

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

<b>Commission Members</b>			
✓	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
<b>Commission Staff</b>			
✓	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
<b>General Counsel and Consultants</b>			
✓	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>

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<p><b>#3 Reappointed BOS Commissioners</b> 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>11-0-0-6 (Neves / Soares)</p>	<p><b>Motion:</b> Appointment was ratified by Commission.</p>
<p><b>#4 Consent Agenda</b> • Commission Minutes dated 10/19/23 • Finance Committee Minutes dated 9/28/23 • QI/UM Committee Minutes dated 9/21/23 • QI/UM Committee Minutes dated 10/19/23 • Compliance Report • 2024 Code of Conduct • 2024 Emergency Preparedness &amp; Crisis Response Plan Action D. Hodge, MD, Chair</p>	<p>All consent items were presented and accepted as read.</p>	<p>11-0-0-6 (Neves / Naz)</p>	<p><b>Motion:</b> Consent Agenda was approved.</p>
<p><b>5. Closed Session:</b> 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. The Commission recessed at 1:44 pm and took no other reportable action.</p>		

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<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><b>#6 Annual Administration</b> 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><b>No Motion</b></p>
<p><b>#7 FKM RHA Bylaws</b></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><b>No Motion</b></p>

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<p><b>#8 Annual Delegation Oversight of Health Net</b></p> <ul style="list-style-type: none"> <li>• BL 24-003 2023</li> <li>• Executive Summary 2023</li> </ul> <p>Annual Delegation Oversight and Monitoring Plan of Health Net Community Solutions Report</p>	<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 &amp; 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><i>(Frye / Luchini)</i></p>
<p><b>#9 2023 Annual Quality Improvement Work Plan Evaluation</b></p> <ul style="list-style-type: none"> <li>• Executive Summary</li> <li>• Year End Evaluation</li> </ul>	<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"> <li>1. Summary of Overall effectiveness of QI Program</li> <li>2. Goals and Quality Indicators</li> <li>3. Overall Effectiveness of QI Work Plan Initiatives</li> <li>4. QI Reporting</li> <li>5. Summary of Key Accomplishments</li> <li>6. Annual QI Program Changes</li> </ol> <p>The Quality Improvement 2023 Work Plan includes the following categories, which are all required elements for NCOA:</p> <ol style="list-style-type: none"> <li>1. Behavioral Health</li> <li>2. Chronic Conditions</li> <li>3. Member Engagement and Experience</li> <li>4. Hospital Quality / Patient Safety</li> <li>5. Pediatric</li> <li>6. Perinatal Health</li> <li>7. Pharmacy</li> <li>8. Preventive Health</li> <li>9. Provider Engagement</li> <li>10. Continuity/Coordination of Care</li> <li>11. Access, Availability and Service and Satisfaction</li> </ol>		<p><i>Motion: See item #11 for motion.</i></p>

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	<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"> <li>1. Behavioral Health – 2 out of 6; 33.33%</li> <li>2. Chronic Conditions – 6 out of 6; 100%</li> <li>3. Member Engagement and Experience – 1 out of 1; 100%</li> <li>4. Hospital Quality / Patient Safety – 9 out of 12; 75%</li> <li>5. Pediatric – 3 out of 9; 33.33%</li> <li>6. Maternal/Women’s Health – 5 out of 6; 83.33%</li> <li>7. Pharmacy – 2 out of 3; 66.67%</li> <li>8. Preventive Health – 12 out of 13; 92.31%</li> <li>9. Provider Engagement – 6 out of 11; 54.55%</li> </ol> <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"> <li>• Initiated Non-clinical PIP to focus on Fresno and Madera Counties.</li> <li>• PIP topic is focused on improving provider notifications.</li> <li>• Working with CRMC and HSAG to work out data sharing issues.</li> <li>• Project is ongoing through end of 2025.</li> </ul> <p>For Chronic Conditions, the goal is to Implement strategies to improve performance in Asthma Medication Ratio (AMR), Blood Pressure Control (CBP), Diabetes (CDC &gt;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>	

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	<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"> <li>All five (5) hospitals submitted sufficient data to develop a scorecard.</li> <li>Improvement still needed in hospital acquired infections (MRSA &amp; SSI Colon did not improve). All hospitals continued to meet the goal for Clostridioides difficile (C.Diff).</li> <li>Most hospitals did not meet the goal for C-section rate (&lt;23.6%) however, most did show directional improvement.</li> </ul> <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"> <li>PIP Submission: Steps 1-6 approved with 100% validation in January 2024.</li> <li>Key Informant Interviews/Focus Group completed.</li> <li>Process Map &amp; GIS Map in development.</li> <li>Next steps are to identify interventions based on failures in the process and key drivers and begin intervention implementation in 2024.</li> </ul> <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 &amp; Chlamydia Screening:</p> <ul style="list-style-type: none"> <li>Two mobile mammography vendors contracted: Alinea and Pacific Coast</li> </ul>	<p>Dr. Marabella confirmed, CRMC, Clovis Community, Fresno Surgical, St. Agnes, and Adventist are the five facilities.</p>	

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	<ul style="list-style-type: none"> <li>• 20 Pacific Coast mobile mammography events were completed for CalViva in 2023.</li> <li>• 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.</li> <li>• Member outreach to schedule appointments also completed.</li> </ul> <p>For Provider Engagement, Quality Evaluating Data to Generate Excellence (EDGE):</p> <ul style="list-style-type: none"> <li>• Provider Engagement action planning with Priority Providers– adult and pediatric measures to improve HEDIS® measure compliance.</li> <li>• Cozeva adoption for priority providers.</li> <li>• Focus on PARS assessment to identify office equipment needs.</li> <li>• Access, Availability, and Service and Satisfaction: Provider Access, Availability, Satisfaction Survey Measures met the following goals:               <ul style="list-style-type: none"> <li>○ 100% PAAS (DMHC) - Access to Ancillary measures.</li> <li>○ 100% of Provider After-Hours Survey measures.</li> <li>○ 50.82% of PAAS measures.</li> <li>○ 50% of the Telephone Access Survey measures.</li> <li>○ 44% of Provider Satisfaction Survey (PSS) measures and 50% of BH PSS measures.</li> <li>○ 100% of Behavioral Health PAAS by Risk Rating measures.</li> </ul> </li> </ul> <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><b>#10 – 2023 Annual Utilization Management Case</b></p>	<p>Dr. Marabella presented the 2023 Annual Utilization Management Case Management Workplan Evaluation Executive Summary and Year End Evaluation;</p>		<p><b>Motion:</b> See item #11 for motion.</p>

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<p><b>Management Workplan Evaluation</b></p> <ul style="list-style-type: none"> <li>• Executive Summary</li> <li>• Year End Evaluation</li> </ul> <p><b>2024 Utilization Management Program Description &amp; Change Summary</b></p> <p><b>2024 Utilization Management Case Management Work Plan</b></p> <p><b>Action</b></p> <p>P. Marabella, MD, CMO</p>	<p>the 2024 Utilization Management Program Description &amp; Change Summary; and the 2024 Utilization Management Case Management Work Plan.</p> <ul style="list-style-type: none"> <li>• Compliance with Regulatory &amp; Accreditation Requirements:             <ul style="list-style-type: none"> <li>○ All compliance activities met objectives for this end-of-year evaluation except for periodic audits for compliance with regulatory standards.</li> <li>▪ Clear and concise letter content was not met due to the use of clinical verbiage/acronyms.</li> <li>▪ Additional training and coaching were completed regarding the use of clear and concise language.</li> <li>▪ The A&amp;G letter template correction was submitted to compliance for approval and subsequently moved to production in January 2024.</li> </ul> </li> <li>• Monitoring the UMI Process.             <ul style="list-style-type: none"> <li>○ 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%.</li> <li>• Monitoring Utilization metrics.             <ul style="list-style-type: none"> <li>○ 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.</li> </ul> </li> <li>• Monitoring Coordination with Other Programs and Vendor Oversight.             <ul style="list-style-type: none"> <li>○ All activities related to monitoring coordination with other programs and vendor oversight met objectives for this end of year evaluation.</li> </ul> </li> <li>• All monitoring activities for Special Populations met goals. This includes:             <ul style="list-style-type: none"> <li>• CCS Tracking</li> <li>• SPD Tracking</li> </ul> </li> </ul> </li></ul>		



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

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<p>#11 Care Management 2024 Program Description &amp; Change Summary</p> <p>P. Marabella, MD, CMO</p> <p><b>Action</b></p>	<p>The five areas of focus consist of:</p> <ol style="list-style-type: none"> <li>1. Compliance with Regulatory &amp; Accreditation Requirements</li> <li>2. Monitoring the UM Process</li> <li>3. Monitoring Utilization Metrics</li> <li>4. Monitoring Coordination with Other Programs and Vendor Oversight</li> <li>5. Monitoring Activities for Special Populations</li> </ol> <p>The UMCM Work Plan major changes consist of:</p> <ul style="list-style-type: none"> <li>• Additions to simplify documentation of compliance with NCCA standards.</li> <li>• Added review, revisions and updates to program documents and policies and procedures at least annually.</li> <li>• Added annually review, approve, and update clinical criteria and clinical practice guidelines.</li> <li>• Added evaluate inclusion of new technologies into benefits including medical, behavioral, and devices.</li> <li>• Added review annual member and practitioner satisfaction surveys for UM processes and address areas of dissatisfaction.</li> </ul>	<p>The Care Management Program Description changes for 2024 consist of:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>	<p>Dr. Marabella presented the 2024 Care Management Program Description &amp; Change Summary.</p> <p>The Care Management Program Description changes for 2024 consist of:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>
<p><b>Motion:</b> The 2023 Annual QI Work Plan Evaluation, the 2023 UMCM Workplan Evaluation, the 2024 UM Program Description &amp; Change Summary, the 2024 UMCM Work Plan, and the 2024 Care Management Program Description &amp;</p>			

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	<ul style="list-style-type: none"> <li>Updated Transitions of Care program section to reflect requirements for 2024.</li> <li>Palliative Care has changed to a prior auth benefit, and so the section is updated to reflect this change.</li> </ul>		<p><i>Change Summary were approved.</i></p> <p><i>11-0-0-6</i></p> <p><i>(Neves / Fields-Keene)</i></p>
#12 HEDIS®	Postponed until March meeting.		<b>No Motion</b>
<p><b>#13 – Compliance</b></p> <ul style="list-style-type: none"> <li>2023 Annual Compliance Program Evaluation</li> <li>2024 Compliance Program Description</li> <li>2024 Fraud Prevention Program</li> <li>2024 Privacy and Security Plan</li> </ul> <p><b>Action</b> 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 &amp; Security Plan change summary.</p> <p>The key 2023 Compliance Program Initiatives:</p> <ul style="list-style-type: none"> <li>Implemented Dual Eligible Special Needs Plan (“EAE-DSNP”) named, “Wellcare CalViva Health Dual Align (HMO D-SNP)”.</li> <li>Completed all 2024 Operational Readiness Contract Requirements and executed the 2024 DHCS Contract on December 20, 2023.</li> <li>Responding to the annual 2023 DHCS audit, and the 2022 triennial DMHC audit.</li> <li>Ensuring Network Adequacy for the Carve-In of Long-Term Care</li> <li>Preparing for NCQA accreditation.</li> <li>Preparing MOCs for CalAim Initiatives (Birth Equity, Children and Youth and Justice Involved POFs).</li> </ul> <p>In 2023, the Compliance Program was supported by all Plan Departments.</p> <ul style="list-style-type: none"> <li>Compliance with new regulations/guidance.</li> <li>Improving Quality (HEDIS® Measures).</li> <li>Developing a Population Health Strategy.</li> <li>Improvement in oversight of delegate/subdelegates.</li> <li>Maintenance of network adequacy.</li> <li>Compliance with timely access standards.</li> </ul> <p><b>Regulatory Affairs:</b></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><b>Motion:</b> 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><i>11-0-0-6</i></p> <p><i>(Neves / Luchini)</i></p>

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	<p>Administrative and Operational Regulatory Reporting:</p> <ul style="list-style-type: none"> <li>Over 400 regulatory filings were made to DMHC and DHCS, not including periodic monthly/quarterly program data reports or the Operational Readiness submissions.</li> </ul> <p>Summary of State Audits, Corrective Actions, and Medical Contract Amendments: Department of Health Care Services (DHCS):</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Plan submitted responses 7/27/23.</li> <li>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.</li> <li>2022 Subnetwork Certification (SNC) – The Plan submitted RY 2022 SNC data which was reviewed and accepted by the DHCS without additional action.</li> <li>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.</li> <li>2024 Operational Readiness Work Plan – On September 1, 2023, DHCS approved the Plan’s Operational Readiness Work Plan submissions.</li> </ul> <p>Executed 4 Pre-2024 DHCS Contract Amendments:</p> <ul style="list-style-type: none"> <li>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.</li> <li>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”).</li> </ul>	<p>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</p> <p>Commissioner Sara Bossse asked if CVH was meeting the time and distance standards?</p>	

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	<ul style="list-style-type: none"> <li>• Contract 10-8750 A30 – This amendment incorporates updated CY 2022 Capitation Payment rates that are now split into SIS/UIS.</li> <li>• 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.</li> </ul> <p>Executed 3 2024 DHCS Contracts:</p> <ul style="list-style-type: none"> <li>• Contract 23-30220 – The 2024 DHCS Medi- Cal Managed Care Contract (“Primary Contract”) was executed on December 20, 2023.</li> <li>• Contract 23-30220 A01 – This amendment incorporates CY2024 Capitation Payment rates.</li> <li>• Contract 23-30252 – The 2024 DHCS State Supported Services Contract (“Secondary Contract”) was executed December 16, 2023.</li> </ul> <p>Department of Managed Health Care (DMHC):</p> <ul style="list-style-type: none"> <li>• Compliance with Timely Access and Network Reporting Statutes – The Plan successfully submitted and received approval for compliance with the new Timely Access Regulations.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	<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:  <ul style="list-style-type: none"> <li>Plan filed 4 MC609s with DHCS for Suspected FWA.</li> </ul> </p> <p>Privacy and Security Incident Reporting:  <ul style="list-style-type: none"> <li>27 privacy/security cases:                             <ul style="list-style-type: none"> <li>24 – No or Low-risk</li> <li>3- High-risk</li> </ul> </li> </ul> </p> <p>New/Expanded DHCS Benefits, and New Plan Coverage Requirements:  <ul style="list-style-type: none"> <li>Enhanced Care Management (ECM) and Community Supports (CS) – Plan received DHCS approval for MOCs for the Children of Youth and Birth Equity POFs.</li> <li>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/D and Subacute Care Facilities (Adult and Pediatric).</li> <li>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.</li> </ul> </p> <p>Key New 2024 DHCS Contract Requirements:  <ul style="list-style-type: none"> <li>Hire a Health Equity Officer.</li> <li>Implement EAE D-SNP product in the Service Area.</li> <li>Develop a Population Health Management Strategy.</li> <li>Develop Diversity, Equity, and Inclusion (DEI) policies.</li> <li>Achieve and Maintain full NQA Health Plan Accreditation.</li> <li>Carve-in coverage for ICF/D and Subacute Care facilities.</li> <li>Submit fully executed MOUs with third-party entities.</li> </ul> </p> <p><u>Compliance Program Operational Activities:</u>                      2023 Program Document Approvals:  <ul style="list-style-type: none"> <li>Compliance Program Description</li> <li>Code of Conduct</li> <li>Privacy and Security Plan</li> </ul> </p>	<p>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.</p> <p>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?</p> <p>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.</p>		

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	<ul style="list-style-type: none"> <li>• Anti-Fraud Plan</li> <li>• Compliance Committee Charter</li> </ul> <p>Annual Oversight Audits of Health Net:</p> <ul style="list-style-type: none"> <li>• Appeals and Grievances</li> <li>• Claims – CAPs were required and CAPs have been completed and approved.</li> <li>• Fraud Waste &amp; Abuse</li> <li>• Credentialing – CAPs were required and CAPs have been completed and approved.</li> <li>• Provider Disputes</li> <li>• Pharmacy</li> <li>• Health Education</li> <li>• Utilization Management – CAPs were required and CAPs have been completed and approved.</li> <li>• Call Center</li> <li>• Privacy &amp; Security</li> </ul> <p>Ongoing Monitoring of Health Net:</p> <ul style="list-style-type: none"> <li>• Monthly Management Oversight (MOM) meetings.</li> <li>• Review monthly/quarterly performance metrics &amp; key indicator data.</li> <li>• Joint Workgroups – Access &amp; Availability, Encounter Data Integrity, Grievances &amp; Appeals, QI/UM/Credentialing.</li> <li>• On-going oversight of PPGs, specialty plans and vendors through quarterly report dashboards.</li> </ul> <p>2023 CalViva Internal Audit:</p> <ul style="list-style-type: none"> <li>• Internal audit of Employee, Commission and Committee Member files. All were compliant and no CAP was issued.</li> </ul> <p>CalViva Health Staff Trainings:</p> <ul style="list-style-type: none"> <li>• One new employee successfully completed training.</li> <li>• All staff members successfully completed annual training.</li> </ul> <p><b>Compliance Program Activities:</b></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 is for all three service counties.</i></p>	

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



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	<p><b>2024 Key Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>• Complying with the 2024 DHCS Contract.</li> <li>• Achieving and Maintaining NCQA Accreditation.</li> <li>• Develop ECM MOC for Justice Involved POF.</li> <li>• Oversee Health Net’s Operation of the EAE-DSNP.</li> <li>• Oversee Third-Party MOUs.</li> <li>• Prepare and Respond to the 2024 DHCS Audit.</li> </ul> <p><b><u>Program Description Change Summaries:</u></b></p> <p>2024 Compliance Program Change Summary:</p> <ul style="list-style-type: none"> <li>• Change “Anti-Fraud Plan” to “Fraud Prevention Program”</li> <li>• 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.</li> <li>• Revised Table 2 (“Key Compliance Policy Topics”) to include Fraud Prevention, Population Health Management, and Health Equity</li> <li>• 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).</li> <li>• Added the Emergency Preparedness and Crisis Response Plan.</li> </ul> <p>2024 Fraud Prevention Program Change Summary:</p> <ul style="list-style-type: none"> <li>• Change “Anti-Fraud Plan” to “Fraud Prevention Program”</li> <li>• Updated the Table of Contents to match updated names of some renamed subsections; Added new sections for “Authority” and “References”.</li> <li>• 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.</li> <li>• Added subparagraph #9, “Participate in DHCS’ quarterly program integrity meetings, as scheduled.”</li> </ul>		

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<p>#14 Standing Reports</p>	<ul style="list-style-type: none"> <li>Added subparagraph #16 "Prepare and submit the annual CalViva Health Anti-Fraud Report and submit it to the DMHC."</li> <li>Added references to CalViva's policies and procedures (CO-005 Fraud, Waste and Abuse Prevention Detection, Investigation, and RX-120 Drug Utilization Review),"</li> <li>Removed obsolete language on how the Plan reports suspected FWA cases to DHCS.</li> <li>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.</li> <li>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.</li> <li>Minor formatting and grammatical updates.</li> </ul>	<p>2024 Privacy &amp; Security Plan Change Summary:</p> <ul style="list-style-type: none"> <li>Added language surrounding the privacy of medical information as it relates to gender-affirming care and abortion.</li> <li>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.</li> <li>Added Definitions for "Medical Information" and "Reproductive or Sexual Health Application Information", and "Social Needs Data".</li> <li>Updated the Definition of "PHI" to include "Social Need Data".</li> <li>Minor formatting and grammatical updates.</li> </ul>	<p><b>Finance</b></p> <p>Financials as of December 31, 2023:</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>• Finance Reports Daniel Maychen, CFO</p>	<p>11-0-0-6</p>	<p><i>Motion: Standing Reports</i> <i>Approved</i></p>	<p>(Naz / Frye)</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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	<p>Commissioner Aldo De La Torre asked what the total increase to be?</p> <p>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.</p>	<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 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>Moss Adams, LLP Audit Proposal</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><b>Medical Management</b></p> <p><u>Appeals and Grievances Dashboard</u></p> <p>Dr. Marabella presented the Appeals &amp; Grievances Dashboard through December 31, 2023.</p>	<ul style="list-style-type: none"> <li>• P. Marabella, MD, CMO <b>Medical Management</b></li> </ul>

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	<ul style="list-style-type: none"> <li>• The total number of grievances through December 2023 has increased compared to previous years. Trends associated with this increase are being addressed.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• The volume of Quality of Care (QOC) and Quality of Service (QOS) grievances have decreased in Q4 compared to Q3.</li> <li>• 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.</li> <li>• 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.</li> </ul> <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"> <li>• Membership shows a decrease for Expansion, TANF, and the SPD populations. This is related to redetermination activities.</li> <li>• Acute Admissions, Bed Days, and Acute Length of Stay (adjusted PTMPY), for SPDs have decreased.</li> <li>• For Acute Admissions (adjusted PTMPY), SPDs have decreased.</li> <li>• Acute Length of Stay (adjusted PTMPY) has decreased.</li> </ul> <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"> <li>• The Program Documents that were approved were: <ul style="list-style-type: none"> <li>○ 2023 Health Equity Work Plan Mid-Year Evaluation &amp; Executive Summary</li> <li>○ 2023 Health Education Work Plan Mid-Year Evaluation &amp; Executive Summary</li> <li>○ Health Equity Language Assistance Program Mid-Year Report</li> </ul> </li> </ul>		

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	<ul style="list-style-type: none"> <li>○ Health Equity Geo Access Report</li> <li>○ Quality Improvement Health Equity Transformation Program 2023</li> </ul> <ul style="list-style-type: none"> <li>● Other General Documents approved were:                             <ul style="list-style-type: none"> <li>○ Medical Policies Update Q3</li> <li>○ Clinical Practice Guidelines</li> <li>○ Public Health Policies &amp; Procedures</li> <li>○ Updates to Select UMCM and A &amp; G Policies</li> <li>○ Appeals &amp; Denials Review &amp; Adoption of Job Description</li> <li>○ Preventive Health Guidelines</li> <li>○ UMCM Policies and Procedures Annual Review</li> </ul> </li> </ul> <p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard, MHN Performance Indicator Report for Behavioral Health, and Facility Site &amp; Medical Record &amp; PARS Review Report. Additional Quality Improvement reports were reviewed as scheduled during Q4.</p> <p>The following Access Reports were reviewed: Provider Appointment Availability &amp; 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 &amp; Case Management reports reviewed were the Key Indicator Report &amp; 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"> <li>○ Worked with two FQHCs to test improvement strategies.</li> <li>○ Final Report Submitted to DHCS 11/30/23 was approved. SWOT Closed.</li> </ul> <p>Two new Performance Improvement Projects (PIP) for 2024 include:</p> <ul style="list-style-type: none"> <li>● Clinical - Well Child Visits W30-6+ (0-2yrs).</li> <li>● Non-Clinical-Follow up after ED Visit for mental health or SUD within 7 days.</li> </ul> <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"> <li>● Appeals &amp; Grievances</li> <li>● Continuity of Care</li> <li>● Credentialing</li> <li>● Emergency Services</li> <li>● Pharmacy</li> <li>● Quality Improvement</li> <li>● Utilization Management/Case Management</li> <li>● Behavioral Health</li> </ul> <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>		

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<ul style="list-style-type: none"> <li>• J. Nkansah, CEO Executive Report</li> </ul>	<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. 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. (NCOA 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>	

Commission Meeting Minutes

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>		
#15 Final Comments from Commission Members and Staff	None.		
#16 Announcements	None.		

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#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: March 01, 2024  
 Submitted by: *Ceryl Hurley*  
 Ceryl Hurley  
 Clerk to the Commission