months	25 to 60 months
Certificates of deposit - restricted	\$ 300,923	\$ -	\$ 300,923	\$ -
Total	<u>\$ 300,923</u>	<u>\$ -</u>	<u>\$ 300,923</u>	<u>\$ -</u>

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

Concentration of credit risk – The investment policy of the Plan contains no limitation on the amount that can be invested in any one issuer beyond that stipulated by the California Government Code. More than 5% of the Plan's investments are in certificates of deposit issued by the United Security Bank and the Park National Bank as of June 30, 2022. These investments were 83.34% and 16.66%, respectively, of the Plan's total investments as of June 30, 2022. More than 5% of the Plan's investments are in certificates of deposit issued by the United Security Bank and the Pacific Premier Bank as of June 30, 2021. These investments were 83.33% and 16.67%, respectively, of the Plan's total investments as of June 30, 2021.

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NOTE 4 – CAPITAL ASSETS

A summary of changes in capital assets for the years ended June 30, 2022 and 2021, is as follows:

	Balance at July 1, 2021	Additions	Retirements	Balance at June 30, 2022
Land	\$ 3,161,419	\$ -	\$ -	\$ 3,161,419
Building	7,908,514	7,400	-	7,915,914
Furnitures and fixtures	219,213	-	-	219,213
Computer equipment and software	40,028	-	-	40,028
Total assets	11,329,174	7,400	-	11,336,574
Less: depreciation expense and accumulated depreciation related to retirements	(1,629,616)	(286,517)	-	(1,916,133)
Net capital assets	<u>\$ 9,699,558</u>	<u>\$ (279,117)</u>	<u>\$ -</u>	<u>\$ 9,420,441</u>

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

NOTE 5 – CAPITATION RECEIVABLE FROM THE STATE OF CALIFORNIA

CalViva receives capitation from the State of California based upon the monthly capitation rate of each aid code (Medi-Cal category of eligibility). The State of California makes monthly payments based on actual members for the current month and retroactive adjustments related to prior months. The capitation receivable represents amounts due from the State of California under the Medi-Cal program. CalViva had capitation receivable of \$115,974,359 and \$122,758,263 due from the State of California as of June 30, 2022 and 2021, respectively.

NOTE 6 – CAPITATION PAYABLE

CalViva contracts with providers to furnish certain health care services to enrolled members. The cost of health care services provided or contracted for is accrued in the period in which it is provided to an enrolled member. The Plan recorded capitation payable of \$94,699,081 and \$104,076,452 as of June 30, 2022 and 2021, respectively.

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NOTE 7 – AMOUNTS DUE TO THE STATE OF CALIFORNIA

When DHCS created the MCO tax revenue rate for calendar year 2022, they utilized a lower enrollment projection as DHCS assumed that the public health emergency ("PHE") would end in December 2021. When utilizing a lower enrollment projection, it resulted in a higher MCO tax revenue rate. As the PHE was extended through October 13, 2022, the Plan's enrollment has been higher than DHCS' projection from January 2022 through June 2022. The higher MCO tax revenue rate and higher enrollment have contributed to the Plan recognizing the MCO tax gain for the period of January 1, 2022 through June 30, 2022. Due to the extension of the PHE, CalViva recorded amounts due to the State of California of \$8,476,570 as of June 30, 2022, related to DHCS' future recoupment of the MCO tax due to differences in projected and actual enrollment.

NOTE 8 – DIRECTED PAYMENT PAYABLE

CalViva is under the direction of the DHCS to implement the directed payment program for enhanced reimbursements to eligible and participating network hospitals for qualifying contracted services. Directed payment payable balance of \$3,676,157 and \$3,207,067 as of June 30, 2022 and 2021, respectively, represents the liability for directed payments approved and paid by the DHCS for disbursements but have not yet been paid by the Plan to the network hospitals.

NOTE 9 – RETIREMENT AND DEFERRED COMPENSATION PLANS

Retirement plan – Effective January 1, 2010, the Plan established a defined contribution money purchase pension plan, 401(a), for its executive employees. The contribution requirement is established by the Plan. Employees do not make contributions to the Plan. Furthermore, employer contributions are immediately vested. The amounts are not available to employees until termination, retirement, death, disability and other specific conditions. The Plan's contributions to the retirement plan totaled \$249,809 and \$262,729 for the years ended June 30, 2022 and 2021, respectively.

Deferred compensation plan – The Plan offers its employees a deferred compensation plan created in accordance with IRC Section 457. The 457b deferred compensation plan is available to all employees and permits them to defer a portion of their salary. An employer match is also provided and is vested at the rate of 33% per year. The amounts are not available to employees until termination, retirement, death or unforeseeable emergency. The Plan's contributions to the deferred compensation plan totaled \$95,715 and \$87,232 for the years ended June 30, 2022 and 2021, respectively.

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

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

NOTE 10 – LEASES

The Plan is a lessor for noncancellable leases of office space with lease terms through 2029. Lease revenue from the lease arrangements was \$537,932 and \$411,118 for the years ended June 30, 2022 and 2021, respectively, and is included in other income in the statements of revenues, expenses, and changes in net position. Interest revenue from the lease arrangements was \$317,145 and \$280,917 for the years ended June 30, 2022 and 2021, respectively, and is included in interest income in the statements of revenues, expenses, and changes in net position.

NOTE 11 – TANGIBLE NET EQUITY

As a limited license plan under the Knox-Keene Health Care Services Plan Act of 1975, the Plan is required to maintain a minimum level of tangible net equity. The required tangible net equity was \$14,885,096 and \$14,844,456 at June 30, 2022 and 2021, respectively. The Plan's tangible net equity was \$127,950,998 and \$119,237,972 at June 30, 2022 and 2021, respectively.

NOTE 12 – RISK MANAGEMENT

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

NOTE 13 – COMMITMENTS AND CONTINGENCIES

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

NOTE 14 – HEALTH CARE REFORM

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

FINAL DRAFT

*Communication with
Those Charged with Governance*

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

June 30, 2022

Communication with Those Charged with Governance

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

We have audited the financial statements of The Fresno-Kings-Madera Regional Health Authority dba CalViva Health ("CalViva") as of and for the year ended June 30, 2022 and have issued our report thereon dated October __, 2022. Professional standards require that we provide you with the following information related to our audit.

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

As stated in our engagement letter dated May 2, 2022, we are responsible for forming and expressing an opinion about whether the financial statements that have been prepared by management, with your oversight, are prepared, in all material respects, in accordance with accounting principles generally accepted in the United States of America. Our audit of the financial statements does not relieve you or management of your responsibilities.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS) and the California Code of Regulations, Title 2 Section 113.2, State Controller's *Minimum Audit Requirements* for California Special Districts. As part of an audit conducted in accordance with U.S. GAAS and the California Code of Regulations, Title 2 Section 113.2, State Controller's *Minimum Audit Requirements* for California Special Districts, we exercise professional judgment and maintain professional skepticism throughout the audit.

An audit of financial statements includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Fresno-Kings-Madera Regional Health Authority dba CalViva Health's internal control over financial reporting. Accordingly, we considered The Fresno-Kings-Madera Regional Health Authority dba CalViva Health's internal control solely for the purposes of determining our audit procedures and not to provide assurance concerning such internal control.

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

The supplementary information was subject to certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves.

Planned Scope and Timing of the Audit

We performed the audit according to the planned scope and timing previously communicated to you, during our pre-audit planning meeting on June 10, 2022.

Significant Audit Findings and Issues

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by The Fresno-Kings-Madera Regional Health Authority dba CalViva Health are described in Note 2 to the financial statements. There were no changes in the application of existing policies and CalViva adopted Governmental Accounting Standards Board ("GASB") Statement No. 87, *Leases* ("GASB 87") during 2022. We noted no transactions entered into by CalViva during the year for which there is a lack of authoritative guidance or consensus. There are no significant transactions that have been recognized in the financial statements in a different period than when the transactions occurred.

Significant Accounting Estimates

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

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

Financial Statement Disclosures

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

Significant Unusual Transactions

We encountered no significant unusual transactions during our audit of CalViva's financial statements.

Significant Difficulties Encountered in Performing the Audit

Professional standards require us to inform you of any significant difficulties encountered in performing the audit. No significant difficulties were encountered during our audit of CalViva's financial statements.

Disagreements with Management

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

Circumstances that Affect the Form and Content of the Auditor's Report

There may be circumstances in which we would consider it necessary to include additional information in the auditor's report in accordance with U.S. GAAS and the California Code of Regulations, Title 2 Section 113.2, State Controller's *Minimum Audit Requirements* for California Special Districts. There were no circumstances that affected the form and content of the auditor's report.

Corrected and Uncorrected Misstatements

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

Management Representations

We have requested certain representations from management that are included in the management representation letter dated October __, 2022.

Management Consultation with Other Independent Accountants

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

Other Significant Audit Findings or Issues

We are required to communicate to you other findings or issues arising from the audit that are, in our professional judgment, significant and relevant to your oversight of the financial reporting process. There were no such items identified.

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

San Francisco, California
October __, 2022

FINAL DRAFT

Item #7

Attachment 7.A-7.B

2022 Health Equity

- A. Executive Summary
- B. Work Plan Mid-Year Evaluation



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

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

COMMITTEE DATE: November 17, 2022

SUBJECT: Health Equity 2022 Work Plan Mid-Year Evaluation – Summary Report

Summary:

This report provides information on the Health Equity Department work plan activities, which are based on providing cultural and linguistic services support and maintaining compliance with regulatory and contractual requirements. The Health Equity Work Plan is broken down into the following four sections: 1) Language Assistance Program (LAP), 2) Compliance Monitoring, 3) Communication, Training and Education, and 4) Health Literacy, Cultural Competency, and Health Equity. As of June 30, 2022, all work plan activities are on target to be completed by the end of the year with some already completed.

Purpose of Activity:

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

Data/Results (include applicable benchmarks/thresholds):

Below is a high-level summary of the activities completed during the first six months of 2022. For complete report and details per activity, please refer to the attached 2022 Health Equity Work Plan Mid-Year Evaluation Report.

1) Language Assistance Services

- a. DMHC CalViva Audit documentation submitted in Q2.
- b. Updated / amended contracts with five vendors, included encryption languages to alternative format serving vendors.
- c. Added new OPI and VRI vendor: Language Line, to increase service availability.
- d. Newsletter informing members on how to access language services completed and disseminated.
- e. Twenty-seven staff completed their bilingual assessment / re-assessment.
- f. 26 translation reviews were completed.
- g. Population Needs Assessment completed in collaboration with HE and QI departments.
- h. Completed annual report of the LAP assessment results for the Timely Access Reporting.
- i. Monitored and tracked interpreter service complaint and grievance logs.

2) *Compliance Monitoring*

- a. Health Equity reviewed 27 grievance cases with two interventions identified.
- b. 2022 grievance trending report will be completed in Q3.
- c. Completed, presented and received approval for the 2021 End of Year Language Assistant Program and 2021 End of Year Work Plan reports and the 2022 Program Description and 2022 Work Plan.
- d. Attended all Public Policy Committee meetings.
- e. All Health Equity Policy & Procedures reviewed and updated.

3) *Communication, Training and Education*

- a. Two trainings for new hires and current A&G staff conducted and training decks updated.
- b. Call Center staff training scheduled for Q4.
- c. On track to implementing the 4-part implicit bias training series in Q3.
- d. Cultural Competency and Health Literacy trainings for providers are on track to be completed in Q3 and Q4.

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

- a. English material review completed for a total of 19 materials.
- b. Revised Provider Health Literacy toolkit and updated in June 2022.
- c. Conducted two Readability and EMR Database trainings.
- d. Attended 4 HICE meetings.
- e. Cultural Competency and Implicit Bias Training for provider is on track to complete in Q3& Q4.
- f. Co-led internal workgroup and CAG meetings with local CBO partner to plan health disparity and cultural and linguistic components of BCS PIP.
- g. Support work plan development, updated, and extended the Scope of Work for community partners.
- h. Led and/or collaborated on the BCS PIP intervention components inclusive of agendas, slide deck, talking points, event survey, appointment reminder, etc.
- i. Attended all meetings and activities relating to CIS-10 PIP project and assisted with requesting interpretation service for members.
- j. Attended all meetings and activities relating to HbA1c and CCS PDSA projects and assisted with requesting interpretation service for members.

Analysis/Findings/Outcomes:

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

Next Steps:

Continue to implement the remaining six months of the Health Equity 2022 CalViva Health Work Plan and report to the QI/UM Committee.



2022 Health Equity Mid-Year Work Plan Evaluation

Submitted by:

Patrick Marabella, MD, Chief Medical Officer

Amy Schneider, RN, BSN, Director Medical Management

Mission:

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

Goals:

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

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

Objectives:

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

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

Selection of the Cultural and Linguistics Activities and Projects:

The Healthy Equity Work Plan activities and projects are selected based on the results from the CalViva 2022 Population Needs Assessment Report (PNA) (i.e., demographics, health status, risk factors, and surveys), regulatory requirements, department evaluation report from the previous year, HEDIS results, contractual requirements, and strategic corporate goals and objectives. After review and input from senior management staff, projects and new departmental activities are identified and incorporated into this work plan. Programs and services are developed with special attention to the cultural and linguistic needs of our membership. This work plan addresses the needs of our Medi-Cal (MC) members.

Strategies:

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

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

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

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1	Main Area and Sub-Area	Activity	Measurable Objective	Due Dates	Mid-Year Update (1/1/22 - 6/30/22)	Year-End Update (7/1/22 - 12/31/22)
2	Language Assistance Program Activities					
3	Rationale	The LAP and applicable policies and procedures incorporate the fifteen national standards for Culturally and Linguistically Appropriate Services (CLAS) in health care developed by the Office of Minority Health. Standards 5, 6, 7 & 8 provide the basics for language support services for CalViva Health members. ¹				
4	Responsible Staff:	Primary: I. Diaz, L. Espinoza	Secondary: P. Lee, D. Fang			
5	Audit	Assure C&L audit readiness to support DHCS Language Assistance Program (LAP) audit standards	Coordinate LAP audit requirements to include: collecting requested documentation, submitting documents as requested, participate in on-site interviews as requested	Annual	DMHC CalViva Audit documentation submitted (Q2)	
6	Contracted Vendors	Conduct language assistance vendor management oversight	Review and update vendor contracts to ensure alignment with requirements	Ongoing	Extend SOW for the following vendors: Akorbi, ISI, T-Base, The Fresno Center, and TransPerfect. Added encryption language to alternate format servicing vendors: Akorbi, CQ Fluency, ISI, T-Base, and TransPerfect. Added Language Line as a new OPI and VRI interpreting Services vendor. Attended all JOC meetings with vendors.	
7	Interpreter	Monthly collection of language utilization data for CalViva	Updated LAP utilization report to contain: monthly summary of bilingual phone calls answered by call center, in-person and telephonic interpreter utilization log	Semi-annual	Submitted CVH's 2021 EOY report and presented to committee in Q2.	

8	Data	Conduct membership data pulls	Validated membership reports	Monthly	Monthly tracking and review completed.	
9	Operational	Create language and alternate format standing request report	Number of reports generated and posted	Monthly	Ongoing. Weekly and monthly reports generated and disseminated to stakeholders.	
10	Compliance	Coordinate and support operationalizing 508 remediation plan inclusive of providing SME consultation to workgroups and identification of process risks	Number of PDFs remediated/total PDFs	Ongoing	No PDFs coordinated by Health Equity; ongoing support provided. Remediated 1 Cultural Competency Presentation.	
11	Compliance	Monitor provider bilingual staff; ensure systems are capturing provider and office language capabilities	Annual provider communication and monitoring grievances, review of provider Ops manual	Ongoing	Annual Provider Communication distributed on 7/29/2022. Ongoing monitoring of linguistic-related grievances (7). Provider Ops manual reviewed in 6/2022.	
12	Regulatory	Update and provide taglines and Non-Discrimination Notice (NDN) insert in support of departments and vendors that produce member informing materials	Annual review and update as needed and distribute updated documents to all necessary departments, maintain tagline and NDN decision guides, answer ad-hoc questions on the use and content, assure most recent documents are available on Health Equity SharePoint	June and December	No NDN and taglines reviewed and updated at the moment.	
13	Member Communication	Annual mailing to members advising how to access language assistance services	Write or revise annual language assistance article distributed to CalViva members	Annual	Assisted with annual mailing in May 2022.	
14	Operational	Ensure bilingual staff maintain bilingual certification; generate reporting and support to departments to identify staff who need bilingual certification updated	Number of staff certified annually	Annual	27 bilingual assessment were completed for CVH staff.	

15	Operational	Complete LAP Trend Analysis, including year over year LAP trend analysis	Report to summarize utilization of LAP services, number of bilingual staff and provide year over year trends for the utilization of LAP services	Q2	Presented EOY LAP report to committee in Q2.	
16	Operational	Oversight of interpreter and translation operations. Review of metrics for interpreter/translation coordination	Conduct oversight meetings to review metrics for timeliness. Hold quarterly meetings with Centralized Unit and escalate when metrics are not being met	Quarterly	Attended Q1 and Q2 quarterly meetings and provided consultations on translation issues, grievances, billing and invoice changes as needed.	
17	Operational	Review interpreter service complaints (exempt grievance) reports and conduct trend analysis. Provide complaint information to impacted area for resolution, e.g., vendor, internal process	Monitor interpreter service vendors through service complaints	Annual (trend)	Interpreter service Call Center complaint logs are being received and monitored on a monthly basis.	
18	Operational	Coordinate and deliver Health Equity Department Quarterly meetings to review requirements and department procedures for language and health literacy services	Minutes of meetings	Quarterly	Completed Q1 and Q2 meetings.	
19	Operational	Complete 2021 PNA action plan activities to expand language assistance program awareness and utilization	Update and develop LAP resources, conduct trainings for staff and providers and complete PNA action plan reporting template for submission to DHCS	June	Completed 2021 PNA action plan and submitted report to DHCS. Action plans includes expanding VRI service.	
20	Operational	Complete Population Needs Assessment (PNA) in collaboration with Health Education. Support PNA data collection, interpretation for member demographics, disparity analysis and development of an action plan that addresses identified member needs	PNA report completed including action plan developed and/or strategies identified according to DHCS requirements. Submitted to CalViva compliance for filing.	June	FindHelp, LAP, demographic and health disparity sections compiled, completed, and submitted for CVH PNA.	

21	Operational	Develop, update and maintain translation, alternate formats, interpreter services and bilingual assessment policies and procedures (P&Ps)	Annual update of P&Ps and off cycle revisions as needed and submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health C&L P&Ps	Annual	Updated P&Ps in March 2022 for annual updates. Updated CA.CLAS.02 and 05, and in Q2 for APL updates.	
22	Operational	Collect and review LAP P&Ps from other departments to assure compliance with use of tagline, NDN, translation process and interpreter coordination	P&Ps will be reviewed and placed in Health Equity LAP compliance folder	Annual	Annual tracking of vital documents to be completed in Q3. P&Ps collection on track.	
23	Operational	Complete C&L Geo Access report documenting Provider Network Management (PNM) findings every two years	Data collection and data analysis for C&L GeoAccess report, production of C&L Geo Access report.	Q3 2023	Reviewed Desktop, software requirements, contacts and had a discussion around report development and sources for support.	
24	Operational	Complete annual Timely Access Reporting on the Language Assistance Program Assessment	LAP Assessment Timely Access Report	Annually	Reports on the findings from C&L related questions on the TAR report were submitted in Feb 2022. Presented TAR report to CVH committee in June 2022.	
25	Operational	Coordinate and provide oversight to translation review process	Number of translation reviews completed	Ongoing	26 translation reviews were completed from January to June.	

26	Training	Review, update and/or assign LAP online Training	Number of staff who are assigned training and percentage of completion	Annual	The LAP training to be assigned in Q3. Staff assignments will be updated in Q3 for the CC training, with assignment protocol reassigned in Q3.	
27	Information Technology	Participate in information technology projects related to language assistance services to ensure C&L requirements are represented through various projects	Successful implementation of information technology projects	Ongoing	Implementing monthly REL Workgroup meetings to coordinate IT projects. Held 2 meetings (May and June)	
28	Strategic Partners	Monitor strategic partners and specialty plans for LAP services	Request information from specialty plans and strategic partners (e.g., MHN, VSP, etc.) semi-annually. Update report template to indicate delegation status of LAP, use of NOLA, any comments forwarded from delegation oversight and review of P&Ps	Ongoing	Additional annual attestation collection is added to 2022. Collected and filed specialty plan reports in February 2022.	
29	Translation and Alternate Format Management	Develop and maintain Translation and Alternate Format Tracking (TAFT) database with comprehensive list of member informing materials available and department responsible. Database will help support prompt identification of document and department responsible. Ongoing updating with bi-annual requests to all departments to review/update their list. Oversee implementation, management and updating of TAFT database	List of available materials	Ongoing	Annual tracking and updating of vital documents to be completed in Q3.	
30	Compliance Monitoring					
31	Rationale	Compliance monitoring conducted to ensure CalViva Health members receive consistent, high quality C&L services. The following processes are in place to ensure ongoing CalViva Health oversight of the C&L programs and services delegated to HNCS and the internal monitoring conducted by HNCS.				

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32	Responsible Staff:	Primary: P. Lee, A. Kelechian	Secondary: I. Diaz, A. Greer			
33	Complaints and Grievances	Oversight of complaints and grievances related to LAP or C&L services, including monitoring and responding to all C&L related grievances. Collect grievance and call center reports. Maintain contact with the call center to ensure C&L complaints are monitored. Grievance reports include grievances coded to C&L codes (including discrimination due to language or culture). Maintain grievance response log and list of materials, develop and document interventions when indicated	Report on grievance cases and interventions	Ongoing	No interpreter complaint in Q1 and Q2. A total of 27 grievance cases were received and reviewed by Health Equity. Of these cases, nine (9) were coded as culture perceived discrimination, eleven (11) were coded as culture non-discriminatory, one (1) was coded to linguistic perceived discrimination, six (6) were coded to linguistic non-discriminatory. Based on evidence reviewed, Health Equity identified two (2) interventions deemed necessary and to be delivered in collaboration with the provider engagement department. There were no grievances received regarding MHN providers or services.	
34	Complaints and Grievances	Conduct a trend analysis of C&L grievances and complaints by providers	Production of trend analysis report	August	2021 reports completed. 2022 reports on track.	
35	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December	Desktop procedure reviewed and revised on an ongoing basis.	

36	Oversight	Complete all CalViva required Health Equity/C&L reports	Develop Health Equity CalViva work plan, write/revise and submit Health Equity CalViva Program Description. Prepare and submit work plan, LAP mid year and end of year reports	Ongoing	2021 reports were submitted and approved in Q2. Program Description and 2022 CVH Work Plan were approved in Q2.	
37	Oversight	Participate in all CalViva required work groups and committees	Participate in the ACCESS workgroup, QI/UM workgroup, QI/UM committee, monthly operations management meetings. Provide support for Regional Health Authority meetings as needed or requested.	Ongoing	Attended all meetings as requested.	
38	Oversight	Support Public Policy Committee meetings for Fresno, Kings and Madera Counties	Assist at Public Policy Committee meetings as required.	Quarterly	Attended two Pulic Policy Committee meetings in Q1 & Q2.	
39	Oversight	Develop, update and/or maintain all Health Equity related P&Ps.	Updated P&Ps submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health C&L P&Ps.	Annually	Updated P&Ps in March 2022 for annual updates. Updated CA.CLAS.02, 05, and 10 and in Q2 for APL updates.	
40	Regulatory	Implementation and scaling of findhelp platform and coordination of social service referrals for members.	Provide training on findhelp to internal departments and pilot Social Needs Assessment and Close Loop Referral programs with internal departments.	Ongoing	2 findhelp trainings completed in Q1 and Q2. 50 programs were added to the platform.	
41	Communication, Training and Education					
42	Rationale	To provide information to providers and staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP program, C&L resources, and member diversity.				
43	Responsible Staff:	Primary: L. Esponza, I. Diaz	Secondary: S. Rushing, D. Fang,			

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44	Training and Support	Provide support and training to A&G on coding and resolution of grievances; re-align coding per 1557 non-discrimination reporting	Revised/updated Quick Reference Guide (QRG) for A&G staff regarding grievance responses, coding and process on sending to Health Equity, etc.	Ongoing	A&G new hire training completed in March 2022. A&G staff dept training completed in June 2022. Q3 and Q4 trainings on track.	
45	Staff Training	Provide Health Equity in-services for other departments as requested (e.g., Call Center, Provider Relations).	Curriculum/power point, name of department and total number of participants who attended the in-service	Ongoing	1 Cultural Competency Training plan was developed to target Provider Engagement Team and Call Center Team for Q4. 2 findhelp training were completed with 18 attendees.	
46	Staff Communication	Maintenance and promotion of Health Equity SharePoint site	Timely posting of important information on Health Equity SharePoint e.g., vendor attestation forms, threshold languages list, etc.	Ongoing	The Health Equity Dept SharePoint site is managed on an ongoing basis. Updated the site to include the most current materials.	
47	Provider Communication	Prepare and submit articles for publication to providers. Potential topics: LAP services, culture and health care, and promotion of on-line cultural competence/OMH training	Copies of articles and publication dates	Ongoing	LAP - on track for July 2022. Cultural competency on track for Aug 2022. Health Literacy in Oct. 2022.	
48	Provider Communication and Training	Promote C&L flyer and provider material request form about Health Equity department consultation and resources available, inclusive of LAP program and interpreter services	Provider material request forms received by Health Equity Department	Ongoing	On track, scheduled for end of Q3.	

49	Provider Training	Implementation of four part provider implicit bias training series	Number of attendees/participants	Q3	On track. Led biweekly planning meetings with LA Care. Identified speaker, established an MOU with speaker, obtained CME approval from LA Care CME team. Created flyer for training, created webinar link for training	
50	Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity					
51	Health Literacy					
52	Rationale	To ensure that the information received by members is culturally and linguistically appropriate and readability levels are assessed to ensure they comply with required readability levels mandated by regulatory agencies.				
53	Responsible Staff:	Primary: A. Kelechian	Secondary: A. Schoepf, I. Diaz			
54	English Material Review	Conduct English Material Review (EMR) per end-end document production guidelines (review of content and layout of materials for C&L appropriateness and low literacy)	Completion of all EMRs as tracked through the C&L database	Ongoing	Completed 19 EMRs.	
55	Operational	Review and update Health Literacy materials as needed inclusive of list of words that can be excluded during the readability assessment, database guide, checklists, readability assessment guide and other relevant materials	Update and post materials on Health Literacy SharePoint Explore new system platform to host EMR data	Ongoing	Health Literacy materials updated and posted in June 2022. Data migration on track to be completed in Q4.	

56	Training	Quarterly training for staff on how to use the C&L database and write in plain language	Quarterly training	Quarterly	Completed 2 quarterly Readability and EMR Database trainings. On track for updating CU Plain Language training by Septmeber.	
57	Training	Conduct activities and promotion of national health literacy month (NHLM)	Production and tracking of action plan for NHLM and summary of activities	October	On track. Rebranded provider trainings for CVH. Scheduled two provider trainings for October for NHLM	
58	Cultural Competency					
59	Rationale	To integrate culturally competent best practices through provider and staff in-services, training, education, and consultation. Training program offers topic specific education and consultation as needed by staff, contracted providers and external collaborations.				
60	Responsible Staff:	Primary: P. Lee,	Secondary: D. Fang, A. Schoepf, A. Greer			
61	Collaboration-External	Representation and collaboration on Health Industry Collaboration Efforts (HICE) for Health external workgroup	Minutes of meetings that reflect consultation and shared learning	Ongoing	Attended 4 meetings	

62	Provider Training	Conduct cultural competency training/workshops for contracted providers and provider groups upon request. Training content to include access to care needs for all members from various cultural and ethnic backgrounds, with limited English proficiency, disabilities, and regardless of their gender, sexual orientation or gender identity. Work with provider communication to implement ICE for Health computer based training through provider update and/or provider newsletters and/or medical directors, promote OMH cultural competency training through provider operational manual and provider updates	Output number of providers who received cultural competency training by type of training received	Annual	Cultural Competency and Implicit Bias trainings for Providers on track in Q3 and Q4.	
63	Staff Training	Conduct annual cultural competence education through Heritage/CLAS Month events including informational articles / webinars that educate staff on culture, linguistics and the needs of special populations	Online tracking. Event summary and activity specific participation totals	Q3	On track for implementation in August. Activity and communications plan developed for CLAS month activities, surveys, incentives, and trainings including integrating for CVH.	
64	Online Training	Review online content for cultural competency training and update as needed annually	Annual online training and number of staff trained	Annual	On track for implementation in August.	
65	Health Equity					
66	Rationale	To support the health of CalViva Health members and promote the reduction of health disparities across our membership. In order to accomplish this, staff collaborates across departments and with external partners in order to analyze, design, implement and evaluate healthy disparity interventions.				
67	Responsible Staff:	Primary: P. Lee, D. Fang,	Secondary: A. Schoepf, A. Greer			
68	Operational	Increase interdepartmental alignment on disparity reduction efforts. Facilitate quarterly meetings	Facilitation of health disparity collaborative meetings	Quarterly	Completed. Attended all health disparity meetings.	

69	Operational	Align population health and disparity initiatives across departments	Develop Health Disparity e-newsletter and listserv. Facilitate communication on health disparities and newsletter development and distribution	Ongoing	Supported Health Education to complete e-newsletter in Q1, newsletter is scheduled to be release in Q4.	
70	Operational	Implement disparity model for Hmong breast cancer screening disparity performance improvement project (BCS Disparity PIP) in Fresno County to include formative research, community, member and provider interventions	Development of modules; meet PIP disparity reduction targets	Ongoing	Two mobile mammograms completed in Q1 & Q2. Attended bi-weekly meetings. In progress of another mobile mammogram in Q3 and pushing out testimonial videos.	
71	Operational	Collaborate with Community Engagement team to support The Fresno Center with the development of the Community Advisory Group in Fresno County in support of the BCS Disparity PIP	Outcome of activities	Ongoing	Two meetings completed in Q1 & Q2. Additional meetings are on track.	
72	Operational	Support Childhood Immunizations Improvement Project.	Disparity reduction project work plan; evaluation, documentation of process outcomes	Ongoing	Attended all meetings. Participated in immunization event in Q2. Another immunization event to be hosted in Q4.	
	Operational	Support in PDSA	Disparity reduction project work plan; evaluation, documentation of process outcomes	Ongoing	Attended all meetings and provided support as needed. Two PDSA projects (Hb1Ac & CCS) concluded in Q3.	

75	Operational	Provide consultation to departments on cultural competency and improving health care outcomes (including enrollment) for key demographics and key metrics to support health equity	Consultation and /or trainings provided	Ongoing	Ongoing input provided on Health Equity to various departments and resources. Monthly Health Equity collaboration meetings held with wide representation from various depts. Presented HEDIS disparities analysis by REL and gender. Identified and prioritized disparities interventions.	
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¹ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care:

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

^ Indicates revision.

* Indicates new.

Item #8

Attachment 8.A-8.B

2022 Health Education

- A. Executive Summary
- B. Work Plan Mid-Year Evaluation



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

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

COMMITTEE DATE: November 17, 2022

SUBJECT: 2022 Health Education Work Plan Mid-Year Evaluation & Executive Summary

Summary

The 2022 Health Education Work Plan Mid-Year Evaluation report documents progress of **15 initiatives** with **34 performance objectives**. Within each initiative, there are multiple objectives:

- Of the 15 initiatives, 12 initiatives with 24 objectives have met or are on track to meet the year-end goal.
- The remaining 3 initiatives with 3 out of 10 objectives are off-track.
- Of those 3 initiatives, one was impacted based on an assessment of resources; one was impacted by a protracted length of time in DHCS completing its review and providing contract approval; and one is postponed until further direction from DHCS (SHA).

Purpose of Activity:

To provide for QI/UM Committee review and approval of the 2022 Health Education Work Plan Mid-Year Evaluation Summary.

Data/Results (include applicable benchmarks/thresholds):

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

Table 1. on the next page compares the 2022 Mid-Year progress of health education initiatives against 2022 Year-End goals.

Table 1: 2022 Mid-Year Utilization Outcomes of Health Education Initiatives

Initiative	2022 Year-End Goal	2022 Mid-Year Outcomes	Progress of 2022 Mid-Year Goal
1. Chronic Disease Education: Asthma	Enroll 100 members into the Central California Asthma Collaborative (CCAC) in-home visitation program.	Enrolled 74 members by 6/30/2022.	On Track
	Collect patient-level utilization and pharmacy data for asthma medications, and program effectiveness for members.	As of Q2 2022, 36 members have completed the 12-month program. A member-level evaluation of the entire cohort will be conducted once the program ends in July 2023.	On Track
2. Chronic Disease Education: Diabetes	Enroll at least 50 members in the Diabetes Prevention Program (DPP) by December 2022.	Enrolled 91 CVH members as of the end of June 2022.	Met
	At least 60% of participants enrolled in Yes Health mobile DPP program in 2022 will complete the 16-week program.	Member data will be available by end of Q4.	On Track
	At least 20% of participants enrolled in the Yes Health mobile DPP program will achieve 5% or greater weight loss at week 16.	Member data will be available by end of Q4.	On Track
	Distribute <i>Diabetes Care</i> education booklet to 50 members with uncontrolled diabetes by September 2022.	A total of 90 booklets provided to Clinica Sierra Vista in Q2 2022.	Met
3. Chronic Disease: Hypertension	Send Healthy Hearts Healthy Lives (HHHL) toolkits to <i>newly identified</i> members with uncontrolled high blood pressure to be based on identified care gaps in 2022 – projected to be at least 600 newly identified members in 2022.	Member mailing will be conducted in Q3-Q4 2022.	On Track
4. Community Engagement	Reach a member participation rate of 70% in education charlas.	Conducted 90 charlas with a member participation rate of 66% (950/1380).	On Track
	Establish at least 1 partnership with a community partner to address social determinants of health.	Successfully established 2 new stakeholder partnerships (Centro La Familia and the Parkinson's Foundation).	Met
5. Fluvention and COVID-19	Implement the Fluvention campaign to educate members on flu vaccination using two or more communication channels by Q4 2022.	To be implemented in Q3-Q4 2022 for the 2022 Flu season.	On Track
	Develop and distribute a Provider Update related to flu vaccination by Q4 2022.	Vaccine Confidence and Hesitancy Webinar hosted on April 7, 2022 – 28 attendees. Additional collateral developed was shared and uploaded on the provider Portal.	Met
	Inform members on COVID-19 prevention, testing, and vaccination using two or more communication channels by Q3 2022.	COVID vaccine telephonic outreach calls were made with a member reach rate of 12% (81/700).	On Track
6. Member Newsletter	Develop and distribute a CVH member newsletter in 2022.	The annual member newsletter was developed. Submitted for DHCS approval which is pending. Mailing scheduled for Q3-Q4 2022.	On Track
7. Mental/Behavioral Health	Increase member enrollment by 10% to from 59 to 65 members.	Enrolled 309 members by June 30, 2022.	Met
	Produce 2 provider communications informing them of ACEs, trauma-informed care, toxic stress, and training opportunities.	1 Provider Update distributed 1/2022.	On Tack
	Increase ACEs screening to CVH members by 3% from 16,143 to 16,627.	Provider submitted 10,591 screening claims as of 6/30/2022.	On Track

Initiative	2022 Year-End Goal	2022 Mid-Year Outcomes	Progress of 2022 Mid-Year Goal
8. Obesity Prevention	Enroll 500+ members in FFFL Home Edition Program (75% flagged as high-risk).	Enrolled 2 members in Q1 2022. Outreach scheduled for Q3-Q4 2022.	Off Track
	Enroll 350+ members in HHHP Program.	No members enrolled in Q1-Q2 2022.	Off Track
9. Pediatric Education	Promote 2 educational well-child resources for inter-departmental utilization.	Promotion of Pfizer VAKS program to implement patient recall systems.	On Track
	Explore at least 1 best practice to improve childhood immunization.	Working with data analytics team and CDPH to establish CAIR baseline rate. In Q2, partnered with Family HealthCare Network and implemented an intervention “Heroes for Health IZ Event” where 32 members received \$25 VISA gift cards upon completion of their immunizations. Partnered with 1 clinic to implement an educational text messaging campaign to encourage immunizations.	Met
	Complete analysis to determine if there are any potential disparities in completion of immunization rates based on race, ethnicity, and/or language.	Conducted Analysis via Population Needs Assessment. CIS-10 Disparities discovered: English and Hmong speakers in Fresno County have lower CIS-10 compliance rates than others (Cambodian, Khmer, Laotian, Spanish).	Met
10. Perinatal Education	Enroll 1,000+ pregnant members in the CVH Program.	Enrolled 491 CVH pregnant members by June 30, 2022. Distributed 5,200 Newborn packets to members.	On Track
11. Population Needs Assessment	Initiate workgroup and collaborate with QI, Health Equity, and other departments to obtain proper information for various PNA sections to submit to the State by the designated 2022 deadline.	Population Needs Assessment submitted to DHCS on June 30, 2022.	Met
12. Tobacco Cessation Program	Increase CVH member participation in smoking cessation programs by 5% to 180 in 2022.	Enrolled 69 members by June 30, 2022.	On Track
	Enroll 20 members per month into the Kick It California pilot project after DHCS approval of the program.	Program proposal not completed as of June 30, 2022. Still in development.	Off Track
13. Women’s Health	Coordinate with Every Women Counts a minimum of 3 BCS/CCS virtual classes. Reach a minimum 50 members.	Conducted 29 virtual and in-person BCS/CCS classes; reached 880 participants in Q1-Q2 2022.	Met
	Develop and implement 1 educational intervention to improve breast cancer screening rate targeting Southeast Asian members in Fresno County.	Implemented two mobile mammography events (over four days) at Kings Winery Medical Clinic in Q1-Q2 2022. A total of 80 members completed their BCS exams.	Met
14. Compliance: Oversight and Reporting	Complete and submit Program Description, Work Plan, and Work Plan evaluation	Completed and submitted Program Description, work plan, and work plan evaluation in Q1-Q2 2022.	On Track

Initiative	2022 Year-End Goal	2022 Mid-Year Outcomes	Progress of 2022 Mid-Year Goal
	reports.		
	Update Policies and Procedures.	Updated 3 Policies and Procedures by June 30, 2022.	On Track
	Complete semi-annual/annual member incentive progress reports; and annual DHCS incentive evaluation reports.	Completed semi-annual progress reports and 3 annual DHCS incentive evaluation reports by June 30, 2022.	On Track
	Produce one Provider Update.	Postponed due to DHCS's plan to replace the SHA.	Off Track
	Participate in four PPC meetings where health education reports are presented.	Provided reports to be presented at 2 PPC meetings on March 2, 2022, and June 1, 2022.	On Track
	Develop and share Population Needs Assessment (PNA) report with action plan using the latest data.	Population Needs Assessment submitted for DHCS review end of Q2 2022.	On Track
15. Health Education Department Promotion, Materials Update, Development, Utilization, and Inventory	Develop needed materials and resources to assure compliance.	Rebranded/updated 18 CalViva Health member materials in Q1-Q2 2022.	On Track

2022 Barrier Analysis Of Interventions (or Goals) Not Met and Actions to be Taken in Q3-Q4 2022

Barriers	Actions to be taken in Q3-Q4 2022
Obesity Prevention <ul style="list-style-type: none"> Member mailings halted pending rebranding of FFFL member education materials. To date, 7 materials are completed. The remaining FFFL and HHP materials are either going through translations or pending CalViva Health Compliance approval. 	<ul style="list-style-type: none"> Complete the rebranding material review by October 2022. Compliance is working with the IT Team for review, approval, and upload of the FFFL exercise videos to the CVH branded YouTube channel. Targeted member outreach mailings deployment realigned for Q4 2022.
Tobacco Cessation Program: <ul style="list-style-type: none"> Program proposal, Kick It California pilot project, still in development. 	<ul style="list-style-type: none"> Begin program implementation process upon successful DHCS approval on behalf of a partnering health plan. Incorporate lessons learned during the process. Approval of partnering health plan expected in Q3 2022.
Compliance: <ul style="list-style-type: none"> Postponed Provider Update due to DHCS's plan to replace the Staying Healthy Assessment forms. 	<ul style="list-style-type: none"> Awaiting direction from DHCS regarding the new SHA forms. If DHCS moves forward with the new SHA forms, we will disseminate a Provider Update promoting the new forms.

Next Steps for Q3-Q4 2022

- Review interim outcomes and lessons learned of members completing Year 1 of the Asthma In-Home program.
- Evaluate effectiveness of the Diabetes Prevention Program with members completing Year 1 of the program.

- Implement Fluvention communication campaigns for the 2022 Flu Season. Work with schools, health departments, CBOs, and other relevant stakeholders to increase flu vaccination rates.
- Continue to promote mental/behavioral health resources to members and work with Population Health Management to evaluate building a referral process to members.
- Share the 2022 Population Needs Assessment report as a resource interdepartmentally and externally.
- Distribute Annual Member Newsletter.
- Share best practices learned during the approval process of the partnering health plan to determine if a submission of the Tobacco Cessation Nicotine Replacement Therapy kits pilot project with Kick It California will be made.
- Continue to collaborate with community partners to support local priorities and address health disparities to improve breast cancer screening rates for Southeast Asian members in Fresno County.
- Collaborate with Marketing to update health educational resources as needed.



2022 Health Education Work Plan Mid-Year Evaluation

Submitted by:

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

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I. Purpose:

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

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

III. HED's Goals and Objectives:

Goals:

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

Objectives

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

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

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

V. Strategies

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

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

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

1. Initiative/ Project:	Chronic Disease Education: Asthma			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	Asthma is one of the most common chronic diseases and has been recognized as a growing health concern. According to the Centers for Disease Control and Prevention, 1 in 13 people have asthma. Asthma is the third-ranking cause of hospitalization among children younger than 15 and from 2008-2013, the annual economic cost of asthma was more than \$81.9 billion – including medical cost and loss of work and school days. A good number of CalViva Health members continue to access the Emergency Room for asthma related conditions. (The Economic Burden of Asthma in the United States, 2008-2013. Annals of the American Thoracic Society)			
Reporting Leader(s)	Primary:	J. Felix	Secondary:	R. Calva-Songco
Goal of Initiative	To educate members in managing their asthma.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Implement an Asthma in-home visitation program	Enroll 100 members into the Central California Asthma Collaborative (CCAC) in-home visitation program.	Enrolled 127 members.	Q1-Q2, 74 members enrolled.	
	Collect patient-level utilization and pharmacy data for asthma medications, and program effectiveness for members.	New for 2022.	As of Q2 2022, 36 members have completed the 12-month program. Member outcomes will be provided in year-end updates. Patient level evaluation will be conducted once the program ends in July 2023.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Collaborate with CCAC for in-home visitation program.		Ongoing for 2022	J. Felix, R. Calva-Songco	
Complete mailing, as needed, to promote Central California Asthma Collaborative (CCAC) program and partnership to targeted Medi-Cal members.		Q3 2022	J. Felix; A. Campos	
Conduct monthly vendor oversight meetings.		Ongoing for 2022	J. Felix	
Coordinate with Pharmacy to target members who need a controller medication and promote CCAC program.		Ongoing for 2022	J. Felix	
Provide a monthly list of high-risk members with asthma to CCAC.		Ongoing for 2022	J. Felix	
Support Asthma Population Health Management by promoting interdepartmental asthma resources to high-risk members.		Ongoing for 2022	J. Felix	
Conduct asthma phone education outreach as needed.		December 2022	J. Felix; L. Mucarsel	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: During Q1-Q2 2022, a total of 74 members have enrolled in the Central California Asthma Collaborative (CCAC) asthma project, of which 28 are children and 46 are adults. Seventy-four percent of members enrolled are Hispanic or Latino, followed by Whites at 15%, and African American or Black at 9%. Additionally, 59% of members enrolled listed English as their primary language and 41% listed Spanish. During Q1-Q2 2022, 97 home visits were completed</p>			

	<p>in-person, followed by 59 via a phone call, and 3 via a virtual meeting. As of Q2 2022, a total of 36 members have completed the 12-month program. Patient-level utilization and pharmacy data will be collected when the program ends in July of 2023, however, in the interim, the Plan is working with CCAC to begin looking at outcome measures and lessons learned as members complete the program. Available outcomes will be shared in Q4 2022.</p> <p><i>Year-End Update</i></p>
<p>Initiative Continuation Status <i>(populate at year-end)</i></p>	<p> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> </p>

2. Initiative/ Project:	Chronic Disease Education: Diabetes			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	1. According to the Centers for Disease Control and Prevention (CDC) 34.2 million people have diabetes and 88 million people aged 18 and over have prediabetes. (Centers for Disease Control and Prevention. <i>National Diabetes Statistics Report, 2020</i> . Retrieved 1.21.22. Available online: https://www.cdc.gov/diabetes/library/features/diabetes-stat-report.html) 2. Diabetes increases their risk of serious health problems. Health plans must comply with DHCS requirements in accordance with the APL 18-018; California state law requires the Department of Health Care Services (DHCS) to establish the Diabetes Prevention Program (DPP) as a Medi-Cal covered benefit. 3. African American, Hispanic/Latino, American Indian, or Alaska Native are at higher risk of developing Type 2 diabetes. 4. 2021 Population Needs Assessment results concluded diabetes care as one area for improvement for Year 2022.			
Reporting Leader(s)	Primary:	M. Zuniga	Secondary:	J. Felix
Goal of Initiative	To provide members with education on diabetes prevention and control through promotion of effective nutrition management strategies and multifaceted communication.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Implement a Diabetes Prevention Program (DPP)	Enroll at least 50 members in the DPP program by Dec 2022.	Received DHCS approval in November 2021. Enrollment status to be reported on 2022 mid-year report.	Enrolled 91 CVH members by end of June 2022.	
	At least 60% of participants enrolled in Yes Health mobile DPP program in 2022 will complete the 16-week program.	Program was not launched. Data to be reported in 2022.	Member data will be available by end of Q4 2022.	
	At least 20% of participants enrolled in the Yes Health mobile DPP program will achieve 5% or greater weight loss at week 16.	Program was not launched. Data to be reported in 2022.	Member data will be available by end of Q4 2022.	
Diabetes Care	Distribute <i>Diabetes Care</i> education booklet to 50 members with uncontrolled diabetes by September 2022.	New measure.	90 booklets were provided to Clinica Sierra Vista in Q2 2022.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Update Diabetes Prevention Program Implementation and Vendor Oversight Policy & Procedure.		April 2022	M. Zuniga, J. Felix	
Conduct one Provider Webinar to promote the DPP Medi-Cal benefit and the DPP mobile app.		July 2022	M. Zuniga	
Release new Provider Update with claims codes for prediabetes.		September 2022	M. Zuniga	
Submit Member Incentive Annual Evaluation report to DHCS.		December 2022	M. Zuniga	
Conduct monthly member eligibility data file transfers for DPP vendor.		December 2022	M. Zuniga	
Refer Medi-Cal members diagnosed with Type 2 diabetes participating in DPP program into health plan's disease management program for diabetes as needed.		December 2022	M. Zuniga	
Conduct monthly DPP vendor oversight meetings.		December 2022	M. Zuniga	
Evaluate effectiveness of DPP program percentage of members who maintain 5% weight loss upon completion of year 1 of the DPP program.		December 2022	M. Zuniga	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			

<p>Mid-Year and Year End Updates</p>	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: The DPP program was approved by DHCS in November 2021 and an initial member outreach campaign was launched early January 2022 to 9,562 at risk members for developing Type 2 diabetes. A second targeted member mailing to 11,638 CVH members at risk of developing Type 2 diabetes was conducted in Q2 of 2022. As of June 2022, a total of 91 members enrolled in the DPP program. The Annual Member Incentive Report was completed in May 2022 and reflected 55 members at the time the report was completed. As part of an education component for the Diabetes PDSA project in collaboration with Quality Improvement (QI), a total of 90 (50 English and 40 Spanish) newly branded <i>Diabetes Care</i> booklets were provided to Clinica Sierra Vista in Q2 2022.</p> <p>Year-End Update:</p>
<p>Initiative Continuation Status <i>(populate at year-end)</i></p>	<p> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> </p>

3. Initiative/ Project:	Chronic Disease Education: Hypertension				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA				
Rationale	According to the Center for Disease and Prevention (CDC), hypertension affects nearly half of adults in the United State (2020). The Surgeon General's Call to Action to Control Hypertension seeks to avert the negative health effects of hypertension across the U.S. by identifying interventions that can be implemented, adapted, and expanded across diverse settings (2020).				
Reporting Leader(s)	Primary:	M. Zuniga	Secondary:		
Goal of Initiative	To provide cardiovascular health prevention and disease management awareness to plan and community members.				
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)	
Educate members at risk for cardiovascular disease about healthy nutrition, physical activity, and timely preventive health screenings	Send Healthy Hearts Healthy Lives (HHHL) toolkits to <i>newly identified</i> members with uncontrolled high blood pressure to be based on identified care gaps in 2022 – projected to be at least 600 newly identified members in 2022.	2021 mailing of rebranded materials reached 1,212 members based on Q4 2021 care gap data.	Member mailing will be conducted in Q3-Q4 2022.		
Major Activities		Timeframe For Completion	Responsible Party(s)		
Submit HHHL member letter to Workfront and obtain material ID for future mailings.		May 2022	M. Zuniga		
Work collaboratively with Quality Improvement to identify high volume, low performing PPGs.		September 2022	M. Zuniga		
Identify members at risk for cardiovascular disease through claims and encounter data.		September 2022	M. Zuniga		
Mail Healthy Hearts Healthy Lives packet to identified members.		December 2022	M. Zuniga		
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
Mid-Year and Year End Updates	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Collaboration with QI to conduct targeted member outreach mailing to distribute HHHL toolkits will occur in Q3-Q4 2022. Year-End Update:				
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>				

4. Initiative/ Project:	Community Engagement/Promotores Health Network (PHN)			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input type="checkbox"/> QUALITY PERFORMANCE <input type="checkbox"/> PNA			
Rationale	Increase community awareness of CalViva Health's programs and services to help members achieve optimal health and wellbeing. For the Promotores, the focus for 2022 continues to be women's health and chronic condition measures which are held to a Minimum Performance Level (MPL) of 50 th Percentile.			
Reporting Leader(s)	Primary:	A. Corona, I. Rivera	Secondary:	
Goal of Initiative	To provide members culturally and linguistically appropriate health education, promote annual preventive screenings, and create linkages to local resources.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Increase health plan member participation in Promotores Health Network education charlas	Reach a 70% member participation in education charlas.	Conducted 87 charlas with 67% member reach rate (998/1,490).	Conducted 90 "charlas" with a 66% member participation rate (950/1,380).	
Engage community stakeholders to address social determinants of health priorities	Establish at least 1 partnership with a community partner to address social determinants of health.	Successfully established two partnerships with MCDPH and Alzheimer's Association.	Successfully established 2 new stakeholder partnerships with Centro La Familia and the Parkinson's Foundation.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Establish partnership with Madera County Department of Public Health to implement and promote PHN charlas and community engagement.		December 2022	A. Corona	
Identify a list of community stakeholders that address food insecurity, homelessness, and ACEs.		December 2022	A. Corona	
Promote community partners' programs and services that address social determinants of health.		December 2022	A. Corona	
Collaborate with Camarena Health to refer members to PHN charlas and promote preventive health screenings.		December 2022	A. Corona	
Collaborate with Madera Unified School District Parent Resource Centers to host diabetes classes and promote bailoterapia (fitness classes).		December 2022	A. Corona	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: Promotores Health Network Program (PHN) successfully pivoted to a hybrid in-person and virtual format (via Zoom) to provide bailoterapia (physical activity), walking club, literacy club (reading club) and health education in collaboration with community partners: Madera Department of Public Health, Alzheimer's Association, Parkinson's Association, and Vision y Compromiso, among others. The PHN program has focused on promoting children's immunizations, adolescent well care visits and continues to promote COVID-19 vaccinations. Barriers include the community's hesitancy to COVID-19 booster vaccine due to lack of culturally and linguistically available information. To address this barrier PHN distributed a COVID-19 educational flyer in both English and Spanish in the community.</p> <p>Year-End Update:</p>			

Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input type="checkbox"/>	CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>	CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>
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5. Initiative/ Project:	Fluvention and COVID-19			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	CalViva member flu vaccination rates continue to drop below the Healthy People 2020 rates of 70% for persons 6 months and older and 80% for pregnant women. Inform members of COVID-19 safety precautions and vaccines.			
Reporting Leader(s)	Primary: A. Fathifard		Secondary:	
Goal of Initiative	To reduce flu among members 6 months and older, especially high-risk populations. To educate members about COVID-19 prevention, testing and vaccination.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Increase Medi-Cal member knowledge about the importance and benefits of flu vaccines	Implement the Fluvention campaign to educate members on flu vaccination using two or more communication channels by Q4 2022.	Inclusion of Preventative Flu Practices and Promotion of Flu vaccinations in CalViva Whole you Annual Member Newsletter and Preventative Screening Guidelines.	Scheduled for Q3-Q4 2022 for Flu season 2022.	
Inform health care professionals on the latest flu information and best practices	Develop and distribute a provider update related to flu vaccination by Q4 2022.	Created and implemented a Provider Update on influenza-like-illness activity for the 2021 flu season and best practices for approaching Flu Vaccine hesitations during the COVID-19 pandemic. Sent on December 29, 2021.	Vaccine Confidence and Hesitancy Webinar hosted on 4/7/2022. Additional collateral was developed. A Power Point on Vaccine Confidence Strategy by Dr. Chelliah and was uploaded on the Provider Portal a week following the webinar.	
Increase member knowledge about COVID 19 prevention, testing and vaccination	Inform members on COVID-19 prevention, testing, and vaccination using 2 or more communication channels by Q3 2022.	<p>CalViva Health COVID-19 CBO Toolkit developed and shared with Community Engagement team for further dissemination to local partners and LHJ.</p> <p>Developed and Implemented COVID-19 Community Based Member Outreach Strategy to drive CalViva members to local vaccination events.</p>	In Q1 and Q2 of 2022, COVID vaccine telephonic outreach calls were made with a 12% member reach rate (81/700).	
Major Activities		Timeframe For Completion	Responsible Party(s)	

Leverage external resources: hospitals, schools, public health departments, CBOs, and other relevant stakeholders to increase flu vaccination rates.	August 2022	PHM
Lead COVID-19 member communication work group to develop and disseminate COVID 19 vaccine information.	August 2022	PHM
Work to rebrand and implement the multi-modal COVID-19 Corporate campaign, including requesting an expanded timeline for CA reviews.	September 2022	PHM
Work with Marketing to customize and approve eligible Fluvention communications to members and providers.	October 2022	A. Fathifard
Promote and/or distribute flu promotion resources or toolkits to providers and their office staff.	December 2022	A. Fathifard
Partner with data analytics (i.e., HEDIS team) to monitor Medi-Cal flu vaccination rates by county.	December 2022	A. Fathifard
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>	
Mid-Year and Year End Updates	<p>Include barriers to implementation and systemic/organizational barriers.</p> <p>Mid-Year Update: “Vaccine Confidence and Hesitancy Webinar” was hosted on April 7, 2022, with 28 attendees. Additional collateral (presentation slide deck on vaccine confidence) was developed and uploaded on the provider portal.</p> <p>CalViva Health’s data for COVID vaccine outreach for Q1 and Q2 of 2022:</p> <ul style="list-style-type: none"> • CalViva members called: 700 • CalViva members reached: 81 • Member reach rate: 12% <p>The following are member groups that we have prioritized in Q1/Q2 of 2022:</p> <ul style="list-style-type: none"> • Unknown race/ethnicity • Other race with chronic conditions • 50-64 year olds • African American/Al/AN with Chronic Conditions all Medi-Cal • Homebound <p>Additionally, four back to school events are being planned for Q3 2022 where members will receive education on COVID-19 information (prevention, testing, and vaccinations) in addition to other services and screenings.</p> <p>Some challenges encountered with telephonic outreach included: members not returning voice messages, wrong numbers, or number not listed. HE will continue to identify opportunities to inform members on COVID-19 prevention, testing, and vaccination.</p> <p>Year-End Update:</p>	
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>	

6. Initiative/ Project:	Member Newsletter			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	The newsletter meets the DHCS guideline that requires specific member communication to be mailed to members' homes. The member newsletter is also a mode of communication for NCQA articles and promotion of wellness programs and quality improvement interventions.			
Reporting Leader(s)	Primary:	M. Zuniga		Secondary:
Goal of Initiative	To educate members about priority health topics and inform members about available programs, services, and health care rights.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Manage content for Medi-Cal Newsletter	Develop and distribute one CVH member newsletter in 2022.	Distributed 928,000 member newsletters in 2021.	Mailing scheduled for Q3-Q4 2022.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Submit one newsletter to C&L database for review.		March 2022	M. Zuniga	
Collaborate interdepartmentally to develop and produce 1 annual newsletter.		April 2022	M. Zuniga	
Update newsletter Desktop Procedure, as needed.		May 2022	M. Zuniga	
Obtain DHCS approval.		June 2022	M. Zuniga	
Obtain member data in preparation for member mailing.		August 2022	M. Zuniga	
Work with ICS to distribute annual member newsletter.		September 2022	M. Zuniga	
Conduct interdepartmental kick-off meeting to gather 2023 newsletter topics.		October 2022	M. Zuniga	
Explore options for offering an expanded online newsletter.		October 2022	M. Zuniga	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: During Q4 2021, HED assumed management of all aspects of the Medi-Cal member newsletter production. In Q1, HED worked in collaboration with Commercial Marketing to identify article subject matter experts (SME) responsible for providing required articles for CalViva Health. The final draft of the CVH Medi-Cal member newsletter was submitted for Health Equity, Privacy, and Compliance reviews in Q2 2022, prior to sending for regulatory review. The CVH Medi-Cal member newsletter is with DHCS pending their approval. If approved, it will be mailed by end of Q3 or early Q4 2022. Year-End Update			
Initiative Continuation Status (populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

7. Initiative/ Project:	Mental / Behavioral Health			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	In CA, an estimated two-thirds of adults with a mental illness and two-thirds of adolescents with major depressive episodes did not get treatment (per CA Healthcare Foundation). According to the 2019 National Health Interview Survey, 11.2% of adults experienced regular feelings of worry, nervousness, or anxiety and 4.7% experienced regular feelings of depression. Data shows that 62% of California residents have experienced at least one ACE and 16% have experienced four or more ACEs, using 2011-2017 Behavioral Risk Factor Surveillance System (BRFSS) data from a random-digit-dialed telephone survey. (California Department of Public Health, Injury and Violence Prevention Branch (CDPH/IVPB), University of California, Davis, Violence Prevention Research Program, California Behavioral Risk Factor Surveillance System (BRFSS), 2011-2017).			
Reporting Leader(s)	Primary:		Secondary:	
	M. Lin			
Goal of Initiative	To support members with behavioral health resources and opioid education.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Promote member enrollment in myStrength	Increase member enrollment by 10% to 65 members.	Enrolled 59 members.	Enrolled 309 members.	
Develop Adverse Childhood Experiences (ACEs) training resources for providers	Produce 2 provider communications informing them of ACEs, trauma-informed care, toxic stress, and training opportunities.	Distributed 14 unique provider communications.	1 Provider Update distributed 1/2022.	
Promote ACEs among members/providers	Increase ACEs screening to CVH members by 3% from 16,143 to -16,627.	Submitted 16,143 screening claims.	Providers submitted 10,591 screening claims as of 6/30/2022.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Promote mental/behavioral health resources to members using member newsletter.		December 2022	M. Lin and M. Zuniga	
Explore additional promotional activities to promote myStrength/behavioral health resources.		December 2022	M. Lin	
Work with Marketing to produce 2 provider communications on ACEs.		December 2022	M. Lin	
Explore opportunity to work with Population Health Management to build referral process for members.		December 2022	M. Lin	
Initiative Status (populate at year-end)	<div style="display: flex; justify-content: space-around;"> MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> </div>			
Mid-Year and Year End Updates	Include barriers to implementation and systemic/organizational barriers. Mid-Year Update: In 2022, the Health Education Department staff have worked on promoting the ACEs screenings and myStrength program to both providers and members. The myStrength program enrollment has increased from 59 members as of December 31, 2021, to 309 members on June 30, 2022. This is an increase of more than 400% in enrollment. Behavioral health information is included in the monthly "new members" packet to help members learn about these resources. Additionally, the annual Member Newsletter, which is scheduled to be delivered to members in Q4 2022, also includes behavioral health information. To promote ACEs screening, one Provider Update was distributed in January 2022 to inform providers of the ACEs training available in 2022. From January 1, 2022, through June 30, 2022, providers have submitted 10,591 claims for ACEs screening. Year-End Update:			

Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input type="checkbox"/>	CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>	CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>
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8. Initiative/ Project:	Obesity Prevention			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	Adult obesity rate in CA is 25.8% and 13.9% for adolescents (grades 9-12)*. Obesity is a documented contributor to various diseases and healthcare costs. Per the January RY2020 HEDIS performance dashboard, Adult BMI Assessment and Weight Assessment and Counseling - BMI rates are below MPL across all Medi-Cal counties. * 2018 BRFSS and 2017 YRBSS data sources, pulled from CDC website on 1/27/2020.			
Reporting Leader(s)	Primary:	B. Head	Secondary:	M. Lin and M. Zuniga
Goal of Initiative	To support overweight and high-risk members to incorporate healthy lifestyle habits through nutrition education and increased physical activity.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Increase Fit Families for Life (FFFL) Home Edition Program enrollment.	Enroll 500+ members (75% flagged as high-risk).	Enrolled 776 members (100% flagged as high risk) [and 93.4% satisfaction from direct incentive survey].	Enrolled 2 members in Q1 2022. Outreach scheduled for Q3-Q4 2022.	
Increase Healthy Habits for Healthy People (HHHP) program enrollment.	Enroll 350+ members.	Enrolled 561 members.	No members enrolled. Outreach scheduled for Q3-Q4 2022.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Determine if a Provider Update on weight management is needed.		August 2022	B. Head	
Determine outreach to members non-compliant in the weight assessment/counseling HEDIS measure into FFFL and HHHP.		August 2022	B. Head	
Promote FFFL and HHHP in member newsletter.		September 2022	M. Zuniga	
Update and rebrand FFFL and HHHP materials.		December 2022	M. Lin	
Introduce email-messaging outreach to introduce FFFL to overweight members.		Q4 2022	B. Head	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: Based on an assessment of resources, member outreach to increase enrollment for obesity programs was realigned for deployment in Q3-Q4 2022. The two enrolled members were from the Fresno area. Upcoming Q3-Q4 outreach efforts included updated materials and are expected to increase awareness of programs for targeted populations.</p> <p>In reviewing the FFFL survey findings over the past few years, we found that there was little variation in participant responses. Knowledge areas needing attention are consistent, and similar feedback was obtained through open-ended questions. With member preferences now incorporated into updated program materials for 2022, this survey incentive program was ended. The member survey was removed as materials continued to be rebranded. No FFFL member surveys were returned during Q1-Q2 2022.</p> <p>Additionally, the Health Education Department (HED) staff updated and rebranded the FFFL and HHHP materials for 2022. All of the updated English FFFL and HHHP materials have been submitted to CalViva Health Compliance for review and approval. To date, the following 7 materials</p>			

	<p>are completed: FFFL Workbook in English and Spanish; Tips for Weight Control Flyer in English, Spanish, and Hmong; and the Exercise Band Flyer in English and Spanish. The remaining FFFL and HHHP materials are either going through translations or pending CalViva Health Compliance approval. Compliance is working with the IT Team for review, approval, and upload of the FFFL exercise videos to the CVH branded YouTube channel.</p> <p><i>Year- Update</i></p>
<p>Initiative Continuation Status (populate at year-end)</p>	<p> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> </p>

9. Initiative/ Project:	Pediatric Education			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	<p>Regularly scheduled well-child visits are a vital component of health care for young children and the foundation of pediatric primary care for most children in the United States. The American Academy of Pediatrics (AAP) guideline recommends attending 14 Well Child Visit (WCV) within the first five years of life and then annual visits after that until age 21. These visits may provide children with a unique opportunity to identify and address pressing social, preventive, behavioral, and developmental health services. Furthermore, these visits help ensure timely immunizations, help reduce the use of acute care services and offer parents an opportunity to discuss their health-related concerns that demonstrate significant and long-lasting effects on children's lives with the provider. Research estimates that children miss approximately one-third of WCVs, with African American children, children who are uninsured or publicly insured, and children from low-income families reporting even higher disproportions of WCVs. Literature indicates that children who were primarily publicly insured or uninsured most frequently missed visits at 15 months, 18 months, and four years. Children who fall short of these visits may lack developmental screenings and other preventive services typically performed at these ages. Missed WCVs accompany increased emergency department use and hospitalizations, associations that become amplified among children from low-income families.</p> <p>A consensus of scientific research demonstrates that cumulative adversity, especially when experienced during childhood development, also known as Adverse Childhood Experiences (ACEs), is a root cause to some of the most harmful, persistent, and expensive health challenges facing our nation. Identifying ACEs and other social determinants of health in children and adults, and providing targeted intervention, can improve efficacy and efficiency of care, support individual and family health and well-being, and reduce long-term health costs.</p> <p>The following CVH Counties express the current HEDIS rates (RY2022) for pediatric measures: Fresno: CIS-10 (<25th Percentile), IMA-2 (25th Percentile), LSC (<25th Percentile), W30-15 (25th Percentile), W30-30 (< 25th Percentile), WCV (50th Percentile) Kings: CIS-10 (<25th Percentile), IMA-2 (25th Percentile), LSC (50th Percentile), W30-15 (50th Percentile), W30-30 (< 25th Percentile), WCV (<25th Percentile) Madera: CIS-10 (25th Percentile), IMA-2 (75th Percentile), LSC (50th Percentile), W30-15 (75th Percentile), W30-30 (50th Percentile), WCV (75th Percentile)</p>			
Reporting Leader(s)	Primary:	A. Fathifard	Secondary:	J. Felix, M. Lin
Goal of Initiative	Develop resources to inform and educate members about the significance of WCVs and to act as a support for improving select HEDIS measures by driving member engagement via educational and community screening services.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Promote pediatric education resources	Promote two educational well-child resources for inter-departmental utilization.	Promoted WCV/CIS-10 curriculum training with Quality Improvement and staff of FHCN	Promoted the Pfizer VAKS program to implement patient recall systems.	
Immunization Education	Explore at least one best practice to improve childhood immunization.	Partnered with Family HealthCare Network for the clinic to implement an educational text messaging campaign inviting members to call the clinic to schedule their child's routine childhood shots. Campaign was delivered on September 14 th with a follow-up message on September 21 st .	<p>Working with data analytics team and CDPH to establish CAIR baseline rate.</p> <p>In Q2 2022, partnered with group for immunization event with 32 members receiving \$25 VISA gift card upon completion of their immunizations.</p> <p>Partnered with 1 clinic to implement an educational text messaging campaign to encourage</p>	

			immunizations.	
Barrier analysis: Health Equity for Pediatric Health Education	Complete analysis to determine if there are any potential disparities in completion of immunization rates based on race, ethnicity, and/or language.	New for 2022	Population Needs Assessment (PNA) findings determined some CIS-10 disparities: <ul style="list-style-type: none">English and Hmong speakers in Fresno County had lower CIS-10 compliance rates than other groups.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Identify and/or create and disseminate health education material(s) for members to inform them on the importance of blood lead screening for minors.		Q3 2022	A. Fathifard	
Identify and/or create and disseminate health education material(s) for providers to inform them on the new focus by DHCS on the importance of blood lead screening for minors.		Q3 2022	A. Fathifard	
Utilize Merck resources for webinar on Vaccine Hesitancy (for providers).		Q3 2022	A. Fathifard	
Promote well-child flyer to CBO partners and provider groups in CVH Counties.		August 2022	A. Fathifard	
Identify new potential sources of formal vaccination materials that highlight the importance of childhood and adolescent immunizations and discuss and coordinate dissemination with California Immunization Coalitions.		October 2022	A. Fathifard	
Provide health education support for the PIP and assist in intervention design.		December 2022	A. Fathifard and J. Felix	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	Include barriers to implementation and systemic/organizational barriers.			
	<p>Mid-Year Update: CalViva Health is developing novel solutions to help address health literacy gaps parents may have surrounding dates for required immunizations and well-child visits.</p> <ul style="list-style-type: none">First, for immunizations, the health plan created a proposed template based on the CDC's Recommended Vaccinations for Infants and Children, Parent-Friendly Edition. On the template, the health plan utilized form fields to create slots for ideal dates for required immunizations (creating a PDF-fillable form).Another resource in development is the creation of an easy-to-read flyer that includes spaces for dates to be populated – dates by which the parents should strive to vaccinate their child. This can help them stay current with their child's required vaccination schedule.Another resource in development is a new well-child visit personalized calendar which provides ideal dates for when members should complete their well-child visits, per the AAP periodicity schedule. This customized well-child flyer also takes things one step further by providing parents with a brief write-up of what to expect at that visit.Additionally, the health plan's internal pediatric workgroup will continue to discuss improvements around this project. <p>HED in collaboration with QI and Family HealthCare Network in Fresno County, implemented an intervention “Heroes for Health IZ Event” on April 23,</p>			

	<p>2022, during which 67 members attended the event and 32 members received immunizations. Health education materials were made available to members attending the event. Additionally, HED provided content for the clinic - Family HealthCare Network - to launch an educational text campaign to address members' concerns through the development of various text messages. The text messages invited members to call the clinic to schedule an appointment for their child's routine childhood shots. However, we continued to have a low response rate for the text campaign. To address this challenge, CalViva Health will partner with the clinic again and implement two additional Heroes for Health IZ events in the Fall 2022; one in October and the second in November as this event in the past has provided positive results.</p> <p>As Lead Screening for Children became a new pediatric HEDIS measure, the health plan took the initiative to identify members that are at high-risk for lead exposure and created interventions that will mitigate any health impacts. In addition, the health plan sought a strategy to enable providers within the network to conduct lead screening for children under two. Listed below are the strategies used by the health plan for this Lead Screening Initiative:</p> <ul style="list-style-type: none"> • Took data from CDPH Data Set (Geospatial Indicators for Risk of Childhood Exposure for California Census Tracts) and cross referenced to all LSC non-compliant across all counties from care gap lists. Isolated Census tracts where risk factors > 4 (Range: 0-6). Stratified data set by county and providers to identify providers with the highest number of non-compliant LSC members living in high-risk areas for lead exposure. <p>Health Education will work with the Quality Improvement team to identify providers contracted with LabCorp.</p> <p>Additionally, HED assisted in developing lead screening education content that will be added to QI's Multi-Care Gap phone script. The script will be utilized by the HEDIS team to conduct outreach calls to members. There are no barriers or challenges at this time.</p> <p>Year-End Update:</p>
Initiative Continuation Status <i>(populate at year-end)</i>	<p>CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/></p>

10. Initiative/ Project:	Perinatal Education			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	<p>1. According to the American Academy of Pediatrics and the American College of Obstetricians and Gynecologist (2017), prenatal care visits are important to ensure the well-being of the expectant mother and the unborn child. The recommendation intervals for prenatal visits for nulliparous women with uncomplicated pregnancies are every 4 weeks until 28 weeks of gestation, every 2 weeks from 28 to 36 weeks, and then weekly until delivery. CVH counties not meeting the 50% Minimum Performance Level (MPL) (50% Benchmark = 85.89%) in 2021 are: Fresno (85.05%) and Madera (82.73%). Kings (87.60%) met the 50% Benchmark in 2021.</p> <p>2. Based on the American College of Obstetricians and Gynecologists (2017), postpartum care is an important determinant of quality health care outcomes for women giving birth. Since medical complications can occur after a woman has given birth, postpartum visits can address any adverse effects that giving birth had on a woman's body, such as persistent bleeding, inadequate iron levels, blood pressure, pain, emotional changes, and infections. This postpartum care visit is recommended between 7 to 84 days after delivery. CVH counties not meeting the 50% Minimum Performance Level (MPL) (50% Benchmark = 76.40%) in 2021 are: Fresno (66.31%), Kings (76.00%), and Madera (64.85%).</p> <p>3. High rates of cesarean delivery are a concern worldwide. The United States (US) Centers for Disease Control and Prevention set a target rate for cesarean delivery of 23.9% for low-risk first birth as part of their Healthy People 2020 goals; however, the cesarean delivery rate in the US was 25.9% in 2018, which was still above the target rate.</p>			
Reporting Leader(s)	Primary: A. Fathifard		Secondary:	
Goal of Initiative	To provide accessible, high quality health care and education to women of childbearing age and babies to have healthy pregnancies, healthy newborns, increased exclusive breastfeeding rates and lower perinatal health care costs.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Enroll pregnant CVH members into the healthy pregnant education program.	Enroll 1,000+ pregnant members in the CVH Pregnancy Program.	Distributed a total of 1,715 CVH Pregnant Program packets and 678 Newborn packets to members.	Enrolled 491 CVH pregnant members into the CVH Pregnancy Program. Distributed a total of 5,200 Newborn packets to members.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Promote the CVH Pregnancy Program among internal departments.		Ongoing 2022		
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: A total of 491 pregnancy program packets were distributed to CVH pregnant members. Distributed a total of 5,200 Newborn packets to members. No challenges were encountered during the first half of the year. Outreach for the program will continue through the end of the year.</p> <p>Year-End Update</p>			

Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input type="checkbox"/>	CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>	CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>
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11. Initiative/ Project:	Population Needs Assessment			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input checked="" type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	Per DHCS APL 19-011, MCPs are required to conduct a PNA. MCPs must address the special needs of seniors and persons with disabilities (SPDs), children with special health care needs (CSHCN), members with limited English proficiency (LEP), and other member subgroups from diverse cultural and ethnic backgrounds in the PNA findings. MCPs must use the PNA findings to identify and act on opportunities for improvement.			
Reporting Leader(s)	Primary:	G. Toland, A. Fathifard, and M. Zuniga	Secondary:	
Goal of Initiative	To improve health outcomes for members and ensure that MCPs are meeting the needs of all their Medi-Cal members by: <ul style="list-style-type: none"> Identifying member health needs and health disparities. Evaluating Health Education, Health Equity (C&L), and Quality Improvement (QI) activities and available resources to address identified concerns. Implementing targeted strategies for Health Education, Health Equity (C&L), and Quality Improvement programs and services. 			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Compile data, author, and submit a Population Needs Assessment for CalViva Health to the Department of Health Care Services, per regulatory requirements.	Initiate workgroup and collaborate with QI, Health Equity, and other departments to obtain proper information for various PNA sections to submit to the State by the designated 2022 deadline.	Developed and completed Population Needs Assessment for CalViva Health. Obtained proper acceptance from DHCS and report noted as being "outstanding."	Population Needs Assessment submitted on time to DHCS by 6/30/22.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Assemble and Initiate Population Needs Assessment Workgroup and cadence of Workgroup Meetings.		March 2022	G. Toland, A. Fathifard, and M. Zuniga	
Work inter-departmentally to obtain all necessary data sources for PNA production.		May 2022	G. Toland, A. Fathifard, and M. Zuniga	
Examine county-Level data for all three CalViva counties to produce a Social Determinant of Health Analysis.		June 2022	G. Toland, A. Fathifard, and M. Zuniga	
Provide PNA progress towards Action Plan objectives.		June 2022	G. Toland, A. Fathifard, and M. Zuniga	
Include stakeholder engagement.		June 2022	G. Toland, A. Fathifard, and M. Zuniga	
Compile section write-ups into single-report format and overview entire document for alignment with DHCS checklist.		June-July 2022	G. Toland, A. Fathifard, and M. Zuniga	
Submit PNA to DHCS for DHCS review and approval.		June-July 2022	R. Calva-Songco, G. Toland, A. Fathifard, and M. Zuniga	
Formalize PNA findings into a presentable format for dissemination to QI and other departments in order to guide future work plan activities.		October 2022	A. Fathifard, M. Zuniga, and R. Calva-Songco	
Amplify PNA findings by sharing findings at Policy Committee meetings and delivering critical information to key community stakeholders and executives.		December 2022	S. Si	
Initiative Status (populate at year-end)	<div style="display: flex; justify-content: space-around;"> MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> </div>			
Mid-Year and Year End Updates	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update:			

	<p>In collaboration with Health Equity and Quality Improvement, HED developed and completed the 2022 Population Needs Assessment (PNA) report. The PNA provides key findings and helped identify gaps in services to meet members’ needs and encompasses action plans to address priority concerns. The PNA was submitted by Compliance by the 6/30/22 due date. Information on the final approval will be updated in the Year-End Update. PNA presentation slides will be developed so the report findings can be shared at the Public Policy Committee meeting.</p> <p><i>Year-End Update:</i></p>
Initiative Continuation Status <i>(populate at year-end)</i>	<p> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> </p>

12. Initiative/ Project:	Tobacco Cessation Program				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA				
Rationale	As the leading cause of preventable death, disease, and disability in the United States, cigarette smoking is responsible for more than 480,000 deaths every year. Exposure to secondhand smoke is estimated to cause 41,000 deaths among U.S. adults every year. Tobacco use tends to be higher in rural communities and is the highest among American Indian populations. Smokers live 10 years less than non-smokers, on average. In California, 11.2% of adults smoked (2018 estimates), and 5.4% of high school students smoked cigarettes on at least one day in the past month (2017 rate). In 2019, 17% of CVH Health Information Form respondents reported some form of tobacco use during the previous year.				
Reporting Leader(s)	Primary:	J. Felix		Secondary:	R. Calva-Songco
Goal of Initiative	To improve members' health outcomes and reduce health care costs by decreasing the rate of tobacco users among CVH membership.				
Performance Measure(s)	Objective(s)		2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Collaborate with Kick It California, CVH pharmacy staff, and other tobacco related stakeholders to improve smoking cessation rates among members	Increase CVH member participation in smoking cessation programs by 5% to 180 in 2022.		Enrolled 172 CVH members.	Enrolled 69 members through Q1-Q2 2022.	
Offer members tobacco cessation aids in partnership with Kick It California	Enroll 20 members per month into the Kick It California pilot project after DHCS approval of the program.		Program proposal not completed. Still in development.	Program proposal not completed. Still in development.	
Major Activities			Timeframe For Completion	Responsible Party(s)	
Finalize SOW, BAA and MSA with Kick It California with DHCS approval.			Q2 2022	J. Felix	
Use pharmacy and claims data for smoking related CDT and ICD-10 codes to monitor tobacco-related healthcare costs and for pharmacy to promote enrollment into Kick It California.			Q2-Q4 2022	J. Felix	
Promote Kick It California in one Medi-Cal newsletter.			October 2022	J. Felix	
Promote Kick It California tobacco cessation program to members via email and/or mail campaigns.			December 2022	J. Felix	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: Effective Q1 2022, there is a new tobacco cessation program lead from HED. CalViva Health partners with Kick It California to extend smoking cessation programs and services to members. By the end of Q2 2022, a total of 69 members were enrolled in tobacco cessation services offered by Kick It California. Of participating enrollees, 78% reside in Fresno County; 65% are female; 52% are from the 45-64 years old age group; and 95% have English listed as their preferred language. When viewed by race/ethnicity: White members make up 43% of the distribution, followed by Hispanics (23%), and Blacks (12%).</p> <p>The DHCS proposal for the project pilot to offer tobacco cessation aids continues to be under development. CalViva Health is awaiting successful proposal approval on behalf of a partnering health plan before moving forward with our own submission. This allows us to incorporate best practices learned during the other approval process. A challenge has been the length of time in the review process with DHCS, however, we anticipate having the final DHCS approval of the partnering health plan's request sometime in July 2022. In the meantime, preparation work continues including exploring alternative sources of data to identify members who smoke or have nicotine dependence. Member education materials have been updated to reflect the new helpline's name (Kick It California). Promotion also continues through the annual member newsletter.</p>				

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

13. Initiative/ Project:	Women's Health			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	<p>1. According to the U.S. Preventive Services Task Force (USPSTF, 2018), American Cancer Society (ACS, 2022), and Centers for Disease Control and Prevention (CDC, 2022), it's recommended that women between 21 to 65 years of age should have regular pap tests. Cervical Cancer is highly preventable because screening test and a vaccine to prevent HPV infections are available. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life. CVH counties not meeting the 50% Minimum Performance Level (MPL) (50% Benchmark = 59.12%) for CCS in 2021 are: Fresno (55.74%), Kings (58.09%), and Madera (57.30%).</p> <p>2. According to the ACS (2022), 1 out of 8 women will develop breast cancer in their lifetime. Breast Cancer is the most common cancer in women, no matter race or ethnicity and it's the most common cause of death from cancer among Hispanic women. Regular mammograms are the best tests doctors have to find breast cancer early, sometimes up to three years before it can be felt for women over 50 years of age. CVH counties meeting the 50% Minimum Performance Level (MPL) (50% Benchmark = 53.93%) for BCS in 2021 are: Kings (54.42%) and Madera (54.12%). Fresno (46.33%) is below the MPL.</p>			
Reporting Leader(s)	Primary:	M. Zuniga	Secondary:	J. Felix, L. Mucarsel
Goal of Initiative	To provide members with education on breast cancer and cervical cancer regular screenings through promotion of importance of regular screenings and multifaceted communication.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Conduct Breast Cancer Screening/Cervical Cancer BCS/CCS classes	Coordinate with Every Women Counts a minimum of 3 BCS/CCS virtual classes in 2022. Reach a minimum of 50 members.	Conducted 16 virtual BCS/CCS classes, reaching a total of 1,388 participants.	Conducted 29 virtual and in-person BCS/CCS classes; reached 880 participants.	
Improve breast cancer screening (BCS) rate for targeted provider in Fresno County	Develop and implement 1 educational intervention to improve breast cancer screening rate targeting Southeast Asian members in Fresno County.	Implemented an educational session for Hmong-speaking BCS non-compliant members on September 24, 2021, at The Fresno Center.	Q1-Q2 2022, implemented 2 mobile mammography events (over 4 days); 80 members completed their BCS exams.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Conduct BCS and CCS telephonic educational calls.		Ongoing 2022	L. Mucarsel	
Work with Provider Engagement to promote and distribute BCS/CCS materials with providers.		Ongoing 2022	M. Zuniga	
Coordinate with Health Equity, Quality Improvement, and Hmong community members to address BCS Disparity Project in Fresno County.		Ongoing 2022	J. Felix	
In collaboration with Health Equity, Quality Improvement, and Hmong community, develop 1 educational intervention to address priority areas for BCS project.		Ongoing 2022	J. Felix	
Partner with Every Woman Counts to conduct BCS/CCS virtual community education classes.		Ongoing 2022	M. Zuniga	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<p>Include barriers to implementation and systemic/organizational barriers.</p> <p>Mid-Year Update: Every Woman Counts (EWC) virtual BCS/CCS classes reached a total of 880 participants in over 29 classes held during Q1-Q2 2022. This continues to be a great partnership with an agency that have staff in different counties making it much easier to reach out to the community. Before COVID-19, all classes</p>			

	<p>were in-person. While some counties have opened up to in-person activities others have not. During the pandemic, classes and activities were offered virtually. Classes are now offered in a hybrid model (in-person and virtual). The EWC point of contact commented that having member incentives available (as funded and provided by the health plan) at events/classes helped increase attendance and screenings (for breast and cervical cancers). The goal for EWC is to continue to partner with local collaborators in different regions to promote classes and offer incentives in order to continue to increase attendance and screenings. The health plan will continue with this partnership in 2022 with the goal to implement in-person classes - depending on the COVID-19 guidelines and status. HED is continuously working with Provider Engagement, Quality Improvement, and clinics to promote and distribute BCS/CCS materials.</p> <p>Health Education Department in collaboration with Quality Improvement, Health Equity, and The Fresno Center staff, continue to support a Breast Cancer Screening (BCS) Performance Improvement Project with one high volume, low compliance clinic that serves the Hmong population in Fresno County. CalViva Health supported select providers in offering member incentives at point of care to motivate members in need of completing their breast cancer screening. In Q1 2022, two mobile mammography events were implemented at Kings Winery Clinic where 54 members received a \$25 VISA gift card incentive upon completion of the BCS exam. In Q2 2022, one mobile mammography event had to be cancelled due to a technician testing positive for COVID-19. The event was later rescheduled in June with two mobile mammography events were implemented at Kings Winery Clinic. A total of 26 members each received a \$25 VISA gift card upon completion of the BCS exam and an additional \$25 VISA gift card for the inconvenience caused by the last-minute rescheduling of the May event.</p> <p>Due to the positive turnout at the BCS events, two additional BCS events are being planned for the Fall.</p> <p>Year-End Update:</p>
Initiative Continuation Status <i>(populate at year-end)</i>	<div> <div>CLOSED <input type="checkbox"/></div> <div>CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/></div> <div>CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/></div> </div>

14. Initiative/ Project:	Compliance: Oversight and Reporting			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input checked="" type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	Provide oversight to assure compliance to DHCS requirements.			
Reporting Leader(s)	Primary:	R. Calva-Songco, J. Felix, M. Lin	Secondary:	
Goal of Initiative	To meet regulatory and company compliance			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Complete and submit Health Education Department's Program Description, Work Plan, and Work Plan evaluation reports	Complete and submit Program Description, Work Plan, and Work Plan evaluation reports in 2022.	Completed and submitted Program Description, work plan, and work plan evaluation.	Completed and submitted the 2022 Program Description, 2022 Work Plan submission, and the 2021 Work Plan Evaluation.	
Update Health Education Department's Policies and Procedures	Update Policies and Procedures in 2022.	Updated 6 Policies and Procedures.	Updated 3 Policies & Procedures.	
Complete all incentive program reports to CalViva Health and DHCS	Complete semi-annual progress reports and annual DHCS incentive evaluation reports in 2022.	Completed semi-annual progress reports and 12 annual DHCS incentive evaluation reports.	Completed semi-annual work plan progress reports and 3 annual DHCS incentive evaluation reports.	
Develop and distribute a Provider Update on Staying Healthy Assessment (SHA)	Produce one Provider Update in 2022.	Produced 1 Provider Update.	Postponed due to DHCS's plan to replace the SHA.	
Present Health Education updates at Public Policy Committee (PPC) meetings	Participate in four PPC meetings where health education reports are presented in 2022.	Provided reports to be presented at 4 PPC meetings.	Provided reports to be presented at 2 PPC meetings.	
Produce a Population Needs Assessment (PNA) report for all CVH counties	Develop and share PNA report with action plan using the latest data in 2022.	PNA was completed and approved by DHCS.	Population Needs Assessment submitted for DHCS review by 6/30/2022.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Update Department Program Description.		March 2022	J. Felix and R. Calva-Songco.	
Produce and distribute Provider Update on SHA.		-December 2022	M. Line	
Update Health Education Department's Policies and Procedures.		December 2022	J. Felix, R. Calva-Songco, and Project Leads	
See PNA initiative of the work plan for information regarding this report.		December 2022	G. Toland, A. Fathifard, M. Zuniga, and R. Calva-Songco, and Sydney Turner	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: In collaboration with Health Equity and QI, reviewed and developed the 2022 Population Needs Assessment (PNA) report. The PNA provides key findings and helps identify gaps in services to meet members' needs and encompasses action plans to address priority concerns. The PNA was submitted to DHCS meeting the June 30 th deadline.			

	<p>Health Education staff updated 3 policies and procedures, one Program Description, and completed one semi-annual progress report. The department is compliant with all required reporting.</p> <p><i>Year-End Update</i></p>
<p>Initiative Continuation Status <i>(populate at year-end)</i></p>	<p>CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/></p>

15. Initiative/ Project:	Health Education Department Promotion, Materials Update, Development, Utilization, and Inventory			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input checked="" type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	Assure health education resources are meeting DHCS requirements per APL 18-016.			
Reporting Leader(s)	Primary: M. Lin, M. Zuniga		Secondary: A. Campos L. Mucarsel	
Goal of Initiative	To produce and update health education resources to meet member and provider needs.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
All required health education materials topics and languages available to providers, members, and associates.	Develop needed materials and resources in 2022 to assure compliance.	Rebranded, updated/ adopted 9 CalViva Health member materials. Updated the CalViva Health Provider Order Form for Health Education Materials.	Rebranded/updated 18 member health education materials.	
Major Activities		Timeframe For Completion	Responsible Party(s)	
Review and approve health education materials following DHCS APL 18-016 guidelines. Complete and track DHCS Readability and Suitability Checklists.		Ongoing 2022	M. Lin and M. Zuniga	
Develop, rebrand and update identified CalViva Health high priority materials. Complete readability assessments and C&L Checklists for C&L review and approval. Submit materials to Health Equity, Privacy, and Compliance for review and approval.		Q4 2022	M. Lin and M. Zuniga	
Conduct monthly material review meetings. Refine material review and field test process as needed.		Q4 2022	M. Lin, M. Zuniga, A. Campos, and L. Mucarsel	
Partner with Provider Engagement to promote health education materials.		Q4 2022	J. Felix	
Initiative Status (populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: In Q1 and Q2 2022, the Health Education Department (HED) staff rebranded and updated a total of 18 member health education materials. HED staff identified and updated high-priority materials with the new CalViva Health logo. The rebranded materials cover the topics of exercise, health education programs and services, heart health, diabetes, pain control, and weight management. HED staff also met monthly to improve and refine the material review and development process. To explore new ways to develop in-house materials, HED staff also participated in Marketing Department's Canva Pilot Project by attending monthly meetings, testing the design software, and providing feedback for process improvement. The Canva Pilot Project is an online graphic design tool that allows users to create materials or templates.</p> <p>Additionally, health education materials and information on programs and services were provided at the following events:</p> <ul style="list-style-type: none"> March 10th & 11th: Breast Cancer Screening Event at Kings Winery Clinic (Fresno, CA) June 11th: Reading Extravaganza at Storyland (Fresno, CA) June 16th & 17th: Breast Cancer Screening Event at Kings Winery Clinic (Fresno, CA) <p>Year-End Update:</p>			

Initiative Continuation Status <i>(populate at year-end)</i>	CLOSED <input type="checkbox"/>	CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>	CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>
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Item #9

Attachment 9.A

Financials as of September 30, 2022

	Fresno-Kings-Madera Regional Health Authority dba CalViva Health		
	Balance Sheet		
	As of September 30, 2022		
		Total	
1	ASSETS		
2	Current Assets		
3	Bank Accounts		
4	Cash & Cash Equivalents		166,867,432.19
5	Total Bank Accounts	\$	166,867,432.19
6	Accounts Receivable		
7	Accounts Receivable		116,556,655.86
8	Total Accounts Receivable	\$	116,556,655.86
9	Other Current Assets		
10	Interest Receivable		291,411.73
11	Investments - CDs		0.00
12	Prepaid Expenses		1,223,508.25
13	Security Deposit		44,333.32
14	Total Other Current Assets	\$	1,559,253.30
15	Total Current Assets	\$	284,983,341.35
16	Fixed Assets		
17	Buildings		6,116,851.30
18	Computers & Software		0.00
19	Land		3,161,419.10
20	Office Furniture & Equipment		70,483.09
21	Total Fixed Assets	\$	9,348,753.49
22	Other Assets		
23	Investment -Restricted		302,477.85
24	Lease Receivable		3,632,381.81
25	Total Other Assets	\$	3,934,859.66
26	TOTAL ASSETS	\$	298,266,954.50
27	LIABILITIES, DEFERRED INFLOW OF RESOURCES AND EQUITY		
28	Liabilities		
29	Current Liabilities		
30	Accounts Payable		
31	Accounts Payable		88,539.36
32	Accrued Admin Service Fee		4,535,641.00
33	Capitation Payable		95,375,470.60
34	Claims Payable		23,093.09
35	Directed Payment Payable		2,213,722.16
36	Total Accounts Payable	\$	102,236,466.21
37	Other Current Liabilities		
38	Accrued Expenses		1,532,363.63
39	Accrued Payroll		96,841.52
40	Accrued Vacation Pay		325,919.13
41	Amt Due to DHCS		8,476,570.48
42	IBNR		58,471.01
43	Loan Payable-Current		0.00
44	Premium Tax Payable		0.00
45	Premium Tax Payable to BOE		6,051,267.18
46	Premium Tax Payable to DHCS		45,718,750.00
47	Total Other Current Liabilities	\$	62,260,182.95
48	Total Current Liabilities	\$	164,496,649.16
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	\$	164,522,555.95
54	Deferred Inflow of Resources		3,282,931.43
55	Equity		
56	Retained Earnings		127,950,997.92
57	Net Income/(Loss)		2,510,469.20
58	Total Equity	\$	130,461,467.12
59	TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES AND EQUITY	\$	298,266,954.50

Fresno-Kings-Madera Regional Health Authority dba CalViva Health				
Budget vs. Actuals: Income Statement				
July 2022 - September 2022				
		Total		
		Actual	Budget	Over/(Under) Budget
1	Income			
2	Interest Income	761,568.94	84,999.00	676,569.94
3	Premium/Capitation Income	326,177,074.21	310,999,073.00	15,178,001.21
4	Total Income	326,938,643.15	311,084,072.00	15,854,571.15
5	Cost of Medical Care			
6	Capitation - Medical Costs	261,174,219.73	247,765,862.00	13,408,357.73
7	Medical Claim Costs	267,208.97	270,000.00	(2,791.03)
8	Total Cost of Medical Care	261,441,428.70	248,035,862.00	13,405,566.70
9	Gross Margin	65,497,214.45	63,048,210.00	2,449,004.45
10	Expenses			
11	Admin Service Agreement Fees	13,568,379.00	13,200,000.00	368,379.00
12	Bank Charges	0.00	1,800.00	(1,800.00)
13	Computer/IT Services	56,344.37	58,368.00	(2,023.63)
14	Consulting Fees	6,050.00	75,000.00	(68,950.00)
15	Depreciation Expense	71,687.07	81,075.00	(9,387.93)
16	Dues & Subscriptions	50,787.88	51,300.00	(512.12)
17	Grants	2,151,363.64	2,151,363.64	0.00
18	Insurance	46,202.18	46,203.00	(0.82)
19	Labor	838,209.85	873,524.00	(35,314.15)
20	Legal & Professional Fees	28,489.34	47,700.00	(19,210.66)
21	License Expense	294,400.66	293,490.00	910.66
22	Marketing	257,622.62	388,750.00	(131,127.38)
23	Meals and Entertainment	9,157.98	9,200.00	(42.02)
24	Office Expenses	21,260.60	25,000.00	(3,739.40)
25	Parking	46.39	390.00	(343.61)
26	Postage & Delivery	960.41	1,020.00	(59.59)
27	Printing & Reproduction	0.00	1,200.00	(1,200.00)
28	Recruitment Expense	10,161.30	12,000.00	(1,838.70)
29	Rent	0.00	3,000.00	(3,000.00)
30	Seminars and Training	4,351.98	6,300.00	(1,948.02)
31	Supplies	2,433.29	2,850.00	(416.71)
32	Taxes	45,718,503.47	45,718,749.00	(245.53)
33	Telephone	7,506.72	9,975.00	(2,468.28)
34	Travel	3,612.30	5,700.00	(2,087.70)
35	Total Expenses	63,147,531.05	63,063,957.64	83,573.41
36	Net Operating Income/ (Loss)	2,349,683.40	(15,747.64)	2,365,431.04
37	Other Income			
38	Other Income	160,785.80	165,000.00	(4,214.20)
39	Total Other Income	160,785.80	165,000.00	(4,214.20)
40	Net Other Income	160,785.80	165,000.00	(4,214.20)
41	Net Income/ (Loss)	2,510,469.20	149,252.36	2,361,216.84

Fresno-Kings-Madera Regional Health Authority dba CalViva Health				
Income Statement: Current Year vs Prior Year				
FY 2023 vs FY 2022				
Total				
		July 2022 - September 2022 (FY 2023)	July 2021 - September 2021 (FY 2022)	
1	Income			
2	Interest Income	761,568.94	57,304.85	
3	Premium/Capitation Income	326,177,074.21	342,630,261.03	
4	Total Income	\$ 326,938,643.15	\$ 342,687,565.88	
5	Cost of Medical Care			
6	Capitation - Medical Costs	261,174,219.73	283,875,813.68	
7	Medical Claim Costs	267,208.97	240,895.15	
8	Total Cost of Medical Care	\$ 261,441,428.70	\$ 284,116,708.83	
9	Gross Margin	\$ 65,497,214.45	\$ 58,570,857.05	
10	Expenses			
11	Admin Service Agreement Fees	13,568,379.00	12,804,935.00	
12	Bank Charges	0.00	5.00	
13	Computer/IT Services	56,344.37	52,453.37	
14	Consulting Fees	6,050.00	0.00	
15	Depreciation Expense	71,687.07	71,455.80	
16	Dues & Subscriptions	50,787.88	41,015.10	
17	Grants	2,151,363.64	1,722,727.28	
18	Insurance	46,202.18	44,912.83	
19	Labor	838,209.85	917,304.22	
20	Legal & Professional Fees	28,489.34	23,239.01	
21	License Expense	294,400.66	199,268.79	
22	Marketing	257,622.62	236,430.31	
23	Meals and Entertainment	9,157.98	8,972.44	
24	Office Expenses	21,260.60	13,696.92	
25	Parking	46.39	0.00	
26	Postage & Delivery	960.41	763.33	
27	Printing & Reproduction	0.00	644.72	
28	Recruitment Expense	10,161.30	784.84	
29	Rent	0.00	0.00	
30	Seminars and Training	4,351.98	4,141.00	
31	Supplies	2,433.29	2,298.53	
32	Taxes	45,718,503.47	41,562,500.00	
33	Telephone	7,506.72	8,873.40	
34	Travel	3,612.30	2,397.09	
35	Total Expenses	\$ 63,147,531.05	\$ 57,718,818.98	
36	Net Operating Income/ (Loss)	\$ 2,349,683.40	\$ 852,038.07	
37	Other Income			
38	Other Income	160,785.80	122,684.31	
39	Total Other Income	\$ 160,785.80	\$ 122,684.31	
40	Net Other Income	\$ 160,785.80	\$ 122,684.31	
41	Net Income/ (Loss)	\$ 2,510,469.20	\$ 974,722.38	

Item #9

Attachment 9.B

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	16	19	25	12	1		160
Member Materials Filed for Approval;	1	5	4	4	1	3	3	1	2	1	1		26
Provider Materials Reviewed & Distributed	22	11	11	12	15	29	16	14	23	20	4		177
# of DMHC Filings	4	4	5	5	5	4	2	3	5	2	1		40

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	1	1	2	1	1		29
High-Risk	0	0	0	0	0	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	1*	0	1	0	0	1		4
# of Cases Open for Investigation (Active Number)	21	22	22	20	19	17	15	15	15	14	11		

RHA Commission: Compliance Regulatory Report

Summary of Potential Fraud, Waste & Abuse (FWA) cases: Since the 9/15/22 Compliance Regulatory Report to the Commission, there have been two new MC609 cases filed. One case involved a participating group practice specializing in vascular surgery that was an outlier for billing a higher number of a particular HCPC code compared to peers. Another was filed due to SIU receiving a referral from the health plan stating a member's father received a bill for DME products that were not received or needed.

* **NOTE:** This case was filed in June but was inadvertently left off the 9/15/22 Commission Compliance Report. This case involved a member complaint about billing they received from a DME provider when they had not seen the provider since 2018.

Compliance Oversight & Monitoring Activities	Description
CalViva Health Oversight Activities	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.
Oversight Audits	The following annual audits are in-progress: Credentialing, Access and Availability, Emergency Services, and Utilization Management. The following audits have been completed since the last Commission report: Annual Claims & PDR (CAP)
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 received the DHCS' draft 2022 Audit Final Report on 9/29/22, held its Exit Conference with the Plan on 10/4/22. The Report identified three audit findings: two concerned lack of documentation related to the provision of blood lead screening of young children, and one related to lack of documentation of a Physician Certification Statement (PCS) form for member's request for non-emergency medical transportation (NEMT). On 10/19/22, the Plan provided responses to these draft findings. DHCS' Final Report is pending.

RHA Commission: Compliance Regulatory Report

Department of Managed Health Care (“DMHC”) 2022 Medical Audit	The DMHC “on-site” audit was conducted via teleconference on 9/19/22 and 9/20/22. Since then, the Plan has been responding to several “Post-Onsite” audit requests from the DMHC.
New Regulations / Contractual Requirements/DHCS Initiatives	Status
California Advancing and Innovating Medi-Cal (CalAIM)	<p><u>A. Enhanced Care Management & Community Supports:</u> On 10/25/22, the Plan submitted updated MOC documents to ensure the Plan’ and its subcontractors’ policy and procedures related to ECM/CS authorizations are aligned to minimize administrative burden on the ECM/CS providers.</p> <p><u>B. Long-Term Care (LTC) Carve-In:</u> On 10/14/22, the Plan received written confirmation from DHCS that the Plan was compliant with the SNF network readiness requirements.</p> <p style="padding-left: 40px;">Effective 1/1/23, Medi-Cal Managed Care Plans will be responsible for authorizing and covering medically necessary SNF services. Members will no longer be disenrolled to FFS. Most non-dual and dual long-term care members residing in nursing facilities will be required to enroll in managed care.</p> <p style="padding-left: 40px;">Effective 7/1/23, the remaining LTC residents receiving care from adult and pediatric Subacute facilities and Intermediate Care Facilities for the Developmentally Disabled will be required to enroll in managed care.</p> <p><u>C. Population Health Management:</u> On 10/28/22, the Plan filed its PHM Program Deliverable with DHCS. The PHM Program Readiness Deliverable describes specific components of the Plan’s PHM programs and includes attestations of its readiness to implement these components prior to PHM launch 1/1/2023. On 1/1/2023, all Managed Care Plans will be required to meet PHM standards and have either full NCQA Accreditation or otherwise demonstrate the it meets the PHM standards for NCQA Accreditation. PHM standards are one component of NCQA Accreditation. CalViva Health is pursuing NCQA Accreditation in 2024.</p>
Member Handbook/Evidence of Coverage	The Plan received DHCS and DMHC approval of its Member Handbook on 9/12/22 and 9/15/22, respectively. The Plan is required to provide the Member Handbook to members by 1/1/2023.

Plan Administration	
DHCS 2024 Operational Readiness Work Plan & Contract	<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>The Plan has completed the 9/12/22 filing of documents and is in the process to complete the 12/19/22 required filing.</p>
Committee Report	
Public Policy Committee	<p>The next meeting will be held on December 7, 2022 at 11:30am in the Plan’s Administrative Office.</p>

Item #9

Attachment 9.C

Appeals & Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2022

Current as of End of the Month: September

Revised Date: 10/14/2022

CalViva Health Appeals and Grievances Dashboard 2022

CalViva - 2022																	2022 YTD	2021 YTD
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2022 YTD	2021 YTD
Expedited Grievances Received	4	4	8	16	5	7	9	21	5	9	4	18	0	0	0	0	55	110
Standard Grievances Received	75	58	102	235	75	90	101	266	84	117	110	311	0	0	0	0	812	997
Total Grievances Received	79	62	110	251	80	97	110	287	89	126	114	329	0	0	0	0	867	1107
Grievance Ack Letters Sent Noncompliant	2	1	0	3	0	1	0	1	0	1	0	1	0	0	0	0	5	3
Grievance Ack Letter Compliance Rate	97.3%	98.3%	100.0%	98.7%	100.0%	98.9%	100.0%	99.6%	100.0%	99.1%	100.0%	99.7%	0.0%	0.0%	0.0%	0.0%	99.38%	99.7%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	4	4	8	16	4	8	8	20	6	8	5	19	0	0	0	0	55	111
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.00%	100.0%
Standard Grievances Resolved Noncompliant	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Standard Grievances Resolved Compliant	79	60	67	206	98	79	92	269	94	108	107	309	0	0	0	0	784	1033
Standard Grievance Compliance rate	98.7%	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	99.87%	100.0%
Total Grievances Resolved	84	64	75	223	102	87	100	289	100	116	112	328	0	0	0	0	840	1144
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	62	31	48	141	73	59	67	199	69	77	88	234	0	0	0	0	574	878
Access - Other - DMHC	15	5	9	29	14	18	24	56	10	18	19	47	0	0	0	0	132	63
Access - PCP - DHCS	6	3	11	20	7	4	6	17	6	6	10	22	0	0	0	0	59	107
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	3	1	3	7	13	5	4	22	4	6	0	10	0	0	0	0	39	48
Administrative	10	5	7	22	10	8	3	21	17	7	17	41	0	0	0	0	84	191
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Interpersonal	14	7	6	27	10	5	6	21	7	8	16	31	0	0	0	0	79	82
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	4	1	7	12	12	5	12	29	13	10	8	31	0	0	0	0	72	80
Pharmacy/RX Medical Benefit	5	0	1	6	0	1	0	1	0	0	1	1	0	0	0	0	8	51
Transportation - Access	3	1	2	6	4	3	4	11	3	10	8	21	0	0	0	0	38	116
Transportation - Behaviour	2	5	2	9	2	8	7	17	9	6	5	20	0	0	0	0	46	100
Transportation - Other	0	3	0	3	1	2	1	4	0	6	4	10	0	0	0	0	17	37
Quality Of Care Grievances	22	33	27	82	29	28	33	90	31	39	24	94	0	0	0	0	266	266
Access - Other - DMHC	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	4
Access - PCP - DHCS	0	1	1	2	1	0	0	1	0	2	0	2	0	0	0	0	5	6
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	3	0	0	3	0	0	0	0	0	0	0	0	3	2
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	2	3	5	10	0	6	5	11	7	2	2	11	0	0	0	0	32	56
PCP Care	4	10	6	20	14	5	11	30	7	9	5	21	0	0	0	0	71	95
PCP Delay	6	9	7	22	6	10	10	26	6	12	12	30	0	0	0	0	78	42
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	4	5	7	16	5	6	6	17	9	8	2	19	0	0	0	0	52	46
Specialist Delay	4	5	1	10	0	1	1	2	2	7	3	12	0	0	0	0	24	15
Exempt Grievances Received	280	201	200	681	236	235	166	637	161	267	130	558	0	0	0	0	1876	2877
Access - Avail of Appt w/ PCP	4	7	4	15	7	6	2	15	1	9	1	11	0	0	0	0	41	93
Access - Avail of Appt w/ Specialist	0	0	0	0	0	0	1	1	1	0	0	1	0	0	0	0	2	2
Access - Avail of Appt w/ Other	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0
Access - Wait Time - wait too long on telephone	7	1	1	9	0	4	1	5	1	2	1	4	0	0	0	0	18	35
Access - Wait Time - in office for appt	1	1	1	3	3	0	3	6	0	0	0	0	0	0	0	0	9	17
Access - Panel Disruption	1	2	5	8	4	0	1	5	3	0	2	5	0	0	0	0	18	57
Access - Shortage of Providers	0	0	0	0	0	1	0	1	0	2	0	2	0	0	0	0	3	1
Access - Geographic/Distance Access Other	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0
Access - Geographic/Distance Access PCP	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	10
Access - Geographic/Distance Access Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Access - Interpreter Service Requested	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Benefit Issue - Specific Benefit needs authorization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Benefit Issue - Specific Benefit not covered	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Attitude/Service - Health Plan Staff	2	0	0	2	0	3	0	3	0	0	1	1	0	0	0	0	6	17
Attitude/Service - Provider	59	39	23	121	19	13	8	40	11	9	4	24	0	0	0	0	185	285
Attitude/Service - Office Staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12
Attitude/Service - Vendor	0	0	4	4	0	0	1	1	2	3	1	6	0	0	0	0	11	11
Attitude/Service - Health Plan	1	1	1	3	1	1	0	2	0	0	0	0	0	0	0	0	5	11
Authorization - Authorization Related	2	0	1	3	1	1	0	2	0	2	1	3	0	0	0	0	8	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	1	6
Eligibility Issue - Member not eligible per Provider	2	4	8	14	3	6	2	11	0	3	1	4	0	0	0	0	29	37
Health Plan Materials - ID Cards-Not Received	35	18	13	66	26	32	14	72	16	24	8	48	0	0	0	0	186	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	4	7
Health Plan Materials - Other	0	1	2	3	0	1	0	1	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	1	NA
PCP Assignment/Transfer - Health Plan Assignment - Change Request	54	36	41	131	59	51	40	150	42	81	38	161	0	0	0	0	442	1162
PCP Assignment/Transfer - HCO Assignment - Change Request	60	51	36	147	51	33	43	127	41	80	34	155	0	0	0	0	429	156
PCP Assignment/Transfer - PCP effective date	0	0	0	0	1	0	0	1	0	1	0	1	0	0	0	0	2	0
PCP Assignment/Transfer - PCP Transfer not Processed	3	1	2	6	1	0	2	3	0	2	1	3	0	0	0	0	12	19

CalViva Health Appeals and Grievances Dashboard 2022

PCP Assignment/Transfer - Rollout of PPG	0	0	0	0	0	0	0	0	0	2	0	2	0	0	0	0	2	45
PCP Assignment/Transfer - Mileage Inconvenience	5	3	4	12	6	4	0	10	1	0	1	2	0	0	0	0	24	58
Pharmacy - Authorization Issue	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	1
Pharmacy - Eligibility Issue	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	2
Pharmacy - Rx Not Covered	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	45
Transportation - Access - Provider No Show	14	11	14	39	15	15	16	46	12	10	6	28	0	0	0	0	113	24
Transportation - Access - Provider Late	4	4	9	17	13	12	9	34	9	6	1	16	0	0	0	0	67	52
Transportation - Behaviour	10	5	17	32	10	22	11	43	14	13	14	41	0	0	0	0	116	119
Transportation - Other	1	5	0	6	0	3	0	3	1	1	0	2	0	0	0	0	11	12
OTHER - Other	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	12	51	6	16	15	37	0	0	0	0	122	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	2	7	2	8	8	18	0	0	0	0	35	115
Standard Appeals Received	32	27	34	93	38	36	29	103	30	43	51	124	0	0	0	0	320	918
Total Appeals Received	32	30	41	103	42	37	31	110	32	51	59	142	0	0	0	0	355	1033
Appeals Ack Letters Sent Noncompliant	0	0	0	0	2	0	0	2	1	0	0	1	0	0	0	0	3	3
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	94.7%	100.0%	100.0%	98.1%	96.7%	100.0%	100.0%	99.2%	0.0%	0.0%	0.0%	0.0%	99.06%	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	2	9	1	8	9	18	0	0	0	0	35	114
Expedited Appeals Compliance Rate	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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	36	97	22	36	41	99	0	0	0	0	310	916
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.00%	100.0%
Total Appeals Resolved	53	32	37	122	31	37	38	106	23	44	50	117	0	0	0	0	345	1031
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	53	32	36	121	31	37	38	106	23	43	49	115	0	0	0	0	342	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	1	0	1	0	0	0	0	5	17
DME	2	1	4	7	3	8	6	17	6	4	5	15	0	0	0	0	39	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	1	1	0	0	1	1	0	0	0	0	2	2
Advanced Imaging	20	18	22	60	18	22	23	63	13	25	23	61	0	0	0	0	184	488
Other	5	6	3	14	3	2	1	6	1	5	2	8	0	0	0	0	28	67
Pharmacy/RX Medical Benefit	21	2	0	23	3	4	5	12	1	2	9	12	0	0	0	0	47	362
Surgery	4	5	6	15	2	1	2	5	2	6	9	17	0	0	0	0	37	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	1	1	2	0	0	0	0	3	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	1	1	0	0	0	0	1	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	1	0	1	0	0	0	0	2	1
Pharmacy/RX Medical Benefit	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	21	54	11	23	21	55	0	0	0	0	162	577
Uphold Rate	39.6%	46.9%	45.9%	43.4%	51.6%	45.9%	55.3%	50.9%	47.8%	52.3%	42.0%	47.0%	0.0%	0.0%	0.0%	0.0%	47.0%	56.0%
Overturns - Full	26	16	20	62	13	18	17	48	12	21	27	60	0	0	0	0	170	432
Overturn Rate - Full	49.1%	50.0%	54.1%	50.8%	41.9%	48.6%	44.7%	45.3%	52.2%	47.7%	54.0%	51.3%	0.0%	0.0%	0.0%	0.0%	49.3%	41.9%
Overturns - Partial	2	0	0	2	2	1	0	3	0	0	1	1	0	0	0	0	6	12
Overturn Rate - Partial	3.8%	0.0%	0.0%	1.6%	6.5%	2.7%	0.0%	2.8%	0.0%	0.0%	2.0%	0.9%	0.0%	0.0%	0.0%	0.00%	1.7%	1.2%
Withdrawal	4	1	0	5	0	1	0	1	0	0	1	1	0	0	0	0	7	10
Withdrawal Rate	7.5%	3.1%	0.0%	4.1%	0.0%	2.7%	0.0%	0.9%	0.0%	0.0%	2.0%	0.9%	0.0%	0.0%	0.0%	0.0%	2.0%	1.0%
Membership	398,468	399,433	401,429		403,065	405,014	405,014		79,501	411,852	413,576		-	-	-			#####
Appeals - PTMPM	0.13	0.08	0.09	0.10	0.08	0.09	0.09	0.09	0.29	0.11	0.12	0.13	-	-	-	-	0.10	0.24
Grievances - PTMPM	0.21	0.16	0.19	0.19	0.25	0.21	0.25	0.24	1.26	0.28	0.27	0.36	-	-	-	-	0.25	0.27

Fresno County																		
	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2022 YTD	2021 YTD
Grievances																		
Expedited Grievances Received	3	4	6	13	4	5	7	16	3	9	2	14	0	0	0	0	43	142
Standard Grievances Received	65	48	91	204	65	81	85	231	69	99	86	254	0	0	0	0	689	1123
Total Grievances Received	68	52	97	217	69	86	92	247	72	108	88	268	0	0	0	0	732	1265
Grievance Ack Letters Sent Noncompliant	2	0	0	2	0	1	0	1	0	1	0	1	0	0	0	0	4	4
Grievance Ack Letter Compliance Rate	96.9%	100.0%	100.0%	99.0%	100.0%	98.8%	100.0%	99.6%	100.0%	99.0%	100.0%	99.6%	0.0%	0.0%	0.0%	0.0%	99.4%	99.65%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	3	4	6	13	3	6	6	15	4	8	3	15	0	0	0	0	43	93
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
Standard Grievances Resolved Noncompliant	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Standard Grievances Resolved Compliant	66	53	54	173	87	72	79	238	82	92	86	260	0	0	0	0	671	894
Standard Grievance Compliance rate	98.5%	100.0%	100.0%	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	99.9%	100.0%
Total Grievances Resolved	70	57	60	187	90	78	85	253	86	100	89	275	0	0	0	0	715	987
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	50	27	38	115	63	53	56	172	57	68	69	194	0	0	0	0	481	758
Access - Other - DMHC	10	4	6	20	12	14	22	48	7	14	14	35	0	0	0	0	103	56
Access - PCP - DHCS	5	3	10	18	6	3	3	12	5	6	9	20	0	0	0	0	50	98
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	3	1	1	5	11	5	3	19	3	5	0	8	0	0	0	0	32	38
Administrative	8	4	4	16	9	8	3	20	13	6	16	35	0	0	0	0	71	162
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Interpersonal	12	6	6	24	9	4	5	18	6	7	14	27	0	0	0	0	69	73
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	4	1	7	12	10	5	9	24	11	9	4	24	0	0	0	0	60	61
Pharmacy/RX Medical Benefit	4	0	0	4	0	1	0	1	0	0	0	0	0	0	0	0	5	40
Transportation - Access	2	1	2	5	3	3	3	9	3	10	5	18	0	0	0	0	32	104
Transportation - Behaviour	2	5	2	9	2	8	7	17	9	6	4	19	0	0	0	0	45	90
Transportation - Other	0	2	0	2	1	2	1	4	0	5	3	8	0	0	0	0	14	33
Quality Of Care Grievances	20	30	22	72	27	25	29	81	29	32	20	81	0	0	0	0	234	229
Access - Other - DMHC	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	3
Access - PCP - DHCS	0	1	1	2	1	0	0	1	0	2	0	2	0	0	0	0	5	6
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	2	0	0	2	0	0	0	0	0	0	0	0	2	2
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	3	4	8	0	4	5	9	6	1	2	9	0	0	0	0	26	48
PCP Care	4	9	5	18	13	5	9	27	6	6	3	15	0	0	0	0	60	83
PCP Delay	6	9	7	22	6	9	8	23	6	12	11	29	0	0	0	0	74	37
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	4	4	5	13	5	6	6	17	9	7	1	17	0	0	0	0	47	38
Specialist Delay	3	4	0	7	0	1	1	2	2	4	3	9	0	0	0	0	18	12

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	1	4	2	7	8	17	0	0	0	0	28	96
Standard Appeals Received	28	22	29	79	33	30	20	83	25	28	39	92	0	0	0	0	254	789
Total Appeals Received	28	23	35	86	36	30	21	87	27	35	47	109	0	0	0	0	282	885
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	2
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.0%	100.0%	100.0%	98.9%	0.0%	0.0%	0.0%	0.0%	99.6%	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	1	6	1	8	8	17	0	0	0	0	28	95
Expedited Appeals Compliance Rate	0.0%	0.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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	31	85	14	27	30	71	0	0	0	0	252	785
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	47	27	27	101	28	31	32	91	15	35	38	88	0	0	0	0	280	881
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	47	27	26	100	28	31	32	91	15	35	37	87	0	0	0	0	278	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	1	0	1	0	0	0	0	5	15
DME	2	1	4	7	3	6	5	14	3	4	3	10	0	0	0	0	31	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	1	1	0	0	1	1	0	0	0	0	2	2
Advanced Imaging	18	15	14	47	16	21	21	58	10	18	21	49	0	0	0	0	154	436
Other	5	5	2	12	2	1	1	4	1	5	2	8	0	0	0	0	24	58
Pharmacy/RX Medical Benefit	19	1	0	20	3	3	3	9	0	2	5	7	0	0	0	0	36	291
Surgery	2	5	5	12	2	0	1	3	1	5	5	11	0	0	0	0	26	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	1	1	0	0	0	0	2	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	1	1	0	0	0	0	1	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/RX Medical Benefit	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	18	47	8	18	15	41	0	0	0	0	134	497
Uphold Rate	42.6%	48.1%	48.1%	45.5%	50.0%	48.4%	56.3%	51.6%	53.3%	51.4%	39.5%	46.6%	0.0%	0.0%	0.0%	0.0%	47.9%	56.4%
Overturns - Full	21	13	14	48	12	14	14	40	7	17	21	45	0	0	0	0	133	364
Overturn Rate - Full	44.7%	48.1%	51.9%	47.5%	42.9%	45.2%	43.8%	44.0%	46.7%	48.6%	55.3%	51.1%	0.0%	0.0%	0.0%	0.0%	47.5%	41.3%
Overturns - Partial	2	0	0	2	2	1	0	3	0	0	1	1	0	0	0	0	6	12
Overturn Rate - Partial	4.3%	0.0%	0.0%	2.0%	7.1%	3.2%	0.0%	3.3%	0.0%	0.0%	2.6%	1.1%	0.0%	0.0%	0.0%	0.0%	2.1%	1.4%
Withdrawal	4	1	0	5	0	1	0	1	0	0	1	1	0	0	0	0	7	8
Withdrawal Rate	8.5%	3.7%	0.0%	5.0%	0.0%	3.2%	0.0%	1.1%	0.0%	0.0%	2.6%	1.1%	0.0%	0.0%	0.0%	0.0%	2.5%	0.9%
Membership	321,656	322,473	324,116		325,345	326,706	326,706			331,857	333,152							1700076
Appeals - PTMPM	0.15	0.08	0.08	0.10	0.09	0.09	0.10	0.09	-	0.11	0.11	0.07	-	-	-	0.00	0.07	0.19
Grievances - PTMPM	0.22	0.18	0.19	0.19	0.28	0.24	0.26	0.26	-	0.30	0.27	0.19	-	-	-	0.00	0.16	0.21

						2021 YTD
Q3	Oct	Nov	Dec	Q4	2022 YTD	2021 YTD
0	0	0	0	0	2	15
31	0	0	0	0	50	84
31	0	0	0	0	52	99
0	0	0	0	0	0	0
100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
0	0	0	0	0	0	0
0	0	0	0	0	2	15
0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
0	0	0	0	0	0	0
26	0	0	0	0	50	80
100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
26	0	0	0	0	52	95
18	0	0	0	0	38	82
3	0	0	0	0	10	14
0	0	0	0	0	4	8
0	0	0	0	0	0	0
1	0	0	0	0	4	8
2	0	0	0	0	3	8
0	0	0	0	0	0	0
3	0	0	0	0	4	4
0	0	0	0	0	0	0
4	0	0	0	0	4	5
1	0	0	0	0	2	2
2	0	0	0	0	4	16
1	0	0	0	0	1	17
1	0	0	0	0	2	0
8	0	0	0	0	14	13
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
1	0	0	0	0	2	3
2	0	0	0	0	3	3
1	0	0	0	0	4	4
0	0	0	0	0	0	0
4	0	0	0	0	4	2
0	0	0	0	0	1	1

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
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	1	3	1	3	2	6	0	0	0	0	11	44
Total Appeals Received	1	1	0	2	1	1	1	3	1	3	2	6	0	0	0	0	11	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%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	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	1	3	0	1	3	4	0	0	0	0	9	47
Standard Appeals Compliance Rate	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	0	2	0	2	0	2	1	3	0	1	3	4	0	0	0	0	9	54
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	0	2	0	2	0	2	1	3	0	1	3	4	0	0	0	0	9	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/RX Medical Benefit	0	0	0	0	0	0	1	1	0	0	1	1	0	0	0	0	2	26
Surgery	0	0	0	0	0	1	0	1	0	1	2	3	0	0	0	0	4	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/RX Medical Benefit	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	1	2	0	0	2	2	0	0	0	0	5	27
Uphold Rate	0.0%	50.0%	0.0%	50.0%	0.0%	50.0%	100.0%	66.7%	0.0%	0.0%	66.7%	50.0%	0.0%	0.0%	0.0%	0.0%	55.6%	50.0%
Overturns - Full	0	1	0	1	0	1	0	1	0	1	1	2	0	0	0	0	4	23
Overturn Rate - Full	0.0%	50.0%	0.0%	50.0%	0.0%	50.0%	0.0%	33.3%	0.0%	100.0%	33.3%	50.0%	0.0%	0.0%	0.0%	0.0%	44.4%	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	34,780		35,216	35,453	35,619							259758
Appeals - PTMPM	-	0.06	-	0.02	-	0.06	0.03	0.03	-	0.03	0.08	0.04	-	-	-	0.00	0.02	0.15
Grievances - PTMPM	0.24	0.06	0.15	0.15	0.06	0.12	0.14	0.11	0.03	0.28	0.42	0.24	-	-	-	0.00	0.12	0.28

Madera County																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2022 YTD	2021 YTD
Expedited Grievances Received	0	0	1	1	1	2	2	5	2	0	2	4	0	0	0	0	10	15
Standard Grievances Received	7	7	9	23	5	5	14	24	7	6	13	26	0	0	0	0	73	109
Total Grievances Received	7	7	10	24	6	7	16	29	9	6	15	30	0	0	0	0	83	124
Grievance Ack Letters Sent Noncompliant	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grievance Ack Letter Compliance Rate	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	97.3%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	0	0	1	1	1	2	2	5	2	0	2	4	0	0	0	0	10	15
Expedited Grievance Compliance rate	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Grievances Resolved Compliant	6	5	9	20	9	3	8	20	11	6	6	23	0	0	0	0	63	110
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Grievances Resolved	6	5	10	21	10	5	10	25	13	6	8	27	0	0	0	0	73	126
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	5	3	6	14	8	3	8	19	11	4	7	22	0	0	0	0	55	100
Access - Other - DMHC	2	1	1	4	2	3	1	6	3	3	3	9	0	0	0	0	19	17
Access - PCP - DHCS	0	0	1	1	0	0	2	2	1	0	1	2	0	0	0	0	5	6
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	1	0	1	2	1	0	0	1	0	0	0	0	3	13
Administrative	1	1	3	5	1	0	0	1	3	1	0	4	0	0	0	0	10	19
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	2	1	0	3	1	0	1	2	1	0	0	1	0	0	0	0	6	11
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	2	0	3	5	2	0	1	3	0	0	0	0	8	3
Pharmacy/RX Medical Benefit	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Transportation - Access	0	0	0	0	1	0	0	1	0	0	1	1	0	0	0	0	2	11
Transportation - Behaviour	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17
Transportation - Other	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0
Quality Of Care Grievances	1	2	4	7	2	2	2	6	2	2	1	5	0	0	0	0	18	26
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - PCP - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	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	2	0	2	1	0	0	1	0	0	0	0	4	7
PCP Care	0	1	0	1	1	0	2	3	1	2	1	4	0	0	0	0	8	10
PCP Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	0	1	2	3	0	0	0	0	0	0	0	0	0	0	0	0	3	3
Specialist Delay	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	1

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	1	3	0	1	0	1	0	0	0	0	7	13
Standard Appeals Received	3	4	5	12	4	5	8	17	4	12	10	26	0	0	0	0	55	81
Total Appeals Received	3	6	6	15	5	6	9	20	4	13	10	27	0	0	0	0	62	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%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	2	1	3	1	1	1	3	0	0	1	1	0	0	0	0	7	13
Expedited Appeals Compliance Rate	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	6	1	9	16	2	3	4	9	8	8	8	24	0	0	0	0	49	81
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	6	3	10	19	3	4	5	12	8	8	9	25	0	0	0	0	56	94
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	6	3	10	19	3	4	5	12	8	7	9	24	0	0	0	0	55	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	1	3	3	0	2	5	0	0	0	0	8	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	2	5	3	7	2	12	0	0	0	0	28	39
Other	0	1	1	2	1	0	0	1	0	0	0	0	0	0	0	0	3	3
Pharmacy/RX Medical Benefit	2	1	0	3	0	1	1	2	1	0	3	4	0	0	0	0	9	44
Surgery	2	0	1	3	0	0	1	1	1	0	2	3	0	0	0	0	7	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	1	0	1	0	0	0	0	1	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Pharmacy/RX Medical Benefit	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	2	5	3	5	4	12	0	0	0	0	23	57
Uphold Rate	16.7%	33.3%	40.0%	31.6%	66.7%	25.0%	40.0%	41.7%	37.5%	62.5%	44.4%	48.0%	0.0%	0.0%	0.0%	0.0%	41.1%	60.6%
Overturns - Full	5	2	6	13	1	3	3	7	5	3	5	13	0	0	0	0	33	34
Overturn Rate - Full	83.3%	66.7%	60.0%	68.4%	33.3%	75.0%	60.0%	58.3%	62.5%	37.5%	55.6%	52.0%	0.0%	0.0%	0.0%	0.00%	58.9%	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		44,285	44,542	44,805							328873
Appeals - PTMPM	0.14	0.07	0.23	0.15	0.07	0.09	0.11	0.09	0.18	0.18	0.20	0.19	-	-	-	0.00	0.11	0.21
Grievances - PTMPM	0.14	0.12	0.23	0.16	0.23	0.11	0.23	0.19	0.29	0.13	0.18	0.20	-	-	-	0.00	0.14	0.28

CalViva Health Appeals and Grievances Dashboard 2022 (SPD)

Pharmacy - Quantity Limit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy - Rx Not Covered	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	1
Transportation - Access - Provider No Show	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation - Access - Provider Late	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation - Behaviour	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER - Balance Billing from Provider	1	1	0	2	1	0	1	2	6	1	0	7	0	0	0	0	11	4

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	1	0	0	1	0	0	0	0	4	20
Standard Appeals Received	8	5	10	23	12	8	6	26	6	14	7	27	0	0	0	0	76	200
Total Appeals Received	8	5	12	25	13	8	6	27	7	14	7	28	0	0	0	0	80	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%	100.0%	96.2%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	98.7%	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	1	0	1	0	0	0	0	11	19
Expedited Appeals Compliance Rate	0.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%	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	8	26	4	6	15	25	0	0	0	0	73	185
Standard Appeals Compliance Rate	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	14	0	9	23	8	12	8	28	4	7	15	26	0	0	0	0	77	203
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	10	7	9	26	8	12	8	28	4	7	15	26	0	0	0	0	80	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	4	12	3	1	3	7	0	0	0	0	24	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	1	1	0	0	0	0	1	2
Advanced Imaging	3	4	5	12	5	5	3	13	1	4	4	9	0	0	0	0	34	59
Other	3	0	0	3	0	1	0	1	0	2	1	3	0	0	0	0	7	13
Pharmacy/RX Medical Benefit	1	0	0	1	1	0	1	2	0	0	3	3	0	0	0	0	6	84
Surgery	1	2	2	5	0	0	0	0	0	0	3	3	0	0	0	0	8	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/RX Medical Benefit	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	3	11	2	2	4	8	0	0	0	0	27	96
Uphold Rate	35.7%	0.0%	22.2%	34.8%	37.5%	41.7%	37.5%	39.3%	50.0%	28.6%	26.7%	30.8%	0.0%	0.0%	0.0%	0.0%	35.1%	47.3%
Overturns - Full	9	6	7	22	4	6	5	15	2	5	9	16	0	0	0	0	53	99
Overturn Rate - Full	64.3%	0.0%	77.8%	95.7%	50.0%	50.0%	62.5%	53.6%	50.0%	71.4%	60.0%	61.5%	0.0%	0.0%	0.0%	0.0%	68.8%	48.77%
Overturns - Partial	0	0	0	0	1	1	0	2	0	0	1	1	0	0	0	0	3	6
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	12.5%	8.3%	0.0%	7.1%	0.0%	0.0%	6.7%	3.8%	0.0%	0.0%	0.0%	0.0%	3.9%	3.0%
Withdrawal	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	3
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.7%	3.8%	0.0%	0.0%	0.0%	0.0%	1.3%	1.5%
Membership	34,882	34,376	35,147		35,225	35,420	35,420		35,896	36,243	36,243							69295
Appeals - PTMPM	0.40	-	0.26	0.00	0.23	0.34	0.23	0.00	0.11	0.19	0.41	0.24	-	-	-	0.00	0.06	0.29
Grievances - PTMPM	0.80	0.58	0.71	0.00	0.85	0.73	0.79	0.00	1.09	0.99	0.99	1.02	-	-	-	0.00	0.26	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/RX Medical Benefit	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/RX Medical Benefit	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/RX Medical Benefit	Denied medication, including those considered an RX medical benefit, 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/RX Medical Benefit	Denied medication, including those considered an RX medical benefit, 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 notated here
Date Reviewed	The date the case was reviewed by CCC exempt grievance personnel
Provider Involved	The provider involved in the exempt grievance is notated here
Provider Category	The type of provider that is involved
County	The county the member resides in is notated here
PPG	Whether the member is assigned to a PPG is notated here
Health Plan ID	The Internal HN Plan ID for the Provider Involved in the exempt grievance.
PPG Service Area	Internal HN Code for the PPG to whom the member belongs.
Yes	
Classification Definitions	
Authorization	Used when it's an Authorization/Referral issue related exempt grievance
Avail of Appt w/ Other Providers	The case is related to appointment availability of ancillary providers
Avail of Appt w/ PCP	The case is related to appointment availability of the PCP
Avail of Appt w/ Specialist	The case is related to appointment availability of a Specialist
Claims Complaint	The case is related to a claims issue/dispute
Eligibility Issue	The case is related to the members eligibility or lackthereof.
Health Care Benefits	When it's an exempt grievance related to a specific benefit, eg transportation
ID Card - Not Received	The case is related to the member having not received their ID card
Information Discrepancy	When the exempt grievance is related to being given wrong or misleading information
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	The case is related to the interpersonal behavior of a health plan staff member
Interpersonal - Behavior of Clinic/Staff - Provider	The case is related to the interpersonal behavior of a provider
Interpersonal - Behavior of Clinic/Staff - Vendor	The case is related to the interpersonal behavior of a vendor
Other	For miscellaneous exempt grievances
PCP Assignment/Transfer	
PCP Assignment/Transfer-Health Plan Assignment- Change Request	Use this when the member is upset/dissatisfied with the health plan's PCP assignment for the member, whether it be through the auto-assignment logic process or any other health plan assignments reasons.
PCP Assignment/Transfer-HCO Assignment - Change Request	Use this when the member is upset/dissatisfied with the health plan's PCP assignment for the member.This category will represent PCP assignments in which the assignment was made as a result of the 834 file HCO Input. "Electronic Assignment- HCO Input"
Pharmacy	The case is related to a pharmacy issue
Wait Time - In Office for Scheduled Appt	When the Access to Care complaint is in regards to wait time at a providers office
Wait Time - Too Long on Telephone	When the Access to Care complaint is in regards to being placed on hold or unable to get through by telephone
The Outlier Tab	This tab is used by the Reporting Team, CalViva, and A&G. The Reporting Team will use this tab to call out any outliers to the A&G team that were identified during the report creation such as trends or increase in volume of appeals and/or grievances. The Reporting team will send the outliers to the business when the Dashboard is sent for approval. CalViva will use this tab to call out any outliers to the A&G team that were identified during the report creation. The A&G Team will use this tab to document the reasons for the call out, trending, or unusual high numbers of complaints from the Reporting Team or CalViva on the outliers that were identified during the report creation or review of cases.
Month	This is used to track the month effected by the change that was made
Date	This is used to track the date the change was made
Outlier	This is the section that describes a brief explanation of the outlier such as increase number of PCP wait time complaints, trends, etc.
Explanation	This is the section that explains the outlier.
Membership	Excludes Kaiser membership and is addressed separately in a quarterly report by Kaiser Plan.
PTMPM	Per thousand members per month. PTMPM rates are calculated using the total number of appeals or grievances, divided by total membership and multiplied by 1,000

Item #9

Attachment 9.D

Key Indicator Report



Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP

Report from 9/01/2022 to 9/30/2022

Report created 10/25/2022

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

Exhibits:

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[CalVIVA Commission](#)

[CalVIVA Fresno](#)

[CalVIVA Kings](#)

[CalVIVA Madera](#)

[Glossary](#)

Contact Information

Sections

Concurrent Inpatient TAT Metric

TAT Metric

CCS Metric

Case Management Metrics

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Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 9/01/2022 to 9/30/2022
 Report created 10/25/2022

ER utilization based on Claims data	2021-10	2021-11	2021-12	2021-Trend	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09	2022-Trend	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Qtr Trend	CY- 2021	YTD-2022	YTD-Trend		
MEMBERSHIP															Quarterly Averages										Annual Averages		
Expansion Mbr Months	103,548	104,182	104,875		106,607	107,274	108,211	109,264	109,987	110,814	112,731	113,763	114,058		96,858	99,807	102,249	104,202	107,364	110,022	113,517		100,779	165,452			
Family/Adult/Other Mbr Mos	262,877	263,544	264,053		267,485	267,752	268,712	269,091	270,287	271,056	272,282	272,930	274,053		258,488	260,622	262,265	263,491	267,983	270,145	273,088		261,217	405,608			
SPD Mbr Months	35,948	36,015	36,104		36,147	36,171	36,247	36,322	36,492	36,674	36,810	36,902	36,867		35,231	35,313	35,577	36,022	36,188	36,496	36,860		35,536	54,772			
COUNTS															Quarterly Averages										Annual Averages		
Admits - Count	2,209	2,278	2,284		2,224	1,915	2,252	2,090	2,221	2,141	2,264	2,295	2,336		2,043	2,191	2,277	2,257	2,130	2,151	2,298		2,192	2,309			
Expansion	618	592	634		627	533	653	625	710	664	715	680	710		561	620	647	615	604	666	702		611	697			
Family/Adult/Other	1,122	1,128	1,135		1,081	929	1,110	968	1,002	994	1,045	1,122	1,123		1,004	1,034	1,124	1,128	1,040	988	1,097		1,073	1,099			
SPD	466	553	512		510	451	483	496	509	480	500	491	494		470	533	503	510	481	495	495		504	509			
Admits Acute - Count	1,535	1,584	1,621		1,608	1,375	1,608	1,540	1,615	1,519	1,574	1,553	1,637		1,401	1,565	1,597	1,580	1,530	1,558	1,588		1,536	1,639			
Expansion	532	508	538		558	466	570	532	606	566	599	558	580		479	539	557	526	531	568	579		525	590			
Family/Adult/Other	572	574	612		570	484	589	541	538	503	505	533	597		491	532	582	586	548	527	545		548	573			
SPD	430	502	471		480	424	449	466	471	450	470	462	459		431	494	458	468	451	462	464		463	476			
Readmit 30 Day - Count	222	228	232		226	213	207	187	212	206	235	224	175		218	234	220	227	215	202	211		225	211			
Expansion	89	71	94		87	87	85	70	90	72	97	93	72		76	78	77	85	86	77	87		79	84			
Family/Adult/Other	50	44	35		44	45	38	32	51	37	40	38	37		48	43	52	43	42	40	38		47	41			
SPD	83	113	103		95	81	84	85	71	97	98	93	66		93	113	91	100	87	84	86		99	86			
**ER Visits - Count	13,065	12,521	12,699		14,031	11,184	14,032	13,657	16,462	14,818	13,604	13,103	6,688		10,012	13,166	14,269	12,762	13,082	14,979	11,132		12,552	13,064			
Expansion	3,171	2,856	3,108		3,915	2,993	3,727	3,592	4,152	4,011	4,024	3,816	1,808		3,019	3,524	3,581	3,045	3,545	3,918	3,216		3,292	3,560			
Family/Adult/Other	7,348	7,161	7,630		8,654	6,972	8,855	8,530	10,562	9,207	7,963	7,780	4,221		5,595	7,433	8,158	7,380	8,160	9,433	6,655		7,141	8,083			
SPD	1,279	1,140	1,308		1,439	1,185	1,434	1,474	1,711	1,590	1,593	1,490	651		1,205	1,415	1,386	1,242	1,353	1,592	1,245		1,312	1,396			
PER/K															Quarterly Averages										Annual Averages		
Admits Acute - PTMPY	45.8	47.1	48.0		47.0	40.1	46.7	44.5	46.5	43.5	44.8	44.0	46.2		43.0	47.4	47.9	46.9	44.6	44.8	45.0		46.3	47.1			
Expansion	61.7	58.5	61.6		62.8	52.1	63.2	58.4	66.1	61.3	63.8	58.9	61.0		59.3	64.8	65.4	60.6	59.4	62.0	61.2		62.5	42.8			
Family/Adult/Other	26.1	26.1	27.8		25.6	21.7	26.3	24.1	23.9	22.3	22.3	23.4	26.1		22.8	24.5	26.6	26.7	24.5	23.4	23.9		25.2	16.9			
SPD	143.5	167.3	156.5		159.3	140.7	148.6	154.0	154.9	147.2	153.2	150.2	149.4		146.8	167.8	154.4	155.8	149.6	152.0	151.0		156.2	104.4			
Bed Days Acute - PTMPY	239.1	266.8	271.0		266.4	220.5	227.7	226.3	242.5	225.3	227.5	212.4	239.9		245.1	236.1	270.2	259.0	238.1	231.4	226.6		252.7	241.3			
Expansion	345.1	379.9	391.7		344.0	311.1	356.0	318.9	369.2	317.6	339.3	300.9	359.0		360.9	339.8	408.9	372.3	337.1	335.2	333.1		370.8	232.7			
Family/Adult/Other	113.6	107.9	115.3		109.2	87.8	90.3	90.0	99.8	91.3	79.5	78.8	100.8		107.6	100.0	124.4	112.3	95.8	93.7	86.4		111.1	64.5			
SPD	848.9	1,104.2	1,059.9		1,201.1	933.2	863.4	958.1	918.8	938.8	981.9	929.1	906.8		936.0	947.3	946.5	1,004.5	999.1	938.5	939.2		958.8	658.6			
ALOS Acute	5.2	5.7	5.6		5.7	5.5	4.9	5.1	5.2	5.2	5.1	4.8	5.2		5.7	5.0	5.6	5.5	5.3	5.2	5.0		5.5	5.1			
Expansion	5.6	6.5	6.4		5.5	6.0	5.6	5.5	5.6	5.2	5.3	5.1	5.9		6.1	5.2	6.3	6.1	5.7	5.4	5.4		5.9	5.4			
Family/Adult/Other	4.4	4.1	4.1		4.3	4.0	3.4	3.7	4.2	4.1	3.6	3.4	3.9		4.7	4.1	4.7	4.2	3.9	4.0	3.6		4.4	3.8			
SPD	5.9	6.6	6.8		7.5	6.6	5.8	6.2	5.9	6.4	6.4	6.2	6.1		6.4	5.6	6.1	6.4	6.7	6.2	6.2		6.1	6.3			
Readmit % 30 Day	10.0%	10.0%	10.2%		10.2%	11.1%	9.2%	8.9%	9.5%	9.6%	10.4%	9.8%	7.5%		10.7%	10.7%	9.6%	10.1%	10.1%	9.4%	9.2%		10.3%	9.1%			
Expansion	14.4%	12.0%	14.8%		13.9%	16.3%	13.0%	11.2%	12.7%	10.8%	13.6%	13.7%	10.1%		13.6%	12.5%	11.9%	13.8%	14.3%	11.6%	12.4%		12.9%	12.1%			
Family/Adult/Other	4.5%	3.9%	3.1%		4.1%	4.8%	3.4%	3.3%	5.1%	3.7%	3.8%	3.4%	3.3%		4.8%	4.2%	4.6%	3.8%	4.1%	4.0%	3.5%		4.4%	3.7%			
SPD	17.8%	20.4%	20.1%		18.6%	18.0%	17.4%	17.1%	13.9%	20.2%	19.6%	18.9%	13.4%		19.9%	21.3%	18.0%	19.5%	18.0%	17.0%	17.3%		19.7%	16.9%			
**ER Visits - PTMPY	389.5	372.0	376.1		410.3	326.3	407.4	395.0	473.7	424.6	386.8	371.0	188.7		307.5	399.1	427.8	379.2	381.4	431.2	315.3		378.8	375.6			
Expansion	367.5	329.0	355.6		440.7	334.8	413.3	394.5	453.0	434.3	428.3	402.5	190.2		374.0	423.7	420.2	350.7	396.2	427.4	340.0		392.0	258.2			
Family/Adult/Other	335.4	326.1	346.7		388.2	312.5	395.4	380.4	468.9	407.6	350.9	342.1	184.8		259.7	342.2	373.3	336.1	365.4	419.0	292.4		328.1	239.1			
SPD	427.0	379.8	434.7		477.7	393.1	474.7	487.0	562.6	520.3	519.3	484.5	211.9		410.3	481.0	467.5	413.9	448.5	523.3	405.2		443.1	305.9			
Services	TAT Compliance Goal: 100%				TAT Compliance Goal: 100%										TAT Compliance Goal: 100%										TAT Compliance Goal: 100%		
Preservice Routine	98.0%	96.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.3%	100.0%	88.0%	98.0%	100.0%	100.0%	100.0%						
Preservice Urgent	98.0%	98.0%	100.0%		100.0%	98.0%	10																				

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 9/01/2022 to 9/30/2022
 Report created 10/25/2022

ER utilization based on Claims data	2021-10	2021-11	2021-12	2021-Trend	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09	2022-Trend	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Qtr Trend	CY- 2021	YTD-2022	YTD-Trend
Cases Remained Open	188	204	180		170	188	199	221	231	263	247	256	263		225	115	166	180	199	263	263		180	263	
	Integrated Case Management				Integrated Case Management				Integrated Case Management				Integrated Case Management				Integrated Case Management				Integrated Case Management				
Total Number Of Referrals	121	86	77		90	83	115	137	135	231	190	223	209		352	305	372	284	288	503	622		1,313	1,413	
Pending	2	4	6		0	0	1	0	1	0	1	1	11		0	0	2	12	1	1	13		14	15	
Ineligible	8	9	12		9	4	3	4	10	12	11	17	14		35	17	26	29	16	26	42		107	84	
Total Outreached	111	73	59		81	79	111	133	124	219	178	205	184		317	288	344	243	271	476	567		1,192	1,314	
Engaged	83	48	38		48	52	85	84	85	172	153	149	138		224	192	205	169	185	341	440		790	966	
Engagement Rate	75%	66%	64%		59%	66%	77%	63%	69%	79%	86%	73%	75%		71%	67%	60%	70%	68%	72%	78%		66%	74%	
Total Screened and Refused/Decline	12	11	3		4	4	11	14	17	15	12	18	19		28	34	39	26	19	46	49		127	114	
Unable to Reach	16	14	18		29	23	15	35	22	32	13	38	27		65	62	100	48	67	89	78		275	234	
New Cases Opened	83	48	38		48	52	85	84	85	172	153	149	138		224	192	205	169	185	341	440		790	966	
Total Cases Closed	82	78	78		78	46	57	64	82	92	101	128	103		171	184	222	238	181	238	332		815	751	
Cases Remained Open	292	301	258		233	235	267	293	287	368	414	437	471		330	166	224	258	267	368	471		258	471	
Total Cases Managed	431	395	354		322	296	334	366	386	475	535	581	590		526	537	566	516	458	622	896		1104	1249	
Critical-Complex Acuity	46	44	40		39	38	35	40	38	43	42	53	58		74	64	61	53	44	60	72		120	102	
High/Moderate/Low Acuity	385	351	314		283	258	299	326	348	432	493	528	532		452	473	505	463	414	562	824		984	1147	
	Transitional Case Management				Transitional Case Management				Transitional Case Management				Transitional Case Management				Transitional Case Management				Transitional Case Management				
Total Number Of Referrals	94	105	80		86	91	75	75	115	136	140	114	180		573	663	354	279	252	326	434		1,869	1,012	
Pending	0	0	5		0	0	0	0	0	0	0	0	8		0	0	0	5	0	0	8		5	8	
Ineligible	7	13	8		6	10	5	4	5	15	8	5	6		70	84	41	28	21	24	19		223	64	
Total Outreached	87	92	67		80	81	70	71	110	121	132	109	166		503	579	313	246	231	302	407		1,641	940	
Engaged	63	70	45		53	54	51	49	82	82	124	104	146		275	408	236	178	158	213	374		1,097	745	
Engagement Rate	72%	76%	67%		66%	67%	73%	69%	75%	68%	94%	95%	88%		55%	70%	75%	72%	68%	71%	92%		67%	79%	
Total Screened and Refused/Decline	4	3	1		1	3	0	1	5	6	3	1	11		52	26	11	8	4	12	15		97	31	
Unable to Reach	20	19	21		26	24	19	21	23	33	5	4	9		176	145	66	60	69	77	18		447	164	
New Cases Opened	63	70	45		53	54	51	49	82	82	124	104	146		275	408	236	178	158	213	374		1,097	745	
Total Cases Closed	48	65	73		49	30	59	46	60	114	82	120	136		247	387	315	186	138	220	338		1,135	696	
Cases Remained Open	50	62	50		45	75	71	70	80	56	100	83	87		92	60	40	50	71	56	87		50	87	
Total Cases Managed	125	147	126		106	113	133	123	158	188	200	217	245		366	487	388	242	214	297	579		1,214	845	
High/Moderate/Low Acuity	125	147	126		106	113	133	123	158	188	200	217	245		366	487	388	242	214	297	579		1,214	845	
	Palliative Care				Palliative Care				Palliative Care				Palliative Care				Palliative Care				Palliative Care				
Total Number Of Referrals	10	15	12		7	7	10	9	10	13	9	21	24		42	42	34	37	24	32	54		155	110	
Pending	0	0	3		0	0	0	0	0	0	0	0	4		0	0	0	3	0	0	4		3	4	
Ineligible	6	7	5		3	6	2	2	1	4	1	8	8		14	12	10	18	11	7	17		54	35	
Total Outreached	4	8	4		4	1	8	7	9	9	8	13	12		28	30	24	16	13	25	33		98	71	
Engaged	2	7	3		3	1	5	6	5	8	5	11	8		20	20	20	12	9	19	24		72	52	
Engagement Rate	50%	88%	75%		75%	100%	63%	86%	56%	89%	63%	85%	67%		71%	67%	83%	75%	69%	76%	73%		73%	73%	
Total Screened and Refused/Decline	2	1	0		0	0	2	0	1	1	1	0	3		6	6	3	3	2	2	4		18	8	
Unable to Reach	0	0	1		1	0	1	1	3	0	2	2	1		2	4	1	1	2	4	5		8	11	
New Cases Opened	2	7	3		3	1	5	6	5	8	5	11	8		20	20	20	12	9	19	24		72	52	
Total Cases Closed	14	4	3		11	9	3	6	1	5	4	7	4		15	19	20	21	23	12	15		75	50	
Cases Remained Open	76	84	83		80	74	73	74	77	82	83	86	92		91	46	71	83	73	82	92		83	92	
Total Cases Managed	101	94	93		94	84	79	84	83	90	89	96	97		114	116	118	111	99	97	114		166	149	
	Behavioral Health Case Management				Behavioral Health Case Management				Behavioral Health Case Management				Behavioral Health Case Management				Behavioral Health Case Management								

Item #9

Attachment 9.E

QIUM Quarterly Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

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

COMMITTEE

DATE: November 17th, 2022

SUBJECT: CalViva Health QI & UM Update of Activities Quarter 3 2022 (November 2022)

Purpose of Activity:

This report is to provide the RHA Commission with an update on the CalViva Health QI & UM performance, program and regulatory activities in Quarter 3 of 2022.

I. Meetings

Two meetings were held in Quarter 3, in July and September 2022. The following guiding documents were approved at the July and September meetings:

1. 2022 QI Work Plan Mid-Year Evaluation
2. 2022 UMCM Work Plan Mid-Year Evaluation
3. Clinical Practice Guidelines
4. Prior Authorization Requirements

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

1. Pharmacy Provider Updates
2. Medical Policies

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

1. The **Appeal and Grievance Dashboard & Quarterly A & G Reports** provide a summary of all grievances in order to track volumes, turn-around times and case classifications. A year-to-year evaluation of the first 6 months was also presented.
 - a. The total number of grievances through July 2022 remained consistent in volume in comparison to 2021 results.
 - b. Quality of Service (QOS) cases represented the greatest volume overall but demonstrated a slight decrease from the prior year.
 - c. Quality of Care (QOC) have slightly increased from the prior year.
 - d. Transportation continues to be an area of focus.
 - e. Letters are reviewed to ensure the correct letter template is used, correct branding, and clear and concise language is used to explain the decision. One Ack letter was sent on the incorrect letterhead and required follow up with staff.
 - f. Appeals through Q2 2022 have significantly decreased when compared to prior year, this is a result of the Pharmacy carve-out, Medi-Cal Rx.

2. The **MHN Performance Indicator Report for Behavioral Health Services** (Q1 2022) provides a summary 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.
 - a. Authorization Decision Timeliness was the one metric that did not meet standards. The overall performance rate was 91.7%, which was below the threshold for action of 95%.
 - b. Two cases, both pre-service, were mishandled by a single staff person who misunderstood when the clock starts on these requests. The Management team coached and educated staff that the clock starts when any department receives the request.
 - c. There was one post-service case that was not compliant with the timeliness standard. This was related to a system issue which was corrected.
3. The Department of Health Care Services (DHCS) requires that newly enrolled Medi-Cal members have an **Initial Health Assessment** (IHA) and Individual Health Education Behavioral Assessment (IHEBA) completed within the first 120 days of enrollment. CalViva Health is required to facilitate and support members and providers through this process. The current approach to monitoring has three components:
 - ~ Medical Record Review (MRR) via onsite (or virtual) provider audits.
 - ~ Monitoring of claims and encounters data.
 - ~ Member outreach utilizing a three-step methodology.

Monitoring and outreach were both impacted during this reporting period of January to December 2021 due to the effects of the pandemic and changes to state regulations.

 - a. CalViva took a QI approach to improve its IHA/IHEBA completion rates during Q1-Q3 2021 in partnership with a provider organization.
 - b. 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-Q4, CalViva spread the resulting best practices throughout its provider network with a total of 308 provider sites trained by 12/31/21. The results of this effort are not demonstrated in the data for this reporting period.
 - c. Improvement in IHA/IHEBA completion is anticipated with the closure of the Public Health Emergency and ongoing provider training and feedback in follow up to the initial training provided in 2021.
4. **Potential Quality Issues (PQI) Report** provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member or peer review-activities. Peer review activities include cases with a severity code level of III or IV or any case the CVH CMO requests to be forwarded to Peer Review. Data for Q2 was reviewed for all case types including the follow up actions taken when indicated.
 - a. There were two (2) non-member PQI's in Q2.
 - b. There were ninety (90) member-generated PQIs in Q2. The majority of these cases were scored a level zero, followed by level 1 and then level 2. One case was level 3.
 - c. There were sixteen (16) peer review PQI cases in Q2. Seven (7) cases were closed and nine (9) remained open. PQI monitoring and reporting will continue.
5. **Additional Quality Improvement Reports** including Facility Site and Medical Record Review Report, Provider Preventable Conditions, Provider Office Wait Time (Access), County Relations Report and others scheduled for presentation at the QI/UM Committee during Q3.

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

1. **The Key Indicator Report (KIR)** provided data through July 31st, 2022. A summary was reviewed with the most recent data for Admissions, Bed Days, Average Length of Stay, and Readmissions through Q2 2022. Quarterly comparisons were reviewed with the following results:
 - a. Membership continues to increase.
 - b. Utilization for TANFs and SPDs has leveled off.
 - c. Case Management results through Q2 2022 have shown increased referrals and engagement and demonstrate positive outcomes in all areas (Integrated, Perinatal, Transitional, and Behavioral).

- d. Turn-around-time compliance improved in Q2 in all metrics with the exception of Deferrals – Urgent. The volume of Deferrals is low and therefore the rate is highly sensitive to variations.
- 2. **PA Member Letter Monitoring Report** summarizes monitoring activities for Notice of Action (NOA) letters including Prior Authorizations, Concurrent, and Post Service denials. Goals set for 100%.
 - a. There was a total of 12- unique denial letters and 2 unique deferral letters impacted by letter opportunities.
 - b. A number of the issues identified were related to the transition of letter completion to one dedicated team.

In follow up, Medical Management updated education materials to be more user friendly and clear for the dedicated Letter Team to review. Monitoring is ongoing with 100% audits for staff/physicians with multiple errors.

- 3. **UM Top 10 Diagnosis Report** provides an annual evaluation of the volume of hospital admissions, bed days per one thousand, and average length of stay for the top 10 diagnoses (recorded as principal discharge diagnoses, for acute hospital stays among the TANF, SPD, and MCE populations). Identification of utilization trends provides a source from which to establish opportunities for collaboration and outcome improvement.

Analysis/Findings/Outcomes:

- a. COVID-19 ranked as the top inpatient admitting diagnosis for both TANF and MCE populations and ranked second for SPDs next to “Other sepsis”.
- b. In 2021, Medical Management continued focused review of all admitting diagnoses. Our integrated care teams consisting of Concurrent Review, Public Programs, Medical Directors and Case Management continued daily rounds in 2021 to review all inpatient cases.
- c. These teams work together to create a safety net of services and cultivate alliances with community resources such as Disease Management, Community Based Adult Service (CBAS) facilities and behavioral health care services with hands-on interventions through the MemberConnections team to impact health care outcomes in this complex environment.
- d. With the impact of COVID-19 on the hospitals, we continued the surge process with daily outreach to those hospitals that were surging. The nurses continued working with hospitals to improve follow up appointments upon discharge.
- 4. **Additional UMCM Reports** including Concurrent Review IRR Report, TurningPoint, Specialty Referrals Report, Case Management and CCM Report, MedZed Report, NIA/Magellan, and others scheduled for presentation at the QI/UM Committee during Q3.

IV. Pharmacy quarterly reports include Executive Summary, Operation Metrics, Top Medication Prior Authorization (PA) Requests, and Pharmacy Interrater Reliability Results (IRR) which were all reviewed. Since the implementation of Medi-Cal Rx in January of 2022, pharmacy activities are focused on Medical Benefit drugs.

- 1. Pharmacy prior authorization metrics were not within 5% of standard for the first quarter, mainly related to staffing and volume changes associated with Medi-Cal Rx transition.
- 2. However, PA metrics did improve in quarter 2 with an overall TAT of 95.6%. PA volumes seem to have stabilized in Q2.
- 3. Second quarter top medication requests were fairly consistent with quarter 1.
- 4. Inter-rater Reliability results met 90% threshold for action, but did not meet 95% goal mainly due to application of criteria. A more detailed review and evaluation of quarter 2 cases is being performed. Detailing and results will be shared with PA leadership.

V. HEDIS® Activity

In Q3, HEDIS® related activities were focused on analyzing the results for MY2021 under the Managed Care Accountability Set (MCAS) measures and the minimum performance level (MPL) of 50th percentile.

The final HEDIS® results for CalViva for MY 2021 (RY22) have been received. A review of these results noted that Madera County met the 50th percentile benchmark for all required measures; 100% met goal. Kings County achieved the 50th percentile goal for 73% of measures with Childhood Immunizations, Immunizations for Adolescents, and Well-Child & Adolescent Visits coming in under the benchmark. Fresno County also achieved the 50th percentile goal for 73% of measures with Breast Cancer Screening, Childhood Immunizations, and Well-Child & Adolescent Visits coming in under the benchmark.

Upcoming measures with no MPL established as of yet, include:

- Lead Screening in Children
- Follow-Up after ED Visit for Mental Health Illness – 30 Days
- Follow-Up after ED Visit for Substance Abuse – 30 Days

Managed Care Accountability Set 2022-23 Requirements at this time:

- Current Performance Improvement Projects (PIPs) will continue through 12/31/2022
- Final documentation on PIPs due 04/21/2023.
- CalViva will initiate a project with a Well-Child Visit focus using SWOT format.
- Awaiting Annual DHCS Notification.

VI. Findings/Outcomes

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

Item #9

Attachment 9.F

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: November 17th, 2022

SUBJECT: CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 4 2022

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 4th Quarter 2022 CalViva Health Credentialing Sub-Committee activities.

- I. The Credentialing Sub-Committee met on October 20th, 2022. At the October 20th meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services.
- II. Reports covering the second quarter for 2022 were reviewed for delegated entities and the third quarter 2022 for both Health Net and MHN. A summary of the second quarter data is included in the table below.

III. Table 1. Second Quarter 2022 Credentialing/Recredentialing

	Sante	ChildNet	MHN	Health Net	La Salle	ASH	Envolve Vision	IMG	CVMP	Adventist	Totals
Initial credentialing	49	4	35	8	44	0	1	7	19	31	198
Recredentialing	0	44	18	5	26	0	5	11	26	4	139
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	49	48	53	13	70	0	6	18	45	35	337

- IV. There was one (1) case for the Quarter 4 2022 CalViva Adverse Action Credentials Report from Health Net, covering July to September 2022. This case involved the early termination of monitoring for compliance with the Medical Board of California (MBOC) probation associated with a 2017 decision. The MBOC granted early termination indicating that the practitioner's probation was complete and his license fully restored. The Plan's Committee agreed with this decision, discontinuing monitoring and closing the case to normal track and trend.
- V. The 2023 Credentialing Sub-Committee meeting schedule was reviewed and approved. No concerns with the proposed schedule were raised.

Item #9

Attachment 9.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: November 17th, 2022

SUBJECT: CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 4 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 October 20th, 2022. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 3 2022 were reviewed for approval. There were no significant cases to report.
- II. The Quarter 3 2022 Peer Count Report was presented at the meeting with a total of seven (7) cases reviewed. The outcomes for these cases are as follows:
 - Three (3) cases were closed and cleared. There were no (0) cases pending closure for Corrective Action Plan compliance. There was one (1) case with an outstanding CAP. There were three (3) cases pended for further information.
- III. Follow up will be completed to close out cases and ongoing monitoring and reporting will continue.
- IV. The 2023 Peer Review Sub-Committee meeting schedule was reviewed and approved. No concerns with the proposed schedule were raised.

Item #9

Attachment 9.H

Executive Dashboard



Month	2021 August	2021 September	2021 October	2021 November	2021 December	2022 January	2022 February	2022 March	2022 April	2022 May	2022 June	2022 July	2022 August
CVH Members													
Fresno	313,499	314,657	315,334	316,422	317,500	321,656	322,473	324,116	325,345	326,706	328,315	330,629	331,857
Kings	32,883	33,043	33,114	33,260	33,378	34,008	34,122	34,280	34,457	34,780	34,935	35,216	35,453
Madera	41,802	41,951	42,058	42,175	42,247	42,804	42,838	43,033	43,263	43,528	43,819	44,285	44,542
Total	388,184	389,651	390,506	391,857	393,125	398,468	399,433	401,429	403,065	405,014	407,069	410,130	411,852
SPD	33,941	34,219	34,573	34,722	34,783	34,882	34,976	35,147	35,225	35,420	35,710	35,896	36,079
CVH Mrkt Share	69.44%	69.41%	69.33%	69.27%	69.20%	68.85%	68.79%	68.74%	68.66%	68.61%	68.58%	68.41%	68.39%
ABC Members													
Fresno	125,549	126,085	126,859	127,696	128,522	132,511	133,212	134,230	135,210	136,115	137,062	139,004	139,689
Kings	21,602	21,733	21,824	21,978	22,078	22,652	22,758	22,853	22,985	23,185	23,312	23,622	23,735
Madera	23,712	23,892	24,064	24,196	24,366	25,154	25,242	25,470	25,754	26,023	26,168	26,745	26,935
Total	170,863	171,710	172,747	173,870	174,966	180,317	181,212	182,553	183,949	185,323	186,542	189,371	190,359
Default													
Fresno	596	517	607	759	642	770	690	803	762	707	576	566	693
Kings	113	117	126	171	100	158	143	136	144	186	138	133	159
Madera	92	75	85	99	87	126	106	106	110	106	82	101	128
County Share of Choice as %													
Fresno	58.80%	63.90%	54.40%	58.30%	57.80%	56.40%	56.50%	59.80%	58.30%	62.40%	61.80%	65.10%	64.80%
Kings	60.40%	56.00%	47.70%	51.60%	47.90%	54.20%	44.70%	51.50%	52.70%	57.10%	56.50%	47.90%	58.90%
Madera	54.50%	50.40%	57.90%	55.80%	56.80%	54.40%	53.50%	56.30%	58.60%	64.00%	69.50%	61.60%	73.30%
Voluntary Disenrollment's													
Fresno	444	441	438	451	477	439	346	405	464	481	458	389	448
Kings	42	56	50	49	21	52	44	45	36	60	35	48	46
Madera	71	65	72	65	42	64	48	50	66	79	53	53	43

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	5 Years	Description: Identifies the average Computer Age of company owned workstations.
Message From The CEO	At present time, there are no significant issues or concerns as it pertains to the Plan's IT Communications and Systems. Items to note: Efforts 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

Member Call Center CalViva Health Website	Year		2021	2021	2021	2021	2022	2022
	Quarter		Q1	Q2	Q3	Q4	Q1	Q2
	(Main) Member Call Center	# of Calls Received	26,346	26,971	28,736	26,972	31,993	26,858
		# of Calls Answered	26,119	26,664	28,391	26,570	31,509	26,465
		Abandonment Level (Goal < 5%)	0.90%	1.10%	1.20%	1.50%	1.50%	1.50%
		Service Level (Goal 80%)	93%	85%	87%	92%	95%	94%
	Behavioral Health Member Call Center	# of Calls Received	1,196	1,232	1,182	1,076	1,365	1,511
		# of Calls Answered	1,189	1,220	1,166	1,068	1,352	1,490
		Abandonment Level (Goal < 5%)	0.60%	1.00%	1.40%	0.70%	1.00%	1.40%
		Service Level (Goal 80%)	94%	89%	85%	90%	89%	88%
	Transportation Call Center	# of Calls Received	7,364	7,768	6,737	8,470	8,062	9,278
		# of Calls Answered	7,209	7,628	6,663	8,411	8,014	9,241
		Abandonment Level (Goal < 5%)	1.60%	1.30%	0.80%	0.40%	0.50%	0.20%
		Service Level (Goal 80%)	61%	61%	75%	85%	85%	88%
CalViva Health Website	# of Users	33,000	26,000	26,000	22,000	28,000	25,000	
	Top Page	Main Page	Main Page	Main Page	Main Page	Provider Search	Provider Search	
	Top Device	Mobile (57%)	Mobile (62%)	Mobile (65%)	Mobile (62%)	Mobile (62%)	Mobile (59%)	
	Session Duration	~ 1 minutes	~ 1 minutes	~ 2 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. Q2 2022 numbers were presented last month during September 2022 Commission.							



CalViva Health
Executive Dashboard

Provider Network & Engagement Activities	Year	2022	2022	2022	2022	2022	2022	2022
	Month	Feb	Mar	Apr	May	Jun	Jul	Aug
	Hospitals	10	11	11	11	11	11	11
	Clinics	144	144	144	150	154	155	155
	PCP	366	371	374	378	379	390	387
	PCP Extender	267	274	271	263	264	267	277
	Specialist	1417	1437	1446	1454	1435	1430	1337
	Ancillary	246	247	250	254	261	256	242
	Year	2020	2021	2021	2021	2021	2022	2022
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	Behavioral Health	359	376	412	430	447	472	497
	Vision	46	47	44	45	43	39	39
	Urgent Care	11	12	12	13	13	14	10
	Acupuncture	7	7	8	6	5	5	6
	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	2022	2022	2022	2022	2022	2022	2022
	Month	Feb	Mar	Apr	May	Jun	Jul	Aug
	Providers Touched by Provider Relations	149	146	142	128	128	133	121
	Provider Trainings by Provider Relations	750	392	892	423	198	523	538
	Year	2016	2017	2018	2019	2020	2021	2022
	Total Providers Touched	2,604	2,786	2,552	1,932	3,354	1,952	1,040
	Total Trainings Conducted	530	762	808	1,353	257	3,376	3,914
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% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO
	Behavioral Health Claims Timeliness (30 Days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	97% / 99% N/A	99% / 99% N/A	99% / 99% N/A	99% / 99% N/A	99% / 99% N/A	99% / 99% N/A	96% / 99% N/A
	Acupuncture Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	99% / 100% NO	100% / 100% NO	99% / 100% NO
	Vision Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	Transportation Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	99% / 99% NO	99% / 99% NO
	PPG 1 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	95% / 99% NO	93% / 99% NO	97% / 99% YES	97% / 99% YES
	PPG 2 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	95% / 100% NO	95% / 100% NO	91% / 98% NO	91% / 100% NO	84% / 93% NO	88% / 95% NO	80% / 95% NO
	PPG 3 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	93% / 100% NO	92% / 100% NO	98% / 99% NO	89% / 99% NO	96% / 99% YES	63% / 99% YES	95% / 99% YES
	PPG 4 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% YES	99% / 100% YES	99% / 100% YES	98% / 100% YES	98% / 100% YES	98% / 99% YES	97% / 100% NO
	PPG 5 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	98% / 98% YES	99% / 100% YES	93% / 98% NO	100% / 100% NO	99% / 99% YES	99% / 100% YES	97% / 97% NO
	PPG 6 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	99% / 100% YES	90% / 92% YES	100% / 100% NO	100% / 100% YES	99% / 100% YES	98% / 100% YES	84% / 89% NO
	PPG 7 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	99% / 100% NO	100% / 100% NO	99% / 100% NO	96% / 100% NO	95% / 100% NO	91% / 96% NO
	PPG 8 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	98% / 100% NO	96% / 100% NO	93% / 100% NO	98% / 100% NO	73% / 98% NO	89% / 96% NO
Message from the CEO		At present time, there are no significant issues or concerns as it pertains to the Plan's Claims Processing activities. Quarter 2 2022 numbers are not yet currently available.						

Provider Disputes	Year	2020	2020	2021	2021	2021	2021	2022
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1
	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	At present time, there are no significant issues, concerns, or items to note as it pertains to the Plan's Provider Disputes processing activities. Quarter 2 2022 numbers are not yet currently available.							

Item #10

Attachment 10.A

VCH Appointed Commission Member



November 8, 2022

David Hodge, MD
Chairperson
Fresno-Kings-Madera Regional Health Authority Commission
7625 N Palm Avenue, #109
Fresno, CA 93711

Dear Chairperson Hodge,

By this letter, Valley Children's Hospital nominates Michael Goldring, SVP, Strategic Partnerships and Special Projects, to replace Brian Smullin as Valley Children's Hospital's representative to the Fresno-Kings-Madera Regional Authority Commission.

Sincerely,

Todd A. Suntrapak,
President & Chief Executive Officer

Cc: Clerk of the Board of Supervisors clerkbos@fresnountyca.gov

Office of the President

Valley Children's | HOSPITAL | MEDICAL GROUP | HOME CARE | FOUNDATION

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