

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

Lisa Lewis, Ph.D.  
At-large

**Madera County**

David Rogers  
Board of Supervisors

Sara Bosse  
Public Health Director

Aftab Naz, M.D.  
At-large

**Regional Hospital**

Michael Goldring  
Valley Children's Hospital

Aldo De La Torre  
Community Medical Centers

**Commission At-large**

John Frye  
Fresno County

Kerry Hydash  
Kings County

Paulo Soares  
Madera County

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

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

DATE: October 13, 2023

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Cheryl Hurley, Commission Clerk

RE: Commission Meeting Materials

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

**Thursday, October 19, 2023  
1:30 pm to 3:30 pm**

**Where to attend:**

- 1) CalViva Health  
7625 N. Palm Ave., #109  
Fresno, CA
- 2) Family Health Care Network  
114 W. Main Street  
Visalia, CA 93291

Meeting materials have been emailed to you.

Currently, there are **13** Commissioners who have confirmed their attendance for this meeting. At this time, a quorum has been secured. Please advise as soon as possible if you will not be in attendance to ensure a quorum can be maintained.

Thank you

# AGENDA

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

October 19, 2023  
1:30pm - 3:30pm

### Meeting Locations:

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

2) Family Health Care Network  
114 W. Main Street  
Visalia, CA 93291

Item	Attachment #	Topic of Discussion	Presenter
1.		<b>Call to Order</b>	D. Hodge, MD, Chair
2.		<b>Roll Call</b>	C. Hurley, Clerk
3. Action	Attachment 3.A	<b>Madera County BOS Appointed At-Large Commission Seat</b> <ul style="list-style-type: none"> <li>Reappointment of Dr. Aftab Naz</li> </ul> <p><i>Action: Ratify appointment</i></p>	D. Hodge, MD, Chair
4. Action	Attachment 4.A " " " Attachment 4.B " " " " Attachment 4.C "	<b>Consent Agenda:</b> <ul style="list-style-type: none"> <li>Commission Minutes dated 9/28/2023</li> <li>Finance Committee Minutes dated 7/20/2023</li> <li>QI/UM Committee Minutes dated 7/20/2023</li> <li>Public Policy Committee Minutes dated 6/7/23</li> <li>Commission Calendar</li> <li>Finance Committee Calendar</li> <li>QIUM Committee Calendar</li> <li>Credentialing Sub-Committee Calendar</li> <li>Peer Review Sub-Committee Calendar</li> <li>Public Policy Committee Calendar</li> <li>Public Policy Committee Charter</li> <li>QIUM Charter</li> </ul> <p><i>Action: Approve Consent Agenda</i></p>	D. Hodge, MD, Chair
5. Action	Attachment 5.A  Attachment 5.B Attachment 5.C Attachment 5.D " "	<b>Community Supports</b> <ul style="list-style-type: none"> <li>BL 23-009 Community Support Program Funding Recommendation 2023</li> <li>Ad-hoc Meeting Minutes</li> <li>Proposed Grants 2023-2024</li> <li>MMC CVH Courage Takes Root Letter</li> <li>MMC Naming Opportunities</li> <li>MMC Map</li> </ul> <p><i>Action: Approve 2023-2024 grant funding</i></p>	J. Nkansah, CEO
6. Action	Attachment 6.A	<b>Financial Audit Report for Fiscal Year 2023</b> <ul style="list-style-type: none"> <li>Moss Adams Board Presentation of Audit</li> </ul>	Moss Adams Representative: R. Suico

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*Action: Approve Audit Report*

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*Handouts will be available at meeting*

*PowerPoint Presentations will be used for item 7 - 9*  
**One vote will be taken for combined items 7 - 9**

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**7. Action**

Attachment 7.A  
Attachment 7.B

**2023 Heath Equity**

- Executive Summary
- Work Plan Mid-Year Evaluation

P. Marabella, MD, CMO

*Action: See item 7 for Action*

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**8. Action**

Attachment 8.A  
Attachment 8.B

**2023 Health Education**

- Executive Summary
- Work Plan Mid-Year Evaluation

P. Marabella, MD, CMO

*Action: See item 8 for Action*

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**9. Action**

Attachment 9.A

**2023 Quality Improvement Health Equity Transformation Plan**

P. Marabella, MD, CMO

*Action: Approve 2023 Health Equity Work Plan Mid-Year Evaluation; and 2023 Health Education Work Plan Mid-Year Evaluation; and 2023 QI Health Equity Transformation Plan*

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**10. Action**

**Standing Reports**

Attachment 10.A

**Finance Report**

- Financials as of August 31, 2023

D. Maychen, CFO

Attachment 10.B

**Compliance**

- Compliance Report

M.L. Leone, CCO

Attachment 10.C  
Attachment 10.D  
Attachment 10.E

**Medical Management**

- Appeals and Grievances Report
- Key Indicator Report
- QIUM Quarterly Report

P. Marabella, MD, CMO

Attachment 10.F

**Executive Report**

- Executive Dashboard

*Action: Accept Standing Reports*

J. Nkansah, CEO

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**11. Final Comments from Commission Members and Staff**

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**12. Announcements**

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**13. Public Comment**

*Public Comment is the time set aside for comments by the public on matters within the jurisdiction of the Commission but not on the agenda. Each speaker will be limited to three (00:03:00) minutes. Commissioners are prohibited from discussing any matter presented during public comment*

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*except to request that the topic be placed on a subsequent agenda for discussion.*

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**14.**

**Adjourn**

D. Hodge, MD, Chair

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

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

Next Meeting scheduled for November 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

Madera County BOS Appointed  
At-Large Commission Seat  
Reappointment



# BOARD OF SUPERVISORS COUNTY OF MADERA

MADERA COUNTY GOVERNMENT CENTER  
200 WEST 4<sup>TH</sup> STREET / MADERA, CALIFORNIA 93637  
(559) 675-7700 / FAX (559) 673-3302 / TDD (559) 675-8970  
Agendas available: [www.MaderaCounty.com](http://www.MaderaCounty.com)

Members of the Board  
Jordan Wamhoff, District 1  
David Rogers, District 2  
Robert L. Poythress, District 3  
Leticia Gonzalez, District 4  
Robert Macaulay, District 5

## AGENDA ITEM SUBMITTAL

September 19, 2023

Chairman David Rogers

<b>DEPARTMENT</b> Clerk of the Board Department		<b>DEPARTMENT CONTACT</b> Tatiana Echevarria 559-675-7700		<b>AGENDA ITEM</b> 5.G Consent Calendar	
<b>SUBJECT:</b> Fresno-Kings-Madera Regional Health Authority - Dr. Naz Reappointment		<b>REQUIRED VOTE:</b> 3/5 Votes Required	<b>DOC. ID NUMBER</b> 10038	<b>DATE REC'D</b> 9/12/2023	
<b>STRATEGIC FOCUS AREA(S):</b> Community, Health					
<b>For Clerk of the Board's Office Use Only</b>					
<b>BOARD'S ACTION:</b>					
<b>RESULT:</b>		<b>APPROVED BY CONSENT VOTE [UNANIMOUS]</b>			
<b>MOVER:</b>		Leticia Gonzalez, Supervisor - District No. 4			
<b>SECONDER:</b>		Robert L. Poythress, Chair ProTem			
<b>AYES:</b>		Wamhoff, Rogers, Poythress, Gonzalez, Macaulay			
Is this item Budgeted? N/A Will this item require additional personnel? N/A Previous Relevant Board Actions: DOC ID 2899, 6530 PowerPoint/Supporting Documents: N/A			<b>DOCUMENT NO(S).</b>		

### RECOMMENDED ACTIONS:

Consideration of approval to reappoint Dr. Aftab Naz, to the Fresno-Kings-Madera Regional Health Authority for a term ending September 8, 2026.

### DISCUSSION / FISCAL IMPACT / STRATEGIC FOCUS:

#### DISCUSSION:

On April 14 2009, the Madera County Board of Supervisors adopted Ordinance No. 637, adding chapter 2.91 to the Madera County Code and establishing the Fresno-Kings-Madera Regional Health Authority. The ordinance sets forth that one member shall be an individual who represents the interests of physician providers of MediCal covered health care services, health care consumers, community representatives or community clinics (Madera County Code 2.91.030 C3).

Dr. Naz has served since 2009 and has expressed a desire to continue serving.



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Jordan Wamhoff, District 1  
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Robert L. Poythress, District 3  
Leticia Gonzalez, District 4  
Robert Macaulay, District 5

## **FISCAL IMPACT:**

There is no Fiscal Impact to the County of Madera.

## **CONNECTION TO THE COUNTY OF MADERA STRATEGIC PLAN - MISSION 2023:**

### STRATEGIC FOCUS AREAS

- Ø Focus Area 1: Community
- Ø Focus Area 8: Health

## **ATTACHMENTS**

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1. ORDINANCE NO. 637
2. BYLAWS

# Item #4

## Attachment 4.A

- Commission Minutes Dated 9/28/23
- Finance Committee Minutes Dated 7/20/23
- QIUM Committee Minutes dated 7/20/23
- PPC Minutes dated 6/7/23



Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
Commission**  
**Meeting Minutes**  
September 28, 2023

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

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

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

## Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<p><b>#3 Consent Agenda</b></p> <ul style="list-style-type: none"> <li>• <i>Commission Minutes dated 7/20/23</i></li> <li>• <i>Finance Committee Minutes dated 5/18/23</i></li> <li>• <i>QI/UM Committee Minutes dated 5/18/23</i></li> <li>• <i>Compliance Report</i></li> </ul> <p>Action D. Hodge, MD, Chair</p>	<p>All consent items were presented and accepted as read.</p>		<p><b>Motion:</b> <i>Consent Agenda was approved.</i></p> <p><i>11 – 0 – 0 – 6</i></p> <p><i>(Neves / Fields-Keene)</i></p> <p><i>A roll call was taken</i></p>
<p><b>4. Closed Session:</b></p> <p><b>A. Conference with Legal Counsel-Existing Litigation</b></p> <p>Name of Case: Case #21CV381776</p>	<p>Jason Epperson, General Counsel, reported out of closed session. The item agendaed for closed session discussion was discussed by the Board and direction was given to staff. No reportable actions taken.</p> <p>There was no other reportable action and the Commission adjourned Closed Session at 1:34 pm.</p>		
<p><b>#5 Provider Network Plan</b></p> <p>Information J. Nkansah, CEO</p>	<p>A historical summary of the Provider Network Plan was reported to the Commission. The Health Authority has entered a contractual arrangement with Health Net Community Solutions (“Health Net”) to have a Capitated Provider Services Agreement. Through that agreement it allowed the Health Authority to have a Provider Network that would allow the Health Authority to meet the Medi-Cal Managed Care standards by allowing Health Net to contract with all Provider types needed (e.g., professional, organizational, etc.) to be compliant with the Medi-Cal contractual requirements. DHCS in 2010 had a concern and requested that the Health Authority maintain some direct contracts; that led to the Health Authority establishing three (3) direct contracts with FQHCs but the Health Authority’s Provider Contract templates used was based off the Health Net Provider Contract templates. Moving forward into the 2024 DHCS Contract and</p>	<p><i>Commissioner Sara Bosse asked how CalAim has impacted this agreement, specifically on the population health management. Does the contract allow the Plan the ability to access Health Net’s data in a way to have them at the table when need be?</i></p> <p><i>Jeff Nkansah responded, the Capitated Provider Services</i></p>	<p><b>Motion:</b> <i>Approve the Provider Network Plan; and adopt Health Net’s Provider Contract Templates</i></p> <p><i>11 – 0 – 0 – 6</i></p> <p><i>(Frye / Neves)</i></p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>taking into consideration planning for the NCQA accreditation, the Commission is to discuss and make sure there is an all-in agreement with the Provider Network Plan as it stands today and to make sure that a review and adoption of Health Net’s Provider Contract templates are approved for use for the Health Authority’s business. Historically from 2011 (the Health Authority began operations March 1, 2011) to present day, the Health Authority has continued to receive Provider Contract templates from Health Net as part of the Health Authority’s compliance program oversight activities. The request of the Commission today is to make sure they have reviewed and approved the Provider Network Plan, and it is still the Board’s approval for the Health Authority to continue reviewing and adopting Health Net’s Provider Contract templates for use in contracting Providers in the Health Authority’s service area.</p> <p><i>Lisa Lewis, Ph.D. arrived at 1:36 pm – not included in vote</i></p>	<p><i>Agreement is from the contracting perspective, but there is also an Administrative Services Agreement (ASA) which is a separate agreement with Health Net. This agreement provides the mechanism for the Plan to request data we want to collect, oversight processes, etc. From an ECM/CS contracting perspective the Health Authority is using HN’s Provider contract templates to enter into Provider agreements with ECM Providers and CS Providers. This is done through the Capitated Provider Services Agreement. For the oversight component of what the Health Authority has over the ECM/CS program it would be under the Health Authority’s ASA with Health Net. Dr. Marabella responded, as a requirement of the ASA the Plan is required to have access to the data on request. A detailed report is provided to the Health Authority.</i></p> <p><i>Commissioner Bosse stated one of the biggest problems Madera County is having is obtaining data to understand what is happening with members.</i></p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
		<p><i>Dr. Marabella suggested having a dialogue with stating what type of information is being asked for.</i></p> <p><i>Commissioner John Frye asked if there are any concerns with moving forward with the current Provider Network Plan.</i></p> <p><i>Jeff Nkansah responded to Commissioner Frye and stated there are no concerns.</i></p>	
<p><b>#6 2023 QI Work Plan Mid-Year Evaluation</b></p> <ul style="list-style-type: none"> <li>• Executive Summary</li> <li>• Work Plan Evaluation</li> </ul> <p><b>Action</b> P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2021 Quality Improvement Mid-Year Evaluation. Planned activities, and their status (must be &gt;75% complete to be “on track”), and Quality Improvement focus for 2023 consists of:</p> <ul style="list-style-type: none"> <li>• Behavioral Health: improve follow-up care for members after ED visit for substance use/mental health issue. This is on-track.</li> <li>• Chronic Conditions: Improve asthma medication ratio, improve management of blood pressure, and improve management of diabetes. Blood pressure and diabetes are both on-track. Asthma medication ratio is off-track.</li> <li>• Maternal/Women’s Health: Improve prenatal/postpartum care. This is off-track.</li> <li>• Member Engagement &amp; Experience: Increase compliance with Initial Health Appointment (IHA) within 120 days and Improve member satisfaction. This is on-track.</li> <li>• Hospital Quality and Patient Safety: Monitor hospital quality and safety. This is on-track.</li> <li>• Pediatric: Improve infant well-child visits and pediatric SWOT. Pediatric SWOT is on track; well child visits is off-track.</li> <li>• Preventive Health: Improve cancer screening and improve childhood blood lead screening. This is on-track.</li> </ul>	<p><i>Commissioner Rose Mary Rahn asked what the Pregnancy Program entails?</i></p> <p><i>Dr. Marabella responded, it is telephonic high risk perinatal care program.</i></p>	<p><b>Motion:</b> See item #8 for motion.</p>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<ul style="list-style-type: none"> <li>Provider Engagement: Evaluating data to generate excellence (Quality EDGE) by supporting Providers to overcome barriers to improving performance. This is on-track.</li> </ul> <p>At mid-year, 87% of activities were complete and ten (10) activities are on-track, three (3) are off-track, and one (1) is n/a as this is the baseline year. All “off track” items and those planned for July to December are expected to be completed by the end of the year.</p> <p>The HEDIS default measures and results are:            Childhood Immunizations: Madera County above MPL of 34.79%. Fresno and Kings counties fell below.            Controlling High Blood Pressure: All three counties exceeded the MPL.            Timeliness of Prenatal Care: All three counties exceeded the MPL.            Comprehensive Diabetes Care – HbA1c: All three counties exceeded the MPL.            Cervical Cancer Screening: Kings and Madera Counties exceeded the MPL of 57.64%. Fresno County fell slightly below at 57.08%.</p>		
<p><b>#7 2023 UMCM Work Plan Mid-Year Evaluation</b></p> <ul style="list-style-type: none"> <li>Executive Summary</li> <li>Work Plan Evaluation</li> </ul> <p><b>Action</b>            P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2023 Utilization Management Case Management Work Plan Mid-Year Evaluation.</p> <p>The focus on activities for 2023 consist of:</p> <ul style="list-style-type: none"> <li>Compliance with regulatory and accreditation requirements.</li> <li>Monitoring the UM process.</li> <li>Monitoring Utilization metrics.</li> <li>Monitoring coordination with other programs and vendor oversight.</li> <li>Monitoring activities for special populations.</li> </ul> <p>Utilization Management processes have remained consistent. Case Management and Disease Management continue to monitor the effectiveness of programs to better serve the Plan’s members.</p> <p>Key Metrics are:</p>		<p><b>Motion:</b> See item #8 for motion.</p>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Turn around time for processing authorizations from January – June was 99.6%</li> <li>• Turn around time for appeals from January – June was 100%</li> <li>• Bed Days, acute admits, average length of stay, and readmits within 30 days were all lower in the first 6 months of 2023 when compared to goals and 2022.</li> </ul> <p>All activities are reported as on track for UMCM at the Mid-Year except activities related to PPG Profile performance and monitoring are listed as too soon to tell due to one PPG falling below turn-around time targets in the first quarter.</p> <p>On-target activities for the mid-year evaluation consist of:</p> <ul style="list-style-type: none"> <li>• Compliance with licensure and periodic audits.</li> <li>• Review, revision and updates to Program Descriptions, Work Plans, and Policies annually.</li> <li>• Creation of new Population Health documents for NCQA accreditation preparation.</li> <li>• Long-term care (LTC) specialist social worker based in Fresno was onboarded in 2023 to support the LTC transition.</li> <li>• Health Information forms (HIF) completed or outreached January to June was 3,751 with 541 members referred to Case Management.</li> <li>• 2,529 members managed through Q2 in physical, behavioral, and transitional case management.</li> <li>• 565 members managed in high-risk pregnancy program through Q2.</li> <li>• 419 members managed in behavioral health CM through Q2.</li> </ul>		
<p><b>#8 Population Health Management Strategy Description</b></p> <p><b>Action</b> P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the Population Health Management (PHM) Strategy Program Description.</p> <p>The PHM Program is designed to ensure that all members have access to a comprehensive set of services based on their needs and preferences across the continuum of care, which leads to longer, healthier, and happier lives, improved outcomes, and health equity.</p>	<p><i>Commissioner John Frye asked if this applies to every beneficiary? And how many beneficiaries does the Plan have? Is there a starting point?</i></p> <p><i>Dr. Marabella confirmed this applies to all</i></p>	<p><b>Motion:</b> Approve the 2023 QI Work Plan Mid-Year Evaluation Executive Summary and Work Plan Evaluation; the 2023 UMCM Work Plan Mid-Year Evaluation Executive Summary and Work Plan Evaluation; and the</p>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>PHM is the framework to achieve health and wellness for all, free from barriers, using the Health Equity (HE) Improvement Model to identify and design community-anchored interventions.</p> <p>PHM Data Activities include:</p> <ul style="list-style-type: none"> <li>• Gathering member information; risk stratification; providing services and supports.</li> <li>• Population Needs Assessment inclusive of inputs from CBOs, local jurisdictions, schools, higher education, hospitals, and managed care plans (MCPs).</li> </ul> <p>Core aspects of the PHM program areas include:</p> <ul style="list-style-type: none"> <li>• Basic Population Health:               <ul style="list-style-type: none"> <li>○ Access, Utilization, and Engagement with Primary Care</li> <li>○ Care Coordination, Navigation, and Referrals Across All Health and Social Services, Including Community Supports</li> <li>○ Information Sharing and Referral Support Infrastructure</li> <li>○ Integration of Community Health Workers (CHWs) in PHM</li> <li>○ Wellness and Prevention Programs</li> <li>○ Programs Addressing Chronic Disease</li> <li>○ Programs to Address Maternal Health Outcomes</li> <li>○ Population Health Management for Children under 21 years</li> </ul> </li> <li>• Risk Stratification, Segmentation &amp; Tiering (RSST):               <ul style="list-style-type: none"> <li>○ Algorithms include clinical and sociodemographic variables, bias testing, and UM data to stratify the entire population.</li> <li>○ Classify into Risk level. Low, medium, or high.</li> <li>○ Case Management Level: 1-5</li> </ul> </li> <li>• Care Management Enhancements:               <ul style="list-style-type: none"> <li>○ Complex Care Management (CCM)</li> <li>○ Enhanced Care Management (ECM)</li> <li>○ Transitional Care Services (TCS); defined as when a member transitions from one level of care or setting to another.</li> <li>○ Under PHM and in line with CalAIM, the Plan is accountable for enhancing TCS beginning on 1/1/23, and fully implementing for all</li> </ul> </li> </ul>	<p><i>beneficiaries. The Plan has approximately 440,000 beneficiaries. The risk stratification begins with the initial health appointment.</i></p> <p><i>Commissioner Sara Bosse asked how is the Plan accessing Community Health Workers (CHWs)?</i></p> <p><i>Mary Lourdes Leone, CCO, responded there are organizations that have CHWs and Health Net contracts with the larger groups in order to provide CHW services to our members.</i></p> <p><i>Commissioner Sara Bosse asked if the Plan's Population Needs Assessment (PNA) is the same type of Needs Assessment that is done by Public Health, and the hospitals? Commissioner Bosse stated Public Health is already working with the hospitals on the PNA and they had their first meeting. She asked if the Plan would be joining in</i></p>	<p><i>Population Health Management Strategy Description.</i></p> <p><i>12 – 0 – 0 – 5</i></p> <p><i>(Luchini / Naz)</i></p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>members by 1/1/24, across all settings and delivery systems, ensuring members are supported from discharge planning until they have been successfully connected to all needed services and supports.</p> <p>The Plan sent in the PHM monitoring plan to DHCS on 8/15/23. DHCS will be monitoring implementation of the PHM program in 2023 which includes:</p> <ul style="list-style-type: none"> <li>• Specific populations such as, Children and Youth, Birthing Populations, and Individuals with Behavioral Health Needs.</li> <li>• Monitoring equity across all monitoring domains and categories.</li> <li>• Conduct routine engagement with MCPs throughout each year on MCPs' PHM programs to ensure regular, bidirectional communication on implementation challenges and successes.</li> </ul> <p>The Plan's integrated approach consists of all stages of life with a focus on equity.</p>	<p><i>with the Public Health Department or doing their own?</i></p> <p><i>Amy Schneider, RN, responded the Plan is now required to join in with Public Health on the PNA and not complete a separate PNA by the Plan.</i></p> <p><i>Dr. Marabella added there is a PNA team from HN that should be connected with the hospitals and Public Health to develop the next PNA which is now done every three years instead of annually.</i></p> <p><i>Commissioner John Frye asked if the PNA is for every potential patient in California? Or is it limited by the type of coverage a person has?</i></p> <p><i>Dr. Marabella stated this is for Medi-Cal only; required by DHCS.</i></p> <p><i>Commissioner David Luchini asked if on the Risk Stratification, the 4s and 5s are the highest risk?</i></p>	



AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
		<p><i>And is it geographical for the highest risk? Commissioner Luchini would also like to look at the algorithm if the Plan receives a copy.</i></p> <p><i>Dr. Marabella confirmed, yes, 4s and 5s are the highest risk. He also confirmed that geographical areas by zip-code or other designation are reviewed to identify areas of highest risks. It was also pointed out that while the complete algorithms are not included, the types of data utilized for the risk stratification and their sources are outlined within the PHM Strategy Program Description and its appendix provided in today's meeting materials.</i></p>	
<p><b># Standing Reports</b></p> <ul style="list-style-type: none"> <li><b>Finance Reports</b> Daniel Maychen, CFO</li> </ul>	<p><b>Finance</b></p> <p><u>Financials Fiscal Year End Jun 30, 2023:</u></p> <p>Financials are currently being audited by Moss Adams and are in the final stages of the audit. To date there have been no audit adjustments or findings. Moss Adams will be onsite for the October Commission meeting to present the audited FY 2023 Financials.</p>		<p><b>Motion:</b> Standing Reports Approved</p>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>Total current assets recorded were approximately \$301.3M; total current liabilities were approximately \$170M. Current ratio is approximately 1.77.</p> <p>Total net equity was approximately \$141.3, which is approximately 819% above the minimum DMHC required TNE amount. As stated in the previous meeting, as part of the 2024 contract, DHCS was looking to require Plans to have two months of average monthly contract revenues in reserves. For CVH that is approximately \$278M; from the current financials the Plan is at \$141M and would be substantially short of the proposed required minimum reserve requirement by DHCS. Plans have provided feedback to the State expressing concern that this is not feasible. DHCS has taken concerns into consideration and has adjusted it down to one month of average monthly contract revenues for the reserve requirement. In addition, because DHCS pays the Plan one month late, they stated this would satisfy the one-month average monthly contract revenue requirement. From DHCS' perspective they believe that one-month average contract revenue is their standard reserve requirement. For the Plan, \$139M is approximately the current monthly average contract revenue requirement and the Plan's current TNE is approximately \$141M which puts the Plan just above the minimum reserve requirement from DHCS.</p> <p>Interest income actual recorded was approximately \$5.4M which is approximately \$5M 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 \$1.3B which is approximately \$134.9 more than budgeted primarily due to rates and enrollment being higher than projected.</p> <p>Total cost of medical care expense actual recorded is approximately \$1.12B which is approximately \$128.1M more than budgeted due to rates and enrollment being higher than projected. Admin service agreement fees expense actual recorded was approximately \$56.2, which is approximately \$4.9M more than budgeted due to higher than budgeted enrollment. Dues and Subscriptions expense actual recorded was approximately \$259K which is approximately \$53.7K 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</p>		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<ul style="list-style-type: none"> <li><b>Medical Management</b> P. Marabella, MD, CMO</li> </ul>	<p>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 for Fiscal Year 2023 was approximately \$13.4, which is approximately \$8.7M more than projected primarily due to interest income being approximately \$5M higher than projected, and enrollment and rates being higher than projected.</p> <p><b>Medical Management</b></p> <p><u>Appeals and Grievances Dashboard</u></p> <p>Dr. Marabella presented the Appeals &amp; Grievances Dashboard through Q2 2023.</p> <p>Grievances received through Q2 2023 have significantly increased when compared to the total for 2022 calendar year.</p> <ol style="list-style-type: none"> <li>The majority of grievances are Quality of Service; high volume categories were Administrative, Other, and Transportation.</li> <li>Quality of Care Grievances remained consistent, and most were related to Delay in PCP care, and PCP delay.</li> <li>Exempt Grievances remained consistent with recent months. "Transportation-No Show" showed improvement. Claims Complaint has increased related to Balanced Billing issues. Actions are underway to address these issues.</li> <li>Appeals remain consistent. Advanced Imaging and Cardiology have improved.</li> </ol>	<p><i>Commissioner Sara Bosse requested additional information regarding transportation.</i></p> <p><i>Dr. Marabella explained that the Plan has a vendor agency that subcontracts with several different entities that provide the transportation, including Uber and Lyft, depending on what kind of service is needed. Demand continues to be high, and Providers can become overwhelmed and appointments are missed. When a trend is noted for a particular transportation provider, they are put on a corrective action plan (CAP) and their volume of trips may</i></p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
		<p><i>be reduced. Once improvement is noted the CAP is closed and volumes return. It is challenging to find the correct balance that maximizes volumes per transportation provider but does not exceed the level at which they are able to provide high quality service. The vendor has been instructed to assign high priority transportation such as dialysis or chemo/radiation therapy appointments only to high performing transportation providers. An app is now available for CVH members so that they can connect with the driver similar to Uber and Lyft, so they can see where the driver is located on a map and call them on the phone if needed. It is anticipated this will reduce missed connections.</i></p> <p><i>Amy Schneider, RN, responded also that the vast majority of trips are completed, and the members are satisfied. When looking at the 35,000 trips and the numbers listed in the report of 10 missed appointments it is really very low. However, we do strive to bring this to zero since every appointment is important.</i></p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p><u>Key Indicator Report</u></p> <p>Dr. Marabella presented the Key Indicator Report (KIR) through Q2 2023.</p> <p>A summary was shared that provided the most recent data for Membership, Admissions, Bed Days, Average Length of Stay, and Readmissions through Q2, 2023, which demonstrates that most rates have decreased.</p> <ul style="list-style-type: none"> <li>• Membership shows an increase for Expansion population, slight decrease for TANF, and an increase in the SPD population of approximately 12,500 members.</li> <li>• For Acute Admissions (adjusted PTMPY), the Expansion population had an increase and then slight decrease in the first 6 months of 2023 and is decreased compared to 2022. TANF slightly decreased compared to 2022, and SPD decreased compared to 2022.</li> <li>• Bed Days (adjusted PTMPY) decreased for all three populations.</li> <li>• Acute Length of Stay (adjusted PTMPY) decreased slightly for Expansion and SPD populations and remained the same for TANF population.</li> <li>• Readmits within 30 days (adjusted PTMPY) decreased slightly for Expansion and SPD populations and increased slightly for TANF.</li> <li>• ER Visits (adjusted PTMPY) are lower for Expansion and SPD populations through Q2 and slightly increased for TANF.</li> </ul> <p>Case Management (CM) results have fluctuated within the various programs; Perinatal CM remained consistent with good engagement rates, Integrated Case Management spiked in March and April and has since come back down with referrals, Transitional Case Management (Transitions of Care) has significantly increased with recent modifications to the program, Palliative Care, and Behavioral Health CM remained stable.</p>	<p><i>Commissioner Sara Bosse asked about the significant decrease in ER visits for June 2023, why? Also, is the Plan tracking any key indicators for Madera County specifically to see if there's a shift because of the hospital closure.</i></p> <p><i>Dr. Marabella responded there is a 90-day claims lag for the ED; therefore, June numbers are incomplete. Dr. Marabella responded to the question regarding Madera County and stated the Key Indicator Report can be sorted by county and several other factors; however, that has not been done in this report as it's reported to the Commission for CVH as a whole.</i></p> <p><i>Commissioner Dr. Naz suggested sorting by zip codes because there are certain zip codes that are most affected by the hospital closure.</i></p> <p><i>Dr. Marabella stated the data is based on authorizations for care, it doesn't tell destination for care.</i></p> <p><i>Commissioner Sara Bosse stated they want to see</i></p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
		<p><i>trends for the hospital; what's the health impact of the Madera hospital closure. No clear data has been provided thus far.</i></p> <p><i>Dr. Marabella stated the Plan will see about providing some useful information.</i></p> <p><i>Commissioner John Frye asked about Behavioral Health and if there's a target or specific number the Plan should hit, as what's stated is low.</i></p> <p><i>Dr. Marabella clarified that the numbers presented on the KIR are only Behavioral Health case management and they do not include other types of behavioral health visits. Dr. Marabella and Amy Schneider will be meeting with the leader of the MHN organization, a subsidiary of Health Net and our mental health provider for mild to moderate issues, later in September to identify additional reporting opportunities and establish a regular meeting schedule. The utilization rate for what they track is approximately 3% of our overall membership or 10,000 to 12,000 members per month. The number of</i></p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p><u>Credentialing Sub-Committee Quarterly Report</u></p> <p>The Credentialing Sub-Committee met on July 20, 2023. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q1 2023 were reviewed for delegated entities, and Q2 2023 for Health Net and MHN.</p> <p>Credentialing Adverse Actions for Q2 for CalViva from Health Net Credentialing Committee was presented. There were no cases for April 2023, one (1) case in May and three (3) cases presented in June 2023. Outcomes include in two (2) cases the provider was placed on annual monitoring for compliance with the Board’s orders; one (1) case the provider was placed on semi-annual monitoring for compliance with the Medical Board’s order; one case was 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 this year. This report provides a summary review of ongoing monitoring for potential quality issues and Credentialing Adverse Action cases during the reporting period. There were two (2) cases identified for Q2 2023 with adverse outcomes associated with a contracted practitioner. One (1) case was placed on annual monitoring and one case remained open for Board decision. There were no incidents or patterns of non-compliance resulting in substantial harm to a member or members as a result of access to care issues in Q2. There were no (0) cases identified outside of the ongoing monitoring process in which an adverse injury occurred during a procedure by a contracted practitioner in Q2. (NCQA CR.5.A.4)</p> <p><u>Peer Review Sub-Committee Quarterly Report</u></p> <p>The Peer Review Sub-Committee met on July 20, 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><i>CVH members who are homeless is not known at this time, but this is one of our populations of focus going into 2024, so additional data is expected.</i></p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<ul style="list-style-type: none"> <li><b>Executive Report</b> J. Nkansah, CEO</li> </ul>	<p>The 2023 Adverse Events Report is a new report for the Peer Review Sub-Committee in 2023. This report provides a summary of ongoing monitoring for potential quality issues and Credentialing Adverse Action cases during the reporting period. There were five (5) cases identified for Q2 2023 with adverse outcomes. Three (3) cases involved a practitioner, and two (2) cases involved a provider. Outcomes included: Two (2) cases were tabled, three (3) were closed to track and trend. There were no (0) incidents or patterns of non-compliance resulting in substantial harm to a member or members as a result of access to care issues in Q2. There were no (0) cases that met the pattern of non-compliance for access to care in Q2. There were three (3) cases identified outside of the ongoing monitoring process, in which an adverse injury occurred during a procedure by a contracted practitioner in Q2. (NCQA CR.5.A.4) There were 34 cases identified that required further outreach. Outreach can include but is not limited to an advisement letter (site, grievance, contract, or allegation), case management referral, or notification to Provider Network Management.</p> <p>Quarter 2, 2023 Peer Count Report was presented at the meeting with a total of ten (10) cases reviewed. The outcomes for these cases are as follows:</p> <ul style="list-style-type: none"> <li>There were five (5) cases closed and cleared. There were two (2) cases pending closure for Corrective Action Plan compliance. There were three (3) cases tabled for further information.</li> </ul> <p>Ongoing monitoring and reporting will continue.</p> <p><b>Executive Report</b></p> <p>Enrollment reflects the first decrease as eligibility redeterminations have started. DHCS has not provided a replacement report to address the discontinued reports which provided data to MCPs around Default, Share of Choice %, and Voluntary Disenrollments. CalViva Health continues to work through its Trade Association to work on getting the missing data. Market Share has trended up for five consecutive months.</p>		



AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>With regard to June and July redeterminations, there were 61,881 redeterminations that took place amongst the three counties. Retention Rate is currently at 87% for the first two months based on data currently available (i.e. June and July Redeterminations)</p> <p>Based on data currently available (i.e. June) most of the disenrollment reasons were procedural. These members are usually placed in a queue for additional follow-up.</p> <p>Between Anthem and Kaiser, there are potentially 1,644 members with CalViva Health that may get aligned to their Medicare plan and off CalViva Health. The Aligned/Exclusively Aligned Enrollment policy may likely have a continued adverse impact on CalViva Health enrollment heading into 2024. Starting January 1, 2024, CalViva Health is entering into a new affiliation with Health Net’s Medicare Advantage Product WellCare by Health Net.</p> <p>There are no significant issues or concerns to report as it pertains to IT Communications and Systems.</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 are available. The Plan is exploring an enhancement to our website and digital tools functionality for members to request a PCP change. In addition, the Plan is exploring if there is an opportunity to allow members to obtain their member ID Card from the CalViva Health website.</p> <p>There are no significant issues or concerns to report as it pertains to Provider Activities.</p> <p>For Claims, management is monitoring PPG3 for performance. For Provider Disputes, management is working with Administrator for performance of PPGs 2-6. Quarter 2 2023 numbers are available. All other areas met goal.</p> <p>For Operational Readiness, the Plan has taken all actions needed and has received official go live approval to move forward. The plan is anticipating receiving the</p>	<p><i>Commissioner Sara Bosse posed the question if there was a way Plan staff could contact members to obtain their consent to share their information with Health Net.</i></p> <p><i>Jeff Nkansah, CEO, responded that the Plan is discussing this issue. And whether or not DHCS would allow this. DHCS has not weighed in on the issue. It could be construed as a marketing tactic.</i></p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	final DHCS Medi-Cal contract approximately mid-November for execution which will put the Plan on the new DHCS contractual requirements for the next five (5) years. <i>Joyce Fields-Keene left at 2:54 pm – not included in vote.</i>		
<b>#10 Final Comments from Commission Members and Staff</b>	None.		
<b>#11 Announcements</b>	None.		
<b>#12 Public Comment</b>	None.		
<b>#13 Adjourn</b>	The meeting adjourned at 3:08 pm. The next Commission meeting is scheduled for October 19, 2023, in Fresno County.		

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

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

Cheryl Hurley  
 Clerk to the Commission



**CalViva Health  
Finance  
Committee Meeting Minutes**

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

July 20, 2023

Finance Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Daniel Maychen, Chair	✓	Cheryl Hurley, Office Manager
✓	Jeff Nkansah, CEO	✓	Jiaqi Liu, Director of Finance
	Paulo Soares		
✓	Joe Neves		
✓	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 11:33 am, a quorum was present.	
#2 Finance Committee Minutes dated May 18, 2023 Attachment 2.A Action, D. Maychen, Chair	The minutes from the May 18, 2023, Finance meeting were approved as read.	Motion: <i>Minutes were approved</i> <i>4-0-0-2</i> <i>(Neves / Rogers)</i>
#3 Financials as of May 31, 2023 Action D. Maychen, Chair	Total current assets recorded were approximately \$323.9M; total current liabilities were approximately \$194.8M. Current ratio is approximately 1.66.	Motion: <i>Financials as of May 31, 2023, were approved</i>  <i>4-0-0-2</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<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>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>(Neves / Rogers)</i></p>
<p>#4 Investment Policy</p> <p>Action</p> <p>D. Maychen, Chair</p>	<p>The annual review of the Investment Policy was presented to the Finance Committee for recommended changes and/or revisions. No recommended changes or revisions.</p>	<p>Motion: <i>Annual review of Investment Policy was approved.</i></p> <p>4-0-0-2</p> <p><i>(Neves / Rogers)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#5 Announcements	<p>The MCO tax currently going through legislation is anticipated to quadruple compared to the MCO tax the Plan has had in the past. Estimating approximately \$500M as opposed to \$160M per year, retroactive to April 2023 through December 2026. It is expected to generate approximately \$19B for the State of California. It has passed through the California legislature and Governor Newsom has signed the MCO Tax Bill (AB 119) on June 29, 2023. The next step is to send it to CMS to see if they will ultimately approve this new MCO tax proposal. Based off historical timelines, it is anticipated to take a couple of months and an update on the final decision will more than likely be in September or October 2023.</p>	
#6 Adjourn	Meeting was adjourned at 11:46 am	

Submitted by:

*Cheryl Hurley*  
Cheryl Hurley, Clerk to the Commission

Approved by Committee:

*Daniel Maychen*  
Daniel Maychen, Committee Chairperson

Dated:

9.28.23

Dated:

9/28/23

Fresno-Kings-Madera  
Regional Health Authority

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

July 20<sup>th</sup>, 2023

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

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	<b>Patrick Marabella, M.D.</b> , CalViva Chief Medical Officer, Chair	✓	<b>Amy Schneider, RN</b> , Director of Medical Management Services
✓	<b>David Cardona, M.D.</b> , Fresno County, Family Care Providers, Family Practice	✓	<b>Iris Poveda</b> , Medical Management Services Manager
	<b>Fenglaly Lee, M.D.</b> , Central California Faculty Medical Group, OB-GYN	✓	<b>Mary Lourdes Leone</b> , Chief Compliance Officer
✓	<b>Carolina Quezada, M.D.</b> , Family Health Care Network, Fresno, Family Practice	✓	<b>Maria Sanchez</b> , Compliance Manager
✓	<b>DeAnna Waugh, Psy.D.</b> , Adventist Health, Fresno/Kings County, Psychologist	✓	<b>Patricia Gomez</b> , Senior Compliance Analyst
	<b>Joel Ramirez, M.D.</b> , Camarena Health Madera County, Family Practice	✓	<b>Zaman Jennaty</b> , Medical Management Nurse Analyst
	<b>Rajeev Verma, M.D.</b> , UCSF Fresno Medical Center, Pediatrics, Fresno County Public Health		<b>Norell Naoe</b> , Medical Management Administrative Coordinator
	<b>David Hodge, M.D.</b> , Fresno County At-large Appointee, Chair of RHA (Alternate)		
<b>Guests/Speakers</b>			
	None.		

✓ = in attendance

\* = Arrived late/left early

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>#1 Call to Order</b> Patrick Marabella, M.D Chair	The meeting was called to order at 10:34 am. A quorum was present.	
<b>#2 Approve Consent Agenda</b> - Committee Minutes: May 18, 2023 - Appeals & Grievances Validation Audit Summary Report (Q1) - Provider Preventable Conditions (Q1) - SPD HRA Outreach (Q1) - MHN Performance Indicator Report for Behavioral Health (Q1) - MedZed Report (Q1)	The May 18th, 2023, 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  (Cardona/Quezada) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Specialty Referrals Report- HN (Q1)                      - Standing Referrals Report (Q1)                      - Pharmacy Provider Updates (Q2)                      - TurningPoint Musculoskeletal Utilization Review (Q1)                      - NIA/Magellan (Q1)                      - Top 10 Inpatient Diagnoses (CY2022)                      (Attachments A-L)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>		
<p><b>#3 QI Business</b>                      - Appeals &amp; Grievances Dashboard (May)                      (Attachment M)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented and reviewed the <b>Appeals &amp; Grievances Dashboard</b> through May 2023.</p> <ul style="list-style-type: none"> <li>• The total number of grievances received in May was 191 which is higher than in recent months. Most grievances were Quality-of-Service (179) with the remaining QOC (12). The majority of the Quality of Service (QOS) grievances were related to Access and Transportation issues. 23 grievances were associated with balanced billing from which a formal work plan has been put in place to address these issues. 170 grievances were resolved in May. One case was out of compliance for the timeliness of the acknowledgment letter.</li> <li>• The number of resolved Quality of Care Grievances in May was higher at 36 when compared with previous months.</li> <li>• Exempt Grievances remain consistent when compared to recent months and last year.</li> </ul> <p><b>Discussion:</b>  <i>Dr. Quezada inquired as to whether the delay in Access to PCP/Specialists' care correlates to COVID such as Pulmonology or Cardiology or something else?</i>  <i>Dr. Marabella indicated that when we analyzed the data, Orthopedics has often been an issue as we have more demand than providers. We generally have identified a Top 5 difficult-to-schedule specialists as you may have seen or will see in some of our reports.</i></p>	<p>Motion: <i>Approve</i>                      - A&amp;G Dashboard (May)</p> <p>(Cardona/Quezada)                      4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Dr. Cardona stated that it has been his experience that a language barrier has been a limiting factor for his patients with following through with specialist care referrals and the limited availability of referral appointments.</i></p> <p><i>Amy Schneider asked if the language preference is generally indicated on a patient’s referral form?</i></p> <p><i>Dr. Cardona stated that it is not always listed on the referral or chart.</i></p> <p><i>Dr. Quezada asked if it would be a deterrent for care if it is noted that the member is only Spanish-speaking, and the specialist doesn’t have anyone on staff to translate?</i></p> <p><i>Dr. Marabella indicated that CalViva does provide telephonic interpreter services free of charge 24 hours per day and there are often bilingual staff in the offices/clinics that can translate. In-person interpreters are also available but need to be scheduled ahead of time.</i></p> <p><i>In conclusion, Dr. Marabella informed committee members that CalViva is currently looking at expanding our network of orthopedics and other providers in the CalViva counties through contracting efforts with providers. There are specialty access reports regularly presented in subsequent meetings to track access.</i></p>	
<p><b>#3 QI Business</b>                      - Initial Health Appointments (IHA Quarterly Audit Report (Q4 2022) (Attachment N)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p>The Department of Health Care Services (DHCS) requires that newly enrolled Medi-Cal members have an <b>Initial Health Appointment (IHA)</b> and Individual Health Education Behavioral Assessment (IHEBA) completed within the first 120 days of enrollment. (Quarter 4 2022 was the last time that IHEBA component was required) 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"> <li>• Medical Record Review (MRR) via onsite (or virtual) provider audits.</li> <li>• Monitoring of claims and encounters data.</li> <li>• Member outreach utilizing a three-step methodology.</li> </ul> <p>The Q4 2022 IHA Quarterly Report demonstrates CalViva Health’s performance on IHA/IHEBA compliance monitoring from Q4 2021 through Q4 2022.</p> <ul style="list-style-type: none"> <li>• Member outreach completed by the Plan in Q4 2022 resulted in a range of 50.63% - 58.77% plan outreach compliance for October 2022 – December 2022.</li> <li>• In Q4 2022, IHA visit rates within 120 days of enrollment, with or without a completed IHEBA, range from 24.14% (November 2022) – 27.17% (December 2022).</li> <li>• Percentages of IHA’s completed outside the 120-day window, which do not meet the definition of IHA/IHEBA compliance ranges from 2.31% (November 2022) – 3.27% (October 2022).</li> <li>• Facility Site Review/Medical Records Review results show that 75% of pediatric patients and</li> </ul>	<p>Motion: <i>Approve</i>                      - Initial Health Appointment (IHA Quarterly Audit Report (Q4 2022)</p> <p>(Quezada/Waugh)                      4-0-0-3</p>



AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>83% of adult patients completed their IHAs for the providers audited during Quarter 4. For providers who were found non-compliant during the review period, follow-up occurs via provider notification of IHA requirements and corrective action when indicated.</p> <ul style="list-style-type: none"> <li>• Extensive provider training on the new IHA requirements has been completed in 2023.</li> </ul> <p>No comments or questions from committee members.</p>	
<p><b>#3 QI Business</b> -Facility Site &amp; Medical Records and PARS Reviews (Q3-Q4 2022) (Attachment O)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>The <b>Facility Site &amp; Medical Records and PARS Reviews (Q3-Q4 2022)</b> report displays completed activity and results of the DHCS-required PCP Facility Site (FSR) and Medical Record Reviews (MRR) in all CalViva counties using the New FSR/MRR tools and standards. The results of Physical Accessibility Review Survey (PARS) assessments of providers are also provided. The results are analyzed for the purpose of monitoring and improving the performance of PCPs against DHCS and CalViva Health standards. Comparative analysis of these new data points will be shown in future reports since this is the first report under the new standards and tools.</p> <ul style="list-style-type: none"> <li>• 16 FSRs and 16 MRRs were completed during the 3rd and 4th Quarters of 2022. <ul style="list-style-type: none"> <li>o The FSR mean rate for Q3-Q4 2022 was 97%.</li> <li>o The MRR mean rate for Q3-Q4 2022 was 94%. <ul style="list-style-type: none"> <li>▪ The Adult Preventive Care mean score over all counties for Q3 &amp; Q4 was 92%.</li> <li>▪ The Pediatric Preventive Care mean score over all counties for Q3 &amp; Q4 was 93%.</li> </ul> </li> </ul> </li> <li>• Interim Review is a DHCS-required monitoring activity to evaluate the PCP site. In Q3 and Q4 2022, 4 interim reviews have been completed in the 3 CalViva counties.</li> <li>• There were no “dirty office” complaints received.</li> <li>• No onsite educational training was completed in Q3 &amp; Q4.</li> <li>• 19 PARS were completed with 9 of the 19 PARS having Basic level access.</li> </ul> <p>There were no questions or comments from committee members.</p>	<p>Motion: <i>Approve</i> -Facility Site &amp; Medical Records and PARS Reviews (Q3-Q4 2022)</p> <p>(Cardona/Quezada) 4-0-0-3</p>
<p><b>#3 QI Business</b> - Lead Screening Quarterly Report (Q4 2022) (Attachment P)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>The <b>Lead Screening Quarterly Report (Q4 2022)</b> is a Quarterly Assessment of Blood Lead Screening in Children compliance to ensure that CalViva members receive blood lead level testing and follow-up when indicated and that parents/caregivers receive anticipatory guidance related to blood lead poisoning prevention from providers.</p> <p>The Q4 2022 report provides CalViva Health’s performance on blood lead level screenings and anticipatory guidance monitoring from Q1 2022 – Q4 2022.</p> <ul style="list-style-type: none"> <li>• In Q4 2022 the compliance for CPT Code 83655 (lead screening only) ranged from: <ul style="list-style-type: none"> <li>o 97.5% (Q1) - 94.4% (Q4) in members 6-17 months of age</li> </ul> </li> </ul>	<p>Motion: <i>Approve</i> - Lead Screening Quarterly Report (Q4 2022)</p> <p>(Waugh/Cardona) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>o 59.7% (Q1) - 67.7% (Q4) in members 18-30 months of age</li> <li>o 99.4% (Q1) - 99.0% (Q4) in members 31-72 months of age</li> </ul> <p>The Plan attributes this disparity among the Age 18-30 months group to the 2020 COVID-19 pandemic which spanned from March 2020 – May 2023. Members in this age group were born amidst the pandemic which impacted appointment availability and member adherence to medical appointments affecting compliance with testing frequency and parent education.</p> <p><b>Discussion:</b>  <i>Dr. Quezada inquired as to whether the lower lead test rate in the second age group- follows the same pattern for immunization rates?</i>  <i>Dr. Marabella confirmed this to be true, decreased clinic/provider visits during this time due to closures and parents’ fear for safety impacted immunization and other preventive screening rates, not just in pediatrics.</i>  <i>Dr. Cardona asked if the state provides data on Lead testing by County?</i>  <i>Dr. Marabella reported that DHCS does have a report on its website. In urban areas, lead is primarily found in paint; in rural areas, lead can be found in the water.</i></p> <ul style="list-style-type: none"> <li>• In Q4 2022 use of codes to document evidence of providing Anticipatory Guidance was poor ranging from 0.0% to 2.8% with no differences when broken out by age group.</li> </ul> <p>The low compliance rate is due to a lack of code/reporting procedures which has been remedied by new education materials, education, training, and documentation enhancements provided to providers. Dr. Marabella also informed the committee that per the California Department of Public Health (CDPH) filter paper testing is no longer acceptable. Point-of-care testing is an option and support is being provided to high-volume pediatric providers to obtain this equipment.</p>	
<p><b>#3 QI Business</b>                      - County Relations Quarterly Update (Q1)</p> <p>(Attachment Q)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p>The <b>County Relations Quarterly Report</b> provides a summary of the relevant Public Health (PH), County Behavioral Health (BH), and Regional Center (RC) activities, initiatives, and updates for Fresno, Kings, and Madera Counties. The report also provides CalViva Health with information that includes but is not limited to; care coordination updates, Physical Health/Behavioral Health referral data, tuberculosis data, and ABA services data. All these activities support CalViva Health’s compliance with the requirements of the Memorandum of Understanding between CalViva Health and our three Central Valley counties.</p> <p>Some highlights for this Quarter include:</p> <ul style="list-style-type: none"> <li>• FCDBH has officially hired/appointed the new Behavioral Health Director as well as 2-3 Deputy Director positions.</li> </ul>	<p>Motion: <i>Approve</i>                      - County Relations Quarterly Update (Q1)</p> <p>(Vaugh/Quezada)                      4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• FCPHD reports that Hospitals are over capacity, especially with the closure of Madera Community Hospital.</li> <li>• FCPHD reports that their Fresno Community Health Improvement Partnership (FCHIP) Community Health Worker (CHW) model was approved by the board to increase to 50 CHWs.</li> <li>• KCBHD hosted a training on the implementation and proper use of the State required Screening Tools and Transition of Care tool. This new tool replaces the Bi-Directional tool.</li> <li>• KCPHD reported that they have now hired a new Program Manager for contract management.</li> <li>• KCDPH has begun its accreditation process.</li> <li>• MCBHD now has a Crisis Care Mobile Unit, secured through CalAIM grant funding – this program is run by their Division Manager over Crisis Services.</li> <li>• MCBHD reported that a new psychiatric hospital is going to open at River Vista Behavioral Health Care, it will be a 120-unit bed facility over by Valley Children’s Hospital.</li> <li>• Madera Community Hospital closed on Jan 3, 2023.</li> <li>• The Central Valley Regional Center (CVRC) reported that in the last 15 months, they have hired 150 Service Coordinators due to their high rate of growth.</li> <li>• CVRC hired a Registered Dental Hygienist who can work in Alternative Practices (RDHAP).</li> <li>• Quarter 1 data for BH referrals in Fresno, Kings, and Madera counties were also reviewed.</li> </ul> <p>There were no questions or comments by committee members.</p>	
<p><b>#3 QI Business</b> - QIUM Charter 2023 (Attachment R)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>The <b>QIUM Charter 2023</b> was presented and reviewed by the Committee. The Charter was last reviewed and approved by the Committee in March of this year. Dr. Marabella reviewed the key updates and changes made including the following which he indicated were made in order to address NCQA and DHCS requirements: 2. I:</p> <ul style="list-style-type: none"> <li>• Page 2. Added J: Analyze and evaluate the results of the QI and Health Equity activities including annual review of the results of performance measures, utilization data, consumer satisfaction surveys, and the findings and activities of other committees such as the Public Policy Committee and Community Advisory Groups.</li> <li>• Page 3. V: Added 3. The CalViva Health Equity Officer is a member of the Committee and functions in an advisory capacity. (This individual has yet to be hired.)</li> </ul> <p>Dr. Marabella solicited any questions or concerns to ensure members understood their roles and responsibilities. There were no questions or concerns from the committee members.</p>	<p>Motion: <i>Approve</i> - QIUM Charter 2023</p> <p>(Cardona/Quezada) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>#4 QI &amp; Population Health Management Business</b>                      - Care Management Program Evaluation 2022                      (Attachment S)</p> <p>Action                      Patrick Marabella, M.D Chair</p>	<p>The <b>Care Management Program Evaluation 2022 &amp; Executive Summary</b> was presented and reviewed by the Committee. Care Management (CM) encompasses three main components: Physical Health (PH), Behavioral Health (BH), and Perinatal Wellness (PCM) with its purpose of achieving member wellness and autonomy through advocacy, communication, education, identification of service resources, and service facilitation. The CM goal is to provide quality health care along a continuum, decrease fragmentation of care across settings, enhance the members' quality of life, and efficient utilization of patient care resources.</p> <ul style="list-style-type: none"> <li>• The CM Program Volumes by year has steadily increased over the past four years in PH and BH. PCM volumes have fluctuated.</li> <li>• Met and achieved the goal of increasing the number of cases managed in 2022 over 2021 in the following areas: Total Average per month and High-Risk Members.</li> <li>• CM Reduced Readmissions by 3.8% &amp; reduced Emergency Department claims by-534 claims PTMPY.</li> <li>• Inpatient and Outpatient Claims decreased, but Pharmacy Claims increased due to medical adherence oversight.</li> <li>• High-risk OB members enrolled in CM saw a 3.9% increase in first prenatal visits in the 1<sup>st</sup> Trimester, a 2.1% decrease in Preterm deliveries, and a 9.5% increase in postpartum visits after delivery.</li> <li>• Of 149 responses to the 2022 Member Satisfaction Survey:                         <ul style="list-style-type: none"> <li>○ 90% positive response of Very Satisfied/Satisfied.</li> <li>○ 8/9 Care Team-related Questions had 100% positive responses.</li> <li>○ Question #9 91.4% CM was always available to speak with the member at times convenient for the member.</li> <li>○ 100% of Members Reported, "Expectations were Exceeded".</li> </ul> </li> <li>• Of the metrics not met:                         <ul style="list-style-type: none"> <li>○ Goal: 50% of high-risk moms in CM - Actual 37.22% (Up from 33.62% in 2021)</li> <li>○ Goal: 10% of PH &amp; BH are Complex - Actual 4.4 % PH &amp; 3.7% BH</li> <li>○ Goal: 7% of PCM are Complex - Actual 5.4%                                 <ul style="list-style-type: none"> <li>▪ Staff will need to increase their overall and complex caseload and follow the correct processes in 2023.</li> </ul> </li> </ul> </li> <li>• Goals for 2023 include:                         <ul style="list-style-type: none"> <li>○ Support CalAIM Implementation of new Populations of Focus &amp; Community Supports.</li> </ul> </li> </ul>	<p>Motion: Approve                      - Care Management Program Evaluation 2022</p> <p>(Quezada/Waugh)                      4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>○ Manage more Members across programs.</li> <li>○ Enhance the Transition Care Management program as part of PHM Roadmap.</li> <li>○ Regionalize the Care Management Program and staff to better support member needs.</li> </ul> <p><b>Discussion:</b>  <i>Dr. Quezada inquired as to whether there is any correlation between reduced grievances when a member is assigned to CM?</i>  <i>CalViva is not aware of a study of this type being completed, but it would be interesting to look for this type of correlation in 2024 when all hospitalized members will automatically be assigned a CM.</i>  <i>Dr. Quezada asked what the timing is for the assignment of a CM to a member? Indicating that a better relationship may be built if a CM was assigned on arrival to the hospital rather than discharge.</i>  <i>Amy Schneider reported that the TCM (or Transitions of Care [TOC]) team is just beginning to try to establish their first face-to-face meeting with members before discharge from the hospital. More information on the success of this program will be available next year.</i></p>	
<p><b>#4 QI &amp; Population Health Management Business</b>                      - PowerPoint Presentation QI &amp; HEDIS® Update                      (Attachment T)</p>	<p>The <b>PowerPoint Presentation QI &amp; HEDIS® Update</b> was presented and reviewed.                      The RY 2019-2023 HEDIS® Results Scorecard showing 15 new and existing HEDIS® measures in all 3 Counties was reviewed.</p> <ul style="list-style-type: none"> <li>• Fresno County did not meet the Minimum Performance Level (MPL) of the 50<sup>th</sup> percentile for the following existing measures: Cervical Cancer Screening, Childhood IZ – CIS 10, Lead Screening in Children - LSC, and Child and Adolescent Well-Care Visits- W30-6+ &amp; WCV.</li> <li>• Kings County did not meet the MPL of the 50<sup>th</sup> percentile for the following existing measures: Childhood IZs – CIS- 10, Immunizations for Adolescents – IMA 2, Lead Screening - LSC, and Child and Adolescent Well-Care Visits - W30-6+ &amp; WCV.</li> <li>• Madera County met the MPL of the 50<sup>th</sup> percentile for all existing measures.</li> <li>• Of the newly added 6 measures, Kings County shows a high-performance level in 2 measures.</li> </ul> <p><b>Discussion:</b>  <i>Dr. Cardona asked if the MPL for Fresno’s Cervical Cancer screening is 57.08%, isn’t that above the 50<sup>th</sup> percentile?</i>  <i>Amy Schneider clarified that the MPL target for the year is in the far-right column on the chart and is 57.64% (it changes every year), so, we missed it by just a few patients in Fresno County. Last year we met the target in Fresno County. At that time, we had a Cervical Cancer Screening project in progress in Fresno and we tend to do better when we are focused on a measure.</i></p>	<p>Motion: Approve                      - PowerPoint Presentation QI &amp; HEDIS® Update                      (Cardona/Quezada)                      4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Dr. Marabella informed the committee that we need to improve in the Behavioral Health (BH) and Children’s Services domains. The DHCS has four domains for improvement measures: Women’s Health, Children’s Services, Chronic Conditions, and BH. We’re making some progress in Women’s Health particularly in Chlamydia and Breast Cancer Screenings due to a performance improvement project and our PIP (the mobile mammogram units).</i></p> <ul style="list-style-type: none"> <li>• Three new upcoming HEDIS® Measures are as follows:               <ul style="list-style-type: none"> <li>○ Asthma Medication Ratio, Topical Fluoride for Children, and Developmental Screening in the First Three Years of Life</li> </ul> </li> <li>• Six retired HEDIS® Measures are as follows:               <ul style="list-style-type: none"> <li>○ HbA1x Poor Control (&gt;9.0%), Weight Assessment and Counseling – BMI Percentile, Counseling for Nutrition, Counseling for Physical Activity, Well-Child Visits in the First 15 Months of Life, Well Child Visits in 3-6<sup>th</sup> Years of Life, and Adolescent Well-Care Visits</li> </ul> </li> <li>• Overall, 64% (29/45) of measures met or exceeded the MPL.</li> <li>• Six (6) of 45 (13%) at the HPL.</li> <li>• Sixteen (16) of 45 (36%) missed the MPL. – The State requires improvement projects for these.               <ul style="list-style-type: none"> <li>○ SWOT is now in place for Well Child Visits and Immunizations.</li> <li>○ PIPs will begin in the fall for Substance Use, Mental Health/ER visits.</li> </ul> </li> </ul> <p>There were no further questions or concerns from committee members.</p>	
<p><b>#4 QI &amp; Population Health Management Business</b>            -PowerPoint Presentation Continuity &amp; Coordination Medical &amp; Behavioral Healthcare Discussion            (Attachment T)</p> <p>Action            Patrick Marabella, M.D Chair</p>	<p>The <b>PowerPoint Presentation Continuity &amp; Coordination Medical &amp; Behavioral Healthcare Discussion</b> was presented and discussed. This is a new component of our Population Health Management program with the intent of demonstrating how we facilitate “Continuity and Coordination” between Medical and Behavioral Healthcare for CalViva members. We are glad to have our Behavioral Health Committee position filled again as Dr. Waugh’s contribution to our discussion will be important. <b>Purpose &amp; Goals of this Project include the following:</b></p> <ul style="list-style-type: none"> <li>• Facilitate collaboration among medical and behavioral health providers, and CalViva leaders and managers.</li> <li>• Discuss performance results that quantify continuity &amp; coordination between medical and behavioral health care per the six factors/opportunity areas.</li> <li>• Identify opportunities based on results so far to identify and prioritize two opportunity areas for an annual cycle of corresponding actions.</li> </ul>	<p>Motion: Approve            - Continuity &amp; Coordination Medical &amp; Behavioral Healthcare Discussion</p> <p>(Cardona/Waugh)            4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Discuss specific barriers to improvement with reports and meeting minutes to demonstrate compliance.</li> <li>• Share information/brainstorm applicable initiatives or potential actions that should be executed.</li> </ul> <p>Dr. Marabella reviewed the model we will use for this project:</p> <ol style="list-style-type: none"> <li>1. Identify measures and collect data for 6 opportunity areas (this step has been completed)</li> <li>2. Review measure results and conduct qualitative/causal analysis for the measures that didn't meet goals.</li> <li>3. Identify &amp; prioritize two (2) opportunity areas based upon discussion.</li> <li>4. Discuss/identify internal resources to implement two (2) corresponding actions.</li> <li>5. Evaluate the effectiveness of the actions on performance.</li> </ol> <p><b>Key Objectives for Today include:</b></p> <p>Data Discussion to confirm:</p> <ul style="list-style-type: none"> <li>• Measures that should be used for each of the six opportunity areas.</li> <li>• Methodology (e.g., HEDIS°, surveys, etc.)</li> <li>• Benchmarks/goals for identified measures.</li> </ul> <p>Discussion of Data Collection Results:</p> <ul style="list-style-type: none"> <li>• Review the results for measures from the data collected.</li> <li>• Qualitative/causal analysis of the measure results – update barriers to improvement.</li> <li>• Identify and prioritize improvement opportunities to present and finalize at a Q1 2024 QIUM Committee.</li> <li>• Brainstorm actions to address identified opportunities.</li> </ul> <p><b>Confirming Quantifiable Measures, by Six (6) Opportunity Areas</b></p> <p><b>2022 Review: Identified Opportunities &amp; Proposed Actions:</b> In January 2023, clinical and non-clinical behavioral health and medical health care representatives met to establish the measures for data collection and identify the opportunities and actions.</p> <p><b>These are the measures we are proposing that we consider using to evaluate the success of our project:</b></p> <ol style="list-style-type: none"> <li>1. <b>Exchange of Information</b> <ul style="list-style-type: none"> <li>• Provider satisfaction with the timeliness of information exchanged between medical and behavioral healthcare providers, from the HN Provider Satisfaction &amp; MHN Practitioner Survey. Methodology: survey.</li> </ul> </li> </ol>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><b>2. Appropriate diagnosis, treatment, and referral of behavioral disorders commonly seen in primary care.</b></p> <ul style="list-style-type: none"> <li>• HEDIS® Antidepressant Medication Management: Acute and Continuation Phase of Treatment (AMM). Methodology: HEDIS® measure.</li> </ul> <p><b>3. Appropriate use of psychotropic medications.</b></p> <ul style="list-style-type: none"> <li>• HEDIS® Follow-Up Care for Children Prescribed ADHD Medication: Initiation (INT) and Continuation &amp; Maintenance (C&amp;M) Phase of Treatment (ADD).</li> <li>• HEDIS® Potentially Harmful Drug-Disease Interactions in Older Adults (DDE) – Dementia &amp; Falls. Methodology: HEDIS® measures.</li> </ul> <p><b>4. Management of treatment, access, and follow-up for members with coexisting medical and behavioral disorders.</b></p> <ul style="list-style-type: none"> <li>• HEDIS® Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD). Methodology: HEDIS® measure.</li> </ul> <p><b>5. Primary or secondary preventive behavioral healthcare program implementation.</b></p> <ul style="list-style-type: none"> <li>• Depression Screening &amp; Follow-up (CDF) (Methodology: NQF)</li> <li>• HEDIS® Depression Screening &amp; Follow-Up (DSF-E). Methodology: HEDIS® measure.</li> </ul> <p><b>6. Special needs of members with severe and persistent mental illness.</b></p> <ul style="list-style-type: none"> <li>• HEDIS® Diabetes Screening for Members diagnosed with bipolar disorder or Schizophrenia Prescribed Antipsychotic Medications (SSD). Methodology: HEDIS® measure.</li> </ul> <p>Each of the Six Areas above was reviewed and the measures were described. The Committee members had no questions and were supportive of utilizing these proposed measures for the assessment. <u>Two opportunities were identified:</u></p> <p><b>1. Appropriate diagnosis, treatment, and referral of behavioral disorders commonly seen in primary care.</b> For Opportunity #1 the measures are:</p> <ul style="list-style-type: none"> <li>• Antidepressant, Acute Phase with a goal of reaching the Quality Compass 50<sup>th</sup> percentile. Current compliance is at 48.66% with a goal of reaching 60.44%.</li> <li>• Antidepressant, Continuation Phase current compliance is at 31.35% with a goal to reach 42.96%.</li> </ul> <p><b>2. Behavioral Health (BH) Prevention Program.</b> For Opportunity #2 the measure will be HEDIS® Depression screening and follow-up with a</p>	



AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>goal of directional improvement since a specific benchmark is not currently available.</p> <p>Dr. Marabella led a discussion of barriers to successful results of the identified metrics. Qualitative Analysis for “Appropriate diagnosis, treatment and referral of behavioral disorders commonly seen in primary care”. The following <b>Barriers &amp; Opportunities</b> were discussed:</p> <ol style="list-style-type: none"> <li>1. <b>Member beliefs and attitudes:</b> uncertainty about antidepressant medication effectiveness or unwillingness to rely on antidepressant medication at the initiation of care.               <ol style="list-style-type: none"> <li>a. Member education at initiation as well as referral to behavioral health providers or pharmacists to address negative beliefs and attitudes.</li> </ol> </li> <li>2. <b>Member beliefs and attitudes:</b> Lack of education about antidepressant medication treatment and side effects.               <ol style="list-style-type: none"> <li>a. Member education at initiation.</li> </ol> </li> <li>3. <b>Member habits:</b> Forgetfulness (filling subsequent medications)               <ol style="list-style-type: none"> <li>a. Pharmacy intervention to support these medication adherence barriers.</li> </ol> </li> <li>4. <b>Resource limitations:</b> Medical providers prescribe most antidepressant medications without the tools to monitor treatment adherence.               <ol style="list-style-type: none"> <li>a. Provider resources and/or tools to support treatment monitoring.</li> </ol> </li> <li>5. <b>Due to the pandemic, lack of or delayed access to medications from fear of going to the pharmacy to pick up medications or having follow-up visits to have prescriptions refilled.</b> <ul style="list-style-type: none"> <li>o Member education that is culturally competent, facilitating continuity and coordination of care (e.g., primary care referral to a psychiatrist).</li> </ul> </li> </ol> <p>Based on pharmacy prescription refill data, the plan needs to educate its members through a follow-up phone call about the importance of taking and staying on their medication. MHN can make the follow-up calls, the challenge will be to reach members as the Plan has previously found that current contact information is available for roughly 65% of its members.</p> <p>Dr. Marabella led a discussion of barriers to successful results of the identified metrics for the primary or secondary preventive behavioral healthcare program. The following <b>Barriers &amp; Opportunities</b> were discussed:</p> <ol style="list-style-type: none"> <li>1. Lack of consensus about who owns follow-up care for members with positive screens. Case Management/MHN follow-up for myStrength members that have a high PHQ9 score.</li> </ol> <p><i>Dr. Waugh indicated that access to myStrength in more rural areas may be limited as those communities may not have smartphones or internet. Lower socioeconomic communities may not be able to access this type of care. The physicians present were not familiar with myStrength, so Dr.</i></p>	

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	<p><i>Marabella provided an explanation that it is a screening tool application.</i></p> <p><i>Dr. Marabella summarized that part of the issue then is knowledge about the program. If the providers don't know about it, the members will not know about it. Access is another issue as it is an electronic smartphone screening tool app.</i></p> <p><i>Amy Schneider inquired as to whether PHQ9s are being done consistently at provider offices/clinics? What is the follow-up if treatment is needed? Referrals?</i></p> <p><i>Dr. Cardona wasn't confident that the PHQ9s were being done consistently. Some are done. Whether follow-up is needed is a clinical judgment, not just based on the screening tool. Scoring may be repeated and further discussion with the patient. Access to mental health services in Fresno is very limited and many patients do not want to go to the places where services are provided. Many patients fear going to places where high-level disorders such as schizophrenia are treated. Patients would prefer their PCP to treat them without referral to BH.</i></p> <p><i>Dr. Waugh reported that in Selma, generally, patients have to wait two to three months to be seen after they make their appointment.</i></p> <ul style="list-style-type: none"> <li>○ Communication aids sent to providers to facilitate communication in conducting depression screening and behavioral health referrals.</li> </ul> <p><i>Amy Schneider asked the Committee how members fill out the PHQ9? Is it on paper? Online?</i></p> <p><i>Dr. Waugh reported that clinic staff generally help members to fill it out during office visits. It is available electronically, but it is built into their EMR, so patients don't have access to enter their responses.</i></p> <p><i>Dr. Quezada indicated that in her clinic both paper and electronic versions are available, and they can be completed with or without staff help.</i></p> <p><i>Dr. Cardona stated it is the same at his office, staff assists patients and then staff enters it into the EMR.</i></p> <ul style="list-style-type: none"> <li>○ Promote Coordination of Care and Co-Management from internally established responsibilities</li> </ul> <p><b>Current Actions for 2023 were discussed.</b></p> <p><b>Actions to be taken and completed in 2023 for Opportunity #1</b> - Appropriate Diagnosis, Treatment, And Referral will be live calls in two counties. <i>Amy Schneider shared with the Committee that CalViva previously initiated this type of improvement activity in Kings and Madera Counties called a COVID-19 QIP. At this time, we would like to recommend that the focus be placed on Fresno and Kings Counties since that is where the greatest opportunity lies. The committee</i></p>	

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	<p><i>members voiced agreement with the proposal to start with the lower complying counties of Fresno and Kings. For the Antidepressant, Acute Phase: The Goal is 60%. All three Counties are between 44%-54% for RY21 (MY20) &amp; RY22 (MY21). For the Antidepressant, Continuation Phase the RY22 Goal is 60%. All three Counties are between 28%-36% for RY21 (MY20) &amp; RY22 (MY21).</i></p> <p><b>Actions to be taken in 2023 for Opportunity #2</b> - Preventive Behavioral Healthcare Program will be to use myStrength PHQ9 data for DSF Screening with the recommendation to work on opportunities. Providers need to be educated about the myStrength program and how it can be accessed. A link can be found on the Plan’s website.</p> <p><i>In conclusion, the Committee members were asked if they had any questions or comments about our proposed two opportunities or any other suggestions on how to improve the coordination of care between physical health and BH?</i></p> <p><i>Dr. Waugh asked what the threshold is for referral? There could be inconsistency throughout the system if it is subjective.</i></p> <p><i>Dr. Cardona recommended that we test out the proposed interventions and get feedback (both positive and negative) to see what works and what doesn’t, and we can modify from there. Dr. Marabella thanked the committee members for their contributions and reinforced that this is a fluid process that is just beginning so please bring back any other suggestions to future meetings.</i></p>	
<p><b>#5 UM/CM Business</b></p> <ul style="list-style-type: none"> <li>- Key Indicator &amp; TAT Report (May)</li> <li>- Case Management &amp; CCM Report (Q1)</li> </ul> <p>(Attachments U, V)</p> <p><b>Action</b> Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the <b>Key Indicator Report and Turn Around Time Report</b> through May. A summary was shared that provided the most recent data for Admissions, Bed Days, Average Length of Stay, and Readmissions through May 2023.</p> <ul style="list-style-type: none"> <li>• Membership has leveled off due to the redetermination process; Utilization for Total Admits and Acute Admits have increased along with the population overall. Interestingly the PTMPY, Acute Admits, Bed Days, and Length of Stay for SPD have decreased, which could be because this membership group hasn’t increased significantly. There was one error that resulted in failure to meet turn-around time compliance that has been addressed.</li> <li>• Case Management results through May 2023 have shown a slight decrease in referrals but the engagement rates have remained consistent. Integrated CM has leveled off in both referrals and engagement. There has been a significant increase in referrals (164 to 304) for Transitional CM due to a process change whereby all members go through the Transition of Care (TOC) team before referral to others. The engagement rate in this area is skewed as we await updated reporting capability. Palliative Care shows a leveling off in referrals but an increase in engagement. Behavioral Health referrals have fluctuated in recent months, but engagement</li> </ul>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> <li>- Key Indicator &amp; TAT Report (May)</li> <li>-Case Management &amp; CCM Report (Q1)</li> </ul> <p>(Quezada/Waugh) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>has increased.</p> <p>The <b>Case Management and CCM Report</b> for Q1 was presented. This report summarizes the Case Management, Transitional Care Management (TCM), MemberConnections, Palliative Care, and Emergency Department (ED) diversion activities for Q1 2023 and 2022 utilization-related outcomes through 12/31/22. CM continued to support member education related to COVID-19 and provided vaccine information during outreach.</p> <ul style="list-style-type: none"> <li>• Referral volume increased in the following programs: Integrated CM, Behavioral Health, and Perinatal. Referral volume decreased in the following programs: Transitional Care and Palliative Care.</li> <li>• Average engagement increased for Perinatal and decreased slightly for all other programs.</li> <li>• Integrated, BH, and TCM Outcomes Post enrollment: The total number of admissions and readmissions decreased, the volume of ED decreased, and total healthcare costs decreased.</li> <li>• Perinatal Outcomes show increases in compliance rates for prenatal and postpartum visits and decreased pre-term high-risk deliveries.</li> <li>• Emergency Department (ED) Diversion Program reached 30.4% of members contacted with 94.1% of those completing an ED assessment.</li> </ul> <p>Next Steps:</p> <ul style="list-style-type: none"> <li>• Hired new Case Managers using a regional model.</li> <li>• Enhancements made to the Transition of Care (TOC) program.</li> <li>• Continue support of CalAIM activities.</li> </ul>	
<p><b>#5 UM/CM Business</b>                      - Clinical Practice Guidelines 2022 (Attachment W)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p>The <b>Clinical Practice Guidelines</b> were presented and reviewed by the Committee. HN adopts guidelines from Centene’s National organization and then CalViva can review, provide feedback, or ask questions. The links to each guideline are listed in the attachment and are also available on the provider portal. No concerns or questions were raised after review and the clinical practice guidelines were adopted for CalViva Health.</p>	<p>Motion: <i>Adopt</i>                      - Clinical Practice Guidelines 2022</p> <p>(Quezada/Cardona)                      4-0-0-3</p>
<p><b>#6 Pharmacy Business</b>                      - Pharmacy Executive Summary (Q1)                      - Pharmacy Operations Metrics (Q1)</p>	<p>The <b>Pharmacy Executive Summary (Q1)</b> 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>Motion: <i>Approve</i>                      - Pharmacy Executive Summary (Q1)                      - Pharmacy Operations Metrics</p>

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<p>- Pharmacy Top 25 Prior Authorizations (Q1)                      - Pharmacy Inter-Rater Reliability Results (IRR) (Q1)                      (Attachments X - AA)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p>The <b>Pharmacy Operations Metrics</b> (Q1) provides key indicators measuring the performance of the PA Department in service to CalViva Health members. Pharmacy Prior Authorization (PA) metrics were within 5% of the standard for Q1 2023 except for January. Overall, TAT for Q1 2023 was 95.6%. PA TAT was slightly lower in Q1 2023 than in Q4 2022. PA volume was stable.</p> <p>The <b>Pharmacy Top 25 Prior Authorizations</b> (Q1) identifies the most requested medications to the Medical Benefit PA Department for CalViva Health members and assesses potential barriers to accessing medications through the PA process.</p> <ul style="list-style-type: none"> <li>• Top 25 PA requests in Q1 2023 were uniform when the top 10 drugs were 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.</li> </ul> <p>The <b>Pharmacy Inter-Rater Reliability Results</b> Q1 A sample of 10 prior authorizations (4 approvals and 6 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"> <li>• 90% threshold met. 95% goal not met; the overall score was 91.67%</li> <li>• One case missed TAT; Four cases criteria misapplied; Two cases letter language unclear; Three cases with a questionable denial or approval.</li> <li>• Criteria application was the main issue in Q1 but was improved from Q4 2022.</li> </ul> <p>CalViva will continue to monitor top Medical Benefit PA requests in 2023 and present reports quarterly to this committee. There were no questions or comments from committee members.</p>	<p>(Q1)                      - Pharmacy Top 25 Prior Authorizations (Q1)                      - Pharmacy Inter-Rater Reliability Results (IRR) (Q1)                      (Cardona/Quezada)                      4-0-0-3</p>
<p><b>#7 Credentialing &amp; Peer Review Subcommittee Business</b>                      - Credentialing Subcommittee Report                      (Attachments BB)</p> <p><b>Action</b>                      Patrick Marabella, M.D Chair</p>	<p>The <b>Credentialing Sub-Committee Quarterly Report</b> was presented. The Credentialing Sub-Committee met on May 18, 2023. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities.</p> <ul style="list-style-type: none"> <li>• Reports covering Q4 were reviewed for delegated entities.</li> <li>• Q1 reports were reviewed for MHN and Health Net.</li> <li>• There were two Adverse Action cases for the March Credentialing Report from Health Net, both cases were pended awaiting the Medical Board’s decision and actions.</li> <li>• 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. Two cases were identified for Q1 2023 with adverse outcomes associated with a contracted practitioner. Both cases remain</li> </ul>	<p>Motion: <i>Approve</i>                      - Credentialing Subcommittee Report                      (Quezada/Waugh)                      4-0-0-3</p>

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	<p>open for review in the Peer Review Process.</p> <ul style="list-style-type: none"> <li>• The 2023 Credentialing Sub-committee Charter was reviewed for annual approval. The following edits to the Charter were discussed:               <ul style="list-style-type: none"> <li>○ Added NCQA to the list of credentialing and re-credentialing compliance activities.</li> <li>○ 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.</li> </ul> </li> </ul>	
<p><b>#7 Credentialing &amp; Peer Review Subcommittee Business</b>            - Peer Review Subcommittee Report Q2            (Attachment CC)</p> <p><b>Action</b>            Patrick Marabella, M.D Chair</p>	<p><b>Peer Review Sub-Committee Quarterly Report</b> was presented. The Peer Review Sub-Committee met on May 18, 2023.</p> <ul style="list-style-type: none"> <li>• The county-specific Peer Review Sub-Committee Summary Reports for Q1 were reviewed for approval. No significant cases to report.</li> <li>• The 2023 Peer Review Sub-committee Charter was reviewed for annual approval. The following edits to the Charter were discussed:               <ul style="list-style-type: none"> <li>○ Added NCQA to the list of criteria and compliance activities to comply with.</li> <li>○ 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.</li> </ul> </li> <li>• 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.</li> <li>• The Q1 Peer Count Report was presented at the meeting with a total of twelve cases reviewed. The outcomes for these cases are as follows:               <ul style="list-style-type: none"> <li>○ Six cases closed and cleared. One case pending closure for Corrective Action Plan compliance.</li> <li>○ Five cases pended for further information.</li> </ul> </li> </ul> <p>Follow-up was initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p>	<p>Motion: <i>Approve</i>            - Peer Review Subcommittee Report            (Quezada/Waugh)            4-0-0-3</p>
<p><b>#8 Policy &amp; Procedure Business</b>            - Quality Improvement Policy Grid 2023</p>	<p>The <b>Quality Improvement Policy Grid</b> was presented to the committee. The policy edits were discussed and approved.</p> <ul style="list-style-type: none"> <li>• QI-005 Medi-Cal Quality &amp; PI Program Requirements was updated to include updated PIP</li> </ul>	<p>Motion: <i>Approve</i>            - Quality Improvement Policy Annual Review</p>

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<p>(Attachment DD)</p> <p><b>Action</b> - Patrick Marabella, M.D Chair</p>	<p>requirements and a redlined version of the policy was made available for committee members to review.</p> <ul style="list-style-type: none"> <li>○ Changed “Quality Performance Improvement Program (QPIP) to Quality Monitoring Improvement Program (QMIP)” through the policy.</li> <li>○ Updated Quality Monitoring Performance Tiers.</li> <li>○ Updated attachments 2023-2026.</li> </ul> <ul style="list-style-type: none"> <li>● QI-012 Physical Accessibility Review Survey. Minor edit.</li> <li>● QI-016D Access to Care: Monitoring of Provider Office Waiting Times <ul style="list-style-type: none"> <li>○ Updated Transferring Clinic Data to generate Quarterly Reports with Graphs section.</li> <li>○ Added Quarterly Access Committee Report process.</li> </ul> </li> <li>● QI-018 Initial Health Appointment (IHA) had minor changes throughout the policy to be in compliance with the APL 22-030.</li> </ul> <p>The following policies were up for annual review with <u>no changes</u>:</p> <ul style="list-style-type: none"> <li>● QI-006 Annual HEDIS Production and Reporting</li> <li>● QI-010 Medical Records Documentation Standards</li> <li>● QI-011 Medi-Cal PCP Facility Site Medical Record Review</li> <li>● QI-013 Medical Record Confidentiality &amp; Release of Information</li> <li>● QI-014 Potential Quality Issues (PQI) Management Process</li> <li>● QI-017 Provider Preventable Conditions Program</li> <li>● QI-019 Childhood Blood Lead Screening</li> </ul> <p>There were no questions or comments from committee members.</p>	<p>2023 (Quezada/Waugh) 4-0-0-3</p>
<p><b>#9 Compliance Update</b> - Compliance Regulatory Report (Attachment EE)</p>	<p>Mary Lourdes Leone presented the <b>Compliance Report</b> and went through a PowerPoint handout given to the Committee indicating the number of regulatory filings submitted to the DHCS YTD, and the number of Potential Privacy &amp; Security Breach Cases reported to DHCS YTD.</p> <p><b>Compliance Oversight &amp; Monitoring Activities:</b> <b>CalViva Health Oversight Activities.</b> <b>Health Net</b> CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings, and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical</p>	

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	<p>projects or transitions that may affect CalViva Health. The reports cover PPG-level data in the following areas: financial viability data, claims, provider disputes, access &amp; availability, specialty referrals, utilization management data, grievances, and appeals, etc.</p> <p><b>Oversight Audits</b>                      The following annual audits are in-progress: Fraud Waste &amp; Abuse; Pharmacy, Appeals &amp; Grievances; Emergency Room, and Privacy &amp; Security                      The following audits have been completed since the last Commission report: Member Call Center (CAP)</p> <p><b>Fraud, Waste, and Abuse</b>                      Since the 5/18/23 Compliance Report, there have been two new MC609 cases filed. One case involved a participating Applied Behavior Analysis (ABA) provider after a referral was received from DHCS. The provider billed all services under one credentialed Board-Certified Behavior Analyst (BCBA), but the services were rendered by two non-credentialed BCBA's. No additional information was provided. The other case involved a non-participating provider specializing in hospice services for suspected services not rendered or non-appropriate billing.</p> <p><b>Regulatory Reviews/Audits and CAPS:</b>  <b>2021 Department of Managed Health Care ("DMHC") 18-Month Follow-Up Audit</b>                      The Plan is still awaiting the DMHC's final determination on our 2021 CAP response.  <b>Department of Managed Health Care ("DMHC") 2022 Medical Audit</b>                      The Plan is awaiting DMHC's Preliminary Report.  <b>Department of Health Care Services ("DHCS") 2022 Medical Audit</b>                      The Plan is awaiting DHCS' CAP closure.  <b>Department of Health Care Services ("DHCS") 2023 Medical Audit</b>                      The Plan is awaiting the DHCS' Preliminary Final Report which is to be sent in advance of the formal "Exit Conference".</p> <p><b>New Regulations / Contractual Requirements/DHCS Initiatives:</b>  <b>California Advancing and Innovating Medi-Cal (CalAIM)</b>                      For the Populations of Focus (POFs) that went live on 7/1/23, specifically those pertaining to Children and Youth, CalViva received approval for its Community Supports Model of Care (MOC) and its Enhanced Care Management (ECM) MOC on 6/1/23 and 6/30/23, respectively.                      The next ECM MOC submission scheduled for 9/1/23 submission will focus on the Justice Involved POF that will go live 1/1/24.</p>	



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	<p><b>Transition to Statewide Exclusively Aligned Eligibility (EAE)-D-SNP</b>                      Starting January 1, 2024, DHCS will expand the availability of Medi-Medi Plans (EAE D-SNPs) for dual eligible Medicare and Medi-Cal members to five additional Central Valley counties, including Fresno, Kings, and Madera. CalViva Health continues to work with Health Net as it stands up its EAE D-SNP product, "Wellcare by Health Net". Health Net and DHCS have recently executed the State Medicaid Agency Contract (SMAC) which is a care coordination and benefit coordination agreement.                      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><b>Member Handbook/Evidence of Coverage</b>                      On 6/29/23, DHCS released the 2024 Model EOC. Plans must review and customize the EOC by 9/1/23.</p> <p><b>New DHCS Regulations/Guidance</b>                      Please refer to Appendix A for a complete list of DHCS and DMHC All Plan Letters (APLs) that have been issued in CY 2023 as of July 2023.</p> <p><b>Plan Administration:</b>  <b>DHCS 2024 Operational Readiness Work Plan &amp; Contract</b>                      The Plan has completed the monthly filings to DHCS of the various policies and other required documents through June 2023 and has received approvals on most but is still responding to additional DHCS information requests for some of the items. The Plan is on schedule to continue the required monthly filings through September 2023.                      As part of the 2024 Operational Readiness Work Plan, on 7/3/23 the DHCS issued new draft MOU agreement templates that plans will have to use when entering Third Party Entity relationships such as those with local public and behavioral health departments, and educational and governmental agencies such as those listed below:</p> <table border="1" data-bbox="506 1203 1696 1421"> <thead> <tr> <th data-bbox="506 1203 814 1240">Department</th> <th data-bbox="814 1203 1696 1240">Program</th> </tr> </thead> <tbody> <tr> <td data-bbox="506 1240 814 1312">County Behavioral Health Departments</td> <td data-bbox="814 1240 1696 1312">Specialty Mental Health Services</td> </tr> <tr> <td data-bbox="506 1312 814 1383">County Behavioral Health Departments</td> <td data-bbox="814 1312 1696 1383">Substance Use Disorder Services</td> </tr> <tr> <td data-bbox="506 1383 814 1421">Local Health</td> <td data-bbox="814 1383 1696 1421">Including, without limitation, California Children's Services (CCS),<sup>1</sup></td> </tr> </tbody> </table>	Department	Program	County Behavioral Health Departments	Specialty Mental Health Services	County Behavioral Health Departments	Substance Use Disorder Services	Local Health	Including, without limitation, California Children's Services (CCS), <sup>1</sup>	
Department	Program									
County Behavioral Health Departments	Specialty Mental Health Services									
County Behavioral Health Departments	Substance Use Disorder Services									
Local Health	Including, without limitation, California Children's Services (CCS), <sup>1</sup>									

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS		ACTION TAKEN
	Departments	Maternal, Child, & Adolescent Health (MCAH), TB Direct Observed Therapy	
	Local Health Departments	Women, Infants, & Children (WIC)	
	Regional Centers	Behavioral Health Treatment; Intermediate Care Facility – Developmentally Disabled Services	
	Local Government Agencies	In-Home Services and Supports (IHSS)	
	Local Government Agencies/County Social Services Departments	County Social Services programs and Child Welfare	
	Local Government Agency	Targeted Case Management	
	<p><b>Committee Report:</b>  <b>Public Policy Committee (PPC)</b>                      The PPC meeting was held on June 7, 2023, at 11:30 in the CalViva Health Conference Room, 7625 N. Palm Ave., Suite 109, Fresno, CA 93711. The following programs and reports were presented: 2022 Health Education (HE) Work Plan Summary, 2023 HE Program Description and 2023 HE Work Plan; 2022 Health Equity Work Plan Evaluation, 2022 Language Assistance Program Evaluation, 2023 Health Equity Program Description, and 2023 Health Equity Work Plan; and the Appeals and Grievances Report.                      Additionally, a discussion of the Appeals and Grievances report with the PPC members was led by Dr. Marabella which covered how the A&amp;G data is derived, trended, compiled, and reported in the A&amp;G Dashboard (which is also reviewed by the QIUM Committee and the Commission). Dr Marabella solicited questions and comments from members to confirm their understanding of the processes and follow up on issues raised from the grievance analysis.                      The next Public Policy meeting will be held on September 6, 2023, at 11:30 a.m. in the CalViva Health Conference Room.</p>		
<p>#10 Old Business                      - Quarterly Appeals &amp; Grievances Member Letter Monitoring</p>	<p>The <b>Quarterly Appeals &amp; Grievances Member Letter Monitoring Report Q1</b> was presented and reviewed.</p> <ul style="list-style-type: none"> <li>Two appeals were not sent to the same or specialty review within two hours of the MD request</li> </ul>		<p>Motion: <i>Approve</i>                      - Quarterly Appeals &amp; Grievances Member</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Report Q1 (Attachment FF)	per our internal standard. Team members are not aware of the standard. Results were heavily impacted by a lower sample size. <ul style="list-style-type: none"> <li>• Reference of criterion utilized for the appeal decision was incomplete or missing on 27 letters. Improved by approximately 10% over Quarter 4 2022.</li> <li>• Reviewer detail incomplete or missing in 11 appeal letters. Slight decrease from Quarter 4 2022 results.</li> </ul>	Letter Monitoring Report Q1 (Quezada/Waugh) 4-0-0-3
#11 Announcements	Next meeting September 21, 2023	
#12 Public Comment	None.	
#13 Adjourn	Meeting was adjourned at 12:30 pm.	

**NEXT MEETING: September 21<sup>st</sup>, 2023**

Submitted this Day: September 21, 2023

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

**Acknowledgment of Committee Approval:**

Patrick Marabella  
 Patrick Marabella, MD, Committee Chair



Public Policy Committee  
Meeting Minutes  
June 7, 2023

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

Committee Members		Community Base Organizations (Alternates)	
✓	Joe Neves, Chairman	✓*	Jeff Garner, KCAO
✓	David Phillips, Provider Representative	✓	Roberto Garcia, Self Help
	Lisa Sanchez, Kings County Representative		<b>Staff Members</b>
✓	Sylvia Garcia, Fresno County Representative	✓	Courtney Shapiro, Director Community Relations
✓	Kristi Hernandez, Fresno County Representative	✓	Cheryl Hurley, Commission Clerk / Director, HR /Office
✓	Maria Arreola, At-Large Representative	✓	Mary Lourdes Leone, Chief Compliance Officer
✓	Norma Mendoza, Madera County Representative		Steven Si, Senior Compliance & Privacy/Security Specialist
		✓	Maria Sanchez, Compliance Manager
		✓	Patrick Marabella, MD, CMO
		✓	Amy Schneider, RN, Director, Medical Management
		*	= late arrival
		•	= participation by teleconference

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
<b>#1 Call to Order</b> Joe Neves, Chair	The meeting was called to order at 11:32 am. A quorum was present.		A roll call was taken.
<b>#2 Meeting Minutes from December 7, 2022</b>  <b>Action</b> Joe Neves, Chair	The March 1, 2023, meeting minutes were reviewed.		<b>Motion:</b> Approve March 7, 2023 Minutes 7-0-0-2 (R. Garcia / S. Garcia)
<b>#3 Enrollment Dashboard Information</b>	Maria Sanchez presented the enrollment dashboard through March 2023. Membership as of March 31, 2023, was 437,493. CalViva Health maintains a 67.14% market share. The Plan continues to anticipate that enrollment will decrease as the public health emergency comes to		<b>No Motion</b>

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
<p>Maria Sanchez, Compliance Manager</p>	<p>an end. Members are now required to submit documentation for eligibility in order to remain enrolled with CalViva Health/Medi-Cal.</p>		
<p><b>#4 Health Education</b></p> <ul style="list-style-type: none"> <li>• 2022 Summary Work Plan Evaluation</li> <li>• 2023 Summary and Program Description</li> <li>• 2023 Work Plan</li> </ul> <p><b>Information</b> Justina Felix</p>	<p>The 2022 Health Education Work Plan Year-End Evaluation report documents progress of 15 initiatives with 34 performance objectives. Within each initiative, there are multiple objectives. Health Education met 67% of its initiatives by year-end:</p> <ul style="list-style-type: none"> <li>• Of the 15 initiatives, 10 initiatives with 26 objectives met the year-end goal.</li> <li>• Of the remaining 5 initiatives with 7 objectives: 4 objectives did not meet the year-end goal; 2 objectives partially met the year-end goal; and 1 objective met the year-end goal.</li> <li>• Of those 7 objectives, two were impacted based on an assessment of resources; four did not reach the member participation goal; and one did not meet the reach rate.</li> </ul> <p>Accomplishments consist of:</p> <ul style="list-style-type: none"> <li>• 185 members enrolled in the Central California Asthma Collaborative in-home visitation program with 104 members completing the 12-month program.</li> <li>• 112 members enrolled in the Diabetes Prevention Program. Nineteen (19) members enrolled achieved 5% weight loss by the end of the 16-week program.</li> <li>• 185 charlas with a 67%-member participation rate: Promotores Health Network conducted in-person and virtual classes on bailoterapia (physical activity), walking club, literacy club, and health education topics.</li> <li>• 333 members enrolled in myStrength.</li> <li>• Providers submitted 19,180 screening claims for Adverse Childhood Experiences (ACEs) screening.</li> <li>• Rebranded/updated 33-member health education materials: topics included breastfeeding, dental care, heart health, pain control, nutrition, exercise, and weight management.</li> </ul> <p>Barriers encountered and actions to be taken in Q1 and Q2 of 2023 included:</p> <ul style="list-style-type: none"> <li>• Perinatal Education: Lower enrollment than expected into the CVH Pregnancy Program. <ul style="list-style-type: none"> <li>○ Promote the program in the CVH Member Newsletter.</li> <li>○ Promote CVH Pregnancy Program via health education email campaigns.</li> </ul> </li> <li>• Tobacco Cessation Program: Low enrollment in the smoking cessation program. <ul style="list-style-type: none"> <li>○ Promote smoking cessation program in the CVH Member Newsletter and through an email campaign.</li> </ul> </li> </ul>	<p><i>David Phillips asked about the 19,000 screening claims for ACEs, and what is a claim?</i></p> <p><i>Justina Felix replied the "claim" is a questionnaire form that Providers use. It is not an actual claim for benefits.</i></p> <p><i>Courtney Shapiro offered to put information on the CVH Facebook page regarding the Pregnancy, and Smoking Cessation programs.</i></p>	

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<ul style="list-style-type: none"> <li>○ Begin the exploration if a data exchange process with Kick It California can be done and approved by CVH as part of the enhanced outreach efforts to members about the Tobacco Cessation Program.</li> <li>○ Explore if the Nicotine Replacement Therapy kit pilot can be done for CVH.</li> </ul> <p>The 2023 Health Education Work Plan proposed initiatives include:</p> <ul style="list-style-type: none"> <li>● Conduct patient-level evaluation of the Asthma In-Home program.</li> <li>● Vet and onboard new vendor for the Diabetes Prevention Program.</li> <li>● Continue to implement Fluvention communication campaigns for the 2023 Flu Season.</li> <li>● Continue to promote mental/behavioral health resources to members.</li> <li>● Use lessons learned from the DHCS approval process of the partnering health plan’s submission of the Tobacco Cessation “Nicotine Replacement Therapy kits” pilot project with Kick It California to assess if the same pilot will be implemented for CVH.</li> <li>● Continue to collaborate with community partners to support local priorities and address health disparities to improve breast cancer screening rates for members in Fresno, Kings, or Madera County.</li> <li>● Collaborate with Marketing to update health education resources as needed.</li> </ul>		
<p><b>#5 Appeals, Grievances and Complaints</b></p> <p><b>Information</b>            Maria Sanchez            Dr. Marabella</p>	<p>For Q1 2023 there were 3 Coverage Disputes (Appeals), 92 Disputes Involving Medical Necessity (Appeals), 86 Quality of Care, 127 Access to Care, and 154 Quality of Service, for a total of 462 appeals and grievances. The total for Q1 2022 was 354 which shows there was a significant increase for Q1 2023. The majority of which are from Fresno County.</p> <p>The turn-around time compliance for resolving appeal and grievance cases was met at 100% for all categories.</p> <p>There was a total of 570 Exempt Grievances received in Q1 2023.</p> <p>Of the total grievances and appeals received in Q1, the following were associated with Seniors and Persons with Disabilities (SPD):</p> <ul style="list-style-type: none"> <li>● Grievances: 119</li> <li>● Appeals: 24</li> </ul>	<p><i>Courtney Shapiro asked the PPC if they would like to have regular presentations from the Medical Management team with regard to the Appeals and Grievances data.</i></p> <p><i>The PPC responded positively and would like to continue to have more thorough</i></p>	

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<ul style="list-style-type: none"> <li>Exempt: 32</li> </ul> <p>The majority of appeals and grievances were from members in Fresno County (largest CalViva Health enrollment).</p> <p>The majority of quality of service (QOS) grievance cases resolved were categorized as Access-Other, Transportation Access, and Other.</p> <p>The majority of quality of care (QOC) cases were categorized as PCP Delay, PCP Care, and Other.</p> <p>The top categories of appeal cases were related to Advanced Imaging, Surgery, and Durable Medical Equipment (DME).</p> <p>The top categories for exempt grievances were Health Plan Material-ID Cards Not Received, PCP Assignment/Transfer Health Plan Assignment Change Request, and PCP-HCO Assignment - Change Request.</p> <p>Dr. Marabella further gave a comprehensive explanation of where the data derives from. The information comes from the Appeals &amp; Grievances Dashboard the Plan receives every month from Health Net. The report is divided into Grievances, and Appeals. An expedited grievance is required to be resolved or responded to within 72 hours. A regular grievance is allowed 30-days for resolve or response. The Plan has an acknowledgement letter that is sent to members stating the status of their grievance. There is also a resolution letter sent to members stating their grievance has been resolved with their Provider. There are two different categories of grievances which are Quality of Care (QOC), and Quality of Service (QOS). When complaints come in, the clinical staff will review and decide whether it's a QOC or QOS complaint. There are different ways to file a grievance; either by completing a form in the doctor's office, accessing the form on the CVH website, or calling the complaint telephone number. The intake center receives the complaints and sets them up according to the type of grievance. In addition to the types of grievances, there are sub-categories within QOC or QOS which are also categorized by the intake center. The Appeals process works the same way that the Grievances process works.</p>	<p><i>information on Appeals &amp; Grievances during the PPC meetings.</i></p> <p><i>Adela Corona, promotores representative, provided input on what she hears from the community and how members, when they call for help or assistance, are directed to several different places and must go through several different people before they are able to find out what is going on. On a positive note, now that the promotores are out in the community and at events, transportation complaints are improving.</i></p> <p><i>Courtney Shapiro informed the PPC and public attendees there is an app in</i></p>	

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
		<p><i>the works for Modivcare to help with transportation in scheduling and tracking.</i></p>	
<p><b>#6 Health Equity</b></p> <ul style="list-style-type: none"> <li>• 2022 Summary and Work Plan Evaluation</li> <li>• 2022 Summary and Language Assistance Program</li> <li>• 2023 Summary and Program Description</li> <li>• 2023 Summary and Work Plan</li> </ul> <p><b>Information</b> Pao Houa Lee</p>	<p>All 2022 Work Plan activities were completed.</p> <p>For Language Assistance Services:</p> <ul style="list-style-type: none"> <li>• 42 translation reviews were completed.</li> <li>• Bilingual certification/re-certification completed for 78 staff.</li> </ul> <p>For Compliance Monitoring:</p> <ul style="list-style-type: none"> <li>• Investigated and completed follow up on 53 grievances.</li> <li>• Updated all Cultural &amp; Linguistics (C&amp;L) Policies</li> <li>• Three Findhelp trainings were conducted for staff.</li> </ul> <p>For Communication, Training and Education:</p> <ul style="list-style-type: none"> <li>• Training on C&amp;L services conducted for seven Call Center new hire classes (290 staff in attendance)</li> <li>• Conducted four trainings on coding &amp; resolution of C&amp;L related cases for A &amp; G Coordinators (188 staff in attendance)</li> </ul> <p>For Health Literacy, Cultural Competency, and Health Equity:</p> <ul style="list-style-type: none"> <li>• Completed 29 English material review for readability level, content, and layout.</li> <li>• Conducted Implicit Bias training series for providers with 263 attendees.</li> <li>• Completed BCS Health Equity PIP project targeting Southeast Asian women with a 51.35% compliance rate.</li> <li>• Completed Childhood Immunization PIP project targeting children aged 2 or younger with a 34.53% compliance rate.</li> </ul> <p>End of Year Summary for the 2022 Language Assistance Program:</p> <ul style="list-style-type: none"> <li>• A total of 3,476 interpreter requests were fulfilled for CalViva Health members, 2,571 (74%) of these requests were fulfilled utilizing telephonic interpreter services with 838 (24%) for in-person and 67 (2%) for sign language interpretation.</li> </ul>	<p><i>David Phillips inquired if CVH has hired a new Health Equity Officer.</i></p> <p><i>Dr. Marabella replied the CVH has not yet hired the Health Equity Officer, and that Health Net has a Chief Equity Officer that was appointed several months ago. The senior team at CalViva are currently in the process of recruiting for the position.</i></p>	



AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Member Services Department representatives handled a total of 109,176 calls across all languages. Of these, 19,496 (18%) were handled in Spanish and Hmong.</li> <li>• MHN Member Services Department representatives handled a total of 4,504 calls across all languages with 411 in Spanish, 8 in Hmong and 14 in other languages. No requests for an alternate format translation were received. Ninety-one written translation requests were received and fulfilled by MHN Services in 2022.</li> <li>• English material review was completed for a total of 29 CalViva Health documents/materials.</li> <li>• A total of 78 staff were assessed or reassessed for their bilingual skills during this reporting period.</li> <li>• A total of 53 grievances were reviewed by the Health Equity department. Of these cases, 19 were coded as culture perceived discrimination, 19 were coded as culture non-discriminatory, 2 were coded as linguistic perceived discrimination, and 13 were coded as linguistic non-discriminatory. Interventions were identified in 4 of the cases and delivered with support by the Provider Engagement Department.</li> </ul> <p>Notable changes for the 2023 Health Equity Program Description were presented as follows:</p> <ul style="list-style-type: none"> <li>• Expanded the description of Mission statement.</li> <li>• Added Armenian as a language to monitor.</li> <li>• Add sex, ethnic group identification, gender identity, medical condition, genetic information, and mental disability or physical disability to cultural competency training.</li> <li>• Edit the frequency of the PNA report from annually to every 3 years.</li> <li>• Add Health Equity Officer as a new role.</li> <li>• CalViva Health’s Health Equity Officer reports to the Chief Executive Officer and is responsible for providing leadership and health equity services across the organization.</li> </ul> <p>With regard to the 2023 Health Equity Work Plan, 2022 initiatives will continue in 2023 with the following enhancements:</p> <ul style="list-style-type: none"> <li>• Findhelp: Implement Findhelp to address and identify social determinants of health.</li> <li>• Providers’ Cultural Competency Training: Implement gender identity as a new topic for training.</li> <li>• Performance Improvement Project: Include CIS-10 and WCV as measures for this year’s health equity project.</li> </ul>		

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<ul style="list-style-type: none"> <li>SWOT Analysis Project: Include CIS-10 and W6+ as measures to SWOT Analysis Project.</li> <li>Disparity Leadership Project: Improve food security among Black and Latino members with diabetes A1c greater than 9%.</li> </ul> <p>Language assistance services utilization and language assistance program updates are consistent with previous reporting periods. Language assistance service utilization provided by MHN Services and those provided for medical care varies as only a subset of CalViva Health's total membership receive services for mental health/behavioral health.</p> <p>The Health Equity Department will continue to track C&amp;L and MHN Services' language services utilization and program updates and report to QI/UM committee on a semi-annual basis. The Health Equity Department will continue to work with the A&amp;G Department to ensure cases are coded and reported accurately inclusive of provider retaliation issues. The Health Equity Department will continue to partner with the Provider Engagement Department to ensure providers receive education, resources and training information to help support their cultural and linguistic needs and those of CalViva Health members.</p>		
<p><b>#7 2022 DMHC Audit Update</b></p> <p>Information Mary Lourdes Leone</p>	<p>The Plan completed all interviews for the 2022 DMHC Audit in December 2022. Preliminary final report pending as of June 2023, no further updates available.</p>		
<p><b>#8 2022 DHCS Audit Corrective Action Plan</b></p> <p>Information Mary Lourdes Leone</p>	<p>The Plan received a final report for the 2022 DHCS audit which included a corrective action plan (CAP). The Plan has been providing monthly updates on the two findings; one being blood lead screening and the second being transportation. DHCS has indicated they will close out the CAP.</p>		
<p><b>#9 2023 DHCS Audit</b></p> <p>Information Mary Lourdes Leone</p>	<p>The Plan has completed the interviews and follow up questions as it pertains to the 2023 DHCS audit. Preliminary findings are currently pending.</p>		
<p><b>#10 Medi-Cal Redetermination (Normal</b></p>	<p>The continuous coverage that occurred during the public health emergency (PHE) that ended April 1, 2023, the State and all the Plans have made big promotions to create awareness to</p>	<p><i>Lisa Sanchez asked how members will</i></p>	

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
<p><b>Eligibility and Enrollment Resume)</b></p> <p><b>Information</b> Mary Lourdes Leone</p>	<p>Medi-Cal members that the Plans will be going back to the normal redetermination process. All Medi-Cal members have been encouraged, either through websites, mailings, or public venues, to contact the County offices or health plan if assistance is needed with the redetermination process. The first month of redeterminations occurred in June, and members should have received information as such in the form of what is called a “yellow” envelope in the mail with information on how to submit the application for eligibility/redetermination. If the State determines they already have enough information on members’ eligibility and redetermine they are still eligible, the member will not have to go through the redetermination process and will receive a letter from the State informing them of their continued eligibility. This will be on a rolling basis for the next 12-months based off their eligibility/renewal month.</p> <p>Kings and Madera County members can go to <a href="http://www.benefitscal.com">www.benefitscal.com</a> to view their information, and Fresno County members can access <a href="http://www.mybenefitscalwin.org">www.mybenefitscalwin.org</a> to find their information. Both websites are also listed on the CalViva Health Facebook page.</p> <p>Members are encouraged to go onto one of the two listed websites to make sure their contact information is correct and up to date.</p>	<p><i>know what month their original renewal month was.</i></p> <p><i>Mary Lourdes Leone responded that members should receive notification from the County on their renewal. Members can also call the County to inquire as to their renewal date.</i></p>	
<p><b>#11 Annual Public Policy Committee Charter Review</b></p> <p><b>Action</b> Courtney Shapiro</p>	<p>The PPC reviewed the Charter and approved to move forward to Commission for approval with no revisions. The PPC was notified that the Charter will have significant changes in the upcoming months due to the Department of Health Care Services required compositional changes to the committee. The Plan is still working on the changes.</p>		<p><b>Motion:</b> Approve PPC Charter to move to Commission for full approval 7-0-0-2 (Garner / Phillips)</p>
<p><b>#12 2023 CalViva Health Member Handbook/Evidence of Coverage Update (Errata A &amp; B)</b></p> <p><b>Information</b> Maria Sanchez</p>	<p>The Plan published the Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS) state approved Evidence of Coverage (EOC) on January 1, 2023. Since then, there have been two errata updates: Errata A, which states a Cognitive Health Assessment is now a member benefit, and that under the California Cancer Equity Act, members have a right to go to a National Cancer Institute - designated cancer center; and Errata B, which includes language regarding receiving covered services from street medicine providers. Errata A was posted to the CVH website as of May 1, 2023, and Errata B will be posted to the CVH website on or before July 1, 2023. The Plan anticipates the new template for 2024 to be submitted June 2023.</p>		

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
<p><b>#13 Final Comments from Committee Members and Staff</b></p>	<p>Maria Arreola shared a plaque awarded to CalViva promotores and thanked Adela Corona for her help and support. Also, the Farmers Market is from June 1 through September 14, 2023, in Madera.</p> <p>Norma Mendoza shared promotores held nine classes related to Alzheimer’s and had 232 CalViva members participate. She also shared they finished their redetermination training and will start working with member the week of June 12<sup>th</sup>. Adela Corona added that he promotores did an outstanding job, they were given one month to reach 272 people with only three representatives.</p> <p>Kristi Hernandez shared family milestones.</p> <p>Sylvia Garcia shared family milestones.</p> <p>Jeff Garner shared Kings County Action Organization was awarded a grant from the State to bring back the adolescence family life program which helps teen parents through a case management system to continue on a path to where they can be productive and self-sufficient. In addition, the flood in Kings County and throughout the valley is impacting low-income individuals and they are seeing an increase in their food distribution lines, as well as economic and employment issues.</p> <p>Roberto Garcia shared updates from Self-Help Enterprises.</p> <p>David Phillips announced a groundbreaking in Calwa on Friday, 6/8/23. July 8, 2023, UHC is holding a 5k fun run at Woodward Park.</p>		
<p><b>#14 Announcements</b></p>	<p>Courtney Shapiro announced CalViva was awarded \$5.2M in housing specifically it’s an investment with the State in housing on homelessness incentive program. This focuses on support for various priorities including identifying and addressing barriers and cost-effective housing. The See 2 Succeed program made its 5,000<sup>th</sup> pair of glasses. Promoters will have a booth at the reading extravaganza at Story Land; CalViva is a presenting sponsor of Reading Heart. New commercials have been created, but not yet published, and were shown to the Committee for feedback. Every commercial this round has no actors speaking and therefore</p>	<p><i>Feedback provided from PPC member recommended have a male voice in commercials in addition to females.</i></p>	

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<p>will be able to be in different languages with voice overs. CalViva now has a contract with Univision and the commercials will be shown on Univision.</p> <p>Isabel Rivera announced for CalAIM, they will be starting 7/1/23 a new population of focus of to include children and youth for all three service counties.</p>		
#15 Public Comment	None.		
#16 Adjourn	Meeting adjourned at 12:59 pm.		

**NEXT MEETING** September 6, 2023, in Madera County  
11:30 am - 1:30 pm

Submitted This Day: September 6, 2023,

Approval Date: September 6, 2023

Submitted By

C. Shapiro  
Courtney Shapiro, Director Community Relations & Marketing

Approved By:

Joe Neves  
Joe Neves, Chairman

# Item #4

## Attachment 4.B

2024 Committee Draft  
Committee Calendars

- Commission
- Finance
- QIUM
- Credentialing
- Peer Review
- Public Policy

## Fresno-Kings-Madera Regional Health Authority 2024 Commission Meeting Schedule

### Meeting Location:

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

Date	Time	County	Meeting Location
January			<b>No Meeting</b>
February 15, 2024	1:30 to 3:30	Fresno	CalViva Health
March 21, 2024	1:30 to 3:30	Fresno	CalViva Health
April			<b>No Meeting</b>
May 16, 2024	1:30 to 3:30	Fresno	CalViva Health
June			<b>No Meeting</b>
July 18, 2024	1:30 to 3:30	Fresno	CalViva Health
August			<b>No Meeting</b>
September 19, 2024	1:30 to 3:30	Fresno	CalViva Health
October 17, 2024	1:30 to 3:30	Fresno	CalViva Health
November 21, 2024	1:30 to 3:30	Fresno	CalViva Health
December			<b>No Meeting</b>

Fresno-Kings-Madera Regional Health Authority  
**Finance Committee**  
 2024 Meeting Schedule

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

Date	Time	County	Meeting Location
January			<b>No Meeting</b>
February 15, 2024	11:30 am to 12:00 pm	Fresno	CalViva Health
March 21, 2024	11:30 am to 12:00 pm	Fresno	CalViva Health
April 18, 2024	11:30 am to 12:00 pm <b>TENTATIVE</b>	Fresno	CalViva Health
May 16, 2024	11:30 am to 12:00 pm	Fresno	CalViva Health
June			<b>No Meeting</b>
July 18, 2024	11:30 am to 12:00 pm	Fresno	CalViva Health
August			<b>No Meeting</b>
September 19, 2024	11:30 am to 12:00 pm	Fresno	CalViva Health
October 17, 2024	11:30 am to 12:00 pm * <i>*Auditors presentation</i>	Fresno	CalViva Health
November 21, 2024	11:30 am to 12:00 pm	Fresno	CalViva Health
December			<b>No Meeting</b>



Fresno-Kings-Madera Regional Health Authority  
**Quality Improvement/Utilization Management**  
 2024 Meeting Schedule

**Meeting Location:**

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

Date	Time	County	Meeting Location
January			<b>No Meeting</b>
February 15, 2024	10:30 am – 12:00 pm	Fresno	CalViva Health
March 21, 2024	10:30 am – 12:00 pm	Fresno	CalViva Health
April			<b>No Meeting</b>
May 16, 2024	10:30 am – 12:00 pm	Fresno	CalViva Health
June			<b>No Meeting</b>
July 18, 2024	10:30 am – 12:00 pm	Fresno	CalViva Health
August			<b>No Meeting</b>
September 19, 2024	10:30 am – 12:00 pm	Fresno	CalViva Health
October 17, 2024	10:30 am – 12:00 pm	Fresno	CalViva Health
November 21, 2024	10:30 am – 12:00 pm	Fresno	CalViva Health
December			<b>No Meeting</b>

Fresno-Kings-Madera Regional Health Authority  
**Credentialing Sub-Committee**  
 2024 Meeting Schedule

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

Date	Time	County	Meeting Location
January			<b>No Meeting</b>
February 15, 2024	12:00pm – 12:30pm	Fresno	CalViva Health <b>1<sup>st</sup> Quarter</b>
March			<b>No Meeting</b>
April			<b>No Meeting</b>
May 16, 2024	12:00pm – 12:30pm	Fresno	CalViva Health <b>2<sup>nd</sup> Quarter</b>
June			<b>No Meeting</b>
July 18, 2024	12:00pm – 12:30pm	Fresno	CalViva Health <b>3<sup>rd</sup> Quarter</b>
August			<b>No Meeting</b>
September			<b>No Meeting</b>
October 17, 2024	12:00pm – 12:30pm	Fresno	CalViva Health <b>4<sup>th</sup> Quarter</b>
November			<b>No Meeting</b>
December			<b>No Meeting</b>

Fresno-Kings-Madera Regional Health Authority  
**Peer Review Sub-Committee**  
 2024 Meeting Schedule

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

Date	Time	County	Meeting Location
January			<b>No Meeting</b>
February 15, 2024	12:00pm – 12:30pm	Fresno	CalViva Health <b>1<sup>st</sup> Quarter</b>
March			<b>No Meeting</b>
April			<b>No Meeting</b>
May 16, 2024	12:00pm – 12:30pm	Fresno	CalViva Health <b>2<sup>nd</sup> Quarter</b>
June			<b>No Meeting</b>
July 18, 2024	12:00pm – 12:30pm	Fresno	CalViva Health <b>3<sup>rd</sup> Quarter</b>
August			<b>No Meeting</b>
September			<b>No Meeting</b>
October 17, 2024	12:00pm – 12:30pm	Fresno	CalViva Health <b>4<sup>th</sup> Quarter</b>
November			<b>No Meeting</b>
December			<b>No Meeting</b>

**CalViva Health  
Public Policy Committee  
2024 Meeting Schedule**

Date	Time	Meeting Location
January		No Meeting
February		No Meeting
March 6, 2024	11:30am – 1:30pm	Fresno County
April		No Meeting
May		No Meeting
June 5, 2024	11:30am – 1:30pm	Kings County
July		No Meeting
August		No Meeting
September 4, 2024	11:30am – 1:30pm	Madera County
October		No Meeting
November		No Meeting
December 4, 2024	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 #4

## Attachment 4.C

- Public Policy Committee Charter
- QIUM Charter

**Fresno-Kings-Madera Regional Health Authority  
Public Policy Committee Charter**

**I. Purpose:**

- A. The purpose of the Public Policy Committee (“PPC”) is to provide a committee structure for the consideration and formulation of CalViva Health (“CalViva” or the “Plan”) policy on issues affecting Plan members. ~~Subscribers and enrollees~~ Plan Members shall be afforded an opportunity to participate in establishing the public policy of the Plan.

**II. Authority:**

- A. The ~~Public Policy Committee~~ PPC is given its authority by and reports to the Fresno- Kings-Madera Regional Health Authority (“RHA”) Commission. This authority is described in the RHA Bylaws.

**III. Definitions:**

- A. **Public Policy** means acts performed by the Plan or its employees and staff to assure the comfort, dignity, and convenience of patients who rely on the Plan’s facilities to provide health care services to them, their families, and the public. (Rule 1300.69)
- B. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – The governing board of CalViva Health.
1. The Fresno-Kings-Madera Regional Health Authority (referred to as the “RHA”), is a public entity created pursuant to a Joint Exercise of Powers Agreement between the Counties of Fresno, Kings and Madera. On April 15, 2010, the RHA Commission adopted the name “CalViva Health” under which it will also do business.

**IV. Committee Focus:**

- A. The ~~Public Policy Committee’s~~ PPC’s recommendations and reports will be regularly and timely reported to the Commission. The Commission shall act upon these reports and recommendations and the action taken by the Commission will be recorded in the minutes of the Commission’s meetings.
- B. Principal Responsibilities:
1. Review a quarterly summary report regarding the specific nature and volume of complaints received through the grievance process and how those complaints were resolved.
  2. Make recommendations concerning the structure and operation of the Plan's grievance process including suggestions to assist the Plan in ensuring its’ grievance process addresses the linguistic and cultural needs of its member population as well as the needs of members with disabilities.
  3. Review and evaluate member satisfaction data.
  4. Advise on health education and cultural and linguistic service needs through review of a population needs assessment, demographic, linguistic, and cultural information related to the Plan’s population ~~in order to~~ make

**Fresno-Kings-Madera Regional Health Authority  
Public Policy Committee Charter**

recommendations regarding:

**Fresno-Kings-Madera Regional Health Authority  
Public Policy Committee Charter**

- 4.1. Linguistic needs of populations served and identify any enhancements or alternate formats that Plan materials may need.
- 4.2. Policies needed for increasing member access to services where there may be barriers resulting from cultural or linguistic factors.
- 4.3. Changes needed to the provider network to accommodate cultural, linguistic, or other ethnic preferences.
- 4.4. Improvement opportunities addressing member health status and behaviors, member health education, **health equity, social determinants of health ("SDoH"),** ~~health disparities~~ and gaps in services.
5. Advise on problems related to the availability and accessibility of services.
  - 5.1. Review data/other Plan information and make recommendations for policy or Plan/provider network changes needed related to Americans with Disabilities Act (ADA) requirements or to minimize barriers and increase access for members with disabilities (e.g., identifying potential outreach activities, etc.).
6. Review member literature and other plan materials sent to members and advise on the effectiveness of the presentation.
7. Make recommendations or suggestions for member outreach activities, topics or articles/information for publication on the member website, in member education materials or newsletters, etc.
8. Recommend review/revision and/or development of policies and procedures to the RHA Commission or other Plan committees as appropriate based on the Committee's review of grievance, member satisfaction, and other Plan data.
9. Review financial information pertinent to developing the public policy of the Plan.
- ~~9~~10. **Review and provide input in annual reviews and updates to relevant policies and procedures affecting quality and Health Equity. CalViva health will provide a feedback loop to inform PPC members how their input has been incorporated.**
- ~~10~~11. Other matters pertinent to developing the public policy of the Plan.

**V. Committee Membership:**

A. Composition

1. The RHA Commission Chairperson shall appoint the members of the **PPC selection committee. CalViva Health will make a good faith effort to ensure that the PPC selection committee is comprised of a representative sample of each of the persons mentioned below to bring different perspectives, ideas, and views to the PPC:**
  - 1.1. **Persons who sit on the PPC selection committee are a representative sample of RHA Commission members from the following stakeholder areas: Safety Net Providers including FQHCs, behavioral health, regional centers, local education authorities, dental Providers, IHS Facilities, and home and community based service Providers; and**



**Fresno-Kings-Madera Regional Health Authority  
Public Policy Committee Charter**

- 1.2. Persons and community based organizations who are representatives of each county within Contractor's Service Area adjusting for changes in membership diversity.
2. The Plan will designate a PPC Coordinator who will be responsible for managing the operations of the PPC in compliance with all statutory, rule, and contract requirements as outlined in 5.2.11.E.2.(e) of the Medi-Cal Contract (see VII.A. below). The PPC Coordinator will facilitate scheduling the selection committee meeting(s). The PPC selection committee must select all its PPC members promptly no later than 180 calendar days from the effective date of the 2024 DHCS Medi-Cal contract.
- ~~1.3.~~ The ~~PPC Public Policy Committee~~ shall consist of not less than seven (7) members, who shall be appointed as follows:
  - ~~1.1.3.1.~~ One member of the RHA Commission who will serve as Chairperson of the ~~PPC Committee~~;
  - ~~1.2.3.2.~~ One member who is a provider of health care services under contract with the Plan; and
  - ~~1.3.~~ All others shall be Plan members (who collectively must make-up at least 51% of the committee membership) entitled to health care services from the Plan.
  - ~~1.4.3.3.~~ PPC ~~Public Policy enrollee~~ Plan members shall be comprised of the following:
    - ~~1.4.1.3.3.1.~~ Two (2) ~~enrollees~~ from Fresno County
    - ~~1.4.2.3.3.2.~~ One (1) ~~enrollee~~ from Kings County
    - ~~1.4.3.3.3.3.~~ One (1) ~~enrollee~~ from Madera County
    - 3.3.4. One (1) At-Large ~~enrollee~~ from either Fresno, Kings, or Madera Counties

**Fresno-Kings-Madera Regional Health Authority  
Public Policy Committee Charter**

~~1.5.3.4.~~ Two (2) Community Based Organizations (CBO) representatives shall be appointed as alternate ~~PPC~~~~Public Policy Committee~~ members to attend and participate in meetings of the Committee in the event of a vacancy or absence of any of the members appointed as provided in subsection 3.1 above.

~~1.5.1.3.4.1.~~ The alternates shall represent different Community Based Organizations (CBO) that serve Fresno, Kings, and/or Madera Counties and provide community service or support services to members entitled to health care services from the Plan.

3.24.2 Two (2) alternates from the same CBO shall not be appointed to serve concurrent terms.

~~1.6.3.5.~~ The ~~enrollee-Plan~~ members and CBO representatives shall be persons who are not employees of the Plan, providers of health care services, subcontractors to the Plan or contract brokers, or persons financially interested in the Plan.

3.6. In selecting the ~~enrollee~~-members and/or CBO representatives of the ~~PPC~~~~Committee~~, the RHA selection committee ~~Commission Chairperson~~ shall make a good faith effort to ensure the PPC reflects the general Medi-Cal population in the Plan's service area (i.e., Fresno, Kings and Madera counties). Consideration will be given to ~~generally consider the makeup of the Plan's Medi-Cal enrollee population including~~ Seniors and Persons with Disabilities (SPD), ~~persons with chronic conditions (such as asthma, diabetes, congestive heart failure), and those~~

~~with Limited English Proficient (LEP). To ensure at least 5% of the committee members represent a culturally diverse group of community members, consumers, and individuals, additional factors to be considered are race, and such factors such as ethnicity, sexual orientation, gender identity, SDoH, demography, occupation, and geography. Any such selection or election of a Plan member enrollee members or a CBO representative shall be conducted on a fair and reasonable basis.~~

B. Term of Committee Membership

1. The Commissioner member may be appointed for a three (3) year term and his/her term will be coterminous with their seat on the Commission.
2. The provider member may be appointed for a three (3) year term.
3. Subscriber/enrollee members' and CBO representative terms shall be of reasonable length (one, two, or three years) and shall be staggered or overlapped so as to provide continuity and experience in representation.
4. At the conclusion of any term, a ~~Committee-PPC~~ member may be reappointed to a subsequent three-year term.

C. Vacancies

~~2/20/20~~

**Fresno-Kings-Madera Regional Health Authority  
Public Policy Committee Charter**

1. If vacancies arise during the term of ~~Committee-PPC~~ membership, the ~~RHA Commission Chairperson~~ selection committee will appoint a replacement member. Should a PPC member resign, is asked to resign, or is otherwise unable to serve on the PPC, CalViva Health must make its best effort to promptly replace the vacant seat within 60 calendar days of the vacancy.

**D. Voting**

1. All members of the ~~PPC Committee~~ shall have one vote each.
2. When attending a meeting in place of a regular member, an alternate member shall be entitled to participate in the same manner and under the same standards as a regular member, to the extent that the alternate member is not otherwise disqualified from participating in discussion and voting on an item due to a conflict of interest.

**E. Statewide Committee**

CalViva Health will appoint one member of the PPC, to serve as the representative to DHCS' Statewide Consumer Advisory Committee and will compensate the PPC representative for their time and participation on DHCS' Statewide Consumer Advisory Committee, including transportation expenses to appear in person.

**Fresno-Kings-Madera Regional Health Authority  
Public Policy Committee Charter**

**II. Meetings:**

The PPC must hold its first regular meeting promptly after all initial PPC members have been selected by the PPC selection committee and quarterly thereafter. Regularly scheduled PPC meetings will be open to the public, meetings information will be posted publicly on CalViva Health's website in a centralized location 30 calendar days prior to the meeting, and in no event later than 72 hours prior to the meeting.

**A. Frequency**

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

**B. Place of Meetings**

1. ~~The Committee Chairperson will determine the place of the Committee meetings.~~ CalViva Health will provide a location for PPC meetings and all necessary tools and materials to run meetings, including, but not limited to, making the meeting accessible to all participants and providing accommodations to allow all individuals to attend and participate in the meetings.
2. Sites selected for PPC should match or coincide with locations where Plan members reside or go to access services and have the ability to support virtual participation. The following should be considered when selecting a meeting site:
  - Meeting room must be able to accommodate PPC participants comfortably.
  - Safety protocols must be identified (exits, facility contact in case of emergency, etc).
  - Electrical outlets and wall space to accommodate presentation equipment (if needed).
  - Access to nearby parking and/or transportation lines.
  - Wheelchair accessible.

**C. Notice**

1. At the end of each ~~PPC Public Policy Committee~~ meeting, the next meeting date will be determined by consensus unless a pre-arranged schedule has been established.
2. Committee members will be notified in writing in advance of the next scheduled meeting.

**D. Minutes**

1. ~~Minutes will be kept at every Public Policy Committee meeting by a designated staff member.~~ A written draft of meeting minutes for each meeting and the associated discussions will be prepared. All minutes will be posted on CalViva Health's website and submitted to DHCS no later than 45 calendar days after each meeting. CalViva Health must retain the minutes for no less than 10 years and provide them to DHCS,

**Fresno-Kings-Madera Regional Health Authority  
Public Policy Committee Charter**

upon request.

- ~~1.~~
2. A report of each meeting will be forwarded to the RHA Commission for oversight review and consideration of the PPC's ~~Committee's~~ recommendations.

**~~III.~~—Committee Support:**

**~~IV.~~III.**

~~A.~~—The Plan Director of Community Relations

~~and designated Plan staff will provide Committee support, coordinate activities and perform the following as needed:~~

- ~~1. Regularly attend Public Policy meetings.~~
- ~~2. Prepare agenda and meeting documents.~~
- ~~3. Perform or coordinate other meeting preparation arrangements.~~
- ~~4. Prepare minutes and capture specific "suggestions or recommendations" for reporting to the RHA Commission and Quality Improvement/Utilization Management Committee.~~
- ~~5. Initiate and follow up on action items and suggestions until completed and ensure that feedback is provided to the Committee to "close the loop".~~
- ~~6. Compliance staff will include a summary of Public Policy Committee activity and Committee recommendations in Compliance Reports to the RHA Commission.~~
- ~~7. Submit Public Policy Committee meeting minutes to the RHA Commission.~~

A. PPC Coordinator

The Plan will maintain a written job description detailing the PPC Coordinator's responsibilities, which will include having responsibility for managing the operations of the PPC in compliance with all statutory, rule, and contract requirements, including, but not limited to:

1. Attending PPC meetings regularly.
2. Preparing agenda and meeting documents. Ensuring documents are accessible to all participants and that appropriate accommodations are provided to allow all attending the meeting, including, but not limited to, accessibility for individuals with a disability or LEP Members to effectively communicate and participate in the meetings.
3. Ensuring that members are supported in their roles on the PPC, including but not limited to providing resources to educate PPC members to ensure they are able to effectively participate in meetings. Transportation and childcare reimbursement will be provided for PPC meetings. Meeting times will be scheduled to ensure the highest PPC member participation possible.
4. Coordinating other meeting preparation arrangements.
5. Initiating and following up on action items and suggestions until completed and ensuring feedback is provided to the Committee to "close the loop".
6. Ensuring Compliance staff will include a summary of the PPC's activity and recommendations are included in Compliance Reports to the RHA Commission.
7. Informing PPC members they can simply make the PPC Coordinator aware additional assistance is required by sending an email, phone call, or text. Assistance can include, but is not limited to the following:
  - Interpreter services for Committee Members upon request.

**Fresno-Kings-Madera Regional Health Authority  
Public Policy Committee Charter**

- To arrange for interpreter services for PPC members the PPC Coordinator is responsible for partnering with Health Equity to contact and request interpreter services.

**Fresno-Kings-Madera Regional Health Authority  
Public Policy Committee Charter**

**V-IV. Other Requirements:**

1. The Plan's Evidence of Coverage (EOC) includes a description of its system for member participation in establishing public policy.
2. The Plan will also furnish an annual EOC to its members with a description of its system for their participation in establishing public policy and will communicate material changes affecting public policy to members.
3. To ensure membership is representative of Fresno, Madera, and Kings Counties, CalViva Health will annually complete and submit to DHCS a Public Policy Member Demographic Report by April 1 of each year. The Annual Member Demographic Report must include descriptions of all the following:
  - The demographic composition of the PPC.
  - How the Plan defined the demographics and diversity of its Members and Potential Members within Service Area.
  - The data sources relied upon by plan to validate that its PPC membership aligns with Member demographics.
  - Barriers to and challenges in meeting or increasing alignment between PPC membership with the demographics of the Members within Service Area.
  - Ongoing, updated, and new efforts and strategies undertaken in committee membership recruitment to address the barriers and challenges to achieving alignment between Public Policy Committee membership with the demographics of the Members within Service

2.—

**VI.V. Authority**

1. Health & Safety Code Section 1369
2. California Code of Regulations, Title 28, Rule 1300.69
3. RHA Bylaws
- 3.4.2024 DHCS Medi-Cal Contract

**APPROVAL:**

2/20/20

**Fresno-Kings-Madera Regional Health Authority  
Public Policy Committee Charter**

<b>RHA Commission Chairperson</b>		<b>Date:</b>
	David Hodge, MD	



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

**I. Purpose:**

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

**II. Authority:**

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

**III. Definitions:**

- A. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – The governing board of CalViva Health. The Fresno-Kings-Madera Regional Health Authority (referred to as the “RHA”), is a public entity created pursuant to a Joint Exercise of Powers Agreement between the Counties of Fresno, Kings and Madera.

**IV. Committee ~~Focus~~ Responsibilities:**

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

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

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

13. Annual Health Equity Work Plan
  - [14. Annual Health Equity Program Evaluation](#)
  - [15. Population Health Management Strategy Program Description](#)
  - [16. Population Health Management Assessment Report](#)
  - [17. Population Health Management Segmentation Report](#)
  - [18. Population Health Management Effectiveness Analysis Report](#)
  - [14,19. Quality Improvement Health Equity Transformation Plan](#)
- B. Reviews quarterly reports of Work Plan progress for the programs listed above;
  - C. Monitors key clinical and service performance indicators for QI, UM, HE and Credentialing/Recertification activities (e.g., access & availability, over and under utilization, key UM and case management indicators, behavioral health, population health, appeals and grievances, HEDIS® and CAHPS® measure results, provider satisfaction surveys, disease management and public health programs activities, timeliness standards etc.);
  - D. Analyze and evaluate the results of QI and Health Equity activities;
  - E. Monitor effectiveness of the language assistance services offered to support members with limited English proficiency and address identified health disparities, social risk, social determinants of health (SDoH), and community needs and makes ongoing recommendations;
  - F. Provide oversight and review reports of delegated UM and Credentialing/Recertification functions and collaborative QI functions;
  - G. Reviews summarized grievance reports for medically related issues and administrative quality concerns;
  - H. Reviews analysis of potential quality incident reports (developed from grievances/complaints, utilization management, utilization reports suggesting over or under utilization);
  - I. Oversees and monitors CalViva’s participation in the Department of Health Care Services (“DHCS”) required [Performance Quality](#) Improvement Projects (“[PQIPs](#)”);
  - J. Approve and oversee conduct of special QI studies as warranted;
  - I. Brings general medically-related concerns to the attention of the Plan’s Operating Administrator (Health Net);
  - [J. Analyze and evaluate the results of the QI and Health Equity activities including annual review of the results of performance measures, utilization data, consumer satisfaction surveys, and the findings and activities of other committees such as the Public Policy Committee and Community Advisory Groups.](#)
  - [J.K.](#) Advises on the conduct of provider and member satisfaction surveys and submits its review to the Commission;
  - [K.L.](#) Reviews the results of clinical outcome studies, identifies gaps and reports findings to the Commission;
  - [L.M.](#) Forwards to the Credentialing [Sub-Committee](#)/Peer Review Sub-Committee potential quality incidents that might involve the conduct of specific providers and should be further investigated;
  - [M.N.](#) Receives reports from the Credentialing [Sub-Committee](#)/Peer Review Sub-Committee;
  - [N.O.](#) Provide quarterly summary reports of QI, UM, HE, and Credentialing activities to the RHA Commission.

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

P. Ensure that the Plan ~~is in compliance with~~follows state, federal, contractual and NCQA requirements for QI, UM, HE and Credentialing.

Q. Ensures member confidentiality is maintained during Committee discussions.

**V. Committee Membership:**

A. Composition

1. The RHA Commission Chairperson shall appoint the members of the Committee.
2. The Committee is chaired by the CalViva Chief Medical Officer (“CMO”).
3. The CalViva Health Equity Officer is a member of the Committee and functions in an advisory capacity.
- 3.4. Committee size is determined by the RHA Commission with the advice of the CMO.
- 4.5. The QI/UM Committee will be composed of:
  - 4.1.5.1. Participating health care providers, including external participating physicians, as well as other health care professional’s representative of the CalViva direct contracting network and the Health Net provider network.
  - 4.2.5.2. The Committee composition may also include Commission members who are participating health care providers and shall be composed of less than a quorum of voting Commissioners.
  - 4.3.5.3. Committee membership shall reflect an appropriate geographic and specialty mix of participating practitioners including practitioners that serve the Seniors and Persons with Disabilities (SPD) population.
  - 4.4.5.4. Participating Practitioners from other specialty areas shall be retained as necessary to provide specialty input.
  - 4.5.5.5. For purpose of meeting a quorum, the RHA Commission Chair may appoint an alternate member, who is also a provider member of the RHA Commission, to serve as a voting member of the committee.

B. Term of Committee Membership

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

C. Vacancies

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

D. Voting

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

**VI. Meetings:**

A. Frequency

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

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

4.

**B. Notice**

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

**C. Minutes**

1. Minutes will be kept at every Committee meeting by a designated staff member. Signed, dated, contemporaneous minutes are kept. Minutes are available for review by regulatory entities and will be submitted to DHCS upon request.
2. A report of each meeting will be forwarded to the RHA Commission for oversight review and consideration of the Committee's recommendations.
- 2-3. The minutes will be made publicly available on the CalViva Health website on at least- a quarterly basis.

**VII. Committee Support:**

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

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

**VIII. Subcommittees and Work Groups reporting to QI/UM:**

**A. QI/UM Committee has two Subcommittees and three work groups:**

1. Credentials Sub-Committee and Peer Review Sub Committee each with their own charter
2. QI/UM Operational Work Group consists of CalViva and Health Net staff/leadership. The QI /UM Operational Work Group has one sub group:
  - Appeals and Grievances Work Group consists of CalViva and Health Net staff to review, track, trend appeals and grievances and reports to QI/UM Operational Work Group

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

3. Access Work Group reports information reviewed by CalViva and Health Net staff ~~regarding access~~regarding access and availability of services to QI/UM Committee.

**IX. Authority**

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

**APPROVAL:**

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**RHA Commission  
Chairperson**

**Date:** March 16<sup>th</sup>, 2023

# Item #5

## Attachment 5.A-D

- BL 23-009 Community Support Program Funding Recommendations 2023
- Ad-hoc Meeting Minutes
- Proposed Grants 2023-2024
- MMC CVH Courage Takes Root
- MMC Naming Opportunities
- MMC Map

Commission

**Fresno County**

Sal Quintero  
Board of Supervisors

David Luchini, Director  
Public Health Department

David Cardona, M.D.  
At-large

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

Joyce Fields-Keene  
At-large

Soyla Reyna-Griffin - At-large

**Kings County**

Joe Neves  
Board of Supervisors

Rose Mary Rahn  
Public Health Department

Lisa Lewis, Pd.D. - At-large

**Madera County**

David Rogers  
Board of Supervisors

Sara Bosse  
Public Health Director

Aftab Naz, M.D.  
At-large

**Regional Hospital**

Michael Goldring  
Valley Children's Hospital

Aldo De La Torre  
Community Medical Centers

**Commission At-large**

John Frye  
Fresno County

Kerry Hydash  
Kings County

Paulo Soares  
Madera County

DATE: October 19, 2023

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Jeffrey Nkansah, CEO

RE: CalViva Health Community Support Program

BL #: **23-009**

Agenda Item **5**

Attachment **5.A**

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

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

The Ad-hoc committee reviewed the funding recommendations (attachment 9.C) on September 27, 2023 and voted to bring them to the full commission.



## Ad-Hoc Committee Meeting Minutes September 27, 2023

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

Ad-Hoc Committee Members	
✓	<b>David Hodge, M.D.</b> , Chair, Fresno County At-large Appointee
✓	<b>Aftab Naz, M.D.</b> , Commission At-large, Madera County
✓	<b>Paulo Soares</b> , Commission At-large, Madera County
✓	<b>Rose Mary Rahn</b> , Kings County Director, Department of Public Health
✓	<b>Jeff Nkansah</b> , Chief Executive Officer (CEO)
✓	<b>Daniel Maychen</b> , Chief Finance Officer (CFO)
✓	<b>Courtney Shapiro</b> , Director, Community Relations and Marketing

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<b>#1 Call to Order</b> Jeff Nkansah	The meeting was called to order at 2:30 pm. A quorum was present.	
<b>#2 Summary of Past Community Support Program Funding</b> Jeff Nkansah	Jeff Nkansah and Courtney Shapiro reviewed the history of the past community support funding.	<b>No motion</b>
<b>#4 Community Support Grant Recommendations</b> Jeff Nkansah and Courtney Shapiro	<p>Jeff Nkansah and Courtney Shapiro presented a funding matrix with changes to the Community Support Grants funding matrix. They provided a background on how staff evaluated current funded partners and how they determined services of greatest need to our members.</p> <p>The committee reviewed the reallocation of funding from Poverello House to contingency. As well as proposed funding for the Marjaree Mason Centers, Take Root Capital Support for \$150,000 coming out of contingency.</p>	<b>Motion:</b> <i>Approve Recommendations and bring to full Commission for approval (Naz / Hodge)</i>



AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	After reviewing all organizations, the committee made a motion and second to move this to the full Commission in October.	

**Community Support**

**Community Support Grant Recommendations 2023-2024**

Fresno County

Madera County

Kings County

**2023-2024 Proposed Funding Revised**

**Provider Network Support**

1	Funding for PCPs/Extenders	x	x	x	\$600,000
2	Funding for Specialists, Behavioral Health, Ancillary Providers	x	x	x	\$75,000
3	Provider Incentive Quality Bonus (Top Performer(s))	x	x	x	\$1,000,000
4	Provider Incentive Quality Bonus (Low Performer(s))	x	x	x	\$100,000
5	Provider Infrastructure, Supplies & Equipment	x	x	x	\$75,000
6	Tzu Chi-See 2 Succeed Vision Program (Mobile Clinic)	x			\$100,000

**Member Support**

7	Enrollment Support	x	x	x	\$200,000
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**Education Scholarships & Community Workforce Support**

8	California State University Fresno	x	x	x	\$100,000
9	Community Colleges	x	x	x	\$100,000
10	Community Regional Medical Centers Nursing Scholarships	x			\$45,000

**Community Infrastructure Support**

11	Food Bank Funding	x	x	x	\$100,000
12	Outdoor Play and Green Space	x	x	x	\$200,000
13	Marjaree Mason Center Courage Takes Root Capital Support	x	x	x	\$150,000

**Community Based Organizations**

14	CBO Support (i.e. Big Brothers, Break the Barriers, CASA, ENP, EPU, Habitat, KCAO, Marjaree Mason, Reading Heart, TCM, Fresno C2C)	x	x	x	\$775,000
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**Other**

15	Recreation Sports	x	x	x	\$75,000
16	Contingency				\$230,000

**\$3,925,000**



## **COURAGE TAKES ROOT**

In December 2022, The Marjaree Mason Center (MMC) purchased a 60-year-old building in central Fresno. Courage Takes Root is our “project” to renovate and modernize this facility and transition it to a Community Resource Center that will provide comprehensive support services to survivors of domestic violence in all of Fresno County. This purchase was necessary since the building at which they currently operate their 24/7 Crisis Drop-in and Resource Center was originally built in 1913 as a private home. The building no longer accommodates the high volume of calls and enhanced programming, requiring MMC to lease office space in other downtown Fresno buildings. Furthermore, given the National Historic Registry designation and no adjacent land, expansion in the current location is not possible.

The new Community Resource Center will double the footprint of service space for non-residential services and allow for all services to be located under one roof. It will be a modern facility with expanded spaces, trauma-informed, and physically and emotionally safe space to adequately meet the health and safety needs of survivors or people at-risk of domestic violence in the community. The new Center will reduce barriers to access by being centrally located (near the FAX Bus Line 1 and Freeway 41) and will have an on-site children’s enrichment center so childcare is not a barrier to accessing emergency and therapeutic services. The center will operate a separate 24/7 crisis hotline and drop-in center, specially designed private and group mental health rooms, spaces for medical exams and a training room to seat 100+ people.

They expect to break ground in late fall of 2023 and the project completion is expected by the end of 2024. The total cost of the building and renovation is expected to be \$17.5 Million, and they have raised \$13.5 Million for the project to date. A public campaign is scheduled for November 1-15, 2023.

The Marjaree Mason Center is grateful for your consideration of a \$150,000 donation to the Courage Takes Root campaign for naming rights of the Speech & Behavior Health Room in the new Community Resource Center.

# Naming Opportunities



**COURAGE  
TAKES  
ROOT**

Establish a legacy for your family through a naming gift that will carry influence in the community and inspire generations of families affected by domestic violence.

## Campus Naming \$10,000,000

### Community Resource Center

#### Building Naming Named ~~\$3,000,000~~

#### Community Resource Center Building Naming Features

	Naming \$		Naming \$
Children's Enrichment Center	\$1,000,000	Child Advocacy Room #2	\$150,000
1st floor wing	\$1,000,000	Private Client Meeting Room #1	\$100,000
Training Room #2 (large)	\$1,000,000	Private Client Meeting Room #2	\$100,000
Board Room	Named <del>\$1,000,000</del>	Private Client Meeting Room #3	\$100,000
Crisis Response/Hotline Suite	Named <del>\$1,000,000</del>	Private Client Meeting Room #4	\$100,000
Welcome Area and Reception	Named <del>\$1,000,000</del>	2nd floor Managers/Director Offices #1	\$100,000
Executive Suite	\$500,000	2nd floor Managers/Director Offices #2	\$100,000
Housing Suite	\$500,000	Debrief Room (Crisis)	\$100,000
Counseling Suite	\$500,000	Emergency Resting Room	\$100,000
Prevention, Ed., & Outreach Suite	\$500,000	Crisis Meeting Room	\$100,000
Community Resources Suite	\$500,000	Outdoor Break Room	\$100,000
Development & Comm Suite	\$500,000	Crisis Response Intake Room #1	\$100,000
Finance Suite	\$500,000	Crisis Response Intake Room #2	\$100,000
Client Services Suite	\$500,000	Crisis Response Intake Room #3	\$100,000
2nd floor Employee Break Room	\$500,000	Crisis Response Intake Room #4	\$100,000
Art Therapy Room	\$500,000	Speech & Behavior Therapy Room	\$150,000
Children's Enrichment Office Space	\$500,000	Nursery	\$50,000
Group Room #1 (adult)	\$500,000	Staff Wellness Room	\$50,000
Group Room #2 (adult)	\$500,000		
Group Room #3 (adult)	\$500,000		
Group Room #4 (children)	\$500,000		
Computer Room	Named <del>\$291,567</del>		
Training Room #1 (small)			
CEC Homework Room	\$250,000		
1st floor Conference Room #1	\$250,000		
1st floor Conference Room #2	\$250,000		
2nd floor Conference Room #2	\$250,000		
2nd floor Conference Room #3	\$250,000		
Individual Counseling Room #1	\$150,000		
Individual Counseling Room #2	\$150,000		
Individual Counseling Room #3	\$150,000		
Individual Counseling Room #4	\$150,000		
Individual Counseling Room #5	\$150,000		
Child Advocacy Room #1	\$150,000		



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1 FIRST FLOOR PLAN  
1/8" = 1'-0"

PROJECT:  
MARJAREE MASON CENTER  
**COMMUNITY RESOURCE CENTER TI**  
255 WEST BULLARD AVE, FRESNO, CA 93704  
SHEET: FIRST FLOOR PLAN

DRAWING SET INFORMATION:  
06.13.2023 As-Built

REVISIONS:


PROJECT NUMBER:  
2023-15

SHEET NUMBER:  
A201

# Item #6

## Attachment 6.A

Moss Adams Board Presentation  
Financial Audit Report FY 2023



# Report of Independent Auditors

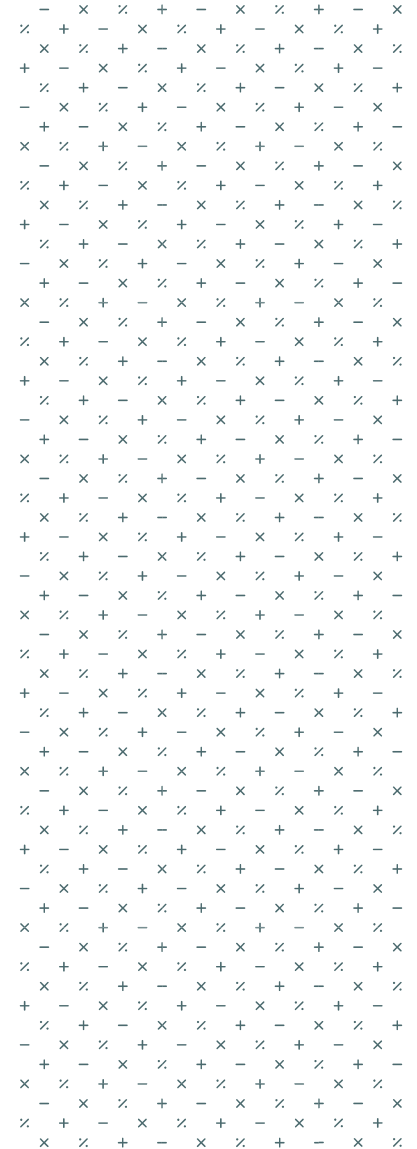
## The Fresno-Kings-Madera Regional Health Authority dba CalViva Health

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Rianne Suico  
Health Care Services Partner

Eleanor Garibaldi  
Health Care Services Senior Manager

(415) 956-1500



# Audit Objectives

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



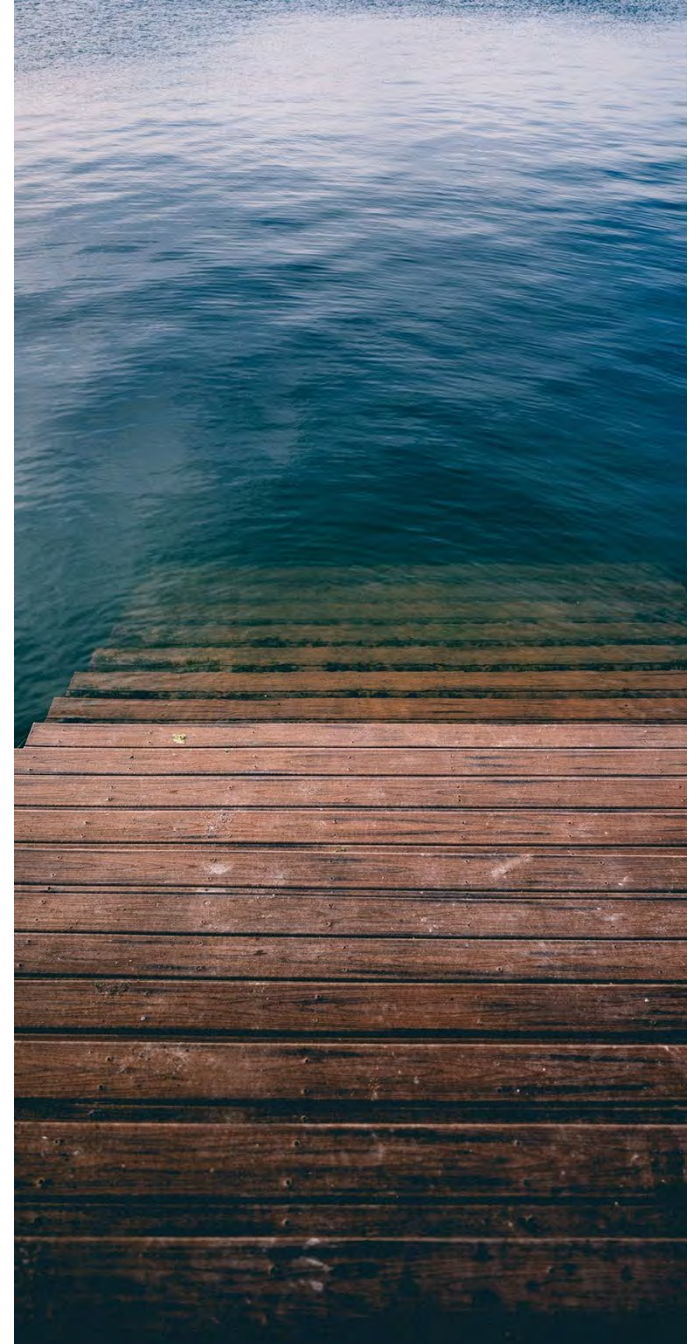


# Report of Independent Auditors

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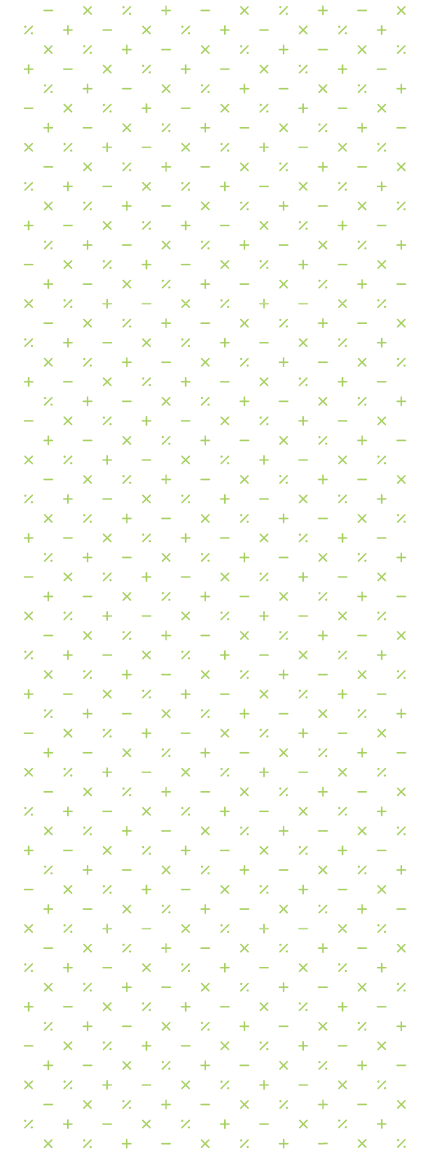
## **Unmodified Opinion**

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

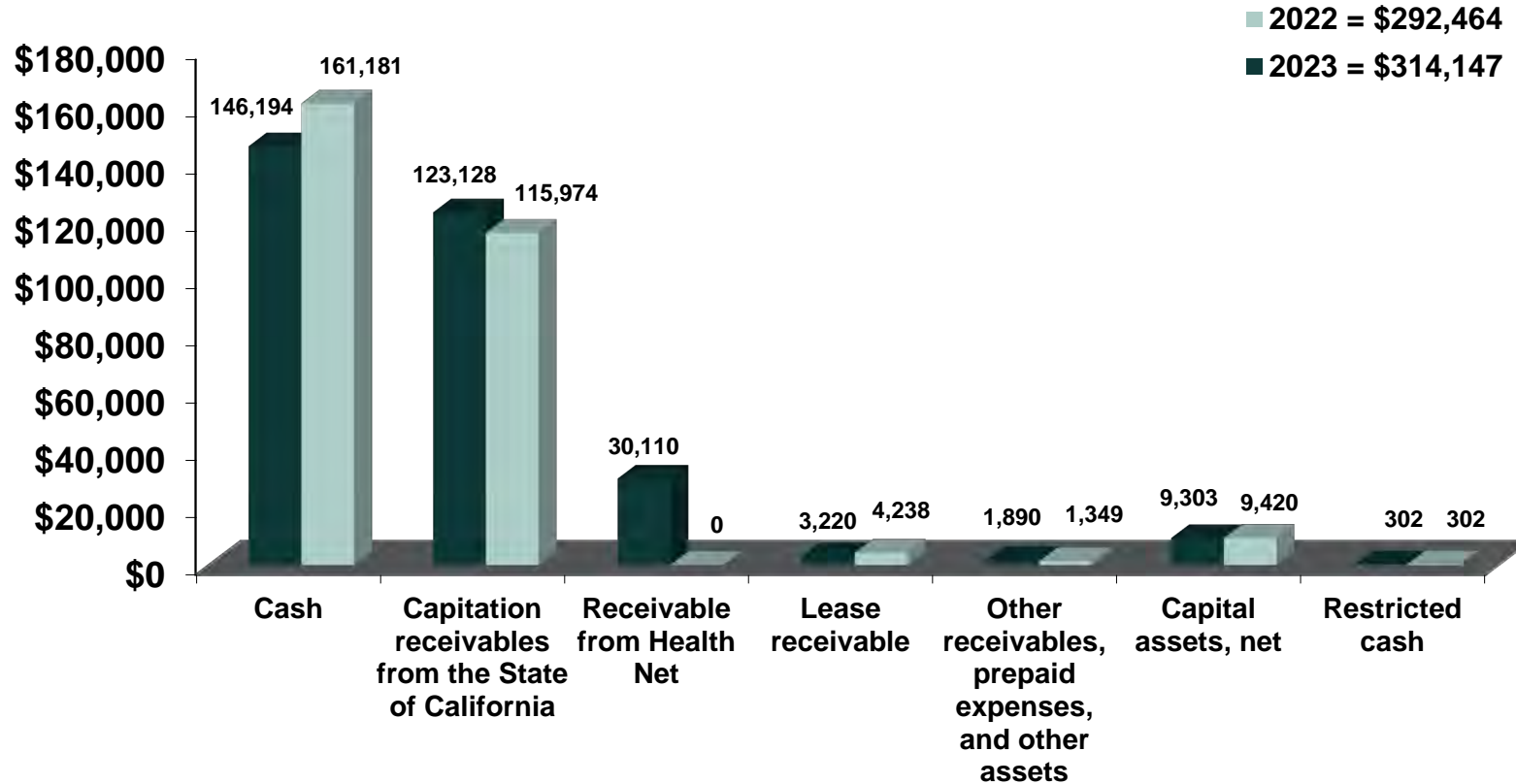


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# Statements of Net Position



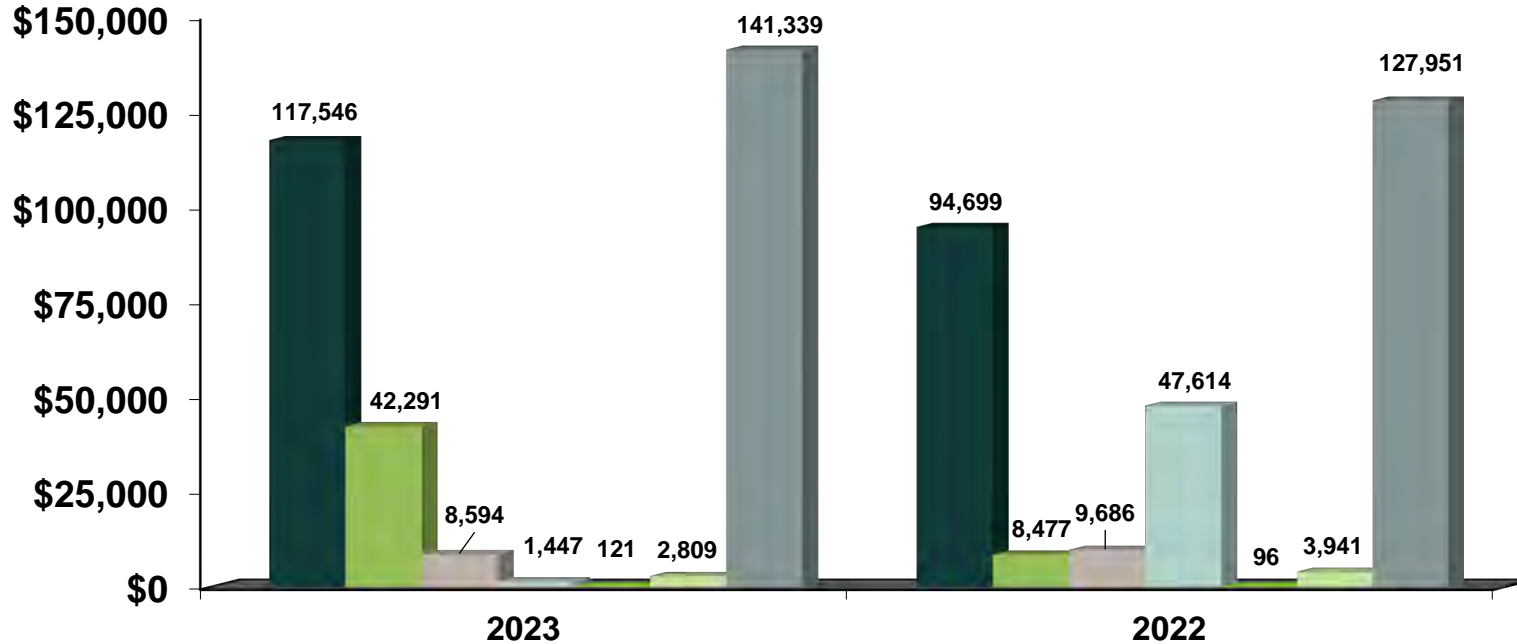
# Asset Composition (in thousands)



# Liabilities and Net Position Balance (in thousands)

2022 = \$292,464

2023 = \$314,147

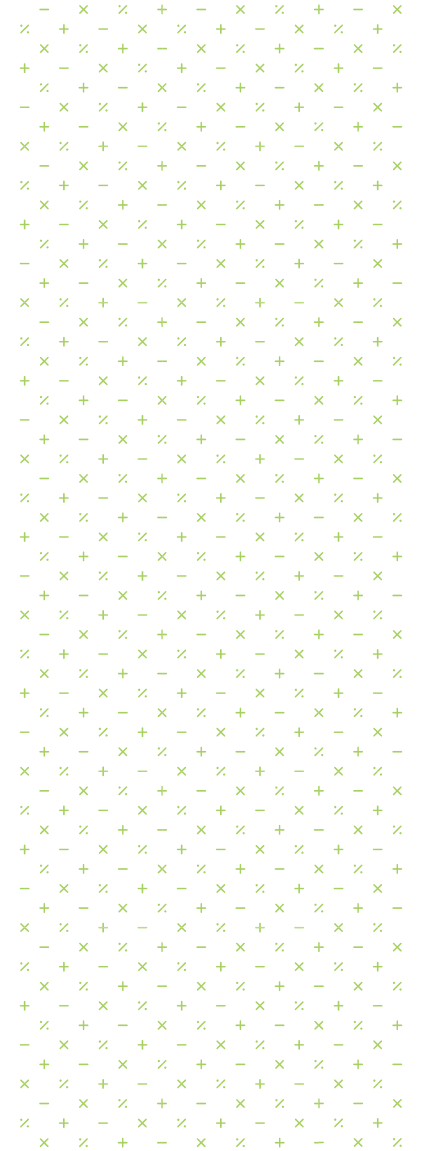


- Capitation payable
- Amounts due to the State of California
- Accounts payable and accrued expenses, accrued salaries and benefits, directed payments and other liabilities
- Premium tax payable
- Medical claims payable
- Deferred inflow of resources
- Net position



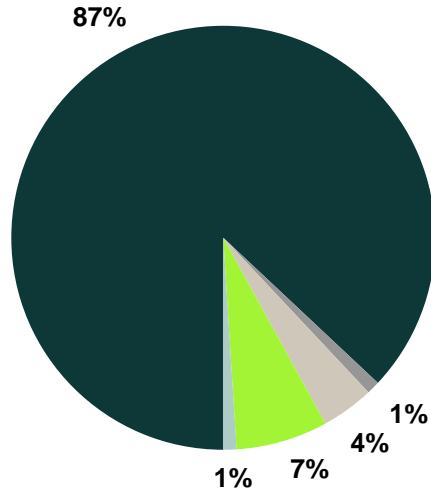
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# Operations

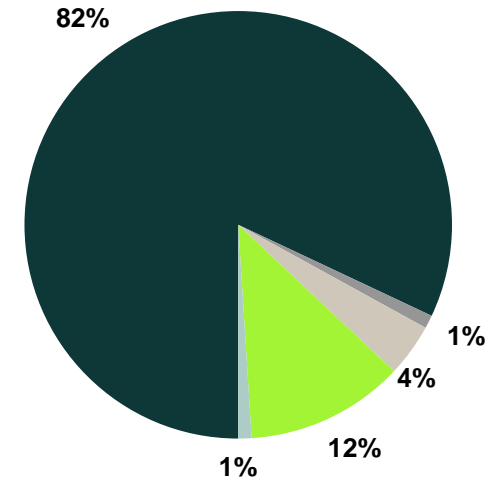


# Total Operating Expenses as a % of Total Operating Revenues (in thousands)

**June 30, 2023**  
\$1,289,511  
(2023 Revenue)



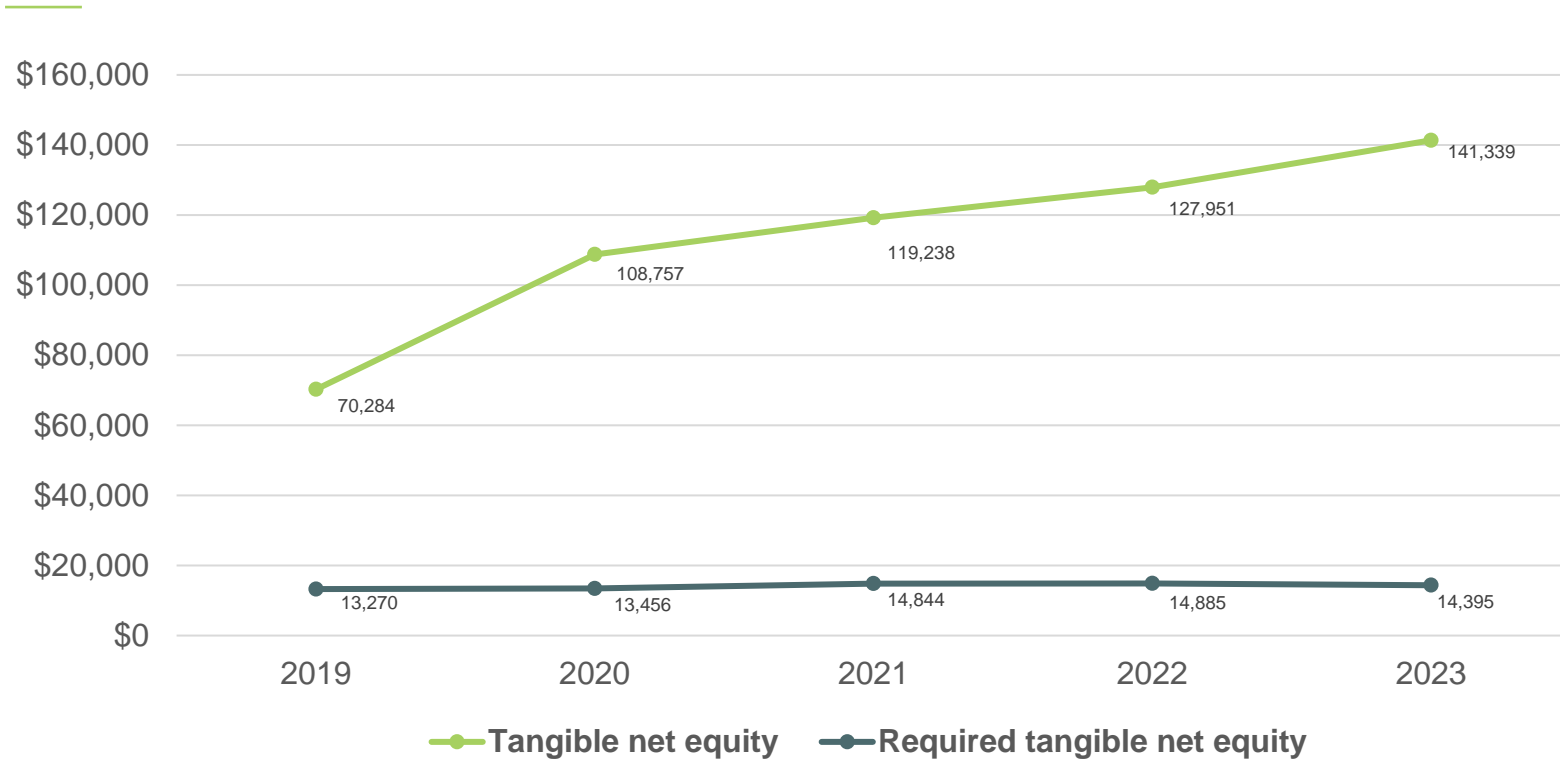
**June 30, 2022**  
\$1,338,510  
(2022 Revenue)



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



# Tangible Net Equity (in thousands)



# Important Board Communications

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

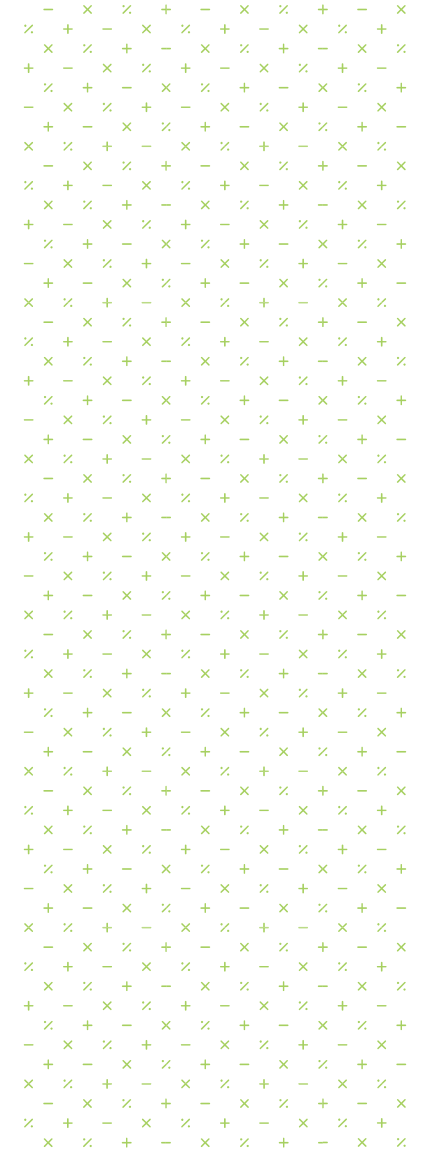






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# Questions?



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Report of Independent Auditors and  
Financial Statements

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

June 30, 2023 and 2022

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## **Management's Discussion & Analysis**

**The Fresno-Kings-Madera Regional Health Authority  
dba CalViva Health  
Management's Discussion and Analysis  
As of and for the Years Ended June 30, 2023, 2022, and 2021**

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The Management's Discussion and Analysis of The Fresno-Kings-Madera Regional Health Authority dba CalViva Health ("CalViva" or the "Plan") is intended to provide readers and interested parties with an overview of the Plan's financial activities for the fiscal years ended June 30, 2023, 2022, and 2021. 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**  
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On September 2, 2009, the California State Legislature ratified Assembly Bill ("AB") No. 1422 ("AB 1422"), which levies a 2.35% gross premium tax ("GPT") on all Medi-Cal capitated revenue received. The proceeds from the tax are appropriated from the Children's Health and Human Services Special Fund to the State Department of Health Care Services and the Managed Risk Medical Insurance Board for specified purposes. This provision was effective retroactively to January 1, 2009. The GPT program was concluded on June 30, 2012. In June 2013, Senate Bill ("SB") 78 extended the imposition of taxes retroactively from July 1, 2012 to June 30, 2013, and increased the tax rate to 3.9375% effective July 1, 2013 through June 30, 2016. On March 1, 2016, SB X2-2 established a new managed care organization provider tax, to be administered by DHCS, effective July 1, 2016 through July 1, 2019. The tax would be assessed by DHCS on licensed health care service plans, managed care plans contracted with DHCS to provide Medi-Cal services, and alternate health care service plans ("AHCSPP"), 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, AHCSPP 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.

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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: 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 implemented California Advancing and Innovating Medi-Cal (“CalAIM”) to modernize the State of California’s Medi-Cal Program. This requires 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. Components that began on January 1, 2022, include Enhanced Care Management (“ECM”), Community Supports (“CS”) and the Major Organ Transplant (“MOT”) benefit. In addition, institutional Long-Term Care (“LTC”) benefit including skilled nursing facilities transitioned to Medi-Cal managed care plans effective January 1, 2023.

**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 2023 Compared to Fiscal Years 2022 and 2021**

On June 30, 2023, CalViva had assets of \$314.1 million, liabilities of \$170.0 million and deferred inflow of resources of \$2.8 million. 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. The resulting net position, which represents the Plan’s assets after the liabilities and deferred inflow of resources are deducted, increased by \$13.3 million to \$141.3 million from \$128.0 million at June 30, 2022.

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.

**The Fresno-Kings-Madera Regional Health Authority**  
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**Assets**

**Cash and cash equivalents** – Cash and cash equivalents decreased \$15.0 million from \$161.2 million at June 30, 2022, to \$146.2 million at June 30, 2023. The decrease is primarily due to net cash used in operating activities.

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.

**Capitation receivables from the State of California** – Capitation receivables from the State of California increased \$7.1 million from \$116.0 million at June 30, 2022, to \$123.1 million at June 30, 2023. The increase is primarily due to an increase in membership and capitation rates paid by DHCS, offset by the decrease in accrued MCO tax revenue from DHCS due to its expiration on December 31, 2022.

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.

**Receivable from Health Net** – Receivable from Health Net increased \$30.1 million from \$0 at June 30, 2022 to \$30.1 million at June 30, 2023. The increase is attributable to accrued capitation recoupment from Health Net as a result of the DHCS Proposition 56 directed payment program two-sided risk corridor recoupment from the Plan. This risk corridor is subject to a certain threshold of medical expenses compared to premium revenues. Medical expenditures not meeting a minimum threshold as a percentage of revenue paid by DHCS requires CalViva to refund the premium revenue to the State of California. As CalViva pays a percent of premium revenue received from DHCS to Health Net, any recoupment from DHCS results in a receivable from Health Net to CalViva.

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.

**Other receivables** – Other receivables increased \$411,624 from \$85,138 at June 30, 2022, to \$496,762 at June 30, 2023. The increase is primarily due to the timing of receipts of interest payments from various investment accounts and increase in interest rates.

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.



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**Prepaid expenses** – Prepaid expenses increased \$105,494 from \$1,263,733 at June 30, 2022, to \$1,369,227 at June 30, 2023. 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, 2023. Furthermore, the increase in prepaid expenses is also attributable to the increase in prepaid license fees assessed by DMHC.

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.

**Other assets** – Other assets increased \$23,662 from \$0 at June 30, 2022, to \$23,662 at June 30, 2023. The increase is due to security deposits that were made during the year ended June 30, 2023 to secure the office building improvement project.

**Capital assets, net of accumulated depreciation and amortization** – Capital assets, net of accumulated depreciation and amortization, decreased \$117,152 from \$9.4 million at June 30, 2022, to \$9.3 million at June 30, 2023. The decrease is primarily due to the depreciation and amortization expense of \$299,109 recorded, offset by the purchase of \$196,556 capital assets during the year ended June 30, 2023.

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.

**Lease receivable** – 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 decreased \$1.0 million from \$4.2 million at June 30, 2022 to \$3.2 million at June 30, 2023. The decrease is due to collection of lease payments from tenants by the Plan during the year ended June 30, 2023.

During the fiscal year ended June 30, 2022 and June 30, 2021, the Plan retrospectively adopted GASB Statement No. 87, *Leases*. 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 decreased \$323 from \$302,144 at June 30, 2022, to \$301,821 at June 30, 2023. 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, 2023 and 2022.

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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.

**Liabilities and Deferred Inflow of Resources**

**Capitation payable** – The capitation payable balance increased \$22.8 million from \$94.7 million at June 30, 2022, to \$117.5 million at June 30, 2023. The increase is primarily due to the timing of capitation payments to the Plan's subcontracting entities for providing medical services to CalViva members. Furthermore, the increase in capitation payable is also attributable to the increase in membership and capitation rates paid by DHCS.

The capitation payable balance 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.

**Amounts due to the State of California** – The amounts due to the State of California increased \$33.8 million from \$8.5 million at June 30, 2022, to \$42.3 million at June 30, 2023. The increase is a result of the Plan accruing for DHCS' future recoupment of the MCO tax gain relating to the time period of July 2022 through December 2022 and Proposition 56 premium revenue risk corridor recoupment.

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.

**Accounts payable and accrued expenses** – Accounts payable and accrued expenses consist of the cost of services received in the current period for which payment has yet to be made. The accounts payable and accrued expenses balance increased by \$380,874 from \$5.7 million at June 30, 2022, to \$6.1 million at June 30, 2023. The increase is primarily due to the timing of payments to nonmedical vendors and to the Plan's subcontracting entity for administrative services.

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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.

**Accrued salaries and benefits** – The accrued salaries and benefits balance increased \$37,791 from \$314,408 at June 30, 2022, to \$352,199 at June 30, 2023. 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 the timing of the pay period end date in relation to the Plan's fiscal year end date of June 30, 2023.

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.

**Premium tax payable** – The premium tax payable balance decreased \$46.2 million from \$47.6 million at June 30, 2022, to \$1.4 million at June 30, 2023. 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 attributable to SB 78 premium tax payments made to the State of California during the current fiscal year ended June 30, 2023 and the decrease in accrued MCO taxes as a result of the MCO tax expiring on December 31, 2022.

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.

**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.

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The medical claims payable balance increased \$24,356 from \$96,333 at June 30, 2022, to \$120,689 at June 30, 2023. The balance at June 30, 2023 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, 2023.

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.

**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 decreased \$1.5 million from \$3.7 million at June 30, 2022, to \$2.2 million at June 30, 2023. The decrease is primarily due to the timing of directed payments 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.

**Other liabilities** – Other liabilities remained a balance of \$25,907 during the year ended June 30, 2023 and June 30, 2022.

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.

**Deferred inflow of resources** – 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 decreased \$1.1 million from \$3.9 million at June 30, 2022, to \$2.8 million at June 30, 2023. The decrease is due to recognition of lease revenue corresponding to collection of lease payments from tenants by the Plan during the year ended June 30, 2023.

During the fiscal year ended June 30, 2022 and June 30, 2021, the Plan retrospectively adopted GASB Statement No. 87, *Leases*. Deferred inflow of resources balance was \$3.9 million as of June 30, 2022, and \$3.2 million as of June 30, 2021.

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**Statements of Revenues, Expenses, and Changes in Net Position**

The Statements of Revenues, Expenses, and Changes in Net Position are a presentation of the Plan's operating results for the fiscal years ended June 30, 2023, 2022, and 2021. 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, 2023, 2022, and 2021.

**Capitation revenue** – The capitation revenue balance decreased \$49.0 million from \$1,338.5 million at June 30, 2022, to \$1,289.5 million at June 30, 2023. The decrease is primarily due to the expiration of the MCO tax related revenues on December 31, 2022, and the Proposition 56 premium revenue recoupment by DHCS, offset by the increase in membership and capitation rates from DHCS.

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.

**Nonoperating revenue** – The nonoperating revenue balance increased \$5.0 million from \$897,393 at June 30, 2022, to \$5.9 million at June 30, 2023. 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 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.

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

Overall health care expenses increased \$21.4 million from \$1,102.5 million at June 30, 2022, to \$1,123.9 million at June 30, 2023. The increase is primarily due to the increase in membership and capitation rates from DHCS, offset by Proposition 56 capitation recoupment from Health Net.

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.

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**General and administrative expenses** – Overall general and administrative expenses increased \$4.8 million from \$61.9 million at June 30, 2022, to \$66.7 million at June 30, 2023. The increase is primarily attributable to the increase in expenditures related to administrative service agreement fees, license, and grants. General and administrative expenses as a percentage of revenue totaled 5.1% and 4.6% for the fiscal years ended June 30, 2023 and 2022, respectively.

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.

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

On March 1, 2016, SB X2-2 established a new managed care organization provider tax, to be administered by DHCS, effective July 1, 2016 through July 1, 2019. The tax would be assessed by DHCS on licensed health care service plans, managed care plans contracted with DHCS to provide Medi-Cal services, and alternate health care service plans (“AHCS”), 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, AHCS 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 \$91.4 million, \$166.2 million, and \$149.7 million for the fiscal years ended June 30, 2023, 2022, and 2021, 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, 2023 and 2022, 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, 2023 and 2022, 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 12 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.

### ***Emphasis of Matter – New Accounting Standard***

As discussed in Note 2 to the financial statements, The Fresno-Kings-Madera Regional Authority dba CalViva Health adopted Government Accounting Standards Board No. 96, *Subscription-based Information Technology Arrangements* ("SBITAs"), as of July 1, 2022. Our opinion is not modified with respect to this matter.



***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 10 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     , 2023

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upon for any purpose

## **Financial Statements**

**The Fresno-Kings-Madera Regional Health Authority**  
**dba CalViva Health**  
**Statements of Net Position**  
**June 30, 2023 and 2022**

	<u>2023</u>	<u>2022</u>
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 146,193,997	\$ 161,181,080
Capitation receivables from the State of California	123,128,027	115,974,359
Receivable from Health Net	30,109,892	-
Other receivables	496,762	85,138
Prepaid expenses	1,369,227	1,263,733
Other assets	23,662	-
Lease receivable - current	605,142	510,078
Total current assets	<u>301,926,709</u>	<u>279,014,388</u>
<b>CAPITAL ASSETS</b>		
Nondepreciable	3,161,419	3,161,419
Depreciable, net of accumulated depreciation and amortization	6,141,870	6,259,022
Total capital assets	<u>9,303,289</u>	<u>9,420,441</u>
<b>LEASE RECEIVABLE - NONCURRENT</b>	2,614,768	3,727,506
<b>ASSETS RESTRICTED AS TO USE</b>	<u>301,821</u>	<u>302,144</u>
Total assets	<u><u>\$ 314,146,587</u></u>	<u><u>\$ 292,464,479</u></u>
<b>LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION</b>		
<b>CURRENT LIABILITIES</b>		
Capitation payable	\$ 117,545,662	\$ 94,699,081
Amounts due to the State of California	42,291,066	8,476,570
Accounts payable and accrued expenses	6,050,791	5,669,917
Accrued salaries and benefits	352,199	314,408
Premium tax payable	1,447,177	47,614,014
Medical claims payable	120,689	96,333
Directed payment payable	2,165,916	3,676,157
Total current liabilities	<u>169,973,500</u>	<u>160,546,480</u>
<b>OTHER LIABILITIES</b>	<u>25,907</u>	<u>25,907</u>
Total liabilities	<u>169,999,407</u>	<u>160,572,387</u>
<b>DEFERRED INFLOWS OF RESOURCES</b>	<u>2,808,624</u>	<u>3,941,094</u>
Total liabilities and deferred inflow of resources	<u><u>\$ 172,808,031</u></u>	<u><u>\$ 164,513,481</u></u>
<b>NET POSITION</b>		
Invested in capital assets	9,303,289	9,420,441
Restricted by legislative authority	301,821	302,144
Unrestricted	131,733,446	118,228,413
Total net position	<u>141,338,556</u>	<u>127,950,998</u>
Total liabilities, deferred inflow of resources, and net position	<u><u>\$ 314,146,587</u></u>	<u><u>\$ 292,464,479</u></u>

See accompanying notes.

**The Fresno-Kings-Madera Regional Health Authority**  
**dba CalViva Health**  
**Statements of Revenues, Expenses, and Changes in Net Position**  
**Years Ended June 30, 2023 and 2022**

	<u>2023</u>	<u>2022</u>
<b>OPERATING REVENUES</b>		
Capitation revenue	\$ 1,289,511,475	\$ 1,338,509,552
<b>OPERATING EXPENSES</b>		
Health care expenses		
Capitation expense	1,122,512,458	1,101,414,635
Medical expense	1,384,580	1,091,491
Total health care expenses	1,123,897,038	1,102,506,126
General and administrative expenses		
Administrative service fees	56,171,137	52,263,827
Other expense	5,230,143	4,222,819
Salaries and benefits	3,277,790	3,507,356
Marketing and promotion	1,393,787	1,422,009
Depreciation and amortization	299,109	286,517
Legal and professional	342,677	236,259
Total general and administrative expenses	66,714,643	61,938,787
Premium tax	91,436,708	166,249,006
Total operating expenses	1,282,048,389	1,330,693,919
<b>INCOME FROM OPERATIONS</b>	7,463,086	7,815,633
<b>NONOPERATING REVENUE</b>		
Other income	632,410	537,932
Interest income	5,292,062	359,461
Total nonoperating revenue	5,924,472	897,393
<b>CHANGE IN NET POSITION</b>	13,387,558	8,713,026
<b>NET POSITION</b> , beginning of year	127,950,998	119,237,972
<b>NET POSITION</b> , end of year	<u>\$ 141,338,556</u>	<u>\$ 127,950,998</u>

See accompanying notes.

**The Fresno-Kings-Madera Regional Health Authority**  
**dba CalViva Health**  
**Statements of Cash Flows**  
**Years Ended June 30, 2023 and 2022**

	<u>2023</u>	<u>2022</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Premiums received	\$ 1,252,247,915	\$ 1,345,293,456
Health care expenses paid	(1,068,721,846)	(1,102,904,902)
Administrative expenses paid	<u>(204,141,194)</u>	<u>(224,316,269)</u>
Net cash (used in) provided by operating activities	<u>(20,615,125)</u>	<u>18,072,285</u>
<b>CASH FLOWS FROM NONCAPITAL FINANCING AND RELATED ACTIVITIES</b>		
Rental payments received	<u>745,426</u>	<u>513,078</u>
Net cash provided by noncapital financing and related activities	<u>745,426</u>	<u>513,078</u>
<b>CASH FLOWS FROM CAPITAL FINANCING AND RELATED ACTIVITIES</b>		
Payments for purchase of capital assets	<u>(196,556)</u>	<u>(7,400)</u>
Net cash used in capital financing and related activities	<u>(196,556)</u>	<u>(7,400)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Interest collection on investments	<u>5,079,172</u>	<u>232,337</u>
Net cash provided by investing activities	<u>5,079,172</u>	<u>232,337</u>
Net (decrease) increase in cash and cash equivalents	(14,987,083)	18,810,300
<b>CASH AND CASH EQUIVALENTS, beginning of year</b>	<u>161,181,080</u>	<u>142,370,780</u>
<b>CASH AND CASH EQUIVALENTS, end of year</b>	<u>\$ 146,193,997</u>	<u>\$ 161,181,080</u>
<b>RECONCILIATION OF INCOME FROM OPERATIONS TO NET CASH FROM OPERATING ACTIVITIES</b>		
Income from operations	\$ 7,463,086	\$ 7,815,633
<b>ADJUSTMENTS TO RECONCILE INCOME FROM OPERATIONS TO NET CASH FROM OPERATING ACTIVITIES</b>		
Depreciation and amortization	299,109	286,517
Changes in assets and liabilities		
Capitation receivables from the State of California	(7,153,668)	6,783,904
Receivable from Health Net	(30,109,892)	-
Other receivables	(411,624)	(32,998)
Prepaid expenses	(105,494)	(370,770)
Other assets	(23,662)	-
Capitation payable	22,846,581	(9,377,371)
Amounts due to the State of California	33,814,496	8,476,570
Accounts payable and accrued expenses	380,874	(23,639)
Accrued salaries and benefits	37,791	(168,906)
Premium tax payable	(46,166,837)	4,155,413
Medical claims payable	24,356	32,935
Directed payment payable	(1,510,241)	469,090
Other liabilities	-	25,907
Net cash (used in) provided by operating activities	<u>\$ (20,615,125)</u>	<u>\$ 18,072,285</u>

See accompanying notes.

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**Note 1 – Organization**

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

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

CalViva has contracted with the California Department of Health Care Services (“DHCS”) to receive funding to provide health care services to the Medi-Cal eligible Tri-County area residents who are enrolled as members of CalViva under the two-plan model. The DHCS contract is effective March 1, 2011, through December 31, 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 (“AHCS”), 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, AHCS 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.

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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 that 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 implemented California Advancing and Innovating Medi-Cal ("CalAIM") to modernize the State of California's Medi-Cal Program. This requires 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. Components that began on January 1, 2022, include Enhanced Care Management ("ECM"), Community Supports ("CS"), and the Major Organ Transplant ("MOT") benefit. In addition, institutional Long-Term Care ("LTC") benefit including skilled nursing facilities transitioned to Medi-Cal managed care plans effective January 1, 2023.

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**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.

**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. If any of the financial institutions with whom the Plan does business were placed into receivership, the Plan may be unable to access the cash on deposit with such institutions in order to operate its business without adverse effect. As of June 30, 2023 and 2022, the Plan’s uninsured cash and cash equivalent balance totaled \$145,802,741 and \$160,815,431, respectively. To date, the Plan has not experienced any losses on these accounts.



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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 \$10,000. Depreciation of capital assets is based on the straight-line method over the estimated useful lives of the assets, estimated to be three to 30 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 \$100,000 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 \$301,821 and \$302,144 at June 30, 2023 and 2022, respectively. Restricted cash comprises certificates of deposit and is stated at fair value.

**Medical claims payable** – Medical claims payable balance of \$120,689 and \$96,333 at June 30, 2023 and 2022, 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, 2023 and 2022, were determined by factors such as cost of services and enrollment for providers paid on a fee-for-service basis.

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**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, 2023 and 2022.

**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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**Premium tax** – The Plan paid the State of California a gross premium tax (“AB 1422”), which was levied in September 2009 pursuant to Section 28 of Article XIII of the California Constitution and is effective retroactively from January 1, 2009, to June 30, 2012. The payment amount is determined by multiplying the Plan’s capitation revenue by 2.35%. In June 2013, Senate Bill (“SB”) 78 extended the imposition of taxes retroactively from July 1, 2012, to June 30, 2013, and increased the tax rate to 3.9375% effective July 1, 2013, through June 30, 2016. On March 1, 2016, SB X2-2 established a new managed care organization provider tax, to be administered by DHCS, effective July 1, 2016, through July 1, 2019. The tax would be assessed by DHCS on licensed health care service plans, managed care plans contracted with DHCS to provide Medi-Cal services, and alternate health care service plans, as defined, except as excluded by SB 78. SB 78 would establish applicable taxing tiers and per enrollee amounts for the 2016–2017, 2017–2018, and 2018–2019 fiscal years, respectively, for Medi-Cal enrollees, AHCSF enrollees, and all other enrollees, as defined. On September 2019, Assembly Bill 115 authorized DHCS to implement a modified Managed Care Organization (“MCO”) tax model on specified health plans. The effective date range for this approval is January 1, 2020, through December 31, 2022. The premium tax equaled \$91,436,708 and \$166,249,006 for the years ended June 30, 2023 and 2022, 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 May 2020, the GASB issued Statement No. 96, *Subscription-based Information Technology Arrangements (“SBITAs”)*. This statement provides guidance on the accounting and financial reporting for SBITAs for government end users. This statement (1) defines a SBITA; (2) establishes that a SBITA results in a right-to-use subscription asset—an intangible asset—and a corresponding subscription liability; (3) provides the capitalization criteria for outlays other than subscription payments, including implementation costs of a SBITA; and (4) requires note disclosures regarding a SBITA. To the extent relevant, the standards for SBITAs are based on the standards established in Statement No. 87, *Leases*, as amended. The Plan adopted GASB 96 as of July 1, 2022, and retrospectively applied it to July 1, 2021, and the adoption had no material impact on the financial statements.

**Note 3 – Investments**

The Plan held investments as of June 30, 2023 and 2022, as follows:

	<b>2023</b>	<b>2022</b>
Assets restricted as to use	\$ 301,821	\$ 302,144
	\$ 301,821	\$ 302,144

**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.

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**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, 2023 and 2022, none of the Plan’s deposits with financial institutions in excess of federal depository insurance limits were held in uncollateralized accounts and none of the Plan’s investments were subject to custodial credit risk.

**Interest rate risk** – Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. The Plan did not have any investments that were considered highly sensitive to changes in interest rates as of June 30, 2023 and 2022.

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

	<b>Remaining Maturity (in Months) as of June 30, 2023</b>			
	<u>Total</u>	<u>12 months or less</u>	<u>13 to 24 months</u>	<u>25 to 60 months</u>
Certificates of deposit - restricted	\$ 301,821	\$ -	\$ 301,821	\$ -
Total	<u>\$ 301,821</u>	<u>\$ -</u>	<u>\$ 301,821</u>	<u>\$ -</u>

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

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

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**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 First Federal Savings and Loan Association as of June 30, 2023. These investments were 83.38% and 16.62%, respectively, of the Plan’s total investments as of June 30, 2023. 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.

**Note 4 – Capital Assets**

A summary of changes in capital assets for the years ended June 30, 2023 and 2022, is as follows:

	<u>Balance at July 1, 2022</u>	<u>Additions</u>	<u>Retirements</u>	<u>Balance at June 30, 2023</u>
Land	\$ 3,161,419	\$ -	\$ -	\$ 3,161,419
Building	7,915,914	77,815	-	7,993,729
Furnitures and fixtures	219,213	62,741	(53,468)	228,486
Computer equipment and software	40,028	56,000	(4,046)	91,982
Total assets	11,336,574	196,556	(57,514)	11,475,616
Less: depreciation expense and accumulated depreciation related to retirements	(1,916,133)	(299,109)	42,915	(2,172,327)
Net capital assets	<u>\$ 9,420,441</u>	<u>\$ (102,553)</u>	<u>\$ (14,599)</u>	<u>\$ 9,303,289</u>
	<u>Balance at July 1, 2021</u>	<u>Additions</u>	<u>Retirements</u>	<u>Balance at June 30, 2022</u>
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>

**Note 5 – Capitation Receivables 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 \$123,128,027 and \$115,974,359 due from the State of California as of June 30, 2023 and 2022, respectively.

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**Note 6 – Receivable from Health Net**

CalViva recoups capitation from Health Net based upon premium revenue CalViva repays DHCS. For the Proposition 56 directed payment program funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (“Proposition 56”), DHCS uses a two-sided risk corridor retrospectively to set certain thresholds of medical expenses compared to premium revenue from the program. Medical expenditures not meeting a minimum threshold as a percentage of revenue will require the Plan to refund premium revenue to DHCS. As a result of the Proposition 56 premium revenue recoupment by DHCS, the Plan recorded capitation receivable from Health Net in the amount of \$30,109,892 as of June 30, 2023.

**Note 7 – Capitation Payable**

CalViva contracts with providers to furnish certain health care services to enrolled members. The cost of health care services provided or contracted for is accrued in the period in which it is provided to an enrolled member. The Plan recorded capitation payable of \$117,545,662 and \$94,699,081 as of June 30, 2023 and 2022, respectively.

**Note 8 – Amounts Due to the State of California**

When DHCS created the MCO tax revenue rate for calendar year 2022, it utilized a lower enrollment projection as DHCS assumed that the public health emergency (“PHE”) for the COVID-19 pandemic 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 May 11, 2023, the Plan’s enrollment has been higher than DHCS’ projection from January 2022 through December 2022. The higher MCO tax revenue rate and higher enrollment have contributed to the Plan recognizing an MCO tax gain for the period of January 1, 2022, through December 31, 2022. Due to the extension of the PHE and DHCS’ recalculation of the MCO tax revenue rate for the time period of January 1, 2022, through December 31, 2022, CalViva recorded amounts due to the State of California of \$11,722,648 and \$8,476,570 as of June 30, 2023 and 2022, respectively, related to DHCS’ future recoupment of the MCO tax gain.

Under the two-sided risk corridor provision for the Proposition 56 program, medical expenditures not meeting a minimum threshold as a percentage of revenue set by DHCS will require the Plan to refund premium revenue to DHCS, resulting in a liability owed to the State of California. CalViva recorded amounts due to the State of California of \$30,568,418 as of June 30, 2023, related to the Proposition 56 two-sided risk corridor.

**Note 9 – Directed Payment Payable**

CalViva is under the direction of the DHCS to implement the directed payment program for enhanced reimbursements to eligible and participating network hospitals for qualifying contracted services. Directed payment payable balance of \$2,165,916 and \$3,676,157 as of June 30, 2023 and 2022, 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.

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**Note 10 – Retirement and Deferred Compensation Plans**

**Retirement plan** – Effective January 1, 2010, the Plan established a defined contribution money purchase pension plan, 401(a), for its executive employees. The contribution requirement is established by the Plan. Employees do not make contributions to the Plan. Furthermore, employer contributions are immediately vested. The amounts are not available to employees until termination, retirement, death, disability, and other specific conditions. The Plan's contributions to the retirement plan totaled \$206,486 and \$249,809 for the years ended June 30, 2023 and 2022, 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 \$92,101 and \$95,715 for the years ended June 30, 2023 and 2022, respectively.

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

**Note 11 – Leases**

The Plan is a lessor for noncancelable leases of office space with lease terms through 2029. Lease revenue from the lease arrangements was \$632,410 and \$537,932 for the years ended June 30, 2023 and 2022, 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 \$285,600 and \$317,145 for the years ended June 30, 2023 and 2022, respectively, and is included in interest income in the statements of revenues, expenses, and changes in net position.

**Note 12 – Tangible Net Equity**

As a limited license plan under the Knox-Keene Health Care Services Plan Act of 1975, the Plan is required to maintain a minimum level of tangible net equity. The required tangible net equity was \$14,395,115 and \$14,885,096 at June 30, 2023 and 2022, respectively. The Plan's tangible net equity was \$141,338,556 and \$127,950,998 at June 30, 2023 and 2022, respectively.

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

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**Note 13 – Risk Management**

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

**Note 14 – Commitments and Contingencies**

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

**Note 15 – Health Care Reform**

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



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Communications with the Commissioners

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

June 30, 2023

## **Communications with the Commissioners**

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, 2023, and have issued our report thereon dated **October 11**, 2023. 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 12, 2023.

## **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. 96, *Subscription-based Information Technology Arrangements (“SBITAs”)* (“GASB 96”) during 2023. 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 \_\_, 2023.

***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 \_\_, 2023

# Item #7

## Attachment 7.A-B

2023 Health Equity

- Executive Summary
- Work Plan Mid-Year Evaluation



## REPORT SUMMARY TO COMMITTEE

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

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

**COMMITTEE DATE:** October 19, 2023

**SUBJECT:** Health Equity 2023 Work Plan Mid-Year Evaluation – Summary Report

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### **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, 2023, 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 2023. For complete report and details per activity, please refer to the attached 2023 Health Equity Work Plan Mid-Year Evaluation Report.

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

- a. Amend language vendors' Business Associate Agreement (BAA) to update the Medi-Cal Addendum.
- b. Renew contracts for 3 language vendors.
- c. Update tagline from traditional Chinese to simply Chinese.
- d. Thirty-nine staff completed their bilingual assessment or were re-assessed.
- e. Fifteen translation reviews were completed.
- f. Completed annual report of the LAP assessment results for the Timely Access Reporting.
- g. Sexual Orientation and Gender Identity (SOGI) data fields go live in OMNI.

#### ***2) Compliance Monitoring***

- a. Health Equity reviewed 17 grievance cases with no intervention identified and 2 interpreter complaints.

- b. Completed, presented and received approval for the 2022 End of Year Language Assistant Program, 2022 End of Year Work Plan reports, the 2023 Program Description, and 2023 Work Plan.
- c. Attended all Public Policy Committee meetings.
- d. Completed one findhelp training for staff and another for providers.
- e. 201/270 referrals were referred to a program (74%) in findhelp and 410 new programs were added to the platform.

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

- a. Completed annual coding and resolution of grievance to new hires and current A&G staff.
- 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 34 materials.
- b. Conducted two Readability and EMR Database trainings.
- c. Cultural Competency and Implicit Bias Training for provider is on track to complete in Q3& Q4.
- d. Supported and provided barrier analysis data for PIP project and SWOT analysis.
- e. Completed barrier analysis for Disparity Leadership Project (DLP), 6 healthy cooking classes to begin in Q3.

**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 2023 CalViva Health Work Plan and report to the QI/UM Committee.



# 2023 Health Equity Mid-Year Work Plan

**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 C&L resources available to provide culturally competent services to CalViva Health members.
- C. To be champions of cultural and linguistic services in the communities CalViva Health serves.
- D. To promote and be champions for diversity of CalViva Health members, providers and Plan staff.

**Selection of the Cultural and Linguistics Activities and Projects:**

The Cultural and Linguistics Work Plan activities and projects are selected based on the results from the CalViva 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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	Main Area and Sub-Area	Activity	Measurable Objective	Due Dates	Mid-Year Update (1/1/23 - 6/30/23)	Year-End Update (7/1/23 - 12/31/23)
	<b>Language Assistance Program Activities</b>					
1	Rationale	The LAP and applicable policies and procedures incorporate the fifteen national standards for Culturally and Linguistically Appropriate Services (CLAS) in health care developed by the Office of Minority Health. Standards 5, 6, 7 & 8 provide the basics for language support services for CalViva Health members. <sup>1</sup>				
2	Responsible Staff:	Primary: P. Lee, I. Diaz	Secondary: D. Fang, L. Espinoza			
3	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	Ongoing. No audits at the moment.	
4	Contracted Vendors	Conduct language assistance vendor management oversight	Review and update vendor contracts to ensure alignment with requirements	Ongoing	Ongoing. Continue to support internal team with language vendors' services. Renew contracts to 3 language vendors.	
5	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	Ongoing. Monthly reports are generated and saved to Health Equity shared drive.  On track to completing 2023 Mid-Year LAP report.	
6	Data	Conduct membership data pulls	Validated membership reports	Monthly	Ongoing. Monthly reports are generated and saved to Health Equity shared drive.	

7	Operational	Create language and alternate format standing request report	Number of reports generated and posted	Weekly	Ongoing. Weekly and monthly reports generated and disseminated to stakeholders.	
8	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	1 PDF coordinated; ongoing support provided	
9	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	LAP Provider Update prepared in June for distribution in July. Provider Ops Manual review on track for Q3.	
10	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	Updated tagline to remove traditional Chinese to simplify Chinese. Developed 2 taglines.	
11	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	On track. Member newsletters to be scheduled and delivered by Q3.	
12	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	39 staff were assessed and reassessed for their bilingual skills.	
13	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	Completed. 2022 CVH EOY LAP report completed and accepted May 2023.	
14	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	Conducted quarterly meetings (1/23; 4/24) with one ad hoc meeting (3/1)	

15	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 complaint logs are being received and monitored on a monthly basis.	
16	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	Conducted quarterly meetings (3/8; 6/27)	
17	Operational	Complete Population Needs Assessment (PNA) in collaboration with Health Education. Review new PNA requirement and participate in PNA Workgroup to complete assessment report.	Support PNA data collection, interpretation for member demographics, disparity analysis and development of an action plan that addresses identified member needs	June	Ongoing VRI quarterly meetings. No report to provide this year, next PNA report to be due in 2025.	
18	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 Health Equity P&Ps	Annual	Extensive and ongoing update to P&P throughout Q1 and Q2 for annual updates.	
19	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 and updating of vital documents to be completed in Q3 from 9 business units.	
20	Operational	Complete Health Equity Geo Access report documenting Provider Network Management (PNM) findings every two years	Data collection and data analysis for Health Equity GeoAccess report, production of HEQ Geo Access report.	Q3 2023	On track to be completed in Q3.	
21	Operational	Complete annual Timely Access Reporting on the Language Assistance Program Assessment	LAP Assessment Timely Access Report	Annually	Submitted report on March 2023. Presented report to committee on July 2023.	
22	Operational	Coordinate and provide oversight to translation review process	Number of translation reviews completed	Ongoing	There were a total of 15 translation reviews. 10 in Q1 and 5 in Q2.	
23	Training	Review, update and/or assign LAP online Training	Number of staff who are assigned training and percentage of completion	Annual	On track to complete in Q3.	

24	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	<p>Go-live of "Sexual Orientation and Gender Identity (SOGI)" data fields in OMNI.</p> <p>Extensive and ongoing support for additional SOGI data. IT infrastructure on-track to deploy in late Q3 or early Q4.</p> <p>Overseeing REL/Language updates through the Program Management project</p>	
25	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	Ongoing. Completed in Q1 of 2023	
26	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	Migrated documents in Q2 with 100% response rate from document owners.	

Compliance Monitoring						
27	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 Health Equity and C&L programs and services delegated to HNCS and the internal monitoring conducted by HNCS.				
28	Responsible Staff:	Primary: P. Lee, A. Lambert	Secondary: I. Diaz, N. Buller			
29	Complaints and Grievances	Oversight of complaints and grievances related to LAP or C&L services, including monitoring and responding to all C&L related grievances. Collect grievance and call center reports. Maintain contact with the call center to ensure C&L complaints are monitored. Grievance reports include grievances coded to C&L codes (including discrimination due to language or culture). Maintain grievance response log and list of materials, develop and document interventions when indicated	Report on grievance cases and interventions	Ongoing	On track. Investigated and responded to 2 interpreter complaints.  There were a total of 17 cases sent to C&L. The cases were coded to C&L with the following codes: 1) Cultural [C] code and 2) Linguistic [L] code.  No cases required a corrective action plan and/or a provider intervention.	
30	Complaints and Grievances	Conduct a trend analysis of C&L grievances and complaints by providers	Production of trend analysis report	August	On track to complete in Q3.	
31	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December	Completed.	
32	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	Completed and approved in Q2.	



33	Oversight	Participate in 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	Ongoing. Attend QI/UM weekly meetings and ACCESS workgroup meetings.	
34	Oversight	Support Public Policy Committee meetings for Fresno, Kings and Madera Counties	Assist at Public Policy Committee meetings as required.	Quarterly	Completed and attended quarterly meetings.	
35	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 Health Equity P&Ps.	Annually	Several P&Ps were updated throughout the mid-year period.	
36	Regulatory	Provide oversight of findhelp platform and coordination of social service referrals for members.	<p>Provide training on findhelp to internal departments, members, and providers on to promote the Social Needs Self-Assessment.</p> <p>Produce analytics and segmented utilization reports to ensure social needs assessments are completed each quarter.</p> <p>Review completed social needs assessments monthly and ensure that at least 75% of qualifying members are referred to an appropriate internal program.</p> <p>Add social need programs within Findhelp to address social risks within each month.</p>	Ongoing	<p>Completed 1 training for staff and 1 for providers.</p> <p>201/270 referrals were referred to a program (74%).</p> <p>410 programs added.</p>	
<b>Communication, Training and Education</b>						
37	Rationale	<b>To provide information to providers and staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP program, C&amp;L resources, and member diversity.</b>				
38	Responsible Staff:	<b>Primary: P. Lee, S. Rushing</b>	<b>Secondary: L. Espinoza, N. Buller</b>			
39	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	Completed the Yearly A&G Department training in July.	

40	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	Ongoing. Completed 4 trainings throughout Q1 and Q2 of 2023.	
41	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	Ongoing- On Track	
42	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/Office of Minority Health (OMH) training	Copies of articles and publication dates	Ongoing	LAP Provider Update developed in Q2. Distribution on track for July 2023.	
43	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	LAP Provider Update developed in Q2. Distribution on track for July 2023.	
<b>Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity</b>						
<b>Health Literacy</b>						
44	Rationale	<b>To ensure that the information received by members is culturally and linguistically appropriate and readability levels are assessed to ensure they comply with required readability levels mandated by regulatory agencies.</b>				
45	Responsible Staff:	<b>Primary: A. Kelechian</b>	<b>Secondary: A. Schoepf</b>			
46	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	There were a total of 34 EMRs. 19 in Q1 and 15 in Q2.	
47	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	On track to completing in Q3.	

48	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.	
49	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 to complete in Q4.	
<b>Cultural Competency</b>						
50	Rationale	<b>To integrate culturally competent best practices through provider and staff in-services, training, education, and consultation. Training program offers topic specific education and consultation as needed by staff, contracted providers and external collaborations.</b>				
51	Responsible Staff:	<b>Primary: P. Lee, S. Rushing</b>	<b>Secondary: L. Espinoza, I. Diaz</b>			
52	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 3 C&L Workgroup meetings. Participated in Health Equity Accreditation Workgroup. Led revision of Provider Toolkit	
53	Provider Training	Conduct cultural competency, implicit bias, and gender identity 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 Office of Minority Health (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	On track to complete in Q3 & Q4.	

^

54	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	Ongoing. Will deploy in Q3 of 2023	
55	Online Training	Review online content for cultural competency training and update as needed annually	Annual online training and number of staff trained	Annual	Completed review of trainings: Cultural Humility & Health Equity and Health Equity 101	
<b>Health Equity</b>						
56	Rationale	<b>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.</b>				
57	Responsible Staff:	<b>Primary: P. Lee, D. Fang,</b>	<b>Secondary: A. Schoepf</b>			
58	Operational	Increase interdepartmental alignment on disparity reduction efforts. Facilitate quarterly meetings	Facilitation of health disparity collaborative meetings	Quarterly	Ongoing. Completed-facilitate quarterly meetings.	
59	Operational	Align population health and disparity initiatives across departments	Develop Health Disparity e-newsletter and listserv for internal staff. Facilitate communication on health disparities and newsletter development and distribution	Ongoing	Produced and distributed the 1st newsletter in June. The second newsletter is scheduled for December.	
60	Operational	Implement disparity model for PIP projects (CIS-10 and WCV) include formative research, community, member and provider interventions	Development of modules; meet PIP disparity reduction targets	Ongoing	Ongoing. Support QI with reviewing materials to be submitted to DHCS.	
61	Operational	Support in SWOT analysis project (CIS-10 and W6+)	Disparity reduction project work plan; evaluation, documentation of process outcomes	Ongoing	Ongoing. Support QI with reviewing materials to be submitted to DHCS.	

* 62	Operational	Improve food security among Black and Latino residing in Fresno County. Targeting members with diabetes A1c >9%	Report on Disparity Leadership Program (DLP) project	Quarterly	6 healthy cooking sessions to begin Aug. 2023.	
63	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, on track.	

<sup>1</sup> 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-B

2023 Health Education

- Executive Summary
- Work Plan Mid-Year Evaluation



## REPORT SUMMARY TO COMMITTEE

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

**FROM:** Rosa I. Calva-Songco, MPH, CPHQ, Manager, Health Education  
Amy M. Wittig, MBA, Director, Quality Improvement  
Rahma K. Abdillah, MHA, Project Coordinator II, Quality Improvement

**COMMITTEE DATE:** October 19, 2023

**SUBJECT:** Health Education Work Plan Mid-Year Evaluation & Executive Summary 2023

### **Summary**

The 2023 Health Education Work Plan Mid-Year Evaluation report documents progress of **15 initiatives** with **40 measurable objectives** (there are multiple objectives within each initiative).

Of the 40 measurable objectives:

- 2 are complete as of the mid-year mark.
- 3 are in progress and will exceed their goal as they already passed their benchmark as of the mid-year mark.
- 21 additional objectives are on-track as of the mid-year mark.
- 2 are off-track as of the mid-year mark.
- 5 were suspended given the Quality Department's quadrant analysis.
- 7 are pending as they are contingent upon other activities (e.g., approval of the DPP program by DHCS).

### **Purpose of Activity:**

To provide for QI/UM Committee review and approval of the 2023 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 2023 mid-year utilization outcomes of health education initiatives against 2023 year-end outcomes.

**Table 1: 2023 Mid-Year Utilization Outcomes of Health Education Initiatives**

Initiative	2023 Year-End Outcomes	2023 Outcomes as of Mid-Year	2023 Mid-Year Status
1. Chronic Disease Education: Asthma	Collect and analyze patient-level utilization and pharmacy data for asthma medications, and program effectiveness for members.	As of June 2023, a total of 97 members successfully completed the 12-month program. In total, 176 members have completed the program thus far.	On Track
	Promote Asthma Management: Launch 1-2 email campaigns addressing asthma triggers, prevention tips and resource links with a 15% read rate.	N/A – activity suspended as a result of the Quality department’s quadrant analysis.	Suspended
	Promote Asthma Health Education: Identify and distribute at least 200 asthma education materials to members with uncontrolled asthma.	N/A – activity suspended as a result of the Quality department’s quadrant analysis.	Suspended
2. Chronic Disease Education: Diabetes	Identify and onboard new Diabetes Prevention Program (DPP) provider including DHCS approval of provider.	As of Q2 2023, we are in the process of identifying and onboarding a new Diabetes Prevention Program (DPP) provider, including obtaining DHCS approval for the provider.	In Progress
	Develop and launch 2-member outreach campaigns to promote new DPP.	Contingent on receiving approval of the program.	Pending
	Develop and launch 1 provider outreach campaign to promote new DPP.	Contingent on receiving approval of the program.	Pending
	At least 50 eligible members will enroll in the DPP program.	Contingent on receiving approval of the program.	Pending
	Identify and distribute at least 400 <i>Diabetes Care</i> education booklets to members with uncontrolled diabetes.	N/A – activity suspended as a result of the Quality department’s quadrant analysis.	Suspended
3. Chronic Disease: Hypertension	Promotion of Cardiovascular Health resources: Distribute 150+ Healthy Hearts Healthy Lives (HHHL) toolkits to members with uncontrolled high blood pressure.	As of Q2 2023, no outreach mailers were conducted due to redirection from the quadrant analysis. Seeking different opportunities to increase promotion of cardiovascular resources.	Suspended
4. Community Engagement	Reach 70% health plan member participation in Promotores Health Network activities by 12/31/2023.	115 Charlas with a 74%-member participation rate (2607/3517) as of 6/30/23.	On Track
	Increase promotion of preventive screenings by adding 18 presentations/conversations during PHN activities and events. Topics of focus will be HEDIS Performance Measure priorities. Goal is to build awareness through 6 focused conversations and presentations each quarter during Madera PHN classes and “Viernes social” by 12/31/2023.	A total of 32 presentations/conversations completed as of 6/30/2023 on following topics: <ul style="list-style-type: none"> <li>- A1C Diabetes</li> <li>- High blood pressure</li> <li>- Vaccination</li> <li>- COVID 19</li> <li>- Cervical Cancer</li> <li>- Breast Cancer</li> </ul>	On Track
	Engage three community stakeholders to address social determinants of health priorities, link members to SDOH resources.	Engaged 3 community stakeholders as of 6/30/2023.	Met
	Conduct 25 presentations on CalAIM services to promote ECM and CS programs to increase awareness with community partners.	Conducted 30 CalAIM presentations so far as of 6/30/23.	Met



Initiative	2023 Year-End Outcomes	2023 Outcomes as of Mid-Year	2023 Mid-Year Status
	Conduct and participate in 25 stakeholder and provider meetings to support development of CalAIM ECM and CS Network	Conducted 38 stakeholder and provider meetings as of 6/30/2023.	Met
5. Mental/Behavioral Health	Promote myStrength program to members; increase member enrollment by 20% to 400 members.	Enrolled 355 members as of 6/30/2023.	On Track
	Partner with the FUM (Follow Up after ER Visits Due to Mental Illness) and FUA (Follow Up After ER Visits Due to Substance Use Disorder) QI Workgroup to develop and implement strategies and action plans to improve the FUM FUA Measures.	Provider surveys conducted and action plans implemented as of 6/30/2023.	Complete
	Support Quality Department's Behavioral Health action plan to improve Behavioral Health HEDIS Measures. Develop strategies and action plans to reduce barriers and improve behavioral health HEDIS Measures.	In Progress as of 6/30/2023	On Track
6. Preventive Health	Promotion of Breast Cancer (BCS) and Cervical Cancer Screenings (CCS): Coordinate via Every Woman Counts to provide a minimum of 18 BCS/CCS member classes for a minimum of 630 members.	29 virtual and in-person BCS/CCS classes, reaching 241 participants as of Q2 2023.	On Track
	Develop and implement 1-2 educational interventions to improve breast cancer screening rate targeting non-compliant members in Fresno, Kings, or Madera County.	BCS PIP ended 12/31/2022. Other opportunities are being explored for 2023.	On Track
7. Perinatal Education	Enroll 1,500 pregnant members in the CVH Pregnancy Program.	1,016 Members enrolled as of Q2 2023.	On Track
8. Pediatric Education	Increase member engagement by 5% for the WCV Measure via call outreach to members (Concierge Program) barrier reduction support.	5 WCV Appointments booked for 98 Members contacted with Well-Child Care Gaps (5.1% Scheduling Rate) as of Q2, 2023.	On Track
	Create one Provider Update notifying providers of the changes concerning the CAIR registry and AB1789.	One provider update about AB 1789 sent on 2/9/2023	Complete
9. Outreach to Undocumented Members (Health Equity)	Identify target population.	On hold as of Q2 2023.	Pending
	Make recommendations for content and implementation of outreach.	On hold as of Q2 2023.	Pending
	Initiate implementation of recommended intervention(s).	On hold as of Q2 2023.	Pending
	Reach 3% of the target population by 12/31/2023.	On hold as of Q2 2023.	Pending
10. Obesity Prevention	Enroll 200+ members in Fit Families for Life (FFFL) Home Edition self-paced program.	4 members were enrolled as of 6/30/2023.	Off Track
	Enroll 50+ members in Healthy Habits for Health People (HHHP) self-paced program.	No members were enrolled as of 6/30/2023.	Off Track
11. Tobacco Cessation Program	Increase by 5%-member participation in smoking cessation programs to 158 members in 2023.	Enrolled 67 members as of 6/30/23.	On Track
	Launch 1 email campaign to promote smoking cessation with at least a 15% read	N/A – activity suspended as a result of the department's QI quadrant analysis.	Suspended

Initiative	2023 Year-End Outcomes	2023 Outcomes as of Mid-Year	2023 Mid-Year Status
	rate.		
12. Fluvention	Implement at least one provider education activity to encourage the promotion of Flu vaccinations during patient visits.	Going to release in Q3-Q4 2023	On Track
	Inform members on Flu prevention and vaccination using 2 or more communication channels.	Multilayered outreach using 6 communication channels. Waiting until Q3-Q4 to deploy approved materials.	On Track
	Conduct Vaccine Disparity Analysis and Identify proportion of CIS-10 non-compliant members who are missing the flu vaccination and share results with Preventative Care Pod.	Conducting in Q3-Q4 2023	On Track
13. Member Newsletter	Develop and distribute 1 Annual Medi-Cal Member Newsletter including NCQA required content.	In progress as of 6/30/2023.	On Track
14. Compliance: Oversight and Reporting	Submit 2 semi-annual reports to the QI/UM Workgroup meeting.	Completed 1 semi-annual work plan progress report.	On Track
	Updated 6 Policies and Procedures.	Updated 4 Policies and Procedures and 1 Program Description as of 6/30/2023.	On Track
	Completed all required incentive program reports for DHCS.	Submitted 2 Member Incentive annual program report updates.	On Track
15. Health Education Department Promotion, Materials Update, Development, Utilization, and Inventory	Assure health education materials covering required DHCS health topics are available to providers, members, and requesting employees. Review and update materials as needed.	Compliant as of 6/30/2023.	On Track
	Review and approve internal health education materials following DHCS APL 18-016 guidelines to assure compliance.	Compliant as of 6/30/2023.	On Track
	Review and develop action plans for health education materials impacted by new SB923 (gender-affirming care) guidance. Implement action plan to assure compliance with required gender-neutral language.	Reviewed and identified 3 materials impacted by SB 923 as of 6/30/2023	On Track

**2023 Barrier Analysis of Interventions (or Goals) Off-Track or Not Met as of the Mid-Year Point**

Barriers	Notes
Chronic Disease Education- Asthma: <ul style="list-style-type: none"> <li>Email and mailing campaigns were suspended.</li> </ul>	<ul style="list-style-type: none"> <li>These activities were suspended because they have limited impact and are resource intensive, as a result of the Quality department’s quadrant analysis.</li> </ul>
Chronic Disease Education-Diabetes: <ul style="list-style-type: none"> <li>Vendor identified and approval/ onboarding process in progress as of Q2 2023.</li> <li>Implementation will be contingent upon DHCS approval of the program.</li> </ul>	<ul style="list-style-type: none"> <li>Continue the process of onboarding new DPP vendor through Q3-Q4 2023.</li> <li>Goal is to submit the DPP Program approval application to DHCS in Q4 2023.</li> </ul>

<p>Chronic disease Education- Hypertension:</p> <ul style="list-style-type: none"> <li>As of Q2 2023, no outreach mailers were conducted.</li> </ul>	<ul style="list-style-type: none"> <li>This activity was suspended because mailers have limited impact and are resource intensive, as a result of the Quality department's quadrant analysis.</li> </ul>
<p>Preventive Health:</p> <ul style="list-style-type: none"> <li>BCS PIP ended 12/31/2022.</li> </ul>	<ul style="list-style-type: none"> <li>Other opportunities are being explored for 2023.</li> </ul>
<p>Outreach to Undocumented Members (Health Equity)</p> <ul style="list-style-type: none"> <li>Initiative is on hold.</li> </ul>	<ul style="list-style-type: none"> <li>On hold as of Q2 2023, pending reassessment of department resources.</li> </ul>
<p>Obesity Prevention:</p> <ul style="list-style-type: none"> <li>Only 4 members were enrolled as of 6/30/2023.</li> <li>No members were enrolled in Healthy Habits for Health People (HHHP) self-paced program.</li> </ul>	<ul style="list-style-type: none"> <li>Need to re-evaluate outreach and content about the programs especially in light of the quadrant analysis where mailings were not prioritized.</li> </ul>
<p>Tobacco Cessation Program</p> <ul style="list-style-type: none"> <li>Email campaigns was suspended.</li> </ul>	<ul style="list-style-type: none"> <li>This activity was suspended because email campaigns have limited impact and are resource intensive, as a result of the Quality department's quadrant analysis. The focus will continue on the continuous promotion Kick It California via the State.</li> </ul>

**Next Steps for 2023 Q3-Q4**

- Complete effectiveness evaluation for Asthma program.
- Continue onboarding process with new proposed vendor for the Diabetes Prevention Program. Will need to submit application to DHCS.
- Seek different opportunities to increase promotion of cardiovascular resources.
- Continue "charlas" and engagement with other stakeholders.
- Continue to promote mental/behavioral health resources to members.
- Continue promotion of BCS and CCS screenings via Every Woman Counts. Explore other educational interventions.
- Continue enrollment of members in the Pregnancy Program.
- Continue member outreach for WCV barrier reduction support.
- Re-evaluate opportunities for FFFL and HHHP programs (obesity prevention).
- Continue promotion of the Kick It California program. Develop lessons learned of 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.
- Implement Fluvention education activities to encourage the promotion of Flu vaccinations during patient visits.
- Distribution of the Medi-Cal Member Annual Newsletter.

- Continue monitoring and updating as required of policies & procedures and incentive programs.
- Collaborate with Marketing to update health educational resources as needed.



# 2023 Health Education Department Mid-Year Work Plan

Patrick Marabella, MD, Chief Medical Officer

Amy Schneider, RN, BSN, Director Medical Management



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## **I. Purpose**

The purpose of the Health Education Department (HED) 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 initiatives, programs and services. The implementation of this plan requires the cooperation of CVH senior management and multiple departments such as Cultural and Linguistics Services, Quality Improvement, Utilization/Care Management, Members Services, Marketing, and Provider Engagement.

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

## **II. 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, mental, and dental 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. Engage 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 HED Work Plan activities and projects are selected from results of population needs assessments, relevant stakeholders, literature reviews, regulatory requirements, department evaluation reports from the previous year, quality performance results, contractual requirements, and strategic corporate goals and objectives. After review and input from senior management, 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 and available resources. The HED work plan addresses the needs of our Medi-Cal (MC) members.

## **V. Strategies**

The HED Work Plan supports and maintains excellence in Health Education departmental activities through the following strategies:

- enhance member utilization of the plan's evidence-based health education, health equity (cultural and linguistic) resources, and appropriate health care services to help members better understand and manage their health conditions and improve HEDIS rates,
- to meet health plan and state compliance requirements
- assist and support the Quality Improvement/HEDIS team as they identify and promote best practices,
- improve Health Education Department's efficiency and effectiveness,
- increase provider support, resources, and communication to ensure provision of comprehensive health care services, and
- support state and community collaboratives to promote preventive health initiatives.

The main health areas of focus are: pregnancy, behavioral health, dental, weight control, member engagement, tobacco cessation, preventive health care services, vaccination, heart health, and chronic disease education, among others.



**VI. 2022 At-A-Glance Reporting**

The 2022 Year-End Evaluation elaborates on these highlights.

Objective	2022 Engagement
Asthma Education	185 members enrolled into the Central California Asthma Collaborative in-home visitation program in Fresno. As of Q4 2022, 104 members have completed the 12-month program.
Diabetes Prevention Program	112 members enrolled in DPP; 68% of members completed milestone three; and 23% of members enrolled achieved 5% weight loss. 90 booklets were provided to Clinica Sierra Vista.
Community Engagement/PHN	185 “charlas” with a 67%-member participation rate (2000/2970). Established 4 stakeholder partnerships.
Mental/Behavioral Health	Enrolled 333 members in myStrength; 2 Provider Updates distributed; and 19,180 screening claims were submitted.
Preventive Health	Conducted 57 virtual and in-person BCS/CCS classes, reaching 1,051 participants. 4 mobile mammography events (over 8 days); 127 members completed their BCS exams.
Perinatal Education	Enrolled 701 members into the CVH Pregnancy Program. Distributed 10,104 CVH Pregnant Program packets to members.
Pediatric Education	Promoted VAKS program to implement patient recall systems. Reutilized a text message campaign with Family Healthcare Network. Developed internal procedure to help determine an estimate baseline level for CAIR utilization and shared Immunization Best Practices slides with CPM manager to share with providers. Completed analysis of race ethnicity and Language Spoken Disparity analysis.
Population Needs Assessment	PNA was successfully completed and approved by DHCS on 7/11/22. Findings were shared at the Public Policy Committee meeting.
Obesity Prevention	2 members were enrolled in the Fit Families for Life Home Edition Program. No members were enrolled in the Healthy Habits for Healthy People program.
Tobacco Cessation Program	Enrolled 150 members in smoking cessation programs.
Fluvention and COVID-19	Distributed a Provider Communication regarding Best Practices for 2022-2023 Flu Season. Telephonic outreach calls were made with a 12%-member reach (81/700) and updated Web based COVID FAQs.
Member Newsletter	Mailed Annual member newsletter to 189,370 unique households.
Health Education Materials	Rebranded/Updated 33-member health education materials.
Compliance	Completed and submitted 2 semi-annual work plan progress reports; updated 6 policies and procedures; and completed all required incentive program reports for DHCS.

## 1. CHRONIC DISEASE EDUCATION: ASTHMA

### Goal of Initiative:

To provide members with education on asthma control through promotion of effective asthma management strategies and multifaceted communication

**Rationale:**

MEMBER PROGRAM UTILIZATION AND SATISFACTION  
  PROVIDER SUPPORT  
  COLLABORATIVE  
  DEPT EFFICIENCY  
  OVERSIGHT  
  COMPLIANCE  
  QUALITY PERFORMANCE  
  PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F	Collect and analyze patient-level utilization and pharmacy data for asthma medications, and program effectiveness for members.	J. Felix	8/1/2023	12/31/2023	104 members have completed the 12-month program.	97 members have completed the 12-month program during this reporting period. To date, a total of 176 members completed the 12-month program		<input type="checkbox"/>
F, M, K	Promote Asthma Management: Launch 1-2 email campaigns addressing asthma triggers, prevention tips and resource links with a 15% read rate.	J. Felix	7/1/2023	12/31/2023	New measure.	N/A – activity suspended as a result of the Quality department’s quadrant analysis.		<input type="checkbox"/>
F, M, K	Promote Asthma Health Education: Identify and distribute at least 200 asthma education materials to members with uncontrolled asthma.	J. Felix	7/1/2023	12/31/2023	New measure.	N/A – activity suspended as a result of the Quality department’s quadrant analysis.		<input type="checkbox"/>
Major Activities		Regions	Planned Timeframe For Completion		Responsible Lead(s)		Additional Lead(s)	Date Completed
Evaluate PNA findings and other sources such as HEDIS AMR measure data to identify member populations to outreach to in member outreach campaign (email). Data extraction to be done with QIRA.		F, M, K	Q2-Q3 2023		J. Felix		QIRA	
Work with data analytics and pharmacy to collect patient-level utilization data for program effectiveness.		F	Q2-Q3 2023		J. Felix		R. Calva-Songco, QIRA, Pharmacy, and PHM	Moved to Q4 based on program’s revised completion date in Q3 2023.
Develop content of health education messages for email campaign for Medi-Cal regions.		F, M, K	Q2-Q4 2023		J. Felix		A. Bednar	
Actively participate in the Respiratory Health POD for QI. Develop recommended member education resources for asthma.		F, M, K	12/31/2023		J. Felix		A. Bednar	

Initiative Continuation Status (*populate at year-end*):

CLOSED

CONTINUE INITIATIVE UNCHANGED

CONTINUE INITIATIVE WITH MODIFICATIONS

\*Programs Owners and Drivers (PODs): The purpose of the PODs is to gain efficiencies across various teams and lines of business, streamline operations and reduce duplication within and across teams/programs, improve the design and grouping of programs to achieve strategic outcomes/goals, foster collaboration and align teams, create more opportunities for innovation and growth, and share best practices across lines of business.

## 2. CHRONIC DISEASE EDUCATION: DIABETES

### Goal of Initiative:

To provide members with education on diabetes prevention and control through promotion of effective nutrition management strategies and multifaceted communication.

**Rationale:**

MEMBER PROGRAM UTILIZATION AND SATISFACTION    PROVIDER SUPPORT    COLLABORATIVE    DEPT EFFICIENCY    OVERSIGHT    COMPLIANCE    QUALITY PERFORMANCE    PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Identify and onboard new Diabetes Prevention Program (DPP) provider including DHCS approval of provider.	R. Calva-Songco	1/6/2023	10/31/2023	New measure.	Vendor identified and approval/onboarding process in progress as of 6/30/2023.		<input type="checkbox"/>
F, M, K	Develop and launch 2-member outreach campaigns to promote new DPP.	A. Mojadedi	TBD	Q4 2023	New measure.			<input type="checkbox"/>
F, M, K	Develop and launch 1 provider outreach campaign to promote new DPP.	A. Mojadedi	TBD	Q4 2023	New measure.			<input type="checkbox"/>
F, M, K	At least 50 eligible members will enroll in the DPP program.	A. Mojadedi	TBD	Q4 2023	A total of 112 members enrolled in the DPP program in 2022.			<input type="checkbox"/>
F, M, K	Identify and distribute at least 400 <i>Diabetes Care</i> education booklets to members with uncontrolled diabetes.	TBA	6/1/2023	Q3 2023	90 booklets were provided to Clinica Sierra Vista in Q2 2022.	N/A – activity suspended as a result of the Quality department’s quadrant analysis.		<input type="checkbox"/>
Major Activities		Regions	Planned Timeframe For Completion		Responsible Lead(s)		Additional Lead(s)	Date Completed
Release new Provider Communication to include pre-diabetes claims codes.		F, M, K	8/31/2023		R. Calva-Songco			Suspended based on the Quality department’s quadrant analysis.
When DPP provider is secured, work interdepartmentally to secure all aspects of onboarding a new DPP provider.		F, M, K	TBA		A. Mojadedi		R. Calva-Songco	
When DPP provider is secured, launch new member outreach campaigns to promote DPP program to Medi-Cal members.		F, M, K	Q3 2023		A. Mojadedi			
When DPP provider is secured, request monthly member eligibility data file transfer from QIRA for DPP vendor.		F, M, K	Q3 2023		A. Mojadedi			
When DPP provider is secured, refer Medi-Cal members diagnosed with Type 2 diabetes participating in DPP program into disease management program. Timeline will be based contingent upon the		F, M, K	TBA		A. Mojadedi			

start date of the DPP.					
When DPP provider is secured, schedule bi-weekly/monthly/quarterly vendor oversight meetings. Timeline will be based contingent upon the start date of the DPP.	F, M, K	TBA	A. Mojadedi		
When DPP provider is secured, evaluate effectiveness of DPP program in collaboration with QIRA. Timeline will be based contingent upon the start date of the DPP.	F, M, K	TBA	A. Mojadedi		
When DPP provider is secured, collaborate interdepartmentally to promote DPP program. Timeline will be based contingent upon the start date of the DPP.	F, M, K	TBA	A. Mojadedi		
Actively participate in the Diabetes POD for QI. Develop recommended member education resources.	F, M, K	12/31/2023	A. Mojadedi	G. Mathew	
<b>Initiative Continuation Status (populate at year-end):</b> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>					

### 3. CHRONIC DISEASE EDUCATION: HYPERTENSION

#### Goal of Initiative:

To provide cardiovascular health prevention and disease management awareness to plan and community members.

**Rationale:**

MEMBER PROGRAM UTILIZATION AND SATISFACTION  
  PROVIDER SUPPORT  
  COLLABORATIVE  
  DEPT EFFICIENCY  
  OVERSIGHT  
  COMPLIANCE  
  QUALITY PERFORMANCE  
  PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Promotion of Cardiovascular Health resources: Distribute 150+ Healthy Hearts Healthy Lives (HHHL) toolkits to members with uncontrolled high blood pressure.	B. Head	5/1/2023	12/31/23	Mailing deferred to 2023.	As of 2023, no outreach mailers were conducted due to redirection from the quadrant analysis.  Seeking different opportunities to increase promotion of cardiovascular resources.		<input type="checkbox"/>

Major Activities	Regions	Planned Timeframe For Completion	Responsible Lead(s)	Additional Lead(s)	Date Completed
Work collaboratively with Heart Health/Blood Pressure POD to determine additional outreach efforts for HHHL toolkits.	F, M, K	4/1/2023 - 12/31/2023	B. Head	G. Mathew	5/1/2023-2023- Heart Health/Blood Pressure POD combined into Chronic Conditions POD.
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 2023	F, M, K	6/1/2023 – 12/31/2023	B. Head	G. Mathew	N/A- Suspended based on department’s quadrant analysis.
Distribute HHHL toolkits to members. Report number distributed.	F, M, K	12/31/2023	A. Campos	B. Head	

**Initiative Continuation Status (populate at year-end):**

CLOSED

CONTINUE INITIATIVE UNCHANGED

CONTINUE INITIATIVE WITH MODIFICATIONS



## 4. COMMUNITY ENGAGEMENT/PROMOTORES HEALTH NETWORK

### Goal of Initiative:

Increase community awareness of CalViva Health’s programs and services to help members achieve optimal health and wellbeing. For the Promotores, the focus for 2023 will be HEDIS and SDOH areas of need. Community Engagement will include activities focused on promoting and building the California Advancing and Innovating Medi-Cal (CalAIM) Enhanced Care Management (ECM) Benefit and Community Supports (CS) Services Program.

**Rationale:**  
 MEMBER PROGRAM UTILIZATION AND SATISFACTION   
  PROVIDER SUPPORT   
  COLLABORATIVE   
  DEPT EFFICIENCY   
  OVERSIGHT   
  COMPLIANCE   
  QUALITY PERFORMANCE   
  PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
M	Reach 70% health plan member participation in Promotores Health Network activities by 12/31/2023.	A. Corona	1/1/2023	12/31/2023	185 charlas with a 67%-member participation rate (2000/2970).	115 Charlas with a 74%-member participation rate (2607/3517) as of 6/30/23.		<input type="checkbox"/>
M	Increase promotion of preventive screenings by adding 18 presentations/conversations during PHN activities and events. Topics of focus will be HEDIS Performance Measure priorities. Goal is to build awareness through 6 focused conversations and presentations each quarter during Madera PHN classes and “Viernes social” by 12/31/2023.	A. Corona	1/1/2023	12/31/2023	New measure.	A total of 32 presentations/conversations completed as of 6/30/2023 on following topics: - A1C Diabetes - High blood pressure - Vaccination - COVID 19 - Cervical Cancer - Breast Cancer		<input type="checkbox"/>
M	Engage three community stakeholders to address social determinants of health priorities, link members to SDOH resources.	A. Corona	1/1/2023	12/31/2023	Established 4 stakeholder partnerships in 2022.	Engaged 3 community stakeholders as of 6/30/2023		<input type="checkbox"/>
F, M, K	Conduct 25 presentations on CalAIM services to promote ECM and CS programs to increase awareness with community partners.	A. Corona I. Rivera A. Campos	1/1/2023	12/31/2023	N/A	Conducted 30 CalAIM presentations as of 6/30/23.		<input type="checkbox"/>
F, M, K	Conduct and participate in 25 stakeholder and provider meetings to support development of CalAIM ECM and CS Network	I. Rivera A. Campos	1/1/2023	12/31/2023	N/A	Conducted 38 stakeholder and provider meetings as of 6/30/2023.		<input type="checkbox"/>
Major Activities		Regions	Planned Timeframe For Completion		Responsible Lead(s)	Additional Lead(s)	Date Completed	
Conduct PHN activities to increase member engagement (charlas, bailoterapias, walking club, etc.).		M	12/31/2023		A. Corona			
Promote preventive health screenings at community events and PHN Program activities.		F, M, K	12/31/2023		A. Corona			

Create an action plan to engage stakeholders and identify SDoH topic areas and make referrals to Community Supports Services.	M	12/31/2023	A. Corona		
Identify and/or create member informing materials to inform stakeholders on CalAIM Programs.	F, M, K	12/31/2023	A. Corona I. Rivera E. Campos		
Engage community stakeholders and potential providers to identify ECM/CS prospects and support the CalAIM provider network development for all services and populations of focus.	F, M, K	12/31/2023	I. Rivera E. Campos		
<b>Initiative Continuation Status (populate at year-end):</b>					
		CLOSED <input type="checkbox"/>	CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>	CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>	



## 5. MENTAL/BEHAVIORAL HEALTH

### Goal of Initiative:

Educate members on the importance of mental health and support members with behavioral health resources.

**Rationale:**

MEMBER PROGRAM UTILIZATION AND SATISFACTION  
  PROVIDER SUPPORT  
  COLLABORATIVE  
  DEPT EFFICIENCY  
  OVERSIGHT  
  COMPLIANCE  
  QUALITY PERFORMANCE  
  PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Promote myStrength program to members; increase member enrollment by 20% to 400 members.	M. Lin	1/1/2023	12/31/2023	Enrolled 333 members.	Enrolled 355 members as of 6/30/2023.		<input type="checkbox"/>
F, M, K	Partner with the FUM (Follow Up after ER Visits Due to Mental Illness) and FUA (Follow Up After ER Visits Due to Substance Use Disorder) QI Workgroup to develop and implement strategies and action plans to improve the FUM FUA Measures.	M. Lin	1/1/2023	12/31/2023	N/A	Provider surveys conducted and action plans implemented as of 6/30/2023.		<input checked="" type="checkbox"/>
F, M, K	Support Quality Department's Behavioral Health action plan to improve Behavioral Health HEDIS Measures. Develop strategies and action plans to reduce barriers and improve behavioral health HEDIS Measures.	M. Lin	1/1/2023	12/31/2023	N/A	In Progress as of 6/30/2023		<input type="checkbox"/>

Major Activities	Regions	Planned Timeframe For Completion	Responsible Lead(s)	Additional Lead(s)	Date Completed
Develop the provider surveys and talking points by collaborating with the FUM FUA Workgroup.	F	2/28/2023	M. Lin	L. Ciotoli, K. De La Cruz, M. Aguilar, J. Lovell, V. Villaluz	1/30/2023
Create articles to promote the myStrength program in the Annual Medi-Cal Member newsletter.	F, M, K	3/31/2023	M. Lin		3/30/2023
Implement provider assessments by collaborating with the FUA FUM Workgroup. Analyze data and identify barriers. Develop action plans to address HEDIS Measures barriers.	F	12/31/2023	M. Lin	L. Ciotoli, K. De La Cruz, M. Aguilar, J. Lovell, V. Villaluz	6/30/2023
Actively participate in the Behavioral Health POD for QI. Develop recommended member education resources.	F, M, K	12/31/2023	M. Lin	L. Ciotoli	

**Initiative Continuation Status (populate at year-end):**

CLOSED

CONTINUE INITIATIVE UNCHANGED

CONTINUE INITIATIVE WITH MODIFICATIONS

## 6. PREVENTIVE HEALTH

### Goal of Initiative:

To provide members with education on breast cancer and cervical cancer regular screenings through promotion of the importance of regular screenings and a multifaceted communication approach.

**Rationale:**

MEMBER PROGRAM UTILIZATION AND SATISFACTION  
  PROVIDER SUPPORT  
  COLLABORATIVE  
  DEPT EFFICIENCY  
  OVERSIGHT  
  COMPLIANCE  
  QUALITY PERFORMANCE  
  PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Promotion of Breast Cancer (BCS) and Cervical Cancer Screenings (CCS): Coordinate via Every Woman Counts to provide a minimum of 18 BCS/CCS member classes for a minimum of 630 members.	J. Felix	Q1 2023	12/31/2023	57 virtual and in-person BCS/CCS classes, reaching 1,051 participants.	29 virtual and in-person BCS/CCS classes, reaching 241 participants as of 6/30/2023.		<input type="checkbox"/>
F, M, K	Develop and implement 1-2 educational interventions to improve breast cancer screening rate targeting non-compliant members in Fresno, Kings, or Madera County.	J. Felix	Q2 2023	12/31/2023	4 mobile mammography events (over 8 days); 127 members completed their BCS exams.	BCS PIP ended 12/31/2022. Other opportunities are being explored for 2023.		<input type="checkbox"/>
Major Activities		Regions	Planned Timeframe For Completion		Responsible Lead(s)	Additional Lead(s)	Date Completed	
Provide materials/resources to Every Woman Counts for distribution during outreach classes and events.		F, M, K	Ongoing		J. Felix	C. Omogbai	3/21/2023	
Collaborate with Provider Engagement and other departments to promote and distribute BCS/CCS materials with providers.		F, M, K	Ongoing		J. Felix	Provider Engagement		
Develop BCS and/or CCS content for email campaign.		F, M, K	Q3 2023 - Q4 2023		J. Felix	B. Head		
Evaluate data sources to identify member populations for member outreach campaign. Data extraction to be done with QIRA for a BCS/CCS email campaign.		F, M, K	Q4 2023		J. Felix	QIRA		
Actively participate in the Preventative Care POD for QI. Develop recommended member education resources.		F, M, K	12/31/2023		J. Felix	R. Gill		

**Initiative Continuation Status (populate at year-end):**

CLOSED

CONTINUE INITIATIVE UNCHANGED

CONTINUE INITIATIVE WITH MODIFICATIONS

## 7. PERINATAL EDUCATION

### 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.

**Rationale:**

MEMBER PROGRAM UTILIZATION AND SATISFACTION  
  PROVIDER SUPPORT  
  COLLABORATIVE  
  DEPT EFFICIENCY  
  OVERSIGHT  
  COMPLIANCE  
  QUALITY PERFORMANCE  
  PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Enroll 1,500 pregnant members in the CVH Pregnancy Program.	Aria Fathifard	1/1/2023	12/31/2023	N/A	1,016 Members enrolled as of June 2023.		<input type="checkbox"/>
Major Activities		Regions	Planned Timeframe For Completion		Responsible Lead(s)	Additional Lead(s)	Date Completed	
Send SSFB pregnancy packages to pregnant members to encourage enrollment in CVH Pregnancy Program.		F, M, K	12/31/2023		A. Fathifard	M. Estrada	In progress as of 6/30/2023	
Promote the utilization of Telehealth services and the Nurse Advice Line via newsletters and member newsletter to make it more convenient for patients to receive the care that they need.		F, M, K	12/31/2023		A. Fathifard		In progress as of 6/30/2023	
Collaborate with QI on the "Concierge Program" – to conduct outreach calls to PPC postpartum members while simultaneously taking inventory of SDOH needs.		F, M, K	12/31/2023		A.Fathifard	R. Abdillah, C.Vardanyan, C. Jones, L.Mucarsel	In progress as of 6/30/2023	
Develop evaluation and implementation of a program and/or resources – based on findings – to identify and meet the needs of Plan members with a non-legal immigration status. Initial proposal includes pregnant members. (Health equity project.)		F, M, K	12/31/23		R. Calva-Songco	J. Coulthurst; M. Rosales; A. Fathifard; J. Felix; and L. Mucarsel	This activity is on hold as of 6/30/2023 pending a reevaluation of Health Education resources.	

**Initiative Continuation Status (populate at year-end):**

CLOSED

CONTINUE INITIATIVE UNCHANGED

CONTINUE INITIATIVE WITH MODIFICATIONS

## 8. PEDIATRIC EDUCATION

### Goal of Initiative:

Develop resources to inform and educate members about the significance of well-child visits, immunizations and to act as a support for improving select HEDIS measures by driving member engagement via educational and community screening services.

**Rationale:**

MEMBER PROGRAM UTILIZATION AND SATISFACTION  
  PROVIDER SUPPORT  
  COLLABORATIVE  
  DEPT EFFICIENCY  
  OVERSIGHT  
  COMPLIANCE  
  QUALITY PERFORMANCE  
  PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Increase member engagement by 5% for the WCV Measure via call outreach to members (Concierge Program) barrier reduction support.	A. Fathifard	3/2023	12/31/2023	New measure.	5 WCV Appointments booked for 98 Members contacted with Well-Child Care Gaps (5.1% Scheduling Rate) as of 6/2023		<input type="checkbox"/>
F, M, K	Create one Provider Update notifying providers of the changes concerning the CAIR registry and AB1789.	A. Fathifard	1/2023	12/31/2023	New measure.	One provider update about AB 1789 sent on 2/9/2023		<input checked="" type="checkbox"/>

Major Activities	Regions	Planned Timeframe For Completion	Responsible Lead(s)	Additional Lead(s)	Date Completed
Collaborate with Pediatric POD and HEDIS outreach team to develop strategic oversight over data collection and information gathering for family outreach calls.	F, M, K	12/31/2023	C. Jones	G. Toland, M. Dhonchak, A. Fathifard, J. Coulthurst	Ongoing as of 6/30/2023
Collaborate on the training of Member Services Representatives working for the call outreach program ("Concierge Program") in understanding of how to improve knowledge access to preventative and primary care services and sharing information with families.	F, M, K	7/31/2023	A. Fathifard	C. Vardanyan, R. Abdillah, C. Jones, L. Mucarsel	6/24/2023
Conduct in-depth review of AB1789 to understand the changes occurring to CAIR and work with Provider Communications to create a FAQ document educating providers on how the bill will impact their reporting going forward.	F, M, K	5/31/2023	A. Fathifard	J. Coulthurst; D. Morier	2/9/2023
Actively participate in the Pediatrics/Adolescents POD for QI. Develop recommended member education resources.	F, M, K	12/31/2023	A. Fathifard	J. Coulthurst, G. Toland, M. Dhonchak	Ongoing

**Initiative Continuation Status (populate at year-end):**

 CLOSED 

 CONTINUE INITIATIVE UNCHANGED 

 CONTINUE INITIATIVE WITH MODIFICATIONS

## 9. Outreach to Undocumented Members (Health Equity)

### Goal of Initiative:

Design outreach to engage undocumented members with their care by providing a warm outreach and addressing health plan education needs for them.

**Rationale:**

MEMBER PROGRAM UTILIZATION AND SATISFACTION  
  PROVIDER SUPPORT  
  COLLABORATIVE  
  DEPT EFFICIENCY  
  OVERSIGHT  
  COMPLIANCE  
  QUALITY PERFORMANCE  
  PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Identify target population.	R. Calva-Songco	2/13/2023	5/26/2023	New measure.	On hold as of 6/30/2023		<input type="checkbox"/>
F, M, K	Make recommendations for content and implementation of outreach.	R. Calva-Songco	3/17/2023	6/9/2023	New measure.	On hold as of 6/30/2023		<input type="checkbox"/>
F, M, K	Initiate implementation of recommended intervention(s).	TBA	8/31/2023	ongoing	New measure.	On hold as of 6/30/2023		<input type="checkbox"/>
F, M, K	Reach 3% of the target population by 12/31/2023.	TBA	8/31/2023	12/31/2023	New measure.	On hold as of 6/30/2023		<input type="checkbox"/>

Major Activities	Regions	Planned Timeframe For Completion	Responsible Lead(s)	Additional Lead(s)	Date Completed
Create cross-collaborative work group that will review data findings, make outreach recommendations, and do future implementations, as applicable.	F, M, K	2/28/2023	TBA		On hold as of 6/30/2023
Complete literature review to inform variables to be analyzed and existing best practices for serving undocumented populations.	F, M, K	4/21/2023	TBA	TBA	On hold as of 6/30/2023
Submit data request to QIRA team or other source.	F, M, K	4/28/2023	TBA		On hold as of 6/30/2023
Complete analysis of data to be provided by QIRA or other source(s). Confirm target population; confirm performance baseline rate(s); and establish performance goals.	F, M, K	5/26/2023	TBA	TBA	On hold as of 6/30/2023
Workgroup to make recommendations on target population, goals; and outreach to include monitoring and evaluation.	F, M, K	6/9/2023	TBA	TBA	On hold as of 6/30/2023
Modify and/or create original outreach content and obtain appropriate approvals, e.g., DHCS.	F, M, K	8/11/2023	TBA	TBA	
Initiate implementation of outreach.	F, M, K	8/31/2023	TBA	TBA	

**Initiative Continuation Status (populate at year-end):**

CLOSED

CONTINUE INITIATIVE UNCHANGED

CONTINUE INITIATIVE WITH MODIFICATIONS

## 10. OBESITY PREVENTION

### Goal of Initiative:

Promote health education resources about healthy lifestyle habits including nutrition education and increased physical activity for overweight and high-risk members.

**Rationale:**  
 MEMBER PROGRAM UTILIZATION AND SATISFACTION   
  PROVIDER SUPPORT   
  COLLABORATIVE   
  DEPT EFFICIENCY   
  OVERSIGHT   
  COMPLIANCE   
  QUALITY PERFORMANCE   
  PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Enroll 200+ members in Fit Families for Life (FFFL) Home Edition self-paced program.	B. Head (Interim)	5/31/2023	12/31/2023	2 members were enrolled in 2022.	4 members were enrolled as of 6/30/2023.		<input type="checkbox"/>
F, M, K	Enroll 50+ members in Healthy Habits for Health People (HHHP) self-paced program.	B. Head (Interim)	5/31/2023	12/31/2023	No members were enrolled in 2022.	No members were enrolled as of 6/30/2023.		<input type="checkbox"/>

Major Activities	Regions	Planned Timeframe For Completion	Responsible Lead(s)	Additional Lead(s)	Date Completed
Promote FFFL and HHHP in Annual Medi-Cal Member Newsletter.	F, M, K	9/30/23	B. Head (Interim)	B. Head	
Determine outreach to pediatric members non-compliant in the weight assessment/counseling HEDIS measure.	F, M, K	5/3/23- 12/31/23	A. Fathifard	J. Coulthurst	N/A- Suspended based on department quadrant analysis.
Determine outreach to obese adult members.	F, M, K	5/3/23 – 12/31/23	B. Head (Interim)		5/5/2023- FFFL & HHHP Provider update with revised referral form and availability of resources were posted to provider page and included in May monthly provider update.
Develop plan to evaluate effectiveness of resources for FFFL & HHHP programs.	F, M, K	10/30/23-12/31/23	B. Head (Interim)	R. Calva-Songco	
Actively participate in the Health Education/Wellness QI POD. Develop recommended member education resources.	F, M, K	12/31/23	TBA		5/1/2023- Suspended based on department quadrant analysis.

**Initiative Continuation Status (populate at year-end):**     
 CLOSED      
 CONTINUE INITIATIVE UNCHANGED      
 CONTINUE INITIATIVE WITH MODIFICATIONS

## 11. TOBACCO CESSATION PROGRAM

### Goal of Initiative:

To improve health outcomes and reduce health care costs by decreasing tobacco use among CalViva Health membership.

**Rationale:**

MEMBER PROGRAM UTILIZATION AND SATISFACTION  
  PROVIDER SUPPORT  
  COLLABORATIVE  
  DEPT EFFICIENCY  
  OVERSIGHT  
  COMPLIANCE  
  QUALITY PERFORMANCE  
  PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Increase by 5%-member participation in smoking cessation programs to 158 members in 2023.	J. Felix	Q1 2023	12/31/2023	Enrolled 150 members by end of Q4 2022.	Enrolled 67 members as of 6/30/23.		<input type="checkbox"/>
F, M, K	Launch 1 email campaign to promote smoking cessation with at least a 15% read rate.	J. Felix	Q2 2023	Q4 2023	New measure.	N/A – activity suspended as a result of the department’s QI quadrant analysis.		<input type="checkbox"/>

Major Activities	Regions	Planned Timeframe For Completion	Responsible Lead(s)	Additional Lead(s)	Date Completed
Participate in the CA Quits Statewide Health Systems quarterly meetings to network and share and learn about tobacco control opportunities.	F, M, K	Ongoing	J. Felix	R. Calva-Songco	
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.	F, M, K	Q1-Q3 2023	J. Felix	Claims and QIRA	
Promote “Kick It California” tobacco cessation program to members through an email campaign and the member newsletter.	F, M, K	Q1-Q2 2023	J. Felix	A. Campos, B. Head	Suspended as a result of department’s QI quadrant analysis.
Create tobacco cessation social media posts during “World No Tobacco Day” and “Tobacco Awareness” month.	F, M, K	Q4 2023	J. Felix	B. Head	

**Initiative Continuation Status (populate at year-end):**

 CLOSED 

 CONTINUE INITIATIVE UNCHANGED 

 CONTINUE INITIATIVE WITH MODIFICATIONS





## 12. FLUVENTION

### Goal of Initiative:

To reduce flu among members 6 months and older, and overall high-risk populations.

**Rationale:**

MEMBER PROGRAM UTILIZATION AND SATISFACTION  
  PROVIDER SUPPORT  
  COLLABORATIVE  
  DEPT EFFICIENCY  
  OVERSIGHT  
  COMPLIANCE  
  QUALITY PERFORMANCE  
  PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Implement at least one provider education activity to encourage the promotion of Flu vaccinations during patient visits.	A. Fathifard	5/1/2023	12/31/2023	Distributed a Provider Communication regarding Best Practices for 2022-2023 Flu Season on 11/18/2022.	Going to release in Q3-Q4 2023		<input type="checkbox"/>
F, M, K	Inform members on Flu prevention and vaccination using 2 or more communication channels.	A. Fathifard	10/1/23	12/31/2023	Telephonic outreach calls were made with a 12%-member reach (81/700) and updated Web based COVID FAQs.	Multilayered outreach using 6 communication channels. Waiting until Q3-Q4 to deploy approved materials.		<input type="checkbox"/>
F, M, K	Conduct Vaccine Disparity Analysis and Identify proportion of CIS-10 non-compliant members who are missing the flu vaccination and share results with Preventative Care Pod.	A. Fathifard	7/1/23	12/31/2023	New measure.	Conducting in Q3-Q4 2023		<input type="checkbox"/>
Major Activities		Regions	Planned Timeframe For Completion		Responsible Lead(s)	Additional Lead(s)	Date Completed	
Work with Marketing to customize and approve Fluvention communications for members and providers.		F, M, K	10/31/2023		A. Fathifard	E. Chan, S. Noonan, and M. Zuniga.	Although the original target deadline was 6/30, due to the concerns shared from the compliance department, additional reviews were conducted, extending approval date in Q3 2023..	
Collaborate with other managed care plans and the Department of Healthcare Services to learn about and share best practices and coordinate efforts to increase vaccination rates among Medi-Cal recipients.		F, M, K	12/31/2023		A. Fathifard		N/A-After the large collaborative efforts between Health Plans across the COVID Pandemic and Flu, many local collaboratives and coalitions began to	

					sunset.
Actively participate in the immunization (Adult - Flu) QI POD. Develop recommended member education resources.	F, M, K	12/31/2023	A. Fathifard	R. Gill	Ongoing as of 6/2023
Actively participate in the QI Department's Preventative Care POD. Develop recommended member education resources.	F, M, K	12/31/2023	R. Gill	A. Fathifard, M. Zuniga	Ongoing
<b>Initiative Continuation Status (populate at year-end):</b>					
		CLOSED <input type="checkbox"/>	CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>	CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>	

### 13. MEMBER NEWSLETTER

#### Goal of Initiative:

Educate members about priority health topics and inform members about available programs, services and health care rights.

**Rationale:**

MEMBER PROGRAM UTILIZATION AND SATISFACTION  
  PROVIDER SUPPORT  
  COLLABORATIVE  
  DEPT EFFICIENCY  
  OVERSIGHT  
  COMPLIANCE  
  QUALITY PERFORMANCE  
  PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Develop and distribute 1 Annual Medi-Cal Member Newsletter including NCQA required content.	B. Head	10/10/2022	11/30/2023	Mailed newsletter to 189,370 unique households in Q4.	In progress as of 6/30/2023. Details below.		<input type="checkbox"/>
Major Activities		Regions	Planned Timeframe For Completion		Responsible Lead(s)	Additional Lead(s)	Date Completed	
Request articles, write articles, edit articles according to production schedule for all newsletters.		F, M, K	1/31/2023 – 5/31/2023		B. Head		5/2/2023	
Manage production of Medi-Cal member newsletter in Workfront.		F, M, K	1/31/2023- 10/31/2023		B. Head		Ongoing as of 6/30/2023	
Obtain all internal health plan and DHCS approvals.		F, M, K	2/3/2023 – 8/30/2023		B. Head		Obtained as of 6/12/2023	
Provide Program Accreditation member newsletter mail verification.		F, M, K	11/30/2023		B. Head			
Post member newsletter to CVH website.		F, M, K	9/1/2023 – 11/30/2023		B. Head			

**Initiative Continuation Status (populate at year-end):**

 CLOSED 

 CONTINUE INITIATIVE UNCHANGED 

 CONTINUE INITIATIVE WITH MODIFICATIONS

## 14. COMPLIANCE: OVERSIGHT AND REPORTING

### Goal of Initiative:

To meet regulatory and company compliance

**Rationale:**

MEMBER PROGRAM UTILIZATION AND SATISFACTION  
  PROVIDER SUPPORT  
  COLLABORATIVE  
  DEPT EFFICIENCY  
  OVERSIGHT  
  COMPLIANCE  
  QUALITY PERFORMANCE  
  PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Submit 2 semi-annual reports to the QI/UM Workgroup meeting.	R. Abdillah	1/1/2023	7/31/23	Completed 2 semi-annual work plan progress reports.	Completed 1 semi-annual work plan progress report.		<input type="checkbox"/>
F, M, K	Update 6 Policies and Procedures and 1 Program Description.	R. Abdillah	1/1/2023	12/31/23	Updated 6 Policies and Procedures.	Updated 4 Policies and Procedures and 1 Program Description as of 6/30/2023.		<input type="checkbox"/>
F, M, K	Complete all required incentive program reports for DHCS.	R. Abdillah	1/1/2023	Ongoing	Completed all required incentive program reports for DHCS.	Submitted 2 Member Incentive annual program report updates.		<input type="checkbox"/>

Major Activities	Regions	Planned Timeframe For Completion	Responsible Lead(s)	Additional Lead(s)	Date Completed
Complete all required reports for the Public Policy Committee meetings.	F, M, K	1/31/2023 and 8/30/2023	R. Calva-Songco	R. Abdillah	8/25/2023
Submit policies and procedures in health plan's project management database.	F, M, K	February, April, May, July, December 2023	R. Abdillah	R. Calva-Songco; J. Felix	In progress
Monitor submission of Member Incentive program annual evaluation reports.	F, M, K	12/31/2023	R. Abdillah	R. Calva-Songco	In progress
Ensure bilingual HED staff are up to date with their bilingual assessment (ITAP).	F, M, K	12/31/2023	A. Campos		Monitoring in progress.
Evaluate forthcoming new DHCS requirements for future Population Needs Assessment reports as part of the new Population Health Management strategy requirements.	F, M, K	12/31/2023	R. Calva-Songco	D. Patolia; A. Fathifard	Monitoring in progress.

**Initiative Continuation Status (populate at year-end):**

CLOSED

CONTINUE INITIATIVE UNCHANGED

CONTINUE INITIATIVE WITH MODIFICATIONS

## 15. HEALTH EDUCATION DEPARTMENT PROMOTION, MATERIALS UPDATE, DEVELOPMENT, UTILIZATION, and INVENTORY

### Goal of Initiative:

To produce and update health education resources to assure compliance and promote healthy practices to members.

**Rationale:**

MEMBER PROGRAM UTILIZATION AND SATISFACTION     PROVIDER SUPPORT     COLLABORATIVE     DEPT EFFICIENCY     OVERSIGHT     COMPLIANCE     QUALITY PERFORMANCE     PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Assure health education materials covering required DHCS health topics are available to providers, members, and requesting employees. Review and update materials as needed.	M. Lin	1/1/23	Ongoing	Compliant. Rebranded and updated 33-member health education materials.	Compliant as of 6/30/2023.		<input type="checkbox"/>
F, M, K	Review and approve internal health education materials following DHCS APL 18-016 guidelines to assure compliance.	M. Lin	1/1/23	Ongoing	Compliant.	Compliant as of 6/30/2023.		<input type="checkbox"/>
F, M, K	Review and develop action plans for health education materials impacted by new SB923 (gender-affirming care) guidance. Implement action plan to assure compliance with required gender-neutral language.	M. Lin	1/1/23	Ongoing	N/A	Reviewed and identified 3 materials impacted by SB 923 as of 6/30/2023		<input type="checkbox"/>
Major Activities		Regions	Planned Timeframe For Completion		Responsible Lead(s)	Additional Lead(s)	Date Completed	
Develop evaluation to determine the baseline of current member engagement with health education programs and member/provider resources; and determine a strategy to increase engagement. Determine the current utilization of health education programs and resources: by members; by providers; and by employees.		F, M, K	12/31/2023		M. Lin	R. Calva-Songco B. Head J. Justina A. Fathifard A. Campos (support)	In progress.	
Develop strategy(ies) to increase utilization of health education programs and resources including identifying new approaches/tools: by members; by providers; and by employees.		F, M, K	12/31/2023		M. Lin	R. Calva-Songco B. Head A. Campos (support)		
Create and conduct training for the Health Education team on Health Education material production and management. Review and update material review desktop procedures.		F, M, K	3/31/2023		M. Lin		3/31/2023	
Review and work with material owners on the Health Education materials that are due in 2023 for DHCS mandate 5-year review. Develop and implement action plans to assure compliance.		F, M, K	9/30/2023		M. Lin	A. Fathifard, B. Head, J. Felix		
Identify and review the materials impacted by SB923. Meet with material owners to develop action plans. Implement action plans to assure compliance.		F, M, K	12/31/2023		M. Lin	A. Fathifard, B. Head, J. Felix	Complete.	
Lead the monthly material review team meeting to provide updates, assure compliance, and improve process improvement.		F, M, K	12/31/2023		M. Lin			
Review/approve Medi-Cal health education materials submitted through the Health Education Department inbox and to the		F, M, K	12/31/2023		M. Lin	B. Head; A. Campos (support)		

Marketing and Communications team. Track and conduct field tests.					
Work with Marketing, ICS, And RRD to launch the Custom Point System for materials order, fulfillment, and utilization.	F, M, K	6/30/2023	A. Campos	M. Lin	6/30/2023
Participate in the expansion to support Quality Improvement Department PODS to support improvement in designated areas for HEDIS by providing consult and production of member and/or provider health education materials/resources.	F, M, K	12/31/2023	A. Fathifard, B. Head, J. Felix, and M. Lin	QI Program Leads	
<b>Initiative Continuation Status (populate at year-end):</b> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>					

## CROSSWALK OF ONGOING INTERDEPARTMENTAL WORK PLAN ACTIVITIES

Activity	Activity Leader	Regions	Complete ?	Date	Year-end Update or Explanation <i>(if not complete)</i>
<b>MEMBER ENGAGEMENT</b>					
1. Member Incentive programs: Serve as consult on requests to develop new member incentive programs; review and approve new member incentive request forms; and ensure program evaluation reports are submitted on time.	<b>R. Calva-Songco</b> <b>R. Abdillah</b>	F, M, K	<input type="checkbox"/>		

# Item #9

## Attachment 9.A

2023 Quality Improvement  
Health Equity Transformation Plan





**2023  
QUALITY IMPROVEMENT AND  
HEALTH EQUITY  
TRANSFORMATION PROGRAM (QIHETP)**

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## **1.0 Executive Summary**

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

The HNCS Health Equity Department, on behalf of CalViva Health, develops programs and services to facilitate understanding, communication and cultural responsiveness between members, providers, and Plan staff. The Quality Improvement Utilization Management Committee (QIUMC) reviews and adopts these programs.

CalViva Health is committed to developing and implementing a comprehensive assessment of the QI and Health Equity activities undertaken, including an evaluation of the effectiveness of QI interventions.

## **2.0 Staff Resources and Accountability**

### **2.1 Quality Improvement (QI) and Health Equity Governance Structure.**

The CalViva Health Quality Improvement Utilization Management Committee (QIUMC) has responsibility for the Quality Improvement and the Health Equity Transformation activities of CalViva Health according to the responsibilities given to them by the Regional Health Authority Commissioners. This responsibility includes reviewing, analyzing, evaluating, and acting on the results of QI and Health Equity activities and ensuring appropriate follow-up on performance deficiencies and gaps in care. The QIUMC is chaired by the Chief Medical Officer and the CalViva Health Equity Officer is a member of the QIUM Committee in an advisory capacity. The UM Committee meets seven times per year. External practitioners from Primary Care and a variety of specialties reflecting an appropriate geographic and specialty mix participate on this committee including a Behavioral Health provider, along with representatives from Compliance and Medical Management which includes Utilization Management, Care Management, and Quality Improvement.

### **2.2 QIUMC oversight activities include but are not limited to:**

- Annually assess Utilization Management (UM), QI, and Health Equity activities, including areas of success and needed improvements in services rendered within the QI and Health Equity program at the regional and/or county level.
- Conduct a quality review of all services rendered, the results of required performance measure reporting, and the results of efforts to reduce health disparities.
- Address activities and priorities related to the Quality Improvement and Health Equity Transformation Program (QIHETP).

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- Analyze and evaluate the results of QI and Health Equity activities including annual review of the results of performance measures, utilization data, consumer satisfaction surveys.
  - Institute actions to address performance deficiencies, including policy recommendations.
  - Ensure follow-up of identified performance deficiencies or gaps in care.
  - Shall provide input and advice on a non-exclusive list of topics including Population Health Management; Coordination of Care Clinical quality of physical and behavioral health care; Access to primary and specialty health care providers and services; member experience with respect to clinical quality, access, and availability, culturally and linguistically competent health care and services, and continuity and coordination of care.

**2.3** CalViva Health has enhanced the Quality Improvement and Utilization Management Committee to support health equity projects and collaboration across the Plan.

- As part of the Committee support, the QIUM Work Group will meet weekly to prepare and drive content for the upstream Committee. This supports a focused and meaningful discussion for decision making.
- The CalViva Health Equity Officer will consolidate the data & recommendations received from QIUM Work Group, Public Policy Committee (PPC), Community Advisory Groups (CAGs) and the PHM annual assessment and recommend strategies and interventions that will inspire actionable recommendations and discussions at the QIUM Committee.
- Key outcomes include identification of discussion topics or decision points for discussion during the QIUM Committee, informing or engaging social & community partners, and implementing with or evaluating the success of local partners, for example Community Advisory Groups (CAGs) and targeted projects or pilots.

## **3.0 MISSION, GOALS AND OBJECTIVES**

### **3.1 Mission**

CalViva Health's Health Equity mission is to:

- Improve structural determinants of health equity, by working within and across societal institutions and systems.
- Improve neighborhood-level social determinants of health, by working with and across institutions in defined geographic communities.
- Improve institutional drivers of health equity, by working within our institution, all lines of business, with providers, and with other key stakeholders.
- Improve individual & household-level social needs & networks, by improving access, quality, and value of services for our members.

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## 3.2 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:

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

## 3.3 Objectives

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

- CalViva Health's QIHETP will monitor, evaluate, and require timely action to address necessary improvement in the quality of care delivered and to improve upon health equity and address health disparities. The QIHETP will be accomplished and maintained through cross-functional participation, engagement, and prioritization, and through a collaborative governance structure.

## 4.0 Program Activities

### 4.1 Quality Improvement Activities

- A. CalViva Health annually assesses the overall effectiveness of its Quality Improvement (QI) Program at improving clinical and service practices. Interventions are monitored through the QI Work Plan and an annual evaluation is provided to measure the effectiveness of the Quality Program.
- B. The Quality Improvement Work Plan includes eight categories to determine CalViva Health's success in achieving specified goals. The plan calculates the number and percentage of activities completed and objectives met per category and outlines performance against goals. Categories include:
  1. Behavioral Health
  2. Chronic Conditions / Disease Management
  3. Maternal/Women's Health
  4. Member Engagement and Experience
  5. Hospital Quality/ Patient Safety
  6. Pediatric
  7. Preventive Health

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## 8. Provider Engagement

- C. Quality goals vary according to regulatory and accreditation standards which can change annually.

### 4.2 Health Equity Activities

- A. The Health Equity Department provides an annual overview of activities, achievements, and barriers. All activities described in the Year End Report are reflective of our commitment to providing culturally competent services to our membership. The Department presents and requires approval of the Program Description, Year End Report, Work Plan, and biannual Work Plan Evaluations.
- B. The Health Equity Work Plan is divided into 6 content areas. Each workplan activity is assigned a lead and support. These are aligned with the subject matter experts. The activities are tracked with mid-year and year-end updates to discuss at the QIUMC biannually.
- Content area 1 outlines activities and deliverables related to Language Assistance Services
  - Content area 2 outlines activities and deliverables related to Compliance Monitoring
  - Content area 3 outlines activities and deliverables related to Communication, Training, and Education
  - Content area 4 outlines activities and deliverables related to Health Literacy
  - Content area 5 outlines activities and deliverables related to Cultural Competency.
  - Content area 6 outlines activities and deliverables related to Health Equity.

### 4.3 Population Health Management Activities

- A. Annually, CalViva Health evaluates the needs of its enrolled population and uses that information to assess whether current programs need modification to better address the needs of its membership. CalViva examines data through population risk stratification using a predictive modeling tool that utilizes data from various sources including medical and behavioral claims/encounters, pharmacy claims, laboratory results, health appraisal results, electronic health records, data from health plan UM and/or CM programs, and advanced data sources such as claims databases or regional health information.
- B. Evaluation is conducted based on the characteristics and needs of the member population (including social determinants of health), health status and health risks broken down by ages birth to 65 and over and needs of child members with Special Health Care Needs (SHCN), disabilities, and severe and persistent mental illness. Data is analyzed to determine changes to the PHM programs or resources. Modifications to program design and resources are made based on findings.
- C. CalViva Health is preparing for Health Plan Accreditation (HPA) with the National Committee for Quality Assurance (NCQA) in May 2024 to ensure PHM standards are maintained.

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## **5.0 Delegated Subcontractors & Downstream Delegated Subcontractors**

- A. CalViva Health delegates utilization management, credentialing, case management and complex care management, claims processing and payment to Health Net Community Solutions, an NCQA accredited organization, who may sub-delegate these functions to designated practitioners, provider groups, contracted vendors or ancillary organizations. Comprehensive delegation policies and processes have been established to address oversight of these entities.
- B. Annually, delegated organizations must demonstrate the willingness, capability, proficiency and experience to manage the delegated responsibilities. The Plan will institute corrective action and/or may revoke delegation when it determines the delegate is unable or unwilling to carry out the delegated responsibilities.
- C. Delegates that are certified or NCQA accredited are not required to undergo an annual on-site review for elements included in the accreditation; however, the Plan will conduct reviews for all other elements not included in the NCQA accreditation.

### **5.1 External Quality Review (EQR) Technical Report**

- A. CalViva Health follows the PIP approach as provided by the Department of Health Care Services (DHCS) and its designated External Quality Review Organization (EQRO).
- B. CalViva Health's EQRO is Health Services Advisory Group (HSAG).

## **6. Delivery of Services and Quality of Care Analysis**

- A. CalViva Health leadership and the QIUMC is charged with monitoring the health equity activities, medical management, and quality of care and services rendered to members, including identifying and selecting opportunities for improvement, and monitoring and evaluating the effectiveness of interventions.
- B. The Quality Program impacts the following:
  - CalViva Health Members in all demographic groups and in all counties for which CalViva Health is licensed.
  - Network Providers include practitioners, facilities, hospitals, ancillary providers, and any other contracted or subcontracted provider types.
  - Aspects of Care including level of care, health promotion, wellness, chronic conditions management, care management, continuity of care, appropriateness, timeliness, and clinical effectiveness of care and services covered by CalViva Health.
  - Health Disparities by supporting activities and initiatives that improve the delivery of health care services, patient outcomes, and reduce health inequities.

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- Communication to meet the cultural and linguistic needs of all members.
  - Behavioral Health Aspects of Care integration by monitoring and evaluating the care and service provided to improve behavioral health care in coordination with other medical conditions.
  - Practitioner/Provider Performance relating to professional licensing, accessibility and availability of care, quality and safety of care and service, including practitioner and office associate behavior, medical record keeping practices, environmental safety and health, and health promotion.
  - Services Covered by CalViva Health including preventive care, primary care, specialty care, telehealth, ancillary care, emergency services, behavioral health services, diagnostic services, pharmaceutical services, skilled nursing care, home health care, Health Homes Program (HHP), long term care (LTC), Long Term Services and Supports (LTSS): Community Based Adult Services (CBAS), and Multi-purpose Senior Services Program (MSSP) that meets the special, cultural and linguistic, complex or chronic needs of all members.
  - Internal Administrative Processes which are related to service and quality of care, including customer services, enrollment services, provider relations, practitioner and provider qualifications and selection, confidential handling of medical records and information, care management services, utilization review activities, preventive services, health education, information services and quality improvement.

#### C. Encounter Data

- Provider Engagement and Provider Performance & Analytics departments provide oversight and capabilities in support of improving and maintaining performance with providers and their membership. Collaboration between the departments involves the Provider Relations, Practice Transformation, Encounters, RAF, and Data Analytics and Solutions teams.
- Encounter data is integrated in the Operational Data Warehouse (ODW) and TruCare. Data collection improvement projects include deploying contracts with health information exchanges and vendors that receive or process claims, encounters, member demographics or clinical data to improve efficiency of operations.
- The data is utilized for Incentive Programs for Providers and the PHM program. Finally, encounter data is used to prioritize interventions along the strategic tracks, under Data, Analytics, & Technology.

#### D. Grievances and Appeals

- The Appeals & Grievances (A&G) Department will regularly conduct aggregate analysis of appeals and grievances to track and trend potential issues and barriers to care. The QIUMC will annually review appeals and grievances system policies and procedures.



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- CalViva Health leadership will monitor compliance with regulations, policies and procedures as well as conduct analysis to track potential issues and barriers to care.
  - The system will allow monitoring of appeals and grievances to include the number received, pending and resolved for all levels of the system, disposition of resolution in favor of the member or Plan, number of cases pending over 30 calendar days, and member by eligibility category.
  - An analysis of the Grievance System will be included in the annual QI Program Evaluation. The QI Program shall define that the monitoring and tracking of the grievance submitted is reported to an appropriate level (i.e.: medical vs. care delivery issues). The QI Program shall monitor outcomes that any grievance involving the appeal of a denial based on lack of medical necessity, appeal of a denial of a request for expedited resolution of a grievance or an appeal that involves clinical issues shall be resolved by an appropriate clinical health care professional.
  - The Appeals and Grievances Department works with the Credentialing and the Peer Review teams to report on potential and substantiated quality of care issues. All practitioners and providers undergo a quality process of credentialing prior to finalizing contractual agreements and are recertified every three years. All practitioners and providers are monitored monthly for Medicare/Medicaid sanctions, license sanctions, limitations and expirations, quality of care and service incidents, and any other adverse actions.
  - The Peer Review Committee (PRC) is an independent review body established to achieve an effective mechanism for continuous review and evaluation of the quality of care and service delivered to enrollees. This includes monitoring whether the provision and utilization of services meets professional standards of practice and care, identifying quality of care problems, addressing deficiencies, deliberating corrective actions, and when necessary, initiating remedial actions with follow up monitoring. The overall goal is to ensure that CalViva Health members receive comparable appropriate quality of care and services.
  - Analysis and evaluation of results of focused audits, studies, quality of care and safety issues and quality of service issues are presented to the QIUMC.

#### E. Utilization Review

- The Utilization Management (UM) program involves pre-service, concurrent and post-service evaluation of the utilization of services provided to members and management of member appeals.
- The UM program requires cooperative participation of practitioners, delegates, hospitals and other providers to ensure a timely, effective and medically sound program. The program is structured to assure that medical decisions are made by qualified health professionals, using written criteria

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based on sound clinical evidence, without undue influence of the Plan's management or concerns for the plan's fiscal performance.

F. Consumer Satisfaction Surveys

- CalViva Health continuously monitors member experience throughout the year using the CAHPS survey results, and monitoring member pain points including member appeals and grievances, and Call Center drivers.
- CAHPS goals are based on contribution to the Quality Rating Programs. The goal for Medi-Cal is year-over-year improvement with a target goal of the 25th percentile.

## **7. Equity-Focused Interventions**

### **7.1 Health Equity Model**

- Disparity reduction efforts are implemented through a model that integrates departments across Quality Improvement, Provider Engagement, Health Equity, Community Engagement, Health Education, and Public Programs. The model utilizes a multidimensional approach to improving quality and delivery of care inclusive of community outreach and media, provider interventions and system level initiatives. The following highlights the core components of the disparity reduction model:
- Planning inclusive of key informant interviews, focus groups, literature reviews and data analysis (spatial and descriptive).
- The Health Disparity model gives the Plan a unique ability to understand target population(s) and implement tailored disparity reductions efforts to improve the quality of health care. Race, ethnicity, language, and geographic location are analyzed to develop targets for disparity reduction efforts and specific interventions to address the disparities and the barriers associated with that.

A. Consumer Assessment of Healthcare Providers and Systems (CAHPS)

- The CAHPS Survey is deployed annually for CalViva to fulfill accreditation and regulatory requirements.
- The survey requests member feedback on health plan (call center, claims), provider (doctor communication, access, care coordination), and overall rating of health plan and health care quality. Supplemental questions may be added to gain additional insights around the experience with the health plan including (but not limited to) interpreter services, call center drivers, access standards.
- Due to the anonymous nature of the survey, the CAHPS Program Managers conduct a quarterly root cause analysis of member pain points by reviewing grievances, appeals, and call center data.

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- The Health Equity Department and the CAHPS Department have established a bi-monthly meeting to review results, identify areas of opportunity, and discuss a joint Action Plan. The Health Equity-CAHPS meetings review CAHPS results and stratification of the results by race/ethnicity, sex assigned at birth (gender), age, and other demographics. This review is based on self-reported member data.

#### B. Performance Improvement Projects (PIPs)

- CalViva Health's overall aim is to provide equitable, high-quality care services to its culturally and linguistically diverse population no matter the individual's personal characteristics. The purpose of the organization's HE program is to reduce health care inequities and disparities by implementing interventions for identified individuals who are likely to experience or are experiencing obstacles to health care services due to their race/ethnicity, language preference, gender identity, and/or sexual orientation.
- By working to eliminate bias and discrimination within communities and the healthcare industry, the goal is to improve care.
- Performance Improvement Projects (PIPs) are two-year projects required of each Medi-Cal health plan by the California Department of Health Care Services (DHCS). DHCS requires two PIPs of each health plan during the two-year PIP process. Health Plans may choose their PIP topic from the categories provided by DHCS.
- The plan follows the PIP approach as provided by the Department of Health Care Services (DHCS) and its designated External Quality Review Organization (EQRO). This approach guides the Plan through a process for conducting PIPs using a rapid-cycle improvement method to pilot small changes rather than implementing one large transformation. The EQRO provides technical assistance throughout the process with frequent contact and feedback to ensure that PIP projects are well-designed at the onset and provide opportunities for mid-course corrections.
- Summary of progress and outcomes of PIP's are reported to the QIUMC. A summary of each PIP is also documented in the Annual QI Program Evaluation. Upon completion of each PIP, the EQRO provides a confidence level on the validity and reliability of the results.

#### C. Population Needs Assessment (PNA)

- The Health Education and Health Equity Departments conduct a Population Needs Assessment (PNA) every three years to improve health outcomes for members. The PNA is conducted through an analysis of CAHPS survey data and follows the DHCS guidance provided in APL 23-021.
- Participants in CalViva Health's Public Policy Committee (PPC) provide input to the PNA and review the PNA results.
- The results of the PNA are used to identify C&L/health equity program strategies to improve health outcomes and to reduce health disparities.

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- The Health Equity work plan is adjusted to include all strategies that have been identified to improve health outcomes and reduce health disparities for members. The Health Equity work plan serves as the PNA action plan that is submitted to DHCS.

## **8. Engagement Strategy**

A. CalViva Health has a policy to provide CalViva Health associates with guidelines in developing health equity practices and engagement of members, their family members, and communities. CalViva Health is committed to supporting the health of our members and promoting the reduction of health disparities across our membership. To accomplish this, Health Equity collaborates across departments and with external partners in order to analyze, design, implement and evaluate health disparity interventions.

B. Public Policy Committee (PPC)

- Information provided by the PPC participants is included in the development of Health Equity Department materials, health education materials and programs and Quality Improvement Projects. They provide critical feedback for CalViva to understand that perception, experience and satisfaction of services.
- As part of their involvement, the group's focus is to serve meaningful community and consumer advisory functions that includes taking part in identifying and prioritizing CLAS opportunities for improvement, as well as identifying and prioritizing social risks and needs of individuals for the program to address.
- The PPC also reviews the Population Needs Assessment. Through this review and feedback process, the PPC members are able to provide their views and preferences for our strategies and projects. Feedback is incorporated into the project plans and cultural and linguistic services programs. Additional PPC and PNA process details are in Public Program and Health Education P&Ps, respectively.

C. Member & Family Engagement

- The Health Equity department completes community assessments that include key informant interviews and focus groups. The community assessments identify community, member, and provider level barriers that contribute to identified disparities.
- Community assessments are completed by inviting members, their family members, and caregivers to participate in focus groups and/or key informant interviews. Feedback from members and their family is used to design interventions to address disparities.

D. Community-Based Organizations

- CalViva Health draws from community and individual social needs and risk data to determine partnerships with community partners. Engaging with partner organizations that share in the same goal to reduce the negative

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effects of social risks and improve outcomes for individuals within communities provides more effective ways to address social needs. Cross-collaboration is mutually beneficial and enables partners to support each other in providing resources and interventions.

- CalViva Health and the Health Equity Department are active in the community through participation in local community workgroups and collaboratives, and other CBO activities.
- Creating and maintaining a community network allows for input and guidance on member services and programs and assures that the Health Equity work reflects the needs of CalViva Health members. Social needs and social risks all play into determining the appropriate partners, selecting and engaging in initiatives with community-based organizations.

## **9. Communication and Ongoing Commitment**

A. CalViva Health is committed to obtaining NCQA’s Health Plan Accreditation and Health Equity Accreditation by 2026.

- CalViva Health will be able to provide annual copies of Accreditation status, survey type, and level (as applicable).
- CalViva Health will share results, recommended actions, and any Corrective Action Plans (as applicable).
- CalViva Health will share expiration date of accreditation.

B. As applicable, CalViva Health will develop and submit to DHCS a QI and Health Equity plan annually which will include the following:

- A comprehensive assessment of the QI and Health Equity activities undertaken, including an evaluation of the effectiveness of QI interventions identified through activities in Section 2. Quality Improvement Activities, above.
- A written analysis of required quality performance measure results, and a plan of action to address performance deficiencies, including an assessment of all Subcontractors’ and Downstream Subcontractors’ performance of its delegated QI or Health Equity activities and actions to address deficiencies identified through activities in Section 5. Fully Delegated Subcontractors & Downstream Fully Delegated Subcontractors, above.
- An analysis of actions taken to address any Contractor-specific recommendations in the ERQ Technical Report and CalViva Health’s specific evaluation reports identified through activities in Section 6. External Quality Review (EQR) Technical Report, above.
- An analysis of the delivery of services and quality of care of CalViva Health and its fully delegated subcontractor, based on data from a variety of sources included, but not limited to, those outlined in Section 7. Equity-focused Interventions, above.
- Planned equity-focused interventions to address identified patterns of over- or under-utilization of physical and behavioral health care services.

- 
- A description of CalViva Health's commitment to member and/or family focused care through the activities outlined in Section 9. Engagement Strategy, above, and how CalViva Health utilizes this information from this engagement to inform CalViva Health policies and decision making.
  - PHM activities and findings as outlined in CalViva Health's contract with DHCS which will be derived from activities in Section 4. Population Health Management Activities, above; and
  - Outcomes and findings from Performance Improvement Projects (PIPs), consumer satisfaction surveys and collaborative initiatives.

C. CalViva Health is committed to making the QI and Health Equity plan publicly available on its website on an annual basis.

**Appendix 1**

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## **STAFF RESOURCES AND ACCOUNTABILITY**

### **1. CalViva Health Committees**

#### **A. Governing Body/RHA Commission**

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

#### **B. QI/UM Committee**

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

#### **C. Public Policy Committee**

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

### **2. CalViva Health Staff Roles and Responsibilities**

#### **A. Chief Medical Officer**

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

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

### ***B. Chief Compliance Officer***

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

### ***C. Health Equity Officer***

CalViva's Health's Health Equity Officer reports to the Chief Executive Officer and is responsible for providing leadership and health equity services across the organization.

## ***3. HNCS Health Equity Department Staff Roles and Responsibilities***

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

### ***A. HNCS Leadership Team***

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

The Chief Health Equity Officer, under the Chief Medical Officer, is responsible for providing leadership in Health Equity efforts across the organization. Under the Chief Health Equity Officer, the Health Equity Department contributes to planning the program structure for Health Net. The Chief Health Equity Officer ensures the plan's health equity structure is aligned with Corporate and other state plans, as appropriate.



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

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

\_\_\_\_\_  
David Hodge, MD

\_\_\_\_\_  
Date

Regional Health Authority Commission Chairperson

Patrick Marabella, MD, Chief Medical Officer

\_\_\_\_\_  
Date

Chair, CalViva Health QI/UM Committee

# Item #10

## Attachment 10.A

Financials as of August 31, 2023

<b>Fresno-Kings-Madera Regional Health Authority dba CalViva Health</b>		
<b>Balance Sheet</b>		
<b>As of August 31, 2023</b>		
		Total
<b>1</b>	<b>ASSETS</b>	
<b>2</b>	Current Assets	
<b>3</b>	Bank Accounts	
<b>4</b>	Cash & Cash Equivalents	144,973,341.38
<b>5</b>	Total Bank Accounts	\$ 144,973,341.38
<b>6</b>	Accounts Receivable	
<b>7</b>	Accounts Receivable	438,491,901.40
<b>8</b>	Total Accounts Receivable	\$ 438,491,901.40
<b>9</b>	Other Current Assets	
<b>10</b>	Interest Receivable	477,941.59
<b>11</b>	Investments - CDs	0.00
<b>12</b>	Prepaid Expenses	1,387,032.32
<b>13</b>	Security Deposit	23,662.50
<b>14</b>	Total Other Current Assets	\$ 1,888,636.41
<b>15</b>	Total Current Assets	\$ 585,353,879.19
<b>16</b>	Fixed Assets	
<b>17</b>	Buildings	5,939,464.84
<b>18</b>	Computers & Software	51,333.32
<b>19</b>	Land	3,161,419.10
<b>20</b>	Office Furniture & Equipment	96,481.90
<b>21</b>	Total Fixed Assets	\$ 9,248,699.16
<b>22</b>	Other Assets	
<b>23</b>	Investment -Restricted	302,216.79
<b>24</b>	Lease Receivable	3,123,586.74
<b>25</b>	Total Other Assets	\$ 3,425,803.53
<b>26</b>	<b>TOTAL ASSETS</b>	<b>\$ 598,028,381.88</b>
<b>27</b>	<b>LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND EQUITY</b>	
<b>28</b>	Liabilities	
<b>29</b>	Current Liabilities	
<b>30</b>	Accounts Payable	
<b>31</b>	Accounts Payable	57,599.55
<b>32</b>	Accrued Admin Service Fee	9,721,954.00
<b>33</b>	Capitation Payable	302,067,608.08
<b>34</b>	Claims Payable	0.00
<b>35</b>	Directed Payment Payable	94,195,614.44
<b>36</b>	Total Accounts Payable	\$ 406,042,776.07
<b>37</b>	Other Current Liabilities	
<b>38</b>	Accrued Expenses	1,259,065.45
<b>39</b>	Accrued Payroll	102,486.30
<b>40</b>	Accrued Vacation Pay	296,647.22
<b>41</b>	Amt Due to DHCS	42,291,066.28
<b>42</b>	IBNR	86,869.35
<b>43</b>	Loan Payable-Current	0.00
<b>44</b>	Premium Tax Payable	0.00
<b>45</b>	Premium Tax Payable to BOE	1,447,176.48
<b>46</b>	Premium Tax Payable to DHCS	0.00
<b>47</b>	Total Other Current Liabilities	\$ 45,483,311.08
<b>48</b>	Total Current Liabilities	\$ 451,526,087.15
<b>49</b>	Long-Term Liabilities	
<b>50</b>	Renters' Security Deposit	25,906.79
<b>51</b>	Subordinated Loan Payable	0.00
<b>52</b>	Total Long-Term Liabilities	\$ 25,906.79
<b>53</b>	Total Liabilities	\$ 451,551,993.94
<b>54</b>	Deferred Inflow of Resources	2,703,221.97
<b>55</b>	Equity	
<b>56</b>	Retained Earnings	141,338,556.42
<b>57</b>	Net Income	2,434,609.55
<b>58</b>	Total Equity	\$ 143,773,165.97
<b>59</b>	<b>TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES AND EQUITY</b>	<b>\$ 598,028,381.88</b>

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

**Budget vs. Actuals: Income Statement**

**July 2023 - August 2023**

		<b>Total</b>		
		<b>Actual</b>	<b>Budget</b>	<b>Over/(Under) Budget</b>
<b>1</b>	<b>Income</b>			
<b>2</b>	Interest Income	1,179,839.49	600,000.00	579,839.49
<b>3</b>	Premium/Capitation Income	256,439,184.06	220,308,466.00	36,130,718.06
<b>4</b>	<b>Total Income</b>	<b>257,619,023.55</b>	<b>220,908,466.00</b>	<b>36,710,557.55</b>
<b>5</b>	<b>Cost of Medical Care</b>			
<b>6</b>	Capitation - Medical Costs	242,793,181.53	207,403,617.00	35,389,564.53
<b>7</b>	Medical Claim Costs	205,429.18	266,666.66	(61,237.48)
<b>8</b>	<b>Total Cost of Medical Care</b>	<b>242,998,610.71</b>	<b>207,670,283.66</b>	<b>35,328,327.05</b>
<b>9</b>	<b>Gross Margin</b>	<b>14,620,412.84</b>	<b>13,238,182.34</b>	<b>1,382,230.50</b>
<b>10</b>	<b>Expenses</b>			
<b>11</b>	Admin Service Agreement Fees	9,721,954.00	9,290,050.00	431,904.00
<b>12</b>	Bank Charges	0.00	1,200.00	(1,200.00)
<b>13</b>	Computer/IT Services	27,808.25	42,994.00	(15,185.75)
<b>14</b>	Consulting Fees	19,200.00	66,666.66	(47,466.66)
<b>15</b>	Depreciation Expense	54,589.40	60,000.00	(5,410.60)
<b>16</b>	Dues & Subscriptions	39,143.74	39,000.00	143.74
<b>17</b>	Grants	1,329,545.45	1,420,455.00	(90,909.55)
<b>18</b>	Insurance	58,596.55	92,000.00	(33,403.45)
<b>19</b>	Labor	563,466.70	696,955.00	(133,488.30)
<b>20</b>	Legal & Professional Fees	11,351.00	33,333.34	(21,982.34)
<b>21</b>	License Expense	210,841.16	232,918.66	(22,077.50)
<b>22</b>	Marketing	217,067.32	240,000.00	(22,932.68)
<b>23</b>	Meals and Entertainment	993.74	2,200.00	(1,206.26)
<b>24</b>	Office Expenses	11,438.32	15,200.00	(3,761.68)
<b>25</b>	Parking	4.00	260.00	(256.00)
<b>26</b>	Postage & Delivery	405.20	800.00	(394.80)
<b>27</b>	Printing & Reproduction	0.00	820.00	(820.00)
<b>28</b>	Recruitment Expense	0.00	18,750.00	(18,750.00)
<b>29</b>	Rent	0.00	2,000.00	(2,000.00)
<b>30</b>	Seminars and Training	3,281.98	4,800.00	(1,518.02)
<b>31</b>	Supplies	1,970.24	2,166.66	(196.42)
<b>32</b>	Taxes	(156.70)	0.00	(156.70)
<b>33</b>	Telephone	4,896.62	7,000.00	(2,103.38)
<b>34</b>	Travel	354.81	4,366.66	(4,011.85)
<b>35</b>	<b>Total Expenses</b>	<b>12,276,751.78</b>	<b>12,273,935.98</b>	<b>2,815.80</b>
<b>36</b>	<b>Net Operating Income/ (Loss)</b>	<b>2,343,661.06</b>	<b>964,246.36</b>	<b>1,379,414.70</b>
<b>37</b>	<b>Other Income</b>			
<b>38</b>	Other Income	90,948.49	100,000.00	(9,051.51)
<b>39</b>	<b>Total Other Income</b>	<b>90,948.49</b>	<b>100,000.00</b>	<b>(9,051.51)</b>
<b>40</b>	<b>Net Other Income</b>	<b>90,948.49</b>	<b>100,000.00</b>	<b>(9,051.51)</b>
<b>41</b>	<b>Net Income/ (Loss)</b>	<b>2,434,609.55</b>	<b>1,064,246.36</b>	<b>1,370,363.19</b>

Fresno-Kings-Madera Regional Health Authority dba CalViva Health			
Income Statement: Current Year vs Prior Year			
FY 2024 vs FY 2023			
		Total	
		July 2023 - Aug 2023 (CY)	July 2022 - Aug 2022 (PY)
<b>1</b>	<b>Income</b>		
<b>2</b>	Interest Income	1,179,839.49	389,245.52
<b>3</b>	Premium/Capitation Income	256,439,184.06	216,912,156.71
<b>4</b>	<b>Total Income</b>	<b>257,619,023.55</b>	<b>217,301,402.23</b>
<b>5</b>	<b>Cost of Medical Care</b>		
<b>6</b>	Capitation - Medical Costs	242,793,181.53	173,640,831.83
<b>7</b>	Medical Claim Costs	205,429.18	170,709.55
<b>8</b>	<b>Total Cost of Medical Care</b>	<b>242,998,610.71</b>	<b>173,811,541.38</b>
<b>9</b>	<b>Gross Margin</b>	<b>14,620,412.84</b>	<b>43,489,860.85</b>
<b>10</b>	<b>Expenses</b>		
<b>11</b>	Admin Service Agreement Fees	9,721,954.00	9,032,738.00
<b>12</b>	Computer/IT Services	27,808.25	33,728.87
<b>13</b>	Consulting Fees	19,200.00	1,875.00
<b>14</b>	Depreciation Expense	54,589.40	47,791.38
<b>15</b>	Dues & Subscriptions	39,143.74	33,588.91
<b>16</b>	Grants	1,329,545.45	1,883,181.82
<b>17</b>	Insurance	58,596.55	30,801.46
<b>18</b>	Labor	563,466.70	490,261.40
<b>19</b>	Legal & Professional Fees	11,351.00	15,192.01
<b>20</b>	License Expense	210,841.16	196,570.44
<b>21</b>	Marketing	217,067.32	175,374.07
<b>22</b>	Meals and Entertainment	993.74	1,203.58
<b>23</b>	Office Expenses	11,438.32	14,517.82
<b>24</b>	Parking	4.00	4.39
<b>25</b>	Postage & Delivery	405.20	745.41
<b>26</b>	Recruitment Expense	0.00	9,826.10
<b>27</b>	Rent	0.00	0.00
<b>28</b>	Seminars and Training	3,281.98	3,720.99
<b>29</b>	Supplies	1,970.24	1,312.17
<b>30</b>	Taxes	(156.70)	30,478,920.13
<b>31</b>	Telephone	4,896.62	4,939.66
<b>32</b>	Travel	354.81	1,561.12
<b>33</b>	<b>Total Expenses</b>	<b>12,276,751.78</b>	<b>42,457,854.73</b>
<b>34</b>	<b>Net Operating Income/ (Loss)</b>	<b>2,343,661.06</b>	<b>1,032,006.12</b>
<b>35</b>	<b>Other Income</b>		
<b>36</b>	Other Income	90,948.49	107,715.51
<b>37</b>	<b>Total Other Income</b>	<b>90,948.49</b>	<b>107,715.51</b>
<b>38</b>	<b>Net Other Income</b>	<b>90,948.49</b>	<b>107,715.51</b>
<b>39</b>	<b>Net Income/ (Loss)</b>	<b>2,434,609.55</b>	<b>1,139,721.63</b>

# Item #10

## Attachment 10.B

### Compliance Report



Regulatory Filings:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2023 YTD Total
<b># of DHCS Filings</b>													
Administrative/Operational	22	20	28	18	25	23	19	26	22	6			209
Member Materials Filed for Approval;	2	3	4	3	3	3	4	6	0	2			30
Provider Materials Reviewed & Distributed	15	12	23	13	10	14	9	17	21	1			135
<b># of DMHC Filings</b>	11	8	12	10	8	5	4	9	3	0			70

**DHCS Administrative/Operational filings** include ad-hoc reports, policies & procedures, Commission changes, Plan and Program documents, etc.

**DHCS Member & Provider materials** include advertising, health education materials, flyers, letter templates, promotional items, etc.

**DMHC Filings** include ad-hoc reports, Plan and Program documents, policies & procedures, advertising, bylaw changes, Commission changes, undertakings, etc.

<b># of Potential Privacy &amp; Security Breach Cases reported to DHCS and HHS (if applicable)</b>													
No-Risk / Low-Risk	0	4	3	1	3	2	2	2	3	0			20
High-Risk	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	2023 YTD Total
# of New MC609 Cases Submitted to DHCS	0	0	2	0	1	0	1	0	0				4
# of Cases Open for Investigation (Active Number)	10	12	12	10	9	11	11	14	15				

**RHA Commission: Compliance Regulatory Report**

**Summary of Potential Fraud, Waste & Abuse (FWA) cases:** Since the 9/28/23 Compliance Regulatory Report to the Commission, there have not been any new MC609 cases filed.

Compliance Oversight & Monitoring Activities:	Status
<p><b>CalViva Health Oversight Activities</b></p>	<p><b>Health Net</b>                      CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access &amp; availability, specialty referrals, utilization management data, grievances, and appeals, etc.</p>
<p><b>Oversight Audits</b></p>	<p>The following annual audits are in-progress: Pharmacy, Appeals &amp; Grievances, Emergency Room, UMCM and Privacy &amp; Security.</p> <p>The following audits have been completed since the last Commission report: Claims/PDR (Claims CAP, no PDR CAP)</p>

Regulatory Reviews/Audits and CAPS:	Status
<p><b>2021 Department of Managed Health Care (“DMHC”) 18-Month Follow-Up Audit</b></p>	<p>The Plan is still awaiting the DMHC’s final determination on our 2021 CAP response.</p>
<p><b>Department of Managed Health Care (“DMHC”) 2022 Medical Audit</b></p>	<p>The Plan is awaiting DMHC’s 2022 Preliminary Audit Report.</p>
<p><b>Department of Health Care Services (“DHCS”) 2023 Medical Audit</b></p>	<p>The Plan received DHCS’ Final Report on 9/20/23. DHCS has issued a final CAP because the Plan did not classify, process, review, or resolve all expressions of dissatisfaction as grievances. Our initial CAP response is due on 10/20/23 and DHCS will track our progress over a six-month period with monthly update submissions.</p>



## RHA Commission: Compliance Regulatory Report

New Regulations / Contractual Requirements/DHCS Initiatives:	Status
<b>California Advancing and Innovating Medi-Cal (CalAIM)</b>	<ul style="list-style-type: none"> <li>• <b>Enhanced Care Management (ECM):</b> On 9/26/23, the Plan submitted the Birth Equity MOC template to demonstrate operational readiness for the Birth Equity POF that is going live 1/1/2024.</li> </ul>
<b>Transition to Statewide Exclusively Aligned Eligibility (EAE)-D-SNP</b>	In August of 2023, the Plan submitted two Amendments to the DMHC under its Knox-Keene license application. These were related to the Plan's request to co-brand with Health Net in support of HN's Exclusively Aligned Enrollment ("EAE") Dual Special Needs Plan ("D-SNP"). The Plan received DMHC approval on our submission on 9/21/2023.
<b>Long Term Care (LTC) Carve-In Deliverable List – Phase II</b>	Effective 1/1/2024 LTC services will be carved into MCPs statewide. The Plan is required to submit deliverables associated with APL 23-004: INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES and APL 23-027: SUBACUTE CARE FACILITIES to DHCS by 11/27/2023.
<b>Member Handbook/Evidence of Coverage</b>	The Plan submitted the 2024 CalViva version EOC and Member ID Card on 8/31/24 to DHCS and DMHC and is awaiting approval from both Departments.
Plan Administration:	Status
<b>DHCS 2024 Operational Readiness Work Plan &amp; Contract</b>	The Plan has completed the monthly filings to DHCS of the various policies and other required documents through September 2023 and has received approvals on most but is still responding to additional DHCS information requests for some of the items. On 9/1/23, the DHCS informed the Plan's CEO that it is approved to go live on 1/1/24 contingent on closing out any Outstanding Operational Readiness Contract deliverables.
<b>New DHCS Regulations/Guidance</b>	Please refer to Appendix A for a complete list of DHCS and DMHC All Plan Letters (APLs) that have been issued in CY 2023 as of October 2023.
Committee Report:	Status

**RHA Commission: Compliance Regulatory Report**

**Public Policy Committee (PPC)**

Next Public Policy Committee meeting will be December 6, 2023, 11:30am-1:30pm located at 7625 N. Palm Ave Suite 109, Fresno, CA 93711.

**APPENDIX A**

**2023 DHCS All Plan Letters:**

- APL 23-001 Annual Network Certification (ANC) (Supersedes 21-006)
- APL 23-003 CalAim Medical Incentive Payment Program (IPP)
- APL 23-004 Skilled Nursing Facilities-LTC Benefit Standardization
- APL 23-005 Requirements for Coverage of EPSDT
- APL 23-006 Delegation and Subcontractor Network Certification
- APL 23-007 Telehealth
- APL 23-008 Prop 56 Directed Payments for Family Planning
- APL 23-009 Authorization for Post-Stabilization Care Services
- APL 23-010 Responsibilities for Behavioral Health Treatment for Mrbs Under 21
- APL 23-011 Treatment of Recoveries of Overpayments to Providers
- APL 23-012 ENFORCEMENT ACTIONS ADMINISTRATIVE AND MONETARY
- APL 23-013 Mandatory Signatories to the California Health and Human Services Agency Data Exchange Framework
- APL 23-014 PROPOSITION 56 VALUE-BASED PAYMENT PROGRAM DIRECTED PAYMENTS
- APL 23-015 PROPOSITION 56 DIRECTED PAYMENTS FOR PRIVATE SERVICES
- APL 23-016 DIRECTED PAYMENTS FOR DEVELOPMENTAL SCREENING SERVICES
- APL 23-017 DIRECTED PAYMENTS FOR ADVERSE CHILDHOOD EXPERIENCES SCREENING SERVICES
- APL 23-018 MANAGED CARE HEALTH PLAN TRANSITION POLICY GUIDE & 2024 MCP TRANSITION POLICY GUIDE
- APL 23-019 PROPOSITION 56 DIRECTED PAYMENTS FOR PHYSICIAN SERVICES
- APL 23-020 REQUIREMENTS FOR TIMELY PAYMENT OF CLAIMS
- APL 23-021 PNA and PHM Strategy
- APL 23-022 COC for Beneficiaries Who Newly Enrollee
- APL 23-023 ICF-CC and Model Contract Language
- APL 23-024 Doula Services
- APL 23-025 DIVERSITY, EQUITY, AND INCLUSION TRAINING PROGRAM REQUIREMENTS
- APL 23-026 FEDERAL DRUG UTILIZATION REVIEW REQUIREMENTS DESIGNED TO REDUCE
- APL 23-027 SUBACUTE CARE FACILITIES -- LONG TERM CARE BENEFIT STANDARDIZATION AND TRANSITION OF MEMBERS TO MANAGED CARE
- APL 23-028 DENTAL SERVICES – INTRAVENOUS MODERATE SEDATION AND DEEP SEDATIONGENERAL ANESTHESIA COVERAGE

## RHA Commission: Compliance Regulatory Report

### 2023 DMHC All Plan Letters:

APL 23-001 - Large Group Renewal Notice Requirements (1.5.2023) - NA to CVH.pdf

APL 23-002 - SB 979 - Health Emergencies Guidance APL (OPL 1.12.23).pdf

APL 23-005 Network Service Area Confirmation Process (2.13.23).pdf

APL 23-006 - Independent Medical Review Application Form (2.24.23).pdf

APL 23-007 - Provider Directory Annual Filing Requirements (3\_23\_23).pdf

APL 23-008 - Health Plan Requirements to Timely Pay Claims (3.24.2023).pdf

APL 23-009 - Health Plan Coverage of Preventive Services (3.30.2023).pdf

APL 23-012 - 2023 Health Plan Annual Assessments.pdf

APL 23-015 - Supplemental Provider Directory Policy Filing (5.16.23).pdf

APL 23-016 - Implementation of SB 1338 (2022) - Community Assistance, Recovery, and Empowerment (CARE) (6.29.2023).pdf

APL 23-017 - Impact of the end of federal Public Health Emergency on health plan coverage of COVID-19 tests, immunizations, and therapeutics.pdf

APL 23-018 -RY 2024-MY 2023 PAAS NPMH Provider Follow-Up Appointment Initial Performance Target for Corrective Action.pdf

APL 23-019 - HealthPlanExpansionForMediareMedi-CalPlans(9.21.23).pdf

# Item #10

## Attachment 10.C

Appeals & Grievances Dashboard

**Attachment**

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2023

Current as of End of the Month: August

Revised Date: 10/2/2023



PCP Assignment/Transfer - Mileage Inconvenience	1	0	2	3	3	5	0	8	0	1	0	1	0	0	0	0	12	32
Pharmacy - Authorization Issue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy - Authorization Issue-Cal/Viva Error	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy - Eligibility Issue	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
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	0
Transportation - Access - Provider No Show	8	4	3	15	3	5	6	14	10	12	0	22	0	0	0	0	51	133
Transportation - Access - Provider Late	2	4	5	11	5	4	1	10	4	3	0	7	0	0	0	0	28	77
Transportation - Behaviour	13	10	14	37	10	3	2	15	10	10	0	20	0	0	0	0	72	139
Transportation - Other	0	2	1	3	1	5	16	22	2	6	0	8	0	0	0	0	33	12
OTHER - Other	0	1	1	2	1	0	1	2	0	3	0	3	0	0	0	0	7	7
Claims Complaint - Balance Billing from Provider	8	15	13	36	20	30	27	77	25	15	0	40	0	0	0	0	153	173
<b>Appeals</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Q1</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>Q2</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Q3</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Q4</b>	<b>YTD</b>	<b>2022</b>
Expedited Appeals Received	0	1	1	2	7	0	3	10	3	4	0	7	0	0	0	0	19	42
Standard Appeals Received	29	43	22	94	17	43	38	98	29	26	0	55	0	0	0	0	247	396
<b>Total Appeals Received</b>	<b>29</b>	<b>44</b>	<b>23</b>	<b>96</b>	<b>24</b>	<b>43</b>	<b>41</b>	<b>108</b>	<b>32</b>	<b>30</b>	<b>0</b>	<b>62</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>266</b>	<b>438</b>
Appeals Ack Letters Sent Noncompliant	0	0	1	1	0	0	0	0	1	0	0	1	0	0	0	0	2	3
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>95.5%</b>	<b>98.9%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>96.6%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>98.2%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>99.19%</b>	<b>99.2%</b>
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	1	2	3	7	0	3	10	3	4	0	7	0	0	0	0	20	42
<b>Expedited Appeals Compliance Rate</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.00%</b>	<b>100.0%</b>
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1
Standard Appeals Resolved Compliant	21	29	40	90	19	21	46	86	29	26	0	55	0	0	0	0	231	414
<b>Standard Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>96.6%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>98.2%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>99.57%</b>	<b>99.8%</b>
<b>Total Appeals Resolved</b>	<b>21</b>	<b>30</b>	<b>42</b>	<b>93</b>	<b>26</b>	<b>21</b>	<b>49</b>	<b>96</b>	<b>33</b>	<b>30</b>	<b>0</b>	<b>63</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>252</b>	<b>457</b>
<b>Appeals Descriptions - Resolved Cases</b>																		
<b>Pre-Service Appeals</b>	<b>21</b>	<b>30</b>	<b>39</b>	<b>90</b>	<b>25</b>	<b>21</b>	<b>48</b>	<b>94</b>	<b>33</b>	<b>29</b>	<b>0</b>	<b>62</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>246</b>	<b>454</b>
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	2	2	1	1	0	2	0	3	0	3	0	0	0	0	7	7
DME	2	5	4	11	3	0	2	5	6	2	0	8	0	0	0	0	24	49
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Advanced Imaging	10	18	17	45	8	13	25	46	12	14	0	26	0	0	0	0	117	244
Other	2	0	2	4	2	1	8	12	3	2	0	5	0	0	0	0	21	33
Pharmacy/RX Medical Benefit	4	2	2	8	4	1	6	10	5	6	0	11	0	0	0	0	29	58
Surgery	3	5	12	20	7	5	7	19	7	2	0	9	0	0	0	0	48	61
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Post Service Appeals</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>3</b>
Consultation	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
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	2	2	1	0	1	2	0	1	0	1	0	0	0	0	5	2
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
<b>Appeals Decision Rates</b>																		
Upholds	6	10	15	31	15	9	22	46	14	12	0	26	0	0	0	0	103	196
<b>Uphold Rate</b>	<b>28.6%</b>	<b>33.3%</b>	<b>35.7%</b>	<b>33.3%</b>	<b>57.7%</b>	<b>42.9%</b>	<b>44.9%</b>	<b>47.9%</b>	<b>42.4%</b>	<b>40.0%</b>	<b>0.0%</b>	<b>41.3%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>40.9%</b>	<b>42.9%</b>
Overturns - Full	15	19	26	60	11	11	26	48	18	16	0	34	0	0	0	0	142	244
<b>Overturn Rate - Full</b>	<b>71.4%</b>	<b>63.3%</b>	<b>61.9%</b>	<b>64.5%</b>	<b>42.3%</b>	<b>52.4%</b>	<b>53.1%</b>	<b>50.0%</b>	<b>54.5%</b>	<b>53.3%</b>	<b>0.0%</b>	<b>54.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>56.3%</b>	<b>53.4%</b>
Overturns - Partial	0	1	1	2	0	0	1	1	1	2	0	3	0	0	0	0	6	9
<b>Overturn Rate - Partial</b>	<b>0.0%</b>	<b>3.3%</b>	<b>2.4%</b>	<b>2.2%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>2.0%</b>	<b>1.0%</b>	<b>3.0%</b>	<b>6.7%</b>	<b>0.0%</b>	<b>4.8%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>2.4%</b>	<b>2.0%</b>
Withdrawal	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	8
<b>Withdrawal Rate</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>4.8%</b>	<b>0.0%</b>	<b>1.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.4%</b>	<b>1.8%</b>
<b>Membership</b>	<b>421,006</b>	<b>435,392</b>	<b>437,493</b>		<b>440,882</b>	<b>443,410</b>	<b>445,086</b>		<b>443,442</b>	<b>441,077</b>								<b>417,000</b>
Appeals - PTMPM	0.05	0.07	0.10	0.07	0.06	0.05	0.11	0.07	0.07	0.07	-	0.07	-	-	-	-	0.07	0.09
Grievances - PTMPM	0.24	0.21	0.29	0.25	0.31	0.38	0.44	0.38	0.38	0.42	-	0.40	-	-	-	-	0.33	0.24



Fresno County - 2023																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2023 YTD	2022
Expedited Grievances Received	8	12	10	30	13	8	11	32	7	9	0	16	0	0	0	0	78	59
Standard Grievances Received	81	95	108	284	112	147	148	407	121	132	0	253	0	0	0	0	944	929
<b>Total Grievances Received</b>	<b>89</b>	<b>107</b>	<b>118</b>	<b>314</b>	<b>125</b>	<b>155</b>	<b>159</b>	<b>439</b>	<b>128</b>	<b>141</b>	<b>0</b>	<b>269</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1022</b>	<b>988</b>
Grievance Ack Letters Sent Noncompliant	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	4
<b>Grievance Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>99.1%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>99.8%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>99.57%</b>
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	7	11	10	28	14	9	11	34	7	8	0	15	0	0	0	0	77	59
<b>Expedited Grievance Compliance rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.00%</b>
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	71	70	103	244	96	127	147	370	130	135	0	265	0	0	0	0	879	932
<b>Standard Grievance Compliance rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>99.9%</b>
<b>Total Grievances Resolved</b>	<b>78</b>	<b>81</b>	<b>113</b>	<b>272</b>	<b>110</b>	<b>136</b>	<b>158</b>	<b>404</b>	<b>137</b>	<b>143</b>	<b>0</b>	<b>280</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>956</b>	<b>992</b>
<b>Grievance Descriptions - Resolved Cases</b>																		
<b>Quality of Service Grievances</b>	<b>51</b>	<b>60</b>	<b>86</b>	<b>197</b>	<b>80</b>	<b>107</b>	<b>129</b>	<b>316</b>	<b>109</b>	<b>119</b>	<b>0</b>	<b>228</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>741</b>	<b>686</b>
Access - Other - DMHC	12	11	17	40	19	21	25	65	20	21	0	41	0	0	0	0	146	139
Access - PCP - DHCS	4	7	2	13	12	7	11	30	11	7	0	18	0	0	0	0	61	72
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	6	3	5	14	8	7	5	20	6	3	0	9	0	0	0	0	43	47
Administrative	7	6	12	25	4	16	19	39	12	28	0	40	0	0	0	0	104	97
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	2	4	8	14	7	6	10	23	9	8	0	17	0	0	0	0	54	90
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	9	9	18	36	16	18	34	68	28	30	0	58	0	0	0	0	162	83
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	6
Transportation - Access	7	11	9	27	8	9	15	32	14	13	0	27	0	0	0	0	86	65
Transportation - Behaviour	1	4	7	12	4	11	6	21	4	5	0	9	0	0	0	0	42	61
Transportation - Other	3	5	8	16	2	12	4	18	4	4	0	8	0	0	0	0	42	26
<b>Quality Of Care Grievances</b>	<b>27</b>	<b>21</b>	<b>27</b>	<b>75</b>	<b>30</b>	<b>29</b>	<b>29</b>	<b>88</b>	<b>28</b>	<b>24</b>	<b>0</b>	<b>52</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>215</b>	<b>306</b>
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Access - PCP - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
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	1	1	3	1	0	0	1	0	0	0	0	4	3
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	5	2	6	13	3	1	6	10	8	7	0	15	0	0	0	0	38	35
PCP Care	4	9	6	19	8	11	6	25	7	5	0	12	0	0	0	0	56	76
PCP Delay	11	4	12	27	8	8	7	23	9	8	0	17	0	0	0	0	67	94
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	5	4	2	11	9	5	8	22	2	3	0	5	0	0	0	0	38	59
Specialist Delay	2	2	1	5	1	3	1	5	1	1	0	2	0	0	0	0	12	27
<b>Appeals</b>																		
Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	2022
Expedited Appeals Received	0	0	1	1	7	0	3	10	3	4	0	7	0	0	0	0	18	33
Standard Appeals Received	23	37	21	81	17	33	30	80	26	24	0	50	0	0	0	0	211	320
<b>Total Appeals Received</b>	<b>23</b>	<b>37</b>	<b>22</b>	<b>82</b>	<b>24</b>	<b>33</b>	<b>33</b>	<b>90</b>	<b>29</b>	<b>28</b>	<b>0</b>	<b>57</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>229</b>	<b>353</b>
Appeals Ack Letters Sent Noncompliant	0	0	1	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>95.2%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>96.2%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>98.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>99.5%</b>	<b>99.7%</b>
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	0	1	1	7	0	3	10	3	4	0	7	0	0	0	0	18	33
<b>Expedited Appeals Compliance Rate</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Appeals Resolved Compliant	19	23	35	77	19	17	39	75	25	24	0	49	0	0	0	0	201	336
<b>Standard Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>99.7%</b>
<b>Total Appeals Resolved</b>	<b>19</b>	<b>23</b>	<b>36</b>	<b>78</b>	<b>26</b>	<b>17</b>	<b>42</b>	<b>85</b>	<b>28</b>	<b>28</b>	<b>0</b>	<b>56</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>219</b>	<b>370</b>

CalViva Health Appeals and Grievances Dashboard 2023 (Fresno County)

<b>Appeals Descriptions - Resolved Cases</b>																			
<b>Pre-Service Appeals</b>	<b>19</b>	<b>23</b>	<b>33</b>	<b>75</b>	<b>25</b>	<b>17</b>	<b>41</b>	<b>83</b>	<b>28</b>	<b>27</b>	<b>0</b>	<b>55</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>213</b>	<b>368</b>	
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Consultation	0	0	1	1	1	1	0	2	0	3	0	3	0	0	0	0	6	7	
DME	2	5	4	11	3	0	2	5	5	2	0	7	0	0	0	0	23	40	
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	
Advanced Imaging	9	12	17	38	8	10	21	39	10	13	0	23	0	0	0	0	100	199	
Other	2	0	0	2	2	2	8	12	3	2	0	5	0	0	0	0	19	29	
Pharmacy/RX Medical Benefit	4	2	1	7	4	0	4	8	4	5	0	9	0	0	0	0	24	44	
Surgery	2	4	10	16	7	4	6	17	6	2	0	8	0	0	0	0	41	47	
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Post Service Appeals</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>2</b>	
Consultation	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
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	2	2	1	0	1	0	0	1	0	0	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	
<b>Appeals Decision Rates</b>																			
Upholds	5	7	12	24	15	7	21	43	14	11	0	25	0	0	0	0	92	164	
<b>Uphold Rate</b>	<b>26.3%</b>	<b>30.4%</b>	<b>33.3%</b>	<b>30.8%</b>	<b>57.7%</b>	<b>41.2%</b>	<b>50.0%</b>	<b>50.6%</b>	<b>50.0%</b>	<b>39.3%</b>	<b>0.0%</b>	<b>44.6%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>42.0%</b>	<b>44.3%</b>	
Overturns - Full	14	16	23	53	11	10	21	42	14	15	0	29	0	0	0	0	124	189	
<b>Overturn Rate - Full</b>	<b>73.7%</b>	<b>69.6%</b>	<b>63.9%</b>	<b>67.9%</b>	<b>42.3%</b>	<b>58.8%</b>	<b>50.0%</b>	<b>49.4%</b>	<b>50.0%</b>	<b>53.6%</b>	<b>0.0%</b>	<b>51.8%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>56.6%</b>	<b>51.1%</b>	
Overturns - Partial	0	0	1	1	0	0	0	0	0	2	0	2	0	0	0	0	3	9	
<b>Overturn Rate - Partial</b>	<b>0.0%</b>	<b>0.0%</b>	<b>2.8%</b>	<b>1.3%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>7.1%</b>	<b>0.0%</b>	<b>3.6%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>1.4%</b>	<b>2.4%</b>	
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	
<b>Withdrawal Rate</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>2.2%</b>	
<b>Membership</b>	<b>338,835</b>	<b>349,660</b>	<b>351,313</b>		<b>353,806</b>	<b>355,821</b>	<b>357,098</b>		<b>355,405</b>	<b>353,005</b>								<b>335,572</b>	
Appeals - PTMPM	0.06	0.07	0.10	0.08	0.07	0.05	0.12	0.08	0.08	0.08	-	0.05	-	-	-	0.00	0.05	0.07	
Grievances - PTMPM	0.23	0.23	0.32	0.26	0.31	0.38	0.44	0.38	0.39	0.41	-	0.26	-	-	-	0.00	0.23	0.18	

Kings County - 2023																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2023 YTD	2022
Expedited Grievances Received	0	1	2	3	1	3	0	4	0	0	0	0	0	0	0	0	7	3
Standard Grievances Received	4	7	14	25	10	20	11	41	15	16	0	31	0	0	0	0	97	76
<b>Total Grievances Received</b>	<b>4</b>	<b>8</b>	<b>16</b>	<b>28</b>	<b>11</b>	<b>23</b>	<b>11</b>	<b>45</b>	<b>15</b>	<b>16</b>	<b>0</b>	<b>31</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>104</b>	<b>79</b>
Grievance Ack Letters Sent Noncompliant	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
<b>Grievance Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>85.7%</b>	<b>100.0%</b>	<b>96.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>99.0%</b>	<b>100.0%</b>
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	1	2	3	1	3	0	4	0	0	0	0	0	0	0	0	7	3
<b>Expedited Grievance Compliance rate</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	9	5	5	19	16	11	19	46	12	15	0	27	0	0	0	0	92	75
<b>Standard Grievance Compliance rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Total Grievances Resolved</b>	<b>9</b>	<b>6</b>	<b>7</b>	<b>22</b>	<b>17</b>	<b>14</b>	<b>19</b>	<b>50</b>	<b>12</b>	<b>15</b>	<b>0</b>	<b>27</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>99</b>	<b>78</b>
<b>Grievance Descriptions - Resolved Cases</b>																		
<b>Quality of Service Grievances</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>15</b>	<b>15</b>	<b>11</b>	<b>16</b>	<b>42</b>	<b>9</b>	<b>11</b>	<b>0</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>77</b>	<b>57</b>
Access - Other - DMHC	0	0	1	1	5	4	2	11	1	2	0	3	0	0	0	0	15	15
Access - PCP - DHCS	1	0	0	1	2	0	0	2	1	0	0	1	0	0	0	0	4	5
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	1	1	1	1	0	2	1	0	0	1	0	0	0	0	4	7
Administrative	2	0	1	3	0	0	0	0	1	1	0	2	0	0	0	0	5	4
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	0	0	0	0	2	1	1	4	0	2	0	2	0	0	0	0	6	4
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	2	0	2	3	5	5	13	2	2	0	4	0	0	0	0	19	8
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Transportation - Access	1	3	3	7	2	0	3	5	2	1	0	3	0	0	0	0	15	5
Transportation - Behaviour	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	4
Transportation - Other	0	0	0	0	0	0	4	4	1	3	0	4	0	0	0	0	8	3
<b>Quality Of Care Grievances</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>7</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>8</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22</b>	<b>21</b>
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	1	0	0	1	1	1	0	0	1	0	0	0	0	3	4
PCP Care	3	0	0	3	0	1	0	1	2	2	0	4	0	0	0	0	8	4
PCP Delay	1	1	0	2	2	1	1	4	0	1	0	1	0	0	0	0	7	6
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	0	0	0	0	1	1	2	0	1	0	1	0	0	0	0	3	6
Specialist Delay	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
<b>Appeals</b>																		
<b>Appeals</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Q1</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Q2</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Q3</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Q4</b>	<b>YTD</b>	<b>2022</b>
Expedited Appeals Received	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Received	1	3	0	4	0	0	3	3	1	1	0	2	0	0	0	0	9	16
<b>Total Appeals Received</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>16</b>
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
<b>Expedited Appeals Compliance Rate</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	2	0	3	5	0	0	0	0	1	1	0	2	0	0	0	0	7	14
<b>Standard Appeals Compliance Rate</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>

CalViva Health Appeals and Grievances Dashboard 2023 (Kings County)

<b>Total Appeals Resolved</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>14</b>
<b>Appeals Descriptions - Resolved Cases</b>																		
<b>Pre-Service Appeals</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>14</b>
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
DME	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	5
Other	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2	1
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	3
Surgery	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	4
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Post Service Appeals</b>																		
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
<b>Appeals Decision Rates</b>																		
Upholds	1	0	2	3	0	0	0	0	0	1	0	1	0	0	0	0	4	5
<b>Uphold Rate</b>	<b>50.0%</b>	<b>0.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>50.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>50.0%</b>	<b>35.7%</b>
Overturns - Full	1	0	2	3	0	0	0	0	1	0	0	1	0	0	0	0	4	9
<b>Overturn Rate - Full</b>	<b>50.0%</b>	<b>0.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>50.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>50.0%</b>	<b>64.3%</b>
Overturns - Partial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Overturn Rate - Partial</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Withdrawal Rate</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>Membership</b>	<b>36,388</b>	<b>38,617</b>	<b>38,772</b>		<b>39,184</b>	<b>39,372</b>	<b>39,665</b>		<b>39,611</b>	<b>39,697</b>								<b>314148</b>
Appeals - PTMPM	0.05	-	0.10	0.05	-	-	-	0.00	0.03	0.03	-	0.02	-	-	-	0.00	0.02	0.03
Grievances - PTMPM	0.25	0.16	0.18	0.19	0.43	0.36	0.48	0.42	0.30	0.38	-	0.23	-	-	-	0.00	0.21	0.18

Madera County - 2023																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2023 YTD	2022
Expedited Grievances Received	0	0	1	1	2	1	1	4	0	3	0	3	0	0	0	0	8	12
Standard Grievances Received	8	6	9	23	16	15	23	54	21	18	0	39	0	0	0	0	116	104
<b>Total Grievances Received</b>	<b>8</b>	<b>6</b>	<b>10</b>	<b>24</b>	<b>18</b>	<b>16</b>	<b>24</b>	<b>58</b>	<b>21</b>	<b>21</b>	<b>0</b>	<b>42</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>124</b>	<b>116</b>
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0
<b>Grievance Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>93.3%</b>	<b>95.7%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Expedited 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	2	1	1	4	0	3	0	3	0	0	0	0	8	12
<b>Expedited Grievance Compliance rate</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	13	4	8	25	6	19	16	41	20	23	0	43	0	0	0	0	109	98
<b>Standard Grievance Compliance rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Total Grievances Resolved</b>	<b>13</b>	<b>4</b>	<b>9</b>	<b>26</b>	<b>8</b>	<b>20</b>	<b>17</b>	<b>45</b>	<b>20</b>	<b>26</b>	<b>0</b>	<b>46</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>117</b>	<b>110</b>
<b>Grievance Descriptions - Resolved Cases</b>																		
<b>Quality of Service Grievances</b>	<b>10</b>	<b>3</b>	<b>8</b>	<b>21</b>	<b>7</b>	<b>16</b>	<b>13</b>	<b>36</b>	<b>18</b>	<b>23</b>	<b>0</b>	<b>41</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>98</b>	<b>83</b>
Access - Other - DMHC	1	1	1	3	2	4	3	9	0	2	0	2	0	0	0	0	14	22
Access - PCP - DHCS	0	0	0	0	0	0	0	0	1	5	0	6	0	0	0	0	6	8
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	0	2	0	2	0	0	0	0	0	0	0	0	2	3
Administrative	1	0	0	1	1	2	0	3	2	1	0	3	0	0	0	0	7	18
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	3	1	2	6	0	1	2	3	0	1	0	1	0	0	0	0	10	8
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	2	1	1	4	1	5	3	9	5	5	0	10	0	0	0	0	23	10
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Transportation - Access	1	0	1	2	2	1	4	7	7	5	0	12	0	0	0	0	21	11
Transportation - Behaviour	2	0	3	5	0	1	1	2	2	2	0	4	0	0	0	0	11	1
Transportation - Other	0	0	0	0	1	0	0	1	1	2	0	3	0	0	0	0	4	1
<b>Quality Of Care Grievances</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>4</b>	<b>4</b>	<b>9</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>19</b>	<b>27</b>
Access - Other - DMHC	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	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	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	1	0	1	1	2	0	0	0	0	0	0	0	0	3	4
PCP Care	1	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0	2	13
PCP Delay	0	0	1	1	1	1	2	4	0	2	0	2	0	0	0	0	7	4
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	1	0	0	1	0	0	1	1	0	0	0	0	0	0	0	0	2	3
Specialist Delay	0	1	0	1	0	0	0	0	2	1	0	3	0	0	0	0	4	2
<b>Appeals</b>																		
<b>Appeals</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Q1</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Q2</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Q3</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Q4</b>	<b>YTD</b>	<b>2022</b>
Expedited Appeals Received	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	9
Standard Appeals Received	5	2	1	8	0	10	5	15	2	1	0	3	0	0	0	0	26	60
<b>Total Appeals Received</b>	<b>5</b>	<b>3</b>	<b>1</b>	<b>9</b>	<b>0</b>	<b>10</b>	<b>5</b>	<b>15</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>69</b>
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	1	0	1	0	0	0	0	4	0	0	4	0	0	0	0	5	9
<b>Expedited Appeals Compliance Rate</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	0	6	2	8	0	4	7	11	0	1	0	1	0	0	0	0	20	64
<b>Standard Appeals Compliance Rate</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Total Appeals Resolved</b>	<b>0</b>	<b>7</b>	<b>2</b>	<b>9</b>	<b>0</b>	<b>4</b>	<b>7</b>	<b>11</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>25</b>	<b>73</b>
<b>Appeals Descriptions - Resolved Cases</b>																		

<b>Pre-Service Appeals</b>	<b>0</b>	<b>7</b>	<b>2</b>	<b>9</b>	<b>0</b>	<b>4</b>	<b>7</b>	<b>11</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>25</b>	<b>72</b>
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
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	6	0	6	0	3	4	7	2	1	0	3	0	0	0	0	16	40
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Pharmacy/RX Medical Benefit	0	0	1	1	0	0	2	2	1	0	0	1	0	0	0	0	4	11
Surgery	0	1	1	2	0	1	1	2	1	0	0	1	0	0	0	0	5	10
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Post Service Appeals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy/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
<b>Appeals Decision Rates</b>																		
Upholds	0	3	1	4	0	2	1	3	0	0	0	0	0	0	0	0	7	27
<b>Uphold Rate</b>	<b>0.0%</b>	<b>42.9%</b>	<b>50.0%</b>	<b>44.4%</b>	<b>0.0%</b>	<b>50.0%</b>	<b>14.3%</b>	<b>27.3%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>28.0%</b>	<b>37.0%</b>
Overturns - Full	0	3	1	4	0	1	5	6	3	1	0	4	0	0	0	0	14	46
<b>Overturn Rate - Full</b>	<b>0.0%</b>	<b>42.9%</b>	<b>50.0%</b>	<b>44.4%</b>	<b>0.0%</b>	<b>25.0%</b>	<b>71.4%</b>	<b>54.5%</b>	<b>75.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>80.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>56.0%</b>	<b>63.0%</b>
Overturns - Partial	0	1	0	1	0	0	1	1	1	0	0	1	0	0	0	0	3	0
<b>Overturn Rate - Partial</b>	<b>0.0%</b>	<b>14.3%</b>	<b>0.0%</b>	<b>11.1%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>14.3%</b>	<b>9.1%</b>	<b>25.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>20.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>12.0%</b>	<b>0.0%</b>
Withdrawal	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0
<b>Withdrawal Rate</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>25.0%</b>	<b>0.0%</b>	<b>9.1%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>4.0%</b>	<b>0.0%</b>
<b>Membership</b>	45,783	47,115	47,408		47,892	48,217	48,323		48,426	48,375								45377
Appeals - PTMPM	-	0.15	0.04	0.06	-	0.08	0.14	0.08	0.08	0.02	-	0.03	-	-	-	0.00	0.04	0.14
Grievances - PTMPM	0.28	0.08	0.19	0.19	0.17	0.41	0.35	0.31	0.41	0.54	-	0.32	-	-	-	0.00	0.20	0.21



CalViva Health Appeals and Grievances Dashboard 2023 (SPD)

Pharmacy - Rx Not Covered	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy - Pharmacy-Retail	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation - Access - Provider No Show	0	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	0
Transportation - Behaviour	0	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	1	1	0	4	0	4	0	0	0	0	0	5	0
OTHER - Other	0	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0	0	1
Claims Complaint - Balance Billing from Provider	2	0	0	2	2	1	1	4	0	2	0	2	0	0	0	0	0	8	13
<b>Appeals</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Q1</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Q2</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Q3</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Q4</b>	<b>YTD</b>	<b>2022</b>	
Expedited Appeals Received	0	0	0	0	1	0	0	1	1	3	0	4	0	0	0	0	5	4	
Standard Appeals Received	8	11	5	24	4	5	8	17	4	5	0	9	0	0	0	0	50	76	
<b>Total Appeals Received</b>	<b>8</b>	<b>11</b>	<b>5</b>	<b>24</b>	<b>5</b>	<b>5</b>	<b>8</b>	<b>18</b>	<b>5</b>	<b>8</b>	<b>0</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>55</b>	<b>80</b>	
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
<b>Appeals Ack Letter Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>98.7%</b>	
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Expedited Appeals Resolved Compliant	0	0	0	0	1	0	0	1	1	3	0	4	0	0	0	0	5	11	
<b>Expedited Appeals Compliance Rate</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>-300.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Standard Appeals Resolved Compliant	7	9	8	24	6	4	6	16	5	2	0	7	0	0	0	0	47	89	
<b>Standard Appeals Compliance Rate</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	
<b>Total Appeals Resolved</b>	<b>7</b>	<b>9</b>	<b>8</b>	<b>24</b>	<b>7</b>	<b>4</b>	<b>6</b>	<b>17</b>	<b>6</b>	<b>5</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>52</b>	<b>93</b>	
<b>Appeals Descriptions - Resolved Cases</b>																			
<b>Pre-Service Appeals</b>	<b>7</b>	<b>9</b>	<b>8</b>	<b>24</b>	<b>7</b>	<b>4</b>	<b>6</b>	<b>17</b>	<b>6</b>	<b>5</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>47</b>	<b>96</b>	
Continuity of Care	0	5	0	5	0	0	0	0	0	0	0	0	0	0	0	0	5	0	
Consultation	0	0	1	1	1	1	0	2	0	0	0	0	0	0	0	0	3	1	
DME	0	1	4	5	1	0	1	2	1	1	0	2	0	0	0	0	9	26	
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	1	
Advanced Imaging	5	0	0	5	1	0	3	4	2	1	0	3	0	0	0	0	12	43	
Other	0	0	0	0	2	0	1	3	1	0	0	1	0	0	0	0	4	8	
Pharmacy/RX Medical Benefit	2	1	1	4	0	0	0	0	1	2	0	3	0	0	0	0	7	6	
Surgery	0	2	2	4	2	3	1	6	1	1	0	2	0	0	0	0	12	11	
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Post Service Appeals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Pharmacy/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	
<b>Appeals Decision Rates</b>																			
Upholds	3	2	4	9	4	1	2	7	3	1	0	4	0	0	0	0	20	31	
<b>Uphold Rate</b>	<b>42.9%</b>	<b>22.2%</b>	<b>50.0%</b>	<b>37.5%</b>	<b>57.1%</b>	<b>25.0%</b>	<b>33.3%</b>	<b>41.2%</b>	<b>50.0%</b>	<b>20.0%</b>	<b>0.0%</b>	<b>36.4%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>38.5%</b>	<b>33.3%</b>	
Overturns - Full	4	7	4	15	3	3	4	10	3	4	0	7	0	0	0	0	32	65	
<b>Overturn Rate - Full</b>	<b>57.1%</b>	<b>77.8%</b>	<b>50.0%</b>	<b>62.5%</b>	<b>42.9%</b>	<b>75.0%</b>	<b>66.7%</b>	<b>58.8%</b>	<b>50.0%</b>	<b>80.0%</b>	<b>0.0%</b>	<b>63.6%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>61.5%</b>	<b>69.89%</b>	
Overturns - Partial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	
<b>Overturn Rate - Partial</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>3.2%</b>	
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
<b>Withdrawal Rate</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>1.1%</b>	
<b>Membership</b>	<b>38,875</b>	<b>49,002</b>	<b>49,750</b>		<b>50,141</b>	<b>50,455</b>	<b>50,626</b>		<b>50,793</b>	<b>441,077</b>							<b>109,421</b>		
Appeals - PTMPM	0.18	0.18	0.16	0.00	0.14	0.08	0.12	0.00	0.12	0.01	-	0.04	-	-	-	0.00	0.01	0.10	
Grievances - PTMPM	0.67	0.61	0.92	0.00	0.78	1.21	1.44	0.00	1.08	0.15	-	0.41	-	-	-	0.00	0.10	0.51	



**Cal Viva Dashboard Definitions**

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

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

# Item #10

## Attachment 10.D

Key Indicator Report



# Healthcare Solutions Reporting Key Indicator Report

*Auth Based Utilization Metrics for CALVIVA California SHP  
Report from 8/01/2023 to 8/31/2023  
Report created 9/27/2023*

**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

### Contact Person

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

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

Kenneth Hartley <KHARTLEY@cahealthwellness.com>



**Key Indicator Report**  
**Auth Based Utilization Metrics for CALVIVA California SHP**  
**Report from 8/01/2023 to 8/31/2023**  
 ER report created 9/27/2023

ER utilization based on Claims data	2022-08	2022-09	2022-10	2022-11	2022-12	2022-Trenc	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06	2023-07	2023-08	2023-Trenc	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Qtr Trend	CY- 2022	YTD-2023	YTD-Trend
<b>Total Number Of Referrals</b>	223	209	221	158	150		221	211	371	343	242	264	215	235		288	503	622	529	803	849		1,942	2,098	
Pending	0	0	3	1	19		1	2	0	0	2	34	22	6		1	1	0	23	3	36		25	11	
Ineligible	17	14	14	8	10		48	78	68	56	55	48	31	34		16	26	42	32	194	159		116	421	
<b>Total Outreached</b>	206	195	204	149	121		172	131	303	287	185	182	162	195		271	476	580	474	606	654		1,801	1,666	
Engaged	150	142	133	97	98		94	97	159	173	115	127	128	143		185	341	445	328	350	415		1,299	1,046	
Engagement Rate	73%	73%	65%	65%	81%		55%	74%	52%	60%	62%	70%	79%	73%		68%	72%	77%	69%	58%	63%		72%	63%	
<b>Total Screened and Refused/Decline</b>	18	23	28	17	15		49	24	96	55	44	30	19	20		19	46	54	60	169	129		179	354	
Unable to Reach	38	30	43	35	8		29	10	48	59	26	25	15	32		67	89	81	86	87	110		323	266	
<b>New Cases Opened</b>	150	142	133	97	98		94	97	159	173	115	127	128	143		185	341	445	328	350	415		1,299	1,046	
Total Cases Closed	128	104	129	143	123		110	113	102	106	185	123	130	136		181	238	333	395	325	414		1,147	1,002	
Cases Remained Open	437	471	469	429	411		382	371	399	464	406	418	417	417		267	368	471	411	399	418		411	417	
<b>Total Cases Managed</b>	581	590	616	588	540		505	491	522	609	616	555	556	574		458	622	900	818	746	851		1579	1451	
Critical-Complex Acuity	53	59	61	60	52		43	42	49	68	82	85	86	79		44	60	73	70	61	94		120	129	
High/Moderate/Low Acuity	528	535	555	528	488		462	449	473	541	534	470	470	495		414	562	827	748	685	757		1459	1322	
<b>Transitional Case Management</b>						<b>Transitional Case Management</b>						<b>Transitional Case Management</b>						<b>Transitional Case Management</b>							
<b>Total Number Of Referrals</b>	115	180	125	133	105		88	97	109	164	300	284	267	339		252	326	436	363	294	748		1,377	1,646	
Pending	0	0	0	0	5		0	0	0	0	0	5	7	3		0	0	0	5	0	5		5	4	
Ineligible	5	8	3	7	8		8	9	16	8	12	3	9	10		21	24	21	18	33	23		84	75	
<b>Total Outreached</b>	110	172	122	126	92		80	88	93	156	288	276	251	326		231	302	415	340	261	720		1,288	1,567	
Engaged	105	146	107	92	65		68	71	75	127	273	269	241	321		158	213	375	264	214	669		1,010	1,448	
Engagement Rate	95%	85%	88%	73%	71%		85%	81%	81%	81%	95%	97%	96%	98%		68%	71%	90%	78%	82%	93%		78%	92%	
<b>Total Screened and Refused/Decline</b>	1	14	5	9	11		1	3	3	4	1	2	6	0		4	12	18	25	7	7		59	24	
Unable to Reach	4	12	10	25	16		11	14	15	25	14	5	4	5		69	77	22	51	40	44		219	95	
<b>New Cases Opened</b>	105	146	107	92	65		68	71	75	127	273	269	241	321		158	213	375	264	214	669		1,010	1,448	
Total Cases Closed	120	136	113	106	82		70	55	70	62	145	267	185	248		138	220	338	301	195	474		997	1,101	
Cases Remained Open	83	87	75	55	45		30	29	19	59	96	73	80	96		71	56	87	45	19	73		45	96	
<b>Total Cases Managed</b>	217	245	206	180	135		113	107	112	147	336	439	356	450		214	297	579	372	265	689		1,127	1,499	
High/Moderate/Low Acuity	217	245	206	180	135		113	107	112	147	336	439	356	450		214	297	579	372	265	689		1,127	1,499	
<b>Palliative Care</b>						<b>Palliative Care</b>						<b>Palliative Care</b>						<b>Palliative Care</b>							
<b>Total Number Of Referrals</b>	21	21	17	7	15		11	10	12	15	15	10	9	6		24	32	51	39	33	40		146	87	
Pending	0	0	0	0	3		0	0	0	0	1	3	1	1		0	0	0	3	0	4		3	1	
Ineligible	8	8	5	0	6		6	3	5	1	1	1	1	2		11	7	17	11	14	3		46	20	
<b>Total Outreached</b>	13	13	12	7	6		5	7	7	14	13	6	7	3		13	25	34	25	19	33		97	66	
Engaged	11	7	7	6	6		5	6	5	9	9	5	2	1		9	19	23	19	16	23		70	44	
Engagement Rate	85%	54%	58%	86%	100%		100%	86%	71%	64%	69%	83%	29%	33%		69%	76%	68%	76%	84%	70%		72%	67%	
<b>Total Screened and Refused/Decline</b>	0	4	4	0	0		0	1	2	2	3	1	3	2		2	2	5	4	3	6		13	16	
Unable to Reach	2	2	1	1	0		0	0	0	3	1	0	2	0		2	4	6	2	0	4		14	6	
<b>New Cases Opened</b>	11	7	7	6	6		5	6	5	9	9	5	2	1		9	19	23	19	16	23		70	44	
Total Cases Closed	7	4	7	9	3		7	4	8	4	4	3	4	12		23	12	15	19	19	11		69	46	
Cases Remained Open	86	92	87	86	92		88	91	88	89	95	98	101	91		73	82	92	92	88	98		92	91	
<b>Total Cases Managed</b>	96	97	99	96	95		99	97	98	99	104	105	105	103		99	97	114	111	109	113		167	137	
<b>Behavioral Health Case Management</b>						<b>Behavioral Health Case Management</b>						<b>Behavioral Health Case Management</b>						<b>Behavioral Health Case Management</b>							
<b>Total Number Of Referrals</b>	111	69	70	65	79		70	76	89	46	60	61	38	51		295	318	270	214	235	167		1,097	488	
Pending	0	0	0	0	8		0	0	0	0	0	0	1	2		0	0	0	8	0	0		8	2	
Ineligible	8	1	0	2	4		4	6	11	5	4	3	3	4		25	18	13	6	21	12		62		

# Item #10

## Attachment 10.E

QIUM Quarterly Report



## REPORT SUMMARY TO COMMITTEE

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

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

**COMMITTEE**

**DATE:** October 19<sup>th</sup>, 2023

**SUBJECT:** CalViva Health QI, UCM & Population Health Update of Activities Quarter 3 2023(Oct 2023)

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### **Purpose of Activity:**

This report is to provide the RHA Commission with an update on the CalViva Health Quality Improvement, Utilization Management, Case Management and Population Health Management performance, programs, and regulatory activities in Quarter 3 of 2023.

### **I. Meetings**

Two QI/UM meetings were held in Quarter 3, in July and September. On July 20<sup>th</sup> and September 21<sup>st</sup>, 2023, the QI/UM Committee met, and the following **guiding documents** were approved:

1. 2022 Care Management Program Evaluation
2. 2023 QI Work Plan Mid-Year Evaluation
3. 2023 UCM Work Plan Mid-Year Evaluation
4. Population Health Management Strategy Program Description 2023
5. Complete Listing of Medical Policies & Q2 Medical Policy Updates
6. Clinical Practice Guidelines
7. QIUM Committee Charter 2023 Update

### **Two other presentations were made at the QIUM Committees:**

1. **Continuity & Coordination of Medical & Behavioral Healthcare** This new component of our Population Health Management program was presented and discussed at the July meeting.

#### **Purpose & Goals of this Project include the following:**

- Facilitate collaboration among medical, behavioral health providers, and CalViva leaders.
- Discuss performance results that quantify continuity & coordination between medical and behavioral health care per the six factors/opportunity areas.
- Identify opportunities based on results so far to identify and prioritize two opportunity areas for an annual cycle of corresponding actions.
- Discuss specific barriers to improvement with reports and meeting minutes to demonstrate compliance.
- Share information/brainstorm applicable initiatives or potential actions that should be executed.

**Two actions** for improvement were identified and approved by the QI/UM Committee. Further information and a follow-up report will be provided to the Committee in Q1 2024.

2. **Member & Provider Satisfaction Survey** results were presented to the Committee related to access for discussion and approval.

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

1. Pharmacy Provider Updates
2. Quality Improvement Policies & Procedures



**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 received through July 2023 increased in volume in comparison to 2022 results.
  - b. Quality of Service (QOS) cases represented the greatest volume overall and demonstrated an increase from the prior year.
  - c. Quality of Care (QOC) cases have gradually increased month over month so far this year.
  - d. Trends include an increase in balanced billing issues and transportation-related issues. Both issues are being addressed with specific action plans.
  - e. Appeals have remained consistent with prior years.
2. The Department of Health Care Services (DHCS) requires that newly enrolled Medi-Cal members have an **Initial Health Appointment (IHA)** within the first 120 days of enrollment. DHCS recently updated regulations related to this requirement. Extensive provider training on the new IHA requirements has been completed in 2023. Monitoring for the effectiveness of training is underway and retraining provided as needed.
3. **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.
  - a. Beginning in 2023, peer review results reported for cases with severity code levels 0, I, or II include reporting on further actions taken to address identified issues, such as practitioner/provider education, case management, health equity review, and network management involvement. Data for Q2 was reviewed for all case types including the follow up actions taken when indicated. PQI and PPC cases will continue to be tracked, monitored, and reported.
  - b. In quarter 2 most cases were scored at level zero, followed by level one and then level two. Three cases were at level three and sent to Peer Review. There were follow up actions completed for thirty-eight (38) lower severity cases in Q2.
4. The **Lead Screening Quarterly Report** is a Quarterly Assessment of Blood Lead Screening in Children compliance to ensure that CalViva members receive blood lead level testing and follow-up when indicated and that parents/caregivers receive anticipatory guidance related to blood lead poisoning prevention from providers. This is a new HEDIS® measure requiring that we meet or exceed the 50<sup>th</sup> percentile.
  - a. A trend is noted for lower compliance in the 18–30-month age group. This trend is attributed to the COVID-19 pandemic which spanned from March 2020 – May 2023. Members in this age group were born amidst the pandemic which impacted appointment availability and member adherence to medical appointments affecting compliance with testing frequency and parent education. Actions taken to improve compliance are:
    1. Increase Point of Care testing by supplying high-volume providers with the necessary equipment.
    2. Educating all providers on the correct billing codes for testing and anticipatory guidance.
5. **Additional Quality Improvement Reports** approved include Facility Site and Medical Record Review Report, Provider Preventable Conditions, County Relations Report, Member Incentives Program report, Performance Improvement Updates (PIPs & SWOT), and others scheduled for presentation at the QI/UM Committee during Q3.

**III. Access Reports** – The following is a summary of the access related reports and topics reviewed. These reports may come from the Access Work Group or other access-related information.

1. Access Work Group minutes from May 30<sup>th</sup>, 2023, were reviewed and approved.
2. The **Access Work Group Q2 Summary Report** was presented. This report provides a summary of Work Group activities in Quarter 2 of 2023. Reports and topics discussed focus on access-related issues, trends, and any applicable corrective actions. A variety of reports were presented and discussed at the workgroup including, but not limited to, reports on access related grievances, network capacity, Call Center metrics, Triage & Screening results, Telehealth and more. A status report on the MY 2021 PAAS and After-Hours Corrective Action Plan (CAP) was presented. Updates were provided on Network Certifications and other regulatory filings.
3. **Additional Quality Improvement Reports** approved include the Specialty Referral Report and the Standing Referral Report.

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

1. **The Key Indicator Report (KIR) & Concurrent Review Report** provided data through July 31<sup>st</sup>, 2023, and Q2 respectively. A summary was reviewed with the most recent data for Admissions, Bed Days, Average Length of Stay, and Readmissions through Q2 2023. Quarterly comparisons were reviewed with the following results:
  - **Membership** shows an increase for the Expansion population, slight decrease for TANF, and an increase in the SPD population of approximately 12,500 members.
  - For **Acute Admissions** (adjusted PTMPY), all three populations (Expansion, TANF and SPD) decreased compared to 2022.
  - **Bed Days** (adjusted PTMPY) decreased for all three populations.
  - **Acute Length of Stay** (adjusted PTMPY) decreased slightly for Expansion and SPD populations and remained the same for TANF population.
  - **Readmits within 30 days** (adjusted PTMPY) decreased slightly for Expansion and SPD populations and increased slightly for TANF.
  - **ER Visits** (adjusted PTMPY) are lower for Expansion and SPD populations through Q2 and slightly increased for TANF.
2. **Case Management and CCM Report** provides a summary of the various case management and care coordination services offered to CalViva members. The programs include integrated case management, perinatal case management, behavioral health case management, transitional care management for members transitioning from one level of care to another, MemberConnections, Palliative Care, and Emergency Department (ED) diversion activities. Reports for Q1 and Q2 were presented in July and September respectively. The outcome measures include Readmission rates, ED utilization, Pre-term deliveries for the OB population, Member satisfaction, and Overall Healthcare costs. Positive results were seen for all outcome measures.
  - There has been a recent emphasis on Transitional Care Services (TCS) associated with new Population Health Management standards from DHCS. Process changes are being implemented to enhance TCS across all settings and delivery systems, ensuring members are supported from discharge planning until they have been successfully connected to all needed services and support.
3. A new report was presented on **Enhanced Care Management (ECM) & Community Supports** in Q3 to summarize a key feature of CalAIM, DHCS' initiative to improve the quality of life and health outcomes of Medi-Cal Members by implementing a broad delivery system and program and payment reform. Enhanced Care Management (ECM) and Community Supports (CS) provide a new menu of services that can serve as cost-effective alternatives to covered Medi-Cal services. Between January through June 2023, there has been a steady increase in both ECM and CS uptake, including authorizations and claims submissions.
  - For ECM, of 19,074 members assigned in the three CVH counties, 6,784 were successfully enrolled, accounting for a 36% enrollment rate.

- For CS, a total of 790 authorizations were submitted between January to June 2023, with 1,312 total claims paid.
- 50% of the paid CS claims were for services related to Housing Transition/Navigation Services, followed by 32% for Asthma Remediation, and 14% for Recuperative Care.
- Fresno (89%) accounted for the most referrals, followed by Madera (6%) and Kings (5%).

Barriers to ECM and CS uptake continue to be focused on lack of accurate or available member contact information, difficulty finding members to refer into the program, lack of awareness by members and other providers of the program, inconsistent engagement with providers by the Plan's provider liaison, and training and technical assistance needs on operational functions.

Next steps include but are not limited to:

- a. Partner with the Population Health and Clinical Operations (PHCO) team to systematically screen, engage, and refer members to ECM and CS services.
- b. Engage targeted ECM and CS providers to outreach and enroll members and close authorization to claims gap.

**4. Additional UMCM Reports** include Concurrent Review IRR Report, TurningPoint, MedZed Report, NIA/Magellan, CCS Report, SPD HRA Report, Top 10 Inpatient Diagnoses MY2022, PA Member Letter Monitoring report 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 within 5% of standard for the second quarter.
2. PA metrics improved in Q2 compared to Q1 with an overall Turn-around Time of 98.5%.
3. PA volumes increased slightly in Q2.
4. Second quarter top medication requests were consistent with quarter 1.
5. Inter-rater Reliability results met the 90% threshold for action. 95% goal not met; the overall score was 94.17%. Criteria application was the main issue in Q2 like Q1 2023. PA Managers will continue to make sure the criteria are applied correctly.

## V. HEDIS® Activity

In Q3, HEDIS® related activities were focused on analyzing the results for MY2022 under the Managed Care Accountability Set (MCAS) measures and the minimum performance level (MPL) of 50<sup>th</sup> percentile.

The final HEDIS® results for CalViva for MY 2022 (RY23) were received. A review of these results noted the following:

- **Fresno County** did not meet the Minimum Performance Level (MPL) of the 50<sup>th</sup> percentile for the following measures: Follow up after ED Visit for Mental Health/SUD (new), Cervical Cancer Screening, Childhood IZ, Lead Screening in Children, and Child and Adolescent Well-Care Visits.
- **Kings County** did not meet the MPL of the 50<sup>th</sup> percentile for the following existing measures: Childhood IZs, Immunizations for Adolescents, Lead Screening, and Child and Adolescent Well-Care Visits.
- **Madera County** met the MPL of the 50<sup>th</sup> percentile for all existing measures but not for the new Follow up after ED Visit for Mental Health/SUD.

There are three new HEDIS® Measures for 2023 and these are as follows:

- Asthma Medication Ratio, Topical Fluoride for Children, and Developmental Screening in the First Three Years of Life.
- **SWOT Project** is in progress to improve Well Child Visits and Childhood Immunizations.
  1. Improve Well-Child Visits and Childhood Immunizations for children under 2 years.

2. Working with two FQHCs to test Converting sick visits to well visits and completing Chart Prep to immunize at every visit.
3. Next Report Due to DHCS 11/30/23

- **Two Performance Improvement Projects:**

1. Clinical Disparity PIP - Improve Infant Well-Child Visits in the African American Population in Fresno County
  - Initial proposal submitted to HSAG/DHCS completed 9/8/23. Awaiting feedback.
  - Planning & Analysis Phase-Analyzing the data & conducting Key Informant Interviews.
  - Establish proposed interventions with implementation in Q1 2024.
2. Non-Clinical PIP - Improve Follow up After ED Visit for Mental Health or SUD utilizing Community Supports
  - Initial proposal submitted to HSAG/DHCS completed 9/8/23. Awaiting feedback.
  - Planning & Analysis Phase-Analyzing the data & conducting Key Informant Interviews.
  - Establish proposed interventions with implementation in Q1 2024.

## **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 #10

## Attachment 10.F

Executive Dashboard





CalViva Health  
Executive Dashboard

<b>IT Communications and Systems</b>	<b>Active Presence of an External Vulnerability within Systems</b>	<b>NO</b>	Description: A good status indicator is all potential external vulnerabilities scanned and a very low identification of confirmed and/or potential vulnerabilities.
	<b>Active Presence of Viruses within Systems</b>	<b>NO</b>	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.
	<b>Active Presence of Failed Required Patches within Systems</b>	<b>NO</b>	Description: A good status indicator is all identified and required patches are successfully being installed.
	<b>Active Presence of Malware within Systems</b>	<b>NO</b>	Description: Software that is intended to damage or disable computers and computer systems.
	<b>Active Presence of Failed Backups within Systems</b>	<b>NO</b>	Description: A good status indicator is all identified and required backups are successfully completed.
	<b>Average Age of Workstations</b>	<b>3 Years</b>	Description: Identifies the average Computer Age of company owned workstations.
<b>Message From The CEO</b>	At present time, there are no significant issues or concerns as it pertains to the Plan's IT Communication and Systems.		



CalViva Health  
Executive Dashboard

		Year	2022	2022	2022	2022	2023	2023
		Quarter	Q1	Q2	Q3	Q4	Q1	Q2
Member Call Center CalViva Health Website	(Main) Member Call Center	# of Calls Received	31,993	26,858	26,747	24,875	35,660	34,897
		# of Calls Answered	31,509	26,465	26,495	24,707	35,418	34,625
		Abandonment Level (Goal < 5%)	1.50%	1.50%	0.90%	0.70%	0.70%	0.80%
		Service Level (Goal 80%)	95%	94%	88%	96%	94%	87%
	Behavioral Health Member Call Center	# of Calls Received	1,365	1,511	1,082	602	813	940
		# of Calls Answered	1,352	1,490	1,066	596	808	930
		Abandonment Level (Goal < 5%)	1.00%	1.40%	1.50%	1.00%	0.60%	1.10%
		Service Level (Goal 80%)	89%	88%	86%	92%	91%	89%
	Transportation Call Center	# of Calls Received	6,737	8,470	8,062	9,278	12,407	12,107
		# of Calls Answered	6,663	8,411	8,014	9,241	12,394	12,083
		Abandonment Level (Goal < 5%)	0.80%	0.40%	0.50%	0.20%	0.10%	0.00%
		Service Level (Goal 80%)	75%	85%	85%	88%	94%	93%
	CalViva Health Website	# of Users	28,000	25,000	32,000	27,000	54,000	42,000
Top Page		Provider Search	Provider Search	Provider Search	Do You Qualify?	Main Page	Main Page	
Top Device		Mobile (62%)	Mobile (59%)	Mobile (60%)	Mobile (57%)	Mobile (60%)	Mobile (60%)	
Session Duration		~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 1 minute	~ 2 minutes	~ 1 minute	
Message from the CEO	Q2 2023 data was presented during the September 28, 2023 Commission Meeting. At present time, there are no significant issues or concerns as it pertains to the Plan's Member Call Center and Website Activities.							





CalViva Health  
Executive Dashboard

Provider Network & Engagement Activities	Year	2023	2023	2023	2023	2023	2023	2023	
	Month	Feb	Mar	Apr	May	Jun	Jul	Aug	
	Hospitals	10	10	10	10	10	10	10	
	Clinics	155	155	155	155	155	156	156	
	PCP	382	383	385	387	387	395	400	
	PCP Extender	305	310	314	318	318	324	324	
	Specialist	1277	1291	1346	1401	1431	1451	1453	
	Ancillary	239	240	238	236	236	238	235	
	Year	2021	2022	2022	2022	2022	2023	2023	
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
	Behavioral Health	447	472	497	530	472	507	593	
	Vision	43	39	39	25	30	37	104	
	Urgent Care	13	14	10	11	11	12	14	
	Acupuncture	5	5	6	4	4	4	4	
	Year	2021	2022	2022	2022	2022	2023	2023	
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
	% of PCPs Accepting New Patients - Goal (85%)	95%	95%	95%	92%	97%	97%	97%	
	% Of Specialists Accepting New Patients - Goal (85%)	96%	97%	98%	97%	97%	98%	98%	
	% Of Behavioral Health Providers Accepting New Patients - Goal (85%)	97%	97%	97%	97%	96%	96%	97%	
	Year	2023	2023	2023	2023	2023	2023	2023	
	Month	Feb	Mar	Apr	May	Jun	Jul	Aug	
	Providers Touched by Provider Relations	307	326	421	461	704	550	517	
	Provider Trainings by Provider Relations	219	426	351	642	1,185	1,492	1735	
	Year	2017	2018	2019	2020	2021	2022	2023	
	Total Providers Touched	2,786	2,552	1,932	3,354	1,952	1,530	3,568	
	Total Trainings Conducted	762	808	1,353	257	3,376	5,754	6,331	
	Message From the CEO	At present time, there are no significant issues or concerns as it pertains to the Plan's Provider Network & Engagement Activities.							



CalViva Health  
Executive Dashboard

	Year	2021	2022	2022	2022	2022	2023	2023
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Claims Processing	Medical Claims Timeliness (30 days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	95% / 99% NO	99% / 99% NO
	Behavioral Health Claims Timeliness (30 Days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	99% / 99% N/A	96% / 99% N/A	98% / 99% N/A	99% / 99% N/A	99% / 99% N/A	94% / 95% N/A	99% / 99% N/A
	Acupuncture Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	99% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	Vision Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / NA NO	100% / 100% NO	100% / 100% NO
	Transportation Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	99% / 99% NO	99% / 99% NO	99% / 99% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	PPG 1 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	97% / 99% YES	97% / 99% YES	99% / 100% YES	96% / 99% NO	99% / 100% NO	99% / 99% NO	100% / 100% NO
	PPG 2 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	88% / 95% NO	80% / 95% NO	78% / 87% YES	81% / 89% YES	90% / 94% YES	82% / 91% YES	91% / 97% NO
	PPG 3 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	63% / 99% YES	95% / 99% YES	79% / 95% YES	55% / 89% NO	95% / 100% YES	90% / 100% YES	83% / 98% YES
	PPG 4 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	98% / 99% YES	97% / 100% NO	88 / 100% YES	98% / 100% NO	100% / 100% NO	99% / 100% NO	99% / 100% NO
	PPG 5 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	99% / 100% YES	97% / 97% NO	98% / 100% NO	100% / 100% NO	98% / 100% NO	100% / 100% NO	100% / 100% NO
	PPG 6 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	98% / 100% YES	84% / 89% NO	100% / 100% NO	99% / 100% YES	98% / 100% NO	99% / 100% NO	99% / 100% NO
	PPG 7 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	95% / 100% NO	91% / 96% NO	94% / 100% YES	99% / 99% NO	99%/100% NO	99%/100% NO	99% / 100% NO
	PPG 8 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	73% / 98% NO	89% / 96% NO	99% / 99% NO	99% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	Message from the CEO	Q2 2023 data was presented during the September 28, 2023 Commission Meeting. Q3 2023 data is not yet available.						



CalViva Health  
Executive Dashboard

	Year	2021	2022	2022	2022	2022	2023	2023	
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
<b>Provider Disputes</b>	<b>Medical Provider Disputes Timeliness (45 days)</b> <b>Goal (95%)</b>	99%	99%	98%	97%	96%	98%	99%	
	<b>Behavioral Health Provider Disputes Timeliness (45 days)</b> <b>Goal (95%)</b>	100%	100%	100%	100%	100%	100%	100%	
	<b>Acupuncture Provider Dispute Timeliness (45 Days)</b> <b>Goal (95%)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	<b>Vision Provider Dispute Timeliness (45 Days)</b> <b>Goal (95%)</b>	100%	100%	100%	100%	N/A	100%	100%	
	<b>Transportation Provider Dispute Timeliness (45 Days)</b> <b>Goal (95%)</b>	100%	N/A	N/A	N/A	N/A	N/A	N/A	
	<b>PPG 1 Provider Dispute Timeliness (45 Days)</b> <b>Goal (95%)</b>	94%	97%	100%	100%	100%	100%	100%	
	<b>PPG 2 Provider Dispute Timeliness (45 Days)</b> <b>Goal (95%)</b>	100%	100%	100%	100%	100%	84%	11%	
	<b>PPG 3 Provider Dispute Timeliness (45 Days)</b> <b>Goal (95%)</b>	99%	97%	97%	45%	85%	71%	40%	
	<b>PPG 4 Provider Dispute Timeliness (45 Days)</b> <b>Goal (95%)</b>	100%	100%	100%	100%	100%	99%	41%	
	<b>PPG 5 Provider Dispute Timeliness (45 Days)</b> <b>Goal (95%)</b>	100%	97%	97%	86%	98%	100%	43%	
	<b>PPG 6 Provider Dispute Timeliness (45 Days)</b> <b>Goal (95%)</b>	100%	100%	100%	N/A	100%	100%	47%	
	<b>PPG 7 Provider Dispute Timeliness (45 Days)</b> <b>Goal (95%)</b>	39%	91%	43%	96%	98%	N/A	100%	
	<b>PPG 8 Provider Dispute Timeliness (45 Days)</b> <b>Goal (95%)</b>	N/A	100%	100%	100%	100%	100%	100%	
	<b>Message from the CEO</b>	Q2 2023 data was presented during the September 28, 2023 Commission Meeting. Q3 2023 data is not yet available.							

PPG 1	First Choice/Meritage Medical network
PPG 2	IMG
PPG 3	La Salle
PPG 4	Adventist Health / MedPoint (Professional)
PPG 5	Adventist Health / Adventist Medical Center (Institutional)
PPG 6	Adventist Health / MedPoint (ER, OOA ER, and SNF)
PPG 7	CVMP/MedPro/Conifer
PPG 8	Santé
Vision	Engolve Vision
Acupuncture	American Specialty Health Network
Transportation	Modivcare