Fresno-Kings-Madera
Regional Health Authority

CalViva Health
Commission
Meeting Minutes
May 15, 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.		*A roll call was taken.*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
Cheryl Hurley, Clerk to the Commission			
#3 FKM RHA Appointment/ Reappointments Action J. Nkansah, CEO	The Commissioners ratified the Fresno County Board of Supervisors' reappointment of Dr. Hodge and Dr. Cardona for an additional three-year term.		***Motion:*** *Ratify reappointments of Fresno County BOS appointed Commissioners* *A roll call was taken.* *11 – 0 – 0 – 6* *(Neves / Frye)*
#4 Chair and Co-Chair Nominations for FY 2026 Action J. Nkansah, CEO	The Commissioners nominated and subsequently re-elected David Hodge, MD as chair and Supervisor Joe Neves as Co-Chair to serve during Fiscal Year 2026.		***Motion:*** *Nominate and Approve Chair and Co-Chair:* *11 – 0 – 0 – 6* *(Frye / Soares)* *A roll call was taken*
#5 Consent Agenda • *Commission Minutes dated 3/20/25.* • *Finance Committee Minutes dated 2/20/25.* • *QI/UM Committee Minutes dated 2/20/25.* Action D. Hodge, MD, Chair	All consent items were presented and accepted as read. *Kerry Hydash arrived on Teams at 1:33 pm (included in vote)* *Supervisor Bredefeld arrived at 1:34 pm (not included in vote)*		***Motion:*** *Consent Agenda was approved.* *12 – 0 – 0 – 5* *(Neves / Naz)* *A roll call was taken*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
#6 Closed Session	Jeff Nkansah reported out of closed session in the absence of general counsel. The Commission met in closed session to discuss the items agendized specifically item #6.A Conference Report Involving Trade Secret, Government code section 54954.5. The Commission discussed those items and direction was given to staff. There were no other reportable actions and closed session recessed at 1:51 pm.		***No Motion***
#7 Legal Services Action J. Nkansah, CEO	The Commission approved the Attorney Services Agreement between Epperson Law Group, PC and Fresno Kings Madera Regional Health Authority for an additional three years.		***Motion:*** *Approve Attorney Services Agreement.* *13 – 0 – 0 – 4* *(Neves / Naz)* *A roll call was taken.*
#8 CEO Annual Review Ad-Hoc Committee Selection Action J. Neves, Co-Chair	Commission members selected for the CEO Annual Review ad-hoc committee are Dr. Hodge, John Frye, and Paulo Soares.		***Motion:*** *Commissioners selected and approved ad-hoc committee for CEO annual review.* *13 – 0 – 0 – 4* *(Neves / Soares)* *A roll call was taken.*
#9 Sub-Committee Members for FY 2026 Information D. Hodge, MD, Chair	No changes in Commission members were made for FY 2026 to the following committees, as described in BL 25-006: • Finance Committee • Quality Improvement/Utilization Management Committee • Credentialing Sub-Committee • Peer Review Sub-Committee • Public Policy Committee		***No Motion***

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
#10 Community Support & DHCS Reinvestment Program Action J. Nkansah, CEO	Jeff Nkansah presented the 2025-2026 Community Support & DHCS Reinvestment Program proposed grant recommendations as a result of the Ad-hoc committee. The RHA Commission was presented with the proposed updates in preparation for DHCS All Plan Letter (APL) 25-004 requirements, now formalized as BL 25-007. The current RHA Commission Community Support Program will continue. DHCS Community Reinvestment Program will be added to the RHA Commission Community Support Program. Overall Grants Budget planning and spending will encompass spending in both Community Support and Community Reinvestment programs. On April 29, 2025, the Ad-Hoc Committee met to discuss the Funding Recommendations and categories which exceed $25,000 and the changes which were necessary in preparation for planning and implementing the DHCS Community Reinvestment requirements. There was robust discussion, therefore, as a result more time is being allotted to ensure the full RHA Commission understands the Ad-hoc's recommendation being brought to the full Commission. Approximately $2.378 Million is being allocated towards Community Support Programs which will support Contingency, Recreation Supports, Provider Network and member Support, Education Scholarships and Community Workforce Support, Community Infrastructure and Community Based Organization Support. Approximately $2.0 Million is being allocated towards DHCS Community Reinvestment Program in preparation for planning and funding of identified DHCS Community Reinvestment activities in the DHCS required categories. A total of approximately $4.378 Million is being planned for reinvestment within Fresno, Kings, and Madera Counties during Fiscal Year 2025-2026. Changes to this program include the amounts that were previously allocated under Provider Network Support for Funding for Specialists, Behavioral Health, and Ancillary Providers, and also Provider Incentive quality bonus, and Provider Infrastructure Supplies & Equipment. In addition, there was also a reduction in the Member Support category. The value added service pilot was unsuccessful,	*Supervisor Bredefeld asked for a specific description of a Provider incentive.* *Jeff Nkansah responded with the Plan's current existing program there are certain quality improvement metrics that the State requires they monitor to improve quality such as Well Child Visits, and immunizations as examples. The Plan's program identified the top 5-10 performers who were doing well, whether it was clinics or PCPs. If they were doing well, then those quality based improvement measures the Plan offered an additional supplement payment to recognize them for being a high performer.* *Rose Mary Rahn asked if there is a plan to look at opportunities for other CBOs to ask for funds, is it an application process, or is it based on who asks for funds? And is there ever the thought of*	**Motion:** Approve Community Funding Grant Recommendations 13 – 0 – 0 – 4 (Luchini / Neves) *A roll call was taken.*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	and it is scheduled to be discontinued by 12/31/2025. Examples of permissible investments and impermissible use of funds was provided. This does not mean that incentives to the Plan's Providers are going away completely. Providers are the lifeline of the organization and provide care to our members and the Plan wants to ensure that this continues to be recognized. Health Net, our Plan Administrator, has a quality incentive program CalViva Health's program supplemented Health Net's. CalViva Health's Performance Standard requires Health Net to perform as it pertains to Quality. The Incentive Programs Health Net has in place will likely continue so there should be no adverse impact in CalViva Health stopping the current Supplemental Program. Health Net also has a Quality Edge Program which is similar in nature to CalViva Health's Provider Infrastructure Program. Due to this duplication, there should also be no adverse impact in the loss of this Provider Infrastructure Supplies & Equipment line item. Specialists will be added to the funding previously reserved for PCPs and Extenders and at the direction of the Ad-Hoc Committee, Behavioral Health was also added. The line item will be monitored in the future to determine whether the budgetary amount(s) should be increased in the future due to these changes. As a result of the ad-hoc committee meeting, the recommendation for the Plan is to continue the Community Support Funding for Provider Network Support, to continue the existing Community Support around the existing and currently designed Education Scholarships & Community Workforce Support, the ability to continue acting quickly under Community Support to support the Plan's Food Bank partners and community partners who are looking to enhance neighborhoods, and to continue supporting the Plan's trusted partners who are doing great work within the community under RHA Community Support while working with them through a transition to determine if they will qualify in the future for DHCS Community Reinvestment Funding, or if they will need to remain within RHA Community Support or if the RHA Commission needs to reconsider funding in the future.	*sustainability beyond this funding?* *Jeff Nkansah responded, stating that initially the first part is to get the requestor through the first stage and then at that time they would try and apply for community investment funding. Beyond that other individuals have the opportunity to reach out to the Plan for funding opportunities. As those new entities are reaching out to the Plan, the initial path is to see if they fit within the DHCS Community Reinvestment funding. As for sustainability, with reference to the Community Reinvestment the Plan would evaluate if there is a need to keep doing that specific activity. In reference to Community Supports, the Plan and Commission would look at if it's still worthwhile to continue funding the activity.*	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
		Dr. Lisa Lewis asked if there's anything they can do to help with engaging more Community Supports within Kings County. *Courtney Shapiro stated to reach out to her directly with any recommendations for Kings County.* *Jennifer Armendariz asked for enrollment support to be defined in reference to the Grants Budget.* *Jeff Nkansah stated it has to do with focusing on members, not market share, and what the Plan can do in that area to uniquely impact members directly. As an example, possibly a gym membership being a value added service focusing on physical health and wellbeing.* *Jennifer Armendariz added that looking at the governors May revised draft legislation on the quarterly requirements for enrollment for Medi-Cal*	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
		members coming down, does that overlap with this program? Is the Plan going to help support? What may be impacted with the Plan's CBOs? It seems there's a lot of overlap with CalAIM funding which is probably not on the table. With that perspective is the Plan thinking about enrollment and support in the future as this budget comes to fruition from the State. *Jeff Nkansah responded that a great deal of that energy and effort landed with the Plan's administrative partner.* *David Luchini asked for a refresher on the outcome tracking for these programs.* *Courtney Shapiro responded the Plan linked to all of the County Health Department documents as well as Behavioral Health documents and for the outcomes the departments had to tell the Plan what*	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
		type of evaluations are being performed on the item they are asking for and throughout the year that outcome report will be created and will be publicized on the CVH website. Currently the Plan receives reports from each of the funding partners that are over $25,000 before they can apply for funding in the future.	
#11 Health Equity Program Description and Work Plan Evaluation Action P. Marabella, MD, CMO	Dr. Marabella presented the 2024 Health Equity Work Plan Annual Evaluation, the 2025 Health Equity Program Description, and the 2025 Health Equity Work Plan. With regard to the 2024 Health Equity Annual Evaluation, there were 50 measurable objectives, and all 2024 work plan activities were completed. The four sections included: 1. Language Assistance Services: • Updated / amended contracts with four vendors to expand services. • Distributed a newsletter article informing members how to access language services. • Two hundred and two (202) staff completed their bilingual assessment / re-assessment. • Updated Non-Discrimination Notice (NDN) to include additional protective groups. • Thirty-six (36) translation reviews were completed in 2024. 2. Compliance Monitoring: • HEQ reviewed 5 interpreter complaints and 37 grievance cases with 3 interventions identified.		***Motion:*** *Approve Health Equity 2024 Annual Evaluation, 2025 Program Description, and 2025 Work Plan* *13 – 0 – 0 – 4* *(Neves / Frye)* *A roll call was taken*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	• Attended QI/UM Workgroup, weekly and Public Policy Committee (PPC) meetings, quarterly. • Two (2) findhelp trainings were completed with 966 overall new programs added to the platform. • All HEQ Policies & Procedures reviewed and updated. 3. Communication, Training, and Education • One (1) A&G training was completed on coding and resolution of grievances. • Six (6) call center trainings conducted to 85 new staff; training decks updated. • Providers were updated on cultural practices, LAP services, health literacy, and on-line cultural competency/Office of Minority Health (OMH) training. • Language identification poster for provider offices was remediated and posted in provider library. 4. Health Literacy, Cultural Competency, and Health Equity: • English material review completed for a total of 77 materials. • Completed 4 provider trainings for 164 providers. (Special Needs & Cultural Competency, Language Assistance Program & Plain Language for Health Literacy, and Community Connect) • Conducted annual Heritage/CLAS Month with 2,060 staff who attended the event. • Completed 2 cultural competency trainings for staff; (Gender Neutral Language and Bridging Gaps for Equal Access to Health Care). • Supported the completion of quality projects. Projects target measures: W30-6+ and SUD/MH. Changes to the 2025 Health Equity Program Description include: • Added member's preferred pronouns as data we collect. • Executive Summary includes a statement regarding "adding Arabic as a threshold language" this is incorrect. It is being corrected to, "Spanish and Hmong are threshold languages for CalViva and are monitored. As part of quality assurance efforts, we also monitor Armenian, Chinese, and Arabic."		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	• Added specific training and materials that are available to support staff in providing culturally competent services. • Added additional information regarding CLAS/Heritage Month. • Listed training topics for providers. • Added the Health Literacy Toolkit and what it consists of. • Updated the Health Equity core levels changing local to community, data to provider, and included member as the third core area. The 2025 Health Equity Work Plan is consistent with the 2024 Work Plan while incorporating enhancements in four categories: 1. Support & Oversight: • Expanded on activities regarding language vendors. • Added new responsibility encompassing oversight of Health Education's material field testing. • Added oversight of translation coordination for other departments. • Expanded on activities and support provided to A&G staff on culture and linguistic (C & L) related grievances. • Updated Call Center training oversight. • Added new activities to be completed by CVH Health Equity Officer. 2. Reporting: • Detailed how language and demographic information collected is used to identify emerging languages. • Added a new activity to include an annual review of emerging and threshold languages. • Updated responsibilities for Population Needs Assessment (PNA) to supply data instead of authoring sections. • Added action plans to address PNA and Geo Access report findings. • Expanded to include how the grievance trend analysis is used to evaluate the effectiveness of the LAP program. • Added details regarding the Disparity Projects and annual reporting requirements. 3. Members and Providers:		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	• Elaborated on member's alternate format standing request report and responsibility for reasonable accommodation requests. • Expanded details on content and purpose of the member newsletter. • Expanded on findhelp/Community Connect activities to include additional marketing efforts (row 40) and trainings of Cozeva integration. • Included participation in CAHPS Action Plan meetings to improve member experience. • Elaborated on the topics that are covered in Provider Updates and made available to providers. • Added new Health Literacy Toolkit that will be made available to staff and providers. • Added list of topics for Provider Training. 4. Accreditation & Regulatory: • Expanded on DHCS/DMHC audit readiness to include details regarding reviews and support. • For external forums (NCQA, DHCS, etc.) added information regarding participation and responsibilities. • Included NCQA Accreditation support and a list of the required reports to provide. • Expanded on Disparity Projects support and deliverables. Conclusions for the Language Assistance Program for 2024: • Spanish and Hmong are CalViva Threshold Languages. Spanish (97%) consistently has highest volume, and Hmong was 3% of calls. • Interpretation was performed via the following: o 80% telephonic interpreters down from 84% in 2023 o 18% face-to-face – down from 20% in 2023 o 2% Sign language – down from 3% in 2023 o 0.1% Video Remote Interpretation - up from 0% in 2023 • Behavioral Health interpretation was performed via the following: o 3.5% telephonic interpreters o 46.9% face-to-face o 23.9% Sign language		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	○ 25.7% Video Remote Interpretation • Limited English and non-English membership remain high for CVH population and therefore interpreter services are integral to maintaining safe, high-quality care.		
#12 Standing Reports • **Finance Reports** Daniel Maychen, CFO	**Finance** <u>Financials as of March 31, 2025</u> As of March 2025, total current assets were approximately $796.5M; total current liabilities were approximately $628.9M. Current ratio is approximately 1.27. TNE as of March 2025 was approximately $177.3M, which is approximately 670% above the minimum DMHC required TNE amount. For DHCS standard, the minimum required TNE is approximately $185M, which the Plan is short by approximately $7M; however, the DHCS financial performance measure does fluctuate as revenues fluctuate. As of March 2025, interest income actual recorded was approximately $9M, which is approximately $6M more than budgeted due adding more funds to the money market funds and interest rates being higher than projected. Premium capitation income actual recorded was approximately $1.75B which is approximately $380.4M more than projected primarily due to higher MCO taxes which was recently revised in December 2024 by CMS; this increased the Plan's MCO taxes by approximately $237M through March 2025 which was not anticipated. In addition, revenues are higher due to enrollment and rates being higher than projected. Total Cost of Medical Care expense actual recorded was approximately $1.03B which is approximately $139M more than budgeted due to enrollment and rates being higher than projected. Admin Service Agreement fees expense actual recorded was approximately $43.1M which is approximately $2.5M more than budgeted due to enrollment being higher as more members have been retained through the redetermination process. License expense, the fees that DMHC assesses on Plans, actual recorded was approximately $1.1M which is approximately $47K more than projected due to fees being higher than anticipated. MCO taxes actual recorded was $660M		***Motion:*** *Standing Reports Approved* *12 – 0 – 0 – 5* *(Neves / Soares)* *A roll call was taken.*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	which is approximately $237.2M more than budgeted due to the increased revised MCO taxes. Total net income through March 31, 2025, was approximately $15.6M, which is approximately $9.2M more than budgeted primarily due to interest income being approximately $6M higher than projected, and rates and enrollment being higher than projected. <u>FY 2026 Proposed Budget</u> On March 20, 2025, the FY 2026 budget was reviewed and approved by the Finance Committee to move to the Commission for recommendation of full review and approval. With regard to budget assumptions, enrollment is projected to gradually decline throughout FY 2026 primarily due to the end of redetermination flexibilities. When the Medicaid redetermination resumed July 1, 2023 from the COVID pause the State of California applied for Federal waivers for redetermination flexibilities, these flexibilities will end June 30, 2025. In addition, the Plan projected for a decline in enrollment as a result of potential changes at the Federal and State levels. The House, Energy and Commerce committee recently released the proposal for cuts to Medicaid at the Federal level; however, several major cuts to Medicaid were not included in that proposal. One major potential cut to Medicaid that was left off the proposal related to reducing the adult expansion federal match from 90% to approximately 50% in California which is more the traditional match for most aid categories. The Medicaid per capita caps were left out as well. Things to note that were in the proposal are Medicaid work requirements effective January 1, 2029. This applies to able bodied adults ages 19-64; they would have to be either working, engaged in community service, or in an educational training program at least 80 hours per month. Their eligibility would be redetermined two times per year as opposed to the annual one time per year. There are exemptions for the work requirement such as pregnant women, disabled persons, and those under the age of nineteen. Effective October 1, 2027, if a State provides Medicaid coverage to undocumented beneficiaries, the federal match would be reduced from 90% to 80%, which would impact California.		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	California would lose approximately $3.2B annually. At the State level, the May revised was released May 14, 2025, and the State is facing a $12B budget deficit and to address the budget deficit, the State is proposing to freeze undocumented Medicaid enrollment beginning January 1, 2026, for those over 19 and over; undocumented children will still be covered. It also stated if an undocumented beneficiary is currently enrolled in Medi-Cal they would not lose their coverage. In addition, the State is proposing to implement a $100 premium/month for undocumented immigrants aged 19 and over; would not apply to children, effective January 1, 2027. When the Plan created the budget for FY 2026 in March 2025, we believed that the undocumented population would be at risk of facing cuts, therefore we projected a decline in enrollment related to the undocumented population which aligns with the State's FY 2026 budget proposals. Medical revenue is projected to increase primarily due to an increase to MCO taxes which have substantially increased from FY 2025 and due to an increase in capitation rates paid by DHCS, noting that with those increased MCO tax funds, the State is looking to increase rates to Providers for primary care, specialty care, maternity care, and emergency department services. FY 2026 budgeted Medical revenue is projected to be approximately $2B which is approximately $198M more than budgeted in FY 2025 primarily due to an increase in MCO taxes by approximately $190M, and an increase in capitation rates net of a decrease in membership. Interest income is projected to be approximately $5M, which is $1M more than budgeted in FY 2025 due to the fact that it appears the Federal Reserve is going to be slower in decreasing the rates relative to what the Plan budgeted in FY 2025. Medical Cost expense is projected to be approximately $1.2B, which is approximately $9.3M more than budgeted due to an increase in capitation rates paid by DHCS. Admin Services fee expense is projected to be approximately $52.1M which is approximately $1.6M less than budgeted due to a decline in enrollment.		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	Salary and wage expense is projected to be approximately $5.4M which is approximately $406K more than budgeted due to accounting for up to 5% raise in salaries, 8% increase in insurance premiums, and succession planning efforts for key management positions nearing retirement age. Consulting and accreditation expense is projected to be approximately $545K which is an increase by $145K as the Plan is looking to hire a retention consultant who will be focused on member satisfaction and dissatisfaction, and looking into ways the Plan can increase and/or retain membership. Grants and Community Support is projected to be $4.4M as stated earlier as part of agenda item #10. License expense is projected to be approximately $1.8M which is approximately $356K more than budgeted in FY 2025 due to the projected increased assessment fee by DMHC. MCO taxes projected to be $753.5M which is an approximate increase of $190M more than what was budgeted in FY 2025 due to the MCO tax that was revised in December 2024 by CMS, which substantially increases the MCO taxes through December 2026. Capital Expenditure budget is projected to be $600K, which is a $100K increase due to accounting for potential tenant improvements to current vacant office space. Net Income is projected to be approximately $9M which is approximately a $338K increase in comparison to FY 2025 primarily due to interest income being higher by approximately $1M due to higher interest rates net of a decrease in membership.		
• **Compliance Report** M.L. Leone, CCO	**Compliance** <u>Compliance Report</u>		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	Year to date there have been 111 Administrative & Operational regulatory filings for 2025; 15 Member Materials filed for approval; 48 Provider Materials reviewed and distributed, and 37 DMHC filings. There have been sixteen (16) potential Privacy & Security breach cases reported year to date, with one (1) being high risk. Since the 3/20/25 Compliance Regulatory Report to the Commission, there were two (2) new MC609 cases filed. There are 28 cases that remain open and under investigation. The two new cases encompassed: • 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. The Annual Oversight Audits currently in progress since last reported include Behavioral Health, Marketing, Call Center, Credentialing, Claims/PDRs, Health Education, and Quality Improvement, none of which were completed. Regarding the DHCS 2023 Focused Audit for Behavioral Health and Transportation, , the Plan received DHCS' Final Report findings and formal CAP request on 9/4/24. There were nine deficiencies (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 for completing its stated corrective actions and will provide its next monthly update on 6/15/25. Regarding the DHCS 2024 Medical Audit, on 10/3/2024, DHCS sent out the 2024 Final Audit Report and CAP request. There were two deficiencies. The Plan did not ensure the delegate, Health Net, met the contractual requirement that written PA		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	extension notices specify the information Health Net requested but did not receive., and 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 6/15/25. Regarding the 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-onsite 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-onsite audit requests and is awaiting further correspondence from the DMHC. Regarding the Department of Healthcare 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 this year for DHCS will be the inclusion of ECM and post-stabilization. Regarding the Annual Network Certifications, the 2024 Subnetwork Certification (SNC) Landscape Analysis was conducted 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. For the 2024 Annual Network Certification (ANC), the Plan submitted the 2024 ANC on 3/17/2025 and is awaiting a response from DHCS. With regard to 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,		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
• **Medical Management** P. Marabella, MD, CMO	the Plan most recently submitted the TGI training curriculum and revised policies to DHCS and DMHC on 3/14/2025. With regard to reporting year 2025 measurement year 2024 Timely Access and Annual Network Submission (TAR) the Plan submitted its Annual TAR filing to DMHC on 5/1/25. The Central Valley Regional Center (Fresno), and Madera County Department of Behavioral Health Services (Alcohol and SUD) contractual requirements/DHCS initiatives were executed and posted to the CVH website. New DHCS regulations/guidance was provided in the Compliance Report, Appendix A. The next Public Policy Committee 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. **Medical Management** <u>Appeals and Grievances Dashboard</u> Dr. Marabella presented the Appeals & Grievances Dashboard for Quarter 1, 2025. Year-Over-Year Comparison – Q1 2025 Appeals & Grievances Volume By County: • There was an increase in the appeals volume for all three counties served compared to Q1 2024. • For grievances, there was a volume increase of 22.2% in Fresno County, 13.8% in Madera County, and 31.7% in Kings County. One Year Look Back of Appeals & Grievances Volume Comparison by County: • When compared to Q4 2024, appeals showed a decrease in volume of 9.1% in Fresno County and 12.5% in Kings County. Madera County showed an increase of 86.6%.		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	• Grievances volume for Fresno and Madera counties showed a decrease of 3.7% and 5.2% respectively. Kings County had an increase of 5.1%. Year-Over-Year Comparison – Q1 2025 Top Appeals & Grievances Trend By Classification Codes: • In Q1 2025, there was an 89.3% increase in appeals for Not Medically Necessary classification code compared to Q1 2024. • For grievances, there was an increase in all top five (5) classifications: 36.9% in Access to Care, 135.2% in Eligibility Issues, 23% in Administrative Issues, 41% Balance Billing, and 3.1% in transportation compared to Q1 2024. One Year Look Back Top Appeals & Grievances Trend by Classification Codes: • In Q1 2025, there was a 3.4% increase in appeals for Not Medically Necessary classification code compared to prior quarter. • For grievances, an increase was noted in two of the top five classifications in volume, 20.6% in Access to Care, and 5.3% in Balance Billing compared to prior quarter. • There was a decrease of 2% in Administrative Issues and 21.4% in Transportation grievances in Q1 2025 compared to prior quarter. Trending Appeals (volume) by Category: • In Q1 2025, in the Not Medically Necessary classification, increases were seen in four out of the five categories. • Diagnostic-MRI was the only category with a decrease of 18.7% compared to Q1 2024. • Looking back at the four prior quarters, Q1 2025 showed decreases in four out of the five categories. Diagnostic-Genetic Testing had an increase compared to Q3 2024. Trending Grievances (volume) by Category: • The trending grievances that had a noted increase are PCP Referral for Services of 1,350%, General Complaint Vendor CSR of 126.6%, and Eligibility Dispute of 1,000% compared to Q1 2024.		

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

	• Availability of Appointment with Specialist and Inappropriate Payment Demand (par) had a slight decrease of 9% and 11.7% respectively in volume compared to Q1 2024.
	• Prior Authorization Delay (5.4%) and Availability of Appointment with Specialist volume show an improvement of 5.4% and 44.4% respectively in Q1 2025 compared to Q4 2024.
	• There was an increase in grievance volume in Transportation Missed Appointment of 257.1%, General Complaint Vendor of 54.5%, and Eligibility Dispute of 1,000% from prior quarter.
	
	Overall, there is a volume increase in appeals year over year. Most of the appeals are for services that were classified as not medically necessary. The top drivers of this increase are Diagnostic MRI, Self-injectable Medications, Diagnostic Genetic Testing, Diagnostic CAT Scan, Outpatient – Procedure, and Medically Tailored meals.
	
	In Q1 2025, a total of 144 appeals were received, 121 of those appeals were classified as Not Medically Necessary. Even though more appeals were received, 43.7% were upheld, and no changes were made.
	
	Opportunities for Improvement for Appeals:
	• Not Medically Necessary:
	  • Educate providers on the criteria for medical procedures coverage and what needs to be submitted to avoid unnecessary denials and procedure delays.
	  • Ensure providers are submitting all needed information prior to medically necessary procedures.
	• Community Supports Related-Medically Tailored Meals:
	  • Educate Providers on the criteria to qualify for medically supportive meals.
	
	Summary for Grievances:
	• Year over year, an increase is noted in the number of grievances received. The top grievance was for services classified under Access to Care.		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	• The top drivers of this increase are associated with Prior Authorization Delay, PCP Referral for Services, Transportation Missed Appointment, Network Availability, Available appointment with Specialist, and Specialist Referral for Services. • In Q1 2025, a total of 535 grievances were received, 152 of those grievances were classified as access to care. Even though more grievances were received, 26.4% were addressed and substantiated, and no changes were made. Opportunities for Improvement for Grievances: • Prior Authorization Delay: o The provider should keep members informed of prior authorization and the timeline for approval. o Continue providing live and recorded provider training webinars to address prior authorizations on a regular basis. • PCP Referral for Services: o Establish or reassess current audit of referral process and turnaround approval times. • Transportation Missed Appointment: o Request feedback from the vendor on how they will address complaints related to no show transportation and make reliable transportation accessible to members. • Network Availability: o Expand telehealth services, offering diverse payment options, and utilizing data analytics to optimize network design and ensure equitable access to care. • Available Appointment with Specialist: o Expand specialist network in rural areas through the Provider Network team. o Leverage contract language to incentivize provider groups to increase volume as well as meeting member experience expectations. • Specialist Referral for Services: o Enhance relationships with referring physicians, streamlining the referral process, and leveraging technology (i.e., EHR, patient portals, etc.).		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	Key Indicator Report Dr. Marabella presented the Key Indicator Report (KIR) through Q1 2025. A summary was shared that provided the most recent data for Membership, Admissions, Bed Days, Average Length of Stay, and Readmissions through March 31, 2025. • Membership has had a slight decrease. • Readmission rates for all categories have decreased when compared to prior year, most likely related to improved transition of care services and improved post discharge destinations. • Utilization has increased slightly with the exception of SPDs. Care Management (CM) engagement rates are up, and all areas continue to improve. QIUM Quarterly Summary Report Dr. Marabella provided the QI, UMCM, and Population Health update for Q1 2025. Two meetings were held in Quarter 1, one on February 20th, 2025, and one on March 20th, 2025. The following program documents were approved: 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		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	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) The following Quality Improvement Reports were reviewed: Appeals and Grievance Dashboard & Quarterly Reports; A & G Validation Audit Report; Potential Quality Issues (PQI) & Provider Preventable Conditions (PPC) Reporting; Behavioral Health Performance Indicator Report; and Initial Health Appointment Report. Additional Quality Improvement reports from Q1 were reviewed as scheduled during Q1. The following Access Reports were reviewed: Access Workgroup Quarterly Report for Q4 2024, and 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. The Utilization Management & Case Management reports reviewed were the Key Indicator Report & Concurrent Review Report, Inter-rater Reliability Results for Physician and Non-physicians, and Enhanced Care Management and Community Supports Report (Q4 2024). Additional UMCM reports were reviewed as scheduled during Q1.		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	Pharmacy quarterly reports reviewed were 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. The Q1 HEDIS® Activities were 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. Quality Improvement Activities included two Performance Improvement Projects, Improve Infant Well-Child Visits (WCV) in the Black/African American(B/AA) Population in Fresno County, and Improve Provider Notifications following ED Visit for Substance Use Disorder or Mental Health Issue. DHCS Collaboratives include Institute for Healthcare Improvement (IHI) Equity Focused Well-Child Sprint Collaborative, and Institute for Healthcare Improvement (IHI) Behavioral Health Collaborative. DHCS County Projects include for Fresno County, Transformational Equity Improvement Projects; for Kings County, Comprehensive Equity Improvement Projects; and for Madera County, Lean Equity Improvement Project. No significant compliance issues have been identified. Oversight and monitoring processes will continue. **Health Equity**		
• **Equity Report** S. Xiong-Lopez, EqO	<u>Equity Report</u> Women, Infant, and Children (WIC) Initiative Update: WIC pilot 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.		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	Perimenopause/ Menopause Project- Hanford: The 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. NCQA Health Equity Accreditation: NCQA returned minimal issues with the Plan's 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 Heath 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 was 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 May. <u>Current Health Equity Community Activities</u> March 27, 2025, the CMO and CHEO from Public health plans and commercial plans across CA convened 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 included, 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		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
• **Executive Report** J. Nkansah, CEO	convening to ensure that effectiveness in their health equity roadmap and continue support from DHCS. Next convening with DHCS will be 6/6/25. On April 4, 2025, CVH participated in the Fresno Community Foundation- Fresno Drive workgroup and organized a mental health conference for the community in West Fresno. There were approximately 120 participants at the conference to address topics such as holistic and cultural healing, racism and public health crisis, building resiliency, financial trauma, and Postpartum wellness. The break-out sessions were in both Spanish and English. On April 23, 2025, CVH was invited and also sponsored the Central Valley Voices in Capital Mall for the Health Equity event in Sacramento. CBOs, community leaders, politicians, law and decision makers throughout the San Joaquin Valley were bussed to the 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's office, and Attorney General Bonta were present to echo the importance of the central valley's voice at the event. On May 8, 2025, CVH sponsored and participated in a Perinatal Wellness Brunch. This event brought in various organizations that focused on Perinatal health, and family services. Other Stakeholders present included Fresno Department of Behavioral Health, Department 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 a partnership. **Executive Report** <u>Executive Dashboard</u> Enrollment as of March 2025 is 432,619. Enrollment for Anthem is approximately 205,107, and the enrollment for Kaiser is approximately 10,428. Market Share is currently approximately 66.75%.		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	Regarding Information Technology Communications & Systems, Provider Activities, Claims Process, and Provider Disputes, there are no significant issues or concerns at this time. Quarter 4 2024 numbers are available. 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 which launched on March 18, 2025, currently has approximately 500 registered member accounts without being actively promoted or advertising this service. The Plan continues to monitor Federal and State activities with regard to immigration, Medicaid, DEI and budgetary concerns.		
#13 Final Comments from Commission Members & Staff	Supervisor Bredefeld asked if it was required by State law for the undocumented to register for Medicaid. Daniel Maychen, CFO, stated the Plan is not required to enroll the undocumented population, it's voluntary on their part to enroll if they want to. CVH currently has approximately 56,000 undocumented members; and the total for the State is approximately 1.6M.		
#14 Announcements	None.		
#15 Public Comment	None.		
#16 Adjourn	The meeting adjourned at 3:27 pm. The next Commission meeting is scheduled for July 17, 2025, in Fresno County.		

Submitted this Day: 7.17.25

Submitted by: Cheryl Hurley

Cheryl Hurley
Clerk to the Commission