



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)

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<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>

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	<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. 		

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	<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>	

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	<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 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>	

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		<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>	

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		<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>	

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<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>		

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	<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. 		

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	<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 		

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	<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>		

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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>	

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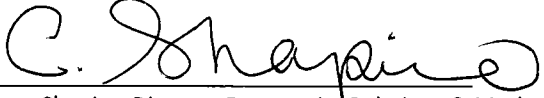
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#14 Announcements	None.		
#15 Public Comment	None.		
#16 Adjourn	Meeting adjourned at 12:30 pm.		

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

