

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
February 20, 2025

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
	Garry Bredefeld, Fresno County Board of Supervisors	✓	Aftab Naz, M.D., Madera County At-large Appointee
✓	David Cardona, M.D., Fresno County At-large Appointee	✓	Joe Neves, Vice Chair, Kings County Board of Supervisors
	Aldo De La Torre, Community Medical Center Representative	✓	Lisa Lewis, Ph.D., Kings County At-large Appointee
	Joyce Fields-Keene, Fresno County At-large Appointee	✓	Rose Mary Rahn, Director, Kings County Dept. of Public Health
✓	John Frye, Commission At-large Appointee, Fresno	✓	David Rogers, Madera County Board of Supervisors
✓●	Soyla Griffin, Fresno County At-large Appointee		Jennifer Armendariz, Valley Children's Hospital Appointee
✓	David Hodge, M.D., Chair, Fresno County At-large Appointee	✓	Paulo Soares, Commission At-large Appointee, Madera County
	Kerry Hydash, Commission At-large Appointee, Kings County		
Commission Staff			
✓	Jeff Nkansah, Chief Executive Officer (CEO)	✓	Amy Schneider, R.N., Senior Director of Medical Management
✓	Daniel Maychen, Chief Financial Officer (CFO)	✓	Cheryl Hurley, Commission Clerk, Director Office/HR
✓	Patrick Marabella, M.D., Chief Medical Officer (CMO)	✓	Sia Xiong-Lopez, Equity Officer
✓	Mary Lourdes Leone, Chief Compliance Officer		
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 1:33 pm. A quorum was present.		
#2 Roll Call	A roll call was taken for the current Commission Members.		<i>A roll call was taken.</i>

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Cheryl Hurley, Clerk to the Commission			
#3 Appointed / Reappointed Board of Supervisors Commissioners Action D. Hodge, MD, Chair	Fresno County has appointed Supervisor Garry Bredefeld 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.		Motion: Ratify BOS Commissioners. 10 – 0 – 0 – 7 (Rogers / Frye) A roll call was taken
#4 Fresno County At-Large Seat Nomination Action D. Hodge, MD, Chair	John Frye was reappointed as the Fresno County At-Large representative for a three-year term ending in January 2028.		Motion: Approve reappointment of Fresno County At-Large seat. 9 – 0 – 1 – 8 (Griffin / Neves) (John Frye abstained from voting) A roll call was taken
#5 Consent Agenda <ul style="list-style-type: none"> • Commission Minutes dated 1/16/24. • Finance Committee Minutes dated 10/17/24. • QI/UM Committee Minutes dated 10/17/24. • Compliance Report • 2025 Code of Conduct Action D. Hodge, MD, Chair	All consent items were presented and accepted as read.		Motion: Consent Agenda was approved. 10 – 0 – 0 – 7 (Griffin / Neves) A roll call was taken
#6 Closed Session	Jason Epperson, General Counsel, reported out of closed session. The Commission met in closed session to discuss item 6.A agendized for closed session		

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	specifically Conference with Legal Counsel - Existing Litigation, pursuant to Government Code section 54596.9. Fresno County Superior Court Case No. 24CECG02996. The Commission had that discussion in closed session direction was given to staff. The Commission recessed 1:38 pm.		
#7 Annual Administration Information D. Hodge, MD, Chair	Dr. Hodge reminded the Commission the Form 700 is due on an annual basis, due this year on 4/1/25. Commissioners will receive notification from the Commission Clerk via email. Anyone due for an updated Ethics Certification will be notified.		No Motion
#8 Community Support Policy & Procedure Action J. Nkansah, CEO	<p>Jeffrey Nkansah presented the new DHCS Community Reinvestment Requirements per DHCS APL 25-004 that will impact the Community Support Policy and Procedure.</p> <p>Changes to the policy include:</p> <ul style="list-style-type: none"> • Add the DHCS phrases and requirements (i.e., "Community Reinvestment") to RHA Commission Policy and Procedure • Inform DHCS in P&P we will follow their requirements • Add Equity Officer to Ad-Hoc Committee • Adjust the excess amount to account for inflation and current environment. • Streamline policy and procedure • Insert DHCS Community Reinvestment Requirements • Insert DHCS Community Reinvestment Principles • Insert DHCS Community Reinvestment Categories • Insert DHCS Community Reinvestment required plan(s) which requires DHCS review and approval • Insert DHCS Community Reinvestment required reporting requirements which will be posted on the CalViva Health website • Revised RHA Commission Policy and Procedure AD-103 will be submitted to DHCS for review and approval. DHCS may request additional changes and if this occurs, the policy will also be brought back to the RHA Commission for approval. 	<p><i>Rose Mary Rahn asked if there is a system for assuring equitable distribution between the three service counties.</i></p> <p><i>Jeffrey Nkansah responded that the State will determine how much the Plan should invest, the Plan will then work through the distribution.</i></p> <p><i>Soyla Griffin asked if there is a minimum for the reinvestment.</i></p> <p><i>Jeffrey Nkansah stated there is a minimum. The State will use the Plan's net income, and the methodology stated in DHCS All Plan Letter 25-004 to determine the Plan's investment requirements. The State</i></p>	<p>Motion: Approve Community Support & Community Reinvestment</p> <p>10 – 0 – 0 – 7</p> <p>(Frye / Griffin)</p> <p>A roll call was taken.</p>

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		<i>will provide that number to the Plan. Within the policy letter it is estimated they will not provide the number until Q2 2026. The CFO and team has come up with an estimate of what they believe to be the community investment number, estimated conservatively, at \$2.7-\$2.8M.</i>	
#9 Annual Delegation Oversight of Health Net Action J. Nkansah, CEO	The 2024 Annual Delegation Oversight and Monitoring Report of Health Net was presented to the Commission. The following areas were reviewed: Quality Assurance, Performance Standards, Reporting Completeness, Timeliness & Accuracy, and Oversight Audits. For 2024, Health Net has met the requirements and their obligations with a Passing score in three of the 4 areas: Quality Assurance, Performance Standards, and Reporting Completeness, Timeliness, & Accuracy. Health Net did not Pass in Oversight Audits as 9 of the 16 audits required CAPs. Additional conversations will occur with Health Net surrounding this area, however, as those conversations continue, it was recommended to approve Health Net to continue their delegated functions for another year.		Motion: Motion: Approve Annual Delegation Oversight of HN and for them to continue their delegated functions for another year. 10 – 0 – 0 – 7 (Neves / Rogers) A roll call was taken.
#10 New Ad-Hoc Committee re: Conference Report Involving Trade Secret Action J. Nkansah, CEO	As a result of two Closed Sessions, May 2024 and January 2025, it is recommended to establish an Ad-Hoc Committee appointed by the RHA Commission. The Ad-Hoc Committee will include a minimum of three Commissioners, the CEO, and the CFO. This Committee will review, evaluate, and make recommendations to Commission for action. In addition, the Plan is requesting the Commission grant authority for CalViva CEO to contract an organization/individual who can assist in navigating the California political and policy making environment.		Motion: Motion: Approve new Ad-Hoc Committee & contract an organization/individual who can assist in navigating the political and policy making environment. 10 – 0 – 0 – 7

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	The three Commissioners recommended for the Committee include Paulo Soares, Rose Mary Rahn, and David Luchini. In addition, Dr. Hodge requested to be added to the Committee.		(Neves / Frye)
#11 2024 Annual Quality Improvement & Health Education Work Plan Evaluation Action P. Marabella, MD, CMO	<p>Dr. Marabella presented the 2024 Annual Quality Improvement and Health Education Work Plan Evaluation.</p> <p>The Quality Improvement (QI) & Health Education (HEd) Program Evaluation 2024 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 & HEd Work Plan Initiatives 4. QI & HEd Reporting 5. Summary of Key Accomplishments 6. Annual QI & HEd Program Changes <p>The QI 2024 Work Plan includes the following categories:</p> <ol style="list-style-type: none"> 1. Behavioral Health 2. Chronic Conditions/ Chronic Disease 3. Hospital Quality/Patient Safety 4. Member Engagement & Experience 5. Pediatric/Children's Health 6. Perinatal Health/ Reproductive Health 7. Pharmacy 8. Preventative Health/ Cancer Prevention 9. Provider Engagement 10. Continuity/Coordination of Care (Non-BH/BH) 11. Access, Availability and Service and Satisfaction 12. Health Education <p>Overall, there were 78 objectives, of which 49 were met: 61.53%. Some are ongoing activities that were not expected to meet goal this year.</p> <p>Rate of objectives met:</p>		<p>Motion: See item #13 for motion</p>

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	<ol style="list-style-type: none"> 1. Behavioral Health – 0 out of 6; 0% 2. Chronic Conditions – 6 out of 6; 100% 3. Hospital Quality / Patient Safety – 9 out of 11; 81.82% 4. Member Engagement and Experience – 0 out of 1; 0% 5. Pediatric/Perinatal/Dental – 15 out of 30; 50% 6. Pharmacy (Asthma)– 1 out of 3; 33.33% 7. Preventive Health – 12 out of 12; 100% 8. Provider Communication/Engagement – 5 out of 9; 55.56% <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-7/30 and FUM-7/30. Overall, CalViva did not meet the 50th Percentile Quality Compass performance goal. Kings County did meet the MPL for both measures in MY2022 therefore, excluded from improvement activities in 2024.</p> <ul style="list-style-type: none"> • Non-clinical PIP to focus on Fresno and Madera Counties. • Project is ongoing through end of 2026. <p>For Chronic Conditions & Pharmacy, the goal is to Implement strategies to improve performance in Asthma Medication Ratio (AMR), Blood Pressure Control (CBP), Diabetes (CDC >9).</p> <p>For Hospital Quality / Patient Safety, CVH has five (5) facilities total. The activities are focused on ensuring hospitals are providing appropriate, safe care to patients that avoids preventable harm, and provide guidance to members about informed choice when selecting a site.</p> <p>C-section performance improved in 3/5 hospitals meeting the target rate of 23.5% (or lower) compared to improvement in just one hospital last year.</p> <p>Member Engagement and Experience: CAHPS Survey – 3 out of 8 measures met the Outcome Quality Compass (QC) 25th percentile goal. Outcomes not met were 1) Getting Needed Care, and 2) How Well Doctors Communicate.</p> <p>For Pediatric / Children’s Health Program, the Plan initiated a Performance Improvement Project (PIP) for Well-Child Visits for Black/African American members in the first 30 Months of Life (W30-6+).</p>		

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	<p>For Perinatal/Reproductive Health, all CalViva Health Counties are exceeding the 50th percentile for timely prenatal care, postpartum care, and Chlamydia screening. Kings County exceeded the 90th percentile for PPC-post. Fresno and Madera Counties exceeded the 75th percentile for PPC-pre.</p> <p>For Preventive Health/Cancer Prevention, the focus is Breast Cancer, Cervical Cancer & Chlamydia Screening. Sixteen (16) Alinea (vendor) mobile mammography events were completed for CalViva in 2024. Member outreach scheduled appointments also completed. Opportunity in 2025 to form direct partnership with radiology facilities, collaborate with CBO to deliver equitable and culturally sensitive care.</p> <p>For Provider Engagement, Quality Evaluating Data to Generate Excellence (EDGE) with special focus to align with the DHCS goal to achieve 50th percentile for all pediatric MCAS measures in 2025. Full implementation of standardized data reconciliation process to address challenges with data workflow, provider use of codes, and other systems issues that impact receipt of evidence of member care will take place in 2025.</p> <p>For Continuity / Coordination of Care, CalViva utilizes NCQA as a roadmap for improvement on how an organization can deliver high-quality care. For non-medical, during 2024 CalViva monitored several aspects of COC such as Timeliness of Perinatal Care- Postpartum Care (PPC) and Eye Exams for Patients with Diabetes. For behavioral, throughout 2024 the focus was on E.D. visits for behavioral health and substance use coordination of care and follow up.</p> <p>For Access, Availability, and Service and Satisfaction, Provider Access, Availability, Satisfaction Survey Measures met the following goals:</p> <ul style="list-style-type: none"> • 50.82% of PAAS measures for Providers • 100% of PAAS (DMHC) - Access to Ancillary measures. • 66.67% of Provider After-Hours Survey measures. • 64% of Provider Satisfaction Survey (PSS) measures and 50% of BH PSS measures. 		

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	<ul style="list-style-type: none"> 100% of Behavioral Health PAAS by Risk Rating measures. <p>For Health Education, programs were aimed at increasing participation in Well Care Visit, Breast Cancer Screening, Cervical Cancer Screening, Childhood Immunizations and Well Child Visits.</p> <p>For HEDIS®, RY 2024, overall, CalViva achieved 59% of MCAS measures above the MPL for MY 2023.</p>		
<p>#12 2024 Annual Utilization Management Case Management Workplan Evaluation</p> <p>2025 Utilization management Program Description & Change Summary</p> <p>2025 Utilization Management Case Management Work Plan</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2024 Annual Utilization Management Case Management Workplan Evaluation Executive Summary and Year End Evaluation; the 2025 Utilization Management Program Description & Change Summary; and the 2025 Utilization Management Case Management Work Plan.</p> <p>All Accreditation & Regulatory Requirements: Objectives Met Except for Separation of Medical Decisions from Fiscal Considerations (Affirmative Statements) and Periodic Audits for Compliance with Regulatory Standards (Post Stabilization).</p> <p>Monitoring the UM Process: TAT was met with 95% or better threshold in all areas and in all quarters.</p> <p>Monitoring Utilization metrics: Objectives met except for Improve Medi-Cal shared risk and FFS UM acute in-patient performance, and PPG Profile Actions.</p> <p>Monitoring Coordination with Other Programs and Vendor Oversight: All activities related to monitoring coordination with other programs and vendor oversight met objectives for this end of year evaluation.</p> <p>All monitoring activities for Special Populations met goals. This includes CCS Tracking, SPD Tracking, CBAS Tracking, and Mental Health Tracking.</p> <p>The Adequacy of UMCM Program Resources met goal. Utilization metrics met the goal of a 2% decrease or greater in bed days, acute admissions, and length of stay.</p>		<p>Motion: See item #13 for motion</p>

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	<p>Readmissions 8-30 did not meet goal (-1.4%) but source of issues were process based, not resource.</p> <p>Satisfaction data reports noted consistent results with previous years with some improvements and some opportunities for MY2023. MY2024 results pending. Will be reported Q1 2025. Improvement in timeliness of referrals was identified as an opportunity and BH referrals increased with data from ADT reports. Increase in perinatal referrals noted compared to prior year.</p> <p>Program Scope, Processes, Information Sources: The Annual DHCS survey (2023) had only one deficiency identified. Ongoing out-reach and monitoring to continue. And criteria used for decision-making updated and approved in November 2024.</p> <p>For Practitioner Participation and Leadership Involvement in the UM Program: contracted network providers participated in the QI/UM Committee and Credentialing and Peer Review Sub-Committees. Weekly multi-disciplinary care rounds were conducted. Leadership and staff provided reports, participated in improvement activities, and attended monthly meetings.</p> <p><u>2025 Utilization Management Program Description</u></p> <p>The highlights of changes for 2025 include:</p> <ul style="list-style-type: none"> • Distinguished medical and behavioral health. • Updated goals and objectives to include "mental health parity". • Moved auth exclusion references to Preauthorization/ Prior authorization. • Removed clinical onsite staff, LCD, and NCD references from Inpatient Facility Concurrent Review. • Added non-specialty mental health services and APL references and removed LCD/NCD from behavioral health care services. • Added description of Pharmacy advisory committee role. • Updated Health Promotion Programs (weight management, pregnancy, diabetes prevention, health promotion incentive, community health) removed Health Hearths. • Updated types of methods for over and under utilization. 		

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	<ul style="list-style-type: none"> Added SB844 to utilization decision criteria. Revised consistency of application of Utilization decision criteria. Removed reference to separate behavioral health committees. Delegation section revised to better describe activities. <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"> 1. Compliance with Regulatory & Accreditation Requirements 2. Monitoring the UM Process 3. Monitoring Utilization Metrics 4. Monitoring Coordination with Other Programs and Vendor Oversight 5. Monitoring Activities for Special Populations <p>The UMCM Work Plan changes include:</p> <ul style="list-style-type: none"> Five Sections remain the same for the 2025 Work Plan with minor edits and updates throughout. Updates were focused on streamlining documentation to ensure ongoing and consistent evidence of compliance with NCQA accreditation standards. Updating Section 3.2 Over/Under Utilization – to clarify and update metrics and reporting. Section 4.4 Captures Chronic Condition Management required reporting: 		
<p>#13 Care Management 2025 Program Description & Change Summary</p> <p>Action P. Marabella, MD, CMO</p>	<p>2025 Care Management Program Description.</p> <p>Highlights of Changes for 2025 include:</p> <ul style="list-style-type: none"> Added in CalViva QI/UM info and organization, updated HealthNet job titles (removed VP PHCO and added CM Director, VPMM changed to CMO), removed Member Connections. Update to team staffing, changed average active caseload to up to 75 for PH/BH, and 150 for CalViva Pregnancy Program CM. Updated Transitions of Care program section to reflect requirements for 2025. Added CalViva Pregnancy Program to Special Program section. 		<p>Motion: Approve 2024 Annual Quality Improvement & Health Education Work Plan Evaluation, 2024 Annual Utilization Management Case Management Workplan Evaluation, 2025 Utilization Management Program Description & Change Summary, 2025 Utilization Management</p>

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			<p><i>Case Management Work Plan, and Care Management 2025 Program Description & Change Summary</i></p> <p>10 – 0 – 0 – 7</p> <p>(Naz / Neves)</p>
<p>#14 Compliance</p> <ul style="list-style-type: none"> • 2024 Annual Compliance Program Evaluation • 2025 Compliance Program Description • 2025 Fraud Prevention Program • 2025 Privacy and Security Plan • 2025 Emergency Preparedness Crisis Response Plan <p>Action M.L. Leone, CCO</p>	<p>Mary Lourdes Leone presented the Compliance Program documents including the 2024 Annual Compliance Program Evaluation, 2025 Compliance Program Description change summary, 2025 Fraud Prevention Program change summary, and the 2025 Privacy & Security Plan change summary, and the 2025 Emergency Preparedness Crisis Response Plan.</p> <p>The key 2024 Compliance Program Initiatives:</p> <ul style="list-style-type: none"> • Achieving National Committee for Quality Assurance (NCQA) Accreditation. • Developing a Diversity, Equity, and Inclusion (DEI) training curriculum. • Implementing DHCS’ requirement to execute new Memoranda of Understanding (MOUs) with third-party entities. • Responding to the 2023 Department of Health Care Services (“DHCS”) Focused Audit Corrective Action Plan (CAP), and the 2024 DHCS Audit CAP. • Responding to the 2022 DMHC Audit Final Report and CAP. • Successfully completing the 2024 Health Services Advisory Group (HSAG) Network Validation Audit. • Implementing the Plan’s California Advancing and Innovating Medi-Cal (CalAim) Models of Care for the Children and Youth and Justice Involved populations of focus (“POF”). • Completing the carve-in of the Subacute Care Facilities and Intermediate Care Facilities (ICF) for individuals with developmental disabilities (ICF/DD Homes, ICF/DD-H Homes, and ICF/DD-N Homes). <p>In 2024, the Compliance Program was supported by all Plan Departments by:</p>		<p>Motion: Approve 2024 Annual Compliance Program Evaluation, 2025 Compliance Program Description, 2025 Fraud Prevention Program, 2025 Privacy and Security Plan</p> <p>10 – 0 – 0 – 7</p> <p>(Neves / Frye)</p>

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	<ul style="list-style-type: none"> Developing and revising several policies and procedures in accordance with new Contractual requirements, DMHC/DHCS regulations and NCQA Standards. Participating in and responding to DMHC/DHCS Audits and corrective actions. Ensuring network adequacy, access standards and performance metrics are met. Ensuring responses to Member grievances and Provider payments are timely and appropriate. <p>Regulatory Affairs:</p> <p>Administrative and Operational Regulatory Reporting: Over 400 regulatory filings* were made to DMHC and DHCS, not including periodic monthly/quarterly program data reports or the Operational Readiness submissions.</p> <p>Summary of State Audits, Corrective Actions, and Medi-Cal Contract Amendments:</p> <p>Department of Health Care Services (DHCS):</p> <ul style="list-style-type: none"> 2023 DHCS Focused Audit - There were nine deficiencies in total (4 for behavioral health and 5 for transportation). Since that time, the Plan has submitted the required monthly status reports. The CAP will remain open until DHCS closes the CAP. 2024 DHCS Audit - There were two findings: The Plan did not ensure written PA extension notices specified the information requested and did not receive from the provider; and the Plan did not ensure that all preliminary reports of suspected FWA were reported to DHCS within ten working days. Since that time, the Plan has submitted the required monthly status reports. The CAP will remain open until DHCS closes the CAP. DHCS 2022-2023 EQR Performance Evaluation – There were two recommendations that focused on the following: working to resolve the findings from the DHCS 2022 annual DHCS audit and improving MY2022 HEDIS measures; The Plan submitted its response to how it would address the recommendations on August 2, 2024. 		

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	<ul style="list-style-type: none"> • DHCS 2024 Encounter Data Validation (EDV) Study –Overall, the Plan did not meet Encounter Data Completeness standard (i.e., <10%) in two categories, and did not meet the Encounter Data Accuracy standard (>90%) in the three categories. The Plan is working with Health Net on strategies to improve standards in 2025. • DHCS RY 2023 Subnetwork Certification (SNC) – For RY 2023 SNC, the Plan issued five PPGs CAPs for not meeting time and distance standards. The Plan submitted quarterly updates to DHCS and on 12/10/24 DHCS approved the Plan's SNC. • 2023 DHCS Annual Network Certification (ANC) - The Plan submitted Phase 1 of the ANC in February 2024 and Phase 2 in March 2024. The Plan received DHCS approval on December 4, 2024. • 2024 Network Adequacy Validation (NAV) Audit - DHCS' external auditor, Health Systems Advisory Group (HSAG), conducted a new annual Network Adequacy Validation (NAV) audit of MCPs per CMS requirements. The audit was conducted on June 18, 2024, and the audit was closed on September 30, 2024, noting all items had been accepted. • DHCS Contract Amendments - DHCS Medi-Cal contract amendments were executed between DHCS and CalViva Health in 2024: <ul style="list-style-type: none"> • Contract 23-30220 A02- Changes and new requirements for Medical Loss Ratio, Network Provider Agreements, Enhanced Care Management, Population Needs Assessment, Justice Involved Reentry and Coordination, Transitional Care Services, FQHC Alternative Payment Model Risk Corridor, Unsatisfactory Immigration Status Risk Corridor, and Data Sharing. • Contract 23-30220 A03- Extended the contract to December 31, 2025. <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) – On May 6, 2024, DMHC issued a Network Findings Report with two findings related to 		

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	<p>Geographic Access and Data Accuracy. The Plan submitted a response on August 1, 2024.</p> <ul style="list-style-type: none"> • Measurement Year (MY) 2023 Timely Access Report (TAR) - Results of the 2023 DMHC Timely Access Provider Appointment Availability Survey (PAAS) and the Provider After-Hours Survey (PAHAS) indicated that the Plan met the compliance rate standards for all with the exception of the following: Urgent Care Appointment with a specialist (that requires prior authorization) within 96 hours; and Non-Urgent Care Appointment with a specialist within 15 business days. Health Net issued CAPs to five PPG and 6 Direct Network providers. All CAPs have been closed. • 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) – On May 6, 2024, DMHC issued a Network Findings Report with two findings related to Geographic Access and Data Accuracy. The Plan submitted a response on August 1, 2024. • Measurement Year (MY) 2023 Timely Access Report (TAR) - Results of the 2023 DMHC Timely Access Provider Appointment Availability Survey (PAAS) and the Provider After-Hours Survey (PAHAS) indicated that the Plan met the compliance rate standards for all with the exception of the following: Urgent Care Appointment with a specialist (that requires prior authorization) within 96 hours; and Non-Urgent Care Appointment with a specialist within 15 business days. Health Net issued CAPs to five PPG and 6 Direct Network providers. All CAPs have been closed. • DMHC Subdelegated Contract Review - On 4/24/24, DMHC requested CalViva to submit, under its DMHC license, Health Net's subdelegated contracted vendor agreements for vendors that perform various Knox-Keene functions on behalf of CalViva. The Plan needed to submit all current 19 vendor contracts as separate amendments to the DMHC and any new future subdelegated contracts. <p>DHCS Fraud, Waste and Abuse Required Reporting:</p> <ul style="list-style-type: none"> • Plan filed 24 MC609s with DHCS for Suspected FWA 		

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	<p>Privacy and Security Incident Reporting:</p> <ul style="list-style-type: none"> Plan filed 32 privacy and security incidents with DHCS <p>New/Expanded DHCS Benefits, and New Plan Coverage Requirements:</p> <ul style="list-style-type: none"> Enhanced Care Management (ECM) - On January 1, 2024, the Plan launched the JI POF ECM benefit. The Plan continues to work on improving its JI ECM provider network by and is expected to complete contracts with all remaining providers by July 2025. Community Supports (CS) – The following CS services went live 7/1/24: Sobering Centers and Short-term Post-Hospitalization Housing (Fresno, Kings, and Madera Counties); and Recuperative Care (Madera County). Additionally, the Plan updated its CS Final Elections to indicate that the following CS would be going live 1/1/25: Recuperative Care (Kings County); Recuperative Care (Madera County); Short-Term Post-Hospitalization Housing (Madera County); and Sobering Centers (Madera County). Long-Term Care Phase II Carve-In – The Plan completed the network readiness and policy deliverables on July 7, 2024 for ensuring coverage for ICF/DD and Subacute Care Facilities (Adult and Pediatric). Adult Expansion - Effective January 1, 2024, DHCS expanded Medi-Cal eligibility to individuals who are 26 through 49 years of age. The Plan worked with providers to maintain member's PCP assignment <p>Plan Compliance with 2024 DHCS Contract Requirements:</p> <ul style="list-style-type: none"> Hired a Health Equity Officer Submitted the annual Population Health Management Strategy Developed a Diversity, Equity, and Inclusion (DEI) training program Achieved full NCQA Health Plan Accreditation Carved-in coverage for ICF/DD and Subacute Care facilities Submitted updated fully executed MOUs with third-party entities <p>2024 Program Document Approvals:</p> <ul style="list-style-type: none"> Compliance Program Description Code of Conduct 		

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	<ul style="list-style-type: none"> • Privacy and Security Plan • Anti-Fraud Plan • Compliance Committee Charter • Emergency Preparedness and Crisis Response Plan <p>Oversight and Monitoring of Delegated Activities:</p> <p>2024 Delegation Oversight Audits and CAPS:</p> <ul style="list-style-type: none"> • Appeals & Grievances – CAP required • Claims – CAP required • Fraud Wast & Abuse • Credentialing – CAP required • Provider Disputes – CAP required • Pharmacy • Health Education • Utilization Management – CAP required • Provider Network – CAP required • Privacy & Security – CAP required • Emergency Room – CAP required • Quality Improvement – CAP required • Behavioral Health • Marketing • Health Equity • Member Rights <p>2024 Periodic 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>2024 CalViva Internal Audit:</p>		

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	<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>Provider Communications:</p> <ul style="list-style-type: none"> 305 Provider Updates 22 Informational Letters 22 Forms <p>Member Communications:</p> <ul style="list-style-type: none"> 47 Member Informing 12 Provider Directories 1 Newsletter 1 2025 EOC <p>Provider Engagement:</p> <ul style="list-style-type: none"> 6000 interactions - operational, quality improvement and training issues <p>2024 Appeal and Grievance (A&G) Resolution Summary: With reference to Expedited Grievances, Standard Grievances, Expedited appeals, and Standard Appeals:</p> <ul style="list-style-type: none"> There was a total of 2,599 cases received. There was a total of 2,589 cases resolved. <p>With reference to SPD Appeals & Grievances:</p> <ul style="list-style-type: none"> There were 766 cases received. There were 754 cases resolved. <p>With reference to Exempt Grievances:</p> <ul style="list-style-type: none"> There were 2,201 cases received. There were 2,201 cases resolved. 		

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	<p>2024 Independent Medical Reviews (IMRs) and State Hearings:</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. <p>2025 Key Areas of Focus:</p> <ul style="list-style-type: none"> • Senate Bill 923 regarding transgender, gender diverse or intersex cultural competency training program and provider directory requirements. • Senate Bill 225 regarding network adequacy standards and methodology for RY2025. • Assembly Bill 186 regarding Skilled Nursing Facility Workforce Quality Incentive Program. • Applying for NCQA Health Equity. • Development and maintenance of a comprehensive Quality Assurance Performance Improvement (QAPI) program for LTC services provided. • Submitting Emergency Preparedness and Response Plan (EPRP) deliverables to DHCS. <p>Program Description Change Summaries:</p> <p>2025 Compliance Program Change Summary:</p> <ul style="list-style-type: none"> • Inserted year 2025 • Change "Anti-Fraud Plan" to "Fraud Prevention Program" • Updated Table 2 to include Emergency Preparedness and Crisis Response Plan • Added Call Center, ER, Privacy and Security and Transportation • Updated Table 4 to include Emergency Preparedness and Crisis Response Plan; Clarified language related to external distribution of Compliance Program documents. <p>2025 Fraud Prevention Program Change Summary:</p> <ul style="list-style-type: none"> • Inserted year 2025 • Added language regarding the corresponding P&P "CO-005 Fraud and Abuse Prevention and Detection Investigation" 		

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	<ul style="list-style-type: none"> Corrected name for Fraud Prevention Program. Added reference to P&P "CO-005 Fraud and Abuse Prevention and Detection Investigation" Added #10 to specify that the CCO will "Submit reports of suspected fraud, waste and abuse to the RHA Commission" Added "clinicians" to team members Added reference to P&P "CO-005 Fraud and Abuse Prevention and Detection Investigation". Updated language regarding Preliminary Report. Minor grammatical edits <p>2025 Privacy & Security Plan Change Summary:</p> <ul style="list-style-type: none"> Clarifies CCO serves as Privacy and Security Officer. Replaced CVH's Contingency Plan with Business Continuity and Disaster Recovery Controls. Added text regarding permissible disclosures per AB 352, Civil Code Section 56.110(a). Replaced CVH's Contingency Plan with Business Continuity and Disaster Recovery Controls. <p>2025 Emergency Preparedness and Crisis Response Plan Change Summary:</p> <ul style="list-style-type: none"> Inserted year 2025 Updated to include members in LTC facilities Updated with more precise language applicable to each function. Listed applicable CalViva Health policies Minor edits to grammar 		
#15 Standing Reports <ul style="list-style-type: none"> Finance Reports Daniel Maychen, CFO 	<p>Finance</p> <p><u>Financials as of December 31, 2024</u></p> <p>As of December 2024, total current assets recorded were approximately \$580.8M; total current liabilities were approximately \$418.9M. Current ratio is approximately 1.39. Total net equity as of the end of December 2024 was approximately \$171.7M, which is approximately 614% above the minimum DMHC required TNE amount.</p>		<p><i>Motion: Standing Reports Approved</i></p> <p><i>9 – 0 – 0 – 8</i></p> <p><i>(Frye / Neves)</i></p> <p><i>A roll call was taken.</i></p>

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<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p>For the first six months of FY 2025, interest income actual recorded was approximately \$5.8M, which is approximately \$3.6M more than budgeted due to interest rates being higher than projected. Premium capitation income actual recorded was approximately \$996.4M which is approximately \$77.6M more than budgeted due to enrollment and rates being higher than projected. Total Cost of Medical Care expense actual recorded was approximately \$674.7M which is approximately \$74.8M more than budgeted due to enrollment and rates being higher than projected.</p> <p>License expense actual recorded was approximately \$744K, which is approximately \$31K more than budgeted due to the actual fee being higher than projected as DMHC has indicated higher labor costs as a reason for higher DMHC license fees. Telephone expense actual recorded was approximately \$28K, which is approximately \$6.6K more than budgeted due to the Plan's previous phone service provider increasing the rates stating the Plan was on a legacy platform. In response to that increase, the Plan obtained bids from other phone service providers and has now transitioned to a different phone service provider at a much lower cost. By the end of the year, the Plan should be close to budgeted amounts.</p> <p>Total net income for the first six months of FY 2025 actual recorded was approximately \$10.1M, which is approximately \$6M more than budgeted primarily due to interest income being approximately \$3.6M higher than projected, and rates and enrollment being higher than projected.</p> <p>Medical Management</p> <p><u>Appeals and Grievances Dashboard</u></p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through year end 2024.</p> <ul style="list-style-type: none"> The total number of grievances through Q4 2024 increased slightly when compared to previous YTD. The Quality-of-Service category represents the highest volume of total grievances. 		<p><i>Dr. Naz left meeting at 3:09 pm, not included in vote.</i></p>

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	<ul style="list-style-type: none"> For the Quality of Service (QOS) category, the types of cases noted to contribute the most to the increase are Administrative and Balance Billing. Transportation Access has improved. The volume of Quality of Care (QOC) cases decreased when compared to previous YTD. The volume of Exempt Grievances increased when compared to previous YTD. Total Appeals volume increased when compared to previous YTD due to new services (CalAIM-Medically tailored meals). The majority being Consultation, DME, and Other (SNF-Long Term Care related). Uphold and overturn rates remain consistent. <p><u>Key Indicator Report</u></p> <p>Dr. Marabella presented the Key Indicator Report (KIR) through year end 2024.</p> <p>A summary was shared that provided the most recent data for Membership, Admissions, Bed Days, Average Length of Stay, and Readmissions through year end 2024.</p> <ul style="list-style-type: none"> TANF and SPD populations are experiencing lower hospitalization rates and shorter stays, which may be driven by better preventive care, alternative treatment options, or system-wide efforts to reduce inpatient admissions. The decline in SPD bed days suggests significant changes in the management of high-needs patients, which could be due to policy adjustments or improvements in outpatient and community care. These trends highlight a potential shift toward more efficient inpatient utilization and a growing emphasis on outpatient and community-based care models. The downward trend in ALOS for MCE and SPD populations suggests improved hospital efficiency, better discharge coordination, and potential shifts toward alternative treatment pathways. The TANF population maintaining its ALOS at the goal level indicates a stable care approach with no significant shifts in inpatient care management. 		

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<ul style="list-style-type: none"> • Equity Report S. Xiong-Lopez, EqO 	<ul style="list-style-type: none"> • Shorter hospital stays for MCE and SPD could result in cost savings and increased hospital capacity. After further analysis of our data this does not lead to higher readmission rates. • MCE and TANF populations demonstrated improved readmission rates, suggesting effective discharge planning and post-hospitalization care. • SPD's increase in readmissions, despite shorter hospital stays, warrants closer monitoring to ensure that reductions in ALOS and inpatient utilization do not compromise care quality. • To improve care management and prevent unnecessary hospitalizations, Clinical Concurrent Review (CCR) implemented a mandatory Medical Director Review for these conditions as of August 1, 2024. • CCR cases are now regularly reviewed during rounds, ensuring care teams can intervene early to optimize treatment and reduce unnecessary inpatient days. • Care Management (CM) and Enhanced Care Management (ECM) referrals are completed as needed, providing members with follow-up support post-discharge to prevent readmissions. <p>Care Management (CM) engagement rates are up, and all areas continue to improve.</p> <p>Health Equity</p> <p><u>Equity Report</u></p> <p><u>Health Equity Oversight & Monitoring Activities</u></p> <p>Mental Health and Substance Abuse training: Working with Health Net in establishing a training curriculum and collaboration effort with Binational (CBO) to implement mental health and trauma informed training to healthcare staff members as it pertains to working with members.</p> <p>Transgender, Gender Diverse or Intersex cultural Competency training: The TGI training is based on the requirement of the DHCS APL 24-017, required by Senate Bill (SB) 923. OutCare was identified as the CBO that will be delivering the training curriculum.</p>		

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	<p><u>Current Health Equity Project(s) and Initiative(s)</u></p> <p>Network Improvement Community Schools with Fresno County Super Intendant Schools: Children and families are set up with trained CHW to assist in community navigation. School liaison, social workers, and school representatives received training from Fresno State to become CHW. CBOs, and policy makers identified as Community Thought Partners will assist with brainstorming different strategies to address SoDH, improve health, wellness and academics outcomes. Community Thought Partners came together to create a resource referral/ assistance structure to assist school with SoDH, improve health, wellness and academics outcomes. CVH specifically introduced Cal Aim and Find Help to Community Schools and CBOs to assist in addressing social risks and needs. Schools brought student cases to Community Thought partner team to assist with some of the concerns. 29% of the students had Chronic Absenteeism. The reasons behind student absence were due to health conditions and families felt it was not safe to allow their child to go to school if they were not present to manage medication. One example, a 3rd grader was diagnosed with Type 2 Diabetes in Q3, missing over 60% of school since Aug. 2024. Other concerns include 24 of the 53 students had suspension referral to the principal's office due to behavior. There has been a 3% increase in students reading on grade level.</p> <p>Live Well Madera (CHIP): First meeting Steering Committee meeting 12/2024- Appointed Co-Chair for Healthy People Strong Communities Workgroup, Diabetes and heart disease workgroup.</p> <p>Women, Infant, and Children (WIC) Initiative: Met with DHCS to review current State Data, Assessments; Set Pilot goals and development implementation plan; Pilot transition per DHCS WIC Pilot will be utilizing Center for Data Insights and Innovation (CDII) Collaborative efforts based on a grant for the WIC pilot scheduled to begin mid-2025.</p> <p>West Fresno Drive:</p> <ul style="list-style-type: none"> Edison Regional Youth Recreation – First Meeting held 11/2024. Planning to host a sports Camp and how can CalViva assist in bringing in connecting mobile health clinics to assist with vaccinations and/ or sports physical. 		

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	<ul style="list-style-type: none"> • Mental Health in SW Fresno- First meeting 1/25 identify Mental and Behavior health gaps and identify core groups to address these gaps. • Mental health Conference to come in April. Topics highlighted are: Indigenous approach to holistic healing, suicide youth prevention, Stigma on Our Childhood Trauma, Trauma informed approach and Neighborhood safety, Postpartum depression, maternal mental health for Hmong and Hispanic Population <p>Mobile Health Clinic: 10 mobile health clinics were identified and are currently active. Some of the mobile health clinics have a monthly schedule where they are available in the same location. A few of them were open to the idea of working with CVH to identify Well-Child vaccination service area gaps and placing their clinics in the identified zip codes that needed better well-child vaccinations outcome.</p> <p>Perimenopause/ Menopause Project- Hanford: Board and Committee DEI survey 8/2024 identified Women's Health specifically in perimenopause and menopause as an area that has not been focused on. Project Pilot will be focused on the 4,079 women between the ages of 40-60 in Kings County. First meeting is planned for 2/21/25.</p> <p>Health Equity Accreditation Status:</p> <ul style="list-style-type: none"> • 8/2024- DEI Surveys distributed and completed for Board, Committee, and staff members. • 11/2024- Mandatory Diversity, Equity, and inclusion training for all CalViva Staff Completed • 12/2024- Implemented one DEI opportunities based on Survey Findings • 12/2024- Submitted Diversity, Equity, and Inclusion training Curriculum to DHCS (APL-24-016) • 12/2024- Completed gathering all required CVH evidence for NCQA Health Equity Accreditation. On Schedule for Submission for 3/11/2025 • 1/9/2025- Introductory Call with NCQA Surveyor was completed. 		

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<ul style="list-style-type: none"> Executive Report J. Nkansah, CEO 	<p>Executive Report</p> <p><u>Executive Dashboard</u></p> <p>Enrollment as of December 2024 is 432,709. Market Share is currently approximately 66.86%. Enrollment is expected to continue its decline.</p> <p>Regarding Information Technology Communications & Systems, no significant issues or concerns at this time.</p> <p>Regarding the Call Center and CVH Website, efforts remain ongoing to allow Members a self-service option to gain access to their Member ID Card through the CalViva Health Website. Scheduled implementation by Q1 2025.</p> <p>Regarding Provider Activities, Claims Processing, and Provider Disputes, there are no significant issues or concerns.</p> <p>The Plan is currently monitoring Federal activities with regard to immigration, Medicaid, and DEI.</p> <p>The Annual Report 2024 was provided to all Commission members.</p>		
#16 Final Comments from Commission Members & Staff	None.		
#17 Announcements	None.		
#18 Public Comment	None.		
#19 Adjourn	<p>The meeting adjourned at 3:22 pm.</p> <p>The next Commission meeting is scheduled for March 20, 2025, in Fresno County.</p>		

Submitted this Day: March 20, 2025

Submitted by: Cheryl Hurley
Cheryl Hurley
Clerk to the Commission