

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Luchini, Director
Public Health Department

David Cardona, M.D.
At-large

David S. Hodge, M.D.
At-large

Garry Bredefeld
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Reyna-Griffin
At-large

Kings County

Joe Neves
Board of Supervisors

Rose Mary Rahn, Director
Public Health Department

Lisa Lewis, Ph.D.
At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Jennifer Armendariz
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Kerry Hydash
Kings County

Paulo Soares
Madera County

Jeff Nkansah
Chief Executive Officer
7625 N. Palm Ave., Ste. 109
Fresno, CA 93711

Phone: 559-540-7840
Fax: 559-446-1990
www.calvivahealth.org

DATE: May 9, 2025

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Cheryl Hurley, Commission Clerk

RE: Commission Meeting Materials

Please find the agenda and supporting documents enclosed for the upcoming Commission meeting on:

**Thursday, May 15, 2025
1:30 pm to 3:30 pm**

Where to attend:

- 1) CalViva Health
7625 N. Palm Ave., #109
Fresno, CA
- 2) Family Health Care Network
114 W. Main St.
Visalia, CA 93291
- 3) Woodward Park Library
Small Study Room
944 E. Perrin Ave.
Fresno, CA 93720

Meeting materials have been emailed to you.

Currently, there are **13** Commissioners who have confirmed their attendance for this meeting. At this time, a quorum has been secured. Please advise as soon as possible if you will not be in attendance to ensure a quorum can be maintained.

Thank you

AGENDA

Fresno-Kings-Madera Regional Health Authority Commission Meeting

May 15, 2025

1:30pm - 3:30pm

Meeting Locations:

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

2) Family Health Care Network
114 W Main St.
Visalia, CA 93291

3) Woodward Park Library
Small Study Room
944 E Perrin Ave.
Fresno, CA 93720

Item	Attachment #	Topic of Discussion	Presenter
1		Call to Order	D. Hodge, MD, Chair
2		Roll Call	C. Hurley, Clerk
3 Action	Attachment 3.A	FKM RHA Reappointments <ul style="list-style-type: none">Fresno County At-Large BOS Reappointed Commissioners<ul style="list-style-type: none">➤ David Cardona, MD➤ David S. Hodge, MD <p><i>Action: Ratify appointments/reappointments</i></p>	J. Nkansah, CEO
4 Action	No attachment	Chair and Co-Chair Nominations for Fiscal Year 2026 <p><i>Action: Nominate and Approve Nominations</i></p>	J. Nkansah, CEO
5 Action	Attachment 5.A Attachment 5.B Attachment 5.C	Consent Agenda: <ul style="list-style-type: none">Commission Minutes dated 3/20/25Finance Committee Minutes dated 2/20/25QI/UM Committee Minutes dated 2/20/25 <p><i>Action: Approve Consent Agenda</i></p>	D. Hodge, MD, Chair
6		Closed Session: <p>The Board of Directors will go into closed session to discuss the following item:</p>	
Information	No attachment	A. Conference Report Involving Trade Secret – Discussion of service, program, or facility: <p>Estimated Date of Public Disclosure: July 1, 2025 Government Code section 54954.5</p>	

7 Action	Attachment A	Legal Services <ul style="list-style-type: none"> Attorney Services Agreement <ul style="list-style-type: none"> Epperson Law Group, PC 	J. Nkansah, CEO
<i>Action: Commission to ratify Attorney Services Agreement</i>			
8 Action	No Attachment	CEO Annual Review: Ad-Hoc Committee Selection <ul style="list-style-type: none"> Select ad-hoc Committee 	D. Hodge, MD, Chair
<i>Recommended Action: Selection of Ad-Hoc Committee</i>			
9 Information	Attachment 9.A	Sub-Committee Members for Fiscal Year 2026: <ul style="list-style-type: none"> BL 25-006 Sub-Committee Members 	D. Hodge, MD, Chair
<i>Handout will be available at meeting</i> <i>PowerPoint Presentation will be used for item 10</i>			
10 Action	Attachment 10.A Attachment 10.B Attachment 10.C	Community Support & DHCS Reinvestment Program <ul style="list-style-type: none"> BL 25-007 Community Support & DHCS Reinvestment Program Proposed Grant Recommendations 2025-2026 Ad-Hoc Committee Meeting Minutes 	J. Nkansah, CEO
<i>Action: Approve Community Funding Grant Recommendations</i>			
<i>Handout will be available at meeting</i> <i>PowerPoint Presentation will be used for item 11</i>			
11 Action	Attachment 11.A Attachment 11.B Attachment 11.C	Health Equity Program Description and Work Plan Evaluation <ul style="list-style-type: none"> 2024 Executive Summary and <i>Annual Evaluation</i> 2025 Change Summary and <i>Program Description</i> 2025 Executive Summary and <i>Work Plan Summary</i> 	P. Marabella, MD, CMO
<i>Action: Approve Health Equity 2024 Annual Evaluation, 2025 Program Description, and 2025 Work Plan.</i>			
12 Action		Standing Reports	
	Attachment 12.A Attachment 12.B	Finance <ul style="list-style-type: none"> Financials as of March 31, 2025 FY 2026 Proposed Budget 	D. Maychen, CFO
	Attachment 12.C	Compliance <ul style="list-style-type: none"> Compliance Report 	M.L. Leone, CCO
	Attachment 12.D Attachment 12.E Attachment 12.F	Medical Management <ul style="list-style-type: none"> Appeals and Grievances Report Key Indicator Report Quarterly Summary Report 	P. Marabella, MD, CMO

Attachment 12.G	Equity <ul style="list-style-type: none"> Health Equity Report 	S. Xiong-Lopez, EqO
Attachment 12.H	Executive Report <ul style="list-style-type: none"> Executive Dashboard 	J. Nkansah, CEO
<i>Action: Accept Standing Reports</i>		
13	Final Comments from Commission Members and Staff	
14	Announcements	
15	Public Comment <i>Public Comment is the time set aside for comments by the public on matters within the jurisdiction of the Commission but not on the agenda. Each speaker will be limited to three (00:03:00) minutes. Commissioners are prohibited from discussing any matter presented during public comment except to request that the topic be placed on a subsequent agenda for discussion.</i>	
16	Adjourn	D. Hodge, MD, Chair

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

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

Next Meeting scheduled for July 17, 2025 in Fresno County
CalViva Health, 7625 N. Palm Ave., Ste. 109, Fresno, CA 93711

“To provide access to quality cost-effective healthcare and promote the health and well-being of the communities we serve in partnership with health care providers and our community partners.”

Item #3

Attachment 3.A

FKM RHA Reappointments

Fresno County At-Large
BOS Reappointed Commissioners

- David S. Hodge, MD
- David Cardona, MD



County of Fresno

BOARD OF SUPERVISORS

Chairman
Buddy Mendes
District Four

Vice Chairman
Garry Bredefeld
District Two

Brian Pacheco
District One

Luis Chavez
District Three

Nathan Magsig
District Five

Bernice E. Seidel
Clerk

May 7, 2025

David Cardona
1946 Amaryllis Ave
FRESNO, CA 93730-7068

Subject: Appointment to Fresno-Kings-Madera Regional Health Authority

Dear Dr. Cardona,

We are pleased to inform you that on May 6, 2025, under Supervisor Bredefeld's nomination, you were reappointed by the Board of Supervisors to serve on the **Fresno-Kings-Madera Regional Health Authority** (hereinafter referred to as "authority") for a term expiring on **May 1, 2028**. We thank you for your interest in serving our County.

Statement of Economic Interests (Form 700): You are required to file a Form 700 for your appointed position. Please contact Cheryl Hurley at (559) 540-7842 for information regarding the Form 700.

Brown Act Requirements

Newly elected and appointed members of a "legislative body" who have not yet assumed office must conform to the requirements of the Brown Act as if already in office (California Government Code Section 54952.1). Until you hear otherwise, you should immediately begin to refrain from any discussions of authority business, with a quorum of the authority, outside a formal authority meeting. If you have any questions about the Brown Act or your responsibilities and duties under it, please consult your authority's legal counsel.

State Mandated Ethics Training

California Government Code Section 53235 provides that if a local agency (which includes special districts) provides any type of compensation, salary, or stipend to a member of a legislative body, or provides for reimbursement for actual and necessary expenses incurred by a member of a legislative body in the performance of official duties, then all local agency officials shall receive training in ethics. Such local agency officials must receive **two hours** of ethics training within one year of commencing service with the local agency and once every two years thereafter. Please consult your authority's staff or legal counsel with questions relating to this requirement.

Should you be required to comply with the ethics training requirement, the Fair Political Practices Commission (FPPC) offers **free online training** at <http://localethics.fppc.ca.gov/login.aspx>. This course requires that you log onto the FPPC's website, review the course content materials, and take periodic tests to assure retention of the information. For those who choose this option, please be aware that the certificate will record how much time an individual spends to complete the online training. You must

complete **at least 2 hours** of training time in order to be compliant with the training requirement. If an individual completes the online training in less than two hours, the certificate will reflect this, indicating that the individual has not completed the required amount of training.

When you complete the training, you will receive a Proof of Participation certificate to sign and submit to whoever maintains the training compliance records for your authority (e.g., the clerk or secretary for the authority). You should keep a copy of the certificate for your records. The authority is required to retain the certificates as public records for at least five years.

On behalf of the Fresno County Board of Supervisors, we wish to extend sincere appreciation for the time and effort you are giving in service to your community and Fresno County.

Sincerely,



Bernice E. Seidel
Clerk of the Board

cc: **Fresno-Kings-Madera Regional Health Authority**



THE COUNTY OF FRESNO
BOARD OF SUPERVISORS

CERTIFICATE OF APPOINTMENT

I, ERNEST BUDDY MENDES,
Chairman, Board of Supervisors for the
County of Fresno, State of California, do hereby certify that

David Cardona

was duly re-appointed to the
FRESNO-KINGS-MADERA REGIONAL HEALTH
AUTHORITY
for a term to expire
May 1, 2028

MAY 6, 2025

DATE
APPOINTED

Ernest Buddy Mendes

ERNEST BUDDY MENDES
CHAIRMAN
BOARD OF SUPERVISORS



County of Fresno

BOARD OF SUPERVISORS

Chairman
Buddy Mendes
District Four

Vice Chairman
Garry Bredefeld
District Two

Brian Pacheco
District One

Luis Chavez
District Three

Nathan Magsig
District Five

Bernice E. Seidel
Clerk

May 7, 2025

David Hodge
2798 W Decatur Ave
Fresno, CA 93711

Subject: Appointment to Fresno-Kings-Madera Regional Health Authority

Dear Dr. Hodge,

We are pleased to inform you that on May 6, 2025, under Supervisor Bredefeld's nomination, you were reappointed by the Board of Supervisors to serve on the **Fresno-Kings-Madera Regional Health Authority** (hereinafter referred to as "authority") for a term expiring on **May 1, 2028**. We thank you for your interest in serving our County.

Statement of Economic Interests (Form 700): You are required to file a Form 700 for your appointed position. Please contact Cheryl Hurley at (559) 540-7842 for information regarding the Form 700.

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On behalf of the Fresno County Board of Supervisors, we wish to extend sincere appreciation for the time and effort you are giving in service to your community and Fresno County.

Sincerely,



Bernice E. Seidel
Clerk of the Board

cc: **Fresno-Kings-Madera Regional Health Authority**



THE COUNTY OF FRESNO
BOARD OF SUPERVISORS

CERTIFICATE OF APPOINTMENT

I, ERNEST BUDDY MENDES,
Chairman, Board of Supervisors for the
County of Fresno, State of California, do hereby certify that

David Hodge

was duly re-appointed to the
FRESNO-KINGS-MADERA REGIONAL HEALTH
AUTHORITY
for a term to expire
May 1, 2028

MAY 6, 2025

DATE
APPOINTED

ERNEST BUDDY MENDES
CHAIRMAN
BOARD OF SUPERVISORS

Item #5

Attachment 5.A-C

Consent Agenda

5.A Commission Minutes 3/20/25

5.B Finance Minutes 2/20/25

5.C QIUM Minutes 2/20/25

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			
#3 Consent Agenda <ul style="list-style-type: none"> • <i>Commission Minutes dated 2/20/25.</i> • <i>Finance Committee Minutes dated 11/21/24.</i> • <i>QI/UM Committee Minutes dated 11/21/24.</i> • <i>Public Policy Committee Minutes dated 12/4/24</i> • <i>Compliance Report</i> <p>Action D. Hodge, MD, Chair</p>	All consent items were presented and accepted as read.		<p><i>Motion:</i> <i>Consent Agenda was approved.</i></p> <p><i>14 – 0 – 0 – 3</i></p> <p><i>(Neves / Soares)</i> <i>A roll call was taken</i></p>
#4 Community Support Program Ad-Hoc Committee Selection <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>Motion:</i> <i>Ad-Hoc Committee members selected and approved.</i></p> <p><i>14 – 0 – 0 – 3</i></p> <p><i>(Rogers / Frye)</i> <i>A roll call was taken</i></p>
#5 Population Health Management Program Strategy Description 2025 & Change Summary <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"> • Basic Population Health Management (BPHM): <ul style="list-style-type: none"> ○ Updated establishment of collaborative partnership with Fresno, Madera, and Kings counties’ LHJs/LHDs to the present state. • Transitional Care Services: <ul style="list-style-type: none"> ○ 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. 		<p><i>See #6 for Motion</i></p>

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

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<p>Action P. Marabella, MD, CMO</p>	<p>The highlights of changes to the 2025 Quality Improvement & Health Education 2025 Program Description consists of:</p> <ul style="list-style-type: none"> • Updated and removed reference to the Annual Scaled-back Access Survey. It was replaced with the annual CAHPS survey. • Updated ECHO Survey to Behavioral Health Member Experience Survey. The survey tool is changing. • Clinical Practice Guidelines: Updated provider communication fax to include Provider Updates. • 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. • MemberConnections® Program: Added Post Partum Assessment / Edinburgh Postnatal Depression Scale, Notification of Pregnancy as part of the assessments the MemberConnections® representatives conduct. • 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. • Health Plan Performance: Added Health Plan accreditation information for CalViva (NCQA). • Health Equity and Cultural and Linguistic Needs: Added information on the Diversity, Equity, and Inclusion Training Program. Updated non-discrimination statement to include “language.” • Satisfaction: Added HSAG CAHPS survey details, renamed Population Needs Assessment to Population Analysis Report, and updated Provider Relations to Provider Engagement for CAHPS improvement. • Telehealth Services: Added how the Plan supports Member access to a Provider through telehealth. CalViva now provides telehealth services to members. • Health Education: Revised description to include Health Education resources and framework. 		<p><i>2025 QI & 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>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<ul style="list-style-type: none"> • Provider Network Management: Clarified that contractual issues that PNM resolves with providers are related to terms and conditions and payment rates for services. • Program Accreditation: Added additional scope of Program Accreditation team's role in Quality Evaluating Data to Generate Excellence (EDGE) program efforts. • Provider Communication: Updated description to include specifics on Provider Communication resources and channels. • Other minor edits. <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"> 1. Behavioral Health: Improving Behavioral Health (Mental Health and Substance Use) Outcomes: <ul style="list-style-type: none"> • Objective: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile. • (FUA-30) Follow up w/in 30 days after ED Visit for substance use (target 36.18). • (FUM-30) Follow up w/in 30 days after ED Visit for mental health (target 53.82). • For MY2023: FUA-30: (0%, 0/3 objectives met); and FUM-30: (0%, 0/3 objectives met) 2. Chronic Conditions: <ul style="list-style-type: none"> • Objective: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile for Blood Pressure & Diabetes. • Diabetes: CDC >9 – HbA1c to below 9 (MY 2023: 3/3 objectives met, 100%). 	<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>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<ul style="list-style-type: none"> Heart Health: Control Blood Pressure (MY 2023: 3/3 objectives met, 100%) <p>3. Hospital Quality / Patient Safety: monitoring for hospital acquired conditions (infections & c-section rates)</p> <ul style="list-style-type: none"> Objective: Improve reporting and Directional Improvement based upon scores (5 Hospitals Report). <p>4. Member Engagement and Experience:</p> <ul style="list-style-type: none"> Objective: Improve New Member Completion Initial Health Appointment (IHA) in under 120 days by 1-5% over prior year. MY2023: IHA: 57.26% <p>5. Pediatric and Maternal Health Programs:</p> <ul style="list-style-type: none"> Objective: 1-5% improvement over prior year or the MCAS 50th percentile for all measures except Prenatal & Postpartum is 75th percentile*. Topical Fluoride (TFL-CH) (MY2023: 33%, 1/3 Objectives met) Well-Child Visits (WCV, W30) (MY2023: 67%, 2/3 Objectives met) Childhood Immunization (CIS-10, IMA-2) (MY2023: 33%, 1/3 Objectives met) Prenatal and Postpartum Care*(PPC-Pre, PPC-post) (MY2023 pre: 33% 1/3 Objectives met, post 66% 2/3 Objectives met) Lead Screenings (LSC) (MY2023: 33%, 1/3 Objectives met) Developmental Screening (CDEV) (MY2023: 33%, 1/3 Objectives met) <p>6. Pharmacy –Asthma Medication Ratio (AMR):</p> <ul style="list-style-type: none"> Objective: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile. (MY 2023: 33%, 1/3 Objectives met) (target 66.24%) <p>7. Preventive Health:</p> <ul style="list-style-type: none"> Cancer Screening & STI (MCAS) <ul style="list-style-type: none"> Objective: 1-5% improvement over the prior year or maintain above the 50th percentile. 	<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>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<ul style="list-style-type: none"> BCS – Breast Cancer Screening (MY2023: 100%, 3/3 Objectives met) CCS - Cervical Cancer Screening (MY2023, 100%, 3/3 Objectives met) CHL – Chlamydia Screening women (MY2023, 100%, 3/3 Objectives met) Flu Campaign (MY2023, 100%, 3/3 Objectives met) <p>8. Provider Engagement:</p> <ul style="list-style-type: none"> Improve the Member Experience (CAHPS) – Provider and Plan Focus Improve Provider Access & Availability Survey Results (PAAS & PAHAS) <ul style="list-style-type: none"> 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. Previously call the “Crosswalk”. With multiple activities under each of the following categories (total of 46): <ul style="list-style-type: none"> Access, Availability, & Satisfaction Behavioral Health Continuity & Coordination of Care Credentialing/Recredentialing Disease Management/Chronic Conditions Quality & Safety of Care and Service Compliance QI Infrastructure Wellness/Preventive Health <p>Section III. Quality Improvement Tracking System Activities</p> <p>Section 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"> 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. Improve Teledoc Mental Health Digital Program oversight and management (replaces myStrength). 	<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>	

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

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<ul style="list-style-type: none"> Finance Reports Daniel Maychen, CFO 	<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>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<ul style="list-style-type: none"> Equity Report S. Xiong-Lopez, EqO 	<p>Health Equity</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 4th 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 11th the Plan submitted all evidence for HCQA Health Equity Accreditation.</p> <p>Medical Management</p> <p><u>Appeals and Grievances Dashboard</u></p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through January 2025.</p>		
<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 			

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<ul style="list-style-type: none"> 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. 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. The volume of Exempt Grievances is consistent with previous months. Total Appeals volume continues to increase. The majority being CalAIM (Medically Tailored Meals related), DME, and Other. Uphold and overturn rates remain consistent. <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"> 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. Utilization has increased slightly with the exception of SPDs. <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>		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<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 & 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>		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<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 & 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>		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<ul style="list-style-type: none"> Executive Report J. Nkansah, CEO 	<p>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>Executive Report</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 & 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: _____

Submitted by: _____

Cheryl Hurley
Clerk to the Commission



**CalViva Health
Finance
Committee Meeting Minutes**

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

February 20, 2025

Finance Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Daniel Maychen, Chair	✓	Cheryl Hurley, Director, HR/Office
✓	Jeff Nkansah, CEO	✓	Jiaqi Liu, Director of Finance
	Paulo Soares		Hector Torres, Sr. Accountant & MIS Analyst
✓	Joe Neves		
✓	Supervisor Rogers		
	John Frye		
✓	Rose Mary Rahn		
		✓	Present
		*	Arrived late/Left Early
		•	Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	Comments	ACTION TAKEN
#1 Call to Order D. Maychen, Chair	The meeting was called to order at 11:30 am, a quorum was present.		
#2 Finance Committee Minutes dated November 21, 2024 Attachment 2.A Action, D. Maychen, Chair	The minutes from November 21, 2024, Finance meeting were approved as read.		Motion: <i>Minutes were approved</i> <i>5-0-0-2</i> <i>(Neves / Rahn)</i>
#3 Financials – as of December 31, 2024 Action D. Maychen, Chair	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.		Motion: <i>Financials as December 31, 2024, were approved</i> <i>5-0-0-2</i> <i>(Rogers / Neves)</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	Comments	ACTION TAKEN
	<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>#4 Fiscal Year 2026 –</p> <ul style="list-style-type: none"> Budget Timetable Budget Assumptions Preliminary Draft of FY 2026 Budget <p>Action D. Maychen, Chair</p>	<p>The basic assumptions being used to create the FY 2026 budget was presented to the Committee.</p> <p>An official proposed FY 2026 budget is planned for presentation at the March 2025 Finance meeting with intent to accept and forward to the Commission. Any changes requested as a result of the March 2025 meeting will carry on to an April 2025 meeting, if necessary. The Finance Committee reviewed and approved budget will then be presented at the May 2025 Commission meeting.</p> <p>FY 2026 enrollment projected to gradually decline throughout the fiscal year as the continuation of eligibility redetermination flexibilities will end June 30, 2025. As the Medi-Cal disenrollment process began 7/1/23, the State of California applied for federal waivers and flexibilities for continuous Medi-Cal coverage for</p>		

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	Comments	ACTION TAKEN
	<p>beneficiaries such as ex-parte renewals for households whose attestation of zero-dollar income was verified within the last 12 months, ex-parte renewals for Medi-Cal beneficiaries whose attestation of income was at or below 100% federal poverty limit. The expectation of the decline in enrollment is consistent with the State FY 2026 assumptions.</p> <p>Overall, revenues are projected to increase in comparison to prior year budget primarily due to an increase in MCO taxes which was approved by the Centers for Medicare and Medicaid Services (CMS) noting a substantial increase in the MCO tax amount from the previous MCO tax structure. The MCO tax revenue/expense is calculated per the new revised MCO tax structure. This new MCO tax is retroactive to January 2024 – December 2026. It increases our MCO taxes to approx. \$753.5M per year. In addition, revenues are projected to increase due to an increase in capitation rates paid by DHCS to CalViva as a result of the additional funds generated by the new MCO tax which will be used to fund additional increases to Medi-Cal rates, in addition to increasing primary care rates to at least 87.5% of Medicare, such as but not limited to increase in rates for emergency department physician evaluation and management codes to at least 90% of Medicare, increase primary care and specialty care rates to at least 95% of Medicare, and increase in rates for maternal care services to at least 95% of Medicare. The increase in revenue is net of a decrease in membership from prior year as eligibility redetermination flexibilities will end 6/30/25.</p> <p>Administrative Services Fee expense projected at \$11 pmpm based on enrollment. Overall, Administrative Services Fee expense projected to slightly decrease due to lower projected enrollment in FY 2026 vs budgeted FY 2025 enrollment.</p> <p>Interest income is projected to increase due to additional funds being allocated to the money market fund in addition to higher interest rates than previously projected in FY 2025 budget as the Federal Reserve has been slower than initially projected in cutting rates.</p> <p>The Plan is projecting FY 2026 staffing at 21 full-time employees. Salary, Wages, and Benefits based on current staffing and rates. Projected wage increases of up to 5% based on employee performance at anniversary date, 8% increase in health insurance premiums based on January renewal. The increase is primarily due to potential succession planning efforts for key management positions near retirement age.</p>		

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	Comments	ACTION TAKEN
	<p>Projected increase in Consulting/Accreditation expense due to CalViva looking to add a retention consultant to investigate member retention and member satisfaction/dissatisfaction.</p> <p>Community Support and Grants expense based on the continuation of the existing Community Support Program and funding categories such as supporting local community-based organizations, and scholarship funding to various local colleges. Also taking into consideration the new DHCS contractual requirement which requires Plans to initiate Community Reinvestment activities. Plans must contribute at least 5% of annual net income to community reinvestment initiatives. In addition, if Plans do not meet quality metrics, Plans must contribute an additional 7.5% of net income to community reinvestment initiatives.</p> <p>Knox-Keene DMHC License expense fee is projecting an increase due to increase in DMHC per member fee as they have communicated higher operating costs.</p> <p>MCO tax expense is increasing substantially with the revision to the MCO tax structure for FY 2026. The MCO tax is projected to be budget neutral with no gain or loss.</p> <p>The Plan is projecting an increase to Capital Expenditures to account for potential tenant improvements to vacant office space in the building which we own and are currently marketing to potential tenants.</p> <p>Per preliminary FY 2026 budget, medical revenue is projected to be \$2.1B, which is \$268.4M more than budgeted in FY 2025 primarily due to the increase in MCO taxes by approximately \$189M and also an increase in rates, net of a decrease in enrollment. Admin Service Agreement Fee expense is projected to be approximately \$52.8M which is approximately \$831K decrease due to projected decrease in membership. License expense is projected to be \$1.8M which is approximately \$356K more than projected due to the Plan projecting an increase to the DMHC license fee. MCO taxes projected to be approximately \$753.5M which is approximately \$189.7M more than approved for FY 2025 due to an MCO tax revision. Net income is projected to be approximately \$10.1M, which is approximately \$1.4M more than projected for FY 2025 primarily due to an increase in interest income and an increase in rates paid by DHCS net of a decrease in membership.</p>		

Finance Committee

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	Comments	ACTION TAKEN
#5 Announcements	The Plan is currently being audited by DMHC for financials as of 9/30/2024.		
#6 Adjourn	Meeting was adjourned at 11:47 am		

Submitted by:

Cheryl Hurley
Cheryl Hurley, Clerk to the Commission

Dated:

March 20, 2025

Approved by Committee:

Daniel Maychen
Daniel Maychen, Committee Chairperson

Dated:

3/20/25

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
February 20th, 2025

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

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Patrick Marabella, M.D. , Emergency Medicine, CalViva Chief Medical Officer, Chair	✓	Amy Schneider, RN , Senior Director of Medical Management Services
✓	David Cardona, M.D. , Family Medicine, Fresno County At-large Appointee, Family Care Providers	✓	Mary Lourdes Leone , Chief Compliance Officer
	Christian Faulkenberry-Miranda, M.D. , Pediatrics, University of California, San Francisco	✓	Sia Xiong-Lopez , Equity Officer
	Ana-Liza Pascual, M.D. , Obstetrics/Gynecology, Central Valley Obstetrics/Gynecology Medical Group	✓	Maria Sanchez , Senior Compliance Manager
✓	Carolina Quezada, M.D. , Internal Medicine/Pediatrics, Family Health Care Network		Patricia Gomez , Senior Compliance Analyst
✓	Joel Ramirez, M.D. , Family Medicine/Sports Medicine, Camarena Health, Madera County	✓	Nicole Foss, RN , Medical Management Services Manager
✓	DeAnna Waugh, Psy.D. , Psychology, Adventist Health, Fresno County	✓	Zaman Jennaty, RN , Medical Management Senior Nurse Analyst
	David Hodge, M.D. , Pediatric Surgery, Fresno County At-large Appointee, Chair of RHA (Alternate)	✓	Norell Naoe , Medical Management Administrative Coordinator
	Guests/Speakers		
	None were in attendance.		

✓ = in attendance

* = Arrived late/left early

** = Attended virtually

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D Chair	The meeting was called to order at 10:03 am. A quorum was present. Dr. Marabella mentioned that he will be polling Committee Members regarding the structure and frequency of future QIUM Committee meetings.	
#2 Approve Consent Agenda Committee Minutes: November	The November 21st, 2024, QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Any item on the consent agenda may be pulled out	Motion: Approve Consent Agenda

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>21, 2024</p> <ul style="list-style-type: none"> - Member Incentive Programs Semi-Annual Report (Q3 & Q4 2024) - California Children's Services Report (Q4 2024) - Concurrent Review IRR Report (Q4 2024) - A&G Inter-Rater Reliability Report (Q4 2024) - Provider Preventable Conditions (Q4 2024) - Provider Office Wait Time Report (Q4 2024) - County Relations Quarterly Report (Q4 2024) - Customer Contact Center DMHC Expedited Grievance Report (Q4 2024) - SPD HRA Outreach (Q3 2024) - Enhanced Care Management and Community Supports Performance Report (Q3 2024) - TurningPoint Musculoskeletal Utilization Review (Q3 2024) - MedZed Integrated Care Management Report (Q3 2024) - Access Work Group Minutes from 12/03/2024 - Access Work Group Quarterly Report (Q4 2024) 	<p>for further discussion at the request of any committee member.</p> <p>A link for Medi-Cal Rx Contract Drug List was available for reference.</p>	<p>(Ramirez/Cardona) 5-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>(Attachments A-O)</p> <p>Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business - A&G Dashboard (December 2024) - A&G Executive Summary (Q4 2024) - A&G Quarterly Member Report (Q4 2024)</p> <p>(Attachments P-R)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Appeals & Grievances Dashboard through December 2024, Appeals & Grievances Executive Summary Q4 2024, and Appeals & Grievances Quarterly Member Report Q4 2024 were presented. Dr. Marabella explained the process in which members and providers submit grievances via phone, fax, email, or online, and how each of these grievances are categorized and reported on the dashboard, with supportive narratives in the separate quarterly reports. Monthly Excel files include the logs identifying each member who submitted a grievance during the monthly reporting period with a narrative description of the grievance and resolution (as applicable). A total of 2,118 grievances were received for YTD 2024, and the total received for 2023 was 1,887. For YTD 2024, 1,841 grievances were categorized as Quality of Service (QOS), main categories include: prior authorizations, network access, and balanced billing.</p> <ul style="list-style-type: none"> • Administrative issues have increased (430 YTD 2024), largely due to changes in PPG contracting and network access issues. • Balanced Billing cases started being tracked in 2024. The YTD total is 279. As the number of cases continues to rise; monitoring continues for sustained improvement. • Monitoring Other category corresponds to CalAIM benefits, specifically medically tailored meals (144 YTD 2024). • Transportation Access, like no-shows, has decreased compared to last year. <p>There were 293 YTD 2024 Quality of Care (QOC) grievances; a decrease from 2023 (361).</p> <ul style="list-style-type: none"> • PCP Care QOC grievances remain a concern and were only slightly higher than the 2023 rate. <p>Exempt Grievances are a separate category from QOS and QOC and are resolved over the phone within one (1) business day.</p> <ul style="list-style-type: none"> • The Attitude/Service Provider category increased from 43 in 2023 to 173 YTD 2024. • ID cards remain an issue, though improvements are being made to address these grievances. • No-shows in the Transportation exempt category have decreased but have increased in the QOS category. • Balance Billing grievances remain fairly consistent. 	<p>Motion: Approve - A&G Dashboard (December 2024) - A&G Executive Summary (Q4 2024) - A&G Quarterly Member Report (Q4 2024)</p> <p>(Ramirez/Cardona) 5-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Total Appeals Received have increased (484 YTD 2024) compared to last year (365 YTD 2023).</p> <ul style="list-style-type: none"> • Requests for various DMEs have increased, including equipment for children’s cranial issues, CPAP oxygen, scooters, and wheelchairs. The cause of the increase is unclear. • Advanced imaging requests are stable, with improvements noted in cardiology. MRI requests have been significant, especially in non-cardiac cases. • Meal appeal requests have spiked, particularly for extended meal plans (two (2) meals/day for 26 weeks). Strict criteria exist, but some requests do not meet the guidelines (e.g., elderly people are unable to cook). • The uphold/overturn ratio for appeals remains unbalanced, primarily due to non-cardiac advanced imaging cases. The appeal outcomes for January improved (from 40% overturned to 40% upheld). 	
<p>#3 QI Business - A&G Classification Audit Report (Q4 2024) - A&G Member Letter Monitoring Report (Q4 2024)</p> <p>(Attachment S, T)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Appeals & Grievances Classification Audit Report Q4 2024 is a review of a random sample of grievance logs and grievance classifications while the case is still open to ensure appropriate disposition of grievances.</p> <ul style="list-style-type: none"> • Out of 261 cases reviewed by A&G Clinical staff this quarter, 247 cases were classified correctly, yielding a 95% accuracy rate. • Out of 14 misclassified cases: <ul style="list-style-type: none"> • Eight (8) were classified as QOS instead of QOC. • Four (4) were misclassified as QOS; three (3) remained QOS, and one (1) was reclassified as an appeal. • One (1) identified as Invalid which was closed/opened in error. • One (1) misclassified as QOS; closed as a duplicate. <p>Audits were completed on approximately 55% of the Q4 grievance universe. All case classifications were corrected prior to case closure.</p> <p>The Quarterly A & G Member Letter Monitoring Report Q4 2024 provides a summary of the daily audits of acknowledgment and resolution letters to ensure:</p> <ul style="list-style-type: none"> • Required bolding of DMHC and Plan Phone numbers. • The branding is consistently CalViva Health. • Communication to members regarding decision documentation in Appeal Resolution Letters must be clear and concise. 	<p>Motion: Approve - A&G Classification Audit Report (Q4 2024) - A&G Member Letter Monitoring Report (Q4 2024)</p> <p>(Ramirez/Cardona) 5-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> Decision criteria and rationale are fully referenced. <ul style="list-style-type: none"> This metric shows improvement, with a few minor issues that are being corrected. <p>All errors identified by the A & G team in Table 1 were corrected prior to mailing. The clinical team will continue to monitor and track acknowledgment and resolution letters.</p>	
<p>#3 QI Business - Call Center Inquiry Audit Report (Q4 2024) (Attachment U) Action Patrick Marabella, M.D Chair</p>	<p>The Call Center Inquiry Audit Report Q4 2024 report is conducted to ensure all member expressions of dissatisfaction are properly identified and processed as grievances and ensures the proper handling and/or routing of grievances to the Appeals and Grievances department where the Oversight team will implement a quarterly internal audit. A monthly audit of a randomized sample of ten (10) inquiry call audio files are evaluated against established criteria. If an individual audio file is not auditable or is otherwise unavailable, a replacement file is selected for the audit. Both English and Spanish calls are evaluated.</p> <ul style="list-style-type: none"> During Q4 2024, a total of 30 cases were audited and were found to be 100% compliant. 	<p>Motion: Approve - Call Center Inquiry Audit Report (Q4 2024) (Ramirez/Cardona) 5-0-0-3</p>
<p>#3 QI Business - Behavioral Health Performance Indicator Report (Q3) - Potential Quality Issues Report (Q4) (Attachment V, W) Action Patrick Marabella, M.D Chair</p>	<p>The Behavioral Health Performance Indicator Report Q3 2024 provides a summary to evaluate specific elements of the behavioral health services provided to CalViva members. The behavioral health potential quality issues, provider disputes, network availability, and adequacy metrics were previously included in this report. However, due to organizational changes, this information has been integrated into other existing reports. Five metrics remain. In Q3 2024, all five (5) metrics met or exceeded set targets. The non-ABA review timeliness metric met the 100% target. Therefore, a barrier analysis and an improvement plan were not required.</p> <ul style="list-style-type: none"> CalViva overall membership for Q3 2024 was 438,944. The Q3 2024 behavioral health utilization rate (of unique members with at least one (1) behavioral health claim) was 3%. (This metric has a 1-quarter lag.) Appointment availability met the target at 100%, and there were zero (0) Urgent cases. Authorization timeliness is reported at 100%, with a breakdown of 35 non-ABAs and 1,293 ABAs for Q3 2024. <p>The Potential Quality Issues (PQI) Report Q4 2024 provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member, or Peer Review activity. Peer Review activities include cases with a severity code level of III or IV or any case the CVH CMO requests to be forwarded to Peer Review. The PQI report also includes behavioral health under SB 850 (parity regulations). Data for Q4 2024 was reviewed for all case types including the follow-up actions</p>	<p>Motion: Approve - Behavioral Health Performance Indicator Report (Q3) - Potential Quality Issues Report (Q4) (Waugh/Ramirez) 5-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>taken when indicated.</p> <ul style="list-style-type: none"> • There were two (2) non-member-generated PQIs in Q4, both scoring a level 0 indicating minimal issues. • Member-generated PQIs decreased based on previous quarters with a total of 82 Physical Health cases and one (1) Behavioral Health case. PCP-related cases were reported at 54, Specialist-related cases were reported at 17, and Hospital/ER cases were reported at seven (7). The remaining four (4) cases were categorized as Cultural, Vendor, and Home Health related cases. Outcome scores were reported as 49 at level zero, 21 at level I, 12 cases scored at level II, and one (1) at level III which automatically is referred to Peer Review. • There were fifteen (15) Peer Review generated cases (none were Behavioral Health). Nine (9) cases are closed, and six (6) cases are open. • There were 34 Peer Review generated cases that required further action (none were Behavioral Health). 	
<p>#4 QI/UM/CM Business - QI/HE Work Plan End of Year Evaluation & Executive Summary 2024 (Attachment X) Action Patrick Marabella, M.D Chair</p>	<p>2024 Quality Improvement Work Plan End of Year Evaluation and Executive Summary were presented and reviewed. The 2024 Quality Improvement and Health Education (QIHED) End of Year Program Evaluation includes:</p> <ul style="list-style-type: none"> • Summary of Overall Effectiveness of QI Program • Goals and Quality Indicators • Overall Effectiveness of QI & HEd Work Plan Initiatives • QI & HEd Reporting • Summary of Key Accomplishments • Annual QI & HEd Program Changes <p>The QIHED Oversight Structure was reviewed noting the roles and frequency of each committee's meetings.</p> <p>Goals and Quality Indicators: The QIHED 2024 Work Plan includes the following categories:</p> <ul style="list-style-type: none"> • Behavioral Health: 0/6 MY2023 Objectives Met: 0% Rate <ul style="list-style-type: none"> ○ Focus on improving follow-up after E.D. visits for substance use or mental health disorders measured by the HEDIS® metrics FUA-7/30 and FUM-7/30. ○ Overall, CVH did not meet the 50th Percentile Quality Compass performance goal. Kings County did meet the MPL for both measures in MY2022, so Kings was excluded from activities in 2024. 	<p>Motion: Approve - QI/HE Work Plan End of Year Evaluation & Executive Summary 2024 (Cardona/Ramirez) 5-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Non-clinical PIP to focus on Fresno and Madera Counties with education for CHWs/SUNs & social workers on: <ul style="list-style-type: none"> • #1 Coding education and • #2 Hispanic Cultural Competency. ▪ The project is ongoing until 2026. • Chronic Conditions/Chronic Disease: 6/6 Objectives Met: 100% Rate (excluding asthma) <ul style="list-style-type: none"> ○ Implement strategies to improve performance in Asthma Medication Ratio (AMR), Blood Pressure Control (CBP), and Diabetes (CDC >9): <ul style="list-style-type: none"> ▪ Connected via phone calls with members to close care gaps in diabetes management and blood pressure control. ▪ Partnered with Asthma Remediation and Education Services to educate members on how they may reduce at-home asthma triggers. • Hospital Quality/Patient Safety: 9/11 Objectives Met: 81.82% Rate <ul style="list-style-type: none"> ○ CVH has 5 facilities in total all working to ensure hospitals provide appropriate, safe care to patients that avoid preventable harm, and guide members about informed choice when selecting a site. <ul style="list-style-type: none"> ▪ All CVH hospitals submitted sufficient data to develop a scorecard. ▪ Improvement is still needed in hospital-acquired infections (CLABSI & SSI Colon did not improve). All hospitals continued good performance towards the goal rates of: Clostridioides difficile (C.Diff), MRSA, and CAUTI. ▪ C-section performance improved in 3/5 hospitals, meeting the target rate of 23.5% compared to improvement in just one last year. • Member Engagement & Experience: 0/1 Objectives Met: 0% Rate <ul style="list-style-type: none"> ○ CAHPS Survey: 3/8 measures met the Outcome Quality Compass (QC) 25th percentile goal. <ul style="list-style-type: none"> ▪ For MY2023 73.50% of members felt that they are getting needed care. ▪ For MY2023 81.38% of members rated their Personal Doctor favorably. ▪ For MY2023 81.98% of members rated the Health Plan favorably. • Pediatric/Children's Health: 15/30 Objectives Met (Pediatric/Perinatal/Dental): 50% Rate <ul style="list-style-type: none"> ○ Clinical PIP Project: Increase rates of Well-Child Visits for Black/African American members in the first 30 months of life (W30-6+). ○ Target Population: Black/African American members in Fresno County. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ First Intervention focuses on birthing parents & infants up to three (3) months are referred to Black Infant Health for education and encouragement to attend well-child visits. ○ PIP Submission: Steps 1-8 and intervention worksheet submitted in September 2024 with updates in December, validation results expected in Q1 2025. ○ Intervention #2 Focuses on the promotion and utilization of the CDC Milestone Tracker app by parents/caregivers and providers. Additional supportive activities include a Provider Webinar and member incentives to encourage BIH class attendance. ● Perinatal Health/ Reproductive Health <ul style="list-style-type: none"> ○ All CVH 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. ○ Disparity exists for Black/African American members and CVH will refer all pregnant women to Black Infant Health (BIH). ● Pharmacy: 1/3 Objectives Met: 33.33% Rate (Asthma Medication Ratio) ● Preventative Health/ Cancer Prevention: 12/12 Objectives Met (Preventative Health): 100% Rate <ul style="list-style-type: none"> ○ Cancer Screening: Breast Cancer, Cervical Cancer & Chlamydia Screening <ul style="list-style-type: none"> ▪ 16 Alinea (vendor) mobile mammography events that were completed for CalViva in 2024. ▪ Member outreach to schedule appointments was also completed. ▪ Opportunity in 2025 to form a direct partnership with radiology facilities and collaborate with CBOs to deliver equitable and culturally sensitive care. ● Provider Engagement: 5/9 Objectives Met: 55.56% Rate <ul style="list-style-type: none"> ○ Quality Evaluating Data to Generate Excellence (EDGE): <ul style="list-style-type: none"> ▪ Special focus to align with DHCSs' goal to achieve the 50th percentile for all pediatric MCAS measures in 2025. ▪ Full implementation of a standardized data reconciliation process to address challenges with data workflow, provider use of codes, and other systems issues that impact the receipt of evidence of member care will take place in 2025. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Continuity/Coordination of Care (Non-BH/BH) <ul style="list-style-type: none"> ○ CVH utilizes NCQA as a roadmap for improvement on how an organization can deliver high-quality care. ○ Non-Medical: During 2024 CVH monitored several aspects of COC such as Timeliness of Perinatal Care- Postpartum Care (PPC) and Eye Exams for Patients with Diabetes. ○ Behavioral: Throughout 2024 the focus was on E.D. visits for behavioral health and substance use coordination of care and follow-up. • Access, Availability, and Service and Satisfaction <ul style="list-style-type: none"> ○ Provider Access, Availability, and Satisfaction Survey Measures met the following goals: <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. ▪ 100% of Behavioral Health PAAS by Risk Rating measures. • Health Education <ul style="list-style-type: none"> ○ Health Education programs were aimed at increasing participation in: <ul style="list-style-type: none"> ▪ Well Care Visit ▪ Breast Cancer Screening ▪ Cervical Cancer Screening ▪ Childhood Immunizations and Well Child Visits. ○ Providers and members have the ability to order health education materials on many topics. ○ In 2024 the most ordered topics included: lead poisoning, diabetes, nutrition, and weight management/exercise. ○ Health Education Information Phone line was active in 2024 and received a total of ten (10) calls. <p>FINAL HEDIS® Results RY2024</p> <p>Quality of Care – MCAS (HEDIS®): Overall, CalViva achieved 59% of MCAS measures above the MPL for MY 2023.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#4 QI/UM/CM Business</p> <p>- UM/CM Work Plan End of Year Evaluation & Executive Summary 2024</p> <p>(Attachment Y)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>2024 Utilization Management/Care Management Work Plan End of Year Evaluation and Executive Summary were presented and reviewed.</p> <p>1. <u>All Accreditation & Regulatory Requirements:</u></p> <p>Objectives Met Except for: 1.3 Separation of Medical Decisions from Fiscal Considerations (Affirmative Statements) and 1.4 Periodic Audits for Compliance with Regulatory Standards (Post Stabilization).</p> <p>Actions taken:</p> <p>1.3 Separation of Medical Decisions:</p> <ul style="list-style-type: none"> • Job aid was updated to address the Affirmative Statement training yearly assignment. Effective July 2024 Clinical Managers will assign the training in January and July. • New finding in Q1 2025 (Audit of 2024) Attestation completion below goal. The Root Cause Analysis will be re-evaluated and corrective actions implemented. <p>1.4 Oversight Audits</p> <ul style="list-style-type: none"> • Evaluation was completed regarding Post Stabilization CAP to ensure all points of APL 23- 009 are accurately followed. P&Ps were updated, and retraining was provided to staff as of December 2024. Provider notification was distributed in December 2024 to ensure compliance with the APL. <p>2. <u>Monitoring the UM Process:</u></p> <ul style="list-style-type: none"> • TAT was met with a 95% or better threshold in all areas and all quarters. <p>3. <u>Monitoring Utilization Metrics:</u></p> <p>Objectives Met Except 3.1 Improve Medi-Cal shared risk and FFS UM acute in-patient performance and 3.3 PPG Profile.</p> <p>Actions taken:</p> <p>Inpatient Performance:</p> <ul style="list-style-type: none"> • Opportunities were identified to improve tight management of inpatient stays with successful handoffs to Transitional Care Services (TCS) and CM which were implemented in August 2024. Changes implemented increased collaboration with TCS and CM at discharge. <p>PPG Performance:</p> <ul style="list-style-type: none"> • Continued monitoring and engagement to address PPG CAPs. <p>4. <u>Monitoring Coordination with Other Programs and Vendor Oversight:</u></p> <ul style="list-style-type: none"> • All activities related to monitoring coordination with other programs and vendor oversight met objectives for this end-of-year evaluation. 	<p>Motion: Approve</p> <p>- UM/CM Work Plan End of Year Evaluation & Executive Summary 2024</p> <p>(Ramirez/Waugh) 5-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>5. <u>Monitoring Activities for Special Populations:</u> All monitoring activities for this section met goals.</p> <ul style="list-style-type: none"> • CCS Tracking ongoing • SPD Tracking ongoing • CBAS Tracking ongoing • Mental Health Tracking ongoing <p>6. <u>Adequacy of UMCM Program Resources:</u></p> <ul style="list-style-type: none"> • Utilization metrics met the goal of a 2% decrease or greater in bed days, acute admissions, and length of stay. Readmissions 8-30 did not meet the goal (-1.4%) but the source of issues was process-based, not resource. • Satisfaction data reports noted consistent results with previous years with some improvements and some opportunities for MY2023. MY2024 results are pending. Will be reported in Q1 2025. • Improvement in the timeliness of referrals was identified as an opportunity and BH referrals increased with data from ADT reports. An increase in perinatal referrals was noted compared to the prior year. <p>7. <u>Program Scope, Processes, and Information Sources:</u></p> <ul style="list-style-type: none"> • Annual DHCS survey (2024) which had only two (2) deficiencies identified. • Ongoing outreach and monitoring. • Criteria used for decision-making updated and approved by the QIUM Committee in November 2024. <p>8. <u>Practitioner Participation and Leadership Involvement in the UM Program:</u></p> <ul style="list-style-type: none"> • Contracted network providers participated in the QI/UM Committee and Credentialing and Peer Review Sub-Committees. • Weekly Multi-disciplinary Care Rounds. • Leadership and staff provided reports, participated in improvement activities, and attended monthly meetings. <p><i>Dr. Cardona left the meeting at 10:42 AM and returned at 10:43 AM.</i></p>	
<p>#4 QI/UM/CM Business</p> <ul style="list-style-type: none"> - UM Program Description and Change Summary 2025 	<p>2025 Utilization Management Program Description & Change Summary were presented and changes for this year include:</p> <ul style="list-style-type: none"> • Page 5. Distinguished medical and behavioral health. • Page 6. Updated goals and objectives to include “mental health parity”. 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - UM Program Description and Change Summary

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>(Attachment Z)</p> <p>Action Patrick Marabella, M.D Chair</p>	<ul style="list-style-type: none"> • Pages 8, 9, and 10. Moved auth exclusion references to Preauthorization/ Prior authorization. • Page 11-12. Removed clinical onsite staff, LCD, and NCD references from Inpatient Facility Concurrent Review. • Page 16. Added non-specialty mental health services and APL references and removed LCD/NCD from behavioral health care services. • Page 17-18. Added description of Pharmacy advisory committee role. • Page 19-21. Updated Health Promotion Programs (weight management, pregnancy, diabetes prevention, health promotion incentive, community health) removed Health Hearths. • Page 22. Updated types of methods for over and under-utilization. • Page 23. Added SB855 to utilization decision criteria. • Page 25. Revised consistency of application of Utilization decision criteria. • Page 36. Removed reference to separate behavioral health committees. • Page 39-40. Revised Delegation section to better describe activities. <p><i>Dr. Ramirez left the meeting at 10:47 AM and returned at 10:50 AM.</i></p>	<p>2025</p> <p>(Quezada/Cardona) 5-0-0-3</p>
<p>#4 QI/UM/CM Business - CM Program Description and Change Summary 2025</p> <p>(Attachments AA)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>2025 Care Management Program Description & Change Summary were presented and changes for this year include:</p> <ul style="list-style-type: none"> • Pages 7-10. Added in CVH QIUM info and organization, updated health net job titles (removed VP PHCO and added CM Director, VPMM changed to CMO), removed Member Connections and changed to TCS. • Page 11. Update to team staffing, changed average active caseload to up to 75 for PH/BH, and 150 for SSFB CM • Page 24. Updated Transitions of Care program section to reflect requirements for 2025. • Page 25. Added CVH Pregnancy Program to Special Program section. 	<p>Motion: <i>Approve</i> - CM Program Description and Change Summary 2025</p> <p>(Ramirez/Quezada) 5-0-0-3</p>
<p>#4 QI/UM/CM Business - UM/CM Work Plan 2025</p> <p>(Attachments BB)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>2025 Utilization Management/Care Management Work Plan was presented, and areas of focus include:</p> <ul style="list-style-type: none"> • Compliance with Regulatory & Accreditation Requirements • Monitoring the UM Process • Monitoring Utilization Metrics • Monitoring Coordination with Other Programs and Vendor Oversight • Monitoring Activities for Special Populations <p>UMCM Work Plan Changes for 2025 include:</p>	<p>Motion: <i>Approve</i> - UM/CM Work Plan 2025</p> <p>(Cardona/Ramirez) 5-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Five (5) 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>#4 QI/UM/CM Business</p> <p>- NCQA Non-Behavioral Health Member Experience Report MY 2023</p> <p>(Attachments CC)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>NCQA Non-Behavioral Health Member Experience Report MY 2023 was presented and reviewed. CVH oversees and monitors member experience and identifies areas of opportunity by conducting required activities to meet the standards and guidelines of accreditation (NCQA ME.7):</p> <ul style="list-style-type: none"> • Annual satisfaction surveys (CAHPS (Non-Behavioral Health) and ECHO (Behavioral Health)) • Ongoing analysis of grievances and appeals. All appeals and grievances, no sampling. <p>NCQA requires Health Plans:</p> <ul style="list-style-type: none"> • Evaluate member satisfaction for physical health at least annually. <ul style="list-style-type: none"> ○ Quantitative and qualitative analysis of CAHPS Survey results. Compared to the Medicaid CAHPS National Averages. • Evaluate member satisfaction for behavioral health at least annually. <ul style="list-style-type: none"> ○ Experience of Care and Health Outcomes ECHO® Survey results. <p>CVH HSAG CAHPS Member Survey:</p> <ul style="list-style-type: none"> • Rating of Health Plan rate fell in the 75th Accreditation percentile and met the QC National Average goal. • Rating of All Health Care rate fell in the 50th Accreditation percentile and met the QC National Average goal. • Rating of Personal Doctor fell in the 25th Accreditation percentile and did not meet the QC National Average goal. <p><i>Discussion:</i> <i>Dr. Ramirez asked about how culture and language concordance affected results.</i> <i>Dr. Marabella indicated that the survey conducted by the State included a small sample size. The Plan will conduct its own survey next year and we will ensure adequate sample size for full analysis including those measures associated with language and culture.</i></p> <p>COMPOSITE MEASURES: The CVH composite measures saw a decrease in all measures compared</p>	<p>Motion: <i>Approve</i></p> <p>- NCQA Non-Behavioral Health Member Experience Report MY 2023</p> <p>(Cardona/Ramirez) 5-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>to the previous year. All the composite rates are below the 25th Accreditation Percentile.</p> <ul style="list-style-type: none"> Getting Needed Care measure is comprised of two individual composite measures: <ul style="list-style-type: none"> Getting Appointments with Specialists and Getting Needed Care, Tests, and Treatment. The first composite measure is NR Non-reportable data due to the denominator been less than 100. The second composite measure had a slight decrease from the previous year and was below the QC Average for MY2023. How Well Doctors Communicate is comprised of four composite measures: <ul style="list-style-type: none"> Explains Things in a Way You Could Understand Listens Carefully Showed respect for what you had to say. Spends Enough Time with You. These measures decreased year over year and did not meet the QC Average. Doctor communication should continue to be a focus area of improvement since communication has been shown to impact members' perceptions of ease of getting care. <p>APPEALS & GRIEVANCES DATA MY2023 VS. MY2022:</p> <ul style="list-style-type: none"> Formal Grievances: can either be Quality of Care (QOC) or Quality of Service (QOS) in nature. <ul style="list-style-type: none"> Overall volume increased year over year in four (4) out of the five (5) grievance classifications. <ul style="list-style-type: none"> MY2023 formal grievances increased above MY2022 volume and PTMPY rate. Internal goals were not met. In MY2023: <ul style="list-style-type: none"> Billing and Financial Issues saw an 180% increase in volume Attitude and Service saw a 142.9% increase year over year. Exempt Grievances: are grievances received by the Member Services Call Center that are not coverage disputes or regarding investigational treatment, and that are resolved by the close of the next business day. <ul style="list-style-type: none"> In MY2023 the Exempt Grievance volume decreased by 9.1%. Internal goals are met, except in the Billing and Financial Issues category. The Access Grievance category had a decrease in volume of 45.9% from the previous year. The largest Exempt category was Attitude & Service (78.3%). 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Appeals: challenge the denial of a service or procedure not deemed medically necessary. <ul style="list-style-type: none"> ○ Total number of appeals increased in volume, PTMPY rate, and Overturn (OT) rate in MY2023. ○ internal goal was not met. ○ The Billing and Financial Issues category continues to be the only appeal classification category in CVH with a 54.3% increase from the prior year. <p>The following was presented as a table of planned actions to be implemented for the following categories:</p> <ul style="list-style-type: none"> • Access/Covered Benefits <ul style="list-style-type: none"> ○ Attend CVH A&G Workgroup meetings to share complaints with the transportation vendor and have the vendor leader address them with the vendor's staff. ○ Implement New Member Wellness Platform, "Teladoc Mental Health (Digital Program)," a full spectrum digital program designed to help users become happier and healthier. ○ Initiate Provider Network Access to Care Workgroup to encourage physician offices to move to open access scheduling. • Access to Care/Routine Appointment Availability <ul style="list-style-type: none"> ○ Conduct quarterly root cause analysis that will drill down into the cause of these barriers. This will help identify any trends and points for improvement. ○ Attend CVH A&G Workgroup meetings to discuss ways to improve services and decrease the volume of appeals and grievances. ○ Routine training will be done with the Member Services staff on relevant member satisfaction issues particularly around how to address provider communication issues, access issues, and any referral and prior authorization delays. • Access/Routine Appointment Availability <ul style="list-style-type: none"> ○ Utilize contract language to incentivize provider groups to improve member experience measures. • Billing and Financial/Claim Denials <ul style="list-style-type: none"> ○ Routine customer service training for member-facing teams within the organization. • Attitude and Service Customer Service <ul style="list-style-type: none"> ○ Continue to train provider groups, providers, and office staff on the importance of members' experiences with their staff and its impact on the CAHPS Survey results and 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#5 UM/CM Business</p> <ul style="list-style-type: none"> - Key Indicator Report (December) - UM Concurrent Review Report (Q4) <p>(Attachments DD, EE)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>sharing best practice tools.</p> <p>The Key Indicator Report December 2024 and the Utilization Management Concurrent Review (CCR) Report Q4 2024 were presented to show inpatient data and clinical concurrent review activities such as authorization for inpatient admissions, discharge planning, and medical appropriateness.</p> <ul style="list-style-type: none"> • Admissions: <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 sharp decline in SPD bed days suggests significant changes in the management of high need 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. • Average Length of Stay (ALOS): <ul style="list-style-type: none"> ○ MCE patients had shorter hospital stays in Q4 2024, with an ALOS of 4.8 days, a 19% reduction compared to the annual goal of 5.7 days. This trend again suggests improved discharge planning, more efficient inpatient care, or a shift toward outpatient and short-stay interventions. ○ TANF patients maintained an ALOS of 3.8 days, exactly in line with the annual goal. This stability suggests consistent hospital utilization patterns with no major changes in inpatient management for this group. ○ SPD patients had an ALOS of 5.4 days in Q4 2024, a 20% reduction from the 6.5-day annual goal. This sharp decrease may indicate enhanced efficiencies in hospital care, improved care transitions, or an increasing reliance on alternative care settings such as outpatient or home-based care. ○ 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. ○ Shorter hospital stays for MCE and SPD could result in cost savings and increased 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Key Indicator Report (December) - UM Concurrent Review Report (Q4) <p>(Quezada/Ramirez) 5-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>hospital capacity. After further analysis of our data this does not lead to higher readmission rates.</p> <ul style="list-style-type: none"> • Readmissions: <ul style="list-style-type: none"> ○ MCE 30-day readmission rates dropped to 11.1%, a 29% reduction from the 2023 average of 14.3%. This sharp decline suggests improved post-discharge care, better care coordination, or lower inpatient acuity levels leading to fewer complications after discharge. ○ TANF readmissions decreased to 4.1%, a 15% reduction from the 2023 average of 4.7%. This steady decline suggests enhanced outpatient follow-up, preventive care efforts, or improved patient management post-hospitalization. ○ SPD readmissions rose to 19.3%, a 3% increase compared to the 2023 average of 18.8%. This uptick in readmissions, despite a 25% reduction in acute bed days and a 20% drop in ALOS, raises concerns about potential gaps in post-discharge support or premature discharges. ○ 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. • Targeted Review for High-Utilization Diagnoses: <ul style="list-style-type: none"> ○ Sepsis, pneumonia, and UTIs were identified as over-utilized diagnoses in Q4 2024, ranking among the top ten (10) diagnoses. ○ 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. • Enhanced Case Management and Discharge Planning: <ul style="list-style-type: none"> ○ 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. • Improved Communication and Coordination: 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ St. Agnes Care Management, Health Net Clinical TCS, and the TCS Outreach team have strengthened communication efforts with inpatient members. ○ These teams provide status updates, discharge planning assistance, and care coordination to ensure smooth transitions from hospital to home or outpatient care. • Expected Impact: <ul style="list-style-type: none"> ○ Early intervention and oversight for high-risk diagnoses should lead to better clinical outcomes and reduced inpatient stays. ○ Improved case management and follow-up care aim to reduce Readmissions, particularly for SPD patients. ○ Enhanced communication between care teams and members should ensure better discharge planning, minimizing gaps in post-hospitalization support. <p><i>Dr. Cardona left the meeting at 11:12 AM.</i></p>	
<p>#5 UM/CM Business - Medical Policies (Q4 2024) (Attachment FF) Action Patrick Marabella, M.D Chair</p>	<p>The Medical Policies (Q4 2024) were presented to the committee. Dr. Marabella recommended that committee members review the new Medical Policies and updates for their awareness, especially those specific to each practitioner's specialty, and provide any comments or feedback. Medical Policies are compiled based on a national review by physicians and sent monthly to providers featuring new, updated, or retired medical policies for the Plan. Updated policies for Q4 2024 include but are not limited to:</p> <ul style="list-style-type: none"> • CP.MP.97 - Testing for Select Genitourinary Conditions • CP.MP.145 – Electric Tumor Treatment Fields • CP.MP.248 – Facility Based Sleep Studies for Obstructive Sleep Apnea • CP.MP.22 – Stereotactic Body Radiation Therapy <p>The following retired policies include but are not limited to:</p> <ul style="list-style-type: none"> • CP.MP.151 - Transcatheter Closure of Patent Foramen Ovale 	<p>Motion: <i>Approve</i> - Medical Policies (Q4 2024) (Quezada/Ramirez) 5-0-0-3</p>
<p>#6 Oversight Audit Business - UM/CM - Continuity of Care - Emergency Services - Pharmacy</p>	<p>The 2024 UM/CM Oversight Audit was presented and reviewed. A total of 135 standards were assessed with 131 in compliance, a 97.0% overall compliance rating. A total of 407 randomly selected case files were reviewed covering key case types to validate that the established policies and procedures, regulations, and laws were implemented and followed when providing care and services for CVH members.</p> <p>The following case types were reviewed with their associated results:</p>	<p>Motion: <i>Approve</i> - UM/CM - Continuity of Care - Emergency Services - Pharmacy</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>(Attachments GG-JJ)</p> <p>Action</p> <p>Patrick Marabella, M.D Chair</p>	<p><u>Standard 5A</u> TAT Requirements for Members (Prior Authorization Denial Case Files)</p> <p>The audit of Prior Authorization Denial case files demonstrated 100% compliance overall, with a total of 96 cases reviewed. Each element of the review was assigned one (1) point to establish the compliance rate, with the goal of achieving 100% compliance. No issues were identified, and no corrective action plan is required for this category. Cases were reviewed for the following PPGs:</p> <ul style="list-style-type: none">a. Health Net (8/8)b. Meritage (8/8)c. MHN (8/8)d. NIA/Magellan (8/8)e. LaSalle (8/8)f. Adventist (8/8)g. Sante (8/8)h. CVMP (8/8)i. IMG (8/8)j. United (8/8)k. Turning Point (8/8)l. ASH (8/8) <p><u>7B Overturned Denials:</u> The audit of Overturned Denied case files demonstrated 30/30 cases to be compliant. Each element of the review was assigned one (1) point to establish the compliance rate, with the goal of achieving 100% compliance. No issues were identified, and no corrective action plan is required for this category.</p> <p><u>8B Continuity of Care:</u> The audit of CCS Coordination Files demonstrated 100% compliance (8/8 cases reviewed). No issues were identified, and no corrective action plan is required for this category.</p> <p><u>8D CCS Service Authorizations:</u> The audit of CCS Coordination Files demonstrated 100% compliance (8/8 cases reviewed). No issues were identified, and no corrective action plan is required for this category.</p> <p><u>8F Perinatal Case Management:</u> The audit of Perinatal Case Management files demonstrated 100% compliance for 11/11 cases. No issues were identified, and no corrective action plan is required for this category.</p> <p><u>8J-2 Long-Term Care Skilled Nursing, Subacute Facilities, and Rehab Centers:</u> The audit of Long-Term Care Skilled Nursing, Subacute Facilities, and Rehab Centers files demonstrated 100%</p>	<p>(Quezada/Ramirez)</p> <p>5-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>compliance for 8/8 cases. No issues were identified, and no corrective action plan is required for this category.</p> <p><u>8J-3 TCS:</u> The audit of TCS files demonstrated 100% compliance for 8/8 cases from Health Net. No issues were identified, and no corrective action plan is required for this category.</p> <p><u>12B Sterilization Claim Files (PM330):</u> The review of Sterilization Claim Files from Health Net and PPGs (PM330) including both paid and denied claims, demonstrated 107 of the 128 cases (83.6% compliance). Improvement is noted from the prior audit, but compliance was below the target threshold (90%), and a corrective action plan is required to address the identified gaps. Denial cases were appropriately denied (100%) when the PM330 consent was not present, but the mandatory form was missing in some instances when the claim was paid. Overall, HN plus the PPGs, for both paid and denied claims did not meet the 90% minimum performance. Two (2) of the six (6) organizations audited (LaSalle & Adventist) did not meet the 90% minimum performance goal for paid claims. Compliance with PM330 sterilization consent was a finding for the 2022 and 2023 UCMCM Oversight Audits of HN as well.</p> <p><u>14C Integrated Care Management Files:</u> The audit of ICM files demonstrated 100% compliance (8/8 cases reviewed). No issues were identified, and no corrective action plan is required for this category.</p> <p>Two (2) other areas for improvement requiring corrective action were identified. One (1) is related to staff completion of attestations in element 4A-2 regarding separation of financial concerns and medical decisions. In a sample of 29 physicians and staff, 22 individuals had evidence of attestation regarding separation of financial concerns and medical decisions. Three (3) of the individuals without attestation are no longer with the organization and four (4) did not complete the attestation for a 75.9% compliance rate. The second area identified relates to member access to UM staff who need to be available at least eight (8) hours per day for inbound calls regarding UM decisions. This is under elements 3A-1 & 2. Results of “secret shopper” calls revealed that Members were able to contact Customer Service Agents but were unable to obtain denial criteria or escalate requests to UM staff as required per regulation and UM Policy, “Communication and Accessibility to UM”.</p> <p>Despite these gaps, the audit results demonstrate solid adherence to standards across most categories, with corrective actions set to ensure continued compliance.</p> <p>The 2024 Continuity of Care Oversight (COC) Audit was presented and reviewed. HN provided</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>evidence demonstrating compliance with policies and procedures for COC and Transition of Care (TOC) including call logs and monitoring and tracking reports for TOC, COC, and Out-of-network services provided. Additionally, we reviewed a sample of COC and TOC cases from the audit period with 100% compliance noted with audit criteria.</p> <ul style="list-style-type: none"> COC 8/8 compliant (Sample of 30 cases requested with 100% compliance in first eight (8) cases, 8/8 cases approved) TOC 8/8 compliant (Sample of 30 cases requested with 100% compliance in first eight (8) cases) <p>The 2024 Emergency Access to Services Oversight Audit was presented and reviewed. Emergency Services (ER) documents, reports, and files were reviewed and evaluated to ensure compliance with CVH policies and procedures, state and federal regulations. A policy and procedure review demonstrated good compliance with standards and regulations, however, the opportunity to clarify a number of issues does exist. The overall compliance rate for HNCS for the ER function is 80% based upon the number of compliant standards divided by those reviewed in the audit grid (16/20).</p> <ul style="list-style-type: none"> A total of nine (9) post-stabilization cases were available for the file review period selected from October 1, 2023, to March 31, 2024; all nine (9) cases were reviewed. Overall file review results demonstrated compliance with the management of claims, however, all lacked evidence of a post-stabilization response within 30 minutes. All cases were from contracted facilities. <p>Further, a documentation discrepancy was noted in one (1) case, where the Notice of Action (NOA) letter indicated an InterQual level of care different from that documented in the MD decision under the review summary. This case warrants further review.</p> <p>Regarding standard 5A-2, the health plan's accessibility and functionality standards for post-stabilization authorization, the audit revealed several key issues utilizing a "secret-shopper" style assessment to test the process. The post-stabilization phone/fax, while operational during business hours (Monday-Friday, 8 AM-5 PM PST), lacks consistent support during off-hours. During an initial test on 9/30/24, it was confirmed that the after-hours calls are routed to Member Services, but response times are inconsistent, and no direct access to Utilization Management staff is available. The subsequent audit call on 10/1/24 and a third test call on 10/6/24 reinforced these findings. Specifically, the hotline's responsiveness remains unreliable; the 10/6 call resulted in a touch-tone</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>system with no option to leave a message or reach a representative. These issues indicate that the current system does not fully meet the Plan's standards for 24/7 functional accessibility and timely response to authorization requests, particularly during off-hours.</p> <p>The regulation's requirement for Annual Notification to all acute care facilities in the state regarding post-stabilization procedures for the health plan did not meet standards. This failure was due to the fact that the notice provided applied only to non-contracted facilities, and it failed to address behavioral health.</p> <p>A corrective action plan is required to address the findings of this oversight audit:</p> <ul style="list-style-type: none"> I. Retraining of Call Center Agents: A retraining session will be scheduled for all call center agents. II. Secret Shopper Calls: Conduct secret shopper calls to evaluate the effectiveness of the training and ensure agents are adhering to the correct procedures. III. Update CVH Provider Line Scripts and IVR: The Member Services IVR will be updated to ensure clarity in the CVH Provider Line scripts. This will include simplifying and clarifying language. <p>The 2024 Pharmacy Services Oversight Audit was presented and reviewed. CVH conducted an oversight audit of Health Net Pharmacy Services' (HNPS) pharmacy function. This audit period covered January through December 2023.</p> <ul style="list-style-type: none"> • Ten (10) Prior Authorization Denial files were randomly selected that included non-formulary requests, urgent, and routine cases from all three (3) CalViva Health counties. The first ten (10) cases (eight (8) plus two (2) alternates) were 100% compliant and therefore additional case review was not required. <p><i>Dr. Cardona returned to the meeting at 11:22 am.</i></p>	
<p>#7 Policy & Procedure Business</p> <ul style="list-style-type: none"> - UM-001 Post-Stabilization Care Requests <p>(Attachments KK)</p>	<p>The UMCM Policy & Procedure Review included a review of one UM policy outside the standard annual review cycle in November.</p> <p>UM-001 Post-Stabilization Inpatient Care Requested by Contracted/Non-Contracted Hospitals: Update for mental health 988 crisis calls. Updated post-stabilization section. Revisions in alignment with DHCS, DMHC & other regulatory language. Minor updates to definitions.</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - UM-001 Post-Stabilization Care Requests <p>(Ramirez/Waugh)</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Action Patrick Marabella, M.D Chair	<i>Committee members were in agreement with the changes to the policy as stated and voiced no questions or concerns.</i>	5-0-0-3
#8 Compliance Update - Compliance Regulatory Report (Attachments LL)	<p>Mary Lourdes Leone presented the Compliance Report.</p> <p>CVH Oversight Activities: CVH's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings, and discuss any issues or questions during the monthly oversight meetings with HN. CVH and HN also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CVH. The reports cover PPG-level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances, and appeals, etc.</p> <p>Oversight Audits: The Credentialing annual audit is in progress. The following annual audits have been completed since the last Commission report: UCMC (CAP Required), Access and Availability (No CAP), and Call Center (No CAP).</p> <p>Fraud, Waste, and Abuse: Since the 1/16/2025 Compliance Regulatory Report to the Commission, there has been one new MC609 filing. This is a provider specializing in internal medicine who allegedly billed for services for a deceased member whose date of death was 7/18/2022.</p> <p>Department of Health Care Services ("DHCS") 2023 Focused Audit for Behavioral Health and Transportation: As a reminder, on 9/6/24, the Plan received DHCS' Final Report findings and formal CAP request. There were nine (9) deficiencies in total (four (4) for behavioral health and five (5) for transportation). The Plan submitted the initial CAP response on October 7, 2024. The Plan is required to submit monthly updates on all CAP activities. The Plan is on track for completing its stated corrective actions and will provide its next monthly update on 3/10/25.</p> <p>Department of Health Care Services ("DHCS") 2024 Medical Audit: The DHCS sent out the Final Audit Report and CAP request on 10/3/2024 with two (2) findings:</p> <ul style="list-style-type: none"> • The Plan did not ensure the delegate, HN, met the contractual requirement that written PA extension notices specify the information HN requested but did not receive. • The Plan did not ensure that all preliminary reports of suspected FWA were reported to DHCS within ten (10) working days. <p>The Plan is on track for completing its stated corrective actions and will provide its next monthly update on 3/1/25.</p> <p>Department of Managed Health Care (DMHC) 2025 Medical Follow-Up Audit: On 1/6/25, the Plan received written notice from the DMHC of their intent to conduct a "Follow-Up" Audit of the</p>	- Compliance Regulatory Report

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>outstanding deficiencies from the 4/18/24 Final Report of the 2022 Routine Medical Survey. The deficiencies concerned the Plan failing to identify potential quality issues (PQIs) in exempt grievances and inappropriately denying payment of post-stabilization care. All requested documents were submitted on 2/5/25.</p> <p>Department of Health Care Services (“DHCS”) 2025 Medical Audit: On 2/10/2025, DHCS proposed a 6/2/2025-6/13/2025 time period for the virtual onsite 2025 audit and the Plan has accepted. The Entrance Conference will begin on 6/2/25 @ 10:00 am.</p> <p>Memoranda of Understanding (MOUs): Since the last Commission Meeting, the Plan has executed and submitted to DMHC & DHCS the Madera County WIC MOU, which has been posted to CVH’s website.</p> <p>Annual Network Certifications: 2024 Subnetwork Certification (SNC) Landscape Analysis – On 9/25/2024, the Plan received the 2024 SNC preliminary request for the Landscape Analysis and submitted a response on 10/25/2024. On 1/3/2025, the Plan submitted the 2024 SNC deliverable. DHCS has followed up requesting additional information. The Plan has submitted all additional documents and is awaiting approval.</p> <p>Transgender, Gender Diverse, or Intersex (TGI): Training DHCS APL 24-017 and DMHC APL 24-018 are requiring Plans to conduct TGI training for staff who are in direct contact with Members. By March 2025, Plans are required to submit evidence of training along with the curriculum. The Plan will also be working on deliverables associated with these APLs, such as updating its provider directory to show which providers are offering gender-affirming care, monitoring, and tracking grievances as they relate to gender-affirming care and updating the Plan’s policies and procedures.</p> <p>New DHCS Regulations/Guidance: Please refer to Appendix A for a complete list of DHCS and DMHC All Plan Letters (APLs) that have been issued in CY 2025.</p> <p>Public Policy Committee (PPC): The next PPC meeting will be held on March 5, 2025, 11:30 am-1:30 pm, CVH Conference Room, 7625 N. Palm Ave., Suite 109, Fresno, CA 93711.</p> <p>Dr. Quezada left the meeting at 11:29 am and returned at 11:33 am.</p>	
#9 Old Business	None.	
#10 Announcements	The next meeting is March 20 th , 2025.	
#11 Public Comment	None.	
#12 Adjourn	The meeting adjourned at 11:37 p.m.	

NEXT MEETING: March 20th, 2025

Submitted this Day: March 20, 2025

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

Acknowledgment of Committee Approval:

X Patrick Marabella
Patrick Marabella, MD Committee Chair

Item #6

*CLOSED
SESSION*

Item #7

Attachment 7.A

Legal Services

Attorney Services Agreement
Epperson Law Group, PC

**FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY COMMISSION
ATTORNEY SERVICES AGREEMENT**

This Agreement is effective the 1st day of July, 2025, by and between the Fresno-Kings-Madera Regional Health Authority Commission ("Commission"), and the law firm of Epperson Law Group, PC ("Firm") as General Counsel.

RECITALS

1. Commission previously engaged the services Epperson Law Group, PC to provide legal services, with Jason S Epperson serving as General Counsel. The current Legal Services Agreement under which Firm provides legal services to Commission terminates on June 30, 2025. Commission desires to continue to engage the services of Jason S. Epperson and Epperson Law Group, PC to discharge the duties of the General Counsel.

2. The Commission and Firm desire to set forth in this Agreement the terms, conditions, and benefits of such engagement.

3. Firm desires to accept the engagement as General Counsel as set forth herein.

4. This Agreement is subject to the Firm Billing Policies attached hereto as Exhibit 1 and incorporated herein. The Billing Policies are applicable and in effect unless otherwise changed by the terms of this Agreement.

5. Commission and Firm agree that the Effective Date of this Agreement shall be July 1, 2025, notwithstanding that this Agreement is executed below at a prior or later date. Legal services provided prior to that date shall be performed under the prior legal services agreement between Commission and Firm.

6. This Agreement replaces in their entirety any and all prior agreements for legal services executed by the parties hereto.

NOW, THEREFORE, in consideration of the mutual covenants herein contained, the parties agree as follows:

SECTION I. DUTIES AND FIRM STATUS

Commission hereby retains Firm as General Counsel to perform such functions and duties and to provide legal advice and perform legal services for the Commission consistent with the role of General Counsel and as the Commission shall from time to time assign. Jason S. Epperson shall serve as the General Counsel. Other members of the Firm may be called upon to provide legal services to the Commission under the supervision and direction of General Counsel, as necessary.

SECTION 2. COMPENSATION

A. Capped Annual Fee

At the end of each month Firm will invoice Commission for all non-litigation legal services performed by Firm, which invoice is payable on receipt. The billable rate is Two Hundred Fifteen Dollars (\$215) per hour. Based on the Commission's estimate of 100 hours

per annum for non-litigation services, fees are capped at \$21,500. Should more than 100 hours of non-litigation services be required in a calendar year, Firm and Commission shall discuss the need for said expenses and the rate at which they will be provided.

The scope of those services includes attendance at one regular monthly Commission meeting per month, staff meetings as required, occasional special meetings of the Commission, and all related transactional and advisory legal services. This fixed fee is subject to review and adjustment by mutual agreement, based on the amount of legal services needed by the Commission and performed by Firm in the future. Commission and Firm agree no charge will be billed by Firm for travel time to the Commission or other locations within 75 miles of the Fresno office of the Firm.

On each anniversary date of this Agreement (i.e., on July 1st of each year), all hourly fees charged by Firm shall be subject to an increase of 2.5%.

B. Litigation / Fraud Investigation Matters

In the event that the Commission or Chief Executive Officer assigns litigation matters to the Firm, special matters shall be billed as follows: \$240 per hour for Lead/Trial Attorney and \$215 per hour for other attorneys, plus costs. Paralegal services shall be billed at the rate of \$150 per hour. Litigation matters are defined for these purposes as any court action or any adjudicatory proceeding before an administrative agency, hearing officer, mediator, or arbitrator. Firm will provide a detailed hourly bill for all such services on a monthly basis, when litigation legal services are being performed by Firm.

In addition to litigation matters, the Commission may, from time to time, assign fraud investigation matters, as required by California Health and Safety Code section 1348(b). In the event a fraud investigation matter is assigned to the Firm, an attorney possessing sufficient skill, experience and knowledge shall be designated as the investigator. Billing for the investigation shall be in accordance with the litigation services referenced in this section.

Billable time additionally includes reviewing materials, drafting letters and pleadings, research, telephone calls, consultations, depositions, appearances in court (including waiting for the case to be called), and any other time required to represent the Commission in each matter. Additional billing policies are set forth in Exhibit 1 to this Agreement.

Statements are generated monthly and are due and payable within 30 days of the statement date. Any amounts not paid within 30 days of the statement date accrue interest at the current legal rate per annum from the statement date until paid. Firm shall have the right to discontinue rendering services to the Commission for nonpayment of fees, which will be considered a breach of this Agreement by Commission.

Nothing in this section requires the Commission to assign litigation to the Firm.

C. Confidentiality and Absence of Conflicts

An attorney-client relationship requires mutual trust between the client and the attorney. It is understood that communications exclusively between counsel and the client are confidential and protected by the attorney-client privilege.

To also assure mutuality of trust, Firm maintains a conflict of interest index. The California

Rules of Professional Conduct defines whether a past or present relationship with any party prevents Firm from representing Commission. Similarly, Commission will be included in Firm's list of clients to ensure it complies with the Rules of Professional Conduct.

Firm warrants that no conflict exists with its current representation of other public entities and private clients. Based on that check, Firm has determined that it can provide legal services as General Counsel for the Fresno-Kings-Madera Regional Health Authority Commission.

SECTION 3. TERMINATION AND SEVERANCE

A. This Agreement shall be for a period of three (3) years and shall be effective July 1, 2025 and shall expire on June 30, 2028.

B. In the event Commission terminates this Agreement and discharges Firm from its engagement hereunder, for no reason or for any reason, Commission shall pay to Firm the sum due for services provided to the date of termination.

C. Commission may discharge Firm at any time subject to a 30-day written notice and the provisions of Section 3A above. If at the time of withdrawal or discharge Firm is representing Commission in any proceeding, then Commission will sign a Substitution of Attorney form immediately upon receipt of such a form from Firm.

D. Notwithstanding the above, Firm may withdraw from representation at any time as permitted under Rules of Professional Conduct of the State Bar of California with 30-day written notice to Commission.

SECTION 4. OTHER TERMS AND CONDITIONS OF AGREEMENT

A. The Commission, with mutual consent of the General Counsel, may amend or add any such other terms and conditions of engagement as it may determine from time to time relating to the performance of Firm.

B. Notwithstanding the withdrawal or discharge of Firm, Commission will remain obligated to pay at the agreed rate for all services already provided and to reimburse Firm for all costs advanced before the withdrawal or discharge related to work performed in litigation matters under Section 2B above.

C. Commission agrees that Firm shall have a lien on any and all sums recovered or received by Firm on Commission's behalf, for payment of any fees owing and/or any unreimbursed costs advanced for Commission.

D. Commission and Firm agree that in the event of a dispute between the parties concerning this Agreement, the prevailing party in arbitration or other legal proceeding will be entitled to recovery of reasonable attorney's fees and costs from the other party.

E. Commission and Firm also agree that the Chief Executive Officer is the responsible person for providing daily contact and direction to Firm on behalf of Commission. Firm agrees to coordinate the services to be provided with Commission to the extent required by the Commission and the Chief Executive Officer.

SECTION 5. PERFORMANCE EVALUATION

A. Commission shall review and evaluate the performance of Firm at least once annually commencing one year from the effective date of this Agreement, or on such other date at Commission's sole discretion. Said review and evaluation shall be in accordance with specific criteria developed jointly by Commission and Firm. Said criteria may be added to or deleted from the above-described criteria, as the Commission may from time to time determine, in consultation with Firm. Further, Commission shall provide Firm with a summary written statement of Commission's findings and provide an adequate opportunity for Firm to discuss its evaluation with Commission.

B. Annually, commencing on the effective date of this Agreement, Commission and Firm shall define such goals and performance objectives that they jointly determine necessary for the effective continued relationship between Commission and Firm. Said goals and objectives shall be reduced to writing.

C. In effecting the provisions of this Section, Commission and Firm mutually agree to abide by the provisions of applicable laws.

SECTION 6. NOTICES

Notices pursuant to this Agreement shall be given by deposit in the United States Postal Service, postage prepaid, as follows:

COMMISSION: Fresno-Kings-Madera Regional Health Authority
Attn: Cheryl Hurley

7625 N. Palm Ave., Ste. 109
Fresno, CA 93711

FIRM: Epperson Law Group, PC
Jason S. Epperson
PO Box 7919
Fresno, CA 93747-7919

Alternatively, notices required pursuant to this Agreement may be personally served in the same manner as applicable to civil judicial process. Notice shall be deemed given as of the date of personal service or as of the date of deposit of such written notice in the United States Postal Service.

SECTION 7. INSURANCE

Firm carries errors and omissions insurance that provides aggregate coverage of \$1,000,000.00. Firm maintains Workers' Compensation insurance in accordance with the requirements of California law.

Firm agrees to notify Commission in the event the limits of its errors and omissions insurance should fall below the coverage stated in this Section or if the insurance should lapse and substitute coverage is not obtained.

SECTION 8. GENERAL PROVISIONS

A. The text herein shall constitute the entire agreement between the parties. There are no oral agreements or understandings or any other written agreements which directly or indirectly affect the terms and conditions of this Agreement.

If any provision, or any portion thereof, contained in this Agreement is held unconstitutional, invalid, or unenforceable, the remainder of this Agreement, or portion thereof, shall be deemed severable, shall not be affected, and shall remain in full force and effect.

C. No addition, modification, amendment, or deletion to this Agreement shall be valid unless it is in writing and executed by the parties to this Agreement.

D. This Agreement shall be binding upon and inure to the benefit of the heirs at law and executors of Commission.

E. Commission and Firm agree that the construction and interpretation of this Agreement and the rights and duties of Commission and Firm hereunder shall be governed by the laws of the State of California.

F. Firm shall act as an independent contractor in providing the services described in this Agreement. Firm shall be solely responsible for the supervision, payment, and protection of its agents, employees, experts or consultants, if any, and furnish the services in Firm's own manner and method. In no respect shall Firm, its agents, employees, experts or consultants, if any, be considered employees of Commission.

G. Firm agrees to scrupulously avoid performing services for any party or entering into any contractual or other relationship with any party which might create a conflict with the rendering of services under this Agreement. Firm shall immediately inform Commission of any conflict of interest or potential conflict of interest which may arise during the term of this Agreement by virtue of any past, present, or prospective act or omission of Firm.

H. Firm agrees to comply with all federal, state and local laws, rules, and regulations, now or hereafter in force, pertaining to the services performed pursuant to this Agreement. Any dispute between Firm and Commission as to the services provided pursuant to this Agreement or payment thereon shall be submitted to arbitration for resolution, with the prevailing party to recover the costs and attorneys' fees of such proceedings.

I. Venue for any proceeding under this Agreement shall be in the County of Fresno.

J. Firm agrees to comply with all applicable fair employment and equal opportunity practices and not to discriminate against any applicants or employees of Firm because of their membership in a protected class.

K. This Agreement contemplates Firm shall provide professional services described herein, without assignment to outside individuals or entities. This Agreement, or any portion thereof, shall not be assigned or delegated without the prior written consent of Commission. Delegation to attorneys outside Firm shall be limited to those situations in which Firm is disqualified due to a conflict of interest or where Firm does not possess the expertise to competently perform services in a particular practice area. Firm shall supervise delegated work except when precluded from doing so by virtue of a conflict of interest.

L. All legal files pertaining to Commission shall be and will remain the property of Commission. Firm will control the physical location of such files during the term of this Agreement.

IN WITNESS WHEREOF, the Fresno-Kings-Madera Regional Health Authority Commission has caused this Agreement to be signed and executed on its behalf by its Chief Executive Officer and duly attested by its Commission Clerk, and Firm's representative has signed and executed this Agreement the day and year written below.

FRESNO-KINGS-MADERA REGIONAL
HEALTH AUTHORITY COMMISSION

By: _____
Jeff Nkansah, Chief Executive Officer

Dated: _____

EPPERSON LAW GROUP, PC

By: _____
Jason S. Epperson, Partner

Dated: _____

ATTEST:

Clerk of the Fresno-Kings-Madera
Regional Health Authority Commission

EXHIBIT 1

COMPENSATION SCHEDULE AND REIMBURSABLE EXPENSES

REIMBURSABLE EXPENSES:

In-house duplication costs (50 copies or more)	\$0.20/page
Reproduction/duplication costs performed by an outside service	Actual Cost
Extraordinary postage or overnight delivery charges (e.g., FedEx, OnTrac, UPS)	Actual Cost
Fax transmissions (incoming and outgoing)	\$.50 per page
Court filing fees	Actual Cost
Attorney services (includes service of process fees, arbitrators, and mediators)	Actual Cost
Messenger services	Actual Cost
Online legal research outside of our prepaid service fee	Prorated so Client pays its proportionate share
Data analysis subscription fees associated with legal office or related software	Prorated so Client pays its proportionate share
Parking and toll fees	Actual Cost
Any other expense not listed above that becomes necessary for the successful resolution of a client matter	Actual Cost

Item #9

Attachment 9.A

Sub-Committee Members FY 2026
BL 25-006

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

Garry Bredefeld
Board of Supervisors

David Luchini, Director
Public Health Department

David Cardona, M.D.
At-large

David S. Hodge, M.D.
At-large

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Rose Mary Rahn
Public Health Department

Lisa Lewis- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Jennifer Armendariz
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Kerry Hydash
Kings County

Paulo Soares
Madera County

Jeff Nkansah
Chief Executive Officer
7625 N. Palm Ave., Ste. 109
Fresno, CA 93711

Phone: 559-540-7840
Fax: 559-446-1990
www.calivahhealth.org

DATE: May 15, 2025

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Committee Appointments—Commissioner Representation

BL #: BL 25-006

Agenda Item 9

Attachment 9.A

DISCUSSION:

In accordance with the Committee Charters, Commissioner representation on committees will be established by the RHA Commission Chairperson on an annual basis at the start of each fiscal year except for the "Public Policy Committee". The Public Policy Committee Commission members will serve coterminous terms with their Commission appointment. Chairperson Hodge has approved the following appointments for the Commissioners listed below.

FINANCE:

The **Finance Committee** meets at 11:30 am prior to the Commission meeting.

Commission members: Supervisor Neves, Supervisor Rogers, John Frye, Rose Mary Rahn, and Paulo Soares

QUALITY IMPROVEMENT/UTILIZATION MANAGEMENT:

The **Quality Improvement/Utilization Management (QI/UM) Committee** meets at 10:00am prior to the Commission meeting. This committee must consist of participating providers.

Commission members: David Cardona, MD, and five participating providers; David Hodge, MD is an alternate.

CREDENTIALING

The **Credentialing Sub-Committee** meets at 12:00 pm following the QI/UM Committee and prior to the Commission meeting. This committee must consist of participating providers.

Commission members: David Cardona, MD, and five participating providers; David Hodge, MD is an alternate.

PEER REVIEW

The **Peer Review Sub-Committee** meets following the Credentialing Sub-Committee and prior to the Commission meeting. This committee must consist of participating providers.

Commission members: David Cardona, MD, and five participating providers; David Hodge, MD is an alternate.

PUBLIC POLICY:

The **Public Policy Committee** meets the first Wednesday of every quarter.

Commission member: Supervisor Neves serves as Chair. His seat is coterminous with his Commission seat.

Item #10

Attachment 10.A-C

- BL 25-007 Community Support & DHCS Reinvestment Program
- Proposed Grant Recommendations 2025-2026
- Ad-Hoc Committee Meeting Minutes

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

Garry Bredefeld
Board of Supervisors

David Luchini, Director
Public Health Department

David Cardona, M.D.
At-large

David S. Hodge, M.D.
At-large

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Rose Mary Rahn, Director
Public Health Department

Lisa Lewis, Ph.D. - At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse, Director
Public Health Department

Aftab Naz, M.D.- At-large

Regional Hospital

Jennifer Armendariz
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Kerry Hydash
Kings County

Paulo Soares
Madera County

DATE: May 15, 2025

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Jeffrey Nkansah, CEO

RE: CalViva Health Community Support and DHCS Community
Reinvestment Program (Grants Budget)

BL #: **25-007**

Agenda Item **10**

Attachment **10.A**

In May 2017, the Fresno-Kings-Madera Regional Health Authority established a process to review and consider funding for programs/initiatives in excess of twenty thousand dollars (\$20,000) or more per fiscal year.

Guidelines and review process were established and approved during this time. As a reminder, the Commission has approved Community Support funds over the past seven years to support our community programs.

In February 2025, the Commission were presented with new guidelines and a review process. These new guidelines were approved during this time. The new guidelines and review process includes the original Community Support programs/initiatives, the addition of the new DHCS Community Reinvestment Requirements per DHCS contractual requirement and DHCS All Plan Letter 25-004.

The new guidelines and review process also included an increase in the threshold for the Commission to review and consider funding from the in excess of twenty thousand dollars (\$20,000) or more per fiscal year amount to in excess of twenty-five thousand (\$25,000) or more per fiscal year.

The current Community Support funding recommendations are intended for Contingency, Recreation Sports, Provider Network and Member Support, Education Scholarships and Community Workforce Support, Community Infrastructure and Community Based Organization support. The remaining funds are allocated for the required DHCS Community Reinvestment activities.

The Ad-hoc committee reviewed the Community Support and Community Reinvestment funding recommendations (attachment 10.B and 10.C) on April 29, 2025 and voted to bring them to the full commission.

Jeffrey Nkansah
Chief Executive Officer
7625 N. Palm Ave., Ste. 109
Fresno, CA 93711

Phone: 559-540-7840
Fax: 559-446-1990
www.calvivahealth.org

Grants Budget

Community Support & Community Reinvestment Grant Recommendations 2025-2026

	Fresno County	Madera County	Kings County	2025-2026 Proposed Funding
Provider Network Support				
Funding for PCPs/Specialists/Extenders/Behavioral Health	x	x	x	\$600,000
Tzu Chi-See 2 Succeed Vision Program (Mobile Clinic)	x			\$100,000
Member Support				
Enrollment Support	x	x	x	\$65,000
Education Scholarships & Community Workforce Support				
California State University Fresno	x	x	x	\$100,000
Community Colleges	x	x	x	\$100,000
Image Church Certified Nursing Assistant Program	x			\$25,000
Community Infrastructure Support				
Food Bank Funding	x	x	x	\$100,000
Outdoor Play and Green Space	x	x	x	\$100,000
Community Based Organizations				
Big Brother Big Sisters Fresno and Madera Counties, CASA Fresno and Madera Counties, Every Neighborhood Partnership, Exceptional Parents Unlimited, Fresno Cradle 2 Career, Generation Changers, Habitat for Humanity Acts of Kindness, Kings County Action Organization, Marjaree Mason Center, Poverello House, Reading Heart	x	x	x	\$930,000
DHCS Community Reinvestment				
Cultivating Neighborhoods and Built Environment	X	X	X	
Cultivating a Health Care Workforce	X	X	X	
Cultivating Well-Being for Priority Populations	X	X	X	
Cultivating Local Communities	X	X	X	
Cultivating Improved Health	X	X	X	
DHCS Community Reinvestment Categories Combined				\$2,000,000
Other				
Recreation Sports	X	X	X	\$100,000
Contingency				\$158,000
				\$4,378,000



Ad-Hoc Committee Meeting Minutes April 29, 2025

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

Ad-Hoc Committee Members	
✓	David Hodge, M.D., Chair, Fresno County At-large Appointee
✓	Aftab Naz, M.D., Madera County At-large Appointee
✓	Paulo Soares, Madera County At-large Appointee
✓	Jeff Nkansah, Chief Executive Officer (CEO)
✓	Daniel Maychen, Chief Finance Officer (CFO)
✓	Courtney Shapiro, Director, Community Relations and Marketing
✓	Sia Xiong-Lopez, Equity Officer

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#1 Call to Order Jeff Nkansah	The meeting was called to order at 2:00 pm. A quorum was present.	
#2 Summary of Past Community Support Program Funding Jeff Nkansah	Jeff Nkansah and Courtney Shapiro reviewed the history of the past community support funding and the changes which will need to occur in preparation for the new DHCS Community Reinvestment contractual and all-plan-letter requirements.	No motion
#3 DHCS Community Reinvestment Template Jeff Nkansah	Jeff Nkansah reviewed the DHCS Template that partners will use to request funding under Community Reinvestment Funds.	No motion
#4 Community Support/DHCS Community Reinvestment Grant Recommendations	Jeff Nkansah and Courtney Shapiro presented a funding matrix with potential grantees listed on it. They provided background on how staff evaluate current funded partners and determine the services our members need most. They also reviewed the DHCS Community Reinvestment Categories and the funding process for the upcoming year.	Motion: Approve Recommendations and bring to full Commission for approval 3-0-0-0 (Naz / Soares)

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>The committee reviewed and recommended adding Behavioral Health with PCPs/Specialists/Extenders. This funding line is in Provider Network Support.</p> <p>After reviewing all other organizations and categories for recommended funding, the committee made a motion and second to move this to the full Commission in May.</p>	

Item #11

Attachment 11.A

Health Equity

2024 Executive Summary
and Annual Evaluation



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Pao Houa Lee, MBA, Senior Health Equity Specialist
Sia Xiong-Lopez, MA, Health Equity Officer

COMMITTEE DATE: May 15, 2025

SUBJECT: Health Equity 2024 Work Plan End of Year Evaluation – Executive Summary

Summary:

This report provides information on the Health Equity Department work plan activities, which are based on providing cultural and linguistic services support and maintaining compliance with regulatory and contractual requirements. The Health Equity Work Plan is broken down into the following four sections: 1) Language Assistance Services (LAP), 2) Compliance Monitoring, 3) Communication, Training and Education, and 4) Health Literacy, Cultural Competency, and Health Equity. As of December 31, 2024, all work plan activities have been completed.

Purpose of Activity:

To provide a summary report of the Health Equity Work Plan End of Year Evaluation. CalViva Health (CVH) has delegated all language services to Health Net's Health Equity Department.

Data/Results (include applicable benchmarks/thresholds):

Below is a high-level summary of the activities completed during 2024. For a complete report and details per activity, please refer to the attached 2024 Health Equity Work Plan End of Year Evaluation Report.

1) Language Assistance Services

- a. Completed a behavior health and health equity audit in Q1 & Q2.
- b. Updated / amended contracts with 4 vendors. Amendments included new rates and additional services.
- c. A newsletter informing members on how to access language services completed and disseminated.
- d. Two hundred and two staff completed their bilingual assessment / re-assessment.
- e. Completed annual report of the LAP assessment results for the Timely Access Reporting.
- f. Updated Non-Discrimination Notice (NDN) to include additional protective groups.
- g. Thirty-six translation reviews were completed in 2024.

2) Compliance Monitoring

- a. HEQ reviewed 5 interpreter complaints and 37 grievance cases with 3 interventions identified.
- b. 2023 grievance trending report was completed in Q3.

- c. 2024 Mid-Year Work Plan was approved by committee.
- d. Attended QI/UM Workgroup, weekly and Public Policy Committee (PPC) meetings, quarterly.
- e. Two findhelp trainings were completed with 966 overall new programs added to the platform.
- f. All HEQ Policy & Procedures reviewed and updated.

3) *Communication, Training and Education*

- a. One A&G training was completed on coding and resolution of grievances.
- b. Six call center trainings conducted to 85 new staff; training decks updated.
- c. Providers were updated on cultural practices, LAP services, health literacy, and on-line cultural competency/Office of Minority Health (OMH) training.
- d. Language identification poster for provider office was remediated and posted in provider library.

4) *Health Literacy, Cultural Competency and Health Equity*

- a. English material review completed for a total of 77 materials.
- b. Revised Plain Language training; posted updated version online.
- c. Completed 4 provider trainings for 164 providers. Training includes (1) Special Needs and Cultural Competency, (1) Language Assistant Program and Plain Language for Health Literacy, and (2) Community Connect.
- d. Conducted annual Heritage/CLAS Month with 2,060 staff who attended the event.
- e. Completed 2 cultural competency trainings for staff; 2,448 staff completed the on-demand trainings. Trainings include Gender Neutral Language and Bridging Linguistic and Cultural Gaps for Equal Access to Health Care.
- f. Successfully co-lead and supported the completion of quality projects. Projects target measures: W30-6+ and SUD/MH.
- g. Supported work plan development, updated, and extended the Scope of Work for community partners.

Analysis/Findings/Outcomes:

All work plan activities in 2024 were completed.

Next Steps:

Obtain approval on the 2024 End of Year Work Plan evaluation report and proceed to implement the 2025 Work Plan upon committee approval.



2024
Health Equity
End of Year Work Plan Evaluation

Submitted by:

Patrick Marabella, MD, Chief Medical Officer

Amy Schneider, RN, BSN, Senior Director Medical Management

Mission:

CalViva Health's Health Equity mission is to be an industry leader in ensuring health equity for all members and their communities.

Goals:

CalViva Health's Health Equity goals are based on providing support, maintaining compliance, and creating cultural awareness through education and consultation. These goals support the overall goal of promoting cultural responsiveness between Plan staff, members, and contracted providers. The goals are equally important and reinforce each other to fulfill the mission:

1. To ensure meaningful access and positive health outcomes through the provision of culturally and linguistically responsive services to members and providers.
2. To promote for members and potential enrollees to be active participants in their own health and health care through clear and effective communication.
3. To advance and sustain cultural and linguistic innovations.

Objectives:

To meet these goals, the following objectives have been developed:

- A. To ensure compliance with applicable Medi-Cal contractual requirements, state and federal regulations and other requirements of the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC).
- B. To ensure staff and providers have C&L resources available to provide culturally competent services to CalViva Health members.
- C. To be champions of cultural and linguistic services in the communities CalViva Health serves.
- D. To promote and be champions for diversity of CalViva Health members, providers and Plan staff.

Selection of the Cultural and Linguistics Activities and Projects:

The Cultural and Linguistics Work Plan activities and projects are selected based on the results from the CalViva 2022 Population Needs Assessment Report (PNA) (i.e., demographics, health status, risk factors, and surveys), regulatory requirements, department evaluation report from the previous year, HEDIS results, contractual requirements, and strategic corporate goals and objectives. After review and input from senior management staff, projects and new departmental activities are identified and incorporated into this work plan. Programs and services are developed with special attention to the cultural and linguistic needs of our membership. This work plan addresses the needs of our Medi-Cal (MC) members.

Strategies:

The Health Equity Work Plan supports and maintains excellence in the cultural and linguistics activities through the following strategies:

- A. Goals and objectives are translated into an annual work plan with specific activities for the year to fulfill its mission of being an industry leader in ensuring health equity for all members and their communities;
- B. Work plan objectives and activities reflect the Office of Minority Health's national Culturally and Linguistically Service (CLAS) standards, and directly address various contractual and regulatory requirements;
- C. Support information-gathering and addressing needs through Population Needs Assessment (PNA), data analysis, and participation in the CalViva Health Public Policy Committee (PPC);
- D. Interacting with community-based organizations, advocacy groups, community clinics and human service agencies to identify the cultural and linguistic-related concerns of the community.

The Health Equity Work plan is divided into the following areas in support of the Principal CLAS Standard (To provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs): 1) Language Assistance Program Activities, 2) Compliance Monitoring, 3) Communication, Training and Education and 4) Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity.

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Core Areas of Specialization:	
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Cultural Competency	13
Health Equity	16

	Main Area and Sub-Area	Activity	Measurable Objective	Due Dates	Mid-Year Update (1/1/24 - 6/30/24)	Year-End Update (7/1/24 - 12/31/24)
	Language Assistance Program Activities					
1	Rationale	The LAP and applicable policies and procedures incorporate the fifteen national standards for Culturally and Linguistically Appropriate Services (CLAS) in health care developed by the Office of Minority Health. Standards 5, 6, 7 & 8 provide the basics for language support services for CalViva Health members. ¹				
2	Responsible Staff:	Primary: P. Lee, I. Diaz	Secondary: D. Fang, L. Espinoza			
3	Audit	Assure C&L audit readiness to support DHCS Language Assistance Program (LAP) audit standards	Coordinate LAP audit requirements to include: collecting requested documentation, submitting documents as requested, participate in on-site interviews as requested	Annual	Completed audit requirements for CalViva Behavioral Health & CalViva Health Equity Oversight Reviewed Provider Operations manual to ensure compliance with Medi-Cal and LAP requirements.	No audit requests in Q3 and Q4. Reviewed Provider Operations manual to ensure compliance with Medi-Cal and LAP requirements.
4	Contracted Vendors	Conduct language assistance vendor management oversight	Review and update vendor contracts to ensure alignment with requirements	Ongoing	Amended 3 language vendors' contracts, amendment includes adding CART & tactile service and updated rates.	Updated rates for one language vendor.
5	Interpreter	Monthly collection of language utilization data for CalViva	Updated LAP utilization report to contain: monthly summary of bilingual phone calls answered by call center, in-person and telephonic interpreter utilization log	Semi-annual	Interpreter requests include 735 face-to-face, 128 ASL, 1 VRI, and 4,021 telephone; 16,912 bilingual calls were handled.	Interpreter requests include 652 face-to-face, 24 ASL, 6 VRI, and 2,273 telephone; 15,636 bilingual calls were handled.

6	Data	Conduct membership data pulls. Facilitate alignment and collection of demographic data. Coordinate race/ethnicity/language membership data and document.	Validated membership reports. Coordinate 5579 report and review monthly membership data pulls.	Monthly	Reports collected and stored on a monthly basis, from January to June 2024.	Reports collected and stored on a monthly basis, from July to December 2024.
7	Operational	Create language and alternate format standing request report	Number of reports generated and posted	Weekly	These reports were uploaded and posted weekly for a total of 25 weeks.	These reports were uploaded and posted weekly for a total of 27 weeks.
8	Compliance	Monitor provider bilingual staff; ensure systems are capturing provider and office language capabilities	Annual provider communication and monitoring grievances, review of provider Ops manual	Ongoing	26 providers were audit. All received 100% compliance, except one with 92% compliance.	37 providers were audit. All received 100% compliance, except one with 72% compliance.
9	Regulatory	Update and provide taglines and Non-Discrimination Notice (NDN) insert in support of departments and vendors that produce member informing materials	Annual review and update as needed and distribute updated documents to all necessary departments, maintain tagline and NDN decision guides, answer ad-hoc questions on the use and content, assure most recent documents are available on Health Equity SharePoint	June and December	Ongoing. No updates.	Updated NDN to include additional groups to the nondiscrimination list.
10	Member Communication	Annual mailing to members advising how to access language assistance services and sending language assistance notice to assess language needs. Annual LAP mailing to survey REAL and SOGI.	Write or revise annual language assistance article distributed to CalViva members	Annual	The newsletter is scheduled to be mailed to members in September.	The Medi-Cal newsletters were mailed to members in September.
11	Operational	Ensure bilingual staff maintain bilingual certification; generate reporting and support to departments to identify staff who need bilingual certification updated	Number of staff certified annually	Annual	145 staff were assessed or reassessed.	57 staff were assessed or reassessed.
12	Operational	Complete LAP Trend Analysis, including year over year LAP trend analysis	Report to summarize utilization of LAP services, number of bilingual staff and provide year over year trends for the utilization of LAP services	Q2	2023 EOY LAP report was completed, submitted, and approved by committee in April.	2024 Mid-Year LAP report was completed, submitted, and approved by committee in September.

^	13	Operational	Oversight of interpreter and translation operations. Review of metrics for interpreter/translation coordination	Conduct oversight meetings to review metrics for timeliness. Hold quarterly meetings with Centralized Unit and escalate when metrics are not being met. The number of interpreter/translations coordinated.	Quarterly	Quarterly meetings conducted 1/24/2024 and 4/22/2024.	Quarterly meetings conducted 7/26/2024 and 10/21/2024.
	14	Operational	Review interpreter service complaints (exempt grievance) reports and conduct trend analysis. Provide complaint information to impacted area for resolution, e.g., vendor, internal process	Monitor interpreter service vendors through service complaints	Annual (trend)	Interpreter service Call Center complaint logs are being received and monitored on a monthly basis.	Interpreter service Call Center complaint logs were received and monitored on a monthly basis. Trend analysis is conducting in the annual C&L Grievance Trend analysis.
	15	Operational	Coordinate and deliver Health Equity Department Quarterly meetings to review requirements and department procedures for language and health literacy services	Minutes of meetings	Quarterly	Quarterly meetings conducted 1/24/2024 and 4/22/2024.	Quarterly meetings conducted 7/26/2024 and 10/21/2024.
Δ	16	Operational	Complete Population Needs Assessment (PNA) in collaboration with Health Education. Review new PNA requirement and participate in PNA Workgroup to complete assessment report.	Support PNA data collection, interpretation for member demographics, disparity analysis and development of an action plan that addresses identified member needs	June	Ongoing and on track to be completed in 2025.	Ongoing and on track to be completed in June.
	17	Operational	Develop, update and maintain translation, alternate formats, interpreter services, bilingual assessment, and all Health Equity policies and procedures (P&Ps)	Annual update of P&Ps and off cycle revisions as needed and submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health Equity P&Ps	Annual	Annual updates completed in March 2024.	No updates for Q3 and Q4.
^	18	Operational	Collect and review LAP P&Ps from other departments to assure compliance with use of tagline, NDN, translation process and interpreter coordination	P&Ps will be reviewed and placed in Health Equity LAP compliance folder	Annual	Annual tracking and updating of vital documents to be completed in Q3.	Annual Tracking and updating of business units' vital documents completed.
	19	Operational	Complete Health Equity Geo Access report documenting Provider Network Management (PNM) findings every two years	Data collection and data analysis for Health Equity Geo Access report, production of HEQ Geo Access report.	Q3 2025	On track to complete in 2025.	On track to complete in 2025.

20	Operational	Complete annual Timely Access Reporting on the Language Assistance Program Assessment	LAP Assessment Timely Access Report	Annually	TAR report completed in March and presented to committee in June.	Report completed in Q2.
21	Operational	Coordinate and provide oversight to translation review process	Number of translation reviews completed	Ongoing	From January to June, done a total of 8 translation reviews.	There were a total of 27 translation reviews in Q3 and Q4 of 2024
22	Training	Review, update and/or assign LAP online Training	Number of staff who are assigned training and percentage of completion	Annual	Updated training content in May/June 2024.	No updates for Q3 and Q4.
23		Lead IT projects related to language assistance services such as standing request and website modifications. Submit JIRA (name of the system, Jira) and PID (project identification) requirements when appropriate and ensure C&L requirements are represented through project. Maintain SME knowledge for REAL and SOGI codes and categories	Successful implementation of IT projects	Ongoing	SOGI implementation ongoing; data fields successfully built through IT work streams in May 2024. REL updates pending for Q3.	REL updates pending.
24	Strategic Partners	Monitor strategic partners and specialty plans for LAP services	Request information from specialty plans and strategic partners semi-annually. Update report template to indicate delegation status of LAP, use of NOLA, any comments forwarded from delegation oversight and review of P&Ps	Ongoing	Strategic partner contracts were collected in Q2 of 2024	Completed in Q2.
25	Translation and Alternate Format Management	Develop and maintain Translation and Alternate Format Tracking (TAFT) database with comprehensive list of members informing materials available and department responsible. Database will help support prompt identification of document and department responsible. Ongoing updating with bi-annual requests to all departments to review/update their list. Oversee implementation, management and updating of TAFT database	List of available materials	Ongoing	2024 document updates in April 2024.	No updates. Project completed in Q2 of 2024.
	Compliance Monitoring					

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26	Rationale	Compliance monitoring conducted to ensure CalViva Health members receive consistent, high quality C&L services. The following processes are in place to ensure ongoing CalViva Health oversight of the Health Equity and C&L programs and services delegated to HNCS and the internal monitoring conducted by HNCS.				
27	Responsible Staff:	Primary: P. Lee, A. Said	Secondary: I. Diaz, N. Buller			
28	Complaints and Grievances	Oversight of complaints and grievances related to LAP or C&L services, including monitoring and responding to all C&L related grievances. Collect grievance and call center reports. Maintain contact with the call center to ensure C&L complaints are monitored. Grievance reports include grievances coded to C&L codes (including discrimination due to language or culture). Maintain grievance response log and list of materials, develop and document interventions when indicated	Report on grievance cases and interventions	Ongoing	<p>Investigated, responded, and provided resolution to 4 complaints.</p> <p>There were 20 cases sent to C&L. A total of 20 cases coded to C&L with the following codes: 1) Cultural [C] code and 2) Linguistic [L]. 1 Cases was classified as a Quality of Care and re-coded as a non C&L Case.</p> <p>Of all of the cases, a total of 3 cases required a corrective action and/or a provider intervention. Information, tools and resources addressing each individual case were compiled and delivered via provider engagement to these providers.</p>	<p>Investigated, responded, and provided resolution to 1 complaint.</p> <p>There were a total of 17 cases sent to C&L. A total of 17 cases coded to C&L with the following codes: 1) Cultural [C] code and 2) Linguistic [L] code.</p> <p>Of all the cases, a total of 0 cases required a corrective action and/or provider intervention.</p> <p>Information, tools, and resources addressing each individual case were compiled and delivered via provider engagement to these providers.</p>
29	Complaints and Grievances	Conduct a trend analysis of C&L grievances and complaints by providers	Production of trend analysis report	August	2023 trend analysis completed and submit in Q2.	Trend analysis of C&L Grievances was completed and submit in Q2.

30	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December	Annual Review and updates of desktop procedures for grievance resolution process to be completed in Q4.	Desktop procedure was completed in Q4
31	Oversight	Complete all CalViva required Health Equity/C&L reports	Develop Health Equity CalViva work plan, write/revise and submit Health Equity CalViva Program Description. Prepare and submit work plan, LAP mid year and end of year reports	Ongoing	Completed and presented HEQ 2023 EOY LAP report, 2023 HEQ EOY Workplan report, 2024 HEQ Program Description, and 2024 HEQ Workplan. Reports were accepted by committee in April.	Completed and presented HEQ 2024 Mid-Year LAP report and 2024 HEQ Mid-Year Workplan report. Reports were accepted by committee in October.
32	Oversight	Participate in CalViva required work groups and committees	Participate in the ACCESS workgroup, QI/UM workgroup, QI/UM committee, monthly operations management meetings. Provide support for Regional Health Authority meetings as needed or requested.	Ongoing	Attended weekly QI/UM meetings quarterly Access workgroup meetings.	Attended weekly QI/UM meetings quarterly Access workgroup meetings.
33	Oversight	Support Public Policy Committee meetings for Fresno, Kings and Madera Counties	Assist at Public Policy Committee meetings as required.	Quarterly	Attended quarterly PPC meetings in March and June.	Attended quarterly PPC meetings in September and December.

34	Regulatory	Provide oversight of findhelp platform and coordination of social service referrals for members.	<p>Provide 2 training on findhelp to internal departments, members, and providers on to promote the Social Needs Self-Assessment, quarterly.</p> <p>Produce analytics and segmented utilization reports to ensure 40 social needs assessments are completed each quarter.</p> <p>Review completed social needs assessments monthly and ensure that at least 85% of qualifying members are referred to an appropriate internal program; 60% referrals are closed.</p> <p>Add 50 social need programs within findhelp to address social risks within each month.</p>	Ongoing	<p>One provider training in May where 56 providers attended.</p> <p>121 SNA completed 930 referrals 193 closed loops 147 members got help</p> <p>871 referrals 193 closed loops 147 members got help</p> <p>584 program added in Q1 and Q2. Added between 46-197 programs every month (Jan 131, Feb 70, March 79, April 61, May 46, June 197).</p>	<p>One provider training completed on 7/19/2024.</p> <p>46 SNA completed 1,257 referrals 304 closed loops 194 members got help</p> <p>1,227 referrals 302 closed loops 194 members got help</p> <p>382 programs added in Q3 and Q4 (July 56, Aug 47, Sept 186, Oct 36, Nov 33, Dec 24)</p>
	Communication, Training and Education					
35	Rationale	To provide information to providers and staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP program, C&L resources, and member diversity.				
36	Responsible Staff:	Primary: P. Lee, S. Rushing	Secondary: L. Espinoza, N. Buller			
37	Training and Support	Provide support and training to A&G on coding and resolution of grievances; re-align coding per 1557 non-discrimination reporting	Revised/updated Quick Reference Guide (QRG) for A&G staff regarding grievance responses, coding and process on sending to Health Equity, etc.	Ongoing	Training to be completed in September.	Training completed October 8th.
38	Staff Training	Provide Health Equity in-services for other departments as requested (e.g., Call Center, Provider Relations).	Curriculum/power point, name of department and total number of participants who attended the in-service	Ongoing	Four new hire trainings have been conducted with a total of 55 new employees in attendance.	Two new hire trainings were held in Q3 and Q4 with a total of 30 new employees in attendance.

39	Staff Communication	Maintenance and promotion of Health Equity SharePoint site	Timely posting of important information on Health Equity SharePoint e.g. vendor attestation forms, threshold languages list, etc.	Ongoing	Completed and ongoing support.	Ongoing. Site was promoted to associates in the 1st and 2nd bi-annual Health Equity Newsletters. Re-Designed home page graphics and icons.
40	Provider Communication	Prepare and submit articles for publication to providers. Potential topics: LAP services, culture and health care, and promotion of on-line cultural competence/Office of Minority Health (OMH) training.	Copies of articles and publication dates	Ongoing	Provider Update on LAP: N/A for Q1 and Q2; pending for Q3 2024.	Provider Update on LAP distributed in Q3 2024.
41	Provider Communication and Training	Promote C&L flyer and provider material about Health Equity Department consultation and resources available, inclusive of LAP program and interpreter services.	Provider material made available on provider's library.	Ongoing	Provider materials inclusive of LAP program and interpreter services are available on the provider library. Provider's findhelp How to Guide posted in Q2.	Completed in Q2. No update for Q3/Q4.
	Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity					
	Health Literacy					
42	Rationale	To ensure that the information received by members is culturally and linguistically appropriate and readability levels are assessed to ensure they comply with required readability levels mandated by regulatory agencies.				
43	Responsible Staff:	Primary: A. Kelechian	Secondary: A. Schoepf			
44	English Material Review	Conduct English Material Review (EMR) per end-end document production guidelines (review of content and layout of materials for C&L appropriateness and low literacy)	Completion of all EMRs as tracked through the C&L database	Ongoing	8 EMRs were completed in Q1 and 20 completed in Q2.	A total of 49 EMRs were completed from Jul-Dec. 16 EMRs were completed in Q3 and 33 in Q4.

45	Operational	Review and update Health Literacy materials as needed inclusive of list of words that can be excluded during the readability assessment, database guide, checklists, readability assessment guide and other relevant materials	Update and post materials on Health Literacy SharePoint Explore new system platform to host EMR data	Ongoing	Review and updates completed in Q2. Fully migrated the EMR platform from IBM notes to Workfront in April.	Fully migrated the EMR platform from IBM notes to Workfront in April.
46	Training	Quarterly training for staff on how to use the C&L database and write in plain language, including online training.	Number of staff trained. Quarterly training	Quarterly	Quarterly training was offered for staff in Q1 & Q2. In Q2, 2 staff trainings were completed for the new Workfront EMR Request form. Plain language training to be scheduled for Q4.	In Q3, there was 1 staff Workfront EMR and RS training completed. None requested for the trainings in Q4. Plain language training completed in Q4.
47	Training	Conduct activities and promotion of National Health Literacy Month (NHLM)	Production and tracking of action plan for NHLM and summary of activities	October	On track for Q4.	Completed in Q4.
	Cultural Competency					
48	Rationale	To integrate culturally competent best practices through provider and staff in-services, training, education, and consultation. Training program offers topic specific education and consultation as needed by staff, contracted providers and external collaborations.				
49	Responsible Staff:	Primary: P. Lee, S. Rushing	Secondary: L. Espinoza, I. Diaz			

50	Collaboration-External	Representation and collaboration on Health Industry Collaboration Efforts (HICE) for Health external workgroup	Minutes of meetings that reflect consultation and shared learning	Ongoing	<p>Meetings attended 1/8/24; 3/11/2024; 5/13/2024;</p> <p>HICE Provider Toolkit update committee participation for 2024 toolkit.</p> <p>HICE Health Equity Accreditation Workgroup meetings attended 4/11/2024 HICE Ad Hoc C&L Meeting DEI 2/16/24 HICE Sub group meeting DEI/SB923 attended 2/16/24</p>	<p>Meetings attended 7/8/24, 9/9/24, 11/18/24,</p> <p>HICE Ad Hoc SB923 meetings attended 9/23/24, 9/30/24, 10/7/24, 10/21/24, 11/4/24, 12/2/24</p> <p>HICE annual conference attended 12/9 & 12/10/24</p>
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51	Provider Training	<p>Conduct cultural competency, implicit bias, and gender identity training/workshops for contracted providers and provider groups upon request. Training content to include access to care needs for all members from various cultural and ethnic backgrounds, with limited English proficiency, disabilities, and regardless of their gender, sexual orientation or gender identity. Work with provider communication to implement ICE for Health computer based training through provider update and/or provider newsletters and/or medical directors, promote Office of Minority Health (OMH) cultural competency training through provider operational manual and provider updates.</p> <p>Work with provider engagement to publish invites for trainings and as warranted create on-demand trainings.</p> <p>Review assignment criteria for LAP and Cultural Competency/DEI trainings and ensure that required providers are represented.</p>	Output number of providers who received cultural competency training by type of training received	Annual	Language Assistance Programs and the Use of Plain Language for Health Literacy; 06/26/2024; 93 attendees	Special Needs and Cultural Competency; 11/8/2024; 15 attendees
52	Staff Training	Conduct annual cultural competence education through Heritage/CLAS Month events including informational articles / webinars that educate staff on culture, linguistics and the needs of special populations	Online tracking. Event summary and activity specific participation totals	Q3	On track to complete in August	<p>Gender Neutral Language training; 7/8/24; 181 attendees.</p> <p>Cultural Humility and Health Equity (CLAS) Cultural Sensitivity 101; 8/30/2024; 2,060 attendees</p> <p>Bridging Linguistic and Cultural Gaps for Equal Access to Health Care; 9/30/2024; 2,267 attendees</p>
	Health Equity					

53	Rationale	To support the health of CalViva Health members and promote the reduction of health disparities across our membership. In order to accomplish this, staff collaborates across departments and with external partners in order to analyze, design, implement and evaluate healthy disparity interventions.				
54	Responsible Staff:	Primary: P. Lee, D. Fang,	Secondary: A. Schoepf			
55	Operational	Increase interdepartmental alignment between population health, SDoH, cultural competency and disparity initiatives across departments on disparity reduction efforts. Facilitate quarterly meetings. Provide consultation and support to internal departments on SDoH and disparities.	Facilitation of health disparity collaborative quarterly meetings and intra departmental collaboration on Health disparities. Conduct trainings and share resources to staff/departments on disparities model, SDoH, and disparities in health outcomes among disparate population. Consultation provided to other departments.	Quarterly	Health Equity Collaboration Workgroup meetings held 1/22; 3/11; 4/29; 6/3; 7/15	Health Equity Collaboration workgroup meetings on 9/30 and 11/18
56	Operational	Implement disparity model for PIP projects (W30-6+) include formative research, community, member and provider interventions	Development of modules; meet PIP disparity reduction targets	Ongoing	Ongoing. Complete KIIs with 8 community members and 2 community leaders. Completed 1 focus group with 4 participants. Barrier Analysis report presented to Team in Jan.	Attend bi-weekly meetings and onsite events as needed (Sneaky Link event hosted by BIH on 9/24/2024).
57	Operational	Provide support for SUD/MH non-clinical PIP project.	Disparity reduction project work plan; evaluation, documentation of process outcomes	Ongoing	Ongoing. Completed KIIs with 3 providers (CRMC, Saint Agnes, and internal Behavior Health Team). Presented barrier analysis in Feb.	Ongoing. Completed cultural competency training "Cultivating Cultural Empathy for Better Mental Health Outcomes in Hispanic/Latino Communities" in partnership with Binational of Central California.

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58	Operational	Provide support for IHI/DHCS Child Health Equity Sprint project.	Disparity reduction project work plan; evaluation, documentation of process outcomes	Ongoing	Ongoing, attended bi-weekly meetings	Ongoing, reviewed materials for language and cultural appropriateness and attended bi-weekly meetings.
59	Operational	Provide consultation to departments on cultural competency and improving health care outcomes (including enrollment) for key demographics and key metrics to support health equity	Consultation and /or trainings provided	Ongoing	Ongoing support for material review and provide consultation to internal teams.	Ongoing support for material review and provide consultation to internal teams.
60	Responsible Staff:	Primary: S. Xiong-Lopez	Secondary: J. Nkansah			
61	HEQ Project/ Activity	Distribute DEI survey to CVH Leadership, and Staff Members to identify opportunities/ improvement needed surrounding DEI	Survey completed 8/2024- 61.05% of staff and leadership Disagreed/Strongly Disagreed that CVH took time to celebrate/ acknowledge most celebrated cultures. Goal: Decrease the percentage of staff disagreement (CVH takes time to acknowledge/ celebrate most celebrated cultures) to below 50% by Q3 2025 Implement Cultural celebration and heritage month 2x a year Rearrange settings of staff meeting with ice breakers and team activities to promote inclusiveness	Annually	Rearrange settings of staff meeting with ice breakers and team activities to promote inclusiveness (implemented 10/14/2024) Cultural celebration and cultural potluck to be implemented Q1 2025	Completed- 100% of staff member had a positive response to the change in the monthly staff meeting and excited for the Cultural Potluck to come in 2025. 92.9% of staff members responded that they enjoyed the ice breaker games during the staff meeting.
62	HEQ Project/ Activity	Distribute DEI survey to CVH Board, Committee, to identify opportunities/ improvement needed surrounding DEI	Survey Completed- No major concerns as it relates to DEI. Action: Review of CVH Bylaws to account for changes such as equity, inclusion, or cultural humility for governance bodies. Goal: Implementation of new Bylaws to include HEQ initiatives Q3 2024	Annually	2/2024- Review Bylaws 7/2024 RHA approval of Bylaw changes Implemented by 10/2024	2024 Completed- DEI Surveys to CVH Board, Committee completed with no improvement needed. Next Survey will go out Q3, 2025.

63	HEQ Project/ Activity	Assist and/or serve as consultant with Fresno County Network Improvement Committee Pilot to address leading health indicators focusing on upstream measures such as risk factors and behaviors, rather than disease outcomes (focusing on pregnant moms, families with children ages 0-9)	<p>Data: 39% of the 53 identified students are reading grade level. Identified impact of reading level influenced by, poverty, socioeconomically disadvantage, access to health care.</p> <p>Goal: 100% of the 53 identified students are reading at grade level by 6/2025</p> <p>Action: Children and families are set up with trained CHW to assist in community navigation. School liaison, Social workers, representative will receive training to become CHW. CBOs, and policy makers to identify strategies to help with SoDH, improve health, wellness and academics outcomes</p>	Ongoing	2 identified locations (93722, and 93648) identified as rural and high poverty. 53 children and their families from 2 schools were identified as most in need. School employees started CHW certification training 10/2024	FUSD and CBO were introduced to CVH's CalAim's Community Supports (CVH CalAim Community Supports) and Enhanced Care Management program with information and other services members may be eligible for.
64	HEQ Project/ Activity	Provide support for SUD/MH non-clinical PIP and QMIP project.	<p>Data: CVH does not meet minimum performance level for FUA/FUM (54.87/36.34). A majority of members in this population in Fresno and Madera are Hispanic, cultural drivers negatively impact follow up care rates.</p> <p>Goal: This is a Year over year Improvement project. HEQ Dept. goal is to provide assistance with development of Cultural training curriculum for ER staff such as Social Workers, CHWs and Substance Use Counselors to be receptive to the Hispanic patients' needs and to provide comprehensive treatment information and range of available treatment options to improve follow up care.</p> <p>Action: Utilize community trusted CBO to deliver Cultural training</p>	Ongoing	CBO identified: Binational and we are currently developing a cultural training to meet the needs of members and the hospital.	Completed- Training curriculum was completed in November and rolled out to ER staff such as Social Workers, CHWs, Substance use counselors.
65	HEQ Project/ Activity	Staff Training	Conduct annual cultural competence education through Heritage/CLAS Month events including informational articles / webinars that educate staff on culture, linguistics and the needs of special populations	Q3	Scheduled for 11/1/2024	Completed- 100% of Staff completed the DEI Training required by DHCS and NCQA HEA. 2025 DEI training will take place in Q3.

Ongoing support for material review and consultation.

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

^ **Indicates revision.**

* **Indicates new.**

Fresno-Kings-Madera Regional Health Authority Commission Approval

The Fresno-Kings-Madera Regional Health Authority Commission has reviewed and approved this Program Description

David Hodge, MD
Regional Health Authority Commission Chairperson

Date

Patrick Marabella, MD, Chief Medical Officer
Chair, CalViva Health QI/UM Committee

Date

Item #11

Attachment 11.B

Health Equity Program Description

2025 Change Summary
and Program Description



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Pao Houa Lee, MBA, Senior Health Equity Specialist

COMMITTEE DATE: May 15, 2025

SUBJECT: Health Equity Program Description 2025 CalViva Health – Change Summary

Program Description Change Summary:

Redline Page #	Section/Paragraph Name	Description of Change	New Page #
Page 2	Table of Contents	Edit page numbers.	Page 2
Page 9	Demographic Data Collection for Members	Added member's preferred pronouns as data we collect.	Page 9
Page 11	Monitoring for LAP Quality	Added Arabic as a threshold language.	Page 11
Page 12	Culturally Competency Training Program	Added Services in Support Staff to section.	Page 12
Page 12	Cultural Competency Training for Staff	Added additional information regarding to CLAS Month.	Page 12
Page 14	Cultural Competency Education for Providers	Listed training topics for providers.	Page 13
Page 15	Clear and Simple Guide	Added the Health Literacy Toolkit and what it consists of.	Page 15
Page 17	Health Equity Interventions	Edit and updated the Health Equity core levels changing local to community, data to provider, and included member as the third core area.	Page 16

2025 Health Equity Program Description



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1.0 EXECUTIVE SUMMARY

The Fresno-Kings-Madera Regional Health Authority (RHA) is a local public agency, created through a joint exercise of powers agreement by the Counties of Fresno, Kings, and Madera in California. Under California's Medi-Cal Managed care program, the RHA dba CalViva Health is designated as the Local Initiative. CalViva Health is contracting with Health Net Community Solutions (HNCS) to provide cultural and linguistic services and programs for the CalViva Health's membership. CalViva Health ("CalViva" or "Plan") may also contract with other entities or health plans to provide or arrange cultural and linguistic services and programs for members enrolled with CalViva Health. CalViva Health, in collaboration with Health Net Community Solutions (HNCS), is committed to improving health outcomes by providing cultural and linguistic services and programs that facilitate effective communication between a diverse membership, provider networks, and CalViva Health and HNCS.

The HNCS Health Equity Department develops programs and services to facilitate understanding, communication and cultural responsiveness between members, providers, and Plan staff.

The Health Equity Department, on behalf of CalViva Health, utilizes the Cultural and Linguistic Appropriate Services (CLAS) Standards, developed by the Office of Minority Health, as a guide for provision of culturally and linguistically appropriate services. CLAS Standards assure that services comply with the Office of Civil Rights Guidelines for culturally and linguistically appropriate access to health care services. Health Equity's objective is to promote effective communication with limited English proficient members by assuring access to culturally appropriate materials, print translations of member informing materials, telephonic and in-person interpreter services, and through trainings, and in-services on a wide range of health equity and cultural and linguistic (C&L) topics that impact health and health care.

Services offered include cultural and language information for providers and their staff, as well as for Plan staff; trainings on language assistance requirements imposed by state and federal regulatory agencies; interpreter support for members and providers; culturally appropriate translation and review of member materials; and cultural responsiveness education.

Health Equity services are part of a continuing quality improvement endeavor. The Health Equity program description, work plan, language assistance utilization and end of year reports are all submitted to the CalViva Health Quality Improvement/Utilization Management (QI/UM) committee for review and approval.

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2.0 Staff Resources and Accountability

2.1 Staff Roles and Responsibilities

A detailed description of staff roles and responsibilities is included in Appendix 1.

3.0 VISION, MISSION, GOALS AND OBJECTIVES

The organization's health equity mission and vision are led by the Chief Health Equity Officer and are implemented through cross-functional collaboration and partnership. The mission and vision are aligned with regulatory requirements and implemented across the plan.

The Health Equity program structures are organized to meet program goals and objectives through formal processes that objectively and systematically monitor and evaluate the quality, appropriateness, efficiency, safety and effectiveness of care and services to meet the needs of multicultural populations, reduce social risks in the community, and address social needs of individuals. The program's multidimensional approach enables the organization to focus on opportunities for improving operational processes, services, health outcomes, experiences, and community partnerships. The Health Equity Accreditation program is formulated and operated based on foundational structures that include the program description, an annual work plan, and an annual evaluation. Programming focus and initiative development is based on assessment of the population and individuals' personal characteristics (race/ethnicity, preferred languages, gender identity, sexual orientation, age, socio-economic status, geographic location), social risks, and social needs through community-level and individual-level data collection to determine high volume, high risk, and problem-prone clinical and service bias and discrimination issues leading to uneven care outcomes. Performance goals and thresholds are established for all measures and are trended over time. At a minimum, the HEA program monitors and evaluates CLAS, individual demographic/personal characteristic data, network responsiveness, individual experience, practitioner experience, staff feedback, service performance, stratified clinical performance measures (i.e., HEDIS), and stratified individual experience measure (i.e., CAHPS).

3.1 Vision

To help all the people and communities we serve achieve the highest level of health by advancing equity in health and health care.

The organization implements an overarching vision of diversity, equity, and inclusion that works to:

- Eliminate disparities and improve quality of care and health outcomes.

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- Eliminate systemic organizational marginalization.
 - Promotes inclusion and anti-racist practices, that will be evidenced through our structures, customs, and leadership.
 - Driving systemic strategy to ensure all of our members have access to equitable health outcomes.
 - Expanding current and develop new community partnerships to elevate the health of the communities we serve.
 - Informing policy discussion as well as investments to close the gap in equity.

3.2 Mission

CalViva Health's Health Equity mission is to:

- Improve structural determinants of health equity, by working within and across societal institutions and systems
- Improve neighborhood-level social determinants of health, by working with and across institutions in defined geographic communities
- Improve institutional drivers of health equity, by working within our institution, all lines of business, with providers, and with other key stakeholders
- Improve individual & household-level social needs & networks, by improving access, quality, and value of services for our members

3.3 Goals

CalViva Health's Health Equity goals are based on providing support, maintaining compliance, and creating cultural awareness through education and consultation. These goals support the overall goal of promoting cultural responsiveness between Plan staff, members, and contracted providers. The goals are equally important and reinforce each other to fulfill the mission:

1. Ensure language services meet regulatory requirements and achieve metric goals.
2. Achieve appropriate reading grade level requirements and cultural appropriateness at market and product levels.
3. Complete staff and provider trainings for required topics.
4. Address health disparities through targeted cross-collaborative projects.
5. Implement social needs assistance strategies with integrated approaches for mitigating social risks.

3.4 Objectives

To meet these goals, the following objectives have been developed:

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A. To ensure compliance with applicable Medi-Cal contractual requirements, state and federal regulations and other requirements of the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC).

- Develop and implement Policies and Procedures (P&Ps) related to the delivery of culturally and linguistically appropriate services.
- Utilize and implement the Culturally and Linguistically Appropriate Services (CLAS) Standards developed by the Office of Minority Health, to address Health Care disparities.
- Collect and analyze health equity and C&L information and requirements as identified by DMHC and DHCS and other regulatory or oversight entities.
- Adhere and implement HHS guidelines for Section 1557 of the ACA for C&L services and requirement for non-discrimination based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability.
- Collect, analyze and report membership language, race and ethnicity data.
- Inform members of interpreter services via the member newsletter, the Member Handbook/Evidence of Coverage (EOC), and other communication sources at least once annually.
- Maintain information links with the community through Public Policy Committee (PPC) meetings, Population Needs Assessment (PNA) and other methods.
- Inform contracted providers annually of the health equity and C&L services available via Provider Updates, online newsletter articles, the Provider Operations Manual, in-services, trainings, conferences, and other communication sources.
- Monitor the use of taglines and Non-Discrimination notices in all required communications.

B. To ensure staff and providers have C&L resources available to provide culturally competent services to CalViva Health members.

- Provide C&L information and support for HNCS and CalViva Health staff in their efforts to provide excellent customer relations and services.
- Collaborate with other departments, where appropriate, to further the mutual attainment of culturally and linguistically appropriate healthcare services received by members.
- Support efforts of contracted providers to deliver culturally and linguistically appropriate health care services by providing informative materials, cultural competency workshops, and in-services.
- Promote effective communication by staff and contracted providers with LEP members by providing them with easy access to culturally and linguistically appropriate materials, quality translations of member-informing materials, high quality interpreter services, and culturally responsive staff and health care providers.

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- Address health equity through development and implementation of an organizational and member level strategic plan to improve health disparities.
- Sustain efforts to address health literacy in support of CalViva Health members.
- Provide oversight for the assessment of bilingual capabilities of bilingual staff and provide ongoing education and support.

C. To be champions of cultural and linguistic services in the communities CalViva Health serves.

- Continue involvement with local community-based organizations, coalitions, and collaborative efforts in counties where CalViva Health members reside and to be a resource for them on C&L issues.
- Participate actively and leverage resources from community and government committees including Health Industry Collaboration Effort (HICE), and America's Health Insurance Plans (AHIP).
- Participate in employee inclusion groups (EIG) for veterans, military families, women, LGBTQ community, MOSAIC (multicultural network), and people with disabilities. The EIG's help expand sharing of knowledge and resources.

D. To promote and be champions for diversity of CalViva Health members, providers, and Plan staff. This includes:

- Provide C&L services that support member satisfaction, retention, and growth.
- Provide subject matter expertise and training resources to meet the needs of seniors and persons with disabilities (SPD) and other population groups.
- Increase cultural awareness of Plan staff through trainings, newsletter articles, annual "Heritage / CLAS Month", and other venues.

4.0 HEALTH EQUITY WORK PLAN

The goals and objectives are translated into an annual work plan with specific activities for the year to fulfill its mission of being an industry leader in ensuring health equity for all members and their communities. The work plan objectives and activities reflect the Office of Minority Health's national Culturally and Linguistically Service (CLAS) standards, and directly address various contractual and regulatory requirements. The CLAS standards represent 15 different standards that serve as the foundation for the development of the Health Equity Department strategic plans. CLAS standards are "intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States" (Think Cultural Health).

CLAS Standards ensure that services comply with the Office of Civil Rights Guidelines and Section 1557 of the Affordable Care Act (ACA) for culturally and linguistically

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appropriate access to health care services (Title VI of the Civil Rights Act), which cover three major areas: 1) Culturally Competent Care; 2) Language Access Services; and 3) Organizational Supports. In addition to CLAS, Health Net on behalf of CalViva Health, ensures implementation activities and compliance with National Council on Quality Assurance (NCQA) Health Equity (HE) Accreditation guidelines and multiple requirements from the state and federal government, including 2 CFR section 438.10, Exhibit A, Attachment III, Section 5.2.10 (Access Rights) of our contract with the State of California, and DHCS APL 21-004.

The work plan also supports information-gathering through PNA updates, data analysis, and participation in the CalViva Health Public Policy Committee (PPC). In addition, the Plan interacts with community-based organizations, advocacy groups, community clinics and human service agencies to identify the cultural and linguistic-related concerns of the community.

The work plan is divided into the following areas:

- Operational Areas Subject Matter Experts
- Language Assistance Program
- Health Literacy
- Cultural Competency
- Health Equity, Social Determinants of Health, & Social Needs
- General Compliance Activities

The work plan activities are evaluated twice a year by CalViva Health's QI/UM committee. The work plan activities are also shared as information to CalViva Health's PPC. The mid-year review monitors the progress of each activity and assesses if it is meeting the established objective. The end of year evaluation assesses if the activity has met the objective, its successes, identifies the challenges and barriers encountered and how they were addressed, and is also an assessment for the future direction of health equity and C&L services. This work plan review and approval process assures that a standard of excellence is maintained in the delivery of cultural and linguistic and health equity services. The work plan has more detailed information and activities in these areas.

5.0 SCOPE OF PROGRAMS AND SERVICES

The Plan is committed to ensuring quality care and services that meet the needs of diverse communities within the CalViva Health service area. CalViva Health, in collaboration with the Health Net Community Solutions (HNCS), ensures that all services provided to members are culturally and linguistically appropriate. There are some aspects of language assistance services that are delegated to HNCS with oversight by CalViva Health. The collaboration and coordination between both plans ensure that there is dedicated staff providing overall support and guidance to health equity and C&L program and services.

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5.1 Language Assistance Program

The Plan established and monitors the Language Assistance Program (LAP) for members and providers. The LAP is a comprehensive program that ensures language assistance services are provided for all members and that there are processes in place for training and education of Plan staff and providers. The LAP ensures equal access to quality health care and services for all members. Health Equity provides oversight for LAP operational activities and directly provides LAP services related to member and provider communication.

The LAP and applicable policies and procedures incorporate the fifteen national standards for Culturally and Linguistically Appropriate Services (CLAS) in health care developed by the Office of Minority Health. The mandated standards (4, 5, 6, and 7) provide the basics for language support services for CalViva Health members.

The LAP main elements include:

- **Demographic Data Collection for Members**

The standards for direct collection of members' race, ethnicity, preferred pronouns and name, alternate format, spoken and written language needs consist of informing members of the need to collect information, requesting information from members, capturing the information accurately in the membership databases and monitoring the information collected. Members are informed of the need to collect this information through a variety of methods such as the member newsletter. Providers may request the information collected for lawful purposes.

- **Interpreter Services**

Interpreter services range from ensuring contracted vendors are in place, monitoring the provision of services and annual communication with members and providers on how to access these services. Interpreter services are available in over 150 languages supported by the contracted vendors and bilingual staff. Interpreter services are guided by the Interpreter Services and Assessment of Bilingual Staff policies and procedures and meet the national quality standards for interpreter support. Interpreter services facilitate communication with members with limited English proficiency (LEP) to speak with Plan staff and/or its contracted providers. Bilingual staff and contracted telephone interpreter services vendors are used to assist members with LEP.

Providers and members may request an interpreter 24 hours a day, 7 days a week at no cost. Interpretation services may be delivered either through telephone, face-to-face, video remote interpreting, closed caption services or sign language (SL) depending on the nature of the appointment and need. As a result of COVID-19 changes in patient care delivery, the Plan continues to provide direct access to telephone interpreters for pre-

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scheduled interpreter requests and video remote interpreting services are available on the same day of the appointment. Interpreter services also include oral translation services of print documents upon request from a member, which may be provided by either a bilingual staff or contracted interpreter vendor. Quality standards for contracted interpreter services are incorporated into the vendor scope of work agreements and include demonstrating that the interpreter is versed in health care and medical terminology as demonstrated by a validated test instrument, familiarity with interpreter ethics, and verification process for basic interpreter skills such as sight translation, listening and memory skills, commitment, confidentiality, and punctuality. Interpreter quality standards are fully compliant with the interpreter quality definitions from the federal requirements in Section 1557 of the ACA and with CA SB223, Language Assistance Services.

The Plan also supports provider groups and individual providers' efforts to supply interpreter services for CalViva Health's members with LEP. Providers may call the Provider Services toll free number and request interpreter assistance. Updates on Health Equity and C&L services available are sent regularly to all contracted providers.

▪ Translation Services

Translation services are guided by the Translation of Written Member Informing Materials P&P and are based on industry translation standards. Translation services includes quality standards for translators, a style guide to promote consistent translation quality, a glossary of common terms in each threshold language, provision of materials in Alternate Formats, a review process to prepare English documents for translation, and a process to monitor translations for quality, timely delivery, and accuracy. Translation services ensure that member informing documents are provided in the threshold languages of English, Spanish and Hmong and that a tagline and Non-Discrimination Notice (NDN) are included in member mailing when required. The translation services includes oversight of the use of the Non-Discrimination Notices and taglines with English and translated documents as required by federal rules (Section 1557, 45 CFR 155.205).

- **Alternate Formats** – CalViva Health provides alternate formats of member informing documents to members as required by regulation, law, and upon member request. Alternate formats include but are not limited to Braille, large print, and accessible PDF documents. The quality of the documents and the time to fulfill member requests for these documents are monitored to assure timely access of benefit information to CalViva Health members. The provision of alternate formats is compliant with Section 1557 of the ACA and DHCS All Plan Letters 21-004 and 22-002. This consists of informing members of the need to collect information on their preferred alternate format, requesting the information, capturing the information accurately in the membership databases and monitoring the information collected. For example, if a member states their preferred alternate format is Braille, CalViva Health will provide all required member information material to this member in this format moving forward.

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- **Oversight of Contracted Specialty Plans and Health Care Service Vendors**

The Health Equity Department is responsible for monitoring its Language Assistance Program (LAP), including plan partners, specialty plans and delegated health care service vendors, and to make modifications as necessary to ensure full compliance. Monitoring includes assurance that all language assistance regulations are adhered to for members at all points of contact.

- **Staff Training on LAP**

All Plan staff who have direct routine contact with members with LEP and whose duties may include elements of CalViva Health's language services must be trained on the LAP and on the P&Ps specific to their duties. Training is conducted annually and is done either live, and/or on-demand online learning.

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- **Monitoring for LAP Quality**

The quality of the LAP is assured through quarterly monitoring of the utilization of language services such as interpreter requests by language, telephone interpreter utilization by language, and the number of members requested translations. All translation vendors are provided with a translation and alternate format style guide and a glossary of preferred terms in each of the threshold languages. The quality of Spanish, Hmong, Armenian, Chinese, and Arabic translations are additionally monitored by reviewing translated documents. Quality of translations and interpreters is monitored through quarterly review of linguistic grievances and member complaints that are related to language.

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The Health Equity Department also oversees and monitors the delegation of LAP services with our specialty plans and ancillary vendors. The Health Equity Department in collaboration with other departments ensures LAP services are available to all members at all points of contact and that the specialty plans and ancillary vendors have processes in place to adhere to the regulations. To assure that all language assistance regulations are adhered to members at all points of contact, Health Equity requests/obtains a semi-annual report from each specialty plan or health care service vendor. The Health Equity Department provides consultation services to these plans and vendors as necessary.

- **Communication for LAP**

The Plan has implemented processes to assure routine member and provider communication promoting the LAP. The Plan advises members annually of no-cost language services (inclusive of interpreter and translation support) that are available to them. Methods of member communication are inclusive of PPCs, community-based organizations, member service representatives and/or other Plan staff, member newsletters, call center scripts, and provider relations representatives.

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Providers receive an annual reminder of the language assistance services that are available to them in support of CalViva Health members which includes how to access the LAP at no cost to members. Methods for communication are inclusive of the online Provider Operations Manual, Provider Updates, Operational Toolkits (including the Rainbow Guide), mailings, in-person visits, and/or trainings/in-services.

5.2 Cultural Competency Training Program

CalViva Health integrates culturally competent best practices through provider and Plan staff in-services, training, education, and consultation. The training program offers topic specific education and consultation as needed by Plan staff and contracted providers. The cultural competency training program covers non-discrimination based on sex, race, color, national origin, ethnic group identification, ancestry, religion, language, age, gender, gender identity, marital status, sexual orientation, medical condition, genetic information, mental disability or physical disability.

▪ Services in Support of Staff

Cultural Competency trainings and services for staff are designed to help support staff in meeting our diverse members' needs in a culturally sensitive, empathic and efficacious manner. Support services focus on resources, such as, trainings, in-services, scripts, and language access services available through SharePoint, on demand trainings and by request.

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▪ Cultural Competency Training for staff

Support for staff includes workshops, training, in-service, and cultural awareness events. Training and education on C&L services and/or cultural competency is provided on ongoing basis to Member Services, Provider Engagement, Health Education, Quality Improvement department staff, etc. The goal of these is to provide information to staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP, C&L resources, and member diversity.

Annually, the Plan hosts a Best in CLAS Month event for Plan staff as the main cultural competency training activity. Staff engages in training, interactive learning and events related to cultural competency. CLAS Month events also highlight current and emerging needs of our members across populations most impacted by health inequities as well as special health care needs populations. Cultural competency training courses include content on access to care needs for all members regardless of their gender, sexual orientation or gender identity. The event demonstrates CalViva Health's commitment to being a culturally competent organization by providing a forum for Plan staff to learn about diverse cultures, which increases their understanding of the diverse cultures represented in CalViva Health's membership. This understanding also serves to build sensitivities that promote a non-discrimination environment.

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▪ Cultural and Linguistic Consulting Services

Each Health Equity staff member has a cultural subject matter area of expertise that includes: cultural issues that impact seniors and persons with disabilities, cultural issues that impede health care access for Lesbian, Gay, Bisexual & Transgender (LGBT+) populations, cultural disconnects that may result in perceived discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, health status, and the cultural issues that impede accessing health care services for recent arrivals to the United States. Health Equity staff also offers specialized consultation on many other areas including:

- Case managers to assist in building trust with patients who are recently arrived immigrants and refugees
- Quality improvement coordinators to help identify cultural issues and strategies to help improve preventative access to care
- Grievance coordinators and provider relations representatives to address perceived discriminations including but not limited to those due to members' gender, sexual orientation or gender identity
- Care coordinators trying to obtain medical information for patients hospitalized outside of the U.S.

▪ Cultural Competency Education for Providers

The Plan supports contracted providers in their efforts to provide culturally responsive and linguistically appropriate care to members. The services that are offered to contracted providers are intended to:

- Encourage cultural responsiveness and awareness
- Provide strategies that can easily be implemented into a clinical practice
- Foster improved communication and health outcome for patients from diverse cultural and ethnic backgrounds, with limited English proficiency, disabilities, regardless of their gender, sexual orientation or gender identity
- Foster non-discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, or language.

Trainings for providers and their office staff include the following:

- Advancing Health Equity: Cultural Humility, Diversity and Equity in Healthcare
- Language Assistance Program/Services and Health Literacy
- Gender Inclusive/Affirming Care
- Community Connect Program- Social Needs Support
- By request trainings on specialty topics

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To identify the cultural needs of providers, the Plan collects information from providers using a variety of methods, including the annual provider survey conducted by the Quality Improvement Department.

Cultural competency services are also promoted to providers through the provider website, the HICE provider toolkit, "Better Communication - Better Care" and tailored cultural competency workshops. Many topic areas for presentations on cultural aspects of health care, and provider group in-services on interpreter services, cultural and linguistic requirements and working with Specialty Healthcare Needs populations are available to providers upon request. Cultural Competency training for providers is documented in the provider directory.

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Additionally, the Plan has developed materials for use in provider offices that specifically address cultural background and clinical issues. CalViva Health recognizes that diverse backgrounds include culture, ethnicity, religion, age, residential area, disability, gender, sexual orientation and gender identity. Because diversity is complex and an important component for individuals as they access and utilize services, emphasis is placed on developing materials that are researched and field-tested to assure quality and cultural appropriateness. Providers may access the materials by calling the Health Equity Department toll free number during business hours at (800) 977-6750 or emailing their inbox Cultural.and.Linguistic.Services@health.com.

▪ Collaborations

Representatives of the Plan have been an active participant and co-chair/lead on the Health Industry Collaboration Efforts (HICE). Participation on this collaboration has provided the Plan with suggestions to implement new cultural or linguistic legislation. It has also provided a forum to discuss language assistance program challenges faced by providers and other health plans that result in a more consistent experience for members with LEP.

5.3 Health Literacy

The Plan continues to make strides in the promotion of health literacy through the implementation of the health literacy initiative *Clear and Simple*. The Initiative offers: a) Plain Language on-line training b) Plain Language tip sheets, c) Support in development of documents at appropriate grade level, d) Access to plain language readability software, e) Readability software training, f) Cultural Competency and Plain Language checklists for materials production, g) A database that streamlines the English Material Review process, h) Participation in National Health Literacy Month, and i) Provider training on motivational interviewing/reflective listening and plain language resources.

▪ Plain Language 101 Training

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The available training provides Plan staff with a basic understanding of health literacy and its impact on health care access. For example, trainings cover useful tips on how to write in plain language such as avoiding jargon, using simple words, and giving examples to explain difficult concepts. This ensures that communications available to members are clear and easy to understand.

▪ Readability Software and Training

In an effort to sustain the Clear and Simple initiative, the Readability software was made available to staff developing member informing materials. The software supports staff in editing written materials so that they are easily understandable for members. Staff that produces written materials for members are required to utilize readability studio, edit their documents and provide the grade level analysis to the Health Equity Department prior to a request for English Material Review.

The Health Equity Department has developed and implemented Readability Studio training so that staff have the support to effectively navigate the software and produce member materials developed following the plain language guiding principles. The training is delivered utilizing adult learning theory and provides hands-on experiential learning in operating the software and editing written materials to a 6th grade reading level.

▪ Clear and Simple Guide

The Health Equity Department produces a Plain Language Guide that provides 15 tips for staff to follow when preparing member materials and as well as a document checklist to confirm plain language standards were applied. The guide is provided during training and is also available online.

Health Literacy Toolkit: The Health Equity Department produces a Health Literacy Toolkit that consists of

- Clear and Simple Plain Language Guide
- Readability Studio Tips and Tricks
- Content and Layout Review Checklists
- Health Equity Review Grid
- Many other resources

The guide is provided during training and is available on the Health Literacy SharePoint site.

▪ English Materials Review (EMRs)

The Health Equity Department conducts English material reviews through the EMR database. EMRs are conducted on all member informing materials to ensure that the information received by members is culturally and linguistically appropriate. Readability levels are assessed on the original document and revised accordingly to ensure they

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April 11, 2025

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comply with required readability levels mandated by regulatory agencies. The review process ensures that document layouts are clean, easy-to-read, well organized, and that images are appropriate and culturally relevant and prepares documents to be ready to be translated, when indicated. Cultural competency and plain language checklists are required to be submitted with all EMR requests.

▪ National Health Literacy Month

National Health Literacy Month is promoted internally by Plan staff every October and offers an opportunity for staff to participate in various contests to exemplify how they are using the Clear and Simple principles in their everyday work.

5.4 Health Equity

CalViva Health is committed to supporting the health of our members and promoting the reduction of health disparities across our membership. In order to accomplish this, Plan staff collaborates across departments and with external partners in order to analyze, design, implement and evaluate healthy disparity interventions.

▪ Health Equity Interventions

Health Equity Projects: This involves the development and implementation of an action plan to reduce health disparities. Plan staff look systematically and deliberately at the alignment of resources and development of strategies to reduce targeted health disparities. The interventions are aligned with DHCS [Performance Improvement Project \(PIP\)](#) requirements. Disparity reduction efforts are implemented through a model that integrates collaboration across departments, e.g., Quality Improvement, Provider Engagement, Cultural and Linguistics, Health Education, Medical Directors, and Public Programs. The model utilizes a multidimensional approach to improving quality and delivery of care inclusive of community outreach and media, provider interventions and [member](#) level initiatives. The following highlights the core components of the disparity reduction model:

- [Assessment](#) inclusive of [member data analysis and member, community, and provider barrier analyses](#). These include key informant interviews, literature reviews, [and focus groups](#).
- Development of community and internal advisory groups
- Budget development
- Implementation of efforts are targeted at 3 core levels:
 1. [Community](#): [Partnerships](#) are formed to identify existing initiatives and leverage support of community feedback to design and implement interventions.
 2. [Provider](#): [Interventions](#) targeting high volume, low performing groups and providers who have disparate outcomes.

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3. **Member:** Internal programs to improve disparities in identification, engagement and outcomes in Case Management and Disease Management.

- Evaluation and improvement of health disparity reduction efforts.
- Social needs and social risks all play into determining appropriate partners, selecting, engaging, and taking initiatives with partners.

Consultation: Plan staff collaborates across departments to provide consultative services for cultural competency and linguistic perspectives in order to improve health disparities. Examples of consultations include partnership on QI intervention development and support of care management programs.

▪ Collaborations

CBO's: To support the reduction of health disparities, Plan staff interact with community-based organizations (CBOs) to identify C&L related concerns, obtain feedback on health equity and C&L service needs of the community and promote C&L services to community members.

5.5 Public Policy Committee (PPC)

CalViva Health maintains a Public Policy Committee, as one way for members to participate in establishing the public policy of the plan, to obtain feedback and guidance in the delivery of culturally and linguistically appropriate health care, and to establish and maintain community linkages. "Public policy" means acts performed by the Plan or its employees and staff to assure the comfort, dignity and convenience of members who rely on the Plan's facilities to provide health care services to them, their families, and the public.

The Public Policy Committee meets four times a year. The PPC empowers members to ensure the Plan is actively driving interventions and solutions to build more equitable care by:

- Obtaining local level feedback, insights and perspectives to inform and address our quality and health equity strategy. .
- Providing the Plan with the community's perspective on health equity and disparities, population health, children's services, and relevant plan operations and programs.
- Informing the Plan's cultural and linguistic services program.
- Identifying and advocating for preventive care practices.
- Gathering feedback, develop, and update cultural and linguistic policy and procedure decisions including those related to Quality Improvement (QI), education, and operational and cultural competency issues affecting groups who speak a primary language other than English.

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- Advising on necessary Member or Provider targeted services, programs, and training.
 - Making recommendations to the Plan regarding the cultural appropriateness of communications, partnerships, program design and services.
 - Reviewing Population Needs Assessment (PNA) results, discuss and provide input into opportunities to improve performance with an emphasis on Health Equity and Social Drivers of Health.
 - Providing input on the selection of targeted health education, cultural and linguistic, and QI strategies.
 - Ensuring findings, recommendations and actions to/from the QI/UM Committee and Public Policy Committee (PPC) connect to holistic decisions and programming.
 - Recommending strategies to effectively engage members, including but not limited to consumer listening sessions, focus groups, and/or surveys.
 - Reviewing and approving meeting minutes from previous sessions.
 - Providing input and advice, including, but not limited to, the following:
 - a. Culturally appropriate service or program design;
 - b. Priorities for health education and outreach program;
 - c. Member satisfaction survey results;
 - d. Findings of the Populations Needs Assessment (PNA);
 - e. Plan marketing materials and campaigns.
 - f. Communication of needs for Network development and assessment;
 - g. Community resources and information;
 - h. Population Health Management;
 - i. Quality;
 - j. Health Delivery Systems Reforms to improve health outcomes;
 - k. Carved Out Services;
 - l. Coordination of Care; and
 - m. Health Equity;
 - n. Accessibility of Services

The Plan will ensure that PPC meetings are accessible to PPC members and that PPC feedback is meaningfully incorporated in Plan's operations and governance. Information provided by the PPC members is included in the development of Health Equity Department materials, health education materials and programs and Quality Improvement Projects. They provide critical feedback for Health Net to understand that perception, experience, and satisfaction of services.

The Committee includes a culturally diverse group including CalViva Health members, member advocates (supporters), Commissioner of CalViva Health's governing board, the Fresno-Kings-Madera Regional Health Authority (RHA) Commission, and health care providers.

The PPC consist of no less than seven (7) members, who are appointed as follow:

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- One member of the RHA Commission who serve as Chairperson of the PPC;
 - One member who is a provider of health care services under contract with the Plan; and
 - All others are Plan members (who collectively must make-up at least 51% of the committee membership) entitled to health care services from the Plan. PPC Plan members comprised of the following:
 - Two (2) from Fresno County
 - One (1) from Kings County
 - One (1) from Madera County
 - One (1) At-Large from either Fresno, Kings, or Madera Counties
 - Two (2) Community Based Organizations (CBO) representatives appointed as alternate PPC members to attend and participate in meetings of the Committee in the event of a vacancy or absence of any of the members appointed above.
 - The alternates represent different Community Based Organizations (CBO) that serve Fresno, Kings, and/or Madera Counties and provide community service or support services to members entitled to health care services from the Plan.
 - Two (2) alternates from the same CBO not be appointed to serve concurrent terms.
 - The Plan members and CBO representatives are persons who are not employees of the Plan, providers of health care services, subcontractors to the Plan or contract brokers, or persons financially interested in the Plan.

In selecting the members and/or CBO representatives of the PPC, the RHA selection committee make a good faith effort to ensure the PPC reflects the general Medi-Cal population in the Plan's service area (i.e., Fresno, Kings and Madera counties). Consideration is given to Seniors and Persons with Disabilities (SPD), persons with chronic conditions (such as asthma, diabetes, congestive heart failure), and those with Limited English Proficient (LEP). To ensure at least 5% of the committee members represent a culturally diverse group of community members, consumers, and individuals, additional factors to be considered are race, ethnicity, sexual orientation, gender identity, SDoH, demography, occupation, and geography. Any such selection of a Plan member or a CBO representative are conducted on a fair and reasonable basis.

6.0 OVERSIGHT AND MONITORING

CalViva Health and HNCS collaborate to ensure that CalViva Health members receive consistent, high quality health equity and C&L services. The collaboration also forms a unity among the plans that permits a uniform message to be delivered to contracted providers and members. This collaboration is an avenue that increases services for the community and increases the impact that Health Equity programs can make. The following processes are in place to ensure ongoing CalViva Health oversight of the Health Equity programs and services delegated to HNCS and the internal monitoring conducted by HNCS.

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6.1 CalViva Health Monitoring and Evaluation

CalViva Health receives, reviews, and if necessary, approves numerous key reports in a calendar year. More information about the RHA Commission and structure is in Appendix 1.

The RHA Commission and QI/UM Committee reviews progress on Health Equity activities and initiatives at least annually. Committee responsibilities include:

- Review and approve the annual Health Equity documents:
 - Program Description
 - Work Plan
 - Work Plan Evaluations (Mid-Year and End of Year)
 - Health Equity End of Year Report
- Provide feedback and approval for program outcomes.
- Review program goals and semi-annual progress.
- Receive/review/analyze status reports from core areas
- Submit reports to the governing body (Board of Directors)
- Health Equity Oversight, including:
 - Monitors, approves, supports, and evaluates the activities for this program, and makes recommendations for improvement.
 - Conducts an annual evaluation of the effectiveness of the language assistance services offered to support members with limited English proficiency and to mitigate potential cultural or linguistic barriers to accessing care in compliance with requirements from the Department of Health Care Services (DHCS).

CalViva Health ensures C&L services, programs, and activities are meeting the required regulatory and compliance requirements through the following methods:

▪ Member and Provider Communications Review

CalViva Health reviews and approves all member materials before distribution to CalViva Health Members. The review process includes but is not limited to ensuring member materials have been approved by HNCS as culturally appropriate and the appropriate reading level. In addition, CalViva Health reviews and approves Health Equity provider communications prior to release to contracted providers.

▪ Reports

CalViva Health reviews and approves key Health Equity reports produced by HNCS including, but not limited to the LAP utilization report, annual work plan and program description, PNA, Geo Access Report, and mid-year/annual evaluations. The reports are

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reviewed, discussed, and if necessary approved by CalViva Health's Quality Improvement (QI) workgroup, QI/UM Committee, Access workgroup and the RHA Commission. In addition, reports are also shared as information to CalViva Health's Public Policy Committee.

▪ Audits

CalViva Health conducts an oversight audit of health equity and C&L activities delegated to HNCS. The main elements covered in the audit include but not limited to: C&L/language assistance policies and procedures, assessing the member population, language assistance services, staff training, provider contracts, training and language assistance program, and evaluation and monitoring. The results of the audit are shared with HNCS, the QI/UM Committee, and the RHA Commission.

6.2 HNCS Health Equity Department Internal Monitoring and Evaluation

The Health Equity Department produces numerous key reports in a calendar year. The reports are an integral part of the regulatory and compliance requirements and are used to help identify areas where modifications and corrective measures may be needed. The key reports include but are not limited to the following:

▪ Language Assistance Program Utilization Report

The Health Equity Department summarizes the Language Assistance Program (LAP) utilization data on a monthly and quarterly basis. The monthly LAP utilization report summarizes the non-English call volume to the member service call center, interpreter vendor (telephone, face-to-face, ASL) call volume per language, and requests for oral and written translations from member service representatives. Language call volume and identified language preferences are tracked to identify developing trends and possible future member language needs. Health Equity Department produces a LAP report biannually that summarizes LAP data and assesses utilization and usage trends. The end of the year LAP Utilization report compares current usage by language and type of request to previous year's data to allow the Plan to project future language trends. Any notable trends will be reported to the Plans' QI/UM Committee.

▪ Population Needs Assessment

The Community Health Education and Health Equity Departments conduct a Population Needs Assessment (PNA) every three years to improve health care outcomes for members. The PNA is conducted through an analysis of CAHPs survey data and follows the DHCS guidance provided in APL 19-011. CalViva's Public Policy Committee members will provide input to the PNA and review the PNA results.

The results of the PNA are used to identify Health Equity program strategies to improve health outcomes and to reduce health disparities. The Health Equity work plan is

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adjusted biannually to include all strategies that have been identified to improve health outcomes and reduce health disparities for members. The Health Equity work plan serves as the PNA action plan that is submitted to DHCS every 3 years.

▪ Geo Access Report

The Health Equity Department prepares a report to identify the need for linguistic services using a spatial analysis software program. The purpose of the Geo Access report is to understand if members have access to provider locations where either the provider or office staff speak the preferred language. This analysis is conducted for both PCP offices and Specialist offices. The locations of members and providers are compared across language preference. Using predetermined time and distance parameters, the software measures the time and distance for each member to each provider office by language and by county. Time and distance standards vary by type of place: urban, suburban, and rural. The language capabilities of the provider network are compared to the language needs of CalViva Health members. The availability of linguistic services by contracted providers for members with LEP is analyzed and recommendations made for provider network development. The Geo Access report is produced by the Health Equity Department every two years for review and comment, and submitted to the QI/UM Committee.

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▪ Data Collection

The Health Equity Department monitors the demographic composition of members for each CalViva Health county. Demographic information is used to assess the language needs of members; to identify possible cultural and socio-economic background barriers to accessing health care; and to understand the range of diversity within the communities that CalViva Health serves. Collected and analyzed on a regular basis, data is based on existing member language needs, race and ethnicity. The Health Equity Department holds the list of all races, ethnicity and language codes and categories used by all data systems. Health Equity collaborates with IT to assure that all new databases and modified databases can share member race, ethnicity, and language information.

Member individual-level data is collected either directly or indirectly by multiple sources.. Protected electronic data system databases enable collected member race, ethnicity, sexual orientation, gender identity, preferred pronouns, and social needs data to be received, stored, and retrieved. When collecting data directly from patients or members, a direct data collection framework that includes when data will be collected, where data will be collected, how and by whom data will be collected, and what questions will be used to collect data as well as response options that include option to “decline” or “choose not to answer”.

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The Health Equity Department also maintains a log of all cultural or linguistic related grievances received. The logs for culture or language-related grievances and complaints are analyzed to determine if members' cultural and communication needs are being met

and/or addressed by contracted providers. Information from the Appeals and Grievances Department, in conjunction with information from the community demographic profile, help to identify cultural and/or linguistic issues that may act as barriers to accessing health care. Should a communication need be identified, the Health Equity Department develops a provider or member education intervention or program to meet that need.

7.0 SUMMARY

CalViva Health, in collaboration with Health Net Community Solutions (HNCS), is committed to improving health outcomes by providing cultural and linguistic services and programs that facilitate effective communication between a diverse membership, diverse provider networks, and CalViva Health and HNCS. CalViva Health's goals and objectives are based on providing support, maintaining compliance, and creating cultural awareness through education, consultation, and support. In addition, the programs and services encompass how we communicate to our members and contracted providers about the health equity and C&L program and services available.

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STAFF RESOURCES AND ACCOUNTABILITY

1. CalViva Health Committees

A. Governing Body/RHA Commission

The RHA Commission is the governing body with ultimate authority and responsibility for the oversight of CalViva Health.

B. QI/UM Committee

The QI/UM Committee monitors the quality and safety of care and services rendered to CalViva Health members. This Committee identifies opportunities for improvement, recommends policy decisions, evaluates the results of activities, institutes needed actions, and ensures follow up as appropriate. The Health Equity program description, work plan, language assistance utilization report and end of year reports are all submitted to the CalViva Health QI/UM committee for review and approval. The QI/UM committee provides regular reports to the RHA Commission.

C. Public Policy Committee (PPC)

The Public Policy Committee includes CalViva Health members, member advocates (supporters), an RHA Commissioner, and a health care provider. Committee responsibilities include obtaining feedback and guidance in the delivery of culturally and linguistically appropriate health care services and establishing and maintaining community linkages. The Health Equity program description, work plan, language assistance utilization report and end of year reports are shared as information to the Public Policy Committee. The Public Policy Committee provides regular reports to the QI/UM Committee and the RHA Commission.

2. CalViva Health Staff Roles and Responsibilities

A. Chief Medical Officer

CalViva Health's Chief Medical Officer's responsibilities include assuring that CalViva Health's programs are compatible and interface appropriately with the provider network and the overall scope of CalViva Health's QI program. A medical management team is under the direction of the Chief Medical Officer.

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B. Chief Compliance Officer

CalViva Health's Chief Compliance Officer's responsibilities include assuring that CalViva Health's programs are in compliance with the DHCS contract, regulatory standards and reporting requirements. A compliance team is under the direction of the Chief Compliance Officer.

C. Equity Officer

CalViva Health's Equity Officer's responsibilities include assuring that CalViva Health's programs prioritize and address Health Equity where possible and also carrying out the strategic work of Equity throughout the organization. The Equity Officer will provide leadership on equity, diversity, and inclusion issues affecting the organization. The Equity Officer will also work collaboratively with the Chief Medical Officer to achieve the goal of equitable access and to reduce disparities in clinical care and quality outcomes. The Equity Officer will also engage and collaborate with internal and/or external stakeholders to advance Health Equity efforts and initiatives.

3. HNCS Health Equity Department Staff Roles and Responsibilities

The Health Equity Department is unique in its cross-functional support structure. The Department's function is to fulfill all cultural and linguistic contractual and regulatory requirements and serve as a resource and support for all health equity and C&L services. The Health Equity Department is staffed by the Director of Program Accreditation, a Manager of Health Equity Department, a Program Manager III, five Senior Health Equity Specialists, one Health Equity Specialist, a Project Coordinator II, and one supplemental staff.

A. HNCS Leadership Team

HNCS is a subsidiary of Health Net LLC. Through a dedicated and qualified staff, important cultural and linguistic services are developed and coordinated within the CalViva Health service area by HNCS. HNCS, as a subsidiary of Health Net LLC., continues to maintain their internal reporting responsibilities (e.g. Chief Executive Officer (CEO), Vice Presidents, Officers, Directors, etc.) however, activities conducted within the CalViva Health service area are subject to oversight by CalViva Health's staff and respective committees.

The Chief Health Equity Officer, under the Chief Medical Officer, is responsible for providing leadership in Health Equity efforts across the organization. Under the Chief Health Equity Officer, the Health Equity Department contributes to planning program structure for Health Net. The Chief Health Equity Officer ensures the plan's health equity structure is aligned with Corporate and other state plans, as appropriate.

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A. Fresno-Kings-Madera Regional Health Authority Commission Approval

The Fresno-Kings-Madera Regional Health Authority Commission has reviewed and approved this Program Description

David Hodge, MD
Regional Health Authority Commission Chairperson

Date

Patrick Marabella, MD, Chief Medical Officer
Chair, CalViva Health QI/UM Committee

Date

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Item #11

Attachment 11.C

Health Equity Work Plan

2025 Executive Summary
and work Plan Summary



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Pao Houa Lee, MBA, Senior Health Equity Specialist
Sia Xiong-Lopez, MA, Equity Officer

COMMITTEE DATE: May 15, 2025

SUBJECT: Health Equity 2025 Work Plan – CalViva Health Executive Summary

Purpose of Activity:

Present CalViva Health's Health Equity Work Plan for 2025, to obtain the committee's approval, and evaluate the progress against services to meet the end of the year goals.

Summary:

The Health Equity Work Plan 2025 supports and maintains excellence in Health Equity and C&L Services through the following strategies: provide oversight of Language Assistance Program (LAP), integration and expansion of targeted health disparity efforts, health literacy and plain language standards, supporting CalViva Health in being a culturally competent Health Plan, expanding on consulting services, and maintaining compliance with regulatory, accreditation, and contractual requirements.

The 2025 Work Plan is consistent with the 2024 Work Plan while incorporating and enhancing the following activities:

1. Expanded on audit and included additional details regarding reviews and support (Row #3).
2. Expanded on activities regarding language vendors (Row #4).
3. Detailed the use of language and demographic collection (Row #5).
4. Added a new activity to include an annual review of emerging and threshold languages (Row #6).
5. Elaborated on member's alternate format standing request report (Row #8).
6. Expanded on members' newsletter to detail what it entails (Row #11).
7. Changed PNA responsibilities from writing parts of the PNA report to supplying data for the Population Health Management (PHM) to complete the PNA report (Row #17).
8. Added action plans to address PNA and Geo Access report findings (Row #18).
9. Included new responsibility encompassing consultation on reasonable accommodation requests (Row #19).
10. Expanded on roles and responsibilities for Access Workgroup meetings (Row #23).
11. Included participation in CAHPS Action Plan meetings to improve member experience (Row #27).
12. Added new responsibility encompassing oversight of Health Education's material field testing (Row #30).

13. Added oversight of translation coordination for other departments (Row #31).
14. Build on how to use the grievance trend analysis to include evaluation of LAP program and its effectiveness (Row #35).
15. Expanded on findhelp/Community Connect activities to include additional marketing efforts (Row #40) and trainings of Cozeva integration (Row #42).
16. Added ongoing meetings with findhelp to improve Community Connect services (Row #41).
17. Included additional workgroup responsibilities and participations (Row #43).
18. Expanded on support for A&G on C&L grievances (Row #46).
19. Updated call center training oversight (Row #47).
20. Elaborated on provider communication to include types of topics to make available to providers (Row #49).
21. Added new Health Literacy Toolkit that will be made available to staff and providers (Row #54).
22. Added list of providers trainings (Row #62).
23. Included NCQA Accreditation support and reports to provide for accreditation (Rows #64 and #65).
24. Expanded on disparity projects support and deliverables (Rows #69-72).
25. Added disparity report detailing projects to be provided annually (Row #75).
26. Added new activities to be completed by Health Equity Officer (Rows #77-81).

Next Steps:

Once approved, implement and adhere to the Health Equity Work Plan 2025, and report to the QI/UM Committee.



2025 Health Equity Work Plan

Submitted by:

Patrick Marabella, MD, Chief Medical Officer

Amy Schneider, RN, BSN, Senior Director Medical Management

Mission:

CalViva Health's Health Equity mission is to be an industry leader in ensuring health equity for all members and their communities.

Goals:

CalViva Health's Health Equity goals are based on providing support, maintaining compliance, and creating cultural awareness through education and consultation. These goals support the overall goal of promoting cultural responsiveness between Plan staff, members, and contracted providers. The goals are equally important and reinforce each other to fulfill the mission:

1. To ensure meaningful access and positive health outcomes through the provision of culturally and linguistically responsive services to members and providers.
2. To promote for members and potential enrollees to be active participants in their own health and health care through clear and effective communication.
3. To advance and sustain cultural and linguistic innovations.

Objectives:

To meet these goals, the following objectives have been developed:

- A. To ensure compliance with applicable Medi-Cal contractual requirements, state and federal regulations and other requirements of the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC).
- B. To ensure staff and providers have C&L resources available to provide culturally competent services to CalViva Health members.
- C. To be champions of cultural and linguistic services in the communities CalViva Health serves.
- D. To promote and be champions for diversity of CalViva Health members, providers and Plan staff.

Selection of the Cultural and Linguistics Activities and Projects:

The Cultural and Linguistics Work Plan activities and projects are selected based on the results from the CalViva 2022 Population Needs Assessment Report (PNA) (i.e., demographics, health status, risk factors, and surveys), regulatory requirements, department evaluation report from the previous year, HEDIS results, contractual requirements, and strategic corporate goals and objectives. After review and input from senior management staff, projects and new departmental activities are identified and incorporated into this work plan. Programs and services are developed with special attention to the cultural and linguistic needs of our membership. This work plan addresses the needs of our Medi-Cal (MC) members.

Strategies:

The Health Equity Work Plan supports and maintains excellence in the cultural and linguistics activities through the following strategies:

- A. Goals and objectives are translated into an annual work plan with specific activities for the year to fulfill its mission of being an industry leader in ensuring health equity for all members and their communities;
- B. Work plan objectives and activities reflect the Office of Minority Health's national Culturally and Linguistically Service (CLAS) standards, and directly address various contractual and regulatory requirements;
- C. Support information-gathering and addressing needs through Population Needs Assessment (PNA), data analysis, and participation in the CalViva Health Public Policy Committee (PPC);
- D. Interacting with community-based organizations, advocacy groups, community clinics and human service agencies to identify the cultural and linguistic-related concerns of the community.

The Health Equity Work plan is divided into the following areas in support of the Principal CLAS Standard (To provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs): 1) Language Assistance Program Activities, 2) Compliance Monitoring, 3) Communication, Training and Education and 4) Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity.

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	Main Area and Sub-Area	Activity	Measurable Objective	Due Dates	Mid-Year Update (1/1/24 - 6/30/24)	Year-End Update (7/1/24 - 12/31/24)
	Language Assistance Program Activities					
1	Rationale	The LAP and applicable policies and procedures incorporate the fifteen national standards for Culturally and Linguistically Appropriate Services (CLAS) in health care developed by the Office of Minority Health. Standards 5, 6, 7 & 8 provide the basics for language support services for CalViva Health members. ¹				
2	Responsible Staff:	Primary: P. Lee, I. Diaz	Secondary: D. Fang, L. Espinoza			
3	Audit	Assure Health Equity/C&L audit readiness to support DMHC and DHCS Language Assistance Program (LAP) audit standards	Coordinate LAP audit requirements to include: review of TAG to identify risk areas, collecting requested documentation, submitting documents to regulator as requested, preparing all supporting documents for on-site visit by regulator, fill out DHCS C&L questionnaire Conduct internal audit to ensure compliance with Medi-Cal and LAP requirements (ensure systems are capturing provider and office language capabilities per SB137 for HN)	Vary by year		
4	Contracted Vendors	Conduct language assistance vendor management oversight. Review and update vendor contracts to ensure alignment with requirements; participate in vendor oversight calls; align and submit reports as needed. Ensure risk assessments are completed, annually.	Number of vendor contracts updated or amended; date of JOC meetings; number of risk assessment completed	Ongoing		
5	Data	Collect and conduct analysis of language utilization and demographic data to identify emerging language needs and threshold languages.	Updated LAP utilization report to contain: monthly summary of bilingual phone calls answered by call center, in-person and telephonic interpreter utilization log. Production of report showing emerging language need and threshold languages.	Semi-annual		

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* ^ ^ ^ ^	6	Operational	Document emerging and threshold language for fiscal year and deploy process and timeline for incorporation of languages into member materials. Specifically identify whether new languages meet threshold criteria and write on document that threshold analysis was completed.	Documentation of notification to impacted departments; documented process and timeline for incorporation of emerging and threshold languages	March		
	7	Data	Conduct membership data pulls. Facilitate alignment and collection of demographic data. Coordinate race/ethnicity/language membership data and document.	Validated membership reports. Coordinate 5579 report and review monthly membership data pulls.	Monthly		
	8	Operational	Gather and upload reports to the Member Preferred Written Format SharePoint site. Upload files to Unified Member View (UMV) through the PREFAPI Wrapper Tool.	Weekly reports posted on SharePoint site. Monthly upload to UMV.	Weekly		
	9	Compliance	Monitor provider bilingual staff; ensure systems are capturing provider and office language capabilities	Annual provider communication and monitoring grievances, review of provider Ops manual	Ongoing		
	10	Regulatory	Update and provide taglines and Non-Discrimination Notice (NDN) insert in support of departments and vendors that produce member informing materials.	Annual review and update as needed and distribute updated documents to all necessary departments, maintain tagline and NDN decision guides, answer ad-hoc questions on the use and content, assure most recent documents are available on Health Equity SharePoint. Also maintain inventory and organization of public and working files.	June and December		
	11	Member Communication	Write/review articles for LAP, Findhelp, Privacy, and other content as needed to assure Cultural and Linguistic appropriateness and to meet NCQA HEA Plus requirements for members' newsletter Annual LAP mailing to survey REAL and SOGI.	The member newsletters are mailed to members once a year for each LOB.	Annual		
	12	Operational	Ensure bilingual staff maintain bilingual certification; generate reporting and support to departments to identify staff who need bilingual certification updated	Number of staff certified or recertified annually	Annual		

^	13	Operational	Complete LAP Trend Analysis, including year over year LAP trend analysis	Report to summarize utilization of LAP services, number of bilingual staff and provide year over year trends for the utilization of LAP services	Q2 & Q3		
	14	Operational	Coordinate Health Net LAP Oversight operational meetings with Centralized Unit and Behavioral Health.	Quarterly meetings and review of metrics, interpreter and translation issues, grievances discussion, billing and invoice changes and system upgrades	Quarterly		
	15	Operational	Request interpreter service complaint/exempt grievance logs from call center and conduct trend analysis. Provide complaint information to impacted area for resolution, e.g., vendor, internal process.	Monitor interpreter service vendors through service complaints.	Biannual (trend)		
^	16	Operational	Coordinate and facilitate quarterly Health Equity Department/LAP meetings to review requirements and department procedures for language and health literacy services	Minutes of meetings	Quarterly		
	17	Operational	Support Population Health Management (PHM) with completing the PNA report every three years in collaboration with Local Health Departments (LHD) and community stakeholders. Support PNA data collection and report writing as well as action plan update. Provide Population Analysis Report with demographic and social needs data for presentation by PHM.	PNA report/updates completed according to DHCS requirements. Submit to compliance for filling. Data provided to PHM. Next PNA Report is in 2025.	May		
*	18	Access and Availability	Implement activities to meet the 2025 PNA and Geo Access action plans.	Report on PNA and Geo Access action plan activities and metrics	May		
*	19	Member Experience	Provide consultation and support on reasonable accommodation requests.	Number of reasonable accommodation requests supported	Ongoing		
^	20	Operational	Develop, update and maintain translation, alternate formats, interpreter services, bilingual assessment, and all Health Equity policies and procedures (P&Ps)	Annual update of P&Ps and off cycle revisions as needed and submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health Health Equity P&Ps	Annual and as needed		
	21	Operational	Collect and review LAP P&Ps from other departments to assure compliance with use of tagline, NDN, translation process and interpreter coordination	P&Ps will be reviewed and placed in Health Equity LAP compliance folder	Annual		

^	22	Operational	Complete Health Equity Geo Access report including cultural analysis to meet NCQA requirements. To be completed every two years	Data collection and data analysis for Health Equity GeoAccess report.	Q3 2025		
	23	Operational	Attend workgroup meetings and contribute to solutions for improving Access and Availability, produce annual or quarterly (as needed) and annual TAR reports	Annual TAR report completed and Access and Availability meetings attended	Quarterly/Annually		
	24	Operational	Manage the translation review process and resources	Number of translation reviews completed	Ongoing		
^	25	Training	Review, update and/or assign LAP online training	Number of staff who are assigned training and percentage of completion	Annual		
	26	Operational	Lead IT projects related to language assistance services such as standing request and website modifications. Submit JIRA (name of the system, Jira) and PID (project identification) requirements when appropriate and ensure C&L requirements are represented through project. Maintain SME knowledge for REAL and SOGI codes and categories.	Successful implementation of IT projects	Ongoing		
	27	Operational	Participate in CAHPS Action Plan Meeting with Health Equity to identify potential actions to improve member experience	CAHPS Action Plan Meetings attended and action plan/activities implemented	Quarterly		
^	28	Strategic Partners	Monitor strategic partners and specialty plans for LAP services	Monitor strategic partners and specialty plans for compliance with LAP program. Request information from specialty plans and strategic partners semi-annually. Update report template to indicate delegation status of LAP, use of NOLA, any comments forwarded from delegation oversight and review of P&Ps	Ongoing		

29	Translation and Alternate Format Management	Vital documents management inclusive of annual reminders to dept. managers, confirm placement of vital docs info on TAFT master spreadsheet, request annually from departments which vital documents they produce (including adverse benefit determination notices) and request desktop/policy from departments (when appropriate) on vital document process. Use information obtained from business unit to update the vital document spreadsheet and glossary. Oversee implementation and management of TAFT master spreadsheet.	Master spreadsheet of Vital Documents	Ongoing		
30	Compliance and Accreditation	Manage the Health Education material field testing process and resources for the Field Testing Workgroup.	Number of materials field tested completed annually	Ongoing		
31	Compliance and Accreditation	Provide oversight to translation projects and coordinate ad hoc multi department requests and provide overall coordination support between the vendor and internal departments	Number of materials translated	Ongoing		
	Compliance Monitoring					
32	Rationale	Compliance monitoring conducted to ensure CalViva Health members receive consistent, high quality C&L services. The following processes are in place to ensure ongoing CalViva Health oversight of the Health Equity and C&L programs and services delegated to HNCS and the internal monitoring conducted by HNCS.				
33	Responsible Staff:	Primary: P. Lee, A. Said	Secondary: I. Diaz			

^	34	Complaints and Grievances	Oversight of complaints received on LAP or C&L services, including monitoring and responding to C&L grievances. Develop and maintain desktop for grievance resolution process. Collect grievance and call center reports. Maintain quarterly contact with the call center to ensure they monitor C&L complaints. Conduct monthly reconciliation meetings with A&G.	Number of grievances, complaints, and interventions.	Quarterly		
	35	Complaints and Grievances	Conduct a trend analysis of C&L grievances and complaints by providers to gauge the effectiveness of the LAP program	Production of trend analysis report	August		
	36	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December		
	37	Oversight	Complete all CalViva required Health Equity/C&L reports	Develop Health Equity CalViva work plan, write/revise and submit Health Equity CalViva Program Description. Prepare and submit work plan, LAP mid-year and end of year reports	Ongoing		
	38	Oversight	Participate in CalViva required work groups and committees	Participate in the ACCESS workgroup, QI/UM workgroup, QI/UM committee, monthly operations management meetings. Provide support for Regional Health Authority meetings as needed or requested.	Ongoing		
	39	Member Support	Support Public Policy Committee meetings for Fresno, Kings and Madera Counties	Assist at Public Policy Committee meetings with presentations and/or materials as needed.	Quarterly		
	40	SDoH/Community Resources	Work with Marketing to develop new/rebrand findhelp materials for member and findhelp website, as needed	Rebranding findhelp materials and websites	Ongoing		
*	41	Operational	Collaborate with community and health plan partners on SDoH and social needs support programs, including biweekly meetings with findhelp.	Attend meetings, conduct presentations and support activities	Biweekly As needed		

42	Regulatory	Provide oversight of findhelp platform and coordination of social service referrals for members.	<p>Provide 2 training on findhelp to internal departments, members, and providers on to promote the Social Needs Self-Assessment, quarterly.</p> <p>Update training to align with Cozeva integration by creating an online findhelp course for staff and an on-demand recording for providers.</p> <p>Produce analytics and segmented utilization reports to ensure 40 social needs assessments are completed each quarter.</p> <p>Review completed social needs assessments monthly and ensure that at least 85% of qualifying members are referred to an appropriate internal program; 60% referrals are closed.</p> <p>Add 50 social need programs within Findhelp to address social risks within each month.</p>	Ongoing		
43	Collaboration-External	HN collaboration and consultation to external forums such as DHCS HECL workgroup, AHIP health equity workgroup, NCQA expert workgroup on health equity and other SDoH collaborative forums, as needed.	Minutes of meetings that reflect HN consultation and shared learning	Quarterly		
	Communication, Training and Education					
44	Rationale	To provide information to providers and staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP program, C&L resources, and member diversity.				
45	Responsible Staff:	Primary: P. Lee, S. Rushing	Secondary: L. Espinoza, N. Buller			
46	Training and Support	Train and provide support to A&G on coding and resolution of grievances; re-align coding per 1557 non-discrimination reporting	Development of scripted responses and/or training for A&G associates regarding grievance responses, coding, when to send to Health Equity	Annually		

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47	Staff Training	Provide Health Equity in-services for other departments as requested (e.g., Call Center, Provider Relations). Update training deck with specific data slides at mid-year and EOY. Update interpreter and translation quick reference guides with any system updates or process changes and collect the reference guides from the call center.	Create and post to share drive: curriculum, power point, list of participants from Call Center and Provider Relations who attended the in-service. Ensure material is shared with attendees post trainings. Update and collect interpreter and translation quick reference guides with any system updates or process changes	Ongoing		
48	Staff Communication	Maintenance and promotion of Health Equity SharePoint site	Timely posting of important information on Health Equity SharePoint e.g., vendor attestation forms, threshold languages list, etc.	Ongoing		
49	Provider Communication	Provider Update to cover the following required topics: 1. LAP services 2. Race/ethnicity and language diversity of members 3. Culture and health care topic 4. Promote on-line cultural competence/OMH training 5. Health literacy	Provider Updates distributed and fax/email distribution proof from Marketing	Ongoing		
50	Provider Communication and Training	Promote C&L flyer and provider material about Health Equity Department consultation and resources available, inclusive of LAP program and interpreter services.	Provider material made available on provider's library.	Ongoing		
	Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity					
	Health Literacy					
51	Rationale	To ensure that the information received by members is culturally and linguistically appropriate and readability levels are assessed to ensure they comply with required readability levels mandated by regulatory agencies.				
52	Responsible Staff:	Primary: A. Kelechian	Secondary: A. Schoepf			
53	English Material Review	Conduct English Material Review (EMR). Include: review content and layout of materials for reading grade level and cultural and linguistic appropriateness.	All EMRs are completed within a 5 business day turnaround as tracked through Workfront. Exception: Content heavy and high-volume requests are completed within 7 business days.	Ongoing		

* ^ ^ ^	54	Training	Review and update of Health Literacy Toolkit. Implement provider plain language materials and resources through webinars and online platforms when requested.	Production and distribution of toolkit. Distribution of provider plain language resources.	Q3		
	55	Operational	Review and update Health Literacy materials as needed inclusive of list of words that can be excluded during the readability assessment, database guide, checklists, readability assessment guide and other relevant materials.	Update and post materials on Health Literacy SharePoint	Ongoing		
	56	Training	Quarterly training and resources for staff on how to use the C&L database and write in plain language, including online training.	Number of staff trained. Quarterly training and resources production.	Quarterly		
	57	Training	Conduct activities and promotion of National Health Literacy Month (NHLM)	Production and tracking of action plan for NHLM and summary of activities completed.	October		
	Cultural Competency Training Program						
	58	Rationale	To integrate culturally competent best practices through provider and staff in-services, training, education, and consultation. Training program offers topic specific education and consultation as needed by staff, contracted providers and external collaborations.				
	59	Responsible Staff:	Primary: P. Lee, S. Rushing	Secondary: L. Espinoza, I. Diaz			
^	60	Collaboration-External	Representation and collaboration on Health Industry Collaboration Efforts (HICE) external workgroup. Attend ad hoc/subgroups on training requirements and shared resources (where applicable) per APLs (SB923; DEI)	Minutes of meetings that reflect consultation and shared learning	Ongoing		

61	Provider Training	<p>Conduct cultural competency, implicit bias, and gender identity training/workshops for contracted providers and provider groups upon request. Training content to include access to care needs for all members from various cultural and ethnic backgrounds, with limited English proficiency, disabilities, and regardless of their gender, sexual orientation or gender identity (TGI training APL 24-017/SB923). Review assignment criteria for LAP and Cultural Competency/DEI trainings and ensure that required providers are represented.</p> <p>Work with provider communication to implement ICE for Health computer based training through provider update(s) and/or provider newsletters and/or medical directors, promote Office of Minority Health (OMH) cultural competency training through provider operational manual and provider updates.</p> <p>Work with provider engagement to publish invites for trainings and as warranted create on-demand trainings.</p> <p>Review assignment criteria for LAP and Cultural Competency/DEI trainings and ensure that required providers are represented.</p>	Output number of providers who received cultural competency training by type of training received. Number of attendees/participants and training evaluation and meeting minutes	Annual		
62	Provider Training	<p>Coordinate with HE team lead SME to track implementation of Language Assistance Programs and the Use of Plain Language for Health Literacy training for providers.</p> <p>Topics: Language Assistance Program, health literacy, plain language communication, health literacy/plain language resources</p>	Number of attendees/participants and training evaluation	Q4		

63	Staff Training	Conduct annual cultural competence education through Heritage/CLAS Month events including informational articles/webinars that educate staff on culture, linguistics and the needs of special populations. Deploy online Cultural Humility and Health Equity training during August's CLAS month celebration.	Attendance record and online tracking. Event summary and activity specific participation totals	Q3		
64	Accreditation	Obtain NCQA Health Equity Accreditation and HEA Plus	Procurement of Health Equity Accreditation and Health Equity Accreditation Plus and lead collection and preparation of materials during non-renewal years	Ongoing		
65	Report	Complete reports for NCQA Health Equity Accreditation and HEA Plus. Reports includes Defining the Community, Annual Referral Disparity Tracking, Social Risk and Social Needs Analysis and Prioritization, and Social Risk and Social Needs Resource Assessment Analysis.	Timely completion of reports. Submitted to NCQA HEA Plus.	Q1		
	Health Equity					
66	Rationale	To support the health of CalViva Health members and promote the reduction of health disparities across our membership. In order to accomplish this, staff collaborates across departments and with external partners in order to analyze, design, implement and evaluate healthy disparity interventions.				
67	Responsible Staff:	Primary: P. Lee, D. Fang,	Secondary: A. Schoepf			
68	Operational	Lead quarterly Health Equity Collaborative Workgroup. Workgroup aligns QI, population health, SDoH, cultural competency and disparity initiatives across departments. It is inclusive of reporting out and supporting disparity reduction projects, Health Equity updates and reporting to support NCQA and other regulatory requirements.	Facilitate at a minimum quarterly meetings and intra departmental collaboration on Health disparities. Take minutes and attendance and share out workgroup presentation decks.	Quarterly		

69	Operational	<p>Implement disparity model for PIP projects (W30-6+) include formative research, community, member and provider interventions. Partner with Fresno Black Infant Health to improve compliance rate among Black infants 0-30 months.</p> <p>By 12/31/2025, use targeted interventions for CalViva Health Black or African American members in Fresno County:</p> <ol style="list-style-type: none"> 1. To improve the rate of at least six infant well care visits by 15 months of life from a baseline rate of 27.98%* to a goal rate of 38.99%. 2. To improve the rate of three or more infant well care visits within 120 days of life from a baseline rate of 26.60%* to a goal rate of 37.23%. 	Development of modules; Support with barrier analysis and interventions to help meet health disparity reduction targets. Attend bi-weekly meetings.	Ongoing		
70	Operational	<p>Provide support for SUD/MH non-clinical PIP project. Partner with hospitals to ensure timely notification for providers.</p> <p>During the measurement period, CalViva Health will carry out targeted interventions that will result in improvement in the percentage of provider notifications for members with SUD/MH diagnoses following or within 7 days of an emergency department visit in Fresno and Madera Counties.</p>	Disparity reduction project work plan; evaluation, documentation of process outcomes. Support with barrier analysis and interventions such as cultural competency training. Attend bi-weekly meetings.	Ongoing		

71	Operational	<p>Provide support for Madera Lean FUA/FUM QMIP project. Partner with local hospitals to improve rates among members' follow up care after 30 days of an emergency visit.</p> <p>During the measurement period, CalViva Health will carry out targeted interventions that will result in improvement in the percentage (from MY2023 9.84% to 24.51% for FUA and 40.59% for FUM) of members who receive follow up services after an ED Visit for SUD/MH diagnoses following or within 7 days of an emergency department visit for Madera County members.</p>	<p>Support with barrier analysis and interventions such as cultural competency training. Development of modules; meet health disparity reduction targets. Attend bi-weekly meetings.</p>	Ongoing		
72	Operational	<p>Provide support for IHI/DHCS Child Health Equity Sprint project to improve W30-6+ rates.</p> <p>The CVH/CSV IHI Collaborative Team will use targeted interventions to improve the W30-6+ rate at the combined CSV-Elm St. clinics for Hispanic children 0-15 months by 20% (from 41% to 61%) by March 2025.</p>	<p>Disparity reduction project work plan; evaluation, documentation of process outcomes. Attend internal meetings and IHI/DHCS learner bi-weekly calls.</p>	Ongoing		
73	Operational	<p>Provide consultation to departments on cultural competency and improving health care outcomes (including enrollment) for key demographics and key metrics to support health equity</p>	<p>Consultation and /or trainings provided</p>	Ongoing		
74	Report	<p>Conduct annual disparities analysis for each county.</p>	<p>Conduct disparities analysis for NCQA and DHCS measures by REL and share with internal stakeholders.</p>	Q4		
75	Reprt	<p>Complete Disparity Project Report. Report is inclusive of disparity reduction projects annual write ups. Report is completed annually or bi-annually.</p>	<p>Report for NCQA including annual disparity gap analysis and prioritized opportunities for intervention. Disparity reduction project write-ups demonstrating implementation of member, community and provider level initiatives and evaluation.</p>	Q3		

*	76	Responsible Staff:	Primary: S. Xiong-Lopez	Secondary: J. Nkansah		
	77	HEQ Project/ Activity	Distribute DEI survey to CVH Leadership, and Staff Members to identify opportunities/ improvement needed surrounding DEI	<p>Survey completed 8/2024 - 61.05% of staff and leadership Disagreed/Strongly Disagreed that CVH took time to celebrate/ acknowledge most celebrated cultures.</p> <p>Goal: Decrease the percentage of staff disagreement (CVH takes time to acknowledge/ celebrate most celebrated cultures) to below 50% by Q3 2025</p> <p>Implement Cultural celebration and heritage month 2x a year</p> <p>Rearrange settings of staff meeting with ice breakers and team activities to promote inclusiveness.</p>	Annually	
	78	HEQ Project/ Activity	Distribute DEI survey to CVH Board, Committee, to identify opportunities/ improvement needed surrounding DEI	<p>Survey Completed- No major concerns as it relates to DEI.</p> <p>Action: Review of CVH Bylaws to account for changes such as equity, inclusion, or cultural humility for governance bodies.</p> <p>Goal: Implementation of new Bylaws to include HEQ initiatives Q3 2024</p>	Annually	
	79	HEQ Project/ Activity	Assist and/or serve as consultant with Fresno County Network Improvement Committee Pilot to address leading health indicators focusing on upstream measures such as risk factors and behaviors, rather than disease outcomes (focusing on pregnant moms, families with children ages 0-9)	<p>Data: 39% of the 53 identified students are reading grade level. Identified impact of reading level influenced by, poverty, socioeconomically disadvantage, access to health care.</p> <p>Goal: 100% of the 53 identified students are reading at grade level by 6/2025</p> <p>Action: Children and families are set up with trained CHW to assist in community navigation. School liaison, Social workers, representative will receive training to become CHW. CBOs, and policy makers to identify strategies to help with SoDH, improve health, wellness and academics outcomes</p>	Ongoing	
	80	HEQ Project/ Activity	Staff Training	Conduct annual cultural competence education through Heritage/CLAS Month events including informational articles / webinars that educate staff on culture, linguistics and the needs of special populations	Q3	

81	HEQ Project/ Activity	HE Project Pilot- (Kings County) Focused on perimenopause and menopause in women ages 40-60	<p>Data: Kings County has 4,079 CVH members who identify as a woman between the ages of 40-60. Kings County has a total of 8 providers with specialty in OB/GYN in network with CVH. Of the 8 providers only 4 of have an assessment in place for perimenopause and menopause, however members have to specifically ask for an assessment or have symptoms present.</p> <p>Goal: Bring perimenopause/menopause awareness to women ages 40-60, through health education.</p> <p>Action: A work group has been established in Kings County Q1, 2025 to identify champion provider and group to provide health education and promote awareness by end of Q2.</p>	Q3
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¹ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

^

Indicates revision.

*

Indicates new.

Fresno-Kings-Madera Regional Health Authority Commission Approval

The Fresno-Kings-Madera Regional Health Authority Commission has reviewed and approved this Program Description

David Hodge, MD
Regional Health Authority Commission Chairperson

Date

Patrick Marabella, MD, Chief Medical Officer
Chair, CalViva Health QI/UM Committee

Date

Item #12

Attachment 12.A

Financials as of
March 31, 2025

	Fresno-Kings-Madera Regional Health Authority dba CalViva Health	
	Balance Sheet	
	As of March 31, 2025	
		Total
1	ASSETS	
2	Current Assets	
3	Bank Accounts	
4	Cash & Cash Equivalents	532,938,431.63
5	Total Bank Accounts	\$ 532,938,431.63
6	Accounts Receivable	
7	Accounts Receivable	261,259,837.38
8	Total Accounts Receivable	\$ 261,259,837.38
9	Other Current Assets	
10	Interest Receivable	1,617,709.24
11	Investments - CDs	0.00
12	Prepaid Expenses	640,247.80
13	Security Deposit	0.00
14	Total Other Current Assets	\$ 2,257,957.04
15	Total Current Assets	\$ 796,456,226.05
16	Fixed Assets	
17	Buildings	5,721,351.49
18	Computers & Software	21,777.69
19	Construction in Progress	0.00
20	Land	3,161,419.10
21	Office Furniture & Equipment	123,292.22
22	Total Fixed Assets	\$ 9,027,840.50
23	Other Assets	
24	Investment -Restricted	302,156.25
25	Lease Receivable	1,651,008.17
26	Total Other Assets	\$ 1,953,164.42
27	TOTAL ASSETS	\$ 807,437,230.97
28	LIABILITIES AND EQUITY	
29	Liabilities	
30	Current Liabilities	
31	Accounts Payable	
32	Accounts Payable	74,401.06
33	Accrued Admin Service Fee	9,541,301.00
34	Capitation Payable	289,597,829.75
35	Claims Payable	119,927.08
36	Directed Payment Payable	102,756,347.50
37	Total Accounts Payable	\$ 402,089,806.39
38	Other Current Liabilities	
39	Accrued Expenses	1,738,115.87
40	Accrued Payroll	149,497.60
41	Accrued Vacation Pay	433,020.67
42	Amt Due to DHCS	35,100,349.49
43	IBNR	667,951.84
44	Loan Payable-Current	0.00
45	Premium Tax Payable	0.00
46	Premium Tax Payable to BOE	325,404.28
47	Premium Tax Payable to DHCS	188,375,000.00
48	Total Other Current Liabilities	\$ 226,789,339.75
49	Total Current Liabilities	\$ 628,879,146.14
50	Long-Term Liabilities	
51	Renters' Security Deposit	25,906.79
52	Subordinated Loan Payable	0.00
53	Total Long-Term Liabilities	\$ 25,906.79
54	Total Liabilities	\$ 628,905,052.93
55	Deferred Inflow of Resources	1,245,634.11
56	Equity	
57	Retained Earnings	161,689,933.96
58	Net Income	15,596,609.97
59	Total Equity	\$ 177,286,543.93
60	TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES AND EQUITY	\$ 806,191,596.86

	Fresno-Kings-Madera Regional Health Authority dba CalViva Health			
	Budget vs. Actuals: Income Statement			
	July 2024 - March 2025			
		Total		
		Actual	Budget	Over/(Under) Budget
1	Income			
2	Interest Income	9,112,944.89	3,100,000.00	6,012,944.89
3	Premium/Capitation Income	1,750,349,987.52	1,369,937,563.00	380,412,424.52
4	Total Income	1,759,462,932.41	1,373,037,563.00	386,425,369.41
5	Cost of Medical Care			
6	Capitation - Medical Costs	1,025,653,788.61	887,620,045.00	138,033,743.61
7	Medical Claim Costs	5,488,711.90	4,500,000.00	988,711.90
8	Total Costs of Medical Care	1,031,142,500.51	892,120,045.00	139,022,455.51
9	Gross Margin	728,320,431.90	480,917,518.00	247,402,913.90
10	Expenses			
11	Admin Service Agreement Fees	43,068,124.00	40,602,375.00	2,465,749.00
12	Bank Charges	0.00	5,400.00	(5,400.00)
13	Computer & IT Services	116,693.36	193,470.03	(76,776.67)
14	Consulting & Accreditation Fees	44,313.00	299,999.97	(255,686.97)
15	Depreciation Expense	255,004.66	279,000.00	(23,995.34)
16	Dues & Subscriptions	180,775.48	223,200.00	(42,424.52)
17	Grants	3,476,321.77	3,554,546.00	(78,224.23)
18	Insurance	264,155.32	335,678.22	(71,522.90)
19	Labor	3,191,841.14	3,768,618.00	(576,776.86)
20	Legal & Professional Fees	130,613.09	242,100.00	(111,486.91)
21	License Expense	1,115,489.04	1,068,867.72	46,621.32
22	Marketing	995,340.14	1,125,000.00	(129,659.86)
23	Meals and Entertainment	15,996.48	22,900.00	(6,903.52)
24	Office Expenses	73,846.42	85,500.00	(11,653.58)
25	Parking	252.37	1,170.00	(917.63)
26	Postage & Delivery	1,286.70	3,690.00	(2,403.30)
27	Printing & Reproduction	2,309.71	3,690.00	(1,380.29)
28	Recruitment Expense	(549.00)	118,125.00	(118,674.00)
29	Rent	0.00	9,000.00	(9,000.00)
30	Seminars & Training	11,164.69	22,000.00	(10,835.31)
31	Supplies	8,874.07	9,749.97	(875.90)
32	Taxes	660,000,000.00	422,812,500.03	237,187,499.97
33	Telephone & Internet	40,717.75	31,500.00	9,217.75
34	Travel	15,908.87	20,800.00	(4,891.13)
35	Total Expenses	713,008,479.06	474,838,879.94	238,169,599.12
36	Net Operating Income	15,311,952.84	6,078,638.06	9,233,314.78
37	Other Income			
38	Other Income	284,657.13	326,250.00	(41,592.87)
39	Total Other Income	284,657.13	326,250.00	(41,592.87)
40	Net Other Income	284,657.13	326,250.00	(41,592.87)
41	Net Income	15,596,609.97	6,404,888.06	9,191,721.91

	Fresno-Kings-Madera Regional Health Authority dba CalViva Health		
	Income Statement: Current Year vs Prior Year		
	July 2024 - March 2025		
		Total	
		July 2024 - March 2025	July 2023 - March 2024 (PY)
1	Income		
2	Interest Income	9,112,944.89	5,965,638.86
3	Premium/Capitation Income	1,750,349,987.52	1,578,846,117.50
4	Total Income	1,759,462,932.41	1,584,811,756.36
5	Cost of Medical Care		
6	Capitation - Medical Costs	1,025,653,788.61	999,768,424.43
7	Medical Claim Costs	5,488,711.90	1,023,221.49
8	Total Costs of Medical Care	1,031,142,500.51	1,000,791,645.92
9	Gross Margin	728,320,431.90	584,020,110.44
10	Expenses		
11	Admin Service Agreement Fees	43,068,124.00	43,188,002.00
12	Computer & IT Services	116,693.36	103,474.84
13	Consulting & Accreditation Fees	44,313.00	162,838.00
14	Depreciation Expense	255,004.66	245,652.30
15	Dues & Subscriptions	180,775.48	178,975.62
16	Grants	3,476,321.77	3,146,363.62
17	Insurance	264,155.32	263,374.87
18	Labor	3,191,841.14	2,741,719.00
19	Legal & Professional Fees	130,613.09	62,613.00
20	License Expense	1,115,489.04	948,785.26
21	Marketing	995,340.14	980,444.24
22	Meals and Entertainment	15,996.48	12,127.85
23	Office Expenses	73,846.42	55,344.22
24	Parking	252.37	127.00
25	Postage & Delivery	1,286.70	1,891.33
26	Printing & Reproduction	2,309.71	1,835.12
27	Recruitment Expense	(549.00)	2,228.01
28	Rent	0.00	0.00
29	Seminars & Training	11,164.69	5,304.12
30	Supplies	8,874.07	8,878.54
31	Taxes	660,000,000.00	517,343,303.47
32	Telephone & Internet	40,717.75	24,089.62
33	Travel	15,908.87	12,799.66
34	Total Expenses	713,008,479.06	569,490,171.69
35	Net Operating Income	15,311,952.84	14,529,938.75
36	Other Income		
37	Other Income	284,657.13	409,220.36
38	Total Other Income	284,657.13	409,220.36
39	Net Other Income	284,657.13	409,220.36
40	Net Income	15,596,609.97	14,939,159.11

Item #12

Attachment 12.B

Fiscal Year 2026 Proposed Budget

Basic assumptions used in FY 2026 budget projections

1. FY 2026 enrollment projected to gradually decline throughout the fiscal year as the continuation of eligibility redetermination flexibilities will end June 30, 2025. As the Medi-Cal disenrollment process began July 1, 2023, the State of California applied for federal waivers and flexibilities for continuous Medi-Cal coverage for beneficiaries such as but not limited to: ex-parte renewals for households whose attestation of zero-dollar income was verified within the last 12 months, ex-parte renewals for Medi-Cal beneficiaries whose attestation of income at or below 100% federal poverty limit was verified within the last 12 months, etc... As noted above, these flexibilities are scheduled to end June 30, 2025 (i.e., beginning of FY 2026). In addition, projecting enrollment to decline due to potential changes at the federal and state levels as it pertains to Medicaid.
2. Revenues projected based on enrollment breakdown by aid category, using current aid code category specific rates as a benchmark known at time of budget preparation. Overall, revenues are projected to increase in comparison to prior year budget primarily due to the following:
 - a) Increase in MCO taxes which was approved by the Centers for Medicare and Medicaid Services (“CMS”) noting a substantial increase in the MCO tax amount from the previous MCO tax structure. The MCO tax revenue/expense is calculated per the new revised MCO tax structure(i.e., AB 160 and CMS approved on December 20, 2024). This new MCO tax is retroactive to January 2024 – December 2026. It increases our MCO taxes to approx. \$753.5M per year.
 - b) Overall increase in capitation rates paid by DHCS to CalViva as a result of the additional funds generated by the new MCO tax which will be used to fund additional increases to Medi-Cal rates (i.e., in addition to increasing primary care rates to at least 87.5% of Medicare), such as but not limited to increase in rates for emergency department physician evaluation and management codes to at least 90% of Medicare, increase primary care and specialty care rates to at least 95% of Medicare, and increase in rates for maternal care services to at least 95% of Medicare. **NOTE:** The overall increase in capitation rates takes into account and is net of some decreases in capitation rates due to potential changes to Medicaid at the federal and state levels.
 - c) Net of a decrease in membership from prior year due to eligibility redetermination flexibilities ending June 30, 2025 and negative impact to membership due to potential changes to Medicaid from the federal and state levels.

3. Administrative Services Fee expense projected at \$11 pmpm based on enrollment. Overall, Administrative Services Fee expense projected to slightly decrease due to lower projected enrollment in FY 2026 vs budgeted FY 2025 enrollment.
4. Interest income projected to increase due to additional funds being allocated to the money market fund in addition to higher interest rates than previously projected in FY 2025 budget as the Federal Reserve has been slower than initially projected in cutting rates.
5. Supplemental revenue from DHCS such as Maternity KICK and Ground Emergency Medical Transportation ("GEMT") payments projected based on current historical monthly average as a baseline.
6. Medical Cost Expense projected as Gross Medi-Cal Revenue less MCO taxes, \$11 per-member, per-month ("pmpm") Administrative Services fee expense, and retention rate retained by CalViva.
7. We are projecting FY 2026 staffing at 21 full-time employees. Salary, Wages, and Benefits based on current staffing and rates. Projected wage increases of up to 5% based on employee performance at anniversary date, 8% increase in health insurance premiums based on January renewal, current deferral rate and employer contribution/match into the 457b-retirement program. The increase is primarily due to potential succession planning efforts for key management positions near retirement age.
8. Projected increase in Consulting/Accreditation expense due to CalViva looking to add a retention consultant to investigate member retention and member satisfaction/dissatisfaction.
9. Depreciation expense based on current fixed assets useful life.
10. Projected increase in Dues & Subscriptions expense as a result of increase in dues from trade organizations who represent CalViva Health and other Medi-Cal managed care plans.
11. Community Support/Grants expense based on the continuation of the existing Community Support Program and funding categories (e.g., a continuation of providing grants to community-based organizations, scholarship funding to various local colleges, physician recruitment grants, etc.) and the addition of the new DHCS contractual requirement which requires Plans to initiate Community Reinvestment activities. Plans must contribute 5% of annual net income to community reinvestment initiatives. In addition, if Plans do not meet quality outcome metrics, Plans must contribute an additional 7.5% of its annual net income to community reinvestment initiatives. The

Grants expense includes the amount for these applicable DHCS Community Reinvestments.

12. Projected increase to Insurance expense to account for increase in insurance premiums.
13. Knox-Keene DMHC License expense is to be based on last year's per member rate as an initial benchmark plus a forecasted rate increase and March 2025 enrollment for DMHC annual assessment fee to CalViva. Projecting an increase due to increase in DMHC per member fee as they have communicated higher operating costs.
14. Marketing expense incurred directly by the Plan is projected based on marketing plan for the fiscal year. Marketing expense is consistent with prior year.
15. Projected increase to Office expense to account for increase in office related expenses such as security patrol services, paper shredding services, repairs to printer/workstations, computer program subscriptions, etc....
16. Projected increase to Recruitment expense to fill additional positions during FY 2026.
17. MCO tax expense calculated per recently revised MCO tax structure for FY 2026, noting a substantial increase from FY 2025. MCO tax is projected to be budget neutral (i.e., no gain or loss).
18. Projecting an increase to Capital Expenditures to account for potential tenant improvements to vacant office space in our building which we own and are currently marketing to potential tenants.

	Fresno Kings Madera Regional Health Authority dba CalViva Health									
	FY 2026 PROPOSED BUDGET									
			<A>					<C> = - <A>		<D> = <C>/<A>
			FY 2025 Approved			Proposed FY 2026		Proposed FY 2026 vs FY 2025 Approved Budget		% Change from Proposed FY 2026 Budget vs FY 2025 Approved Budget
			Budget			Budget		Difference		
1	Medical Revenue		1,816,037,012			2,014,010,594		197,973,582		10.90%
2	Interest Income		4,000,000			5,000,000		1,000,000		25.0%
3	Total Revenues		1,820,037,012			2,019,010,594		198,973,582		10.9%
4	Medical Cost Expense		1,179,560,582			1,188,835,211		9,274,629		0.8%
5	Gross Margin		640,476,430			830,175,383		189,698,953		29.6%
	Expenses									
6	Administrative Services Fee		53,681,100			52,078,224		(1,602,876)		-3.0%
7	Salary, Wages & Benefits		5,033,122			5,438,873		405,751		8.1%
8	Bank Charges		7,200			7,200		0		0.0%
9	Consulting & Accreditation		400,000			545,000		145,000		36.3%
10	Computer & IT		257,960			271,126		13,165		5.1%
11	Depreciation		372,000			372,000		0		0.0%
12	Dues & Subscriptions		297,600			324,000		26,400		8.9%
13	Grants & Community Support		4,325,000			4,378,000		53,000		1.2%
14	Insurance		447,571			485,863		38,292		8.6%
15	Legal & Professional		322,800			374,500		51,700		16.0%
16	License		1,425,157			1,780,848		355,691		25.0%
17	Marketing		1,500,000			1,500,000		0		0.0%
18	Meals		28,350			31,250		2,900		10.2%
19	Office		114,000			125,000		11,000		9.6%
20	Parking		1,560			1,560		0		0.0%
21	Postage & Delivery		4,920			4,920		0		0.0%
22	Printing & Reproduction		4,920			5,500		580		11.8%
23	Recruitment		157,500			172,500		15,000		9.5%
24	Rent		12,000			12,000		0		0.0%
25	Seminars & Training		28,800			33,600		4,800		16.7%
26	Supplies		13,000			15,000		2,000		15.4%
27	Telephone & Internet		42,000			48,000		6,000		14.3%
28	Travel		26,800			30,100		3,300		12.3%
29	Total Expenses		68,503,360			68,035,063		(468,297)		-0.7%
30	Income before Taxes		571,973,070			762,140,320		190,167,250		33.2%
31	Taxes-MCO		563,750,000			753,500,000		189,750,000		33.7%
32	Excess Revenue (Expenses)		8,223,070			8,640,320		417,250		5.1%
33	Other Income		435,000			355,488		(79,512)		-18.3%
34	Net Income/(Loss)		8,658,070			8,995,808		337,738		3.9%
35	Capital Expenditure Budget		500,000			600,000		100,000		20.0%

	Fresno Kings Madera Regional Health Authority dba CalViva Health													
	Combined Fresno -Kings - Madera Counties													
	FY 2026 PROPOSED BUDGET													
		2025	2025	2025	2025	2025	2025	2026	2026	2026	2026	2026	2026	FY 2026
		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Budget Total
1	Enrollment													
2	Enrollment	417,082	412,982	408,882	404,782	400,682	396,582	392,482	388,382	384,282	380,182	376,082	371,982	4,734,384
3	Total Enrollment	417,082	412,982	408,882	404,782	400,682	396,582	392,482	388,382	384,282	380,182	376,082	371,982	4,734,384
4	Revenue													
5	Medical Revenue	173,645,006	172,606,681	171,568,355	170,530,030	169,491,704	168,453,379	167,215,053	166,176,728	165,138,403	164,100,077	163,061,752	162,023,426	2,014,010,594
6	Interest Income	700,000	600,000	500,000	400,000	350,000	350,000	350,000	350,000	350,000	350,000	350,000	350,000	5,000,000
7	Total Revenues	174,345,006	173,206,681	172,068,355	170,930,030	169,841,704	168,803,379	167,565,053	166,526,728	165,488,403	164,450,077	163,411,752	162,373,426	2,019,010,594
8	Medical Cost Expense	104,545,179	103,567,528	102,589,878	101,612,227	100,634,577	99,656,926	98,482,276	97,504,625	96,526,974	95,549,324	94,571,673	93,594,023	1,188,835,211
9	Total Medical Cost Expense	104,545,179	103,567,528	102,589,878	101,612,227	100,634,577	99,656,926	98,482,276	97,504,625	96,526,974	95,549,324	94,571,673	93,594,023	1,188,835,211
10	Gross Margin	69,799,827	69,639,152	69,478,477	69,317,802	69,207,128	69,146,453	69,082,778	69,022,103	68,961,428	68,900,753	68,840,078	68,779,403	830,175,383
11	Expenses													
12	Administrative Services Fee	4,587,902	4,542,802	4,497,702	4,452,602	4,407,502	4,362,402	4,317,302	4,272,202	4,227,102	4,182,002	4,136,902	4,091,802	52,078,224
13	Salary,Wages & Benefits	417,273	422,582	489,467	425,467	425,467	519,467	431,112	436,625	506,625	431,595	431,595	501,595	5,438,873
14	Bank Charges	600	600	600	600	600	600	600	600	600	600	600	600	7,200
15	Consulting & Accreditation	45,417	45,417	45,417	45,417	45,417	45,417	45,417	45,417	45,417	45,417	45,417	45,417	545,000
16	Computer and IT Expenses	22,594	22,594	22,594	22,594	22,594	22,594	22,594	22,594	22,594	22,594	22,594	22,594	271,126
17	Depreciation Expense	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	372,000
18	Dues & Subscriptions	27,000	27,000	27,000	27,000	27,000	27,000	27,000	27,000	27,000	27,000	27,000	27,000	324,000
19	Grants & Community Support	1,553,000	256,818	256,818	256,818	256,818	256,818	256,818	256,818	256,818	256,818	256,818	256,818	4,378,000
20	Insurance Expense	40,489	40,489	40,489	40,489	40,489	40,489	40,489	40,489	40,489	40,489	40,489	40,489	485,863
21	Legal & Professional	31,208	31,208	31,208	31,208	31,208	31,208	31,208	31,208	31,208	31,208	31,208	31,208	374,500
22	License Expense	148,404	148,404	148,404	148,404	148,404	148,404	148,404	148,404	148,404	148,404	148,404	148,404	1,780,848
23	Marketing Expense	125,000	125,000	125,000	125,000	125,000	125,000	125,000	125,000	125,000	125,000	125,000	125,000	1,500,000
24	Meals	1,800	1,800	5,500	2,500	1,650	6,000	2,000	2,000	2,000	2,000	2,000	2,000	31,250
25	Office Expense	10,417	10,417	10,417	10,417	10,417	10,417	10,417	10,417	10,417	10,417	10,417	10,417	125,000
26	Parking	130	130	130	130	130	130	130	130	130	130	130	130	1,560
27	Postage & Delivery	410	410	410	410	410	410	410	410	410	410	410	410	4,920
28	Printing & Reproduction	458	458	458	458	458	458	458	458	458	458	458	458	5,500
29	Recruitment	14,375	14,375	14,375	14,375	14,375	14,375	14,375	14,375	14,375	14,375	14,375	14,375	172,500
30	Rent	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	12,000
31	Seminars & Training	2,600	4,000	3,000	2,400	2,200	2,400	3,000	3,000	3,000	3,000	3,000	2,000	33,600
32	Supplies	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	15,000
33	Telephone & Internet	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	48,000
34	Travel	2,300	2,300	2,300	4,800	2,300	2,300	2,300	2,300	2,300	2,300	2,300	2,300	30,100
35	Total Expenses	7,068,626	5,734,054	5,758,539	5,648,339	5,599,689	5,653,139	5,516,284	5,476,697	5,501,597	5,381,466	5,336,366	5,360,266	68,035,063
36	Income before Taxes	62,731,201	63,905,098	63,719,938	63,669,463	63,607,439	63,493,314	63,566,494	63,545,406	63,459,831	63,519,287	63,503,712	63,419,137	762,140,320
37	Taxes-MCO	62,791,667	62,791,667	62,791,667	62,791,667	62,791,667	62,791,667	62,791,667	62,791,667	62,791,667	62,791,667	62,791,667	62,791,667	753,500,000
38	Operating Income (Loss)	(60,466)	1,113,432	928,272	877,797	815,772	701,647	774,827	753,739	668,164	727,620	712,045	627,470	8,640,320
39	Other Income	29,624	29,624	29,624	29,624	29,624	29,624	29,624	29,624	29,624	29,624	29,624	29,624	355,488
40	Net Income (Loss)	(30,842)	1,143,056	957,896	907,421	845,396	731,271	804,451	783,363	697,788	757,244	741,669	657,094	8,995,808
41	Capital Expenditures													600,000

Item #12

Attachment 12.C

Compliance Report



Regulatory Filings:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2025 YTD Total
# of DHCS Filings													
Administrative/ Operational	35	23	25	26	2								111
Member Materials Filed for Approval;	5	2	5	1	2								15
Provider Materials Reviewed & Distributed	11	13	12	12	0								48
# of DMHC Filings	6	9	12	8	2								37

DHCS Administrative/Operational filings include ad-hoc reports, policies & procedures, Commission changes, Plan and Program documents, etc.

DHCS Member & Provider materials include advertising, health education materials, flyers, letter templates, promotional items, etc.

DMHC Filings include ad-hoc reports, Plan and Program documents, policies & procedures, advertising, bylaw changes, Commission changes, undertakings, etc.

# of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)													
No-Risk / Low-Risk	5	4	2	4									15
High-Risk	0	1	0	0									1

Fraud, Waste, & Abuse Activity:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2025 YTD Total
# of New MC609 Cases Submitted to DHCS	1	0	1	1									3
# of Cases Open for Investigation (Active Number)	29	28	28	28									



Summary of Potential Fraud, Waste & Abuse (FWA) cases: Since the 3/20/2025 Compliance Regulatory Report to the Commission, there were two new MC609 filings. One case identified a Skilled Nursing Provider (SNF) inappropriately billing SNF services rather than custodial services. Another case identified a non-participating DME provider who does not have an active California Department of Public Health (CDPH) Home Medical Device Retail (HDMR) license and is ineligible to dispense prescription medical devices.

Compliance Oversight & Monitoring Activities:	Status
CalViva Health Oversight Activities	Health Net CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances, and appeals, etc.
Oversight Audits	The following annual audits are in progress: Behavioral Health, Health Education, Marketing, Credentialing, Call Center, Claims/PDR, and Quality Improvement The following annual audits have been completed since the last Commission report:
Regulatory Reviews/Audits and CAPS:	Status
Department of Health Care Services ("DHCS") 2023 Focused Audit for Behavioral Health and Transportation	As a reminder, on 9/6/24, the Plan received DHCS' Final Report findings and formal CAP request. There were nine deficiencies in total (4 for behavioral health and 5 for transportation). The Plan submitted the initial CAP response on October 7, 2024. The Plan is required to submit monthly updates on all CAP activities. The Plan is on track to complete its stated corrective actions and will provide its next monthly update on 6/15/25.
Department of Health Care Services ("DHCS") 2024 Medical Audit	As a reminder, on 10/3/2024, DHCS sent out the Final Audit Report and CAP request. There were two findings: <ul style="list-style-type: none"> • The Plan did not ensure the delegate, Health Net, met the contractual requirement that written PA extension notices specify the information Health Net requested but did not receive. • The Plan did not ensure that all preliminary reports of suspected FWA were reported to DHCS within ten working days. The Plan is on track for completing its stated corrective actions and will provide its next monthly update on 6/1/25.
Department of Managed Health Care (DMHC) 2025 Medical Follow-Up Audit	The DMHC conducted the Follow-Up Audit on May 5, 2025. The Plan is currently in the process of responding to post-on-site audit requests and is awaiting further correspondence from the DMHC. The Audit focused on previously identified deficiencies related to the Plan failing to identify potential quality issues (PQIs) in exempt grievances, and inappropriately



	denying payment of post-stabilization care. The Plan is currently in the process of responding to post-on-site audit requests and is awaiting further correspondence from the DMHC.
Department of Health Care Services ("DHCS") 2025 Medical Audit	The 2025 DHCS Audit will be conducted virtually from 6/2/2025-6/13/2025. The Entrance Conference will begin on 6/2/25 @ 10:00am. The Plan submitted all required pre-audit documentation. DHCS has since issued follow-up requests, which the Plan is currently reviewing and addressing.
New Regulations / Contractual Requirements/DHCS Initiatives:	Status
Memoranda of Understanding (MOUs)	<p>Since the last Commission Meeting, the Plan has executed and submitted to DMHC & DHCS the following MOUs which have also been posted to CalViva's website:</p> <ul style="list-style-type: none"> • Central Valley Regional Center MOU • DMHC State Plan MOU Madera County
Annual Network Certifications	<p>➤ <u>2024 Subnetwork Certification (SNC) Landscape Analysis</u> – On 1/3/2025, the Plan submitted the 2024 SNC deliverable. Within the submission, the Plan reported that CalViva issued Corrective Action Plans (CAPs) to certain providers due to network adequacy deficiencies. As a result, DHCS has requested that the Plan submit quarterly updates on the status of these CAPs until they are fully resolved.. The first quarterly update was submitted on 3/26/2025.</p> <p>➤ <u>2024 Annual Network Certification (ANC)</u> - The Plan submitted the 2024 ANC on 3/17/2025 and is awaiting a response from DHCS.</p>
Transgender, Gender Diverse, or Intersex (TGI) Training	➤ In further support of the Plan's compliance with DHCS APL 24-017 and DMHC APL 24-018, the Plan most recently submitted the TGI training curriculum and revised policies to DHCS and DMHC on 3/14/2025.
(RY)2025 (MY)2024 Timely Access and Annual Network Submission (TAR)	➤ On 5/1/2025 the Plan submitted its Annual TAR filing to DMHC.
Plan Administration:	Status









New DHCS Regulations/Guidance	Please refer to Appendix A for a complete list of DHCS and DMHC All Plan Letters (APLs) that have been issued in CY 2025.
Committee Report:	Status
Public Policy Committee (PPC)	The next PPC meeting will be held on June 4, 2025, 11:30am -1:30pm, CalViva Health Conference Room, 7625 N. Palm Ave., Suite 109, Fresno, CA 93711.







APPENDIX A

2025 DHCS All Plan Letters:

-  APL 25-002 SNF WQIP
-  APL 25-004 Community Reinvestment Requirements
-  APL 25-005 Threshold Languages
-  APL 25-006 Timely Access Requirements
-  APL 25-007 Enforcement Actions
-  APL 25-008 Hospice Services

2025 DMHC All Plan Letters:

-  APL 25-008 Annual Provider Directory Filing
-  APL 25-001 Southern California Fires and Enrollees' Continued Access to Health Care Services (1.9.2025).pdf
-  APL 25-007 - Assembly Bill 3275 Guidance (Claim Reimbursement) (4.1.2025).pdf
-  APL 25-009 – 2025 Health Plan Annual Assessments (4.15.2025).pdf

Item #12

Attachment 12.D

Medical Management
Appeals & Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2025

Current as of End of the Month: March

Revised Date: 05/08/2025

aiViva - 2025																		2024
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2025 YTD	2024
Expedited Grievances Received	7	6	8	21	0	0	0	0	0	0	0	0	0	0	0	0	21	126
Standard Grievances Received	184	202	217	603	0	0	0	0	0	0	0	0	0	0	0	0	603	1761
Total Grievances Received	191	208	225	624	0	0	0	0	0	0	0	0	0	0	0	0	624	1887
Grievance Ack Letters Sent Noncompliant	1	2	2	5	0	0	0	0	0	0	0	0	0	0	0	0	5	10
Grievance Ack Letter Compliance Rate	99.5%	99.0%	99.1%	99.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	99.17%	99.4%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	7	5	9	21	0	0	0	0	0	0	0	0	0	0	0	0	21	126
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Grievances Resolved Compliant	138	165	212	515	0	0	0	0	0	0	0	0	0	0	0	0	515	1702
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.9%
Total Grievances Resolved	145	170	221	536	0	0	0	0	0	0	0	0	0	0	0	0	536	1829
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	130	161	208	499	0	0	0	0	0	0	0	0	0	0	0	0	499	1468
Access - Other - DMHC	28	22	18	68	0	0	0	0	0	0	0	0	0	0	0	0	68	270
Access - PCP - DHCS	5	18	13	36	0	0	0	0	0	0	0	0	0	0	0	0	36	118
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	2	9	7	18	0	0	0	0	0	0	0	0	0	0	0	0	18	78
Administrative	21	30	52	103	0	0	0	0	0	0	0	0	0	0	0	0	103	186
Balance Billing	23	22	34	79	0	0	0	0	0	0	0	0	0	0	0	0	79	0
CalAim	4	6	1	11	0	0	0	0	0	0	0	0	0	0	0	0	11	0
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	6	16	14	36	0	0	0	0	0	0	0	0	0	0	0	0	36	122
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	9	7	33	49	0	0	0	0	0	0	0	0	0	0	0	0	49	339
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
SNF-Long Term Care	1	1	3	5	0	0	0	0	0	0	0	0	0	0	0	0	5	0
Transportation - Access	15	13	5	33	0	0	0	0	0	0	0	0	0	0	0	0	33	175
Transportation - Behavior	5	3	2	10	0	0	0	0	0	0	0	0	0	0	0	0	10	89
Transportation - Other	11	14	26	51	0	0	0	0	0	0	0	0	0	0	0	0	51	86
Quality Of Care Grievances	15	9	13	37	0	0	0	0	0	0	0	0	0	0	0	0	37	361
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Access - PCP - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	4
Behavioral Health	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Other	4	2	1	7	0	0	0	0	0	0	0	0	0	0	0	0	7	60
PCP Care	5	1	7	13	0	0	0	0	0	0	0	0	0	0	0	0	13	94
PCP Delay	2	1	3	6	0	0	0	0	0	0	0	0	0	0	0	0	6	116
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	3	2	1	6	0	0	0	0	0	0	0	0	0	0	0	0	6	60
Specialist Delay	1	2	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	24
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Exempt Grievances Received	183	214	201	598	0	0	0	0	0	0	0	0	0	0	0	0	598	1885
Access - Avail of Appt w/ PCP	1	1	4	6	0	0	0	0	0	0	0	0	0	0	0	0	6	15
Access - Avail of Appt w/ Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Avail of Appt w/ Other	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	0
Access - Wait Time - wait too long on telephone	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	7
Access - Wait Time - in office for appt	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Access - Panel Disruption	3	3	5	11	0	0	0	0	0	0	0	0	0	0	0	0	11	15
Access - Shortage of Providers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Geographic/Distance Access Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Geographic/Distance Access PCP	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	3
Access - Geographic/Distance Access Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Interpreter Service Requested	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Benefit Issue - Specific Benefit needs authorization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Benefit Issue - Specific Benefit not covered	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Attitude/Service - Health Plan Staff	2	2	1	5	0	0	0	0	0	0	0	0	0	0	0	0	5	14
Attitude/Service - Provider	10	9	15	34	0	0	0	0	0	0	0	0	0	0	0	0	34	43
Attitude/Service - Office Staff	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	5
Attitude/Service - Vendor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Attitude/Service - Health Plan	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	12
Authorization - Authorization Related	1	2	1	4	0	0	0	0	0	0	0	0	0	0	0	0	4	6
Eligibility Issue - Member not eligible per Health Plan	0	32	2	34	0	0	0	0	0	0	0	0	0	0	0	0	34	4
Eligibility Issue - Member not eligible per Provider	3	29	5	37	0	0	0	0	0	0	0	0	0	0	0	0	37	48
Health Plan Materials - ID Cards-Not Received	27	23	20	70	0	0	0	0	0	0	0	0	0	0	0	0	70	210
Health Plan Materials - ID Cards-Incorrect Information on Card	1	1	2	4	0	0	0	0	0	0	0	0	0	0	0	0	4	2
Health Plan Materials - Other	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	4
Behavioral Health Related	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
PCP Assignment/Transfer - Health Plan Assignment - Change Request	58	60	72	190	0	0	0	0	0	0	0	0	0	0	0	0	190	652
PCP Assignment/Transfer - HCO Assignment - Change Request	19	15	17	51	0	0	0	0	0	0	0	0	0	0	0	0	51	301

[illegible]

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2025 YTD	2024
Expedited Appeals Received	2	6	3	11	0	0	0	0	0	0	0	0	0	0	0	0	11	34
Standard Appeals Received	59	38	43	140	0	0	0	0	0	0	0	0	0	0	0	0	140	331
Total Appeals Received	61	44	46	151	0	0	0	0	0	0	0	0	0	0	0	0	151	365
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.00%	99.4%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	2	3	6	11	0	0	0	0	0	0	0	0	0	0	0	0	11	35
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Appeals Resolved Compliant	42	52	39	133	0	0	0	0	0	0	0	0	0	0	0	0	133	325
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.8%
Total Appeals Resolved	44	55	45	144	0	0	0	0	0	0	0	0	0	0	0	0	144	361
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	42	55	45	142	0	0	0	0	0	0	0	0	0	0	0	0	142	353
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	1	0	2	3	0	0	0	0	0	0	0	0	0	0	0	0	3	9
CalAim	5	6	5	16	0	0	0	0	0	0	0	0	0	0	0	0	16	0
DME	10	11	8	29	0	0	0	0	0	0	0	0	0	0	0	0	29	37
Experimental/Investigational	1	5	5	11	0	0	0	0	0	0	0	0	0	0	0	0	11	0
Mental Health	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Advanced Imaging	7	20	1	28	0	0	0	0	0	0	0	0	0	0	0	0	28	162
Other	6	2	5	13	0	0	0	0	0	0	0	0	0	0	0	0	13	35
Pharmacy/RX Medical Benefit	3	6	6	15	0	0	0	0	0	0	0	0	0	0	0	0	15	47
Surgery	7	4	9	20	0	0	0	0	0	0	0	0	0	0	0	0	20	62
SNF-Long Term Care	1	0	4	5	0	0	0	0	0	0	0	0	0	0	0	0	5	0
Transportation	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Post Service Appeals	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	8
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
CalAim	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	22	22	19	63	0	0	0	0	0	0	0	0	0	0	0	0	63	156
Uphold Rate	50.0%	40.0%	42.2%	43.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	43.8%	43.2%
Overturns - Full	18	28	22	68	0	0	0	0	0	0	0	0	0	0	0	0	68	194
Overturn Rate - Full	40.9%	50.9%	48.9%	47.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	47.2%	53.7%
Overturns - Partial	0	2	4	6	0	0	0	0	0	0	0	0	0	0	0	0	6	10
Overturn Rate - Partial	0.0%	3.6%	8.9%	4.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	4.2%	2.8%
Withdrawal	4	3	0	7	0	0	0	0	0	0	0	0	0	0	0	0	7	1
Withdrawal Rate	9.1%	5.5%	0.0%	4.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.9%	0.3%
Membership	428,829	430,593	431,030		0	0	0	0.00%	0	0	0	0.00%	0	0	0	0.00%		
Appeals - PTMPM	0.10	0.13	0.10	0.11	0	0	0	0.00%	0	0	0	0.00%	0	0	0	0.00%	0.11	0.09
Grievances - PTMPM	0.34	0.39	0.51	0.42	0	0	0	0.00%	0	0	0	0.00%	0	0	0	0.00%	0.42	0.24

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2025 YTD	2024
Expedited Appeals Received	2	6	2	10	0	0	0	0	0	0	0	0	0	0	0	0	10	22
Standard Appeals Received	43	26	35	104	0	0	0	0	0	0	0	0	0	0	0	0	104	375
Total Appeals Received	45	32	37	114	0	0	0	0	0	0	0	0	0	0	0	0	109	397
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	2	3	5	10	0	0	0	0	0	0	0	0	0	0	0	0	10	22
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	35	37	27	99	0	0	0	0	0	0	0	0	0	0	0	0	99	346
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	37	40	32	109	0	0	0	0	0	0	0	0	0	0	0	0	109	368
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	35	40	32	107	0	0	0	0	0	0	0	0	0	0	0	0	107	366
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	1	0	2	3	0	0	0	0	0	0	0	0	0	0	0	0	3	28
CalAim	5	3	2	10	0	0	0	0	0	0	0	0	0	0	0	0	10	0
DME	8	7	7	22	0	0	0	0	0	0	0	0	0	0	0	0	22	63
Experimental/Investigational	1	5	3	9	0	0	0	0	0	0	0	0	0	0	0	0	9	9
Behavioral Health	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Advanced Imaging	5	17	1	23	0	0	0	0	0	0	0	0	0	0	0	0	23	130
Other	5	1	3	9	0	0	0	0	0	0	0	0	0	0	0	0	9	65
Pharmacy/RX Medical Benefit	3	3	4	10	0	0	0	0	0	0	0	0	0	0	0	0	10	30
Surgery	5	3	7	15	0	0	0	0	0	0	0	0	0	0	0	0	15	40
SNF-Long Term Care	1	0	3	4	0	0	0	0	0	0	0	0	0	0	0	0	4	0
Transportation	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Post Service Appeals	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	3
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CalAim	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Behavioral Health	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	19	18	11	48	0	0	0	0	0	0	0	0	0	0	0	0	48	134
Uphold Rate	51.4%	45.0%	34.4%	44.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	44.0%	36.4%
Overturns - Full	14	21	17	52													52	213
Overturn Rate - Full	37.8%	52.5%	53.1%	47.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	47.7%	57.9%
Overturns - Partial	0	1	4	5													5	15
Overturn Rate - Partial	0.0%	2.5%	12.5%	4.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.6%	4.1%
Withdrawal	4	0	0	4													4	6
Withdrawal Rate	10.8%	0.0%	0.0%	3.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.7%	1.6%
Membership	340,965	342,423	342,628		0	0	0	0	0	0	0	0	0	0	0			
Appeals - PTMPM	0.11	0.12	0.09	0.11	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00	0.15	0.06
Grievances - PTMPM	0.33	0.40	0.56	0.43	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00	0.47	0.32

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2025 YTD	2024
Expedited Appeals Received	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Standard Appeals Received	2	3	2	7	0	0	0	0	0	0	0	0	0	0	0	0	7	21
Total Appeals Received	2	3	3	8	0	0	0	0	0	0	0	0	0	0	0	0	8	23
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	1
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Expedited Appeals Compliance Rate	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	1	2	3	6	0	0	0	0	0	0	0	0	0	0	0	0	6	21
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
Total Appeals Resolved	1	2	4	7	0	0	0	0	0	0	0	0	0	0	0	0	7	23
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	1	2	4	7	0	0	0	0	0	0	0	0	0	0	0	0	7	23
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
CalAim	0	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Experimental/Investigational	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Other	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	7
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Surgery	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	5
SNF-Long Term Care	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CalAim	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	0	1	3	4	0	0	0	0	0	0	0	0	0	0	0	0	4	11
Uphold Rate	0.0%	50.0%	75.0%	57.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	57.1%	47.8%
Overturns - Full	1	1	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	11
Overturn Rate - Full	100.0%	50.0%	25.0%	42.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	42.9%	47.8%
Overturns - Partial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.3%
Membership	38,244	38,318	38,427		0	0	0	0	0	0	0	0	0	0	0	0		
Appeals - PTMPM	0.03	0.05	0.10	0.06	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00	0.04	0.05
Grievances - PTMPM	0.42	0.31	0.34	0.36	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00	0.52	0.33

CalViva Health Appeals and Grievances (Madera County)																		
Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2025 YTD	2024
Expedited Appeals Received	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Appeals Received	14	9	6	29	0	0	0	0	0	0	0	0	0	0	0	0	29	66
Total Appeals Received	14	9	6	29	0	0	0	0	0	0	0	0	0	0	0	0	29	67
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Expedited Appeals Compliance Rate	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.00%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	6	13	9	28	0	0	0	0	0	0	0	0	0	0	0	0	28	63
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	6	13	9	28	0	0	0	0	0	0	0	0	0	0	0	0	28	64
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	6	13	9	28	0	0	0	0	0	0	0	0	0	0	0	0	28	64
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
CalAim	0	1	2	3	0	0	0	0	0	0	0	0	0	0	0	0	3	0
DME	2	4	1	7	0	0	0	0	0	0	0	0	0	0	0	0	7	11
Experimental/Investigational	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	2	3	0	5	0	0	0	0	0	0	0	0	0	0	0	0	5	27
Other	1	1	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	7
Pharmacy/RX Medical Benefit	0	3	2	5	0	0	0	0	0	0	0	0	0	0	0	0	5	9
Surgery	1	1	2	4	0	0	0	0	0	0	0	0	0	0	0	0	4	4
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CalAim	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	3	3	5	11	0	0	0	0	0	0	0	0	0	0	0	0	11	25
Uphold Rate	50.0%	23.1%	55.6%	39.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	39.3%	39.1%
Overturns - Full	3	6	4	13	0	0	0	0	0	0	0	0	0	0	0	0	13	35
Overturn Rate - Full	50.0%	46.2%	44.4%	46.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	46.4%	54.7%
Overturns - Partial	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	4
Overturn Rate - Partial	0.0%	7.7%	0.0%	3.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.6%	6.3%
Withdrawal	0	3	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	0
Withdrawal Rate	0.0%	23.1%	0.0%	10.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.7%	0.0%
Membership	49,620	49,852	49,975		0	0	0	0.00%	0	0	0	0.00%	0	0	0	0.00%		
Appeals - PTMPM	0.12	0.26	0.18009	0.56	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00	0.21	0.11
Grievances - PTMPM	0.30	0.42	0.34017	1.06	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00	0.44	0.33

[illegible]

[illegible]

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2025 YTD	2024
Expedited Appeals Received	0	2	3	5	0	0	0	0	0	0	0	0	0	0	0	0	5	3
Standard Appeals Received	23	8	13	44	0	0	0	0	0	0	0	0	0	0	0	0	44	132
Total Appeals Received	23	10	16	49	0	0	0	0	0	0	0	0	0	0	0	0	49	135
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	1	4	5	0	0	0	0	0	0	0	0	0	0	0	0	5	3
Expedited Appeals Compliance Rate	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	13	17	8	38	0	0	0	0	0	0	0	0	0	0	0	0	38	126
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	13	18	12	43	0	0	0	0	0	0	0	0	0	0	0	0	43	129
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	9	18	12	39	0	0	0	0	0	0	0	0	0	0	0	0	39	125
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17
CalAim	0	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	0
DME	4	5	4	13	0	0	0	0	0	0	0	0	0	0	0	0	13	37
Experimental/Investigational	0	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	1
Behavioral Health	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Advanced Imaging	2	3	0	5	0	0	0	0	0	0	0	0	0	0	0	0	5	29
Other	2	0	4	6	0	0	0	0	0	0	0	0	0	0	0	0	6	25
Pharmacy/RX Medical Benefit	0	4	1	5	0	0	0	0	0	0	0	0	0	0	0	0	5	6
Surgery	1	1	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	10
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	8	7	7	22	0	0	0	0	0	0	0	0	0	0	0	0	22	51
Uphold Rate	61.5%	38.9%	58.3%	51.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	51.2%	39.5%
Overturns - Full	4	7	4	15	0	0	0	0	0	0	0	0	0	0	0	0	15	72
Overturn Rate - Full	30.8%	38.9%	33.3%	34.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	34.9%	55.81%
Overturns - Partial	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	6
Overturn Rate - Partial	0.0%	5.6%	8.3%	4.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.7%	4.7%
Withdrawal	1	3	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4	5
Withdrawal Rate	7.7%	16.7%	0.0%	9.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9.3%	3.9%
Membership	47,731	47,867	47,918		0	0	0	0	0	0	0	0	0	0	0	0		
Appeals - PTMPM	0.27	0.38	0.25	0.90	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00	0.40	0.15
Grievances - PTMPM	1.09	1.09	1.34	3.51	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00	1.45	0.65

Cal Viva Dashboard Definitions	
Categories	Description
GRIEVANCE	Expression of dissatisfaction regarding any aspect of a plans or providers operations, contractual issues, activities or behaviors.
Expedited Grievances Received	Grievance received in the month with a TAT of 3 calendar days
Standard Grievances Received	Grievances received in the month with the standard 30 days TAT
Total Grievance Received	Amount of cases received within that month
Grievance Acknowledgement Sent Noncompliant	The number of Acknowledgement letters not sent within the 5 calendar day TAT
Grievance Acknowledgement Compliance Rate	Percentage of acknowledgement letters sent within 5 calendar days
Expedited Grievances Resolved Noncompliant	Expedited grievances closed after the 3 calendar day TAT
Expedited Grievances Resolved Compliant	Expedited grievances closed within the 3 calendar day TAT
Expedited Grievance Compliance Rate	Percentage of Expedited Grievances closed within the 3 calendar day TAT
Standard Grievances Resolved Noncompliant	Standard 30 day grievance cases closed after the 30 day TAT
Standard Grievances Resolved Compliant	Standard 30 day grievance cases closed within the 30 day TAT
Standard Grievance Compliance Rate	Percentage of cases closed within the 30 calendar day TAT
Total Grievances Resolved	Amount of cases closed for the month
Quality of Service Grievances	Grievances Related to non clinical concerns/administrative issues
Access to Care Grievance - Other	Long wait time for a scheduled appointment or unable to get an appointment with an ancillary provider
Access to Care Grievance - PCP	Long wait time for a scheduled appointment or unable to get an appointment with a PCP
Access to Care Grievance - Physical/OON	Access to care issues specifically due to physical distance or provider not being contracted with the plan
Access to Care Grievance - Specialist	Long wait time for a scheduled appointment or unable to get an appointment with a specialist
Administrative	Grievances related to health plan benefit, pain authorization or access issues
Balance Billing	Member billing for Par and Nonpar providers.
Continuity of Care - Acute	Quality of service complaint/dispute regarding the continuity of care for acute care, as perceived by the enrollee from a provider.
Continuity of Care - Newborn	Quality of service complaint/dispute regarding the continuity of care for newborn care, as perceived by the enrollee from a provider.
Continuity of Care - Other	Quality of service complaint/dispute regarding the continuity of care for any other care not already categorized, as perceived by the enrollee from a provider.
Continuity of Care - Pregnancy	Quality of service complaint/dispute regarding the continuity of care for pregnancy care, as perceived by the enrollee from a provider.
Continuity of Care - Surgery	Quality of service complaint/dispute regarding the continuity of care for surgery, as perceived by the enrollee from a provider.
Continuity of Care - Terminal Illness	Quality of service complaint/dispute regarding the continuity of care for Terminal Illness, as perceived by the enrollee from a provider.
Interpersonal Grievance	Providers interaction with member
Behavioral Health	Grievances related to Mental Health providers/care
Other	All other QOS grievance types
Pharmacy/RX Medical Benefit	Long wait time for the drug to be called in or refilled
Quality of Care Grievances	Grievances Related to clinical concerns/possible impact to members health
Access to Care Grievance - Other	Long wait time for a scheduled appointment or unable to get an appointment with an ancillary provider
Access to Care Grievance - PCP	Long wait time for a scheduled appointment or unable to get an appointment with a PCP
Access to Care Grievance - Physical/OON	Access to care issues specifically due to physical distance or provider not being contracted with the plan
Access to Care Grievance - Specialist	Long wait time for a scheduled appointment or unable to get an appointment with a specialist
Behavioral Health	Grievances related to Mental Health providers/care
Other	All other QOC grievance types
PCP Care	Grievances related to quality of care provided by a PCP
PCP Delay	Grievances related to a delay in care provided by a PCP
Pharmacy/RX Medical Benefit	Wrong drug dispensed or adverse drug reaction.
Specialist Care	Grievances related to quality of care provided by a Specialist
Specialist Delay	Grievances related to a delay in care provided by a Specialist
APPEALS	Request for reconsideration. An oral or written request to change a decision or adverse determination.
Expedited Appeals Received	Appeals received in the month with a TAT of 3 calendar days
Standard Appeals Received	Appeals received in the month with a TAT of 30 calendar days
Total Appeals Received	Amount of cases received within that month
Appeals Acknowledgement Sent Non-compliant	Total number of acknowledgement letters not sent within the 5 calendar day TAT
Appeals Acknowledgement Compliance Rate	Percentage of Acknowledgement letters sent with the 5 calendar day TAT
Expedited Appeals Resolved Non-Compliant	Number of expedited appeals resolved after the 3 calendar day TAT
Expedited Appeals Resolved Compliant	Number of expedited appeals resolved within the 3 calendar day TAT
Expedited Appeals Compliance Rate	Percentage of expedited appeals closed with the 3 calendar day TAT
Standard Appeals Resolved Non-Compliant	Standard 30 day appeals resolved after the 30 calendar days
Standard Appeals Resolved Compliant	Standard 30 day appeals resolved within the 30 calendar days
Standard Appeals Compliance Rate	Percentage of Standard 30 calendar day TAT appeals closed within compliance
Total Appeals Resolved	Total number of appeals resolved for the month
Appeal Descriptions	
Pre Service Appeal	Any request for the reversal of a denied service prior to the services being rendered.
Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
Behavioral Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.
Pharmacy/RX Medical Benefit	Denied medication, including those considered an RX medical benefit, due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
Post Service Appeal	Any request for the reversal of a denied claim payment where the services were previously rendered.
Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
Behavioral Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.
Pharmacy/RX Medical Benefit	Denied medication, including those considered an RX medical benefit, due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
Appeals Decision Rate	Will include number of Upholds, Overturns, Partial overturns, and Withdrawals
Upholds	Number of Upheld Appeals

Uphold Rate	Percentage of Upheld appeals
Overturns - Full	Number of full overturned appeals
Overturn Rate - Full	Percentage of full overturned appeals
Overturn - Partial	Number of Partial Overturned appeals
Overturn Rate - Partial	Percentage of Partial Overturned appeals
Withdrawals	Number of withdrawn appeals
Withdrawal Rate	Percentage of withdrawn appeals
EXEMPT GRIEVANCE	Grievances received over the telephone that are not coverage dipsutes, disputed health care services involving medical necessity or experimental/investigational treatment that are resolved the the close of the next business day (1300.68 (d)(8).
Exempt Grievance tab key – Calviva Dashboard	
Column Definitions.	
Date Opened	The date the case was received
SF #	The internal HealthNet system ID code for the CCC representative who documented the call
Rep Name	Name of the CCC associate who took the call
Sup Name	Supervisor of the CCC associate who took the call
Mbr ID	The Calviva Health ID number of the member
SPD	Marked "yes" if the member is part of the "Seniors & Persons with Disabilities" population
Date of Birth	Date of birth of the member
Mbr Name	Name of the member
Reason	The case was categorized as a Calviva Exempt Grievance, hence the reason it's on the report
Preventable	Used if an Exempt Grievance was determined to be preventable
Access to Care	Used if determined Exempt Grievance was related to Access to Care
Issue Main Classification	Case is categorized by type of complaint
Issue Sub Classification	Case is subcategorized by type of complaint
DMHC Complaint Category	Case is categorized based on the DMHC TAR template complaint category
Discrimination?	Marked "yes" if case involved perceived discrimination by the member, otherwise marked "no"
Resolution	The resolution to the exempt grievance is noted here
Date Reviewed	The date the case was reviewed by CCC exempt grievance personnel
Provider Involved	The provider involved in the exempt grievance is noted here
Provider Category	The type of provider that is involved
County	The county the member resides in is noted here
PPG	Whether the member is assigned to a PPG is noted here
Health Plan ID	The Internal HN Plan ID for the Provider Involved in the exempt grievance.
PPG Service Area	Internal HN Code for the PPG to whom the member belongs.
Yes	
Classification Definitions	
Authorization	Used when it's an Authorization/Referral issue related exempt grievance
Avail of Appt w/ Other Providers	The case is related to appointment availability of ancillary providers
Avail of Appt w/ PCP	The case is related to appointment availability of the PCP
Avail of Appt w/ Specialist	The case is related to appointment availability of a Specialist
Claims Complaint	The case is related to a claims issue/dispute
Eligibility Issue	The case is related to the members eligibility or lackthereof.
Health Care Benefits	When it's an exempt grievance related to a specific benefit, eg transportation
ID Card - Not Received	The case is related to the member having not received their ID card
Information Discrepancy	When the exempt grievance is related to being given wrong or misleading information
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	The case is related to the interpersonal behavior of a health plan staff member
Interpersonal - Behavior of Clinic/Staff - Provider	The case is related to the interpersonal behavior of a provider
Interpersonal - Behavior of Clinic/Staff - Vendor	The case is related to the interpersonal behavior of a vendor
Other	For miscellaneous exempt grievances
PCP Assignment/Transfer	
PCP Assignment/Transfer-Health Plan Assignment- Change Request	Use this when the member is upset/dissatisfied with the health plan's PCP assignment for the member, whether it be through the auto-assignment logic process or any other health plan assignments reasons.
PCP Assignment/Transfer-HCO Assignment - Change Request	Use this when the member is upset/dissatisfied with the health plan's PCP assignment for the member. This category will represent PCP assignments in which the assignment was made as a result of the 834 file HCO Input. "Electronic Assignment- HCO Input"
Pharmacy	The case is related to a pharmacy issue
Wait Time - In Office for Scheduled Appt	When the Access to Care complaint is in regards to wait time at a providers office
Wait Time - Too Long on Telephone	When the Access to Care complaint is in regards to being placed on hold or unable to get through by telephone
The Outlier Tab	This tab is used by the Reporting Team, CalViva, and A&G. The Reporting Team will use this tab to call out any outliers to the A&G team that were identified during the report creation such as trends or increase in volume of appeals and/or grievances. The Reporting team will send the outliers to the business when the Dashboard is sent for approval. CalViva will use this tab to call out any outliers to the A&G team that were identified during the report creation. The A&G Team will use this tab to document the reasons for the call out, trending, or unusual high numbers of complaints from the Reporting Team or CalViva on the outliers that were identified during the report creation or review of cases.
Month	This is used to track the month effected by the change that was made
Date	This is used to track the date the change was made
Outlier	This is the section that describes a brief explanation of the outlier such as increase number of PCP wait time complaints, trends, etc.
Explanation	This is the section that explains the outlier.
Membership	Excludes Kaiser membership and is addressed separately in a quarterly report by Kaiser Plan.
PTMPM	Per thousand members per month. PTMPM rates are calculated using the total number of appeals or grievances, divided by total membership and multiplied by 1,000

Item #12

Attachment 12.E

Medical Management
Key Indicator Report



Healthcare Solutions Reporting

Key Indicator Report

Auth Based Utilization Metrics for CALVIVA California SHP

Report from 3/01/2025 to 3/31/2025

Report created 4/17/2025

Purpose of Report:

Summary report on Inpatient and Outpatient Utilization Metrics by Region, County, PPG entity

Reports show inpatient Rates with and without maternity, readmission, TAT Compliance, Care Management Programs

Exhibits:

[Read Me](#)

[Main Report CalVIVA](#)

[CalVIVA Commission](#)

[CalVIVA Fresno](#)

[CalVIVA Kings](#)

[CalVIVA Madera](#)

[Glossary](#)

Contact Information

Sections

Concurrent Inpatient TAT Metric

TAT Metric

CCS Metric

Case Management Metrics

Contact Person

Katherine Marie F. Coy <KATHERINE.F.COY@HEALTHNET.COM>

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Auth Based Utilization Metrics for CALVIVA California SHP
Report from 3/01/2025 to 3/31/2025
 Report created 4/17/2025

Utilization based on Claims data	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2024-Trend	2025-01	2025-02	2025-03	2025-Trend	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Qtr Trend	CY- 2024	YTD-2025	YTD-Trend
MEMBERSHIP												Quarterly Averages								Annual Averages				
Expansion Mbr Months	119,992	120,073	120,279	120,769	122,044	122,125	122,163	122,244	121,961	121,430		121,277	121,332	122,118		118,378	120,374	122,111	121,878	121,576		120,685	121,576	
Adult/Family/O TLIC Mbr Mos	267,730	267,209	266,454	266,050	266,607	265,991	264,882	264,720	263,023	261,420		261,031	262,374	261,472		265,833	266,571	265,827	263,054	261,626		265,321	261,626	
Aged/Disabled Mbr Mos	47,234	46,940	46,026	46,962	47,175	47,366	47,622	47,822	48,280	48,512		47,624	47,618	47,808		47,003	46,643	47,388	48,205	47,683		47,310	47,683	
COUNTS																								
Admits - Count	2,183	2,030	2,201	2,191	2,291	2,231	2,173	2,140	2,072	2,099		2,223	1,952	2,002		2,187	2,141	2,232	2,104	2,059		2,166	2,254	
Expansion	678	674	748	759	765	781	712	705	695	726		835	696	689		709	727	753	709	740		724	805	
Adult/Family/O TLIC	947	861	932	904	946	908	971	907	874	855		907	881	911		909	899	942	879	900		907	992	
Aged/Disabled	558	495	521	528	580	542	490	528	503	518		481	375	402		568	515	537	516	419		534	457	
Admits Acute - Count	1,446	1,390	1,456	1,433	1,519	1,464	1,387	1,381	1,383	1,396		1,498	1,266	1,326		1,436	1,425	1,431	1,426	1,469		1,426	1,497	
Expansion	521	533	592	597	602	603	567	543	559	589		671	539	553		541	574	591	564	588		567	643	
Adult/Family/O TLIC	495	451	467	423	469	410	415	421	433	378		446	433	435										
Aged/Disabled	430	406	397	413	448	451	405	417	391	429		381	294	338		426	405	435	412	338		420	368	
Readmit 30 Day - Count	242	226	258	276	241	265	237	260	238	251		237	200	146		247	253	248	250	194		249	195	
Expansion	96	89	109	124	100	104	84	84	92	107		109	89	74		94	107	96	94	91		98	91	
Adult/Family/O TLIC	35	50	51	44	37	43	47	50	39	38		38	37	20		40	48	42	42	32		43	32	
Aged/Disabled	111	87	98	108	104	118	106	126	107	106		90	74	52		113	98	109	113	72		108	72	
**ER Visits - Count	14,739	14,882	15,863	15,007	14,728	14,350	14,670	14,534	13,747	14,603		15,098	13,153	4,013		14,081	15,251	14,583	14,295	10,755		14,552	10,755	
Expansion	3,832	3,946	4,178	4,231	4,436	4,336	4,301	4,184	3,738	4,034		4,267	3,448	1,289		3,707	4,118	4,358	3,985	3,001		4,042	3,001	
Adult/Family/O TLIC	8,932	8,972	9,631	8,675	8,145	8,173	8,615	8,637	8,325	8,747		9,067	8,348	2,330		8,477	9,093	8,311	8,570	6,582		8,613	6,582	
Aged/Disabled	1,975	1,964	2,054	2,101	2,147	1,841	1,754	1,713	1,684	1,822		1,764	1,357	394		1,898	2,040	1,914	1,740	1,172		1,898	1,172	
PER/K																								
Admits Acute - PTMPY	39.9	38.4	40.4	39.6	41.8	40.3	38.3	38.1	38.3	38.8		41.8	35.2	36.9		40.0	39.4	39.4	39.5	40.9		39.5	41.7	
Expansion	52.1	53.3	59.1	59.3	59.2	59.3	55.7	53.3	55.0	58.2		66.4	53.3	54.3		54.8	57.2	58.0	55.5	58.0		56.4	63.4	
Adult/Family/O TLIC	22.2	20.3	21.0	19.1	21.1	18.5	18.8	19.1	19.8	17.4		20.5	19.8	20.0		21.2	20.1	19.5	18.7	20.1		19.9	22.3	
Aged/Disabled	109.2	103.8	103.5	105.5	114.0	114.3	102.1	104.6	97.2	106.1		96.0	74.1	84.8		108.8	104.3	110.1	102.6	85.0		106.4	92.5	
Bed Days Acute - PTMPY	214.4	199.1	203.5	207.6	206.8	199.7	188.3	183.3	189.9	199.9		215.2	163.6	177.0		216.0	203.4	198.3	191.0	185.2		202.1	197.9	
Expansion	323.7	297.9	294.3	340.8	316.9	288.9	287.0	246.8	288.5	316.6		360.9	274.1	282.6		324.7	311.1	297.6	283.9	305.8		304.1	323.0	
Adult/Family/O TLIC	83.1	73.2	83.3	66.8	72.7	68.8	70.4	75.1	71.4	69.5		79.9	64.8	72.5		79.6	74.4	70.7	72.0	72.4		74.2	80.1	
Aged/Disabled	681.6	662.4	662.2	662.8	679.2	704.3	591.2	620.3	586.1	610.2		586.1	426.1	479.2		713.6	662.5	658.1	605.5	497.1		659.5	525.4	
ALOS Acute	5.4	5.2	5.0	5.2	4.9	4.9	4.9	4.8	5.0	5.1		5.1	4.6	4.8		5.4	5.2	5.0	4.8	4.5		5.1	4.7	
Expansion	6.2	5.6	5.0	5.7	5.4	4.9	5.2	4.6	5.2	5.4		5.4	5.1	5.2		5.9	5.4	5.1	5.1	5.3		5.4	5.1	
Adult/Family/O TLIC	3.7	3.6	4.0	3.5	3.4	3.7	3.7	3.9	3.6	4.0		3.9	3.3	3.6		3.8	3.7	3.6	3.8	3.6		3.7	3.6	
Aged/Disabled	6.2	6.4	6.4	6.3	6.0	6.2	5.8	5.9	6.0	5.8		6.1	5.8	5.6		6.6	6.4	6.0	5.9	5.8		6.2	5.7	
Readmit % 30 Day	11.1%	11.1%	11.7%	12.6%	10.5%	11.9%	10.9%	12.1%	11.5%	12.0%		10.7%	10.2%	7.3%		11.3%	11.8%	11.1%	11.9%	9.4%		11.5%	8.7%	
Expansion	14.2%	13.2%	14.6%	16.3%	13.1%	13.3%	11.8%	11.9%	13.2%	14.7%		13.1%	12.8%	10.7%		13.3%	14.8%	12.8%	13.3%	12.3%		13.5%	11.3%	
Adult/Family/O TLIC	3.7%	5.8%	5.5%	4.9%	3.9%	4.7%	4.8%	5.5%	4.5%	4.4%		4.2%	4.2%	2.2%		4.4%	5.4%	4.5%	4.8%	3.5%		4.8%	3.2%	
Aged/Disabled	19.9%	17.6%	18.8%	20.5%	17.9%	21.8%	21.6%	23.9%	21.3%	20.5%		18.7%	19.7%	12.9%		19.8%	19.0%	20.3%	21.9%	17.2%		20.3%	15.8%	
**ER Visits - PTMPY	406.6	411.3	439.9	415.1	405.5	395.4	405.0	401.1	380.7	406.2		421.4	365.9	111.6		391.9	422.1	402.0	396.0	299.5		403.0	299.5	
Expansion	383.2	394.4	416.8	420.4	436.2	426.1	422.5	410.7	367.8	398.6		422.2	341.0	126.7		375.7	410.6	428.2	392.4	296.2		401.9	296.2	
Adult/Family/O TLIC	400.3	402.9	433.7	391.3	366.6	368.7	390.3	391.5	379.8	401.5		416.8	381.8	106.9		382.6	409.3	375.2	390.9	301.9		389.5	301.9	
Aged/Disabled	501.8	502.1	535.5	536.9	546.1	466.4	442.0	429.8	418.6	450.7		444.5	342.0	98.9		484.6	524.8	484.7	433.1	294.9		481.4	294.9	
Services	TAT Compliance Goal: 100%											TAT Compliance Goal: 100%				TAT Compliance Goal: 100%				TAT Compliance Goal: 100%				
Preservice Routine	100.0%	100.0%	100.0%	88.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%		100.0%	94.6%	100.0%	100.0%	100.0%				
Preservice Urgent	96.0%	94.0%	98.0%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%		98.2%	96.9%	99.1%	100.0%	100.0%				
Postservice	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%		100.0%	100.0%	10						

Key Indicator Report
Auth Based Utilization Metrics for CALVIVA California SHP
Report from 3/01/2025 to 3/31/2025
Report created 4/17/2025

ER utilization based on Claims data	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2024-Trend	2025-01	2025-02	2025-03	2025-Trend	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Qtr Trend	CY- 2024	YTD-2025	YTD-Trend	
	Perinatal Case Management											Perinatal Case Management				Perinatal Case Management				Perinatal Case Management					
Total Number Of Referrals	163	280	257	64	134	137	203	196	157	134		236	222	319		686	601	474	487	777			2,248	777	
Pending	0	0	0	0	0	0	0	0	1	21		1	2	1		0	0	0	22	4			22	4	
Ineligible	9	10	9	18	17	13	14	27	17	15		18	15	17		40	37	44	59	50			180	50	
Total Outreached	154	270	248	46	117	124	189	169	139	98		217	205	301		646	564	430	406	723			2,046	723	
Engaged	103	145	160	41	103	105	87	71	77	51		115	141	190		466	346	295	199	446			1,306	446	
Engagement Rate	67%	54%	65%	89%	88%	85%	46%	42%	55%	52%		53%	69%	63%		72%	61%	69%	49%	62%			64%	62%	
Total Cases Managed	603	612	619	505	489	422	392	383	368	346		288	309	341		937	809	670	513	471			1779	471	
Total Cases Closed	136	152	153	119	164	102	68	88	58	82		71	59	51		471	424	334	228	181			1,457	181	
Cases Remained Open	442	439	467	388	318	295	306	287	291	247		199	231	277		442	388	306	247	277			247	277	
	Physical Health Case Management											Physical Health Case Management				Physical Health Case Management				Physical Health Case Management					
Total Number Of Referrals	314	268	343	189	224	272	173	313	177	153		185	185	404		774	800	669	643	774			2,886	774	
Pending	0	0	0	1	1	0	1	2	1	12		0	0	7		0	1	2	15	7			18	7	
Ineligible	33	37	79	18	4	25	14	12	8	4		4	1	4		81	134	43	24	9			282	9	
Total Outreached	281	231	264	170	219	247	158	299	168	137		181	184	393		693	665	624	604	758			2,586	758	
Engaged	138	119	123	77	103	107	67	114	69	82		119	124	184		339	319	277	265	427			1,200	427	
Engagement Rate	49%	52%	47%	45%	47%	43%	42%	38%	41%	60%		66%	67%	47%		49%	48%	44%	44%	56%			46%	56%	
Total Screened and Refused/Decline	39	29	38	15	26	43	27	62	35	16		8	6	70		108	82	96	113	84			399	84	
Unable to Reach	104	83	103	78	90	97	64	123	64	39		54	54	139		246	264	251	226	247			987	247	
Total Cases Closed	89	76	106	94	110	109	85	96	83	88		62	76	98		312	276	304	267	236			1,159	236	
Cases Remained Open	296	350	376	339	331	324	300	323	297	300		277	267	277		296	339	300	300	277			300	277	
Total Cases Managed	405	435	484	441	450	444	402	429	401	398		350	363	388		622	615	601	582	526			1479	526	
Complex Case	64	62	65	65	62	51	46	45	45	40		34	38	35		99	86	69	60	48			176	48	
Non-Complex Case	341	373	419	376	388	393	356	384	356	358		316	325	353		523	529	532	522	478			1303	478	
	Transitional Care Services											Transitional Care Services				Transitional Care Services				Transitional Care Services					
Total Number Of Referrals	147	128	238	431	493	611	641	827	680	572		576	503	508		704	797	1745	2079	1587			5,325	1,587	
Pending	0	0	0	0	0	0	0	2	8	117		0	0	2		0	0	0	127	2			127	2	
Ineligible	14	7	6	13	3	17	4	22	12	7		7	1	2		97	26	24	41	10			188	10	
Total Outreached	133	121	232	418	490	594	637	803	660	448		569	502	504		607	771	1721	1911	1575			5,010	1,575	
Engaged	110	88	146	232	321	359	402	440	346	246		484	424	427		375	466	1082	1032	1335			2,955	1,335	
Engagement Rate	83%	73%	63%	56%	66%	60%	63%	55%	52%	55%		85%	84%	85%		62%	60%	63%	54%	85%			59%	85%	
Total Screened and Refused/Decline	3	9	6	24	36	33	34	35	34	27		11	4	14		58	39	103	96	29			296	29	
Unable to Reach	20	24	80	162	133	202	201	328	280	175		74	74	63		174	266	536	783	211			1,759	211	
Total Cases Closed							310	343	354	326		309	230	281		279	298	795	1023	820			2,395	820	
Cases Remained Open	107	92	109	233	305	386	423	490	419	383		298	332	324		107	233	423	383	324			383	324	
Total Cases Managed	260	211	245	387	608	735	849	938	932	797		662	611	646		399	587	1148	1560	1185			2,981	1,185	
	Behavioral Health Care Management											Behavioral Health Care Management				Behavioral Health Care Management				Behavioral Health Care Management					
Total Number Of Referrals	73	68	138	81	115	122	83	98	94	88		128	107	157		245	287	320	280	392			1,132	392	
Pending	0	0	0	0	0	0	0	0	0	11		0	0	2		0	0	0	11	2			11	2	
Ineligible	2	2	5	6	2	6	5	3	2	1		6	0	1		14	13	13	6	7			46	7	
Total Outreached	71	66	133	75	113	116	78	95	92	76		122	107	154		231	274	307	263	383			1,075	383	
Engaged	52	35	65	52	73	82	58	78	68	52		84	76	115		162	152	213	198	275			725	275	
Engagement Rate	73%	53%	49%	69%	65%	71%	74%	82%	74%	68%		69.0%	71.0%	75.0%		70%	55%	69%	75%	72%			67%	72%	
Total Screened and Refused/Decline	1	7	10	1	1	5	0	1	3	1		1	1	0		5	18	6	5	2			34	2	
Unable to Reach	18	24	58	22	39	29	20	16	21	23		37	30	39		64	104	88	60	106			316	106	
Total Cases Closed	31	55	60	36	63	50	60	71	53	52		44	51</												

Key Indicator Report
Auth Based Utilization Metrics for CALVIVA California SHP
Report from 3/01/2025 to 3/31/2025
Report created 4/17/2025

utilization based on Claims data	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2024-Trend	2025-01	2025-02	2025-03	2025-Trend	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Qtr Trend	CY- 2024	YTD-2025	YTD-Trend		
	First Year of Life Care Management											First Year of Life Care Management					First Year of Life Care Management					First Year of Life Care Management				
Total Number Of Referrals	47	35	29	22	56	34	25	25	24	28		35	36	47		108	86	115	77	118		386	118			
Pending	0	0	0	0	0	0	0	0	0	0		0	0	0		0	0	0	0	0		0	0			
Ineligible	0	0	0	0	0	0	0	0	0	0		0	0	1		2	1	2	0	1		5	1			
Total Outreached	0	0	0	0	0	0	0	0	25	24	28		35	36	46		106	85	113	77	117		381	117		
Engaged	0	0	0	0	0	0	0	0	24	24	28		35	36	41		106	85	103	76	112		370	112		
Engagement Rate	0%	0%	0%	0%	0%	0%	0%	96%	100%	100%		100.0%	100.0%	89.0%		100.0%	100.0%	91.0%	99.0%	96.0%		97.0%	96.0%			
Total Screened and Refused/Decline	0	0	0	0	0	0	0	0	1	0	0		0	0	0		0	0	4	1	0		5	0		
Unable to Reach	0	0	0	0	0	0	0	0	0	0	0		0	0	5		0	0	6	0	5		6	5		
Total Cases Closed	0	0	0	0	0	0	0	0	21	27	23		24	19	19		20	28	37	71	62		156	62		
Cases Remained Open	0	0	0	0	0	0	0	0	319	317	322		278	296	327		196	254	319	322	327		322	327		
Total Cases Managed	0	0	0	0	0	0	0	0	342	345	346		303	329	345		217	282	357	394	388		480	388		

Item #12

Attachment 12.F

Medical Management
Quarterly Summary Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

FROM: Patrick C. Marabella, MD, Chief Medical Officer
Amy R. Schneider, RN, Senior Director Medical Management

COMMITTEE

DATE: May 15th, 2025

SUBJECT: CalViva Health QI, UCM & Population Health Update of Activities Quarter 1 2025 (May 2025)

Purpose of Activity:

This report is to provide the RHA Commission with an update on the CalViva Health **Quality Improvement, Utilization Management, Case Management, and Population Health Management** performance, programs and regulatory activities in Quarter 1 of 2025.

I. Meetings

The RHA Commission has delegated the authority and responsibility for development and implementation of the programs identified in the purpose above to the CalViva Health Quality Improvement Utilization Management Committee (QI/UM). The CalViva QI/UM Committee meets seven times per year to direct and oversee these programs and receive routine reports on progress towards goals and completion of planned activities.

In Quarter 1, two QI/UM Committee meetings were held on **February 20th** and on **March 20th**. At the February and March QI/UM Committees the following **guiding documents** were approved:

The **Program Documents** approved were:

1. QI/UM Committee Charter 2025
2. 2024 Quality Improvement/Health Education End of Year Evaluation
3. 2025 Quality Improvement/Health Education Program Description
4. 2025 Quality Improvement/Health Education Work Plan
5. 2024 Utilization Management/Care Management End of Year Evaluation
6. 2025 Utilization Management Program Description
7. 2025 Care Management Program Description
8. 2025 Utilization Management/Care Management Work Plan
9. 2025 Population Health Management Strategy Description
10. Continuity & Coordination of Medical Care Report for 2024
11. Continuity & Coordination Medical & Behavioral Healthcare Report for 2024
12. NCQA Non-Behavioral Health Member Experience Report
13. NCQA Behavioral Health Member Experience Report

The following **Oversight Audit Results** were presented and accepted at the February meeting:

1. 2024 Utilization Management/Care Management Oversight Audit
2. 2024 Continuity of Care Oversight Audit
3. 2024 Emergency Services Oversight Audit
4. 2024 Pharmacy Oversight Audit

Other **General Documents** approved were:

1. Pharmacy Provider Updates
2. Medical Policies
3. Pharmacy Policies & Procedures
4. Utilization Management Policy & Procedure (1)

II. QI Reports - The following is a summary of some of the Quality Improvement reports and topics reviewed:

1. The **Appeal and Grievance Dashboard & Quarterly Reports (7)** provides a summary of all grievances to track volumes, turn-around times and case classifications. A year-to-year evaluation was presented at the February meeting to evaluate how 2024 volumes, case types, and turn-around times compared with 2023.
 - a. The total number of grievances through January 2025 is consistent with recent months.
 - b. The "Quality of Service" (QOS) grievance type represented the majority of grievances.
 - c. The volume of "Quality of Care" (QOC) grievances overall decreased in 2024 when compared to 2023. Most commonly QOCs were related to PCP Care.
 - d. Exempt Grievance volume increased moderately in 2024 compared to 2023. Administrative, Balanced billing and Transportation related grievances continue to be the most common, but transportation related volumes are lower especially "no shows".
 - e. The total number of appeals received in 2024 increased compared to 2023. Requests for Durable Medical Equipment (DME) increased in 2024 and advanced imaging remained consistent with improvement noted for cardiology.
2. **A & G Validation Audit Report** for Q3 2024 indicates a high performing process with 93% of cases meeting documentation standards on receipt. All cases are fully reconciled prior to closure.
3. **Potential Quality Issues (PQI) & Provider Preventable Conditions (PPC) Reporting** provides a summary of the quarterly evaluation of cases/issues that may result in substantial harm to a member. The number of member generated PQI cases reported in the Q4 2024 decreased compared to recent quarters. Behavioral Health PQIs are now included in this report. Non-member cases were reported as two (2) and there were fifteen (15) Peer Review cases, consistent with the previous quarter. There were three (3) PPC cases reviewed in Q4. All three (3) were reported to DHCS.
4. **Behavioral Health Performance Indicator Report** was presented for Q3 2024. Due to organizational changes the number of metrics monitored in this report has decreased. Potential Quality Issues (PQIs), provider disputes, network availability, and adequacy metrics are now integrated into other existing reports. Five (5) metrics remain in this report. All five (5) metrics met or exceeded their targets.
 - The Q3 2024 behavioral health utilization rate (# of unique members with at least one (1) behavioral health claim) was 3%.
 - Appointment availability met the target at 100%, with two (2) life threatening emergent case, one (1) Non-life threatening emergent cases and there were zero (0) Urgent cases.
 - Authorization timeliness is reported at 100%, with a breakdown of 35 non-ABAs and 1,293 ABAs for Q3 2024.
5. **The Initial Health Appointment Report** for Quarter 3 2024 was presented. The Department of Health Care Services (DHCS) requires that newly enrolled Medi-Cal members have an **Initial Health Appointment (IHA)** completed within the first 120 days of enrollment. This report demonstrates CalViva Health's performance on IHA compliance monitoring from Q4 2023 through Q3 2024.

The current approach to monitoring has three components:

 - a. Primary Care Physician Facility Site (FSR) and Medical Record Review (MRR) via onsite (or virtual) provider audits.
 - b. Monitoring of claims and encounters data.
 - c. Member outreach utilizes a three-step methodology: Two phone calls and one mailer.

The IHA workgroup is collaborating with Provider Engagement to identify barriers with high volume low performing providers on a quarterly cadence.

Additional Quality Improvement Reports were presented including Lead Screening Quarterly, Member Incentive Report, County Relations, Performance Improvement Project Updates, and others scheduled for presentation at the QI/UM Committee during Q1.

III. Access Related Reporting for Quarter 1 included:

1. **Access Workgroup Quarterly Report for Q4 2024.**
2. **Access Work Group minutes from December 3rd, 2024.**

Other Access-related reporting included the Standing Referrals Report, Specialty Referrals Report, and Provider Office Wait Time Report.

IV. UCM Reports - The following is a summary of some of the UCM reports and topics reviewed:

1. **The Key Indicator Report (KIR) and Concurrent Review Report** provided data for Q4 2024 and January 2025. A quarterly comparison was reviewed with the following results:
 - a. **Acute Admits** (adjusted PTMPY), for expansion, and adults increased in Q1 2025.
 - b. **Acute Length of Stay and Readmissions** (all adjusted PTMPY) for TANF, MCE, and SPDs shows a decline in Q1 2025.
 - c. **Care Management:** Behavioral Health, Perinatal, Physical Health, Transitional Care Services (TCS), and First Year of Life demonstrate improvements in referrals and member engagement in Q1 2025.
 - d. **Turn-around Times:** Routine Deferral letters requiring language translation were delayed. In response, team members received additional training. Leadership is actively involved in achieving the goal of full operational compliance.
2. **Inter-rater Reliability Results for Physicians and Non-physicians** is an annual evaluation of UM physicians and staff to ensure InterQual® Clinical Decision Support Criteria along with other evidence-based policies and guidelines are used consistently during clinical reviews for medical necessity. All UM staff and physicians undergo InterQual training upon hire with annual updates and retesting. Q4 2024 testing results include:
 - a. The initial overall pass rate was 90%.
 - b. Following remediation and retesting, the majority of individuals scored 90% or higher.
 - c. For all physician and non-physician reviewers who failed to pass the retesting, the Plan initiated documented coaching in Q1-2025.
3. **Enhanced Care Management and Community Supports Report (Q4 2024)** summarizes the CalAIM (California Advancing and Innovating Medi-Cal) initiative to improve the quality of life and health outcomes of Medi-Cal Members by implementing a broad delivery system with program and payment reform. A key feature of CalAIM is the introduction of Enhanced Care Management (ECM) as well as a menu of Community Supports (CS) services, which can serve as cost-effective alternatives to covered Medi-Cal services.
 - **For ECM**, of 14,934 members who were assigned in the three (3) CVH counties, 1,437 were successfully enrolled, accounting for a 9.6% enrollment rate.
 - The average assignment to enrollment percentage for each county is: Fresno (10%), Madera (5.8%), and Kings County (10.9%).
 - Services most commonly utilized were related to Medically Tailored Meals/Food (71%), Housing Services (21%), Short-Term Post-Hospitalization Housing (3%), and Asthma Remediation, Day Habilitation Services, and Personal Care and Homemaker Services (1%).
 - A total of 1,154 **CS referrals** were made through Findhelp between January through December 2024 to a total of 20 CS providers.
 - **CS referrals** can be made through two routes, either directly to the contracted CS provider or through the Findhelp website. (Findhelp is a closed-loop community resources and referrals online platform used to identify local resources and support staff and community partners when searching for local social services, including plan-contracted CS providers.)

Additional UMCM Reports including the CCS report, CCR Inter-rater Reliability Report, Care Management & CCM, PA Member Letter Monitoring, SPD Health Risk Assessment, TurningPoint, Evolent (NIA), MedZed, and others scheduled for presentation at the QI/UM Committee during Q1.

- V. Pharmacy quarterly reports** include **Pharmacy Operations Metrics, Top Medication Prior Authorization (PA) Requests, Inter-rater Reliability Review Report** and **Quality Assurance Results** which were all reviewed for Quarter 4. All metrics are expected to be within 5% of the standard or goal. All metrics were within 5% of the goal this quarter with an average turn-around time rate of 97.8%. Prior authorization volumes were lower in Q4 compared to Q3 with some drug-specific differences. October had a higher volume than other months in the quarter.
- Inter rater Reliability & Quality Assurance reports demonstrated that the 95% goal was not met for Q4 or for the year, but the 90% threshold for action was consistently met with an average of 93% for the year. An analysis of the data revealed that *Criteria Application* and *Clarity of the Response* were the largest contributing factors to not meeting the goal. Results are shared with Prior Authorization management to discuss opportunities for improvement with individual staff.

VI. HEDIS® Activity

In Q1, HEDIS® related activities focused on data capture for measurement year 2024 (MY24). Managed Care Medi-Cal health plans have eighteen (18) quality measures that they are evaluated on for MY2024 and the Minimum Performance Level (MPL) continues to be the 50th percentile. Activities included:

1. Finalized and submitted the MY2024 HEDIS® Roadmap on January 24, 2025.
2. MY2024 HEDIS® data gathering from clinics and providers in progress throughout the three-county area with final submission to DHCS and HSAG by June 13th, 2025.
3. Completed Annual HEDIS® Audit on March 11-12th, 2025.
4. Initial reports are in review for compliance with MCAS measures for MY2024.

Quality Improvement Activities

A. Two Performance Improvement Projects (PIPs):

1. **Clinical Disparity PIP** - Improve Infant Well-Child Visits (WCV) in the Black/African American(B/AA) Population in Fresno County.
 - 01/10/2025 Received final PIP Validation from HSAG/DHCS on 2024 PIP submission.
 - Overall Score for Confidence of Adherence to PIP Methodology = **93%**
 - Continuing **Intervention #1** to refer all B/AA pregnant or newly delivered members to Black Infant Health (BIH) adding member incentives for attending.
 - Focused on data capture and planning for Provider Webinar in June
 - **2nd intervention** to utilize CDC Milestones Tracker app via BIH to support timely completion of WCV in progress.
 - Next **Submission due 08/07/2025**
2. **Non-Clinical PIP** - Improve Provider Notifications following ED Visit for Substance Use Disorder or Mental Health Issue.
 - 01/10/2025 Received final PIP Validation from HSAG/DHCS on 2024 PIP submission.
 - Overall Score for Confidence of Adherence to PIP Methodology = **100%**
 - Implementing **three (3) interventions** at Saint Agnes Medical Center:
 1. Staff Training on appropriate Coding to document services provided. Modifying to focus on “Smart Phrases” used in EPIC EMR.
 2. Cultural Competency focusing on the Hispanic Population to increase Follow up.
 3. Facilitate web-based referrals to local CBO (Resiliency Center) for follow up services.
 - Next **Submission due 08/07/2025**

B. DHCS Collaboratives

1. ***Institute for Healthcare Improvement (IHI) Equity Focused Well-Child Sprint Collaborative*** April 2024 through March 2025. Completed 5 Interventions – Phase 2 begins in fall 2025.
2. ***Institute for Healthcare Improvement (IHI) Behavioral Health Collaborative*** May 2024 to June 2025. Concluding – Phase 2 begins fall 2025.

C. DHCS County Projects- All projects in progress with submissions due in June/July 2025

- a. ***Fresno County – Transformational Equity Improvement Projects for 3 Domains***
 1. *Behavioral Health Domain*
 2. *Children’s Domain*
 3. *Chronic Conditions Domain (Asthma)*
- b. ***Kings County – Comprehensive Equity Improvement Projects for 2 Domains***
 1. *Children’s Domain*
 2. *Chronic Conditions Domain*
- c. ***Madera County - Lean Equity Improvement Project for 1 Domain***
 1. *Behavioral Health Domain*

VI. Findings/Outcomes

Reports covering all pertinent areas have been reviewed and evaluated according to the established schedule to facilitate the ongoing monitoring of the quality and safety of care provided to CalViva members. No significant compliance issues have been identified. Oversight and monitoring processes will continue.

Item #12

Attachment 12.G

Health Equity Report



Current Health Equity Project(s) and Initiative(s):	Objective	Status
Women, Infant, and Children (WIC) Initiative	Goal: Maximize Medi-Cal Member enrollment in WIC and CalFresh by providing enrollment data of Medi-Cal Members to managed care plans (MCPs) to conduct targeted outreach and provide enrollment assistance	<p>9/2024- Met with DHCS to review current State Data, Assessments</p> <p>10/2024- Set Pilot goals and development implementation plan</p> <p>12/2024 – 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>5/2025- WIC Piloy Update from Center for Data Insights and Innovation (CDII)- they reached out to re-initiate the WIC pilot project now being called "Family Benefits" which will not only look at dual eligibility of Medi-Cal and WIC but also include CalFresh eligibility and having a streamline cross-enrollment</p>
Perimenopause/ Menopause Project- Hanford	The goal is to bring Perimenopause/ Menopause into the light through education, awareness and advocating for women's health needs.	<p>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.</p> <p>Project Pilot will be focused on the 4,079 women between the ages of 40-60 in Kings County. The first meeting is planned for 2/21/25.</p> <p>3/2025: working on identifying provider champion in Kings County to assist with this project</p> <p>5/2025-Our workgroup in Kings County developed a survey and will be ready to distribute to women between the age of 30-60. Women who express their interest in this survey about perimenopause and menopause symptoms will be referred over to a CBO Champion for Women's health education. Kings County public Health currently has a MOU with Valley Voices and identified as the CBO champion with the capacity to delivery women's health education to women between the ages of late 30's to 60. We are currently in discussion about how to fund this initiative in Kings County. Future discussion on the role of CHW and is it billable or other funding/incentive needs for our CBO champion to help us with this perimenopause/menopause project.</p>
Health Equity Accreditation	Status	



Diversity, Equity and Inclusion Survey and training	<p>8/2024- DEI Surveys distributed and completed for Board, Committee, and staff members.</p> <p>11/2024- Mandatory Diversity, Equity, and inclusion training for all CalViva Staff Completed</p> <p>12/2024- Implemented one DEI opportunities based on Survey Findings</p> <p>12/2024- Submitted Diversity, Equity, and Inclusion training Curriculum to DHCS (APL-24-016)</p> <p>2/2025 DEI training was approved with minor edits</p>
NCQA Health Equity Accreditation-	<p>12/2024- Completed gathering all required CVH evidence for NCQA Health Equity Accreditation. On Schedule for Submission for 3/11/2025</p> <p>1/9/2025- Introductory Call with NCQA Surveyor was completed.</p> <p>3/2025- All Evidence for Health Equity was Submitted 3/11 for NCQA review</p> <p>5/2025- NCQA returned minimal issues with our initial submission on 4/2. All outstanding issues were addressed, and final submission was completed 4/11 and sent back to NCQA for Preliminary review. The closing call was completed on 4/28 with the suggestion to revise the Health Equity Work Plan to include more specific details in SMART goals. 2025 HE Work Plan has been updated to reflect the SMART goals per NCQA's request. Preliminary report by NCQA reviewers were returned 5/2 with one remaining issue specifically asking CVH's HE Program Description to connect back to the Work Plan's SMART Goals. At this time, CVH decided to not rebuttal the 1 outstanding issue remaining in order to move the accreditation process along to the final stage for Health Equity accreditation. CVH will hear back from NCQA about accreditation status, hopefully by the end of the May.</p>

Current Health Equity Community Activities	Who	Activity
Community	DHCS, Chief Medical Officers, and Chief Health Equity Officers	3/27/2025: CMO and CHEO from Public health plans and commercial plans across CA convening in Sacramento to discuss Health Equity and Quality. Specifically, Diversity, Equity and Inclusive and transgender training and activities. Health Equity Officers were able to share some of their concerns as they relate to federal changes and how to continue doing today's work for tomorrow. Other topics of discussion include, how to collaborate and create an Equity Structure across state and how to individualize Health Equity in each county and effectively build partnership with community stakeholders to move the needle in health equity. This convening is planned by DHCS and is expected to be a quarterly convening to ensure that effectiveness in their health equity roadmap and continue support from DHCS. Next convening with DHCS will be 6/6
Community	Fresno Community Foundation- Fresno Drive	4/4/2025: CVH participated in the workgroup and organized a mental health conference for the community in West Fresno. Approximately 120 participants at the conference to address, topics like holistic and cultural healing, racism and public health crisis, building resiliency, financial trauma, Postpartum wellness. Break out sessions were in both Spanish and English.
Community	Central Valley Voices in Capital Mall	4/23/2025: CVH was invited and also sponsored a Health Equity event in Sacramento. CBO, community leaders,



		politicians, law and decision makers through our San Joaquin Valley was bussed to Sacramento Capitol Mall to share their voice and express their gratitude, concerns, and current fear to the state. Individuals like CA State Representative, Arambula, representative from CA Governor, and Attorney General Bonta were present to echo the importance of the central valleys voice at the event.
Community	Perinatal organization convening	5/8/2025: CVH sponsored and participated in a Perinatal Wellness Brunch. This event brought in various organizations that focused on Perinatal health, family services. Other Stakeholders present includes Fresno Dept. of Behavior Health, Dept. of Social Services, Black Infant Health, First Five, Cradle to Career, Health Plans and community leaders to initiate a collective network of services to create partnership.

Item #12

Attachment 12.H

Executive Dashboard



	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2025	2025	2025
Month	March	April	May	June	July	August	September	October	November	December	January	February	March
CVH Members													
Fresno	348,065	348,349	347,954	347,975	349,399	348,729	347,975	348,113	346,388	344,539	343,331	343,661	344,009
Kings	38,877	38,831	38,563	38,404	38,370	38,254	38,133	38,078	38,137	38,356	38,319	38,416	38,595
Madera	48,684	48,579	48,666	48,888	49,258	49,373	49,507	49,666	49,757	49,814	49,686	49,936	50,015
Total	435,626	435,759	435,183	435,267	437,027	436,356	435,615	435,857	434,282	432,709	431,336	432,013	432,619
SPD	47,029	46,869	46,763	46,841	47,066	47,185	47,411	47,615	48,116	48,373	47,384	47,559	47,614
CVH Mrkt Share	66.83%	66.81%	66.83%	66.85%	66.90%	66.92%	66.92%	66.91%	66.87%	66.86%	66.70%	66.71%	66.75%
ABC Members													
Fresno	155,594	155,721	155,374	155,027	155,215	154,520	154,078	154,265	153,460	152,518	152,847	152,663	152,377
Kings	25,550	25,522	25,234	25,053	24,915	24,819	24,689	24,659	24,681	24,705	24,836	24,916	25,007
Madera	29,595	29,230	28,949	28,785	28,665	28,541	28,385	28,149	27,966	27,944	27,940	27,879	27,723
Total	210,739	210,473	209,557	208,865	208,795	207,880	207,152	207,073	206,107	205,167	205,623	205,458	205,107
Kasier													
Fresno	4,627	5,075	5,467	5,931	6,269	6,645	6,936	7,161	7,601	7,873	8,130	8,479	8,737
Kings	67	87	98	102	113	121	129	154	153	171	187	199	206
Madera	800	884	918	987	1,054	1,098	1,151	1,202	1,253	1,302	1,372	1,428	1,485
Total	5,494	6,046	6,483	7,020	7,436	7,864	8,216	8,517	9,007	9,346	9,689	10,106	10,428
Default													
Fresno	55.65%	57.56%	59.38%	64.17%	56.65%	59.99%	55.98%	58.51%	57.19%	60.02%		65.71%	
Kings	55.67%	56.78%	57.36%	57.76%	53.88%	53.85%	54.72%	54.02%	47.49%	56.30%			
Madera	61.60%	65.92%	72.97%	77.26%	61.66%	65.08%	66.39%	72.04%	57.60%	81.46%			
County Share of Choice as %													
Fresno	62.71%	62.52%	62.40%	64.25%	62.86%	62.71%	62.50%	63.30%	63.27%	59.51%		63.95%	
Kings	63.07%	65.75%	67.10%	65.56%	66.07%	58.59%	61.86%	69.74%	62.45%	60.92%		40.29%	
Madera	60.62%	65.83%	58.80%	62.24%	65.38%	68.13%	69.84%	65.30%	64.17%	63.15%		69.36%	

IT Communications and Systems	Active Presence of an External Vulnerability within Systems	NO	Description: A good status indicator is all potential external vulnerabilities scanned and a very low identification of confirmed and/or potential vulnerabilities.
	Active Presence of Viruses within Systems	NO	Description: A specific type of malware (designed to replicate and spread) intended to run and disable computers and/or computer systems without the users knowledge.
	Active Presence of Failed Required Patches within Systems	NO	Description: A good status indicator is all identified and required patches are successfully being installed.
	Active Presence of Malware within Systems	NO	Description: Software that is intended to damage or disable computers and computer systems.
	Active Presence of Failed Backups within Systems	NO	Description: A good status indicator is all identified and required backups are successfully completed.
	Average Security Risk	2	Description: Average security risk for all hosts. 5 = High Severity. 1 = Low Severity
	Business Risk Score	24	Description: Business risk is expressed as a value (0 to 100). Generally, the higher the value the higher the potential for business loss since the service returns a higher value when critical assets are vulnerable.
	Average Age of Workstations	3.8 Years	Description: Identifies the average Computer Age of company owned workstations.
Message From The CEO	At present time, there are no significant issues or concerns as it pertains to the Plan's IT Communication and Systems.		

Member Call Center CalViva Health Website	Year		2023	2024	2024	2024	2024	2025
	Quarter		Q4	Q1	Q2	Q3	Q4	Q1
	(Main) Member Call Center	# of Calls Received	34,875	41,520	36,270	38,251	33,900	41,923
		# of Calls Answered	34,533	41,114	36,104	37,970	33,610	41,609
		Abandonment Level (Goal < 5%)	1.00%	1.00%	0.50%	0.70%	0.90%	0.70%
		Service Level (Goal 80%)	83%	85%	98%	96%	93%	92%
	Behavioral Health Member Call Center	# of Calls Received	1,436	940	864	957	827	1,008
		# of Calls Answered	1,426	936	859	950	816	1,004
		Abandonment Level (Goal < 5%)	0.70%	0.40%	0.60%	0.70%	1.30%	0.40%
		Service Level (Goal 80%)	95%	97%	94%	93%	88%	95%
	Transportation Call Center	# of Calls Received	8,239	9,469	13,007	14,196	14,123	14,958
		# of Calls Answered	8,181	9,384	12,942	13,940	14,010	14,868
		Abandonment Level (Goal < 5%)	0.50%	0.60%	0.40%	1.50%	0.60%	0.40%
		Service Level (Goal 80%)	86%	79%	86%	63%	82%	86%
CalViva Health Website	# of Users	45,000	54,000	53,000	64,000	69,000	79,000	
	Top Page	Main Page	Main Page	Main Page	Main Page	Main Page	Main Page	
	Top Device	Mobile (61%)	Mobile (61%)	Mobile (61%)	Mobile (67%)	Mobile (73%)	Mobile (70%)	
	Session Duration	~ 1 minute	~ 1 minute	~ 1 minute	~ 1 minute	~ 1 minute	~ 1 minute	
Message from the CEO	Q1 2025 numbers are available. At present time, there are no other significant issues or concerns as it pertains to the Plan's Call Center and Website activities. The Plan succesfully launched a Member Portal for the CalViva Health Membership on March 18, 2025. To date, there are approximately 500 active member portal accounts.							

Provider Network & Engagement Activities	Year	2024	2024	2024	2024	2025	2025	2025
	Month	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Hospitals	10	10	10	10	10	10	10
	Clinics	157	157	160	161	161	161	161
	PCP	423	433	434	435	440	438	441
	PCP Extender	440	455	447	439	450	463	471
	Specialist	1565	1574	1612	1623	1635	1637	1585
	Ancillary	315	315	316	332	333	335	335
	Year	2023	2023	2024	2024	2024	2024	2025
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1
	Behavioral Health	598	592	353	652	658	558	545
	Vision	110	104	108	116	113	114	112
	Urgent Care	14	16	16	16	16	17	17
	Acupuncture	4	3	3	3	3	2	3
	ECM/CS						43	44
	Year	2023	2023	2023	2024	2024	2024	2024
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	% of PCPs Accepting New Patients - Goal (85%)	97%	98%	96%	94%	94%	94%	91%
	% Of Specialists Accepting New Patients - Goal (85%)	98%	98%	98%	97%	98%	97%	96%
	% Of Behavioral Health Providers Accepting New Patients - Goal (85%)	97%	96%	93%	96%	97%	98%	99%
	Year	2024	2024	2024	2024	2025	2025	2025
	Month	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Providers Interactions by Provider Relations	546	588	450	354	428	415	487
	Reported Issues Handled by Provider Relations	4	2	5	1	9	4	3
	Documented Quality Performance Improvement Action Plans by Provider Relations	26	13	22	1	43	10	53
	Interventions Deployed for PCP Quality Performance Improvement	26	13	22	1	43	10	53
Message From the CEO	Q4 2024 numbers are available for % of a particular provider accepting new patients. The Plan is monitoring activity related to Hospital(s) and Clinic(s). Aside from this, there are no significant issues or concerns as it pertains to the Plan's Provider Network & Engagement Activities.							

Claims Processing	Year	2023	2023	2023	2024	2024	2024	2024
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Medical Claims Timeliness (30 days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO
	Behavioral Health Claims Timeliness (30 Days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	99% / 99% N/A	99% / 99% N/A	99% / 99% N/A	99% / 99% N/A	99% / 99% N/A	99% / 99% N/A	94% / 98% N/A
	Acupuncture Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	N/A	99% / 100% NO
	Vision Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	Transportation Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	PPG 1 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	87% / 100% NO	76% / 100% NO	1% / 93% NO			
	PPG 2 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	91% / 97% NO	95% / 98% NO	99% / 99% NO	94% / 97% YES	88% / 99% YES	80% / 100% YES	79% / 95% YES
	PPG 3 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	83% / 98% YES	68% / 92% NO	47% / 89% YES	79% / 93% YES	99% / 100% NO	94% / 97% NO	96% / 100% YES
	PPG 4 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	99% / 100% NO	99% / 100% NO	99% / 100% NO	99% / 100% NO	98% / 100% NO	99% / 100% NO	99% / 100% NO
	PPG 5 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	99% / 100% NO	99% / 100% NO	99% / 100% NO	99% / 100% NO	99% / 100% NO	100% / 100% NO
	PPG 6 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	99% / 100% NO	98% / 100% NO	98% / 99% NO	100% / 100% NO	99% / 100% YES	98% / 100% NO	99% / 100% NO
	PPG 7 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	99% / 100% NO	100% / 100% YES	99% / 100% YES	98% / 100% NO	99% / 100% NO	100% / 100% NO	99% / 100% NO
	PPG 8 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	64% / 100% NO	95% / 100% NO	79% / 100% NO	100% / 100% NO	98% / 100% NO
	PPG 9 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure			100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
Message from the CEO	Q4 numbers are available. Management is working with PPG 2 and PPG 3 to improve performance. The Plan is aware informally of some changes which will occur in the near future for PPG 8. The Plan is monitoring this activity. Aside from this, there are no significant issues or concerns as it pertains to the Plan's Provider Network & Engagement Activities.							

Provider Disputes	Year	2023	2023	2023	2024	2024	2024	2024
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Medical Provider Disputes Timeliness (45 days) Goal (95%)	99%	99%	99%	98%	99%	99%	99%
	Behavioral Health Provider Disputes Timeliness (45 days) Goal (95%)	100%	100%	100%	100%	100%	100%	100%
	Acupuncture Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Vision Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	100%	100%
	Transportation Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	PPG 1 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	78%	98%	89%			
	PPG 2 Provider Dispute Timeliness (45 Days) Goal (95%)	11%	31%	81%	100%	100%	100%	100%
	PPG 3 Provider Dispute Timeliness (45 Days) Goal (95%)	40%	66%	65%	70%	93%	99%	96%
	PPG 4 Provider Dispute Timeliness (45 Days) Goal (95%)	41%	55%	90%	97%	100%	100%	100%
	PPG 5 Provider Dispute Timeliness (45 Days) Goal (95%)	43%	65%	85%	98%	97%	97%	98%
	PPG 6 Provider Dispute Timeliness (45 Days) Goal (95%)	47%	63%	97%	100%	100%	100%	100%
	PPG 7 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	67%	95%	100%	100%	100%	99%
	PPG 8 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	99%	99%	100%	97%	100%	100%
	PPG 9 Provider Dispute Timeliness (45 Days) Goal (95%)			N/A	100%	100%	100%	98%
Message from the CEO	Q4 numbers are available. All areas met goal. At present time, there are no significant issues or concerns as it pertains to the Plan's Provider Dispute activities.							