

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health**  
**QI/UM Committee**  
**Meeting Minutes**  
May 15<sup>th</sup>, 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
	<b>Guests/Speakers</b>		
	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 10:01 am. A quorum was present.	
#2 Approve Consent Agenda Committee Minutes: March 20, 2025	March 20th, 2025, 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 for further discussion at the request of any committee member.	<b>Motion:</b> <i>Approve</i> Consent Agenda

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li>- A&amp;G Inter-Rater Reliability Report (Q1 2025)</li> <li>- Quarterly A&amp;G Member Letter Monitoring Report (Q1 2025)</li> <li>- A&amp;G Classification Audit Report (Q1 2025)</li> <li>- Quarterly CA Operations Oversight Audit of Call Center Inquiry Calls (Q1 2025)</li> <li>- CCC DMHC Expedited Grievance Report (Q1 2025)</li> <li>- A&amp;G Validation Audit Summary (Q4 2024)</li> <li>- Concurrent Review IRR Report (Q1 2025)</li> <li>- Provider Office Wait Time Report (Q1 2025)</li> <li>- California Children's Services Report (Q1 2025)</li> <li>- TurningPoint Musculoskeletal Utilization Review (Q4 2024)</li> <li>- PA Member Letter Monitoring Report (Q1 2025)</li> <li>- Access Workgroup Quarterly Report (Q1 2025)</li> <li>- Clinical Practice Guidelines</li> <li>- Medical Policies Provider Updates (Q1 2025)</li> </ul> <p>(Attachments A-O)</p> <p><b>Action</b> Patrick Marabella, M.D., Chair</p>	<p>A link for the Medi-Cal Rx Contract Drug List was available for reference.</p>	<p>(Quezada/Cardona) 5-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>#3 QI Business/A&amp;G:</b>  - A&amp;G Dashboard and Turnaround Time Report (March 2025)  - A&amp;G Executive Summary (Q1 2025)  - A&amp;G Quarterly Member Report (Q1 2025)</p> <p>(Attachments P - R)</p> <p><b>Action</b>  Patrick Marabella, M.D., Chair</p>	<p>The Appeals &amp; Grievances: Dashboard, Turnaround Time Report, Executive Summary, and Quarterly Member Report through March 2025 were reviewed through a Root Cause Analysis Member Satisfaction presentation. (Data source: All A&amp;G data presented in this drill down comes from the A&amp;G Ops Team.)</p> <ul style="list-style-type: none"> <li>Background: The root cause analysis report aims to highlight member satisfaction based on the resolved appeal and grievance cases quarterly to better understand CAHPS results, rate movement, and areas of improvement. <ul style="list-style-type: none"> <li>An appeal is a request for your health plan to review a decision that denies a benefit or payment.</li> <li>A grievance is an expression of dissatisfaction with any aspect of the operations, activities, or behavior of one's health plan or its providers, regardless of whether remedial action is requested.</li> </ul> </li> <li>Year Over Year (YOY) Comparison – Q1 2025 Appeals &amp; Grievances (A&amp;G) Data <ul style="list-style-type: none"> <li>There was an increase in the appeals volume for Fresno, Madera, and Kings counties compared to Q1 2024. It is important to note that denominators are small.</li> <li>For grievances, there was a volume increase of 22.2% in Fresno County, 13.8% in Madera County, and 31.7% in Kings County.</li> </ul> </li> <li>Q2 2024 – Q1 2025 Comparison - Appeals &amp; Grievances (A&amp;G) Data <ul style="list-style-type: none"> <li>Compared to the prior quarters: <ul style="list-style-type: none"> <li>Appeals showed a decrease in volume in Fresno County and Kings County. Madera County showed an increase.</li> <li>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%.</li> </ul> </li> </ul> </li> <li>Trends in Classifications and Categories <ul style="list-style-type: none"> <li>Year-Over-Year Comparison – Q1 2025 Top Appeals &amp; Grievances Trend by Classification Codes <ul style="list-style-type: none"> <li>In Q1 2025, there was an increase in appeals for Not Medically Necessary classifications compared to Q1 2024, and 16 appeals for Community Supports/Medically Tailored Meals that were not tracked in their own category in 2024.</li> <li>For grievances, there was an increase in all the top 5 classifications.</li> </ul> </li> <li>One Year Look Back - Top Appeals &amp; Grievances Trends by Classification Codes</li> </ul> </li> </ul>	<p><b>Motion: Approve</b>  - A&amp;G Dashboard and Turnaround Time Report (March 2025)  - A&amp;G Executive Summary (Q1 2025)  - A&amp;G Quarterly Member Report (Q1 2025)</p> <p>(Quezada/  Faulkenberry)  5-0-0-3</p>

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	<ul style="list-style-type: none"> <li>▪ In Q1 2025, there was a 3.4% increase in appeals for the Not Medically Necessary classification code compared to Q4 2024.</li> <li>▪ For grievances, an increase was noted in 2 of the top 5 classifications in volume, Access to Care, and Balance Billing compared to Q4 2024.</li> <li>▪ There was a decrease of 2% in Administrative Issues and 21.4% in Transportation grievances in Q1 2025 compared to Q4 2024.</li> <li>○ Trending Appeals (volume) by Category <ul style="list-style-type: none"> <li>▪ In Q1 2025, in the Not Medically Necessary classification, increases were seen in 4 out of the 5 categories</li> <li>▪ Diagnostic – MRI was the only category with a decrease compared to Q1 2024.</li> <li>▪ Looking back at the 4 prior quarters, Q1 2025 showed decreases in 4 out of the 5 categories. Diagnostic – Genetic Testing had an increase compared to Q3 2024. A new genetics test is on the market, which the Plan doesn't yet cover.</li> </ul> </li> <li>○ Trending Grievances (volume) by Category <ul style="list-style-type: none"> <li>▪ Most of the grievances showed an increase in Q1 2025 compared to Q4 2024.</li> <li>▪ Prior Authorization Delay (5.4%) and Availability of Appointment with Specialist volume showed an improvement of 5.4% and 44.4%, respectively, in Q1 2025 compared to Q4 2024.</li> <li>▪ There was an increase in grievance volume in Transportation Missed Appointment, General Complaint Vendor, and Eligibility Dispute from Q4 2024. However, rates are misleading due to small denominators.</li> </ul> </li> <li>• Summary – Areas of Improvement and Opportunities <ul style="list-style-type: none"> <li>○ Summary of Appeals: <ul style="list-style-type: none"> <li>▪ Overall, we are seeing a volume increase in appeals year over year. Most of the appeals are for services that were classified as not medically necessary.</li> <li>▪ The top drivers of this increase are Diagnostic MRI, Self-injectable Medications, Diagnostic Genetic Testing, Diagnostic CAT Scan, Outpatient - Procedure, and Medically Tailored meals.</li> <li>▪ Although an increase is noted, 43.7% were upheld, and no changes were made.</li> <li>▪ Medically Tailored Meals were classified into a separate category, beginning in Q1 2025, with 16 appeals.</li> </ul> </li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>• 13 (81.2%) appeals were upheld, and 3 (18.8%) appeals were overturned.</li> <li>○ Areas of Improvement for Not Medically Necessary include the following opportunities: <ul style="list-style-type: none"> <li>▪ Educate providers on the criteria for medical procedures and what needs to be submitted to avoid unnecessary denials and procedure delays.</li> <li>▪ Ensure providers are submitting all needed information prior to medically necessary procedures.</li> <li>▪ Educate providers on the criteria to qualify for medically supportive meals.</li> </ul> </li> <li>○ Summary of Grievances <ul style="list-style-type: none"> <li>▪ Year over year, an increase is noted in the number of grievances received. The top grievance was for services classified under Access to Care.</li> <li>▪ 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.</li> </ul> </li> <li>○ Areas of Improvement for Prior Authorization Delay include the following opportunities: <ul style="list-style-type: none"> <li>▪ The provider should keep the member informed of the prior authorization timeline for approval.</li> <li>▪ Continue providing live and recorded provider training webinars to address prior authorizations on a regular basis.</li> </ul> </li> <li>○ Areas of Improvement for PCP Referral for Services include the following opportunities: <ul style="list-style-type: none"> <li>▪ Establish or reassess the current audit referral process and turnaround approval times.</li> </ul> </li> <li>○ Areas of Improvement for Transportation Missed Appointment include the following opportunities: <ul style="list-style-type: none"> <li>▪ Request feedback from the vendor on how they will address complaints related to no-show transportation and make reliable transportation accessible to members.</li> </ul> </li> <li>○ Areas of Improvement for Network Availability include the following opportunities:</li> </ul>	

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	<ul style="list-style-type: none"> <li>▪ Expand telehealth services, utilizing data analytics to optimize network design and ensure equitable access to care.</li> <li>○ Areas of Improvement for Available Appointment with Specialist include the following opportunities: <ul style="list-style-type: none"> <li>▪ Expand specialist network in rural areas through the Provider Network team.</li> <li>▪ Leverage contract language to incentivize provider groups to increase volume as well as meet member experience expectations.</li> </ul> </li> <li>○ Areas of Improvement for Specialist Referral for Services include the following opportunities: <ul style="list-style-type: none"> <li>▪ Enhancing relationships with referring physicians, streamlining the referral process, and leveraging technology (i.e., EHR, patient portals, etc.).</li> </ul> </li> </ul> <p><i>Discussion:</i></p> <p><i>Dr. Cardona asked what categories of services fall under the “PCP Referrals for Services” grievances. Dr. Marabella indicated it could be almost anything, not just a referral for a specialist, but it could be a request for DME. This is a broad category.</i></p> <p><i>Dr. Quezada asked for clarification on the term “Missed Appointments” under transportation. Dr. Marabella clarified the differences in the categories “No Show” and “Missed Appointment.” A driver might be a “No Show,” but ModivCare might be able to send another driver in a timely manner, so an appointment is not missed. Ultimately, the negative outcome is in the Missed Appointment category. ModivCare provides transportation services, and they subcontract with companies such as privately owned non-emergent medical transportation companies, Uber, Lyft, etc., to provide roughly 30,000 CalViva member transports per month. ModivCare is currently focused on reducing missed appointments for high-risk medically necessary appointments, like Dialysis or Chemotherapy, by sending only their top-performing drivers to those high-risk appointments.</i></p> <p><i>Dr. Cardona asked if CVH’s grievance rates are comparable to other health plans. Dr. Marabella indicated that CVH appears to be somewhere in the middle compared to other health plans in the state. There is a lot of variation in how grievances are tracked and reported between health plans, making valid comparisons difficult. Amy Schneider added that how grievances are categorized also makes comparison difficult. The most valid approach is to track rates internally over time and</i></p>	

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<p><b>#3 QI Business</b>  - Potential Quality Issues (Q1 2025)  - NCQA System Controls CR Oversight Report 2025    (Attachment S, T)    <b>Action</b>  Patrick Marabella, M.D., Chair</p>	<p><i>strive for a reduction in transportation-related grievances and missed appointments.</i></p> <p>The <b>Potential Quality Issues (PQI) Report Q1 2025</b> 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, a non-member, or a 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 Q1 2025 was reviewed for all case types, including the follow-up actions taken when indicated.</p> <ul style="list-style-type: none"> <li>• There were two (2) non-member-generated Physical Health (PH) PQIs in Q1 in Fresno County, both scoring a level 0, indicating minimal issues.</li> <li>• Member-generated PQIs decreased based on previous quarters, inclusive of both physical and behavioral health cases. Outcome scores were reported as 27 at level zero, five (5) at level I, and five (5) cases scored at level II; cases at level III-V are automatically referred to Peer Review.</li> </ul> <p>The <b>NCQA System Controls CR Oversight Report 2025</b> was presented and reviewed. This report aims to identify any incidents of non-compliance with the credentialing policies on information management. NCQA standards require that the organization's credentialing policy describe:</p> <ol style="list-style-type: none"> <li>1. How primary source verification information is received, dated, and stored.</li> <li>2. How modified information is tracked and dated from its initial verification.</li> <li>3. Titles or roles of staff who are authorized to review, modify, and delete information, and circumstances when modification or deletion is appropriate.</li> <li>4. Security controls that are in place to protect the information from unauthorized modification.</li> <li>5. How the organization monitors its compliance with the policies and procedures in factors 1–4 at least annually and takes appropriate action when applicable.</li> </ol> <p>Quarterly audits were performed of all 40 cases, 25 credentialing, and 15 recredentialing. The cases were reviewed to identify any modifications, with two (2) modifications identified for auditing. The audit results provided to CVH reflect 100% compliance with audit criteria. There were no incidents of non-compliance with policies in the 2-case universe.</p>	<p><b>Motion: Approve</b>  - Potential Quality Issues (Q1 2025)  - NCQA System Controls CR Oversight Report 2025    (Quezada/  Faulkenberry)  5-0-0-3</p>

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	<p><i>Nicole Foss left the meeting at 10:26 a.m. and returned at 10:33 a.m.</i>  <i>Dr. Cardona left the meeting at 10:27 a.m. and returned at 10:32 a.m.</i></p>	
<p><b>#4 Key Presentations</b></p> <ul style="list-style-type: none"> <li>- Heath Equity Work Plan End of Year Evaluation &amp; Executive Summary 2024</li> <li>- Health Equity Program Description &amp; Change Summary 2025</li> <li>- Health Equity Work Plan &amp; Executive Summary 2025</li> </ul> <p>(Attachment U - W)</p> <p><b>Action</b>  Patrick Marabella, M.D., Chair</p>	<p>The Health Equity 2024 Executive Summary and Annual Work Plan Evaluation, 2025 Program Description with Change Summary, and 2025 Executive Summary and Work Plan were presented.</p> <ol style="list-style-type: none"> <li>1. <b>2024 Health Equity Work Plan Annual Evaluation.</b> Summary of activities accomplished and improvements made over the last calendar year, with 50 measurable objectives and all 2024 work plan activities completed. <ul style="list-style-type: none"> <li>• Language Assistance Services <ul style="list-style-type: none"> <li>○ Updated/amended contracts with four (4) vendors to expand services.</li> <li>○ Distributed a newsletter article informing members how to access language services.</li> <li>○ Two hundred and two (202) staff completed their bilingual assessment / re-assessment.</li> <li>○ Updated Non-Discrimination Notice (NDN) to include additional protected groups.</li> <li>○ Thirty-six (36) translation reviews were completed in 2024.</li> </ul> </li> <li>• Compliance Monitoring <ul style="list-style-type: none"> <li>○ Health Equity (HEQ) reviewed five (5) interpreter complaints and 37 grievance cases, with three (3) interventions identified.</li> <li>○ Attended QI/UM Workgroup, weekly, and Public Policy Committee (PPC) meetings, quarterly.</li> <li>○ Two (2) Findhelp training courses were completed, with 966 new programs added to the platform.</li> <li>○ All HEQ Policy &amp; Procedures reviewed and updated.</li> </ul> </li> <li>• Communication, Training, and Education <ul style="list-style-type: none"> <li>○ One (1) A&amp;G training was completed on coding and resolution of grievances.</li> <li>○ Six (6) call center trainings conducted for 85 new staff; training decks updated.</li> <li>○ Providers were updated on cultural practices, LAP services, health literacy, and online cultural competency/Office of Minority Health (OMH) training.</li> <li>○ Language identification poster for provider offices was remediated and posted in the provider library.</li> </ul> </li> <li>• Health Literacy, Cultural Competency, and Health Equity <ul style="list-style-type: none"> <li>○ English material review completed for a total of 77 materials.</li> <li>○ Completed four (4) provider training courses for 164 providers. (Special Needs &amp;</li> </ul> </li> </ul> </li> </ol>	<p><b>Motion: Approve</b></p> <ul style="list-style-type: none"> <li>- Heath Equity Work Plan End of Year Evaluation &amp; Executive Summary 2024</li> <li>- Health Equity Program Description &amp; Change Summary 2025</li> <li>- Health Equity Work Plan &amp; Executive Summary 2025</li> <li>- Health Equity Language Assistance Program Report 2024</li> </ul> <p>(Waugh/Faulkenberry)  5-0-0-3</p>



AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Cultural Competency, Language Assistance Program &amp; Plain Language for Health Literacy, and Community Connect)</p> <ul style="list-style-type: none"> <li>○ Conducted annual Heritage/CLAS Month with 2,060 staff who attended the event.</li> <li>○ Completed two (2) cultural competency training courses for staff: (Gender Neutral Language and Bridging Gaps for Equal Access to Health Care).</li> <li>○ Supported the completion of quality projects. Projects target measures: W30-6+ and SUD/MH.</li> </ul> <p>2. <b>2025 Health Equity Program Description.</b> Roadmap for structure, resources, and monitoring. Updated annually with changes noted below:</p> <p>Page 9. Added members' preferred pronouns as data we collect</p> <p>Page 11. The Executive Summary includes a statement regarding "adding Arabic as a threshold language," which 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."</p> <p>Page 12. Added specific training and available materials to support staff in providing culturally competent services.</p> <p>Page 12. Added additional information regarding CLAS/Heritage Month.</p> <p>Page 13. Listed training topics for providers.</p> <p>Page 15. Added the Health Literacy Toolkit and what it consists of.</p> <p>Page 17. Updated the Health Equity core levels, changing local to community, data to provider, and including member as the third core area.</p> <p>3. <b>2025 Health Equity Work Plan.</b> The plan for Health Equity activities throughout the year. Updated annually with a mid-year evaluation of progress. The 2025 Work Plan is consistent with the 2024 Work Plan while incorporating enhancements in four categories:</p> <ul style="list-style-type: none"> <li>• Support &amp; Oversight <ul style="list-style-type: none"> <li>○ Expanded on activities regarding language vendors (row 4).</li> <li>○ Added new responsibility encompassing oversight of Health Education's material field testing (row 30).</li> <li>○ Added oversight of translation coordination for other departments (row 31).</li> <li>○ Expanded on activities and support provided to A&amp;G staff on culture and linguistic (C &amp;</li> </ul> </li> </ul>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>L) related grievances (row 46).</li> <li>○ Updated Call Center training oversight (row 47).</li> <li>○ Added new activities to be completed by the CVH Health Equity Officer (rows 77-81).</li> </ul> </li> <li>• Reporting           <ul style="list-style-type: none"> <li>○ Detailed how language and demographic information is collected and used to identify emerging languages (row 5).</li> <li>○ Added a new activity to include an annual review of emerging and threshold languages (row 6).</li> <li>○ Updated responsibilities for Population Needs Assessment (PNA) to supply data instead of authoring sections (row 17).</li> <li>○ Added action plans to address PNA and Geo Access report findings (row 18).</li> <li>○ Expanded to include how the grievance trend analysis is used to evaluate the effectiveness of the LAP program (row 35).</li> <li>○ Added details regarding the Disparity Projects and annual reporting requirements (row 75).</li> </ul> </li> <li>• Members &amp; Providers           <ul style="list-style-type: none"> <li>○ Elaborated on the members' alternate format standing request report (row 8) and responsibility for reasonable accommodation requests (row 19).</li> <li>○ Expanded details on content and purpose of the member newsletter (row 11).</li> <li>○ Expanded on Findhelp/Community Connect activities to include additional marketing efforts (row 40) and training in Cozeva integration (row 42).</li> <li>○ Included participation in CAHPS Action Plan meetings to improve member experience (row 27).</li> <li>○ Elaborated on the topics that are covered in Provider Updates and made available to providers (row 49).</li> <li>○ Added a new Health Literacy Toolkit that will be made available to staff and providers (row 54).</li> <li>○ Added list of topics for Provider Training (row 62).</li> </ul> </li> <li>• Accreditation &amp; Regulatory: (CVH applied for NCQA Accreditation for HEQ on 3/11/25, with only one outstanding issue.)           <ul style="list-style-type: none"> <li>○ Expanded on DHCS/DMHC audit readiness to include details regarding reviews and support (row 3).</li> </ul> </li> </ul>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>○ For external forums (NCQA, DHCS, etc.), added information regarding participation and responsibilities (row 43).</li> <li>○ Included NCQA Accreditation support and a list of the required reports to provide (rows 64-65).</li> <li>○ Expanded on Disparity Projects support and deliverables (rows 69-72).</li> </ul>	
<p>#4 Key Presentations</p> <ul style="list-style-type: none"> <li>- Health Equity Language Assistance Program Report 2024</li> </ul> <p>(Attachment X)</p> <p>Action</p> <p>Patrick Marabella, M.D., Chair</p>	<p>The <b>Health Equity Language Assistance Program End of Year Report for 2024</b> was presented and reviewed for an annual comparative analysis of language service utilization. CVH Race/Ethnicity as of 12/31/24 are as follows: (n=431,960)</p> <ul style="list-style-type: none"> <li>• Latino/Hispanic 68%: 295,729</li> <li>• White/Caucasian 10%: 44,306</li> <li>• Asian/Pacific Islander 9%: 36,753</li> <li>• Unknown/Blank 6%: 24,833</li> <li>• African American/Black 4%: 19,226</li> <li>• Other 2%: 9,054</li> <li>• American Indian/Alaska Native 0.5%: 2,062</li> </ul> <p>Spanish and Hmong are CVH's Threshold Languages. Spanish 97%: 31,700 consistently has the highest volume, and Hmong was 3%: 848 of calls.</p> <p>Interpretation was performed via the following:</p> <ul style="list-style-type: none"> <li>• 80% (6,294) telephonic interpreters down from 84% in 2023</li> <li>• 18% (1,387) face-to-face – down from 20% in 2023</li> <li>• 2% (152) Sign language – down from 3% in 2023</li> <li>• 0.1% (7) Video Remote Interpretation - up from 0% in 2023</li> </ul> <p>Behavioral Health interpretation was performed via the following:</p> <ul style="list-style-type: none"> <li>• 3.5% telephonic interpreters</li> <li>• 46.9% face-to-face – up from 2023</li> <li>• 23.9% Sign language</li> <li>• 25.7% Video Remote Interpretation – up from 2023</li> </ul> <p>Limited English (LEP) and non-English membership remain high for the CVH population, and therefore, interpreter services are integral to maintaining safe, high-quality care.</p>	<p><b>Motion: Approve</b></p> <ul style="list-style-type: none"> <li>- Health Equity Language Assistance Program Report 2024</li> </ul> <p>(Waugh/Faulkenberry)</p> <p><b>5-0-0-3</b></p>
<p>#4 Key Presentations</p> <ul style="list-style-type: none"> <li>- Population Segmentation</li> </ul>	<p>The <b>Population Segmentation Report 2025</b> was presented and reviewed to understand the portions of the population targeted by each Population Health Management program in</p>	<p><b>Motion: Approve</b></p> <ul style="list-style-type: none"> <li>- Population</li> </ul>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Report</p> <p>(Attachment Y)</p> <p><b>Action</b> Patrick Marabella, M.D., Chair</p>	<p>accordance with NCQA Accreditation standards.</p> <p>The following programs were reviewed along with their eligible population, and the number of eligible members ranged from 75- 431,280/0.02%-100%:</p> <ul style="list-style-type: none"> <li>• Improve Preventive Health: Flu Vaccinations 60.16%, Breast Cancer Screening 14.35%</li> <li>• Improve Behavioral Health: Severe and Persistent Mental Illness (SPMI) and Follow-Up Care after Mental Health Emergency Department Visits 0.03%</li> <li>• CVH Pregnancy Program 0.02%</li> <li>• Care Management 2.12%</li> <li>• Transitional Care Services 0.13%</li> <li>• Chronic Condition Disease Management 11.99%</li> <li>• Chronic Condition Management: Substance Use Disorder-Opioid (SUD-O) Program 0.37%</li> <li>• Tobacco Cessation – Kick It California 72.01%</li> <li>• Diabetes Prevention Program 5.75%</li> <li>• Diabetes Management Program 6.84%</li> <li>• Cardiac + Diabetes 9.38%</li> <li>• Health Information Form 100%</li> <li>• Initial Health Appointment 100%</li> <li>• Teladoc Mental Health Digital Platform (formerly myStrength) 72.01%</li> <li>• Behavioral Health Care Management 100%</li> <li>• Chronic Condition: Respiratory Conditions (Chronic Obstructive Pulmonary Disease (COPD) and Asthma) 2.53%</li> <li>• Emergency Room Diversion Program 0.08%</li> <li>• Chronic Condition: Oncology 0.48%</li> <li>• Telemedicine 100%</li> </ul> <p><i>The Committee had no further questions or recommendations.</i></p>	<p>Segmentation Report</p> <p>(Quezada/Cardona) 5-0-0-3</p>
<p><b>#4 Key Presentations</b></p> <ul style="list-style-type: none"> <li>- CVH 2025 Long Term Care Quality Assurance Performance Improvement Plan</li> </ul>	<p>The CVH 2025 Long Term Care Quality Assurance Performance Improvement Plan was presented and reviewed.</p> <p>As a part of CalAIM's benefit standardization and to move to a more seamless system, beginning January 1, 2023, DHCS initiated a transition of responsibility for Long Term Care services to Medi-Cal Managed Care Plans from Fee-For-Service.</p> <ul style="list-style-type: none"> <li>• Starting with Skilled Nursing Facilities (SNF)</li> </ul>	<p><b>Motion: Approve</b></p> <ul style="list-style-type: none"> <li>- CVH 2025 Long Term Care Quality Assurance Performance Improvement Plan</li> </ul>

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<p>(Attachment Z)</p> <p><b>Action</b> Patrick Marabella, M.D., Chair</p>	<ul style="list-style-type: none"> <li>Followed by Subacute Care Facilities</li> <li>Finally, Intermediate Care Facilities for the Developmentally Disabled (ICF/DD)</li> </ul> <p>The transition was completed in 2024. CalViva has a designated Long Term Support Services (LTSS) Liaison.</p> <ul style="list-style-type: none"> <li>With the responsibility for contracting with providers and authorizing members to receive LTC services, health plans are required to establish a system for monitoring and overseeing the quality of services provided to their members.</li> <li>Goal: Continuous, Data-Driven Improvement across the full long-term-care continuum.</li> <li>Scope: Fresno, Kings, and Madera Counties in and out of network Skilled Nursing Facilities (SNF)</li> </ul> <p>Developed a Plan to Address Required Elements:</p> <ul style="list-style-type: none"> <li>Ongoing, comprehensive program covering clinical care, quality of life &amp; resident autonomy.</li> <li>Multi-source data integration: <ul style="list-style-type: none"> <li>Claims Data</li> <li>Data from DHCS</li> <li>CDPH Survey Data (Publicly available)</li> <li>Critical Incident Data (<i>Never events</i>)</li> <li>Appeal &amp; Grievance Data</li> <li>Satisfaction Data</li> </ul> </li> <li>Benchmark against Title 22/42, LTC MCAS measures, CMS quality metrics, others as indicated.</li> <li>Oversight: QI/UM Committee</li> </ul> <p>Components of the Plan:</p> <ul style="list-style-type: none"> <li>The main monitoring tool is a Quarterly QAPI Dashboard, which has been developed.</li> <li>CalViva LTSS Liaison maintains dashboard, leads SNF &amp; stakeholder engagement, and ensures transparency.</li> <li>A cross-functional team (LTSS, UM, Transitional Care, Contracting, Quality/Data Analytics, etc.) will update the dashboard on a quarterly basis by gathering and compiling data from the various sources.</li> <li>Review the Dashboard to identify trends and opportunities.</li> <li>Collaborate with SNFs, LTC Ombudsman, and CBOs for root-cause analysis &amp; technical assistance.</li> </ul>	<p>(Quezada/ Faulkenberry) 5-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Through the LTC Dashboard, we will monitor:</p> <ul style="list-style-type: none"> <li>• Integrated monitoring: claims analytics, public survey metrics, MCAS LTC measures per SNF/county.</li> <li>• Track ED visits, preventable admissions/readmissions, HAIs, infection control, staffing, abuse/neglect.</li> <li>• PQI system for reporting &amp; investigating potential quality issues / critical incidents. Tied to Appeal &amp; Grievance Data.</li> <li>• Adverse events: root-cause analysis, corrective action plans for prevention of recurrence (ensure CDPH has completed)</li> <li>• Active feedback loops with staff, residents, and families incorporated into the improvement cycle. Satisfaction/complaints.</li> <li>• Utilization Analysis.</li> </ul> <p><i>Zaman left the meeting at 10:53 a.m. and returned at 10:57 a.m.</i></p>	
<p><b>#5 UM/CM Business</b>  - Key Indicator Report &amp; Turnaround Time Report (March 2025)    (Attachments AA)    <b>Action</b>  Patrick Marabella, M.D., Chair</p>	<p>The <b>Key Indicator Report &amp; Turnaround Time Report</b> through March 2025 were presented.</p> <ul style="list-style-type: none"> <li>• There were no significant changes in overall membership.</li> <li>• Utilization dropped in February (short month) but rebounded in March.</li> <li>• Acute admissions went down slightly (e.g., 1,300 now vs. 1,400 last year).</li> <li>• Readmissions have decreased, attributed to improved post-discharge care and case management.</li> <li>• SPD-related metrics improving: <ul style="list-style-type: none"> <li>○ Bed days and lengths of stay are lower than last year.</li> <li>○ Average length of stay was reduced to 5.6 days (previously over 6).</li> <li>○ ER visits are stable.</li> </ul> </li> <li>• One (1) Pre-service Routine Deferral letter requiring language translation was delayed this month due to high volumes.</li> <li>• One (1) Pre-service Urgent Deferral letter requiring language translation was delayed because the language translation vendor does not provide services on weekends.</li> <li>• Care Management numbers dipped slightly in February but bounced back in March. <ul style="list-style-type: none"> <li>○ Perinatal case numbers back up to 300; 62% engagement rate.</li> <li>○ Physical health case management surged in March to 400 cases: engagement at 56% for Q1 2025.</li> </ul> </li> </ul>	<p>Motion: <i>Approve</i>  - Key Indicator Report &amp; Turnaround Time Report (March 2025)    (Cardona/  Faulkenberry)  5-0-0-3</p>

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	<ul style="list-style-type: none"> <li>Behavioral health at 157 cases in March, with a 75% engagement; more staff were added.</li> <li>Transitional Care Services has a high referral volume and a high engagement rate.</li> </ul> <p>A revised version of the Care management data has been proposed. It would be a separate, more detailed tab in the KIR spreadsheet. <i>Dr. Marabella asked the committee for input regarding this potential change. Dr. Cardona inquired regarding the purpose of the change. The committee indicated satisfaction with the data as presented unless there is a compelling reason for a change. Dr. Marabella will gather additional information and report back to the committee with his recommendation.</i></p>	
<p><b>#5 UM/CM Business</b></p> <p>- NCQA UM System Controls Appeals &amp; Denials Oversight Report</p> <p>(Attachment BB)</p> <p><b>Action</b> Patrick Marabella, M.D., Chair</p>	<p>The <b>NCQA UM System Controls Appeals &amp; Denials Oversight Report</b> was presented to demonstrate CVH's oversight of utilization management information and security standard compliance by HealthNet. Per NCQA standards, the report describes how UM Appeals &amp; Denials information is received, stored, reviewed, tracked, and dated.</p> <p>CVH monitors compliance with its UM denial and appeal controls by:</p> <ol style="list-style-type: none"> <li>Identifying all modifications to receipt and decision notification dates that did not meet the organization's policies and procedures for date modifications.</li> <li>Analyzing all instances of date modifications that did not meet the organization's policies and procedures for date modifications.</li> <li>Acting on all findings and implementing a quarterly monitoring process until it demonstrates improvement for one finding over three consecutive quarters.</li> </ol> <p>Attached are the audit results regarding monitoring for compliance with established UM System Controls. Results are provided for <i>Appeals</i> (January to December 2024) and also for <i>Denials &amp; Partial Approvals</i> (January to December 2024).</p> <ol style="list-style-type: none"> <li>These are UM Data Integrity Reports for calendar year 2024, including only CVH members. A sample of 23 appeals and a sample of 50 denials were reviewed. Total Universe Volumes: <ul style="list-style-type: none"> <li>Appeals – January 1 to December 31, 2024 - total CVH Appeals = 455 (modified &amp; non-modified)</li> <li>Denials – January 1 to December 31, 2024 - total CVH Denials &amp; Partial Approvals = 10,493 (modified &amp; non-modified)</li> </ul> </li> </ol> <p>These cases with modifications were audited for compliance with system controls. No incidents of non-compliance were identified; therefore, no corrective actions are indicated at this time.</p>	<p>Motion: <i>Approve</i></p> <p>- NCQA UM System Controls Appeals &amp; Denials Oversight Report</p> <p>(Cardona/ Faulkenberry) 5-0-0-3</p>
<p><b>#6 Pharmacy Business</b></p>	<p>The <b>Pharmacy Executive Summary Q1 2025</b> provides a summary of the quarterly pharmacy</p>	<p>Motion: <i>Approve</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li>- Pharmacy Executive Summary (Q1 2025)</li> <li>- Pharmacy Operations Metrics (Q1 2025)</li> <li>- Pharmacy Top 25 Prior Authorizations (Q1 2025)</li> <li>- Quality Assurance Reliability Results (IRR) for Pharmacy (Q1 2025)</li> </ul> <p>(Attachments CC-FF)</p> <p><b>Action</b> Patrick Marabella, M.D., Chair</p>	<p>reports presented to the committee on operational metrics, top medication prior authorization (PA) requests, and quarterly formulary changes to assess emerging patterns in PA requests, compliance around PA turnaround time metrics, and to formulate potential process improvements.</p> <ul style="list-style-type: none"> <li>• Pharmacy Operations Metrics <ul style="list-style-type: none"> <li>○ Pharmacy Prior Authorization (PA) metrics were within 5% of the standard for Q1 2025.</li> <li>○ Overall, TAT for Q1 2025 was 99.7%.</li> <li>○ PA volume was higher in Q1 2025 compared to Q4 2024, and there were some placement variations from quarter to quarter. January had a higher volume compared to other months in Q1 2025.</li> </ul> </li> </ul> <p><b>Pharmacy Operations Metrics Q1 2025</b> provides key indicators measuring the performance of the PA Department in service to CalViva Health members. The turnaround time (TAT) expectation is 100%, with a threshold for action of 95%.</p> <ul style="list-style-type: none"> <li>• The average turnaround time met the standard with 99.7%.</li> </ul> <p>The <b>Pharmacy Top 25 Prior Authorizations Q1 2025</b> identifies the most requested medications to the Medical Benefit PA team for CalViva Health members and assesses potential barriers to accessing medications through the PA process. The top 25 PA requests in Q1 2025 were mostly consistent with the top 25 drugs reviewed in Q4 2024, with a few placement variations. Pegfilgrastim and IV Iron continue to drive PA volume due to the existence of preferred products in the PA polices versus the branded products.</p> <p>The <b>Quality Assurance Inter Rater Reliability Results (IRR) for Pharmacy Q1 2025</b> evaluates the medical benefit drug prior authorization requests for the health plan. A sample of ten (10) prior authorizations [four (4) approvals and six (6) denials] from each month in the quarter are reviewed to ensure that they are completed timely, accurately, and consistently according to regulatory requirements and established health plan guidelines. The target goal of this review is 95% accuracy or better in all combined areas, with a threshold for action of 90%.</p> <ul style="list-style-type: none"> <li>• The 90% threshold was met. The 95% goal was not met. The overall score was 94.17%.</li> <li>• Zero (0) sample cases missed the TAT.</li> <li>• Three (3) sample cases had potential criteria application or documentation issues after plan</li> </ul>	<ul style="list-style-type: none"> <li>- Pharmacy Executive Summary (Q1 2025)</li> <li>- Pharmacy Operations Metrics (Q1 2025)</li> <li>- Pharmacy Top 25 Prior Authorizations (Q1 2025)</li> <li>- Quality Assurance Reliability Results (IRR) for Pharmacy (Q1 2025)</li> </ul> <p>(Cardona/Quezada) 5-0-0-3</p>



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	<p>review.</p> <ul style="list-style-type: none"> <li>• Three (3) sample cases had letter language that could have been clearer or more concise after plan review.</li> <li>• One (1) sample case was determined to have a questionable denial or approval after plan review.</li> </ul> <p>Results of the audit were shared with the PA Managers for review with pharmacy staff and feedback to individual staff.</p>	
<p><b>#7 Policy &amp; Procedure Business</b>  - A&amp;G Annual Policy &amp; Procedure Review    (Attachment GG)    Action  Patrick Marabella, M.D., Chair</p>	<p>The <b>A&amp;G Annual Policy &amp; Procedure Review</b> was presented to the committee. The following policy was presented for annual review with <b>no changes made</b>:  AG-004 Handling DMHC Calls Regarding Urgent Grievances  The following policies were presented for annual review and were approved with the following changes:  AG-001* Annual review. APL 25-005 revised "Notice of Language Assistance" to "Notice of Availability," APL 25-007 Revised definition of "Complaint" to reflect 2026 claim reimbursement changes, other minor edits. Updated DHCS contract references in the authority section. A complete copy of the policy was included in meeting materials for reference and review.  AG-002* Member Appeal Process: Annual review. APL 25-005 revised "Notice of Language Assistance" to "Notice of Availability," APL 25-007 Revised definition of "Complaint" to reflect 2026 claim reimbursement changes, other minor edits. Updated DHCS contract references in the authority section.  AG-005 Managing DMHC Cases: Updated references with new DHCS contract  *Key NCQA Policy  Committee members agreed with the policy changes as stated and voiced no questions or concerns.</p>	<p>Motion: <i>Approve</i>  - A &amp; G Annual Policy &amp; Procedure Review    (Quezada/Waugh)  5-0-0-3</p>
<p><b>#8 Compliance Update</b>  -Compliance Regulatory Report    (Attachment HH)</p>	<p>Mary Lourdes Leone presented the <b>Compliance Report</b>.  <b>CalViva Health Oversight Activities: Health Net:</b> 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 and availability, specialty referrals, utilization management data,</p>	<p>-Compliance Regulatory Report</p>

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	<p>grievances, and appeals, etc.</p> <p><b>Oversight Audits:</b> The following annual audits are in progress: Behavioral Health, Health Education, Marketing, Credentialing, Call Center, Claims/PDR, and Quality Improvement.</p> <p><b>Fraud, Waste, and Abuse:</b> 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.</p> <p><b>Department of Health Care Services (“DHCS”) 2023 Focused Audit for Behavioral Health and Transportation:</b> As a reminder, on 9/6/24, the Plan received DHCS’s 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 to complete its stated corrective actions and will provide its next monthly update on 6/15/25.</p> <p><b>Department of Health Care Services (“DHCS”) 2024 Medical Audit:</b> As a reminder, on 10/3/2024, DHCS sent out the Final Audit Report and CAP request. There were two findings:</p> <ul style="list-style-type: none"> <li>• The Plan did not ensure that the delegate, Health Net, met the contractual requirement that written PA extension notices specify the information Health Net requested but did not receive.</li> <li>• The Plan did not ensure that all preliminary reports of suspected FWA were reported to DHCS within ten (10) working days.</li> </ul> <p>The DHCS has accepted the Plan’s remediation actions and has closed the audit as of 5/14/25.</p> <p><b>Department of Managed Health Care (DMHC) 2025 Medical Follow-Up Audit:</b> The DMHC conducted the Follow-Up Audit on May 5, 2025. 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.</p> <p><b>Department of Health Care Services (“DHCS”) 2025 Medical Audit:</b> The 2025 DHCS Audit will be conducted virtually from 6/2/2025-6/13/2025. The Entrance Conference will begin on 6/2/25 @ 10:00 a.m. The Plan submitted all required pre-audit documentation. DHCS has since issued follow-up requests, which the Plan is currently reviewing and addressing. ECM is a new audit</p>	

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	<p>category added this year.</p> <p><b>Memorandum of Understanding (MOU):</b> Since the last Commission Meeting, the Plan has executed and submitted to DMHC &amp; DHCS the following MOUs, which have been posted to CalViva's website:</p> <ul style="list-style-type: none"> <li>• Central Valley Regional Center MOU</li> <li>• DMHC State Plan MOU Madera County</li> </ul> <p><b>Annual Network Certifications:</b></p> <ul style="list-style-type: none"> <li>• <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.</li> <li>• <u>2024 Annual Network Certification (ANC)</u> - The Plan submitted the 2024 ANC on 3/17/2025 and is awaiting a response from DHCS.</li> </ul> <p><b>Transgender, Gender Diverse, or Intersex (TGI) Training:</b> 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.</p> <p><b>(RY)2025 (MY)2024 Timely Access and Annual Network Submission (TAR):</b> On 5/1/2025, the Plan submitted its Annual TAR filing to DMHC.</p> <p><b>New DHCS Regulations/Guidance:</b> 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><b>Public Policy Committee (PPC):</b> The next PPC meeting will be held on June 4, 2025, from 11:30 a.m. - 1:30 p.m., CalViva Health Conference Room, 7625 N. Palm Ave., Suite 109, Fresno, CA 93711.</p>	
#9 Old Business	<p><i>At the March 20<sup>th</sup>, 2025 meeting, Dr. Ramirez inquired during the Continuity and Coordination between Medical and Behavioral Healthcare Report discussion, whether the HEDIS® measure for Depression Screening and follow-up within 30 days was not meeting the performance goal for initial screening or for not conducting a follow-up assessment within 30 days?</i></p> <p><i>Dr. Marabella indicated that the Plan did not meet the measure due to a <b>low initial screening rate</b> (12.5% with a denominator of 220,505). The follow-up rate is much higher at 77% with a much smaller denominator of 1,686.</i></p> <p><i>Dr. Ramirez had also inquired regarding the in-home Chlamydia screening test and whether it was</i></p>	

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	<i>a urine test or a self-swab. Dr. Marabella confirmed it was a urine test.</i>	
#10 Announcements	The next meeting is on July 17 <sup>th</sup> , 2025.	
#11 Public Comment	None.	
#12 Adjourn	The meeting adjourned at 11:22 a.m.	

NEXT MEETING: July 17<sup>th</sup>, 2025

Submitted this Day: July 17<sup>th</sup>, 2025

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

Acknowledgment of Committee Approval:

X Patrick Marabella  
Patrick Marabella, MD, Committee Chair