

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
July 20, 2023

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, M.D., 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	✓	Lisa Lewis, Ph.D., 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	✓*	Michael Goldring, 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	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:30 pm. A quorum was present.		
#2 Roll Call Cheryl Hurley, Clerk to the Commission	A roll call was taken for the current Commission Members. Chairman, Dr. Hodge, welcome Lisa Lewis, Ph.D., to the Commission.		<i>A roll call was taken</i>

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<p>#3 Fresno County At-Large Commission Seat Appointment</p> <p>Action J. Neves, Co-Chair</p>	<p>The Commission ratified the re-appointment of Joyce Fields-Keene for the Fresno County BOS appointed At-Large Commission seat.</p>		<p><i>Motion: Ratified re-appointment of Fresno County BOS appointed At-Large seat</i> 11-0-0-6 <i>(Neves / Rogers)</i></p>
<p>#4 Consent Agenda</p> <ul style="list-style-type: none"> • Commission Minutes dated 5/18/23 • Finance Committee Minutes dated 3/16/23 • QI/UM Committee Minutes dated 3/16/23 • Public Policy Committee Minutes dated 3/1/23 • Finance Committee Charter • Credentialing Committee Charter • Peer Review Committee Charter • QIUM Committee Charter • Public Policy Charter <p>Action J. Neves, Co-Chair</p>	<p>All consent items were presented and accepted as read.</p> <p style="text-align: center;"><i>Michael Goldring arrived at 1:31 pm</i></p>		<p><i>Motion: Consent Agenda was approved.</i></p> <p>12-0-0-5 <i>(Neves / Cardona)</i></p>
<p>Closed Session:</p> <p>A. Conference with Legal Counsel-Existing Litigation</p>	<p>Jason Epperson, General Counsel, reported out of closed session. The Commission discussed in closed session the items agendized for closed session discussion, specifically item 5.A. Conference with Legal Counsel – Existing Litigation Case Number 21CV381776; and 5.B Public Employee Appointment, Employment, Evaluation, or Discipline position title Equity Officer pursuant to Government Code Section 54957(b)(1); and 5.C Public Employee Appointment,</p>		

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<p>Name of Case: Case #21CV381776</p> <p>B. Public Employee Appointment, Employment, Evaluation, or Discipline</p> <p>Title: Equity Officer Per Government Code Section 54957(b)(1)</p> <p>C. Public Employee Appointment, Employment, Evaluation, or Discipline</p> <p>Title: Chief Executive Officer Per Government Code Section 54957(b)(1)</p>	<p>Employment, Evaluation, or Discipline position title Chief Executive Officer pursuant to Government Code Section 54957(b)(1). Direction was given to staff regarding each item. Regarding item 5.C, motion was made by Supervisor Neves, seconded by David Luchini to continue the CEO’s current contract with the amendment of a 5% merit increase in pay effective on the anniversary date of the CEO’s current contract.</p> <p>There was no other reportable action and the Commission adjourned Closed Session at 1:48 pm.</p>		
<p>#6 Review of FY End 2023 Goals</p> <p>Information J. Nkansah, CEO</p>	<p>Results for fiscal year end 2023 goals were presented to Commissioners. In regard to the 2024 Medi-Cal Contract Readiness, the Plan has successfully submitted the deliverables required and remains on track for final approval by September 2023. The Plan remains on schedule for Health plan Accreditation. The Plan is scheduled for Tuesday May 7, 2024, for NCQA Health Plan Accreditation Survey. With regards to Health Equity, the Plan has begun the initial stages of submitting a pre-application to attempt to get on schedule for a survey date.</p>	<p><i>No questions, comments or concerns from Commissioners were expressed.</i></p>	<p>No Action</p>

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<p>#7 Goals & Objectives for FY 2024</p> <p>Information J. Nkansah, CEO</p>	<p>The goals and objectives for FY 2024 were presented to Commissioners. A new goal for Diversity, Equity, and Inclusion was added for FY 2024. This is new goal is a requirement of NCQA Health Plan Accreditation. The Plan already had a policy, procedure and process in place for this category; however, it is important to be able to report back to the Commission on the Plan’s Diversity, Equity, and Inclusion goals and objectives. All other goals and objectives remain consistent with previous years.</p>	<p><i>Commissioner Sara Bosse questioned there should be a more active and assertive approach with regards to making sure there is access for Madera County residents for hospital services.</i></p> <p><i>CEO J. Nkansah requested Ms. Bosse send information to CalViva for follow-up. In addition, this item will be addressed separately from the FY 24 Goals & Objectives.</i></p>	<p>Motion: <i>Goals & Objectives for FY 2024 were approved.</i></p> <p>12 – 0 – 0 – 5</p> <p>(Neves / Rahn)</p>
<p>#8 Quality Improvement HEDIS® MY 2022</p> <p>Information P. Marabella, MD, CMO</p>	<p>The HEDIS® results for CalViva for MY 2022 have been received. Dr. Marabella provided an update noting that Fresno County fell below the target on Cervical Cancer Screening. Childhood Immunizations fell below the target for both Fresno and Kings Counties. Follow-up for Mental Health/Substance Use Disorder also fell below the target in both Fresno and Madera Counties. Lead Screening fell below target in Fresno and Kings Counties. Well-Child Visits fell below target in Fresno and Kings Counties.</p> <ul style="list-style-type: none"> • Overall, 64% (29/45) of measures met or exceeded the minimum performance level (MPL). • Six (6) of 45 measures (13%) are at the high-performance level (HPL). • Sixteen (16) of 45 measures (36%) did not meet the MPL. 	<p><i>Commissioner Aldo De La Torre asked if the 15 measures are the only measures, or if they are the only ones selected.</i></p> <p><i>Dr Marabella responded that the 15 measures are the ones the State has selected to hold Plans accountable for. There are approximately 15 =18 additional measures MCPs are required to report data on but failure to meet goals does not result in corrective action plans/sanctions.</i></p>	<p>No Motion</p>

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		<p><i>Commissioner Aldo De La Torre asked if with Health Equity being a focus will there be new HEDIS measures, or will these measures be broken into different categories.</i></p> <p><i>Dr. Marabella responded that the State wants everything the Plan does to go through the Health Equity lens. Health Equity is a component of all Quality Improvement projects.</i></p>	
<p>#9 Case Management 2022 Program Evaluation & Executive Summary</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the Care Management Annual Program Evaluation for 2022.</p> <p>Care Management (CM) processes have been consistent, and evaluation/monitoring of CM metrics continues to be a priority. Case Management monitors the effectiveness of programs in order to better serve our members. The Plan maintained above 90% on Satisfaction Surveys and in our quality audits. The Plan increased the volume of members managed in CM programs in 2022 and outcomes showed a decrease in readmissions and ED use for members enrolled in CM., For maternal care greater adherence to Prenatal and Postpartum visits is consistently noted for women in the perinatal care management program. Goals for improvement in 2023, include supporting CalAIM activities, Regionalize the Care Management program and an emphasis on supporting member needs.</p> <p>The goals for 2022 were as follows:</p>	<p><i>Commissioner Aldo De La Torre asked how many cases a Care Manager can manage per FTE.</i></p> <p><i>Dr. Marabella responded that it depends somewhat on the type of care management program but the current increase is from 70 to 75 members per Care Manager.</i></p> <p><i>Commissioner Rosemary Rahn asked in reference to Care Management, does the Plan also evaluate if high-risk pregnant women</i></p>	<p>No Motion</p>

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	<p>1. Increase the number of cases managed in 2022 over 2021. The goal was met with the 2022 total average per month being 993: an increase over 2021 average of 838.</p> <p>2. Manage more than 7,800 High Risk Members. The goal was met with 7,826 High Risk Members managed.</p> <p>Care Management Outcomes:</p> <ul style="list-style-type: none"> • Claims data demonstrated a reduction in readmissions for the care managed members, 3.8% decrease (pre 42.5% vs post 38.7%) in readmission rate based on claims. There was also a reduction in ED utilization for this population by 204 ED visits and a reduction of 534 ED visits per 1,000 members per year. Comparing health care costs demonstrated a reduction in inpatient claims of 584, a decrease of 5,220 for outpatient services, and a 392 increase for pharmacy. The increase in pharmacy claims reflects improved care when members are supported by their care manager to obtain medications prescribed by their physician. • Members in the Perinatal CM program demonstrated a 3.9% percentage increase in compliance with completing the first prenatal visit in their first trimester and a 9.5% percentage increase in timely completion of their post-partum visit compared to pregnant members who were not enrolled in the program. Additionally, there were 2.1% fewer pre-term deliveries for high-risk mothers managed versus high-risk mothers not managed. <p>Satisfaction:</p> <ul style="list-style-type: none"> • The goal for member satisfaction is >than 90%. All survey questions had responses scoring over 90%. • There were no grievances related to care management in 2022. The goal for member complaints/grievances < 1/10,000 members was met. • 8/9 Care Team related Questions had 100% positive response. • Q9 91.4% Care Management was always available to speak with the member at times convenient for the member. • 100% of Members Reported "Expectations were Exceeded". <p>Metrics Not Met:</p>	<p><i>get any other support services beyond Care Management?</i></p> <p><i>Dr. Marabella responded that Perinatal Case Management is a multi-disciplinary team and appropriate referrals is a key responsibility of the care manager. Coordination of care encompasses synchronization of medical, social, and financial services especially with the current emphasis on CalAIM and Community Supports.</i></p> <p><i>Commissioner Aldo De La Torre inquired as to the bullet point under Barriers, "New staff not accepting complex cases." And also if this is a Plan function or a Health Net function.</i></p> <p><i>Dr. Marabella clarified that there is an overall goal to increase the volume of cases managed by each care manager. Each care manager has a mix of complex and non-complex</i></p>	

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	<ul style="list-style-type: none"> • 50% of high-risk moms in Case Management <ul style="list-style-type: none"> ○ Actual 37.22% (Up from 33.62% in 2021) • 10% of Physical Health and Behavioral Health cases are Complex. <ul style="list-style-type: none"> ○ Actual 4.4 % Physical Health and 3.7% Behavioral Health • 7% of Perinatal Case Management cases are Complex. <ul style="list-style-type: none"> ○ Actual 5.4% <p>Barriers:</p> <ul style="list-style-type: none"> • Staff focus to increase overall caseload. • New staff not taking complex cases. • Some Case Managers not following correct process. <p>Goals for 2023:</p> <ul style="list-style-type: none"> • Support CalAIM Implementation of new Populations of Focus & Community Supports. • Manage more Members across programs. • Enhance Transition Care Management program as part of PHM Roadmap. • Regionalize the Care Management Program and staff to better support member needs. 	<p><i>cases. There are a number of new staff members in care management and depending on where they are in their orientation, staff may not be ready to take on a high volume of complex cases. Therefore, they can increase overall volumes, but it is harder to increase the number of complex cases. In 2023, as CM staff become more experienced it is expected that we will see improvement in this area. In addition, Dr. Marabella confirmed that Care Management is performed by Health Net.</i></p> <p><i>Commissioner Sara Bosse asked in terms of supporting CalAIM, because they are also onboarding vendors to also do Care Managers ECM, is this different populations than the Plan's Care Management.</i></p> <p><i>Dr. Marabella confirmed that is correct. The ECM function is performed by Providers external to the</i></p>	

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		<p><i>health plan, but the Plan's Care Management team are integrating with these ECM providers. ECM's are community-based entities with experience and expertise providing intensive, in-person care management services to individuals in one or more of the Populations of Focus for ECM. They do, on occasion, cross with the same patients. Not every ECM patient has a Care Manager, and not every Care Managed patient goes to ECM.</i></p>	
<p>#10 Standing Reports</p> <ul style="list-style-type: none"> Finance Reports Daniel Maychen, CFO 	<p>Finance</p> <p><u>Financials as of May 31, 2023:</u></p> <p>Total current assets recorded were approximately \$323.9M; total current liabilities were approximately \$194.8M. Current ratio is approximately 1.66.</p> <p>Total equity was approximately \$139M, which is approximately 805% above the minimum DMHC required TNE amount.</p> <p>Interest income actual recorded was approximately \$4.7M which is approximately \$4.4M more than budgeted primarily due to rates on the Plan's money market funds being higher than projected. Premium capitation income actual recorded was approximately \$1.2B which is approximately \$133.6M more than budgeted primarily due to rates and enrollment being higher than projected.</p>	<p><i>Commissioner Sara Bosse asked Daniel to repeat the percentage of Total Equity, and asked if that is where the Plan normally stands.</i></p> <p><i>Daniel restated 805% and added that under the new 2024 contract, DHCS is adding language about changing the financial reserve requirements. Instead of utilizing DMHC's minimum required TNE numbers, DHCS was</i></p>	<p>Motion: Standing Reports Approved</p> <p>10-0-0-7 (Neves / De La Torre)</p>

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	<p>Total cost of medical care expense actual recorded is approximately \$1B which is approximately \$127.6M more than budgeted due to rates and enrollment being higher than projected. Admin service agreement fees expense actual recorded was approximately \$51.3M, which is approximately \$4.2M more than budgeted due to higher than budgeted enrollment. Dues and Subscriptions expense actual recorded was approximately \$241.8K which is approximately \$54K more than budgeted due to the Local Health Plans of California (LHPC) one-time additional assessment related to their work in renewing the MCO tax and allocating dollars to reinvest back into Medi-Cal as opposed to the State general fund. All other expense line items are below or close to what was budgeted.</p> <p>Net income recorded through May 2023 was approximately \$11.1M, which is approximately \$6.9M more than budgeted primarily due to enrollment and rates being higher than projected, and interest income being approximately \$4.4M higher than budgeted.</p>	<p><i>initially asking for two months average monthly capitation revenue, noting that the Plan gets approximately \$126M in capitation revenue per month. At that rate, DHCS would want the Plan to have approximately \$252M in reserves. Currently the Plan has \$139M in reserves which is significantly short of the \$252M amount. Plans have pushed back stating it's unreasonable to have that high of a reserve requirement. DHCS has said they are willing to use one month in arrears capitation payment to Plans to meet at least one of the two-months revenue reserve requirement. DHCS is still working through the process and a final answer has not been provided.</i></p> <p><i>Commissioner Soyla Griffin asked what the requirements are, and when a decision will be made.</i></p>	

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		<p><i>Daniel responded the requirements are still the DMHC TNE. The decision could potentially be made by August 2023. DHCS stated the reason behind implementing the change is to protect DHCS if a Plan leaves the market.</i></p> <p><i>Commissioner Aldo De La Torre asked if the tier status for MCO was dependent on CalViva or Health Net.</i></p> <p><i>Daniel responded that the tier status is based off CalViva's membership.</i></p> <p><i>Commissioner Goldring inquired as to what the annual hit is on the MCO tax.</i></p> <p><i>Daniel responded theoretically it is supposed to be Net Income neutral; however, the Plan has run a gain of approximately \$8M from FY 2022 – FY 2023. which DHCS is looking to recoup in the future.</i></p>	

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<ul style="list-style-type: none"> Compliance Report Mary Lourdes Leone, CCO 	<p>Compliance Report</p> <p>There were 143 Administrative & Operational regulatory filings for YTD 2023; 119 Member Materials filed for approval; 88 Provider Materials reviewed and distributed; and 56 DMHC filings.</p> <p>There were 13 Privacy & Security Breach Cases that were No-Risk/Low-Risk cases filed YTD 2023.</p> <p>There have been four (4) Fraud, Waste & Abuse MC609 cases filed with DHCS for YTD 2023, and 11 cases open for investigation.</p> <p>The Annual Oversight Audits of HN in-progress are Appeals & Grievances, Fraud, Waste & Abuse, Pharmacy, Privacy & Security, and Emergency Room. Audit completed since the last report is Member Call Center (CAP).</p> <p>The Plan is still awaiting responses for the 2021 DMHC 18-Month Follow-Up Audit CAP response.</p> <p>The DMHC 2022 Medical Audit was conducted 9/19/22 and 9/20/22. The Plan is currently awaiting for the preliminary report.</p> <p>The Plan is awaiting DHCS' CAP closure for the DHCS 2022 Medical Audit; as well as the DHCS preliminary final report for the DHCS 2023 Medical Audit.</p> <p>For the Populations of Focus (POFs) that went live 7/1/23 (Children and Youth), CalViva received approval of its Community Supports and ECM MOCs. The next ECM MOC submission scheduled for 9/1/23 (Justice Involved) that will go live 1/1/24.</p> <p>CalViva Health continues to work with Health Net as it stands up its EAE D-SNP product, "Wellcare CalViva Health Dual Align". Health Net and DHCS have recently executed the State Medicaid Agency Contract (SMAC) which is a care coordination and benefit coordination agreement.</p>	<p><i>Commissioner Aldo De La Torre asked for clarification of what eligibility online means.</i></p> <p><i>Mary Lourdes Leone responded with the definition is the Medicare Advantage Plan and the Medi-Cal Plan are under one-owner. In CalViva's case, we are Medi-Cal only, the Plan does not have a Medicare option. Health Net handles that for CalViva. Members currently get a separate Handbook, a separate ID card, etc., one for Medicare through Health Net and one for Medi-Cal through CalViva. Currently there is no co-branding alignment. The State is now wanting more alignment so CalViva and Health are working on co-branding so that materials can be "co-branded." The Medicare Plan will determine which Medi-Cal Plan a beneficiary would have as the State wants a</i></p>	

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	<p>CalViva is waiting to obtain from Health Net the integrated Medicare Advantage/Medi-Cal member materials (i.e., EOC and Member ID card, member notices) for CalViva’s submission to DMHC. CalViva must obtain DMHC approval to co-brand with Wellcare/Health Net.</p> <p>On 6/29/23, DHCS released the 2024 Model EOC. Plans must review and customize the EOC by 9/1/23.</p> <p>For the DHCS 2024 Operational Readiness Workplan and Contract, the Plan is on schedule to continue the required monthly filings through September 2023.</p> <p>On 7/3/23 the DHCS issued new draft MOU agreement templates for:</p> <ol style="list-style-type: none"> 1. County Behavioral Health Departments: Specialty Mental Health Services 2. County Behavioral Health Departments: Substance Use Disorder Services 3. Local Health Departments: Including, without limitation, California Children’s Services (CCS), Maternal, Child, and Adolescent Health (MCAH), TB Direct Observed Therapy 4. Local Health Departments: Women, Infant, & Children (WIC) 5. Regional Centers: Behavioral Health Treatment; Intermediate Care Facility – Developmentally Disabled Services 6. Local Government Agencies: In-Home Services and Supports (IHSS) 7. County Social Services Departments: County Social Services programs and Child Welfare. 8. Local Government Agency: targeted Case Management <p>The Public Policy Committee (PPC) was held on June 7, 2023, at 11:30am in the CalViva Health Conference Room, 7625 N. Palm Ave., Suite 109, Fresno, CA 93711.</p> <p>The following informational reports were presented:</p> <ol style="list-style-type: none"> 1. 2022 Health Education Work Plan Evaluation 2. 2023 Health Education Program Description 3. 2023 Health Education Work Plan 4. 2022 Health Equity Work Plan Evaluation 	<p><i>“one-parent” product for the purpose on integration between the two.</i></p> <p><i>Commissioner Aldo De La Torre asked who performs the Plans oversight.</i></p> <p><i>Mary Lourdes Leone responded that the Plan manages its own oversight.</i></p> <p><i>Commissioner Sara Bosse questioned closed loop referrals being mandated. Is there a particular system the Plan is looking at? Madera County recommends advocating with DHCS to pick one system that all Plans can use.</i></p> <p><i>Mary Lourdes Leone responded she has not had any discussions yet with Health Net. The systems have yet to be developed to do cross tracking of services.</i></p>	

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<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<p>5. 2023 Health Equity Program Description 6. 2022 Health Equity Work Plan 7. 2022 Language Assistance Program Evaluation 8. Q1 2022 Appeals & Grievance Report</p> <p>Additionally, a discussion of the Appeals and Grievances report with the PPC members was led by Dr. Marabella which covered how the A&G data is derived, trended, compiled, and reported in the A&G Dashboard (which is also reviewed by the QIUM Committee and the Commission).</p> <p>There were no recommendations for referral to the Commission. The next meeting will be held on September 6, 2023, at 11:30am in the CalViva Health Conference Room.</p> <p>Medical Management</p> <p><u>Appeals and Grievances Dashboard</u></p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through May 2023.</p> <p>Grievances received overall for Q1 2023 increased when compared to the previous year.</p> <ol style="list-style-type: none"> 1. Total count of Grievances received for May increased above recent months; most of which were quality of service. It is important to note that CalViva membership is also high at this time due to the Public Health Emergency and suspension of eligibility redetermination. The 2023 PTMPY rate is 0.29 YTD compared to 2022 PTMPY of 0.24. 2. Quality of Service Grievances increased this month; high volume categories were Administrative, Other, Prior Authorizations, Referral delays, and Access to Specialists. 3. Quality of Care Grievances remained consistent, and most were related to Delay in PCP care, and PCP delay. 4. Exempt Grievances remained consistent with recent months. "Transportation-No Show" showed improvement. Claims Complaint has increased related to Balanced Billing issues. 	<p><i>No questions or comments from Commissioners for Appeals & Grievances Dashboard.</i></p>	

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	<p>In addition, the following general documents were approved at this meeting:</p> <ol style="list-style-type: none"> 1. Medical Policies 2. Pharmacy Provider Updates <p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard & Quarterly A & G Reports, Potential Quality Issues (PQI) & Access Related Reports – Provider Office Wait Time Report. Additional Quality Improvement reports were reviewed as scheduled during Q2.</p> <p>The Utilization Management & Case Management reports reviewed were the Key Indicator Report & UM Concurrent Review, TurningPoint Musculoskeletal Utilization Review, PA Member Letter Monitoring Report, 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)2022 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) on which we will be evaluated this year. The Minimum Performance Level (MPL) remains at the 50th percentile.</p> <p>In 2023, MCPs are required to initiate two (2) new Performance Improvement Projects (PIPs) which will continue through the end of 2026. Each health plan is required to initiate one clinical PIP and one non-clinical PIP.</p> <p>Medical Management’s current improvement projects are:</p> <ol style="list-style-type: none"> 1. One clinical Disparity PIP – Well-Child Visits in the African American population in Fresno County. In Q2 our proposal was submitted and approved. Sections 1-6 of the PIP Documentation Form are due to HSAG by 09/08/2023. 		

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	<p>2. One Non-clinical PIP - Improve referrals to Community Support programs (Sobering Centers, Day Habilitation programs) within 7 days of visiting emergency department (ED) for members with a SUD/SMH diagnosis and seen in ED for the same diagnoses. In Q2 our proposal was submitted and approved. Sections 1-6 of the PIP Documentation Form are due to DHCS by 09/08/2023.</p> <p>3. One SWOT Improvement Project - Childhood Immunizations (CIS-10) & Well-Child (WCV) SWOT in progress with three (3) strategies in the implementation phase. Our second Progress Report is due to DHCS on 07/17/2023.</p> <p>No significant compliance issues have been identified. Oversight and monitoring processes will continue.</p> <p>Credentialing Sub-Committee Quarterly Report</p> <p>The Credentialing Sub-Committee met on May 18, 2023. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q4 2022 were reviewed for delegated entities, and Q1 2023 for MHN and Health Net.</p> <p>Credentialing Adverse Actions for Q1 for CalViva from Health Net Credentialing Committee was presented. There were no cases for January or February 2023 and two cases presented in March. Both cases were pended awaiting the Medical Board's decision and actions.</p> <p>The 2023 Adverse Events Report is a new report for the Credentialing Sub-Committee and provides a summary review of ongoing monitoring for potential quality issues and Credentialing Adverse Action cases during the reporting period. There were two cases identified for Q1 2023 with adverse outcomes associated with a contracted practitioner. Both cases remain open for review in the Peer Review Process.</p> <p>The 2023 Credentialing Sub-committee Charter was reviewed for annual approval. The following edits to the Charter were discussed: 1) Added NCQA to the list of</p>		

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	<p>credentialing and re-credentialing compliance activities. 2) The description of the composition of the physicians that make up the Credentialing Sub-Committee was revised to include, "external participating practitioners". The revised Charter was approved.</p> <p><u>Peer Review Sub-Committee Quarterly Report</u></p> <p>The Peer Review Sub-Committee met on May 18, 2023. The county-specific Peer Review Sub-Committee Summary Reports for Q3 2022 were reviewed for approval. There were no significant cases to report.</p> <p>The 2023 Peer Review Sub-committee Charter was reviewed for annual approval. The following edits to the Charter were discussed: 1) Added NCQA to the list of criteria and compliance activities to comply with. 2) The description of the composition of the physicians that make up the Peer Review Sub-Committee was revised to include, "external participating practitioners". The revised Charter was approved.</p> <p>The 2023 Adverse Events Report is a new report for the Peer Review Sub-Committee and provides a summary review of ongoing monitoring for potential quality issues and Credentialing Adverse Action cases during the reporting period. There were two cases identified for Q1 2023 with adverse outcomes associated with a contracted practitioner. Both cases remain open for review in the Peer Review Process.</p> <p>Quarter 1, 2023 Peer Count Report was presented at the meeting with a total of twelve (12) cases reviewed. The outcomes for these cases are as follows:</p> <ul style="list-style-type: none"> • There were six (6) cases closed and cleared. There was one (1) case pending closure for Corrective Action Plan compliance. There were five (5) cases tabled for further information. <p>Ongoing monitoring and reporting will continue.</p>		

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<ul style="list-style-type: none"> • Executive Report J. Nkansah, CEO 	<p>Executive Report</p> <p>Enrollment through May 31, 2023, continues to increase; however, this does not reflect the redeterminations as previously discussed. Since the decline in Market Share, the Plan has seen for four consecutive months the Market Share trending up. This will continue to be monitored. In terms of redetermination activity, the Plan is still waiting for the finalized report for July enrollment numbers; verbally the Plan has been given information July enrollment may show a decline of approximately 3,000 members throughout the three service counties.</p> <p>There are no significant issues or concerns to report as it pertains to IT Communications and Systems. The organization has been successful in obtaining a Cyber Security Insurance policy.</p> <p>There are no significant issues or concerns to report as it pertains to the Member Call Center, or the CVH website. Q2 2023 numbers not available yet.</p> <p>With regard to Provider Network and Engagement Activities, the number for Specialists counts has increased as a result of a new Provider Group in the service area.</p> <p>There are no significant issues or concerns to report as it pertains to Claims Processing and Provider Disputes. Management is monitoring PPG2 and PPG3 for deficiency disclosures and non-compliance metrics. All other areas met goals related to Claims and Provider Disputes. On June 29, 2023 the Plan hosted a listening tour with DHCS for Fresno County specifically, related to CalAIM and redeterminations. The Plan is being provided a draft of the 2024 contract and is in the process of comparing the 2024 contract with previous years to see what's changed, what's new, and what stayed consistent. The Plan anticipates to have the final 2024 contract for signature potentially in the last quarter of 2023 for a January 1, 2024 effective date. The 2024 Medi-Cal Managed Care transitions in the three services counties, there are no exiting Plans; the local Plan is the same, the commercial Plan is the same, and Kaiser is entering the market January 1, 2024. Based on what the Plan has seen, Kaiser is only going to accept 3,000</p>		

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	members through Default Assignment for calendar year 2024 and none of those will be in Fresno, Kings or Madera counties. The MOU between Kaiser and DHCS are now publicly available on the DHCS website. <i>Joyce Fields-Keene left at 3:01 pm</i> <i>David Luchini left at 3:12 pm</i>		
#11 Final Comments from Commission Members and Staff	None.		
#12 Announcements	None.		
#13 Public Comment	None.		
#14 Adjourn	The meeting adjourned at 3:19 pm. The next Commission meeting is scheduled for September 21, 2023, in Fresno County.		

Submitted this Day: 9.28.23

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