

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: March 21, 2024

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, March 21, 2024
1:30 pm to 3:30 pm**

Where to attend:

- 1) CalViva Health
7625 N. Palm Ave., #109
Fresno, CA
- 2) 305 E. Center
Visalia, CA 93291

Meeting materials have been emailed to you.

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

Thank you

AGENDA

Fresno-Kings-Madera Regional Health Authority Commission Meeting

March 21, 2024
1:30pm - 3:30pm

Meeting Locations:

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

2) 305 E. Center
Visalia, CA 93291

Item	Attachment #	Topic of Discussion	Presenter
1		Call to Order	D. Hodge, MD, Chair
2		Roll Call	C. Hurley, Clerk
3 Information	Attachment 3.A	Madera County At-Large Commission Seat Re-appointment /Application <ul style="list-style-type: none">Paulo Soares <i>Action: Commission to vote on reappointment of Commissioner</i>	D. Hodge, MD, Chair
4 Action	Attachment 4.A Attachment 4.B Attachment 4.C Attachment 4.D Attachment 4.E Attachment 4.F	Consent Agenda: <ul style="list-style-type: none">Commission Minutes dated 2/15/24Finance Committee Minutes dated 10/19/23QI/UM Committee Minutes dated 11/16/23Public Policy Committee Minutes dated 9/6/23Public Policy Committee Minutes dated 9/27/23Public Policy Committee Minutes dated 12/6/23 <i>Action: Approve Consent Agenda</i>	D. Hodge, MD, Chair
5 Action	No attachment	Community Support Program Ad-Hoc Committee Selection <ul style="list-style-type: none">Select ad-hoc Committee <i>Action: Selection of Ad-Hoc Committee</i>	J. Nkansah, CEO
	Handouts will be available at meeting	PowerPoint Presentations will be used for items 6-8 One vote will be taken for combined items 6-8	
6 Action	Attachment 6.A Attachment 6.B	Population Health <ul style="list-style-type: none">Population Health Management Segmentation ReportPopulation Health Management Assessment Report <i>Action: Approve the PHM Assessment</i>	P. Marabella, MD, CMO
7 Action	Attachment 7.A Attachment 7.B	2024 Quality Improvement <ul style="list-style-type: none">2024 Program Description & Change Summary2024 Work Plan	P. Marabella, MD, CMO

Action: Approve 2024 Quality Improvement Program Description, and 2024 Quality Improvement Work Plan

8 Information No attachment **HEDIS® Report Update** P. Marabella, MD, CMO

9 Action **Standing Reports**

Attachment 9.A **Finance** D. Maychen, CFO

- Financials as of January 31, 2024

Attachment 9.B **Compliance** Mary Lourdes Leone, CCO

- Compliance Report

Attachment 9.C **Medical Management** P. Marabella, MD, CMO

Attachment 9.D

- Appeals and Grievances Report

Attachment 9.E

- Key Indicator Report

Attachment 9.F

- Credentialing Sub-Committee Quarterly Report
- Peer Review Sub-Committee Quarterly Report

Attachment 9.G **Executive Report** J. Nkansah, CEO

- Executive Dashboard

Action: Accept Standing Reports

10 **Final Comments from Commission Members and Staff**

11 **Announcements**

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

13 **Adjourn** D. Hodge, MD, Chair

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

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

Next Meeting scheduled for May 16, 2024 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-B

Madera County
At-large Commission Seat
Reappointment

**FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY
COMMISSION AT-LARGE APPOINTEE
APPLICATION FORM**

Three Commission appointed positions have been designed as follows: one resident from Fresno County, one resident from Kings County and one resident from Madera County. Qualified applicants shall represent the general public, beneficiaries, physicians; hospitals, clinics and other non-physician health care provider. Individuals considering Commission at-large positions should have a commitment to a health care system which seeks to improve access to quality health care for all persons, regardless of their economic circumstances, delivers high quality care and is financially viable.

Name of Applicant: Paulo Soares
Home Address: _____ City: _____ Zip: _____
Current Employer: Camarena Health
Business Address: 730 N. I Street #202 City: Madera Zip: 93637
Home Phone: _____ Work Phone: 559-664-4089 E-mail Address: psoares@camarenahealth.org

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):

_____ None _____

List past or present affiliations with private and/or public health plans.

Current appointment as Commissioner of Cal Viva Health Plan

What experience or special knowledge can you bring to the Regional Health Authority?

As CEO of Camarena Health, the largest provider of primary care services in Madera County, I can provide a reliable perspective on the needs of Cal Viva beneficiaries as well as the needs/concerns of providers in Madera County. Camarena Health is responsible for the care of approximately 24,000 Cal Viva members.

List community organizations to which you belong:

CASA of Fresno/Madera Counties, Madera Rotary, Central Valley Health Network

Convictions and penalties- Have you ever been convicted of a felony? If yes, give date(s), Location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)

None

List any affiliation you or your spouse has with public service agencies:

None

Provide a minimum of three references and their contact information that the commission Nominating Committee may contact:

1. Name: Kerry Hydash
Affiliation: Family Healthcare Network - CEO
Contact Phone Number 559-972-4097

2. Name: Justin Preas
Affiliation: United Health Centers - CEO
Contact Phone Number: 559-304-9727

3. Name: Monic Wilhite
Affiliation: Camarena Health Board Chair
Contact Phone Number: 559-250-0026

Please Note: Commission appointees are required to submit California Form 700 for filing with the Fair Political Practices Commission.

I HAVE READ THE "FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY COMMISSION POLICY" REGARDING CONFLICT OF INTEREST FOR COMMISSION APPOINTEES AND AGREE TO ABIDE BY THE POLICIES AND PRODEDURES AT ALL TIMES WHILE AN APPOINTED MEMBER. AT PRESENT, TO THE BEST OF MY KNOWLEDGE, NO CONFLICT OF INTEREST EXISTS IN MY SERVING ON THIS COMMITTEE.

(Signature)

(Date)

COMPLETE FORM AND RETURN TO:

**Clerk to the Commission
Fresno-Kings-Madera Regional Health Authority
7625 N. Palm Avenue, Suite 109
Fresno, CA 93711**

Applications will be kept on file for a year.

Item #4

Attachment 4.A-4.F

Consent Agenda

- 4.A Commission Minutes dated 2/15/24
- 4.B Finance Committee Minutes dated 10/19/23
- 4.C QIUM Committee Minutes dated 11/16/23
- 4.D Public Policy Committee Minutes dated 9/6/23
- 4.E Public Policy Committee Minutes dated 9/27/23
- 4.F Public Policy Committee Minutes dated 12/6/23

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
February 15, 2024

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

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

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:31 pm. A quorum was present.		
#2 Roll Call Cheryl Hurley, Clerk to the Commission	A roll call was taken for the current Commission Members.		<i>A roll call was taken</i>

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<p>#3 Reappointed BOS Commissioners</p> <p>Action D. Hodge, MD, Chair</p>	<p>Fresno County has re-appointed Supervisor Sal Quintero as Commissioner, and Supervisor Brian Pacheco as alternate. Kings County has re-appointed Supervisor Joe Neves as Commissioner and Supervisor Rusty Robinson as alternate. In 2023, Madera County re-appointed Supervisor David Rogers as Commissioner and Supervisor Jordan Wamhoff as alternate for a term of three years.</p>		<p>Motion: Appointment was ratified by Commission.</p> <p>11 – 0 – 0 – 6 (Neves / Soares)</p>
<p>#4 Consent Agenda</p> <ul style="list-style-type: none"> • Commission Minutes dated 10/19/23 • Finance Committee Minutes dated 9/28/23 • QI/UM Committee Minutes dated 9/21/23 • QIUM Committee Minutes dated 10/19/23 • Compliance Report • 2024 Code of Conduct • 2024 Emergency Preparedness & Crisis Response Plan <p>Action D. Hodge, MD, Chair</p>	<p>All consent items were presented and accepted as read.</p>		<p>Motion: Consent Agenda was approved.</p> <p>11 – 0 – 0 – 6 (Neves / Naz)</p>
<p>5. Closed Session:</p> <p>A. Public Employee Appointment, Employment, Evaluation, or Discipline: Equity Officer. Government Code: 54957(b)(1)</p>	<p>Jason Epperson, General Counsel, reported out of closed session. The Commission discussed the items agendized for closed session, direction was given to staff.</p> <p>The Commission recessed at 1:44 pm and took no other reportable action.</p>		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<p>B. Conference with Legal Counsel-Anticipated Litigation. Government Code: 54957.9(d)(2) or (3) - One potential case</p> <p>C. Conference Report Involving Trade Secret – Discussion of service, program, or facility. Government Code section: 54954.5 Estimated date of public disclosure: February 2024</p>			
<p>#6 Annual Administration Information D. Hodge, MD, Chair</p>	<p>Dr. Hodge reminded the Commission the Form 700 is due on an annual basis, due this year on 4/2/24. Commissioners will receive notification from the Commission Clerk via email. Anyone due for an updated Ethics Certification will be notified.</p>		<p>No Motion</p>
<p>#7 FKM RHA Bylaws</p>	<p>As the Plan continues accreditation for NCQA, there is a possibility the Bylaws will require modifications and/or edits to account for changes such as equity, inclusion, or cultural humility for governance bodies. The Commission was queried if they would like to be actively involved in any required revisions, or if they prefer revisions take place internally and only red line revisions be presented to Commission. The Commission agreed they only need to see red lined versions for approval following review by general counsel.</p>	<p><i>Dr. Hodge recommended the Commission only needs to see red line changes.</i></p> <p><i>Dr. Naz recommended General Counsel be involved in any review and/or changes.</i></p>	<p>No Motion</p>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<p>#8 Annual Delegation Oversight of Health Net</p> <ul style="list-style-type: none"> • BL 24-003 2023 • Executive Summary 2023 Annual Delegation Oversight and Monitoring Plan of Health Net Community Solutions Report 	<p>The 2023 Annual Delegation Oversight and Monitoring Report of Health Net was presented to the Commission. This report will be presented to the Board on an annual basis going forward. The report is an overview of all areas the Plan oversees and monitors of Health Net Community Solutions. The following areas were reviewed: Quality Assurance, Performance Standards, Reporting Completeness, Timeliness & Accuracy, and Oversight Audits. For 2023, Health Net has met the requirements and their obligations and has scored a Pass in all areas.</p>		<p><i>Motion: Annual Delegation Oversight of Health Net was approved and Health Net was approved to continue their delegated functions for another year.</i></p> <p>11 – 0 – 0 – 6</p> <p>(Frye / Luchini)</p>
<p>#9 2023 Annual Quality Improvement Work Plan Evaluation</p> <ul style="list-style-type: none"> • Executive Summary • Year End Evaluation 	<p>Dr. Marabella presented the 2023 Annual Quality Improvement Work Plan Evaluation.</p> <p>The Quality Improvement (QI) Program Evaluation 2023 Year-End includes:</p> <ol style="list-style-type: none"> 1. Summary of Overall effectiveness of QI Program 2. Goals and Quality Indicators 3. Overall Effectiveness of QI Work Plan Initiatives 4. QI Reporting 5. Summary of Key Accomplishments 6. Annual QI Program Changes <p>The Quality Improvement 2023 Work Plan includes the following categories, which are all required elements for NCQA:</p> <ol style="list-style-type: none"> 1. Behavioral Health 2. Chronic Conditions 3. Member Engagement and Experience 4. Hospital Quality / Patient Safety 5. Pediatric 6. Perinatal Health 7. Pharmacy 8. Preventive Health 9. Provider Engagement 10. Continuity/Coordination of Care 11. Access, Availability and Service and Satisfaction 		<p><i>Motion: See item #11 for motion.</i></p>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>Overall, there were 67 objectives, of which 46 were met; 68%. Some are ongoing activities and were not going to meet goal this year.</p> <p>Rate of objectives met:</p> <ol style="list-style-type: none"> 1. Behavioral Health – 2 out of 6; 33.33% 2. Chronic Conditions – 6 out of 6; 100% 3. Member Engagement and Experience – 1 out of 1; 100% 4. Hospital Quality / Patient Safety – 9 out of 12; 75% 5. Pediatric – 3 out of 9; 33.33% 6. Maternal/Women’s Health – 5 out of 6; 83.33% 7. Pharmacy – 2 out of 3; 66.67% 8. Preventive Health – 12 out of 13; 92.31% 9. Provider Engagement – 6 out of 11; 54.55% <p>For Behavioral Health, the focus is on improving follow up after E.D. visit for substance use or mental health disorder, measured by the HEDIS® metric FUA-30 and FUM-30. Overall, CalViva did not meet the 50th Percentile Quality Compass performance goal. Kings County did meet the MPL for both measures.</p> <ul style="list-style-type: none"> • Initiated Non-clinical PIP to focus on Fresno and Madera Counties. • PIP topic is focused on improving provider notifications. • Working with CRMC and HSAG to work out data sharing issues. • Project is ongoing through end of 2025. <p>For Chronic Conditions, the goal is to Implement strategies to improve performance in Asthma Medication Ratio (AMR), Blood Pressure Control (CBP), Diabetes (CDC >9).</p> <p>Member Engagement and Experience: CAHPS Survey – 5 out of 8 measures met the Outcome Quality Compass (QC) 25th percentile goal. Outcomes not met were 1) Getting Needed Care, 2) Customer Service, and 3) Rating of Health Plan.</p> <p>With Hospital Quality/Patient Safety, CVH has 5 facilities participating total. The goal is to work to ensure hospitals are providing appropriate, safe care to patients</p>	<p><i>Commissioner Sara Bosse asked if Fresno Surgical Hospital was included in the five facilities total count.</i></p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>that avoids preventable harm, and to provide guidance to members about informed choice when selecting a hospital site.</p> <ul style="list-style-type: none"> • All five (5) hospitals submitted sufficient data to develop a scorecard. • Improvement still needed in hospital acquired infections (MRSA & SSI Colon did not improve). All hospitals continued to meet the goal for Clostridioides difficile (C.Diff). • Most hospitals did not meet the goal for C-section rate (<23.6%) however, most did show directional improvement. <p>For Pediatric / Children’s Health Program, the Plan completed a SWOT Project focused on increasing Well Child Visits and Childhood Immunizations and initiated a Performance Improvement Project (PIP) for Well-Child Visits in the First 30 Months of Life – 0 – 15 months – Six or More Well-Child Visits (W30-6+). The target population is Black or African American members in Fresno County.</p> <ul style="list-style-type: none"> • PIP Submission: Steps 1-6 approved with 100% validation in January 2024. • Key Informant Interviews/Focus Group completed. • Process Map & GIS Map in development. • Next steps are to identify interventions based on failures in the process and key drivers and begin intervention implementation in 2024. <p>For Perinatal, all CalViva Health Counties are exceeding the 50th percentile for timely prenatal care, postpartum care, and Chlamydia screening. Fresno, Kings, and Madera Counties exceeded the 90th percentile for PPC-post. Fresno and Madera Counties exceeded the 75th percentile for PPC-pre.</p> <p>For Pharmacy, Asthma Medication Ratio (AMR) is a new MCAS measure for MY 2023. In 2023 members with a gap were outreached and instructed to review their action plan with their MD. In 2024, assessment of the effectiveness of these strategies will be made as well as modifications/additions to address the desired outcomes.</p> <p>For Preventive Health, Cancer Screening: Breast Cancer, Cervical Cancer & Chlamydia Screening:</p> <ul style="list-style-type: none"> • Two mobile mammography vendors contracted: Alinea and Pacific Coast 	<p><i>Dr. Marabella confirmed, CRMC, Clovis Community, Fresno Surgical, St. Agnes, and Adventist are the five facilities.</i></p>	

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	<ul style="list-style-type: none"> • 20 Pacific Coast mobile mammography events were completed for CalViva in 2023. • A Mammography Incentive Program was also offered, and in 2023, eight provider groups opted into the radiology incentive program for point-of-care incentive distribution. • Member outreach to schedule appointments also completed. <p>For Provider Engagement, Quality Evaluating Data to Generate Excellence (EDGE):</p> <ul style="list-style-type: none"> • Provider Engagement action planning with Priority Providers– adult and pediatric measures to improve HEDIS® measure compliance. • Cozeva adoption for priority providers. • Focus on PARS assessment to identify office equipment needs. • Access, Availability, and Service and Satisfaction: Provider Access, Availability, Satisfaction Survey Measures met the following goals: <ul style="list-style-type: none"> ○ 100% PAAS (DMHC) - Access to Ancillary measures. ○ 100% of Provider After-Hours Survey measures. ○ 50.82% of PAAS measures. ○ 50% of the Telephone Access Survey measures. ○ 44% of Provider Satisfaction Survey (PSS) measures and 50% of BH PSS measures. ○ 100% of Behavioral Health PAAS by Risk Rating measures. <p>For Continuity / Coordination of Care, CalViva utilizes NCQA as a roadmap for improvement and how an organization can deliver high-quality care. Organizations use NCQA standards to perform a care gap analysis and align improvement activities with areas that are most important to the State and employers.</p> <p>For HEDIS®, RY 2023, overall CalViva achieved 64% of MCAS measures above the MPL for MY 2022. Madera County hit 87%; Kings County hit 60%; and Fresno County hit 47%.</p>		
<p>#10 – 2023 Annual Utilization Management Case</p>	<p>Dr. Marabella presented the 2023 Annual Utilization Management Case Management Workplan Evaluation Executive Summary and Year End Evaluation;</p>		<p>Motion: See item #11 for motion.</p>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<p>Management Workplan Evaluation</p> <ul style="list-style-type: none"> • Executive Summary • Year End Evaluation <p>2024 Utilization Management Program Description & Change Summary</p> <p>2024 Utilization Management Case Management Work Plan</p> <p>Action P. Marabella, MD, CMO</p>	<p>the 2024 Utilization Management Program Description & Change Summary; and the 2024 Utilization Management Case Management Work Plan.</p> <ul style="list-style-type: none"> • Compliance with Regulatory & Accreditation Requirements: <ul style="list-style-type: none"> ○ All compliance activities met objectives for this end-of-year evaluation except for periodic audits for compliance with regulatory standards. <ul style="list-style-type: none"> ▪ Clear and concise letter content was not met due to the use of clinical verbiage/acronyms. ▪ Additional training and coaching were completed regarding the use of clear and concise language. ▪ The A&G letter template correction was submitted to compliance for approval and subsequently moved to production in January 2024. • Monitoring the UM Process. <ul style="list-style-type: none"> ○ TAT was met with 99% or better in all areas and quarters except for Pre-Service Routine Deferrals. One deficiency in January 2023 resulting in a 96.85% TAT for the quarter but met threshold for action 95%. • Monitoring Utilization metrics. <ul style="list-style-type: none"> ○ All objectives were met with the exception of the PPG Profile. Annual audit reviews resulted in corrective action plans (CAPs) for PPGs due to falling below turnaround time targets, denials, access to staff, appropriate professionals and delegation. • Monitoring Coordination with Other Programs and Vendor Oversight. <ul style="list-style-type: none"> ○ All activities related to monitoring coordination with other programs and vendor oversight met objectives for this end of year evaluation. • All monitoring activities for Special Populations met goals. This includes: <ul style="list-style-type: none"> • CCS Tracking • SPD Tracking 		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<ul style="list-style-type: none"> • CBAS Tracking • Mental Health Tracking • The Adequacy of UMCM Program Resources met goal: <ul style="list-style-type: none"> ○ Utilization metrics met the goal of a 2% decrease in bed days, acute admissions, length of stay and readmissions. ○ Satisfaction data reports noted consistent results with previous years with some improvements and opportunities identified. ○ Improvement in timeliness of referrals was identified as an opportunity and determined to be consistent with grievance data when analysis was performed. • Program Scope, Processes, Information Sources: <ul style="list-style-type: none"> • Annual DHCS survey (2023) had only one deficiency identified. • Ongoing out-reach and monitoring. • Criteria used for decision-making updated and approved. <p>For Practitioner Participation and Leadership Involvement in the UM Program:</p> <ul style="list-style-type: none"> ○ Contracted network providers participated in the QI/UM Committee and Credentialing and Peer Review Sub-Committees. ○ Weekly Multi-disciplinary Care Rounds. ○ Leadership and staff provided reports, participated in improvement activities, and attended monthly meetings. <p><u>2024 Utilization Management Program Description</u></p> <p>The highlights of changes for 2024 include:</p> <ul style="list-style-type: none"> • Clarified HN mission and updated value statements. • Changed “preauthorization” to “prior authorization” and “Policy” Letters to “All Plan” Letters. • Changed “Physician” to “Provider” and Added “Post Service” to section title and section, added “or retrospective”. • Removed “Change Healthcare’s InterQual Level of Care Criteria”. 		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<ul style="list-style-type: none"> Added Population Health Management key performance indicator metrics and Provider prescribing patterns including medication utilization metrics. Added “and Health Equity” to the HN Quality Improvement. Added “PMH and Health Equity”. <p><u>2024 Utilization Management Case Management Work Plan</u></p> <p>The five areas of focus consist of:</p> <ol style="list-style-type: none"> Compliance with Regulatory & Accreditation Requirements Monitoring the UM Process Monitoring Utilization Metrics Monitoring Coordination with Other Programs and Vendor Oversight Monitoring Activities for Special Populations <p>The UMCM Work Plan major changes consist of:</p> <ul style="list-style-type: none"> Additions to simplify documentation of compliance with NCQA standards. Added review, revisions and updates to program documents and policies and procedures at least annually. Added annually review, approve, and update clinical criteria and clinical practice guidelines. Added evaluate inclusion of new technologies into benefits including medical, behavioral, and devices. Added review annual member and practitioner satisfaction surveys for UM processes and address areas of dissatisfaction. 		
<p>#11 Care Management 2024 Program Description & Change Summary</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2024 Care Management Program Description & Change Summary.</p> <p>The Care Management Program Description changes for 2024 consist of:</p> <ul style="list-style-type: none"> Added CalViva QI/UM Committee information and organization, updated Health Net job titles (removed VP PHCO and added CM Director, VPMM changed to CMO), removed Member Connections. Added CVH Medical Management roles. 		<p>Motion: <i>The 2023 Annual QI Work Plan Evaluation, the 2023 UMCM Workplan Evaluation, the 2024 UM Program Description & Change Summary, the 2024 UMCM Work Plan, and the 2024 Care Management Program Description &</i></p>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<ul style="list-style-type: none"> Updated Transitions of Care program section to reflect requirements for 2024. Palliative Care has changed to a prior auth benefit, and so the section is updated to reflect this change. 		<p><i>Change Summary were approved.</i></p> <p>11 – 0 – 0 – 6</p> <p><i>(Neves / Fields-Keene)</i></p>
<p>#12 HEDIS®</p>	<p>Postponed until March meeting.</p>		<p>No Motion</p>
<p>#13 – Compliance</p> <ul style="list-style-type: none"> 2023 Annual Compliance Program Evaluation 2024 Compliance Program Description 2024 Fraud Prevention Program 2024 Privacy and Security Plan <p>Action Mary Lourdes Leone, CCO</p>	<p>Mary Lourdes Leone presented the Compliance Program documents including the 2023 Annual Compliance Program Evaluation, 2024 Compliance Program Description change summary, 2024 Fraud Prevention Program change summary, and the 2024 Privacy & Security Plan change summary.</p> <p>The key 2023 Compliance Program Initiatives:</p> <ul style="list-style-type: none"> Implemented Dual Eligible Special Needs Plan (“EAE-DSNP”) named, “Wellcare CalViva Health Dual Align (HMO D-SNP)”. Completed all 2024 Operational Readiness Contract Requirements and executed the 2024 DHCS Contract on December 20, 2023. Responding to the annual 2023 DHCS audit, and the 2022 triennial DMHC audit. Ensuring Network Adequacy for the Carve-In of Long-Term Care Preparing for NCQA accreditation. Preparing MOCs for CalAim Initiatives (Birth Equity, Children and Youth and Justice Involved POFs). <p>In 2023, the Compliance Program was supported by all Plan Departments.</p> <ul style="list-style-type: none"> Compliance with new regulations/guidance. Improving Quality (HEDIS® Measures). Developing a Population Health Strategy. Improvement in oversight of delegate/subdelegates. Maintenance of network adequacy. Compliance with timely access standards. <p><u>Regulatory Affairs:</u></p>	<p><i>Commissioner Aldo De La Torre asked for definition of EAE.</i></p> <p><i>Mary Lourdes stated EAE is Exclusively Aligned Enrollment DSNP, which means the individual that is dual eligible (Medi-Cal / Medicare) will be managed by the same company; CalViva is aligned with Health Net for this service.</i></p>	<p>Motion: The 2023 Annual Compliance Program Evaluation; the 2024 Compliance Program Description; and the 2024 Fraud Prevention Program 2024 Privacy and Security Plan were approved.</p> <p>11 – 0 – 0 – 6</p> <p><i>(Neves / Luchini)</i></p>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>Administrative and Operational Regulatory Reporting:</p> <ul style="list-style-type: none"> Over 400 regulatory filings were made to DMHC and DHCS, not including periodic monthly/quarterly program data reports or the Operational Readiness submissions. <p>Summary of State Audits, Corrective Actions, and Medi-Cal Contract Amendments: Department of Health Care Services (DHCS):</p> <ul style="list-style-type: none"> 2023 DHCS Annual Audit – The Plan received the DHCS’ CAP. The CAP identified one finding: The Plan did not classify, process, review, or resolve all expressions of dissatisfaction as grievances. DHCS 2021-2022 EQR Performance Evaluation – The Plan received DHCS’ annual (EQR) Report. There were two recommendations: resolve the findings from the DHCS 2021 annual audit and improving MY2021 HEDIS measures. Plan submitted responses 7/27/23. DHCS 2023 Encounter Data Validation (EDV) Study – There were two findings: The Plan did not meet Encounter Data completeness or accuracy standards in various subcategory elements. Plan continues to work to meet the standards in 2024. 2022 Subnetwork Certification (SNC) – The Plan submitted RY 2022 SNC data which was reviewed and accepted by the DHCS without additional action. 2023 Annual Network Certification (ANC) – The Plan submitted the first part of the ANC in September of 2023 (i.e., ANC Time or Distance Analysis Review). The second part ANC is due February 2024. 2024 Operational Readiness Work Plan – On September 1, 2023, DHCS approved the Plan’s Operational Readiness Work Plan submissions. <p>Executed 4 Pre-2024 DHCS Contract Amendments:</p> <ul style="list-style-type: none"> Contract 10-8750 A28 – This amendment incorporates changes to add new requirements for Population Health Management, Dyadic Care Services and Family Therapy Benefit, Risk Sharing mechanisms, and carve-in Long-Term Care Services, and new aid codes. Contract 10-8750 A29 – This amendment adjusted the 2021 calendar year capitation rates that are now split into Satisfactory Immigration Status (“SIS”) and Unsatisfactory Immigration Status (“UIS”). 	<p><i>Commissioner Sara Bosse asked if CVH was meeting the time and distance standards?</i></p> <p><i>Mary Lourdes responding if the Plan is not meeting standards in certain zip codes, then the Plan has to apply for an alternate access standard with DHCS and DMHC. DHCS has approved alternate access standards. Information on</i></p>	

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	<ul style="list-style-type: none"> • Contract 10-8750 A30 – This amendment incorporates updated CY 2022 Capitation Payment rates that are now split into SIS/UIS. • Contract 10-8750 A31 – This amendment incorporates CY2023 Capitation Payment rates, as well as new requirements for Subcontractor Agreements, Electronic Visit Verification, American Indian Health Service Programs, Doula Services, Mental Health Services, Financial Performance Guarantee, Medical Loss Ratio, and Special Contract Provisions Related to Payment. <p>Executed 3 2024 DHCS Contracts:</p> <ul style="list-style-type: none"> • Contract 23-30220 – The 2024 DHCS Medi- Cal Managed Care Contract (“Primary Contract”) was executed on December 20, 2023. • Contract 23-30220 A01 – This amendment incorporates CY2024 Capitation Payment rates. • Contract 23-30252 – The 2024 DHCS State Supported Services Contract (“Secondary Contract”) was executed December 16, 2023. <p>Department of Managed Health Care (DMHC):</p> <ul style="list-style-type: none"> • Compliance with Timely Access and Network Reporting Statutes – The Plan successfully submitted and received approval for compliance with the new Timely Access Regulations. • Measurement Year (MY) 2022 Timely Access Report (TAR) – The Plan submitted its MY2022 TAR and issued 10 CAPs to PPGs and 11 CAPs to direct network providers for not meeting provider appointment access availability and after-hours standards. All providers have submitted their improvement plans and completed follow-up training. • 2022 DMHC Triennial Audit – The Plan received a DMHC CAP covering eleven deficiencies: Several of the deficiencies were related to template letters and some related to post-stabilization. The Plan submitted its response to DMHC and is awaiting DMHC response. • DMHC Enforcement Matter (22-724) – The Plan received a DMHC Subpoena requesting documents related to a member appeal for services. The Plan complied with the subpoena and submitted all requested documents. The Plan has not heard back from the DMHC on this matter. 	<p><i>alternate access standards is posted on the CVH website.</i></p> <p><i>Commissioner Bosse asked what alternate access standards means; does it mean the plan is not meeting the standard?</i></p> <p><i>Mary Lourdes stated it means that the Plan is asking permission to move the standard, for example if a member in a specific zip code is unable to meet the standard of 30 miles but can make 42 miles, the Plan is asking for permission and approval to move that standard.</i></p> <p><i>Commissioner Sara Bosse asked for explanation on how the Plan is doing with regards to appointment times, etc., in the network?</i></p> <p><i>Mary Lourdes stated Health Net will issue actual corrective action plans to Providers stating they missed the mark, and they are now required to provide within 30-days</i></p>	

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	<p>DHCS Fraud, Waste and Abuse Required Reporting:</p> <ul style="list-style-type: none"> • Plan filed 4 MC609s with DHCS for Suspected FWA. <p>Privacy and Security Incident Reporting:</p> <ul style="list-style-type: none"> • 27 privacy/security cases: <ul style="list-style-type: none"> ○ 24 – No or Low-risk ○ 3- High-risk <p>New/Expanded DHCS Benefits, and New Plan Coverage Requirements:</p> <ul style="list-style-type: none"> • Enhanced Care Management (ECM) and Community Supports (CS) – Plan received DHCS approval for MOCs for the Children of Youth and Birth Equity POFs. • Long-Term Care Phase II Carve-In – The Plan completed the network readiness and policy deliverables for the January 1, 2024 carve-in of coverage for ICF/DD and Subacute Care Facilities (Adult and Pediatric). • Adult Expansion – Effective January 1, 2024, DHCS is expanding Medi-Cal eligibility to individuals who are 26 through 49 years of age. The Plan will be working with providers to maintain member’s PCP assignment. <p>Key New 2024 DHCS Contract Requirements:</p> <ul style="list-style-type: none"> • Hire a Health Equity Officer. • Implement EAE D-SNP product in the Service Area. • Develop a Population Health Management Strategy. • Develop Diversity, Equity, and Inclusion (DEI) policies. • Achieve and Maintain full NCQA Health Plan Accreditation. • Carve-in coverage for ICF/DD and Subacute Care facilities. • Submit fully executed MOUs with third-party entities. <p><u>Compliance Program Operational Activities:</u></p> <p>2023 Program Document Approvals:</p> <ul style="list-style-type: none"> • Compliance Program Description • Code of Conduct • Privacy and Security Plan 	<p><i>their improvement plan. Health Net then reviews, validates and approves, then monitors over the next year to ensure they are working towards trying to achieve timely access for their members.</i></p> <p><i>Dr. Marabella added, there are approximately 56 Corrective Action Plans for Provider service and availability. There’s a CAP for every timely access the Provider misses, whether it’s an individual contract Provider or a PPG.</i></p> <p><i>Commissioner Sara Bosse asked about the amendment incorporating the 2024 capitation payment rates, if those are the new rates that were rolled out by DHCS January 1st 2024?</i></p> <p><i>Daniel Maychen, CFO, responded those are not the rates yet. They won’t release the Medi-Cal fee schedule for a couple of months even though it’s effective January 1, 2024.</i></p>	

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	<ul style="list-style-type: none"> • Anti-Fraud Plan • Compliance Committee Charter <p>Annual Oversight Audits of Health Net:</p> <ul style="list-style-type: none"> • Appeals and Grievances • Claims – CAPs were required and CAPs have been completed and approved. • Fraud Waste & Abuse • Credentialing – CAPs were required and CAPs have been completed and approved. • Provider Disputes • Pharmacy • Health Education • Utilization Management – CAPs were required and CAPs have been completed and approved. • Call Center • Privacy & Security <p>Ongoing Monitoring of Health Net:</p> <ul style="list-style-type: none"> • Monthly Management Oversight (MOM) meetings. • Review monthly/quarterly performance metrics & key indicator data. • Joint Workgroups – Access & Availability, Encounter Data Integrity, Grievances & Appeals, QI/UM/Credentialing. • On-going oversight of PPGs, specialty plans and vendors through quarterly report dashboards. <p>2023 CalViva Internal Audit:</p> <ul style="list-style-type: none"> • Internal audit of Employee, Commission and Committee Member files. All were compliant and no CAP was issued. <p>CalViva Health Staff Trainings:</p> <ul style="list-style-type: none"> • One new employee successfully completed training. • All staff members successfully completed annual training. <p>Compliance Program Activities:</p>	<p><i>On a go forward basis, Plans should be paying Providers effective July 30, 2024. By October 31, 2024 it goes retroactive January to July.</i></p> <p><i>Dr. Marabella provided additional information to Commissioner Bosse. There were 10 PPGs that had Corrective Action Plans (CAPs). Eleven direct Providers had CAPs, 12 PPGs and 42 direct network Providers received educational packets. This if for all three service counties.</i></p>	

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	<p>Provider Communications:</p> <ul style="list-style-type: none"> • 266 Provider Updates • 38 Informational Letters • 19 Forms <p>Member Communications:</p> <ul style="list-style-type: none"> • 33 Member Informing • 12 Provider Directories • 1 Newsletter <p>Provider Engagement:</p> <ul style="list-style-type: none"> • 5,554 visits • 11,238 trainings <p><u>2023 Appeal and Grievance (A&G) Resolution Summary:</u> With reference to Expedited Grievances, Standard Grievances, Expedited appeals, and Standard Appeals:</p> <ul style="list-style-type: none"> • There was a total of 2,252 cases received. • There was a total of 2,190 cases resolved. <p>With reference to SPD Appeals & Grievances:</p> <ul style="list-style-type: none"> • There were 681 cases received. • There were 668 cases resolved. <p>With reference to Exempt Grievances:</p> <ul style="list-style-type: none"> • There were 1,885 cases received. • There were 1,885 cases resolved. <p><u>2023 Independent Medical Reviews (IMRs) and State Hearings:</u></p> <ul style="list-style-type: none"> • There were 51 DMHC Cases received. • There were 42 DHCS State Hearings. • 100% of cases were submitted within the turn-around-time. 		

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	<p>2024 Key Areas of Focus:</p> <ul style="list-style-type: none"> • Complying with the 2024 DHCS Contract. • Achieving and Maintaining NCQA Accreditation. • Develop ECM MOC for Justice Involved POF. • Oversee Health Net’s Operation of the EAE-DSNP. • Oversee Third-Party MOUs. • Prepare and Respond to the 2024 DHCS Audit. <p><u>Program Description Change Summaries:</u></p> <p>2024 Compliance Program Change Summary:</p> <ul style="list-style-type: none"> • Change “Anti-Fraud Plan” to “Fraud Prevention Program” • Added clarifying language that the Compliance Program extends to CalViva’s oversight of its First-Tier, Downstream and Related Entities (“FDRs”), and contracts with third-party local government agencies and health departments. • Revised Table 2 (“Key Compliance Policy Topics”) to include Fraud Prevention, Population Health Management, and Health Equity • Revised Table 3 (“Activities Monitored by CalViva”) to update the names of the current Oversight Audits of HNCS (Health Equity, Behavioral Health, Member Rights/Member Experience, Provider Network Integrity and Contracting). • Added the Emergency Preparedness and Crisis Response Plan. <p>2024 Fraud Prevention Program Change Summary:</p> <ul style="list-style-type: none"> • Change “Anti-Fraud Plan” to “Fraud Prevention Program” • Updated the Table of Contents to match updated names of some renamed subsections; Added new sections for “Authority” and “References”. • Added RHA executed the “2024 DHCS-CalViva Health Plan Contract (No. 23-30220, 12/20/23).”; added that the Fraud Prevention Program is a key component of the overall Compliance Program. • Added subparagraph #9, “Participate in DHCS’ quarterly program integrity meetings, as scheduled.” 		

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	<ul style="list-style-type: none"> • Added subparagraph #16 “Prepare and submit the annual CalViva Health Anti-Fraud Report and submit it to the DMHC.” • Added references to CalViva’s policies and procedures (CO-005 Fraud, Waste and Abuse Prevention Detection, Investigation, and RX-120 Drug Utilization Review).” • Removed obsolete language on how the Plan reports suspected FWA cases to DHCS. • Added new 2024 Contract language describing the process and method to submit Preliminary FWA Reports to DHCS within 10 working days of first being made aware, Completed Investigation Reports within 10 working days of completion. • Added subparagraph #12 added the requirement to submit a Quarterly Report on all Fraud, Waste and Abuse investigative activities within 10 working days after the close of every calendar quarter. • Minor formatting and grammatical updates. <p>2024 Privacy & Security Plan Change Summary:</p> <ul style="list-style-type: none"> • Added language surrounding the privacy of medical information as it relates to gender-affirming care and abortion. • Added language relevant to AB 254 to state that the Plan does not currently offer a reproductive or sexual health digital device (i.e., an app’) to its members but would deem any business that did offer such a device to its members to be a health care provider subject to the Confidentiality of Medical Information Act. • Added Definitions for “Medical Information” and “Reproductive or Sexual Health Application Information”, and “Social Needs Data”. • Updated the Definition of “PHI” to include “Social Need Data”. • Minor formatting and grammatical updates. 		
<p>#14 Standing Reports</p> <ul style="list-style-type: none"> • Finance Reports Daniel Maychen, CFO 	<p>Finance</p> <p><u>Financials as of December 31, 2023:</u></p> <p>Total current assets recorded were approximately \$300.7M; total current liabilities were approximately \$160.7M. Current ratio is approximately 1.87. Total</p>		<p><i>Motion: Standing Reports Approved</i></p> <p><i>11 – 0 – 0 – 6</i></p> <p><i>(Naz / Frye)</i></p>

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	<p>net equity was approximately \$149.8M, which is approximately 868% above the minimum DMHC required TNE amount.</p> <p>For the first six months of the current fiscal year, interest income actual recorded was approximately \$4M which is approximately \$2.2M more than budgeted due to interest rates on our money market funds being higher than projected. Premium capitation income actual recorded was approximately \$705.8M which is approximately \$66.5M more than budgeted due to enrollment and rates being higher than projected.</p> <p>Total cost of medical care expense actual recorded is approximately \$666.7M which is approximately \$64M more than budgeted due to rates and enrollment being higher than projected. Admin service agreement fees expense actual recorded was approximately \$28.8M, which is approximately \$1.9M more than budgeted due to enrollment being higher than budgeted. Disenrollment was projected to be higher; however, the Plan retained more membership during the redetermination process than what was projected.</p> <p>Net income for the first six months of FY 2024 actual recorded was approximately \$8.5M, which is approximately \$4M more than budgeted primarily due to interest income being approximately \$2.2M higher than projected, and rates and enrollment being higher than projected.</p> <p><u>Revised FY 2024 Budget</u></p> <p>When the fiscal year 2024 budget was presented to the Commission in May 2023, DHCS was looking to renew the MCO taxes, noting a substantial increase to the MCO taxes from prior periods. For some plans, the increase in MCO taxes would increase by over 400%. Due to the uncertainty of approval by the federal government of the new MCO tax proposal, CalViva did not budget for the new MCO taxes in the initial fiscal year 2024 budget. However, if the federal government were to approve the new MCO tax proposal, CalViva would bring a revised budget to the Commission for review and approval.</p>	<p><i>Commissioner Aldo De La Torre asked what the disenrollment numbers are?</i></p> <p><i>Daniel Maychen stated actual is approximately 2,300 per month average. The Plan projected approximately 7,000. Total disenrollments when all said and done approximately 24,000.</i></p>	

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<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p>On December 19, 2023, CMS approved the MCO taxes as proposed which prompted the Fiscal Year 2024 Revised Budget.</p> <p>The calculation used for MCO tax revenue and expenses is based off a revised MCO tax proposal from what was just approved in December. The State of California is projecting a \$38B budget deficit and the State is looking to revise the recently approved MCO tax to obtain an additional \$1.5B in funding to help cover the budget deficit. DHCS feels confident that the revised MCO tax proposal will be approved by CMS, which is why CalViva is using the revised MCO tax numbers.</p> <p>The revision will increase CalViva’s MCO tax revenue and expense by approximately \$144M over the term of the MCO tax which has a term of April 2023 – December 2026.</p> <p>For the actual revised budget for FY 2024, the only change made was to Medical Revenue, increasing by approximately \$466.3M, and correspondingly, MCO tax expense increasing by the exact same amount. Net income remains the same as previously approved. The Plan budgeted the new MCO taxes with no gain or loss; in actuality, there could be a gain or loss but at this point in time, it is difficult to determine if there will be a gain or loss, and at what amount of gain or loss.</p> <p><u>Moss Adams, LLP Audit Proposal</u></p> <p>The fee proposal for the next three years has increased minimally and remains flat for the next three fiscal years. Moss Adams continues to do a good job with the audit, they are efficient, and they have the experience and expertise to audit a local Medi-Cal managed care plan. They audit 11 out of the 16 Local Health Plans throughout California.</p> <p>Medical Management</p> <p><u>Appeals and Grievances Dashboard</u></p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through December 31, 2023.</p>	<p><i>Commissioner Aldo De La Torre asked what the total increase to be?</i></p> <p><i>Daniel Maychen confirmed, the total increase for CVH for FY 2025 is approximately \$563M per year. Before the revision it was \$501M per year. The total for the term is \$144M more specific to CVH.</i></p>	

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	<ul style="list-style-type: none"> • The total number of grievances through December 2023 has increased compared to previous years. Trends associated with this increase are being addressed. • The increase noted can be attributed to the Quality of Service (QOS) category of grievances since Quality of Care, Exempt, and Appeals have all declined compared to previous years. • With the Quality of Service (QOS) category, the types of cases noted to contribute the most to the increase are Access (Prior Authorizations), Administrative, Other (Balanced Billing), and Transportation. • Transportation grievances have demonstrated variation over time, however, at the Plan’s request the transportation vendor has focused in recent months on high-risk transports such as dialysis, assigning their most reliable transportation providers to these trips, and conducting root cause analysis to identify and address core issues. Improvement is noted in Q4 for missed/late appointments for this sub-group. • The volume of Quality of Care (QOC) and Quality of Service (QOS) grievances have decreased in Q4 compared to Q3. • Exempt Grievances have decreased compared to last year. Both the Availability of Appointments with PCP and Exempt Transportation Grievances have improved when compared to last year. Balanced Billing Grievances have increased. • Total Appeals received through Q4 2023 have decreased, while the uphold and overturn rates remain consistent. Advanced imaging cases represent the highest volume of appeal type and almost all appeals are pre-service. <p><u>Key Indicator Report</u></p>		

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	<p>Dr. Marabella presented the Key Indicator Report (KIR) through December 31, 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 December 2023, which demonstrates that most rates have decreased.</p> <ul style="list-style-type: none"> • Membership shows a decrease for Expansion, TANF, and the SPD populations. This is related to redetermination activities. • Acute Admissions, Bed Days, and Acute Length of Stay (adjusted PTMPY), for SPDs have decreased. • For Acute Admissions (adjusted PTMPY), SPDs have decreased. • Acute Length of Stay (adjusted PTMPY) has decreased. <p>Care Management (CM) results have fluctuated within the various programs; Perinatal CM increased significantly with good engagement rates, Integrated Case Management has decreased, Transitional Case Management (Transitions of Care) continues to increase with recent modifications to the program processes. Palliative Care has trended down the past couple of months, and Behavioral Health CM remained stable. First Year of Life is a new program recently added.</p> <p><u>QIUM Quarterly Summary Report</u></p> <p>Dr. Marabella provided the QI, UMCM, and Population Health update for Q4 2023. Two QI/UM meetings were held in Quarter 4, one on October 19, 2023, and one on November 16, 2023.</p> <p>The following guiding documents were approved at the October and November meetings:</p> <ul style="list-style-type: none"> • The Program Documents that were approved were: <ul style="list-style-type: none"> ○ 2023 Health Equity Work Plan Mid-Year Evaluation & Executive Summary ○ 2023 Health Education Work Plan Mid-Year Evaluation & Executive Summary ○ Health Equity Language Assistance Program Mid-Year Report 		

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	<ul style="list-style-type: none"> ○ Health Equity Geo Access Report ○ Quality Improvement Health Equity Transformation Program 2023 <ul style="list-style-type: none"> ● Other General Documents approved were: <ul style="list-style-type: none"> ○ Medical Policies Update Q3 ○ Clinical Practice Guidelines ○ Public Health Policies & Procedures ○ Updates to Select UMCM and A & G Policies ○ Appeals & Denials Review & Adoption of Job Description ○ Preventive Health Guidelines ○ UMCM Policies and Procedures Annual Review <p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard, MHN Performance Indicator Report for Behavioral Health, and Facility Site & Medical Record & PARS Review Report. Additional Quality Improvement reports were reviewed as scheduled during Q4.</p> <p>The following Access Reports were reviewed: Provider Appointment Availability & After-Hours Access Survey Results (Provider Update) and the Access Work Group minutes from July 25th, 2023, and the Access Workgroup Quarterly Report for Q3.</p> <p>The Utilization Management & Case Management reports reviewed were the Key Indicator Report & Concurrent Review Report, and Case Management Report. Additional UMCM reports were also reviewed.</p> <p>Pharmacy quarterly reports reviewed were Pharmacy Operations Metrics, Top Medication Prior Authorization (PA) Requests, and Inter-rater Reliability Review Report which were all reviewed for Quarter 3.</p> <p>HEDIS® Activity:</p> <p>In Q4, HEDIS® related activities focused on continued analysis of the results for RY2022 under the Managed Care Accountability Set (MCAS) measures and the</p>		

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	<p>minimum performance level (MPL) of 50th percentile and initiating activities to address opportunities for improvement.</p> <p>SWOT Project to improve Well Child Visits and Childhood Immunizations for children under 2 years.</p> <ul style="list-style-type: none"> ○ Worked with two FQHCs to test improvement strategies. ○ Final Report Submitted to DHCS 11/30/23 was approved. SWOT Closed. <p>Two new Performance Improvement Projects (PIP) for 2024 Include:</p> <ul style="list-style-type: none"> ● Clinical - Well Child Visits W30-6+ (0-2yrs). ● Non-Clinical-Follow up after ED Visit for mental health or SUD within 7 days. <p>Medical Management is responsible for performing a number of Oversight Audits of our delegate, HealthNet, to ensure adequate oversight of delegated functions and the identification of opportunities for improvement, which include:</p> <ul style="list-style-type: none"> ● Appeals & Grievances ● Continuity of Care ● Credentialing ● Emergency Services ● Pharmacy ● Quality Improvement ● Utilization Management/Case Management ● Behavioral Health <p>No significant compliance issues have been identified. Oversight and monitoring processes will continue.</p> <p><u>Credentialing Sub-Committee Quarterly Report</u></p> <p>The Credentialing Sub-Committee met on October 19, 2023. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated</p>		

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	<p>services. Reports covering Q2 2023 were reviewed for delegated entities, and Q3 2023 for Health Net and MHN.</p> <p>Credentialing Adverse Actions for Q3 for CalViva from Health Net Credentialing Committee was presented. There were no (0) cases for July, August, or September for CalViva Health.</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 no (0) cases identified in Q3 that met the criteria for reporting in which an adverse outcome was associated with a contracted practitioner. There were no reconsiderations or fair hearings during the third quarter of 2023. There were no (0) incidents or patterns of non-compliance resulting in substantial harm to a member or members because of access to care issues. There were no (0) cases identified outside of the ongoing monitoring process this quarter. (NCQA CR.5.A.4).</p> <p>There were two Credentialing Policies reviewed by the committee with edits, Policy CR-110 Credentialing and Recredentialing, and Policy CR-160 Appeal Process.</p> <p>The Practitioner Right of Review Evidence Letter (CR.1.B) was presented and reviewed. Template letters for 2022 and 2023 approval letters for initial credentialing and inclusion in the provider network were presented to the committee for review and adoption.</p> <p><u>Peer Review Sub-Committee Quarterly Report</u></p> <p>The Peer Review Sub-Committee met on October 19, 2023. The county-specific Peer Review Sub-Committee Summary Reports for Q3 2023 were reviewed for approval. There were no significant cases to report.</p> <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</p>		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<ul style="list-style-type: none"> • Executive Report J. Nkansah, CEO 	<p>potential quality issues and Credentialing Adverse Action cases during the reporting period. There were thirteen (13) cases identified in Q3 that met the criteria for reporting and were submitted to the Peer Review Committee. Seven (7) of these cases involved a practitioner and six (6) cases involved organizational providers (facilities). Of the thirteen (13) cases, two (2) were tabled, one (1) was tabled with a letter of education, one (1) was placed on a CAP, one (1) was closed with a letter of concern, and eight (8) were closed to track and trend.</p> <p>There were no (0) incidents or patterns of non-compliance resulting in substantial harm to a member or members because of access to care issues. There were no (0) cases identified outside of the ongoing monitoring process this quarter, in which an adverse injury occurred during a procedure by a contracted practitioner. (NCQA CR.5.A.4). There were 38 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 3, 2023 Peer Count Report was presented at the meeting with a total of twenty (20) cases reviewed. The outcomes for these cases are as follows: There were thirteen (13) cases closed and cleared. There were four (4) cases tabled for further information. There was one (1) case with CAP outstanding and two (2) were pending closure for CAP compliance.</p> <p>Ongoing monitoring and reporting will continue.</p> <p>Executive Report</p> <p>Market Share continues to trend up. The Plan recently received some of the discontinued reports which provided data to MCPs around Default, Share of Choice %, and Voluntary Disenrollments. The Plan is reviewing the data and will update the Dashboard accordingly.</p> <p>The Dashboard will be revised to track Kaiser enrollment as Kaiser is a new Medi-Cal Managed Care Plan effective in Fresno, Kings, and Madera Counties effective 1/1/2024.</p>		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>Regarding redeterminations, the retention rate is currently at 86% based on data currently available.</p> <p>There are no significant issues or concerns to report as it pertains to IT. Devices and monitors older than five years are being assessed and a plan for replacement is being reviewed.</p> <p>In reference to the Call Center, Behavioral Health Calls increased due to a business operational change with our Plan Administrator.</p> <p>A new self-service change was deployed to allow members to request a PCP Change online via the CVH website. This service went live in November 2023.</p> <p>No significant issues or concerns as it pertains to Provider Activities.</p> <p>With regard to Claims Processing and Provider Disputes, management is working to improve performance with identified PPGs.</p> <p>The most recent update with reference to the 2024 Auto Assignment Program, is that CalViva will be the preferred in terms of auto-assignment algorithm over ABC for Fresno, Kings, and Madera counties. Kaiser will not be taking any default members for 2024 in Fresno, Kings, and Madera Counties.</p> <p>With regard to the DHCS news release holding California Medi-Cal plans accountable for ensuring members have access to high quality, equitable care, CVH received a sanction notice of \$72K. The Plan is continuing to work with the State on an ongoing basis on quality and equitable care.</p> <p>Hard copies of the 2023 Annual Report were provided to all Commission members.</p>		
<p>#15 Final Comments from Commission Members and Staff</p>	<p>None.</p>		
<p>#16 Announcements</p>	<p>None.</p>		

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
#17 Public Comment	None.		
#18 Adjourn	The meeting adjourned at 3:12 pm. The next Commission meeting is scheduled for March 21, 2024, 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

October 19, 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		
✓	Rose Mary Rahn		
		✓	Present
		*	Arrived late/Left Early
		•	Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	Comments	ACTION TAKEN
#1 Call to Order D. Maychen, Chair	The meeting was called to order at 11:30 am, a quorum was present.		
#2 Finance Committee Minutes dated September 28, 2023 Attachment 2.A Action, D. Maychen, Chair	The minutes from the September 28, 2023, Finance meeting were approved as read.		Motion: <i>Minutes were approved</i> <i>6-0-2-1</i> <i>(Rogers / Frye)</i>
#3 Presentation of Fiscal Year 2023 Audit Results	Rianne Suico, representative of Moss Adams, presented the results of the audit. Moss Adams' audit will result in the issuance of an unmodified opinion on the financial statements, which is the highest audit opinion that could be provided by an external CPA firm. A discussion of general audit procedures performed including confirmation of various account balances were discussed.		Motion: <i>Approve Audit Results for FY 2023 to move to Commission</i> <i>6-0-0-1</i> <i>(Rogers / Soares)</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	Comments	ACTION TAKEN
	<p>The required communications and the organization’s accounting policies are in compliance with GAAP. After completing the work, it was found that the financial statements do not need to be adjusted and no issues were encountered when completing the work.</p>		
<p>#4 Financials – as of August 31, 2023</p> <p>Action D. Maychen, Chair</p>	<p>Accounts Receivable’s higher balance of \$438.5M is due to DHCS not paying the July 2023 capitation until early September 2023, which is two months later than the original capitation month. Correspondingly, Capitation Payable is higher than normal due to late capitation payment from DHCS.</p> <p>Total current assets recorded were approximately \$585.4M; total current liabilities were approximately \$451.5M. Current ratio is approximately 1.3. Total net equity was approximately \$143.8M, which is approximately 833% above the minimum DMHC required TNE amount.</p> <p>Interest income actual recorded was approximately \$1.2M which is approximately \$580K more than budgeted due to when the 2024 budget was created there was a possibility the interest rates on the Plan’s money market funds could decrease. This was taken into consideration when budgeting for FY 2024 interest income; however, actual rates on the Plan’s money market account stayed above 5% which resulted in higher interest income. Premium capitation income actual recorded was approximately \$256.4M which is approximately \$36.1M more than budgeted primarily due to enrollment being higher than projected. When the budget was created for FY 2024, projections for disenrollment was approximately 7,500 per month, in actuality it is around 2,500 per month through the first two months of FY 2024.</p> <p>Total cost of medical care expense actual recorded is approximately \$243M which is approximately \$35.3M more than budgeted due to enrollment being higher than projected. Admin service agreement fees expense actual recorded was approximately \$9.7M, which is approximately \$432K more than budgeted due to higher than budgeted enrollment. All other expense line items are below or close to what was budgeted.</p> <p>For the first two months of FY 2024 net income recorded was approximately \$2.4M, which is approximately \$1.4M more than budgeted primarily due to interest income being approximately \$580K higher than projected, and</p>	<p><i>John Frye asked if Health Net had a material problem with their audit, is the Plan informed of that or is it public information?</i></p> <p><i>Daniel Maychen responded that it should be public information, and Health Net would let the Plan know. The Plan has executive meetings where financials are discussed.</i></p>	<p>Motion: <i>Financials as of August 31, 2023, were approved</i></p> <p>6 – 0 – 0 – 1</p> <p><i>(Frye / Rogers)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	Comments	ACTION TAKEN
	enrollment being higher than projected.		
#5 Announcements	Jeff Nkansah thanked the Finance team for a job well done.		
#6 Adjourn	Meeting was adjourned at 11:51 am		

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

Dated: *Feb. 15, 2024*

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

Dated: *2/15/24*

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
November 16th, 2023

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

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Patrick Marabella, M.D., CalViva Chief Medical Officer, Chair	✓	Amy Schneider, RN, Director of Medical Management Services
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓**	Iris Poveda, Senior Medical Management Specialist
	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Mary Lourdes Leone, Chief Compliance Officer
✓	Carolina Quezada, M.D., Family Health Care Network	✓	Maria Sanchez, Compliance Manager
✓	DeAnna Waugh, Psy.D., Adventist Health, Fresno County	✓	Patricia Gomez, Senior Compliance Analyst
	Joel Ramirez, M.D., Camarena Health Madera County (arrived at 10:35 AM)		Zaman Jennaty, Medical Management Nurse Analyst
	Rajeev Verma, M.D., UCSF Fresno Medical Center	✓	Norell Naoe, Medical Management Administrative Coordinator
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			

- ✓ = in attendance
- * = Arrived late/left early
- ** = Attended virtually

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D Chair	The meeting was called to order at 10:32 am. A quorum was present.	
#2 Approve Consent Agenda Committee Minutes: October 19 th , 2023 - Standing Referrals Report (Q3) - Specialty Referrals Report (Q3) - California Children's Service Report (CCS) (Q3)	October 19 th , 2023, QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Dr. Marabella reminded the committee that any item on the consent agenda may be pulled out for further discussion at the request of any committee member. A link for the 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
<ul style="list-style-type: none"> - Concurrent Review IRR Report (Q3) - County Relations Quarterly Update (Q3) - NIA/Evolent (Q3) - SPD HRA Outreach (Q2) - Appeals & Grievances Inter Rater Reliability Report (IRR) (Q3) - Appeals & Grievances Validation Audit Summary Report (Q2) - Customer Contact Center (CCC) DMHC Expedited Grievance Report (Q3) - Potential Quality Issues (Q3) - Provider Preventable Conditions (PPC) (Q3) - Provider Office Wait Time Report (Q3) - PA Member Letter Monitoring Report (Q3) - Initial Health Appointment Quarterly Audit Report (Q2) <p>(Attachments A-P)</p> <p>Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances 	<p>The Appeals & Grievances Dashboard through September 2023 was presented noting the following trends:</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Appeals & Grievances

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Dashboard (September)</p> <ul style="list-style-type: none"> - Appeals & Grievances Executive Summary (Q3) - Appeals & Grievances Quarterly Member Report (Q3) - Appeals & Grievances Classification Audit Report (Q3) - Quarterly Appeals & Grievances Member Letter Monitoring Report (Q3) <p>(Attachment Q-U)</p> <p>Action Patrick Marabella, M.D Chair</p>	<ul style="list-style-type: none"> • The total number of grievances through September 2023 is higher than previous years. Trends associated with this increase are being addressed. • Quality of Service (QOS) for Access (Prior Authorizations), Administrative, Other (Balanced Billing), and Transportation continue to represent most of these grievances. • Quality of Care (QOC) grievances demonstrate some variation with a small decrease in Q3 compared to last quarter. • Exempt Grievances also demonstrate random variation and have decreased compared to last quarter. The number of Balanced Billing Grievances shows a downward trend month over month in Q3. • Total Appeals received through Q3 2023 are fewer this year compared to last year, while the uphold and overturn rates remain consistent. Advanced imaging (MRI & CT), and Surgery (Bariatrics & Ortho) appeals continue to be a trend for case type. <p>Appeals & Grievances Executive Summary and Appeals & Grievances Quarterly Member Report (Q3) through September 2023 were presented noting the following trends:</p> <ul style="list-style-type: none"> • The PTMPY rate for Appeals decreased in Q3 2023 compared to Q3 2022, but the overall PTMPY rate of Grievances has increased in that same period. • Total Exempt Grievances, including Transportation, and PCP Assignment Grievances have decreased from Q3 2022 to Q3 2023. Other/Member Billing showed a slight increase representing some of the balanced billing issues. • For Q3 2023, there were 86 Total Appeals & 535 Total Grievances reported. • Top Access Grievances were Prior Authorization Delay, PCP availability, and Transportation/Missed Appointment. • In Q3, 77 exempt grievances were transportation-related, of those, 49 were access-related, and 28 were related to behavioral issues associated with transportation. <p>Appeals & Grievances Classification Audit Report (Q3) is a review of a random sample of grievance logs and grievance classification while the case is still open to ensure appropriate categorization and disposition of grievances.</p> <ul style="list-style-type: none"> • Eleven (11) cases were misclassified as QOS instead of QOC, three (3) cases were misclassified as appeals instead of QOS, and two (2) cases were identified as duplicates. These cases were misclassified due to new reps learning the triaging process. <p>Quarterly A & G Member Letter Monitoring Report provides a summary of the daily audits of</p>	<p>Dashboard (September)</p> <ul style="list-style-type: none"> - Appeals & Grievances Executive Summary (Q3) - Appeals & Grievances Quarterly Member Report (Q3) - Appeals & Grievances Classification Audit Report (Q3) - Quarterly Appeals & Grievances Member Letter Monitoring Report (Q3) <p>(Cardona/Waugh) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>acknowledgment and resolution letters to ensure:</p> <ul style="list-style-type: none"> • Required bolding of DMHC and Plan Phone numbers and branding • Use of clear and concise language. • Decision criteria and rationale are fully referenced. <p>All errors identified by the A & G team in Table 1 were corrected before mailing. The clinical team will continue to monitor and track acknowledgment and resolution letters.</p>	
<p>#3 QI Business - MHN Performance Indicator Report for Behavioral Health Services (Q3) (Attachment V)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The MHN Performance Indicator Report for Behavioral Health Services (Q3) provides a summary of an array of indicators to evaluate the behavioral health services provided to CalViva members. Fifteen out of the fifteen metrics met or exceeded their targets this quarter.</p> <ul style="list-style-type: none"> • Utilization of behavioral health services is showing an increasing trend over time. • There were no (0) Life-Threatening Emergent cases and two (2) Non-Life-Threatening Emergent cases, and the appointment access standards were met. • There were ten (10) Urgent cases, and the appointment access standard was met for all cases. • Q3 ABA accuracy of approvals was 99.7%, and accuracy of ABA denials was 94.4% • Both ABA and Non-ABA were 100% compliant on Timeliness. • MHN is also working on improving: <ul style="list-style-type: none"> ○ Communication with members through a targeted BH provider newsletter, sent on 9/11/23 based upon member recommendations for improved communication that reinforces the importance of cultural competency. ○ Data exchange with the County Mental Health Plans. Adding substance use disorder data was NOT approved. This is an ongoing challenge when attempting to coordinate services for these members. 	<p>Motion: <i>Approve</i></p> <p>- MHN Performance Indicator Report for Behavioral Health Services (Q3) (Waugh/Quezada) 4-0-0-3</p>
<p>#3 QI Business - Preventive Health Guidelines (Attachment W)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>CalViva Health’s Preventive Screening Guidelines* were presented and reviewed.</p> <ul style="list-style-type: none"> • The screening guidelines list the schedule of immunizations for children aged 0 through 18 years and adults aged 19-65+ • The screening guidelines listed the schedule of recommended screenings for the following categories of members: <ul style="list-style-type: none"> ○ Children aged 0 to 18 ○ Adults aged 19 to 65+ ○ Women aged 19 to 65+ ○ Men aged 19 to 65+ 	<p>Motion: <i>Approve</i></p> <p>- Preventive Health Guidelines (Cardona/Quezada) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>*Based on National Guidelines</p> <p>Discussion:</p> <p><i>Dr. Cardona asked how health plans in general will be immunizing members against COVID-19 due to the cost and availability of the vaccine. Smaller providers don't have the capability to provide all-day COVID-19 vaccination clinics. Dr. Cardona anticipates there will be pushback from smaller providers.</i></p> <p><i>Dr. Marabella felt that for now, pharmacies would pick up the additional workload as they have contracts with the pharmaceutical companies to provide vaccines. The pharmaceutical manufacturers will need to bring drug costs down if COVID rates begin to surge again. Dr. Marabella feels that the COVID-19 vaccine will become routine and offered annually like a flu shot in providers' offices in the future.</i></p>	
<p>#3 QI Business</p> <p>- Lead Screening Quarterly Report (Q2) (Attachment X)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Lead Screening Quarterly Report (Q2 2023) 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 Q2 2023 report provides CalViva Health's performance on blood lead level screenings and anticipatory guidance monitoring from Q2 2022 – Q2 2023.</p> <ul style="list-style-type: none"> • In Q2 2023 the compliance for CPT Code 83655 (lead screening only) demonstrates an upward trend of approximately 4% compared to the Q2 2022 rates across all three age groups. • In Q2 2023 Anticipatory Guidance Code rates demonstrate a slight downward trend of approximately 0.36% compared to the Q2 2022 rates. (This data only captures if they've used the correct coding (administrative data) and not if they have documentation elsewhere in the chart.) • The Plan has researched the Age 2-member group and results show other Managed Care Accountability Set (MCAS) measures that focus on this age group, such as W30-30, also have lower than average completion rates. The Plan attributes this disparity among the Age 2-member 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, member attendance at medical appointments, and completion of preventive screenings. 	<p>Motion: <i>Approve</i></p> <p>- Lead Screening Quarterly Report (Q2) (Quezada/Waugh) 4-0-0-3</p>
<p>#4 Key Presentations</p> <p>- CalViva Quality</p>	<p>Dr. Marabella presented the CalViva Quality Improvement/HEDIS® Update 2023-2024. Medi-Cal managed care health plans are required to meet a minimum performance level (MPL) the 50th</p>	<p>Motion: <i>Approve</i></p> <p>- CalViva Quality</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Improvement/HEDIS® Update (PowerPoint)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>percentile, on selected measures chosen annually by the DHCS. The selected measures for MY 2024 are as follows (categorized by domain):</p> <p>Child & Adolescent Preventative Health:</p> <ul style="list-style-type: none"> • Child and Adolescent Well-Care Visits • Childhood Immunization Status: Combination 10 • Developmental Screening in the First Three Years of Life • Immunizations for Adolescents: Combination 2 • Lead screening in Children • Topical Fluoride for Children • Well-Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 Months • Well-Child Visits in the First 30 Months of Life - Well-Child Visits for Age 15 Months - 30 Months <p>Reproductive Health:</p> <ul style="list-style-type: none"> • Chlamydia Screening in Women • Prenatal and Postpartum Care: Postpartum Care • Prenatal and Postpartum Care: Timeliness of Prenatal Care • <i>Postpartum Depression Screening and Follow-up</i> • <i>Prenatal Depression Screening and Follow-up</i> • <i>Prenatal Immunization Status</i> <p>Behavioral Health:</p> <ul style="list-style-type: none"> • Follow-Up After Emergency Department (ED) Visit for Mental Illness –30 days • Follow-Up After ED Visit for Substance Abuse – 30 days • <i>Depression Remission or Response for Adolescents and Adults</i> • <i>Depression Screening and Follow-Up for Adolescents and Adults</i> • <i>Pharmacotherapy for Opioid Use Disorder</i> <p>Chronic Diseases:</p> <ul style="list-style-type: none"> • Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) • Controlling High Blood Pressure • Asthma Medication Ratio <p>Cancer Prevention:</p> <ul style="list-style-type: none"> • Breast Cancer Screening (BCS) • Cervical Cancer Screening (CCS) 	<p>Improvement/HEDIS® Update (Cardona/Waugh) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • <i>Colorectal Cancer Screening (COL)</i> <p><i>*Italicized formatting indicates a new measure</i></p> <p>The results of MY 2022 are as follows: CVH for Fresno County is below the State or regional median or average in two (2) domains (Child Preventative Health and Behavioral Health) resulting in an orange tier classification. CVH for Madera and Kings County is below the State or regional median or average in any domain (Madera, Behavioral Health; Kings, Child Preventative Health) resulting in a green tier status. Due to the results of the performance measures, CVH has opportunities for improvement and is working on the following: Clinical PIP: Well Child (W30-6+) in Fresno County Non-clinical PIP: Follow up after ED Visit for MH/SUD in Fresno & Madera Counties SWOT: Well Child & CIS-10 Project in all three Counties. Closing soon. 2024: Anticipate A3 Projects in Madera & Kings Counties using a fishbone diagram. SWOT Project in Fresno County. Quarterly collaborative calls led by DHCS for MCPs.</p> <p>Discussion: <i>Dr. Cardona queried why Kings’ is meeting the performance measure for Behavioral Health? Dr. Marabella indicated that in Kings County a major provider has a Behavioral Health Specialist like an LCSW working directly in the ER to connect members to needed services and interventions. Our Non-Clinical PIP will model this strategy in an effort to improve meeting the measures of a follow-up with members within the 7 days of an ER visit within Fresno County.</i> <i>Dr. Cardona queried why Madera was doing well with Well Child visits? Dr. Marabella indicated that Children’s Hospital (the largest in the Central Valley) is in Madera and also Camarena has a lot of clinics in Madera and Camarena has been very successful with their outreach and “One Stop clinics”.</i></p>	
<p>#5 Access Business - Access Work Group Quarterly Report (Q3) (Attachment Y)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Access Work Group Quarterly Report (Q3) was presented and reviewed. This report is to provide the RHA Commission with an update on the CalViva Health Access Workgroup activities in Quarter 3 of 2023. Reports and topics discussed focus on access-related issues, trends, and any applicable corrective actions.</p> <p>The following validated MY 2022 TAR Reports were approved at the July 25, 2023, meeting:</p> <ul style="list-style-type: none"> • Behavioral Health Member Satisfaction Survey • Behavioral Health Provider Satisfaction Survey 	<p>Motion: <i>Approve</i></p> <p>- Access Work Group Quarterly Report (Q3) (Quezada/Waugh) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • C&L Provider Satisfaction Survey • Integrated Availability Report • Integrated Accessibility Report • PQI Access to Care Report <p>The following are some of the additional reports approved and discussed:</p> <ul style="list-style-type: none"> • Q1 2023 PPG Dashboard • Q1 2023 Transportation Oversight Report • Q2 2023 Call Center Exempt Grievances Access to Care Trend Report • Q2 2023 Member Services Call Center Reports (MHN and Health Net) <p>The following reports were approved and discussed at the September 29, 2023, meeting:</p> <ul style="list-style-type: none"> • MY 2022 Access & After-Hours CAP Evaluation • Q2 2023 Network Adequacy Report • Q2 2023 Open Practice Report • Q2 2023 Long-Term Support Services (LTSS) • Access Workgroup report Matrix • Access Workgroup Meeting Checklist <p>Key issues in timely access to care, balance billing, and provider late/no-show occurrences have been identified. CAPs, Plan oversight, monitoring, and remediation efforts will continue.</p>	
<p>#6 UM/CM Business</p> <ul style="list-style-type: none"> - Key Indicator Report (September) - Utilization Management Concurrent Review Report (Q3) - Case Management & CCM Report(Q3) <p>(Attachments Z-BB)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Key Indicator Report through September.</p> <p>A summary was shared that provided the most recent data for Admissions, Bed Days, Average Length of Stay, and Readmissions through September 2023.</p> <ul style="list-style-type: none"> • Membership has leveled off due to the end of the public health emergency. • For Acute Admissions, Bed Days, and Acute Length of Stay (adjusted PTMPY), all populations had a slight decrease. • Readmits within 30 days (adjusted PTMPY) fluctuated amongst the 3 populations. • Turnaround Time (TAT) rates are in compliance at 100% for the past two months. • Perinatal, Behavioral Health Case Management, (and Integrated Case Management (CM) results have shown a decrease in referrals but an increase in engagement rates for Q3. • Transitional CM (TCM) has seen an increase in referrals due to the new process for hospital discharge in which all patients start in TCM and are referred to other CM services as needed. • Palliative Care showed a decrease in referrals and engagement rate. Education about 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Key Indicator Report (September) - Utilization Management Concurrent Review Report (Q3) - Case Management & CCM Report(Q3) <p>(Cardona/Quezada) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Palliative care is now a focus.</p> <p>Utilization Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Q3 2023. The emphasis of the UM team is on improving member healthcare outcomes, minimizing readmission risk, and reducing Post-Acute Care gaps in the delivery of services via proactive discharge planning and expeditious linkages to medically necessary health and support services. Data trends are consistent with those described above for KIR.</p> <ul style="list-style-type: none"> • SPD was slightly over the annual goal for Bed Days (+0.2%). SPD and MCE were slightly over the goal for Average Length of Stay (SPD +0.3%, MCE +0.1%). All other metrics are in line to meet annual goals. • Member Connections representatives are in training for a pilot program to start by the end of Q1 2024. Member Connections representatives will meet with inpatient members to assist with referrals and provide resource materials as well as liaison with the hospital discharge navigators. <p>The Case Management Report and CCM Report (Q3) summarizes the Integrated Case Management (ICM), Transitional Care Management (TCM), Behavioral Health Case Management (BH CM), MemberConnections, Palliative Care, and Emergency Department (ED) Diversion activities for Q3 2023 and utilization-related outcomes through 10/20/23.</p> <ul style="list-style-type: none"> • From Q2 to Q3, ICM referral volume dropped 30%, managed TCM cases increased 23%, and BH CM total referral volume dropped 30%. • ED Diversion call volume in the second half of the year is projected to be 11% lower than the first half due to a dip in call volume in July, and call success rates are, so far, 15% lower in the second half of the year. • Referral volumes decreased for ICM, BH CM, and Palliative Care due to integration with TCM. • The First Year of Life Program was restructured to increase member compliance. • Outcomes measures: If a member participates in CM, readmission rates, ED claims/utilization, and pregnancy complications, all measures show a decrease. 	
<p>#6 UM/CM Business - Medical Policies Provider</p>	<p>The Medical Policies Provider Updates (Q3) were presented to the committee. The Provider Update Newsletter is compiled based on a national review by physicians and</p>	<p>Motion: <i>Adopt</i> - Medical Policies Provider</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Updates (Q3) (Attachment CC)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>distributed monthly to providers via facsimile featuring new, updated, or retired medical policies for the Plan.</p> <p>New policies for Q3 include but are not limited to the following:</p> <ul style="list-style-type: none"> • CP.MP.250 Lantidra (donislecel) Allogenic Pancreatic Islet Cellular Therapy • HNCA.CP.MP.679 Palliative Care Eligibility Criteria <p>Updated policies for Q3 include but are not limited to the following:</p> <ul style="list-style-type: none"> • CP.MP.101 Donor Lymphocyte Infusion • CP.MP.248 Facility-Based Sleep Studies for Obstructive Sleep Apnea • CP. MP.69 Intensity-Modulated Radiotherapy • CP.MP.57 Lung Transplantation • CP.MP.246 Pediatric Kidney Transplant • CP.MP.133 Posterior Nerve Stimulation for Voiding Dysfunction • CP.MP. 166 Sacroiliac Joint Interventions for Pain Management <p>The following policies have been retired:</p> <ul style="list-style-type: none"> • CP.MP.158 Ambulatory Surgery Center Optimization • ADHD Clinical Practice Guideline 	<p>Updates (Q3) (Cardona/Quezada) 4-0-0-3</p>
<p>#7 Pharmacy Business</p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q3) - Pharmacy Operations Metrics (Q3) - Pharmacy Top 25 Prior Authorizations (Q3) - Pharmacy Inter-Rater Reliability Results (IRR) (Q3) (Attachment U) - Pharmacy Provider Updates (Q3) <p>(Attachments DD-HH)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Pharmacy Executive Summary (Q3) provides a summary of the quarterly pharmacy reports presented to the committee on operational metrics, top medication prior authorization (PA) requests, and quarterly formulary changes to assess emerging patterns in PA requests and compliance around PA turnaround time metrics, and to formulate potential process improvements.</p> <p>The Pharmacy Operations Metrics (Q3) 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 Q3 2023. Q3 2023 TAT was met overall with an average of 99.5%. PA approval rate was slightly higher in Q3 2023 compared to Q2 2023 and overall volume was higher in Q3 2023 compared to Q2 2023, especially in August. Trending in volume and TAT will be monitored to ensure consistent procedures by the PA team.</p> <p>The Pharmacy Top 25 Prior Authorizations (Q3) identifies the most requested medications to the Medical Benefit PA Department for CalViva Health members and assesses potential barriers to</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q3) - Pharmacy Operations Metrics (Q3) - Pharmacy Top 25 Prior Authorizations (Q3) - Pharmacy Inter-Rater Reliability Results (IRR) (Q3) (Attachment U) - Pharmacy Provider Updates (Q3) <p>(Quezada/Waugh) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>accessing medications through the PA process.</p> <ul style="list-style-type: none"> • Top 25 PA requests in Q3 2023 were uniform when the top 25 drugs were reviewed in Q2 2023, 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. <p>The Pharmacy Inter-Rater Reliability Results (Q3) 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"> • 90% threshold met. 95% goal not met; the overall score was 93.33% • Zero (0) cases missed TAT; Six (6) cases criteria misapplied; One (1) case letter language unclear; one (1) case with a questionable denial or approval. • Criteria application was the main issue in Q3 similar to Q2 2023. <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>The Pharmacy Provider Update (Q3) provides a review of formulary changes and medication safety issues.</p> <ul style="list-style-type: none"> • Patent expiration for commonly used brand-name medication. • FDA withdrawal of brand Makena and its generics. • FDA approved over-the-counter Narcan® nasal spray. • Changes to the Health Net*, on behalf of CalViva Health, Medi-Cal Preferred Drug List (PDL) for Q3 2023. 	
<p>#8 Policy & Procedure - UCMCM Annual Policy & Procedure Review (Attachment II)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The following UM/CM Policies were presented to the committee for review, discussion, and approval: The following policies were up for annual review with no changes made:</p> <ul style="list-style-type: none"> • UM-003 Standing Referral to Specialty Care • UM-004 Delegation Evaluation and Determination of UM • UM-010 Second Opinion • UM-050 Communications and Accessibility to UM 	<p>Motion: <i>Approve</i></p> <p>- UCMCM Annual Policy & Procedure Review (Cardona/Waugh) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • UM-117 Clinical Practice Guideline Development • UM-212 Transgender Services • UM-300 CBAS Authorization Process • CMP-015 Seniors and Persons with Disabilities (SPDs) Health Risk Stratification and Assessment • CMP-030 Tuberculosis Services and the Local Health Department (LHD) Direct Observed Therapy (DOT) • CMP-040 HIV/AIDS Coordination with HCBS Waiver Program • CMP-110 Targeted Case Management • CMP-123 Case Management Program Effectiveness • CMP-500 Enhanced Care Management Program Overview and Requirements • CMP-501 Administration of CalAIM Community Supports <p>The following policies were up for annual review and updated with minor edits:</p> <ul style="list-style-type: none"> • UM-001 Post Stabilization Inpatient Care Requested by Contracted/Non-Contracted Hospitals • UM-030 Potential Over and Under Utilization • UM-118 Separation of Medical Management from Administrative and Financial Management • CMP-108 Referrals to Specialty Mental Health, Alcohol and Substance Abuse Treatment Services • CMP-109 Transitional Care Management <p>The following policies were up for annual review and had updated Definitions sections:</p> <ul style="list-style-type: none"> • UM-211 Experimental and Investigational Services • CMP-124 CalViva Pregnancy Program (CVPP) Case Management Services <p>The following policies were up for annual review and had updates as described:</p> <ul style="list-style-type: none"> • UM-002 Pre-Certification and Prior Authorization updated Definitions section. Added reference CA HSC § 1374.17 (a). • UM-005 Specialty Referral System updated Purpose, Definitions section and updated statement regarding out-of-network specialist. • UM-011 Long Term Care added statement regarding requirements for Licensed and Certified Facilities and reference to medical necessity exceptions. Updated Definitions section. • UM-012 Discharge Planning expanded on the CCRN Role in Discharge Planning and Transition of Care. Updated Definitions section. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • UM-013 Provision of Enteral Nutritional Supplements/Replacements updated Definitions section. Added reference CVH Policy PH-050. • UM-060 UM Decisions and Timely Access to Care updated Definitions section. Added NOA statement. • UM-100 Emergency Care and Services updated Definitions section. Added 22 CCR section 1300.67(g) reference. • UM-103 Continuity of Care added statement regarding block transfers. Added information about Special Populations, Authorizations, Transfer and Transitioning Members, Access to Out-of-Network providers and Provider types eligible for COC for providers. <i>Included in meeting materials.</i> • UM-111 Identification and Referral of CCS Members added CCR Title 22 reference. Updated Definitions section. Changed Case Management to Care Management through the policy. • UM-113 Criteria for Utilization Management Care Management Decisions updated policy Purpose. Added APL 23-005 in Authority section. • UM-116 Clinical Criteria for Medical Management Decisions added Medically Necessary definition. • UM-119 Concurrent Review updated Definitions Section. Added SB 987 California Cancer Equity Act. • UM-120 Hospice Care Services updated Medically Necessary Definition to be in compliance with APL23-005. • UM-121 Dental Services and IV Sedation and General Anesthesia updated Definitions section. Added Hospital outpatient surgical services among list of the covered services. • UM-210 Referrals to Non-Participating Practitioners/Providers spelled out "Specialty Mental Health Services", Non-Specialty Mental Health Services, and "Mental Health Plan". Added reference to timely access requirements. Updated Out-of-Network Providers section. • CMP-050 Developmental Disability and Community Resources Linkage Updated EPSDT to EPSDT (Medi-Cal for Kids and Teens). Updated APL 19-010 superseded by APL 23-005. Updated Definitions section. Minor changes through the policy. • CMP-051 Coordination of Care for Children in Foster Care added Definitions section. Minor edits through the policy. • CMP-102 WIC Coordination updated Definitions section. Changed to gender-neutral term 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Parents/People.</p> <ul style="list-style-type: none"> • CMP-112 Medi-Cal Disease Management Programs updated Definitions section. Deleted statement regarding satisfaction survey. • CMP-125 Case Management and Members Under 21 Receiving Private Duty Nursing Services changed “case management” to “care management” through the policy. Updated EPSDT (Medi-Cal for Kids and Teens) services to be in compliance with APL 23-005. • CMP-400 Palliative Care Program updated Policy section. Updated Eligibility Criteria and Palliative Care Program Services. Deleted Referral, Denial sections Appeals & Grievances and Monitoring sections. Updated APL 18-020. Included in meeting materials. <p>Two policies are in review and will be presented at a future meeting:</p> <ul style="list-style-type: none"> • UM-007 Major Organ Transplant • CMP-107 Care Coordination/Case Management Services <p>Four new policies were included in the meeting packet and reviewed with the committee:</p> <ul style="list-style-type: none"> • UM-014 Long-Term Care Transition to Managed Care • UM-015 Management of Enrollees in Subacute Long-Term Care • UM-208 Appropriate Professionals and Use of Board-certified Physicians in UM decision making. • CMP-401 Advance Directives <p>UM-065 Skilled Nursing Facilities was retired by HN and replaced with UM-014 & UM-015.</p> <p><i>Committee members had the opportunity to review the contents of all new policies and any significant policy edits since the last review of the UM/CM policies. There were no questions or concerns raised by committee members.</i></p>	
<p>#9 Credentialing & Peer Review Subcommittee Business</p> <ul style="list-style-type: none"> - Credentialing Subcommittee Report (Q4) 	<p>The Credentialing Sub-Committee Quarterly Report (Q4) was presented. The Credentialing Sub-Committee met on October 19, 2023. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities.</p> <ul style="list-style-type: none"> • Reports covering Q2 were reviewed for delegated entities. • Q3 reports were reviewed for MHN and Health Net. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Credentialing Subcommittee Report (Q4) - Peer Review

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Peer Review Subcommittee Report (Q4) (Attachments JJ-KK)</p> <p>Action Patrick Marabella, M.D Chair</p>	<ul style="list-style-type: none"> • There were no (0) Adverse Action cases for July, August, or September for CalViva Health. • The 2023 Adverse Events Report is a new report for the Credentialing Sub-Committee and provides a summary review of ongoing monitoring for potential quality issues and Credentialing Adverse Action cases during the reporting period. There were no (0) cases identified for Q3 2023 with adverse outcomes associated with a contracted practitioner. • There were two Credentialing Policies reviewed by the committee with edits: <ul style="list-style-type: none"> Policy CR-110 Credentialing and Recredentialing: <ul style="list-style-type: none"> ○ Updated references to the sub-committees from, “Credentialing/Peer Review Sub Committee” to “Peer Review Sub-Committee and Credentialing Sub-Committee” to clearly distinguish as two separate committees throughout policy. This does not reflect an organizational change, only language clarification. ○ Added information regarding the Credentialing Committee Process and the Chairperson's responsibilities. ○ Updated Attachment A, C, D, E, and F. Policy CR-160 Appeal Process: <ul style="list-style-type: none"> ○ Updated references to the sub-committees from, “Credentialing/Peer Review Sub Committee” to “Peer Review Sub-Committee and Credentialing Sub-Committee” to clearly distinguish as two separate committees throughout policy. This does not reflect an organizational change, only language clarification. ○ Clarified reference to provider notices. • The Practitioner Right of Review Evidence Letter (CR.1.B) was presented and reviewed. Template letters for 2022 and 2023 approval letters for initial credentialing and inclusion in the provider network were presented to the committee for review and adoption. The documents were explained, discussed, and adopted by committee members present. <p>Peer Review Sub-Committee Quarterly Report (Q4) was presented. The Peer Review Sub-Committee met on October 19th, 2023.</p> <ul style="list-style-type: none"> • The county-specific Peer Review Sub-Committee Summary Reports for Q3 were reviewed for approval. No significant cases to report. • 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. 	<p>Subcommittee Report (Q4) (Waugh/Quezada) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ There were thirteen (13) cases identified in Q3 that met the criteria for reporting and were submitted to the Peer Review Committee. Seven (7) of these cases involved a practitioner and six (6) cases involved organizational providers (facilities). ○ Of the thirteen (13) cases, two (2) were tabled, one (1) was tabled with a letter of education, one (1) was placed on a CAP, one (1) was closed with a letter of concern, and eight (8) 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 because of access to care issues. ○ There were no (0) cases identified outside of the ongoing monitoring process this quarter, in which an adverse injury occurred during a procedure by a contracted practitioner. (NCQA CR.5.A.4) ○ There were 38 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. ● The Q3 Peer Count Report was presented at the meeting with a total of twenty (20) cases reviewed. The outcomes for these cases are as follows: <ul style="list-style-type: none"> ○ There were thirteen (13) cases closed and cleared. There were four (4) cases tabled for further information. There was one (1) case with CAP outstanding and two (2) were pending closure for CAP compliance. <p>Follow-up was initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p>	
<p>#10 Compliance Update - Compliance Regulatory Report (Attachment LL)</p>	<p>Mary Lourdes presented the Compliance Regulatory Report. CalViva Health Oversight Activities. HealthNet. CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings, and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG-level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances, and appeals, etc. Oversight Audits. The following annual audits are in-progress: Appeals & Grievances, Emergency Room, UCMC, Continuity of Care, Health Education, Privacy & Security.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The following audits have been completed since the last Commission report: Pharmacy (No CAP) Fraud, Waste & Abuse Activity. Since the 10/19/23 Compliance Regulatory Report to the Committee, there have not been any new MC609 cases filed.</p> <p>Department of Managed Health Care (“DMHC”) 2022 Medical Audit. The Plan received the 2022 DMHC Preliminary Audit Report on 11/1/2023 which included a CAP request covering 11 deficiencies. The Plan is reviewing these and must submit a response to the CAP by 12/15/2023. The main finding is regarding how CVH processes requests for post-stabilization. CVH will have to review prior claims and re-adjudicate to make sure claims were paid or denied appropriately.</p> <p>Department of Health Care Services (“DHCS”) 2023 Medical Audit. 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. The Plan submitted its initial response on 10/20/23 and is awaiting feedback.</p> <p>California Advancing and Innovating Medi-Cal (CalAIM). Enhanced Care Management (ECM): On 11/7/23, DHCS approved the Plan’s Birth Equity MOC which demonstrated readiness for the Birth Equity POF that is going live 1/1/2024.</p> <p>Long-Term Care (LTC) Carve-In Deliverable List – Phase II. 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.</p> <p>Member Handbook/Evidence of Coverage. The Plan received DHCS approval on 10/23/23 and DMHC approval on 10/31/23 for the 2024 EOC and Member ID card. These must be provided to members by 1/1/24.</p> <p>DHCS 2024 Operational Readiness(“OR”) Work Plan & Contract. The Plan has completed the required OR Workplan filings to DHCS. The only remaining documents to be submitted are the DHCS “bespoke” MOU templates that must be sent to the various Local Health Departments, LEAs, Regional Center, WIC Agencies, County Behavioral Health Departments, etc., by 12/31/23 for their review and execution. In 2024, DHCS will require quarterly status updates on the execution of those MOUs.</p> <p>On 11/1/23, The Plan received the Final 2024 DHCS Contracts (i.e., Primary and Secondary) with a start date of 1/1/24 and an end date of 12/31/24. The Plan must execute the contracts by 12/12/23.</p> <p>DMHC Enforcement Matter (22-724). On 8/10/23, the Plan received a DMHC Subpoena</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	requesting documents related to a member appeal for services. The Plan complied with the subpoena and submitted all documents on 10/4/23. The Plan has not heard back from the DMHC on this matter. New DHCS Regulations/Guidance. 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. Public Policy Committee. 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.	
#11 Old Business	None.	
#12 Announcements	None.	
#13 Public Comment	None.	
#14 Adjourn	The meeting was adjourned at 12:08 pm	

NEXT MEETING: February 15th, 2024

Submitted this Day: February 15th 2024

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

Acknowledgment of Committee Approval:



Patrick Marabella, MD Committee Chair



Public Policy Committee
 Meeting Minutes
 September 6, 2023
 "Educational Meeting Only"

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		Staff Members
	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, <i>teleconference</i>
		✓	Amy Schneider, RN, Director, Medical Management, <i>teleconference</i>
		*	= late arrival
		•	= participation by teleconference

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
#1 Call to Order Joe Neves, Chair	The meeting was called to order at 11:36 am. <i>A quorum was not met.</i> Meeting was educational session only.		A roll call was taken.
#2 Meeting Minutes from June 7, 2023 Action Joe Neves, Chair	A quorum was not present, no action taken.		No Motion

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
<p>#3 proposed 2024 PPC Meeting Calendar</p> <p>Action Joe Neves, Chair</p>	<p>A quorum was not present, no action taken.</p>		<p>No Motion</p>
<p>#4 Annual PPC Charter Review</p> <p>Action Joe Neves, Chair</p>	<p>A quorum was not present, no action taken.</p>		<p>No Motion</p>
<p>#5 Enrollment Dashboard</p> <p>Information Maria Sanchez, Compliance Manager</p>	<p>Maria Sanchez presented the enrollment dashboard through June 2023. Membership as of June 30, 2023, was 445,086. CalViva Health maintains a 67.28% market share.</p>		<p>No Motion</p>
<p>#6 Health Education</p> <ul style="list-style-type: none"> • Member Incentive Programs – Semi-Annual Report Q1 and Q2 2023 <p>Information Steven Si</p>	<p>Steven Si presented the semi-annual report for Q1 and Q2 2023.</p> <p>There were four health education programs in Q1 & Q2 with 2,234 award recipients. Of the award recipients:</p> <ul style="list-style-type: none"> • 84% were from Fresno County • 8% from Madera County • 7% from King County <p>\$55,850.00 worth of gift cards, given to CVH members</p> <p>There was a percent change of +23 in the total number of incentive awards given when compared to Q3 & Q4 2022.</p> <p>Barriers: Diabetes Prevention Program: The previous DPP vendor terminated business as of January 30, 2023.</p> <p>Action Taken: The Plan identified a small number of DPP vendors, and scheduled demo meetings. Not all vendors were able to meet all DHCS APL 18-018 requirements. The Plan identified a DPP vendor that met all the requirements, and the Plan is working to onboard them.</p>		<p>No Motion</p>

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<p>The next steps consist of:</p> <ul style="list-style-type: none"> • Diabetes Prevention Program: <ul style="list-style-type: none"> ○ Onboard the new DPP provider as a vendor with the health plan. Once added, submit the DHCS application for approval. ○ Pending the DHCS approval, develop new member outreach collateral and outreach campaigns. Consider conducting a Provider Webinar to promote the new DPP service to CalViva Health members. • Child and Adolescent Well Care Visits (WCV): <ul style="list-style-type: none"> ○ Plan member incentive distribution at point of care in collaboration with selected providers. • Childhood Immunization Status (CIS-10), Cervical Cancer Screening (CCS), and Breast Cancer Screening (BCS) Update: <ul style="list-style-type: none"> ○ Continue to distribute member incentives at point-of-care in collaboration with selected providers. • Quality EDGE Program: <ul style="list-style-type: none"> ○ To fully implement the Quality EDGE Program, a new member incentive request will be submitted to DHCS Quarter 3, 2023 requesting to cover all Medi-Cal Accountability Set (MCAS) measures held to the Minimum Performance Level (MPL). To be able to incentivize members for all applicable priority MCAS measures will enhance CalViva Health’s ability to foster greater engagement between members and providers. 		
<p>#7 Appeals, Grievances and Complaints</p> <p>Information Maria Sanchez Dr. Marabella</p>	<p>For Q2 2023 there were no Coverage Disputes (Appeals), 106 Disputes Involving Medical Necessity (Appeals), 99 Quality of Care, 188 Access to Care, and 257 Quality of Service, for a total of 650 appeals and grievances. The total for Q1 2023 was 462 which shows there was a significant increase for Q2 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 494 Exempt Grievances received in Q2 2023.</p> <p>Of the total grievances and appeals received in Q2, the following were associated with Seniors and Persons with Disabilities (SPD):</p>		

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<ul style="list-style-type: none"> • Grievances: 188 • Appeals: 18 • Exempt: 17 <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 Specialist Care.</p> <p>The top categories of appeal cases were related to Advanced Imaging, Surgery, and Other.</p> <p>The top categories for exempt grievances were Balance Billing, PCP Assignment/Transfer Health Plan Assignment Change Request, and PCP HCO Assignment-Change Request.</p> <p>Dr. Marabella further gave a comprehensive explanation of data from the Appeals & Grievances Dashboard. The report is divided into Grievances, and Appeals. There were 366 grievances in Q1 2023, and 531 in Q2 2023 which shows a significant increase from Q1 and Q2 of 2022; however, taking into consideration CVH has more members this year compared to last year. The majority of grievances is Quality of Service (QOS). Categories of high QOS grievances include Access-Other, Other, and Transportation-Access. Quality of Care (QOC) grievances remain consistent with previous year. Exempt grievances have a slight decrease from 2022 numbers and these are grievances that are resolved over the phone; not formal. Exempt grievances for Transportation-Access decreased from last year; however, instead of resolving over the phone they have been made a formal grievance and those are included under Quality of Service Transportation-Access grievances. Balanced billing exempt grievances remain a problem and numbers have increased. The number of appeals remains consistent with 2022. The main category for high number of appeals is Advanced Imaging. Post service appeals remain consistent. With reference to rates of post service appeals, if a member asks for service and gets denied they can appeal that decision. It will then get a second review and its either upheld or overturned and allowed. Appeals for Per Thousand Members Per Month (PTMPM)</p>	<p><i>David Phillips asked if there is any way to obtain regional information, rather than just counties?</i></p> <p><i>Mary Lourdes Leone replied it would have to be broken down by zip codes.</i></p> <p><i>Dr. Marabella added the Plan has not looked at data in that specific way. However, there is a</i></p>	

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<p>remains consistent with last year. The Plan has more members and has just as many appeals on a percentage basis. Grievances for Per Thousand Members Per Month (PTMPM) for 2023 has increased when compared to 2022. Even though the Plan has more members the grievance rate is higher, which means more complaints. The issues include balanced billing and increased transportation problems. The Plan is aware where the problems are and is working to fix the issues.</p>	<p><i>transportation report that does give that type of detailed information. Balanced billing does not show regionality.</i></p> <p><i>Courtney Shapiro added the Plan does look at zip code data when looking at Youth and vaccination rates; that data is also used for educated decisions when it comes to funding.</i></p> <p><i>Dr. Marabella stated the Plan is doing a Performance Improvement Project for the State regarding childhood well-child visits using specific zip codes.</i></p> <p><i>Amy Schneider stated the Plan is also looking at which Providers are available in those</i></p>	

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
		<p><i>specific zip codes. And what services are available.</i></p>	
<p>#8 – Audit Updates 2021 DMHC Audit Update 2022 DMHC Audit Update 2022 DHCS Audit Update 2023 DHCS Audit Update</p> <p>Information Mary Lourdes Leone, CCO</p>	<p>Mary Lourdes Leone provided updates on DMHC and DHCS audits.</p> <p>The Plan has not received any updates for either the 2021 or 2022 DMHC Audits.</p> <p>In reference to the 2022 DHCS Audit, the Plan responded to the corrective action plan (CAP) every month over the last year providing several documents and answers to the DHCS' questions. The Plan demonstrated it was following up on Blood Lead Screening in children, and also making sure when transportation for non-emergency medical transportation (NEMT) is provided the Plan has the PCS forms on file. The Plan successfully completed that CAP and DHCS has closed it out.</p> <p>With regards to the 2023 DHCS Audit finding, the Plan just received their audit report. There was one finding which had to do with when members call into the Member Call Center, and they inquire about a specific issue, the Plan would classify it inappropriately in some instances as an inquiry versus a grievance. An inquiry is any request for information, i.e., PCP change, request for Provider Directory, etc. If there is any expression of dissatisfaction, that is a grievance, and the Plan has to categorize it as such and then handle it according to the Plan's standard processes. The finding stated, after cases were audited, the Plan did not appropriately classify them as a grievance. The Plan agreed with that finding and responded to the State as such. The Plan is currently waiting to see if the State will issue a formal CAP. The Plan moving forward is to make sure the processes are in place, and more training for Call Center staff.</p>	<p><i>Norma Mendoza asked is a member calls to change a Provider because that Provider is not helping them, is that a grievance?</i></p> <p><i>Mary Lourdes replied if that Provider is not helping the member and the member is dissatisfied with that Provider's office it would be classified as a grievance.</i></p>	
<p>#9 Final Comments from Committee Members and Staff</p>	<p>Courtney Shapiro gave an update on the backpack event at Grizzly Stadium. 2,500 kids came out to the event for free backpacks, to participate in the health zone, clothes, shoes, kids' zone. Two days later the Plan was able to give the remaining backpacks out to non-profits to take to rural areas to give out. There was also a back-to-school teacher library event; there were over</p>		

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<p>600 teachers that participated, and each teacher was able to fill three bags with books for their classroom library. CalViva sponsored The Children’s Movement Breakfast on 8/31. The Plan has received several youth recreation grant requests which cover equipment, uniforms, registration fees, etc. Grants are up to \$10,000. There is also an infrastructure grant which is focused on Providers to improve the care and access for members.</p> <p>Steven Si reported the Authorization to Disclose PHI Form is active on the CVH website as of 9/4/23. In addition, the Confidential Communication Request Form is now also available on the CVH website. More Member facing materials are now available on the CVH website, i.e., transportation brochure, and Medi-Cal for teens.</p> <p>David Phillips shared the next facility groundbreaking for UHC will be in October located at California & Walnut, in Fresno. UHC gave a grant of \$140,000 to CSUF, partly funded by CVH.</p>		
#10 Announcements	None.		
#11 Public Comment	<p>Adela Corona provided an update on promotores. Currently, they are working on redeterminations. She stated members in Fresno County have received their yellow envelopes. Madera County has a gap, and members have not received their yellow envelopes. This could potentially be because it is not the member’s renewal month and should wait. Adela shared that they have agreements with specific community organizations or Providers that are helping those members that do not speak English. She also shared that if members want to use Transportation to go to one of the locations for assistance in completing their paperwork, they can use Transportation and promotores has been handing out the flyer with the information.</p>	<p><i>Courtney Shapiro stated that she and Jeff Nkansah, CEO, had a meeting as Social Services in Fresno to learn the process. She stated that Social Services receives a list of names and they do not know if the member belongs to CVH, or a competitor and they have no way of finding out. She also stated that in Fresno, Social Services gets</i></p>	

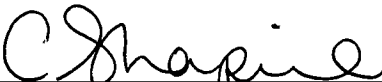
CalViva Health Public Policy Committee

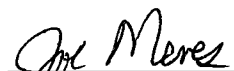
AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
		<i>documentation from the State that connects to the IRS so if someone is automatically qualified based off income information, they will not have to go through the renewal process.</i>	
#12 Adjourn	Meeting adjourned at 12:46 pm.		

NEXT MEETING: September 27, 2023, in Fresno County – “Special Meeting for Action Items”
11:00 am – 12:00 pm
Regularly scheduled meeting: December 6, 2023 in Fresno County

Submitted This Day: December 6, 2023

Approval Date: December 6, 2023

Submitted By: 
 Courtney Shapiro, Director Community Relations & Marketing

Approved By: 
 Joe Neves, Chairman



Public Policy Committee
 Meeting Minutes
 September 27, 2023
 "Special Meeting"

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		Staff Members
✓	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		Jeff Nkansah, CEO
✓	Norma Mendoza, Madera County Representative		
		*	= late arrival
		•	= participation by teleconference

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
#1 Call to Order Joe Neves, Chair	The meeting was called to order at 11:36 am. A quorum was present.		A roll call was taken.
#2 Meeting Minutes from June 7, 2023 Action Joe Neves, Chair	The June 7, 2023, meeting minutes were reviewed and approved.		Motion: Minutes from June 7, 2023 were approved. 7-0-0-2 (J. Garner / D. Phillips)
#3 Proposed 2024 PPC Meeting Calendar Action Joe Neves, Chair	The 2024 PPC meeting calendar was approved with changes. All future PPC meetings will be held in Fresno at CalViva Health.		Motion: 2024 PPC Meeting Calendar was approved. 7-0-0-2 (J. Garner / S. Garcia)

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
<p>#4 Annual PPC Charter Review</p> <p>Action Courtney Shapiro, Director, Community Relations & Marketing</p>	<p>Courtney Shapiro reported on the significant changes to the Public Policy Committee Charter required by the Department of Health Care Services. Those significant changes include but not limited to:</p> <ul style="list-style-type: none"> • Membership: consideration will be given to seniors and persons with disabilities (SPDs), persons with chronic conditions, and those with limited English proficiency. 5% of members must represent culturally diverse groups of community members, consumers, individuals, and additional factors such as race, ethnicity, sexual orientation, gender identity, etc. • Three year term remains the same; however, CVH starts off new members with a 1-year term to ensure participation. • Statewide Committee: includes other managed care plans committees represented by members such as CVHs PPC. One member of the PPC will be appointed to serve as the representative for DHCS to this statewide consumer advisory committee and will be compensated for time and participation on the advisory committee; includes transportation, expenses to appear in person, etc. <p>A PPC member has not been selected yet, as this will be effective for 2024. More details on the advisory committee will be shared once received. If there is a specific PPC member that is interested in volunteering to be the representative, they are to contact Courtney Shapiro.</p> <p>Annually in April of each year, a demographic report will be required to be submitted to DHCS. This form will be sent out to each PPC member to be completed and returned to CVH in order to provide the demographic report.</p> <p>Because of the NCQA Accreditation for CVH, it's important for members of PPC to provide feedback and dialogue during each department's presentation on how the Plan can better serve members, how the Plan is working, and what PPC members are hearing in the community.</p>		<p>Motion: Revised PPC Charter was approved to move to Commission for Final Approval. 7-0-0-2 (J. Garner / N. Mendez)</p>
<p>#5 Final Comments from Committee Members and Staff</p>	<p>Jeff Nkansah, CEO, reported there is a new affiliation that CVH is having with the Plan administrator Health Net that will be effective January 1, 2024. This mainly impacts members who are dual eligible for Medicare and Medi-Cal. The State is promoting care coordination by the same plan; they are working to make sure that whatever Plan a member is on for Medi-Cal matches the company Plan for Medicare. Because of that, CVH is partnering with Health Net's Medicare Plan and is called Well-Care by Health Net. CVH is ensuring that members are aware that if they are keeping CVH for Medi-Cal that they look for the Well-Care by Health Net for</p>	<p><i>Supervisor Neves shared West Hills College has a course for Seniors for exercise and recommends CVH</i></p>	

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<p>their Medicare. In addition, Jeff reported CVH is running a pilot that will begin in November or December 2023 targeted towards members that are participating in the wellness programs and will be a free gym membership for those members. CVH hopes this will generate interest and help keep members healthy. The gyms selected will not just be the large 24 hour fitness type gyms, but targeted to where members are comfortable working out. CVH will cover the majority at no cost; however, premium memberships require an additional cost by individuals.</p>	<p><i>look into their program.</i></p> <p><i>Jeff Garner asked if CVH will be tracking the usage of the gym memberships?</i></p> <p><i>Jeff Nkansah replied the organization CVH is working with will track utilization and report back to CVH.</i></p> <p><i>Norma Mendoza asked how members are going to know they are eligible?</i></p> <p><i>Jeff Nkansah stated there is a list of eligible members and they are currently working on whether they will send a letter or do an outreach phone call, which will require regulator approval. Communicating by word of mouth is an option.</i></p>	

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<p>Norma Mendoza shared members at health fairs have been asking why they have been changed from CVH to Anthem, and if they can move back to CVH. Norma stated she told them they can switch back to CVH.</p> <p>Jeff Garner shared KCAO partnered with CVH to do a food pantry at Family Healthcare Network (FHCN) medical office in downtown Hanford. When members go in for a medical visit, they can also visit the food pantry. FHCN reported to KCAO they are receiving positive feedback. Courtney Shapiro reported FHCN has reached out and will be requesting funding to do a food pantry at one of their locations in Fresno and will partner with Central California Food Bank. In addition, KCAO is trying to build a new facility in Kings County that would incorporate a new food bank, a centralized kitchen, and a low barrier emergency shelter. The land has been purchased and funding to break ground is in the works.</p> <p>David Phillips reported UHC is working on new facilities, and the foundation gold tournament is September 29th. UHC has 35 new staff starting Monday, October 2nd. UHC currently has 30 facilities and over 1,200 employees. UHC is working on opening a discharge clinic with Community in November for patients without a PCP. UHC has specialists at a couple of their clinics in Fresno one day a week (includes Cardiology, GI, Urology).</p> <p>Courtney Shapiro shared an investment CVH made with Martin Park, a non-profit organization. They were originally located in the Lowell neighborhood and is a safe place for kids to go after school. They outgrew that location and moved to Webster Park, next to Webster elementary. CVH has provided \$200,000 in grants over the last two years to build the park. The park includes an air-nasium so kids can play outside year round, basketball, soccer, work-out area, a community garden, and a lighted walkway around the entire park. There is a tenant that will be living in the house on the property that will oversee the area. The school district installed a fence that will allow the kids from Webster to go into the park during the school day to utilize all it has to offer. The ribbon cutting will be held October 17th. There is numerous resources, so</p>	<p><i>Jeff Nkansah replied this could be related to if that member dual eligible and has Medicare with a different plan they are automatically moved to that Plan for Medi-Cal for care coordination.</i></p>	

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	it is not just a park, Care Fresno does tutoring for kids after school, Saturday sports, and more programming happening at the park.		
#6 Announcements	None.		
#7 Public Comment	None.		
#8 Adjourn	Meeting adjourned at 11:38 am.		

NEXT MEETING: December 6, 2023, in Fresno County

Submitted This Day: December 6, 2023

Approval Date: December 6, 2023

Submitted By: CShapiro
 Courtney Shapiro, Director Community Relations & Marketing

Approved By: Joe Neves
 Joe Neves, Chairman



Public Policy Committee
 Meeting Minutes
 December 6, 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		Staff Members
✓	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
#1 Call to Order Joe Neves, Chair	The meeting was called to order at 11:30 am. A quorum was present.		A roll call was taken.
#2 Meeting Minutes from September 6, 2023 September 27, 2023 Action Joe Neves, Chair	The September 6, 2023 (<i>educational minutes</i>), and September 27, 2023, meeting minutes were reviewed and approved.		Motion: Approve September 6, 2023, and September 27, 2023, Minutes 7-0-0-2 (D. Phillips / N. Mendoza)

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
<p>#3 Enrollment Dashboard</p> <p>Information Maria Sanchez, Compliance Manager</p>	<p>Maria Sanchez presented the enrollment dashboard through September 2023. Membership as of September 30, 2023, was 437,511. CalViva Health maintains a 67.46% market share.</p> <p><i>Supervisor Neves left at 11:34 am and turned the meeting over to Roberto Garcia as interim Chair in his absence.</i></p> <p><i>Jeff Garner arrived at 11:34 am; not included in motion for agenda item #2.</i></p>		<p>No Motion</p>
<p>#4 Health Education</p> <ul style="list-style-type: none"> • 2023 Executive Summary and Work Plan Mid-Year Evaluation <p>Information Steven Si</p>	<p>Steven Si presented the Health Education 2023 Executive Summary and Work Plan Mid-Year Evaluation.</p> <p>Highlights of the 2023 mid-year evaluation summary consist of:</p> <ul style="list-style-type: none"> • The 2023 Health Education Mid-Year Work Plan consists of 15 program initiatives. <ul style="list-style-type: none"> ○ Within each initiative, there are multiple objectives (40 performance objectives). • Of the 40 measurable objectives: <ul style="list-style-type: none"> ○ 26 objectives have met or exceeded goals or are on-track to meet goals as of the mid-year mark. ○ 2 are off-track as of the mid-year mark. ○ 5 were suspended after an impact and value assessment was made to each project. ○ 7 are pending as they are contingent upon other activities (e.g., approval of the DPP program by DHCS). <p>Accomplishments of the 2023 mid-year evaluation summary consist of:</p> <ul style="list-style-type: none"> • Engaged three community stakeholders to address social determinants of health priorities, link members to SDOH resources. • Conducted 30 presentations on CalAIM services to promote ECM and CS programs to increase awareness with community partners. • Conducted and participate in 38 stakeholder and provider meetings to support development of CalAIM ECM and CS Network • Partnered 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. 		<p>No Motion</p>

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<ul style="list-style-type: none"> • Created one Provider Update notifying providers of the changes concerning the CAIR registry and AB1789. <p>Barriers and actions to be taken include:</p> <ol style="list-style-type: none"> 1. Chronic Disease Education- Asthma and Hypertension, Tobacco Cessation Program: mail and/or mailing campaigns were suspended because they have limited impact and are resource intensive. 2. Chronic Disease Education - Diabetes: <ul style="list-style-type: none"> • Vendor identified and approval/ onboarding process in progress as of Q2 2023 and will continue through Q3-Q4 2023. • Implementation will be contingent upon DHCS approval of the program. The goal is to submit the DPP Program approval application to DHCS in Q4 2023. 3. Preventive Health – BCS PIP ended 12/31/2022. Other opportunities are being explored for 2023. 4. Outreach to undocumented members (Health Equity) initiative is on hold as of Q2 2023 pending reassessment of department resources. 5. Obesity Prevention: <ul style="list-style-type: none"> • Only four (4) members were enrolled as of 6/30/23. No members were enrolled in Healthy Habits for Healthy People (HHHP) self-paced program. The program outreach and content need to be re-evaluated to ensure more impactful communication is made with members. <p>Major initiatives moving forward include, but not limited to:</p> <ul style="list-style-type: none"> • Complete effectiveness evaluation for Asthma program. • Continue the onboard process with new proposed vendor for the Diabetes Prevention Program. Will need to submit application to DHCS. • Re-evaluate opportunities for FFFL and HHHP programs (obesity prevention). • Continue promotion of BCS and CCS screenings. Explore other educational interventions. 		

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<ul style="list-style-type: none"> 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. 		
<p>#5 Health Equity</p> <ul style="list-style-type: none"> 2023 Executive Summary and Work Plan Mid-Year Eval 2023 Summary and Language Assistance Program Mid-Year Report 2023 Summary and Geo Access Report <p>Information Steven Si</p>	<p>Steven Si presented updates for the Health Equity 2023 Executive Summary and Work Plan Mid-Year Eval, the 2023 Summary and Language Assistance Program Mid-Year Report, and the 2023 Summary and Geo Access Report.</p> <p>2023 Work Plan Mid-Year Evaluation As of June 30, all activities are on target to be completed by the end of the year with some already completed. Highlights include:</p> <ul style="list-style-type: none"> Thirty-nine staff completed their bilingual assessment/re-assessment. Completed annual report of the LAP assessment results for the Timely Access Reporting Sexual Orientation and Gender Identity data fields go live in OMNI. Investigated 17 Cultural and Linguistic grievances. Completed two EMR Database and Readability trainings and saw a total of 34 EMRs in first half of the year. Completed 270 Social Needs Assessments for members and 201 members were referred to a program (74%) in findhelp; and 410 new programs were added to the platform. <p>2023 Summary and Language Assistance Program Mid-Year Report</p> <ul style="list-style-type: none"> Member Services Department representatives handled a total of 70,043 calls across all languages. Of these, 12,758 (18%) were handled in Spanish and Hmong languages. A total of 2,440 interpreter requests were fulfilled for CalViva Health members, 1,743 (71%) of these requests were fulfilled utilizing telephonic interpreter services with 644 (26%) for in-person, 53 (2%) for sign language interpretation, and zero requests for video remote interpreting. MHN Services' Member Services Department representatives handled a total of 1,753 calls across all languages and 532 (31%) calls handled in a language other than English (Spanish, 	<p><i>Jeff Garner asked if a member calls in and CVH does not have a language the member can access does the call center connect them to a translator?</i></p> <p><i>Steven responded and explained that when that happens the call center can contact the Language Assistance Program and request a phone</i></p>	

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<p>Hmong, Punjabi, Khmer, Mandarin, and Farsi) with 504 (94%) handled in Spanish and 4 (1%) handled in Hmong.</p> <ul style="list-style-type: none"> • There were 120 requests for interpreter services that were fulfilled with MHN. Of these 120 requests, 82 (68%) were fulfilled for in-person, 5 (4%) for sign language interpretation, 7 (6%) for telephone interpretation, and 26 (22%) for Video Remote Interpretation. • One Written Translation request was received from CalViva Health members during this reporting period. • A total of 34 English material reviews were completed for CalViva Health documents/materials, including the member newsletter. • A total of 17 grievance cases were received and reviewed by the Health Equity Department. <p>2023 Summary and Geo Access Report</p> <p>The RY 2022 Health Equity Geo Access Gap Analysis shows the top five non-English languages for members are Spanish (31.23%), Hmong (1.53%), Arabic (0.27%), Lao (0.20%), and Armenian (0.13%).</p> <p>Findings include:</p> <ul style="list-style-type: none"> • No language gaps for Spanish-speaking members. • Most language gaps found for members who speak Arabic. • Madera had the least gaps. • When comparing 2022 to the previous analysis, 2022 analysis demonstrates less gaps for Arabic, and the top 5 preferred languages for members have changed slightly with Armenian replacing Cambodian (Khmer). <p>Next steps include:</p> <ul style="list-style-type: none"> • Share this report with Provider Network Management to identify potential network expansion. • Continue to promote the language assistance program, and • Enhance the Video Remote Interpreting (VRI) pilot to include the provision of training and equipment for high volume/high LEP membership providers to allow for a successful assessment of this interpreting alternative. 	<p><i>interpreter, VRI, or sign language interpreter.</i></p> <p><i>Jeff Garner questioned if that happens immediately, or if there is a waiting period before the member is in touch with the interpreter.</i></p> <p><i>Steven stated each interpreter type method has a different response rate (i.e. phone response could have faster response time than a VRI or sign language).</i></p> <p><i>Jeff Garner asked with reference to the calls received through the call center that are Spanish and Hmong speaking; how does that match up to the actual membership? Is there a higher usage of Spanish</i></p>	

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
		<p><i>speakers based on the call center as we do with our membership or is there no variance? How does the 12,000 Spanish speaking calls, how does that equal to the representation of the entire Plan membership?</i></p> <p><i>Steven responded that the variances are too subtle to be able to pinpoint.</i></p> <p><i>Pao Houa commented that in the PPC packet there is a report showing population demographic % and reflects the Plan has a large Hispanic population which correlates with the high volume of Spanish speaking requests.</i></p> <p><i>Courtney Shapiro added that as of</i></p>	

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
		<p><i>June 2023, Hispanic membership is at 64% across the three service counties, but that Spanish language is at 31%. Even though 31% of the membership speaks Spanish, not necessarily 31% are making calls.</i></p> <p><i>Mary Lourdes Leone clarified that interpreters are specific to spoken communication, whereas translators are used for written communication. If a member needs something in their language for a letter the Plan has alternate templates for whatever the member may need. Alternate formats are also available (i.e. large format print, brail, etc.) must be provided to the member if requested.</i></p>	

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
<p>#6 Medical Management</p> <ul style="list-style-type: none"> • QI & HEDIS Update MY 2022 <p>Information Dr. Marabella, CMO</p>	<p>Dr. Marabella provided an update on Quality Improvement and HEDIS®.</p> <p>For MY2022, MCP's were required to meet the minimum performance level (MPL) on 15 measures in each county and in MY2023 meet the minimum performance level (MPL) on 18 measures.</p> <p>Fresno County missed the Minimum Performance Level in the following categories:</p> <ul style="list-style-type: none"> • Cervical Cancer Screening • Childhood Immunization – Combo 10 • Follow-up after ED visit for Mental Health Illness – 30 days • Follow-up after ED visit for Substance Abuse – 30 days • Lead Screening in Children • Child and Adolescent Well-Care Visits • Well-Child Visits in the First 15 Months of Life – Six or more Well-Child Visits • Well-Child Visits for age 15 Months to 30 Months – Two or more Well-Child Visits <p>Kings County missed the Minimum Performance Level in the following categories:</p> <ul style="list-style-type: none"> • Childhood Immunization – Combo 10 • Immunizations for Adolescents: Combination 2 • Lead Screening in Children • Child and Adolescent Well-Care Visits • Well-Child Visits in the First 15 Months of Life – Six or more Well-Child Visits • Well-Child Visits for age 15 Months to 30 Months – Two or more Well-Child Visits <p>Madera County missed the Minimum Performance Level in the following categories:</p> <ul style="list-style-type: none"> • Follow-up after ED visit for Mental Health Illness – 30 days • Follow-up after ED visit for Substance Abuse – 30 days <p>Overall, 64% (29/45) of measures met or exceeded the minimum performance level (MPL). Six (6) of 45 (13%) were at the high performance level (HPL). And sixteen (16) of 45 (36%) missed the MPL.</p> <p>New measures for Measurement Year (MY) 2024 consist of five (5) domains:</p>		

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<ul style="list-style-type: none"> • Child & Adolescent Preventative Health <ul style="list-style-type: none"> ○ Child and Adolescent Well-Care Visits ○ Childhood Immunization Status: Combination 10 ○ Developmental Screening in the First Three Years of Life ○ Immunizations for Adolescents: Combination 2 ○ Lead screening in Children ○ Topical Fluoride for Children ○ Well-Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 Months ○ Well-Child Visits in the First 30 Month of Life - Well-Child Visits for Age 15 Months - 30 Months • Reproductive Health <ul style="list-style-type: none"> ○ Chlamydia Screening in Women ○ Prenatal and Postpartum Care: Postpartum Care ○ Prenatal and Postpartum Care: Timeliness of Prenatal Care ○ Postpartum Depression Screening and Follow Up - New ○ Prenatal Depression Screening and Follow Up - New ○ Prenatal Immunization Status - New • Behavioral Health <ul style="list-style-type: none"> ○ Follow-Up After Emergency Department (ED) Visit for Mental Illness –30 days. ○ Follow-Up After ED Visit for Substance Abuse – 30 days ○ Depression Remission or Response for Adolescents & Adults – new ○ Depression Screening and Follow-Up for Adolescents & Adults – new ○ Pharmacotherapy for Opioid Use Disorder - new • Chronic Diseases <ul style="list-style-type: none"> ○ Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) ○ Controlling High Blood Pressure ○ Asthma Medication Ratio • Cancer Prevention <ul style="list-style-type: none"> ○ Breast Cancer Screening (BCS) ○ Cervical Cancer Screening (CCS) ○ Colorectal Cancer Screening (COL) – new <p>Quality Improvement (QI) Accountability tiers are:</p> <ul style="list-style-type: none"> • Red Tier: County is below the State and Region median or average in 3 or more domains. 		

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<ul style="list-style-type: none"> • Orange Tier: County is below the State OR region median or average in 2 domains. • Green Tier: County is below the State median OR average w/in a region in any 1 domain. <p>For MY 2022, CalViva is in the orange tier for Fresno County, and green tier for Madera and Kings counties. For each county there are accountability projects depending on the colored tier.</p> <p>Orange tier: a) SWOT process with modification of SWOT analysis to be replaced by fishbone for each domain triggered by the RU; and b) the fishbone should include disparity barriers for the disparate group compared to the well- performing group within the triggered domain.</p> <p>Green tier: Improve Disparity population in a region with measure(s) within a triggered domain by using A3 and a summary of Aims. (Improvement ideas & measures/progress, results & impact, then next steps).</p> <p>Opportunities for Improvement consist of:</p> <ol style="list-style-type: none"> 1. Clinical PIP: Well Child (W30-6+) in Fresno County 2. Non-clinical PIP: Follow up after ED Visit for MH/SUD in Fresno & Madera Counties 3. SWOT: Well Child & CIS-10 Project in Fresno, Kings, and Madera counties 4. 2024: Anticipate A3 Projects in Madera & Kings Counties. SWOT Project in Fresno County. 		
<p>#7 Quarterly Appeals & Grievance Report</p> <p>Information Maria Sanchez</p>	<p>For Q3 2023 there were five (5) Coverage Disputes (Appeals), 80 Disputes Involving Medical Necessity (Appeals), 93 Quality of Care, 146 Access to Care, and 270 Quality of Service, for a total of 594 appeals and grievances. 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 Standard Grievances, Expedited Grievances, and Expedited Grievances. Standard Appeals was met at 98.6%.</p> <p>There was a total of 424 Exempt Grievances received in Q3 2023.</p> <p>Of the total grievances and appeals received in Q3, the following were associated with Seniors and Persons with Disabilities (SPD):</p> <ul style="list-style-type: none"> • Grievances: 165 		

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<ul style="list-style-type: none"> • Appeals: 13 • Exempt: 21 <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, Administrative, 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 Other.</p> <p>The top categories for exempt grievances were Balance Billing, PCP Assignment/Transfer Health Plan Assignment Change Request, and Health Plan Materials-ID cards not received.</p>		
<p>#8 2023 DHCS Audit – CAP Update</p> <p>Information Maria Sanchez</p>	<p>CalViva received the official Corrective Action Plan (CAP) letter on September 20, 2023. There was one finding identified relating to how calls that contain dissatisfaction are classified. It was found that some of the calls were classified as inquiries instead of grievances. CVH is working with Health Net to update policies and procedures, and also training the call center staff to make sure they understand the difference between an inquiry and a grievance. The initial CAP response was submitted on October 20, 2023, and the first update was submitted on December 1, 2023. Monthly updates will be submitted until the CAP is closed.</p>		
<p>#9 2022 DMHC Audit-Final Report and CAP</p> <p>Information Maria Sanchez</p>	<p>The preliminary report was received from DMHC on November 2, 2023. DMHC noted 11 deficiencies, several of which were incorrect letter templates. Others included ER visits and post stabilization. CVH is working with Health Net to clear up the deficiencies. A response and/or rebuttal will be submitted by the due date of December 14, 2023.</p>		
<p>#10 Enhanced Care Management & Community Supports Update</p> <p>Information</p>	<p>On November 7, 2023, DHCS approved CalViva’s Birth Equity model of care (MOC) as that population of focus becomes effective January 1, 2024.</p> <p>CalViva also submitted the Justice Involved MOC in October 2023, and is currently pending approval from DHCS. The Justice Involved population are those that are incarcerated and will eventually be released; there are pre-release and post-release activities that CalViva needs to</p>		

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
Mary Lourdes Leone	help coordinate and ensure that those individuals get assigned to Enhanced Care Management (ECM) and Community Supports (CS). This will go live January 1, 2024.		
#11 Adult Expansion 26-49 Effective 1/1/24 Action Mary Lourdes Leone	Effective January 1, 2024, DHCS is expanding full scope Medi-Cal benefits to all eligible individuals between the ages of 26 – 49. DHCS has sent out notices to all eligible individuals.		
#12 LTC ICF/DD and Subacute Care Effective 1/1/24 Information Mary Lourdes Leone	Effective January 1, 2024, full Long Term Care (LTC) at Intermediate Care Facilities (ICFs) for the developmentally disabled (LTC ICF/DD) becomes the responsibility of Medi-Cal (MC) Managed Care. In January 2023, MC Managed Care assumed responsibility for anyone that was in skilled nursing or that type of long term care. As of January 2024, individuals that are developmentally disabled and needing long term care, Managed Care Plans will be responsible for this benefit. CalViva has had to demonstrate that the Plan has a network of those types of Providers.		
#13 Final Comments from Committee Members and Staff	<p>Mary Lourdes Leone shared that as of January 1, 2024, there will be a new Member Handbook available online, or hard copy by request.</p> <p>Courtney Shapiro shared updates. On the CVH website there is a new feature for members to request to change their doctor. Courtney reminded the committee that the survey that was previously mentioned when reviewing the updated Charter will be available for PPC members to complete. The plan is still developing this survey. Also, more discussion to take place on the PPC member that will be selected to represent CalViva at the State level.</p> <p>Courtney Shapiro shared the activities of CalViva in regard to sponsorship grants.</p> <p>Jeff Nkansah shared the CalViva is exploring an option for members to obtain their ID card online. Maria Arreola shared that members have reported to her that they have tried to call member services for a copy of their ID card and were told they couldn't provide that to the member, that they would have to get that online. Courtney recommended that Maria obtain the member's contact information and someone from our office would reach out to the member to assist them. Steven Si reminded the PPC members about the Language Services option and that members can request an interpreter at any time when contacting member services. Roberto Garcia recommended that anyone calling member services, get the name of the member services representative when calling just in case there are any issues.</p>	<p><i>David Phillips asked if there is a "reason" option for members to list why they want to switch Providers.</i></p> <p><i>Jeff Nkansah, CEO, stated there is a section for "reason for change" but complaints have not been listed as a reason.</i></p>	

CalViva Health Public Policy Committee

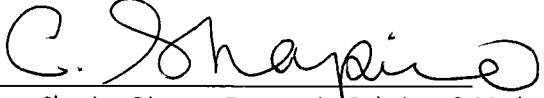
AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
#14 Announcements	None.		
#15 Public Comment	None.		
#16 Adjourn	Meeting adjourned at 12:30 pm.		

NEXT MEETING March 6, 2024, in Fresno County
11:30 am - 1:30 pm

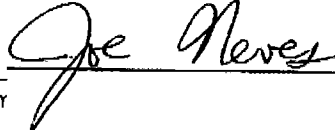
Submitted This Day: March 6, 2024,

Approval Date: March 6, 2024

Submitted By: _____


Courtney Shapiro, Director Community Relations & Marketing

Approved By: _____
Joe Neves, Chair



Item #6

Attachment 6.A-6.B

Population Health

- 6.A Population Health Management Segmentation Report
- 6.B Population Health Management Assessment Report



REPORT SUMMARY TO COMMITTEE

TO: CalViva QI/UM Committee

FROM: Marianne Armstrong, Population Health and Clinical Operations

COMMITTEE DATE: March 21, 2024

SUBJECT: Population Segmentation Report

Summary:

The following are ongoing programs and activities for CalViva Health targeting specific subpopulations in 2023. The criteria for eligibility, the number of those potentially eligible as of December 2023 and the percent of the population are listed below.

Purpose of Activity:

The Population Segmentation is recorded to understand the portions of the population targeted by each Population Health Management program in accordance with NCQA Accreditation: PHM 2 requirements.

Data/Results:

Program Name	Eligible Population	Number of Members Eligible	Percent of Members Eligible
N/A	Members with no risk factors	132,944	30.83%
N/A	Members with no claims	109,239	25.34%
Improve Preventive Health: Flu Vaccinations	All Members 6 months and older, especially high-risk populations	429,206	99.55%
Improve Preventive Health: Breast Cancer Screening	Women ages 50-74 years	69,411	16.10%
Improve Behavioral Health: Depression and Antidepressant Medication Management a bidirectional data exchange process	Members ages 18 and older that have been newly prescribed antidepressant medications and are diagnosed with major depression	695	0.16%
CalViva Pregnancy Program	Pregnant Members at risk for complications of pregnancy as determined by having an NOP score >34 and/or provider determination	22	0.01%

Program Name	Eligible Population	Number of Members Eligible	Percent of Members Eligible
Care Management	Members fitting within clinical analytics population health groups 05d, 05c, 07a, 07b derived from ImpactPro with other designated criteria, complex conditions and other designated health factors and/or social determinants of health.	20,136	4.67%
Palliative Care	Members with chronic, severe, progressive or terminal illness	4,826	1.12%
Transition Care Management	Members with high complexity profile: Member is inpatient with anticipated discharge or recently discharged, hospital readmissions risk, 2 or more admissions within the past 6 months, 3+ emergency department visits within the past 6 months, multiple medications/high cost medications/high-risk medications, recent catastrophic event or illness, unmanaged/poorly managed chronic or behavioral health issues, psychosocial issues/barriers impacting access to care and/or services, history of non-compliance and/or complexity of anticipated discharge	1,059	0.25%
Chronic Condition Disease Management	Members with Asthma, COPD, Diabetes, Cardiovascular Conditions, and Heart Failure	72,496	16.81%
Chronic Condition Management: Substance Use Disorder-Opioid (SUD-O) Program	SUD-O program timely/effective care in collaboration with providers for members on dangerous combinations (benzodiazepines, opioids, muscle relaxants, other), high doses and prolonged use.	1,241	0.29%
Tobacco Cessation – Kick It California	Members 13 years and older	308,521	71.56%
Diabetes Prevention Program	Members 18 years and older with pre-diabetes and/or abnormal glucose.	19,741	4.58%
Diabetes Management Program	Members 18-75 years of age with diabetes (type 1 and 2) with care gaps	26,002	6.03%
Cardiac + Diabetes	Members that have diabetes with hypertension and/or cardiovascular disease	9,630	2.23%
Fit Families for Life – Home Edition	Adults and children	431,152	100.00%

Program Name	Eligible Population	Number of Members Eligible	Percent of Members Eligible
Health Information Form	All Members	431,152	100.00%
Health Risk Questionnaire	Members 18 years and older	256,918	59.59%
Digital Behavioral Health Platform (MyStrength)	Ages 13 years and above - Mental health and substance use (behavioral health) educational support for depression, anxiety, substance use, pain management, and insomnia/sleep health	308,521	71.56%
Behavioral Health Care Management	All members	431,152	100.00%
Chronic Condition: Respiratory Conditions (Chronic Obstructive Pulmonary Disease (COPD) and Asthma)	Members with Chronic Obstructive Pulmonary Disease or Asthma diagnosis with pharmacy claims who are either not adherent to their medications, have ER visits in the last 12 months, or both	1,868	0.43%
Emergency Room Diversion Program	Members visiting the ER for avoidable chief complaints	25,277	5.86%
Chronic Condition: Oncology	Members with diagnosis of breast, prostate or colon cancer with pharmacy claims who are either not adherent to their medications, have ER visits in the last 12 months, or both	80	0.02%
Telemedicine	All Members	431,152	100%



REPORT SUMMARY TO COMMITTEE

TO: CalViva QI/UM Committee
FROM: Marianne Armstrong, Population Health and Clinical Operations
COMMITTEE DATE: March 21, 2024
SUBJECT: PHM Assessment 2023

Summary:

The Population Analysis reflects the following key findings:

- Top social determinants/drivers of health (SDoH) factors impacting CalViva Health: Smoking, Teen Birth, Air Pollution.
- Top needs of child and adolescent members: Pulmonary conditions
- Top needs of members with disabilities: Cardiovascular and Pulmonary conditions
- Top needs of members with serious and persistent mental illness (SPMI): Anxiety and Mood disorders
- Top Race/Ethnicity: Hispanic, White, Black, Asian
- Top language groups with Limited English Proficiency: Hispanic, Asian (SE Asian/Laotian Other)
- Top Health Conditions: Pulmonary, Cardiac, and Pregnancy

Purpose of Activity:

The purpose of the Annual Population Analysis is to:

1. Assess the needs and characteristics of the enrolled population, including review of the impact of SDoH;
2. Identify key sub-populations and determine their needs;
3. Assess the needs of child and adolescent members;
4. Assess the needs of members with disabilities;
5. Assess the needs of members with SPMI;
Evaluate the extent to which current organization-wide population health management activities and resources address the needs identified in this analysis and determine if modifications are needed to better meet the needs of the enrolled population;
6. Evaluate the integration of community resources into population health management activities to address member needs not covered by the benefit plan and make recommendations if changes are needed.

Methodology:

- **Data Sources and Tools:**
Data is combined from multiple sources to use in population and program eligibility process. Data elements from multiple sources are stored in data warehouses. Data from the warehouse is extracted into a predictive modeling tool, Impact Pro, a licensed proprietary model. This predictive

modeling tool was developed to identify those individual members with high-risk for several parameters, for example: readmission, opioid use, and behavioral health. The Tool can be sorted by those risks and includes an engagement score: those members most likely to respond to active intervention. It is used to generate a prioritized list of members for a range of activities, for example, care management, disease management, lists for participating physician groups (PPG)/providers for various Care Management (CM) interventions. Care Managers also use Impact Pro to find information on specific members, such as diagnoses, care gaps, medications, and utilization. In addition to Impact Pro, web-based customizable report generating systems, MicroStrategy/Centelligence/Snowflake, are used to produce adjunctive analytical reports that support tracking the goals of clinical programs.

- The following data is pulled from the main data warehouse into the risk stratification tool housed in Impact Pro:
 - medical and behavioral claims/encounters,
 - pharmacy claims,
 - laboratory results,
 - health appraisal results,
 - electronic health records,
 - data from health plan UM and/or CM programs,
 - advanced data sources such as all-payer claims databases or regional health information.
- Time Period of Data: January 2023 through December 2023
- Line of Business: Medicaid
- Age Ranges:
Age cohorts are the following: Birth to age 19, age 20 to 64, and ages 65 and over.
Children and adolescents are defined as: Age 2 through age 19.
Adults: Unless otherwise specified, adults are age 20 and older.
- Methods used to identify persons with disabilities: Annually, a cohort of members with disabilities is identified and assessed for needs to determine the appropriateness and adequacy of the available clinical programs. A member with a disability is defined as needing assistance with Activities of Daily Living (ADL). Identification criteria used in this analysis are members with one or more of the following: 1) Power Wheelchair 2) Home Hospital Bed 3) Hoyer Lift. Analysis of this cohort was evaluated by diagnostic categories for acute inpatient admits.

Methods used to identify members with Serious and Persistent Mental Illness: A cohort of members with SPMI was identified and assessed for needs to determine the appropriateness and adequacy of the available clinical programs. Severe and persistent mental illnesses are defined as diagnoses such as schizophrenia, psychosis and bipolar disorder. Identification criteria used in this analysis are members prescribed one or more of the medications on the HEDIS SSD NDC list (See Appendix A). Analysis of this cohort consisted of diagnostic categories and percent of members with inpatient admissions, readmissions, emergency department utilization, and those receiving at least 3 outpatient medication management visits in 12 months.

Data/Results:

Age/Gender and Race, Ethnicity, Cultural and Linguistic Needs Analysis

2023

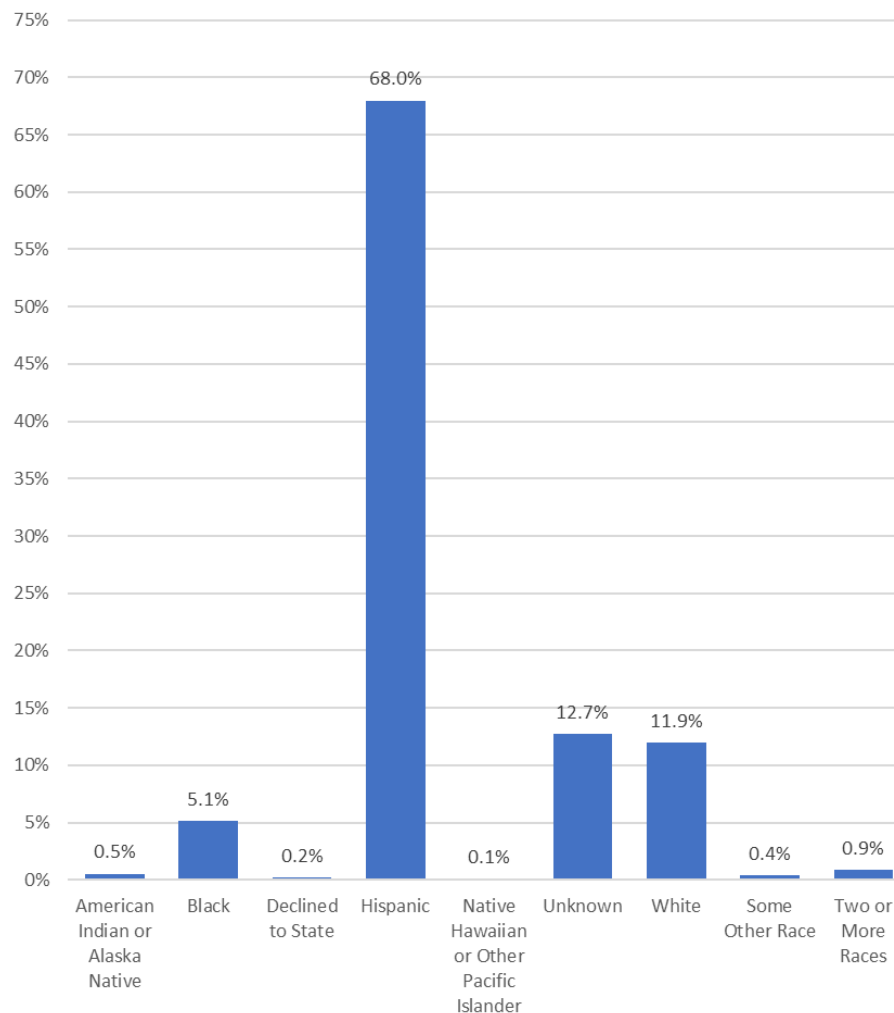
Total Members	% Male	% Female	% Age 0-19	% Age 2-19	% Age 20-64	% Age 65 or >
425,527	46.1%	53.9%	42.8%	39.4%	50.9%	6.4%

Gender and Age Distribution

Female membership is larger than male membership by 8%. The highest volume age-group are adults aged 20-64 followed by children aged 0-19. Seniors represent the lowest age segment for CalViva Health.

Plan Race/Ethnicity

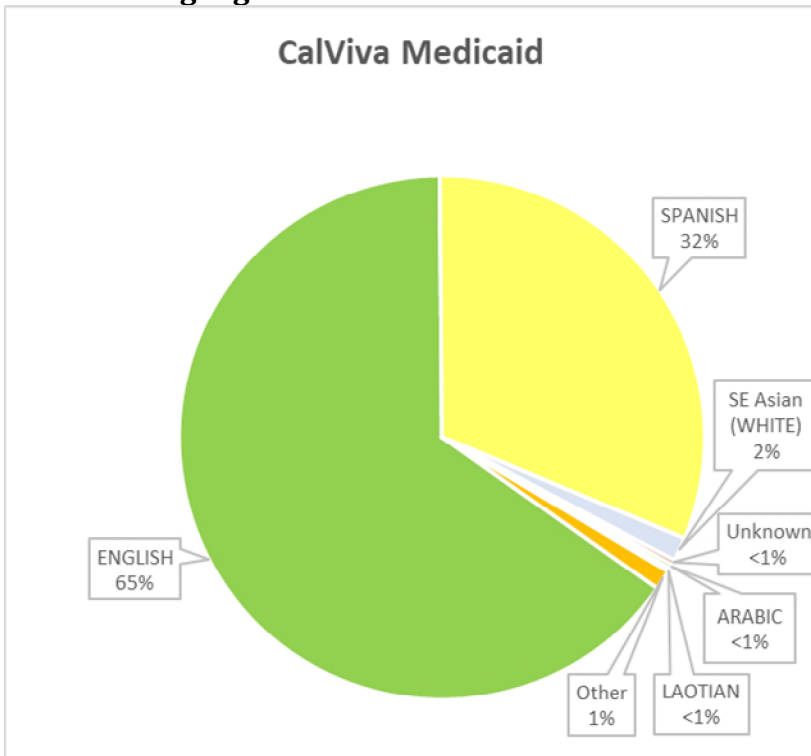
DATA SOURCE: Data collected directly from either the Enrollment File or member-reported information via customer service calls, or member reported race/ethnicity via the California Immunization Registration System (CAIR).



Details of Race & Ethnicity - Preferred Language

DATA SOURCE: Preferred written and spoken language are sourced from either the Enrollment File or member-reported information via customer service calls.

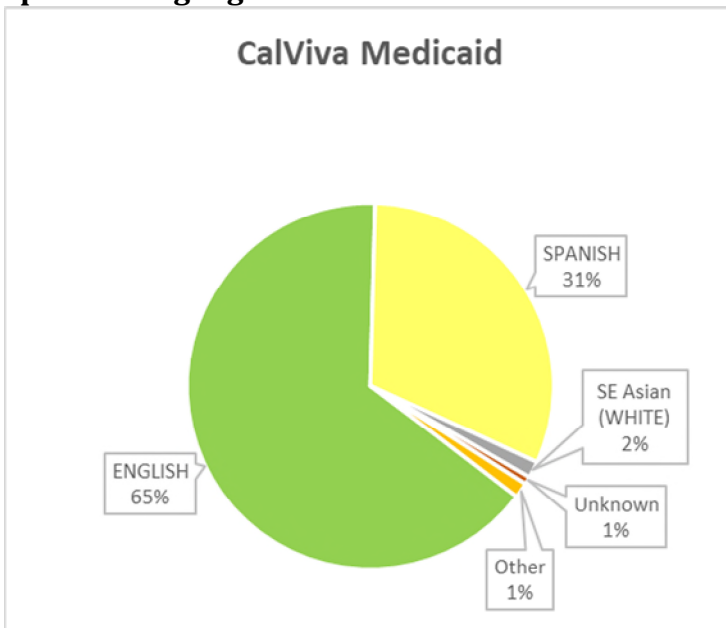
Written Language



Language	Count
English	280,546
Spanish	135,211
SE Asian (White)	6,269
Unknown	1,284
Arabic	1,191

The written languages are predominately English (65%) and Spanish (32%).

Spoken Language

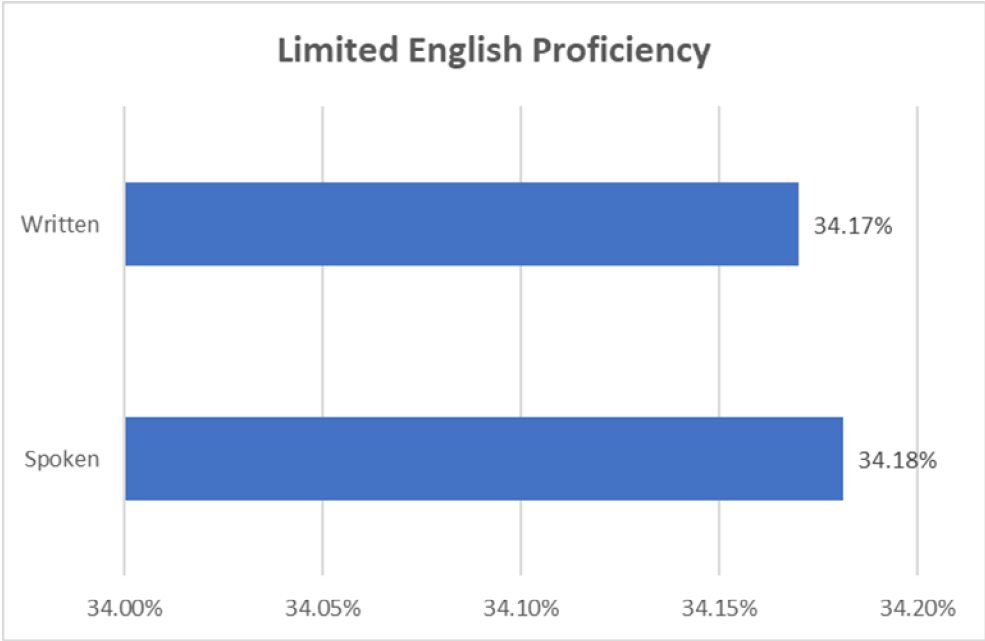


Language	Count
English	280,511
Spanish	135,201
SE Asian (White)	6,300
Unknown	2,892
Other	5,678

The spoken languages are predominantly English (65%) and Spanish (31%).

Details Race and Ethnicity and Limited English Proficiency

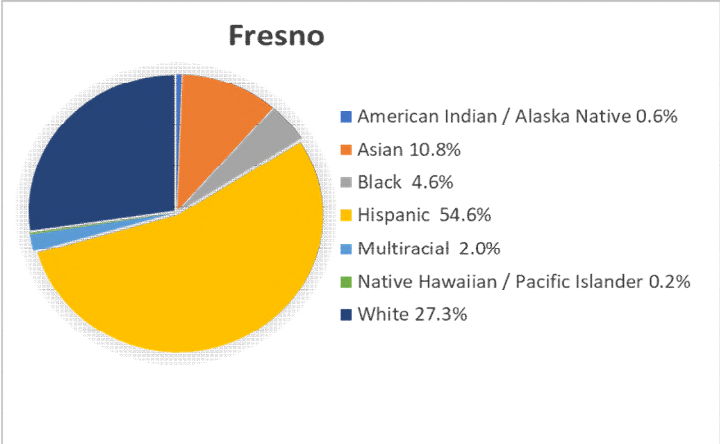
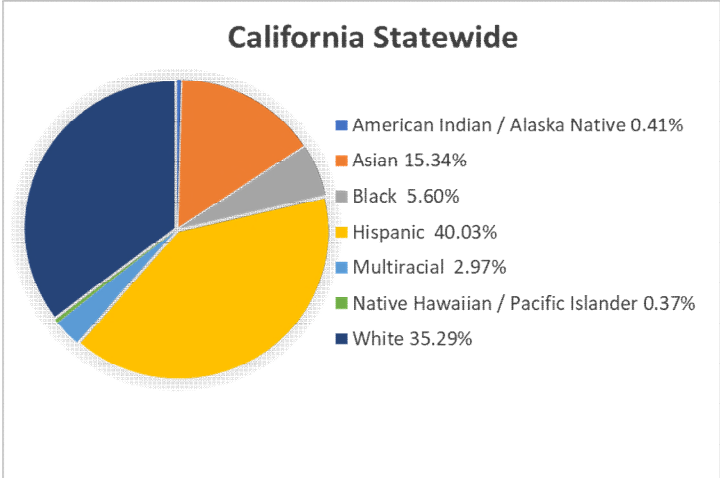
DATA SOURCE: Limited English Proficiency is determined based on preferred written and spoken language sourced from either the Enrollment File or member-reported information via customer service calls.



Approximately 34% of members reflect limited English proficiency.

All California Race/Ethnicity

DATA SOURCE: State of California Department of Finance, Projections, Total Population by Race/Ethnicity, 2023 Projections: <https://dof.ca.gov/forecasting/demographics/projections/>

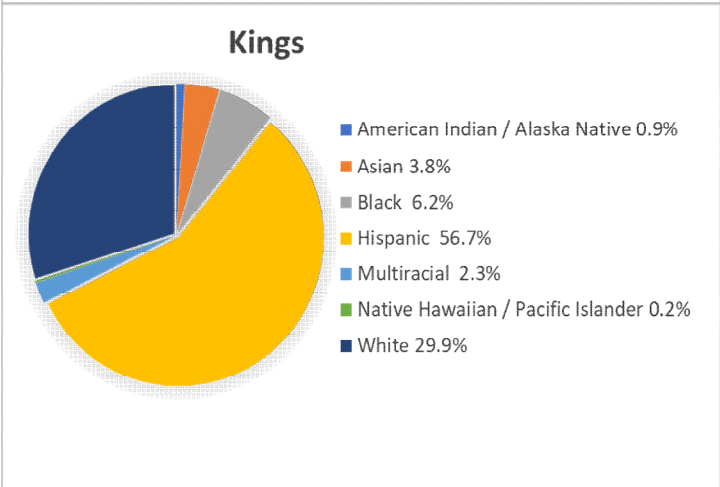


Based on public sources, race and ethnicity vary by region in California, with Hispanic/Latino comprising only 40% of the population in the entire state. However, in the counties CalViva serves, the Hispanic population ranges between 55-60%.

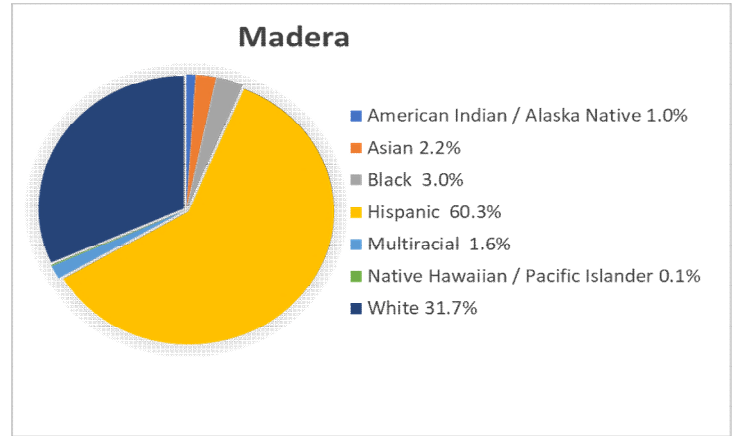
In Fresno, nearly 11% of the population is Asian and the White population is the lowest of the counties CalViva represents at 27%.

In Kings county the percentage of Black/African American people is highest at over 6%.

Madera county reflects both the highest Hispanic (60.3%) and White (31.7%) populations and lowest



in all other races for the counties that CalViva represents.



Race and Ethnicity Analysis

CalViva Health Medicaid membership is primarily Hispanic (68%), with White as the second most populous at just under 12%. There are 5.1% Black/African American, 0.5% American Indian or Alaska Native, 0.1% Native Hawaiian or Other Pacific Islander. The percentage unlisted (unknown) is 12.7% and there were 0.4% of combined other races. The preferred language data indicates a 2-3% Asian (SE Asian/Laotian/Other) population.

California Latino / Hispanic Health Needs Based on Risks

From Latino Health Statistics: (cretscmhd.psych.ucla.edu/healthfair/pdf)

- Heart disease, cancer, stroke, and diabetes account for nearly 60 percent of all deaths
- Risk Factors:
 - Diet
 - Only 38% of adults consume the recommended amounts of fruits and vegetables
 - 70% report that fruits and vegetables are hard to buy in fast food restaurants
 - 64% say that fruits and vegetable are hard to get at work
 - 41% say that fruits and vegetables are too expensive
 - 20% say they take too much time to prepare
 - 13% report they are not in the habit of eating them
 - Food Security
 - ~40% of low-income adults could not afford food or had to forego other basic needs for food
 - Physical Activity
 - Only 43% engage in 30 minutes five days a week
 - 30% did not engage in physical activity outside their regular job
 - 45% of 5th graders and 57% of 9th graders did not pass the aerobic capacity test
 - Obesity
 - 40% are overweight
 - 29% are obese
 - About 30% of adolescents are overweight (or at risk)
 - Chronic Disease
 - Cardiovascular disease accounted for 23% of deaths
 - ~19% have high blood pressure
 - Cancer is the second leading cause of death (21%)
 - Less cancer screening than Caucasian and Black
 - 64% of men aged 50 or greater never had colorectal cancer exam
 - Half of women reported never having a mammogram

- Diabetes
 - 1.5 times higher than non-Latino White
 - Increased from 5.7 to 7.2 % from 1995-2004.
 - 5% of all deaths
 - 8% of those 20 years or older
 - 25% of those age 45-75

Black/African American Health Needs Based on Risks

From US Department of Health and Human Services, Office of Minority Health (minorityhealth.hhs.gov):

- Death rate for African Americans was generally higher than Whites for heart disease, stroke, cancer, asthma, influenza and pneumonia, diabetes, HIV/AIDS, and homicide.
- Sickle Cell disease is found in this population, although generally low for Health Net with a lower population of Black/African American.

Asian American Health Needs Based on Risks

From the US Department of Health and Human Services, Office of Minority Health (minorityhealth.hhs.gov):

- Asian American are most at risk for the following health conditions: cancer, heart disease, stroke, unintentional injuries, and diabetes.
- High prevalence of COPD, Hepatitis B, HIV/ AIDS, smoking, liver disease, and tuberculosis (in 2019, 33 times more common among Asians).

Health Outcomes from Public Data Sources

Health Outcomes vary by Race/Ethnicity, according to data present in www.countyhealthrankings.org, and since Race/Ethnicity varies by county and region, this, in addition to other SDOH, help drives the differences seen in health outcomes for CalViva Health members.

According to www.countyhealthrankings.org:

Differences in Health Outcome Measures among Counties and for Racial/Ethnic Groups in California

	Healthiest CA County	Least Healthy CA County	AI/AN	Asian/PI	Black	Hispanic	White
Premature Death (years lost/100,000)	3,100	11,600	9,300	3,100	9,700	4,700	5,700
Poor or Fair Health (%)	11%	18%	16%	10%	16%	31%	10%
Poor Physical Health Days (avg)	3.0	4.2	4.3	2.1	4.7	3.8	3.4
Poor Mental Health Days (avg)	3.3	4.4	2.0	2.4	4.4	3.2	3.9
Low Birthweight (%)	6%	7%	7%	8%	12%	6%	6%

American Indian/Alaskan Native (AI/AN), Asian/Pacific Islander (Asian/PI)

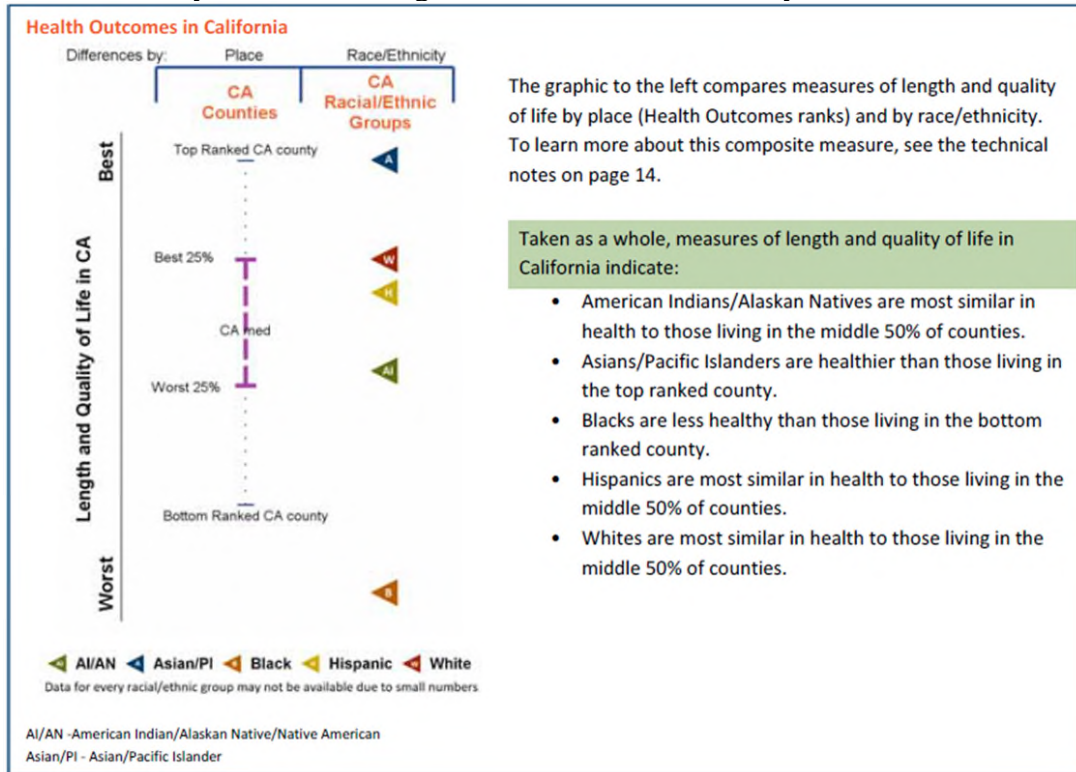
N/A = Not available. Data for all racial/ethnic groups may not be available due to small numbers

The rate of premature death (most years lost per 100 thousand), is lowest among Asians and Pacific Islanders (PI) (3.1 K/100 K). American Indians and Alaskan Natives (AI/AN) and Blacks have about 3 times that rate (9.3K & 9.7/100/K0. Whites and Hispanics statewide are somewhat higher than the healthiest county at 4.7 K and 5.7 K/100 K. The percent of low birth weights is high (greater than the least health county) in Asian/Pacific Islanders (8%) and in Blacks (12%).

The self-reporting of poor or fair health are not aligned with premature death. For example, American Indians/Alaskan Natives and Blacks only self-report poor or fair health half as often as Hispanics, despite having double the rate of premature death. Poor physical health days in the past 30 days are in alignment with premature death, with AI/AN and Blacks reporting 4.3 and 4.7 days, Asians 2.1 and Hispanics and

Whites 3.8 and 3.4. The lowest number of self-reported poor mental health days is among AI/AN and highest among Blacks.

- American Indians/Alaskan Natives as well as Hispanics and Whites are most similar in health to those living in the middle 50% of counties (as ranked by length and quality of life)
- Asians/Pacific Islanders are healthier than those living in the top ranked county
- Blacks are less healthy than those living in the bottom ranked county



Source: www.countyhealthrankings.org.

Addressing Member Needs

The Plan tailors care management support based on members’ cultural and linguistic needs, including addressing barriers. This is supported by a robust Health Equity department that evaluates health disparities and implements solutions. As linguistic needs change throughout the life span, Plan members may require translation of materials into alternative formats, such as large print or accessible electronic formats. In addition to translation services, the Plan also imposes maximum reading grade level requirements for member materials in order to ensure that members’ health literacy levels do not impede understanding of their health care, regardless of cultural or linguistic background.

Social Determinants/Drivers of Health (SDoH) and Health Outcomes

According to the County Health Rankings and Roadmaps (www.countyhealthrankings.org) CalViva counties experience higher rates compared to California of the following social economic contributing factors. Refer to the full comparison in Appendix B:

- premature death,
- percentages of adult smoking
- adult obesity
- physical inactivity
- excessive drinking
- teen births

- children in poverty
- injury deaths
- air pollution
- ratio of population to primary care physicians and mental health providers (limited access)
- Fresno and Kings counties experience higher sexually transmitted infections

CalViva counties compared to California overall have lower rates of

- access to exercise opportunities
- Kings and Madera counties experience lower percentage of flu vaccination completion
- education (High school and college completion)
- social associations

The process to identify the social needs of targeted members CalViva Health serves includes:

- Social needs assessment (SNA) conducted through FindHelp.
- Care Management assessment to identify social needs.
- Community-level searches for social need categories through FindHelp.
- Member Connections mini-screener tool, which identifies SDoH, including social needs like food, transportation, housing, utilities, and safety.

CalViva Health uses community and individual social needs and risk data to identify needed partnerships with community partners and engages with cross-sector partners to address social risks and social needs of the community and individuals that the organizations mutually serve. Engaging with partner organizations with a shared goal of reducing negative effects of social risks to improve outcomes provides an effective way to address social needs. Cross-collaboration is mutually beneficial and enables partners to support each other in providing resources and interventions.

CalViva Health offers numerous Community Supports non-benefit services to its members to address the nuanced SDoH needs of members including:

- Asthma remediation
- Community transition services/nursing facility transition to a home
- Day habilitation
- Environmental accessibility adaptations (home modifications)
- Housing deposits
- Housing tenancy and sustaining services
- Housing transition navigation services
- Meals/medically tailored meals
- Nursing facility transition/diversion to assisted living facilities
- Personal care and homemaker services
- Recuperative care (medical respite)
- Respite services
- Short-term post-hospitalization housing
- Sobering centers

Overview of Population Health Risk Status

Definition of each health category appears in Appendix C

CalViva Health 2023 Subpopulations by Health Risk	All Ages		Age 0-19		Age 2-19		Age 20-64		Age 65+	
	Count	%	Count	%	Count	%	Count	%	Count	%
	Member Count	425,527	181,938	42.8%	167,683	39.4%	216,562	50.9%	27,027	6.4%
POP Health Category										
_01: Healthy	155,172	36.47%	92,905	51.06%	85,103	50.75%	59,246	27.36%	3,021	11.18%
_02: Acute Episodic	42,008	9.87%	25,606	14.07%	21,694	12.94%	16,118	7.44%	284	1.05%
_03: Healthy: At Risk	50,851	11.95%	11,813	6.49%	11,649	6.95%	34,732	16.04%	4,306	15.93%
_04a: Chronic - Big 5: Stable	45,601	10.72%	23,540	12.94%	23,362	13.93%	20,590	9.51%	1,471	5.44%
_04b: Chronic - Other Condition: Stable	10,198	2.40%	8,001	4.40%	6,734	4.02%	1,937	0.89%	260	0.96%
_04c: BH Primary: Stable	8,588	2.02%	3,536	1.94%	3,305	1.97%	4,974	2.30%	78	0.29%
_05a: Health Coaching	48,929	11.50%	9,220	5.07%	9,113	5.43%	34,417	15.89%	5,292	19.58%
_05b: Physical Health CM	51,048	12.00%	6,812	3.74%	6,227	3.71%	36,965	17.07%	7,271	26.90%
_05c: Behavioral Health CM	3,826	0.90%	296	0.16%	296	0.18%	3,419	1.58%	111	0.41%
_06: Rare High Cost Condition	1,077	0.25%	97	0.05%	93	0.06%	821	0.38%	159	0.59%
_07a: Catastrophic: Dialysis	1,073	0.25%	9	0.00%	9	0.01%	786	0.36%	278	1.03%
_07b: Catastrophic: Active Cancer	1,199	0.28%	56	0.03%	56	0.03%	803	0.37%	340	1.26%
_07c: Catastrophic: Transplant	33	0.01%	6	0.00%	5	0.00%	26	0.01%	1	0.00%
_08a: Dementia	897	0.21%	2	0.00%	2	0.00%	202	0.09%	693	2.56%
_08b: Institutional (custodial care)	133	0.03%	1	0.00%	1	0.00%	92	0.04%	40	0.15%
_09a: LTSS MMP and DSNP - Service Coordination	2,191	0.51%	0	0.00%	0	0.00%	372	0.17%	1,819	6.73%
_09b: LTSS MMP and DSNP - High Needs Care Management	382	0.09%	0	0.00%	0	0.00%	153	0.07%	229	0.85%
10: EOL(Non-LTSS)	2,321	0.55%	38	0.02%	34	0.02%	909	0.42%	1,374	5.08%

Subpopulations by Health Risk Segment Analysis

- Healthy (01) is the largest segment at 36.47% for members of all ages and is highest all age groups except members aged 65+ whose largest segment is Physical Health CM (5b) at 26.9%.
- Physical Health CM (05b) is the second largest segment for all members at 12% and specifically for adult members aged 20-64 at 17.07%.
- Healthy: at Risk (03) is also significant at 11.95% for all members followed by Health Coaching (05a) at 11.5%, Chronic – Big 5: Stable (04a) at 10.72% and Acute Episodic (2) at 9.87%.

Summary of Health Risk Subpopulations by Age Group

Children and Adolescents

- 01: Healthy: children and adolescents have an understandably higher healthy population than other age groups
- Members aged 0-19 second highest segment is Acute episodic (02) at 14.07%
- Members aged 2-19 second highest segment is Chronic – Big 5: Stable (04a) at 13.93%.

Adults Aged 20-64

- 01: Healthy Although this population is the highest health category for this age group, it has a lower overall average (27.36%) than other age groups (36.47%).
- Behavioral Health categories are slightly higher for this age group than other age brackets; 04c: Behavioral Health Primary, Stable: 2.3%, 05c Behavioral Health CM: 1.58%.
- 05a: Health Coaching is also higher for this age group (15.89%) than all members (11.5%)

Age 65 and older

- Members aged 65+ second highest segment is Healthy Coaching (05a) at 19.58% followed by Healthy: at Risk (03) at 15.93%

- 08a: Dementia is understandably much higher percentage in this age group at 2.56% versus 0.21% all ages.
- LTSS and End of Life segments are similarly much higher for members aged 64 and older compared to all members.

Health Care Needs of All Members Top Inpatient Diagnoses

Top Inpatient Diagnoses Aggregated into Categories	All Ages	
	%	#
Pregnancy and Birth	25.7%	6,695
Cardiovascular	6.49%	1,691
Septicemia (except in labor)	6.18%	1,610
Pulmonary related	5.08%	1,323

Summary of Member Needs Based on Top Inpatient Diagnoses for All Members

- **Pregnancy and Birth** related admissions rank highest at 25.7%
- **Cardiovascular disease** including Hypertension with complications and secondary hypertension, Acute myocardial infarction, and Cardiac dysrhythmias is the next most common for the entire population, with the highest prevalence of hypertension related admissions at 6.49%.
- **Sepsis** is highest singular diagnostic category at 6.18% overall. However, sepsis is the end stage of multiple diseases, and is not useful for population analysis and target intervention.
- **Pulmonary-related admissions** including Pneumonia, Respiratory failure, Chronic Obstructive Pulmonary Disease and Bronchiectasis, and Viral infection (COVID-19) were the next most common at 5.08%

Top Inpatient Diagnoses Age 0-19 (excluding birth)	Age 0-19	
	%*	#
Asthma	11.16%	141
Respiratory failure; insufficiency; arrest	11.16%	141
Acute bronchitis	10.77%	136
Appendicitis and other appendiceal conditions	6.97%	88

Summary of Member Needs Based on Top Inpatient Diagnoses for Members Aged 0-19 (excluding birth)

- **Pulmonary-related admissions** are the top three inpatient diagnoses with **Asthma** and **Respiratory Failure** tying for first at 11.16%.
- **Appendicitis** also ranks high for members aged 0-19.

Top Inpatient Diagnoses	Age 2-19	
	%*	#
Asthma	13.78%	140
Respiratory failure; insufficiency; arrest (adult)	9.65%	98
Appendicitis and other appendiceal conditions	8.66%	88
Acute bronchitis	7.48%	76

Summary of Member Needs Based on Top Inpatient Diagnoses for Members Aged 2-19

- **Pulmonary-related Admissions** are the three of the top four inpatient diagnoses with **Asthma** ranking highest at 13.78%.
- **Appendicitis** ranks third for members aged 0-19 at 8.66%.

Top Inpatient Diagnoses (excluding pregnancy and birth-related diagnoses)	Age 20-64	
	%*	#
Septicemia (except in labor)	5.43%	1,087
Hypertension with complications and secondary hypertension	4.28%	858
Diabetes mellitus with complications	3.45%	692
Other nutritional; endocrine; and metabolic disorders	3.41%	683

Summary of Member Needs Based on Top Inpatient Diagnoses for Adult Members Aged 20-64

- **Sepsis** is highest singular diagnostic category at 5.43% overall. However, sepsis is the end stage of multiple diseases, and is not useful for population analysis and target intervention.
- **Hypertension** ranks second for adult members aged 20-64.
- **Diabetes** admissions rank third.

Top Inpatient Diagnoses	Age 65+	
	%*	#
Septicemia (except in labor)	10.69%	510
Hypertension with complications and secondary hypertension	7.77%	371
Acute and unspecified renal failure	3.96%	189
Acute cerebrovascular disease	3.86%	184
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	3.67%	175

Summary of Member Needs Based on Top Inpatient Diagnoses for Senior Members Aged 65+

- **Sepsis** is highest singular diagnostic category at 10.69% overall. However, sepsis is the end stage of multiple diseases, and is not useful for population analysis and target intervention.
- **Hypertension** ranks second for senior members at 7.77%.
- **Renal failure** related admissions rank third at 3.96%.

Top Prescription Aggregated Category	All Ages	
	%	Count
ANTIDIABETICS	7.51%	280,859
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	6.15%	229,821
ANALGESICS/ANTI-INFLAMMATORY	5.39%	201,390
ANTIHISTAMINES	4.48%	167,608
ANTIHYPERTENSIVES	4.44%	165,866

Summary of Member Needs Based on Top Prescriptions for All Members

- **Diabetic drugs and supplies** are the most commonly prescribed drugs for the entire population (7.51%).
- **Anti-asthmatic and bronchodilator agents** are the second most commonly prescribed drugs for the entire population, comprising 6.15%.
- **Anti-inflammatory/Analgesics** rank third overall (5.39%).

Top Prescription Aggregated Category	Age 0-19	
	%	Count
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	13.64%	91,897
ANTIHISTAMINES	9.96%	67,114
ANALGESICS/ANTI-INFLAMMATORY	8.50%	57,251
DERMATOLOGICALS	7.64%	51,465
PENICILLINS	6.53%	44,008

Summary of Health Care Needs based on Top 30 Prescriptions for Infants, Children and Adolescents (Aged 0-19)

- **Antiasthmatic and bronchodilator agents** are the most commonly prescribed drugs for children and adolescents at 13.64% of all medications.
- **Antihistamines** are the second most commonly prescribed drugs for children and adolescents 9.96%.
- **Anti-inflammatory/Analgesics** rank third at 8.5%.

Top Prescription Aggregated Category	Age 2-19	
	%	Count
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	13.90%	89,789
ANTIHISTAMINES	10.33%	66,732
ANALGESICS/ANTI-INFLAMMATORY	8.59%	55,444
DERMATOLOGICALS	7.43%	47,956
PENICILLINS	6.53%	42,192

Summary of Health Care Needs Based on Top 30 Prescriptions for Children and Adolescents (Aged 2-19).

There is negligible variation in the top prescription categories from the Infants, Children and Adolescents aged 0-19 compared to the Children and Adolescents aged 2-19.

- **Antiasthmatic and bronchodilator agents** are the most commonly prescribed drugs for children and adolescents at ~14% of all medications.
- **Antihistamines** are the second most commonly prescribed drugs for children and adolescents 10.3%.
- **Anti-inflammatory/Analgesics** rank third at 8.59%.

Top 30 Prescription Aggregated Category	Age 20-64	
	%	Count
ANTIDIABETICS	9.12%	251,091
ANTIDEPRESSANTS	5.23%	144,046
ANTIHYPERTENSIVES	5.12%	140,836
ANTIHYPERTENSIVES	5.07%	139,659
ANALGESICS - ANTI-INFLAMMATORY	4.99%	137,471

Summary of Health Care Needs Based on Top 30 Prescriptions for Adults (Aged 20-64)

- **Antidiabetics** are the most commonly prescribed drugs for adults aged 20-64 at 9.12%.
- **Antidepressants** are the second most commonly prescribed drugs for adults at 5.23%.
- **Antihyperlipidemics** rank third at 5.12%.

Top 30 Prescription Aggregated Category	Age 65+	
	%	Count
ANTIDIABETICS	8.43%	26,233
ANALGESICS – Non Narcotic	8.24%	25,659
VITAMINS	6.93%	21,575
ANTIHYPERLIPIDEMICS	6.07%	18,906
ANTIHYPERTENSIVES	6.02%	18,746

Summary of Health Care Needs Based on Top 30 Prescriptions for Seniors (Aged 65+)

- **Antidiabetics** similar to the adult population, are the most commonly prescribed drugs for seniors over age 65 at 8.43%.
- **Non-narcotic Analgesics** are the second most commonly prescribed drugs for seniors at 8.24%.
- **Vitamins** rank third at 6.93%.

Health Care Needs of Persons with Disabilities

Top Inpatient Diagnoses of Persons with Disabilities Aggregated into Categories	All Ages	
	%*	#
Cardiovascular	13.16%	724
Septicemia (except in labor)	10.49%	577
Pulmonary related	9.31%	512
Diabetes mellitus with complications	4.38%	241
Complication of device; implant or graft	3.65%	201
Musculoskeletal and Arthritis	2.78%	153
Cerebrovascular	2.27%	125

Summary of Health Care Needs of Persons with Disabilities by Inpatient Condition Prevalence

- **Cardiovascular Disease**, including Hypertension, Acute Myocardial Infarction, and Cardiac Dysrhythmias is highest overall grouping at 13.16%.
- **Sepsis** is the second most common of the top specific inpatient diagnosis for persons with disabilities, (13.16%), sepsis is the more prevalent of the total inpatient admits for persons with disabilities. However, this is a condition that is a complication of many other diseases and is not useful for population analysis.
- **Pulmonary-related** admissions including COPD, Pneumonia, Respiratory Failure, and Viral Infection (COVID-19) are third overall at 9.31% of all admissions.

Top Inpatient Diagnosis of Persons with Disabilities	Age 0-19	
	%*	#
Epilepsy; convulsions	12.50%	7
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	8.93%	5
Intestinal infection	8.93%	5
Asthma	7.14%	4

Other gastrointestinal disorders	7.14%	4
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Summary of Health Care Needs of Persons with Disabilities Infants, Children and Adolescents aged 0-19 by Inpatient Condition Prevalence

- **Epilepsy** is highest overall grouping at 12.5%.
- **Pulmonary-related** conditions including **Pneumonia** (8.93%) and **Asthma** (7.14%) are both in the top 5
- **Intestinal-related** conditions including **Intestinal infection** (8.93%) and **Other gastrointestinal disorders** (7.14%) are also in the top 5 for persons with disabilities aged 0-19.

Top Inpatient Diagnoses of Persons with Disabilities	Age 2-19	
	%*	#
Epilepsy; convulsions	12.73%	7
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	9.09%	5
Intestinal infection	9.09%	5
Asthma	7.27%	4
Other gastrointestinal disorders	7.27%	4

Summary of Health Care Needs of Persons with Disabilities Children and Adolescents aged 2-19 by Inpatient Condition Prevalence

The top 5 conditions are the same as the aged 0-19 population.

- **Epilepsy** is highest overall grouping at 12.73%.
- **Pulmonary-related** conditions including **Pneumonia** (9.09%) and **Asthma** (7.27%) are both in the top 5
- **Intestinal-related** conditions including **Intestinal infection** (9.09%) and **Other gastrointestinal disorders** (7.27%) are also in the top 5 for persons with disabilities aged 2-19.

Top Inpatient Diagnoses of Persons with Disabilities	Age 20-64	
	%*	#
Hypertension with complications and secondary hypertension	10.62%	408
Septicemia (except in labor)	9.81%	377
Diabetes mellitus with complications	4.84%	186
Complication of device; implant or graft	3.96%	152
Complications of surgical procedures or medical care	2.86%	110

Summary of Health Care Needs of Persons with Disabilities Adults aged 20-64 by Inpatient Condition Prevalence

- **Hypertension** is highest overall diagnosis at 10.62%.
- **Sepsis** is the second most common of the top specific inpatient diagnoses for adult persons with disabilities, (9.81%). However, this is a condition that is a complication of many other diseases and is not useful for population analysis.
- **Diabetes** ranks third for adult persons with disabilities representing 4.84% of inpatient admissions.

Top Inpatient Diagnosis of Persons with Disabilities	Age 65+	
	%*	#
Septicemia (except in labor)	12.48%	200
Hypertension with complications and secondary hypertension	9.17%	147
Acute and unspecified renal failure	4.30%	69
Chronic obstructive pulmonary disease and bronchiectasis	4.05%	65

Summary of Health Care Needs of Persons with Disabilities Seniors Aged 65+ by Inpatient Condition Prevalence

- **Sepsis** is the most common of the top specific inpatient diagnosis for adult persons with disabilities, (12.48%). However, this is a condition that is a complication of many other diseases and is not useful for population analysis.
- **Hypertension** is second highest diagnosis at 9.17%.
- **Renal failure** ranks third at 4.3% for senior persons with disabilities.

Needs of Persons with Serious and Persistent Mental Illness (SPMI)

See SPMI Guidelines in Appendix A. Medicaid SPMI is carved out to California Counties. Since the Plan only managed the mild to moderate mental health and substance use disorders the data is not representative of the total population experience.

2023 SERIOUS and PERSISTENT MENTAL ILLNESS (SPMI) SUMMARY of INPATIENT DATA

# of SPMI Mbrs	Admits	Age 0-19		Age 2-19		Age 20-64		Age 65+		All Ages	
		Count	%	Count	%	Count	%	Count	%	Count	%
18,929	1 Admit	24	0.10%	24	0.10%	421	2.20%	90	0.50%	535	2.80%
	>1 Admit	10	0.10%	10	0.10%	208	1.10%	45	0.20%	263	1.40%
	Total	34	0.20%	34	0.20%	629	3.30%	135	0.70%	798	4.20%

Inpatient SPMI data reflects the highest ratio of admissions in members aged 20-64.

2023 SERIOUS and PERSISTENT MENTAL ILLNESS (SPMI) SUMMARY of OUTPATIENT DATA

# of SPMI Mbrs	Service Type	Unit	Age 0-19		Age 2-19		Age 20-64		Age 65+		All Ages	
			Count	%	Count	%	Count	%	Count	%	Count	%
			18,929	ER	<=3	417	2.20%	417	2.20%	1,575	8.30%	98
>3	6	0.00%			6	0.00%	245	1.30%	9	0.00%	260	1.40%
OP	<=3	901		4.80%	901	4.80%	2,308	12.20%	311	1.60%	3,520	18.60%
	>3	141		0.70%	141	0.70%	651	3.40%	271	1.40%	1,063	5.60%
Other	<=3	1,269		6.70%	1,269	6.70%	5,512	29.10%	584	3.10%	7,365	38.90%
	>3	3,291		17.40%	3,291	17.40%	6,727	35.50%	300	1.60%	10,318	54.50%
Total		4,664		24.60%	4,664	24.60%	13,007	68.70%	1,174	6.20%	18,845	99.60%

- ER visits are highest for ages 20-64 at 8.3%. ER visits shown above represent only ER visits from which a member did not get admitted to inpatient. If a member is admitted, the ER visit is not billed separately but instead as a part of the overall stay.
- The greatest percentage of visits overall for all ages falls in the “Other” category. This category captures psychiatric visits, PCP visits, specialist visits and office-administered drug visits. This can be viewed in a positive light as members can be receiving medication management from their PCPs and regular attendance at medication management visits is an indication of a better-managed mental health condition.
- Outpatient visits overall make up 18.6 percent of visits and fall in between the percentage of ER visits and visits for the “Other” category.

2023 SERIOUS and PERSISTENT MENTAL ILLNESS (SPMI) TOP DIAGNOSIS	Count	%
Anxiety disorders	608	49.30%
Mood disorders	337	27.30%
Schizophrenia and other psychotic disorders	212	17.20%
Disorders usually diagnosed in infancy, childhood, or adolescence	46	3.70%
Total Top 4 Admits	1,203	97.60%
Total ALL Admits for SPMI/SED Pop.	1,233	

SPMI top diagnoses are Anxiety disorders followed by Mood disorders. The lowest volume diagnoses are Disorder diagnosed in infancy, childhood or adolescence.

Needs identified based on High Volume Conditions (excluding sepsis)

All Members	Infant, Children and Adolescents	Children and Adolescents	Adults	Seniors
1. Pregnancy and Birth	1. Asthma (Pulmonary)	1. Asthma (Pulmonary)	1. Pregnancy and Birth	1. Hypertension (Cardiovascular)
2. Cardiovascular	2. Respiratory Failure (Pulmonary)	2. Respiratory Failure (Pulmonary)	2. Hypertension (Cardiovascular)	2. Renal Failure
3. Pulmonary	3. Bronchitis (Pulmonary)	3. Appendicitis	3. Diabetes	3. Cerebrovascular disease

Cardiovascular disease was a top volume condition for the overall population, particularly prominent in the Adult and Senior populations.

The prevalence of heart disease is evidenced by high cardiovascular admissions, anti-hypertensives, lipid lowering agents, and diabetic drugs being in the top four prescription drugs.

- Race and Ethnicity influences the prevalence of heart disease and its comorbid conditions, being generally higher for Black/African American and Hispanic/Latino.
 - Hispanic/Latino membership is more than half of the Plan's population. Cultural and linguistic challenges affect the health of this population. 23% of Latino deaths are from cardiovascular disease, 19% have hypertension, 29% are obese (with 30% of adolescents overweight), and 25% of the adults aged 45-75 have diabetes mellitus.
 - Black/African Americans comprise ~5% of the population.

We examined HEDIS results for Controlling High Blood Pressure since this is a key measure with clear impact on morbidity and mortality. We compared our Reporting Year (RY) 2023 (measurement year 2022) HEDIS rates to our goal of the 50th percentile 2022 Quality Compass values as well whether the measure was required California Department of Health Care Services to meet the 50th percentile Minimum Performance Level (MPL) (MPL requirements: <https://www.dhcs.ca.gov/Documents/MCQMD/MY2022-RY2023-MCAS.pdf>). Results are below.

Controlling High Blood Pressure (CBP)

County	Rate	50 th percentile	Goal Met?	MPL required
Fresno	61.73	59.85	Yes	Yes
Kings	71.81		Yes	
Madera	67.49		Yes	

All counties exceeded the 50th percentile goal for this measure. The Plan’s Cardiac + Diabetes program consists of multi-modal outreach to high-risk members with diabetes, coronary artery disease, and hypertension. This includes outreach to members to encourage statin refills along with outreach to members with high blood pressure care gaps. The Chronic Condition Disease Management program targets members with asthma, COPD, diabetes, cardiovascular conditions (CAD), and congestive heart failure (CHF).

- Gap: Opportunities exist to improve control of high blood pressure
 - Action 2024: Increase focus on Chronic Condition Domain HEDIS Care Gap Campaigns for CBP (Controlling Blood Pressure)

Pulmonary related admits were a top-volume condition for the overall population, particularly prominent in the Infant, Children and Adolescents age groups for Asthma. We examined HEDIS results for Asthma Medication Ration (AMR), Childhood Immunization Status (CIS) and Immunizations for Adolescents (IMA) since these are key measures related to respiratory conditions and directly impact health outcomes. We compared our Reporting Year (RY) 2023 (measurement year 2022) HEDIS rates to our goal of the 50th percentile 2022 Quality Compass values as well whether the measure was required California Department of Health Care Services to meet the 50th percentile Minimum Performance Level (MPL) (MPL requirements: <https://www.dhcs.ca.gov/Documents/MCQMD/MY2022-RY2023-MCAS.pdf>). Results are below.

Asthma Medication Ration (AMR)

County	Rate	50 th percentile	Goal Met?	MPL required
Fresno	62.15	64.26	No	No
Kings	64.37		Yes	
Madera	72.93		Yes	

Childhood Immunization Status (CIS) - DTaP

County	Rate	50 th percentile	Goal Met?	MPL required
Fresno	67.15	69.71	No	No
Kings	64.23		No	
Madera	82.24		Yes	

Childhood Immunization Status (CIS) - Rotavirus

County	Rate	50 th percentile	Goal Met?	MPL required
Fresno	67.4	69.59	No	No
Kings	72.02		Yes	
Madera	81.02		Yes	

Childhood Immunization Status (CIS) - Influenza

County	Rate	50 th percentile	Goal Met?	MPL required
Fresno	38.44	47.2	No	No
Kings	28.47		No	
Madera	63.02		Yes	

Immunizations for Adolescents (IMA) - Tdap

County	Rate	50 th percentile	Goal Met?	MPL required
Fresno	91	85.18	Yes	No
Kings	92.21		Yes	
Madera	91.83		Yes	

Fresno County met the 50th percentile goal for the Immunizations for Adolescents (IMA) - Tdap measure but did not meet the goal for the other measures. Kings County met the Asthma Medication Ration (AMR), Childhood Immunization Status (CIS) – Rotavirus, and Immunizations for Adolescents (IMA) - Tdap Goals but did not meet Childhood Immunization Status (CIS) – DTaP or Influenza. Madera County met the goals for all measures listed. The Plans’ COPD/Asthma program initiated in 2019 consists of targeted outreach to members and their families to educate them on their disease, improve members’ self-management and self-sufficiency skills, and optimize COPD and/or Asthma medication including maintenance medications.

Smoking is a key driver for respiratory diseases and complications. Within some ethnic groups, smoking may be part of the culture. For example, Asians have 10% higher incidents of smoking than other ethnic groups. The SDoH analysis reflects higher rates of adult smokers in CalViva counties could contribute to worse health outcomes for both adults and children in the homes of adult smokers.

Asthma is exacerbated by Social Determinants/Drivers of Health, especially environmental factors, particularly air quality, and a large number of members live in areas of poor air quality the Central Valley.

Central California has healthier air than only 7.8% of the other counties in California (i.e., 92.2% of the other counties in the State have a healthier environment). Clean air measurements are poor due to Diesel Particulate Matter (16.3%), Ozone (35.8%), and Particulate Matter which is particularly bad at (15.4%), due to a dusty, dry agricultural environment.

- Gap: Opportunities exist for increased respiratory related vaccine access and adoption
 - Action 2024: Evaluate existing vaccination programs to establish additional opportunities to improve vaccination rates.
- Gap: Opportunities exist for increased asthma medication adherence
 - Action 2024: Initiate Chronic Condition Domain HEDIS Care Gap Campaigns that include AMR Care Gap and refer identified members for potential Asthma Remediation

Pregnancy and Births including High-Risk Pregnancy were top volume conditions for adults ages 20-64. Complications of pregnancy are influenced by SDoH including teen births as identified with higher prevalence in the counties CalViva Health serves. We examined HEDIS results for Prenatal and Postpartum care since timely and adequate prenatal and postpartum care can prevent complications. We compared our Reporting Year (RY) 2023 (measurement year 2022) HEDIS rates to our goal of the 50th percentile 2022 Quality Compass values as well whether the measure was required California Department of Health Care Services to meet the 50th percentile Minimum Performance Level (MPL) (MPL requirements: <https://www.dhcs.ca.gov/Documents/MCQMD/MY2022-RY2023-MCAS.pdf>). Results are below.

Prenatal and Postpartum Care - Timeliness of Prenatal Care (PPC)

County	Rate	50 th percentile	Goal Met?	MPL required
Fresno	89.62	85.4	Yes	Yes
Kings	87.76		Yes	
Madera	90.37		Yes	

Prenatal and Postpartum Care - Postpartum Care (PPC)

County	Rate	50 th percentile	Goal Met?	MPL required
Fresno	84.23	77.37	Yes	Yes
Kings	84.18		Yes	
Madera	87.04		Yes	

CalViva Health Medicaid exceeded the 50th percentile goal for these measures. Member beliefs and behavior have a significant impact on these rates. Members may not understand why a prenatal and/or postpartum visit is

important or feel that they do not need frequent visits, especially if they are not encountering any issues. CalViva's Pregnancy Program has a multi-faceted approach to prenatal and postpartum care that includes extensive member outreach, wellness materials, and intensive case management, which reinforces the appropriate use of medical resources to extend the gestational period and reduce the risks of pregnancy complications, premature delivery, and infant disease. HEDIS tip sheets are also made available to Providers to educate on the importance of timely prenatal and postpartum care.

- Gap: Opportunities exist to continue focus on prenatal and postpartum care
 - Action 2024: Continue Pregnancy Program

Social Determinants/Drivers of Health

All CalViva Health counties have both poor SDoH and Health Outcomes. Activities in these counties would impact health needs for any sub-population.

During the third and fourth quarters of 2023, CalViva Health representatives began collaboration with Fresno, Madera, and Kings counties' Local Health Jurisdictions/Local Health Departments to begin "meaning participation" in their current or future CHA/CHIP cycles. CalViva Health representatives are also engaging with these LHJs to co-develop joint SMART goals. This collaborative work includes CalViva Health/Health Net partnering and aligning with the other Managed Care Plans (Anthem and Kaiser) providing Medi-Cal services in these three counties.

- Gap: Opportunities exist to continue Plan participation and representation with LHJs/LHDs
 - Action 2024: Co-develop SMART goals in collaboration with LHJs

Cultural and Linguistic, Race Ethnicity Needs Assessment, Review and Update of PHM Activities and Resources

Based on the CalViva and County comparison of race, the highest needs are among Spanish speaking, Black, and Asian members.

The Health Equity department is dedicated to addressing the needs of members with cultural and linguistic issues that impact health care. The Department also looks at SDoH. The goal is to identify health care disparities, identify gaps, then develop and implement strategies to address those gaps.

Race, ethnicity, written and spoken language preferences are collected from members and providers to enable matching of members and providers with the same language and/or ethnic background. The Language Assistance Program (LAP) meets standards set by the Office of Minority Health for culturally and linguistically appropriate services for members. Annual Notices in the top 15 languages and Member Newsletters advise how to access language support services. Provider Updates and online provider portal news articles also inform providers of LAP to provide interpreter services. Certified bilingual staff are also available, including Spanish speaking Care Managers.

Translation services for materials that are culturally and linguistically appropriate are available, and an updated annual threshold language grid is maintained to identify any changes to the threshold languages. Notable language trends are reported to the Health Equity and Quality Improvement Committees. Plain language and readability training is also available to all departments to ensure appropriate grade level of reading materials and letters.

The Plan engages in multiple collaborations in the community to improve cultural and linguistic appropriateness of programs and services and to impact positive health outcomes related to Health Equity. The Plan Community Advisory Committees meet quarterly. The Plan partners with local

Community Based Organizations (CBOs) such as West Fresno Resource Center, Fresno Metro Ministry, and The Fresno Center to engage members and the surrounding communities in disparity reduction efforts. The Plan also partners with state and national collaborations for best-practice sharing and to leverage resources: Disparities Leadership Program, California Healthcare Interpreters Association, Industry Collaboration Efforts and Medicaid Health Education and Health Equity Workgroup.

The Plan utilizes an innovative and multipronged approach to advance health equity. Through meaningful engagement at the member, provider, and community levels, the Plan and our partners develop programs that improve access to quality care and help to reduce disparities. Current disparity projects include:

- Diabetes Control Project for Black and Hispanic Members in Fresno County
- Improving Infant Well Child Visits Among Black Members in Fresno County
- Breast Cancer Screening Project for the SE Asian Population in Fresno County
- Comprehensive Diabetes Care Project for Hispanic Members in Fresno County

Community Resources for Integration into Program Offerings

The Plan connects members with community resources and also promotes community programs. The Plan actively responds to members' needs with respect to those discovered on this population assessment, especially around SDOH, which vary widely by region and county. Individual needs are evaluated with health risk assessments and during general care management assessments, identifying which needs can be met by Plan benefits and which will require connections to community resources.

All Care Management staff have access to and utilize a central directory for local community resources (FindHelp) for this purpose, in addition to actively educating members, for example, on agencies on aging, transportation, and Meals on Wheels. In addition, Licensed Clinical Social Workers (LCSW) are an integral part of the Integrated Care Team (ICT) for Care Management. Care Managers (CM) may refer cases directly to the LCSW with requests to outreach to members to connect them to local community resources such as financial assistance (e.g., utility and pharmacy discounts), housing (e.g., shelters, low income housing resources), food (e.g., Cal Fresh/Food Stamps, Food Banks), support groups (e.g., AA, specific diagnosis support, bereavement groups), transportation, local groups for home accessibility improvements, and other community programs. When member safety is of concern, LCSWs and Care Managers work with local Child and Adult Protective Services. Care Management staff also have access to web portals to determine if members have been evaluated or authorized for State-sponsored In Home Supportive Services (IHSS), and refer to IHSS directly where appropriate.

The Plan website has links to community resources by county or zip code for access by both care managers and members. CalViva Health also promotes and actively participates in community programs. For example the Whole Person Care initiative that aligns local community services, health providers, and health care plans for improved coordination, with a focus on housing needs.

Social Determinants/Drivers of Health: Review and Update PHM Activities and Resources

SDOH as they affect the specific needs of the subpopulations are discussed within each subpopulation above and gaps are identified. Community resources are actively engaged to close gaps between needs and benefit coverage. FindHelp, an online service with detailed information on community resources, is available to Care Management staff and members. Members engaged in Care Management are actively given resources and follow up is done to encourage engagement with those resources. Integrated Team Rounds for Care Management include LCSWs with local knowledge.

SDOH affect health outcomes for all of the conditions described above. Programs focused on areas with poor SDOH should improve health. Several counties have large plan populations and both poor SDOH and Health Outcomes. Activities in these counties would impact health needs for any sub-population with high membership in those counties.

Actions Taken:

Gap Addressed	Actions	Date Started
A large portion of the adult as well as children and adolescent sub-populations are healthy or healthy at-risk. Several wellness and prevention programs and activities are in place to help keep members healthy. One of these programs is a digital behavioral health platform which offers educational resources on mental and behavioral health. While utilization has increased significantly due to Plan efforts, continued strategy is required to promote this valuable offering.	Provide trainings for providers and internal staff on availability of the digital behavioral health platform and its effectiveness.	Aug 2021
A large portion of the adult as well as children and adolescent sub-populations are healthy or healthy at-risk. Several wellness and prevention programs and activities are in place to help keep members healthy. One of these programs is a digital behavioral health platform, which offers educational resources on mental and behavioral health. While utilization has increased significantly due to Plan efforts, continued strategy is required to promote this valuable offering.	Continue email campaign to promote the digital behavioral health platform, educating members on topics such as depression, anxiety, mindfulness, and chronic pain.	Aug 2021
A large portion of the adult as well as children and adolescent sub-populations are healthy or healthy at-risk. Several wellness and prevention programs and activities are in place to help keep members healthy. One of these programs is a digital behavioral health platform, which offers educational resources on mental and behavioral health. While utilization has increased significantly due to Plan efforts, continued strategy is required to promote this valuable offering.	Calls to adult members diagnosed with major depression and are demonstrating refill gaps, to improve medication adherence	Jan 2023
Heart Disease is a top inpatient diagnosis in the adult sub-population as well as in the members with disabilities sub-population. Additional provider education and collaboration opportunities exist.	Exploration of alternate remote monitoring tools for high-risk members with diabetes, coronary artery disease and hypertension to trigger alerts to the care team for early intervention.	Jan 2021
Heart Disease is a top inpatient diagnosis in the adult sub-population as well as in the members with disabilities sub-population. Additional provider education and collaboration opportunities exist.	Increasing awareness of provider-driven remote patient monitoring tools to members through multi-modal communications.	Jan 2023
Heart Disease is a top inpatient diagnosis in the adult sub-population as well as in the members with disabilities sub-population. Additional provider education and collaboration opportunities exist.	Multimodal (mailer, telephonic, IVR, SMS) educational campaigns exist to provide member and provider education.	Jan 2021
Heart Disease is a top inpatient diagnosis in the adult sub-population as well as in the members with disabilities sub-population. Additional member educational and engagement opportunities exist.	Heart Health: Cardiac + Diabetes- social media post to create awareness to members and community for heart health, diabetes & medication adherence	March 2023
Heart Disease is a top inpatient diagnosis in the adult sub-population as well as in the members with disabilities sub-population. Race and Ethnicity influences the prevalence of heart disease. A significant portion of our membership is Hispanic /Latinos with a relatively high incidence of cardiovascular disease, hypertension, obesity and diabetes mellitus. Opportunity exists to increase utilization of Video Remote Interpreting (VRI) Services to support member language needs.	Enhance language vendor network offering VRI services and educate internal Call Center staff on these services to support provider interpreter requests.	Aug 2021
Heart Disease is a top inpatient diagnosis in the adult sub-	Multimodal (mailer, telephonic, IVR, SMS) outreach	Jan 2021

Gap Addressed	Actions	Date Started
population as well as in the members with disabilities sub-population. Race and Ethnicity influences the prevalence of heart disease. A significant portion of our membership is Hispanic /Latinos with a relatively high incidence of cardiovascular disease, hypertension, obesity and diabetes mellitus. Additional member educational and engagement opportunities exist.	and education exists for high-risk populations such as Hispanic/Latino communities with a continued goal of health equity and improvement of outcomes.	
Pregnancy and birth admissions are the highest admission category in the age 20-64 adult population. Opportunity exists to address substance use in pregnancy.	Explore timely treatment options for pregnant mothers with substance use disorder.	2022
Pregnancy and birth admissions are the highest admission category in the age 20-64 adult population. Opportunity exists to address substance use in pregnancy.	Assess members for risk of opioid overuse and perform early engagement through multimodal outreach to members and their providers to optimize therapy and reduce risk of overdose.	Jan 2023
Pregnancy and birth admissions are the highest admission category in the age 20-64 adult population. Opportunity exists to outreach pregnant member about C-section overuse and promote new doula benefit.	Outreach to pregnant Medicaid members about C-section overuse and to promote new Doula benefit.	May 2023
Pregnancy and birth admissions are the highest admission category in the age 20-64 adult population. Opportunity exists to address post-partum needs including follow up care and depression.	Outreach to newly delivered moms to address post-partum needs including encouraging follow up visit with OB, screening for post-partum depression, and referral to Behavioral Health Care Management.	July 2023
Pregnancy and birth admissions are the highest admission category in the age 20-64 adult population. Opportunity exists to address post-partum needs including follow up care as well as child immunizations and well child visits.	Enroll babies in First Year of Life to promote healthier outcomes for infants including immunizations, well child visits, and educational support for parents and more.	March 2023
Pregnancy and birth admissions are the highest admission category in the age 20-64 adult population. Opportunity exists to address post-partum needs including follow up care.	Social Media Post to encourage members to have prenatal visits within time frame.	May 2023
Pulmonary-related admits, including COVID-19, are a top volume condition in adults, children and adolescents, as well as members with disabilities. Additional opportunities exist to educate at risk members to reduce readmission.	Multimodal (mailer, telephonic, IVR, SMS) outreach exists to members at risk for hospitalization as well as members who were hospitalized for respiratory-related reasons to prevent readmission.	Jan 2021
Pulmonary-related admits, including COVID-19, are a top volume condition in adults, children and adolescents, as well as members with disabilities. Additional opportunities exist for increased COVID-19, pneumococcal and other age-appropriate vaccine access and adoption.	Multi-modal outreach provided to at risk home bound members to connect them to home vaccination (including COVID-19) options.	Sep 2021
Pulmonary-related admits, including COVID-19, are a top volume condition in adults, children and adolescents, as well as members with disabilities. Additional opportunities exist for increased COVID-19, pneumococcal and other age-appropriate vaccine access and adoption.	Continued educational campaigns on importance of COVID-19, pneumococcal, and flu vaccination.	Sep 2021
Pulmonary-related admits, including COVID-19, are a top volume condition in adults, children and adolescents, as well as members with disabilities. Additional opportunities exist for increased COVID-19, pneumococcal and other age-appropriate vaccine access and adoption.	Provide continued education to providers on COVID-19 treatment options.	Sep 2021

Gap Addressed	Actions	Date Started
Pulmonary-related admits, including COVID-19, are a top volume condition in adults, children and adolescents, as well as members with disabilities. Additional opportunities exist for increased COVID-19, pneumococcal and other age-appropriate vaccine access and adoption.	Media campaigns such as social media, TV, newspaper, radio and/or mailings continue to be used to directly and indirectly to disseminate information to Members about vaccines, resources, and availability.	Sep 2021
Pulmonary-related admits, including COVID-19, are a top volume condition in adults, children and adolescents, as well as members with disabilities. Additional opportunities exist for increased COVID-19, pneumococcal and other age-appropriate vaccine access and adoption.	Continue delivery of video-based content on how to have effective, empathy-forward conversations around vaccine hesitancy. These videos will be used internally and will be shared externally.	Sep 2021
Pulmonary-related admits, including COVID-19, are a top volume condition in adults, children and adolescents, as well as members with disabilities. Additional opportunities exist for increased COVID-19, pneumococcal and other age-appropriate vaccine access and adoption.	Continued vaccine outreach, primarily to Medicaid members in areas with the lowest COVID-19 vaccine rates.	Sep 2021
Pulmonary-related admits, including COVID-19, are a top volume condition in adults, children and adolescents, as well as members with disabilities. Additional opportunities exist for increased COVID-19, pneumococcal and other age-appropriate vaccine access and adoption.	Partnership with trusted institutions that serve populations/regions with the lowest vaccine levels as well as local public health agencies to provide helpful public-facing materials, set up pop-up vaccine clinics on-site, conduct in-person presentations that provide information and address misperceptions directly and deliver training on how to have effective vaccine conversations.	Sep 2021
Pulmonary-related admits, including COVID-19, are a top volume condition in adults, children and adolescents, as well as members with disabilities. Additional opportunities exist for increased COVID-19, pneumococcal and other age-appropriate vaccine access and adoption.	Partner with school districts to hold vaccination clinics for school-age youth, focusing on regions with the lowest Medicaid vaccination rates among children and young adults ages 12-25.	Sep 2021
Pulmonary-related admits, including COVID-19, are a top volume condition in adults, children and adolescents, as well as members with disabilities. Additional opportunities exist for increased COVID-19, pneumococcal and other age-appropriate vaccine access and adoption.	Share messaging and other vaccine resources with the Boys and Girls Club.	Sep 2021
Pulmonary-related admits, including COVID-19, are a top volume condition in adults, children and adolescents, as well as members with disabilities. Additional opportunities exist for increased COVID-19, pneumococcal and other age-appropriate vaccine access and adoption.	Distribute analytics reports to schools, MCP partners and care delivery partners in order to optimize messaging.	Sep 2021
Pulmonary-related admits, including COVID-19, are a top volume condition in adults, children and adolescents, as well as members with disabilities. Additional opportunities exist for increased COVID-19, pneumococcal and other age-appropriate vaccine access and adoption.	Continue to partner with local community colleges in efforts to vaccinate their student, faculty, and staff populations such as offering speakers to address vaccine hesitancy and current COVID-19 and other vaccination trends.	Sep 2021
Pulmonary-related admits are a top volume condition in adults, children and adolescents, as well as members with disabilities. Additional opportunities exist for increased flu vaccine access and adoption.	Multimodal (mailer, telephonic, IVR, SMS) outreach exists to members at risk for hospitalization as well as members who were hospitalized for respiratory-related reasons to prevent readmission. Continued educational campaigns on importance of COVID-19, pneumococcal, and flu vaccination. Continue pop-up vaccine clinics.	Sep 2021

Gap Addressed	Actions	Date Started
Pulmonary-related admits are a top volume condition in adults, children and adolescents, as well as members with disabilities. Additional opportunities exist for increased flu vaccine access and adoption.	Distribute custom Fluvention communications to share with members and providers.	Oct 2021
Pulmonary-related admits are a top volume condition in adults, children and adolescents, as well as members with disabilities. Additional opportunities exist for increased flu vaccine access and adoption.	Continue to promote and distribute flu promotion resources or toolkits to providers and their office staff.	Nov 2021
Pulmonary-related admits are a top volume condition in adults, children and adolescents, as well as members with disabilities. Additional member education and engagement opportunities exist.	Continue English and Spanish text message or email campaigns for asthma, flu, and COVID.	Dec 2021
Pulmonary-related admits are a top volume condition in adults, children and adolescents, as well as members with disabilities. Additional member education and engagement opportunities exist.	Enrollment of members who are active smokers to Smoking/Vaping Cessation app via Clinical Pharmacist outreach and education. Smoking Cessation app assists members in tracking progress towards cessation of smoking/vaping and offers additional tools and resources.	Jan 2023
Pulmonary-related admits are a top volume condition in adults, children and adolescents, as well as members with disabilities. Additional member education and engagement opportunities exist.	Promotion of KickIt California and distribution of kits to quit smoking	Feb 2023
Alcohol and substance use disorder are a top volume condition for with SPMI. Additional educational and collaboration opportunities exist for providers and internal staff.	Provide annual provider updates to inform on best practices for supporting members who had an ED visit for alcohol and other drug abuse as substance abuse treatment during or after an ED visit can reduce substance use, future ED use, hospital admissions and bed days.	May 2021
Alcohol and substance use disorder are a top volume condition in members with SPMI. Additional opportunities exist to expand access to care.	Transitions of Care (TOC) Clinical Pharmacist identifies hospitalized members needing SUD treatment initiation and performs telephonic outreach to hospitalist to provide clinical recommendations and continuation of treatment outpatient.	Jan 2023
Anxiety and Mood disorders are top volume conditions for members with SPMI. Additional provider educational and collaboration opportunities exist.	Continued provider updates issued to inform on best practices for supporting members who had an ED visit for Behavioral Health as follow-up care is linked to fewer repeat ED visits, improves mental function and increases compliance with follow-up instructions.	May 2021
Anxiety and Mood disorders are top volume conditions for members with SPMI. Additional provider educational and collaboration opportunities exist.	Continued provider updates issued for Minority Mental Health Month to inform on the disproportionately high burden of mental health disorders in BIPOC and LGBTQ patients and stigmas faced when accessing health services. A toolkit was supplied along with information on the digital behavioral health platform.	July 2021
Anxiety and Mood disorders are top volume conditions for members with SPMI. Additional member educational and engagement opportunities exist.	Continued use of a digital application designed to reduce loneliness and engage members.	Jan 2022
Anxiety and Mood disorders are top volume conditions for members with SPMI. Additional member educational and engagement opportunities exist.	Implementation of Enhanced Wellness Platform to improve stress management and quality of life.	Jan 2023

Appendix A

Serious and Persistent Mental Illness (SPMI) Guidelines

DMHC has provided specific DSM codes (Diagnostic and Statistical Manual of Mental Disorders) in the categories below for Health Plans to use to identify members with SPMI. Both claims and encounter data (including MHN) are used for members that have utilization during the reporting period(s).

Conditions Included:

- Adjustment disorders
- Anxiety disorders
- Attention-deficit, conduct, and disruptive behavior disorders
- Disorders usually diagnosed in infancy, childhood, or adolescence
- Impulse control disorders, NEC
- Mood disorders
- Personality disorders
- Schizophrenia and other psychotic disorders
- Other female genital disorders (if related to BH)
- Other inflammatory conditions of skin (if related to BH)
- Miscellaneous categories such as dissociative disorders, eating disorders, personality/behavioral, etc.

See criteria below on how to identify members with persistency (this reporting year as well as previous).

- Admit in both years for specific DSM 5 Codes
- More than one admit in reporting year for specific DSM 5 Codes
- ER Visit in both years for specific DSM 5 Codes
- More than one ER Visit in reporting year for specific DSM 5 Codes
- More than one OP visit (other than ER) in both years for specific DSM 5 Codes
- More than two OP visits (other than ER) in reporting year for specific DSM 5 Codes
- More than two other services, including Office Visits in reporting year for specific DSM 5 Codes
- More than three other services, including Office Visits in both years for specific DSM 5 Codes

Appendix B1



Compare Counties

Select from all counties or choose based on demographic, social and economic indicators.

Select year:

To add any additional locations, an existing selection will need to be removed.



		Fresno, CA	Kings, CA	Madera, CA	California
Health Outcomes					
Length of Life		Fresno, CA	Kings, CA	Madera, CA	California --
Premature Death		7,500	6,900	7,200	5,700

Definition: Years of potential life lost before age 75 per 100,000 population (age-adjusted).

Error margin for Fresno, CA: 7,300-7,700

Error margin for Kings, CA: 6,400-7,300

Error margin for Madera, CA: 6,700-7,700

Error margin for California: 5,700-5,700

Years of data used: 2018-2020

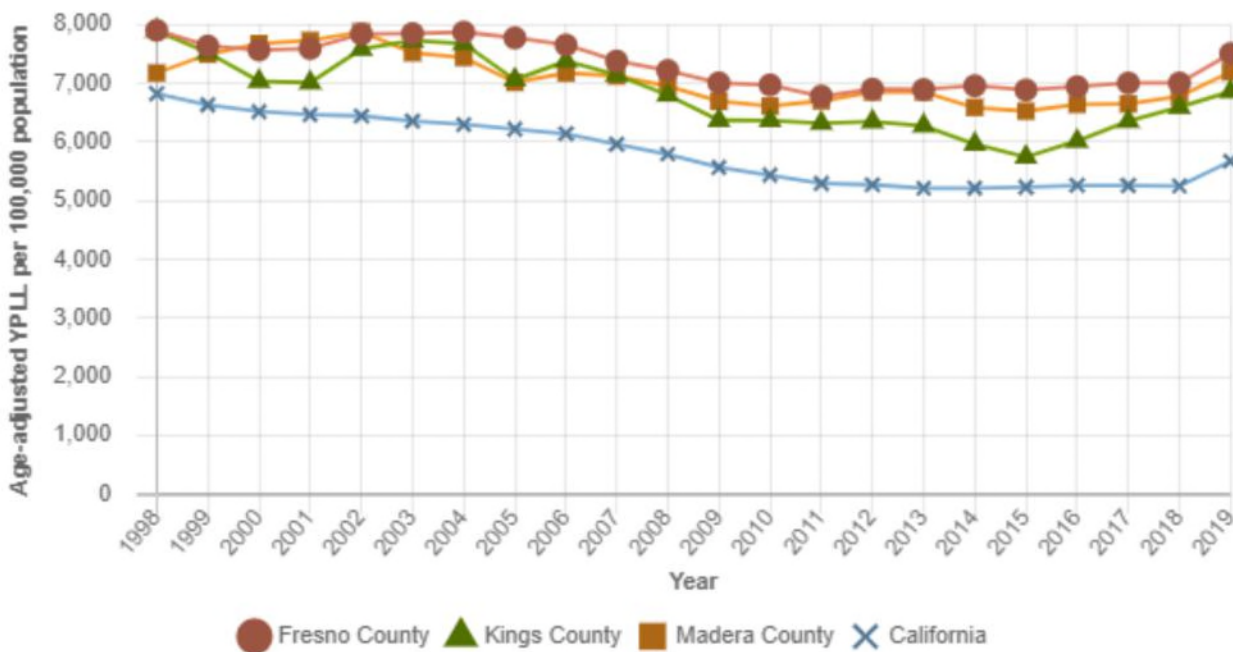
The 2023 Rankings do not include updated data for this measure. [Please visit our FAQs to learn about methods changes in the 2020 census.](#)

- Learn more about this measure's [methods and limitations](#).

 **Trends**

Download

Trends in Premature death in selected places



Click on the icon(s) above to show corresponding data points.

Notes:

Each year represents a 3-year average around the middle year (e.g. 2015 is the middle year of 2014-2016).

Data and documentation for trend graphs can be found [here](#).
Click [here](#) to learn more about measuring progress and using trends.

Quality of Life	Fresno, CA	Kings, CA	Madera, CA	California
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<https://www.countyhealthrankings.org/explore-health-rankings/compare-counties?compareCounties=06019%2C06031%2C06039%2C06000&year=...> 2/24
 Compare Counties | County Health Rankings & Roadmaps

Poor or Fair Health		20%	20%	21%	14%
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Definition: Percentage of adults reporting fair or poor health (age-adjusted).
Error margin for Fresno, CA: 18-22%
Error margin for Kings, CA: 18-22%
Error margin for Madera, CA: 19-24%
Error margin for California: 13-16%
Years of data used: 2020
Data should not be compared with prior years
Compare across states with caution

Learn more about this measure's [methods and limitations](#).

Poor Physical Health Days		3.9	3.9	4.1	3.0
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Definition: Average number of physically unhealthy days reported in past 30 days (age-adjusted). **Error margin for Fresno, CA:** 3.6-4.2
Error margin for Kings, CA: 3.6-4.2
Error margin for Madera, CA: 3.8-4.5
Error margin for California: 2.7-3.3
Years of data used: 2020
Data should not be compared with prior years
Compare across states with caution

Learn more about this measure's [methods and limitations](#).

Poor Mental Health Days		4.8	4.8	5.5	4.0
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Definition: Average number of mentally unhealthy days reported in past 30 days (age-adjusted).

Error margin for Fresno, CA: 4.6-5.1

Error margin for Kings, CA: 4.6-5.0

Error margin for Madera, CA: 5.2-5.8

Error margin for California: 3.7-4.3

Years of data used: 2020

Data should not be compared with prior years

Compare across states with caution

Learn more about this measure's [methods and limitations](#).

Low Birthweight		8%	6%	6%	7%
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Definition: Percentage of live births with low birthweight (< 2,500 grams).

Error margin for Fresno, CA: 7-8%

Error margin for Kings, CA: 6-7%

Error margin for Madera, CA: 6-7%

Error margin for California: 7-7%

Years of data used: 2014-2020

The 2023 Rankings do not include updated data for this measure. [Please visit our FAQs to learn about methods changes in the 2020 census.](#)

Learn more about this measure's [methods and limitations](#).

Health Factors

Health Behaviors	Fresno, CA	Kings, CA	Madera, CA	California
Adult Smoking	14%	15%	15%	9%

Definition: Percentage of adults who are current smokers (age-adjusted).

Error margin for Fresno, CA: 13-16%

Error margin for Kings, CA: 13-17%

Error margin for Madera, CA: 14-18%

Error margin for California: 8-10%

Years of data used: 2020

Data should not be compared with prior years

Compare across states with caution

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Adult Smoking.

Adult Obesity		35%	35%	36%	30%
---------------	--	-----	-----	-----	-----

Definition: Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).

Error margin for Fresno, CA: 33-36%

Error margin for Kings, CA: 34-36%

Error margin for Madera, CA: 34-37%

Error margin for California: 28-32%

Years of data used: 2020

Data should not be compared with prior years

Compare across states with caution

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Adult Obesity.

Food Environment Index		7.3	7.6	7.7	8.8
------------------------	--	-----	-----	-----	-----

<https://www.countyhealthrankings.org/explore-health-rankings/compare-counties?compareCounties=06019%2C06031%2C06039%2C06000&year=...> 5/24

Compare Counties | County Health Rankings & Roadmaps

Definition: Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2019 & 2020

Compare across states with caution

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Food Environment Index.

Physical Inactivity		28%	28%	27%	21%
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Definition: Percentage of adults aged 18 and over reporting no leisure-time physical activity (age-adjusted). **Error margin for Fresno, CA:** 25-30%

Error margin for Kings, CA: 25-30%

Error margin for Madera, CA: 25-30%

Error margin for California: 20-23%

Years of data used: 2020

Data should not be compared with prior years

Compare across states with caution

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Physical Inactivity.

Access to Exercise Opportunities		84%	68%	74%	95%
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Definition: Percentage of population with adequate access to locations for physical activity.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2022 & 2020

Data should not be compared with prior years

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Access to Exercise Opportunities.

<https://www.countyhealthrankings.org/explore-health-rankings/compare-counties?compareCounties=06019%2C06031%2C06039%2C06000&year=...>

6/24

Compare Counties | County Health Rankings & Roadmaps

Excessive Drinking		19%	20%	19%	18%
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Definition: Percentage of adults reporting binge or heavy drinking (age-adjusted).

Error margin for Fresno, CA: 18-19%

Error margin for Kings, CA: 19-20%

Error margin for Madera, CA: 18-20%

Error margin for California: 17-20%

Years of data used: 2020

Data should not be compared with prior years

Compare across states with caution

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Excessive Drinking.



-
- -

Definition: Percentage of driving deaths with alcohol involvement.

Error margin for Fresno, CA: 24-28%

Error margin for Kings, CA: 30-40%

Error margin for Madera, CA: 29-37%

Error margin for California: 27-28%

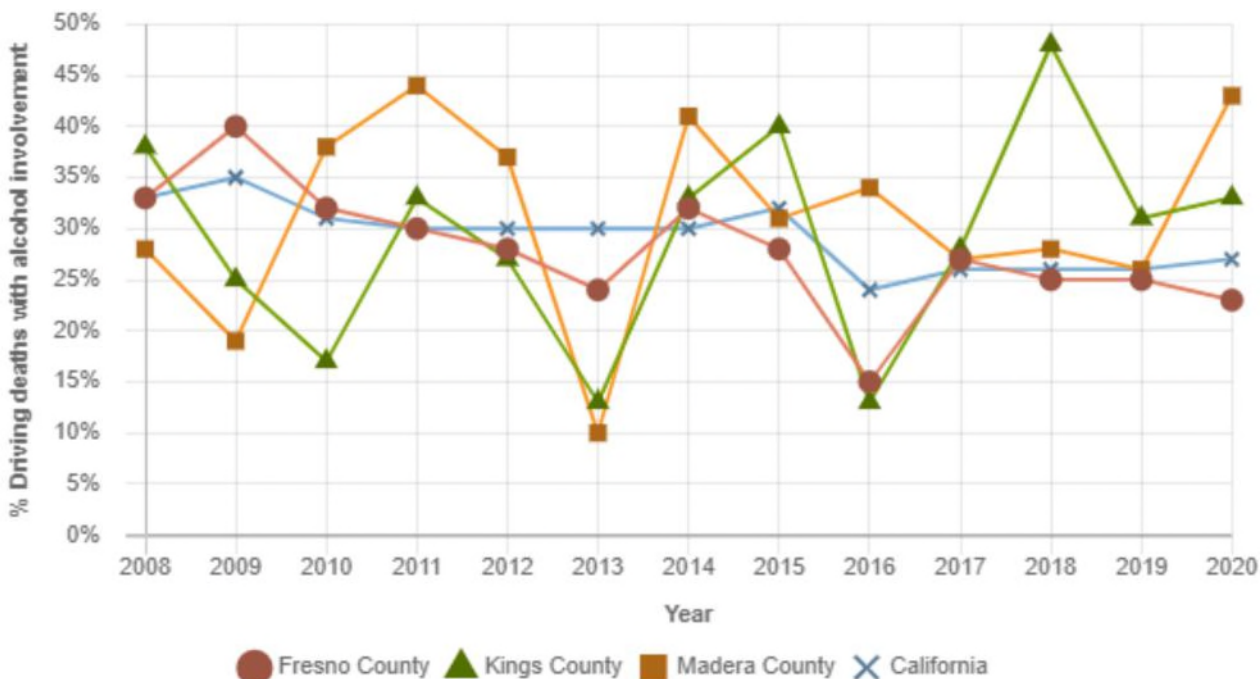
Years of data used: 2016-2020

- Learn more about this measure's [methods and limitations](#).
- [Find strategies](#) to address Alcohol-Impaired Driving Deaths.

 **Trends**

Download

Trends in Alcohol-Impaired Driving Deaths in selected places



Click on the icon(s) above to show corresponding data points.

Notes:
This trend graph uses single-year estimates.

Data and documentation for trend graphs can be found [here](#).
Click [here](#) to learn more about measuring progress and using trends.

Sexually Transmitted Infections		560.9	672.2	424.6	452.2
---------------------------------	---	-------	-------	-------	-------

Definition: Number of newly diagnosed chlamydia cases per 100,000 population.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2020

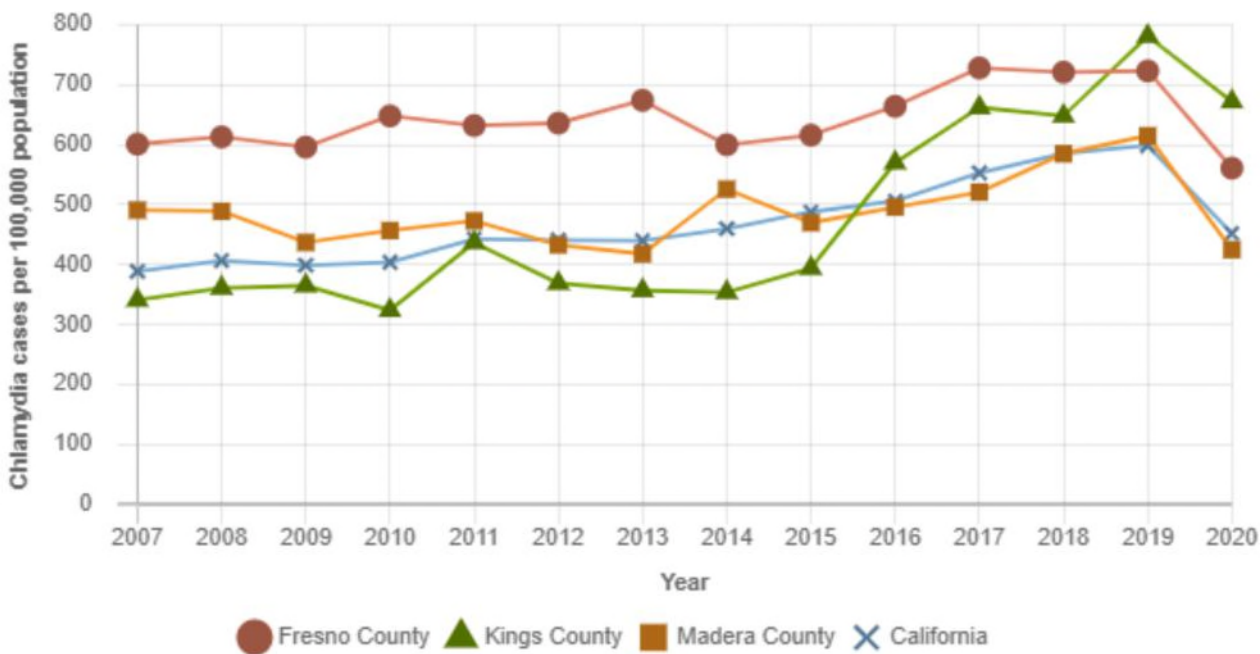
Compare across states with caution

- Learn more about this measure's [methods and limitations](#). [Find](#) Compare Counties | County Health Rankings & Roadmaps
- [strategies](#) to address Sexually Transmitted Infections.

 **Trends**

Download

Trends in Sexually Transmitted Infections in selected places



Click on the icon(s) above to show corresponding data points.

Notes:

Sexually transmitted infections should only be compared across states with caution.

Data and documentation for trend graphs can be found [here](#).
Click [here](#) to learn more about measuring progress and using trends.

Teen Births		27	31	30	16
-------------	--	----	----	----	----

Definition: Number of births per 1,000 female population ages 15-19.

Error margin for Fresno, CA: 27-28

Error margin for Kings, CA: 29-33

Error margin for Madera, CA: 28-31



Error margin for California: 16-16

Years of data used: 2014-2020

The 2023 Rankings do not include updated data for this measure. [Please visit our FAQs to learn about methods changes in the 2020 census.](#)

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Teen Births.

Clinical Care		Fresno, CA	Kings, CA	Madera, CA	California
Uninsured		9%	9%	10%	8%
PrimaryCare Physicians		1,450:1	2,630:1	2,290:1	1,230:1

<https://www.countyhealthrankings.org/explore-health-rankings/compare-counties?compareCounties=06019%2C06031%2C06039%2C06000&year...>

10/24

Definition: Ratio of population to primary care physicians.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2020

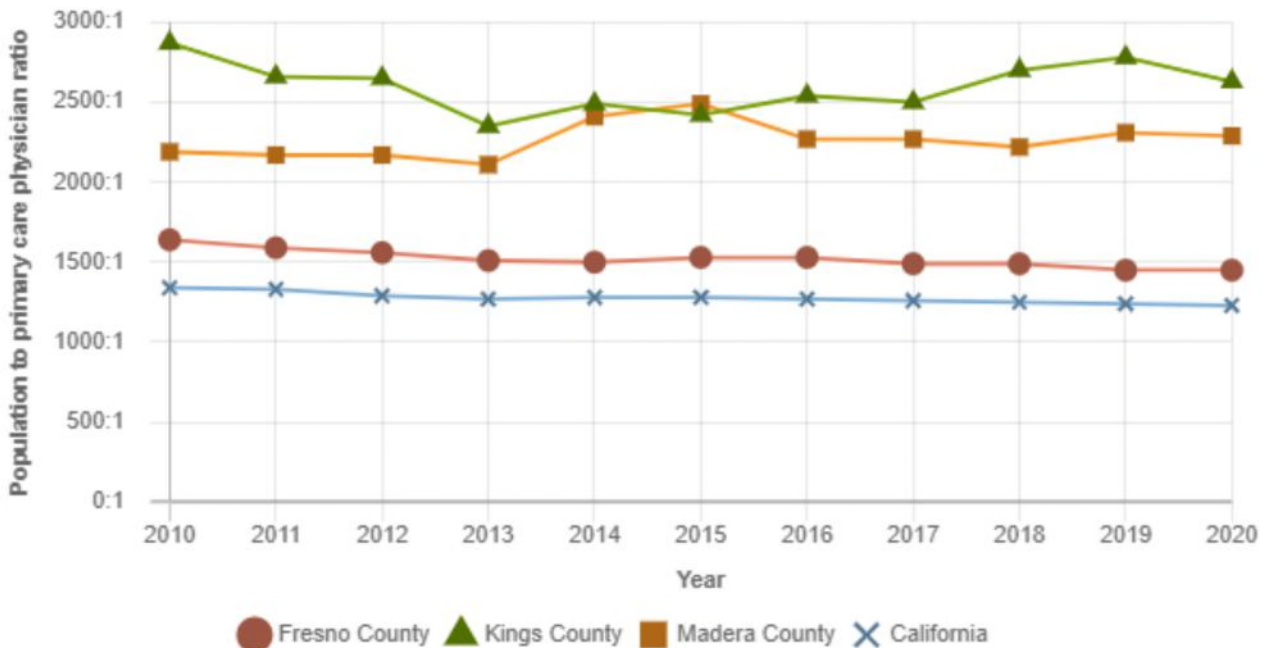
Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Primary Care Physicians.

 **Trends**

Download

Trends in Primary Care Physicians in selected places



Click on the icon(s) above to show corresponding data points.

Notes:

The data in this table reflect the average population served by a single primary care physician.

Data and documentation for trend graphs can be found [here](#).
Click [here](#) to learn more about measuring progress and using trends.

Dentists		1,580:1	1,670:1	2,180:1	1,100:1
----------	---	---------	---------	---------	---------

Definition: Ratio of population to dentists.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

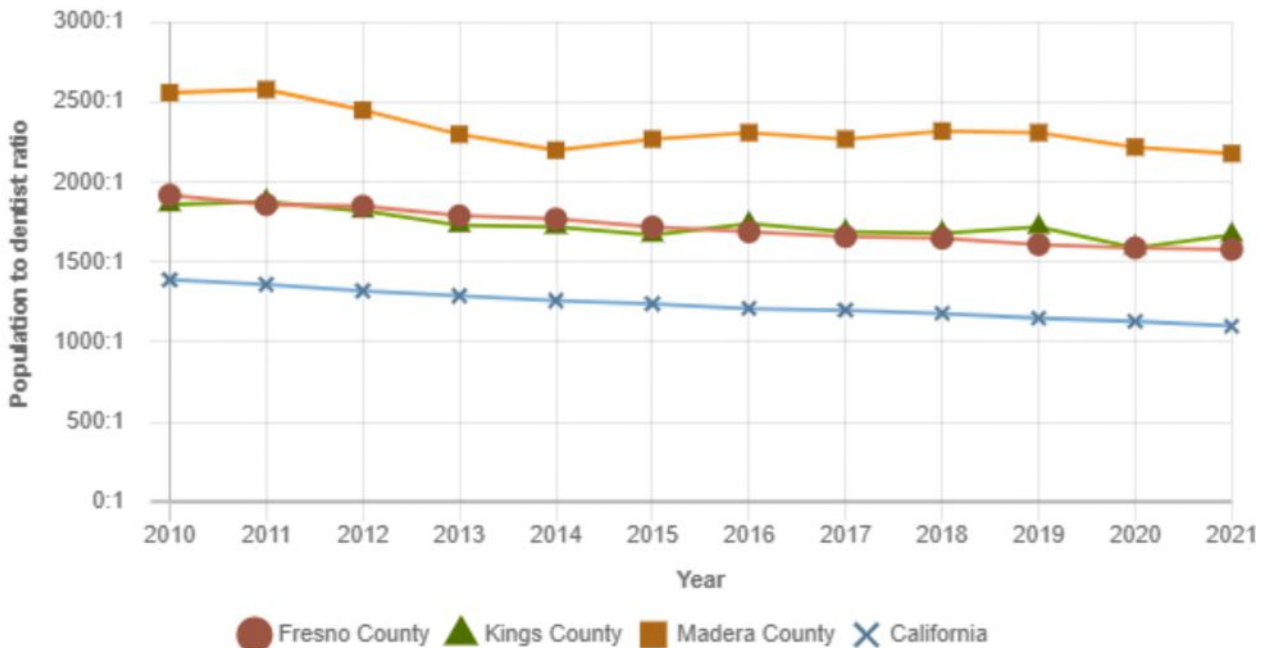
Years of data used: 2021

- Learn more about this measure's [methods and limitations](#).
- [Find strategies](#) to address Dentists.

 **Trends**

Download

Trends in Dentists in selected places



Click on the icon(s) above to show corresponding data points.

Notes:
The data in this table reflect the average population served by a single dentist.

Data and documentation for trend graphs can be found [here](#).
Click [here](#) to learn more about measuring progress and using trends.

Mental Health Providers		230:1	450:1	570:1
--------------------------------	--	--------------	--------------	--------------

240:1 [counties?compareCounties=06019%2C06031%2C06039%2C06000&year=...](#)

Definition: Ratio of population to mental health providers.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2022

- Learn more about this measure's [methods and limitations](#).
- [Find strategies](#) to address Mental Health Providers.

Preventable Hospital Stays		3,057	2,824	2,638	2,256
----------------------------	---	-------	-------	-------	-------

Definition: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

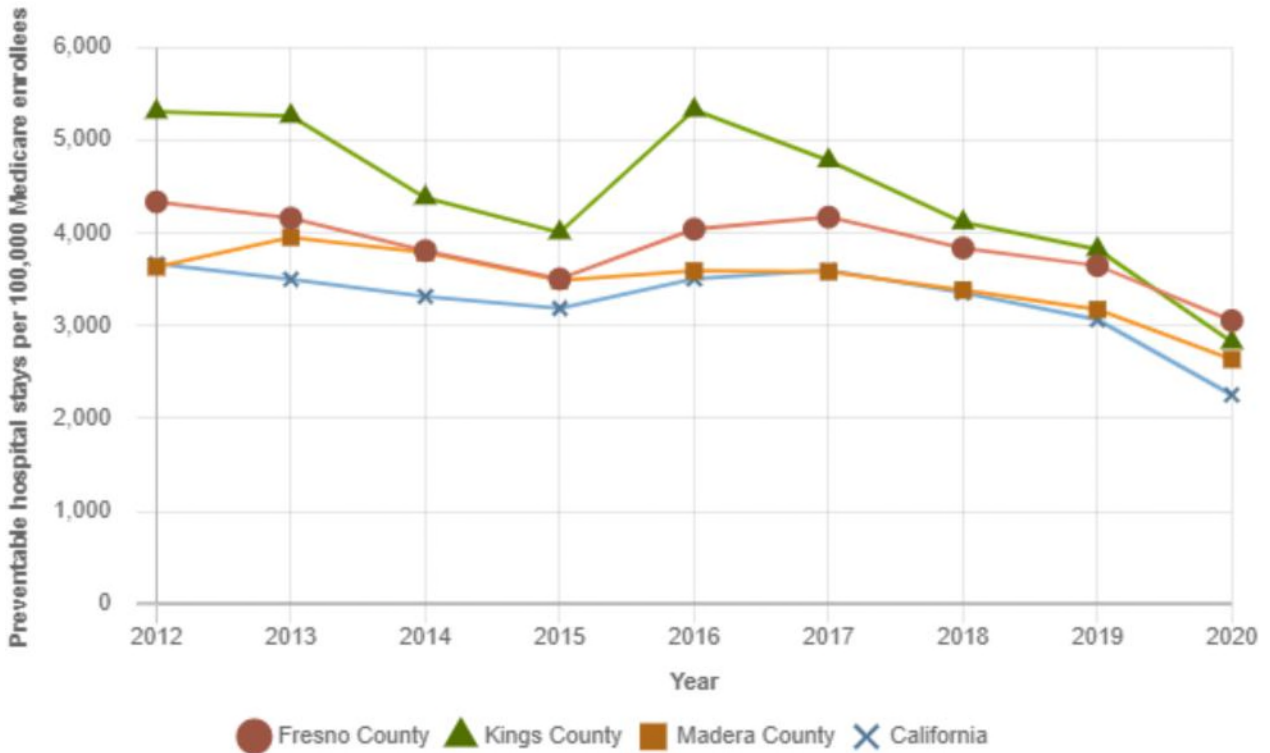
Years of data used: 2020

- Learn more about this measure's [methods and limitations](#).
- [Find strategies](#) to address Preventable Hospital Stays.

 **Trends**


Download

Trends in Preventable hospital stays in selected places



Click on the icon(s) above to show corresponding data points.

Data and documentation for trend graphs can be found [here](#).
Click [here](#) to learn more about measuring progress and using trends.

Mammography Screening		34%	30%	32%	30%
------------------------------	---	------------	------------	------------	------------

Definition: Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

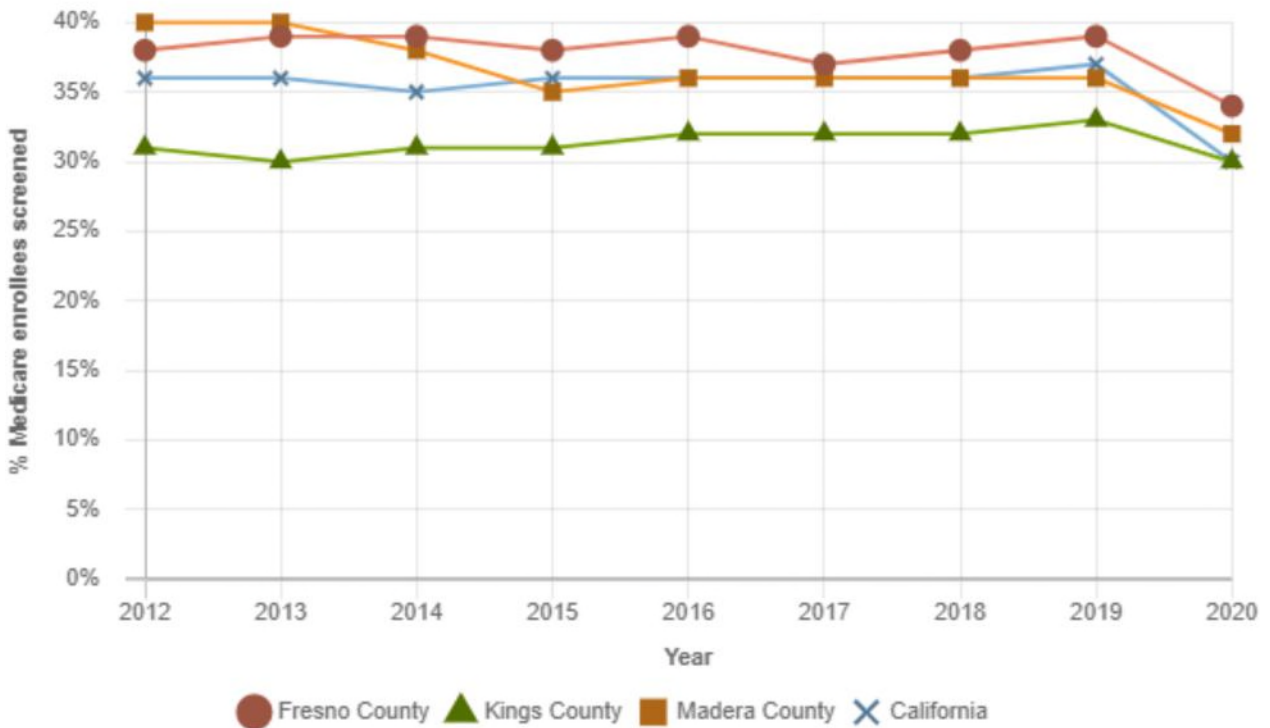
Years of data used: 2020

- Learn more about this measure's [methods and limitations](#).
- [Find strategies](#) to address Mammography Screening.

 **Trends**


Download

Trends in Mammography Screening in selected places



Click on the icon(s) above to show corresponding data points.

Data and documentation for trend graphs can be found [here](#).
Click [here](#) to learn more about measuring progress and using trends.

Flu Vaccinations		46%	39%	39%	46%
-------------------------	---	------------	------------	------------	------------

Definition: Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

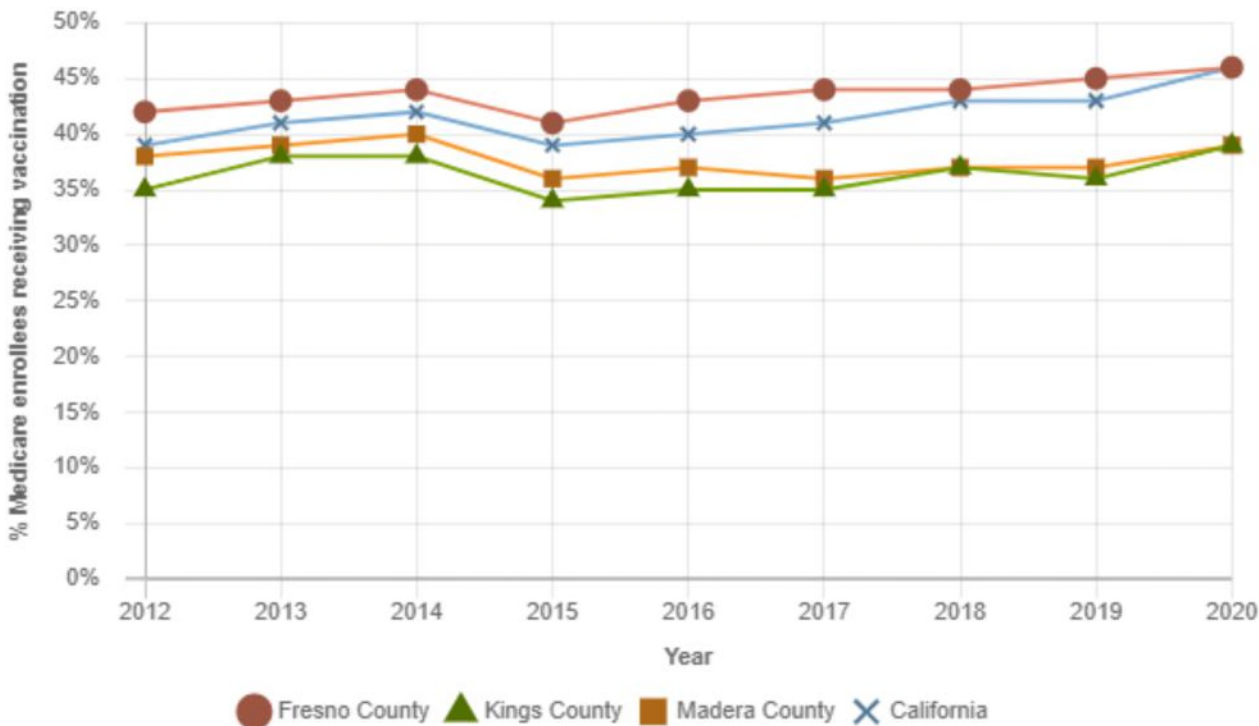
Years of data used: 2020

- Learn more about this measure's [methods and limitations](#).
- [Find strategies](#) to address Flu Vaccinations.

 **Trends**

Download

Trends in Flu Vaccinations in selected places



Click on the icon(s) above to show corresponding data points.

Data and documentation for trend graphs can be found [here](#).
Click [here](#) to learn more about measuring progress and using trends.

Social & Economic Factors	Fresno, CA	Kings, CA	Madera, CA	California
High School Completion	78%	74%	72%	84%

Definition: Percentage of adults ages 25 and over with a high school diploma or equivalent.

Error margin for Fresno, CA: 77-78%

Error margin for Kings, CA: 72-75%

Error margin for Madera, CA: 70-73%

Error margin for California: 84-84%

Years of data used: 2017-2021

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address High School Completion.

Some College		57%	51%	49%	67%
--------------	--	-----	-----	-----	-----

Definition: Percentage of adults ages 25-44 with some post-secondary education.

Error margin for Fresno, CA: 56-59%

Error margin for Kings, CA: 48-54%

Error margin for Madera, CA: 45-52%

Error margin for California: 67-67%

Years of data used: 2017-2021

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Some College.

Unemployment		9.2%	9.6%	8.8%	7.3%
--------------	---	------	------	------	------

<https://www.countyhealthrankings.org/explore-health-rankings/compare-counties?compareCounties=06019%2C06031%2C06039%2C06000&year...> 17/24

Definition: Percentage of population ages 16 and older unemployed but seeking work.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2021

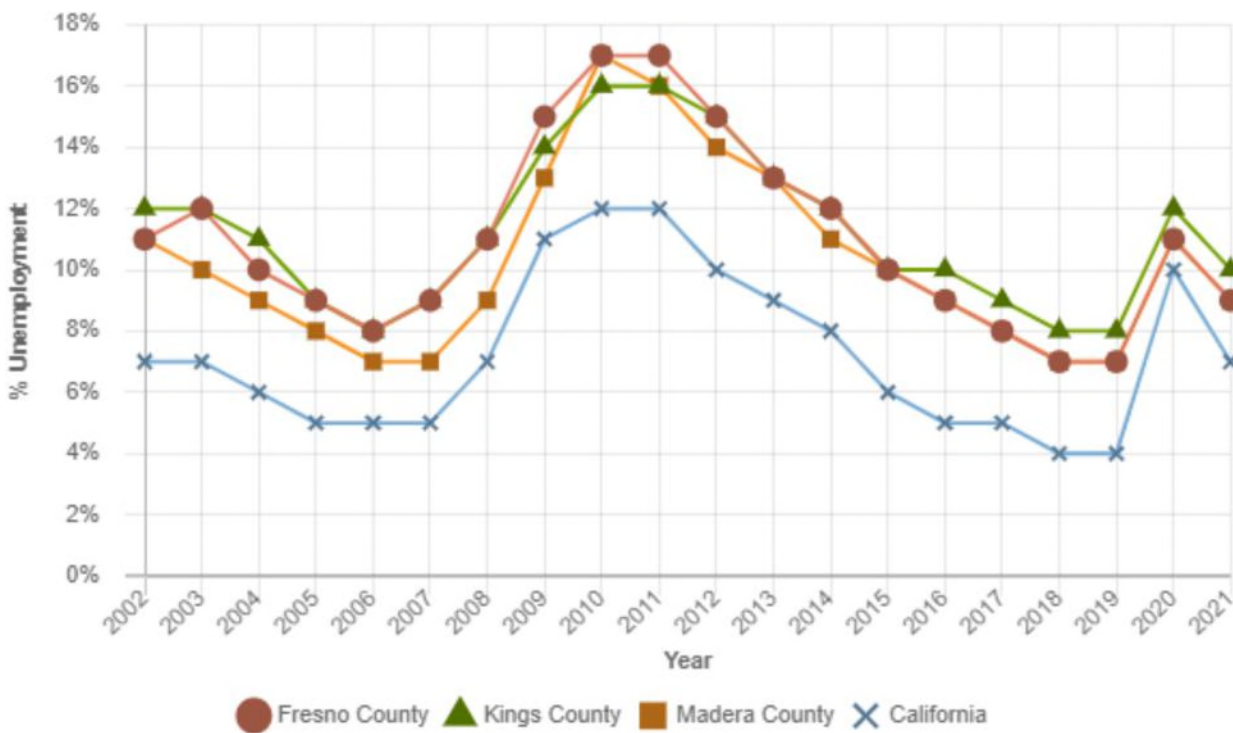
Compare across states with caution

- Learn more about this measure's [methods and limitations](#).
- [Find strategies](#) to address Unemployment.

 **Trends**


Download

Trends in Unemployment in selected places



Click on the icon(s) above to show corresponding data points.

Data and documentation for trend graphs can be found [here](#).
Click [here](#) to learn more about measuring progress and using trends.

Children in Poverty		27%	23%	28%	16%
----------------------------	---	------------	------------	------------	------------

Definition: Percentage of people under age 18 in poverty.

Error margin for Fresno, CA: 24-29%

Error margin for Kings, CA: 18-28%

Error margin for Madera, CA: 22-33%

Error margin for California: 15-16%

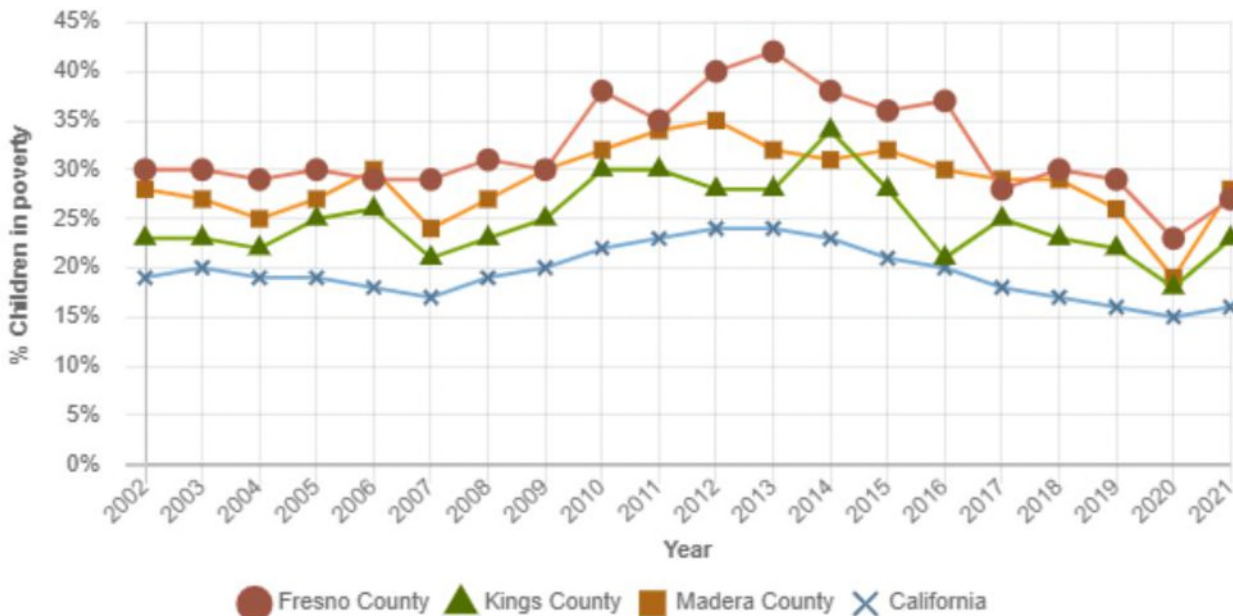
Years of data used: 2021

- Learn more about this measure's [methods and limitations](#).
- [Find strategies](#) to address Children in Poverty.

 **Trends**

Download

Trends in Children in selected places



Click on the icon(s) above to show corresponding data points.

Notes:
Prior to 2005, Children in poverty was based on the Current Population Survey; beginning in 2005, it was based on the American Community Survey.

Data and documentation for trend graphs can be found [here](#).
Click [here](#) to learn more about measuring progress and using trends.

Income Inequality		5.1	4.0	4.3	5.1
--------------------------	--	------------	------------	------------	------------

Definition: Ratio of household income at the 80th percentile to income at the 20th percentile.

Error margin for Fresno, CA: 4.9-5.3

Error margin for Kings, CA: 3.6-4.3

Error margin for Madera, CA: 3.9-4.6

Error margin for California: 5.1-5.2

Years of data used: 2017-2021

Learn more about this measure's [methods and limitations](#).
[Find strategies](#) to address Income Inequality.

Children in Single-Parent Households		28%	25%	23%	22%
--------------------------------------	--	-----	-----	-----	-----

Definition: Percentage of children that live in a household headed by a single parent.

Error margin for Fresno, CA: 27-30%

Error margin for Kings, CA: 21-28%

Error margin for Madera, CA: 19-26%

Error margin for California: 22-23%

Years of data used: 2017-2021

Learn more about this measure's [methods and limitations](#).
[Find strategies](#) to address Children in Single-Parent Households.

Social Associations		5.2	3.8	4.6	6.0
---------------------	--	-----	-----	-----	-----

Definition: Number of membership associations per 10,000 population.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2020

Learn more about this measure's [methods and limitations](#).
[Find strategies](#) to address Social Associations.

Injury Deaths		65	61	69	55
---------------	--	----	----	----	----

Definition: Number of deaths due to injury per 100,000 population.

Error margin for Fresno, CA: 63-67

Error margin for Kings, CA: 56-67


Error margin for Madera, CA: 63-75

Error margin for California: 55-55

Years of data used: 2016-2020

The 2023 Rankings do not include updated data for this measure. [Please visit our FAQs to learn about methods changes in the 2020 census.](#)

- Learn more about this measure's [methods and limitations](#).
- [Find strategies](#) to address Injury Deaths.

Physical Environment		Fresno, CA	Kings, CA	Madera, CA	California
Air Pollution- Particulate Matter		11.7	12.3	10.0	7.1

Definition: Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

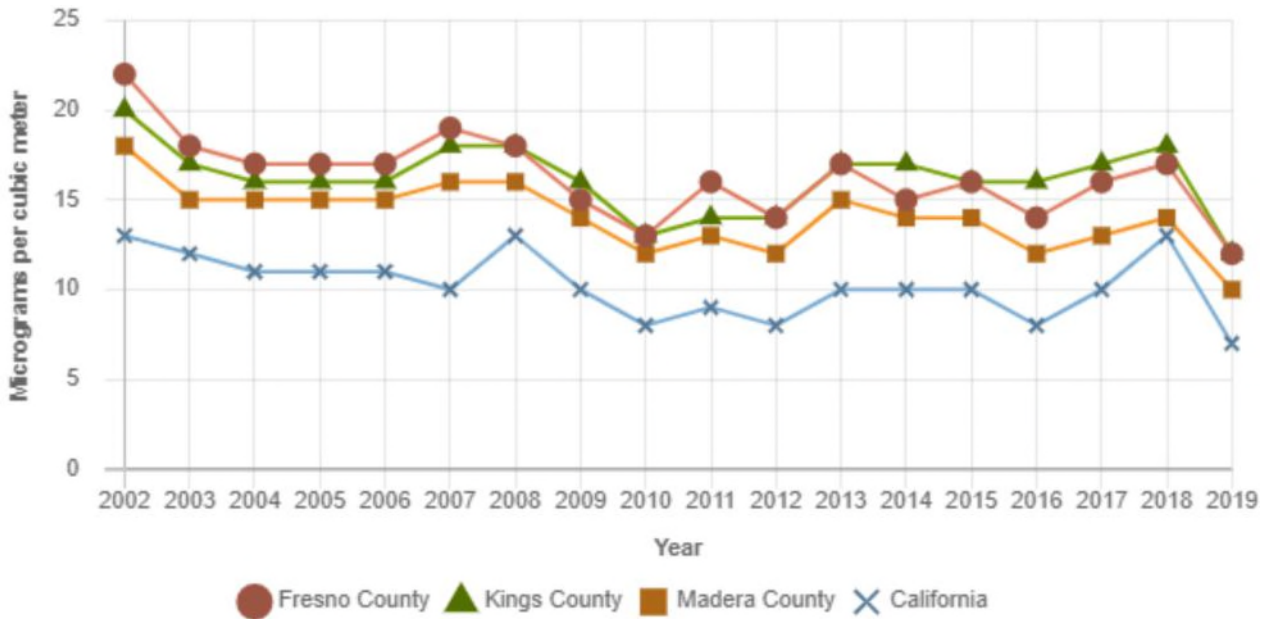
Years of data used: 2019

- Learn more about this measure's [methods and limitations](#).
- [Find strategies](#) to address Air Pollution- Particulate Matter.

 **Trends**

[Download](#)

Trends in Air Pollution - Particulate Matter in selected places



Click on the icon(s) above to show corresponding data points.

Notes:
Data in this trend graph are taken from the Environmental Public Health Tracking Network, and will not match data used in the 2014-2016 Rankings.

Data and documentation for trend graphs can be found [here](#).
Click [here](#) to learn more about measuring progress and using trends.

Drinking Water Violations		Yes	Yes	Yes
----------------------------------	--	------------	------------	------------

<https://www.countyhealthrankings.org/explore-health-rankings/compare-counties?compareCounties=06019%2C06031%2C06039%2C06000&year...>

Definition: Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2021

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Drinking Water Violations.

Severe Housing Problems		26%	21%	23%	26%
-------------------------	--	-----	-----	-----	-----

Definition: Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

Error margin for Fresno, CA: 26-27%

Error margin for Kings, CA: 19-23%

Error margin for Madera, CA: 21-25%

Error margin for California: 26-26%

Years of data used: 2015-2019

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Severe Housing Problems.

Driving Alone to Work		78%	78%	73%	70%
-----------------------	--	-----	-----	-----	-----

Definition: Percentage of the workforce that drives alone to work.

Error margin for Fresno, CA: 77-78%

Error margin for Kings, CA: 76-79%

Error margin for Madera, CA: 71-75%

Error margin for California: 70-70%

Years of data used: 2017-2021

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Driving Alone to Work.

Long Commute- Driving Alone		26%	30%	41%	42%
-----------------------------	--	-----	-----	-----	-----

Definition: Among workers who commute in their car alone, the percentage that commute more than 30 minutes.

Error margin for Fresno, CA: 25-26%

Error margin for Kings, CA: 27-33%

Error margin for Madera, CA: 38-44%

Error margin for California: 42-42%

Years of data used: 2017-2021

Learn more about this measure's [methods and limitations](#).

- [Find strategies](#) to address Long Commute - Driving Alone.

<https://www.countyhealthrankings.org/explore-health-rankings/compare-counties?compareCounties=06019%2C06031%2C06039%2C06000&year...>

24/24

Appendix B2



Compare Counties

Select from all counties or choose based on demographic, social and economic indicators.

Select year:

Additional

To add any additional locations, an existing selection will need to be removed.

	Fresno, CA	Kings, CA	Madera, CA	California
Health Outcomes				
Length of Life	Fresno, CA	Kings, CA	Madera, CA	California --
Life Expectancy	78.0	79.2	79.1	81.0
<p>Definition: Average number of years a person can expect to live.</p> <p>Error margin for Fresno, CA: 77.8-78.2</p> <p>Error margin for Kings, CA: 78.7-79.7</p> <p>Error margin for Madera, CA: 78.6-79.6</p> <p>Error margin for California: 81.0</p> <p>Years of data used: 2018-2020</p> <p><i>The 2023 Rankings do not include updated data for this measure. Please visit our FAQs to learn about methods changes in the 2020 census.</i></p>				
Learn more about this measure's methods and limitations .				
Premature Age-Adjusted Mortality	380	360	350	290

Definition: Number of deaths among residents under age 75 per 100,000 population (age-adjusted).

Error margin for Fresno, CA: 370-390

Error margin for Kings, CA: 340-380

Error margin for Madera, CA: 340-370

Error margin for California: 290-290

Years of data used: 2018-2020

The 2023 Rankings do not include updated data for this measure. [Please visit our FAQs to learn about methods changes in the 2020 census.](#)

Learn more about this measure's [methods and limitations.](#)

Child Mortality		50	40	40	40
------------------------	--	-----------	-----------	-----------	-----------

Definition: Number of deaths among residents under age 18 per 100,000 population.

Error margin for Fresno, CA: 40-50

Error margin for Kings, CA: 30-60

Error margin for Madera, CA: 30-60

Error margin for California: 30-40

Years of data used: 2017-2020

The 2023 Rankings do not include updated data for this measure. [Please visit our FAQs to learn about methods changes in the 2020 census.](#)

Learn more about this measure's [methods and limitations.](#)

Infant Mortality		6	5	5	4
-------------------------	--	----------	----------	----------	----------

Definition: Number of infant deaths (within 1 year) per 1,000 live births.

Error margin for Fresno, CA: 6-7

Error margin for Kings, CA: 4-6

Error margin for Madera, CA: 4-6

Error margin for California: 4-4

Years of data used: 2014-2020

The 2023 Rankings do not include updated data for this measure. [Please visit our FAQs to learn about methods changes in the 2020 census.](#)

Learn more about this measure's [methods and limitations.](#)

Quality of Life	Fresno, CA	Kings, CA	Madera, CA	California	
Frequent Physical Distress	12%	12%	13%	10%	

Definition: Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).

Error margin for Fresno, CA: 11-13%

Error margin for Kings, CA: 11-13%

Error margin for Madera, CA: 12-14%

Error margin for California: 8-11%

Years of data used: 2020

Data should not be compared with prior years

Compare across states with caution

Learn more about this measure's [methods and limitations](#).

Frequent Mental Distress		15%	16%	17%	13%
---------------------------------	--	------------	------------	------------	------------

Definition: Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted). **Error**

margin for Fresno, CA: 14-16%

Error margin for Kings, CA: 15-16%

Error margin for Madera, CA: 16-18%

Error margin for California: 11-14%

Years of data used: 2020

Data should not be compared with prior years

Compare across states with caution

Learn more about this measure's [methods and limitations](#).

Diabetes Prevalence		12%	12%	12%	9%
----------------------------	--	------------	------------	------------	-----------

Definition: Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted).

Error margin for Fresno, CA: 12-13%

Error margin for Kings, CA: 12-13%

Error margin for Madera, CA: 12-13%

Error margin for California: 8-10%

Years of data used: 2020

Data should not be compared with prior years

Compare across states with caution

Learn more about this measure's [methods and limitations](#).

HIV Prevalence		267	154	166	406
----------------	--	-----	-----	-----	-----

Definition: Number of people aged 13 years and older living with a diagnosis of Human Immunodeficiency Virus (HIV) infection per 100,000 population.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2020

This measure should not be compared across states

Learn more about this measure's [methods and limitations](#).

Health Factors

Health Behaviors	Fresno, CA	Kings, CA	Madera, CA	California	—
Food Insecurity	14%	13%	13%	9%	

Definition: Percentage of population who lack adequate access to food.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2020

Compare across states with caution

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Food Insecurity.

Limited Access to Healthy Foods		5%	7%	5%	3%
---------------------------------	--	----	----	----	----

Definition: Percentage of population who are low-income and do not live close to a grocery store.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2019

Learn more about this measure's [methods and limitations](#).
[Find strategies](#) to address Limited Access to Healthy Foods.

DrugOverdoseDeaths		14	15	14	17
---------------------------	--	-----------	-----------	-----------	-----------

Definition: Number of drug poisoning deaths per 100,000 population.

Error margin for Fresno, CA: 12-15

Error margin for Kings, CA: 11-19

Error margin for Madera, CA: 10-17

Error margin for California: 17-18

Years of data used: 2018-2020

The 2023 Rankings do not include updated data for this measure. [Please visit our FAQs to learn about methods changes in the 2020 census.](#)

Learn more about this measure's [methods and limitations](#).
[Find strategies](#) to address Drug Overdose Deaths.

InsufficientSleep		33%	35%	35%	31%
--------------------------	--	------------	------------	------------	------------

Definition: Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).

Error margin for Fresno, CA: 32-34%

Error margin for Kings, CA: 34-36%

Error margin for Madera, CA: 34-37%

Error margin for California: 29-33%

Years of data used: 2020

Data should not be compared with prior years

Compare across states with caution

Learn more about this measure's [methods and limitations](#).

Clinical Care	Fresno, CA	Kings, CA	Madera, CA	California	— —
---------------	------------	-----------	------------	------------	-----

Uninsured Adults		12%	12%	13%	10%
Uninsured Children		3%	4%	4%	3%
Other Primary Care Providers		1,100:1	1,160:1	1,170:1	1,260:1

Definition: Ratio of population to primary care providers other than physicians.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2022

Learn more about this measure's [methods and limitations](#).
[Find strategies](#) to address Other Primary Care Providers.

Social & Economic Factors	Fresno, CA	Kings, CA	Madera, CA	California
High School Graduation	86%	91%	88%	88%

Definition: Percentage of ninth-grade cohort that graduates in four years.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2019-2020

Compare across states with caution

Learn more about this measure's [methods and limitations](#).
[Find strategies](#) to address High School Graduation.

Disconnected Youth		9%	11%	7%	7%
--------------------	--	----	-----	----	----

Definition: Percentage of teens and young adults ages 16-19 who are neither working nor in school.

Error margin for Fresno, CA: 8-11%

Error margin for Kings, CA: 8-15%

Error margin for Madera, CA: 5-10%

Error margin for California: 6-7%

Years of data used: 2017-2021

Learn more about this measure's [methods and limitations](#).
[Find strategies](#) to address Disconnected Youth.

Reading Scores		2.9	2.7	2.6	2.9
----------------	--	-----	-----	-----	-----

Definition: Average grade level performance for 3rd graders on English Language Arts standardized tests. **Error**

margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2018

Learn more about this measure's [methods and limitations](#).
[Find strategies](#) to address Reading Scores.

Math Scores		2.7	2.5	2.4	2.7
-------------	--	-----	-----	-----	-----

Definition: Average grade level performance for 3rd graders on math standardized tests.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2018

Learn more about this measure's [methods and limitations](#).
[Find strategies](#) to address Math Scores.

School Segregation		0.16	0.12	0.24	0.25
--------------------	--	------	------	------	------

Definition: The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2021-2022

- Learn more about this measure's [methods and limitations](#).
- [Find strategies](#) to address School Segregation.

<p>School Funding Adequacy</p>		<p>-\$5,255</p>	<p>-\$1,749</p>	<p>-\$2,268</p>	<p>-\$1,882</p>
--------------------------------	---	-----------------	-----------------	-----------------	-----------------

<https://www.countyhealthrankings.org/explore-health-rankings/compare-counties?compareCounties=06019%2C06031%2C06039%2C06000&year=...>

Definition: The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

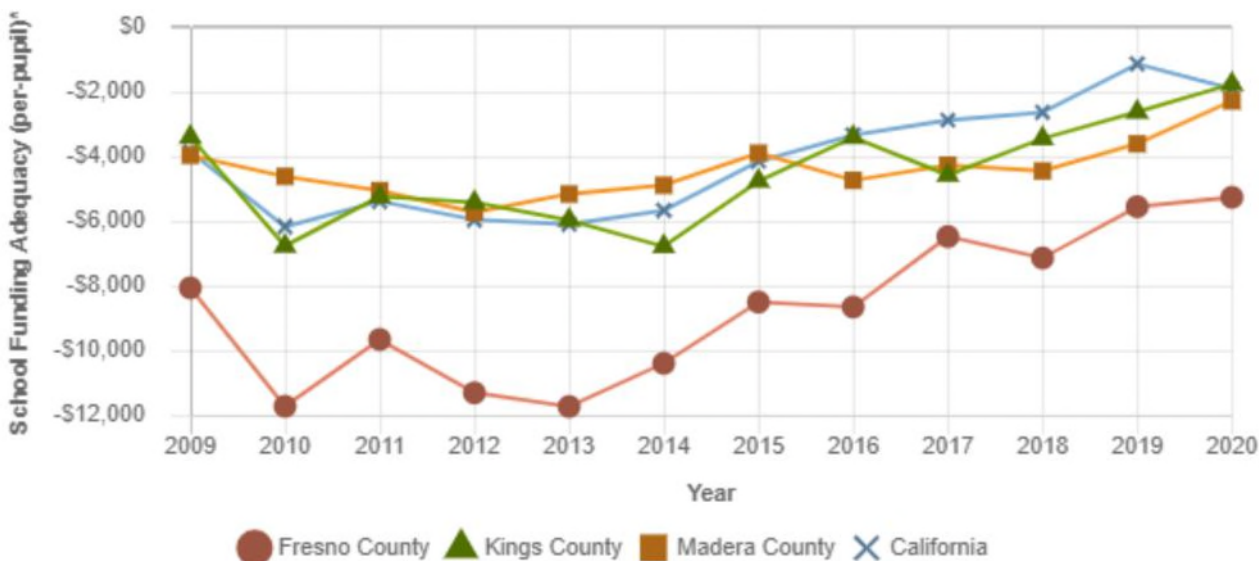
Years of data used: 2020

- Learn more about this measure's [methods and limitations](#).
- [Find strategies](#) to address School Funding Adequacy.

 **Trends**

Download

Trends in School Funding Adequacy in selected places



Click on the icon(s) above to show corresponding data points.

Notes:

*School Funding Adequacy is the actual per-pupil spending compared with an estimated amount that would need to be spent to achieve U.S. average test scores in each school district. The county value is the cross-district average of the spending surplus or deficit.

Data and documentation for trend graphs can be found [here](#).
Click [here](#) to learn more about measuring progress and using trends.

Gender Pay Gap		0.88	0.90	0.79	0.86
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Definition: Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar."

Error margin for Fresno, CA: 0.85-0.91

Error margin for Kings, CA: 0.81-0.99

Error margin for Madera, CA: 0.68-0.90

Error margin for California: 0.85-0.86

Years of data used: 2017-2021

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Gender Pay Gap.

Median Household Income		\$63,100	\$60,800	\$60,200	\$84,800
-------------------------	--	----------	----------	----------	----------

Definition: The income where half of households in a county earn more and half of households earn less.

Error margin for Fresno, CA: \$61,000 to \$65,300

Error margin for Kings, CA: \$56,300 to \$65,300

Error margin for Madera, CA: \$54,000 to \$66,500

Error margin for California: \$84,200 to \$85,500

Years of data used: 2021

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Median Household Income.

Living Wage		\$46.86	\$46.02	\$46.57	\$56.48
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Definition: The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2022

Data should not be compared with prior years

This measure should not be compared across states

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Living Wage.

Children Eligible for Free or Reduced Price Lunch		76%	71%	81%	59%
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Definition: Percentage of children enrolled in public schools that are eligible for free or reduced price lunch.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2020-2021

This measure should not be compared across states

Learn more about this measure's [methods and limitations](#).
[Find strategies](#) to address Children Eligible for Free or Reduced Price Lunch.

Residential Segregation- Black/White		49	36	64	57
--------------------------------------	--	----	----	----	----

Definition: Index of dissimilarity where higher values indicate greater residential segregation between Black and white county residents.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2017-2021

Learn more about this measure's [methods and limitations](#).
[Find strategies](#) to address Residential Segregation - Black/White.

ChildCareCostBurden		32%	31%	32%	30%
---------------------	--	-----	-----	-----	-----

Definition: Child care costs for a household with two children as a percent of median household income.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2022 & 2021

Data should not be compared with prior years

This measure should not be compared across states

Learn more about this measure's [methods and limitations](#).
[Find strategies](#) to address Child Care Cost Burden.

Child Care Centers		5	4	5	8
--------------------	--	---	---	---	---

Definition: Number of child care centers per 1,000 population under 5 years old.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2010-2022

Data should not be compared with prior years

This measure should not be compared across states

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Child Care Centers.

Homicides		7	6	6	5
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Definition: Number of deaths due to homicide per 100,000 population.

Error margin for Fresno, CA: 7-8

Error margin for Kings, CA: 5-8

Error margin for Madera, CA: 5-8

Error margin for California: 5-5

Years of data used: 2014-2020

The 2023 Rankings do not include updated data for this measure. [Please visit our FAQs to learn about methods changes in the 2020 census.](#)

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Homicides.

Suicides		11	14	12	10
----------	--	----	----	----	----

Definition: Number of deaths due to suicide per 100,000 population (age-adjusted).

Error margin for Fresno, CA: 10-12

Error margin for Kings, CA: 11-16

Error margin for Madera, CA: 10-15

Error margin for California: 10-11

Years of data used: 2016-2020

The 2023 Rankings do not include updated data for this measure. [Please visit our FAQs to learn about methods changes in the 2020 census.](#)

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Suicides.

Firearm Fatalities		10	10	10	8
--------------------	--	----	----	----	---

Definition: Number of deaths due to firearms per 100,000 population.

Error margin for Fresno, CA: 10-11

Error margin for Kings, CA: 8-12

Error margin for Madera, CA: 8-13

Error margin for California: 8-8

Years of data used: 2016-2020

The 2023 Rankings do not include updated data for this measure. [Please visit our FAQs to learn about methods changes in the 2020 census.](#)

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Firearm Fatalities.

MotorVehicleCrashDeaths		16	14	19	10
-------------------------	--	----	----	----	----

Definition: Number of motor vehicle crash deaths per 100,000 population.

Error margin for Fresno, CA: 15-16

Error margin for Kings, CA: 12-16

Error margin for Madera, CA: 16-21

Error margin for California: 10-10

Years of data used: 2014-2020

The 2023 Rankings do not include updated data for this measure. [Please visit our FAQs to learn about methods changes in the 2020 census.](#)

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Motor Vehicle Crash Deaths.

Juvenile Arrests		12	8	26	
------------------	--	----	---	----	--

Definition: Rate of delinquency cases per 1,000 juveniles.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2019

This measure should not be compared across states

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Juvenile Arrests.

Voter Turnout		60.5%	47.1%	57.6%	67.9%
---------------	--	-------	-------	-------	-------

Definition: Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2020 & 2016-2020

This measure should not be compared across states

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Voter Turnout.

Census Participation		66.2%	65.0%	60.9%	
----------------------	--	-------	-------	-------	--

Definition: Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire or telephone).

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2020

This measure should not be compared across states

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Census Participation.

Physical Environment	Fresno, CA	Kings, CA	Madera, CA	California	--
Trafc Volume	567	159	267	1,319	

<https://www.countyhealthrankings.org/explore-health-rankings/compare-counties?compareCounties=06019%2C06031%2C06039%2C06000&year...> 14/16

Definition: Average traffic volume per meter of major roadways in the county.

Error margin for Fresno, CA: N/A

Error margin for Kings, CA: N/A

Error margin for Madera, CA: N/A

Error margin for California: N/A

Years of data used: 2019

This measure should not be compared across states

Learn more about this measure's [methods and limitations](#).
[Find strategies](#) to address Traffic Volume.

Homeownership		54%	55%	66%	55%
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Definition: Percentage of owner-occupied housing units.

Error margin for Fresno, CA: 53-55%

Error margin for Kings, CA: 52-57%

Error margin for Madera, CA: 64-68%

Error margin for California: 55-56%

Years of data used: 2017-2021

Learn more about this measure's [methods and limitations](#).
[Find strategies](#) to address Homeownership.

Severe Housing Cost Burden		18%	14%	17%	20%
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Definition: Percentage of households that spend 50% or more of their household income on housing. **Error**

margin for Fresno, CA: 18-19%

Error margin for Kings, CA: 12-15%

Error margin for Madera, CA: 15-19%

Error margin for California: 19-20%

Years of data used: 2017-2021

Learn more about this measure's [methods and limitations](#).
[Find strategies](#) to address Severe Housing Cost Burden.

Broadband Access		84%	85%	87%	90%
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Definition: Percentage of households with broadband internet connection.

Error margin for Fresno, CA: 83-84%

Error margin for Kings, CA: 84-87%

Error margin for Madera, CA: 85-89%

Error margin for California: 90-91%

Years of data used: 2017-2021

Learn more about this measure's [methods and limitations](#).

[Find strategies](#) to address Broadband Access.

Demographics	Fresno, CA	Kings, CA	Madera, CA	California
Population	1,013,581	153,443	159,410	39,237,836
%Below18YearsofAge	28.2%	27.0%	27.4%	22.4%
% 65 and Older	12.6%	10.7%	14.3%	15.2%
% Non-Hispanic Black	4.6%	6.3%	3.1%	5.6%
% American Indian or Alaska Native	3.2%	3.2%	4.5%	1.7%
%Asian	11.6%	4.4%	2.8%	15.9%
% Native Hawaiian or Other Pacific Islander	0.3%	0.4%	0.3%	0.5%
% Hispanic	54.7%	56.6%	60.2%	40.2%
%Non-Hispanic White	27.2%	30.0%	31.7%	35.2%
% Not Proficient in English	10%	11%	13%	9%
%Female	49.8%	44.7%	51.4%	50.0%
%Rural	10.8%	10.9%	32.9%	5.0%

Note: Blank values reflect unreliable or missing data.








<https://www.countyhealthrankings.org/explore-health-rankings/compare-counties?compareCounties=06019%2C06031%2C06039%2C06000&year...>
16/16






Appendix C





2023 Population Health Management Strategy Appendix C





Health Risk Definitions




This table contains guidance to determine specific medical conditions that are included within each population health category

Level 01: Healthy	<p>Includes Members that meet <i>ALL</i> of the following criteria:</p> <p>No chronic_conditions See Attachment</p>  <p>Chronic Conditions.docx</p> <p>No behavioral health conditions See Attachment</p>  <p>Behavioral Health Conditions.docx</p> <p>Risk of future costs for the next 12 months:</p> <ul style="list-style-type: none">• When age <65 then risk of future costs < 2○ When age >= 65 then risk of future costs < 4 <p>Risk of an admission in the next 12 months < 10%</p> <p>No inpatient stays regardless of reason in the last 12 months</p> <p>No emergency room visits regardless of the reason in the last 12 months</p> <p>No medication adherence gaps: See Attachment</p>  <p>Medication Adherence Gaps.docx</p> <p>No 'clinically important' care opportunities See Attachment</p>  <p>Clinically Important Care Opportunities.</p> <p>No drug safety care opportunities See Attachment</p>  <p>Drug Safety Care Opportunities.docx</p>
Level 02: Acute Episodic	<p>Includes Members that meet both of the following criteria:</p> <p>No chronic conditions See Attachment</p>  <p>Chronic Conditions.docx</p> <p>No behavioral health conditions See Attachment</p>  <p>Behavioral Health Conditions.docx</p>

	<p>AND <i>one</i> or more of the criteria below</p> <p>1 or more emergency room visits regardless of the reason in the last 12 months</p> <p>1 or more inpatient stays regardless of reason in the last 12 months</p>
<p>Level 03: Healthy, At Risk</p>	<p>Includes Members that meet both of the following criteria:</p> <p>No chronic conditions See Attachment</p> <p> Chronic Conditions.docx</p> <p>No behavioral health conditions See Attachment</p> <p> Behavioral Health Conditions.docx</p> <p>AND NOT in any of the following categories</p> <p>01: Healthy</p> <p>02: Acute Episodic</p>
<p>Level 04a: Chronic,Big 5: Stable</p>	<p>Includes Members that meet <i>all</i> of the following criteria:</p> <p>Diabetes or COPD or Asthma or CHF or CAD</p> <p>Risk of future costs for the next 12 months:</p> <ul style="list-style-type: none"> ○ When age <65 then risk of future costs < 2 ○ When age >= 65 then risk of future costs < 4 <p>Behavioral Health Risk Score < 20</p> <p>Risk of an admission in the next 12 months < 10%</p> <p>No inpatient stays regardless of reason in the last 12 months</p> <p>No emergency room visits with a primary diagnosis of diabetes, CAD, CHF, asthma or COPD in the last 12 months</p> <p>No medication adherence gaps: See Attachment</p> <p> Medication Adherence Gaps.docx</p> <p>No 'clinically important' care opportunities See Attachment</p> <p> Clinically Important Care Opportunities.</p> <p>No drug safety care opportunities See Attachment</p> <p> Drug Safety Care Opportunities.docx</p> <p>AND NOT in any of the following categories:</p> <p>04b: Chronic, other condition, stable</p> <p>05a: Health Coaching</p> <p>05b: Physical Health Care Management</p> <p>05c: Behavioral Health Care Management</p> <p>06: Rare High Cost Conditions</p> <p>07a: Catastrophic: Dialysis</p>

	<p>07b: Catastrophic: Active Cancer 07c: Catastrophic: Transplant 08a: Dementia 08b: Institutional (custodial care) 09a: Long-Term Supportive Services & Medicare-Medicaid Plan – Service Coordination 09b: Long-Term Supportive Services & Medicare-Medicaid Plan – High-Needs Care Management 10: EOL</p>
<p>Level 04b: Chronic, Other Condition: Stable</p>	<p>Includes Members that meet <i>all</i> the following criteria: 1 or more non big 5 chronic conditions See Attachment</p> <p> Chronic Conditions.docx</p> <p>Risk of future costs for the next 12 months:</p> <ul style="list-style-type: none"> ○ When age <65 then risk of future costs < 2 ○ When age >= 65 then risk of future costs < 4 <p>Behavioral Health Risk Score < 20 Risk of an admission in the next 12 months < 10% No inpatient stays regardless of reason in the last 12 months No “True” emergency room visits in the last 12 months No medication adherence gaps: See Attachment</p> <p> Medication Adherence Gaps.docx</p> <p>No ‘clinically important’ care opportunities See Attachment</p> <p> Clinically Important Care Opportunities.</p> <p>No drug safety care opportunities See Attachment</p> <p> Drug Safety Care Opportunities.docx</p> <p>AND NOT in any of the following categories: 05a: Health Coaching 05b: Physical Health Care Management 05c: Behavioral Health Care Management 06: Rare High Cost Conditions 07a: Catastrophic: Dialysis 07b: Catastrophic: Active Cancer 07c: Catastrophic: Transplant 08a: Dementia 08b: Institutional (custodial care) 09a: Long-Term Supportive Services & Medicare-Medicaid Plan & DSNP – Service Coordination 09b: Long-Term Supportive Services & Medicare-Medicaid Plan – High-Needs Care Management</p>

	10: EOL
Level 04c: BH Primary: Stable	<p>Includes Members that meet <i>all</i> of the following criteria: 1 or more behavioral health conditions that are not flagged as high needs See Attachment</p>  <p>Behavioral Health Conditions.docx</p> <p>Risk of future costs for the next 12 months:</p> <ul style="list-style-type: none"> • When age <65 then risk of future costs < 2 • When age >= 65 then risk of future costs < 4 <p>Behavioral Health Risk Score < 20 Risk of an admission in the next 12 months < 10% No inpatient stays regardless of reason in the last 12 months No emergency room visits regardless of reason in the last 12 months No medication adherence gaps: See Attachment</p>  <p>Medication Adherence Gaps.docx</p> <p>No 'clinically important' care opportunities See Attachment</p>  <p>Clinically Important Care Opportunities.</p> <p>No drug safety care opportunities See Attachment</p>  <p>Drug Safety Care Opportunities.docx</p> <p>OR</p> <p>A behavioral health condition that is not flagged as high needs</p> <p>AND NOT in any of the following categories: 04a: Chronic Big 5, Stable 04b: Chronic, other condition, stable 05a: Health Coaching 05b: Physical Health Care Management 05c: Behavioral Health Care Management 06: Rare High Cost Conditions 07a: Catastrophic: Dialysis 07b: Catastrophic: Active Cancer 07c: Catastrophic: Transplant 08a: Dementia 08b: Institutional (custodial care) 09a: Long-Term Supportive Services & Medicare-Medicaid Plan & DSNP – Service Coordination 09b: Long-Term Supportive Services & Medicare-Medicaid Plan – High-Needs Care Management 10: EOL</p>
Level 05a: Health Coaching	Includes Members that meet both the following criteria:

	<p>Diabetes or COPD or Asthma or CHF or CAD or HbA1c over 9 Behavioral Health Risk Score < 20 AND meet 1 or more of the following criteria: Risk of future costs for the next 12 months:</p> <ul style="list-style-type: none"> ○ When age <65 then risk of future costs between 2 ○ When age >= 65 then risk of future costs between 4 <p>Risk of an admission in the next 12 months between 10% 1 or more inpatient stays with a primary diagnosis of diabetes, CAD, CHF, asthma, or COPD in the last 12 months 1 or more “True” emergency room visits in the last 12 months 1 or more emergency room visits with a primary diagnosis of diabetes, CAD, CHD, asthma or COPD in the last 12 months 1 or more medication adherence gaps: See Attachment</p> <p> Medication Adherence Gaps.doc</p> <p>1 or more ‘clinically important’ care opportunities See Attachment</p> <p> Clinically Important Care Opportunities.</p> <p>1 or more drug safety care opportunities See Attachment</p> <p> Drug Safety Care Opportunities.docx</p> <p>A Big 5 condition with 1 or more diagnosis of:</p> <ul style="list-style-type: none"> ● Atherosclerosis ● Hyperlipidemia ● Obesity ● Hypertension <p>AND NOT in any of the following categories: 05b: Physical Health Care Management 05c: Behavioral Health Care Management 06: Rare High Cost Conditions 07a: Catastrophic: Dialysis 07b: Catastrophic: Active Cancer 07c: Catastrophic: Transplant 08a: Dementia 08b: Institutional (custodial care) 09a: Long-Term Supportive Services & Medicare-Medicaid Plan & DSNP – Service Coordination 09b: Long-Term Supportive Services & Medicare-Medicaid Plan – High-Needs Care Management 10: EOL</p>
Level 05b: Physical Health Care Management	Includes Members that meet both the following criteria: 1 or more non big 5 chronic conditions See Attachment



Chronic
Conditions.docx

Behavioral Health Risk Score <20

AND meet 1 or more of the following criteria:

Risk of future costs for the next 12 months:

- When age <65 then risk of future costs greater than or equal to 2
- When age ≥ 65 then risk of future costs greater than or equal to 4

Risk of an admission in the next 12 months greater than or equal to 10%

1 or more inpatient stays regardless of reason in the last 12 months

1 or more “True” emergency room visits in the last 12 months

1 or more medication adherence gaps: See Attachment



Medication
Adherence Gaps.doc

1 or more ‘clinically important’ care opportunities See Attachment



Clinically Important
Care Opportunities.

1 or more drug safety care opportunities See Attachment



Drug Safety Care
Opportunities.docx

PRG risk greater than 10

AND NOT in any of the following categories:

A Big 5 condition with 1 or more diagnosis of:

- Atherosclerosis
- Hyperlipidemia
- Obesity
- Hypertension

05c: Behavioral Health Care Management

06: Rare High Cost Conditions

07a: Catastrophic: Dialysis

07b: Catastrophic: Active Cancer

07c: Catastrophic: Transplant

08a: Dementia

08b: Institutional (custodial care)


09a: Long-Term Supportive Services & Medicare-Medicaid Plan & DSNP – Service Coordination

09b: Long-Term Supportive Services & Medicare-Medicaid Plan – High-Needs Care Management


10: EOL

Level 05c Behavioral Health

Includes Members that meet the following criteria:

Care Management	<p>Flagged as having a high behavioral health needs status based on either having:</p> <ul style="list-style-type: none"> • High mental health risk • High substance-use disorder risk <p>AND NOT in any of the following categories: 06: Rare High Cost Conditions 07a: Catastrophic: Dialysis 07b: Catastrophic: Active Cancer 07c: Catastrophic: Transplant 08a: Dementia 08b: Institutional (custodial care) 09a: Long-Term Supportive Services & Medicare-Medicaid Plan & DSNP – Service Coordination 09b: Long-Term Supportive Services & Medicare-Medicaid Plan – High-Needs Care Management 10: EOL</p>
Level 06: Rare High Cost Condition	<p>1 or more rare, high cost conditions See Attachment</p>  <p>Rare High Cost Conditions.docx</p> <p>AND NOT in any of the following categories: 07a: Catastrophic: Dialysis 07b: Catastrophic: Active Cancer 07c: Catastrophic: Transplant 08a: Dementia 08b: Institutional (custodial care) 09a: Long-Term Supportive Services & Medicare-Medicaid Plan & DSNP – Service Coordination 09b: Long-Term Supportive Services & Medicare-Medicaid Plan – High-Needs Care Management 10: EOL</p>
Level 07a: Catastrophic: Dialysis	<p>1 or more claims indicating dialysis services in the most recent 12 months</p> <p>AND NOT in any of the following categories: 07b: Catastrophic: Active Cancer 07c: Catastrophic: Transplant 08a: Dementia 08b: Institutional (custodial care) 09a: Long-Term Supportive Services & Medicare-Medicaid Plan & DSNP – Service Coordination 09b: Long-Term Supportive Services & Medicare-Medicaid Plan – High-Needs Care Management 10: EOL</p>
Level 07b: Catastrophic: Active Cancer	<p>1 or more episodes of care indicating active cancer treatment in the most recent 12 months</p> <p>AND NOT in any of the following categories:</p>

	<p>07c: Catastrophic: Transplant 08a: Dementia 08b: Institutional (custodial care) 09a: Long-Term Supportive Services & Medicare-Medicaid Plan & DSNP – Service Coordination 09b: Long-Term Supportive Services & Medicare-Medicaid Plan – High-Needs Care Management 10: EOL</p>
<p>Level 07c: Catastrophic Transplants</p>	<p>1 or more of the following transplants in the most recent 12 months:</p> <ul style="list-style-type: none"> • Bone Marrow • Heart • Liver • Lung • Pancreas • Renal <p>AND NOT in any of the following categories: 08a: Dementia 08b: Institutional (custodial care) 09a: Long-Term Supportive Services & Medicare-Medicaid Plan & DSNP – Service Coordination 09b: Long-Term Supportive Services & Medicare-Medicaid Plan – High-Needs Care Management 10: EOL</p>
<p>Level 08a: Dementia</p>	<p>2 or more claims indicating dementia in the most recent 12 months</p> <p>AND NOT in any of the following categories: 08b: Institutional (custodial care) 09a: Long-Term Supportive Services & Medicare-Medicaid Plan & DSNP – Service Coordination 09b: Long-Term Supportive Services & Medicare-Medicaid Plan – High-Needs Care Management 10: EOL</p>
<p>Level 08b: Institutional (custodial care)</p>	<p>1 or more claims with a place of service code=33 (Custodial Care Facility)</p> <p>AND NOT in any of the following categories: 09a: Long-Term Supportive Services & Medicare-Medicaid Plan & DSNP – Service Coordination 09b: Long-Term Supportive Services & Medicare-Medicaid Plan – High-Needs Care Management 10: EOL</p>
<p>Level 09a: Long-Term Supportive Services & Medicare-Medicaid Plan & DSNP – Service Coordination</p>	<p>Includes Members that meet <i>one</i> or more of the criteria below: Be enrolled in an LTC or MMP product, that do not have a high-needs condition</p> <p>AND NOT in: 09b: Long-Term Supportive Services & Medicare-Medicaid Plan – High-Needs Care Management</p>

<p>Level 09b: Long-Term Supportive Services & Medicare-Medicaid Plan & DSNP – High Needs Care Management</p>	<p>Includes Members that meet <i>one</i> or more of the criteria below:</p> <p>Be currently enrolled in at least one of the LTSS/MMP products</p> <p>1 or more claims in the last 12 months with any of the following diagnoses in any position</p> <ul style="list-style-type: none"> ○ Traumatic Brain Injury (TBI) ○ Cystic Fibrosis ○ Multiple Sclerosis ○ Hip or Pelvic Fracture ○ Ulcers ○ Spinal Cord Injury ○ Acute Myocardial Infarction (AMI) ○ Muscular Dystrophy ○ Learning Disabilities ○ Spina Bifida ○ Fibromyalgia ○ Intellectual Disabilities ○ Other Developmental Delays ○ Migraine <p>Please refer to attachment for a list of diagnosis codes that correspond to the above clinical groups.</p> <div style="text-align: center;">  <p>LTSS High Needs Codes.xlsx</p> </div>
<p>Level 10: End of Life (Non-LTSS)</p>	<p>Includes Members that meet one or more of the criteria below:</p> <p>1 or more claims in last 12 months indicating hospice care OR Metastatic Cancer</p> <p>AND NOT in any of the following categories:</p> <p>09a: Long-Term Supportive Services & Medicare-Medicaid Plan – Service Coordination</p> <p>09b: Long-Term Supportive Services & Medicare-Medicaid Plan – High</p>

	Needs Care Management
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Item #7

Attachment 7.A-7.B

Quality Improvement

- 7.A 2024 Program Description & Change Summary
- 7.B Work Plan



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Amy Wittig, Director, Quality Improvement

COMMITTEE DATE: March 21, 2024

SUBJECT: Quality Improvement Program Description Change Summary

UM Redline Page #	Section/Paragraph name	Description of change
Throughout	Multiple	Updated year from 2023 to 2024.
Throughout	Multiple	Updated QI Program and QI Work Plan to QIHed Program and QIHed Work Plan.
Throughout	Multiple	Updated social determinates of health to social drivers of health (SDoH).
Throughout	Multiple	Spelled out acronyms.
2-3	Table of Contents	Page numbering and section titles updated.
4	Introduction and Background	Added section header: Introduction and Background
5	Information Systems and Analysis	Added ECHO behavioral health survey and provider satisfaction survey to scope of analytics.
6-8	Purpose and Goals	Added Health Education Program purpose and goals.
9-11	Scope of QIHed Program	Revised Overview description of the QIHed Program and added areas of impact.
12	Preventive Screening Guidelines (PSGs)	Revised section header from Preventive Health Screening Guidelines to Preventive Screening Guidelines. Added children and adults. Spelled out HEDIS.
13	New Technologies	New section added under Scope to describe plan's formal process of evaluating new medical technologies for benefit inclusion, using evidence-based resources.
13-15	Health Promotion Programs	Added use of QR codes to promote HED programs. Removed Fit Families for Life and Health Habits for Healthy People Community Classes/Webinars from the HED program. Removed Digital Health Education. Added Community and Telephonic Health Education Classes. Revised the CalViva Pregnancy Program, Health Promotion Incentive Program and Member Newsletter descriptions.
16	MemberConnections® Program	Added clinical pharmacy to the scope of the program. Added HEDIS Care Gap Reports as a tool used to engage members.
17-18	Health Management Programs	Added social needs data to data sources used for PHM assessments. Added additional details on risk stratification, segmentation, and tiering methodologies to identify changes in member's health status and connecting them to health management programs. Added Basic PHM to describe how the plan supports member's PCP-related needs.
19-20	Transitional Care Services	Added details on outreaches to members who are in the hospital to enroll them into the TSC program. Added ECM to scope of TCS program.

19	Palliative Care Program	Removed section. No longer a program but remains a benefit.
21	Care Management Program	Added ECM to scope of Case Management program.
23	Behavioral Health Services	Removed references to behavioral health administrator.
25	Operations and Service	Added new section to describe how CalViva evaluates internal operations to monitor and improve access and availability and satisfaction (member/provider).
25-26	Health Plan Performance	Revised description to include additional details of performance metrics and standards that are monitored by the plan to improve health outcomes. Also, details were added on how performance data and ratings are shared with members and providers.
26	Credentialing / Recredentialing	Removed CalViva's Chief Compliance Officer's involvement. Changed verbiage to describe that the Credentialing Committee addresses Credentialing/Recredentialing compliance issues.
27	Delegation	Revised description to explain CalViva's oversight of delegated activities, including delegated QI activities.
30	Health Equity and Cultural and Linguistic Needs	Removed HN's employee inclusion group details. Elaborated on PPC and PNA details. Added bullet point on the material review process.
31	Satisfaction	Added ECHO survey and behavioral health team under QI.
31-32	Access and Availability	Added bullet point on reporting dashboard to monitor access metrics.
33	Telehealth Services	Removed Hazel Health and Bright Heart Health as a telehealth provider.
37	Confidentiality / Conflict of Interest	Removed information regarding contract requirements related to member confidentiality.
38-29	QI Process	Replaced SWBHC with CAHPS/ECHO Survey. Added REL, SOGI, and social needs status under demographics with risks. Moved information regarding communication to members and providers into its own section (see page 56).
46	CalViva Chief Medical Officer	Added additional programs of oversight.
46	Regional Medical Director	Removed grievance and appeals review from responsibilities.
47	Behavioral Health Medical Director	Removed MHN reference.
47	QI Team	Updated QI team description to include Manager of Medical Management Services.
48	Health Education	Revised the population needs assessment from conducted annually to every three years.
48	Operations	New description added for Operations teams.
48-49	Appeal and Grievances	New description added for A&G team.
49	Customer Contact Centers	Clarified A&G-related and expedited requests were referred to the A&G Department.
49	Provider Network Management	Revised collaboration description between PNM staff and providers.
50	Provider Engagement and Provider Performance & Analytics	New description added for PE and Provider Performance & Analytics team.
50	Vendor Management Office (VMO)	New description added for the Vendor Management Office.
50-51	Public Programs	New description added for Public Program department.
51	Program Accreditation	New description added for Program Accreditation team.

51-53	Additional Resources	New description added for other resources and information systems made available to the QI Program.
54	QI Program Activities	New section added for QI projects and programs.
57	Corrective Actions	New section added for corrective actions taken for problems identified.
59	QIHed Program Information Availability	New section added regarding how QIHed program is communicated to members and/or providers.



***CalViva Health
Quality Improvement ~~(QI)~~ and Health
Education
Program Description***

2024

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I. Introduction and Background

A. Health Plan Products Services and Membership

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. Under California's Medi-Cal managed care program, the RHA dba CalViva Health ("CalViva") is designated as the Local Initiative. CalViva is contracting with Health Net Community Solutions (HNCS or Health Net), a National Committee for Quality Assurance (NCQA) accredited Medi-Cal managed care plan, for capitated provider services, network, and administrative services to be provided for the majority of CalViva's membership.

CalViva recognizes the challenges posed by the diverse ethnic, cultural and health needs of Medi-Cal beneficiaries in the Fresno-Kings-Madera Region. CalViva, in conjunction with HNCS, has the network, staff, knowledge, systems, infrastructure and cultural and linguistic competence to serve members in the Fresno-Kings-Madera Region and meet those challenges. CalViva's collaborative health plan partner, HNCS, has over 20 years' experience in Fresno County since 1997 when the Two-Plan model was implemented. As such, CalViva is well prepared to serve Medi-Cal beneficiaries in Fresno, Kings and Madera Counties with quality care through evidence-based practices that emphasize preventive care and encourages self-management for healthy behaviors.

The RHA may also contract with other entities or health plans to provide or arrange services for CalViva members enrolled with CalViva in the Service Area.

The CalViva Quality Improvement and Health Education Program (QIHEDQIHED Program) provides members with access to network-wide safe clinical practices and services and assures they are given the information they need to make better decisions about their healthcare choices. The QI Program QIHEDQIHED Program is designed to monitor and evaluate the adequacy and appropriateness of health and administrative services on a continuous and systematic basis and to support identification and pursuit of opportunities to improve health outcomes, services and member and provider satisfaction. Opportunities for improvement are identified through continuous monitoring of clinical outcomes, safety, access and service. The QI Program QIHEDQIHED Program employs an organizational structure that reports to the Quality Improvement/ Utilization Management (QI/UM) Committee and RHA Commission and is led by committed decision-makers. The QI Program QIHEDQIHED Program functions in collaboration with multiple departments that have QI-related functions. CalViva also collaborates externally with network physicians, other provider types and community partners for effective QI integration process. This includes collaborative activities with participating provider groups (PPGs) and provider clinics to complete performance improvement projects (PIPs) and Plan, Do, Study, Act (PDSA) projects to close care gaps and improve provider performance and quality of care for members. Quarterly reports of these activities and outcomes are presented to the QI Work Group and subsequently at the QIUM Committee.

CalViva works with stakeholders in each county to develop unique programs tailored to the county's needs and continues to interact with the families, health care providers and county administrators to assure the programs achieve their goal of providing access to needed health care services.

B. **Information Systems and Analysis**

HNCS Information Systems consist of various integrated sub-data systems that support the [QI Program](#)[QIHEDQIHed Program](#). The major sources of data utilized for QI activities are obtained from the following subsystems:

- Accounts Receivable
- Claims and Encounters
- Benefits
- Grievance and Appeals
- Billing
- Population Health and Clinical Operations
- Membership
- Credentialing
- Member Complaints
- Provider Network Management
- Remittance
- Customer Call Centers

Analytic resources are available within the HNCS QI Department and will be made available to CalViva. The ~~Manager and~~ Director of the QI Research and Analytics Department ~~has~~[has](#) ~~a~~[a](#) master's degrees with SAS and programming skills. Additional resources are available from regional and corporate departments: Information Systems, Health Care Services, Pharmacy Operations, Medical Informatics, Healthcare Effectiveness Data and Information Set (HEDIS®) Measurement and Reporting, Actuary, Finance, Strategic Planning, and Marketing. Additional sources of information also come from the HEDIS, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) [Survey, Experience of Care and Health Outcomes \(ECHO\) Survey](#), appointment access and provider availability surveys, [provider satisfaction survey, and](#) practitioner after-hours telephone access surveys.

II. Purpose and Goals

A. Mission

The CalViva mission is:

“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.”

The mission of the CalViva ~~QI Program~~QIHEDQIHED Program is:

To help CalViva members stay healthy, secure and comfortable by providing access to quality care and services and information to make better decisions about their healthcare choices.

The vision of CalViva ~~QI Program~~QIHEDQIHED Program is to:

- Provide access to quality health care that helps CalViva members achieve improved health outcomes.
- Provide understandable, reliable and affordable products and services that exceed expectations.
- Monitor and promote the delivery of accessible, appropriate, compassionate and comprehensive health care and service.
- Offer wellness services that minimize adverse outcomes or improve health care status.
- Foster member-focused partnerships with physician groups and other health care practitioners and providers.

B. Purpose

Quality Improvement Purpose

The CalViva QI Program establishes standards for both the quality and safety of clinical care and service, as well as monitors and evaluates the adequacy and appropriateness of health care and administrative services on a continuous and systematic basis. The QI Program also supports the identification and pursuit of opportunities to improve health outcomes, and both member and provider satisfaction.

Health Education Purpose

The CalViva Health Education Department (HEDHEd) provides accessible, no-cost health education programs, services, and resources based on the community health, cultural and linguistic needs of CalViva Health's members and contractually required program scope. The CalViva HEDHEd also monitors the quality and accessibility of health promotion and education resources made available by CalViva Health-pPrimary cCare pPhysicians (PCPs) to CalViva Health-members.

C. Goals

Quality Improvement Goals

- Support CalViva's strategic business plan to promote safe, high quality care and services while maintaining full compliance with regulations or standards established state regulatory and accreditation agencies.
- Objectively and systematically monitor and evaluate services provided to CalViva members to ensure conformity to professionally recognized standards of practice and codes of ethics.
- Provide an integrative structure that links knowledge and processes together throughout the organization to assess and improve the quality and safety of clinical care with quality service provided to members.
- Develop and implement an annual quality improvement work plan and continually evaluate the effectiveness of plan activities at improving/maintaining performance of target measures, and takes action, as needed, to improve performance.
- Support a partnership among members, practitioners, providers, and regulators to provide effective health management, health education, disease prevention and management, and facilitate appropriate use of health care resources and services.
- Design, implement and measure organization-wide programs that improve member, practitioner and provider satisfaction with CalViva's clinical delivery system. These programs are population-based ongoing clinical assessments and are evaluated to determine the effectiveness of clinical practice guidelines, preventive health guidelines and chronic condition management programs.
- Monitor and improve CalViva's performance in promoting quality of service to improve member, practitioner and provider satisfaction through the use of satisfaction surveys, focused studies, and analysis of administrative data; emphasizing administrative, primary care, high-volume specialists/specialty services, and behavioral health/chemical dependency services.
- Promote systems and business operations that provide and protect the confidentiality, privacy and security of member, practitioner and provider information while ensuring the integrity of data collection and reporting systems. This is done in accordance with state and federal requirements and accreditation guidelines.
- Anticipate, understand and respond to customer needs, be customer-driven and dedicated to a standard of excellence in all customer relationships.
- Provide a means by which members may seek resolutions of perceived failure by practitioners/providers or CalViva personnel to provide appropriate services, access to care, or quality of care. Identify, review and investigate potential quality of care issues and take corrective action, when appropriate.

Health Education Goals

- To provide culturally and linguistically appropriate health education programs and resources at no-cost to:
 - Support members and the community to achieve optimal physical and mental health.
 - Promote health equity.
 - Improve CalViva-Health's quality performance.

-
- Enhance member satisfaction and retention.
 - To engage communities, stakeholders, and partners ~~by providing high quality health education programs and resources.~~

III. Scope

A. Scope Overview of QIHED QIHed Program

The CalViva QI Program QIHED includes the development and implementation of standards for clinical care and service, the measurement of compliance to the standards and implementation of actions to improve performance. The scope of these activities considers the enrolled populations' demographics and health risk characteristics, as well as current national, state and regional public health goals. CalViva's Population Health Management (PHM) strategy provides a unifying framework to support the QI Program QIHED in delivering a whole person approach to caring for members. The framework uses risk stratification data compiled from a variety of data sources to help teams target the right members with the right resources to address member health and social determinants of health (SdoH) needs at all stages of life.

CalViva ensures that there are no financial incentives or gain, including financial gain to providers, vendors, or facilities, to delay or withhold appropriate care. The QI Program QIHED provides oversight to ensure that RHA Commission and CalViva providers exert no economic pressure on facilities to grant privileges to providers. Facilities have in place Policies and Procedures for credentialing and re-credentialing. These processes are not subject to CalViva intervention.

A systematic methodology for ongoing monitoring and evaluation is performed to assess conformance to the standards. Corrective actions are recommended to improve performance and follow up is planned when actions are taken to evaluate effectiveness. These collaborative efforts maintain compliance with federal and state regulations and contractual requirements as appropriate. The scope of these collaborative activities is determined in an annual assessment of the enrolled populations' demographics and health risk characteristics, as well as current national, state and local public health goals. The scope of the program includes:

Health promotion, wellness and preventive care including the Initial Health Appointments
Chronic care improvement/ chronic condition management
Monitoring and evaluating access, availability, satisfaction and service
Care Management (CM)
Quality and safety of care
Monitoring and evaluating care coordination for medical and behavioral conditions, ensuring coordination of care with other county and state programs
Practitioner satisfaction
Practitioner site and facility inspection including physical accessibility reviews of PCP and high-volume specialist provider sites.
Medical record and documentation standards
Practitioner and provider qualifications and selection through a careful credentialing and peer review process
Utilization Management
Credentialing & recredentialing
Delegation Oversight
Health Plan Clinical and Service Performance
Member Rights & Responsibilities
Communication to meet cultural and linguistic needs of all members

The QIHed Program includes the development and implementation of standards for clinical care and service, the

measurement of compliance to the standards and implementation of actions to improve performance. The scope of these activities considers the enrolled populations' demographics and health risk characteristics, as well as current national, state and regional public health goals. The Population Health Management (PHM) strategy provides a unifying framework to support the QIHed Program in delivering a whole-person approach to caring for CalViva members.

Health education interventions are based on community health and cultural and linguistic needs to encourage members to practice positive health and lifestyle behaviors, to use appropriate preventive care and primary health and dental care services, and to follow self-care regimens and treatment therapies. Health education services include individual, group or community-level education and are supported by trained health educators and public health professionals to encourage immediate positive knowledge gain and healthy behavioral intentions. Health Education Programs include individual, community or population-based initiatives designed to encourage long-term behavioral changes for positive health outcomes. Provision of health education resources includes culturally and linguistically appropriate brochures, flyers, posters, newsletters, presentations, website articles, and social media resources. The framework uses risk stratification data compiled from a variety of data sources to help teams target the right members with the right resources to address member health and social drivers of health (SDoH) needs at all stages of life.

The QIHed Program impacts the following:

- **CalViva Members** in all demographic groups and in service areas for which CalViva is licensed.
- **Network Providers** including 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 Disparities** by supporting activities and initiatives that improve the delivery of health care services, patient outcomes, and reduce health inequities.
- **Health Education** by providing accessible no cost health education programs, services and resources based on the community health, cultural and linguistic needs of members and contractually required program scope and by monitoring the quality and accessibility of health promotion and education resources made available to members by Health Net's subcontracting/delegated vendors, Participating Provider Groups (PPG), and Primary Care Physicians (PCPs).
- **Communication** to meet the cultural and linguistic needs of CalViva 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** 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 CalAim benefits 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.
 - ~~Ensure SPD members undergo annual risk stratification, Health Risk Assessment (HRA), care plan preparation and distribution to the PCP~~

~~CalViva's QI Program has mechanisms to monitor the quality of care provided in an inpatient setting to ensure that providers utilize equipment and facilities appropriate to the care through the concurrent review process. The Plan's Provider Network Management staff ensures hospital and outpatient facilities are certified by appropriate oversight agencies. Physician reviewers during the Provider Dispute Resolution process additionally review for appropriate standards of care, including but not limited to, ensuring appropriate specialty care referrals are made, ensuring surgical care is not delayed, ensuring usual standards of care are met, and ensuring physicians in training have oversight of clinical decision-making, exams and orders. The QI Program also has mechanisms to monitor the quality of care provided in an inpatient setting to ensure that appropriate referral procedures are in place and utilized for services not customarily provided by a hospital.~~

Health Net and CalViva collaboratively and continually strive to incorporate a culture of quality across their organizations and conduct operations to improve service and satisfaction for CalViva members. This philosophy also extends across the provider network to improve provider quality outcomes, as evidenced by the plan's Healthcare Effectiveness Data and Information Set (HEDIS®); provider access, availability, and satisfaction surveys; and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) rates. The Quality Management (QM) Department is a centralized team with specialized knowledge of each population and collaborates with a dedicated analytics team.

The QI Program~~QI/HEDQIHEd Program~~ is prepared annually by the CalViva Health Director of Medical Management and Chief Medical Officer for presentation to the CalViva Quality Improvement/Utilization Management (QI/UM) Committee during the first quarter of each year. The CalViva committee structure ensures that contracted network providers with various specialties participate in the oversight, monitoring, evaluation, and improvement of the QIHEd Program. Six practicing providers participate in the QI/UM Committee and both the Credentialing and Peer Review Sub-Committees with specialties in Pediatrics, Family Medicine, behavioral health, Internal Medicine, Obstetrics and Gynecology, and general surgery. CalViva's Chief Medical Officer chairs the committees and invites the contracted network practitioners to participate. Health Net Medical Directors are involved in designing the program, establishing monitoring metrics, analyzing data, and assessing program outcomes in order to make recommendations for improvement including behavioral health components of the program. The QI/UM Committee, ~~which includes primary care and specialist providers engaged in clinical practice,~~ approves or modifies the QI Program~~QI/HEDQIHEd Program~~ annually, based on goals and initiatives for the year, taking into consideration new legislation, regulation and needs of the membership and provider community.

Once approved, the CalViva Chief Medical Officer presents the finalized QI Program~~QI/HEDQIHEd Program~~ to the RHA Commission for its approval at its next scheduled RHA Commission meeting. After the RHA Commission has approved the QI Program~~QI/HEDQIHEd Program~~, the CalViva Chief Medical Officer, as a licensed physician and the QI/UM Committee Chair collaborates with the QI/UM Committee to monitor the full scope of clinical services rendered on a scheduled basis, including a full review at mid-year. During the

first quarter of the next year, ~~an~~ annual reviews of the QI~~H~~E~~d~~ and UM Work Plan progress and completion ~~is-are~~ conducted by the CalViva Chief Medical Officer and QI/UM Committee following the completion of a calendar year.

Each CalViva delegate has established and implemented policies and procedures regarding approval, modification, delay or denial of services as well as the timeliness of those decisions (within the requirements outlined in UM-002 Precertification and Prior Authorization Requests). As part of the pre-delegation audit and annual audit, CalViva verifies that each delegate has policies and procedures regarding authorization, modification, denial or delay of services, as well as policies regarding the timelines of those decisions.

B. *Provider Network*

In the Fresno-Kings-Madera Region, CalViva partners with HNCS and other entities to maintain contracts with a full range of providers and vendors including acute care hospitals, home health care companies, infusion therapy and dialysis companies, durable medical equipment vendors, outpatient surgery facilities, radiology/imaging centers, skilled nursing facilities, acute and sub-acute rehabilitation facilities, laboratory services, outpatient pharmacies, and hospices. HNCS and other entities also arrange health care through direct contracts with certain health care providers. In Fresno, Kings and Madera counties, all of the provider contracts are a mix of fee-for-service (FFS), capitated delegated, and capitated non-delegated models.

C. *Preventive ~~Health~~ Screening Guidelines (PSGs)*

CalViva adopts nationally recognized preventive health guidelines for health maintenance, improvement and early detection of illness and disease for children and adults. The guidelines are reviewed, adopted and updated on an annual basis or more frequently when new scientific evidence or national standards are published prior to the scheduled review. CalViva along with HNCS medical directors with various medical specialties are involved in the adoption of the guidelines. New members receive the Preventive Health Screening guidelines in the new member welcome packet and new providers receive this information with orientation materials within 10 days of becoming authorized to see CalViva members. It is also available to all members and existing practitioners and providers online and by calling the Health Education Department ~~at 1-800-804-6074~~. Updates, when applicable, are distributed to all practitioners via Provider Updates.

Preventive services that are relevant to CalViva's membership are monitored through participation in National Committee for Quality Assurance's (NCAQ) Healthcare Effectiveness Data Information Set (HEDIS) and other programs as specified in the QI~~H~~E~~d~~QI~~H~~E~~d~~ Work Plan. In collaboration with HNCS, physicians and providers, CalViva encourages members to utilize health promotion and preventive care services.

D. *Clinical Practice Guidelines*

CalViva adopts and disseminates evidenced-based clinical practice guidelines that are relevant to its membership for the provision of preventive and non-preventive health care services, acute and chronic medical services and behavioral health services. These clinical practice guidelines assist practitioners, providers and members to make decisions about appropriate health care for

specific clinical circumstances, to improve health care, and to reduce unnecessary variations in care.

CalViva adopts guidelines from recognized organizations that develop or disseminate evidence-based clinical practice guidelines. These include professional medical associations, voluntary and other health organizations such as the National Institutes of Health (NIH) and the U.S. Preventive Services Task Force (USPSTF). Input from specialists is obtained as necessary and clinical practice guidelines are reviewed and approved by Health Net's Medical Directors, (through the Health Net Medical Advisory Council), and CalViva's CMO and the QI/UM Committee. The guidelines are updated and revised at least every two years or more frequently when new scientific evidence or national standards are published.

Guidelines are evaluated for consistency with CalViva's benefits, utilization management criteria, and member education materials. They are communicated to providers through fax and are available to providers on the Health Net websites and to members upon request. CalViva monitors adherence to guideline recommendations and program outcomes using HEDIS measures.

E. New Technologies

CalViva has a formal process for recognizing and evaluating advances in new medical technologies, behavioral health procedures, pharmaceuticals, devices, and new applications of existing technologies to ensure members have equitable access to safe and effective care and for inclusion in applicable benefit packages.

The Change Healthcare InterQual® criteria, the HAYES Technology Directory and other evidence-based resources are used as primary sources. This includes:

- Nationally recognized drug compendia resources such as American Hospital Formulary Service-Drug Information (AHFS DI®), Facts & Comparisons®, Clinical Pharmacology®, DRUGDEX®, Lexi-Drugs®, and the National Comprehensive Cancer Network® (NCCN®) Guidelines.
- Medical association publications, government-funded, or independent entities that assess and report on clinical care decisions and technology, including Agency for Healthcare Research and Quality (AHRQ), Hayes Technology Assessment, Up-To-Date, Cochrane Reviews, and National Institute for Health and Care Excellence (NICE).

In addition to Health Net's primary sources, Centene's Corporate Clinical Policy Department and Clinical Policy Committee in conjunction with Health Net of California's's Medical Advisory Council are responsible for the evaluation of new technology that may be sought by CalViva members. A critical appraisal of the current published medical literature from peer-reviewed publications is undertaken to assist in the evaluation of medical technology.

E.F. Health Promotion Programs

CalViva provides health education programs, services and resources to Medi-Cal members to encourage members to practice positive health and lifestyle behaviors, to use appropriate preventive care and primary health care services, and to follow self-care regimens and treatment therapies. A whole person approach is used with a focus on removing barriers to care

and providing health education and guidance. Interventions are tailored to meet the member's clinical, cultural and linguistic needs.

The following interventions and resources are available at no cost to Medi-Cal members through self-referral or a referral from their primary care physician. Members and providers may obtain more information by contacting the toll-free Health Education Information Line at (800) 804-6074. Members will be directed to the appropriate service or resource based on their needs. Telephonic and website based services are available 24/7. The Plan sends member informing health education materials to members in their preferred threshold language or alternative format. Content will also be promoted using QR codes to improve accessibility to information.

- Weight Management Programs -—Members have access to three program options under Fit Families for Life-~~Be In Charge!~~SM:
 - The Fit Families for Life-Home Edition is a five-week self-paced home-based program to help families learn and set weekly nutrition and physical activity goals to achieve a healthy weight. Materials include a program booklet, cookbook, and exercise stretch band. Exercise videos are available online. Providers may complete and fax or email a copy of the Fit Families for Life—~~Be In Charge!~~SM Program Referral Form to the CalViva Health Education Department to refer members to the Home Edition program.
 - The Healthy Habits for Healthy People weight management educational resource is for older adults and seniors. Program materials also include a program booklet, cookbook, and exercise stretch band. Exercise videos are available online.
- ~~Fit Families for Life and Healthy Habits for Healthy People Community Classes/Webinars—classes and/or webinars that teach basic nutrition and physical activity information. The community classes and/or webinars are free to all CalViva members and the community.~~
- CalViva Pregnancy Program -—The pregnancy program incorporates the concepts of car~~se~~ management, care coordination, chronic condition management, and health promotion, teaching members how to have a healthy pregnancy through 60 days postpartum and first year of life for babies. In addition, the~~t~~ program supports the following:
 - Information about pregnancy and newborn care.
 - Community resources to assist parents in getting the things they need during pregnancy and after the baby's birth. These services include food, cribs, housing, and clothing.
 - Breastfeeding support and resources.
 - Professional medical staff who work with doctors and nurses to support members with a more difficult pregnancy.
 - Resources for members who feel down during or after their pregnancy.
 - Methods to help pregnant members quit smoking, alcohol, or drug use.

The program also aims to reinforce the appropriate use of medical resources to extend the gestational period and reduce the risks of pregnancy complications, premature delivery, and infant disease. Educational resources include materials on monitoring the baby's movement and handbooks on planning a healthy pregnancy and caring for the baby. High-risk pregnancies receive additional care management services.

- Kick It California ~~— Formerly known as the California Smokers' Helpline~~, Kick It California is a no-cost, statewide tobacco cessation program that addresses smoking and vaping behaviors. Services include tailored one-on-one telephonic coaching in six languages (English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese), a texting program in English or Spanish, a website chat function, and mobile apps on smoking and vaping. Telephonic coaching is available Monday-Friday, 7am-9pm, and Saturday, ~~from~~ 9am-5pm (excluding holidays) by calling 1-800-300-8086. To learn more about available resources and medication options, members may call the toll-free number or visit www.kickitca.org.
- Diabetes Prevention Program ~~—~~ Eligible members 18 years old and older at risk of developing type 2 diabetes can participate in a yearlong evidence-based, lifestyle change program that promotes and focuses on emphasizing weight loss through exercise, healthy eating and behavior modification. The program is designed to assist Medi-Cal members in preventing or delaying the onset of type 2 diabetes.
- Healthy Hearts, Healthy Lives ~~—~~ Members have access to a comprehensive heart health toolkit to maintain a healthy heart. ~~Digital Health Education—Teens from 13 years old and adults may participate in digital health education campaigns and programs available through T2X's website, text messaging and mobile app. T2X engages members in discussing health topics that are important to them. T2X interventions guide members in learning how to access credible health education information and seek preventive health care services.~~
- Behavioral Health Programs ~~—~~ Members have access to an evidence-based, self-help resource that is available on-line or in a mobile app. myStrength offers interactive, personalized modules that empower members to help manage their depression, anxiety, stress, substance use, chronic condition, pain management and many other conditions.
- Health Promotion Incentive Programs ~~—~~ The HED/HEd Department partners with Quality Improvement Department to develop, implement and evaluate incentive programs to encourage members to receive health education and to access HEDIS related preventive health care services. CalViva Health follows MMCD Policy Letter 16-005 to develop, implement and evaluate appropriate incentive programs to promote positive health behaviors among members.
- Community and Telephonic Health Education Classes — No-cost health education classes and webinars are available for members and the community. Classes are available in various languages. Topics vary and are determined by the community's needs and topic availability.
- Community Health Fairs ~~—~~ The HEd partners with Community Engagement to participate in health fairs and community events to promote health awareness to members and the community.

The following resources are also available to members:

- Health Education Resources ~~—~~ Members or the parents of youth members may order health education materials on a wide range of topics, such as asthma, weight control, diabetes, immunizations, dental care, breastfeeding, breast cancer, cervical cancer, exercise and more. These materials are available in threshold languages. Members may also access more than 4,000 topics relating to health and medication using Krames Online at www.calvivahealth.org.
- Health Education Programs and Services Flyer ~~—~~ This flyer contains information on all health education interventions offered to members and information on how to access them.

- Preventive Screening Guidelines ~~-~~—The guidelines are provided to inform members of health screening and immunization schedules for all ages. These are available in threshold languages. They are mailed to new members and are also available on www.CalVivaHealth.org. These are available in English, Spanish and Hmong.
- Member Newsletter ~~-~~—CalViva [Whole You Newsletter](#) is mailed to [head-of-household members once a year](#) ~~-to notify members of: NCQA, health equity, and other regulatory articles; promotion of health education resources and wellness programs; and quality improvement interventions.~~ ~~- and covers various health topics and the most up-to-date information on health education interventions.~~

F.G. MemberConnections® Program

MemberConnections is an educational and outreach Medi-Cal program designed to help members navigate the health care system, promote preventive health practices, and connect them to health and community social services. MemberConnections representatives (MCRs) extend the reach of member engagement and ~~care management~~[Population Health Team](#) efforts by making telephonic and home visits and providing personalized service to members. MCRs are highly trained, specialized non-clinical members of our integrated care teams. MCRs serve as a liaison/link/intermediary between the health plan and providers and members.

More specifically, MCRs:

- Conduct assessments to better understand members’ needs such as the Health Risk Screening and ~~social determinate of health~~[SDoH](#) needs.
- Facilitate access to health services by scheduling medical appointments, helping members find doctors and specialists, and checking the status of referral authorizations.
- Assist with removing barriers to health care by arranging transportation and language services through the health plan vendors.
- Connect and reconnect members to [clinical pharmacy](#), care management and chronic condition management to better manage their chronic and/or complex health conditions.
- Identify and address SDoH needs by linking members to county and community based organizations.
- Help reduce health care costs by promoting preventive practices and educating members on how to use their benefits and appropriate utilization of health services.
- Support various outreach programs from the Health Plan. These include multiple Plan, Do, Study, Act and Performance Improvement Projects.
- Schedule and complete home visits for noncompliance members. Having “eyes on the member” to do visual assessments while in the member’s home.
- Follow-up and monitor the status of high-risk member referrals.
- Help with utilizing telehealth services.
- Completing emergency outreach during natural disasters.
- Engage members based on Population Health Prioritization Reporting [and HEDIS Care Gap Reports to connect members to PCP and](#); to refer into [clinical pharmacy and c](#)~~are~~[m](#)Management.

G.H. Health Management Programs

Population Health Management (PHM)

Annually, through the PHM Program, CalViva 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's PHM Program examines data through population risk stratification using a predictive modeling tool that utilizes data from various sources including medical and behavioral claims and encounters, social needs data, pharmacy claims, laboratory results, health appraisal results, electronic health records (EHRs), data from health plan UM and/or CM programs, and advanced data sources such as all-payer claims databases or regional health information. The data are used for:

- Evaluation of the characteristics and needs of the member population including an analysis of the impact of relevant social determinants of health SDoH.
- Evaluation of health status and risks by using utilization data broken out into at least the following cohorts based on the enrolled product lines: birth to age 18, age 19 to 64 and ages 65 and over.
- Evaluation of the needs of members with disabilities.
- Evaluation of the needs of member with severe and persistent mental illness.

Data combined with SDoH and QI data (e.g., HEDIS care gaps), are reported to facilitate an understanding of similarities and differences in health needs and status. When the data analyses are complete, they are used to determine if changes are required for population health management (PHM) programs or resources. In addition, there is an evaluation of the extent to which population health management PHM programs facilitate access and connection to community resources that address member needs outside the scope of the health benefit plan. Modifications to program design and resources are made based on these findings.

The Risk Stratification, Segmentation, Tiering (RSST) methodology identifies significant changes in mMembers' health status or level of care and in this way, mMembers are monitored to ensure appropriate re-stratification and connection to cChronic dDisease mManagement, cCare mManagement, eEnhanced cCare mManagement (ECM), cComplex cCare mManagement (CCM), cCommunity sSupports (CS) and other programs. Outcomes data is stratified by race, ethnicity, language, and age on a plan-level including emergency room (ER)/inpatient (IP) utilization, ambulatory and preventative visits within a 12 month period, enrollment into CCM, and transitions for high-risk member having connection with their assigned cCare mManager.

The PHM operations team is a cross-unit operations team composed of talent from multiple departments and is led by a core team of a Medical Director and a Pharmacist. The team is accountable to the QI/UM Committee.

Basic Population Health Management

CalViva's Basic Population Health Management (BPHM) services support the ongoing, seasonal, episodic, and occasional needs of our members to ensure appropriate care. Using a multi-pronged, non-delegated, empanelment approach to BPHM, we directly facilitate connections to primary care. New mMember welcome packets are sent to ask mMembers to schedule their initial health appointment (IHA), and conduct new mMember outreach to facilitate appointment scheduling, and survey mMembers to ensure they are satisfied with their assigned providers. Primary care providers (PCPs) are also notified of new mMember enrollment within 10 days of assignment to facilitate PCPs seeing their patients within 120 days of assignment. Members who don't select a PCP within 30-days of enrollment are auto-assigned a PCP within

40-days of enrollment. (Full-benefit dual-eligible mMembers are not required to select a Medi-Cal PCP).

The Plan proactively outreaches to mMembers without a PCP visit in the past year to assist in arranging appointments, transportation, or interpreters, if needed. Hard-to-reach mMembers, including those with unstable housing or no phone, are assigned to the Plan's MemberConnections® Field Team for telephonic and in-person outreach. The MemberConnections Representatives (MCR) also assist with PCP selection or change. Members are informed that they can select a variety of providers in lieu of a PCP (e.g., Nurse Practitioner, Certified Nurse Midwife, Physician Assistant).

Chronic Condition Management

CalViva's chronic condition management programs increase awareness of self-care strategies and empower participants to better manage their disease. The program targets high-risk members identified with chronic conditions ~~such as~~including, but not limited to asthma, diabetes and heart failure and encourages them to participate in the program. This program includes a population-based identification process, interventions based on clinical need, patient self-management and disease education. Multi-disciplinary teams ~~are involved~~participate in the development of these efforts. Additional referrals to chronic condition management programs are multichannel and come through provider, Care Management and member self-referrals.

Nurse Advice Line

The nurse advice line provides timely triage for health-related problems through CA-licensed Registered Nurses (RNs) using physician-approved guidelines and protocols. The service is offered 24 hours a day, seven days a week, 365 days a year, in English and Spanish with translation services available for other languages.

Using nationally recognized algorithms and world-class clinical triage guidelines, the nurse advice line Registered Nurses accurately identify member needs and ensure they are directed to the appropriate level of care for their situation whether it be providing self-care guidance or recommending a visit to Urgent Care or the ER.

Adult Weight Management

Members ages 18 and older with a BMI of 25 or greater are eligible for the adult weight management program. Individualized care plans are developed based on the member's current health status, presence of co-morbidities, dietary intake, and physical activity limitations. Registered Dietitians (RDs) and exercise physiologists serve as program coaches. Themes introduced include behavior modification for weight loss and weight maintenance, nutritional counseling to assist weight loss goals, food preparation and portion control, food label reading, lifestyle approaches to physical activity, and tips for eating out. Members are offered unlimited inbound calls to program coaches and appropriate educational resources.

Raising Well - Pediatric Weight Management

Raising Well is a new telephonic weight management program for children and adolescents. Members ages 2–17 with a body mass index (BMI) at or above the 85th percentile are eligible for the program. Participants, including their parents or guardians, are given personalized, telephonic support from health coaches who specialize in weight management. Coaches include Registered Dietitians (RDs), exercise physiologists and nutritionists.

Developed from nationally recognized, evidence-based practices, program components include:

- Behavioral counseling and coping skills
- Dietary counseling and physical activity education
- Parent training and modeling
- Physician visit promotion and tracking
- Printed educational materials
- Private social media/Facebook peer support group
- Readiness to change assessment
- Unlimited inbound calls to program coaches

Audio Library

Members can choose from over 1000 health-related topics in the Audio Health Library for a concise overview of any subject of interest. Topics are available in English and Spanish.

H.I. Transitional Care Services

The purpose of the Transitional Care Services (TCS) is to provide a comprehensive, integrated transition process that supports members during movement between levels of care. Care transition interventions are focused on coaching the member and the member's support system during an inpatient stay and the post discharge period to ensure timely, safe and appropriate medical care in the most efficient and cost-effective manner. Knowledge of internal and external resources and processes surrounding the inpatient and post discharge stay is essential in navigating the health care continuum and addressing barriers to post discharge success for the member.

The TCS process strives to create a smooth transition from one setting to another and to reduce re-hospitalization risks and other potentially adverse events. Using a patient-centered approach, the model incorporates three evidence-based care elements of interdisciplinary communication and collaboration, patient/participant engagement and enhanced post-acute care follow-up.

The focus of this model is based on a coaching intervention rather than a care management intervention. Under this model, the Care Transition nurse helps members and/or their primary caregiver, to support a safe discharge by:

1. Outreach to members in the hospital to enroll in TCCS program and complete an inpatient discharge risk assessment and assist with scheduling post-acute follow up appts.
- 1-2. Conducting a post-acute follow-up call within 24-72 hours of discharge that actively engages the member in medication reconciliation, how to respond to medication discrepancies, ensure any post-acute services are being received, and how to utilize a personal health record (PHR), and
- 2-3. Review of their disease symptoms or "red flags" that indicate a worsening condition and strategies of how to respond.

A minimum of two follow-up calls are made to the member within 15 days of discharge which focus on:

- Reviewing progress toward established goals
- Discussing encounters with other health care professionals
- Reinforcement of the importance of maintaining and sharing the PHR
- Supporting the member's self-management role
- Medication reconciliation with access to pharmacist, and

-
- Educating the member to follow up with the PCP, and/or specialist within 30 days of discharge

After the post discharge period, the TCS staff assess member needs for ECM referral or CCM referral and perform a warm hand off for continued care management needs as necessary. All assessment documents are transferred to the assuming care manager along with outstanding and/or in process issues that need additional care management intervention.

Member Impact of TCS

The TCS process has a positive impact on participating members, including outcomes such as:

- Better ability to manage member care through coaching interventions. Increasing member engagement reduces risk of adverse post discharge outcomes and/or readmissions.
- Positive experience with TCS increases member satisfaction further strengthening Health Net's CalViva's brand and market standing.
- Coaching interventions encourage active participation of the member/member's representative in the health care continuum. Members become more apt to take an assertive role in their own care.
- Problem-solving skills, proactive thinking and ability to anticipate issues.
- Ability to collaborate with clinical staff to address ongoing needs of the member.
- Ability to understand psychosocial barriers and members' needs.
- Good understanding of contracted network/resources for assigned medical group including PCP, specialist physicians, radiology, laboratory services, urgent care, etc.
- Organizational and time management skills. Improved organizational and time management skills.

Health Net's TCS staff are located throughout California. They are linked through common management teams and systems. Health Net's HNCS Medical Directors participate in all aspects of TCS operations.

I.J. Care Management (CM) Program

CalViva partners with HNCS to provide Care Management (CM) services. The program targets members identified as being at high risk for hospitalizations or poor outcomes and who have barriers to their care. The program utilizes an evidence-based approach, which is member focused and goal directed in developing, implementing and monitoring an individualized care plan. Trained nurse care managers, in collaboration with a multi-disciplinary team, provide coordination, education and support to the member (family and caregiver) in achieving optimal health, enhancing quality of life and accessing appropriate services.

The goals of the CM program are:

- Consistently perform the activities of assessment, planning, facilitation and advocacy for members throughout the continuum of care, in accordance with accreditation standards and standards of practice
- Collaborate and communicate with the member/family, the physician and other health care providers in the development and implementation of a care plan that is driven by the member's goals for health improvement

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- Accomplish the goals in the individual member's care plan
 - Provide members and their families with the information and education that promotes self-care management
 - Assist in optimizing use of available benefits
 - Improve member and provider satisfaction
 - Promote effective utilization and monitoring of health care resources while ensuring that services are coordinated and appropriate for the member
 - Provide member with tools to empower member to achieve optimal health, independence and functioning in the most proactive and effective way
 - Ensure members with complex conditions receive support and assistance with coordination of care and access to any needed services

This program seeks to identify and intervene with members:

- Who are at risk of re-admission to hospitals
- With declining health status
- Whose profiles resemble other members with prior poor outcomes
- Who are most likely to engage with care manager (demographics)
- With extensive coordination of care needs, such as members receiving transgender services

Members for the Care Management **P**rogram are identified proactively using utilization, claims, pharmacy, and encounter data sources. This data are stratified using a predictive modeling and care management analytic tool with a built in proprietary risk stratification algorithm to differentiate members who have higher risk and more complex health needs from those with lower risk. In addition, data gathered through assessments and/or screenings is filtered electronically at least monthly to identify members for the program. Members may also be directly referred by sources including:

- Health information forms
- Any of the chronic condition management programs
- The concurrent review and discharge planning process
- A member/caregiver request for care management
- A practitioner request for care management

CM is a telephonic based program which can provide face-to-face contacts, as needed.

Once members are identified for potential inclusion in the **C**are **M**anagement **P**rogram, outreach to the member is completed to assess the care need. The member is then invited to participate in care management if they meet established screening criteria. If the member agrees, the member is assigned to the appropriate program and acuity level to address their care needs. Acuity levels vary from complex to low. Members are also afforded the opportunity to decline participation in the program. The Care Management staff also identify members for ECM programs as appropriate and make those referrals and warm handoffs.

The Care Management Program includes an initial assessment, the use of evidence-based care plans and algorithms, documentation of member preferences, resources, barriers, goals, progress and ongoing evaluation of members needs with adjustments of interventions as needed.

Each year the program is evaluated for its effectiveness using both established metrics and documented measures of member satisfaction.

J. ~~Palliative Care (Care Connections) Program~~

~~The Palliative Care (Care Connections) Program is a specialized home-based program for members with serious progressive disease. It offers an extra layer of support with medical care, psychosocial support and coordination of care. The team works with the member's primary care physician (PCP) and specialists to increase the quality of life through prevention, treatment and support, symptom relief and improve quality of life for both the member and the family. The program's objective is to improve members' quality of life during a serious progressive disease. Core components of the program focus on pain management, facilitation of person-centered communication, promotion of individual decision-making, and care coordination across the settings throughout the disease trajectory. The tenets of the Palliative Care Program address patient and family centered palliative care, comprehensive palliative care with continuity across health settings (inpatient, outpatient, community and home base), early introduction of palliative care at diagnosis of a serious disease or life-threatening condition, interdisciplinary collaborative care, relief of physical, psychological, emotional, and spiritual suffering and distress of patients and families.~~

~~Members of any age are eligible to receive palliative care services if they meet all of the criteria outlined below in General Criteria and at least One Disease-Specific Criteria.~~

A. ~~General Eligibility Criteria~~

- ~~• The member is likely to or has started to use the hospital or Emergency Department (ED) as a means to manage their last stage disease (i.e. unanticipated decompensation)~~
- ~~• The member has an advance illness, as defined in Section B with appropriate documentation of the continued decline in health status and is not eligible for or declines hospice enrollment~~
- ~~• Member's death within a year would not be unexpected based on clinical status~~
- ~~• The member has either received appropriate patient-desired medical therapy or is an individual for whom patient-desired medical therapy is no longer effective. The member is not in reversible acute decompensation.~~
- ~~• The member and, if applicable, the family/member-designated support person, agrees to:
 - ~~1. Attempt, as medically/clinically appropriate, in-home, residential-based or outpatient chronic condition management/palliative care instead of first going to the emergency department~~
 - ~~2. Participate in Advance Care Planning discussions~~~~

B. ~~Disease-Specific Eligibility Criteria~~

- ~~• Congested Heart Failure (CHF)~~
- ~~• Chronic Obstructive Pulmonary Disease (COPD)~~
- ~~• Advance Cancer~~
- ~~• Liver Disease~~
- ~~• Other serious progressive disease~~

~~Members under the age of 21 years who do not qualify for services based on the above criteria may become eligible for palliative care services according to the broader criteria outlined in Section C below, consistent with the provision of EPSDT services.~~

~~C. Pediatric Palliative Care Eligibility Criteria~~

~~Must meet (a) and (b) listed below. Members under 21 years of age may be eligible for palliative care and concurrently with curative care.~~

- ~~a. The family and/or legal guardian agree to the provision of pediatric palliative care services~~
- ~~b. There is documentation of a life-threatening diagnosis. This can include but is not limited to:
 - ~~1. Conditions for which curative treatment is possible, but may fail~~
 - ~~2. Conditions requiring intensive long-term treatment aimed at maintaining quality of life~~
 - ~~3. Progressive conditions for which treatment is exclusively palliative after diagnosis~~
 - ~~4. Conditions involving severe, non-progressive disability, or causing extreme vulnerability to health complications~~~~

~~If member continues to meet the above minimum eligibility criteria or pediatric palliative care eligibility criteria, the member may continue to access both palliative care and curative care until condition improves, stabilizes, or results in death.~~

~~Palliative care services shall include the following services:~~

- ~~• Advance Care Planning, Palliative Care Assessment and Consultation, Individualized Plan of Care, Palliative Care Team, Care Coordination, Pain and Symptom Management, Mental Health and Medical Social Services, Chaplain Services, 24/7 Telephonic Palliative Care Support~~

~~May authorize additional palliative care services medically necessary or reasonable for eligible members (e.g., expressive therapy for the pediatric population)~~

~~Referrals can come from multiple sources. This may include:~~

- ~~• Internal health plan care managers and concurrent review nurses~~
- ~~• Primary Physician Groups (PPG)~~
- ~~• Member's Primary Care Physicians and Specialists~~
- ~~• Palliative Care Vendors/Providers~~
- ~~• Hospitals~~
- ~~• Internal Claims Data~~
- ~~• California Children's Services (CCS) Program~~

K. Behavioral Health Services

CalViva delivers covered mental health services to the majority of its members through Health Net. Health Net's ~~behavioral health administrator~~ contracts directly with psychiatrists as well as non-MD behavioral health specialists and is delegated to perform certain functions (e.g., credentialing, claims, utilization management, etc.).

CalViva and HNCS ~~and the behavioral health administrator~~ are taking a collaborative approach to educate providers and members on the importance of:

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- Coordination of care and exchange of information between medical and behavioral health providers and county mental health plans
 - Diagnosis, treatment, and referrals of members with mental health and substance use disorders to network specialists, county mental health plans, County Drug and Alcohol Programs and other resources as appropriate
 - Appropriate uses of psychopharmacologic medications and treatment adherence
 - Managing coexisting conditions and behavioral health preventive programs

These areas are measured through the following sources to identify new initiatives or opportunities to enhance existing interventions.

- Member survey to assess satisfaction with and access to covered mental health services
- Provider survey to assess satisfaction with the timeliness and usefulness of information from behavioral health practitioners, along with their experience with coordination of care
- Network availability and adequacy of behavioral health providers
- Member quality of care and service complaints investigation
- Evaluation of behavioral health HEDIS measures and other QI behavioral health initiatives

L. Operations and Service

CalViva evaluates the adequacy, effectiveness, and timeliness of internal operations against established standards to identify strengths and opportunities to improve member, practitioner, and provider satisfaction. Standards are based on regulatory and accrediting bodies.

CalViva also monitors access to services and availability of the practitioner and provider network, member grievance and appeals, member satisfaction surveys, practitioners and provider satisfaction surveys, marketing material accuracy and provider feedback through Provider Engagement, Provider Performance & Analytics, and Provider Network Management departments.

Quality improvement activities focused on service and internal operations rely on multi-departmental involvement in the QIHED Program. Activities involve associates from Population Health and Clinical Operations, Pharmacy, Health Equity, Appeals and Grievances, Customer Contact Center, Credentialing, Provider Network Management, Provider Engagement, Provider Performance & Analytics, Claims, Compliance, Privacy, Program Accreditation, Sales and Marketing Departments.

The scope of CalViva's [delegated entity's \(Health Net Community Solutions\)](#) operational oversight is broad and is a collaborative effort among several departments that support the QIHED Program, [including but not limited to](#): -Population Health and Clinical Operations, Pharmacy, Health Equity, Appeals and Grievances, Customer Contact Center, Credentialing, Provider Network Management, Provider Engagement, Provider Performance & Analytics, Claims, Compliance, Privacy, Program Accreditation, Sales and Marketing.

CalViva's [delegated entity](#) monitors and evaluates the effectiveness of ~~several~~ functional areas and processes that enable the availability, timeliness, and quality of health care services. Additionally, ~~it~~[CalViva](#) assesses member and provider satisfaction with several aspects of the care delivery system. In many areas, effectiveness is measured against standards established by regulatory agencies and accrediting bodies.

The program data and outcomes of these activities are routinely reported and reviewed at various internal work groups, committee and management oversight meetings that identify issues and implement opportunities for quality improvement.

L.M. Health Plan Performance

CalViva conducts ongoing monitoring of health plan performance by participating in annual HEDIS measurement, member experience and practitioner satisfaction assessments, monitoring of appeals and grievances, and evaluating the accessibility and availability of medical services. ~~CalViva's QI Program also has established metrics for key operational processes, such as Claims and Customer Service, and monitoring for service improvement opportunities.~~

CalViva Health ("CalViva") annually assesses the overall effectiveness of its [Quality Improvement and Health Education \(QIHED\) Program](#) at improving network-wide clinical and service practices. Health Net is a National Committee for Quality Assurance (NCQA) accredited

health plan for its Medi-Cal product line for both Health Plan (HPA) Health Equity (HEA) and Health Equity Plus Accreditation. As part of the CalAIM strategy, CalViva plans to be “NCQA accredited” by January 1, 2026, for HPA and HEA. ~~CalViva is pursuing NCQA Health Plan accreditation by 2025.~~

CalViva’s QI Program also has established metrics for key operational processes, such as Claims and Customer Service, and monitoring for service improvement opportunities.

CalViva maintains a broad range of key performance metrics to monitor clinical and service quality in Appeals & Grievances, Customer Service, ~~Population Health Management,~~ and Population Health & Clinical Operations (PHCO) which includes Utilization Management, Care Management, ~~and~~ Concurrent Review, and the Medical Review Unit. CalViva’s QI Program also monitors key performance metrics for Pharmacy ~~and behavioral health services.~~

CalViva monitors HEDIS rates, access and availability standards, quality of care incidents, and CAHPS/ECHO results to assess practitioner and provider adherence to best practices and prioritize health plan outreach activities and campaigns. CalViva emphasizes the importance of technology/Electronic Health Records (EHRs) enabling providers to track and remind patients about regular health screenings. Multiple activities may be in place to improve outcomes, promote safety, increase screening and improve performance metrics. Examples are included in the following list (refer to the QI and HEd Annual Work Plan section for more details):

- Practitioner and provider outreach to improve exchange of quality performance data.
- Member and provider outreach to share quality performance ratings.
- Development of tools to assist practitioners and providers to improve performance.
- Hospital quality monitoring for hospital acquired conditions.

M.N. — *Credentialing / Recredentialing*

CalViva has established policies and standards to ensure the selection of qualified and credentialed practitioners and providers.

Compliance issues are reported to CalViva’s Chief Medical Officer. ~~The Chief Medical Officer will work with CalViva’s Chief Compliance Officer and CalViva’s~~ CalViva’s QI/UM Credentialing Committee ~~to address~~ es such compliance issues.

All providers undergo a quality process of credentialing prior to finalizing contract agreements and are recredentialed every three years. All providers are monitored monthly for ~~Medicare~~ Medicaid plan sanctions, license disciplinary actions, quality of care and service incidents, and any other adverse actions. Trendable actions and any high severity leveled cases are reported to the Peer Review Committee where further actions are taken.

N.O. *Continuity and Coordination of Care*

A major focus of CalViva’s ~~QI program~~ QI/HEDQI/HEd Program is ensuring that the care members receive is seamless and integrated. These activities can be divided into three main areas:

-
- Across medical care settings that include (but are not limited to) inpatient, residential, ambulatory and other locations where care may be rendered
 - Continuity and coordination between medical care locations and public health agencies, medical care providers, behavioral health care providers and county mental health plans
 - Transition of care when benefits end or practitioners leave the network, between practitioners or changes in setting

Mechanisms are implemented to monitor and facilitate continuity and coordination of care for members. These activities include, but are not limited to:

- Care mManagement
- Pharmacy programs
- Utilization mManagement
- Member Services functions
- Communication and data exchange that is appropriate and compliant with state and federal privacy and security regulations
- Information will be posted on the Plan website for advising providers, contractors, members, and the public how they can obtain information about the UM processes and guidelines used to authorize, modify, or deny health care services under the benefits provided by CalViva

For all members with identified complex health needs, CalViva supports their continuity and coordination of care through an integrated healthcare model that provides the level of care management the member needs based on acuity and includes the care management of behavioral health conditions. Nurse Aadvice Line also addresses member triage needs 24 hours a day, seven days a week. Provider groups also support members through their coordination of care programs.

CalViva, in conjunction with HNCS, identifies opportunities for improvement in continuity and coordination of care through various methodologies, including but not limited to:

- Member satisfaction surveys
- Appeals & Grievance data analysis
- Provider satisfaction surveys
- HEDIS -measures
- Medical record review

O.P. Delegation

~~CalViva has delegated certain functions (e.g., credentialing and recredentialing, utilization management, and claims administration, etc.) to HNCS and other entities as specified in written agreements between CalViva and the entities. CalViva will institute corrective action and/or may revoke delegation when it determines that HNCS or other entities are unable or unwilling to carry out the delegated responsibilities.~~

~~CalViva has established delegation policies and processes to address oversight. HNCS and other entities must demonstrate the capability, proficiency and experience to manage the delegated responsibilities. An annual evaluation of the delegate's programs may include as appropriate for the function under review: an analysis of the program documents, reports, audit~~

~~of related files, and periodic on-site review of their operations. HNCS and other entities are required to report activities and key performance data to CalViva in accordance with agreement requirements, CalViva policies and regulatory requirements. CalViva is responsible for oversight of delegated functions, final approval and monitoring of such delegated activities. Results and performance of delegated QI activities are reported at least semi-annually to the CalViva QI/UM Committee~~

CalViva Health has an Administrative Services Agreement (“ASA”) with HNCS to provide certain administrative services on CalViva’s behalf (e.g., utilization management, appeals and grievances, claims, credentialing, etc.). -CalViva also has a Capitated Provider Services Agreement (“CPSA”) with HNCS for the provision of health care services to CalViva members through HNCS’ network of contracted providers (e.g., primary care providers, specialists, behavioral health providers, ancillary providers, etc.).

-CalViva oversees activities performed by Health Net and its subdelegates through a variety of mechanisms including review of monthly, quarterly, semi-annual and annual data or summary activity reports, and through monthly management oversight meetings between CalViva and Health Net management staff, ongoing joint workgroups or other focused joint ad-hoc work groups when needed, oversight assessments / audits, re-assessment / re-audits and periodic focus audits as needed. Formal audits include desktop reviews of documents reports, case files, and on-site operations reviews when necessary. Through these mechanisms, HNCS must demonstrate the capability, proficiency and experience to manage the delegated responsibilities. Results and performance of delegated QI activities (Credentialing/Rec credentialing, and Peer Review) are reported at least semi-annually to the CalViva QI/UM Committee. CalViva will institute corrective action and/or may revoke delegation when it determines that HNCS or its subdelegates are unable or unwilling to carry out the delegated responsibilities.

The CalViva ~~QI Program~~QHEDQIHED Program incorporates input from appropriate professionals into the designs of its corrective action plans or ~~QI Program~~QHEDQIHED Programs. Should ~~cCorrective aAction pPlans~~ (CAP) be required and implemented, CalViva utilizes physicians’ and registered nurses’ input and other Plan compliance staff, as applicable to the delegated function, to define the CAP, approve the CAP, and monitor progress and resolution of the CAP. Such CAP is reviewed by CalViva’s Chief Medical Officer and/or Chief Compliance Officer as applicable with summary reports of actions taken and progress toward resolution reported to the QI/UM Committee or other appropriate Plan Committees.

CalViva requires that each delegate have a written description of the UM program that includes structure, scope, criteria, processes, and policies and have a designated Medical Director who is responsible for UM program oversight and holds an unrestricted license to practice medicine in California. As part of the annual delegation audit and pre-delegation audit by CalViva, CalViva verifies the status of the Medical Directors and Registered Nurses for the delegate and verifies that the delegate’s UM program has oversight by medical directors licensed in California.

CalViva assesses the capability of each delegated entity by performing a capability assessment prior to delegation specifically with regard to technical expertise and review of budgetary resources. As part of the delegation audit, HNCS and other delegated entities must demonstrate they have adequate clinical staffing to provide timely determinations.

Each CalViva delegate will ensure that emergency health care services are available and accessible, that providers are reimbursed for care necessary to stabilize an emergency condition, and that denials of payment for emergency care meets requirements. As part of the pre-delegation audit and subsequent annual audits, CalViva ensures that each subcontracted delegate, including HNCS, has policies and procedures that ensure access to emergency services, and that emergency services are not subject to prior authorization or denial. The delegates may review for medical necessity and appropriateness of care following the triage exam when there is no emergency condition or following stabilization of an emergency condition. Additionally, claims payment policies are reviewed to ensure that delegates are providing payment for emergency services. Delegates may review records and any other clinical information to determine emergency versus non-emergency condition as a condition of determining payment. These standards are audited during claims audits. The QI/UM Committee monitors appeal and grievance data to ensure issues involving inappropriate denial of emergency claims or inappropriate billing of members are addressed in a timely and complete manner to prevent future similar occurrences.

P.Q. Safety

CalViva is committed to ongoing collaboration with network practitioners, providers and external agencies to build a safer health system. This is accomplished through quality initiatives that promote best practices, track outcomes, educate members, educate practitioners and providers, and ensure coordination of care. Measures to ensure that the goals of the member safety and quality data collection program are met include but are not limited to:

- Informing and educating health care professionals on safety issues
- Identifying and evaluating strategies for reducing errors and improving member safety
- Promoting the dissemination of effective strategies and best practices throughout the health care industry
- Making performance data publicly available for members and practitioners
- Current member safety activities include but are not limited to: Conducting PCP facility site/medical record reviews and physical accessibility reviews of PCP and other high-volume provider sites
- Conducting a rigorous credentialing and recredentialing process to ensure only qualified practitioners and organizational providers provide care in the network
- Monitoring quality of care indicators on a quarterly basis to identify patterns and/or trends
- Working with contracted pharmacies to assure a system is in place for classifying drug-drug interactions and/or notifying dispensing providers of specific interactions when they meet CalViva's severity threshold
- Monitoring narcotic prescribing carefully and ensuring a narcotic contract is in place for any member on narcotic medication in excess of Department of Health Care Services (DHCS) determined or nationally recommended quantity limit
- Analysis of member quality of care complaints, potential quality of care, and provider preventable conditions cases to identify patterns and trends
- Care coordination for high risk patients
- Member education
- Assuring that affected members and providers are notified of FDA and voluntary drug safety alerts and recalls

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- Nurse advice and triage line available 24 hours a day, 7 days a week, every day of the year

Mechanisms for communication may include:

- CalViva website
- Provider Updates
- Drug safety, refill history and dosage alerts
- Letters to individual practitioners, providers, or members
- Member and Provider Newsletters
- Regular provider and member communications
- Automated reminder calls to members such as interactive voice response (IVR).
- Prior Authorization process for Medical Benefit Pharmacy Drugs and Medical Services

Q.R. Health Equity and Cultural and Linguistic Needs

CalViva is contracted with HNCS to provide cultural and linguistic services and programs for ~~the~~ **majority of** CalViva's membership. CalViva may also contract with other entities or health plans to provide or arrange cultural and linguistic services and programs for members enrolled with CalViva. CalViva, 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 and HNCS.

The Health Equity Department, on behalf of CalViva, provides resources, materials, trainings, and in-services on a wide range of health equity and cultural and linguistic (C&L) topics that impact health and health care. The cultural competency training program adheres and implements Health and Human Services guidelines for Section 1557 of the Affordable Care Act for C&L services and requirement for non-discrimination based on sex, race, color, national origin, creed, ancestry, religion, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, gender, gender identity, or sexual orientation, marital status and health status. Services offered include cultural and language information for providers and their staff, as well as for Plan staff; trainings on language assistance requirements imposed by state and federal regulatory agencies; interpreter support for members and providers; culturally appropriate translation and review of member materials; and culturally responsive education. Health Equity also analyses the needs of its membership by reviewing various sources of data which may include membership demographic data, call center data, appeals and grievance information, and geo-access analysis of provider network language capabilities.

HNCS is aware of the diverse culture of California and is fully compliant with the contract requirements related to ~~California's the Department of Health Care Services (DHCS)~~ regulatory agency Medi-Cal Managed Care Division (MMCD) Policy Letters and DMHC regulations for language assistance services and federal rules that require the provision of language assistance services. Additionally, it will ensure processes to meet contractual and regulatory cultural and linguistic requirements identified by Centers for Medicare and Medicaid Services (CMS) and other regulatory and oversight entities.

At least annually, the Health Equity Department, on behalf of CalViva, informs CalViva members, practitioners, and providers of the availability of the Language Assistance Program (LAP), which offers language assistance services at no cost to members, including how to

access the services and their rights to file grievances, in compliance with legal, contractual, regulatory agency, and oversight agency guidelines. Semi-annually, the LAP is monitored; this report includes trend analysis of grievances, and summary of language preference for all product lines. CalViva quality committees approve the appropriate quality benchmarks, review language preference results, and make recommendations for incorporating language preference into ~~QI program~~QIHEDQIHED Programs, follow-up actions or corrective action plans as needed.

A Geo Access assessment is conducted using member zip code data and correlated with member language preference every two years. The language capabilities of the practitioner and provider network are compared to the language needs of CalViva members. The availability of linguistic services by contracted providers for limited English proficient members is analyzed and recommendations are made to further enhance the promotion of available language services in support of members, practitioner and provider network. Contracted practitioners and providers are informed of the cultural and linguistic services available via Provider Updates and the provider operations manuals. Culturally informative materials, trainings and in-services are provided to network practitioners and internal department associates periodically. Cultural competency training addresses the delivery of services in a culturally competent manner to all members, including prohibiting discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation. The Health Equity and Health Education Departments complete a CalViva Population Needs Assessment every three years to determine member demographics, health risks and health care needs. Assessment findings are used to develop appropriate health education, cultural and linguistic, and quality improvement interventions to meet members' needs.

~~Health Net staff can be involved in Centene's national employee inclusion groups (EIG) for veterans, military families, women, LGBTQ+ community, multicultural network, and people with disabilities. The EIGs have community engagement subcommittees that may indirectly impact health equity efforts and support employees in addressing health disparities within their communities.~~

Health Equity and C&L services are part of a continuing quality improvement endeavor. The Health Equity program description, work plan, language assistance utilization and mid-year and end of year reports are all submitted to the CalViva QI/UM Committee for review and approval.

To ensure compliance with applicable Medi-Cal contractual requirements, state and federal rules and regulations and other DHCS, DMHC, and NCQA requirements ~~of the DHCS and DMHC~~, the Health Equity Services Department:

- Develops and implements Policies and Procedures (P&Ps) related to the delivery of culturally and linguistically appropriate services
- Utilizes and implement the Culturally and Linguistically Appropriate Services (CLAS) Standards developed by the Office of Minority Health, to address Health Care disparities
- Collects and analyzes C&L information and requirements as identified by DMHC and DHCS and other regulatory or oversight entities
- Collects, analyzes and reports membership language, race and ethnicity data in reports such as the Population Needs Assessment (PNA)
- Informs members of interpreter services via the member newsletter, the Member Handbook/Evidence of Coverage (EOC), and other communication sources at least once annually

- Obtains feedback and guidance from the Public Policy Committee (PPC) in the delivery of culturally and linguistically appropriate health care services, member health education needs, and input ~~Maintains information links with the community through Public Policy Committee (PPC) meetings, on the~~ Population Needs Assessment (PNA) ~~and other methods~~
- Informs contracted providers annually of the C&L services available via Provider Updates, online newsletter articles, the Provider Operations Manual, in-services, trainings, conferences, and other communication sources
- Engage community-based organizations, coalitions, and collaborative in counties where CalViva members reside and be a resource for them on C&L issues
- Participate actively and leverage resources from community and government committees including Health Industry Collaboration Effort (HICE) and America's Health Insurance Plans (AHIP)
- Provide health equity and C&L services that support member satisfaction, retention, and growth.
- Conducts English material reviews through the EMR database. EMRs are conducted on all member informing materials to ensure that the information received by members is culturally and linguistically appropriate. Readability levels are assessed on the original document and revised accordingly to ensure they comply with required readability levels mandated by regulatory agencies.

Additionally, Health Equity staff perform the following activities to ensure staff and providers have C&L resources available to provide culturally competent services to CalViva members:

- Provide C&L information and support for HNCS and CalViva staff in their efforts to provide excellent customer relations and services
- Collaborate with other departments, where appropriate, to further the mutual attainment of culturally and linguistically appropriate healthcare services received by members, e.g., work with the Appeals and Grievance department on culture and language related grievances
- Support efforts of contracted providers to deliver culturally and linguistically appropriate health care services by providing informative materials, cultural competency workshops, and in-services
- Promote effective communication by staff and contracted providers with LEP members by providing them with easy access to culturally and linguistically appropriate materials, high quality translations of member-informing materials, high quality interpreter services, and culturally responsive staff and health care providers
- Deliberately address health equity through collaborating to identify, develop and implement interventions at ~~the member~~ the member, community and provider levels to improve health disparities
- Sustain efforts to address health literacy in support of CalViva members
- Assess bilingual capabilities of bilingual staff and provide ongoing education and support
- Increase cultural awareness of plan staff through trainings, newsletter articles, annual "Heritage/CLAS Month" activities, and other venues.

R.S. Satisfaction

CalViva continuously monitors member experience throughout the year using the Access Survey results and monitoring member pain points (member appeals and grievances). Access

survey results are integrated into DHCS Medi-Cal Managed Care Quality Improvement Reports. Results from the bi-annual CAHPS survey conducted by DHCS are also reviewed to track member experience improvement and include in the Population Needs Assessment Report.

~~CalViva also conducts the CAHPS Adult and behavioral health ECHO Surveys, launched in Q1 and completed successfully.~~ Results ~~were~~ are reviewed to identify any trends and findings shared with internal stakeholders. Quarterly root cause analysis on member pain point data ~~was~~ is ~~are~~ conducted to identify improvement opportunities. CAHPS and member experience awareness and education ~~continue to be~~ are a major focus since there are multiple stakeholder teams that are member-facing and have the potential to impact CAHPS/ECHO scores.

Improvement activities are focused on educating CAHPS stakeholders and measure owners, partnering with operational areas to implement initiatives and leading quarterly CAHPS Steering Committees. The CAHPS Program Managers meet with several business areas including Quality Improvement (including the behavioral health team), Population Health & Clinical Operations, Customer Contact Center, Appeals and Grievances, Pharmacy, Provider Network Management, Provider Relations, Delegation Oversight, Sales, and Marketing, ~~and the behavioral health administrator.~~

Member materials are assessed to ensure that prospective member and enrollment information includes details on the benefit plan, obtaining primary and specialty care, and how to voice a complaint and submit an appeal. In addition, members receive various communications that highlight general medical information and other focused activities.

S.T. Access and Availability

To ensure CalViva has a network that is sufficient and adequate to provide its members appropriate access to, and availability of, practitioners, providers, and health care services and to ensure CalViva's members have appropriate access to health care services within a reasonable period of time, CalViva has established access to care standards for medical services. The access to care standards include primary, specialty, and behavioral health care appointment access; after-hours access and instruction; emergency care and telephone access; and standards for availability of practitioners, providers and health care facilities, including primary care physicians, specialty care physicians, high volume specialty care physicians, hospitals, ERs, pharmacies, laboratory/radiology facilities, skilled nursing facilities, home health agencies and ambulatory clinics.

CalViva does not pressure providers or facilities to render care beyond the scope of their training or experience.

Access standards are communicated to network practitioners and providers via the online Provider Operations Manual, and Provider Updates.

CalViva measures, evaluates, and reports compliance with access and availability standards using the following methods:

- Member Satisfaction Surveys: HEDIS, CAHPS (DHCS administered), ECHO (Experience of Care and Health Outcomes Survey), Enrollee Experience Survey SWBHC (Satisfaction With Behavioral Health Care), and the annual Access Survey.

- Provider After-Hours Access Survey (PAHAS): Annual provider telephone survey assessing after-hours ER information and physician after-hours access.
- Provider Appointment Availability Survey (PAAS): Annual provider appointment survey to assess member access to care and service. Specific elements include preventive care, routine care, and urgent care for medical and behavioral care.
- Provider Satisfaction Survey (PSS): Annual provider survey to assess provider perspective and concerns regarding compliance with the access standards and to evaluate satisfaction with the time-elapsd standards.
- Telephone Access Survey: Annual provider telephone survey to assess how long it takes a provider's office to answer the phone and return calls to members.
- Member Grievances: Grievance data related to access is tracked and trended to identify issues with access.
- Geo Access Analysis: Geographic distribution of PCPs, SCPs, high volume SCPs, hospitals, emergency services, ambulatory clinics and ancillary (laboratory, radiology) providers.
- Hospital Bed Capacity: Ratio of members per hospital beds in the contracted hospital network.
- Ratio of Members to Practitioner/Provider: Assessment of the ratio of members to PCPs, SCPs, and high-volume SCPs.
- Network Open Access Report: Presents the percentage of PCPs accepting new members by line of business.
- CalViva utilizes a dashboard to address several access reporting metrics at the delegated group level.
- Management Oversight Meetings (MOM) committee: CalViva utilizes a dashboard to address several access reporting metrics at the delegated group level. The dashboard results are discussed at quarterly Management Oversight Meetings to address deficiencies and key activities for improvement.

Results are analyzed to identify opportunities for improvement through corrective actions. Plan-level results and applicable actions for improvement are communicated to the CalViva QI/UM Committee, Access Workgroup or appropriate CalViva or HNCS staff for review, recommendations and approval, and to practitioners and/or providers through the CalViva QI/UM Committee.

T.U. Telehealth Services

Member to Provider

~~Hazel Health provides on-demand telehealth care in schools and supports school nurses when a child has an urgent need. Via a computer, a child is connected to a health care professional for physical or mental health care. If a primary care physician's information is provided on the new patient questionnaire, Hazel will send follow-up records to the child's provider, improving the continuity of care. For kids needing behavioral health services, Hazel Heath can email or fax a referral form to Health Net. Health Net will refer members who require care management to the appropriate Health Net Care Management team for follow up, as needed. For kids needing behavioral health services, Hazel Heath can email or fax a referral form to the behavioral health administrator, Health Net's behavioral health administrator. The behavioral health administrator will refer members who require care management to the appropriate Health Net care~~

management team for follow up, as needed. Hazel Health is currently available at approximately 180 participating schools with further expansion to more sites in the coming year.

Bright Heart Health (BHH) provides virtual programs, enabling live interaction between patients and the BHH care team through face-to-face sessions online for the following services:

Alcohol and Substance Use

Mental Health

Chronic Pain Management

Eating Disorder Treatment

Treatment plans include:

Individual and Group Therapy

Tele-psych appointments over the phone or video conferencing

Medication management

BHH provides individualized treatment tailored to the patient. The BHH virtual clinic is available for patient enrollment 24/7, 365 days a year. Patients can access services through their smart device (including phone, computer, or tablet) to complete intake, assessments, and engage in treatment. All communication is secure and HIPAA compliant.

Benefits of BHH services are:

No trips to the ER or waiting rooms

Treatment delivered through video visits

Proven treatment from a team of experts

Allows for confidential care from the comfort of your home

Electronic Consultation Services – Provider to Specialist

Electronic Consultation a concurrent exchange between a primary care physician (PCP) and a specialist. A PCP can consult with a specialist through a secure electronic message to initiate care for a non-urgent, non-procedural patient needs. A digital referral, along with clinical information, images, lab results, and other content from the medical record, is sent directly to a specialist. In 70%-75% of cases, an eConsult will result in PCP management which helps prevent unnecessary/low value diagnostic testing and in-person appointments with specialists. Most eConsults reviewed by the specialist and responded to within 72-hours, which improves timely access for patients and removes potential geographic or language barriers that may occur during in person visits.

U.V. Member Rights and Responsibilities

CalViva has established a list of member rights and responsibilities that ensure members are treated with dignity and have full access to information about their care and benefits. These rights and responsibilities are reviewed and approved annually by the appropriate CalViva staff. Members are informed of their rights and responsibilities through the member Evidence of Coverage (EOC) and other member communications.

Member rights include the right to:

- Be treated with respect, dignity, and courtesy
- Privacy and confidentiality
- Receive information about their health plan, its services, its doctors and other providers

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- Choose a Primary Care Physician and get an appointment within a reasonable time
 - Participate in making decisions and have a candid discussion with practitioners regarding appropriate or medically necessary treatment options
 - Decide in advance how they want to be cared for in case they have a life-threatening illness or injury
 - Voice complaints or other feedback about the Plan or the care provided without fear of losing their benefits
 - Appeal if they don't agree with a decision
 - Request a State Fair Hearing
 - Receive emergency or urgent services whenever and wherever they need it
 - Services and information in their language
 - Receive information about your rights and responsibilities
 - Make recommendations regarding the organization's members' rights and responsibilities policies

Member responsibilities include:

- Acting courteously and respectfully toward doctors and staff and being on time for visits
- Providing up-to-date, accurate and complete information
- Following the doctor's advice and participating in the treatment plan
- Using the Emergency Room only in an emergency
- Reporting health care fraud or wrongdoing

CalViva has established policies that address member grievances and appeals. Grievances and appeals are resolved in a timely manner. Trends are monitored on a regular basis to assess opportunities to improve health plan processes.

V.W. Medical Records

CalViva requires its practitioners and providers to maintain current organized and detailed medical records. Records must be consistent with standard medical and professional practice and protected health information is handled in accordance with established policies and procedures to safeguard patient confidentiality.

CalViva's documentation standards address format, documentation, coordination of care and preventive care and includes, but is not limited to, the following areas: adult preventive care, pediatric preventive care and perinatal care. Standards are distributed on a regular basis and at the request of network providers.

Practitioners are required to have systems and procedures to provide consistent, confidential and comprehensive record keeping practices.

CalViva monitors both medical record keeping and medical record systems to assess the quality of medical record documentation and compliance with standards through medical record audits. This occurs during the HEDIS process, Department of Managed Health Care (DMHC) and CMS surveys, during routine DHCS audits, and as part of the Managed Care Quality and Monitoring Division of DHCS PCP Full Scope Facility Site and Medical Record Review process.

Annually, the data are aggregated and analyzed to evaluate effectiveness of interventions and identify opportunities for improvement. Actions are taken when compliance issues are identified and interventions are implemented based on compliance rates established for each standard. Interventions may include sending Medical Record review ~~Corrective Action Plans~~ CAPs, Provider Updates, revising the Provider Operations Manual, sending educational or reference materials to practitioners or providers, creating template medical record forms, and face to face instructions with a QI Compliance Nurse. Follow up may be conducted to evaluate the effectiveness of corrective actions implemented.

IV. QI Process

A. Confidentiality / Conflict of Interest

CalViva's Compliance Department is responsible to review, approve and disseminate confidentiality policies and practices regarding the collection, appropriate and legitimate use, storage and disclosure of medical information in order to protect the privacy and confidentiality rights of members, employees, providers and the company. CalViva ~~and Health Net's~~ contracts require that providers and practitioners maintain the confidentiality of member's information and records. Information or copies or records may be released only to authorized individuals as permitted by state and federal law.

As a public entity, the Plan's QI/UM Committee is subject to the "open meeting" rules of the California Brown Act. Confidential matters presented to the Committee are discussed in a closed session, otherwise all other matters discussed at Committee meetings are open to the public and materials presented in the public portion of meetings are available to the public. Within CalViva's internal operations, QI activities that will not be presented in the public Committee meetings are conducted and discussed under a code of confidentiality. All documents created as part of the ~~QI Program~~QIHEDQIHED Program are maintained in accordance with federal and state law. Materials pertaining to confidential QI Review will be marked "confidential" and kept in a locked area. CalViva, its providers, vendors and contracted or delegated entities are responsible for safeguarding all confidential materials.

CalViva fully complies with the Health Insurance Portability and Accountability Act (HIPAA), which regulates the privacy of protected health information (PHI). CalViva strictly prohibits any unlawful and unauthorized access to, use or disclosure of member or provider information. Members are informed of these rights through the distribution of the Notice of Privacy Practices.

CalViva has policies and procedures for the collection, handling, storage and release of confidential information to protect the privacy and confidentiality rights of members, employees, providers and the company, and to ensure the appropriate and legitimate use of information. ~~CalViva and HNCS contracts require that practitioners and providers maintain the confidentiality of member information and records. Information or copies of records may be released only to authorized individuals as permitted by state and federal law.~~ Prior to participation in the ~~QI Program~~QIHEDQIHED Program or its non-public committees (Credentialing and Peer Review Subcommittees), participants are educated regarding confidentiality requirements. The CalViva Chief Compliance Officer is responsible to review, approve and disseminate confidentiality policies and practices regarding the collection, use and disclosure of medical information.

Conflict of Interest

No person(s) will be assigned or selected for a QI/UM Committee where a conflict of interest exists. Physician members will not review or participate in the review of their own care, referrals, or of other practitioners they are in direct competition with or are associated with through financial arrangements. All Peer Review case presentations are blinded as to member and practitioner identification prior to committee review.

B. QI Process

CalViva's quality and performance improvement activities are implemented and documented in accordance with applicable state, federal, and accreditation regulations and standards. CalViva, in conjunction with HNCS, identifies opportunities for improvement through continuous monitoring of important aspects of care and service. CalViva's QI process includes the following:

- Establishment of quantitative and qualitative measures to assess performance and identify and prioritize areas for improvement
- Establishment of goals or benchmarks for each measure using nationally recognized, evidence-based standards of practice if applicable
- Identification of appropriate methodology to identify the targeted population or sample and ensure the validity and reliability of the collected data
- Performance of a quantitative and qualitative (identification of barriers) analysis of the data collected for each measure
- Identification of opportunities for improvement
- Implementation of appropriate interventions to improve practitioner, provider, and plan performance
- Measurement of the effectiveness of the interventions and corrective actions
- Quality of care problems or grievances are identified and can be submitted by the member, member's family, or provider on behalf of the member and can include problems or grievances about any type of medical or behavioral health service including, without limitation, care in a physician's office, clinic, hospital, ER, outpatient facility, home health agency, rehabilitation office, dialysis center, laboratory facility, hospice, imaging center. The full range of medical providers and their facilities under contract or providing medical care to CalViva members are included in and covered by the Appeal and Grievance process.

Areas for focused performance improvement are identified based on but not limited to the following:

- HEDIS, [annual-Member Access Survey](#), [SWBHC rates](#), [CAHPS/ECHO Survey](#), and national and regional benchmarks and goals
- Local and state required improvement projects
- Concordance with plan initiatives (e.g., chronic condition management programs)
- QI programs identified through community collaborative activities
- Patterns of inappropriate utilization
- Cultural or linguistic makeup of membership causing gaps in care
- Health [Outcome](#) disparities
- Appeals and grievance/customer service rates
- Member and provider survey results regarding satisfaction, access and availability, and coordination of care

Selection of topics takes into account:

- Relevance to the health plan population
- Prevalence of a condition among, or need for a specific service, by plan membership
- Demographic characteristics and health risks

Data collected to support the CalViva QI process include:

- Claims and encounter data
- Membership and Medical Benefit Pharmacy data
- Reports of key performance indicators and sentinel events
- Demographic factors generally associated with risk such as race, ethnicity, language, age, gender identity, sexual orientation and sex or special health care or social needs status
- Cultural and linguistic makeup of membership
- Federal and state-reported quality and administrative data
- Clinical quality data collected by the plan, including recognized quality indicators such as HEDIS and HEDIS-like measures
- Annual Access Survey
- CAHPS Survey (~~bi-annual survey administered by DHCS~~)
- SWBHC ECHO Survey
- Medical Record Review
- Member & Practitioner Complaint & Inquiry Reports
- Appeals Reports

~~Information about CalViva's QI Program, including program description, activities and projects, and progress toward goals is available, upon request, to members and practitioners. CalViva notifies members of the availability of information about the QI program through regular member communications, committee meetings, and CalViva's website. Practitioners and providers are notified of the availability of information about the QI program via Provider Updates (including updates regarding quality improvement findings and outcomes), committee meetings, new practitioner welcome letters, the Provider Operations Manual and Health Net's website.~~

V. Program Structure and Resources

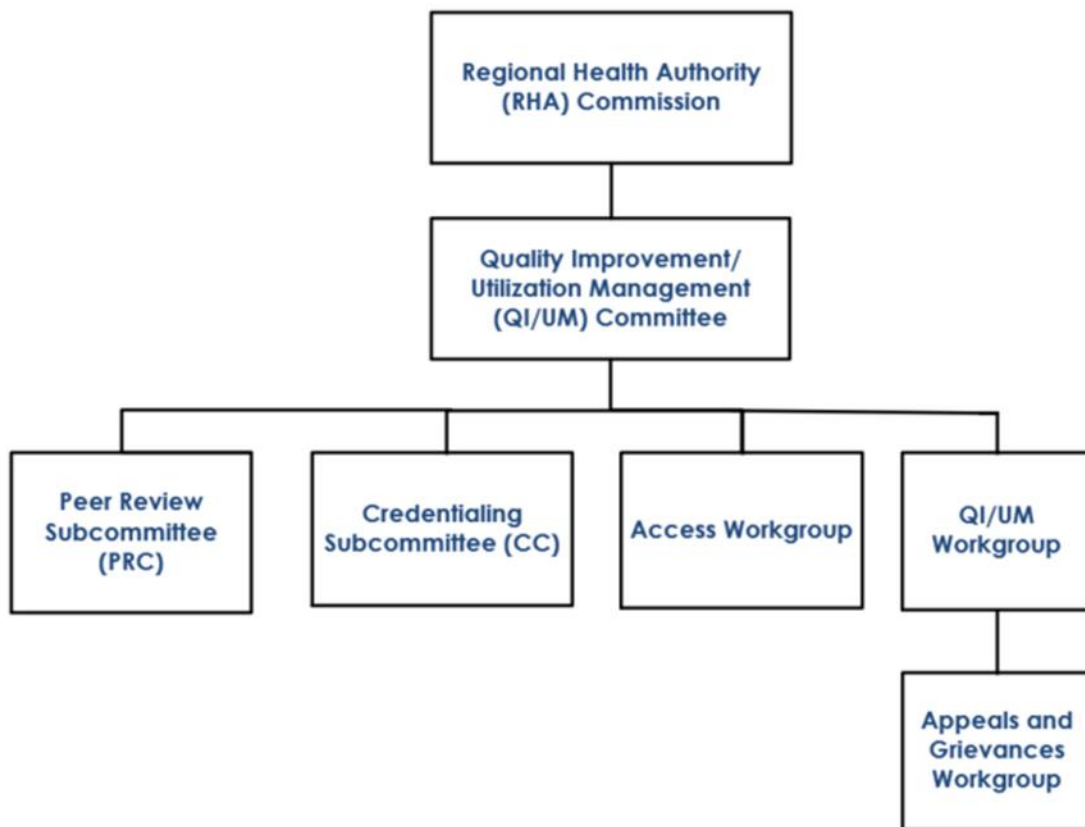
A. QI Committees

Governing Body/RHA Commission

The RHA Commission is the governing body with ultimate authority and responsibility for the oversight of the CalViva [QI Program](#)[QIHEDQIHED Program](#). The RHA Commission has delegated the authority and responsibility for development and implementation of the [QI Program](#)[QIHEDQIHED Program](#) to the CalViva QI/UM Committee.

RHA Commission functions:

- Establish strategic direction for the QI/Utilization Management/Credentialing/ Peer Review Program
- Annually review and approve the [QI Program](#)[QIHEDQIHED Program](#) Description, [QIHEDQIHED](#) Work Plan and [QIHEDQIHED](#) Work Plan Evaluation
- Review quarterly reports regarding the [QI program](#)[QIHEDQIHED Program](#), delineating actions taken and improvements made
- Ensure the [QI Program](#)[QIHEDQIHED Program](#) and Work Plan are implemented effectively to provide improvements in care and service
- Provide feedback to the CalViva QI/UM Committee, as appropriate following each review
- Assess and recommend resources, as needed, to implement QI activities



CalViva Quality Committees: CalViva Quality Improvement/Utilization Management (QI/UM) Committee and its Peer Review and Credentialing Subcommittees

The CalViva QI/UM Committee is chaired by CalViva's Chief Medical Officer and meets at least quarterly and monitors the quality and safety of care and services rendered to CalViva members and maintain records of its delegated and non-delegated, and collaborative quality improvement activities.

Quality of care and service is defined as medical care and service which is accessible, meets CalViva standards of performance, is provided in the most timely and appropriate setting, and results in a high level of member satisfaction and improved health outcomes. This Committee identifies opportunities for improvement, recommends and oversees policy decisions and changes, evaluates the results of delegated and non-delegated, and collaborative QI activities, institutes needed actions, and ensures follow up as appropriate.

The Committee also ensures external providers, who are representative of specialties in the network (i.e.; behavioral health, SPD and members with chronic conditions), participate in the planning, design, implementation and review of the CalViva [QI Program](#)[QIHEDQIHED Program](#), and are included as members of the Committee. This Committee is accountable to and provides reporting to the RHA Commission on a quarterly basis.

[Representatives from CalViva and HNCS who report up to the QI/UM Committee include the Quality Improvement Department \(including behavioral health\), Health Equity and CAHPS teams, Pharmacy Department, Provider Network Management, Delegation Oversight, Customer Service Center, Credentialing, Peer Review, Appeals and Grievances, and PHCO. Refer to the CalViva QI/UM Charter for more information on committee members, roles and functions.](#)
~~Representatives from CalViva and HNCS who report up to the QI/UM Committee include the Quality Improvement Department (including behavioral health QI team), Health Equity and CAHPS teams,, HNCS' behavioral health administrator, Pharmacy Department, Provider Network Management, Delegation Oversight, Customer Service Center, Credentialing, Peer Review, Appeals and Grievances, and PPopulation Health & Clinical Operations (PHCO). which includes Utilization Management and Care Management.~~

QI/UM Operational Workgroup

[The QI/UM Operational Workgroup is designed to monitor and evaluate the adequacy and appropriateness of health and QI/UM related services on a continuous and systematic basis. The QI/UM Workgroup supports the QI/UM Committee in the identification and pursuit of opportunities to improve health outcomes, safety, access, services and member and provider satisfaction. The Workgroup consists of CalViva and Health Net Community Solutions core staff including CalViva's Chief Medical Officer, Director of Medical Management, Chief Compliance Officer, and Medical Management Manager. Health Net Community Solutions staff includes designated Medical Directors, Quality Improvement staff, Utilization Management staff, Appeals and Grievance staff, Credentialing, Provider Network, and ad-hoc members pertinent to the report or discussion topic. The Workgroup process includes performance improvement review and discussion of monitoring activities, findings, barriers, and interventions to develop and implement actions. The QI Operational Workgroup meets weekly and reports significant findings and ensures follow up to the QI/UM Committee.](#)

Access Workgroup

[The CalViva Access Workgroup brings together representatives from CalViva and multiple HNCS departments that have access and network adequacy related functions. The function of](#)

the workgroup is to review findings from ongoing monitoring of access to Health Plan services, identify gaps, and develop and evaluate implementation of activities in collaboration with HNCS representatives to improve access to care services. The Workgroup submits quarterly reports to the QI/UM Committee and/or RHA Commission for approval of recommended actions. The Access Workgroup will report recommendations and findings to the QI/UM Committee.

Appeals and Grievances Workgroup

CalViva has an Appeals and Grievances Workgroup which processes, tracks and trends member grievances and appeals at the practitioner and plan level. CalViva identifies patterns and/or trends of potential risk exposures via the Potential Quality Incident Referral Form. The Appeals and Grievances Workgroup will submit reports to the CalViva QI/UM Work Group and as indicated its Peer Review Subcommittee to ensure and allow CalViva the ability to review, act, and follow-up on identified clinical and/or service events or trends that are significant at the practitioner or plan level.

Refer to the CalViva QI/UM Charter for more information on committee members, roles and functions.

The CalViva QI/UM Committee has the following subcommittees:

Credentialing and Peer Review Subcommittees

Credentialing Subcommittee

The RHA Commission has final authority for the Credentialing Program. The CMO receives recommendations regarding policies, processes and standards from the Credentialing Subcommittee. The chairperson of the Credentialing Subcommittee, the CalViva Chief Medical Officer, is responsible for the Credentialing Subcommittee operations, including, but not limited to, communicating committee decisions to network practitioners and providers, maintaining committee protocol, and signing and enacting credentialing policies. The CalViva QI/UM Committee provides program oversight through annual review and approval of the Credentialing Program and quarterly reports supplied by the Credentialing Subcommittee. Membership of the Credentialing Subcommittee includes participating practitioners.

The RHA Commission and the QI/UM Committee provides oversight of the Credentialing Subcommittee, through annual approval of the Credentialing Program and quarterly reports supplied by the Credentialing Subcommittee. The RHA Commission has final decision-making responsibility and authority to monitor, suspend, terminate or deny practitioners or organizational providers who have a direct contract with CalViva. CalViva retains the right to request in writing any modifications to a Health Net contracted participating providers' status in the CalViva network, including, without limitation, a request to terminate a participating provider's contract.

If the Credentialing Subcommittee decides to take disciplinary action against a practitioner that would be reportable to any outside agency, as a result of a practitioner's professional competence and/or conduct not meeting participation criteria or community care standards, all case materials are handled in accordance with CalViva Credentialing policies and procedures.

Peer Review Subcommittee

The RHA Commission and the QI/UM Committee provides oversight of the Peer Review Subcommittee, through annual approval of the Peer Review Program and quarterly reports

supplied by the Peer Review Subcommittee. The chairperson of the Peer Review Subcommittee, the CalViva Chief Medical Director, is responsible for the Peer Review Subcommittee operations, including, but not limited to, communicating committee decisions to network practitioners and providers, maintaining committee protocol, and signing and enacting Peer Review policies. The CalViva QI/UM Committee provides program oversight through annual review and approval of the Peer Review Program and quarterly reports supplied by the Peer Review Subcommittee. Membership of the Peer Review Subcommittee includes participating practitioners.

The RHA Commission provides oversight of the QI/UM Committee and Peer Review Subcommittee, through annual approval of the Peer Review Program and quarterly reports supplied by the Peer Review Subcommittee. The RHA Commission has final decision-making responsibility and authority to monitor, suspend, terminate or deny practitioners or organizational providers who have a direct contract with CalViva. CalViva retains the right to request in writing any modifications to a Health Net contracted participating providers' status in the CalViva network, including, without limitation, a request to terminate a participating provider's contract.

Furthermore, in the interest of protecting the safety and welfare of CalViva members, the Peer Review Subcommittees also review summary reports of member Quality of Care (QOC) grievances and Potential Quality Issues (PQIs) cases that may be initiated by members, providers, CalViva or HNCS staff, or other sources. The Peer Review Subcommittee may conduct an assessment of a practitioner's professional competence and conduct. If the Peer Review Subcommittee decides to take disciplinary action against a practitioner that would be reportable to any outside agency, as a result of a practitioner's professional competence and/or conduct not meeting participation criteria or community care standards, all case materials are handled in accordance with CalViva Peer Review policies and procedures.

QI Workgroups

QI/UM Operational Workgroup

The QI/UM Operational Workgroup is designed to monitor and evaluate the adequacy and appropriateness of health and QI/UM-related services on a continuous and systematic basis. The Workgroup supports the identification and pursuit of opportunities to improve health outcomes, safety, access, services and member and provider satisfaction. The Workgroup consists of CalViva and Health Net Community Solutions core staff including CalViva's Chief Medical Officer, Director of Medical Management, Chief Compliance Officer, and Medical Management Specialist. Health Net Community Solutions staff includes designated Medical Directors, Quality Improvement staff, Utilization Management staff, Appeals and Grievance staff, Credentialing, Provider Network, and ad-hoc members pertinent to the report or discussion topic. The Workgroup process includes performance improvement review and discussion of monitoring activities, findings, barriers, and interventions to develop and implement actions. The QI Operational Workgroup meets weekly and reports significant findings and ensures follow up to the QI/UM Committee.

Access Workgroup

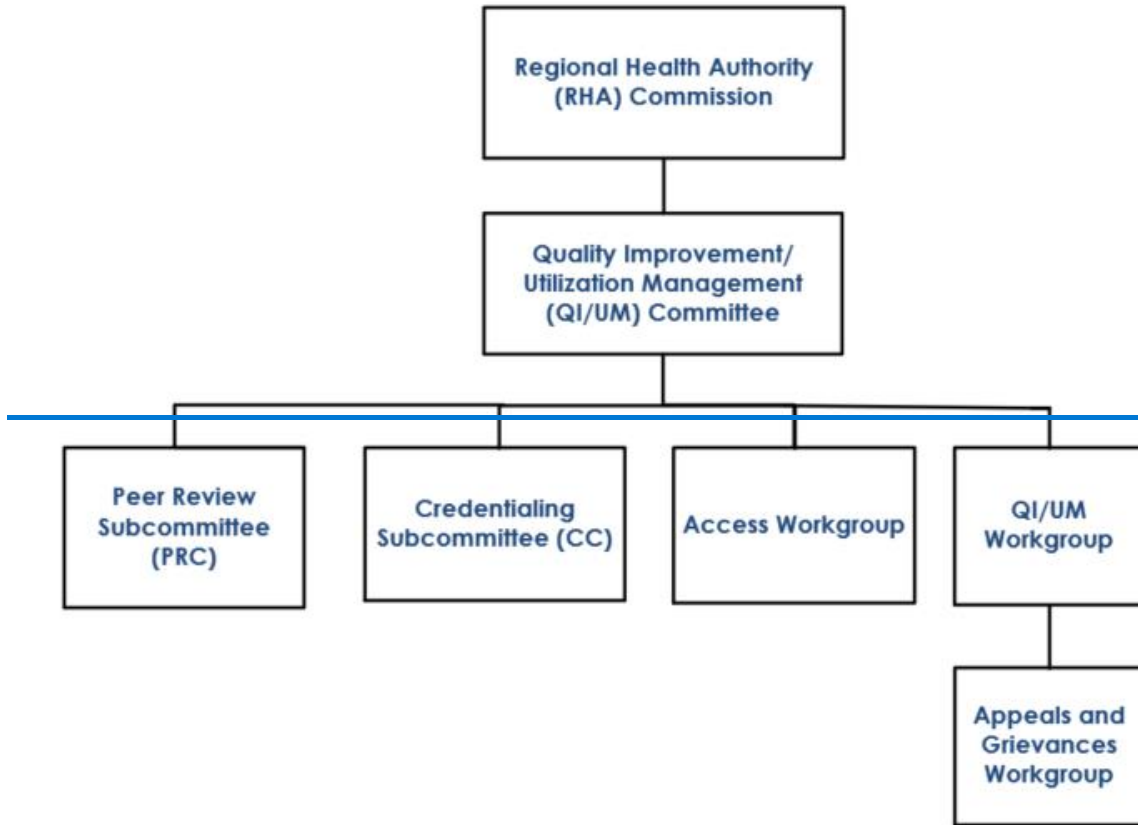
The CalViva Access Workgroup brings together representatives from CalViva and multiple HNCS departments that have access and network adequacy related functions. The function of the workgroup is to review findings from ongoing monitoring of access to Health Plan services, identify gaps, and develop and evaluate implementation of activities in collaboration with HNCS representatives to improve access to care services. The Access Workgroup will report recommendations and findings to the QI/UM Committee.

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up on identified clinical and/or service events or trends that are significant at the practitioner or plan level.

Committee Organizational Chart



B. Staff Resources and Accountability

CalViva Chief Medical Officer

The CalViva Chief Medical Officer's responsibilities include chairing the QI/UM Committee and work group, providing oversight of QI, Health Equity, and PHCO/UM Programs, and assuring that the QI, Health Equity, and Utilization Management PHCO Programs are compatible and interface appropriately with the provider network, overseeing compliance with regulatory standards and reporting requirements; and achieving consistency in QI/Utilization Management PHCO operations. This position makes recommendations to the RHA Commission to initiate major program revisions and communicates the RHA Commission's directives to both internal and external stakeholders.

Regional Medical Director

The Regional Medical Directors (RMDs), who are provided through HNCS, assist in the clinical focus of the QI, Utilization Management, and Care Management Programs for CalViva's Medi-Cal members. The RMDs communicate with providers on a day-to-day basis to ensure the provider performance meets established CalViva, DHCS, DMHC, and NCQA standards. The RMDs will participate in DHCS clinical improvement workgroups and other CalViva QI activities,

such as provider training, grievance and appeals review, and collaboration with network physicians and other providers to facilitate improved health outcomes for Medi-Cal members.

Behavioral Health Medical Director

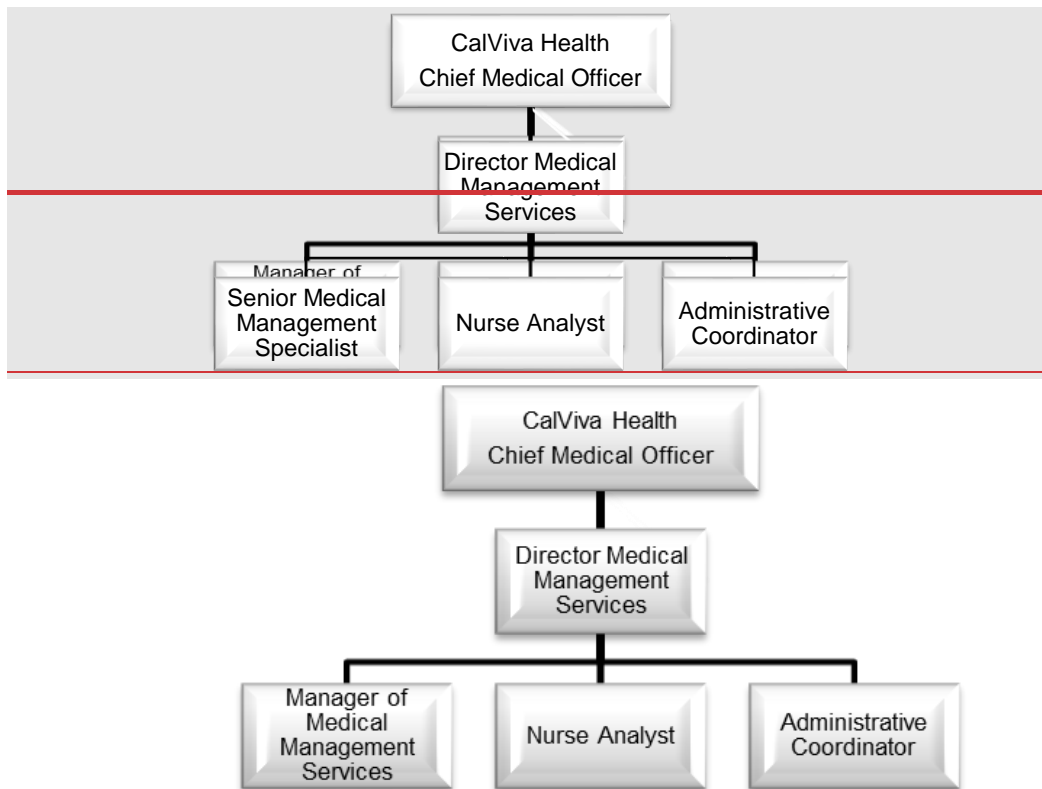
The Behavioral Health Medical Directors are board certified psychiatrists ~~from MHN~~ who are involved with the delegated behavioral health care aspects of the QI clinical program for CalViva members, including reviewing all potential quality concerns. They are responsible for ensuring delegated behavioral health clinical services for members are administered in a manner consistent with accepted standards of care and provides direction and oversight for clinical quality improvement activities. Results are reported to ~~CVH's CalViva's~~ QI/UM Committee.

QIHed Program Department Resources

CalViva staff, with assistance from HNCS interdisciplinary staff, contributes to the success of the CalViva ~~QI Program~~ QIHed ~~QIHed~~ QIHed Program. These administrative and clinical staff works with CalViva's Chief Medical Officer to carry out QIHed activities for CalViva's Medi-Cal members and provider network. The resources and responsibilities of departments most involved in the QIHed process are described below.

QI Team

The QI team ~~will include~~ includes a Chief Medical Officer, Director of Medical Management Services, who is a Registered Nurse, a ~~Manager of Senior~~ Manager of Senior Medical Management ~~Specialist~~ Services, a Nurse Analyst, and an Administrative Coordinator to monitor and evaluate the adequacy and appropriateness of health and administrative services on a continuous and systematic basis. CalViva and HNCS will ensure that staff involved with the Quality Program are appropriately trained and experienced in Quality Improvement and Safety, Public Health, Health Administration, and Care Management.



Facility Site Review (FSR)/ Medical Record Review (MRR)/ Physical Accessibility Review Survey (PARS)

CalViva delegates DHCS's required PCP Facility Site and Medical Record Reviews and Physical Accessibility Review Surveys (PARS) to HNCS. Per APL 22-017, PL 12-006, APL 15-023. HNCS collaborates with other Medi-Cal Plans to develop and maintain a standardized system-wide process for conducting reviews of Primary Care Physician (PCP) facility sites and medical records. PARS are conducted for PCPs and high volume specialists (including behavioral health), ancillary providers, [Community-Based Adult Services \(CBAS\)](#) providers and hospitals. Collaboration with other Medi-Cal Plans minimizes FSR and PARS duplication and supports consolidation of FSR and PARS surveys. The FSR/PARS process uses evaluation criteria and guidelines in compliance with the DHCS contractual requirements and is applicable to all Health Plans participating in the MMCD process.

The FSR team will include at least one Quality Compliance nurse, who must be a registered nurse, who has oversight responsibility for the PCP facility and medical record audit processes. This oversight process involves conducting initial evaluation, conducting annual review of activities, identifying areas for improvement, and collaboratively developing action plans to address areas of noncompliance. Results of the annual review are presented to the CalViva Chief Medical Officer and the CalViva QI/UM Committee.

Health Education

CalViva and HNCS staff provide health education programs, materials, and services to CalViva members based on community health, cultural, and linguistic needs in order to encourage members to practice positive health and lifestyle behaviors, and to use appropriate preventive care and primary health care services. Health education services include individual, group and community-level education, and support by trained health educators. Under the oversight of CalViva, the Health Education Department ~~(HED)~~, in coordination with [the Health Equity and Quality Improvement Departments](#), conduct a population needs assessment [every three years annually](#). Assessment results are used to develop health education, culturally and linguistic, and quality improvement priorities and annual work plans.

Operations

[Health Plan Operations works in conjunction with Population Health and Clinical Operations for the monitoring and oversight of clinical performance metrics and operations for programs such as the Nurse Advice Line, SPD HRA, Teladoc virtual general medical and behavioral health services for members, and the specialty UM/prior authorization vendor for musculoskeletal procedures.](#)

Appeals and Grievances

[The Appeals and Grievance Department is responsible to conduct full investigation and fair review of all member concerns and/or reconsideration requests. This includes reasonable efforts to gather all information needed to make accurate decisions and provide the member with a resolution in writing within applicable regulatory timeframes. If an appeal has been upheld by the plan, the member is provided their next level of appeal rights which provides the member an independent third-party review and the option to request a State Fair Hearing.](#)

[Appeals and grievances are monitored and trended to identify opportunities for improvements in service and quality of care. Appeals and Grievance Department will provide monthly operational and quarterly reporting to CalViva. These reports are to ensure and allow the departments the](#)

ability to review, act and follow-up on services, quality events or trends that are significant at the practitioner, provider, or plan level. Initiatives are put in place, as needed to address any identified deficiencies.

Pharmacy Services

CalViva is responsible for managing the pharmaceutical benefits of CalViva. HNCS will assist CalViva in the establishment and maintenance of the Pharmacy Medical Drug Benefit. This includes the implementation of policies and procedures ensuring the safety, quality and appropriate use and delivery of drug products, as well as review of requests for pre-service, pre-authorized urgent and prior authorization of medical benefit drugs. Analysis includes drug utilization patterns, pharmacy service indicators and cost-effectiveness monitoring of the pharmaceutical care and services provided to CalViva members. Pharmaceutical services reports shall be made to the CalViva QI/UM Committee on a quarterly basis.

Credentialing/Recredentialing

CalViva delegates credentialing/recredentialing of practitioners and organizational providers to HNCS but retains oversight and ultimate authority for such function.

Utilization Management/Population Health & Clinical Operations (PHCO)

CalViva's Chief Medical Officer is ultimately responsible for the design, implementation and monitoring of the effectiveness of utilization and PHCO programs. A systematic approach is used by CalViva, with the assistance of HNCS staff, to identify and manage members who are currently accessing inpatient or ambulatory health care services. HNCS Medical Affairs and PHCO Departments partner with contracted practitioners and member/family and/or caregivers to monitor, to evaluate and to facilitate continuity and coordination of care among CalViva's members. PHCO staff interfaces with the QI staff in development, management and assessment of programs designed to improve the health of CalViva members. HNCS UM Department prepares and presents reports to the CalViva QI/UM committee at each meeting and presents a semi-annual and annual report on the UM Workplan. HNCS seeks input from the CalViva QI/UM committee and RHA Commission prior to preparing the annual Work Plan.

Customer Contact Centers

The Customer Contact Centers, operated by HNCS on CalViva's behalf, are responsible for addressing telephone inquiries from members and practitioners. Based on established criteria, the Customer Contact Center refers specific appeals and grievances and expedited requests to appropriate CalViva and HNCS Appeals and Grievances department staff for focused evaluation and follow-up for any quality of care or service issues. Quarterly reports of trended member/practitioner service-related issues are compiled and reviewed for action. The analysis of these reports comprises one of the data sources utilized by CalViva's Chief Medical Officer to directly identify and/or confirm opportunities for improvement.

Provider Network Management

CalViva delegates provider network management to HNCS. HNCS Provider Network ~~Management~~ staff initiates and directs efforts to recruit and expand hospital, practitioner and ancillary provider networks to serve CalViva Medi-Cal members. The Provider Network Management staff liaison ~~also collaborates with the hospitals, practitioners and other providers for the resolution of contractual, operational, service and medical issues and conducts training sessions to provide contracted practitioners and providers with current CalViva policies and operational and product changes.~~

Provider Engagement and Provider Performance & Analytics

The Provider Engagement and Provider Performance & Analytics departments provides oversight and capabilities in support of improving and maintaining performance with providers and their membership across all lines of business. Collaboration between the departments involve the Provider Relations, Practice Transformation, Encounters, risk assessment forms (RAF), and Data Analytics and Solutions teams. The Provider Engagement and Provider Performance & Analytics departments' success is dependent on both "internal" and "external" alignment to improve practitioner and provider performance and satisfaction.

Key responsibilities of the Provider Engagement and Provider Performance & Analytics departments include:

- Monitor and maintain and/or improved provider compliance (HEDIS, CAHPS, practitioner/provider satisfaction, UM metrics, RAF and encounter submissions) through provider outreach, training and education.
- Oversee and evaluate provider effectiveness.
- Assure business capabilities meet and support provider and member needs.
- Improve technical support, bi-directional data exchange, and communication channels or methodologies.
- Identify trends, issues, and opportunities to form and adopt best practices and meet or exceed performance targets.
- Engage and collaborate with targeted practitioners and providers through performance improvement projects.
- Collaborate with practitioners, providers and cross-functional departments to build and align incentives based on performance goals.
Provider Engagement and Provider Performance & Analytics

Delegation Oversight

CalViva staff is responsible for the development, implementation and monitoring of the delegation program for functions (e.g., utilization management, credentialing, claims and claims administration, etc.) delegated to HNCS and other entities as specified in written agreements between CalViva and the entities. CalViva staff maintains responsibility for the implementation and monitoring of corrective action plans resulting from oversight recommendations.

Vendor Management Office (VMO)

The core responsibilities of the VMO are oversight, monitoring, and auditing of vendor delegates. Regular Joint Oversight Committees (JOCs) are led by the VMO in which performance metrics, member experience, complaints and grievances and the status of corrective actions are reviewed. Corrective actions are issued for non-compliance with service level requirements or for audit findings and are tracked through remediation.

HEDIS Management and Clinical Reporting

HNCS provides CalViva with the HEDIS Management and Clinical Reporting Team which is responsible for HEDIS data collection and reporting. This team works collaboratively with CalViva staff to collect and report data.

Public Programs

The Public Programs department monitors and acts as a resource for the LTSS (CBAS, MSSP, in-home support services (IHSS), and LTC) services for members. The department is engaged in the following activities:

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- Support access to care initiatives through member outreach, coordination of care, and nursing home transitions.
 - Early identification and referral to California Children's Services (CCS), and outreach to members aging out of program twelve (12) months before their twenty-first birthday to avoid interruption in care.
 - Referral/connection to carved out Medi-Cal benefits and providers.

Program Accreditation

The HNCS Program Accreditation (PA) team supports and promotes activities to assess and monitor CalViva ongoing compliance with requirements of accrediting bodies (NCQA). Responsibilities include managing the accreditation timelines, coordination and submission of documents and implementation of any identified actions based on survey outcomes. PA works with CalViva staff to ensure all aspects of survey submission.

Additional Resources

Additional resources available to the CalViva QI Program:

- Marketing/Sales
- Compliance
- Privacy
- Web Development
- Strategic Sourcing and Procurement
- Claims/Encounters
- Provider Communications
- Member Communications

The **Management Information Systems (MIS)** supporting the CalViva's QI Program allows key personnel the necessary access and ability to manage the data required to support the measurement aspects of the QI activities. Computer systems used by Health Net to support Quality Management includes:

- **Centelligence™**: A comprehensive family of integrated decision support and health care informatics solutions. The Centelligence™ platform integrates data from internal and external sources, producing actionable information: everything from care gap and wellness alerts to key performance indicator (KPI) dashboards, provider clinical profiling analyses, population level health risk stratifications, and over 12,000 unique operational and state compliance reports.
- **Centelligence™ Enterprise Data Warehouse (EDW)**: Supporting both Insight and Foresight, EDW receives, integrates, and continually analyzes an enormous amount of transactional data, such as medical, behavioral, and pharmacy claims, lab test results, health assessments, service authorizations, and enrollee and provider information as required for QI Programs.
- The EDW, powered by Teradata Extreme Data Appliance high performance technology, is the central hub for service information that allows collection, integration, and reporting of clinical claim/encounter data (medical, behavioral health, laboratory, pharmacy, and vision); financial information; medical management information (referrals, authorizations, health management); member information (current and historical eligibility and eligibility group, demographics, PCP assignment, member outreach); and provider information

(participation status, specialty, demographics) as required by the QI Program. CH&W captures and utilizes data from both internal and subcontractor sources for administration, management and other reporting requirements and can also submit and receive data as well as interface with other systems, as necessary.

- **Statistical Analysis Software:** SAS is an integrated software suite for advanced analytics, business intelligence, data management, and predictive analytics. You can use SAS software through both a graphical interface and the SAS programming language, or Base SAS. R is a programming language and software environment for statistical computing and graphics. Quality improvement uses a combination of SAS and R for all lines of business to extract data, conduct barrier analysis, and conduct statistical analysis (Modeling and statistical testing to assess outcomes).
- **R:** an open-source software environment for statistical computing and graphics. QI utilizes the R-Shiny package within R to build and display interactive dashboards.
- **MicroStrategy:** MicroStrategy is an enterprise business intelligence (BI) application software vendor. The MicroStrategy platform supports interactive dashboards, scorecards, highly formatted reports, ad hoc query, thresholds and alerts, and automated report distribution.
- **Cotiviti (Verscend):** A software system used to monitor, profile and report on the treatment of specific episodes, care quality and care delivery patterns. Cotiviti is an NCQA-certified software; its primary use is for the purpose of building and tabulating HEDIS performance measures. Enables the Plan to integrate claims, member, provider and supplemental data into a single repository, by applying a series of clinical rules and algorithms that automatically convert raw data into statistically meaningful information.
- **Cozeva:** A value-based NCQA-certified care operating system with reporting and analytics functionality, offers up-to-date information on quality and risk measures to plan providers. Cozeva gives providers visibility to provider-level incentives, and supports supplemental data submissions, data integrations with EMRs, and biweekly data syncs to CAIR and various EHR systems. Provider groups have the ability to track and trend performance of their providers to better monitor, understand, and take action on performance gaps through customizable dashboards.
- **Tableau:** Tableau is a data visualization tool which connects easily to several data sources and allows for rapid insight by transforming data into dashboards and are also interactive. Quality uses this software for plotting data on maps and displaying outcomes through dash-boarding.
- **Quest Analytics:** Quest analytics allows geo-mapping to conduct analysis on provider and facility access and compliance for our membership.
- **TruCare:** Enrollee-centric health management platform for collaborative care coordination, and care, behavioral health, disabling condition, and utilization management. Integrated with Centelligence™ for access to supporting clinical data, TruCare allows Population Health and Clinical Operations staff to capture utilization, care and population-based chronic condition management data; proactively identify, stratify, and monitor high-risk enrollees; consistently determine appropriate levels of care through integration with InterQual Criteria and capture the impact of our programs and interventions.
- **OMNI:** The call center application with guided workflows and business process drivers that allow the business better flexibility and integration with other systems and with changing environments. OMNI application is used to research, record and share information between providers and members.

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- **PRIME: A system application used by employees to handle complaints, grievances and appeals. PRIME includes business process management features that integrate with upstream applications, including Membership, Provider Authorizations and OMNI.**

VI. QI Program Activities

QI Program activities are selected based on their relevance to CalViva's membership, the ability to affect a significant portion of the population or the population at-risk and their potential impact on high-volume, high-risk or high-cost conditions or services. Morbidity, mortality and vulnerable groups with special needs are considered in the selection process as well as race, ethnicity, and language disparities.

CalViva fosters a multi-disciplinary approach to the quality improvement process and involves all functional areas with direct impact on quality and safety of care and service. Activities involve HNCSealth Net departments and collaborations with network providers, community entities including public health, quality improvement organization and behavioral health (see QIHEDQIHED Work Plan for details of performance improvement goals, objectives, and activities). The QI Program uses PDSA cycles as one method for monitoring quality improvement activities. Progress and results of the following activities are reported up to CalViva through various mechanisms including the CalViva QI/UM Workgroup and QI/UM Committee.

1. Projects, Surveys and Audits

Issues/topics are selected based on identified opportunities for improvement through member and provider input, nationally and regionally identified or mandated projects, HEDIS, CAHPS/ECHO measurement and participation in regional and national coalitions. This includes:

- Quality Improvement Activities (QIAs), Quality Improvement Projects (QIPs), and Performance Improvement Projects (PIPs) to improve an aspect of clinical care or service. These may include activities to improve HEDIS and/or CAHPS indicators, activities for disease conditions, or other identified areas for improvement by regulators such as CMS, DHCS, and NCQA ~~Health Equity Accreditation/Health Equity Accreditation Plus-~~.
- Data collection improvement projects: Includes deploying contracts with health information exchanges and vendors that receive or process claims, encounters, member demographics or clinical data to improve efficiency of operations.
- Behavioral health projects to monitor behavioral health care using data from HEDIS indicators, and member, practitioner and provider surveys.
- Audits, both internal and external reviews, to ensure that CalViva ~~Health~~ maintains compliance with all regulatory and accreditation requirements.
- Surveys including HEDIS, CAHPS/ECHO, access surveys, health risk assessments, and provider satisfaction surveys, full scope facility site review surveys, and physical accessibility review surveys.
- Mobile mammography units to improve access to services to complete breast cancer screenings.
- Provider resources including report cards, gap reports, provider portal, educational resources, and trainings.
- Pediatric and Maternal Health Programs promoting provider and member engagement with projects to improve immunizations, well-child visits, prenatal and postpartum care, and lead screenings. Providers are supported to engage with immunization registries and the Vaccines for Children Program.

-
- Projects to improve hospital quality, including collaboration with leading external stakeholders to address priority metrics, including patient safety and maternal health indicators.
 - Promote evidence-based preventive care and chronic disease management, and improve self-management skills for individuals with chronic diseases.

2. Incentive Programs

CalViva rewards targeted members for healthy behaviors and collaborates with providers to build performance-based incentive programs. Development and implementation of incentives are aligned with CalViva's provider partnership, and strategies.

Member:

- Tailored member incentives offered to target CalViva ~~Health~~ populations to assist in closing care gaps for priority HEDIS measures including breast cancer screening, cervical cancer screening, diabetes management, well-child visits and childhood immunizations.

Provider:

— Tailored provider and PPG incentive programs for CalViva ~~Health~~ providers for HEDIS outcomes and encounter submissions.

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VI.VII. Provider Communications

Communication to network providers and subcontractors is a major component of supporting CalViva's quality improvement initiatives, studies and contractual obligations. Providers and subcontractors are engaged with the [QHEDQIHed](#) Program through practitioner and provider office visits conducted by ~~Health Net~~[NCS](#) team members, online training and educational webinars, and involvement in Joint Operation Meetings (JOMs) and work groups. Key methods of informing providers of information availability regarding [QHEDQIHed](#) Program activities, modifications, quality resources and programs available to providers, and/or QI outcomes include provider operations manuals and guides, Provider Updates, letters, reports, forms and notifications sent via fax, mail, and/or posted on Health Net's online [P](#)provider [P](#)portal. CalViva service area providers can access the Health Net online provider portal which includes Online News and the Provider Library.

VIII. Corrective Actions

CalViva takes timely and appropriate action to correct any significant or systemic problems identified through audits, internal reports, complaints, appeals, grievances, and delegation oversight activities.

VII.IX. Program Evaluation and Work Plan

A. Review and Oversight

The RHA Commission is responsible for [QI Program QIHED QIHED Program](#) and annually receives reviews and approves the CalViva [QI Program QIHED QIHED Program](#) Description, [QI Work Plan](#) and [QI Program QIHED Program](#) Evaluation. The CalViva QI/UM Committee submits regular reports to the Commission on quality findings related to monitoring and quality issues identified and activities initiated.

B. Annual [QIHED QIHED](#) Evaluation

The evaluation of the [QI Program QIHED QIHED Program](#) and Work Plan is based on the results of a systematic monitoring and assessment of QI efforts. It includes a summary of completed and ongoing QI activities, trending of measures to assess performance (quality of service and clinical care, and safety of clinical care), analysis of the results of QI initiatives (including barriers), and evaluation of the overall effectiveness of the [QI program QIHED QIHED Program](#), which is conducted during the year. The process identifies program strengths and limitations, improvement opportunities and unfinished business. The QI Evaluation assesses the adequacy of resource allocations needed to plan and implement the QI activities and programs for the upcoming year. The annual [QI Program QIHED QIHED Program](#) Evaluation and Work plan are reviewed and approved by CalViva QI/UM Committee during the first quarter each year.

C. Annual [QIHED QIHED](#) Work Plan

The work plan documents the annual [QIHED QIHED](#) initiatives and defines goals, objectives, specific actions, responsible parties and time frames targeted for completion or resolution of activities that address quality and safety of clinical care and quality of service. The work plan builds on the recommendations and findings of the previous year's program evaluation. The work plan allows integration of QI reporting and studies from various CalViva and HNCS departments and includes the requirements for both internal and external reporting. The CalViva and HNCS staff, CalViva QI/UM Committee, and RHA Commission utilize the work plan as a tool for monitoring the effectiveness of the CalViva [QI Program QIHED QIHED Program](#). The structure of the work plan outlines the steps necessary to complete the QI cycle: monitoring, planning, implementation, action, assessment and evaluation of outcomes. Each individual department or functional unit retains the responsibility for the implementation and evaluation of their specific activities. It is a dynamic document that CalViva, with HNCS's assistance, updates regularly to reflect progress on QI activities throughout the year. The [QIHED QIHED](#) Work Plan documents the annual [QI Program QIHED QIHED Program](#) initiatives and delineates:

- Objectives, scope and population demographics
- Improvement activities planned for the year covering quality and safety of clinical care, quality of service, and members' experience.
- Timeframes within which each activity is to be achieved and/or reported
- Responsible department(s) and/or person(s) for each activity
- Goals and benchmarks for each activity

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- Number of objectives met
 - Number of activities met
 - Planned monitoring of previously identified issues
 - Barriers identified when goals are not achieved
 - Follow-up action plan, including continuation status (close, continue, or continue with modifications)

D. QIHEDQIHED Program Information Availability

Information about CalViva's QIHEDQIHED Program including program description, activities and progress toward goals is available upon request, to members, prospective members and providers. Health Net CalViva notifies members of the availability of information about the QIHEDQIHED Program through the member's evidence of coverage and through the annual member newsletter highlighting Health Net's CalViva's Quality Improvement QIHED Program. Network providers and subcontractors are notified of the availability of information about the QIHEDQIHED Program through committee meetings, JOMs, new practitioner/provider welcome letters, Provider Updates (including updates regarding quality improvement findings and outcomes), and through the operations manuals available electronically in the Provider Library on Health Net's CalViva's online provider portal.

VIII.X. Approval

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, Fresno County
Regional Health Authority Commission Chairperson

Date

Patrick Marabella, MD, Chief Medical Officer
Chair, CalViva QI/UM Committee

Date



**Quality Improvement,
Health Education, and Wellness
2024 Work Plan**

Purpose

The purpose of the CalViva Quality Improvement (QI), Health Education (HEd) and Wellness Program Work Plan is to integrate operational systems to both review clinical, service, access, and safety related outcomes against the priorities and objectives established by the Quality Improvement Program as well as 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. An assessment of critical barriers is made when objectives have not been met. The results of this Quality Improvement Program Evaluation provide evidence of the overall effectiveness of the QI Program and identify barriers and opportunities for improvement.

Mission

1. We will anticipate, understand and respond to customer needs and be customer-driven in everything we do.
2. We will hire and retain the best people, create the best climate, provide the best tools to do the best job and build a spirit of warmth, friendliness and pride throughout the company.
3. We will dedicate ourselves to a standard of excellence in all of our customer relationships.
4. We will promote better outcomes for our customers through improved provider relationships and through the promotion of evidence-based health care.
5. We will provide efficient, simple and high-quality administrative services that get things right the first time.
6. We will build excellent business systems and processes and demonstrate the highest degree of integrity in all aspects of the operation of our business.

Scope

The CalViva Health Quality Improvement Work Plan encompasses quality improvement and health education activities for 2024. The development of this document requires resources of multiple departments. Section I includes program objectives, monitoring and evaluation for the year. Section II includes ongoing monitoring of cross-functional activities across the organization. Section III lists Quality Improvement Tracking System activities that support meeting QI and HEd program objectives for the year.

Submitted by:

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Chief Medical Officer

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Director, Medical Management

Glossary of Abbreviations/Acronyms

Acronym: Description

A&G: Appeals and Grievances
BH: Behavioral Health
C&L: Cultural and Linguistic
CA: California region
CAHPS®: Consumer Assessment of Healthcare Providers and Systems
CAIR: California Immunization Registry
CAP: Corrective Action Plan
CH&W: California Health & Wellness
CS: Community Solutions
CDI: California Department of Insurance
CM: Case Management
DHCS: Department of Health Care Services
DMHC: Department of Managed Health Care
DN: Direct Network
DM: Disease Management
ECHO: Experience of Care and Health Outcomes survey
FFS: Fee-for-Service
HEDIS®: Healthcare Effectiveness Data and Information Set
HPL: High Performance Level
HRQ: Health Risk Questionnaire
IHA: Initial Health Appointments
IVR: Interactive Voice Response
LTSS: Long Term Services and Supports
MCAS: Managed Care Accountability Set
MCL: Medi-Cal

Acronym: Description

MCL: Medi-Cal
MPL: Minimum Performance Level
MSSP: Multipurpose Senior Services Program
MY: Measurement Year
N/A: Not Available
N/R: Not Reportable due to small denominator (<30)
NCQA: National Committee for Quality Assurance
PAS: Patient Assessment Survey
PCP: Primary Care Physician
PEPM: Provider Engagement Performance Management
PIP: Performance Improvement Project
PDSA: Plan, Do, Study, Act Project
PMPM: Per Member Per Month
PMPY: Per Member Per Year
POD: Program Owners and Drivers
PNM: Provider Network Management
PPG: Participating Provider Group
PTMPY: Per Thousand Members Per Year
QC: Quality Compass
QI: Quality Improvement
QIP: Quality Improvement Project
RY: Reporting Year
SPD: Special Persons with Disabilities
UM: Utilization Management

Glossary of Abbreviations/Acronyms (Measure Specific)

Acronym:	Description	Acronym:	Description
AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	HBD	Diabetes Care -Blood Sugar Controlled (>9%)
AMM	Antidepressant Medication Management	HDO	Use of Opioids at High Dosage
AMO	Annual Monitoring for Persons on Long-Term Opioid Therapy	IET	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
AMR	Asthma Medication Ratio	IMA-2	Immunizations for Adolescents – Combo 2
BCS	Breast Cancer Screening	IMMH	Improving Mental Health
CBP	Controlling Blood Pressure	IMPH	Improving Physical Health
CCO	Cervical Cancer Overscreening	KED	Kidney Health Evaluation for Patients with Diabetes
CCS	Cervical Cancer Screening	LSC	Lead Screening in Children
C.Diff	Clostridioides difficile	MAC	Medication Adherence for Cholesterol (Statin) (MAC)
CAUTI	Catheter-associated Urinary Tract Infection	MAD	Medication Adherence for Diabetes Medications (MAD)
CHL	Chlamydia Screening in Women	MAH	Medication Adherence for Hypertension (RASA) (MAH)
CIS-10	Childhood Immunization Status – Combination 10	MPA	Monitoring Physical Activity
CLABSI	Central line-associated bloodstream infection	MRSA	Methicillin-resistant Staphylococcus aureus MTM Program Completion Rate – Comprehensive
COA-FA	Care of Older Adults-Functional Assessment	MTM-CMR	Medication Review
COA-MR	Care of Older Adults –Medication Review	MUI-OA	Improving Bladder Control
COA-PA	Care of Older Adults- Pain Assessment	NTSV	Nulliparous, Term, Singleton, Vertex
COB	Concurrent Use of Opioids and Benzodiazepines	OMW	Osteoporosis Management in Women who had a Fracture
COL	Colorectal Cancer Screening	OED	Oral Evaluation, Dental Services
CWP	Appropriate Testing for Pharyngitis	OMW	Osteoporosis Management in Women who had a Fracture
DEV	Developmental Screening in the First Three Years of Life	PBH	Persistence of Beta-Blocker Treatment After a Heart Attack
DSF	Depression Screening and Follow-up for Adolescents and Adults	PCR	Plan All Cause Readmission
EED	Eye Exam for Patients with Diabetes	PDC-DM	Proportion of Days Covered – Diabetes
FMC	Follow up After Emergency Dept Visit/Chronic Condition	PDC-RAS	Proportion of Days Covered – Renin Angiotensin System
FUA	Follow-Up After ED Visit for Substance Abuse – 30 days	PDC-Statin	Proportion of Days Covered – Statin
FUM	Follow-Up After ED Visit for Mental Illness – 30 days	POD	Pharmacotherapy for Opioid Use Disorder
FVA	Flu Vaccinations for Adults	PPC-Pst	Postpartum Care
GSD	Glycemic Status Assessment for Patients with Diabetes (>9%)	PPC-Pre	Prenatal and Postpartum Care: Prenatal Care

Glossary of Abbreviations/Acronyms (Measure Specific) – continued

Acronym:	Description	Acronym:	Description
PPC-Pst	Prenatal and Postpartum Care: Postpartum Care		
RRF	Reducing Risk of Falls		
SPC-RCV	Statin Therapy for Patients with Cardiovascular Disease – Received Therapy		
SPD-RCV	Statin Therapy for Patients with Diabetes – Received Therapy		
SSI-Colon	Surgical site infection following colorectal surgery		
SUPD	Statin Use in Persons with Diabetes		
TFL-CH	Topical Fluoride for Children		
TRC	Transitions Of Care- Average		
URI	Appropriate Treatment for Upper Respiratory Infection		
W30	Well-Child Visits in the First 30 Months of Life		
W30+6	Well-Child Visits 0-15 months – Six or more visits		
W302+	Well-Child Visits 15-30 months – 2 or more visits		
WCC	Weight Assessment and counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Percentile Documentation		
WCV	Child & Adolescent Well-Care Visits		

Section I: Work Plan Initiatives

Goal: Implement activities to improve performance measures.

Program Details	Responsible Party	Objectives	Prior rate of Meeting Objectives (% , ratio):	Final rate of Meeting Objectives (% , ratio):	Objectives Met (% , ratio): (Mid-Year Update)	Activities Completed (% , ratio): (Mid-Year and Year-End Update)	Progress Towards Goals and Objectives (Mid-Year Update)	Program Continuation (Year-End Update)
<p>1. Behavioral Health – Improving Behavioral Health (Mental Health and Substance Use) Outcomes</p> <p>Type of activity: • Ongoing activity – (monitoring of previously identified issue – under performing MCAS, DHCS priority area)</p> <p>Type of program: • Quality of Care • Safety</p>	<p>Kelli Lesser, Program Manager III, Quality Improvement</p> <p>Amy Schneider RN, Director Medical Management</p>	<p>Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure (6 rates): FUA-30 (target 36.34), FUM-30 (target 54.87)</p>	<p>MY 2022: •FUA-30: (33%, 1/3) •FUM-30: (33%, 1/3)</p>	<p>MY 2023: •FUA-30: (X%, #/3) •FUM-30: (X%, #/3)</p>				
<p>2.A. Chronic Conditions – Diabetes (GSD >9)</p> <p>Type of activity: • Ongoing activity – (monitoring of previously identified issue – maintain achievement of DHCS MCAS MPL)</p> <p>Type of program: • Quality of Care • Quality of Service</p>	<p>Gigi Mathew, Program Manager III, QI</p> <p>Amy Schneider RN, Director Medical Management</p>	<p>•MCL: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: GSD (new 2024 measure replaces HBD)</p>	<p>MY 2022: MCL: •CDC > 9: (100%, 3/3)</p>	<p>MY 2023: MCL: •CDC >9: (% , #/#)</p>				
<p>2.B Chronic Conditions – Heart Health/Blood Pressure (CBP)</p> <p>Type of activity: • Ongoing activity – (monitoring of previously identified issue – maintain achievement of DHCS MCAS MPL)</p> <p>Type of program: • Quality of Care • Quality of Service</p>	<p>Gigi Mathew, Program Manager III, QI</p> <p>Amy Schneider RN, Director Medical Management</p>	<p>MCL: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: CBP at 50th percentile 61.31%.</p>	<p>MY 2022: MCL: •CBP: (100%, 3/3)</p>	<p>MY 2023: MCL: •CBP: (% , #/#)</p>				

Program Details	Responsible Party	Objectives	Prior rate of Meeting Objectives (% , ratio):	Final rate of Meeting Objectives (% , ratio):	Objectives Met (% , ratio): (Mid-Year Update)	Activities Completed (% , ratio): (Mid-Year and Year-End Update)	Progress Towards Goals and Objectives (Mid-Year Update)	Program Continuation (Year-End Update)
3. Hospital Quality/Patient Safety Type of activity: • Ongoing activity – (monitoring of previously identified issue – address quality/ safety of care priority) Type of program: • Quality of Care • Safety	Barbara Wentworth, Program Manager III, Quality Improvement Amy Schneider RN, Director Medical Management	<ul style="list-style-type: none"> Hospitals with sufficient reportable data: Directional improvement, based on appropriate scores (SIR<1.0) or outliers (SIR>2) for target hospital acquired infections (HAIs) (CAUTI, CLABSI, C.Diff, MRSA, and SSI-Colon), if baseline is <90% (appropriate) / >5% (outlier). Otherwise, maintain =>90%/<5% status. Maternity hospitals with reportable data: Directional improvement for the proportion of hospitals meeting the national standard (=<23.6%) for all-payer NTSV C-section rates. 	HAIs for Measurement period 10/1/2021 to 9/30/2022, C-section for MY 2022; All CVH network hospitals with sufficient data: • CAUTI: SIR=<1.0: 50%; SIR>2.0: 0% • CLABSI:SIR=<1.0: 25%; SIR>2: 25% • C.Diff: SIR=<1.0: 100%; SIR>2: 0% • MRSA: SIR=<1.0: 50%; SIR>2: 0% • SSI-Colon: SIR=<1.0: 50%; SIR>2: 0% • NTSV C-sections: Rate =<23.6%: 20%	HAIs for Measurement period MY 2023, C-section for MY 2023; All CVH network hospitals with sufficient data: • CAUTI: SIR=<1.0: X%; SIR>2.0: X% • CLABSI:SIR=<1.0: X%; SIR>2: X % • C.Diff: SIR=<1.0: X%; SIR>2: X % • MRSA: SIR=<1.0: X%; SIR>2: X % • SSI-Colon: SIR=<1.0: X %; SIR>2: X % • NTSV C-sections: Rate=<23.6%: X %				
4. Member Engagement and Experience – Initial Health Appointment Type of activity: • Ongoing activity – (monitoring of previously identified issue – DHCS regulatory activity, audit non-compliance) Type of program: • Quality of Care	Miriam Rosales, Program Manager III, QI CVH Health Equity Officer Amy Schneider RN, Director Medical Management	<ul style="list-style-type: none"> MCL: Meet directional improvement of 5% points from prior year. IHA does not have HEDIS benchmark but is a DHCS compliance measure. 	MY 2022 MCL: •IHA: (59.82%)	MY 2023 MCL: •IHA: (% ,)				
5.A. Pediatric/Perinatal/Dental – Dental: TFL-CH. Type of activity: • Ongoing activity – (monitoring of previously identified issue – under performing measure, DHCS priority, newly added to MCAS held to MPL) Type of program: • Quality of Care • Quality of Service	Juli Coulthurst, Program Manager III, Quality Improvement Amy Schneider RN, Director Medical Management	MCL: Meet the 50th percentile benchmark for MCAS measure TFL-CH.	MY 2022 MCL: TFL-CH: N/A – New Measure for MY 2023. But added due to DHCS MCAS priority measure.	MY 2023 MCL: TFL-CH:				

Program Details	Responsible Party	Objectives	Prior rate of Meeting Objectives (% ratio):	Final rate of Meeting Objectives (% ratio):	Objectives Met (% ratio): (Mid-Year Update)	Activities Completed (% ratio): (Mid-Year and Year-End Update)	Progress Towards Goals and Objectives (Mid-Year Update)	Program Continuation (Year-End Update)
5.B. Pediatric/Perinatal/Dental – Maternity/Perinatal Care: PPC-pre, PPC-pst Type of activity: <ul style="list-style-type: none"> Ongoing activity – (monitoring of previously identified issue – maintain achievement of DHCS MPL, coordination of care priority) Type of program: <ul style="list-style-type: none"> Quality of Care Quality of Service 	Juli Coulthurst, Program Manager III, Quality Improvement Amy Schneider RN, Director Medical Management	MCL: Meet the 75th percentile benchmark for MCAS measures: PPC-pre and PPC-pst.	MY 2022 MCL: <ul style="list-style-type: none"> PPC-pre: 67%, 2/3 PPC-pst: 100%, 3/3 	MY 2023 MCL: <ul style="list-style-type: none"> PPC-pre: PPC-pst: 				
5.C. Pediatric/Perinatal/Dental – Pediatric Measures for Children 3-21 of age: IMA-2, WCV. Type of activity: <ul style="list-style-type: none"> Ongoing activity – (monitoring of previously identified issue – under performing MCAS, DHCS priority area) Type of program: <ul style="list-style-type: none"> Quality of Care Quality of Service 	Juli Coulthurst, Program Manager III, Quality Improvement Amy Schneider RN, Director Medical Management	MCL: Meet the 50th percentile benchmark for MCAS measures: IMA-2 and WCV.	MY 2022 MCL: <ul style="list-style-type: none"> IMA-2: 67%, 2/3 WCV: 33%, 1/3 	MY 2023 MCL: <ul style="list-style-type: none"> IMA-2: WCV: 				
5.D. Pediatric/Perinatal/Dental – Pediatric Measures for Children under 3 years of age: CIS-10, LSC, DEV, W30-6+, W30-2+. Type of activity: <ul style="list-style-type: none"> Ongoing activity – (monitoring of previously identified issue – under performing MCAS, DHCS priority) Type of program: <ul style="list-style-type: none"> Quality of Care Quality of Service 	Juli Coulthurst, Program Manager III, Quality Improvement Amy Schneider RN, Director Medical Management	MCL: Meet the 50th percentile benchmark for MCAS measures: CIS-10, LSC, DEV, W30-6+, W30-2+.	MY 2022 MCL: <ul style="list-style-type: none"> CIS-10: 33%, 1/3 LSC: 33%, 1/3 DEV: N/A no benchmark this year W30-6+: 33%, 1/3 W30-2+:33%, 1/3 	MY 2023 MCL: <ul style="list-style-type: none"> CIS-10: LSC: DEV: W30-6+: W30-2+: 				

<p>6. Pharmacy and Related Measures – AMR</p> <p>Type of activity: <ul style="list-style-type: none"> • Ongoing activity – (monitoring of previously identified issue – maintain or address under performing MCAS) </p> <p>Type of program: <ul style="list-style-type: none"> • Quality of Care • Quality of Service </p>	<p>Alicia Bednar, Program Manager III, QI</p> <p>Amy Schneider RN, Director Medical Management</p>	<p>MCL: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: <ul style="list-style-type: none"> •AMR </p>	<p>MY 2022: <ul style="list-style-type: none"> •MCL: 2/3 (66%) </p>	<p>MY 2023: <ul style="list-style-type: none"> •MCL: (X%, #/3) </p>				
<p>7.A. Preventive Health – Cancer Screenings</p> <p>Type of activity: <ul style="list-style-type: none"> • Ongoing activity – (monitoring of previously identified issue – maintain or address under performing MCAS) </p> <p>Type of program: <ul style="list-style-type: none"> • Quality of Care • Quality of Service </p>	<p>Ravneet Gill, Program Manager III, Quality Improvement</p> <p>Amy Schneider RN, Director Medical Management</p>	<p>Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measures: BCS, CCS.</p>	<p>MY 2022: <ul style="list-style-type: none"> •BCS: 100%, 3/3 •CCS: 66.67%, 2/3 •CHL: 100%, 3/3 </p>	<p>MY 2023: <ul style="list-style-type: none"> •BCS: (X%, #/3) •CCS: (X%, #/3) •CHL: (X%, #/3) </p>				
<p>7.B. Preventive Health – Flu Campaign</p> <p>Type of activity: <ul style="list-style-type: none"> • New Activity – NCQA quality measure </p> <p>Type of program: <ul style="list-style-type: none"> • Quality of Care • Member Experience </p>	<p>Matt Anderson, Program Manager III, Quality Improvement</p> <p>CVH Health Equity Officer</p> <p>Amy Schneider RN, Director Medical Management</p>	<p>Meet directional improvement of 1-5% from prior year or 4 Stars for the Flu Vaccine CAHPS measure.</p>	<p>MY 2022 CAHPS Flu: 100% (1/1)</p>	<p>MY 2023 CAHPS Flu: X%, (x/1)</p>				
<p>8.A Provider Communication/Engagement – Improving Member Experience (CAHPS) – Provider Focus</p> <p>Type of activity: <ul style="list-style-type: none"> • New Activity – improve performance NCQA quality measure. </p> <p>Type of program: <ul style="list-style-type: none"> • Quality of Care • Quality of Service • Member Experience </p>	<p>Frances Arce, Program Manager III, Quality Improvement</p> <p>Amy Schneider RN, Director Medical Management</p>	<p>Meet directional improvement of 1-5% from prior year or 3 Stars on CAHPS Access measures including: Getting Needed Care, Getting Care Quickly and Care Coordination</p>	<p>MY2022 CAHPS: 33% (1/3)</p>	<p>MY2023 CAHPS: X% (X/3)</p>				

<p>8.B Provider Communication/Engagement - Improving Member Experience (CAHPS)– Plan Focus</p> <p>Type of activity: • Ongoing activity – (monitoring of previously identified issue – improve performance NCQA quality measure)</p> <p>Type of program: • Quality of Care • Quality of Service • Member Experience</p>	<p>Frances Arce, Program Manager III, Quality Improvement Amy Schneider RN, Director Medical Management</p>	<p>Meet directional improvement of 1-5% from prior year or 3 Stars on the following CAHPS measures: Rating of Health Plan, Customer Service, Ease of Filling Out Forms</p>	<p>Not Applicable MY2022 CAHPS: 0% (0/3)</p>	<p>Not Applicable MY2023 CAHPS: X% (X/3)</p>				
<p>8.BC Provider Communication/Engagement - Improving Provider Survey Results</p> <p>Type of activity: • Ongoing activity – (monitoring of previously identified issue – compliance priority)</p> <p>Type of program: • Access and Availability</p>	<p>Paul Fuentes, Provider Relations Specialist II, Access and Availability Steven Si, Sr. Compliance and Privacy/Security Specialist</p>	<p>To meet performance goal for Provider Appointment Access Survey (PAAS) at 70%. To meet performance goal for Provider After-Hours Access Survey (PAHAS) at 90%.</p>	<p>MY 2022 PAAS: •PCP Urgent: 49.0% •PCP Non-Urgent: 74.4% •Specialists (All) Urgent: 37.6% •Specialists (All) Non- Urgent: 56.1% •Ancillary Non-Urgent: 89.5%</p> <p>MY 2022 PAHAS: •Appropriate Emergency Instructions: 98.3% •Ability to Contact On-Call Physicians: 91.6%</p>	<p>MY 2023 PAAS: •PCP Urgent: (X%, #/#) •PCP Non-Urgent: (X%, #/#) •Specialists (All) Urgent: (X%, #/#) •Specialists (All) Non-Urgent: (X%, #/#) •Ancillary Non-Urgent: (X%, #/#)</p> <p>MY 2023 PAHAS: •Appropriate Emergency Instructions: (X%, #/#) •Ability to Contact On- Call Physicians: (X%, #/#)</p>				

Section II: Ongoing Work Plan Activities

Program Type	Activity Description	Responsible Party	Completion Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Monitor Delegation Oversight activities through the PPG scorecards that captures PPGs' audit scores. The quarterly scorecard provides an opportunity to track/trend low-high PPGs performers.	Manisha Makwana S. Si, CVH Compliance Amy Schneider RN, Director Medical Management	12/31/24	Not started			
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Coordinate data and reporting for annual Provider Satisfaction Survey.	M. Miyashiro R. Davila S. Si, CVH Compliance	September 2024- November 2024	Not started			
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Monitor appropriate after-hours messaging and timely access to urgent/emergent care. Refer to Access and Availability Work Plan for additional details.	M. Miyashiro R. Davila S. Si, CVH Compliance	October 2024- January 2025	Not started			
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Maintain and manage the CAHPS Action Plan: Collaborate with CAHPS measure owners to identify areas of opportunity and activities to improve CAHPS, identifying process improvement activities. This also includes working with the Provider Engagement and Medical Affairs teams to review provider CAHPS improvement plans, identifying best practices, and recommending changes when plans are insufficient to improve the member experience in a measurable and meaningful way.	T. Jaghasspanian M. Anderson F. Arce S. Si, CVH Compliance Amy Schneider RN, Director Medical Management	12/31/24	In progress			
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Write integrated member satisfaction reports, in partnership with the QIRA Team, to satisfy NCQA Accreditation ME.7 Standard. This report captures appeals, grievances, CAHPS results, and identifies barriers, areas of opportunity, and ongoing initiatives.	T. Jaghasspanian M. Anderson F. Arce S. Si, CVH Compliance Amy Schneider RN, Director Medical Management	Q4 2024	In progress			
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Health Equity Report: Analyze and report on Cultural and Linguistics.	D. Fang, Manager, Health Equity S. Si, CVH Compliance CVH Health Equity Officer	Q2 and Q3	Not started			

Program Type	Activity Description	Responsible Party	Completion Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	ACCESS SURVEY: Monitor and report access to care standards using telephonic surveys vendor(s).	P. Fuentes, PR Specialist, Access & Availability S. Si, CVH Compliance	Q3-Q4 2023 PAAS PAHAS Telephone Access surveys conducted.	In progress			
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Complete and submit DMHC Timely Access Reporting (TAR) by March 31 filing due date.	P. Fuentes, PR Specialist, Access & Availability S. Si, CVH Compliance	3/31/24	Not started			
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	ACCESS SURVEY RESULTS: Monitor appropriate timely appointment and after-hours access and identify noncompliant PPGs and providers.	P. Fuentes, PR Specialist, Access & Availability S. Si, CVH Compliance	Q1-Q2 2024 validate and analyze survey results and identifies non-compliant PPGs and providers.	In progress			
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	ACCESS PROVIDER TRAINING: Conduct quarterly webinars.	P. Fuentes, PR Specialist, Access & Availability S. Si, CVH Compliance	5/1/24 - 12/31/24	Not started			
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	TELEPHONE ACCESS SURVEY: Conduct quarterly surveys and issue CAPs to noncompliant providers.	P. Fuentes, PR Specialist, Access & Availability S. Si, CVH Compliance	Q3-Q4 2023 Telephone Access surveys conducted.	In progress			
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	DHCS MEDI-CAL MANAGED CARE TIMELY ACCESS REPORT SURVEY: Conduct quarterly education outreach to noncompliant providers identified by this survey.	P. Fuentes, PR Specialist, Access & Availability S. Si, CVH Compliance	Q1 2024	Not started	ACCESS, AVAILABILITY, SATISFACTION AND SERVICE		
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	A&G REPORT: Identify opportunities to improve member service and satisfaction through appeals and grievances review.	D. Saldarriaga; Manager, A&G S. Si, CVH Compliance Amy Schneider RN, Director Medical	12/31/24	Not started	ACCESS, AVAILABILITY, SATISFACTION AND SERVICE		

Program Type	Activity Description	Responsible Party	Completion Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
		Management					
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	GEO ACCESS: Assess and report on availability of network to identify opportunities for improvement. Analyze and inform Provider Network Management of areas needing increased contracting with a particular provider to improve availability.	D. Fang, Manager, Health Equity S. Si, CVH Compliance	Next report is due in Q3 2025.	Not started	ACCESS, AVAILABILITY, SATISFACTION AND SERVICE		
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Maintain compliance with DHCS Initial Health Appointment (IHA) 3-pronged outreach requirement: Annual IHA Compliance Monitoring Report.	T. Demirjian, Manager, Quality Improvement S. Si, CVH Compliance CVH Health Equity Officer Amy Schneider RN, Director Medical Management	Q4: 12/31/2024	Not started	ACCESS, AVAILABILITY, SATISFACTION AND SERVICE		
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Engage with CalViva provider offices to complete MY 2024 MCAS training focused on best practices for closing care gaps.	A. Wittig, Director, Quality Improvement Erica Valdivia, Provider Engagement Amy Schneider RN, Director Medical Management	12/31/2024	Not started	ACCESS, AVAILABILITY, SATISFACTION AND SERVICE		
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	In collaboration with Provider Engagement, engage with Quality EDGE priority provider offices to complete interventions addressing systemic barriers to HEDIS performance.	A. Wittig, Director, Quality Improvement Erica Valdivia, Provider Engagement	12/31/2024	Not started	ACCESS, AVAILABILITY, SATISFACTION AND SERVICE		
BEHAVIORAL HEALTH	Conduct oversight of Behavioral Health (BH) through delegated reports on BH (may include member satisfaction surveys, etc.)	M. Cashman, Sr. Director, QI HNCA Amy Schneider RN, Director Medical Management	Quarterly	Not started	BEHAVIORAL HEALTH		

Program Type	Activity Description	Responsible Party	Completion Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
CONTINUITY AND COORDINATION OF CARE	Educate providers on importance of well-child visits. Well-child visits include developmental screenings.	J. Coulthurst Amy Schneider RN, Director Medical Management	12/31/2024	Not started	CONTINUITY AND COORDINATION OF CARE		
CONTINUITY AND COORDINATION OF CARE	Monitor opportunities and interventions for NCQA Standards QI.3 & QI.4 Coordination of Care (COC) requirements (non-BH and BH reports).	K. Lesser/ M. Rosales Program Manager III, Quality Improvement	QI 3 & QI 4: 5/31/24 & 12/31/24	Not started	CONTINUITY AND COORDINATION OF CARE		
CREDENTIALING / RECREDENTIALING	Credentialing/Rec credentialing Practitioners/Providers: Achieve and maintain a 100% timely compliance and 100% accuracy score.	M. Catello, Manager Credentialing	12/31/24	Not started	CREDENTIALING / RECREDENTIALING		
CREDENTIALING / RECREDENTIALING	PPG Delegates Credentialing/Rec credentialing oversight achieve and maintain audit scores between 90 -100% compliance for annual review.	M. Catello, Manager Credentialing; K. Bowling, Sr. Manager Delegation Oversight	12/31/24	Not started	CREDENTIALING / RECREDENTIALING		
DISEASE/CHRONIC CONDITIONS MANAGEMENT	Monitor Chronic Conditions (Disease) Management Program for appropriate member outreach quarterly.	Vanessa Valdivia, Business Analyst III, Medical Management	Q1, Q2, Q3, Q4	Not started	DISEASE/CHRONIC CONDITIONS MANAGEMENT		
QUALITY AND SAFETY OF CARE AND SERVICE	Delegation Oversight -- Monitor PPG-level delegated activities and issues, including CAPs, and report findings to HNCS QIHEC and Health Net QIC committees semi-annually. Activities include Utilization Management, including CCM; credentialing; and claims payments.	K. Bowling A. Tonkogolosuk	12/31/24	Not started	QUALITY AND SAFETY OF CARE AND SERVICE		
QUALITY AND SAFETY OF CARE AND SERVICE	Handling of Member Grievances and Appeals: Ongoing monitoring and assessment of compliance with the handling of member grievances and appeals; ensure compliance with regulatory requirements for TAT and process.	L. Carrera Amy Schneider RN, Director Medical Management	12/31/24	Not started	QUALITY AND SAFETY OF CARE AND SERVICE		

Program Type	Activity Description	Responsible Party	Completion Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
QUALITY AND SAFETY OF CARE AND SERVICE	<p>Integrated Care Management (ICM)</p> <ul style="list-style-type: none"> • Implement PHM pyramid as the predictive modeling tool to identify high-risk members for referral to ICM. • Evaluate the ICM Program based on the following measures: <ul style="list-style-type: none"> o Readmission rates o ED utilization o Overall health care costs o Member Satisfaction 	C. Patnaude, Director, Care Management	12/31/2024/ on going	In progress	QUALITY AND SAFETY OF CARE AND SERVICE		
QUALITY AND SAFETY OF CARE AND SERVICE	Update Clinical A&G Quality of Care Concerns Policy & Procedure and Peer Review Committee Policy & Procedure.	P. Carpenter, Director, Quality Improvement Amy Schneider RN, Director Medical Management	12/31/24	Not started			
QUALITY AND SAFETY OF CARE AND SERVICE	Complete all potential quality issues (PQIs) received within 90 day TAT to maintain internal compliance.	P. Carpenter, Director, Quality Improvement Amy Schneider RN, Director Medical Management	12/31/24	Not started			
QUALITY AND SAFETY OF CARE AND SERVICE	Monitor potential quality incidents and quality of care findings and report to CalViva QI/UM workgroup quarterly.	P. Carpenter, Director, Quality Improvement	12/31/24	Not started			
QUALITY AND SAFETY OF CARE AND SERVICE	Monitor peer review determinations and report to CalViva UM/QI workgroup quarterly.	P. Carpenter, Director, Quality Improvement	12/31/24	Not started			
QUALITY AND SAFETY OF CARE AND SERVICE	Monitor credentialing findings and report to CalViva QI/UM workgroup quarterly.	P. Carpenter, Director, Quality Improvement	12/31/24	Not started			
QUALITY IMPROVEMENT AND COMPLIANCE	Evaluate written plan for safety and quality data collection: To improve patient safety by collecting and providing information on provider and practitioner safety and quality (at least annually).	L. Aaronson L. Pak A. Wittig	February 2024	Not started			

Program Type	Activity Description	Responsible Party	Completion Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
QUALITY IMPROVEMENT AND COMPLIANCE	Evaluation of the QI program of the previous year (Q1). Complete QI Work Plan evaluation semi-annually.	Medi-Cal	L. Aaronson M. Gumatay A. Wittig S. Luce T. Jaghasspanian L. Pak A. Schneider	February 2024			
QUALITY IMPROVEMENT AND COMPLIANCE	Maintain Facility Site Review (FSR) and Medical Record (MRR) Compliance: To ensure provider offices and medical records comply with DHCS contracted requirements per APL 22-107 and Physical Accessibility Review Survey per MMCD Policy Letter 12-006 and 15-023. Report FSR/MRR data to DHCS twice per year (1/31 and 7/31), including all sites with failed scores.	Medi-Cal	P. Carpenter, Director, Quality Improvement	12/31/24			
QUALITY IMPROVEMENT INFRASTRUCTURE	QI improves communication with stakeholder departments and identifies interventions to improve CAHPS through monthly Quality Focus Touchbase meetings and Quality Governance Committee meetings.	Medi-Cal	T. Jaghasspanian F. Arce M. Anderson	Monthly			
QUALITY IMPROVEMENT INFRASTRUCTURE	Encourage further Cozeva adoption/usage among PCPs and provider groups in program's 5th year; Expand Cozeva-EHR integrations and bidirectional data-sharing with priority PCP/clinics; Enhance Cozeva platform to support regulatory requirements and key opportunities / initiatives.	Medi-Cal	S. Pao S. Myers	12/31/2024			
QUALITY IMPROVEMENT INFRASTRUCTURE	Support development of HEDIS best practice tools.	Medi-Cal	S. Wright (lead)	12/31/2024			
QUALITY IMPROVEMENT INFRASTRUCTURE	Care gap reports produced by the HEDIS Team monthly, by contract level and participating provider group (PPG) level to identify non-compliant members.	Medi-Cal	HEDIS D. Mehlhouse	Monthly			

Program Type	Activity Description	Responsible Party	Completion Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
QUALITY IMPROVEMENT INFRASTRUCTURE	Quality Improvement team will work with Provider Engagement and Medical Affairs to review quality improvement action plans for best practices and recommend changes when existing action plans are ineffective in producing the needed change.	Medi-Cal	QI PMIII team members Michelle Najaro	12/31/2024			
WELLNESS/ PREVENTIVE HEALTH	Collaborate with Marketing team to distribute member educational emails on various topics via internal and external resources: Topics TBD.	Medi-Cal, COMM, MKT	M. Rosales (lead) S. Noonan S. Si, CVH Compliance CVH Health Equity Officer	Q4: 12/31/2024			
WELLNESS/ PREVENTIVE HEALTH	Member newsletter	Medi-Cal	B. Head (Medi-Cal) S. Si, CVH Compliance CVH Health Equity Officer	10/1/2024			
WELLNESS/ PREVENTIVE HEALTH	Maintain compliance with childhood blood lead level screening requirements in accordance with DHCS APL 18-017 and APL 20-016. Baseline: Quarterly monitoring of HEDIS Lead Screening for Children (LSC) RY 2020 administrative rate; Member education materials include lead screening flyer and preventive service guidelines (PSGs); Provider training and education include the Medi-Cal provider operations manual and HEDIS provider tools on Lead Screening for Children (LSC). Medical Record Reviews for lead screening conducted during Facility Site Reviews submitted to DHCS twice a year.	Medi-Cal	A. Wittig P. Carpenter S. Wright J. Coulthurst A. Jayme A. Schneider	3/29/24			
WELLNESS/ PREVENTIVE HEALTH	Distribute Preventive Screening Guidelines (PSG) to Members and Providers.	Medi-Cal	B. Head, Sr. Health Education Specialist A. Jayme	Sept/Oct 2024- via Member Newsletter			

Program Type	Activity Description	Responsible Party	Completion Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
			A. Wittig S. Si, CVH Compliance CVH Health Equity Officer				
WELLNESS/ PREVENTIVE HEALTH	Adopt and disseminate Medical Clinical Practice Guidelines (CPG).	Medi-Cal	CalViva Health/HN J. Serratore Director, Clinical Programs A. Schneider, RN Director Med Man	May 2024			
WELLNESS/ PREVENTIVE HEALTH	Monitor CalViva Health Pregnancy Program and identify high risk members via Care Management.	Medi-Cal	C. Patnuade, Director, Care Management S. Si, CVH Compliance CVH Health Equity Officer	12/31/2024/ ongoing			
WELLNESS/ PREVENTIVE HEALTH	Distribute the Health Education Programs and Services Flyer to members via the Medi-Cal member welcome packet.	Medi-Cal, CHPIV, CalViva Health	M. Lin S. Si, CVH Compliance CVH Health Equity Officer	12/31/24			
WELLNESS/ PREVENTIVE HEALTH	New vendor onboarding and ongoing management to provide Diabetes Prevention Program (DPP) services to our eligible Medi-Cal population.	Medi-Cal, CHPIV, CalViva Health	A. Mojadedi S. Si, CVH Compliance CVH Health Equity Officer	4/1/24			
WELLNESS/ PREVENTIVE HEALTH	Health Education System P&Ps, monitoring of initiatives, maintenance of printed materials, digital programs and requirements, health promotion to providers.	Medi-Cal	T. Demirjian S. Si, CVH Compliance CVH Health Equity Officer	12/31/24			

Section III: Quality Improvement Tracking System Activities Log

Work Plan Initiatives Section	PODS	Intervention Name	Intervention Description	Measures	Counties/Regions	Actual Start Date	End Date	Status	Department Owner	Mid-Year Update	Year End Update
1	BEHAVIORAL HEALTH	CalViva FUA/FUM Outreach	BEHAVIORAL HEALTH – Utilization of ADT report to conduct live outreach to Medi-Cal members that had an ED visit for MH, SUD, or Drug Overdose	FUA – F/U ED Substance Abuse – 30,FUM – F/U ED Mental Illness – 30	CVH Kings, CVH Madera	1/1/2024	12/31/2024	ON TRACK	Ariel Spindell		
1	BEHAVIORAL HEALTH	MHN PSV (FUM/FUH/FUA)	BEHAVIORAL HEALTH – FUM/FUA: MHN FUOT uses HN ADT reports to conduct member outreach calls to close gaps; FUH: MHN FUOT uses internal discharge reports to conduct member phone outreach to close gaps	FUH – F/U Hospital MH 30-day,FUH – F/U Hospital MH 7-day,FUA F/U ED Substance Abuse – 30,FUA – F/U ED Substance Abuse – 7,FUM – F/U ED Mental Illness – 30,FUM – F/U ED Mental Illness – 7	CVH-Fresno, CVH-Madera	1/1/2024	12/31/2024	COMPLETED	Kelli Lesser		
2	DIABETES	Diabetes Prevention Program (DPP) Vendor Onboarding	CHRONIC CONDITIONAS – Diabetes Preventative Program for members with Pre-Diabetes.	CDC – Diabetes HbA1c poor control > 9	CVH-All	4/1/2024	12/31/2024	ON TRACK	Arzoo Mojadedi CVH Health Equity Officer	DHCS submission packet sent to Privacy for review.	
2	MULTI-CONDITIONS	KED Tip Sheet	CHRONIC CONDITIONS- Updating Diabetes- KED Tip sheet for providers.	KED – Kidney Health Evaluation for Patients With Diabetes	CVH-All	1/11/2024	3/31/2024	ON TRACK	Brittany Head		
3	HOSPITAL QUALITY/PATIENT SAFETY	Hospital outreach about patient safety	OVERUSE/HOSPITAL QUALITY: Outreach to hospitals about patient safety metrics, standards/expectations, and opportunities to improve. Focus on metrics and reports including hospital acquired infections, sepsis management, the Patient Safety Honor Roll, and the Opioid Care Honor Roll.	STATE – State Money Measures(s) (no \$ tied)	CVH-All	1/20/2023	12/31/2024	ON TRACK	Barb Wentworth		
3	HOSPITAL QUALITY/PATIENT SAFETY	Hospital outreach about C-section overuse and maternal health issues	OVERUSE/HOSPITAL QUALITY: Outreach to hospitals about C-section overuse, standards/expectations, and opportunities to improve. Includes focus on maternal health equity.	STATE – State Money Measures(s) (no \$ tied)	CVH-All	1/20/2023	12/31/2024	COMPLETED	Barb Wentworth		

Work Plan Initiatives Section	PODS	Intervention Name	Intervention Description	Measures	Counties/Regions	Actual Start Date	End Date	Status	Department Owner	Mid-Year Update	Year End Update
3	HOSPITAL QUALITY/ PATIENT SAFETY	Hospital Quality Scorecard program	OVERUSE/HOSPITAL QUALITY: Track and produce internally-developed Hospital Quality Scorecard for use by quality and contracting staff. Features individual hospital performance on priority metrics in areas including patient safety, maternal health, patient experience, readmissions, and overall CMS rating.	STATE – State Money Measures(s) (no \$ tied)	CVH-All	1/20/2023	12/31/2024	ON TRACK	Barb Wentworth		
3	HOSPITAL QUALITY/ PATIENT SAFETY	Participation on Leapfrog Partners Advisory Committee	OVERUSE/HOSPITAL QUALITY: Participation in Leapfrog's Partners Advisory Committee (serving as co-chair) and related activities.	STATE – State Money Measures(s) (no \$ tied)	CVH-All	1/20/2023	12/31/2024	ON TRACK	Barb Wentworth		
3	HOSPITAL QUALITY/ PATIENT SAFETY	Engagement with external collaboratives to promote hospital quality: CMQCC	OVERUSE/HOSPITAL QUALITY: Collaboration with organizations like the California Maternal Quality Care Collaborative (CMQCC) and the California Health Care Foundation (CHCF) to coordinate and consult on improving hospital maternal health metrics, and with Cal Hospital Compare and Cynosure Health to promote improvements in areas like patient safety.	STATE – State Money Measures(s) (no \$ tied)	CVH-All	1/20/2023	12/31/2024	ON TRACK	Barb Wentworth		
3	HOSPITAL QUALITY/ PATIENT SAFETY	Engagement with external collaboratives to promote hospital quality: Cal Hospital Compare collaboration	OVERUSE/HOSPITAL QUALITY: Collaboration with Cal Hospital Compare to promote their hospital Honor Rolls, leverage their Poor Performer list, partner with their staff to engage specific poor-performing hospitals including with other health plans, and identify new opportunities to drive hospital quality improvements.	STATE – State Money Measures(s) (no \$ tied)	CVH-All	5/30/2023	12/31/2024	ON TRACK	Barbara Wentworth		
3	HOSPITAL QUALITY/ PATIENT SAFETY	Engagement with external collaboratives to promote hospital quality: California Health Care Foundation collaboration	OVERUSE/HOSPITAL QUALITY: Collaboration with the California Health Care Foundation (CHCF) to coordinate and consult on improving hospital maternal health metrics.	STATE – State Money Measures(s) (no \$ tied)	CVH-All	5/30/2023	12/31/2024	ON TRACK	Barb Wentworth		

Work Plan Initiatives Section	PODS	Intervention Name	Intervention Description	Measures	Counties/Regions	Actual Start Date	End Date	Status	Department Owner	Mid-Year Update	Year End Update
3	HOSPITAL QUALITY/ PATIENT SAFETY	Engagement with external collaboratives to promote hospital quality: Cynosure Health	OVERUSE/HOSPITAL QUALITY: Collaboration with Cynosure Health to provide our network hospitals with access to their online platform and QI resources to provide them with technical guidance on how to improve their performance on priority measures.	STATE – State Money Measures(s) (no \$ tied)	CVH – All	5/30/2023	12/31/2024	ON TRACK	Barbara Wentworth		
3	HOSPITAL QUALITY/ PATIENT SAFETY	Participation on Leapfrog Committees and Events: Data Users Group	OVERUSE/HOSPITAL QUALITY – Member of Data Users Group, which includes coordination with Leapfrog to promote their surveys and findings to encourage improvement on key metrics by network hospitals.	STATE – State Money Measures(s) (no \$ tied)	CVH-All	5/31/2023	12/31/2024	ON TRACK	Barbara Wentworth		
4	HEALTH EDUCATION/ WELLNESS	Annual Member Newsletter-Medi-Cal CalViva	HEALTH EDUCATION/WELLNESS The newsletter meets the Medi-Cal guideline that requires specific member communication to be mailed to members’ homes. The member newsletter is also a mode of communication for NCQA, Health Equity and Regulatory articles. Promotion of wellness programs and quality improvement interventions.	CAHPS – Access to Care	CVH-All	10/25/2023	10/31/2024	ON TRACK	Brittany Head S. Si, CVH Compliance		
4	MEMBER COMMUNICATION/ ENGAGEMENT	CVH: IHA Quarterly Reporting	CARE COORDINATION AND MEMBER ENGAGEMENT- Provide quarterly updates to report on IHA rates and status to stakeholder committee members.	HPQI – Health Plan Quality Improvement	CVH-ALL	1/1/2024	12/31/2024	ON TRACK	Miriam Rosales/ Amy Schneider		
4	MEMBER COMMUNICATION/ ENGAGEMENT	CVH: Low Performing Providers	CARE COORDINATION & MEMBER ENGAGEMENT- Utilize PPP reports, Cozeva, and Alfresco to identify low performing providers per county, work w/PE team to develop best practices.	HPQI – Health Plan Quality Improvement	CVH-All	1/1/2024	12/31/2024	ON TRACK	Miriam Rosales		
5	PEDIATRICS/ ADOLESCENTS	First Year of Life Program – FYOL	PEDIATRIC/PERINATAL/DENTAL – HEALTH EQUITY: FYOL reaches out to parents of members under 15 months of age to ensure that timely well-child visits are scheduled. Education about immunizations, well-child visits and all of the services that will happen in well-child visits.	CIS – Childhood Immunization Combo 10, LSC – Lead Screening in Children, W30 – Well Child Visits in the First 30 Months of Life (previously W15)	CVH-All	4/7/2023	12/31/2024	ON TRACK	Gigi Park		

Work Plan Initiatives Section	PODS	Intervention Name	Intervention Description	Measures	Counties/Regions	Actual Start Date	End Date	Status	Department Owner	Mid-Year Update	Year End Update
5	PEDIATRICS/ ADOLESCENTS	QI Referrals to the CalViva Health Pregnancy Program.	PERINATAL/PERINATAL/DENTAL – QI is referring all Medi-Cal African-American/Black Pregnancies in Fresno County to the CalViva Health Pregnancy Program monthly.	PPC – PPC – Postpartum Visit,W30 – Well Child Visits in the First 30 Months of Life (previously W15),PPC – Prenatal and Postpartum Care	CVH-Fresno	4/7/2023	12/31/2024	ON TRACK	Gigi Park		
5	PEDIATRICS/ ADOLESCENTS	Peds+ POD Action Plan Reviews	PEDIATRIC/ADOLESCENTS – Review all Pediatric/Perinatal/Dental Action Plans in the Provider Engagement Database and provide feedback to improve action plans	CIS – Childhood Immunization Combo 10,IMA – IMA - Adolescent Immunizations Combo 2,LSC – Lead Screening in Children,PPC – PPC – Postpartum Visit,PPC – PPC – Prenatal Visit (Timeliness),W30 – Well Child Visits in the First 30 Months of Life (previously W15),WCV – Child and Adolescent Well-Care Visits (previously W34 and AWC)	CVH-ALL	1/8/2024	12/31/2024	ON TRACK	Juli Coulthurst		
5	PEDIATRICS/ ADOLESCENTS	Pediatric/Perinatal/ Dental Provider HEDIS Tip Sheets	PEDIATRICS/ADOLESCENTS – Develop any pediatric, perinatal or dental provider HEDIS tip sheets as needed.	CIS – Childhood Immunization Combo 10,LSC – Lead Screening in Children,PPC – PPC – Postpartum Visit,PPC – PPC – Prenatal Visit (Timeliness),W30 – Well Child Visits in the First 30 Months of Life (previously W15),WCV – Child and Adolescent Well-Care Visits (previously W34 and AWC)	CVH-ALL	1/24/2024	12/31/2024	NOT STARTED	Juli Coulthurst		

Work Plan Initiatives Section	PODS	Intervention Name	Intervention Description	Measures	Counties/Regions	Actual Start Date	End Date	Status	Department Owner	Mid-Year Update	Year End Update
5	PEDIATRICS/ ADOLESCENTS	CVH Medi-Cal Family Unit HEDIS Outreach/Multi-Gap calls	PEDIATRICS/ADOLESCENTS – HEDIS team outreach to anchor members and all household members with care gaps.	WCV – Child and Adolescent Well-Care Visits (previously W34 and AWC)	CVH-ALL	5/20/2024	12/20/2024	PLANNING	Juli Coulthurst		
5	PEDIATRICS/ ADOLESCENTS	QMIP – CalViva Pediatric/Perinatal activities	PEDIATRIC/ADOLESCENT – TBD	CIS – Childhood Immunization Combo 10	CVH-ALL	1/24/2024	12/31/2024	NOT STARTED	Juli Coulthurst		
5	PEDIATRICS/ ADOLESCENTS	Perinatal Care training for Provider Engagement and Clinical Program Managers	PEDIATRIC/PERINATAL/DENTAL-Perinatal - QI PM will train Provider Engagement and CPMs on Perinatal Care MY2024 HEDIS measures and best practices that providers can implement.	PPC – Prenatal and Postpartum Care	CVH-ALL	4/9/2024	4/9/2024	COMPLETED	Juli Coulthurst		
5	PEDIATRICS/ ADOLESCENTS	Provider Engagement and CPM Training on Pediatric MCAS measures for MY 2024	PEDIATRIC/PERINATAL/DENTAL: Pediatric - QI PM to train Provider Engagement and Clinical Program Managers on MY2024 Pediatric MCAS measures and an outreach providers can do in Q1 2024 using MY2023 Cozeva data, before the MY2024 caregap data is available.	CIS – Childhood Immunization Combo 10, LSC – Lead Screening in Children, W30 – Well Child Visits in the First 30 Months of Life (previously W15), WCV – Child and Adolescent Well-Care Visits (previously W34 and AWC), ADV – Annual Dental All members	CVH-ALL	2/27/2024	2/27/2024	NOT STARTED	Juli Coulthurst		
5	PEDIATRICS/ ADOLESCENTS	DHCS Medi-Cal Child Health Sprint Collaborative	DHCS and Institute for Healthcare Improvement (IHI) Well Care	W30 – Well Child Visits in the First 30 Months of Life (previously W15), W15 – Well Child Mth Six or more well child visits, WCV – Child and Adolescent Well- Care Visits (previously W34 and AWC)	CVH-ALL	2/1/2024	2/28/2025	NOT STARTED	Naomi Lam Amy Schneider RN		
5	PEDIATRICS/ ADOLESCENTS	Updates Newborn Checklist	Update Infant Well Care Affinity Group Newborn Checklist in collaboration with HPSJ after hospital gateway newborn enrollment process is launched	W15 – Well Child Mth Six or more well child visits	CVH Counties	1/23/2024	1/23/2024	PLANNING	Meena Dhonchak		

Work Plan Initiatives Section	PODS	Intervention Name	Intervention Description	Measures	Counties/Regions	Actual Start Date	End Date	Status	Department Owner	Mid-Year Update	Year End Update
5	PEDIATRICS/ ADOLESCENTS	Pfizer 1st Birthday IVR	PEDIATRIC/PERINATAL/DENTAL – Well Visit Program – send IVR phone messages to parents of children who are 10 months old to remind them of the importance of their upcoming 1-year checkup.	CIS – Childhood Immunization Combo 10	CVH-All	2/1/2024	12/31/2024	NOT STARTED	Guille Toland		
5	PEDIATRICS/ ADOLESCENTS	CIS-10 and W30-6+ Data Reconciliation and Outreach	PEDIATRIC/PERINATAL/DENTAL – The intent of this activity is to do data reconciliation by calling the member and/or provider, or checking in accessible EMRs.	CIS – Childhood Immunization Combo 10,W30 – Well Child Visits in the First 30 Months of Life (previously W15)	CVH-ALL	6/3/2024	12/31/2024	NOT STARTED	Guille Toland		
5	PEDIATRICS/ ADOLESCENTS	POC Lead Screening Analyzers	PEDIATRICS/PERINATAL/DENTAL – This initiative will leverage the Quality EDGE process to order point of care blood lead analyzers for pediatric providers.	LSC – Lead Screening in Children	CVH-All	5/31/2023	12/31/2023	PLANNING	Anabel Jayme		
5	PEDIATRICS/ ADOLESCENTS	LSC Quarterly Reporting	PEDIATRIC/PERINATAL/DENTAL - Quarterly UM/QI LSC reporting	LSC – Lead Screening in Children	CVH-All	1/1/2024	12/31/2024	ON TRACK	Anabel Jayme		
5	PEDIATRICS/ ADOLESCENTS	DHCS Annual LSC Reporting	PEDIATRIC/PERINATAL/DENTAL – DHCS requires all health plans to submit an annual report on blood lead screening in children	LSC – Lead Screening in Children	CVH: All	1/1/2024	3/29/2024	ON TRACK	Anabel Jayme		
5	PEDIATRICS/ ADOLESCENTS	Health Disparity PIP W30-6+ Measure	PEDIATRIC/PERINATAL/DENTAL – PIP to improve W30-6+ rate among Black or African American members in Fresno County	W30 – Well Child Visits in the First 30 Months of Life (previously W15)	CVH – Fresno	5/8/2023	12/31/2024	ON TRACK	Naomi Lam		
5	PEDIATRICS/ ADOLESCENTS	CIS-10 Special Project – HepB Reconciliation	PEDIATRIC/PERINATAL/DENTAL – HEDIS team will reach out to parents and delivery hospitals to obtain records for HepB.	CIS – Childhood Immunization Combo 10	CVH-Madera & Fresno	1/3/2024	4/30/2024	NOT STARTED	Guille Toland, Juli Coulthurst		
5	PERINATAL CARE	Confirmation of Pregnancy Build Out in Cozeva	Work with the Cozeva team to set up a feature/function for PCP users to indicate member's early pregnancy.	PPC – PPC – Prenatal Visit (Timeliness)	CVH-ALL	2/1/2024	12/31/2024	NOT STARTED	Naomi Lam		

Work Plan Initiatives Section	PODS	Intervention Name	Intervention Description	Measures	Counties/Regions	Actual Start Date	End Date	Status	Department Owner	Mid-Year Update	Year End Update
6	PHARMACY	Multi-Gap Family Unit (MCL) Live Call Outreach	Live calls via HEDIS team CSR's addressing barriers to accessing care for CVH Medi-cal members with multiple gaps. Call will occur between the health plan representatives and the member (includes inbound and outbound calls). The intention of this call is to inform the member of the importance of having preventive care visits / screenings. Callers offer members home tests that would be sent directly to member's home. During a call callers would inform about additional services, offer other resources as appropriate, and remind members about the myStrength tool. The call will also help to assess patient's access to medical care and underlying social determinants of health for possible referral to case management.	WCV – Child and Adolescent Well-Care Visits (previously W34 and AWC), CIS - Childhood Immunization Status, BCS – Breast Cancer Screening, W30 – Well Child Visits in the First 30 Months of Life (previously W15), IMA – IMA – Adolescent Immunizations Combo 2, LSC – Lead Screening in Children, AMR – Asthma Med Ratio Total 5 to 64, CBP – Controlling Blood Pressure, CCS – Cervical Cancer Screen – Pap Test	CVH-All	5/6/2024	12/13/2024	PLANNING	Alicia Bednar		
6	PHARMACY	KIC Smoking Cessation Newsletter	PHARMACY & RELATED MEASURES - Promote Kick It California (KIC), a statewide cessation program to members via the member newsletter.	CAHPS – Adult-Smoking Advice	CVH – All	1/22/2024	12/31/2024	PLANNING	Justina Felix		
6	PHARMACY	Community Supports Asthma Remediation Email Campaign	PHARMACY & RELATED MEASURES - Increase awareness of the Asthma Remediation Services Program to Medi-Cal members with a focus on asthma denominator .	AMR – Asthma Med Ratio Total 5 to 64	CVH-Fresno	1/1/2024	3/29/2024	ON TRACK	Justina Felix, Alma Pham, Tianheng Liu		
6	PHARMACY	Community Support Asthma Remediation Provider Update	PHARMACY & RELATED MEASURES - Increase awareness of the Community Support Asthma Remediation Services program to Medi-Cal Providers.	AMR – Asthma Med Ratio Total 5 to 64	CVH-All	1/1/2024	3/29/2024	ON TRACK	Justina Felix		
6	PHARMACY	Provider flyer	PHARMACY & RELATED MEASURES - Provide Providers information on AMR and information on how to access the patient referral form.	AMR – Asthma Med Ratio Total 5 to 64	CVH-All	1/1/2024	12/31/2024	ON TRACK	Alicia Bednar		

Work Plan Initiatives Section	PODS	Intervention Name	Intervention Description	Measures	Counties/Regions	Actual Start Date	End Date	Status	Department Owner	Mid-Year Update	Year End Update
7	PREVENTATIVE CARE	CVH--Medi-Cal PARS for High Volume Specialists, Ancillary, CBAS, and Behavioral Health providers	PREVENTATIVE CARE – To complete Physical Accessibility Review Surveys (PARS) for high volume specialists, CBAS, ancillary and behavioral health providers including priority providers and/or requested PCPs and identify and evaluate barriers that may be limiting care to SPD members.	CAHPS – Access to Care,HPQI – Health Plan Quality Improvement	CVH-All	1/1/2024	12/31/2024	ON TRACK	Pam Carpenter		
8	PPG SUPPORT	IHQC – Project Management Training	QUALITY EDGE/TRAINING/PROVIDER COMMUNICATION – IHQC will host the Project Management (PM) training for a cohort of providers in April. The training includes content and incidental coaching to build skills to manage small scale projects and large initiatives. An additional PM training will be provided to internal staff (PE/QI) in May.	HPQI – Health Plan Quality Improvement	CVH-ALL	4/1/2024	5/31/2024	NOT STARTED	Gladys Lazaro, Lora Maloof-Miller		
8	PPG SUPPORT	IHQC - Fundamentals of QI Training	QUALITY EDGE/TRAINING/PROVIDER COMMUNICATION – IHQC vendor will host the Fundamentals in QI for a select group of providers. This virtual training consists of two workshops that introduce the essential of quality and process improvement methodologies.	HPQI – Health Plan Quality Improvement	CVH-ALL	3/1/2024	3/29/2024	PLANNING	Gladys Lazaro, Lora Maloof-Miller		

Item #9

Attachment 9.A

Financials as of January 31, 2024

Fresno-Kings-Madera Regional Health Authority dba CalViva Health		
Balance Sheet		
As of January 31, 2024		
		Total
1	ASSETS	
2	Current Assets	
3	Bank Accounts	
4	Cash & Cash Equivalents	144,870,481.46
5	Total Bank Accounts	\$ 144,870,481.46
6	Accounts Receivable	
7	Accounts Receivable	565,080,765.26
8	Total Accounts Receivable	\$ 565,080,765.26
9	Other Current Assets	
10	Interest Receivable	391,558.28
11	Investments - CDs	0.00
12	Prepaid Expenses	879,504.38
13	Security Deposit	23,662.50
14	Total Other Current Assets	\$ 1,294,725.16
15	Total Current Assets	\$ 711,245,971.88
16	Fixed Assets	
17	Buildings	5,821,298.64
18	Computers & Software	43,555.52
19	Land	3,161,419.10
20	Office Furniture & Equipment	85,952.40
21	Total Fixed Assets	\$ 9,112,225.66
22	Other Assets	
23	Investment -Restricted	303,199.48
24	Lease Receivable	2,876,155.51
25	Total Other Assets	\$ 3,179,354.99
26	TOTAL ASSETS	\$ 723,537,552.53
27	LIABILITIES, DEFFERED INFLOW OF RESOURCES, AND EQUITY	
28	Liabilities	
29	Current Liabilities	
30	Accounts Payable	
31	Accounts Payable	144,297.59
32	Accrued Admin Service Fee	4,738,162.00
33	Capitation Payable	105,597,835.71
34	Claims Payable	25,218.53
35	Directed Payment Payable	3,768,442.06
36	Total Accounts Payable	\$ 114,273,955.89
37	Other Current Liabilities	
38	Accrued Expenses	1,041,131.47
39	Accrued Payroll	93,889.37
40	Accrued Vacation Pay	344,908.05
41	Amt Due to DHCS	30,568,417.71
42	IBNR	75,992.01
43	Loan Payable-Current	0.00
44	Premium Tax Payable	0.00
45	Premium Tax Payable to BOE	326,428.43
46	Premium Tax Payable to DHCS	423,385,416.67
47	Total Other Current Liabilities	\$ 455,836,183.71
48	Total Current Liabilities	\$ 570,110,139.60
49	Long-Term Liabilities	
50	Renters' Security Deposit	25,906.79
51	Subordinated Loan Payable	0.00
52	Total Long-Term Liabilities	\$ 25,906.79
53	Total Liabilities	\$ 570,136,046.39
54	Deferred Inflow of Resources	2,439,717.67
55	Equity	
56	Retained Earnings	141,338,556.42
57	Net Income	9,623,232.05
58	Total Equity	\$ 150,961,788.47
59	TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES AND EQUITY	\$ 723,537,552.53

Fresno-Kings-Madera Regional Health Authority dba CalViva Health

Budget vs. Actuals: Income Statement

July 2023 - January 2024

		Total		
		Actual	Budget	Over/(Under) Budget
1	Income			
2	Interest Income	4,495,472.55	2,100,000.00	2,395,472.55
3	Premium/Capitation Income	1,234,218,289.26	1,024,654,006.00	209,564,283.26
4	Total Income	1,238,713,761.81	1,026,754,006.00	211,959,755.81
5	Cost of Medical Care			
6	Capitation - Medical Costs	764,620,469.73	683,553,472.00	81,066,997.73
7	Medical Claim Costs	775,132.53	933,333.31	(158,200.78)
8	Total Cost of Medical Care	765,395,602.26	684,486,805.31	80,908,796.95
9	Gross Margin	473,318,159.55	342,267,200.69	131,050,958.86
10	Expenses			
11	Admin Service Agreement Fees	33,569,371.00	31,197,210.00	2,372,161.00
12	Bank Charges	0.00	4,200.00	(4,200.00)
13	Computer/IT Services	78,657.50	150,479.00	(71,821.50)
14	Consulting Fees	32,800.00	233,333.31	(200,533.31)
15	Depreciation Expense	191,062.90	210,000.00	(18,937.10)
16	Dues & Subscriptions	138,959.05	136,500.00	2,459.05
17	Grants	2,627,272.70	2,642,730.00	(15,457.30)
18	Insurance	204,814.45	256,080.00	(51,265.55)
19	Labor	2,111,502.27	2,618,391.00	(506,888.73)
20	Legal & Professional Fees	49,775.50	116,666.69	(66,891.19)
21	License Expense	737,944.08	815,215.31	(77,271.23)
22	Marketing	770,843.59	980,000.00	(209,156.41)
23	Meals and Entertainment	9,224.20	19,000.00	(9,775.80)
24	Office Expenses	40,176.04	53,200.00	(13,023.96)
25	Parking	109.00	910.00	(801.00)
26	Postage & Delivery	1,414.64	2,800.00	(1,385.36)
27	Printing & Reproduction	1,835.12	2,870.00	(1,034.88)
28	Recruitment Expense	1,003.41	65,625.00	(64,621.59)
29	Rent	0.00	7,000.00	(7,000.00)
30	Seminars and Training	4,484.14	16,800.00	(12,315.86)
31	Supplies	7,424.01	7,583.31	(159.30)
32	Taxes	423,384,970.14	297,916,669.00	125,468,301.14
33	Telephone	18,166.70	24,500.00	(6,333.30)
34	Travel	10,922.67	15,283.31	(4,360.64)
35	Total Expenses	463,992,733.11	337,493,045.93	126,499,687.18
36	Net Operating Income/ (Loss)	9,325,426.44	4,774,154.76	4,551,271.68
37	Other Income			
38	Other Income	297,805.61	350,000.00	(52,194.39)
39	Total Other Income	297,805.61	350,000.00	(52,194.39)
40	Net Other Income	297,805.61	350,000.00	(52,194.39)
41	Net Income/ (Loss)	9,623,232.05	5,124,154.76	4,499,077.29

Fresno-Kings-Madera Regional Health Authority dba CalViva Health

Income Statement: Current Year vs Prior Year

FY 2024 vs FY 2023

		Total	
		July 2023 - January 2024 (CY)	July 2022 - January 2023 (PY)
1	Income		
2	Interest Income	4,495,472.55	2,417,943.27
3	Premium/Capitation Income	1,234,218,289.26	755,455,418.03
4	Total Income	\$ 1,238,713,761.81	\$ 757,873,361.30
5	Cost of Medical Care		
6	Capitation - Medical Costs	764,620,469.73	621,567,337.91
7	Medical Claim Costs	775,132.53	781,264.06
8	Total Cost of Medical Care	\$ 765,395,602.26	\$ 622,348,601.97
9	Gross Margin	\$ 473,318,159.55	\$ 135,524,759.33
10	Expenses		
11	Admin Service Agreement Fees	33,569,371.00	31,940,194.00
12	Computer/IT Services	78,657.50	117,614.96
13	Consulting Fees	32,800.00	14,675.00
14	Depreciation Expense	191,062.90	168,857.89
15	Dues & Subscriptions	138,959.05	120,758.63
16	Grants	2,627,272.70	3,224,090.92
17	Insurance	204,814.45	112,313.26
18	Labor	2,111,502.27	1,873,438.43
19	Legal & Professional Fees	49,775.50	53,675.66
20	License Expense	737,944.08	685,721.54
21	Marketing	770,843.59	761,424.10
22	Meals and Entertainment	9,224.20	15,247.89
23	Office Expenses	40,176.04	52,882.34
24	Parking	109.00	184.39
25	Postage & Delivery	1,414.64	2,281.52
26	Printing & Reproduction	1,835.12	1,275.20
27	Recruitment Expense	1,003.41	36,668.73
28	Rent	0.00	0.00
29	Seminars and Training	4,484.14	5,700.10
30	Supplies	7,424.01	5,840.92
31	Taxes	423,384,970.14	91,437,096.77
32	Telephone	18,166.70	17,459.38
33	Travel	10,922.67	11,130.71
34	Total Expenses	\$ 463,992,733.11	\$ 130,658,532.34
35	Net Operating Income/ (Loss)	\$ 9,325,426.44	\$ 4,866,226.99
36	Other Income		
37	Other Income	297,805.61	318,328.57
38	Total Other Income	\$ 297,805.61	\$ 318,328.57
39	Net Other Income	\$ 297,805.61	\$ 318,328.57
40	Net Income/ (Loss)	\$ 9,623,232.05	\$ 5,184,555.56

Item #9

Attachment 9.B

Compliance Report



Regulatory Filings:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2024 YTD Total
# of DHCS Filings													
Administrative/Operational	56	46	10										112
Member Materials Filed for Approval;	1	4	0										5
Provider Materials Reviewed & Distributed	10	14	2										26
# of DMHC Filings	8	8	0										16

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

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

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

# of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)													
No-Risk / Low-Risk	5	4*	1										
High-Risk	0	0	0										

* One of the four cases involved a cybersecurity incident at Change Healthcare that caused widespread product outages affecting many plans nationally.

CalViva does not have a contractual relationship with Change Healthcare but CalViva’s Plan Administrator, Health Net, does. Although Health Net submitted a Privacy Incident Report to DHCS on 2/28/24 no member PHI was impacted and DHCS closed the case as a “non-breach”.

Fraud, Waste, & Abuse Activity:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2024 YTD Total
# of New MC609 Cases Submitted to DHCS	2	4											6
# of Cases Open for Investigation (Active Number)	17	17											



Summary of Potential Fraud, Waste & Abuse (FWA) cases: Since the 2/15/2024 Compliance Regulatory Report to the Commission, there were 6 new MC609 cases filed by the end of Feb 2024 that involved: 1) A participating provider specializing in case management services who allegedly billed for services not rendered according to a member complaint; 2) A participating provider who specializes in pediatrics for billing a high volume of the non-medically necessary service; 3) A participating DME provider who was referred by DHCS for upcoding services and not providing documentation to support the billing; 4) A participating behavioral health provider for possible services not rendered and conflicting “rendering provider” docuemtnation; 5) A participating provider specializing in radiology service for knowingly rendering a non-covered service to a Medi-Cal member and billing the member; and 6) A participating pain management provider for allegedly billing services not rendered.

Compliance Oversight & Monitoring Activities:	Status
<p>CalViva Health Oversight Activities</p>	<p>Health Net CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances, and appeals, etc.</p>
<p>Oversight Audits</p>	<p>The following annual audits are in-progress: Credentialing, UMCM, and Behavioral Health.</p> <p>The following audits have been completed since the last Commission report: Emergency Room (CAP), and Quality Improvement (CAP).</p>

Regulatory Reviews/Audits and CAPS:	Status
<p>Department of Managed Health Care (“DMHC”) 2022 Medical Audit</p>	<p>Awaiting DMHC response to the initial CAP response submitted on 12/15/23.</p>
<p>Department of Health Care Services (“DHCS”) 2023 Medical Audit</p>	<p>The Plan submitted its March CAP update on 2/26/24. DHCS has requested the Plan’s final CAP response by 3/20/24.</p>
<p>Department of Health Care Services (“DHCS”) 2024 Medical Audit</p>	<p>On 2/29/2024 the Plan received DHCS audit notification and pre-audit request. The audit is to take place from 5/20/2024 through 5/31/2024 covering the review period of 4/1/2023 through 3/31/2024. All pre-audit information in due by 4/12/2024.</p>
New Regulations / Contractual Requirements/DHCS Initiatives:	Status



<p>California Advancing and Innovating Medi-Cal (CalAIM)</p>	<ul style="list-style-type: none"> • Enhanced Care Management (ECM): On 1/19/24 the Plan submitted an updated Justice Involved ECM network and capacity report. • Community Supports (CS): On 1/29/24, the Plan submitted an updated 2024 Community Supports MOC for those services going live 7/1/24: Sobering Centers and Short-term Post-Hospitalization Housing (Fresno, Kings and Madera Counties; and Recuperative Care (Madera County).)
<p>Long Term Care (LTC) Carve-In Deliverable List – Phase II (ICF/DD and Subacute Care facilities)</p>	<p>Effective 1/1/2024, LTC-ICF/DD and Subacute Care services were carved into MCPs statewide. The Plan submitted deliverables associated with APL 23-004 (“Intermediate Care Facilities for Individuals with Developmental Disabilities”), and APL 23-027 (“Subacute Care Facilities”) to DHCS on 11/27/23 and 1/29/24. The Plan is still working to complete Phase I of the ICF/DD network readiness requirements regarding contracting efforts.</p>
<p>Memorandum of Understanding (MOU)</p>	<p>DHCS requires Plans and Third-Party Entities to submit updated MOU templates and to specify responsibilities under those MOUs. DHCS has provided base templates that the Plan must execute starting January 1, 2024, through January 1, 2025.</p> <p>DHCS will require quarterly status updates on the execution of those MOUs. The Q1 2024 is due 4/30/2024</p>
<p>Annual Network Certifications</p>	<ul style="list-style-type: none"> • <u>2023 Subnetwork Certification (SNC)</u> – The Plan filed all the required documentation on 1/5/24 and is awaiting DHCS determination. • <u>2023 Annual Network Certification (ANC)</u> – The Plan is scheduled to file the required documentation by 3/25/24. • <u>2022 Annual Network Certification (ANC)</u> – The Plan was informed on 3/13/24 it’s Alternate Access Standard (AAS) requests were approved by DHCS and have been posted as required on the CalViva Health website.

<p>Plan Administration:</p>	<p>Status</p>
<p>New DHCS Regulations/Guidance</p>	<p>Please refer to Appendix A for a complete list of DHCS and DMHC All Plan Letters (APLs) that have been issued in CY 2024.</p>
<p>Committee Report:</p>	<p>Status</p>
<p>Public Policy Committee (PPC)</p>	<p>The PPC met on March 6, 2024, at 7625 N. Palm Ave Suite 109, Fresno, CA 93711. The following programs and reports were presented: 2024 Annual Compliance Report; Q4 2023 Grievance & Appeals Report; and the Semi-Annual (Q3 and Q4 2023) Member Incentive Programs Report. Additionally, CalViva Health’s 2023 Annual Report was presented and was posted on the Plan’s website.</p> <p>Next Public Policy Committee meeting will be June 5, 2024, 11:30 am-1:30 pm located at 7625 N. Palm Ave Suite 109, Fresno, CA 93711.</p>



APPENDIX A

2024 DHCS All Plan Letters:

APL 24-001 STREET MEDICINE PROVIDER DEFINITIONS AND PARTICIPATION IN MANAGED CARE

APL 24-002 MEDI-CAL MANAGED CARE PLAN RESPONSIBILITIES FOR INDIAN HEALTH CARE PROVIDERS AND AMERICAN INDIAN MEMBERS

2024 DMHC All Plan Letters:

None applicable to Medi-Cal Managed Care to date

Item #9

Attachment 9.C

Medical Management
Appeals & Grievances Dashboard

CalViva Health

Monthly Appeals and Grievances Dashboard
CY: 2024
Current as of End of the Month: January
Revised Date: 2/15/2024

CalViva - 2024																	2024	2023
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	
Expedited Grievances Received	15	0	0	15	0	0	0	0	0	0	0	0	0	0	0	0	15	126
Standard Grievances Received	145	0	0	145	0	0	0	0	0	0	0	0	0	0	0	0	145	1761
Total Grievances Received	160	0	0	160	0	0	0	0	0	0	0	0	0	0	0	0	160	1887
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10
Grievance Ack Letter Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.4%
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	13	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	13	126
Expedited Grievance Compliance rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Grievances Resolved Compliant	160	0	0	160	0	0	0	0	0	0	0	0	0	0	0	0	160	1702
Standard Grievance Compliance rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.9%
Total Grievances Resolved	173	0	0	173	0	0	0	0	0	0	0	0	0	0	0	0	173	1829
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	153	0	0	153	0	0	0	0	0	0	0	0	0	0	0	0	153	1468
Access - Other - DMHC	25	0	0	25	0	0	0	0	0	0	0	0	0	0	0	0	25	270
Access - PCP - DHCS	7	0	0	7	0	0	0	0	0	0	9	9	0	0	0	0	7	118
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	10	0	0	10	0	0	0	0	0	0	0	0	0	0	0	0	10	78
Administrative	25	0	0	25	0	0	0	0	0	0	0	0	0	0	0	0	25	186
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	12	0	0	12	0	0	0	0	0	0	0	0	0	0	0	0	12	122
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	35	0	0	35	0	0	0	0	0	0	0	0	0	0	0	0	35	339
Pharmacy/RX Medical Benefit	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Transportation - Access	18	0	0	18	0	0	0	0	0	0	0	0	0	0	0	0	18	175
Transportation - Behaviour	8	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	8	89
Transportation - Other	12	0	0	12	0	0	0	0	0	0	0	0	0	0	0	0	12	86
Quality Of Care Grievances	20	0	0	20	0	0	0	0	0	0	0	0	0	0	0	0	20	361
Access - Other - DMHC	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	3
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	4
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	60
PCP Care	8	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	8	94
PCP Delay	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	116
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	6	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	6	60
Specialist Delay	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	24
Exempt Grievances Received	144	0	0	144	0	0	0	0	0	0	0	0	0	0	0	0	144	1885
Access - Avail of Appt w/ PCP	4	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4	15
Access - Avail of Appt w/ Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Avail of Appt w/ Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Wait Time - wait too long on telephone	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Access - Wait Time - in office for appt	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Access - Panel Disruption	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15
Access - Shortage of Providers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Geographic/Distance Access Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Geographic/Distance Access PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Access - Geographic/Distance Access Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Access - Interpreter Service Requested	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Benefit Issue - Specific Benefit needs authorization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Benefit Issue - Specific Benefit not covered	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Attitude/Service - Health Plan Staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14	
Attitude/Service - Provider	6	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	6	43
Attitude/Service - Office Staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Attitude/Service - Vendor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Attitude/Service - Health Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12
Authorization - Authorization Related	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Eligibility Issue - Member not eligible per Health Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Eligibility Issue - Member not eligible per Provider	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	48
Health Plan Materials - ID Cards-Not Received	19	0	0	19	0	0	0	0	0	0	0	0	0	0	0	0	0	19	210
Health Plan Materials - ID Cards-Incorrect Information on Card	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Health Plan Materials - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Mental Health Related	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
PCP Assignment/Transfer - Health Plan Assignment - Change Request	50	0	0	50	0	0	0	0	0	0	0	0	0	0	0	0	0	50	652
PCP Assignment/Transfer - HCO Assignment - Change Request	15	0	0	15	0	0	0	0	0	0	0	0	0	0	0	0	0	15	301
PCP Assignment/Transfer - PCP effective date	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCP Assignment/Transfer - PCP Transfer not Processed	4	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4	37
PCP Assignment/Transfer - Rollout of PPG	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
PCP Assignment/Transfer - Mileage Inconvenience	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14
Pharmacy - Authorization Issue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy - Authorization Issue-CalViva Error	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy - Eligibility Issue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy - Quantity Limit	0	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	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	7	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	7	65
Transportation - Access - Provider Late	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	32
Transportation - Behaviour	4	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4	76
Transportation - Other	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	53
OTHER - Other	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	14
Claims Complaint - Balance Billing from Provider	28	0	0	28	0	0	0	0	0	0	0	0	0	0	0	0	0	28	235

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	2023
Expedited Appeals Received	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	34
Standard Appeals Received	22	0	0	22	0	0	0	0	0	0	0	0	0	0	0	0	22	331
Total Appeals Received	24	0	0	24	0	0	0	0	0	0	0	0	0	0	0	0	24	365
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Appeals Ack Letter Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.4%
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	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	35
Expedited Appeals Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
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	16	0	0	16	0	0	0	0	0	0	0	0	0	0	0	0	16	325
Standard Appeals Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.8%
Total Appeals Resolved	18	0	0	18	0	0	0	0	0	0	0	0	0	0	0	0	18	361
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	18	0	0	18	0	0	0	0	0	0	0	0	0	0	0	0	18	353
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	9
DME	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	37
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	11	0	0	11	0	0	0	0	0	0	0	0	0	0	0	0	11	162
Other	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	35
Pharmacy/RX Medical Benefit	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	47
Surgery	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	62
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
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	7
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	8	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	8	156
Uphold Rate	44.4%	0.0%	0.0%	44.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	44.4%	43.2%
Overturns - Full	9	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0	9	194
Overturn Rate - Full	50.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	53.7%
Overturns - Partials	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	10
Overturn Rate - Partial	5.6%	0.0%	0.0%	5.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	5.6%	2.8%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%
Membership	424,033	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	430,517
Appeals - PTMPM	0.04	-	-	0.04	-	-	-	-	-	-	-	-	-	-	-	-	0.04	0.09
Grievances - PTMPM	0.41	-	-	0.41	-	-	-	-	-	-	-	-	-	-	-	-	0.41	0.24

Fresno County - 2024																		2023
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2024 YTD	2023
Expedited Grievances Received	13	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	13	107
Standard Grievances Received	118	0	0	118	0	0	0	0	0	0	0	0	0	0	0	0	118	1447
Total Grievances Received	131	0	0	131	0	0	0	0	0	0	0	0	0	0	0	0	131	1554
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grievance Ack Letter Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
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	11	0	0	11	0	0	0	0	0	0	0	0	0	0	0	0	11	107
Expedited Grievance Compliance rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Grievances Resolved Compliant	130	0	0	130	0	0	0	0	0	0	0	0	0	0	0	0	130	1389
Standard Grievance Compliance rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.9%
Total Grievances Resolved	141	0	0	141	0	0	0	0	0	0	0	0	0	0	0	0	141	1497
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	124	0	0	124	0	0	0	0	0	0	0	0	0	0	0	0	124	1194
Access - Other - DMHC	21	0	0	21	0	0	0	0	0	0	0	0	0	0	0	0	21	225
Access - PCP - DHCS	4	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4	102
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	9	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0	9	69
Administrative	24	0	0	24	0	0	0	0	0	0	0	0	0	0	0	0	24	160
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	10	0	0	10	0	0	0	0	0	0	0	0	0	0	0	0	10	97
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	28	0	0	28	0	0	0	0	0	0	0	0	0	0	0	0	28	283
Pharmacy/RX Medical Benefit	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Transportation - Access	13	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	13	126
Transportation - Behaviour	7	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	7	70
Transportation - Other	7	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	7	61
Quality Of Care Grievances	17	0	0	17	0	0	0	0	0	0	0	0	0	0	0	0	17	303
Access - Other - DMHC	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
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	4
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	0	0	0	0	0	0	0	0	0	0	1	51
PCP Care	6	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	6	78
PCP Delay	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	97
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	6	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	6	54
Specialist Delay	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	17

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	2023
Appeals																		
Expedited Appeals Received	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	32
Standard Appeals Received	16	0	0	16	0	0	0	0	0	0	0	0	0	0	0	0	16	278
Total Appeals Received	18	0	0	18	0	0	0	0	0	0	0	0	0	0	0	0	18	310
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Appeals Ack Letter Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.6%
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	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	32
Expedited Appeals Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	11	0	0	11	0	0	0	0	0	0	0	0	0	0	0	0	11	280
Standard Appeals Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	13	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	13	312
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	13	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	13	304
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	8
DME	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	36
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	8	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	8	137
Other	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	32
Pharmacy/RX Medical Benefit	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	39
Surgery	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	51
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
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	3
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	5	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	5	139
Uphold Rate	38.5%	0.0%	0.0%	38.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	38.5%	44.6%
Overturns - Full	7	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	7	167
Overturn Rate - Full	53.8%	0.0%	0.0%	53.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	53.8%	53.5%
Overturns - Partial	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	6
Overturn Rate - Partial	7.7%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.7%	1.9%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Membership	338,835																	345,319
Appeals - PTMPM	0.04	-	-	0.04	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.01	0.06
Grievances - PTMPM	0.42	-	-	0.42	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.10	0.26

Kings County - 2024																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2024 YTD	2023
Expedited Grievances Received	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
Standard Grievances Received	11	0	0	11	0	0	0	0	0	0	0	0	0	0	0	0	11	151
Total Grievances Received	11	0	0	11	0	0	0	0	0	0	0	0	0	0	0	0	11	160
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Grievance Ack Letter Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
Expedited Grievance Compliance rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
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	17	0	0	17	0	0	0	0	0	0	0	0	0	0	0	0	17	148
Standard Grievance Compliance rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
Total Grievances Resolved	17	0	0	17	0	0	0	0	0	0	0	0	0	0	0	0	17	157
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	14	0	0	14	0	0	0	0	0	0	0	0	0	0	0	0	14	128
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22
Access - PCP - DHCS	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	7
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	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	5
Administrative	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	11
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	10
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	25
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation - Access	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	22
Transportation - Behaviour	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	6
Transportation - Other	4	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4	20
Quality Of Care Grievances	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	29
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	0	0	0	0	0	0	0	0	0	0	1	4
PCP Care	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	11
PCP Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
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	0	0	0	0	0	0	0	0	0	0	0	0	4
Specialist Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	2023
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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	11
Total Appeals Received	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	11
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Expedited Appeals Compliance Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	11
Standard Appeals Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
Total Appeals Resolved	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	12
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	1
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
Advanced Imaging	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	4
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Pharmacy/RX Medical Benefit	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	5
Uphold Rate	50.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	41.70%
Overturns - Full	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	7
Overturn Rate - Full	50.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	58.30%
Overturns - Partial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0
Membership	38,436																	38436
Appeals - PTMPM	0.05	-	-	0.05	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.01	0.026019
Grievances - PTMPM	0.44	-	-	0.44	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.11	0.33536

Madera County - 2024																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2024 YTD	2023
Expedited Grievances Received	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	10
Standard Grievances Received	16	0	0	16	0	0	0	0	0	0	0	0	0	0	0	0	16	163
Total Grievances Received	18	0	0	18	0	0	0	0	0	0	0	0	0	0	0	0	18	173
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Grievance Ack Letter Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.4%
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	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	10
Expedited Grievance Compliance rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
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	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	13	0
Standard Grievance Compliance rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Grievances Resolved	15	0	0	15	0	0	0	0	0	0	0	0	0	0	0	0	15	175
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	15	0	0	15	0	0	0	0	0	0	0	0	0	0	0	0	15	146
Access - Other - DMHC	4	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4	27
Access - PCP - DHCS	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	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	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Administrative	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	15
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	4	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4	31
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation - Access	4	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4	27
Transportation - Behaviour	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13
Transportation - Other	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	5
Quality Of Care Grievances	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	29
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
PCP Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
PCP Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10
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	0	0	0	0	0	0	0	0	0	0	0	0	2
Specialist Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	2023
Expedited Appeals Received	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Standard Appeals Received	5	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	5	38
Total Appeals Received	5	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	5	40
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Expedited Appeals Compliance Rate	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	31
Standard Appeals Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	37
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	37
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	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	21
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	12
Uphold Rate	33.3%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	32.4%
Overturns - Full	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	20
Overturn Rate - Full	66.7%	0.0%	0.0%	66.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%	54.1%
Overturns - Partial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.8%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.7%
Membership	46,762																	46,762
Appeals - PTMPM	0.06	-	-	0.06	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.02	0.06
Grievances - PTMPM	0.32	-	-	0.32	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.08	0.31

CalViva SPD only - 2024																	2024	2023
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	
Expedited Grievances Received	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	42
Standard Grievances Received	22	0	0	22	0	0	0	0	0	0	0	0	0	0	0	0	22	564
Total Grievances Received	23	0	0	23	0	0	0	0	0	0	0	0	0	0	0	0	23	606
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Grievance Ack Letter Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.65%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	42
Expedited Grievance Compliance rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
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	28	0	0	28	0	0	0	0	0	0	0	0	0	0	0	0	28	550
Standard Grievance Compliance rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Grievances Resolved	29	0	0	29	0	0	0	0	0	0	0	0	0	0	0	0	29	592
Grievance Descriptions - Resolved Cases	29	0	0	29	0	0	0	0	0	0	0	0	0	0	0	0	29	592
Access to primary care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	41
Access to specialists	7	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	7	169
Continuity of Care	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	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	142
Out-of-network	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Physical accessibility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QOC Non Access	6	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	6	60
QOS Non Access	13	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	13	164
Exempt Grievances Received	9	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0	9	88
Access - Avail of Appt w/ PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Avail of Appt w/ Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Avail of Appt w/ Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Wait Time - wait too long on telephone	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Wait Time - in office for appt	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Panel Disruption	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Access - Shortage of Providers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Geographic/Distance Access Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Geographic/Distance Access PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Geographic/Distance Access Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Interpreter Service Requested	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Benefit Issue - Specific Benefit needs authorization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Benefit Issue - Specific Benefit not covered	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Attitude/Service - Health Plan Staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Attitude/Service - Provider	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Attitude/Service - Office Staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Attitude/Service - Vendor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Attitude/Service - Health Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Authorization - Authorization Related	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Eligibility Issue - Member not eligible per Health Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Eligibility Issue - Member not eligible per Provider	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Health Plan Materials - ID Cards-Not Received	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	20
Health Plan Materials - ID Cards-Incorrect Information on Card	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Health Plan Materials - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Mental Health Related	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCP Assignment/Transfer - Health Plan Assignment - Change Request	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	19
PCP Assignment/Transfer - HCO Assignment - Change Request	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	19
PCP Assignment/Transfer - PCP effective date	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCP Assignment/Transfer - PCP Transfer not Processed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCP Assignment/Transfer - Rollout of PPG	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCP Assignment/Transfer - Mileage Inconvenience	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy - Authorization Issue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy - Authorization Issue-CalViva Error	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy - Eligibility Issue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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

CalViva Health Appeals and Grievances Dashboard 2023 (SPD)

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	0	0	0	0	0	0	0	0	0	0	0	0	5
OTHER - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Claims Complaint - Balance Billing from Provider	4	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4	13

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	2023
Appeals Received																		
Expedited Appeals Received	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Standard Appeals Received	4	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4	68
Total Appeals Received	4	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4	75
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	98.7%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10
Expedited Appeals Compliance Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	66
Standard Appeals Compliance Rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	76
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	71
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
DME	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	13
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	22
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	30
Uphold Rate	66.7%	0.0%	0.0%	66.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%	39.5%
Overturns - Full	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	44
Overturn Rate - Full	33.3%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	57.89%
Overturns - Partial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.6%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Membership	49,899																	
Appeals - PTMPM	0.06	-	-	0.00	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.00	0.06
Grievances - PTMPM	0.58	-	-	0.00	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.00	0.52

Cal Viva Dashboard Definitions

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

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

Item #9

Attachment 9.D

Medical Management
Key Indicator Report



Healthcare Solutions Reporting

Key Indicator Report

Auth Based Utilization Metrics for CALVIVA California SHP

Report from 1/01/2024 to 1/31/2024

Report created 3/7/2024

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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Contact Information

Sections

Concurrent Inpatient TAT Metric

TAT Metric

CCS Metric

Case Management Metrics

Contact Person

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Key Indicator Report
Auth Based Utilization Metrics for CALVIVA California SHP
Report from 1/01/2024 to 1/31/2024
 Report created 3/7/2024

ER utilization based on Claims data	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2023-Trend	2024-01	2024-Trend	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Qtr Trend	CY- 2023	YTD-2024	YTD-Trend
MEMBERSHIP													Quarterly Averages				Annual Averages						
Expansion Mbr Months	116,424	118,919	119,098	120,345	120,949	121,899	121,577	119,531	119,705	119,024	118,234	117,280		115,954		118,147	121,064	120,271	118,179		119,415	115,954	
Family/Adult/Other Mbr Mos	266,305	278,071	270,885	270,388	269,531	270,758	279,015	276,515	267,793	266,983	264,556	259,741		263,725		271,754	270,226	274,441	263,760		270,045	263,725	
SPD Mbr Months	39,224	50,115	50,616	51,132	51,364	51,614	51,647	51,138	51,531	51,390	51,118	50,871		48,024		46,652	51,370	51,439	51,126		50,147	48,024	
COUNTS																							
Admits - Count	2,344	2,676	2,461	2,382	2,503	2,323	2,437	2,453	2,271	2,261	2,277	2,425		2,458		2,494	2,403	2,387	2,321		2,401	2,458	
Expansion	646	604	699	712	749	699	756	778	703	675	720	727		770		650	720	746	707		706	770	
Family/Adult/Other	1,075	972	1,058	992	1,089	1,006	1,056	1,050	1,004	1,049	965	1,078		1,007		1,035	1,029	1,037	1,031		1,033	1,007	
SPD	617	1,034	683	669	658	609	618	611	557	532	585	614		669		778	645	595	577		649	669	
Admits Acute - Count	1,614	1,510	1,663	1,635	1,758	1,588	1,662	1,696	1,541	1,559	1,581	1,702		1,573		1,596	1,660	1,633	1,614		1,626	1,573	
Expansion	533	506	595	609	624	589	638	645	552	557	575	572		584		545	607	612	568		583	584	
Family/Adult/Other	576	519	567	515	605	503	531	533	515	554	528	621		528		554	541	526	568		547	528	
SPD	500	482	497	507	525	492	491	510	469	446	474	504		457		493	508	490	475		491	457	
Readmit 30 Day - Count	262	215	249	235	230	226	260	250	210	218	204	237		201		242	230	240	220		233	201	
Expansion	103	79	99	90	85	90	123	98	81	78	83	96		72		94	88	101	86		92	72	
Family/Adult/Other	49	41	63	43	50	38	33	43	31	38	39	36		32		51	44	36	38		42	32	
SPD	110	95	87	102	95	98	104	109	98	102	82	105		97		97	98	104	96		99	97	
**ER Visits - Count	12,899	13,148	14,894	14,799	16,129	14,234	14,199	14,275	13,735	13,630	13,163	13,660		6,012		13,647	15,054	14,070	13,484		14,064	6,012	
Expansion	3,502	3,433	3,810	3,805	4,086	3,773	4,032	3,998	3,591	3,684	3,362	3,549		1,884		3,582	3,888	3,874	3,532		3,719	1,884	
Family/Adult/Other	7,628	7,873	8,694	8,413	9,199	7,972	8,038	7,769	7,856	7,754	7,384	7,789		3,338		8,065	8,528	7,888	7,642		8,031	3,338	
SPD	1,518	1,571	1,758	1,822	2,036	1,935	1,969	2,008	1,751	1,691	1,745	1,663		625		1,616	1,931	1,909	1,700		1,789	625	
PER/K																							
Admits Acute - PTMPY	47.3	44.3	48.3	47.3	50.9	45.6	47.3	48.1	43.5	43.9	44.2	47.5		43.6		46.6	47.9	46.3	45.2		46.5	43.6	
Expansion	54.9	51.1	60.0	60.7	61.9	58.0	63.0	64.8	55.3	56.2	58.4	58.5		60.4		55.3	60.2	61.0	57.7		58.6	60.4	
Family/Adult/Other	26.0	22.4	25.1	22.9	26.9	22.3	22.8	23.1	23.1	24.9	23.9	28.7		24.0		24.5	24.0	23.0	25.8		24.3	24.0	
SPD	153.0	115.4	117.8	119.0	122.7	114.4	114.1	119.7	109.2	104.1	111.3	118.9		114.2		126.8	118.7	114.3	111.4		117.6	114.2	
Bed Days Acute - PTMPY	228.5	216.1	226.9	246.7	239.1	216.7	222.5	218.3	204.1	205.0	209.8	218.9		181.4		223.9	234.1	215.0	211.3		220.9	181.4	
Expansion	331.0	276.3	321.0	340.8	331.8	304.8	303.7	344.9	314.8	306.6	299.0	306.2		263.1		309.3	325.7	321.0	303.9		315.1	263.1	
Family/Adult/Other	72.7	69.0	86.2	80.3	84.7	71.1	74.7	66.5	66.1	70.6	71.8	92.2		71.7		75.9	78.7	69.2	78.1		75.4	71.7	
SPD	902.2	725.1	629.9	771.4	700.9	659.6	697.0	636.2	603.6	620.9	693.7	673.2		604.7		740.3	710.5	645.7	662.5		688.6	604.7	
ALOS Acute	4.8	4.9	4.7	5.2	4.7	4.8	4.7	4.5	4.7	4.7	4.7	4.6		4.2		4.8	4.9	4.6	4.7		4.8	4.2	
Expansion	6.0	5.4	5.4	5.6	5.4	5.3	4.8	5.3	5.7	5.5	5.1	5.2		4.4		5.6	5.4	5.3	5.3		5.4	4.4	
Family/Adult/Other	2.8	3.1	3.4	3.5	3.1	3.2	3.3	2.9	2.9	2.8	3.0	3.2		3.0		3.1	3.3	3.0	3.0		3.1	3.0	
SPD	5.9	6.3	5.3	6.5	5.7	5.8	6.1	5.3	5.5	6.0	6.2	5.7		5.3		5.8	6.0	5.6	5.9		5.9	5.3	
Readmit % 30 Day	11.2%	8.0%	10.1%	9.9%	9.2%	9.7%	10.7%	10.2%	9.2%	9.6%	9.0%	9.8%		8.2%		9.7%	9.6%	10.1%	9.5%		9.7%	8.2%	
Expansion	15.9%	13.1%	14.2%	12.6%	11.3%	12.9%	16.3%	12.6%	11.5%	11.6%	11.5%	13.2%		9.4%		14.4%	12.3%	13.5%	12.1%		13.0%	9.4%	
Family/Adult/Other	4.6%	4.2%	6.0%	4.3%	4.6%	3.8%	3.1%	4.1%	3.1%	3.6%	4.0%	3.3%		3.2%		4.9%	4.2%	3.4%	3.7%		4.1%	3.2%	
SPD	17.8%	9.2%	12.7%	15.2%	14.4%	16.1%	16.8%	17.8%	17.6%	19.2%	14.0%	17.1%		14.5%		12.5%	15.2%	17.4%	16.7%		15.2%	14.5%	
**ER Visits - PTMPY	377.7	385.8	432.9	428.5	467.3	408.3	404.2	404.5	387.6	383.5	368.2	381.0		166.5		398.9	434.6	398.8	377.6		402.3	166.5	
Expansion	361.0	346.4	383.9	379.4	405.4	371.4	398.0	401.4	360.0	371.4	341.2	363.1		195.0		363.8	385.4	386.5	358.6		373.7	195.0	
Family/Adult/Other	343.7	339.8	385.1	373.4	409.6	353.3	345.7	337.2	352.0	348.5	334.9	359.9		151.9		356.1	378.7	344.9	347.7		356.9	151.9	
SPD	464.4	376.2	416.8	427.6	475.7	449.9	457.5	471.2	407.8	394.9	409.6	392.3		156.2		415.6	451.1	445.4	398.9		428.1	156.2	
Services	TAT Compliance Goal: 100%													Compliance Goal: 100%				TAT Compliance Goal: 100%					
Preservice Routine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%		100.0%	100.0%	100.0%	99.1%				
Preservice Urgent	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%		100.0%	100.0%	100.0%	99.1%				
Postservice	100.0%	100.0%	100.0%	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%		100.0%	100.0%	100.0%	100.0%				
Concurrent (inpatient only)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%		100.0%	100.0%	100.0%	100.0%				
Deferrals - Routine	100.0%	95.7%	96.0%	100.0%	100.0%	100.0%	96.6%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%		96.9%	100.0%	98.9%	100.0%				
Deferrals - Urgent	N/A	100.0%	N/A	100.0%	N/A	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%		100.0%	100.0%	100.0%	100.0%				
Deferrals - Post Service	null	null	null	NA	NA	NA	NA	NA	NA	NA	NA	NA		null		null	null	null	null				
CCS ID RATE													CCS ID RATE										

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 Report created 3/7/2024

ER utilization based on Claims data

	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2023-Trend	2024-01	2024-Trend	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Qtr Trend	CY- 2023	YTD-2024	YTD-Trend
	Inpatient Maternity Utilization ALL CV Mbrshp												Inpatient Maternity Utilization ALL CV Mbrshp										
	Rate Per Thousand												Rate Per Thousand										
Births	21.2	13.5	14.5	14.2	14.4	14.5	15.3	15.4	14.3	14.5	13.4	14.2		14.4		14.5	14.4	15.0	14.0		14.5		
OB % Days	14.4%	0.5%	1.9%	2.4%	3.2%	3.8%	3.5%	5.3%	4.0%	4.7%	3.3%	3.1%		1.4%		1.8%	3.1%	4.3%	3.7%		17.0%		
OB % Admits	27.5%	17.2%	20.2%	20.7%	19.9%	21.8%	22.0%	22.2%	22.2%	22.7%	21.0%	20.9%		21.1%		20.0%	20.8%	22.2%	21.6%		30.0%		
	Perinatal Case Management												Perinatal Case Management										
Total Number Of Referrals	147	135	160	150	149	149	84	132	167	170	147	133		318		472	598	476	386		318	318	
Pending	0	0	0	0	0	0	0	0	0	0	0	0		3		0	2	1	21		3	3	
Ineligible	6	1	10	11	5	5	3	3	10	9	8	7		5		18	32	10	19		5	5	
Total Outreached	141	134	150	139	144	144	81	129	157	161	139	126		310		454	564	465	346		310	310	
Engaged	63	57	54	51	50	62	64	128	130	146	130	115		228		157	224	183	137		228	228	
Engagement Rate	45%	43%	36%	37%	35%	43%	79%	99%	83%	91%	94%	91%		74%		35%	40%	39%	40%		74%	74%	
Total Cases Managed	291	309	320	313	316	331	322	394	476	574	600	599		702		344	432	496	410		702	702	
Total Cases Closed	39	41	57	47	47	70	57	48	58	90	116	127		150		136	154	182	180		150	150	
Cases Remained Open	242	258	261	258	267	251	261	341	419	478	495	469		547		199	263	263	224		547	547	
	Integrated Case Management												Integrated Case Management										
Total Number Of Referrals	220	211	368	343	239	258	198	220	194	161	114	132		187		799	840	612	407		2,658	187	
Pending	0	0	0	0	0	1	1	2	0	2	4	19		4		0	1	3	25		29	4	
Ineligible	48	78	68	56	56	52	32	37	32	35	16	22		16		194	164	101	73		532	16	
Total Outreached	172	133	300	287	183	205	165	181	162	124	94	91		167		605	675	508	309		2,097	167	
Engaged	93	96	154	173	115	134	116	124	98	81	72	62		84		343	422	338	215		1,318	84	
Engagement Rate	54%	72%	51%	60%	63%	65%	70%	69%	60%	65%	77%	68%		50%		57%	63%	67%	70%		63%	50%	
Total Screened and Refused/Decline	49	26	97	55	42	35	26	21	29	12	7	13		36		172	132	76	32		412	36	
Unable to Reach	30	11	49	59	26	36	23	36	35	31	15	16		47		90	121	94	62		367	47	
Total Cases Closed	110	113	102	105	188	122	128	132	137	107	102	94		115		325	415	397	303		1,440	115	
Cases Remained Open	382	371	399	464	406	415	399	384	354	336	302	262		226		399	415	354	262		262	226	
Total Cases Managed	505	491	522	609	616	560	547	538	503	441	403	362		361		746	848	769	591		1,723	361	
Complex Case	43	42	49	68	82	85	85	79	69	61	60	62		65		61	94	95	84		161	65	
Non-Complex Case	462	449	473	541	534	475	462	459	434	380	343	300		296		685	754	674	507		1,562	296	
	Transitional Care Services												Transitional Care Services										
Total Number Of Referrals	88	98	110	166	301	283	261	338	228	278	277	130		265		296	750	827	685		2,558	265	
Pending	0	0	0	0	0	0	0	0	0	0	4	13		2		0	0	0	17		17	2	
Ineligible	8	9	16	9	11	6	10	11	7	13	19	18		38		33	26	28	50		137	38	
Total Outreached	80	89	94	157	290	277	251	327	221	265	254	99		225		263	724	799	618		2,404	225	
Engaged	68	72	76	128	275	270	241	322	220	256	217	52		101		216	673	783	525		2,197	101	
Engagement Rate	85%	81%	81%	82%	95%	97%	96%	98%	100%	97%	85%	53%		45%		82%	93%	98%	85%		91%	45%	
Total Screened and Refused/Decline	1	3	3	4	1	2	6	0	0	6	10	14		31		7	7	6	30		50	31	
Unable to Reach	11	14	15	25	14	5	4	5	1	3	27	33		93		40	44	10	63		157	93	
Total Cases Closed									212	230	191	79		61		195	476	645	500		1,816	61	
Cases Remained Open	30	29	19	59	96	73	80	96	69	61	50	12		29		19	73	69	12		12	29	
Total Cases Managed	113	107	112	147	339	443	357	452	380	382	310	125		127		265	695	901	654		2,248	127	

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ER utilization based on Claims data

	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2023-Trend	2024-01	2024-Trend	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Qtr Trend	CY- 2023	YTD-2024	YTD-Trend
	Behavioral Health Case Management													Behavioral Health Case Management				Behavioral Health Case Management					
Total Number Of Referrals	70	76	89	46	59	61	37	51	40	26	40	38		78		235	166	128	104		633	78	
Pending	0	0	0	0	0	0	0	0	0	0	0	0		2		0	0	0	0		0	2	
Ineligible	4	6	11	6	4	6	3	4	3	1	5	10		5		21	16	10	16		63	5	
Total Outreached	66	70	78	40	55	55	34	47	37	25	35	28		71		214	150	118	88		570	71	
Engaged	47	49	43	28	34	46	27	37	36	25	21	12		37		139	108	100	58		405	37	
Engagement Rate	71%	70%	55%	70%	62%	84%	79%	79%	97%	100%	60%	43%		52.0%		65%	72%	85%	66%		71%	52%	
Total Screened and Refused/Decline	1	2	3	4	6	2	1	2	1	0	1	4		2		6	12	4	5		27	2	
Unable to Reach	18	19	32	8	15	7	6	8	0	0	13	12		32		69	30	14	25		138	32	
Total Cases Closed	43	61	50	31	48	43	41	46	41	34	26	27		34		154	122	128	87		491	34	
Cases Remained Open	167	154	149	146	131	138	126	109	106	95	89	75		64		149	138	106	75		75	64	
Total Cases Managed	215	221	203	179	182	180	164	160	149	129	118	104		113		307	264	237	170		572	113	
Complex Case	7	9	11	16	16	15	16	16	15	12	15	15		14		13	17	20	18		32	14	
Non-Complex Case	208	212	192	163	166	165	148	144	134	117	103	89		99		294	247	217	152		540	99	

	First Year of Life CM													First Year of Life CM				First Year of Life CM					
Total Number Of Referrals	0	0	0	0	1	7	15	19	26	28	18	27		32		0	8	60	73		141	32	
Pending	0	0	0	0	0	0	0	0	0	0	0	0		0		0	0	0	0		0	0	
Ineligible	0	0	0	0	0	0	0	0	0	0	2	1		1		0	1	0	3		4	1	
Total Outreached	0	0	0	0	0	0	0	0	0	28	16	26		31		0	7	60	70		137	31	
Engaged	0	0	0	0	0	0	0	0	0	28	16	21		31		0	3	60	65		128	31	
Engagement Rate	0%	0%	0%	0%	0%	0%	0%	0%	0%	1	1	0.81		100.0%		0.0%	43.0%	100.0%	93.0%		93.0%	100.0%	
Total Screened and Refused/Decline	0	0	0	0	0	0	0	0	0	0	0	2		0		0	2	0	2		4	0	
Unable to Reach	0	0	0	0	0	0	0	0	0	0	0	3		0		0	2	0	3		5	0	
Total Cases Closed	0	0	0	0	0	0	0	0	0	8	4	4		2		0	0	3	16		19	2	
Cases Remained Open	0	0	0	0	0	0	0	0	0	74	91	108		140		0	3	56	108		108	140	
Total Cases Managed	0	0	0	0	0	0	0	0	0	88	95	113		143		0	3	62	125		128	143	

Item #9

Attachment 9.E

Medical Management
Credentialing Sub-Committee
Quarterly Report



REPORT SUMMARY TO COMMITTEE

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

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

COMMITTEE DATE: March 21st, 2024

SUBJECT: CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 1 2024

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 1st Quarter 2024 CalViva Health Credentialing Sub-Committee activities.

- I. The Credentialing Sub-Committee met on February 15th, 2024. At the February meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services.
- II. Reports covering the third quarter for 2023 were reviewed for delegated entities and fourth quarter 2023 for Health Net and MHN. A summary of the third quarter data is included in the table below.

III. Table 1. Quarter 3 2023 Credentialing/Recredentialing

	Sante	ChildNet	MHN	HN	LaSalle	ASH	Envolve	IMG	CVMP	Adventist	Totals
Initial credentialing	67	31	28	13	34	0	3	8	35	53	272
Recredentialing	123	63	52	12	46	0	2	12	39	4	353
Suspensions	0	0	0	0	0	0	0	0	0	0	0
Resignations (for quality of care only)	0	0	0	0	0	0	0	0	0	0	0
Totals	190	94	80	25	80	0	5	20	74	57	625

- IV. **Credentialing Adverse Actions** for Q4 for CalViva from Health Net Credentialing Committee was presented. There were no (0) cases for October, November, or December for CalViva Health.
- V. **The Q4 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 no (0) cases identified in Q4 that met the criteria for reporting in which an adverse outcome was associated with a contracted practitioner. There were no reconsiderations or fair hearings during the fourth quarter of 2023.
 - There were no (0) incidents or patterns of non-compliance resulting in substantial harm to a member or members because of access to care issues.
 - There were no (0) cases identified outside of the ongoing monitoring process this quarter. (NCQA CR.5.A.4)
- VI. **Credentialing Policies & Procedures:** There were six Credentialing Policies reviewed by the committee with edits:

Policy CR-101 Delegation Evaluation:

- Minor edits throughout the policy.

Policy CR-109 Ongoing Monitoring of Sanctions-Complaints:

- Added email as a mechanism for result distribution.
- Added section regarding “Identifying, reviewing, and forwarding PQI/QOC incidents of non-compliance with Appointment Availability”.

Policy CR-110 Credentialing and Recredentialing:

- Clarified role of Credentialing Chairperson or designee to approve clean files.
- Removed CalAIM section, requirements are in CR-120.
- Updated Attachments B, D, and E.
- Full policy included in meeting materials will all attachments.

Policy CR-120 Organizational Providers:

- Added four more types of suppliers.

Policy CR-140 Adverse Action:

- Minor edits throughout the policy.

Policy CR-160 Appeal Process:

- Minor edits throughout the policy to strengthen and streamline language.

VII. **NCQA System Controls Oversight Report**

The purpose of this report is to identify any incidents of non-compliance with the credentialing policies on information management. NCQA standards require that the organization's credentialing policy describe:

1. How primary source verification information is received, dated, and stored.
2. How modified information is tracked and dated from its initial verification.
3. Titles or roles of staff who are authorized to review, modify, and delete information, and circumstances when modification or deletion is appropriate.
4. Security controls that are in place to protect the information from unauthorized modification.
5. How the organization monitors its compliance with the policies and procedures in factors 1–4 at least annually and takes appropriate action when applicable.

Quarterly audits were performed with no modifications to CalViva provider records during 2023, therefore no cases to audit. The Health Net audit results provided to CalViva reflect 100% compliance with audit criteria.

Item #9

Attachment 9.F

Medical Management
Peer Review Sub-Committee
Quarterly Report



REPORT SUMMARY TO COMMITTEE

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

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

COMMITTEE

DATE: March 21st, 2024

SUBJECT: CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 1 2024

Purpose of Activity:

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

- I.** The Peer Review Sub-Committee met on February 15th, 2024. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 4 2023 were reviewed for approval. There were no significant cases to report.
- II.** The Q4 2023 **Adverse Events Report** was presented. This 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 nine (9) cases identified in Q4 that met the criteria for reporting and were submitted to the Peer Review Committee. Three (3) of these cases involved a practitioner and six (6) cases involved organizational providers (facilities).
 - Of the nine (9) cases, three (3) were tabled, one (1) was tabled with a letter of education, zero (0) were placed on a CAP, three (3) were closed with a letter of education, and two (2) 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.
 - There was one (1) case identified outside of the ongoing monitoring process this quarter, in which an adverse injury occurred during a procedure by a contracted practitioner. (NCQA CR.5.A.4)

- There were 37 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.

III. The following **Peer Review Policies** were presented to the committee for review, discussion, and approval:

1. PR-001 **Peer Review Protected Information**
 - a. Definitions section updated.
2. PR-100 **Peer Review Committee Policy**
 - a. Added Pending Closure definition. Updated language for clarity throughout policy.

IV. Access & Availability Substantial Harm Report Q4 2023

This is another new report for the Peer Review Committee. The purpose of this report is to identify incidents related to appointment availability resulting in substantial harm to a member or members as defined in Civil Code section 3428(b)(1). Assessments include all received and resolved Quality of Care (QOC) and Potential Quality Issues (PQIs) related to identified appointment availability issues and are ranked on severity level.

- Sixteen (16) cases were submitted to the Peer Review Committee in Q4 2023. There were zero (0) incidents found involving appointment availability issues resulting in substantial harm to a member or members. One (1) case was associated with significant harm without appointment availability issues.

V. Quarter 4, 2023 **Peer Count Report** was presented at the meeting with a total of sixteen (16) cases reviewed. The outcomes for these cases are as follows:

- There were ten (10) cases closed and cleared. There were five (5) cases tabled for further information. There was one (1) case with CAP outstanding and none (0) were pending closure for CAP compliance.

VI. Follow up will be initiated to obtain additional information for the tabled case and ongoing monitoring and reporting will continue.

Item #9

Attachment 9.G

Executive Dashboard



Month	2022 December	2023 January	2023 February	2023 March	2023 April	2023 May	2023 June	2023 July	2023 August	2023 September	2023 October	2023 November	2023 December
CVH Members													
Fresno	336,359	338,835	349,660	351,313	353,806	355,821	357,098	355,405	353,005	350,061	348,373	346,709	345,319
Kings	36,208	36,388	38,617	38,772	39,184	39,372	39,665	39,611	39,697	39,366	38,824	38,583	38,436
Madera	45,484	45,783	47,115	47,408	47,892	48,217	48,323	48,426	48,375	48,124	47,588	47,150	46,762
Total	418,051	421,006	435,392	437,493	440,882	443,410	445,086	443,442	441,077	437,551	434,785	432,442	430,517
SPD	36,848	38,875	49,002	49,750	50,141	50,455	50,626	50,793	50,616	50,476	50,222	49,987	49,899
CVH Mrkt Share	68.23%	68.10%	67.08%	67.14%	67.21%	67.26%	67.28%	67.36%	67.44%	67.46%	67.51%	67.59%	67.65%
ABC Members													
Fresno	142,820	144,993	157,415	157,746	158,447	158,902	159,464	158,068	156,328	155,030	154,141	152,908	151,942
Kings	24,185	24,323	25,683	25,797	25,854	25,987	26,085	25,976	25,952	25,737	25,319	25,075	24,901
Madera	27,692	27,897	30,593	30,579	30,831	30,902	30,915	30,793	30,642	30,333	29,752	29,339	29,018
Total	194,697	197,213	213,691	214,122	215,132	215,791	216,464	214,837	212,922	211,100	209,212	207,322	205,861
Default													
Fresno		55.79%	54.94%	56.64%	54.69%	53.92%	53.61%	55.37%	55.25%	64.51%	55.31%	52.18%	54.90%
Kings		64.77%	64.81%	64.22%	65.94%	61.94%	61.04%	63.36%	61.54%	56.71%	63.12%	65.00%	58.18%
Madera		62.83%	58.10%	55.74%	57.61%	59.75%	57.35%	56.39%	55.58%	64.21%	55.26%	58.30%	56.41%
County Share of Choice as %													
Fresno		63.54%	69.73%	68.58%	69.75%	68.52%	70.20%	69.06%	65.32%	48.06%	66.31%	65.72%	51.27%
Kings		55.30%	50.53%	65.27%	55.15%	65.50%	56.54%	60.82%	50.51%	65.47%	66.67%	61.84%	69.21%
Madera		65.11%	67.22%	62.03%	62.69%	61.02%	65.93%	64.78%	63.87%	57.35%	63.79%	66.57%	57.79%
Voluntary Disenrollment's													
Fresno													
Kings													
Madera													

IT Communications and Systems	Active Presence of an External Vulnerability within Systems	NO	Description: A good status indicator is all potential external vulnerabilities scanned and a very low identification of confirmed and/or potential vulnerabilities.
	Active Presence of Viruses within Systems	NO	Description: A specific type of malware (designed to replicate and spread) intended to run and disable computers and/or computer systems without the users knowledge.
	Active Presence of Failed Required Patches within Systems	NO	Description: A good status indicator is all identified and required patches are successfully being installed.
	Active Presence of Malware within Systems	NO	Description: Software that is intended to damage or disable computers and computer systems.
	Active Presence of Failed Backups within Systems	NO	Description: A good status indicator is all identified and required backups are successfully completed.
	Average Age of Workstations	5 Years	Description: Identifies the average Computer Age of company owned workstations.
Message From The CEO	At present time, there are no significant issues or concerns as it pertains to the Plan's IT Communication and Systems.		



CalViva Health
Executive Dashboard

Member Call Center CalViva Health Website	Year		2022	2022	2023	2023	2023	2023	
	Quarter		Q3	Q4	Q1	Q2	Q3	Q4	
	(Main) Member Call Center	# of Calls Received		26,747	24,875	35,660	34,897	34,897	34,875
		# of Calls Answered		26,495	24,707	35,418	34,625	34,595	34,533
		Abandonment Level (Goal < 5%)		0.90%	0.70%	0.70%	0.80%	0.90%	1.00%
		Service Level (Goal 80%)		88%	96%	94%	87%	88%	83%
	Behavioral Health Member Call Center	# of Calls Received		1,082	602	813	940	860	1,436
		# of Calls Answered		1,066	596	808	930	848	1,426
		Abandonment Level (Goal < 5%)		1.50%	1.00%	0.60%	1.10%	1.40%	0.70%
Service Level (Goal 80%)			86%	92%	91%	89%	89%	95%	
Transportation Call Center	# of Calls Received		8,062	9,278	12,407	12,107	12,554	8,239	
	# of Calls Answered		8,014	9,241	12,394	12,083	12,466	8,181	
	Abandonment Level (Goal < 5%)		0.50%	0.20%	0.10%	0.00%	0.50%	0.50%	
	Service Level (Goal 80%)		85%	88%	94%	93%	87%	86%	
CalViva Health Website	# of Users		32,000	27,000	54,000	42,000	40,000	45,000	
	Top Page		Provider Search	Do You Qualify?	Main Page	Main Page	Main Page	Main Page	
	Top Device		Mobile (60%)	Mobile (57%)	Mobile (60%)	Mobile (60%)	Mobile (61%)	Mobile (61%)	
	Session Duration		~ 2 minutes	~ 1 minute	~ 2 minutes	~ 1 minute	~ 1 minute	~ 1 minute	
Message from the CEO	At present time, there are no significant issues or concerns as it pertains to the Plan's IT Communication and Systems. Q1 2024 numbers are not yet available.								



CalViva Health
Executive Dashboard

Provider Network & Engagement Activities									
Provider Network & Engagement Activities	Year	2023	2023	2023	2023	2023	2023	2024	
	Month	Jul	Aug	Sep	Oct	Nov	Dec	Dec	
	Hospitals	10	10	10	10	10	10	10	
	Clinics	156	156	156	157	157	156	156	
	PCP	395	400	398	407	392	383	395	
	PCP Extender	324	324	328	330	332	357	380	
	Specialist	1451	1453	1463	1471	1470	1493	1461	
	Ancillary	238	235	239	243	243	244	258	
	Historical Performance								
	Year	2022	2022	2022	2023	2023	2023	2023	2023
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q4
	Behavioral Health	497	530	472	507	593	598	592	592
	Vision	39	25	30	37	104	110	104	104
	Urgent Care	10	11	11	12	14	14	16	16
	Acupuncture	6	4	4	4	4	4	3	3
	Patient Acceptance								
	Year	2022	2022	2022	2023	2023	2023	2023	2023
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q4
	% of PCPs Accepting New Patients - Goal (85%)	95%	92%	97%	97%	97%	98%	96%	96%
	% Of Specialists Accepting New Patients - Goal (85%)	98%	97%	97%	98%	98%	98%	98%	98%
	% Of Behavioral Health Providers Accepting New Patients - Goal (85%)	97%	97%	96%	96%	97%	96%	93%	93%
	Provider Relations								
	Year	2023	2023	2023	2023	2023	2023	2023	2024
	Month	Jul	Aug	Sep	Oct	Nov	Dec	Dec	Jan
	Providers Touched by Provider Relations	550	517	439	560	507	480	597	597
	Provider Trainings by Provider Relations	1,492	1,735	986	1,195	1,698	1,028	821	821
	Year	2018	2019	2020	2021	2022	2023	2023	2024
	Total Providers Touched	2,552	1,932	3,354	1,952	1,530	5,554	597	597
	Total Trainings Conducted	808	1,353	257	3,376	5,754	11,238	821	821
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.								

Claims Processing								
	Year	2022	2022	2022	2022	2023	2023	2023
	Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Medical Claims Timeliness (30 days / 45 days) Goal (90% / 95%) - Deficiency Disclosure		99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	95% / 99% NO	99% / 99% NO	99% / 99% NO
Behavioral Health Claims Timeliness (30 Days / 45 days) Goal (90% / 95%) - Deficiency Disclosure		96% / 99% N/A	98% / 99% N/A	99% / 99% N/A	99% / 99% N/A	94% / 95% N/A	99% / 99% N/A	99% / 99% N/A
Acupuncture Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure		99% / 100% NO	100% / 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% / NA NO	100% / 100% 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	100% / 100% 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	99% / 100% YES	96% / 99% NO	99% / 100% NO	99% / 99% NO	100% / 100% NO	87% / 100% NO
PPG 2 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure		80% / 95% NO	78% / 87% YES	81% / 89% YES	90% / 94% YES	82% / 91% YES	91% / 97% NO	95% / 98% NO
PPG 3 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure		95% / 99% YES	79% / 95% YES	55% / 89% NO	95% / 100% YES	90% / 100% YES	83% / 98% YES	68% / 92% NO
PPG 4 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure		97% / 100% NO	88 / 100% YES	98% / 100% NO	100% / 100% NO	99% / 100% NO	99% / 100% NO	99% / 100% NO
PPG 5 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure		97% / 97% NO	98% / 100% NO	100% / 100% NO	98% / 100% NO	100% / 100% NO	100% / 100% NO	99% / 100% NO
PPG 6 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure		84% / 89% NO	100% / 100% NO	99% / 100% YES	98% / 100% NO	99% / 100% NO	99% / 100% NO	98% / 100% NO
PPG 7 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure		91% / 96% NO	94% / 100% YES	99% / 99% NO	99%/100% NO	99%/100% NO	99% / 100% NO	100% / 100% YES
PPG 8 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure		89% / 96% NO	99% / 99% NO	99% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
Message from the CEO	Q4 2023 numbers are not yet available.							

	Year	2022	2022	2022	2022	2023	2023	2023	
	Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3	
Provider Disputes	Medical Provider Disputes Timeliness (45 days) Goal (95%)	99%	98%	97%	96%	98%	99%	99%	
	Behavioral Health Provider Disputes Timeliness (45 days) Goal (95%)	100%	100%	100%	100%	100%	100%	100%	
	Acupuncture Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Vision Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	N/A	100%	100%	100%	
	Transportation Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	PPG 1 Provider Dispute Timeliness (45 Days) Goal (95%)	97%	100%	100%	100%	100%	100%	78%	
	PPG 2 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	84%	11%	31%	
	PPG 3 Provider Dispute Timeliness (45 Days) Goal (95%)	97%	97%	45%	85%	71%	40%	66%	
	PPG 4 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	99%	41%	55%	
	PPG 5 Provider Dispute Timeliness (45 Days) Goal (95%)	97%	97%	86%	98%	100%	43%	65%	
	PPG 6 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	N/A	100%	100%	47%	63%	
	PPG 7 Provider Dispute Timeliness (45 Days) Goal (95%)	91%	43%	96%	98%	N/A	100%	67%	
	PPG 8 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	100%	99%	
	Message from the CEO	Q4 2023 numbers are not yet available.							