

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
Commission**  
**Meeting Minutes**  
March 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 1:30 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>

## Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
Cheryl Hurley, Clerk to the Commission			
<b>#3 Consent Agenda</b> <ul style="list-style-type: none"> <li>• <i>Commission Minutes dated 2/20/25.</i></li> <li>• <i>Finance Committee Minutes dated 11/21/24.</i></li> <li>• <i>QI/UM Committee Minutes dated 11/21/24.</i></li> <li>• <i>Public Policy Committee Minutes dated 12/4/24</i></li> <li>• <i>Compliance Report</i></li> </ul> <p>Action D. Hodge, MD, Chair</p>	All consent items were presented and accepted as read.		<p><i><b>Motion: Consent Agenda was approved.</b></i></p> <p><i>14 – 0 – 0 – 3</i></p> <p><i>(Neves / Soares)</i> <i>A roll call was taken</i></p>
<b>#4 Community Support Program Ad-Hoc Committee Selection</b> <p>Action J. Nkansah, CEO</p>	A new ad-hoc committee is needed for the Community Support & DHCS Community Reinvestment Program. Jeff Nkansah polled Commissioners and volunteers are Dr. Hodge, Paulo Soares, and Dr. Naz.		<p><i><b>Motion: Ad-Hoc Committee members selected and approved.</b></i></p> <p><i>14 – 0 – 0 – 3</i></p> <p><i>(Rogers / Frye)</i> <i>A roll call was taken</i></p>
<b>#5 Population Health Management Program Strategy Description 2025 &amp; Change Summary</b> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2025 Population Health Management Program Strategy Description and Change Summary.</p> <p>The highlights of changes for 2025 include:</p> <ul style="list-style-type: none"> <li>• Basic Population Health Management (BPHM): <ul style="list-style-type: none"> <li>○ Updated establishment of collaborative partnership with Fresno, Madera, and Kings counties’ LHJs/LHDs to the present state.</li> </ul> </li> <li>• Transitional Care Services: <ul style="list-style-type: none"> <li>○ Removed “single point of contact” language, removed care section on “Care Manager Responsibilities”. Updated the TCS interventions and removed the minimum TCS requirement of 30 days.</li> </ul> </li> </ul>		<p><i><b>See #6 for Motion</b></i></p>

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	<ul style="list-style-type: none"> <li>• PHM Programs and Services:               <ul style="list-style-type: none"> <li>○ Changed “Transitional Care Management” to “Transitional Care Services,” (TCS).</li> <li>○ Updated age eligibility, program goals, outreach methods, and minor grammatical errors (flu).</li> <li>○ Removed heart failure and added Sickle Cell Disease (Chronic).</li> <li>○ Additional eligibility criteria included, updated program services, and stats (Diabetes).</li> <li>○ Removed SHAPE program.</li> <li>○ Removed Fit Families for Life program.</li> <li>○ Updated language for Initial Health Appointment.</li> <li>○ Updated name to Teladoc, Updated oncology list and eligibility criteria (Oncology).</li> <li>○ Updated program services for Tobacco Cessation, updated stats.</li> <li>○ Updated eligibility criteria for BCS Screening to 40-74 years and updated outreach methods (BCS).</li> <li>○ Updated program goals.</li> </ul> </li> <li>• External Partnerships:               <ul style="list-style-type: none"> <li>○ Removed several entities: local Continuums of Care (COC), , Area Agencies on Aging, Caregiver Resource Centers (CRCs), Home and Community Based Services (HCBS) Waiver Agencies.</li> </ul> </li> <li>• Delivery System Supports: Data and information sharing with Practitioners:               <ul style="list-style-type: none"> <li>○ Fixed grammatical and spelling errors, added information on Closed-Loop Referrals.</li> </ul> </li> <li>• Delivery System Supports: Coordination of Member programs:               <ul style="list-style-type: none"> <li>○ Removed “Transition Care Management”, updated services names, updated IHA language.</li> </ul> </li> <li>• Other minor edits and grammatical corrections.</li> </ul>		
#6 2025 QI & Health Education Program Description & Change Summary, and the 2025 Work Plan	Dr. Marabella presented the Quality Improvement & Health Education 2025 Program Description and change summary, and the 2025 Work Plan.		<i>Motion: The 2025 Population Health Management Program Strategy Description, and</i>

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<p>Action P. Marabella, MD, CMO</p>	<p>The highlights of changes to the 2025 Quality Improvement &amp; Health Education 2025 Program Description consists of:</p> <ul style="list-style-type: none"> <li>• Updated and removed reference to the Annual Scaled-back Access Survey. It was replaced with the annual CAHPS survey.</li> <li>• Updated ECHO Survey to Behavioral Health Member Experience Survey. The survey tool is changing.</li> <li>• Clinical Practice Guidelines: Updated provider communication fax to include Provider Updates.</li> <li>• Health Education Programs: Updated Health Promotion Programs to Health Education Programs, revised contact information, adjusted Weight Management and Diabetes Prevention resources, removed outdated programs, added Teladoc Mental Health, and updated Health Program Incentives to include both QI/Health Education.</li> <li>• MemberConnections® Program: Added Post Partum Assessment / Edinburgh Postnatal Depression Scale, Notification of Pregnancy as part of the assessments the MemberConnections® representatives conduct.</li> <li>• Transition of Care Services: Expanded Transitional Care Services to detail post-discharge activities, including risk assessments, health evaluations, care coordination, and follow-ups, while removing the Member Impact section.</li> <li>• Health Plan Performance: Added Health Plan accreditation information for CalViva (NCQA).</li> <li>• Health Equity and Cultural and Linguistic Needs: Added information on the Diversity, Equity, and Inclusion Training Program. Updated non-discrimination statement to include "language."</li> <li>• Satisfaction: Added HSAG CAHPS survey details, renamed Population Needs Assessment to Population Analysis Report, and updated Provider Relations to Provider Engagement for CAHPS improvement.</li> <li>• Telehealth Services: Added how the Plan supports Member access to a Provider through telehealth. CalViva now provides telehealth services to members.</li> <li>• Health Education: Revised description to include Health Education resources and framework.</li> </ul>		<p><i>2025 QI &amp; Health Education Program Description, and 2025 Work Plan were approved.</i></p> <p><i>14 – 0 – 0 – 3</i></p> <p><i>(Naz / Keene)</i> <i>A roll call was taken</i></p>

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	<ul style="list-style-type: none"> <li>• Provider Network Management: Clarified that contractual issues that PNM resolves with providers are related to terms and conditions and payment rates for services.</li> <li>• Program Accreditation: Added additional scope of Program Accreditation team's role in Quality Evaluating Data to Generate Excellence (EDGE) program efforts.</li> <li>• Provider Communication: Updated description to include specifics on Provider Communication resources and channels.</li> <li>• Other minor edits.</li> </ul> <p>The 2025 Quality Improvement, Health Education and Wellness Work Plan is divided into three sections: 1) Work Plan Initiatives; 2) Ongoing Work Plan Activities; and 3) Quality Improvement Tracking System Activities Log.</p> <p>Section I: Work Plan Initiatives. The Quality Improvement (QI) Work Plan is inclusive of key areas for QI and Health Education Work with 8 categories and includes program objectives, monitoring and evaluation for the year:</p> <ol style="list-style-type: none"> <li>1. Behavioral Health: Improving Behavioral Health (Mental Health and Substance Use) Outcomes: <ul style="list-style-type: none"> <li>• Objective: Meet directional improvement of 1-5% from prior year or <math>\geq</math> 50th percentile.</li> <li>• (FUA-30) Follow up w/in 30 days after ED Visit for substance use (target 36.18).</li> <li>• (FUM-30) Follow up w/in 30 days after ED Visit for mental health (target 53.82).</li> <li>• For MY2023: FUA-30: (0%, 0/3 objectives met); and FUM-30: (0%, 0/3 objectives met)</li> </ul> </li> <li>2. Chronic Conditions: <ul style="list-style-type: none"> <li>• Objective: Meet directional improvement of 1-5% from prior year or <math>\geq</math> 50th percentile for Blood Pressure &amp; Diabetes.</li> <li>• Diabetes: CDC &gt;9 – HbA1c to below 9 (MY 2023: 3/3 objectives met, 100%).</li> </ul> </li> </ol>	<p><i>Supervisor Garry Bredefeld asked, in reference to Quality Improvement, what is the Plan's DEI training program?</i></p> <p><i>Sia Xiong-Lopez explained it is the Diversity, Equity, and Inclusion annual training for staff that is required by NCQA and DHCS covering cultural competency, implicit bias, and understanding the community members in order to connect with one another and meet them where they are.</i></p>	

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	<ul style="list-style-type: none"> <li>Heart Health: Control Blood Pressure (MY 2023: 3/3 objectives met, 100%)</li> </ul> <p>3. Hospital Quality / Patient Safety: monitoring for hospital acquired conditions (infections &amp; c-section rates)</p> <ul style="list-style-type: none"> <li>Objective: Improve reporting and Directional Improvement based upon scores (5 Hospitals Report).</li> </ul> <p>4. Member Engagement and Experience:</p> <ul style="list-style-type: none"> <li>Objective: Improve New Member Completion Initial Health Appointment (IHA) in under 120 days by 1-5% over prior year.</li> <li>MY2023: IHA: 57.26%</li> </ul> <p>5. Pediatric and Maternal Health Programs:</p> <ul style="list-style-type: none"> <li>Objective: 1-5% improvement over prior year or the MCAS 50th percentile for all measures except Prenatal &amp; Postpartum is 75th percentile*.</li> <li>Topical Fluoride (TFL-CH) (MY2023: 33%, 1/3 Objectives met)</li> <li>Well-Child Visits (WCV, W30) (MY2023: 67%, 2/3 Objectives met)</li> <li>Childhood Immunization (CIS-10, IMA-2) (MY2023: 33%, 1/3 Objectives met)</li> <li>Prenatal and Postpartum Care* (PPC-Pre, PPC-post) (MY2023 pre: 33% 1/3 Objectives met, post 66% 2/3 Objectives met)</li> <li>Lead Screenings (LSC) (MY2023: 33%, 1/3 Objectives met)</li> <li>Developmental Screening (CDEV) (MY2023: 33%, 1/3 Objectives met)</li> </ul> <p>6. Pharmacy –Asthma Medication Ratio (AMR):</p> <ul style="list-style-type: none"> <li>Objective: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile.</li> <li>(MY 2023: 33%, 1/3 Objectives met) (target 66.24%)</li> </ul> <p>7. Preventive Health:</p> <ul style="list-style-type: none"> <li>Cancer Screening &amp; STI (MCAS) <ul style="list-style-type: none"> <li>Objective: 1-5% improvement over the prior year or maintain above the 50th percentile.</li> </ul> </li> </ul>	<p><i>Commissioner Sara Bosse asked if the Plan is still rolling out the Diabetes Prevention Program? And how successful it is, as Madera County struggles with people to complete the program.</i></p> <p><i>Dr. Marabella stated for the Diabetes Prevention Program, CVH had to obtain a new vendor and get approval by the State. The State has since approved the program but it is just being rolled out, so we don't have completion rate data yet.</i></p> <p><i>Commissioner Sara Bosse asked who the Plan is working with to get the</i></p>	

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	<ul style="list-style-type: none"> <li>• BCS – Breast Cancer Screening (MY2023: 100%, 3/3 Objectives met)</li> <li>• CCS - Cervical Cancer Screening (MY2023, 100%, 3/3 Objectives met)</li> <li>• CHL – Chlamydia Screening women (MY2023, 100%, 3/3 Objectives met)</li> <li>• Flu Campaign (MY2023, 100%, 3/3 Objectives met)</li> </ul> <p>8. Provider Engagement:</p> <ul style="list-style-type: none"> <li>• Improve the Member Experience (CAHPS) – Provider and Plan Focus</li> <li>• Improve Provider Access &amp; Availability Survey Results (PAAS &amp; PAHAS)</li> </ul> <ul style="list-style-type: none"> <li>• Section II: Ongoing Work Plan Activities. Captures the ongoing monitoring of cross-functional activities-work performed by or with other Departments. Ensures activities are timely and documented often to meet regulatory or accreditation requirements.</li> <li>• Previously call the “Crosswalk”.</li> <li>• With multiple activities under each of the following categories (total of 46): <ul style="list-style-type: none"> <li>○ Access, Availability, &amp; Satisfaction</li> <li>○ Behavioral Health</li> <li>○ Continuity &amp; Coordination of Care</li> <li>○ Credentialing/Rec credentialing</li> <li>○ Disease Management/Chronic Conditions</li> <li>○ Quality &amp; Safety of Care and Service</li> <li>○ Compliance</li> <li>○ QI Infrastructure</li> <li>○ Wellness/Preventive Health</li> </ul> </li> </ul> <p>Section III. Quality Improvement Tracking System ActivitiesSection 3 activities support meeting the program objectives in Section I.</p> <p>Some of these activities include, but are not limited to the following:</p> <p>1. Behavioral Health:</p> <ul style="list-style-type: none"> <li>○ Conduct live outreach using ADT reports to identify members who had an ED visit for MH, SUD, or Drug Overdose to close care gaps for follow up care.</li> <li>○ Improve Teledoc Mental Health Digital Program oversight and management (replaces myStrength).</li> </ul>	<p><i>ADT reports for Behavioral Health.</i></p> <p><i>Dr. Marabella stated the hospital generates the ADT report, then the Plans and the clinics receive them. The Plans then work with the hospitals to modify the report so the data is clear and also deal with the privacy issue.</i></p>	

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	<p>2. Member Engagement:</p> <ul style="list-style-type: none"> <li>Identify dual eligible members and verify they qualify to utilize Community Health Worker (CHW) benefits to support Health Risk Assessment (HRA) completion.</li> <li>Annual member newsletter.</li> </ul> <p>3. Chronic Conditions:</p> <ul style="list-style-type: none"> <li>Through a vendor partnership, mail HbA1c home test kit to members due for a test.</li> </ul> <p>4. Health Education:</p> <ul style="list-style-type: none"> <li>Create a PowerPoint presentation for Providers that uses QR Codes to link to credible health education resources (Krames &amp; others) to share with their patients.</li> <li>Topics will be focused on MCAS measures.</li> </ul> <p>5. Hospital Quality/ Patient Safety:</p> <ul style="list-style-type: none"> <li>Identify new ways to engage hospital leadership to improve quality metrics related to hospital acquired infections and equitable maternal health metrics.</li> <li>Produce Hospital Quality Scorecards.</li> </ul> <p>6. Pediatric/ Adolescents:</p> <ul style="list-style-type: none"> <li>Support blood lead screening with in-office analyzer initiative (27 distributed in 2024).</li> <li>Utilize Transitional Care Team to enroll members in <i>First Year of Life Program</i> before hospital discharge.</li> <li>Promote CDC Milestone Tracker app.</li> </ul> <p>7. Pharmacy:</p> <ul style="list-style-type: none"> <li>Evaluate expanding "Kick It California" (KIC) Smoking Cessation outreach to include distribution of nicotine replacement therapy kits.</li> <li>Increase awareness of Asthma Remediation Services.</li> </ul> <p>8. Preventative Care:</p> <ul style="list-style-type: none"> <li>Launch in-home Chlamydia screening.</li> <li>Expand cancer screening testing and partnerships with local Community Based Organizations (CBOs).</li> </ul>		
#7 Standing Reports	<p>Finance</p> <p>Financials as of January 31, 2025</p>		<p><i>Motion: Standing Reports Approved</i></p>



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<ul style="list-style-type: none"> <li>Finance Reports Daniel Maychen, CFO</li> </ul>	<p>As of January 2025, total current assets were approximately \$436.2M; total current liabilities were approximately \$272.6M. Current ratio is approximately 1.6. TNE as of January 2025 was approximately \$173.4M, which is approximately 620% above the minimum DMHC required TNE amount.</p> <p>As of January 2025, interest income actual recorded was approximately \$6.8M, which is approximately \$4.3M more than budgeted due to interest rates being higher than projected. Premium capitation income actual recorded was approximately \$1.18B which is approximately \$108.2M more than budgeted primarily due to MCO taxes being higher than projected. In December 2024, CMS approved a revised MCO tax which substantially increased the MCO tax from the first revision. In addition, enrollment and rates were higher than projected. Total Cost of Medical Care expense actual recorded was approximately \$787.1M which is approximately \$89.3M more than budgeted due to enrollment and rates being higher than projected.</p> <p>Admin Service Agreement fees expense actual recorded was approximately \$33.5M which is approximately \$1.8M more than budgeted due to enrollment being higher as more members have been retained through the redetermination process. MCO taxes actual recorded was approximately \$344.7M which is approximately \$15.8M more than budgeted due to the revised MCO taxes. Telephone expense actual recorded was approximately \$32K, which is approximately \$7K 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.</p> <p>Total net income through January 2025 was approximately \$11.7M, which is approximately \$6.8M more than budgeted primarily due to interest income being approximately \$4.3M higher than projected, and rates and enrollment being higher than projected.</p>		<p>14 – 0 – 0 – 3</p> <p>(Neves / Bosse)</p> <p>A roll call was taken.</p>

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<ul style="list-style-type: none"> <li>Equity Report S. Xiong-Lopez, EqO</li> </ul>	<p><b>Health Equity</b></p> <p><u>Equity Report</u></p> <p>CVH staff that have direct contact with members completed the Transgender, Gender Diverse or Intersex cultural Competency training in February.</p> <p>For Live Well Madera (CHIP) goals identified were updated in January. By 2028, the availability of diabetes and chronic disease prevention and management classes will be increased by developing 10 Diabetes Prevention Programs cohort per year. Expand access to these programs to at least four new partners per year. Look into health plans available in Madera County for partnerships to offer reimbursement/incentives for participants. Develop or enhance a current referral process that track these specific activities and develop a resource directory with service, support groups available.</p> <p>For West Fresno Drive, the Mental Health Conference has been scheduled for April 4<sup>th</sup> at Westside Church.</p> <p>For Perimenopause/Menopause Project in Hanford, CVH has identified 7 OB/GYN Providers in Kings County. Four of these Providers has confirmed they have perimenopause/menopause assessments in place. However, there is no health education for perimenopause/menopause.</p> <p>DEI training was approved by DHCS in February with minor edits.</p> <p>March 11<sup>th</sup> the Plan submitted all evidence for HCQA Health Equity Accreditation.</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 January 2025.</p>		
<ul style="list-style-type: none"> <li>Medical Management P. Marabella, MD, CMO</li> </ul>			

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	<ul style="list-style-type: none"> <li>• The total number of grievances at the end of January remained consistent with previous months. The Quality-of-Service category represents the highest volume of total grievances.</li> <li>• For the Quality of Service (QOS) category, the types of cases noted to contribute the most to case volume are Access-Other, Administrative, Balance Billing, CalAIM, and Transportation-Access.</li> <li>• The volume of Exempt Grievances is consistent with previous months.</li> <li>• Total Appeals volume continues to increase. The majority being CalAIM (Medically Tailored Meals related), DME, and Other. Uphold and overturn rates remain consistent.</li> </ul> <p><u>Key Indicator Report</u></p> <p>Dr. Marabella presented the Key Indicator Report (KIR) through January 2025.</p> <p>A summary was shared that provided the most recent data for Membership, Admissions, Bed Days, Average Length of Stay, and Readmissions through January 31, 2025.</p> <ul style="list-style-type: none"> <li>• Acute admits have increased with the exception of the SPDs. Readmission rates have decreased most likely related to improved transition care services and improved post discharge destinations.</li> <li>• Utilization has increased slightly with the exception of SPDs.</li> </ul> <p>Care Management (CM) engagement rates are up, and all areas continue to improve.</p> <p><u>Credentialing Sub-Committee Quarterly Report</u></p> <p>The Credentialing Sub-Committee met on February 20, 2025. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering the third quarter for 2024 were reviewed for delegated entities and fourth quarter 2024 for Health Net including Behavioral Health.</p>		

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	<p>The 2024 Adverse Events report for Q4 was reviewed. This report provides a summary of potential quality issues (PQIs) as well as Credentialing Adverse Action (AA) cases identified during the reporting period. There were no (0) cases identified in Q4 that met the criteria for reporting in which an adverse outcome was associated with a contracted practitioner. There were no reconsiderations or fair hearings during the fourth quarter of 2024. There were no (0) incidents or patterns of non-compliance resulting in substantial harm to a member or members because of appointment availability. There were no (0) cases identified outside of the ongoing monitoring process this quarter.</p> <p>The Access &amp; Availability Substantial Harm Report Q4 2024 was presented and reviewed. The purpose of this report is to identify incidents involving appointment availability resulting in substantial harm to a member or members as defined in Civil Code section 3428(b)(1). Assessments include all received and resolved Quality of Care (QOC) and Potential Quality Issue (PQI) cases identified related to appointment availability and the cases are ranked by severity level. After a thorough review of all fourth quarter 2024 PQI/QOC cases, the Credentialing Department identified zero (0) new cases of appointment availability resulting in substantial harm as defined in Civil Code section 3428(b)(1).</p> <p>Credentialing Adverse Actions for Q4 for CalViva Credentialing Sub-Committee from Health Net Credentialing Committee was presented. There was one (1) case presented for discussion for October, November, and December for CalViva Health. The Medical Board of California issued the practitioner a public letter of reprimand, with terms and conditions to include and not limited to 1) The practitioner shall complete an education course. 2) The practitioner shall complete a medical recordkeeping course. The case will be monitored to ensure compliance with the Medical Board terms and conditions.</p> <p>Ongoing monitoring and reporting will continue.</p> <p><u>Peer Review Sub-Committee Quarterly Report</u></p>		

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	<p>The Peer Review Sub-Committee met on February 20, 2025. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 4 2024 were reviewed for approval. There were no significant cases to report.</p> <p>The 2024 Adverse Events Report for Q4 was reviewed. This report provides a summary of ongoing monitoring for potential quality issues and Credentialing Adverse Action cases during the reporting period. This includes all cases with a severity code level of III or IV, or any case the CalViva CMO requests to be forwarded to the Peer Review Committee. There were 11 cases identified in Q4 that met the criteria for reporting and were submitted to the Peer Review Committee. Four (4) of these cases involved a practitioner and seven (7) cases involved organizational providers (facilities). Of the 11 cases, six (6) were tabled, zero (0) were deferred, zero (0) were closed to track and trend with a letter of concern, two (2) were closed to track and trend with a letter of education, and three (3) were closed to track and trend. Six (6) cases were quality of care grievances, three (3) were potential quality issues, zero were lower level, and zero were track and trend. Three (3) cases involved Seniors and Persons with Disabilities (SPDs) and none (0) involved Behavioral Health. There were no (0) incidents involving appointment availability resulting in substantial harm to a member or members in Q4. There were no (0) cases that met the Peer Review trended criteria for escalation. There was one (1) case identified outside of the ongoing monitoring process this quarter, in which an adverse injury occurred during a procedure by a contracted practitioner. (NCQA CR.5.A.4) There were 23 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>The Access &amp; Availability Substantial Harm Report for Q4 2024 was also presented. The purpose of this report is to identify incidents related to appointment availability resulting in substantial harm to a member or members as defined in Civil Code section 3428(b)(1). Assessments include all received and resolved grievances Quality of Care (QOC) and Potential Quality Issues (PQIs) related to identified appointment availability issues, and they are ranked by severity level. Fifteen* (15) cases were submitted to the Peer Review Committee in Q4 2024. There were four (4) incidents found involving appointment availability issues without significant harm to a member. Two (2) cases were determined to</p>		

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<ul style="list-style-type: none"> <li>Executive Report J. Nkansah, CEO</li> </ul>	<p>be related to significant harm to a member but without appointment availability issues. No cases (0) were related to behavioral health issues. *One case appeared twice in the quarter. There were zero (0) incidents involving appointment availability issues resulting in substantial harm to a member or members in Q4 2024.</p> <p>Quarter 4, 2024 Peer Count Report was presented at the meeting with a total of 15 cases reviewed. The outcomes for these cases are as follows: There were nine (9) cases closed and cleared. There were six (6) cases tabled for further information.</p> <p>Follow-up will be initiated to obtain additional information for tabled cases and ongoing monitoring and reporting will continue.</p> <p><b>Executive Report</b></p> <p><u>Executive Dashboard</u></p> <p>Enrollment as of January 2025 is 431,336. Enrollment for Anthem is approximately 205,000, and the enrollment for Kaiser is approximately 9,000. Market Share is currently approximately 66.70%. Enrollment continues to trend down. CalViva's WellCare Dual Special Needs Plan (DSNP) member enrollment is approximately 5,000 members, with Anthems enrollment for DSNP at approximately 6,000 members, and Kaiser's DSNP enrollment is approximately 2,000.</p> <p>Regarding Information Technology Communications &amp; Systems, Provider Activities, Claims Process, and Provider Disputes, there are no significant issues or concerns at this time.</p> <p>Regarding the Call Center and CVH Website, the Members self-service option to gain access to their Member ID Card through the CalViva Health Website launched on March 18, 2025.</p>		

# Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	The Plan is currently monitoring Federal and State activities with regard to immigration, Medicaid, DEI and budgetary concerns. The management team is planning effectively for what may potentially become policy that would affect the Plan.		
#8 Final Comments from Commission Members & Staff	None.		
#9 Announcements	None.		
#10 Public Comment	None.		
#11 Adjourn	The meeting adjourned at 2:28 pm. The next Commission meeting is scheduled for May 15, 2025, in Fresno County.		

Submitted this Day: May 15, 2025

Submitted by: Cheryl Hurley  
Cheryl Hurley  
Clerk to the Commission